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Original article

Mental Health Literacy and Help-Seeking Behaviours Among University Students in Tripoli, Libya: A Cross-Sectional Study

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Abstract
University students may experience substantial psychological stress while facing barriers to timely access to professional mental-health support. Mental health literacy is relevant to recognition of mental-health problems, attitudes toward care, and help-seeking. This study assessed mental-health-related knowledge, attitudes, practices, and perceived barriers among students at the University of Tripoli, Libya. A descriptive cross-sectional study included 183 undergraduate and postgraduate students recruited through convenience sampling. Data were collected using a structured online questionnaire comprising demographic characteristics, knowledge, attitudes, practices, and perceived barriers to psychological help-seeking. Data were analysed using IBM SPSS Statistics version 29.0.10. Descriptive statistics, independent-samples t-tests, one-way analysis of variance, and Pearson correlation coefficients were reported. Internal consistency was assessed using Cronbach's alpha. Participants demonstrated favourable knowledge and attitudes, with mean knowledge and attitude scores of 2.74 ± 0.58 and 2.80 ± 0.47, respectively. Most participants considered mental disorders treatable (97.3%), rejected the view that help-seeking indicates weakness (97.8%), and supported campus mental-health services (93.4%). However, only 38.3% reported that they would definitely seek professional help during severe psychological stress, and 6.0% had previously visited a mental-health specialist. The most frequently reported barriers were limited-service availability (46.4%) and lack of awareness about treatment (44.8%); social stigma was identified as a concern by 74.3%. Knowledge was positively correlated with attitudes ($r = 0.621$, $p < 0.001$) and practices ($r = 0.547$, $p < 0.001$), while attitudes were positively correlated with practices ($r = 0.483$, $p < 0.001$). Academic year was significantly associated with all three KAP domains. Students showed favourable mental-health-related knowledge and attitudes, but professional help-seeking was substantially less common. The findings suggest a gap between favourable beliefs and actual or intended help-seeking. Strengthening confidential, accessible university-based services and targeted mental-health literacy interventions may help reduce this gap.
Keywords. *Mental Health Literacy; Help-Seeking; University Students; Stigma; Health Promotion; Libya.*

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Introduction

Mental health is an essential component of overall health and functioning. Mental disorders can affect emotional well-being, social relationships, educational attainment, and daily functioning. University students represent an important population for mental-health promotion because academic demands, social transitions, financial pressures, and uncertainty about the future may converge during higher education. Universities also provide a strategic setting for prevention and early intervention. Accessible counselling, health education, peer support, and clear referral pathways can facilitate recognition of psychological difficulties and encourage timely help-seeking. Conversely, stigma, uncertainty about available services, concerns about confidentiality, and limited-service availability may delay professional care. Global evidence indicates that mental-health literacy is associated with recognition of mental-health problems and attitudes toward treatment, but favourable knowledge and attitudes do not necessarily translate into professional help-seeking. This distinction is particularly relevant in settings where mental-health services are limited or unevenly accessible. In Libya, the mental-health system has faced substantial resource and access challenges, and stigma remains an important barrier to care [1].

Previous studies among university and medical students in different countries have reported variable levels of knowledge and attitudes toward mental illness, while repeatedly identifying a gap between positive perceptions and actual use of professional services [2–6]. However, empirical evidence addressing mental-health-related knowledge, attitudes, practices, and perceived barriers among university students in Libya remains limited. Accordingly, this study aimed to assess mental-health-related knowledge, attitudes, and help-seeking practices among students at the University of Tripoli and to identify perceived barriers to professional psychological support. A secondary objective was to examine relationships among KAP domains and their associations with selected demographic characteristics.

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Methods

Study Design and Setting

A descriptive cross-sectional study was conducted among undergraduate and postgraduate students at the University of Tripoli, Tripoli, Libya. The study was designed to describe mental-health-related knowledge, attitudes, practices, and perceived barriers at the time of assessment.

Participants and Sampling

A total of 183 students participated voluntarily and were recruited using convenience sampling through student networks. The sample included both undergraduate and postgraduate students. Female participants represented 93.4% of the sample, reflecting the higher proportion of female enrollment in the participating faculties at the University of Tripoli.

Data Collection Instrument

Data were collected through a structured online questionnaire administered using Google Forms. The instrument comprised five sections: (1) demographic characteristics (gender, age, academic year, and marital status); (2) three knowledge items addressing the meaning of mental health, treatment of mental disorders, and appropriate sources of professional help; (3) four attitude items addressing respect for people with mental-health conditions, perceptions of help-seeking, perceived effects of stigma, and support for campus mental-health services; (4) two practice/help-seeking items addressing intended help-seeking during severe stress and previous consultation with a mental-health specialist; and (5) perceived barriers to professional psychological help-seeking. Item responses were quantified using 3-point (scored 5, 3, 1) and 2-point (scored 4, 2) Likert scales to calculate domain mean scores.

Reliability

Internal consistency was assessed using Cronbach's alpha. Reported alpha coefficients were 0.84 for the knowledge domain, 0.81 for attitudes, and 0.78 for practices.

Statistical analysis

Data were analysed using IBM SPSS Statistics version 29.0.10. Frequencies and percentages were used to summarise categorical variables, while means and standard deviations were used for domain scores. Independent-samples t-tests were used for comparisons involving two groups and one-way analysis of variance (ANOVA) for comparisons involving more than two groups. Pearson correlation coefficients were used to assess linear associations among knowledge, attitude, and practice scores. Statistical significance was reported at $p < 0.05$, with correlation analyses reported as significant at $p < 0.001$ where stated.

Ethical Considerations

This study was reviewed and approved by the Ethics Committee of the Department of Public Health, Faculty of Medical Technology, University of Tripoli, Tripoli, Libya. Written informed consent was obtained from all participants before their inclusion in the study. All participant data were anonymised and handled with strict confidentiality in accordance with the Declaration of Helsinki guidelines for human research.

Results

Participant Characteristics

The study included 183 students. Most participants were female (93.4%), aged 20–24 years (65.0%), and single (74.3%). The largest academic groups were fourth-year students (30.6%) and internship students (30.1%).

Table 1. Participant Characteristics

Variable	Category	n	%
Gender	Female	171	93.4%
	Male	12	6.6%
Age	<20	8	4.4%
	20–24	119	65.0%
	25–29	35	19.1%
	≥30	21	11.5%
Academic year	1st	10	5.5%
	2nd	16	8.7%
	3rd	20	10.9%
	4th	56	30.6%

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	Internship	55	30.1%
	Postgraduate	26	14.2%
Marital status	Single	136	74.3%
	Married	43	23.5%
	Divorced	4	2.2%

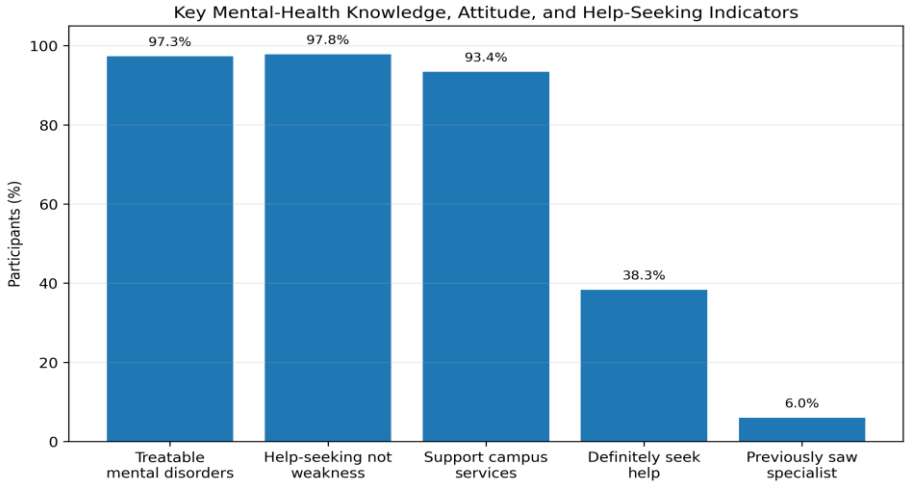


Figure 1. Key mental-health knowledge, attitude, and help-seeking indicators among University of Tripoli students (N = 183).

Knowledge

Overall knowledge was favourable (mean score 2.74 ± 0.58). Recognition that mental disorders are treatable was particularly high (97.3%). In contrast, identification of specific professional providers was less consistent, with 36.1% selecting psychologists and 35.0% selecting psychiatrists.

Table 2. Overall knowledge of the participants

Knowledge items	Response	n	%
Meaning of mental health	Psychological well-being	142	77.6%
	Absence of illness and well-being	18	9.8%
	Absence of illness only	16	8.7%
	Well-being / do not know	2	1.2%
	Do not know	5	2.7%
Mental disorders treatable	Yes	178	97.3%
	No	5	2.7%
Who can help treat problems?	Psychologist	66	36.1%
	Psychiatrist	64	35.0%
	Family/friends	38	20.8%
	Religious leaders	5	2.7%
	Social worker	4	2.2%
	Do not know	6	3.2%

Attitudes toward mental health

Attitudes were strongly favourable overall (mean score 2.80 ± 0.47). Most participants supported respectful treatment of people with mental-health conditions and rejected the idea that seeking help indicates weakness. Nevertheless, 74.3% perceived social stigma as a barrier to help-seeking, while 93.4% supported dedicated mental-health services on campus.

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Table 3. Attitudes toward mental health

Attitude item	Response	n	%
Patients should be respected	Agree	168	91.8%
	Disagree	7	3.8%
	Do not know	8	4.4%
Help-seeking shows weakness	No	179	97.8%
	Yes	4	2.2%
Social stigma prevents help	Yes	136	74.3%
	No	28	15.3%
	Do not know	19	10.4%
Support for campus mental-health services	Yes	171	93.4%
	No	6	3.3%
	Do not know	6	3.3%

Table 4. Help-seeking practices

Practice item	Response	n	%
Seek help during severe stress	Yes	70	38.3%
	Maybe	70	38.3%
	No	43	23.4%
Ever visited a mental-health specialist	No	172	94.0%
	Yes	11	6.0%

Practice scores were lower than knowledge and attitude scores (mean 2.15 ± 0.77). Only 38.3% reported that they would definitely seek professional help during severe psychological stress, while an equal proportion were uncertain. Previous professional consultation was uncommon: only 11 participants (6.0%) reported ever visiting a mental-health specialist.

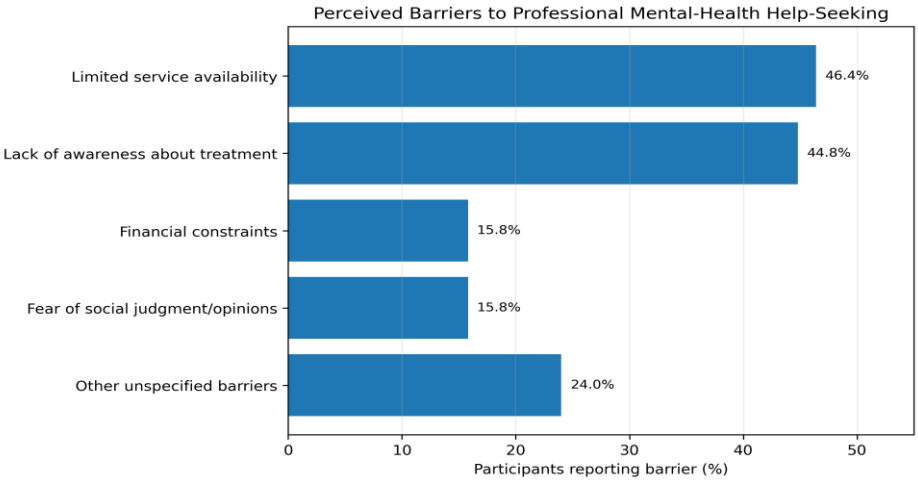


Figure 2. Perceived barriers to professional mental-health help-seeking among University of Tripoli students (multiple responses permitted).

Perceived barriers to professional help-seeking

The most frequently reported barriers were limited-service availability (46.4%) and lack of awareness about psychological treatment (44.8%). Financial constraints and fear of social judgment/opinions were each reported by 15.8% of participants. Because the barrier question allowed multiple responses, percentages are not expected to sum to 100%.

Table 5. Perceived barriers to professional help-seeking

Barrier	n	%
Limited-service availability	85	46.4%
Lack of awareness about treatment	82	44.8%
Financial constraints	29	15.8%
Fear of social judgment/opinions	29	15.8%
Other unspecified barriers	44	24.0%

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KAP domain scores and correlations

Knowledge was positively correlated with attitudes (r = 0.621, p < 0.001) and practices (r = 0.547, p < 0.001). Attitudes were also positively correlated with practices (r = 0.483, p < 0.001). These are associations and should not be interpreted as evidence of causality.

Table 6. Mean Scores and Standard Deviations of Knowledge, Attitudes, and Practices (KAP) Domains

Domain	Mean	SD	Interpretation
Knowledge	2.74	0.58	High
Attitudes	2.80	0.47	Highly positive
Practices	2.15	0.77	Moderate

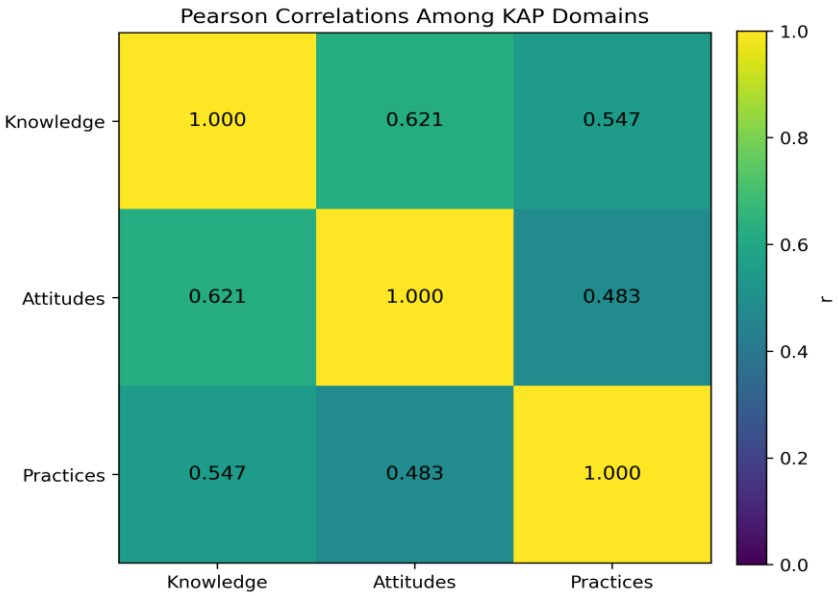


Figure 3. Pearson correlation matrix for knowledge, attitude, and practice scores. All off-diagonal correlations were reported as significant at p < 0.001.

The reported analyses indicated statistically significant differences in knowledge, attitudes, and practices across gender, age, academic year, and marital status. Academic year showed statistically significant associations with all three domains (knowledge: F = 4.06, p = 0.003; attitudes: F = 3.48, p = 0.011; practices: F = 3.84, p = 0.007). The supplied results did not report post-hoc comparisons; therefore, the manuscript does not identify which specific academic-year groups differed from one another.

Table 7. Associations with demographic characteristics

Demographic variables	Test	Knowledge	Attitudes	Practices
Gender	Independent-samples t-test	t = 2.42, p = 0.017	t = 2.15, p = 0.034	t = 2.01, p = 0.046
Age	One-way ANOVA	F = 3.11, p = 0.028	F = 2.77, p = 0.039	F = 3.19, p = 0.024
Academic year	One-way ANOVA	F = 4.06, p = 0.003	F = 3.48, p = 0.011	F = 3.84, p = 0.007
Marital status	One-way ANOVA	F = 1.84, p = 0.041	F = 1.62, p = 0.048	F = 1.73, p = 0.043

Discussion

The present study identified a clear discrepancy between favourable mental-health-related knowledge and attitudes and comparatively limited help-seeking behaviour among University of Tripoli students. Participants generally recognised that mental disorders are treatable, rejected the notion that help-seeking reflects weakness, and strongly supported the availability of campus-based services. However, only 38.3% indicated that they would definitely seek professional help during severe psychological stress, and only 6.0% reported previous consultation with a mental-health specialist. This pattern suggests that positive beliefs alone may be insufficient to produce timely engagement with professional care. The high proportion recognising the treatability of mental disorders is notable and compares favourably with findings from university-student studies in other settings. For example, Alqassim et al. reported substantial gaps in awareness, attitudes, and practices among university students in Saudi Arabia [5], while Kihumuro et al. documented important knowledge and perception issues among medical students in Uganda [6]. Differences between studies should, however, be interpreted

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cautiously because instruments, populations, sampling methods, and definitions of mental-health literacy are not identical. An important contribution of this study is the identification of barriers that extend beyond individual attitudes. Limited service availability was the most frequently reported barrier (46.4%), followed by lack of awareness about available treatment (44.8%). These findings are consistent with the broader Libyan context, where mental-health services have been described as insufficient relative to population needs, and access has been affected by shortages and stigma [1].

University-based services could therefore address both an access problem and an information problem if they provide confidential counselling together with clear information on referral pathways and available treatment options. Stigma remains relevant despite generally favourable attitudes. Although 97.8% rejected the idea that seeking help indicates weakness, 74.3% reported that social stigma can prevent help-seeking. This coexistence of positive personal attitudes and concern about social judgment is important. Students may personally endorse professional care while still anticipating negative reactions from peers, family members, or the wider community. Such perceived social consequences can inhibit behaviour even when individual beliefs are favourable.

The positive correlations among knowledge, attitudes, and practices indicate that these domains are related within the study population. The strongest reported relationship was between knowledge and attitudes ($r = 0.621$), followed by knowledge and practices ($r = 0.547$) and attitudes and practices ($r = 0.483$). These associations support the value of integrated health-promotion approaches but do not establish that increasing knowledge alone will cause changes in help-seeking behaviour. Because the study is cross-sectional, causal and temporal conclusions cannot be drawn. Academic year was significantly associated with all three KAP domains. This pattern may reflect greater exposure to health information, clinical environments, or university resources as students progress through their education. However, the absence of post-hoc comparisons prevents identification of the specific academic-year groups responsible for the overall ANOVA findings.

Future studies should examine these differences using appropriately powered group comparisons and, where relevant, adjusted multivariable models. The study has practical implications for university health promotion. A university mental-health strategy should not rely solely on awareness campaigns. A more effective approach would combine mental-health literacy education with confidential counselling, simple referral procedures, peer-support activities, faculty and adviser training, and clear communication about where and how students can obtain professional care. Compared with studies focused exclusively on prevalence of distress or academic stress, the present study adds a behavioural and service-access perspective. This is relevant to public health because the practical challenge is not only whether students recognise mental-health problems, but whether they can identify an appropriate source of help and feel able and willing to use it.

Strengths and Limitations

Strengths

- The study addresses an under-represented setting and provides data from a major Libyan university.
- It assesses knowledge, attitudes, help-seeking practices, and perceived barriers within the same survey.
- Internal consistency was reported for the KAP domains, with Cronbach's alpha coefficients ranging from 0.78 to 0.84.
- The findings have direct implications for university-level health promotion and mental-health service planning.

Limitations

Study Design

The cross-sectional design precludes causal inferences and temporal sequence assessments between KAP domains.

Sampling & Generalizability

Convenience sampling through student networks introduces potential selection bias, limiting findings to the surveyed cohort.

Gender Disparity

The high female representation (93.4%) reflects faculty enrollment patterns but reduces statistical power for gender comparisons; thus, t-test outcomes require cautious interpretation.

Self-Report Bias

Data were self-reported, making responses susceptible to social desirability and recall biases regarding mental health. Instrument Scope: KAP domains were evaluated using concise item sets rather than fully comprehensive psychometric scales.

Analytical Depth

Advanced metrics (effect sizes, multivariable adjustments, and post-hoc analyses) were not conducted and should be prioritised in future studies.

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Public Health and University Practice Implications

1. Establish or strengthen confidential, accessible, and clearly signposted mental-health counselling services on campus.
2. Provide students with practical information on how to access psychologists, psychiatrists, and other qualified providers.
3. Integrate mental-health literacy and help-seeking content into student orientation and health-promotion activities.
4. Develop peer-led anti-stigma initiatives while protecting confidentiality and avoiding stigmatising language.
5. Train academic advisers and relevant university staff to recognise distress and provide appropriate referral information.
6. Evaluate future interventions using pre–post or longitudinal designs and, where possible, include multiple Libyan universities and more balanced gender representation.

Conclusion

University of Tripoli students demonstrated generally favourable mental-health-related knowledge and attitudes, but professional help-seeking was substantially less common. The most frequently reported barriers were limited service availability and lack of awareness about treatment, while perceived social stigma remained an important concern. The observed positive relationships among knowledge, attitudes, and practices support integrated mental-health promotion, but the cross-sectional design does not permit causal conclusions. Strengthening accessible and confidential university-based services, together with targeted mental-health literacy and anti-stigma interventions, may help narrow the gap between favourable beliefs and actual help-seeking.

Declarations

Ethics approval and consent to participate

This study was reviewed and approved by the Ethics Committee of the Department of Public Health, Faculty of Medical Technology, University of Tripoli, Tripoli, Libya. Written informed consent was obtained from all participants before their inclusion in the study. All procedures were conducted in accordance with the ethical standards of the Declaration of Helsinki.

Consent for publication

Not applicable. The manuscript contains aggregate, non-identifiable data only.

Competing interests

The author declares no competing interests.

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Data Availability

The datasets analysed during the current study are available from the corresponding author upon reasonable request.

Author contributions

Fawzia Ahmed Mohammed: Conceptualisation, methodology, data collection, statistical analysis and interpretation, writing – original draft, and writing – review & editing

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