ADOLESCENT WELL-BEING:
THE ROLE OF GENDER, MENTAL HEALTH ATTITUDES
AND HELP-SEEKING BEHAVIORS IN SLOVENIAN STUDENTS[*]

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Abstract

Well-being is shaped by a range of factors, including personal characteristics (e.g., gender, age), internal factors (e.g. individual needs, emotions and traits) and external influences such as family and peer support systems. Given the notable decline in well-being during adolescence - particularly among girls and those from economically disadvantaged backgrounds (Michel et al., 2009; Yoon et al., 2023) - it is crucial to identify and understand its predictors. This study aimed to investigate the predictors of well-being among a sample of 39 Slovenian primary school students (M_{age} = 14 years; 48.7% male). Specifically, the role of gender, attitudes towards mental health, help-seeking intentions and perceived barriers to help-seeking were examined. Participants completed the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMBS), the Mental Health Literacy Scale (MHLS), the General Help-Seeking Questionnaire (GHSQ) and the Barriers to Adolescent Help-Seeking (BASH). Hierarchical regression analysis, with mental well-being as the dependent variable, revealed that gender was a significant predictor in model 1, accounting for 15.2% of the variance. However, when two dimensions of attitudes towards mental health were included in model 2 (attitudes towards people with mental health problems; general attitudes towards mental health problems and help-seeking), the explained variance did not increase significantly and none of the predictors reached statistical significance. Model 3, which also included help-seeking intentions and belief-based barriers, explained the largest proportion of variance (R^2 = .540, p < .001) and identified general attitudes toward mental health problems and help-seeking, help-seeking intentions, and belief-based barriers to help-seeking as significant predictors. The results suggest that while gender is initially associated with mental well-being, attitudes and behavioural intentions have a more substantial impact. Higher help-seeking intentions were associated with better well-being, whereas perceived barriers to help-seeking negatively predicted well-being. The negative association between positive mental health attitudes and well-being suggests a complex relationship that requires further investigation (e.g., possible moderating factors: personal experience with mental health issues). These findings suggest that further research is needed to explore these dynamics in more detail, particularly in relation to interventions that promote positive attitudes and help-seeking behaviours in young people. Future research should address the study's limitations using larger and more diverse samples, longitudinal designs, and mixed methods approaches.

Keywords: *Well-being, adolescents, mental health, help-seeking, gender.*

1. Introduction

Well-being is shaped by a range of factors, including personal characteristics (e.g. gender, age), internal factors (e.g. individual needs, emotions and traits) and external influences such as family and peer support systems. Given the notable decline in well-being during adolescence - particularly among girls and those from economically disadvantaged backgrounds (Michel et al., 2009; Yoon et al., 2023) - it is crucial to identify and understand its predictors. This study explores the predictors of well-being among Slovenian primary school students, focusing on gender, attitudes toward mental health, help-seeking intentions, and perceived barriers to seeking help.

2. Methods

This study is part of the Erasmus+ project me_HeLi-D: Mental Health Literacy and Diversity, which aims to develop a digital program to promote mental health and mental health literacy among students aged 12 to 15 from Austria, Slovenia, and Poland. The project uses a participatory approach to tailor the programme to students' needs and preferences, enhancing their well-being through digital tools. For this study, we present data from 39 Slovenian primary school students in the 8th and 9th year of schooling (M_{age} = 14 years; 48.7% male). After obtaining informed parental consent, students completed an online battery of questionnaires assessing mental health, mental health literacy, and demographic variables. This study focuses only on selected measures. Specifically, we used the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMBS; Stewart-Brown et al., 2009), the Mental Health Literacy Scale (two scales: Attitudes towards people with mental health problems [e.g., "A mental illness is not a real medical illness"]; General attitudes towards mental health problems and help-seeking (e.g., "How willing would you be to make friends with someone with a mental illness?"], MHLS; Krohne et al., 2022), the General Help-Seeking Questionnaire (GHSQ; O'Dea et al., 2019), and the Barriers to Adolescent Help-Seeking (BASH; Wilson et al., 2002). Reliability analyses confirmed acceptable internal consistency for all scales (SWEMBS: α = .83, MHLS: α = .80, GHSQ: α = .81, BASH: α = .68). Reliability tests, descriptive statistics, correlations, independent samples t-tests and hierarchical multiple regression analysis (method: Enter) were calculated with IBM SPSS Statistics 30.

3. Results

Means, standard deviations, and correlations for the scales are presented in Table 1. Well-being is significantly positively correlated with help-seeking intentions, and negatively with attitudes towards mental health problems and help-seeking and belief-based barriers to help-seeking. Independent samples t-tests conducted to examine gender differences revealed females (M = 31.47, SD = 3.19) had significantly more positive general attitudes towards mental health problems and help-seeking than males (M = 26.89, SD = 3.40), $t(36)$ = 4.29, $p < .001$. Similarly, females (M = 26.05, SD = 5.08) reported more positive attitudes towards people with mental health problems than males (M = 22.21, SD = 5.21), $t(36)$ = 2.30, p = .027. On the other hand, males (M = 27.05, SD = 4.29) reported significantly higher levels of mental well-being than females (M = 22.00, SD = 3.46), $t(36)$ = -3.99, $p < .001$. No significant differences were found in help-seeking intentions or barriers to help-seeking.

Table 1. Descriptive statistics and correlations.

Scale	M	SD	1	2	3	4
1. Attitudes Towards Mental Health Problems and Help-Seeking	29.33	4.05				
2. Attitudes Towards People with Mental Health Problems	24.28	5.45	**0.43****			
3. Help-seeking intentions	46.21	12.37	0.12	0.22		
4. Belief-based barriers to help-seeking	29.59	7.85	-0.19	-0.11	**-0.39***	
5. Well-being	24.36	4.68	**-0.39***	-0.20	**0.45***	**-0.34***

Notes: ** $p \leq 0.01$; * $p \leq 0.05$. M = mean, SD = standard deviation

Hierarchical regression analysis (see Table 2) with mental well-being as the dependent variable revealed that gender was a significant predictor in model 1, accounting for 15.2% of the variance. However, when two dimensions of attitudes towards mental health were included in Model 2 (attitudes towards people with mental health problems; general attitudes towards mental health problems and help-seeking), the explained variance did not increase significantly and none of the predictors reached statistical significance. Model 3, which also included help-seeking intentions and belief-based barriers, explained the highest proportion of variance (R^2 = .540, $p < .001$). The final step showed that higher help-seeking intentions were positively associated with well-being, suggesting that adolescents more willing to seek support report better well-being. In addition, those who perceived greater barriers to help-seeking reported lower well-being. An unexpected finding was that more positive general attitudes toward mental health problems and help-seeking translated into lower well-being.

4. Discussion and conclusions

Our study identified general attitudes toward mental health problems and help-seeking, help-seeking intentions, and belief-based barriers to help-seeking as significant predictors. The results

suggest that while gender is initially associated with mental well-being, attitudes and behavioural intentions have a more substantial impact. Higher help-seeking intentions were associated with better well-being, whereas perceived barriers to help-seeking negatively predicted well-being. The negative association between positive mental health attitudes and well-being suggests a complex relationship that requires further investigation (e.g., possible moderating factors: greater awareness of problems, personal experience with mental health issues). These findings suggest that further research is needed to explore these dynamics in more detail, particularly in relation to interventions that promote positive attitudes and help-seeking behaviours in young people. Although this study provides valuable insights into the well-being of adolescents, several limitations must be acknowledged (e.g., small sample size, focus on a specific age group and a specific country). Future research should address these limitations using larger and more diverse samples, longitudinal designs, and mixed methods approaches.

Table 2. Hierarchical multiple regression analysis of variables that predict well-being.

	Well-being					
	Model 1		Model 2		Model 3	
	B	β	B	β	B	β
Step 1:						
Gender	3.29	**0.39***	2.31	0.27	2.21	0.26
R^2		**0.152***				
Step 2:						
Attitudes Towards Mental Health Problems and Help-Seeking			-0.32	-0.27	-0.40	**-0.34***
Attitudes Towards People with Mental Health Problems			-0.01	-0.02	-0.09	-0.11
ΔR^2				0.065		
Step 3:						
Help-seeking intentions					0.15	**0.39****
Belief-based barriers to help-seeking					-0.18	**-0.31***
ΔR^2						**0.322****
R^2	0.152*		0.218		0.540***	
F for ΔR^2	6.645*		1.464		11.567***	

*Notes. *** $p \leq .001$; ** $p \leq .01$; * $p \leq .05$ (significant ß's in bold); B = estimated value of raw regression coefficient; ß = estimated standardized value of regression coefficient; R^2 = percentage of explained variance; Δ=change*

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