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Theory of Planned Behavior and Stigma in Predicting Help-Seeking Intention Among Thai Undergraduates

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Abstract The high prevalence of psychological distress among undergraduates highlights the need to investigate help-seeking intention in this population. This study applied the Theory of Planned Behavior (TPB), with social stigma and self-stigma incorporated as extended factors, to predict help-seeking intention. Help-seeking intention was operationalized as the intention to use free mental health services provided by the university. A total of 105 undergraduates (17 males, 88 females) from Chulalongkorn University, including 68 students from the Faculty of Psychology and 37 students from other faculties, completed self-report measures assessing help-seeking intention, attitudes toward help-seeking, subjective norms, perceived behavioral control (PBC), self-stigma, social stigma, prior help-seeking experience, and informal help-seeking. Hierarchical regression analysis indicated that attitudes toward help-seeking, subjective norms, and PBC significantly predicted help-seeking intention ($p<0.05$), whereas self-stigma and social stigma were not significant predictors ($p>0.05$) after controlling for the core TPB variables. Additionally, PBC and prior help-seeking experience emerged as the strongest predictors. Overall, the findings support TPB as a robust model for predicting help-seeking intention. The non-significant effects of social stigma and self-stigma may be partly explained by their shared variance with TPB components, particularly attitudes toward help-seeking, subjective norms, and PBC. However, the results should be interpreted with caution due to the cross-sectional design of the study. Implications for future research and intervention are discussed.

Keywords: **help-seeking intention; theory of planned behavior; stigmatization; mental health; university student**

Introduction

Mental health issues are a major matter of concern among Thai undergraduates. A systematic review by Dessauvagie[1] reported a prevalence of 29.4% for depression (7.6% severe), 42.4% for anxiety (18.9% severe), and between 0.9% and 16.3% for suicidal ideation (and 0.9% and 5.3% for suicide attempts) among undergraduates in Southeast Asian countries.

Moreover, Choompunuch et al.[2] found that medical students in Thailand experienced high levels of stress during the COVID-19 pandemic. Despite Thailand's relatively high lifetime prevalence of mental health disorders (23.2%), the proportion of individuals who seek professional help remains low[3]. Consistent with this finding, Sojindamanee et al.[4] reported that although many Thai medical students experienced mental health issues, only a small proportion sought professional help. These findings highlight the urgent need to promote help-seeking behaviors among undergraduates in Thailand. However, research examining help-seeking intention in the Thai population remains limited. Additionally, several studies have indicated a high demand for mental health services on college campuses[5,6]. Pliannuom et al.[7] identified mental health conditions as one of the leading causes of outpatient service utilization among Thai university students. Sessoms[8] further emphasized the need to strengthen counselling centres in Thai higher education institutions. However, research examining the utilization of mental health services provided by Thai universities remains scarce. Therefore, it is crucial to investigate undergraduates' help-seeking intentions toward university-provided mental health services.

Ajzen[9] proposed the Theory of Planned Behavior (TPB) which suggests that attitude, perceived behavioral control (PBC), and subjective norms influence behavioral intention, which in turn affects actual behavior. TPB has demonstrated effectiveness in predicting help-seeking behavior in various populations[10-12]. However, research using TPB to predict help-seeking behavior in the Thai population remains limited. Existing Thai studies have either applied TPB without extending key variables or used it only as a conceptual framework rather than directly testing its components[13,14]. Moreover, cultural influence, especially Buddhism and spiritual beliefs, may also shape how Thais perceive mental health problems[15]. This suggests that TPB in Thai population needs further investigation, particularly in predicting help-seeking intention among Thai undergraduates.

To enhance TPB's predictive power, stigma has been examined as another key mechanism[3,16]. Stigmatization of mental illness refers to the devaluation, disgrace, or discrediting of individuals or groups labelled as "having mental illness" [17]. It can be divided into two types: social stigma and self-stigma. Social stigma refers to how the general public perceives and responds to individuals with mental illness based on prejudice. In contrast, self-stigma refers to the psychological impact experienced by individuals in the prejudiced group who internalize social stigma[18,19]. Prior research indicated that self-stigma mediates the relationship between social stigma and help-seeking attitudes and intentions[20], while perceived control moderates this relationship[21]. Moreover, Damghanian and Alijanzadeh[22] found that self-stigma influenced the help-seeking intention and indirectly affected help-seeking behavior through intention among individuals at risk of affective disorders. Consistent with findings from Topkaya[23] which reported that both social stigma and self-stigma were negatively associated with attitudes toward help-seeking. Based on these findings, incorporating self-stigma and social stigma into the TPB framework appears justified to improve the prediction of help-seeking intention.

However, most of these studies were conducted outside of Thailand. In the Thai context, Shahidi and Johnson[14] examined how mental health literacy influenced help-seeking intention, with self-stigma and social stigma as mediators, using the TPB framework. The findings suggested that social stigma negatively influenced both attitudes and help-seeking intention directly and indirectly through partial mediation by self-stigma among Thai undergraduates.

In summary, the present study attempts to investigate whether incorporating self-stigma and social stigma as extended factors would improve the predictive power of TPB in predicting the help-seeking intention among Thai undergraduate students, with a focus on free mental health services provided by universities. Based on the TPB framework, it is hypothesized that attitudes toward help-seeking, subjective norms, and PBC will positively predict help-seeking intention. Additionally, drawing on the previous empirical evidence, it is hypothesized that self-stigma and social stigma will negatively predict help-seeking intention. In this preliminary study, self-stigma and social stigma were examined as additional independent variables within the TPB framework.

Methods

This study employed an online survey to collect data from Thai undergraduate students. The questionnaire was administered in Thai to maximize accessibility. The Thai version of the survey was developed using a back-translation procedure (English → Thai → English) to ensure validity. The back-translation was performed by two different Thai master's students in psychology. The final translated version was submitted to the researcher's advisor for feedback and approval. Only fully completed responses were included in the analysis; any cases with missing data were excluded. The study protocol received approval from the Chulalongkorn University Research Ethics Board (COA no. 065/68) on 13 March 2025.

To calculate the required sample size for hierarchical linear regression, the variance explained by TPB factors (0.619) was obtained from Damghanian & Alijanzadeh[22], and the variance explained by social stigma (0.175) was obtained from Shahidi & Johnson[14]. As predictors were entered sequentially at each step of the hierarchical regression, the smallest expected effect size was used to calculate the required sample size using G*Power software. The required sample size was 48 participants. The data analysis was conducted using Jamovi.

Participants

Initially, 72 undergraduate students (6 males, 66 females) from Chulalongkorn University participated in the study. The participants were recruited through convenience sampling. However, additional participants were recruited to increase statistical power. In total, 105 undergraduate students (17 males, 88 females) from Chulalongkorn University participated in the study. Most participants were between 18 and 23 years old (n = 103), while the remaining two participants were over 23 years old. The majority of participants (n = 68) were enrolled in the Faculty of Psychology, and the remaining 37 students were from other faculties. Participants provided informed consent before the start of the questionnaire. They were informed of their right to withdraw from the survey at any time, and their data would be removed from the dataset. The identities of all participants were kept

anonymous to the researchers and anyone with access to the research data.

Measurements

Theory of Planned Behavior: these measurement items were created by the author based on Ajzen's guidelines in creating measurement for factors of TPB.

Help-seeking intention was measured through 3 items asking about the individuals' willingness to use free mental health service at the university. The answer was on a 7-point Likert scale ranging from 1 (totally disagree) to 7 (totally agree). The total score and mean score was calculated for Pearson correlation and hierarchical regression analysis (α = 0.87).

Attitude toward help-seeking: participants were asked to evaluate 5 different adjective pairs that describe the experience of seeking free mental health service at the university. The answer was on a 7-point Likert scale ranging from 1 (toward negative word) to 7 (toward positive word). The total score and mean score was calculated for Pearson correlation and hierarchical regression analysis (α = 0.64).

Subjective norms were measured through 5 items asking how the help-seeking behavior was influenced by the perceptions and opinions. The answer was on a 7-point Likert scale ranging from 1 to 7. The total score and mean score were calculated for Pearson correlation and hierarchical regression analysis (α = 0.72).

Perceived behavioral control (PBC) was measured with 4 items asking how much control and capacity that the individual perceived they had in performing help-seeking behavior. The answer was on a 7-point Likert scale ranging from 1 (totally disagree) to 7 (totally agree). The total score and mean score were calculated for Pearson correlation and hierarchical regression analysis (α = 0.72).

Self-stigma and social stigma

Self-stigma was measured using Self-Stigma of Seeking Help (SSOSH)[24]. The back-translation procedure was performed before data collection. The scale contains 10 items and responses were on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total score and mean score were calculated for Pearson correlation and hierarchical regression analysis (α = 0.78).

Social stigma was measured using Stigma Scale for Receiving Psychological Help (SSRPH)[25]. The back-translation procedure was performed before data collection. The scale contained 5 items using a 4-point Likert scale ranging from 0 (strongly disagree) to 3 (strongly agree). The total score and mean score were calculated for Pearson correlation and hierarchical regression analysis (α = 0.70).

Control variables were created by the researcher:

Prior help-seeking experience was measured through 2 items asking about the individuals' help-seeking behavior in the past. Responses were on a 7-point Likert scale ranging from 1 (very bad) to 7 (very good). The total score and mean score were calculated for Pearson correlation and hierarchical regression analysis.

Informal help-seeking was measured through 1 item: "When I experience psychological distress, I often seek help from people who I feel comfortable with". Responses were on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The mean score was calculated for Pearson correlation and hierarchical regression analysis.

Results

The data analysis included a sample size of 105 undergraduate students (17 males, 88 females); of whom 103 participants were between 18 and 23 years old while the remaining two participants were over 23 years old. There were 68 participants were enrolled in the Faculty of Psychology, and the remaining 37 participants were from other faculties. Table 1 summarizes the descriptive statistics for the main study variables. As shown in the table, participants generally reported positive attitudes toward help-seeking (Mean = 26.99). On average, participants also perceived that their normative reference group held positive attitudes toward help-seeking (Mean = 23.13), and they reported high perceived behavioral control regarding their ability to seek professional help when needed (Mean = 23.36). Moreover, participants indicated a high willingness to seek professional help when encountering psychological problems (Mean = 15.92). Regarding stigma, the mean scores for both self-stigma and social stigma were relatively low (Mean = 20.53 and Mean = 2.96, respectively).

Pearson correlation analysis was conducted to examine the relationship between self-stigma, social stigma, and the main factors of TPB. As shown in Table 2, self-stigma was significantly and negatively correlated with PBC ($r = -0.47$, $p<0.001$), subjective norms ($r = -0.31$, $p<0.01$), attitude ($r = -0.37$, $p<0.001$), and help-seeking intention ($r = -0.31$, $p=0.007$). Moreover, social stigma was negatively correlated with PBC ($r = -0.32$, $p=0.001$), attitude ($r = -0.19$, $p=0.048$), and was positively correlated with self-stigma ($r = 0.61$, $p<0.001$).

With regard to the factors in TPB, attitude ($r = 0.44$, $p<0.001$), subjective norms ($r = 0.47$, $p<0.001$), and PBC ($r = 0.48$, $p<0.001$) were

Table 1 Score ranges, mean, standard deviation of the main variables

Variables	Score range	Mean	SD
Attitude	5 - 35	26.99	4.41
Subjective Norms	5 - 35	23.13	5.19
PBC	4 - 28	23.36	3.35
Intention	3 - 21	15.92	3.61
Self-stigma	10 - 50	20.53	5.73
Social Stigma	0 - 15	2.96	2.71

Table 2 Correlations matrix of self-stigma, social stigma, subjective norms, PBC, attitude, and help-seeking intention

Variables	Attitude	Subjective norms	Perceived behavioral control	Self-stigma	Social stigma	Help-seeking intention
Attitude	—					
Subjective norms	0.27*	—				
Perceived behavioral control	0.37*	0.31*	—			
Self-stigma	-0.37*	-0.31*	-0.47*	—		
Social stigma	-0.19*	-0.14	-0.32*	0.61*	—	
Help-seeking intention	0.44*	0.47*	0.48*	-0.32*	-0.24*	—

Note: * $p<0.05$

significantly and positively correlated with help-seeking intention. PBC was significantly and positively correlated with attitude ($r = 0.37$, $p<0.001$) and subjective norms ($r = 0.31$, $p<0.01$). Subjective norms and attitude were significantly correlated with each other ($r = 0.27$, $p<0.01$).

In order to analyze the predictive power of the main factors of TPB, self-stigma and social stigma independently while controlling for other factors, hierarchical regression analysis was conducted. Several relevant assumptions were tested. The Durbin-Watson test was not significant, indicating that the assumption of independent errors was met. Tolerance values ranged from 0.48 to 0.90, and all Variance Inflation Factor (VIF) values were below 2.06, indicating that multicollinearity was not an issue. The first step of hierarchical regression analysis included age, biological sex, prior help-seeking experience, and informal help-seeking. This model was significant, $R^2_{adj.} = 0.18$, $F(4, 100) = 6.73$, $p<0.001$. In the second step, the main factors of TPB (attitude, PBC, and subjective norms) were added to the model. Since the control variables were already added in the first step, the result of the second step indicated the predictive power of attitude, subjective norms, and PBC while controlling for the previously added variables. This model was also significant, $R^2_{adj.} = 0.42$, $F(7, 97) = 11.73$, $p<0.001$. The addition of these predictors significantly improved the model, $\Delta R^2 = 0.25$, $\Delta F(3, 97) = 14.71$, $p<0.001$. In the third step, self-stigma and social stigma were added to the model to test on the self-stigma and social stigma while controlling for the main factors in TPB and the control variables. The addition of these predictors did not significantly improve the model, $\Delta R^2 = 0.00$, $\Delta F(2, 95) = 0.23$, $p=0.80$.

Table 3 Multiple regression predicting help-seeking intention

Predictor	B	SE	95%CI		t	p	β	R^2	R^2adj.	ΔR^2
			Lower	Upper						
Step 1: control variables								0.21	0.18	-
Intercept	10.60	2.63	5.39	15.82	4.03	<0.001	—			
Prior help-seeking	0.50	0.12	0.27	0.73	4.24	<0.001	0.38			
Informal help-seeking	0.50	0.24	0.03	0.97	2.09	0.04	0.19			
Age	-0.33	0.86	-2.04	1.39	-0.38	0.71	-0.04			
Gender	0.61	0.97	-1.32	2.53	0.62	0.534	0.06			
Step 2: attitude, subjective norms, and PBC								0.46	0.42	0.25
Intercept	-3.87	3.14	-10.09	2.36	-1.23	0.22				
Prior Help-Seeking	0.31	0.11	0.10	0.52	2.92	0.004	0.24			
Informal Help-seeking	0.30	0.20	-0.11	0.70	1.46	0.15	0.11			
Age	0.00	0.73	-1.45	1.46	0.00	0.99	0.00			
Gender	0.35	0.84	-1.32	2.02	0.42	0.68	0.03			
Attitude Toward Help-Seeking	0.18	0.08	0.03	0.34	2.34	0.02	0.20			
Subjective Norms	0.18	0.07	0.05	0.32	2.69	0.008	0.23			
Perceived Behavioral Control	0.31	0.09	0.13	0.49	3.38	0.001	0.29			

Table 3 Multiple regression predicting help-seeking intention (cont.)

Predictor	B	SE	95%CI		t	p	β	R^2	R^2adj.	ΔR^2
			Lower	Upper						
Step 3: self-stigma and social stigma								0.46	0.41	0.00
Intercept	-4.69	4.31	-13.25	3.88	-1.09	0.28	—			
Prior Help-Seeking	0.31	0.11	0.10	0.53	2.92	0.004	0.24			
Informal Help-seeking	0.26	0.21	-0.16	0.69	1.24	0.22	0.10			
Age	0.01	0.74	-1.46	1.48	0.02	0.99	0.00			
Gender	0.30	0.86	-1.41	2.01	0.35	0.73	0.03			
Attitude Toward Help-Seeking	0.19	0.08	0.03	0.35	2.37	0.02	0.20			
Subjective Norms	0.19	0.07	0.05	0.33	2.71	0.008	0.24			
Perceived Behavioral Control	0.32	0.10	0.12	0.51	3.23	0.002	0.29			
Self-Stigma	0.04	0.07	-0.11	0.19	0.57	0.57	0.06			
Social Stigma	-0.09	0.15	-0.39	0.20	-0.63	0.53	-0.06			

Note. Bold values indicate significant predictors ($p<0.05$), CI= confidence interval, PBC = perceived behavioral control

In the final model as shown in Table 3, which included the control variables, the main factors of TPB, self-stigma, and social stigma, the total variance explained in help-seeking intention was 41%, $R^2 = 0.46$, $F(9, 95) = 9.03$, $p<0.001$. Subjective norms ($B = 0.19$, $t(95) = 2.71$, $p<0.01$), attitude toward help-seeking ($B = 0.19$, $t(95) = 2.37$, $p=0.02$), and PBC ($B = 0.32$, $t(95) = 3.23$, $p<0.01$) and prior help-seeking ($B = 0.31$, $t(95) = 2.92$, $p<0.01$) were significant predictors of help-seeking intention. Neither self-stigma ($B = 0.04$, $p=0.57$) nor social stigma ($B = -0.09$, $p=0.53$) was significant predictors in the final model. Therefore, the hypothesis regarding TPB was supported while the hypothesis regarding self-stigma and social stigma was not supported. The results suggested that prior help-seeking experience, and the main factors in TPB were the strongest predictors of help-seeking intention.

Discussion

This study aimed to investigate whether TPB, self-stigma and social stigma could predict help-seeking intention among undergraduate students, focusing on free mental health services provided by the university. Overall, the findings indicated that TPB significantly predicted help-seeking intention among undergraduate students. However, self-stigma and social stigma did not significantly predict help-seeking intention when all TPB factors and other variables were controlled for.

The results of this study align with several studies using TPB to predict help-seeking behavior in other populations[10-12], in which TPB significantly predicted help-seeking intention, even when several other variables were controlled for. Among the TPB components, PBC emerged as one of the strongest predictors of help-seeking intention. When individuals have a positive attitude toward help-seeking and their normative group also holds a positive attitude toward help-seeking, they are more likely to perform

help-seeking behavior when experiencing psychological distress if they perceive that they have high control and ability to perform help-seeking behavior.

In addition to TPB, prior help-seeking appeared to be one of the strongest predictors of help-seeking intention. When individuals had a positive past experience with help-seeking, they were more likely to do it again if they experience psychological distress in the future. Gulliver et al.[26] also suggested positive past experience of help-seeking as a facilitator of help-seeking behavior.

On the contrary, self-stigma and social stigma did not seem to be a significant extended factors within the TPB framework in predicting help-seeking intention. Independently, self-stigma and social stigma did not significantly predict help-seeking intention. This insignificant predictive power might be explained by the correlation between self-stigma, social stigma and the main factors of TPB. In particular, self-stigma was negatively and significantly associated with attitudes toward help-seeking, subjective norms, and PBC. This pattern aligns with several previous studies examining the relationship between self-stigma and attitude toward help-seeking and PBC[20-21]. Therefore, it is possible that self-stigma and social stigma affect help-seeking intention through their influence on attitude toward help-seeking, subjective norms, and PBC. Individuals with high self-stigma might have negative attitude toward help-seeking, and perceive their norm group as having negative attitudes toward help-seeking. Therefore, individuals will be less likely to seek professional help when encountering psychological distress. Moreover, the insignificant predictive power of stigma in the current study may also be attributed to the low overall level of stigma among participants. The average scores of self-stigma and social stigma among the participants in this study were quite low. This suggests that stigmatization might not be a salient barrier to help-seeking behavior in this population.

Findings from this study highlight the importance of attitudes toward help-seeking behavior, subjective norms, PBC, and prior help-seeking experience, with a focus on mental health services provided by the university. Therefore, campaigns that challenge stigmatizing thoughts and provide more information about mental health might improve attitude, subjective norms, and PBC through the significant correlation between stigma and TPB reported in this study. For instance, intervention programs that educate adolescents about stigma and mental illness have been shown to increase positive attitudes toward help-seeking and the intention to seek help[27]. By doing so, such programs can also foster a positive norm toward help-seeking. Additionally, universities may need to improve the quality of the mental health services so that individuals can have more positive experiences with these services. This can be done by enhancing the service registration process and training the counselors and psychologists working at the university counseling center. As a result, the individuals will be more likely to be satisfied with the service and use it again when they experience psychological distress. Such positive service experiences, in turn, might encourage repeat use and help alleviate the increasing demand for external outpatient psychological services, ultimately benefiting students both psychologically and financially. However, the results of this study should be taken into consideration since this is a cross-sectional study and causal relationships cannot be

concluded from these results.

Despite its contributions, this study has several limitations. First, the number of participants is relatively small and lacks variation. Therefore, future research should recruit more undergraduate students from other faculties and more gender-balanced participant pools. Second, all measurements in this study were self-reported. Moreover, the measurement tools used in this study have limited validation and moderate reliability. Future research could use more validated and reliable measures. Third, measuring intention alone does not allow the researcher to draw conclusions about the actual performance of the behavior. Hence, future research could employ longitudinal or experimental designs to examine the causal pathways between self-stigma, social stigma, and help-seeking behavior. Fourth, a majority of participants in this study were psychologically healthy individuals. Thus, this research might not fully capture the effect of stigmatization on help-seeking behavior. Research that focuses on individuals who experience psychological problems frequently is needed to gain more insight on the effect of stigmatization and the predictive power of TPB for help-seeking behavior.

Conclusion

In conclusion, the Theory of Planned Behavior remains a valuable framework for predicting help-seeking intention among undergraduate students. While stigma did not directly predict help-seeking in this sample, it remains an important social factor that may indirectly shape attitudes and perceived behavioral control. Promoting positive attitudes, supportive norms, and confidence in accessing mental health services could strengthen help-seeking intentions. Future promotion campaigns might focus on challenging stigmatization toward help-seeking behavior, which in turn may encourage individuals to seek professional help when experiencing psychological distress.

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ทฤษฎีการกระทำตามแผนและตราบาปทางสังคมในการทำนายความตั้งใจในการแสวงหาความช่วยเหลือของนักศึกษาระดับปริญญาตรีในประเทศไทย

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บทคัดย่อ: ความชุกที่สูงของภาวะความทุกข์ทางจิตใจในกลุ่มนักศึกษาระดับปริญญาตรีสะท้อนให้เห็นถึงความจำเป็นในการศึกษาความตั้งใจในการแสวงหาความช่วยเหลือในประชากรกลุ่มนี้ งานวิจัยนี้ประยุกต์ใช้ทฤษฎีพฤติกรรมตามแผน (theory of planned behavior: TPB) โดยบูรณาการการตีตราทางสังคมและการตีตราตนเองเป็นปัจจัยขยาย เพื่อทำนายความตั้งใจในการแสวงหาความช่วยเหลือ ซึ่งนิยามเป็นความตั้งใจในการใช้บริการสุขภาพจิตที่มหาวิทยาลัยจัดให้โดยไม่เสียค่าใช้จ่าย กลุ่มตัวอย่างประกอบด้วยนักศึกษาระดับปริญญาตรี จำนวน 105 คน (เพศชาย 17 คน เพศหญิง 88 คน) จากจุฬาลงกรณ์มหาวิทยาลัย โดย 68 คน มาจากคณะจิตวิทยา และ 37 คน มาจากคณะอื่น ๆ ผู้เข้าร่วมวิจัยตอบแบบประเมินตนเองเกี่ยวกับความตั้งใจในการแสวงหาความ-ช่วยเหลือ ทัศนคติต่อการแสวงหาความช่วยเหลือ บรรทัดฐานเชิงอัตวิสัย การรับรู้ความสามารถในการควบคุมพฤติกรรม (PBC) การตีตราตนเอง การตีตราทางสังคม ประสบการณ์การแสวงหาความช่วยเหลือในอดีต และการแสวงหาความช่วยเหลือแบบไม่เป็นทางการ ผลการวิเคราะห์ hierarchical regression analysis พบว่า ทัศนคติต่อการแสวงหาความช่วยเหลือ บรรทัดฐานเชิงอัตวิสัย และการรับรู้ความสามารถในการควบคุมพฤติกรรมสามารถทำนายความตั้งใจในการแสวงหาความช่วยเหลือได้อย่างมีนัยสำคัญทางสถิติ ($p<0.05$) ในขณะที่การตีตราตนเองและการตีตราทางสังคมไม่เป็นตัวทำนายที่มีนัยสำคัญ ($p>0.05$) เมื่อควบคุมตัวแปรหลักของ TPB นอกจากนี้ การรับรู้ความสามารถในการควบคุมพฤติกรรมและประสบการณ์การแสวงหาความช่วยเหลือในอดีตเป็นตัวทำนายที่มีอิทธิพลมากที่สุดต่อความตั้งใจในการแสวงหาความช่วยเหลือ โดยสรุป ผลการวิจัยสนับสนุนว่า TPB เป็นกรอบแนวคิดที่มีความเหมาะสมและมีพลังในการทำนายความตั้งใจในการแสวงหาความช่วยเหลือ อย่างไรก็ตาม การที่การตีตราทางสังคมและการตีตราตนเองไม่พบอิทธิพลอย่างมีนัยสำคัญอาจอธิบายได้จากความสัมพันธ์อย่างมีนัยสำคัญระหว่างตัวแปรดังกล่าวกับทัศนคติ บรรทัดฐานเชิงอัตวิสัย และการรับรู้ความสามารถในการควบคุมพฤติกรรม ทั้งนี้ ควรตีความผลการวิจัยด้วยความระมัดระวัง เนื่องจากเป็นการวิจัยแบบภาคตัดขวาง และได้มีการอภิปรายข้อเสนอแนะสำหรับการวิจัยและการพัฒนาแนวทางการแทรกแซงในอนาคตไว้ในงานวิจัยนี้

คำสำคัญ: **ความตั้งใจในการแสวงหาความช่วยเหลือ; ทฤษฎีพฤติกรรมตามแผน; การตีตรา; สุขภาพจิต; นักศึกษา**