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Exploring mental health awareness project, societal well-being and stigma among Tesol students: From multicultural awareness perspective

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ABSTRACT

Mental illness misconceptions, preconceptions, stigma, and discrimination are important healthcare concerns that must be addressed to improve the well-being at the societal and individual levels. The stigma prevents people with mental health disorders from obtaining competent assistance. Based on self-determination theory (SDT), this paper attempts to uncover an association of mental health awareness (MHA) and mental health stigma (MHS) with societal well-being (SWB). For performing an empirical investigation, the present research is assuming that mental health awareness (MHA) negatively affects mental health stigma (MHS). Moreover, this study also hypothesized that mental health stigma (MHS) is adversely associated with societal well-being (SWB). In addition, this research attempts to assess the mediating role played by the mental health stigma (MHS) in the relationship between mental health awareness (MHA) and societal well-being (SWB). Finally, the primary purpose of this research is to assess the moderating effect of multicultural awareness (MA) on the relationship between mental health awareness (MHA) and mental health stigma (MHS). For empirical investigation, the present study collected the data from 345 students who are enrolled in TESOL course offered in different degree awarding institutes in China. Furthermore, data was collected by using convenient sampling techniques. PLS-SEM was used in study to assess hypothesized relationships. The present research work acknowledged that mental health awareness (MHA) negatively relates to mental health stigma (MHS). Results of this study also confirmed that mental health stigma (MHS) negatively affects societal well-being (SWB). Moreover, the results of this study revealed that mental health stigma (MHS) does not negatively mediate the link between mental health awareness (MHA) and societal well-being (SWB). Further, the results authenticate that multicultural awareness (MA) positively moderates the link between mental health awareness (MHA) and mental health stigma (MHS). Findings of this research have necessary practical implications for improving the students' mental health literacy and awareness.

KEYWORDS: multicultural awareness, education reform, mental health awareness, mental health stigma, societal well-being, educational policies, psychological well-being

1 Introduction

There are certain misconceptions about Chinese students that they have poor English skills. Therefore, they don't socialize with colleagues who have non-Chinese background and lack critical thinking abilities. The misconception that they are completely passive learners who keep quiet in class is the most dangerous of these preconceptions (Shao & Gao, 2016; Jiang et al., 2022). According to Chen & Zheng (2019), there is a need to keep students aware of the pitfalls associated with stereotyping mental health issues. This approach should also be adopted by teachers who consider weaker English skills and the cultural background of students the reason for poor thinking. This kind of preconception by the teachers can impact their relationships with the students of different linguistic cultures (Scally& Jiang, 2020). These prejudices have a definite detrimental impact on the preconceptions of teachers, peers and Chinese students.

One of the Chinese students in TESOL learning made this claim and showed concern on this approach (Oatey et al., 2017). Furthermore, social experiences of Chinese students studying abroad has a very little research ((Oatey et al.,2017). The Chinese Federal Framework for Planning and Development on Education was published in 2010 (Altbach &Salmi,2011). This was in response to a call to improve the higher education setup in China with a focus on state-of-the-art level to promote the internationalization of the country's higher education system. The goal of this strategy was to improve China's worldwide educational standing by investing in scholarships and wages to recruit top academics to work in the country (Altbach &Salmi,2011). Because of this, more and more international faculty members are teaching Chinese undergraduates (Sharma, 2018).

They are hired for their teaching skills and English language skills. Moreover, the One Belt, One Road initiative has greatly increased the number of overseas students enrolling in Chinese universities (Sharma, 2018). All these efforts are carried out just to curb the stereotype perception about Chinese students that they are passive learners due to the reason that they lack English skills. Similarly, TESOL students within China and abroad are considered poor in English skills.According to Kumar (2020), assessing language needs is critical for designing effective educational interventions. These conditions adversely impact students' mental health (Scally& Jiang,2020). Government and other institutions are working to seek ways about this mental health concern in students. Therefore, different mental health awareness programs about MHS for students are under research. This study is also a contribution in fighting the disturbed mental health of international students of TESOL.

Many facets of the mental health theory and practice, for example, mainstream psychology and psychiatry are deeply rooted in understandings of human experience and occidental cultural traditions. The concepts of reductionism, optimism, Cartesian dualism of mind and body significantly contribute to the development of modern mental health systems (Fernando,1988). These comparatively homogenous interpretations of mental health have successfully provided useful tools and frameworks for dealing with mental distress in different situations. These interpretations have also proven to be difficult when applied to non-Occidental cultures without considering complexities that working across cultures entails (Fernando,2014). According to Tribe (2005), occidental cultural approaches towards health are based on an idea that focuses on internal psychological experience or disease, while other cultures may place a greater emphasis on communal or family dynamics.

It is important to do research on a wide variety of topics that lie at the crossroads of culture and mental health. If mental health practitioners want to connect productively with each person they deal with, they need to take these things into consideration. Concerns about the disproportionate number of members of certain cultural groups working in mental health facilities are among them. It is necessary to discover the reasons behind the exemption of other cultural groups (Tribe, 2005). Better mental health facilities and systems for students may lead towards overall society's well-being. Societal well-being is a vast subject of interest for many researchers in the recent past. It is mainly based on sustainable development goals of the United Nations. Individual and community well-being are at the heart of the United Nations Sustainable Development Goals, which recommend balancing growth in the economy, social integration, and environmental preservation for long-term stability (Baumann,2020).

The new conceptions of wellbeing emphasize the power of individuals to make decisions and realize their full potential, as opposed to having their life predetermined by others (Baumann,2020).The World Bank, which is involved in several poverty-eradication projects, adds to the debate by stating that human development also entails providing people with social, political, and economic benefits through improvements in contextual

factors, allowing them to turn their preferences into actions (Bank,2007). There is an acknowledgement that the line between student happiness and mental illness is unclear (Barkham et al.2019;Li et al., 2022). In terms of service models, institutions vary considerably. Data collection on the success of present treatment models must be coordinated and collaborative to influence future service improvement.

Mental illness misconceptions, preconceptions, stigma, and discrimination are important healthcare concerns that prevent people with mental health disorders from obtaining competent assistance (Corrigan &Watson, 2002). Mental illness strikes 75% of the time between the ages of 17 and 24 (Mohr et al.2014), a period when students begin higher education and are therefore more vulnerable to mental health issues (Farrer et al.2013). Students are subjected to great stress, which is compounded by ongoing pressure from academics and classmates to comply, as well as pressure from family members to achieve, leading in the development of mental health disorders (Ratanasiripong,2018; Jahara et al., 202). MHA determines students' ability to develop and maintain completely healthy psychosocial condition which helps in effectively dealing with everyday life challenges (Ratanasiripong,2018;Jiang et al., 2022).

It also contributes to the building of communal assets, which helps to avoid mental diseases while also enhancing the quality of life and the well-being of community members (Kobau et al.,2011). As a result, imparting education among university students particularly regarding mental health will significantly make them able to recognize, assist in managing and preventing mental health issues. Moreover, it is argued that instructing peers of students can drastically reduce their negative attitudes towards issues of mental health. Counseling facilities are widely accessible at academic institutions to give services to students who are suffering from mental illness. Despite this, students are discouraged from using these services due to the stigma that is linked to seeing school counselors (Giamos et al. 2017).

TESOL is a multicultural linguistic program because it involves students from different cultures. The students are involved in learning English skills in a culturally diverse setup (Yeo &Newton,2021;Pan et al., 2022). Being aware, attentive, and cognizant of commonalities and contrasts within and across cultural groups is the essence of MA. It is an essential component of establishing cultural competency (Yeo &Newton,2021). A person's cultural competence may be defined as a collection of consistent actions, beliefs, and attitudes having a beneficial impact to interact with people from other cultures in a productive manner (Yeo &Newton,2021). When considered together, MA and competency are overlapping conceptualizations of the same thing. On the other hand, MA is often conceived of as an earlier level than the phase of cultural competence in the wider sense (Yeo &Newton,2021). The presence of MA in students may moderate the function of MHA towards SWB.

There has been a lack of studies in the past about gauging the effect of students' MHA on SWB. This is since researchers have been focusing on mental health issues of the students (Medlicot,2021). They did not pay heed to the consequences of MHA of students towards their wellbeing. Moreover, previously no research looked at this kind of relationship in international students of TESOL or any other linguistic program. Therefore, students are unaware of the consequences of the mental health illness on their personal and societal wellbeing (Medlicot,2021). To fill this gap, the current investigation provides insights into SWB through students' MHA.

To fulfill the objectives of this dimension, current research addresses following questions
RQ1. What is the association of MHA with MHS?
RQ2. What role does MHS play towards SWB?
RQ3. What is the role of MA in TESOL?
RQ4. How MHS can mediate the relationship of MHA with SWB?

2   Literature Review
2.1 Theoretical support
This research is grounded on some of the theories of awareness. Mental health concerns of students rise from the thought of self-consciousness. The theories of self-awareness shown by Buss (1980), Duval & Wicklund (1972), and others describing various forms of reflexive consciousness provide in-depth assessment of the impact of MHA. Reflexive consciousness means considering an individual's perceptions as a point of attention. The idea of mindfulness involves similarities as well as contrasts with considerations of attention in a few other self-awareness theories along these three dimensions, which are the intensity, direction, and quality of attention that

is employed (Brown et al.2007).

Attentional strength may range from almost nonexistent to intensely proactive awareness. There is widespread consensus that a substantial amount of attention is required for successful self-regulation to take place. Attentional strength can vary greatly. For people to reach common goals that have been reflectively considered, they need to pay attention to their inner states and behavior. Struggling to bring adequate attention to oneself has the tendency to foster reactions that are habitual, over learned, or automated rather than reactions that are self-endorsed and suitable (Brown et al.2007). Attention must be paid to both internal and external events for effective functioning. However, academics agree that paying attention to one's conscious mental, psychological, and physical experience is essential for successful self-regulation (Brown et al.2007).

In fact, the desire to see within is the cornerstone of developing one's self-knowledge, which is the starting point for controlled action (Brown et al.2007). Awareness of mental health is considered an integrative approach, which is always characterized by an assimilatory, non-discriminatory inquisitiveness with what is occurring both inwards and as well as outside that emphasizes the importance of fostering integration, organization, or inclusion in a variety of contexts. This type of inquisitiveness in what is happening both inwards and as well as outside is what distinguishes MHA from other approaches (Ryan,1982). Consequently, when we talk about integrated awareness, we imply focusing and being conscious in an exploratory and inquisitive manner so that we may amass knowledge, improve our level of insight, and facilitate our capacity for adaptability (26). MHA in integrated ways is also related to Self-determination theory (SDT) (Ryan,1982).

SDT defines optimum self-functioning regarding autonomy, or the ability to incorporate and self-approve one's behaviors. This includes behaving in manners which are completely informed by what is happening rather than controlled by external influences (Ryan & Deci,2000). According to Deci and Ryan (2000), when awareness is obstructed or hindered, a person's ability to participate in efficient self-regulation is harmed. For being aware, students seek knowledge from different sources. This helps in boosting MHA in students. This sought of awareness comes under the sphere of "Theory of Planned Behavior" (TPB) and "Theory of Reasoned Actions" (TRA) (Azjen,1980). Both these theories are interchangeably used in contexts of mental health of the individuals. These theories provide a basis for the students to become aware about their mental health. This may lead to societal well-being in response.

The difficulty of gaining mental health care pertains to TPB, a model especially concerned with employing behavioral control, attitude, cultural standards and purpose to analyze and predict behavior. According to TPB, attitudes of a person concerning an activity, such as subjective perceptions of what others think about this conduct, seeking mental health services and perceived impediments all impact an individual's wish to look for mental health support (Brown &Ryan ,2007). If mental health specialists are aware of these traits in a college sample, they may create messages and programs which will agreeably motivate students and assist them to realize probable mental health concerns and look for diagnosis and treatment, thereby overcoming some of the potential hurdles stated above. However, in a sample of students from American colleges, the TPB has not yet been connected to the tendency to explore mental health treatment (Brown &Ryan ,2007).

TPB and the desire to seek mental health care have only been studied in foreign samples in the past (Brown & Ryan ,2007). A novel method of forecasting interest in obtaining mental health treatment was developed and studied under TPB. Using this method, the TPB characterized dispositions toward seeking treatment, perceptions of control in getting mental health services, and judgments of colleagues' perspectives toward accessing mental health services (Brown &Ryan ,2007). Previous research has demonstrated that the mental health seeking behavior among students who are enrolled in colleges is growing. In addition, obstacles such as undesired attitudes and a drastic lack of understanding have remained connected to lower levels of care-seeking behavior. Researchers from all around the world have established that the TPB is able to accurately predict whether those who have not completed college would seek MHA (Brown &Ryan ,2007). In the case of TESOL students, such eagerness of international students may lead to multicultural well-being.

2.2 MHA and MHS

The promotion of MHA is a method that is used extensively in mental health education and is used all over the globe to forestall the progression of mental health issues (Jorm,2012). Jorm & colleagues (2012) define MHA as information and concepts surrounding mental disorders that aid in the identification, therapy, or avoidance of such conditions. The mere possession of knowledge is insufficient to constitute MHA. The more one knows, the more likely it is that he or she will take steps to better their own or someone else's mental well-being (Jorm,2012). The efforts that have been made to raise awareness about mental health have had positive benefits. Several strategies, including social integration, access to treatment, and engagement of friends and family, are used in campaigns to enhance knowledge regarding mental illness and decrease the stigma associated with it (Rebello et al.,2014).

One of the challenges that mental healthcare must deal with is a knowledge gap about various mental illnesses. Research has highlighted the significance of societal initiatives in countries with low per capita incomes. These studies have also produced good effects in terms of increasing awareness and, as a result, encouraging participation (Trani et al.,2016). Six essential topic categories are covered by MHA concept: 1) the capacity to detect particular illnesses or psychological discomfort, 2) the knowledge and experiences about the causative factors of mental health difficulties, 3) the experiences and awareness regarding self-help strategies, 4) the expertise and beliefs on how to get assistance for mental health conditions, 5) attitudes that promote early detection and the solicitation of appropriate assistance, and 6) knowledge of how to get information pertaining to mental health services (Jorm,2012).

Health literacy and awareness are two synonymous terms. Misinformation and ignorance are contained with negative repercussions such as prejudice and the stigma (Pinfold,2003) Several studies have attempted to gauge MHA. The existing literature has indicated that MHA among teenagers is at very lower levels. For example, 29.04 % of adolescents have fallen victim to depression and only 1.31 % are suffering from schizophrenia. Help-seeking behavior was shown to be fraught with stigma (Ogorchukwu et al., 2016). These results highlight the need to educate more people about the importance of maintaining good mental health. MHA is a similar term that is becoming more widely recognized as a significant indicator of mental health issue understanding and knowledge. The capacity to obtain, interpret, and apply information to enhance and preserve good health is how health literacy is defined (Nutbeam & Wise,1993).

MHA involves not only problem identification but also their root causes, methods of self-help, the promotion of professional intervention, and knowledge of how to navigate the information superhighway. Owing to the impact of stigma, various drives have taken place across the globe to combat prejudice and stereotypes leading to the social handicap. Awareness drives for mental health have left a good impression, and they have the potential to generate a positive shift in people's perspectives about mental diseases. More thorough reviews are required, to determine the long-term effect of initiatives to improve MHA throughout the globe (Pinfold et al., 2005). It is therefore assumed that MHA will reduce the MHS in the international students of TESOL. So, the authors postulated the following.

H1: MHA has a negative relationship with MHS.

2.3 MHS and SWB

In terms of looking for treatment, the existence of stigma may significantly impact. A stigma refers to the mark of shame, embarrassment, or condemnation causing a person to come across ostracism, discrimination against, and banning from various social pursuits. People of various cultures may have a more difficult time getting help for their mental health because of the stigma that is attached to members of certain ethnic groups, particularly those with a higher rate of depression and other mental diseases (Satcher,2001). It's possible that individuals have grown so ashamed of themselves as a direct consequence of the stigma that they choose to keep their difficulties a secret and suffer until the issue becomes serious before seeking assistance (Hampton & Sharp,2014). The idea of stigma may be analyzed from a range of angles, such as those regarding its origin,

the conceptions of shame, and the degrees of communal dependence (Hampton & Sharp,2014). In low- and middle-income contexts, where the household is usually the sole welfare state, these challenges become much more significant.

In contexts in which there are few or no support systems offered by the government, the inability of a person's family to give assistance due to sentiments of stigma may result in a person with a mental health illness being completely abandoned (Fernand,1988). There are a few different schools of thought that have made significant insights into the nature of how stigma emerges and manifests itself in society. Obviously, social work has made very little contributions to this literature so far. However, in the stigma study domain, social psychology has been placed as the most distinctive area for research. The vast body of social psychology literature on stigma formation revolves around the development of social identity because of cognitive, behavioral, and emotional mechanisms (Ran et al.,2021). There are three different models of public stigmatization, according to social psychology researchers. Socio-cultural, psychological, and social cognitive frameworks are among them (Morgan et al.,2018).

According to the socio-cultural concept, stigma evolves to rationalize societal injustices (Lamichhane,2019). This might happen, for example, as a means for society to recognize and designate people with mental and behavioral disorders as unequal. To begin with, people's fundamental psychological needs are at the heart of the motivational model (Lamichhane,2019). An example of this idea may be that people who are not mentally healthy are inferior since they generally belong to lower socioeconomic groups. Ultimately, the social cognitive model uses a cognitive framework to make sense of fundamental society, such that an individual with a mental condition is classified in one group and differentiated from non-ill people (Lamichhane,2019). MHS converts into social stigma when people are living together in society. This kind of stigma has a bad impact on the overall well-being of society. Therefore, a hypothesis was developed and tested in this study.

H2: MHS has a negative relationship with SWB.

2.4 Mediating role of MHS

Individuals having mental health issues are stigmatized because of their shame, societal rejection, or social discrediting (Corrigan et al.,2012). According to the research, there are a few various aspects or classifications of stigma that are linked with mental health, such as organizational stigma, public stigma, self-stigma, occupational stigma. The concept of self-stigma, also called internalized stigma, is referring to an individual's unfavorable emotions about his or her own mental condition. There is a correlation between self-stigma and negative outcomes, such as not accessing treatment, feeling disempowered, having lower levels of self-efficacy, and having a worse quality of life (Corriganet al.,2014). Public stigma refers to public sentiments toward people who are suffering from mental illnesses, which are typically founded on fear, misinformation and discrimination. Perceived stigma refers to the public stigma and explained as perception developed by an individual for others' views towards the mental illness (Livingston &Boyd,2010). Numerous studies have shown that public stigma, in the form of discrimination in the workplace and other public institutions, may have a reasonable negative effect. Professional stigma occurs when those who work in healthcare hold beliefs that are discriminatory against their patients. These opinions are often motivated by fear or misunderstandings about the root causes and psychopathologies. Professional stigma also happens when professionals themselves endure stigma from the community or other health care providers because of their job and relationship with stigmatized people (Brohan et al. 2010).

It is especially concerning because stigma in the workplace may have an influence on the quality of care and treatment that an affected person gets (Brohan et al. 2010), including cure for physical disorders (Yanos et al., 2015), which can ultimately influence the individual's well-being and ability to recover. Lastly, institutional stigma is especially concerned with the culture or policies of a company that fosters unfavorable beliefs and attitudes about persons who have fallen victims of stigma, such as those people who are struggling with mental health issues (Yanos et al., 2015). This kind of stigma may also be bolstered by legislative framework, policy

making, and practices, causing it to become profoundly ingrained in society (Yanos et al., 2015). Stigma is regarded as a key concern for families and patients in mental healthcare settings.

Stigma stops individuals from seeking adequate mental and medical help, which may lead to their health deteriorating or recurrent readmission rates (Livingston & Boyd,2010). Moreover, stigma has such a strong influence on patients that many characterize stigma and discrimination as nearly as unpleasant as their disorder's symptoms, and as a burden on their personal and social life (Rüsch et al.,2014). Stigma has an effect not only on the individuals themselves, but also on their families and relations, as well as professionals. The thorough understanding of MHS suggests that it may have a mediating role between MHA and SWB. It emanates from the assumption that MHA negatively impacts MHS and it also negatively impacts SWB. Therefore, we hypothesize.

H3: MHS negatively mediates the relationship between MHA and SWB.

2.5 Moderating role of MA

Today, MA and knowledge are essential for effective contact and negotiation. Students advance from ethno-centrism to ethno-relativism through participating in study abroad, international exchange, and intercultural education programs (Ledesma &Calderón,2015). MA entails recognizing our own prejudices and cultural ideas but also acknowledging that other worldviews exist and are acceptable. MA is recognizing parallels and contrasts in cultural ideas and behaviors (Ledesma &Calderón,2015). Intercultural knowledge development necessitates an openness to being present in a variety of multicultural settings (Naik et al., 2013).

As a result, broadening one's cultural horizons is a vital step toward greater understanding and empathy. Lum (2010) claims that to be successful with multicultural clients, a culturally responsive social worker needs to learn a set of knowledge and abilities. Recognizing one's own professional and personal cultural awareness is the first step toward cultural competency. Students conducted online diary projects to promote intercultural awareness, allowing them to critically evaluate and share their responses to course content. The two-part cultural audit was completed by each student. During the first half of the exercise, participants worked in pairs to address issues on the development of their racial and ethnic identities, significant experiences or episodes that formed their awareness for identity, and how different aspects of their identities helped or hampered their ability to do cross-cultural social work (Hall & Theriot,2016).

In the second portion, students went on a field excursion to find cultural markers (such as art, symbols, signs, architecture, pictures, preferences, and so on) in their neighborhood, on campus, in shopping malls, and so on. After that, the students considered sweeping statements about the ways in which cultural markers might be produced in a manner that is both powerful and respectful (Hall & Theriot,2016). MA students in linguistics may be a helpful tool in reducing MHS and mental health disorder. It is assumed that MA will lessen the influence of mental health illness. It may also regulate the function of societal well-being. Therefore, it is considered that MA has a moderate effect.

H4: MA has positive moderating effect on the relationship between MHA and MHS.

The conceptual framework of this research is given below (figure-1).

Figure-1 Conceptual framework

3. Research Methods

3.1 Study design

This study involved the data collection from students who are enrolled in TESOL (teaching English to speakers of other languages) offered in different universities in China. To target the TESOL students, the Author visited many universities. The Author got an appointment from the head of the department under which TESOL courses are taught. The Author visited universities on the appointment day and had a detailed conversation with the head of the department about the data collection objective and usage. The Author assured them that the collected data would be purely used for research purposes. Furthermore, the head of the department was very conscious of the practical implication; hence, the Author promised to share the practical implications of this research with them on their formal request. The head of the departments permitted the Author to collect data from the TESOL students.

The Author prepared structured questionnaires for data collection, including a cover letter that provided information to students regarding the confidentiality assurance of the collected data. This cover letter assured participating students that the confidentiality of the collected data will be strictly maintained, and the collected data will be purely used for academic purposes. This letter also cleared their concept regarding right and wrong answers. Such as no answers are right or wrong as their true answers would be helpful to get a clear picture of outcomes of this study. Hence, don't consult with your classmates while answering the questionnaires. This step must have been proved as a confidence booster for the students by assuring them to get responses as naturally as possible.

The Author applied a convenient sampling approach for data collection from the TESOL students. Moreover, the Author also used a time lag approach to gather data to overcome common method bias. Hence, the designed questionnaire also contained a hidden code for the purpose of identifying the same respondent responses. Following this approach, the Author collected data in four waves within four months. For example, In the beginning wave, 650 questionnaires were distributed among students concerning the independent construct MHA and received back 544 complete questionnaires. Quantitative data on the mediator constructs MHS in the second wave. The Author received 459 usable questionnaires in this wave. In the second last wave, questionnaires regarding the dependent construct of "societal well-being" were distributed among participants. The Author collected 379 complete responses. The final wave comprising the questionnaire regarding moderating construct MA was distributed by the Author. In this wave, the Author received 345 complete responses which were also considered as valid. Thus, the analyses of the current study are based on 345 students' responses.

3.2 Measures

The current research employed a five-point Likert scale to measure responses. This scale consists of five numbers, where 1 means "strongly disagree," 2 means "disagree," 3 means "neutral," 4 means "agree," and 5 means "strongly agree." In this research, validated items from previous studies have been used.

3.2.1 Mental-health Awareness (MHA)

MHA is measured using a six-item scale adapted from (Uddin et al., 2019). The item "I have knowledge and awareness about depression" has an alpha value of 0.923.

3.2.2 Mental Health Stigma (MHS)

MHS is measured using a nine-item scale adapted from (Gierk et al.,2018). The item, "I think that most people think badly of someone who has been treated for a mental illness" has an alpha value of 0.910.

3.2.3 Societal Well-being (SWB)

SWB is measured using nine-item scale adapted from (Radzyk,2014). The item, "I live in a sociable neighborhood with cohesiveness," has an alpha value of 0.912.

3.2.4 Multicultural Awareness (MA)

MA is measured with twelve items scale adapted from (Oii &Ali,2011). The sample item included, "I am comfortable in settings with people who exhibit values or beliefs different from my own." The alpha value is 0.939.

4. Results

### 4.1 Assessment of measurement and structural model

The technique known as variance-based partial least squares structural equation modeling (PLS-SEM) has been employed in the current investigation, rather than other covariance-based techniques such as AMOS. The effectiveness of PLS-SEM for both confirmatory and exploratory research is the key consideration that led to the selection of this method (Hair et al.,2019). Both covariance-based structural equation modeling (CB-SEM) and partial least squares structural equation modeling (PLS-SEM) are two distinct types of structural equation modeling (SEM) that can be distinguished from one another (Bashir et al.,2021). Quantitative researchers believe that PLS-SEM is used for the purpose of developing and pushing theories. However, CB-SEM is utilized for the purpose of accepting and rejecting theories Hair et al.,2016). To put it simply, this is the most important difference between the two approaches. To apply PLS-SEM, a method that facilitates the evaluation of complex models, it is not necessary to have precise data normality conditions. This is only one of the many benefits of using this method. On the other hand, PLS-SEM can also be applied in circumstances where only a limited amount of data is being examined (Hair et al.,2016). In the current inquiry, the PLS-SEM methodology is being considered for the purpose of conducting an empirical analysis of the quantitative data. This is being accomplished through the utilization of the Smart PLS 3.3.3 software by the investigators. The results of the PLS-SEM-based analysis have been evaluated in two stages: the evaluation of the measurement model and the evaluation of the structural model. Both stages are included in the assessment of the findings. In contrast to the measurement model, which focuses on the reliability and validity of the constructs, the structural model examines the relationships that exist between the hypothesized paths. To determine whether the proposed hypotheses were accepted or rejected, the "t" statistic and "p" values have been investigated and applied.

Table-1 Reliability and Convergent Validity of the study constructs

Construct	Item	Outer loadings	VIF	Alpha	roh-A	Composite Reliability	AVE
MCA	MCA1	0.741	2.271	0.939	0.941	0.947	0.600
	MCA2	0.746	2.333				
	MCA3	0.722	2.252				
	MCA4	0.823	2.964				
	MCA5	0.766	2.536				
	MCA6	0.830	3.186				
	MCA7	0.785	2.437				
	MCA8	0.800	2.771				
	MCA9	0.744	2.091				
	MCA10	0.730	1.935				
	MCA11	0.810	2.837				
	MCA12	0.786	2.693				
MHA	MHA1	0.830	2.526	0.923	0.927	0.939	0.722
	MHA2	0.873	3.096				
	MHA3	0.887	3.254				
	MHA4	0.852	2.645				
	MHA5	0.864	2.949				
	MHA6	0.788	2.162				
MHS	MHS1	0.777	2.189	0.910	0.917	0.926	0.582
	MHS2	0.730	1.898				
	MHS3	0.794	2.379				
	MHS4	0.829	3.049				
	MHS5	0.800	2.619				
	MHS6	0.777	2.227				
	MHS7	0.723	2.217				
	MHS8	0.705	2.239				
	MHS9	0.720	2.109				
SWB	SWB1	0.811	2.525	0.912	0.915	0.927	0.586
	SWB2	0.712	1.953				
	SWB3	0.741	1.982				
	SWB4	0.745	2.006				
	SWB5	0.749	2.074				
	SWB6	0.785	2.251				
	SWB7	0.781	2.344				
	SWB8	0.794	2.515				
	SWB9	0.766	2.251				

Note: MCA= Multicultural Awareness, MHA= Mental Health Awareness, MHS= Mental Health Stigma, SWB= Societal Well-being

Figure-2 Path estimates and outer loadings
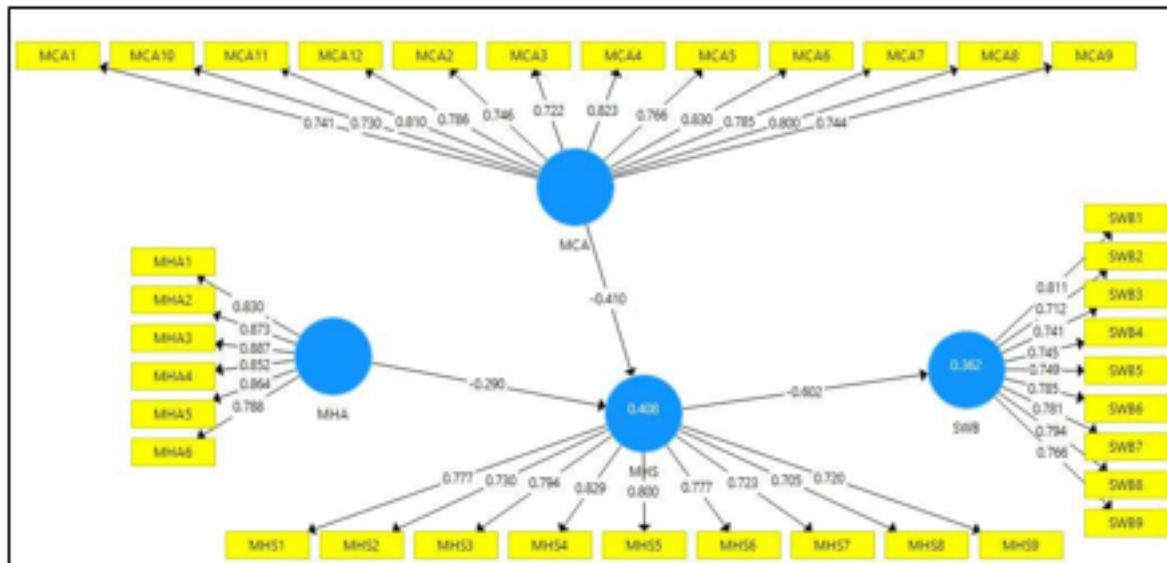
There are two components that make up the outputs of the measurement model: reliability and validity sections. The values of "Cronbach's alpha, roh-A, composite reliability, and average variance extract (AVE) have been taken into consideration in the current research to validate the internal consistency and discriminant validity Hair et al.,2016), and table-1 has been placed in order to display all of the results. Values of Cronbach's alpha that are 0.7 or higher are considered acceptable levels of reliability. Like the previous point, the composite reliability values ought to be equal to or higher than 0.7. Cronbach's alpha values and composite reliability of the constructs (MA, MHA, MHS, and SWB) are 0.939, 0.923, 0.910, and 0.912, respectively. The values of the composite reliability measures are 0.947, 0.939, 0.926, and 0.927. As a result, all the results fall within a range considered acceptable, which validates the model's overall reliability. Additionally, the values of Roh-A reliability, which are 0.941, 0.927, 0.917, and 0.915, are in accordance with the requirements considered acceptable (Hair et al.,2016). When assessing the acceptable convergent validity of the model, values of the "average variance extracted" (AVE) greater than 0.5 are considered adequate. The AVE values of all constructs are displayed in Table 1, and they fall within the permissible range. These values are 0.60, 0.72, 0.58, and 0.58. As shown in Table 1, the current investigation comprises a total of 36 distinct components. These items measure the four variables considered in this study. Table 1 presents the outer loading values for all structures under consideration. If an item's outer loading values are greater than 0.7 (Hair et al.,2016), then that item can be regarded as dependable. As shown in Figure 2, the values for outer loading of all objects fall within an acceptable range. The collinearity problems in the established model are validated using VIF values. When the values for VIF are significantly lower than 0.5, the model is fully free from collinearity issues (Hair et al.,2016). According to the findings presented in Table 1, each value of VIF is significantly lower than 0.5. After careful consideration, it has been determined that the model utilized in the present investigation does not contain any collinearity problems.

To explain the predictive power of the model provided by the researcher, the R-squared value of the model is utilized. Values of R^2 that are close to or greater than 0.5 indicate that the model has a moderate degree of strength, whereas values less than 0.25 indicate a lower level of strength (Hair et al.,2016). The R^2 values for the endogenous variables of the model used in this study, mental health stigma and social well-being, are 0.408 and 0.362, respectively, indicating that the model has a moderate level of strength (Hair et al.,2016). When the values of Q2 (cross-validated redundancy) are greater than zero, it is considered that they are important for the model that is being considered (Hair et al.,2016). For all the latent variables investigated in this study, the Q2 values are significantly greater than zero. Furthermore, this demonstrates the overall significance of the model that has been provided.

The heterotrait–monotrait ratio, often referred to as HTMT, and the Fornell–Larcker criterion ratio are two methods used to assess the discriminant validity of components (Hair et al.,2016). Additionally, the current

investigation considered two methods for determining the validity of model constructions. To determine the Fornell-Larcker criterion, one must first calculate the square roots of the AVE values of the model constructs (Hair et al.,2016). Table 2 presents the values of the Forenell-Larcker criterion associated with the constructions. According to the Forenell-Larcker criterion, the values are considered acceptable if the first value on the upper side of each column is higher than the values on the lower side of the column. As shown in Table 2, all the Forenell-Larcker criterion values are in accordance with the provided criteria. As a result, it has been established beyond a reasonable doubt that the Fornell-Larcker criterion is the primary determinant of discriminant validity. In addition, in accordance with the established requirements, the HTMT values of all variables should be lower than 0.85; however, values higher than 0.90 are also acceptable (Hair et al.,2019). The results of the study are presented in Table 3, indicating that the HTMT values of the constructions are all lower than 0.85. This suggests that the discriminant validity of the model used in the current investigation has been demonstrated.

Table-2 Discriminant validity (Fornell-Larker-1981 Criteria)

Construct	MCA	MHA	MHS	SWB
MCA	_0.774_			
MHA	0.652	_0.849_		
MHS	-0.599	-0.558	_0.763_	
SWB	0.799	0.728	-0.602	_0.765_

Note: MCA= Multicultural Awareness, MHA= Mental Health Awareness, MHS= Mental Health Stigma, SWB= Societal Well-being

Table-3 Discriminant validity (HTMT)

Construct	MCA	MHA	MHS	SWB
MCA	-	-	-	-
MHA	0.696	-	-	-
MHS	0.633	0.592	-	-
SWB	0.858	0.789	0.648	-

Note: MCA= Multicultural Awareness, MHA= Mental Health Awareness, MHS= Mental Health Stigma, SWB= Societal Well-being

4.2 Hypotheses testing

Table-4 shows hypotheses results obtained using PLS-SEM. The current study used "t" values and "p" values to assess the significance of hypotheses. Table-5 further depicts the results of the hypotheses developed in the current study. H1 results (t= 4.710, p=0.000) confirmed that MHA is negatively associated with MHS. Hence H1 is accepted. The findings of H2 (t=8.720, p=0.000) confirmed that MHS has a negative relationship with SWB. Hence the second hypothesis of the present study is also accepted.

The present study also assessed the mediating role of MHS in the relationship between MHA and SWB. According to H3, MHS negatively mediates the relationship between MHA and SWB. However, results (t= 3.903, p=0.000) revealed that MHS does not mediate the relationship between MHA and SWB. Hence, H3 is rejected. This research also assesses the moderating role of MA in the relationship between MHA and mental health stigma. For conducting an empirical investigation, the present study assumes H4. The results (t= 8.720, p=0.000) confirmed that MA positively moderates the relationship between MHA and MHS. Therefore, H4 of the present study is accepted.

Table-4 Direct, Indirect and Total path estimates

Direct path	Beta	SD	t	p
MCA -> MHS	-0.140	0.065	2.158	0.031
MHA -> MHS	-0.255	0.054	4.710	0.000
MHA*MCA -> MHS	0.153	0.020	7.461	0.000
MHS -> SWB	-0.602	0.069	8.720	0.000
Indirect Path	**Beta**	**SD**	**t**	**p**
MCA -> MHS -> SWB	0.075	0.032	2.330	0.020
MHA -> MHS -> SWB	0.081	0.032	2.530	0.011
MHA*MCA -> MHS -> SWB	-0.092	0.018	5.111	0.000
Total Path	**Beta**	**SD**	**t**	**p**
MCA -> MHS	-0.140	0.065	2.158	0.031
MCA -> SWB	0.084	0.042	2.019	0.044
MHA -> MHS	-0.255	0.054	4.710	0.000
MHA -> SWB	0.154	0.039	3.903	0.000
MHA*MCA -> MHS	0.153	0.020	7.461	0.000
MHA*MCA -> SWB	-0.092	0.018	5.111	0.000
MHS -> SWB	-0.602	0.069	8.720	0.000

Note: MCA= Multicultural Awareness, MHA= Mental Health Awareness, MHS= Mental Health Stigma, SWB= Societal Well-being

Table-5 Hypotheses testing

	Hypotheses	Coefficient (Beta)	S.D	t	p	Status
H1	MHA -> MHS	-0.255	0.054	4.710	0.000	Supported
H2	MHS -> SWB	-0.602	0.069	8.720	0.000	Supported
	Mediation Hypotheses	**Coefficient (Beta)**	**S.D**	**t**	**p**	**Status**
H3	MHA -> MHS -> SWB	0.154	0.039	3.903	0.000	Not Supported
	Moderation Hypotheses	**Coefficient (Beta)**	**S.D**	**t**	**p**	**Status**
H4	MHA*MCA -> MHS	0.153	0.069	8.720	0.000	Supported

Note: MCA= Multicultural Awareness, MHA= Mental Health Awareness, MHS= Mental Health Stigma, SWB= Societal Well-being

5. Discussion

Mental illness misconceptions, and stigma, are considerable healthcare concerns, and this is an alarming situation for the well-being of society (Corrigan &Watson,2002). These concerns should be addressed comprehensively to deal with the turbulent consequences of mental health disorders. The stigma about mental health disorders prevents people from obtaining competent assistance to cope with these disorders (Mohr et al.,2014). The students could also be victims of mental health disorders, which would be a stumbling block for their academic efficacy and critical abilities (Tin et al., 2024). Mental illness strikes 75% of the time between the ages of 17 and 24, this is an age bracket in which students start learning the course and become the victim of mental health stigma (Farrer et al.,2013). Students are subjected to great stress, compounded by ongoing pressure from academics and classmates to conform, as well as pressure from family members to achieve the highest academic scores, leading to mental health disorders (Ratanasiripong et al.2018). .MHA assists a student's ability to achieve a healthy psychosocial condition which helps in facing everyday challenges. The stigma prevents students with mental health disorders from obtaining competent assistance. Therefore, different MHA programs about mental health stigma for students are under research. In addition, the purpose of this research is to shed light on the significance of addressing the mental health disorders that are prevalent among international students of TESOL. Self-determination theory serves as the foundation for this study, which investigates the relationship between MHA and MHS, and SWB. In the current study, the assumption is made that there is a negative link between MHA and MHS for empirical investigation. It is also the purpose of this study to investigate the influence that MHS has on SWB. Furthermore, the purpose of this study is to examine whether MHS mediates the connection between MHA and SWB. As a final objective, the purpose of this research is to investigate the moderate influence that MA has on the connection between MHA and MHS respectively.

According to the results, it was determined that Hypothesis 1 (H1) is accepted, which indicates that MHA is negatively associated with MHS. These findings are in line with those of previous research (Kakuma et al., 2010), which highlighted that individuals could benefit from increased mental health-related knowledge and awareness to lessen the stigma that is associated with mental health disorders. In addition, the current study's outcomes demonstrated a negative correlation between MHS and SWB, supporting the H2 hypothesis. According to the findings of previous studies, which also acknowledge that stigmas associated with mental health have detrimental effects on the well-being of individuals, which in turn is negatively linked to the well-being of society, these findings are consistent with those of previous studies.

This research also investigates the influence that MHS has on moderating the relationship between MHA and SWB. This study assumes that there is a negative mediating effect of MHS on the link between MHA and SWB. This assumption is presented for the purpose of conducting an empirical inquiry. Nevertheless, the findings demonstrated that Hypothesis 3 is not acceptable. In addition, the purpose of this study is to investigate whether MA has a moderating function in the connection between MHA and MHS. The hypothesis that was tested in this study was that MA acts as a positive moderator of the association between MHA and MHS. Because of this, H4 is also recognized.

5. Theoretical and practical implications

This study has contributed to the field of psychiatry. Firstly, it contributes to determining the factors of SWB. It emphasizes the importance of MHA in students. It also raises attention towards the negative impact of MHS on SWB. The results indicated that MHA is very much necessary in eliminating the stigma associated with mental health status of students from various multicultural backgrounds. This research first adds in the theories of awareness by suggesting that students who are aware of their mental health will abstain from MHS. It would make them able to contribute to SWB.

Secondly, this research contributes to the theoretical base of SDT. This theory is strengthened by the virtue that students who are aware of their mental health, will have a self determination to contribute in SWB. Moreover, this research also supports the theories of planned behaviors and reasoned actions. This is because the students from multicultural backgrounds have the tendency to plan their education and develop certain behaviors during their studies. Hence, both the theories get support from the findings of this research. This research is also helpful for the administrative staff of the educational institutes in a way that they can shape up the institutional activities which could reduce the MHS and contribute to societal development.

6. Limitations

In addition, the current study has a few shortcomings that could provide opportunities for future researchers to conduct further studies. To begin, the sample size of this study is quite small, which means that the findings may not be applicable to a wider population. In further research, the sample size may be increased to enhance the reliability of this study. The second point is that the data collected for this study is done using a structured questionnaire. In the future, researchers may consider various data-gathering techniques, such as interview methods. Third, the implications of MHA for MHS were investigated in this study. In the future, researchers can explore the possibility of introducing mediating variables, such as declarative knowledge of mental health and complete health-related programs and methods. These variables may be taken into consideration in future studies to improve mental health assessment (MHA) and eliminate the stigma associated with mental health. Lastly, the current research predicts the moderating function that MA plays in the relationship between MHA and MHS. In the future, researchers may consider other moderating variables, such as students' mindfulness, to further validate the current research's findings.

Conclusion

The relationship between MHA, MHS, and SWB is presented in this paper. To conduct empirical research, the current study established the hypothesis that MHA has a detrimental impact on MHS. Furthermore, this study assumes that the MHS has a harmful effect on SWB. Furthermore, one of the objectives of the current study is to investigate the role that MHS plays as a mediator in the relationship between MHA and SWB. In conclusion, the purpose of this research is to examine whether MA also serves as a moderating factor in the relationship between MHA and MHS. The current study revealed a negative relationship between MHA and MHS. The results also indicated that MHS had a detrimental impact on SWB. It was also established through the research that MHS does not act as a mediator in the relationship between MHA and SWB. The findings also demonstrated that MA acts as a moderator positively in the relationship between MHA and MHS.

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