Mental Health Literacy among Secondary School Students Attending Government Schools in Kohalpur Municipality

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ABSTRACT

Introduction: Mental Health Literacy is a broader concept under Health Literacy which enables a person to recognize mental disorders, seeks knowledge on prevention of mental diseases, ability to help others, increases use of available health services and enhances improved self-help strategies for better management of mental illness. **Aims:** To determine the sociodemographic factors that influence mental health literacy, assessment of knowledge, erroneous beliefs/stereotypes, help-seeking behaviours and self-help strategies associated with mental health. **Methods:** A descriptive cross-sectional survey was conducted among the selected secondary school students, by simple random technique from selected government schools in Kohalpur using the mental health questionnaire, (5-point Likert scale). Statistical analysis was done using SPSS 20 and levels of mental health literacy in various domains was calculated. **Results**: Among 420 participants, 53.33% were females and 46.67% males with mean age 15.12 years. The proximity to people with mental health problems was 13.1% and without was 86.9%. The Global Mental Health Literacy mean (3.67 with SD+/- 0.30) was taken as the reference point, the mean score above which is considered high and below it is low. Low levels of Knowledge (mean 3.64, SD+/- 0.43) and erroneous beliefs (mean 3.38, SD+/- 0.39) of mental health literacy were observed. Levels of self-help strategies (mean 3.96, SD+/- 0.703) was highest followed by help-seeking behaviours (mean 3.94, SD+/- 0.61). **Conclusion:** There are low levels of knowledge and high stereotypes/ erroneous beliefs in secondary school children studying in government schools. Programs aimed to increase knowledge and awareness on mental health and decrease stereotypes need to be implemented at schools.

Keywords: Adolescence, erroneous belief, knowledge, mental health, mental health literacy, Stigma

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INTRODUCTION

Mental health is a state of emotional, phycological and social wellbeing comprised of satisfying interpersonal relationships, effective behavior and coping, positive attitude and emotional strength.[1] The concept of MHL was first introduced by Jorm et al. in 1997, defined as having knowledge and ability to recognize mental disorder, belief and attitude towards mental disorders which would help in their identification, treatment and prevention.[2] Mental health disorders are one of the major stigmatizing conditions in the society. According to recent report of Nepal, 30% of the population suffering from mental illness, without adequate interventions.[3,4,5] Recent research shows that many mental health disorders are diagnosed at adolescence age group due to the new challenges and pressures in their daily life therefore, early detection and treatment of mental health problems need to be implemented in adolescent population.[6,7] A recent nationwide study in Nepal, prevalence of mental disorders seen in adults and children was 13.2% and 11.2% respectively.[8] One of the study conducted among ayurveda students of Nepal, has revealed that mean score of mental health literacy is much higher with increase in their level of education.[9] Since there are very limited studies on MHL in Nepal, this study would aim to finding out the various attributes of mental health literacy among secondary level school students of government schools in kohalpur municipality. It would also provide added support as a tool in future study for further assessment of mental health literacy which highlights to remove the stigmas associated with mental health and disease.

METHODS

A community based cross sectional survey was conducted among 420 students studying in selected government schools in Kohalpur Municipality, Banke, Nepal from December 2022 to March 2023 after ethical consideration from ethical review committee, Nepalgunj Medical College Teaching Hospital. Written parental consent was distributed before enrolling the students. The adolescents from 13-17 years studying in grade 9th and 10th of five selected government schools of kohalpur municipality were taken in this study while those students who were absent and not willing to participate in the study during data collection were excluded. The sample was calculated using formula (Z) 2 pq / d2, Where, n= sample size Z= confidence interval at 95%, 1.96 p= Prevalence of MHL of previous study (Ahmad et al)[10] was 46%, q= 1-p, d = permissible error 10% and adding the 10% non-response rate, the final sample size was 420. Schools were selected through simple random sampling technique whereas participants were selected using the census method. The sociodemographic factors that influence mental health literacy, MHL knowledge, erroneous beliefs/stereotypes, help-seeking behaviours and self-help strategies associated with mental health were assessed during this survey.

Knowledge was measured by investigating the ability of identifying mental illness and stigma was measured by identifying those particular focused behaviour on stigma against mental illness or mentally ill, stigma against experienced in past and stigma against mental health treatment and help-seeking. Help-seeking was measured by recognizing those behaviours of help-seeking attitudes, intentions to seek help from others. Hence, our study was directed to locate the population with and without having mental health literacy. After reviewing and developing mental health literacy questionnaire[11] many times, it was translated into Nepali version and proceeded for preliminary pilot testing on 10% of sample population. The translated questionnaire retained the same meaning as the original one and showed no confusion among the participants. Thus, it was ensured for the investigator that the questionnaire was validated in the Nepalese context. Data collection was done through mental health literacy proforma along with socio-demographic profile in both English and Nepali language after ethical consideration. Data management and handling maintained in Microsoft Excel spread sheet and analyzed using the SPSS 20 version. Descriptive statistics like, frequency, mean and standard deviation were calculated. Independent t test was used for comparison between the dependent and independent variables. Significance level less than 0.05 was considered as statistically significant. The total score of global mental health was obtained from the sum of the four attributes (MHL knowledge, erroneous beliefs/stereotypes, help-seeking behaviours and self-help strategies). The minimum and maximum scores were between 74 and 131, with high score indicating the presence of having high level of mental health literacy among the total population.

RESULTS

A total of 98% of response rate was obtained from the participants during the survey. Out of those adolescent population, the mean age was 15.12 ± 0.94 SD years. The distribution of female gender participants was higher 53.33 % than the males 46.67%. Similarly, grade 10th students showed greater number 55.48% of participants than the students of grade 9th which were 44.52%. The total mean score of mental health literacy obtained among all students was 18.56 SD ± 2.43. The possible range of mean score of all four attributes of MHL were presented in the table I.

Variables/ Attributes	Sub attributes Number	Mean SD	Range
Global MHL		3.67 ± 0.30	4.52 - 2.55
MHL knowledge (1)	11	3.63 ± 0.43	4.91 - 2.18
Erroneous beliefs/ Stereotypes (2)	8	3.38 ± 0.39	4.50 - 2.25
Help seeking behaviours (3)	5	3.93 ± 0.61	5 – 1
Self-help strategy (4)	5	3.95 ± 0.70	5 – 1
Total	29		
Total mean score		18.56 ± 2.43	23.93 – 8.98

Table I: Distribution of MHL mean scores among total population (n=420)

On the basis of result of independent sample t - test, there was a significant relation between gender and MHL score where MHL was higher among female students than male students (P = 0.01). Similarly, those female students had significantly more knowledge (40.71 SD ±4.30) about mental health literacy than the male students (39.32 SD ±5.14). Also, the first aid skill and help seeking behavior was found to be significantly higher in mean difference in female students (Mean = 23.96 SD ±3.16) than those in male students (Mean = 23.18 SD ±4.19), meanwhile, erroneous beliefs and stereotype was higher among male students (Mean = 27.14 SD± 3.03) than in female students (Mean = 27.02 SD ±3.27, p = 0.31) as shown in the table II.

MHL assessment parameter	Male (n=196)	Female (n=224)	P value
Mental health literacy	Mean=105.32 SD ±9.22	Mean=107.55 SD ±8.24	0.01*
Knowledge of mental health problems	Mean = 39.32 SD ±5.14	Mean = 40.71 SD ±4.30	0.002**
Erroneous beliefs / stereotypes	Mean = 27.14 SD± 3.03	Mean = 27.02 SD ±3.27	0.31
First aid skills and help seeking behaviour	Mean = 23.18 SD ±4.19	Mean = 23.96 SD ±3.16	0.03*
Self-help strategies	Mean = 15.77 SD ±2.92	Mean = 15.86 SD ±2.7	0.72

P≤0.05

Table II: Gender wise distribution of mean MHL score, knowledge and erroneous beliefs, help seeking behaviour and self-help strategy of MHL (n=420)

Table III shows increase on mean score of mental health literacy (109.18 SD ±8.41) also had increase on mean score of first aid skills and help seeking behaviour (24.49 SD ±2.65) which was found to be statistically significant difference between the population with and without mental health literacy ($p \leq 0.05$).

MHL assessment attributes	No	Yes	P-value
Mental health literacy (global score)	Mean=106.11 SD ±8.76	Mean=109.18 SD ±8.41	0.01*
Knowledge of mental health problems	Mean = 39.88 SD ±4.79	Mean= 40.9 SD ±4.53	0.11
Erroneous beliefs / stereotypes	Mean = 26.9 SD ±3.08	Mean = 27.8 SD ±3.59	0.05*
First aid skills and help seeking behaviour	Mean = 23.46 SD ±3.81	Mean = 24.49 SD ±2.65	0.01*
Self-help strategies	Mean = 15.81 SD ±2.8	Mean = 15.85 SD ±2.4	0.9

P ≤ 0.05

Table III: showing distribution of mental health literacy (MHL) by using independent sample t - test among total population (n = 420)

DISCUSSION

The study explored Mental health literacy factors out of which knowledge of mental health problems was low along with high levels of stereotypes, in addition to high levels of help seeking behaviour and self-help strategy. A similar study conducted in India among adolescents concluded that adolescent had low knowledge for common mental problems along with high stigma and poor self-help strategies, which is similar to this study except the factor self-help strategies with showed high level according to our study.[10] Cotton et al studied the influence of gender on MHL in Australia, which showed that females had higher MHL than males.[8] Another study conducted by Corrigan et al depicted decreased levels of stigma among those who had contact with someone with mental health issues, which has similar results in other studies on NHL.[12] Campos et al showed the association of higher grade with increased levels of self-help strategies and help seeking behaviour as compared to the lower grade.[13] According to a nationwide pilot study in Nepal the recent prevalence of mental disorders seen in adults and children was 13.2% and 11.2 % respectively and the presence of any mental disorder is (13.2%) compared to India (10.6%).[14] MHL is recognized as a requirement for early detection and intervention for MH disorders. It is relevant for identifying any gaps in knowledge as well as attitudes concerning MH issues, to aid in the development and evaluations of interventions aimed at promoting MHL.[10]

LIMITATIONS

Response bias from participants due to the fear of being judged. Coverage of adolescents group of population is only limited to grade 9th and 10th of government schools.

CONCLUSION

There are low levels of knowledge and high stereotypes/ Erroneous beliefs in secondary school children studying in government schools, therefore programs aimed to increase knowledge and awareness on mental health and decrease stereotypes need to be implemented early in school life. MHL is the cornerstone for mental health prevention, promotion and decision making. It is imperative to introduce evidence-based mental health literacy in schools via addition to the curriculum from lower secondary school (early adolescent age). The improvement of MHL during this period of the life would be important in achieving improvements in increasing mental health knowledge and decreasing stigma associated with mental disorders. Further analytical studies need to be conducted to find out the risk factors and risk associated group related to low mental health literacy in Nepal.

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