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MENTAL HEALTH LITERACY AMONG UNIVERSITY UNDERGRADUATE STUDENTS: A CROSS-SECTIONAL STUDY IN CENTRAL INDIA

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ABSTRACT

Mental health literacy (MHL) is considered a prerequisite for early recognition and intervention in mental disorders, and for this reason, it has become a focus of research over the past few decades. The present study aims to assess MHL among university undergraduate students and to study some related sociodemographic factors. **Methods-** Questionnaire (MHLq) was applied to a sample of 267 participants which included sociodemographic form and 33 items, organized in a 5-point Likert response scale in four main. Data was analysed using statistical software, EPI Info 7.2.1.0. **Results-** Majority that is 77.51% of the subjects had moderate MHL. The mean score was highest (4.33) in self-help strategies and least (2.79) in erroneous beliefs / stereotypes domains. No gender wise difference in mean score was noted. In those with proximity to people with mental health problems, mean scores were comparable. **Conclusion-** Education regarding mental health is required to improve their basic knowledge on this issue.

KEYWORDS

Mental health literacy (MHL) , undergraduate students , questionnaire

INTRODUCTION

Mental health literacy (MHL) is defined as understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatment; decreasing stigma related to mental disorders and enhancing help- seeking efficacy[1,2].

Approximately 70 %-75 % of adult mental health problems and mental disorders start to manifest during adolescence or early adulthood (12-25) [3] so there is need of awareness among them. As there is dearth of literature on studies in central India, the present study was conducted to assess MHL among university undergraduate students.

METHODOLOGY-

A cross sectional study was conducted among 267 undergraduate students of a science college in Central India. Ethical approval was sought from Institutional Ethics Committee. Permission was obtained from the head of the institution. Voluntary informed written consent was obtained from participants after apprising them of the nature and purpose of the study. Anonymity and confidentiality was assured. Data was collected using a self-administered, predesigned and pretested questionnaire which included sociodemographic profile which comprised of participants'age, gender, residence, also information regarding proximity to people with mental health problems and the MHLq-young adults questionnaire.

Questionnaire comprised of 33 items, organized in 4 subscales:

- Knowledge of mental health problems (scores ranged between 11 - 55)
- Erroneous beliefs/stereotypes (scores ranged between 8 - 40)
- First aid skills and help seeking (scores ranged between 6 - 30)
- Self-help strategies (scores ranged between 4 - 20 scored between)

Items 6, 10, 13, 15, 23, and 27 were reverse scored. MHLq-young adults questionnaire was organized in a 5-point Likert response scale (strongly disagree; disagree; neither agree nor disagree; agree; and strongly agree). The total score for the 33 items ranged between 33 –165.[4]

Descriptive statistics were used to characterize the participants' MHL levels, and the overall scores (sum of the values of all the items). Scores according to the domains of the items were calculated. It was further divided into quartile to grade the MHL levels. Higher values in all domains and the total MHLq score corresponded to higher levels of MHL. The relationship between MHL levels and some variables like gender and proximity to mental health problems were explored, using *t*-tests. Data was analysed using statistical software, EPI Info 7.2.1.0.

RESULTS

The study questionnaire was administered to college students, aged between 18 and 24 years and 267students responded. The mean age of participants was 19.56 years. Respondents included, 137(51.3%) males and 130(48.7%) females of which 206 students (77.2%) were residents of urban and 61 (22.8%) of rural areas. A total of 30 (11.2%) participants reported knowing someone who had a mental health problem.

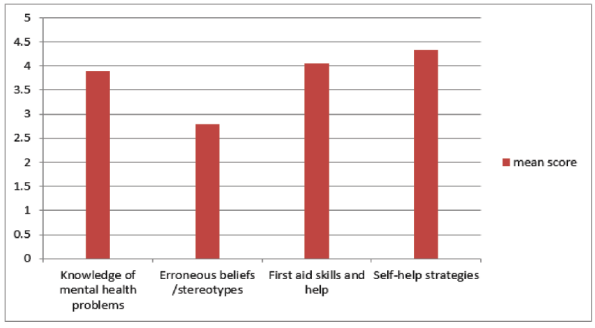

Figure 1 - Domain wise distribution of mean score of MHL

Mean score was highest (4.336) in self-help strategies and least (2.7934) in erroneous beliefs / stereotypes.
Domain wise responses were as follows-

Knowledge of mental health problems

Majority,85.01% study subjects agreed that a person with anxiety disorder may panic in situations that she/he fears and 82.77% agreed that highly stressful situations may cause mental disorders. Many (77.90%) agreed that one of the symptoms of depression is the loss of interest or pleasure in most things while 56.17% agreed that people with schizophrenia usually have delusions .

Erroneous beliefs /stereotypes

Majority (89.13%) of the study subjects agreed that if a friend of mine developed a mental disorder, I would listen to her/him without judging or criticizing and 86.51% agreed that the sooner mental disorders are identified and treated, the better .More than half (53.93%) of the study subjects disagreed that depression is not a true mental disorder.

First aid skills and help

If I had a mental disorder I would seek professional help (psychologist and /or psychiatrist) was agreed by 86.89%.Majority (88.38%) of them agreed that, if a friend of mine developed a mental disorder, I would encourage her/him to get medical support and if a friend of mine developed a mental disorder, I would encourage her/him to look for a psychologist.

Self- help strategies

Maximum study subjects (89.88%) agreed that doing something enjoyable helps to improve mental health. Majority (88.38%) agreed on physical exercise helps to improve mental health and87.26% agreed on good sleep helps to improve mental health.

Table 1- MHL level of study subjects

Range	No.	Percentage
33-66 (very low)	-	-
66-99 (low)	6	2.24%
99-132 (moderate)	207	77.51%
132- 165 (high)	54	20.25%

77.51% subjects had moderate and 20.25% subjects had high MHL level.

Table 2 -MHL level according to gender and proximity to people with mental health problems

Variables		Global score		t-test
		Mean score	SD	
Gender	Male	3.8828	0.9458	0.8074, NS
	Female	3.7540	0.973	
Proximity to people with mental health problems	Yes	3.6696	0.9955	0.7223, NS
	No	3.766	0.9552	

The global mean score in male and female were almost similar. Also those with proximity to people with mental health problems had comparable mean scores.

DISCUSSION

The present study aimed to assess MHL in university undergraduates which included preferred help-seeking behaviours, knowledge of mental health problems, erroneous beliefs/ stereotypes and self-help strategies. In present study majority, 77.51% had moderate MHL and similar results were noted by other authors[5,6,7] . The MHL levels in the present study were comparatively better than those reported by many authors probably because the respondents being science students had better knowledge and understanding of mental health problems.

No significant difference was found between male and female across all four domains. Probably because both were young and educated there was not much difference in their attitude. However some authors reported that males' mental health attitude was significantly lower than females[8,9,10]. Participants who indicated knowing someone with a mental health problem showed higher scores than who did not know anyone presenting with such problems[4]. However such difference was not noted in the present study.

CONCLUSION

Though MHL was found to be moderate some aspects need to be reinforced. However there is an urgent need to increase awareness for early help seeking and initiation of early interventions for better long-term mental health outcomes. School-based MHL programs can result in increasing levels of MHL. Education regarding mental health can be enhanced through awareness campaigns, educational workshops and training courses.

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