Mental Health Literacy among University Students

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Abstract **Background**: Increasing cases of mental disorders is an alarming situation in the developing countries like India. It needs a careful and serious intervention on the part of government as well as professional psychiatric social worker. The proposed study aims to measure the mental health literacy among the university students. **Methods**: The survey was conducted among the students of one of the Central Universities of India i.e. Central University of Tamil Nadu Thiruvarur India. The study was based on the random sampling with a sample size of 40. Vignette of a person with depression were given as an example followed by questions. Data were analyzed through the Statistical Package for the Social Sciences (SPSS) version 16.0. **Results**: Only 32.5% respondents were clearly identified the vignette as a case of depression and most of the respondents (47.5%) were classified the vignette as mental/psychological problem. Marital separation or divorce is most depression contributing factors has been found from the study. Current survey also revealed that non-pharmacological treatment is more beneficial than pharmacological treatment of mental disorder. **Conclusion**: Result suggested that, there is an immediate action required to improve the knowledge about mental health among the university students. The results have important implications for identification, prevention of mental health problems and improve mental health literacy among the students. Orientation on mental health is required to improve their basic knowledge on this issue.

Keywords:* mental health literacy, depression, mental health, knowledge, perceptions*

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1. Introduction

Health literacy has been characterized as the capacity to obtain entrance to comprehend, and utilization the information and services which will promote and maintain good health. The US Institute of Medicine (IoM) report first defined health literacy as, "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions" [1]. Then this definition was enriched by the World Health Organisation (WHO) in 2007 to "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health" [2]. Based on the above explanation of health literacy, Jorm et al. (1997) [3] has coined the term 'Mental Health Literacy (MHL)' and had given a wider definition, "knowledge and beliefs about mental disorders which aid their recognition, management or prevention". This definition comprises the ability to recognise specific mental disorder, beliefs and knowledge about the etiology, intervention, management, and other availability of mental health services [4].

Mental health is a global concern. Every fourth person in the globe having the experience of some kind of mental health problems during their life spans which account 450 million people. Every year, about 800, 000 people lost their life due to suicide and is placing second foremost cause of death among the youth (15-29 age). Unfortunately, misunderstanding and stigma associate with mental illness avert the patients from mental health care and lead to different kind of abuse and isolation (WHO fact files) In India [5,6]. India is characterized by a range of diversified cultural and philosophical systems, which have in recent years mixed with western modes of thinking, making it difficult to identify a uniform Indian paradigm of mind and mental health [7]. Majority of the population live in rural areas and it was found that about 80% to 90% of the mental disorders were undiagnosed and untreated due to lack of knowledge and negative attitudes toward mental illness. Further, stigma and negative attitudes toward people with mental illness have been observed to be common worldwide among general population. Consequently, many explanations for mental disorders can be found.

Most of the mental health literacy surveys have been conducted in western countries, with few studies in Indian cultural context. Among the extreme studies

carried out on MHL, rarely studies focused on students. Study by Khan et al. [8] among the non-medical students in Malaysia University shows that, depressive disorders are one of the most common psychiatric illness prevalence of about 4% and 16% of them were children and adolescents. Many persons were failed to get basic information on the ability of recognition of depression and schizophrenia.

2. Objectives of the Study

To assess the MHL, vignette based method is used. This method will help to assess the perception of the respondents in different aspects like: aetiology of the mental illness, intervention of pharmacological and non-pharmacological intervention, seeking first aid help [3] . Therefore, the present study will help to assess the ability to identify depression and various kinds of mental dis orders among students. It also will make easy to identify the symptoms and seek help from the psychiatric social worker. This study may remove all kinds stigma from the minds of people.

3. Methodology

3.1. Participants

The study was conducted at the Central University of Tamil Nadu Thiruvarur. The sample size of the study was 40 (Boys 28 and Girls 12). The study followed purposive sampling. Vignettes of a person with depression were given as an example followed by questions. The schedule was adopted from the previous mental health literacy survey [9,10]. Data were analysed through the Statistical Package for the Social Sciences (SPSS) version 16.0. The data were calculated in the 95% confidence intervals (CIs) to indicate uncertainty of the prevalence estimates for each group. The data collected from the January 2018 to March 2018.

3.2. Vignette for Depression

Meena is 30 years old and was fine until 6 months ago when she began to feel tired all the time. She says that she is sad and has lost interest in life. Even her children and family don't make her feel happy. She cannot sleep and she has lost the taste for food, which she used to love. She has also lost interest in cooking because she can't concentrate. Sometimes she feels like jumping in the well to end her life.

3.3. Ethical Consideration

After obtaining formal permission from participants, researchers explained the aims and methods of the study to all participants. Questions regarding the study were invited from the participants and they were given freedom to leave the study whenever they desire and also they were assured that withdrawal from this study will not affect the treatment of their relative. Counselling was available in the unlikely event of a participant becoming distressed by the questioning, and psychiatric referral was possible for any cases of severe mental illness encountered during the data collection phase of the study.

4. Research Results

The present study investigated mental health literacy among 40 students, of whom 70% (n = 28) of them were boys and rest 30% (n=12) were girls. All the participants (n=40) were aged between 17 and 20 years. Above table shows the condition of the vignette, majority of whom Psychological/ mental/ emotional problems consists (N=19, 47.5%) and Depression (N=13, 32.5%) [Table 1].

Table 1. Proportion of students based on their opinion on the described condition of the vignette

Frequency		%
Psychological/mental/emotional problems	19	47.5
Depression	13	32.5
Stress	5	12.5
HIV	2	5.0
Brain/mind problem	1	2.5
Total	40	100.0

N=40.

Table 2. Proportion of participants based on the possible causes of the depression

Possible causes of depression	Frequency and %		
	Yes	No	Don't know
Family conflicts	38 (95.0)	1 (2.5)	1 (2.5)
Lack of control over life decision	37 (92.5)	-	3 (7.5)
Crisis (drought/ violence/ accident)	29 (72.5)	2 (5)	9 (22.5)
Problems from childhood	27 (67.5)	9 (22.5)	4 (10)
Financial Difficulties	27 (67.5)	7 (17.5)	6 (15)
Difficulties at work	25 (62.5)	10 (25)	5 (12.5)
Recent death of relative or friend	25 (62.5)	7 (17.5)	8 (20)
Quarrelling with friends/ neighbour	24 (60.0)	10 (25)	6 (15)
Being addicted (alcohol, gambling)	24 (60.0)	8 (20)	8 (20)
Having an addicted family members	24 (60.0)	6 (15)	10 (25)
Infection	9 (22.5)	22 (55)	9 (22.5)
Inherited/ Genetic	5 (12.5)	30 (75)	5 (12.5)

N=40.

Table 2 shows the aetiology of depression, which indicates family conflict is majorly responsible for depression is 95%, Lack of control over life decision contributing 92.5% of depression, Crisis contributing 72.5% of depression, Problems from childhood and Financial Difficulties 67.5%, Difficulties at work and Recent death of relative or friend 62.5%, Quarrelling with friends/ neighbor, Being addicted and Having an addicted family members 60.0% respectively. While the causes like infection and inherited issue contributes very less for depression.

Table 3. Participant's perceptions of the helpfulness of various people who may be consulted

Category of person	Frequency and %				
	Helpful	Harmful	Neither	Depends	Don't Know
Close friends	40 (100)	-	-	-	-
Close family member	38 (95)	-	-	2 (5)	-
Psychiatrist	34 (85)	1 (2.5)	2 (5)	3 (7.5)	-
Self-help group	24 (60)	-	7(17.5)	8 (20)	1 (2.5)
Neighbour	19(47.5)	-	2 (5)	19(47.5)	-
Deal with the problem alone	17(42.5)	13(32.5)	4 (10)	6 (15)	-
Teacher	16 (40)	1 (2.5)	12 (30)	8 (20)	3 (7.5)
Social worker	15(37.5)	1 (2.5)	14 (35)	5 (12.5)	5(12.5)
Youth club member	13(32.5)	1 (2.5)	12 (30)	9 (22.5)	5(12.5)
Local doctor	10 (25)	1 (2.5)	4 (10)	25(62.5)	-
Ayurvedic doctor	8 (20)	-	19(47.5)	12 (30)	1 (2.5)
Village Health Worker	6 (15)	6 (15)	17 (42.5)	7 (17.5)	4 (10)
Local nurse	4 (10)	2 (5)	9(22.5)	23(57.5)	2 (5)
Priest	3 (7.5)	13(35.5)	17(42.5)	5 (12.5)	2 (5)
Local pharmacist	2 (5)	5 (12.5)	21(52.5)	9 (22.5)	3 (7.5)
Witchdoctor	1 (2.5)	30 (75)	5(12.5)	4 (10)	-

N=40.

Table 4. Response to the participant's perceptions of the helpfulness of various interventions that may be used to treat the condition of the vignette

Category of Interventions	Frequency and %				
	Helpful	Harmful	Neither	Depends	Don't Know
Pharmacological Interventions					
Appetite stimulants	15(37.5)	5 (12.5)	10 (25)	10 (25)	-
Vitamins, tonics, herbal	14 (35)	2 (5)	12 (30)	9 (22.5)	3 (7.5)
Sleeping pills	6 (15)	28 (70)	2 (5)	4 (10)	-
Non-pharmacological intervention					
Love and affection	38 (95)	-	2 (5)	-	-
Listening to understand	35 (87.5)	2 (5)	3 (7.5)	-	-
Distraction from her problem	25 (62.5)	9 (22.5)	4 (10)	2 (5)	-
More physical active	23 (57.5)	5 (12.5)	3 (7.5)	9 (22.5)	-
Admission to hospital	5 (12.5)	12 (30)	9 (22.5)	13 (32.5)	1 (2.5)
Having a special diet	5 (12.5)	11 (27.5)	13 (32.5)	10 (25)	1 (2.5)

N=40.

The Table 4 shows various categories of intervention method, which has been divided in two categories. First category is based on pharmacological interventions considered as helpful to come out from depression such as; appetite stimulants are 37.5% favourable in contrast 12.5% harmful. Vitamin, tonics, herbals 35% favourable in depression, whereas sleeping pills carries very harmful effects about 70%. The second category helping greatly is Non-pharmacological intervention. Aspects like love and affection 95%, listening to understand 87.5%, distraction from problem 62.5% and physical activeness 57.5% respectively, transmits depression into happiness.

Table 5. Proportion of respondent based on agreeing to have various forms of relationship or contact with the vignette

Would you be willing to…	Frequency and %		
	Yes	No	Don't know
Spend time socializing with the person?	37 (92.5)	1 (2.5)	2 (5)
Be a neighbour to the person?	30 (75)	1 (2.5)	9 (22.5)
Work closely in a job with the person?	27 (67.5)	5 (12.5)	8 (20)
Develop a relationship with the person?	23 (57.5)	5 (12.5)	12 (30)
Have person marry into your family?	9 (22.5)	12 (30)	19 (47.5)

The Table 5 contents response related to the willingness for establishing relationships with the vignette. 92.5% of total respondents are interested to spend time for socialising the persons with mental illness. 75% of total respondents are showing interest to be a neighbour to the persons with mental illness. 67.5% respondents are interested to work closely in a job with the person 57.5% and 22.5% are finding comfortable to develop a relationship with them and have person marry into their family respectively.

Table 6. Participant's perceptions about the risk of different groups developing problems similar to depression vignettes

Risk group for depression	Frequency and %			
	More likely	Less likely	No difference	Don't know
Unemployment people	34 (85)	1 (2.5)	3 (7.5)	2(5)
Divorced/separated people	30 (75)	2 (5)	5 (12.5)	3 (7.5)
Women	27 (52.5)	7 (17.5)	11 (27.5)	1 (2.25)
Young people	17 (42.5)	15(37.5)	7 (17.5)	1 (2.5)
Poor people	17 (42.5)	12 (30)	10 (25)	1 (2.5)
People unable to marry	17 (42.5)	7 (17.5)	9 (22.5)	7 (17.5)
Old people	16 (40)	16 (40)	5 (12.5)	3 (7.5)
Rich people	10 (25)	8 (20)	18 (45)	4 (10)

N=40.

Above Table 6 describes about the risk group for depression and shows about 85% of unemployed people are prone to depression, 75% of divorced or separated people, women 52.5%, young people, poor people, people unable to marry (42.5%), old people 40%, rich people 25% are more likely to face depression and gradually heading towards mental illness.

5. Discussion

Respondents are assessed with various levels of mental health literacy, but some are unable to recognise what exactly it is. Factors like unemployment and divorce/separation are most depression causing agents, transforming to mental disorder. In fact maximum numbers of respondent are interested to spend time with mentally disordered people; even they don't avoid people with mentally disorder. Since human is a social being, the study found that non-pharmacological treatment such as love, care, affection have been found more effective than pharmacological treatment to deal with this condition. These findings reveal mixed attitudes of people towards mental disorder, some were positive and some were negative responses towards vignette. It's a matter of appreciation that people with mental disorder are mostly perceived to be as likely as others to fulfil their social roles and to make an economic contribution to the family.

Previous findings revealed that the percentage of mental health literacy among the public is very low. This study also indicates that adolescents preferred reaching out more to informal sources than the formal sources. Previous socio-cultural factors such as stigma creates barrier for treatment of ill mental health. Degrading treatment, loss of personal liberty and social exclusion comprised hamper of human rights.

6. Limitations of the Study

The present study has certain limitations such as small sample and lack of compare group. Hence, the findings of the study may not be generalized and if this study would have focused on larger sample and comparative studies with qualitative methods (focus group discussions) may be helpful to understand in depth about this issue. Despite of these limitations, random sample of the present study represent the target population.

7. Conclusion and Suggestions

The present study highlighted that participants had understanding about the causes of mental illness. Mental health literacy is highly requisite for the effective intervention and evidence based mental health services. Even most of the people are suffering from common mental disorder are detained from accessing the mental health services. MHL also help other people for diagnosis and managing their illness. The respondents are relatively accepting people with mental disorders and also they are aware about their own condition of depression and its consequences. This issue needs to be addressed. In line with previous research, the findings of the present study strongly suggest that there is an urgent need to add the mental health as a subject to the current curriculum by which a clear knowledge and literacy can be accomplished. Thus, there is an urgent need to educate and change the attitudes of the public regarding mental illness through mental health literacy programs specifically on certain groups within the population who have a particular need for mental health education. Further, mental health professionals should take responsible role in educating these specific populations.

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