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Mental health literacy among first-year undergraduates at University of Jaffna

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Abstract

Background & objective: Mental health issues are prevalent in over 50% of university students globally. Mental health literacy has been repeatedly shown to influence the mental health of individuals and beyond. This study aimed to determine the level of mental health literacy among first-year undergraduates at University of Jaffna.

Methods: This institution-based descriptive cross-sectional study was conducted among 541 students from ten faculties and one unit of University of Jaffna. Data were collected using a self-administered questionnaire, which included a locally developed mental health literacy scale. Data were analysed with one-way ANOVA and chi square tests using IBM SPSS Statistics, version 23. The protocol was approved by the Ethics Review Committee, Faculty of Medicine, Jaffna (J/ERC/22/138/NDR/0279).

Results: Females demonstrated greater knowledge than males [$F(1,538) = 13.29, p < .001, \eta_p^2 = 0.02$]. Responses of students with Buddhism as their religious identity suggested they were more inclusive of people with mental illness ($p \leq .05$ for all relevant comparisons). Students from the A/L biology stream showed greater knowledge than those from commerce, technology, and mathematics streams, but not arts stream [$F(4,535) = 11.02, p < .001, \eta_p^2 = 0.08$]. Students from the biology stream also had less misconceptions about mental illnesses ($p \leq .02$). Students preferred obtaining help from family and friends (92%) than mental health professionals (53%), and they did not seem aware of the diverse mental health resources available within and outside the university.

Conclusion: Resources to improve mental health literacy should be provided by the university for all students as they begin their higher education. This would help to reduce adverse outcomes due to mental health issues.

Keywords: Mental health literacy, Help-seeking, Mental health promotion, Undergraduate mental health, University of Jaffna

Introduction

Mental health surveys and studies have found that over one fifth of the students in universities have at least one diagnosable mental illness [1]. However, the prevalence of help-seeking

among university students does not match the prevalence of mental health issues in this population [2]. This low rate of help-seeking could partly be attributed to lack of understanding of mental health issues and services [3].

Mental health literacy (MHL) is defined as knowledge and beliefs about mental disorders, which aid their recognition, management, or prevention [4]. MHL has been repeatedly shown to influence mental health status [5]. Studies show poor MHL may be associated with depression [6], deliberate self-harm [7], and anxiety [8] in young people, and that MHL enhances help-seeking attitudes [9].

Students who enroll at the University of Jaffna come from different socio-economic backgrounds and diverse communities. As with any transition, they are bound to face psychological challenges, leading to unfavourable consequences such as dropouts, substance use, deliberate self-harm, and depression. This is reflected in recent studies showing a high prevalence (70%) of mental health issues among students at University of Jaffna [10]. This study aimed to assess MHL among first-year undergraduate students at University of Jaffna-as the results would better reflect the level of MHL acquired from school. It would also provide opportunity for intervention, if required.

Methods

This institution-based descriptive cross-sectional study was carried out among 541 first-year undergraduate students who were proportionally selected from ten faculties and the Unit of Siddha Medicine of the University of Jaffna.

A self-administered questionnaire (in either Tamil or Sinhala) that consisted of a section on sociodemographic details and a locally developed MHL scale was used to collect data. The MHL scale was developed after an extensive review of available MHL questionnaires and validated by experts in the field. This scale had 9 sections: Knowledge regarding mental wellbeing, Identifying mental health problems, Causes and contributory factors, Symptoms, Interventions, Misconceptions and stereotypes, Attitudes regarding mental illness, Willingness to help, and Help-seeking.

Data were analyzed in SPSS Statistics, version 23 (SPSS Inc. Chicago, IL). Chi-square tests and One-way ANOVA were performed to determine significance. Tukey's HSD was used to probe the differences following a significant One-way ANOVA.

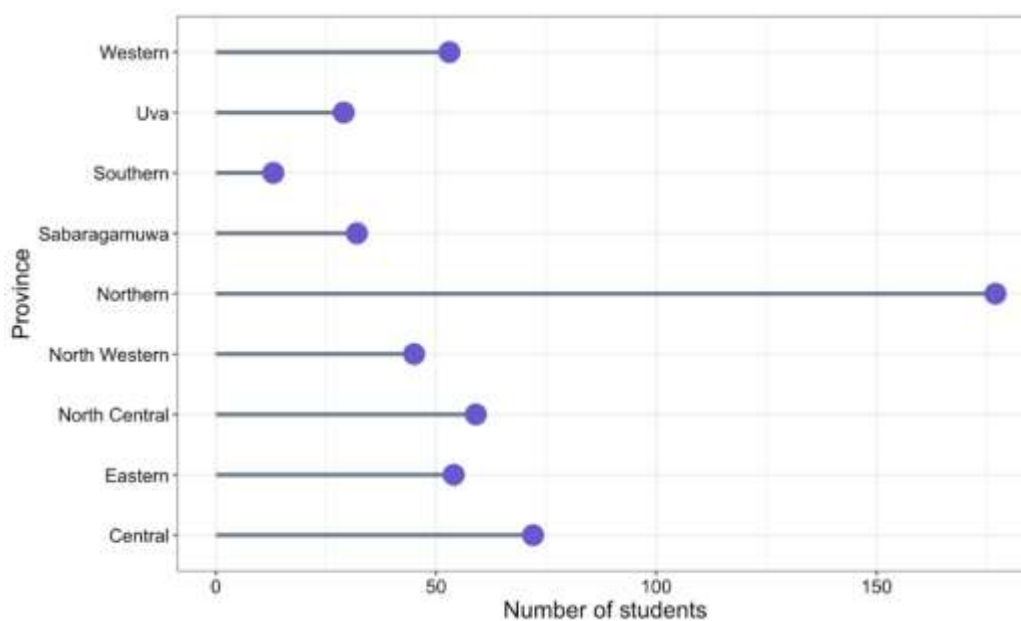
All procedures were conducted with the approval of the Ethics Review Committee of Faculty of Medicine, Jaffna (J/ERC/22/138/NDR/0279).

Results

All 541 of the approached students responded to the study. Their ages ranged between 19 and 26 years (mean 22, SD 1.0). Among them, 63 (12%) had personal experience with mental health issues; either they themselves or someone in their family had mental health issues. Breakdown by province, gender, religious identity, and GCE Advanced level (A/L) stream are given in Figure 1 and Table 1.

Table 1. Characteristics of the students

Factors	n	%
Gender		
Female	366	67.7
Male	175	32.3
Religious identity		
Buddhism	223	41.2
Christianity	39	7.2
Hinduism	229	42.3
Islam	41	7.6
Others/Do not want to declare	9	1.7
G.C.E A/L stream		
Arts	163	30.2
Biology	134	24.8
Commerce	70	12.9
Mathematics	116	21.5
Technology	57	10.6
Faculty		
Agriculture	30	5.5
Allied health sciences	45	8.3
Arts	121	22.4
Engineering	30	5.5
Hindu studies	11	2.0
Management	70	12.9
Medicine	40	7.5
Performance and Visual arts	31	5.7
Science	86	16.0
Siddha medicine	18	3.3
Technology	59	10.9

**Figure 1. Distribution of students by province**

Knowledge

The first five sections of the MHL scale consisted of 40 statements covering various aspects of mental wellbeing, problems that need professional help, causes, symptoms, and interventions related to mental illnesses. Correct responses were given one point. Total points were taken as a composite measure of knowledge.

Across all sections, students scored an average of 28.81 ($SD = 4.80$), out of a total possible score of 40, thus indicating reasonable overall knowledge. The total score was higher for females ($[F(1,538) = 13.29, p < .001, \eta_p^2 = 0.02]$). Scores of all sections assessing knowledge differed according to the GCE A/L stream ($p < .001$ for all), with students from the biology and arts streams scoring higher in all sections, while students from mathematics stream scored lower. Scores did not vary significantly based on personal experience with mental health issues.

On closer inspection, scores of all sections except the causes for mental illnesses, showed statistically significant differences according to the religious identity of students, though the patterns were not consistent: for example, students having Buddhism as their religious identity scored more in recognizing problems needing professional help, but not in other areas.

When analyzing selected individual statements, students having personal experience with mental health issues were more likely to correctly indicate that being withdrawn from usual social interactions could indicate the need for professional help, than students who did not have such personal experience ($p < .01$). Further, biology stream students correctly indicated the involvement of genetic factors in mental illnesses, while both the arts and biology streams students identified hallucinations as a feature of mental illnesses ($p \leq .05$ for both).

Attitude

Sections six through eight of the MHL scale assessed attitude towards mental health problems. They covered misconceptions and stereotypes, attitudes towards mental illnesses, and willingness to help people with mental ailments, and their responses were assessed based on percentage.

The misconception that mental illnesses are caused by black magic appeared to be more prevalent among students with Buddhism as their religious identity, students from the mathematics stream, and male students. More females than males indicated that mental illnesses are a result of a weak mind and people with mental illness are always aggressive. More students with a religious identity of Buddhism disagreed that psychotropic drugs should be taken throughout life, children will not be affected by mental health issues, and traditional healing is more efficient than medications for mental illnesses. However, they felt people with mental illnesses could overcome mental illness if they so wished. Male students as well as students from the mathematics stream felt that marriage could cure mental illnesses at a young age. Overall, students from biology stream appeared to have less misconceptions about mental illnesses.

More males indicated they would feel ashamed if a family member is suffering from mental illness, and that they would not allow a family member to marry someone with mental illness. However, they indicated that they were not scared of talking to a person with mental illness. Students with Buddhism as their religious identity disagreed with statements indicating that it is difficult to be friends with a person with mental illness, that people with mental illness will deny their illness, and that it is scary to talk with people suffering from a mental illness. More

students in the mathematics stream indicated that they would feel ashamed if a family member had mental illness.

Compared to males, more females indicated that if someone they knew had mental health issues, they would direct them towards mental health professionals, and that they would be there for those who are in a crisis. Students with the religious identity of Buddhism responded that they would do anything for a person with mental illness.

Practice

The ninth section of the MHL scale assessed help-seeking behavior of the students. They were asked to indicate the sources they would be willing to seek help from, and the sources they know how to contact. Popular choices for seeking help appeared to be family and friends, preferred by over 90%. Mental health/medical professionals were not as popular (53%). Religious leaders (21%) and emergency/helpline numbers (8%) were remarkably less preferred (Table 2). Notably, students with Buddhism as their religious identity seemed more willing to approach mental health professionals ($p = .001$).

Table 2. Sources from which the students would like to obtain help by selected sociodemographic factors - %

Sociodemographic factors	Parents (mother/father/both)	Brother/Sister	Other family members or relatives	A friend	Someone in an intimate/close relationship	School teacher	A mental health resource person	Family doctors/General practitioner	Psychiatrist	Religious leader/ clergy	Emergency/helpline number	Will not seek help from anyone
Entire sample	92	73	28	71	51	27	53	28	42	21	8	3
Gender												
Female	92	76	27	68	52	24	53	24	40	18	6	2
Male	91	65	28	76	48	35	53	36	47	27	13	4
Religious identity												
Buddhism	92	71	30	71	51	35	64	34	36	33	16	5
Christianity	92	82	33	67	38	13	36	21	49	28	5	5
Hinduism	92	73	23	72	50	24	44	24	43	7	2	1
Islam	90	78	37	63	68	18	58	28	58	23	8	-
Do not want to declare	87	37	-	75	38	50	50	25	63	38	-	-
A/L Stream												
Arts	93	73	21	65	51	21	56	26	49	11	2	1
Biology	93	75	37	71	53	33	57	31	47	25	14	4
Commerce	93	75	28	75	45	23	36	22	30	20	4	3
Mathematics	90	70	30	74	53	33	56	38	43	28	14	7
Technology	91	65	16	60	44	23	47	14	23	25	5	-

In general, students appeared to be aware of the student counsellor system but were not aware of the diverse service providers and systems within and outside the university (Table 3).

Table 3. Sources the students knew how to contact for help by selected sociodemographic factors - %

	Student counsellor	Student mentor	University wellbeing center	Counsellor(outside the university)	Counselling center	A doctor specializing in mental health	Psychiatrist	Emergency helpline number	Trusted website
Entire sample	53	35	33	19	20	31	29	16	12
Gender									
Female	55	34	34	18	19	31	27	13	9
Male	49	37	31	21	22	32	35	23	19
Religious identity									
Buddhism	40	26	22	25	25	36	21	19	12
Christianity	74	46	44	5	13	36	41	10	10
Hinduism	62	44	42	14	18	26	35	12	13
Islam	55	23	30	25	15	28	38	23	5
Do not want to declare	38	25	25	25	25	50	25	25	13
A/L Stream									
Arts	63	41	42	19	25	32	43	11	10
Biology	46	41	27	20	20	29	23	22	8
Commerce	70	45	45	14	10	29	25	12	17
Mathematics	48	27	29	21	19	33	25	19	13
Technology	30	7	14	19	19	32	19	14	14

Discussion

Considering the representative nature of the sample, meaningful insights can be gained from the results. This study found students to have reasonable knowledge on mental health and illnesses. No overarching deficiencies were noted in the other sections of the MHL scale either. However, while looking at specific student characteristics, several patterns stood out.

Previous studies have indicated personal experience with mental health issues to be associated with greater MHL[11]. However, this was not observed in the current study, except that this subpopulation significantly differed from the others by correctly identifying social withdrawal as an indicator for professional help.

Another important aspect was observed in help-seeking behaviour: students appeared to be reluctant to seek help from mental health professionals and were not aware of how to contact

mental health professionals outside the university. These observations might indicate lack of MHL and cultural reluctance to seek professional help for mental health issues [12].

Females demonstrated significantly greater knowledge regarding mental health issues, mirroring findings of a recent study[13]. Students with Buddhism as their religious identity were better at identifying issues needing professional help. However, they were not as well-informed regarding symptoms and interventions for mental illnesses. Although they possessed certain misconceptions, they were more inclusive of people with mental health issues. The A/L stream of the students seemed to influence their MHL. Students from the biology stream performed consistently better across all sections. Although the overall score demonstrated reasonable knowledge, students from the mathematics stream scored less in the knowledge sections. Meanwhile, students from the arts stream demonstrated more knowledge, which was, in certain areas, comparable to students from the biology stream. This suggests a systematic difference in knowledge across disciplines and highlights the need for MHL to be provided at schools for all students.

It is crucial to note that, at present, there is no place for MHL in the curricula of Sri Lankan schools and universities. Yet, MHL is of vital importance for first-year undergraduates as it has the potential to improve their overall wellbeing and prepare them to effectively face mental health-related challenges as they enter and navigate higher education. The high prevalence of mental health issues (63 – 70 %) among university students, as shown by recent [10] and older [14] studies carried out in Sri Lanka, indicate a clear need to intervene. If resources are not provided at the school-level, they should at least be provided by universities for all students as they begin their higher education. The gap between knowledge and the practice (of help-seeking) warrants an in-depth study to understand students' perception of barriers to seeking help.

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Conflict of Interest

None of the authors have any conflicts of interests, financial or otherwise, to disclose.

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