

## Mental Health Knowledge, Belief Towards Mental Illness and Psychological Well-Being among Adolescents

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### ABSTRACT

In recent years, adolescent mental health has received a lot of attention and has become a serious public health issue that needs to be properly addressed. A persistent negative attitude and social rejection towards people with mental illness has prevailed throughout history in every context. It is considered that problem exist because of lack of knowledge, negative attitudes and exclusion. A focus on good mental health knowledge and attitude can have positive effects on adolescents' psychological well-being. The present research focus on studying the relationship between mental health knowledge, belief towards mental illness and psychological well-being among adolescence. The sample of the research consist of 120 students (60 male, 60 female) aged between 14-18, currently studying in Bangalore, Karnataka. The study explores the relationship between mental health knowledge, belief towards mental illness and psychological well-being among adolescents and gender differences. The scales used are Mental Health Knowledge Questionnaire (MHKQ), The Belief towards Mental Illness (BMI) scale and Ryff's Psychological Well-Being Scales (PWB), 42 item version. The data was analysed using Pearson Correlation and Independent sample t-test on SPSS. The findings of the study indicate relationship between mental health knowledge and belief towards mental illness, mental health knowledge and psychological well-being and significant gender difference in belief towards mental illness. The study concludes that higher levels of mental health knowledge can reduce negative attitude towards mental illness and promote a better psychological well-being. The study suggest that school based educational programs which considers the incorporation of mental health education into existing curricula can be beneficial.

**Keywords:** *Mental Health Knowledge, Belief Towards Mental Illness, Psychological Well-Being*

Adolescence is seen as a pivotal stage in life that marks the way from childhood to adulthood. According to the United Nations Children's Fund (UNICEF), 2012, this life stage affects about 18% of the world's population and is marked by several physical, cognitive, and socioemotional changes that are frequently viewed as stressful (Frydenberg, 1997) and may have detrimental effects on psychosocial adjustment. In recent years, adolescent mental health has received a lot of attention recently and has become a

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serious public health issue that needs to be properly addressed. (World Health Organization, 2013).

According to decades of study, the general public has negative stereotypes of people with mental illnesses, believing that they are dangerous, unpredictable, ugly, undeserving, and unlikely to contribute significantly to their communities (Otto, 2012). These negative attitudes and misperceptions about mental health emerge full blown in adulthood. They are more likely to have their roots in childhood and gradually develop through adolescence.

The uncertainty and false beliefs can be replaced by a better understanding of the problem. The need for the public to have greater mental health literacy is highlighted by the high lifetime prevalence of mental disorders, which means that virtually everybody will either experience mental illness themselves or meet someone who does. Therefore, it is important to understand more about the knowledge and attitudes of youths related to mental illnesses.

### ***Mental Health Knowledge***

The ability to access, comprehend, and use knowledge in ways that support and maintain good mental health is known as mental health literacy. It refers to information and attitudes about mental disorders that support recognition and appropriate help-seeking, such as the capacity to identify disorders, the ability to access knowledge of risk factors and causes, self-treatments, and professional help options in the area of mental health (Christoph et al., 2003).

### ***Belief towards mental Illness***

The beliefs towards mental illness are the positive or negative views towards mental illness. The prevalence of stigma and unfavorable perceptions of mental disease is paradoxical. People with mental illnesses frequently experience stigma, prejudice, and abuse on a global scale. The most pervasive stigma associated with individuals with mental illnesses seems to be that they are unpredictable, dangerous, and violent. Many diagnosed people might later experience rejection, low self-esteem, teasing, and a resistance to accepting or seeking psychological assistance.

### ***Psychological well-being***

Psychological well-being refers to living life in a complete and satisfying way and to the development and self-realization of the individual (Ryffs, 1989). Psychological well-being is a wide concept which embraces affective aspects of everyday experience. Psychological well-being might be a factor associated with their knowledge and attitude towards mental health. When one's psychological well-being is in jeopardy, it reduces their ability to support and respond to people with mental illness which creates further difficulties and more emotional distress for people with mental illness.

A study was conducted to understand how mental health literacy affects attitude towards mental illness and to find gender differences by Hee et al., 2020. The study, aimed to find out the levels of mental health knowledge and factors associated with attitude towards mental health between males and females. The total number of participants were 732, with 18 years or more were included. The Mental Health Literacy Scale (MHLS) was used to find out the attitude toward mental health and literacy of mental health. Regardless of gender, it was discovered that mental health literacy was the most important determinant. Both men and women who were more mentally literate had better attitudes on their mental health. The

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study concluded mental health literacy education both for males and females could potentially improve the public's mental health attitude toward mental illness.

Shivani et al., 2020 conducted a study to find stigma associated with mental health problems among young people in India. The study examined the manifestations and magnitude of public stigma and recommendations to reduce mental health stigma associated with young people in India. They study claims that one third of young people show poor knowledge and negative attitude towards people with mental health issues. And young people view mental health problems as dangerous. The recommended strategy includes awareness campaign, educational interventions.

In 2020 a study was conducted by Rona et al., to understand Mental health literacy in a diverse sample of undergraduate students. Participants were undergraduate students; a total of 1213 respondents were included. Findings were significant in that they distinguished between high and low performers, for whom a greater understanding of mental health is essential to their general psychological wellbeing. The design of educational interventions aiming at enhancing mental health literacy at the college level will be significantly impacted by these findings.

Kamlesh et al., 2015 conducted a study to explore mental health and psychosocial functioning in adolescence. The study aims to examine the prevalence of mental health and to explore its associations with mental distress and psychosocial functioning. A group of 539 students (age 13-18; 43.2% girls) took part in the study. To conclude, findings of the study support investigation of adolescents' mental illness with analysis of positive mental health. The study suggests to expand the current knowledge on positive mental health for well-being in adolescence.

### **METHODOLOGY**

The study of mental health knowledge, belief towards mental illness and psychological well-being among adolescents is a quantitative study. The study investigates the correlation between mental health knowledge and belief towards mental illness, belief towards mental illness and psychological well-being and mental health knowledge and psychological well-being. The study also aims at finding any significant difference in mental health knowledge, belief towards mental illness and psychological well-being among the sample based on their gender.

#### ***Aim***

To determine the relationship between mental health knowledge, belief towards mental illness and psychological well-being among adolescents.

#### ***Hypotheses***

HO<sub>1</sub> There is no relationship between mental health knowledge, belief towards mental illness and psychological well-being among adolescents

HO<sub>2</sub> There is no significant difference in mental health knowledge among male and female adolescents

HO<sub>3</sub> There is no significant difference in belief towards mental illness among male and female adolescents

HO<sub>4</sub> There is no significant difference in psychological well-being among male and female adolescents

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### *Sample*

The sample size consists of 120 students of age 14-18, who are currently studying in Bangalore, Karnataka of which 60 were males and 60 were females. The data were gathered using a method known as purposive sampling.

### *Measures*

**Mental Health Knowledge Questionnaire (MHKQ):** The Mental Health Knowledge Questionnaire (MHKQ) was developed to evaluate public knowledge and awareness of mental health by the Chinese Ministry of Health (MOH) in 2009. It contains 20 self-administered items. Total scores range from 0 to 20, one point is given to each correct answer, incorrect answer receiving 0 points. The scores interpreted as higher scores indicating greater knowledge towards mental health. The Cronbach's coefficient for the Mental Health Knowledge Questionnaire was found to be 0.61. The mental health knowledge questionnaire (MHKQ) is found to be valid and reliable.

**The Belief towards Mental Illness (BMI) scale:** The Beliefs Towards Mental Illness (BMI) scale (Hirai, & Clum, 2018) was designed to assess negative stereotypical views of mental illness. The BMI composed of 21 statements, in which respondents were asked to evaluate their level of agreement with each statement describing stereotypical views towards mental illness. The items are rated on a 6point Likert scale ranging from completely agree (0) to completely agree (5). Higher scores reflect more negative beliefs about mental illness. In the reliability and validity study, the Cronbach's alpha coefficient for the American society was 0.89, and that for the Asian society was 0.91.

**Ryff's Psychological Well-Being Scales (PWB), 42 item version:** Ryff's Psychological Well-Being Scales, (Ryff, 1989) is a 42statement questionnaire that measures six aspects of well-being and happiness. On a 7-point scale, respondents indicate how firmly they agree or disagree (1 = strongly agree; 7 = strongly disagree). Six subscales had internal consistencies ranging from 0.87 to 0.96 and test-retest reliability ratings between 0.78 and 0.97. The Ryff's psychological well-being scale is found to be valid and reliable. Higher scores indicate more positive psychological well-being and low scores indicate poor psychological well-being.

### *Procedure*

For the current study 120 students were selected from two different schools in Bangalore, Karnataka of age between 14 - 18. Questionnaires were filled by the students from their respective schools. The permission for data collection was obtained from the school authority. Subjects were informed about the purpose of collecting data, confidentiality, and consent was taken.

## **RESULTS AND DISCUSSION**

The data collected was analysed using SPSS. It was further tested for Pearson's Correlation test and Independent Sample t-test.

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***Table 1 Descriptive Statistics and Correlation between Mental Health Knowledge, Belief towards Mental Illness, and psychological well-being among adolescents***

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>MHK</b>	<b>BMI</b>	<b>PWB</b>
Mental Health Knowledge (MHK)	120	10.11	2.41		-0.36**	0.21*
Belief towards Mental Illness (BMI)	120	63.21	14.37	-0.36**		0.50
Psychological Well-Being (PWB)	120	163.02	19.24	0.21*	0.50	

\*\*  $p < 0.01$  level (2-tailed)

\*  $p < 0.05$  level (2-tailed)

The above table shows the descriptive statistics, and correlation between the variables, mental health knowledge belief towards mental illness and Psychological Well-Being. The mean of mental health knowledge, belief towards mental illness and Psychological Well-Being are 10.11, 63.21 and 163.02 respectively. The standard deviation scores of mental health knowledge, belief towards mental illness and Psychological Well-Being are 2.41, 14.37 and 19.24 respectively.

From Pearson correlation the r value for mental health knowledge and belief towards mental illness is -0.36 with a corresponding p value 0.01, which indicates a significant negative correlation between the variables at 0.01 level. Hence, it is found that there is a relation between mental health knowledge and belief towards mental illness among adolescent. The obtained result is in line with the study conducted by Shivani et al. (2020) in their study examined the manifestations and magnitude of public stigma and recommendations to reduce mental health stigma associated with young people in India. They study claims that one third of young people show poor knowledge and negative attitude towards people with mental health issues. This suggest that as mental health knowledge increases the negative beliefs towards mental illness can be reduced. The recommended strategy includes awareness campaign, educational interventions.

The table shows the Pearson correlation scores of belief towards mental illness and psychological well-being among adolescents. The r value for belief towards mental illness and psychological well-being is 0.50 with a p value of 0.590, which indicates no significant relation between the variables. Contradictory to the results obtained, a study was conducted by Merike et al., 2013, that aims to examine teachers attitude towards pupil with mental illness based on the teachers' psychological well-being. It was found that the by valuing psychological well-being of teachers along with good teaching environment can improve their attitude towards pupils with mental illness.

From the above results the r value for mental health knowledge and psychological well-being is 0.21 with a corresponding p value 0.05, which indicates a significant positive correlation between the variables at 0.05 level. Hence, it is found that there is a relation between mental health knowledge and psychological well-being among adolescents. The results are in line with a study a conducted Rona et al. (2020), their study aimed to identify variables associated with mental health knowledge. Findings were significant in that they distinguished between high and low performers, for whom a greater understanding of mental health is essential to their general psychological wellbeing. The design of educational

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interventions aiming at enhancing mental health literacy at the college level will be significantly impacted by these findings.

**Table 2 Significance of difference on Mental Health Knowledge among male and female adolescents**

Variable	Gender	N	Mean	SD	t value	Sig. (2-tailed)
Mental Health	Male	60	10.22	2.55	0.49	0.62 <sup>NS</sup>
Knowledge	Female	60	10.00	2.28		

<sup>NS</sup>. Not significant

Table 2 shows the gender difference in mental health knowledge among male and female adolescents. The mean value of mental health knowledge for male and female is 10.22 and 10.00 respectively with a corresponding standard deviation of 2.55 and 2.28 respectively. In order to see the differences Independent sample t test was conducted. The calculated “t” value for mental health knowledge between the two group is 0.49 with a corresponding p-value of 0.62. indicating that there is no significant difference between male and female regarding mental health illness. But contradictory to this result another study conducted by Sue et al. (2006) finds out that gender differences do exist in mental health literacy. Males showed significantly lower knowledge related to mental health.

**Table 3 Significance of difference on Belief towards Mental Illness among male and female adolescents.**

Variable	Gender	N	Mean	SD	t value	Sig. (2-tailed)
Belief towards	Male	60	59.87	12.67	2.60	0.01
Mental Illness	Female	60	66.55	15.28		

From the above table the mean value of belief towards mental illness for male and female is 59.87 and 66.55 respectively with a corresponding standard deviation of 12.67 and 15.28 respectively. These values indicate that the spread of scores away from the mean is greater among females suggesting that there is more variation among females than male in terms of belief towards mental illness. In order to see the differences independent t test was conducted. The calculated “t” value for belief towards mental illness between the two group is 2.60 with a corresponding p value of 0.01. Indicating that females are more likely to show more negative attitude towards mental illness than males. Thus, there is a significant difference between males and females regarding belief towards mental illness. A similar result was obtained in the study by Abdulbari et al. (2010). In general, the study found that the women who participated in the study adhered more closely to societal views on some facets of mental illness. Women were more likely than men to believe that individuals with mental illnesses are dangerous.

**Table 4 Significance of difference on Psychological Well-Being among male and female adolescents.**

Variable	Gender	N	Mean	SD	t value	Sig. (2-tailed)
Psychological Well-Being	Male	60	161.93	18.42	0.61	0.54 <sup>NS</sup>
	Female	60	164.10	20.13		

<sup>NS</sup>. Not significant

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The mean value of psychological well-being for male and female is 161.93 and 164.10 respectively with a corresponding standard deviation of 18.42 and 20.13 respectively. In order to see the differences Independent t test was conducted. The calculated “t” value for psychological well-being between the two group is 0.61 with a corresponding p-value of 0.54. indicating that there is no significant difference between male and female adolescents regarding psychological well-being. Contradictory to the results obtained from current study, a study conducted by Jeannie A Perez in the year of 2012. Jeannies study focused on gender differences in psychological well-being concludes that male and female adolescents are different in several dimensions of psychological well-being. It suggests that various enhancement programs could increase psychological well-being among male and females.

### CONCLUSION

The study focused on finding the relation between mental health knowledge, belief towards mental illness and psychological well-being and to find if any difference exists with respect to gender. The result showed that there is a significant correlation between mental health knowledge and belief towards mental illness and mental health knowledge and psychological well-being. There is also a significant difference in belief towards mental illness among male and female adolescents. It was concluded that higher levels of mental health knowledge led to positive attitude towards mental illness and higher levels of mental health knowledge and leads to better psychological well-being.

### *Implications*

Mental health knowledge plays a crucial role. Awareness and more knowledge tend to minimize the bias, prejudice and associated discrimination. There is a high need for spreading awareness about mental health and mental illness among the adolescent population.

The lack of concern may lead to increased stigma towards mental health and illness and further can lead to traumatic experiences instead of experiencing wellbeing. An inclusive educational service will promote better understanding of mental health irrespective of their intersectional identities and it could only arise from a formal education. There exist a minimal or no practice on school based educational programs providing mental health knowledge to students. Schools should consider the incorporation of mental health education into existing curricula. It can bring out more knowledge and positive attitude towards mental health and mental illness.

Having more knowledge and awareness in the related area will immensely enable the student to contribute to the psychological wellbeing of people as well as their own well-being. A new learning design in the curriculum regarding mental health may also broaden perspectives to include positive attitudes and positive psychological well-being. Better knowledge leads to more favorable attitudes toward those who suffer from mental illness. The extent to which people can benefit from improved mental health services is influenced not only by the quality and availability of services but also by their existing knowledge and belief systems. An inclusive educational service will promote better understanding of mental health irrespective of their intersectional identities and it can arise from a formal education. While considering ideal venues for mental health promotion, schools are ideal venue. Where teachers and students are familiar and comfortable with classroom-based learning. Thus, mental health knowledge can be normalized as part of education.

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### *Limitations and Suggestions*

The study is not without any limitations. Taking a broad universe into study, the size of the sample limits the extent to which the results can be generalized. The study was limited to specific regions and the results might be region specific. Further studies can also focus on the influencing factors of the variable. And, the use of an unstructured questionnaires to collect data can help to derive at a better conclusion with more subjective experiences.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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