



MENTAL HEALTH LITERACY AMONG PEOPLE IN LAMPANG PROVINCE, THAILAND

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Abstract

Background: Mental health literacy (MHL) is associated with the likelihood of sustaining mental health illness, and an ability to prevent and reduce the severity of mental health problems. Promoting mental health literacy is therefore important in order to promote psychological wellbeing and prevent mental health problems.

Objective: To describe mental health literacy among people in Lampang province and to assess the factors associated with mental health literacy.

Methods : The sample consisted of 380 participants including people age 20 and above in Lampang province using multistage stage random sampling. The instrument was mental health literacy questionnaire consisting of three domains :knowledge of mental health, believe of mental health, and mental health efficacy. Descriptive statistics, Pearson product moment correlation and Chi-square, were used for data analysis.

Results: Mental health literacy among people in Lampang province was at a moderate level of knowledge and believe of mental health) \bar{X} = 9.86, S.D = .212; \bar{X} = 2.48, S.D = .026 (and high level of mental health efficacy) \bar{X} = 3.03, S.D = .028. (Mental health literacy correlated positively to age, level of education and mental illness history of the family as showed statistically significant at .05 level.

Conclusion and Recommendations : The results of this study which revealed moderate level of knowledge and believe of mental health warrant educational interventions to promote mental health literacy among this population.

Keywords: Mental health literacy, Mental health efficacy, Lampang

Background:

Today, mental illness is a major problem for the world population. It is estimated that over 26 million people in the world suffer from mental illness (Health Promotion Foundations, 2012). In the year 2013 Thailand has 1,734,410 psychiatric patients (Department of Mental Health, 2013). Literature review found that the higher incidence of mental illness is associated with the World Health Organization's estimate that by 2020, the top 5 causes of mental illness are five deceases of psychiatric illnesses: Depression, Schizophrenia, Substance induced disorders, Bipolar disorders, and Anxiety disorders. Mental health is considered a critical aspect of having good health. WHO therefore issues the "No Health without Mental Health" directive which applies to everyone and every age group.

Mental Health Literacy (MHL) is associated with the likelihood of sustaining mental health illness, and an ability to prevent and reduce the severity of mental health problems. The term "mental health literacy" refers to "knowledge and beliefs about mental health disorders which aid their recognition, management and prevention" (Jorm et al., 2006). This definition has been expanded to include "knowledge and skills that enable people to access, understand and apply information for mental health" (Canadian alliance on mental illness and mental health, 2008). MHL is comprised of three domains: 1) knowledge about mental health and mental disorders, 2) beliefs of mental health and mental disorders, and 3) the ability to recognize, prevent and manage the problem (Jorm et al, 2006; Jorm et al, 2011; Wei et al, 2015). Mental health awareness is the knowledge and



belief of mental disorders that help to recognize the management or prevention of a person. Individual persons with knowledge of mental health are aware of the problems, and are capable of caring for themselves and the people around them, and are more likely to have a good attitude towards people with mental problems (Farrer et al., 2008, Langlands et al., 2008).

The mental health literacy study will lead to the planning of mental health promotion to reduce the incidence of mental illness and to reduce the severity of mental illness. So promoting mental health literacy is therefore important in order to promote psychological wellbeing and prevent mental health problems. This study sought to explore mental health literacy among people in Lampang Province, Thailand in order to provide basic information and relevant recommendations for further practices and policies.

Objective:

1. To describe mental health literacy among people in Lampang province.
2. To assess the factors associated with mental health literacy.

Research Scope

1. Population: The population consisted of adolescents aged 15-20, adult aged 20-59 and elderly aged 60 years and over. They are domiciled in Lampang province with 646, 258 persons. (Department of Administration, 2017)

2. Variable: This research focused on mental health literacy including:

1. Knowledge of mental health and mental disorders.
2. Beliefs about mental health and mental disorders.
3. Efficacy: The ability that enable: to recognize of mental health problems, management of mental health problems and prevention of mental health problems.

Methodology

1. Sample

The sample consisted of 380 participants including people age 20 and above in Lampang province using multistage stage random sampling, as follows.

Step 1 Cluster - randomized sampling was used according to the 13 districts.

Step 2 Purposive - sampling was used in 2 Sub - district Health Promoting Hospitals, where nursing students practice community mental health and psychiatric nursing, were Kluaypah and Srimoudklou Sub - district Health Promoting Hospital, Lampang Province.

2. Research instrument

The instruments included two sets of questionnaires collected data on:

Part 1: Demographic data (sex, age, level of education, mental illness history of the family, career, and income).

Part 2: A Mental Health Literacy questionnaire (MHL) consisted of three domains:

- 1) Knowledge about mental health and mental disorders assessed by a 15-item true/false test.
- 2) Beliefs about mental health and mental disorders assessed by 12 - item self-reported with 4-point Likert scale.
- 3) Abilities to recognize, prevention and management of mental health problems assessed by 21- item self-reported with 4-point Likert scale.

3. Quality of research instruments

1. Content Validity: The content validity was achieved through Index of Congruence method (IOCs = 0.8-1.0) by five experts.

2. Reliability: The researchers conducted a tryout of MHL Scale with 30 persons. Internal consistency was used. The KR-20 of mental health knowledge was 0.72. The Cronbach's alphas for mental health attitude and mental health efficacy were 0.81 and 0.88, respectively.



4. Data Collection

The researcher collected data at 2 district health promotion hospitals where nursing students practice, included of Kluaypah and Srimoudklou Sub - district Health Promoting Hospital. The questionnaire was provided by the self-administered questionnaire, but the researcher would read for them if the participants cannot read the questionnaire.

5. Protection of human subjects

This research project was approved by BCNLP Research Ethics Committee. The researcher prepared a statement of the benefits of research and ensure of no disclosure of individual samples. The samples were identified as anonymous. In addition, the participants were exposed of a withdrawal opportunity if they were not ready or unwilling to participate in the research.

6. Data Analysis

1. Demographic data of the sample and the level of mental health literacy were analyzed using descriptive statistics including frequency, percentage, mean and standard deviation.

2. Assess the factors associated with mental health literacy were analyzed using Pearson product moment correlation and Chi-square.

Results

1. Sample characteristics

Ages of the subjects were between 15-72 years old, the average age of 42 years (S.D. = 17.24). About two-thirds (67.5%) of the samples were female. The study found that 32.2% of the subjects were self-employed. With regard to education, 38.8% of the subjects finished primary school. About 20.5% of the participants had a family member who had been diagnosed with a psychiatric disorders. Almost half (45.2%) of the subjects had monthly income between 5,001-10,000 baht.

2. Mental health literacy level

2.1 Mean score for mental health knowledge was 9.86 (S.D. = 2.12). 51.3% (N = 195) of the subjects had moderate knowledge of mental health (Table 1).

Table 1: Mental health knowledge

Level of Knowledge	Number	Percentage
Low) Score < 8(123	32.4
Moderate (Score 8 to 11(195	51.3
High (Score 12 to 15(62	16.3

Mean = 9.86 and standard deviation = 2.12

2.2 Mean score for beliefs of mental health was 2.48 (S.D. = 0.26). On individual items, subjects' perception of mental illnesses as shame and having supernatural causes was high (\bar{x} = 2.72, S.D. = .425, \bar{x} = 2.71, S.D. = .400); whereas belief about the chance of ones' getting mentally ill was low (\bar{x} = 2.12, S.D. = .313) (Table 2).

Table 2: Believe of mental health

List	Mean	Standard deviation
.1 Mental illness is caused by supernatural beings.	2.71	.400
.2 Mental illness is caused by bad fortune in the past.	2.43	.358
.3 Everyone has the chance to be mentally ill.	2.12	.313
.4 Mental illness is a shame.	2.72	.425
.5 Mental illness is a burden on family and society.	2.45	.311
.6 Mental illness can be cured.	2.51	.491
.7 Disclosing how do you feel, helps lead to proper management of your problems.	2.59	.381
8. When we are stressed, we can ask for help from others.	2.68	.415
9. Only patient with severe symptoms needs medication.	2.42	.311



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10. People can have a normal life even mental illness.	2.52	.324
11. I am confident that I can solve a mental problem.	2.46	.380
12. I can get help if I have mental health problems.	2.14	.322
Total	2.48	.280

2.3 Mean score for mental health efficacy was 3.03 (S.D. = 0.28). The highest score was the ability to prevention of mental health problems (\bar{x} = 3.16, S.D. = 0.26), followed by the ability to management of mental health problems (\bar{x} = 3.06, SD = 0.22), and ability to recognize of mental health problems (\bar{x} = 2.87, S.D. = 0.32). These results are shown in Table 3.

Table 3: Mental health efficacy

Domain of efficacy	Mean	Standard deviation
Recognition	2.87	0.32
Prevention	3.16	0.26
Management	3.06	0.22
SUM	3.03	0.28

3. The factors associated with mental health literacy

Mental health literacy correlated positively to age, level of education and mental illness history of the family as showed statistically significant at .05 level. (Table 4-6).

Table 4: Correlated between mental health literacy and age (Pearson correlation)

Dimension	Age	
	R	p-value
Mental health knowledge	0.426	0.011 *
Believe of mental health	0.146	0.066
Mental health efficacy	0.338	0.032*

*p<0.05

Table 5: The factors associated with mental health literacy (Chi-square)

Dimension	Education	History	Career	Income
Mental health knowledge	*12.22	18.56*	6.80	5.12
Beliefs of mental health	*16.04	82.5	5.07	7.38
Mental health efficacy	*12.51	12.80*	5.53	7.88

*p<0.05

Discussion

The majority or 51.3% among people in Lampang Province had moderate knowledge of mental health with an average score of 9.86. Beliefs of mental health had moderate level and mental health efficacy also appeared to be high level. This may be due to the fact that mental health literacy is quite embryonic in Thailand, and the lack of public education that relation to mental health literacy. Naturally, this means that people in Lampang are not well aware of this topic, but people have the ability to prevent and solve mental problems themselves because of the rural way to live together and use Buddhism as a way to live.

Mental health literacy consists of three components: knowledge about mental health and mental disorders, beliefs about mental health and mental disorders and ability to perceive problems, prevent and manage mental problems. In terms of knowledge about mental health and mental disorders, knowledge about mental health services in the community, the causes of mental illness and symptoms of people with mental disorders are low level. Health professionals should take these low-scoring issues to promote with health education program will reduce the incidence and severity of mental disorders. People who have mental health literacy as knowledge, beliefs about mental health and mental disorders and the ability to recognize mental health problems, management and



prevention of mental health problems will help reduce the problem of mental and physical health (Prince et al., 2007; Kutcher et al, 2015).

Mental health literacy is important for adults, adolescents, aging and health professionals to increase awareness of mental health and make careful decisions about the age, level of education and family history of mental illness to access help leading effective management of mental health problems.(Prince et al., 2007; Ganasen et al., 2008). Age, level of education and mental illness history of the family can explain mental health literacy in this study suggested that as the age increases, people are more likely to have knowledge and ability to manage mental health problems. Previous study reported that mental health literacy tends to increase with age (Farrer et al, 2008). In addition, the results showed that mental illness history of the family had higher levels of mental health knowledge and mental health efficacy than those without mental health care experience. This is consistent with previous research which suggested the association between mental health literacy and family background (Yu et al, 2015, Noh et al, 2015). Health professionals can develop by teaching health education to the public so that they will have good knowledge, attitude and prevention of mental health problems in mental health literacy (McLuckie et al, 2014). Mental health education can help improve mental health literacy across all age groups (Jorm, 2011).

Recommendations

1. Mental health education should consider appropriate for individual age group, education and experience in living with psychiatric patients, so that they can support specific learning about mental health literacy and consistent with the needs of individual groups.

2. The results of this study which revealed moderate level of knowledge and believe of mental health warrant educational interventions to promote mental health literacy among this population by creating a program or innovation model to effectively promote knowledge.

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