Vietnamese High School Students' Perception of Mental Health Literacy

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ABSTRACT Literacy in mental health includes the ability to identify specific disorders; the ability to find information on mental health; awareness about risk factors and causes, available self-treatment and care; and attitudes which encourage identification and effective assistance. High school students, with solid yet inconsistent growth both physically and mentally, are a critical stage of development. In addition, most psychological disorders typically occur around the age of 14 years. However, few studies, especially in Vietnam, have considered the mental health literacy of high school learners. The goal of this research was to examine and analyze the mental health literacy of Vietnamese high school students. A cross-sectional study utilizing Mental Health Literacy Scale was conducted with 580 high school students. Vietnamese high school students did not have full understanding of mental health disorders despite their willingness to search for information about mental illness.

INTRODUCTION

Mental health literacy is defined as knowledge and beliefs about mental disorders which help people recognize, manage or prevent them. Mental health literacy includes the ability to identify specific disorders; knowing how to look for information on mental health; knowledge of risk factors and causes, of self-treatments, and of professional assistance available; and attitudes that encourage recognition and adequate support (Jorm et al. 1997). How patients benefit from their treatment is not only based on the quality medical treatment and sources of professional assistance available but is also affected by their mental health literacy (Jorm 2000). Numerous factors affect mental health literacy, such as culture, illiteracy, influencer, resources educational program. It is impossible to figure out the role of each factor on the ground that there are complicated and intimate correlations among them. However, researchers indicate that the educational program is an indispensable factor to boost people's and school staffs' mental health literacy.

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There are three major frameworks for researches on mental health literacy in developed countries and developing countries: (1) the community's mental health literacy; (2) the professionals' and managers' mental health literacy and (3) the students, teachers and school staffs' mental health literacy. The term mental health literacy was first introduced by Anthony F. Jorm and colleagues in 1997 and defined as knowledge and beliefs about mental disorders which aid their recognition, management and prevention (Jorm et al. 1997). The result of this study indicated that people could recognize the presence of the mental problem. However, few of them could decide precisely which psychological disorder was observed. Bartlett et al. (2006) examined mental health literacy in Australia and argued that 81 percent of the respondents in his research accurately identified and named the problem as depression. This study also reported that there was a difference between male and female mental health literacy (Bartlett et al. 2006). The study by Melas et al. (2013) supported Bartlett's conclusion by arguing that female mental health literacy was higher than male's and females were more likely to demonstrate a desire to help than males. On the other hand, some other researches revealed the contrary results. On behalf of that, the study taken place in Pakistan showed a difference in mental health literacy regarding the type of vignette and educational

level; and no significant difference between genders and among ages (Suhail 2005). Most of the respondents figured out that the described symptoms were somehow related to a mental problem; however, they failed in labelling it. Wang et al. (2013) reported the consistent results which represented a positive correlation between the level of education and mental health literacy, and he also argued that well-educated and young people were likely to have better mental health literacy. Berrios (2018) found participant scores remain closer to "probably prepared" for socializing, making friends, working and living with someone who has a psychological disorder. Moreover, it is not shown that either stigma or income are considered as a relevant measure of behaviours (Berrios 2018). In Vietnam, researchers only examined some small aspects of mental health literacy as people's perception of the disorder such as autism, depression, and attention-deficit hyperactivity disorder (ADHD). Teachers' perception of behaviour management strategies of children with ADHD depends on their experience (Nguyen 2011). This statement was supported by a study conducted by Tran (2015) which indicated that teacher's age, experience, location and diploma were responsible for how they determine the cause and coping strategies.

O'Connor and Casey (2015) developed a brand-new scale to evaluate mental health literacy and tested their scale in Australia. The Mental Health Literacy Scale reported standard internal and test–retest reliability. This study revealed substantial differences in scores between mental health professionals and a subset of the population, as well as people with greater mental health experience (O'Connor and Casey 2015). Another study using this questionnaire conducted in UK university indicated that women mental health literacy was significantly higher than men and people having no experience with mental problems tended to report help-seeking (Gorczynski et al. 2017). Scollione and Holdan (2020) confirmed that they were generally mentally competent. There were also no differences in literature on mental health among participants' ages, education levels, racial identities and regions; however, the mental health literacy of male and female participants has differed significantly.

Mental Health Literacy Scale was also used in Vietnam by Le (2017) and Thai et al. (2020). Le (2017) conducted a study on university undergraduates in Hanoi, Vietnam, and this study reported students' low level of mental health literacy. 47 percent of the students were not sure about their understanding of mental disorders' definitions and only 6.1 percent of them were definitively believe in their understanding of those mental illness. Another research examined high school students' mental health literacy revealed a moderate level of mental health literacy (Thai et al. 2020). Nguyen-Thi et al. (2020) were to examine the relationship between loneliness, stress, self-esteem, and deception in high school students. A convenient analysis included a convenience sample of 480 students from four high schools. Four questionnaires were completed by high school students: The Questionnaire on Deception, the Revised UCLA Loneliness Scale, the Stress Perceived Scale, and the Rosenberg Self-Esteem scale. They found that adolescent loneliness, self-esteem, and deception were associated. In terms of loneliness, self-esteem may be necessary to identify risks in school for students with high deception (Nguyen-Thi et al. 2020).

To the best of the researchers' knowledge, few studies have considered the high school students' mental health literacy. High school students, whose ages vary from 11 to 15 years old, with the strong but uneven bodily and psychologically growth, are seen at a crucial development stage. Moreover, the onset of most psychological disorders is usually before 14 years old (Kutcher et al. 2015). To fill this gap, the researchers' conducted this study to examine and propose the community-based education for Vietnamese high school students' mental health.

METHODOLOGY

Participants

Participants were selected from the high schools of three provinces of Vietnam. All participants provided informed consent after receiving an explanation of the purpose of the research. The survey instrument distributed to 650 Vietnamese high school students, of which 580 questionnaires returned, for a 89.23 percent re-

turn rate, which exceeds the 30 percent response rate most researchers require for analysis (Dillman 2000). The sample of this study was drawn from 580 high school students who completed the survey instrument. There were more females (52.9%) than males (47.1%) among the 580 Vietnamese high school students who were surveyed (Table 1).

Table 1: An overview of survey participants

		n	%
Gender	Male	273	47.1
	Female	307	52.9
School	Dao Duy Tu high school. Thanh Hoa Province	96	16.6
	Hoang Hoa 2 high school. Thanh Hoa Province	94	16.2
	Thanh Khe high school Da Nang City	75	12.9.
	Ong Ich Khiem high school. Da Nang City	93	16.0
	Hoang Viet high school. Dak Lak Province	125	21.6
	Phan Chu Trinh high schoo l. Dak Lak Province	97	16.7
Grade	Grade 10	189	32.6
	Grade 11	198	34.1
	Grade 12	193	33.3
Area	Urban	296	51.0
	Rural	284	49.0

n: Number of participants; %: Percentage

Measure

Participants were asked to complete the following questionnaire: the Vietnamese versions of the Mental Health Literacy Scale (MHLS) includes all MHL attributes. It was originally developed and tested in Australia by O'Connor and Casey (2015), a 28-item questionnaire measure of mental health literacy. The 28 items of MHLS were translated into Vietnamese by two bilingual researchers who were both familiar with the construct being assessed. For one of them, the first language was Vietnamese; for the other, first language was English. Forward and backward translation procedures were executed following the guidelines. The same sequence of items was maintained in the Vietnamese translation of the index. All participants were instructed to read the questionnaire questions carefully and choose the responses that best described them. The MHLS consists of 28 questions ad-

ministered to the entire class at once. Scale reliability estimates, Cronbach's alpha for this scale was ranged between 0.55 and 0.74 in the current study. A value that is good usually considered sufficient for a questionnaire (Bowling 2014; Taber 2018).

Analyses

Participants who agreed to participate signed informed consent and then completed a questionnaire. The ethics committee approved the research of the University of Danang - University of Science and Education, Danang City, Vietnam. The Statistical Package for the Social Sciences (SPSS) version 20 was used for data analyses. The coding procedure was performed as follow: 1 = Very high, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Very low. According to Narli (2010), the interval width of the 5-Likert scale should be computed in order to set up the group boundary value for result discussions. Interval Width = (Upper value – Lower value)/n = (5-1)/5 = 0.8. Group boundary values are built that help to discuss research results based on the above interval width, which are pointed in Table 2.

Table 2: Group boundary values of 5 Likert scale

1.00 – 1.80	Very low
1.81 – 2.60	Low
2.61 – 3.40	Average
3.41 – 4.20	High
4.21 – 5.00	Very high

RESULTS

The key findings of the work are summarised and discussed in this section. The results of this study was based on the Mental Health Literacy scale (MHLS) designed by O'Connor and Casey (2015). Table 3 indicates the students' perceptions of some types of disorders.

This section of the questionnaire required the participants to rate how much they agree with each statement about mental disorders. The result from Table 3 illustrates that most of the high school students were likely to label physical and psychological tolerance of the drug as Drug Dependence (M=3.79, SD=1.11), which reveals that Drug Dependence was the most rec-

Table 3: High school students' perceptions of mental health literacy

	M	SD	Rank
If someone became extremely nervous or anxious in one or more situations with other people (for example, a party) or performance situations (for example, presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have *social phobia*.	3.01	0.85	8
If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have *Generalised Anxiety Disorder*.	3.30	1.02	6
If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have *Major Depressive Disorder*.	3.35	1.02	4
To what extent do you think it is likely that *Personality Disorders* are a category of mental illness.	3.46	1.21	2
To what extent do you think it is likely that *Dysthymia* is a disorder.	3.23	1.13	7
To what extent do you think it is likely that the diagnosis of *Agoraphobia* includes anxiety about situations where escape may be difficult or embarrassing.	3.43	1.10	3
To what extent do you think it is likely that the diagnosis of *Bipolar Disorder* includes experiencing periods of elevated (that is, high) and periods of depressed (that is, low) mood.	3.35	1.03	5
To what extent do you think it is likely that the diagnosis of *Drug Dependence* includes physical and psychological tolerance of the drug (that is, require more of the drug to get the same effect).	3.79	1.11	1

M: Mean; SD: Standard deviation

ognizable disorder. Following, the students' perceptions of Personality Disorders (M=3.46, SD=1.21) and Agoraphobia (M=3.43, SD=1.10) were at a high level by being classified as one type of mental disease and being well recognized as which includes anxiety when people find their environment unsafe and hard to escape. The students' perceptions of Major Depressive Disorder are at an average level (M=3.35, SD=1.02). The students knew those symptoms related to Major Depressive Disorder; however, they were uncertain of their knowledge. Major Depressive Disorder was followed by Bipolar Disorder which is the fifth disorder to be rated as average level (M3.35, SD=1.03). The bottom three disorders less likely to be perceived by the students are respectively: Social Phobia (M=3.01, SD=0.8), Dysthymia (M=3.23, SD=1.13) and Generalised Anxiety Disorder (M=3.30, SD=1.02).

Table 4 shows mean scores and standard deviations of students' willingness to look for information about mental disorders and support people with mental illness as well as their attitudes towards mental illness. The findings from this Table represent that the students were highly confident of their knowledge and willing to search for information (M=3.49, SD=0.72). It also reveals their inappropriate attitude towards mental diseases as well as people with those disorders (M=2.18, SD=0.57). Most of them had negative judgements about the patients and misunderstood the mental illness. The students reported that they were likely to be with those in need; however, they were unlikely to try their best to support the patients (M=2.79, SD=0.64).

DISCUSSION

This research mainly focuses on exploring Vietnamese high school students' perceptions on mental health based on Mental Health Literacy Scale, which was developed by O'Connor and Casey (2015). From those results, Vietnamese high school students did not fully understand mental diseases. Even though they agreed to help people with mental disease, they still had negative attitudes towards mental illness and its patients. Overall these findings are in accordance with findings reported by Le (2017)

Table 4: High school students' seeking information and attitude toward Mental illness

		M	SD	Rank
Seeking information about mental illness	I am confident that I know where to seek information about mental illness	3.49	0.72	1
	I am confident using the computer or telephone to seek information about mental illness			
	I am confident attending face to face appointments to seek information about mental illness (for example, seeing the GP).			
	I am confident I have access to resources (for example, internet, friends) that I can use to seek information about mental illness.			
Attitude toward mental illness	People with a mental illness could snap out if it if they wanted.	2.18	0.57	3
	A mental illness is a sign of personal weakness.			
	A mental illness is not a real medical illness.			
	People with a mental illness are dangerous.			
	It is best to avoid people with a mental illness so that you do not develop this problem.			
	If I had a mental illness I would not tell anyone.			
	Seeing a mental health professional means you are not strong enough to manage your own difficulties.			
	If I had a mental illness, I would not seek help from a mental health professional.			
	I believe treatment for a mental illness, provided by a mental health professional, would not be effective.			
Supporting someone with a mental illness	How willing would you be to move next door to someone with a mental illness?	2.79	0.64	2
	How willing would you be to spend an evening socialising with someone with a mental illness?			
	How willing would you be to make friends with someone with a mental illness?			
	How willing would you be to have someone with a mental illness start working closely with you on a job?			
	How willing would you be to have someone with a mental illness marry into your family?			
	How willing would you be to vote for a politician if you knew they had suffered a mental illness?			
	How willing would you be to employ someone if you knew they had a mental illness?			

M: Mean; SD: Standard deviation

which indicated that the Hanoi's undergraduates had a low level of mental health literacy. By utilizing a Likert-type 4-point rating scale to estimate the students' identification of mental disorders, Thai et al. (2020) proved that high school students' ability to recognize mental disorders were at a quite low level (M=2.49, SD=0.43). This analysis found evidence for the statement that Vietnamese students, have a low level of mental health literacy. From the findings of the study by Thai et al. (2020), high school students had a more positive attitude towards mental illness (M=2.87, SD=0.69) than a negative one (M=2.45, SD=0.56), high school students shared the same

trend in attitude towards mental illness with an average level of positive attitude (M=2.79, SD=0.64) and low level of negative attitude (M=2.18, SD=0.57).

From the findings of this result, there are some major implications. Firstly, this is an important finding in the understanding of the students' average to high level of abilities to recognize mental illness, which was reported by high school students from three provinces of Vietnam. This is considered as a positive result because high students from Ho Chi Minh City, one of the biggest cities of Vietnam, represented a low to an average level of mental health disor-

ders identification. Secondly, they reported a high level of information seeking, which revealed they were giving their care to mental health. Thirdly, they still hesitated about helping patients with mental illness; however, they bore in mind some inappropriate opinions about mental illness. Adults, including parents and educators, are responsible for helping them fix those misunderstanding of mental disorders.

However, some study limitations should be acknowledged. Firstly, the surveys were delivered to the students in their break time, which only lasted up to 15 minutes; therefore, they could be careless in some statements under time pressure. Secondly, the collecting data process was only conducted once, it has contributed to the existing limitations.

CONCLUSION

The main conclusion that can be drawn is that Vietnamese high school students had a low level of mental health literacy. Their perceptions on mental health and attitudes towards mental illness as well as patients suffering those disorders are at the low average level even though their self-reports reveal their confidence of their understanding about mental health. This provides a good starting point for discussion and further research. Further researches are needed to confirm this novel finding.

RECOMMENDATIONS

Multiple suggestions can be made. The findings of the study contributed first of all to the provision of important recommendations on the level of understanding of literacy among high-school Vietnamese students, in order to increase the level of education in mental health in schools. In order to gain a clearer generalization and viewpoint of participants from a more comprehensive interview, future research should also be based more on a larger sample of participants.

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