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Perceptions of the determinants of mental health literacy among Vietnamese adolescents

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ABSTRACT

Even though there is a large frequency of mental health issues among adolescents all over the world, there is a lack of knowledge regarding the mental health literacy of this demographic, particularly in economically developing nations. Literacy in mental health is necessary for the early diagnosis and treatment of mental illnesses before they become severe. The objectives of this study are to investigate the mental health literacy of students, the causes of mental illness, the disparities between genders, the reasons for mental disorders, and the variations between grade and causes of mental illnesses. A one-way analysis of variance (ANOVA) and an independent sample t-test were utilized to analyze the data. It was shown that environmental factors were the most significant contributors to mental illness. Furthermore, there was a substantial disparity between the degree of spirituality and the gender of the individual. Moreover, it was demonstrated that there are substantial distinctions between grade and environmental and biological factors. These findings have significant repercussions for educational initiatives that aim to promote students' mental health literacy at the high school level. Among the Vietnamese high school population, there is a demand for programs that teach pupils about mental health literacy. Literacy in mental health serves as the basis for mental health promotion, prevention, and care, with the primary goal of enhancing mental health and its associated outcomes.

Contribution/Originality: This study enhances mental health literature and practice, particularly among adolescents. Environmental variables contribute to mental disorders, and gender and grade differences in mental health issues were found. Thus, this study provides education and mental health stakeholders with crucial insights to improve teenage mental health literacy.

1. INTRODUCTION

Youth mental illness and mental health are major public health issues. The majority sees the onset of mental illness before age 25 and frequently follow a lifelong pattern of remission and relapse. The prevalence of mental health problems among young people worldwide is close to 15%, with 13% of those aged 10 to 19 (World Health Organization, 2012). Most studies report that only about one in three children with a proven need for mental health care received any. The findings demonstrated that it could take several years between the onset of symptoms and the first service utilization (Costello, 2009). In Vietnam, high school students show high anxiety and depression

(Thai, Vu, & Bui, 2020), including anxiety related to subjects such as math (Luu-Thi et al., 2021). From 2006 to 2013, a longitudinal investigation in northern Vietnam identified a pattern of depression in youths aged 10 to 24 (Bui, Vu, & Tran, 2018). This vulnerable demographic exhibited notably elevated rates of suicidal thoughts (14.1%) and plans (5.7%) (Le, Holton, Nguyen, Wolfe, & Fisher, 2016). Despite these concerning findings, adolescent mental health in Vietnam has been relatively overlooked due to insufficient resources for assessment, treatment, and prevention (Niemi, Thanh, Tuan, & Falkenberg, 2010). Insufficient awareness, social stigma, and restricted healthcare accessibility hinder efforts to tackle mental disorders and reduce the associated burden. The promotion of mental health literacy (MHL) is essential for improving overall health outcomes at both the population and individual levels. Improving MHL in young individuals is essential to increase their prospects for positive mental health outcomes because approximately three-quarters of mental disorders can be detected before the age of 25 (Kessler et al., 2005). The ideal environment for implementing interventions has been shown to improve mental health literacy. Enhancing mental health literacy is a crucial way to support early identification and treatment on both individual and societal levels.

Mental health literacy stands as a vital foundational element in the promotion, intervention, and prevention of mental health issues. It correlates with enhanced comprehension of mental illnesses, improved attitudes and behaviors toward individuals with mental health conditions, and advancements in social skills and attitudes regarding seeking and providing help for mental health concerns (Mcluckie, Kutcher, Wei, & Weaver, 2014; Milin et al., 2016). Young people's needs and developmental phases must be positively addressed by providing them with the knowledge, skills, and resources they need (Renwick et al., 2022). Cairns and Rossetto (2019) emphasize that MHL assists children, adolescents, and young adults in achieving positive mental health and well-being and facilitates prompt access to appropriate assistance when mental health problems arise. According to Jorm (2012), MHL encompasses key components, including awareness of professional assistance and available treatments, recognition of the early signs of mental disorders to encourage timely help-seeking, understanding effective self-help techniques, possessing skills to offer mental health first aid and support to others, and knowledge of preventive measures for mental disorders. Enhanced mental health literacy is anticipated to contribute to acquiring and sustaining positive mental well-being, understanding mental disorders and their treatments, diminishing stigma, and promoting proactive behaviors in seeking help for mental health challenges (Kutcher, Bagnell, & Wei, 2015). In addition, mental health literacy is essential for improving individual and population health outcomes.

Mental health literacy also includes understanding and beliefs related to mental disorders, aiding in their identification, treatment, and prevention. It involves recognizing specific mental disorders, understanding risk factors and causes, awareness of available professional help, fostering attitudes conducive to appropriate help-seeking, and gaining knowledge about mental health. MHL involves understanding risk factors, fostering non-stigmatizing attitudes, and acquiring self-help strategies to facilitate seeking care for managing and preventing mental health issues.

MHL comprises four interlinked elements: i) understanding how to attain and sustain good mental health; ii) grasping mental disorders and their treatments; iii) mitigating stigmas related to mental disorders; and iv) enhancing help-seeking effectiveness (knowing when, where, and how to access quality mental health care and developing self-care competencies) (Kutcher, Wei, McLuckie, & Bullock, 2013). MHL serves as the cornerstone for promoting, preventing, and providing care for mental health. It involves knowledge and skills that cover biological, psychological, and social dimensions, aiming to enhance comprehension of mental health and disorders, diminish stigma, identify and prevent mental health issues, and foster a culture of seeking help, especially among young individuals.

Generally, a biopsychosocial model (BPS) explains the etiologies of mental illness. In the BPS model, social, psychological, and biological factors interact to cause mental illness (Shirk, Talmi, & Olds, 2000; Yeh, Hough, McCabe, Lau, & Garland, 2004). Biological factors in mental health problems refer to the abnormal functioning of

597

nerve cell circuits or pathways that link brain regions (O'Neill et al., 2018). The biological causes of mental health issues include genetics, infections related to brain damage, brain defects, and other causes. The social environment is the relationship between family, friends, coworkers and the community (Moutinho, Lucchetti, da Silva Ezequiel, & Lucchetti, 2019). In addition, previous studies have reported that physical environmental factors, such as neighborhood characteristics, climate change, and natural disasters; home factors, such as parental involvement and expectations, family structure, and family environment (abuse); social factors, such as increasing competitive environments, harassment and trauma (bullying); and socioeconomic and digital environments (fear of missing out [FoMO]), and their impact on sleep and mental health, affect adolescents' mental health (Basu & Banerjee, 2020). Goldstein and Rosselli (2003) produced three etiologies of mental health problems—biological, psychological, and environmental factors. The participants in the study recognized biological factors as a primary cause of mental health disorders.

Three prevalent models, including supernatural biomedical and psychosocial models, provide explanations for the underlying causes of mental health issues and potential treatment recommendations, according to Beverley and Richard (2007). Supernatural mental health issues are attributed to metaphysical entities, malevolent spirits, demons, and witchcraft. In contrast, the biomedical model posits that mental health disorders are linked to biochemical imbalances, genetic heritability, and brain disease. The psychosocial model establishes a connection between various psychosocial factors, including substance addiction, environmental stressors, traumatic childhood experiences, and mental health disorders.

The results of previous studies revealed that the majority of Canadians favor psychological explanations for mental health issues, whereas the majority of nursing staff in the United States and Nepal (Shyangwa, Singh, & Khandelwal, 2003) and members of the general public (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999) attributed mental problems to genetic and biological factors. According to previous research by Aggarwal, Kherada, Gocher, and Sohu (2016); Joshi, Mahmood, Bamel, Agarwal, and Shaifali (2012) and Sureka, Saxena, Rijhwani, Chaturvedi, and Charan (2016), young individuals hold the belief that mental illness is attributable to supernatural or genetic factors. Physical and sexual abuse, biological factors, and stress were identified in a single study conducted in Delhi as potential causes of mental illness among adolescents (Aggarwal et al., 2016).

According to the World Health Organization (2012), adolescents are those between 10 and 19 years of age. During the transitional period between childhood and maturity, which is characterized by substantial physical and psychological changes, attitudes are formed and can still be altered (Campos, Dias, & Palha, 2014; Livingston, Tugwell, Korf-Uzan, Cianfrone, & Coniglio, 2013). Adolescence is a vital period for improving mental health behaviors and well-being. The issue is that untreated mental problems in adolescents can extend into adulthood, which can cause physical and mental impairments. The adolescent phase is characterized by the onset of adult responsibilities, increased independence, and the cultivation of decision-making skills. Enhancing adolescents' ability to make informed decisions and improve overall health literacy can be achieved by acquiring and applying health-promoting knowledge and behaviors during this formative developmental stage (Bröder et al., 2017). In order to meet the complex health-related needs of modern society, one must be literate in health (Sørensen et al., 2012). As a result, adolescence is viewed as a crucial time to promote mental health. The high prevalence of mental health problems among adolescents and the ratio of people who need mental care to those who receive it are still a problem. Lack of mental health literacy is one of the key causes of this gap (Brijnath, Protheroe, Mahtani, & Antoniades, 2016). Several studies have highlighted the impact of mental health literacy on mental disorders (Bjørnsen, Espnes, Eilertsen, Ringdal, & Moksnes, 2019). According to a study by Bjørnsen et al. (2019), greater mental health literacy is associated with greater well-being and physical health. According to a study conducted in China, 16.4% of respondents between the ages of 15 and 19 had adequate mental health literacy, and those with lower mental health literacy had higher melancholy rates (Lam, 2014).

Previous research on mental health literacy has been conducted among student populations in Vietnam. According to the findings of Thai et al. (2020), elevated levels of stress, depression, and anxiety symptoms were reported among 1,094 high school students. Additionally, the students demonstrated moderate levels of mental health literacy, with a preference for non-professional sources for first aid support. A study by Nguyen Thai and Nguyen (2018) revealed that 81.1% of students lacked recognition of depression, emphasizing a critical need for enhanced mental health literacy regarding mental disorders among students. The study underscores the significance of fostering higher levels of mental health literacy from a young age, as it directly and positively influences adult life. Adolescents equipped with the skills, attitudes, and behaviors acquired during this formative period are better positioned to navigate life successfully. In the absence of adequate knowledge and abilities to prevent the onset of mental disorders and promote good mental health, adolescents may carry insufficient mental health literacy into adulthood, potentially leading to challenges in mental well-being. Mental health literacy interventions are essential for improving healthy behaviors and decreasing future health risks. The goal of this study is to (i) evaluate the level of mental health literacy among high school students, (ii) investigate the causes of mental disorders, (iii) identify the differences between gender and the causes of mental disorders, and (iv) identify the differences between grade and causes of mental disorders.

2. METHOD

2.1. Participants

The survey enlisted 497 participants, of which 449 were considered valid. The study cohort comprised 246 males (49.5%) and 203 females (50.5%) from three high schools in Da Nang City, Vietnam, namely Thanh Khe High School, Nguyen Trai High School, and Nguyen Thuong Hien High School.

2.2. Procedure

The participants were chosen using a convenience sampling approach, extending the invitation to all students enrolled in the program. The participants gave their consent after being assured of anonymity and privacy. They had the freedom to withdraw at any point, and their involvement was entirely voluntary. The survey typically required 5–10 minutes for completion. Clear instructions were provided, and the participants were encouraged to reach out to the research team via phone or email with any questions during the survey.

2.3. Measures

The questionnaire utilized in this investigation was formulated by the author. The objectives of the two surveys were to examine students' perspectives and attitudes regarding the aetiology of mental health issues, ranging from 1 (strongly disagree) to 5 (strongly agree). Additionally, the surveys sought to gauge attitudes toward individuals with mental disorders, with a specific focus on those who participate in mental health assessment groups (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). The variables were analyzed utilizing descriptive statistics and the Statistical Package for the Social Sciences (SPSS) v 22. This stage encompassed the application of an independent sample t-test and one-way analysis of variance (ANOVA) to scrutinize the data, thereby providing valuable insights into the characteristics of the participants.

3. RESULTS

The results in Table 1 show that the cause of mental disorders due to their environment had the highest mean score (M = 46.34, SD = 10.02), followed by individual causes (M = 33.42, SD = 6.03), biology (M=19.22, SD = 4.66), and spirituality (M = 5.04, SD = 1.15).

Table 1. Perceptions of students on the causes of mental disorders among students.

Cause	Mean (M)	Standard deviation (SD)
Biology	19.22	4.66
Environment	46.34	10.02
Individual	33.42	6.03
Spirituality	5.04	1.15

The causes of mental disorders according to gender presented in Table 2 indicate a significant difference between gender and spirituality. More males (M = 5.16, SD = 1.18) reported spiritual causes of mental health disorders than females (M = 4.49, SD = 1.12). In comparison, there were no differences between gender and biology, environment, and individual.

Table 2. Perceptions of students on the causes of mental disorders according to gender.

Cause	Gender	N	Mean (M)	Standard deviation (SD)	p
Biology	Male	203	19.44	4.91	0.35
	Female	246	19.02	4.46	
Environment	Male	203	45.98	10.70	0.51
	Female	246	46.61	9.45	
Individual	Male	203	33.32	6.02	0.73
	Female	246	33.51	6.05	
Spirituality	Male	203	5.16	1.18	0.04
	Female	246	4.94	1.12	

The results in Table 3 show that all p-values are higher than 0.05, indicating no differences between gender and fate, misfortune, family karma or mistakes of students in past lives, and being possessed by ghosts or evil spirits.

Table 3. Perceptions of students on factors affecting spirituality according to gender.

Cause	Gender	N	Mean (M)	Standard deviation (SD)	p
Fate	Male	203	1.33	0.48	0.57
	Female	246	1.25	0.44	
Misfortune	Male	203	1.39	0.57	0.20
	Female	246	1.32	0.55	
Family karma or mistakes of students in past lives	Male	203	1.25	0.53	0.70
	Female	246	1.23	0.48	
Being possessed by ghosts or evil spirits	Male	203	1.19	0.41	0.16
	Female	246	1.14	0.35	

The results in Table 4 show significant differences between grade, environment, and biology factors among students.

Table 4. Perceptions of students on the causes of mental disorders according to grade.

Cause	Grade	N	Mean (M)	Standard deviation (SD)	p
Spirituality	10	150	5.10	1.13	0.59
	11	150	5.06	1.19	
	12	149	4.97	1.13	
	Total	449	5.04	1.15	
Individual	10	150	37.09	6.99	0.26
	11	150	35.87	6.20	
	12	149	36.47	6.03	
	Total	449	36.48	6.43	
Environment	10	150	50.99	11.63	<0.01
	11	150	46.68	9.77	
	12	149	47.35	9.30	
	Total	449	48.34	10.43	
Biology	10	150	21.03	5.21	<0.01
	11	150	18.55	4.55	
	12	149	19.64	3.98	
	Total	449	19.74	4.71	

The findings indicate that those in grade 10 had the highest mean score for the environment factor (M = 50.99, SD = 11.63), while grade 11 had the lowest mean score (M = 46.68, SD = 9.77). For the biology factor, grade 10 had the highest mean score (M = 21.03, SD = 5.21) and grade 11 had the lowest mean score (M = 18.55, 4.55).

4. DISCUSSION

This study aimed to (i) evaluate the level of mental health literacy among high school students, (ii) investigate the causes of mental disorders, (iii) identify the differences between gender and the causes of mental disorders, and (iv) identify the differences between grade and the causes of mental disorders. The results showed that environmental causes of mental disorders had the highest mean score. Previous studies proposed some factors that cause mental health issues, such as environmental, biological, and psychological factors (Goldstein & Rosselli, 2003; Shirk et al., 2000; Yeh et al., 2004). In addition, there were significant differences between gender and spirituality. More males reported spiritual factors as causes of mental health disorders than females. The results also showed a significant difference between grade and environment and biology factors. Specifically, students in grade 10 stated that biological causes of mental disorders are higher than students in grades 11 and 12.

Prioritizing mental health literacy in youth mental health interventions is imperative. A solid foundation in MHL is crucial for equipping young individuals to navigate the challenges of transitioning into adulthood successfully. Recent studies emphasized that improving mental health knowledge is vital for the early detection of mental disorders (Kutcher, Wei, & Coniglio, 2016). Educational institutions, and particularly teachers, should actively contribute to preventing, identifying, and intervening in mental health issues among adolescents. Teachers often serve as the initial observers of behaviors indicative of the onset or exacerbation of mental health challenges. It is imperative that teachers possess practical skills and knowledge to identify and respond effectively when mental health concerns arise.

One of the primary objectives of public health is promoting mental health and preventing mental disorders and their consequences. Therefore, international institutions recommend implementing comprehensive, integrated, and evidence-based programs for the early detection and enhancement of children's and adolescents' mental health in non-health sectors such as education (Kutcher et al., 2015). In addition, the value of educational centers is recognized as an optimal setting for promoting physical and mental health (Wei & Kutcher, 2012). Schools are a great place to start mental health literacy programs because they have a structured learning environment. Schools and instructors are excellent resources for providing adolescents with a safe, supportive environment to enhance their MHL, given they spend most of their time at school. The school curriculum should include material on mental health literacy, which explains how to achieve and maintain excellent mental health. In order to ensure that needs are met and programs are sustainable, collaboration with key stakeholders in juvenile mental health, such as school staff and allied health professionals, is essential. It is essential for schools to not only foster positive mental health but also educate students on differentiating between typical emotional challenges and mental health issues or disorders related to mental illness. Encouraging students to seek help when needed and to prioritize their mental well-being independently is crucial. The review of prior literature revealed that integrated MHL in school lessons impacted students' knowledge of how to recognize specific mental disorders and attitude changes (Skre et al., 2013). Jorm (2012) conducted a cluster randomized experiment, delivering mental health first aid training to middle school teachers in seven South Australian schools. The study aimed to assess teachers' mental health knowledge and competence in supporting children with mental health difficulties. The results indicated that the training enhanced teachers' mental health knowledge, altered their beliefs, and improved their abilities to support students with mental health difficulties over a 6-month follow-up. Despite these improvements, the benefits were not deemed significant. Notably, students reported receiving more mental health information from their teachers following the training. Uribe Guajardo, Kelly, Bond, Thomson, and Slewa-Younan (2019) found that trained teachers and responsible adults experienced significant improvements in their understanding of youth mental health concerns.

This underscores the crucial role of instructors in enhancing mental health awareness among teenagers in school environments.

The research by Bennett, Allitt, and Hanna (2023) underscores the crucial role of help-seeking behavior in preventing mental health difficulties and facilitating early intervention. Low levels of MHL are associated with diminished help-seeking behaviors and attitudes, particularly among children who may resort to risky coping mechanisms such as substance abuse. This highlights the importance of MHL programs that tailor knowledge and understanding to improve help-seeking behaviors and attitudes. Recognizing the diversity of needs, it is acknowledged that MHL programs should not be one-size-fits-all. Programs designed for adults differ from those for teenagers, with adolescent-focused initiatives crucially targeting developmental levels and are primarily implemented within school settings (Kutcher, Wei, Costa, et al., 2016).

Mental health literacy intervention implemented within schools could be vital for high school students in a particular demographic range corresponding to the critical period of the onset of mental disorders, typically between the ages of 12 and 25. Improving good mental health literacy during this period may be possible for young people during this stage of life by developing effective mental health literacy. Educating adolescents through a school-based MHL program could reduce mental illness and increase their future self-efficacy in seeking mental health support. Mental health literacy is a necessary foundation for health promotion, prevention and intervention. As a result, providing young people with access to mental health literacy programs can be seen as a crucial first step in managing various mental health issues.

Improving mental health literacy for students in organizations requires the following: (i) strengthening personal knowledge, motivation, and competencies among children and adolescents and their caregivers to make well-informed health decisions; and (ii) reducing the complexity of society, and the health care system in particular, to better guide, facilitate, and empower citizens, including children and adolescents, to sustainably manage their health. The utility and potential of film-based interventions in adolescent mental health education have been determined, according to Goodwin et al. (2021). It is advised that mental health literacy concepts should be incorporated into the school curriculum. Community-based initiatives aimed at enhancing understanding of biomedical concepts and mental disorder treatments can contribute to stigma reduction within the community. The notion of mental health should be integrated into both the curriculum and the ethos of the school, involving students, teachers, parents, and communities.

There are some limitations to this study. First, the participant sample comprises a relatively small number of students. Therefore, a larger group of students should be included in future research. In addition, the longitudinal design provides distinct advantages over the cross-sectional design. Future research should involve a long-term study that takes measurements of the same participant group at various intervals over time.

5. CONCLUSION

Recently, there has been increased focus on adolescent mental health, recognizing it as a crucial public health concern that requires attention. Late adolescence is identified as a key target group for assessing mental health literacy, as improved MHL in this age range can contribute to better life decisions and prevent the onset of mental disorders. Given the vulnerability of the adolescent stage and the substantial evidence indicating the need for mental health support among this group, it is imperative to develop additional youth-friendly educational programs. Mental health literacy plays a pivotal role in comprehending one's mental health status, acquiring knowledge of available services, improving help-seeking behaviors, fostering positive attitudes, and instilling confidence in providing mental health first aid to peers facing mental health issues. Environmental causes of mental disorders received the highest mean score, suggesting that environmental factors contribute significantly to mental health challenges among Vietnamese high school students. Strengthening mental health literacy through educational initiatives is essential, as it serves as a valuable health asset and a determinant of mental well-being. School health

services play a significant role in adolescent healthcare by providing health education and addressing various health issues. Therefore, prioritizing the enhancement of mental health literacy is a crucial preventive measure against mental health issues in adolescents. Enhancing mental health literacy should be regarded as a crucial preventative measure against mental health issues in adolescents. It is also possible to post and share information about various mental health concerns on social media platforms and through various online tools. There are still obstacles to overcome because mental health in Vietnam has never been given a high-priority status. Future research should focus on the topic of how to educate young people most effectively about mental health. The findings from this study can be utilized to design and implement programs to improve MHL among Vietnamese high school students.

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