

Mental Health knowledge and Reported Intended Behavior Among Non-Psychology Students: A Survey Based, Correlational Study

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Abstract

Objective:

The aim was to explore the relationship between knowledge of mental health and associated behavior towards mentally ill individuals. This research paper is based on the hypothesis of participants who achieving higher scores on mental health knowledge scale may achieve higher score on positive behavior scale, indicating a positive correlation between them.

Method:

100 University students, aged 18-30, both male and female (i.e., 50:50 male & female) were selected. Data was collected by using survey research method, survey forms based on two scales MAKS (mental health knowledge schedule) & RIBS (reported intended behavior scale), on target population by employing random convenience sampling technique. The statistical analysis used was Pearson correlation between knowledge and behavior variables, and Independent T-test.

Result:

Results showed that there is a very weak positive relationship between higher knowledge of mental health and higher positive behavior towards mentally ill individuals, and the difference across all four comparisons was found insignificant.

Conclusion:

In conclusion knowledge does have some significant relationship with positive behavior, indicating the more knowledge regarding mental health people have, the more positively they will behave towards mentally ill.

Keywords: Mental Health, Knowledge, Positive behavior, non-psychology student, psychology student, psychiatry.

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Introduction

The term “mental health literacy,” coined by Anthony F. Jorm in 1997, is synonymous with the more common phrase “mental health knowledge.” Mental health literacy emphasizes the importance of enhancing people’s understanding of mental health and disorders, recognizing it as a crucial factor for early identification and seeking treatment. Despite notable advancements in Pakistan’s healthcare systems, there’s a scarcity of studies focusing on mental health literacy. This knowledge gap contributes to unique societal perceptions of individuals with mental illness, further burdening those already grappling with mental health conditions, subjecting them to stigma and discrimination^[1]. Studies have shown that lower level of mental health knowledge is related with increased stigmatization and reduced approached towards help-seeking behavior^[2]. This also includes knowledge about mental health disorders, Indications and therapeutic approaches in psychiatry^[3]. There are also some studies which shows that more knowledge leads towards reduction in stigmatized behavior^[4]. Moreover attitudes such as acceptance, tolerance, negativity and fear all have been reported to get affected by rate of mental health knowledge^[5]. It was also found that when the attitudes are portrayed as positive, a Positive and inclusive actions, such as employing someone experiencing a mental health disorder, are a result of supportive and open-minded behavior. Conversely, when attitudes are depicted negatively, it leads to avoidance, social exclusion, and discrimination^[6,7]. The studies on people’s experience with mental illnesses, gives mix responses, in some cases the experience create a positive, supportive and an understanding viewpoint, while in other cases the findings reported rejection and negativism toward mentally ill^[8]. Additional research suggests that engaging in interpersonal contact with individuals with mental illness can foster a positive understanding, diminish misconceptions, and potentially alter beliefs about those experiencing mental health challenges^[9]. However, some research findings suggest that despite having regular contact with mental health disorder patients some people still hold some negative believe about the dangerousness towards them and other people and would prefer to avoid having contact with them, and keeping a social distance from them^[10]. A very well known study conducted by Angermeyer et al. Indicated that a significant number of individuals struggle to recognize common symptoms of mental disorders^[11]. Additionally, they view individuals with mental illness as a danger to both themselves and others^[12]. A global study across 229 countries found that developed nations like the USA and Canada exhibit 7% to 8% discriminatory behavior towards individuals with mental illness, whereas developing countries show a higher rate of about 15% to 16% discriminatory behavior^[13]. In situations where individuals stigmatize, fear, and distance themselves from those experiencing mental health problems, they often display negative discriminatory, prejudiced, and stereotypical behavior, viewing mentally ill individuals as dangerous and violent. There are also studies conducted in East which is the least researched area regarding mental health knowledge,

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but is recently the most research topic. A broad range of studies on mental health in Pakistan indicated a notable disparity in mental health service accessibility, with approximately 90% of population facing mental health issues in Low Middle-Income-Countries (LMIC) not being able to access treatment^[14]. Several research papers highlighted the widespread existence of anxiety, depression disorders, and notable difficulties in Pakistan^[15]. As well as the absence of allocated mental health budgeting documentation, a lack of mental health services in urban areas, and a decrement in availability of qualified professionals also raise the concerns on the issues surrounding mental health^[16]. Extreme efforts by many professional organizations like the Pakistan Association of Clinical Psychologists (PACP) & the Pakistan Psychological Association (PPA) set a clear goal to improve mental health services through guidelines and policies based on ethics^[17]. Also, social and cultural stigmatization and reliability on individuals promoting faith healing, and limited comprehension of mental health problems persist, which in turn lead to most of the population to seek care only after traditional methods have failed^[18]. These results emphasize the critical necessity for holistic initiatives and policies to overcome obstacles and enhance mental health service accessibility in Pakistan and other Low-Middle-Income Countries (LMICs).

Methods

This research involved university students, specifically focusing on Non-Psychology Students. Those majoring in Psychology were excluded, except for those with a minor in psychology (i.e., studied psychology for one semester), who were not excluded. Participants comprised of both genders, including both males and females, from age 18 to 30. All participants selected were university students majoring in Non-Psychology subjects. Sampling technique used to select participants was based on random convenient sampling. All the participants approached agreed to fill the survey form, with a very few number of participants who were approached, refused (i.e., approximately 95% approached agreed with maximum 5% participants disagreed). Participants who looked can give time to participate in the research were approached without any specific consideration to settings and location from where the data was collected. While keeping the research into ethical consideration. The intended sample size and the achieved sample size was 100 participants, in which 50 were males and 50 were females. The sample size was also divided based on 25 and 25 participants in each 50 participants group, based on psychology and non-psychology. I.e., in group of 50 male participants 25 were minor psychology background participants and 25 were complete nonpsychology background participants; same in 50 female participants group, 25 were psychology background participants and 25 were non-psychology background participants. Two scales were used to measure knowledge of mental health and behavior toward mentally ill. The scales used were Mental Health Knowledge Schedule (MAKS): This twelve-item scale encompasses evidence based knowledge domains related to the

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stigma surrounding mental illness. Responses are coded on a scale of 1 to 5, with higher scores indicating stronger agreement. The total score is derived by summing the points across the 12 items, where a higher total signifies greater knowledge. The Cronbach's alpha for the MAKES scale was 0.749^[19]. Reported and Intended Behavior Scale (RIBS): This eight-item scale is divided into two groups, each containing four items. The first group focuses on behaviors reported in past or present experiences related to living with, working with, residing nearby, or having a relationship with a person with a mental health problem. The second group addresses future intentions to establish contact in these areas. Responses are coded on a scale of 1 to 5, with higher values indicating more favorable expected behaviors. The Cronbach's alpha for the RIBS scale was 0.766^[20]. The research design was non-experimental survey based design (i.e., no experimental manipulation), there were two variables knowledge and behavior. There were four type of comparison; For knowledge there were two comparison; Between male and female group vs between non-psychology background and psychology group. For behavior there were two comparison; Between male and female group vs between non-psychology and psychology group. From descriptive statistics, Pearson product correlation were employed for the statistical analysis to examine the association between mental health knowledge and reported intended behavior. Additionally, inferential statistics involved the use of unrelated t-tests for the analysis of four comparisons.

Results

Table 1 demonstrates the characteristics division of participants based on their and gender and their psychology and non-psychology background. Following data indicates an equal representation of male and female participants. Also, an equal distribution of both backgrounds consisting of 25 participants each.

Table:1 *Characteristic division of participants*

Ration of participants			
		Non- Psychology	Psychology
Male	50	25	25
Female	50	25	25

Table 2 presents descriptive values including mean, standard deviation, and the results of Pearson correlation statistical analysis, with $r(0.05) = 0.1847$, $p = 0.065821$, indicating a positive correlation between mental health knowledge and reported intended behavior. However, it's important to note that the relationship between the variables is weak, as suggested by the value's proximity to zero. Therefore, the statistical findings somewhat align with our hypothesis.

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Table 2: Descriptive statistics and correlation value of the study

Variables	n	M	SD	R
Mental Health Knowledge	100	29.52	14.72	0.1847
Reported intended behaviour	100	25.65	14.99	

Table 3 shows four comparisons of two groups, to see any difference in each group, however the applied independent t-test for statistical analysis shows no significant difference between any of the groups.

Table:3 inferential statistics and Independent t-test values of four comparisons.

	Variables			
	Knowledge		Behaviour	
	Male and female	Non- psychology and psychology	Male and female	Non-Psychology and psychology
Independent t-test	0.55689	-0.97254	0.66549	0.32146
P-Value	0.57887	0.16659	0.25365	0.74855

Discussion

The findings from this study confirm our hypothesis, indicating a relationship between mental health knowledge and reported positive intended behavior. That is, the more knowledgeable the individual is about mental health the more likely it is that they will be more understanding, cooperative and positive towards them. The findings of this research are consistent with the findings that adequate mental health knowledge was present among the adolescent group regarding awareness and correct identification of the presented disorder^[21]. The findings are also consistent with the correct recognition of depression, which was seen as the most common response in survey in our study as well as in study the mental health literacy concerning depression in Portuguese youth as studied by Loureiro et al. in 2013. Superiority in mental health knowledge among psychology background and non-psychology background were found insignificant, i.e., we found no difference in knowledge with relation to academic background. Our findings suggest that both groups contain an average amount of knowledge despite having and not having a minor psychology background, which is inconsistent with the findings of a study

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which gave the opposite results^[22]. Regarding gender our study found no significant difference in level of knowledge as compared to multiple studies who reported, that female are seem more knowledge and eager to get education about mental health knowledge as compare to male counterparts^[23]. Knowledge about mental health seems to be related to personal experience as well, as suggested by our study findings. Those who had prior experience with mental health patients seems more knowledgeable. These results align with a study indicating that individuals in direct contact with those who have mental illnesses generally possess sufficient knowledge about mental health conditions^[24]. The findings regarding reported behavior also vary, from positive to being repulsive and avoiding. Our study's findings indicate a positive correlation between knowledge and positive behavior, albeit a very weak one. These results align with comparable studies in the field^[25]. Where as there are other researches such as Schomerus et al. (2012) and Pescosolido et al. (2010) which found no significant relationship between knowledge and behavior. In our study, almost half of the sampled participants held clear discriminatory opinions, leading to distancing upon recognizing the disorder. These results are in line with findings from Western literature on mental health literacy^[26]. However the overall response was positive, indicating a good amount of people have positive intentions. Our results doesn't show any gender difference in reported intended positive behavior, which is inconsistent with studies which show female are more empathetic, supportive, open minded and less stigmatizing^[27]. In a Swedish study it was reported that females are more distant and fearful as compare to men^[28]. Others show that they have less restrictiveness, misconceptions and prejudice as compare to males^[29]. A study by Elkington et al. (2012) demonstrated that male's stigma is more associated with objective diagnosis as compare to female whose stigma is reported to being made on stigma perceived by society, i.e., women's stigma is based on subjective view as compare Men who's stigma is based on more realistic, objective view^[30]. These complex findings suggest a further research on this area. Familiarity and experience with mentally-ill patients have shown the impact on attitude and behavior^[31]. Our questionnaire assessed the close experience with people with mental problems such as, friends, family any neighbors. And found a positive relationship with positive attitude and behavior^[32]. Those who's family members was suffering with mental problems was seem as more benevolent. While on other hand there were some who reported negative behavior due to having close experience and being aware about the signs and symptoms^[33]. This indicates regardless of education background and gender, experience seems to play the more crucial role in building up perception, emotions and behavior regarding mental health patients. This suggest further research on this, since in Pakistan this is least focused topic and the most related to overall perception and stigmatization towards mentally ill, as well as help seeking behavior. Since the more people stigmatize the more people who need help regarding serious mental health issues will avoid to seek help and would rather prefer to keep it to themselves or approach faith healers. Which was the results reported in many studies around Pakistan as well

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as in many Asian countries i.e., Dependence on traditional, religious, and supernatural beliefs and remedies has been noted to impede the timely pursuit of mental health assistance^[34]. In Asian countries, the participation of traditional healers is considered crucial in the pathways to mental health care^[35]. Yet, it's unclear whether people opt for traditional channels for mental health support to evade stigma, lack of mental health awareness, or dissatisfaction with professional mental health services.

Strength & Limitations:

The strength of this research is that this is the least research topic but have the most critical impact on overall perception, misconceptions and stigmatization in society. It also address the trivialization of real psychological conditions, which make it harder for individual suffering from mental issues to seek help. This research also point out toward the iatrogenic effect of using psychological disorders in everyday language. The inaccuracies to describe a completely normal behavior as pathological further make it harder for public to understand the conditions impact on the life of individual and people associated with them. All these further points towards an in-dept study on this area this is one of the major gap areas which is hindering the growth of psychology in Pakistan, and further restricting people in need to get help. Despite having strength this research is also not without limitations. First is generalizability, the sample selected for this research although very diverse but was still not near sufficient to get a big picture, about the resources of knowledge i.e., those who never get education regarding psychology were still able to correctly identify disorders and had positive behavior. If the platform is identified it can be used as a source to spread more awareness. Second, the questionnaires used had only limited questions, mostly very common knowledge, so we still can't say how much knowledge this sample had. And how much and what other type of behavior can be displayed. Third, other than knowledge and behavior their seems to be need to evaluate other factors such age group, attitude, believe, rural and urban comparison, in-dept understanding on experiences etc.

Conclusion

In conclusion, this research highlights the important relationship of knowledge and behavior. As well as many contributing factors, which were indirectly linked with this research further suggest deep research on this gap areas as this is the most common area associated with both mental health practitioners as well as public. This study emphasizes the importance of addressing mental health misconceptions and stigma, indicating the need for more comprehensive research and increased awareness to foster a more supportive and understanding environment for individuals facing mental health challenges in Pakistan.

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Author Contributions:

Ms Humera Noor verifies the full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis

Concept and design: Humera Noor.

Acquisition, analysis, or interpretation of data: Humera Noor

Drafting of the manuscript: Humera Noor

Critical review of the manuscript for important intellectual content: Humera Noor.

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