# MENTAL HEALTH LITERACY OF SCHOOL-AGED CHILDREN IN LAMPANG PROVINCE [1]

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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. School-age children experience physical and cognitive changes which can affect their psychological wellbeing. Promoting mental health literacy among school-age children is therefore important in order to promote psychological wellbeing and prevent mental health problems.
**Objective:** To describe mental health literacy among school- age children in Lampang province and to compare mental health literacy between children live with their biological parents and children living with other people.
**Methods:** The sample consisted of 406 primary school students aged 10-12 years old in Lampang province. The study took place between January-March 2017. The instrument was self-rating mental health literacy consisting of three domains: mental health knowledge, mental health attitude, and mental health efficacy. Descriptive statistics and independent *t*-test were used for data analysis.
**Results:** Mental health literacy among school-age children in Lampang province was at a moderate level. With regards to individual domains, mental health knowledge, mental health attitude, and mental health efficacy were at a moderate level ($\bar{X}$ = 0.72, S.D = 0.129; $\bar{X}$ = 2.43, S.D = 0.28; and $\bar{X}$ = 2.21, S.D = 0.29 respectively). There were no significant difference in overall mental health literacy between children living with parents and those living with others.
**Conclusion and Recommendations:** The results of this study which revealed moderate level of mental health literacy among school-aged children warrant educational interventions to promote mental health literacy among this population. These interventions may target the children, parents and teachers.

*Keywords: Mental health literacy, School-aged Children, Thailand*

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## Introduction

Children are critical foundation of national development. Children will grow into adults who have complete physical, mental, emotional, social and intellectual capacities. This process of childhood development requires proper care since the conception of the child in the womb and continues after birth. Children need skills for both the present and future living. In Thailand childhood development focuses mainly on growth, development, and health. With regard to health, most efforts and services have been directed at physical health with far less concern given to mental health issues. This is in stark contrast with increasing incidence of mental health problems reported in academic articles, popular press such as newspaper and television as well as social media. The survey of the emotional intelligence (EQ) among 11,238 children aged 6-11 years across Thailand conducted by the Department of Mental Health in 2011 indicated that 26.1% of the children had the EQ lower than 40 and required urgent interventions. As EQ is associated with mental health problem, this finding suggests the magnitude of children's mental health problems in Thailand.

Mental Health Literacy (MHL) is linked to the tendency of mental illness and self-care to prevent and reduce the severity of mental illness. Coping with problems in life, personal problems, social problems, stress, anxiety, frustration, and conflicts in various ways and uncomfortable in life are factors found to have associated with mental health illnesses. In order to prevent and handle mental health problems effectively, it is important that ones have knowledge, understanding, and self-management skills to handle stressors. (Kaewprom, Yuthavisut, Pratoom & Boontum, 2015). MHL is comprised of three aspects: mental health knowledge, mental health attitude, and the ability to recognize, prevent and manage the problem (i.e., self-efficacy) (Jorm et al, 2006; Jorm et al, 2011; Wei et al, 2015). 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). 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 including children.

Late childhood, a period between 6-12 years of age, is particularly important for mental health literacy development. This period is characterized by children being more seriously involved in learning from the environments around them. Children at this age spend a lot of their time outside their home, and begin to actively engage in social events such as going to friend's house, playing sports, and leisure activities. The child will begin to learn the values of society from groups of friends or teachers. Childhood period therefore involves continuous thinking, learning and adapting continuously (WHO, 2006). Such encounters expose the children to different types of stressors, and children can experience stresses and psychological maladaptation. Knowledge and attitude about mental health as well as ability to handle mental health problems are therefore very important during this period of development. Changes in family structures also have impacts on child rearing and childhood development. More and more Thai school-aged children are raised by people other than their parents due to parent's work demands. This may have a certain impact of children's MHL. A study by Robinson, Rodgers & Butterworth (2008) suggested that family support, and particularly the emotional support from a close relationship, is one important protective factor for mental health problems This study

sought to explore mental health literacy among school-aged children in Lampang Province, Thailand in order to provide basic information and relevant recommendations for further practices and policies.

## 3. Objectives

3.1 To describe mental health literacy among school- age children in Lampang province

3.2 To describe compare mental health literacy between children living with their biological parents and children living with other people

## 4. Research Population and Variable

4.1 Population: The population consisted of 4227 primary school students aged between 10-12 years old in Lampang Municipality, Muang District, Lampang Province.

4.2 Variable: This research focused on mental health literacy including:

1. Knowledge of mental health and mental disorder.
2. Beliefs about mental health and mental disorder.
3. Efficacy: The ability to perceive/ awareness of mental health problems /management of mental health problems and prevention of mental health problems.

## 5. Methodology

### 5.1 Sample

The sample consisted of 406 primary school students aged between 10-12 years old enrolled in schools under the Office of Primary Education Region 1. Calculated using Taro Yamane was people.

### 5.2 Research instrument

The instruments included two sets of questionnaires collecting data on:

Part 1: Demographic data (sex, age, class, parental status, number of siblings in the family, educational level of parents, parental income and family characteristics)

Part 2: A Mental Health Literacy (MHL) Scale consisting of three aspects, namely,

- Mental health knowledge assessed by a 10-item true/false test
- Mental health attitude assessed by a self-reported three-point Likert scale with 8 items

- Mental health efficacy assessed by a self-reported three-point Likert scale with 10 items

Quality of research instruments

1. Content Validity: The content validity was achieved through Index of Congruence method (IOCs = 0.6-1.0) by five experts
2. Reliability: The researchers conducted a tryout of MHL Scale with 30 school-aged children. Reliability was assessed using method of internal consistency. The KR-20 of mental health knowledge was 0.66. The Cronbach's alphas for mental health attitude and mental health efficacy were 0.75 and 0.78, respectively.

**5.3 Data Collection and Research Ethics Approval:** The researcher wrote a letter to the Office of Primary Education Region 1, Muang District, Lampang Province for permission to conduct research in their schools, then contacted the school principals to explain about the research and its activities. The researchers asked for the school's permission to collect data with the target students. The researchers then explained research details to the students, and requested their voluntary participation. Once agreed to participate in the project, the researchers asked them to respond to the questionnaires. This research project was approved by BCNLP Research Ethics Committee.

**5.4 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 (S.D.)

2. Comparison of mean mental health literacy between children living with parents and those living with other persons were analyzed using the independent *t*-test.

## 6. Results

### 6.1. Sample characteristics

Ages of the subjects were between 10-12 years old. About two-thirds (63.5%) of the sample were female. Almost half (40.1%) were fifth graders. About half (52%) of them were the only child of the family. About two-thirds (68.2%) of the parents lived together; the rest were divorced or separated. The majority (45.8%) of fathers was between 41-50 years of age; whereas the majority (54.4%) of mothers was between 31-40 years old. With regard to education, 33.0% and 36.0% of fathers and mothers finished diploma or bachelor's degree. 24.9% of fathers worked in government sectors or semi-government enterprises; whereas 21.4% of mothers were self-employed. 28.6% of fathers and 35.7% of mothers had monthly income between 5,001-10,000 baht. 83.7% of the children lived with their parent.

### 6.2 Mental health literacy level

6.2.1 Mean score for mental health knowledge was 7.2 (SD = 1.29). 75.86% (N = 308) of the students had medium knowledge of mental health (Table 1).

| **Level of Knowledge** | Number | Percentage |
|---|---|---|
| Low (Score < 6) | 49 | 12.07 |
| Medium (Score 6 to 8) | 308 | 75.86 |
| High (Score 9 to 10) | 49 | 12.07 |
| Mean = 7.2 and standard deviation = 1.29 | | |

6.2.2 Mean mental health attitude was 2.42 (SD = 0.280). On individual items, students' perception of mental illnesses as shame and having supernatural causes was high; whereas belief about the chance of one getting mentally ill was low (Table 2).

**Table 2**: Mental health attitude

| **List** | **Mean** | **Standard deviation** |
|---|---|---|
| 1. Mental illness is caused by supernatural beings. | 2.72 | .500 |
| 2. Mental illness is caused by bad fortune in the past. | 2.42 | .658 |
| 3. Everyone has the chance to be mentally ill. | 1.63 | .613 |
| 4. Mental illness is a shame. | 2.73 | .525 |
| 5. Mental illness is a burden on family and society. | 2.30 | .711 |
| 6. Mental illness can be cured. | 2.52 | .591 |
| 7. Disclosing how you feel helps lead to proper management of your problems | 2.59 | .581 |
| 8. We can ask for help from others when stressed. | 2.59 | .593 |
| **Total** | **2.43** | **.280** |

6.2.3 Mean score for mental health efficacy was 2.42 (SD = 0.280). The highest score of individual items was "When stressed, I cannot sleep or have a nightmare" (□ = 2.50, SD = .669), followed by "When I feel very unhappy, I keep it to myself" (□ = 2.38, SD = .706), and "I always hope for everything" (□ = 2.37, SD = .609). These results are shown in Table 3.

**Table 3:** Mental health efficacy

| **List** | **Mean** | **Standard deviation** |
|---|---|---|
| 1. I always think about my failures. | 1.80 | .637 |
| 2. When stressed, I cannot sleep or have a nightmare. | 2.50 | .669 |
| 3. When I'm disappointed, I'm very dispirited and become so unhappy. | 2.23 | .715 |
| 4. I always hope for everything. | 2.37 | .609 |
| 5. I tell my parents or teachers when I experience changes in my feeling. | 2.05 | .668 |
| 6. When I have problem, I will talk with my family or my friend. | 2.17 | .707 |
| 7. I will go out or do activities with my friends when stressed. | 2.33 | .720 |

| | | |
|---|---|---|
| 8. When I feel very unhappy, I keep it to myself. | 2.38 | .706 |
| 9. If I am stressed, I will seek help from my parents or my teacher. | 2.14 | .744 |
| 10. I am ready to go to the doctor, If the help from parents and teachers does not work. | 2.14 | .779 |
| Total | 2.21 | .287 |

**6.3 Comparison of mental health literacy between children living with parents and those living with other people**

Children living with parents tended to have slightly higher scores on mental health knowledge, mental health attitude, and mental health efficacy than children living with other people. However, these differences were not statistically significant (Table 4).

**Table 4:** Comparison of the mean mental health literacy between children living with parents and children living other people

| **Dimension** | **living with parents** | | **Living with other people** | | **t-test** | **p-value** |
|---|---|---|---|---|---|---|
| | □ | **S.D** | □ | **S.D** | | |
| Mental health knowledge | 7.2 | 1.29 | 6.9 | 1.24 | 1.588 | .113 |
| Mental health attitude | 2.43 | .275 | 2.42 | .306 | 0.313 | .754 |
| Mental health efficacy | 2.22 | .287 | 2.16 | .281 | 1.416 | .158 |

**6.7 Discussion**

The majority or 75.86% of school aged children in Lampang Province had fair knowledge about mental health with an average score of 7.20. Mental health attitude and mental health efficacy also appeared to be fair. This may be due to the fact that mental health literacy is quite embryonic in Thailand, and the lack of public education in relation to mental health literacy. Naturally, this means Thai parents are not well aware of this topic and thus fail to incorporate this into educating their child. As far as the researchers concerned, mental health literacy was not part of formal education for these children at the time of the study. The lack of both formal and informal education about mental health literacy for school aged children may have resulted in these children having suboptimal knowledge, attitude and efficacy in mental health literacy. If late school ages are taught by their parents or teachers from the beginning, they will have good knowledge, attitude and prevention of mental health problems in mental health literacy (Mcluckie et al, 2014).

Parents' socio-economic status may explain suboptimal mental health literacy among children reported in this study. Obviously, parents' education, employments, and incomes reported in this study suggested that these parents were from lower-middle socioeconomic backgrounds. 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). Age of the students also explain the level of MHL. The sample in this study was considered very young (age 10-12 years) in terms of learning about mental health. Mental health is rather complex when

compared to physical health thus making mental health learning more difficult for young children. Previous study reported that mental health literacy tends to increase with age (Farrer et al, 2008).

Age-appropriate mental health education can help improve mental health literacy acroo all age groups (Jorm, 2011). People who have mental health literacy as knowledge, beliefs about mental health and mental disorders and the ability to recognize mental health problems, management of mental health problems 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 public, children, parents, teachers and health professionals in order to increase mental health awareness and make informed decisions regarding to when and where to access help leading to timely and effective management of mental health problems (Prince et al., 2007; Ganasen et al., 2008).

**6.8 Recommendations**

1. Mental health education should target parents so that they can support their children to learn about mental health literacy.

2. The school or teachers responsible for school-aged children should include mental health literacy education in their school. In order to do that effectively, school teachers should be equipped with sufficient knowledge and skills to deliver age-appropriate mental health literacy within the school settings.

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