Research Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2023; 15(Suppl 1):203-212
doi: 10.18863/pgy.1282559

Mental Health Literacy and General Health Perceptions of Faculty of Health Sciences Students

Sağlık Bilimleri Fakültesi Öğrencilerinin Ruh Sağlığı Okuryazarlığı Düzeyleri ve Genel Sağlık Algıları

Meryem Turgut[1], Münevver Eryalçın[2], Gamze Kutlu[3]

[1]Niğde Ömer Halisdemir University, Niğde
[2]Ankara University, Ankara
[3]Yozgat Bozok University, Yozgat

ABSTRACT

The aim of this study is to determine the general health perceptions and mental health literacy levels of students studying in the Faculty of Health Sciences who will be involved in professional service delivery and decision-making processes in the field of health in the future. The research is a cross-sectional descriptive study conducted with students from the Nutrition and Dietetics, Child Development, Health Management, Social Work, and Orthotics-Prosthetics departments at Ankara University Faculty of Health Sciences during the 2021-2022 academic year. A total of 310 students participated in the study, which was conducted using a face-to-face survey method. In line with the purpose of the study, the Mental Health Literacy Scale (MHLS) and the General Health Perception Scale (GHPS-12) were used. The mean score on the MHLS scale for the participating students was 15.07±3.14, while the mean score on the GHPS-12 scale was found to be 4.34±3.46. Mental health literacy and its sub-dimensions showed statistically significant differences based on gender, department, class, and alcohol use. Furthermore, there was a significant difference in students' general health perception scores based on department, class, and mental health status. It is observed that students at the Faculty of Health Sciences need support to seek help in order to maintain and improve their mental health, especially to recognize depression and similar mental disorders. In this context, it is recommended that the curriculum program aimed at increasing the knowledge level of prospective professionals who will work in the fields of healthcare and mental health services on common topics in society such as schizophrenia, depression, and suicide be updated.
Keywords: General health perception, mental health literacy, health literacy, health professional candidates

ÖZ

Bu çalışmanın amacı, gelecekte sağlık alanında profesyonel hizmet sunumunda ve karar alma süreçlerinde görev alacak olan Sağlık Bilimleri Fakültesinde öğrenim gören öğrencilerin genel sağlık algıları ve ruh sağlığı okuryazarlığı düzeylerinin belirlenmesidir. Araştırma 2021-2022 eğitim-öğretim yılında Ankara Üniversitesi Sağlık Bilimleri Fakültesi'nde öğrenim gören Beslenme ve Diyetetik, Çocuk Gelişimi, Sağlık Yönetimi, Sosyal Hizmet ve Ortez-Protez bölümü öğrencileriyle yapılan kesitsel-tanımlayıcı türde bir çalışmadır. Yüz yüze anket yöntemiyle geçekleştirilen çalışmaya 310 öğrenci katılmıştır. Çalışmanın amacı doğrultusunda Ruh Sağlığı Okuryazarlığı Ölçeği (RSOY) ve Genel Sağlık Algısı Ölçeği (GSA-12) kullanılmıştır. Araştırmaya katılan öğrencilerin RSOY ölçek puan ortalaması 15,07±3,14; GSA-12 ölçek puan ortalaması ise 4,34±3,46 olarak bulunmuştur. Cinsiyet, bölüm, sınıf ve alkol kullanma durumuna göre ruh sağlığı okuryazarlığı ve alt boyutlar istatistiksel olarak anlamlı farklılık göstermektedir; bölüm, sınıf ve ruhsal hastalık durumuna göre de öğrencilerin genel sağlık algısı puanları üzerinde anlamlı bir farklılık olduğu görülmektedir ($p<0.05$). Sağlık Bilimleri Fakültesi öğrencilerinin ruh sağlıklarını korumaları ve geliştirmeleri için yardım arayabilmeleri ve özellikle depresyon ve benzeri ruhsal rahatsızlıkları fark edebilmeleri için desteğe ihtiyaç duydukları görülmektedir. Bu bağlamda, sağlık hizmetleri ve ruh sağlığı hizmeti alanlarında çalışacak aday meslek elemanlarının toplumda yaygın olan şizofreni, depresyon ve intihar gibi konular hakkındaki bilgi düzeyinin artırılmasına yönelik müfredat programının güncellenmesi önerilmektedir.
Anahtar sözcükler: Genel sağlık algısı, ruh sağlığı okuryazarlığı, sağlık okuryazarlığı, sağlık profesyoneli adayları

Address for Correspondence: Gamze Kutlu, Bozok University, Faculty of Economics and Administrative Sciences, Health Management, Yozgat, Türkiye **E-mail:** gamze.kutlu@yobu.edu.tr
Received: 13.04.2023 | **Accepted:** 01.09.2023

Introduction

Health literacy refers to gaining basic health information, correctly interpreting health-related stimuli, questioning the information's reliability, making effective health decisions, and utilizing health services effectively (Adegboyega et al. 2020). Health literacy is considered a critical skill for individuals and society to lead a qualified and healthy life (Berkman et al. 2010, Hansberry et al. 2015). With the COVID-19 pandemic, which has global effects, individuals have learned about the virus, and routines such as mask use, social distancing, compliance with hygiene rules, and online training have become a part of life. As Akbal and Gökler (2020) stated, health literacy has a protective and preventive function: being aware of the responsibility for individual and social health rules during the pandemic, understanding and interpreting health-related news, and avoiding situations that may negatively affect mental health.

According to the World Health Organization (WHO), mental health is conceptualized as "the ability of individuals to realize their potential, to cope with inevitable stresses in life, to work effectively and efficiently, and to provide added value to society" (WHO 2001). As a concept derived from health literacy, mental health literacy is critically important in improving mental health (Kutcher et al. 2016). Mental health literacy is a concept that includes improving individuals with mental disorders and increasing the knowledge and skills of society. WHO reported that 8% of the world population (586 million) has mental disorders (WHO 2017). Mental health literacy has seven elements: awareness of specific diseases, ability to access information about mental health, recognition of risk factors related to mental illness, knowledge of self-treatment, access to professional help, and attitudes toward seeking appropriate professional health care (Jorm et al. 2006). Knowing the specific symptoms of mental disorders is very important for early diagnosis and early treatment of mental disorders. If individuals recognize the symptoms of a mental disorder and are informed about the possibilities of professional treatment, they may seek help for the disorder. Professional support in the early diagnosis of mental disorders provides a more effective treatment (Kitchener and Jorm 2002, Jorm 2012).

General health perception is an individual assessment of their health. It refers to an individual's beliefs and health status statements. Health perception is a subjective term and strongly indicates the individual's physical, mental, and social well-being. It also affects individuals' health-seeking behaviors and health responsibility (Souto et al. 2018). Since it is known that health literacy increases as general health perception increases, it has a strong relationship with health literacy (Deniz et al. 2018, Kim and Lee 2018, Yiğitalp et al. 2021). Research in this context has shown that the good mental health of the community significantly affects health in general and is associated with better health (Leite et al. 2019). For example, meta-analytic research results have shown a positive association between psychological well-being and reduced mortality in the population with cardiovascular diseases, renal failure, and immunodeficiency virus infection (Chida and Steptoe 2008). People may perceive themselves as healthy despite having a chronic disease, or they may perceive themselves as sick without having any disease. Therefore, a person's perception of health is particularly related to psychological well-being (Leite et al. 2019).

Individuals may face emergency crises due to mental health disorders, which are among the common disorders in society. Inadequate mental health literacy of individuals may cause delays in accessing professional help or resorting to dysfunctional methods (Jorm et al. 2006). Studies in the field of mental health literacy emphasize that mental health literacy creates awareness for the treatment of mental health disorders, increases the opportunity to get help with early diagnosis and effective use of health services, and reduces labeling against mental illnesses at individual, social and institutional levels (Henderson et al. 2013). In addition, adequate health and mental health literacy enable individuals to participate more actively in decisions, make the right decisions, improve self-care, and improve health outcomes by reducing health costs (Bohanny et al. 2013, Bo et al. 2014).

Health professionals are expected to have high health and mental health literacy levels due to their professional responsibilities. Having sufficient knowledge on issues related to health and discomfort is essential for health professionals to manage decision-making processes (Özel and Duzcu 2018). Having basic competence in health and mental health literacy plays a decisive role for young health professionals, especially in planning policies and practices and carrying out services in areas of need such as health, education, housing, care, and social assistance of individuals, groups, and societies. In addition, the development of mental health literacy is of key importance for health professionals who will take part in improving the mental health levels of individuals and societies, providing early treatment opportunities, and patients' quality of life. This study is significant in providing a reference for the general health perception and mental health literacy levels of young health professional

candidates. In this direction, the study aimed to determine the general health perceptions and mental health literacy levels of students studying at the Faculty of Health Sciences who will participate in professional service delivery and decision-making processes in the health field.

Method

Sample

This study examined Ankara University Faculty of Health Sciences students' general health perceptions and mental health literacy levels. The research was cross-sectional regarding time dimension and descriptive in terms of purpose. The study population consisted of students from the Nutrition and Dietetics, Child Development, Health Management, Social Work, and Orthotics-Prosthetics departments at Ankara University Faculty of Health Sciences. Eight hundred twenty students were studying at the Faculty of Health Sciences in the 2021-2022 academic year. The sample of the research was determined by power analysis (G*Power). In the power analysis, the type 1 error rate (α)= 0.01 and the power of the study (1-β) was taken as 0.95. As a result of the analysis, the sample size was calculated as 79 people. To increase the power of the study, we tried to reach the entire population. The data of the study were collected between 01.03.30.06.2022 by face-to-face survey method. The inclusion criteria were students who voluntarily wanted to participate in the study. The study excluded three questionnaires due to incomplete responses to the distributed questionnaire forms. A total of 310 student questionnaires were evaluated in the research.

Procedure

The study used a questionnaire consisting of 3 sections as a data collection tool. In the first part, descriptive characteristics of the participants (gender, class, department, socioeconomic level, place of residence, smoking, and alcohol use), whether they have a mental illness or a different health problem, and whether they have received help from a specialist in mental health. In the second part, the "General Health Questionnaire-12" scale consisting of 12 questions was used to determine the general health perceptions of the students, and in the third part, the "Mental Health Literacy Scale" consisting of 22 questions was used to measure the mental health literacy level of individuals. For the scales, permission was obtained via e-mail from the researchers who conducted the Turkish validity and reliability of the scales. Before the questionnaire form was applied to the students, ethics committee permission was obtained from Niğde Ömer Halisdemir University Ethics Committee with the letter numbered E-86837521-050.99-175744 and dated 28/02/2022.

Measures

General Health Questionnaire-12 (GHQ-12)

The GHQ was developed by Goldberg and Blackwell (1970) to identify common acute mental illnesses in the community and is widely used in many centers worldwide. The scale was adapted into Turkish by Kılıç (1996). The scale has 12, 28, 30 and 60-question versions. This study used the 12-question version of the GHQ -12 because it yielded better results and reliability. The internal consistency coefficient for GHQ -12 is 0.78, and the retest correlation is 0.84 (Kılıç 1996). Each question asks about symptoms in the last few weeks and consists of four options: "no, never," "as often as usual," "more often than usual," and "very often ."In scoring the scale, the first two columns are scored as 0 (no, never happens, as usual), and the last two columns (more often than usual, very often) are scored as 1. After scoring a score above five indicates that students have a mental problem and may have a high tendency towards depression and anxiety (Kılıç 1996).

Mental Health Literacy Scale (MHLS)

The scale is used to determine the level of mental health literacy. The "Mental Health Literacy Scale" was developed by Jung et al. (2016) and adapted into Turkish by Göktaş et al. (2019), and its validity and reliability were examined. MHLS is a still-developing component of health literacy and plays a decisive role in individuals' mental health. The MHLS consists of three sub-dimensions, namely knowledge-oriented (10 items), belief-oriented (8 items), and resource-oriented (4 items), and a total of 22 items. The 18 questions in the first two sub-dimensions of the scale are in six-point Likert type, and the answers are "strongly agree, agree, undecided, disagree, strongly disagree, don't know ."The answers to the four questions in the resource-oriented MHLS sub-dimension are "yes" and "no ."When "strongly agree," "agree," and "yes" answers are given to the questions, they are evaluated as "1 point," and the other answers are reviewed as "0 points". Items between 11-18 (including 11

and 18) are reverse coded (Göktaş et al. 2019). The score that can be obtained from the scale varies between 0-22, and it is accepted that the MHLS level increases as the score increases throughout the scale and in each sub-dimension.

Statistical analysis

SPSS 22.0 (Statistical Package for Social Sciences) program was used to analyze the data obtained from the research. The reliability of the scales for this research group was analyzed with Cronbach's alpha. Descriptive statistics (frequency, mean, standard deviation, minimum and maximum values) were used to examine the participants' descriptive characteristics and determine their general health perceptions and mental health literacy levels. In the study, the suitability of the data for normal distribution was examined, and since it was determined that the data were not normally distributed ($p<0.05$), nonparametric tests were used. Mann Whitney U test was used to determine whether there was a difference between the variables of gender, mental illness, mental illness other than mental illness, getting expert help, mental health literacy, and general health perception. Kruskal Wallis H-test was used to determine whether there was a difference between the variables of the department, class, socioeconomic level, place of residence, smoking and alcohol use status, mental health literacy, and general health perception.

Reliability values of the scales

Cronbach's Alpha coefficient was used to test the reliability of the data. Cronbach Alpha Coefficient takes values between 0 and 1. If the Cronbach Alpha coefficient is $0.00 \leq \alpha < 0.40$, the scale is considered unreliable; between $0.60 \leq \alpha < 0.80$, the scale is deemed highly reliable; and between $0.80 \leq \alpha < 1.00$, the scale is considered highly reliable (Kalaycı 2014). The Cronbach's alpha values of the scales for this study are presented in Table 1. When the Cronbach's alpha coefficients in Table 1 are analyzed, it is seen that the data obtained from the MHLS (0.74) is highly reliable, and the data obtained from the GHQ-12 (0.85) is highly reliable.

Table 1. Cronbach alpha reliability values of the scales

Scales	Number of Items	Cronbach Alpha Coefficient
MHLS	22	0.74
Knowledge oriented	10	0.75
Belief-oriented	8	0.67
Resource oriented	4	0.62
GHQ-12	12	0.85

MHLS: Mental Health Literacy Scale; GHQ: General Health Questionnaire

Results

The mean and standard deviation values of the scales used in the study are shown in Table 2. When the mean scores of the sub-dimensions of the MHLS were examined, it was found that the highest mean belonged to the information-oriented (8,21±1,70) sub-dimension, and the lowest mean belonged to the resource-oriented (2,58±1,23) sub-dimension. The mean MHLS score of the study participants was 15.07±3.14, and the mean GHQ-12 scale score was 4.34±3.46.

Table 2. Descriptive statistics of scales

Scales	Number of items	Min	Max	Mean	SD
Knowledge oriented	10	0.00	10.00	8.21	1.706
Belief-oriented	8	0.00	8.00	4.27	1.793
Resource oriented	4	0.00	4.00	2.58	1.232
MHLS	22	1.00	22.00	15.07	3.141
GHQ-12	12	0.00	12.00	4.34	3.466

Min: Minimum, Max: Maximum, SD: Standard Deviation, X: Mean, MHLS: Mental Health Literacy Scale; GHQ: General Health Questionnaire

The descriptive findings of the research group are presented in Table 3. When Table 3 is examined, 87.4% of the participants were female, 36.52% were students of the health management department, and 33.5% were 3rd-year students. The average age of the students was 21.4 years. In addition, 85.2% of the research group stated that they had a moderate socioeconomic status, 89% resided with their families, 80% did not smoke, and 77.4% did not drink alcohol. 95.2% of the research group answered "no" to the question "having a mental illness," 86.8% answered "no" to the question "having a disease other than mental illness," and 81.3% answered "no" to the question "receiving expert help."

Table 3. Descriptive findings related to the research group			
Variables		**n**	**%**
Gender	Female	271	87.4
	Male	39	12.6
Department	Nutrition and Dietetics	35	11.3
	Child Development	57	18.4
	Health Management	113	36.5
	Social Work	77	24.8
	Orthotics and Prosthetic	28	9.0
Academic Year	1st grade	72	23.2
	2nd grade	73	23.5
	3rd grade	104	33.5
	4th grade	61	19.7
Socio-economic status	Poor	26	8.4
	Average	264	85.2
	Good	20	6.5
Place of residence	With my roommate	13	4.2
	With my family	276	89.0
	Dormitory	13	4.2
	Home-alone	8	2.6
Smoking status	Yes	42	13.5
	No	248	80.0
	I quit	20	6.5
Alcohol consumption	Yes	62	20.0
	No	240	77.4
	I quit	8	2.6
Do you have a mental illness?	Yes	15	4.8
	No	295	95.2
Do you have any other illnesses other than mental illness?	Yes	41	13.2
	No	269	86.8
Did you get help from a specialist?	Yes. I did	58	18.7
	No. I didn't get it	252	81.3
Total		310	100
Average Age		21.4	

In the study, based on the descriptive characteristics of the students, it was examined whether there was a significant difference in terms of the mean scores of mental health literacy and its sub-dimensions and general health perceptions. It was found that the variables of gender, department, grade, and alcohol use status among the descriptive characteristics of the students created statistically significant differences in mental health literacy and its sub-dimensions. The variables of department, grade, and mental illness status made a significant difference in the student's general health perception scores (Table 4). In addition, it was found that socioeconomic status, smoking, "having any disease other than mental illness," and "receiving expert help" variables did not create a significant difference in mental health literacy and general health perception (Table 4).

According to gender, it is seen that there is a significant difference between the mean scores of females and males in the sub-dimensions of belief-oriented MHLS and belief-oriented MHLS, and the mean score of female students in mental health literacy is higher than that of males (p=0.004, p=0.020). When Table 4 is examined, it is found that there is a significant difference in the sub-dimensions of belief-oriented MHLS and resource-oriented RHI according to the department variable. In this context, it was determined that the difference in the sub-dimension of belief-oriented MHLS was caused by the students of the Department of Health Management and the students of the Department of Social Work and Orthotic Prosthesis; in the sub-dimension of resource-oriented MHLS, the difference was caused by the students of the department of nutrition and dietetics and the students of the department of orthotic prosthesis (p=0.003, p=0.026). Accordingly, it was shown that some attitudes and beliefs of social work department students may negatively affect help-seeking behavior compared to health management and orthotics-prosthetics department students. It was also revealed that orthotics-prosthetics students had better knowledge of "where to look for information," and nutrition-dietetics students had lower knowledge of where to look for potential sources of help. When the general health perceptions of the students were analyzed according to the departments, a statistically significant difference was found between the mean scores of the health management department and orthotic prosthesis students (p=0.015).

Table 4. Test results according to socio-demographic variables						
Variables		**Knowledge oriented**	**Belief oriented**	**Resource oriented**	**MHLS**	**GHQ-12**
		Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Gender	Female	8.28±1.67	4.36±1.77	2.60±1.25	15.25±3.15	4.43±3.42
	Male	7.74±1.84	3.64±1.78	2.46±1.07	13.84±2.79	3.66±3.69
	MWU	4342.00	4089.00	4829.50	3775.00	4443.00
	p	0.065	0.020	0.369	0.004	0.106
Department	Nutrition and Dietetics	7.88±2.56	4.17±1.75	2.08±1.31	14.14±4.33	5.08±3.62
	Child Development	8.33±1.41	4.47±1.74	2.43±1.18	15.24±2.30	3.24±3.25
	Health Management	8.21±1.60	4.07±1.80	2.59±1.20	14.87±3.21	4.86±3.68
	Social Work	8.19±1.70	4.76±1.73	2.77±1.23	15.74±3.06	4.45±3.30
	Orthotics-Prosthetic	8.42±1.34	3.50±1.75	2.96±1.17	14.89±2.49	3.21±2.51
	χ2	0.437	16.247	11.078	5.445	12.403
	p	0.979	0.003	0.026	0.245	0.015
	Post-Hoc		3-4. 4-5	1-5		2-3
Academic Year	1st grade	8.11±1.57	4.22±1.62	2.38±1.19	14.72±2.80	3.79±3.10
	2nd grade	7.93±1.75	3.94±1.94	2.50±1.29	14.38±3.22	4.76±3.50
	3rd grade	8.52±1.59	4.59±1.79	2.71±1.20	15.83±2.87	4.90±3.66
	4th grade	8.13±1.93	4.19±1.74	2.70±1.24	15.03±3.61	3.52±3.30
	χ2	8.815	6.113	3.853	10.619	8.625
	p	0.032	0.106	0.278	0.014	0.035
	Post-Hoc	2-3			2-3	3-4
Socio-economic status	Poor	7.65±1.91	4.30±1.56	2.11±1.24	14.07±2.89	4.34±3.22
	Average	8.26±1.69	4.22±1.82	2.62±1.23	15.11±3.17	4.28±3.51
	Good	8.20±1.47	4.90±1.51	2.75±1.11	15.85±2.73	5.10±3.17
	χ2	3.843	2.090	4.308	3.430	1.654
	p	0.146	0.352	0.116	0.180	0.437
Place of residence	With roommate	8.30±1.43	4.53±1.50	1.92±1.18	14.76±2.31	4.00±3.46
	With family	8.17±1.74	4.28±1.77	2.60±1.22	15.05±3.150	4.38±3.49
	Dormitory	9.00±0.91	4.07±2.39	2.92±1.25	16.00±3.46	3.61±3.17
	Home-alone	8.25±1.58	4.00±1.92	2.62±1.50	14.87±3.75	4.75±3.49
	χ2	3.064	0.463	5.010	1.477	0.819
	p	0.382	0.927	0.171	0.687	0.845
Smoking status	Yes	8.09±1.63	4.73±1.72	2.71±1.34	15.54±2.98	3.66±2.88
	No	8.21±1.75	4.20±1.79	2.57±1.19	14.98±3.18	4.51±3.51
	I quit	8.45±1.19	4.25±1.86	2.50±1.43	15.20±3.03	3.65±3.89
	χ2	0.474	3.187	0.783	0.472	3.092
	p	0.789	0.203	0.676	0.790	0.213
Alcohol consumption	Yes	7.87±2.14	4.80±2.11	2.67±1.30	15.35±4.06	4.03±3.40
	No	8.29±1.57	4.14±1.70	2.55±1.21	14.98±2.89	4.43±3.51
	I quit	8.50±1.51	4.12±1.12	3.00±1.19	15.62±2.19	3.87±2.74
	χ2	1.343	7.397	1.610	1.673	0.697
	p	0.511	0.025	0.447	0.433	0.706
	Post-Hoc		1-2			
Do you have a mental illness?	Yes	7.60±1.91	5.06±1.53	2.66±1.23	15.33±3.57	6.33±3.51
	No	8.24±1.69	4.23±1.79	2.58±1.23	15.06±3.12	4.24±3.43
	MWU	1758.50	1638.50	2128.50	2066.00	1464.00
	p	0.169	0.085	0.798	0.664	0.026
Do you have any other illnesses other than mental illness?	Yes	8.41±1.41	4.17±1.93	2.43±1.36	15.02±2.96	4.39±3.39
	No	8.18±1.74	4.29±1.77	2.60±1.21	15.08±3.17	4.33±3.48
	MWU	5200.00	5429.50	5170.50	5302.00	5427.50
	p	0.546	0.872	0.506	0.689	0.870

Did you get help from a specialist?	Yes. I did	8.20±1.32	4.63±2.03	2.82±1.25	15.67±3.42	4.41±3.36
	No. I didn't get it	8.21±1.78	4.19±1.72	2.53±1.22	14.94±3.06	4.32±3.49
	MWU	6862.00	6184.50	6276.00	6483.50	7145.50
	p	0.458	0.064	0.083	0.178	0.791

SD: Standard Deviation. MWU: Mann-Whitney U. χ2: Kruskal Wallis-H. p: Probability. MHLS: Mental Health Literacy Scale. GHQ: General Health Questionnaire

According to the grade variable, we found a substantial difference in the information-oriented MHLS and the overall scale. We found that the difference was between the students in the second grade and the third grade (p=0.014, p=0.032). We also found a significant difference in the general health scores of the students, and the difference was between the students in the third and fourth grades (p=0.035). A significant difference was found in the belief-oriented MHLS sub-dimension according to the students' alcohol use status. The belief-oriented mental health literacy level is higher in alcohol users (p=0.025).

It was found that there was a significant difference in the mean general health scores of the students according to having a mental illness. It was found that the mean general health score of students with mental illness (6.33±3.51) was higher than those without mental illness (4.24±3.43) (p=0.026). According to the scale used in the study, it is stated that students with a general health perception above 5 points have a mental problem and may have a high tendency to depression and anxiety. This study observed that the mean score of general health perception of students with mental illness (6.33) was above 5.

Discussion

The primary aim of this study was to determine the general health perception and mental health literacy levels of Ankara University Faculty of Health Sciences students. The mean GHQ-12 scale score of the students participating in the study was 4.34. In this context, the fact that the score obtained from the general health perception scale is below 5 points shows that most of the students do not have a mental problem and have a low tendency to depression and anxiety. It was found that the variables of department, class, and mental illness status also made a significant difference in the general health scores of the students.

The mental health literacy level of the research group was 15.07. Accordingly, it was determined that 46% of the participants had a mental health literacy level above the mean score (15.07) obtained in the study. This result can be explained by the fact that most students have taken courses related to basic health and mental health fields and are aware of this issue. In a study conducted to evaluate the mental health literacy and psychological resilience levels of 268 students enrolled in the undergraduate departments of a health-themed foundation university, the mean score of students' mental health literacy was 16.60±2 (Polat Olca 2023). In a study conducted to determine the mental health literacy levels of health professionals (nurses, dieticians, midwives, health officers, biologists, social workers, and child development specialists), the mean total score obtained from the MHLS scale was found to be 16.96±3.30 (Öztaş and Aydoğan 2021). When the studies in the field are examined, it is seen that the mental health literacy levels of the students are approximately the same as the result obtained in this study.

In our study, there is a significant difference in some sub-dimensions of mental health literacy according to gender, department, grade, and alcohol use status. Accordingly, women's general mental health literacy is significantly higher than men's. Being female typically predicts a higher level of mental health literacy. Many studies on mental health literacy have shown that women tend to be more literate in recognizing mental health (Holzinger et al. 2011). This finding is consistent with reported gender effects on mental health literacy of college-age adults (Furnham et al. 2014, Miles et al. 2020, Öz Seki 2021). In the literature, men are reported to be reticent about mental health problems due to the influence of masculine thoughts. In addition, men often perceive the diagnosis of mental illness and seeking help from others as a personal weakness and feminine behavior (Lee et al. 2020).

According to the departments, a significant difference was found in favor of the students of the Social Work department in the belief-oriented MHLS sub-dimension and in favor of the Orthotics-Prosthetics department in the resource-oriented MHLS sub-dimension. In a study, participants who had psychology or psychiatry education reported that they could identify mental health disorders better than students in other fields of study (Furnham et al. 2011). In this context, when the curricula of the departments are examined, it is seen that students in the Department of Nutrition and Dietetics take introductory psychology courses, students in the Department of Social Work take Psychology, social psychology, and mental health, students in the department of health management take health psychology, and students in the department of child development take psychology courses. However, orthotics and prosthetics department students took no classes in this context

(http://health.ankara.edu.tr/ders-ve-sinav-programlari/). Accordingly, the evidence that the field of study is related to mental health literacy is consistent. In general, it is seen that the mean MHLS scores of all departments are close to each other. It is seen that all departments included in this study are professional groups that receive mental health education and can communicate with patients one-on-one.

GHQ and MHLS levels differ significantly in favor of the students in the 3rd grade. The fact that the general health perception score is close to 5 (4.90±3.66) indicates that students may have higher tendencies towards depression and anxiety. Similarly, the level of mental health literacy was higher than the students in the lower grades. It can be said that this is generally related to the fact that students have received education in fields such as psychology, health psychology, and psychopathology until the 3rd grade, and their knowledge and awareness levels have increased. Furnham et al. (2011) emphasized that the longer duration of education and the field of study related to mental health literacy are associated with higher mental health literacy.

Some studies report that young people are hesitant to seek professional help due to a lack of knowledge about mental health disorders, differences in beliefs, and fear of stigmatization (Jorm et al. 2006, Perry et al. 2014). In a study conducted by Saito and Creedy (2021) with nursing students, it was determined that there was a need for information on types of diseases, treatments, and how to communicate with individuals with mental disorders. According to Jorm (2012), to improve mental health literacy, providing training in mental health and literacy to young individuals studying in schools and universities will increase their awareness of their health status and literacy levels. In this context, we recommend providing information on mental health, especially during university orientation weeks and exam periods.

This study contributes to the literature on psychological well-being and health by providing information about mental health and general health perception. However, this study has some limitations. First, since it is a cross-sectional study, the answers given to the questions may include recall bias. Any causal relationship between the examined variables should be interpreted cautiously in this context. On the other hand, since the study was conducted in only one faculty, the results can only be generalized to some students. Finally, the fact that the results were obtained from only two questionnaires, based on the participants' self-reports, is another limitation. Therefore, future studies should consider methodological diversity.

Conclusion

Mental health literacy is critical for understanding and managing mental health disorders, developing mental health services, and providing mental health treatment among university students. Improving mental health literacy can improve mental health in young people by facilitating early recognition and treatment of mental disorders and help-seeking behavior. According to the results of the study, it is seen that the general health perception of the students of the faculty of health sciences is good, and their mental health literacy is above average; their general health perception and MHLS levels differ according to variables such as department, class, gender, and having a mental disorder. In this context, action plans and programs can be developed based on positive masculinity, such as confidential online therapy assessments, modules, and TAO (Therapy Assistance Online) (Benton et al. 2016). In addition, it may be recommended to add a "basic psychology" course to orthotics and prosthetics students' curriculum to improve their mental health literacy and strengthen their awareness. Accordingly, mental health literacy needs to be improved, especially among male students and students who do not take psychology courses. Mental health promotion should address not only information on mental disorders but also common stigmatizing attitudes and information on how to get help. It should be emphasized that as students are the population most affected by the current COVID-19 pandemic, it is more important than ever to pay attention to student's mental health and develop policies to address it.

The number of students who have yet to receive any support from an expert is in the majority. For this reason, informing the students about which institutions they can apply to when they need and about these processes will raise awareness of the point of using a specialist. In addition, it seems essential to update the curriculum program to increase the level of knowledge of undergraduate students as candidate professionals who will work with vulnerable groups and directly in the field of mental health services on issues such as schizophrenia, depression, and suicide, which are common in society. Although there are courses on mental health in the Faculty of Health Sciences curriculum, there is no course specifically related to mental health literacy. Adding health literacy and mental health literacy courses to the curriculum and enriching these courses with practices is very valuable in supporting the professional equipment of the Faculty of Health Sciences students. In addition, various interventions could be developed, including developing short mental health courses for students. Additional information on various mental health issues could be disseminated through social media and

internet-based resources. Future work should focus on how mental health education can be effectively distributed among young people. These efforts will help develop a supportive university environment for students and enable them to achieve optimal well-being. To determine the mental health and mental health literacy of students who will work in the mental health field, it is of great importance to conduct studies in the relevant departments of universities and population groups to support society.

References

Adegboyega A, Nkwonta CA, Edward J (2020) Health insurance literacy among international college students: a qualitative analysis. Journal of International Students, 10:50-68.

Akbal E, Gökler ME (2020) Covid-19 salgını sürecinde eksikliği ortaya çıkan bir gerçek: sağlık okuryazarlığı. ESTÜDAM Halk Sağlığı Dergisi, 5:148-155.

Benton SA, Heesacker M, Snowden SJ, Lee G (2016). Therapist-assisted, online (TAO) intervention for anxiety in college students: TAO outperformed treatment as usual. Prof Psychol Res Pr, 47:363-371.

Berkman ND, Davis TC, McCormack L (2010) Health literacy: What is it? J Health Commun, 15:9-19.

Bo A, Friis K, Osborne RH, Maindal HT (2014) National indicators of health literacy: the ability to understand health information and to engage actively with healthcare providers- a population-based survey among Danish adults. BMC Public Health,14:1095.

Bohanny W, Wu SF, Liu CY, Yeh SH, Tsay SL Wang TJ (2013) Health literacy, self-efficacy, and self-care behaviors in patients with type 2 diabetes mellitus. J Am Assoc Nurse Pract, 25:495-502.

Chida Y, Steptoe A (2008). Positive psychological well-being and mortality: A quantitative review of prospective observational studies. Psychosom Med, 70:741-56.

Deniz SŞ, Özer Ö, Songur C (2018). Effect of health literacy on health perception: an application in individuals at age 65 and older. Soc Work Public Health, 33:85-95.

WHO (2001) Strengthening Mental Health Promotion. Geneva, World Health Organization.

WHO (2017) Depression and Other Common Mental Disorders: Global Health Estimates. Geneva, World Health Organization.

Furnham A, Annis J, Cleridou K (2014) Gender differences in the mental health literacy of young people. Int J Adolesc Med Health, 26:283-292.

Furnham A, Cook R, Martin N, Batey M (2011) Mental health literacy among university students. J Public Ment Health, 10:198-210.

Goldberg DP, Blackwell B (1970) Psychiatric illness in general practice: a detailed study using a new method of case identification. BMJ-Br Med J, 2:439-443.

Göktaş S, Işıklı B, Önsüz MF, Yenilmez Ç, Metintaş S (2019) Ruh sağlığı okuryazarlığı ölçeğinin (RSOY ölçeği) Türkçe geçerlilik ve güvenilirliğinin değerlendirilmesi. Konuralp Medical Journal, 11:424-431.

Hansberry DR, Agarwal N, Baker SR (2015) Health literacy and online educational resources: an opportunity to educate patients. AJR Am J Roentgenol, 204:111-116.

Henderson C, Evans-Lacko S, Thornicroft G (2013) Mental illness stigma, help-seeking, and public health programs. Am J Public Health, 103:777-780.

Holzinger A, Floris F, Schomerus G, Carta MG, Angermeyer MC (2011) Gender differences in public beliefs and attitudes about mental disorder in western countries: A systematic review of population studies. Epidemiol Psychiatr Sci, 21:73-85.

Jorm AF, Barney LJ, Christensen H, Highet NJ, Kelly CM, Kitchener BA (2006) Research on mental health literacy: what we know and what we still need to know. Aust N Z J Psychiatry, 40:3-5.

Jorm AF (2012) Mental health literacy: empowering the community to take action for better mental health. Am Psychol, 67:231-243.

Kalaycı Ş (2014) SPSS Uygulamalı Çok Değişkenli İstatistik Teknikleri, 6. Baskı, Ankara, Asil Yayın Dağıtım.

Kılıç C (1996) Genel sağlık anketi: geçerlilik ve güvenilirlik çalışması. Turk Psikiyatri Derg, 7:83-89.

Kim SH, Lee E (2008). The influence of functional literacy on perceived health status in Korean older adults. J Korean Acad Nurs, 38:195-203.

Kitchener BA, Jorm AF (2002) Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. BMC Psychiatry, 2:10.

Kitchener BA (2006) Research on mental health literacy: what we know and what we still need to know. Aust N Z J Psychiatry, 40:3-5.

Kutcher S, Wei Y, Costa S, Gusmao R, Skokauskas N, Sourander A (2016). Enhancing mental health literacy in young people. Eur Child Adolesc Psychiatry, 25:567-569.

Lee HY, Hwang J, Ball JG, Lee J, Yu Y, Albright DL (2020) Mental health literacy affects mental health attitude: Is there a gender difference? Am J Health Behav, 44:282-291.

Leite A, Ramires A, Moura AD, Souto T, Maroco J (2019). Psychological well-being and health perception: predictors for past, present and future. Arch Clin Psychiatry (São Paulo), 46:53-60.

Miles R, Rabin L, Krishnan A, Grandoit E, Kloskowski K (2020) Mental health literacy in a diverse sample of undergraduate students: demographic, psychological, and academic correlates. BMC Public Health, 20:1699.

Oztas B, Aydoğan A (2021) Assessment of mental health literacy of health professionals. J Psychiatric Nurs, 12:198-204.

Öz Seki H (2021). Bir il merkezinde yaşayan bireylerin ruh sağlığı okuryazarlığının incelenmesi. Uluslararası Psikolojik Danışma ve Rehberlik Araştırmaları Dergisi, 3:660-675.

Özel Y, Duzcu T (2018) Mental health literacy. ASOS JOURNAL, 6:380-387.

Perry Y, Petrie K, Buckley H, Cavanagh L, Clarke D, Winslade M et al. (2014) Effects of a classroom-based educational resource on adolescent mental health literacy: a cluster randomized controlled trial. J Adolesc, 37:1143-1151.

Polat Olca S (2023) Üniversite öğrencilerinin ruh sağlığı okuryazarlığı ve psikolojik sağlamlık düzeylerinin değerlendirilmesi. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 12:118-126.

Saito AS, Creedy DK (2021) Determining mental health literacy of undergraduate nursing students to inform learning and teaching strategies. Int J Mental Health Nurs, 30:1117-1126.

Souto T, Leite A, Ramires A, Santos V, Espírito-Santo R (2018) Health perception: Validation of a scale for the Portuguese Population. Trends in Psychology/Temas em Psicologia, 26:2167-2183.

Yiğitalp G, Bayram Değer V, Çifçi S (2021) Health literacy, health perception, and related factors among different ethnic groups: a cross-sectional study in southeastern Turkey. BMC Public Health, 21:1109.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript
Peer-review: Externally peer-reviewed.
Conflict of Interest: No conflict of interest was declared.
Financial Disclosure: No financial support was declared for this study.