

Mental Health Literacy and Stigmatizing Attitudes Towards Mental Illness Among Faculty of Health Sciences Students*

Sağlık Bilimleri Fakültesi Öğrencilerinin Ruh Sağlığı Okuryazarlığı ve Ruhsal Hastalıklara Yönelik Damgalayıcı Tutumları*

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ABSTRACT

Introduction: Mental health literacy plays a crucial role in enabling individuals to understand mental illnesses and reduce stigmatizing attitudes. This study aimed to assess the mental health literacy levels of health sciences faculty students, evaluate their stigmatizing attitudes toward mental disorders, and determine the relationship between these variables.

Method: The study population consisted of 954 students enrolled in the faculty of health sciences at a university during the 2022-2023 academic year. Using a 95% confidence level and a 5% margin of error, the sample size was calculated as 274 students, and data collection was completed with 294 participants to account for potential data loss. Data were collected using a personal information form, the Mental Health Literacy Scale, and the Mental Illness Stigma Scale for health professionals. Descriptive statistics, t-tests, and ANOVA were applied for data analysis.

Results: The mean age of the participants was 22 years; 83.7% were female, 94.9% were single, and 29.9% were fourth-year students. The mean mental health literacy score was 101.163±16.570, while the mean stigmatization score was 58.344±11.884. A significant negative and strong correlation was found between mental health literacy and stigmatization ($r=-0.75$; $p<0.05$).

Conclusion: Higher levels of mental health literacy are associated with lower levels of stigmatization toward mental illnesses.

Keywords: Mental health literacy, Stigmatization, University students

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ÖZET

Giriş: Ruh sağlığı okuryazarlığı, bireylerin ruhsal hastalıklar hakkında bilgi edinmesi ve damgalayıcı tutumları azaltması açısından önemlidir. Bu çalışmanın amacı, sağlık bilimleri fakültesi öğrencilerinin ruh sağlığı okuryazarlığı düzeyleri ile ruhsal bozukluklara yönelik damgalayıcı tutumlarını incelemek ve aralarındaki ilişkiyi belirlemektir.

Yöntem: Araştırmanın evrenini, 2022-2023 eğitim yılında bir üniversitenin sağlık bilimleri fakültesinde öğrenim gören 954 öğrenci oluşturmuştur. Örneklem büyüklüğü %95 güven düzeyi ve %5 hata payı ile 274 kişi olarak belirlenmiş, veri kaybını önlemek için çalışma 294 öğrenci ile tamamlanmıştır. Veriler, kişisel bilgi formu, ruh sağlığı okuryazarlığı ölçeği ve sağlık profesyonellerine yönelik ruhsal hastalık damgalama ölçeği kullanılarak toplanmıştır. Tanımlayıcı istatistiklerin yanı sıra t-Testi ve ANOVA analizleri yapılmıştır.

Bulgular: Katılımcıların yaş ortalaması 22, %83.7'si kadın, %94.9'u bekar ve %29.9'u 4. sınıf öğrencisidir. Ruh sağlığı okuryazarlığı puan ortalaması 101.163±16.570, damgalama puan ortalaması ise 58.344±11.884'tür. Ruh sağlığı okuryazarlığı ile damgalama arasında negatif ve yüksek düzeyde bir ilişki bulunmuştur ($r=-0.75$; $p<0.05$).

Sonuç: Ruh sağlığı okuryazarlığının artması, ruhsal hastalıklara yönelik damgalama düzeyini azaltmaktadır.

Anahtar Kelimeler: Ruh sağlığı okuryazarlığı, Damgalama, Üniversite öğrencileri

1. Introduction

According to the World Health Organization (WHO), mental health is a state of well-being in which individuals can cope with the stresses of life, realize their potential, work productively, and contribute to their community. The World Health Organization's 2022 World Mental Health Report states that 31% of 970 million people have an anxiety disorder and 28.9% have a depressive disorder (WHO, 2022). The burden of mental disorders is increasing globally, affecting both society and health systems (Wu, 2023). With the increase in mental disorders, protecting and promoting mental health is becoming an important issue. Increased mental health awareness and reduced stigma can facilitate early detection of mental disorders, improve mental health outcomes, and increase utilization of health services. Research has shown that two-thirds of people with mental disorders do not seek health care because of the stigma and prejudice they experience, which negatively affects their access to services such as care and treatment (Patel and Misra, 2022; Talbot et al., 2022). It has been found that the young population is less likely than adults to seek help for mental health problems due to reasons such as lack of privacy, peer pressure, fear of stigma, desire for self-sufficiency, and lack of knowledge about recognizing mental health problems (Gaiha et al., 2020). In this context, the concept of mental health literacy, defined as the body of knowledge that assists in the recognition, management, and prevention of mental disorders, comes to the fore. The level of mental health literacy is directly related to an individual's help-seeking behaviour and recognition of symptoms of mental illness (Smith and Shochet, 2011). In addition to the individual's awareness of mental illness, there is a need for a good level of mental health literacy to improve society's perspective and supportive attitude towards these illnesses (Vale-Dias and Carvalho, 2022).

Stigmatizing behaviours were found to be low among individuals with high levels of mental health literacy (Cheng et al., 2018). The study conducted by Çinçinoğlu and Okanlı (2021) with university students showed that stigmatizing behaviours decreased as mental health literacy increased. Healthcare professionals, who frequently interact with patients and their families in hospitals, have an important role in increasing mental health literacy in society. Students studying in the field of health, like these health professionals who will be their colleagues, begin to encounter patients and their relatives from the first years of their education. Therefore, it is thought that students' stigmatizing attitudes towards mental illnesses from their undergraduate education will

directly affect their approaches towards the people they serve. Determining the mental health literacy and stigmatization levels of students and revealing the relationship between these two variables may contribute to raising awareness among students. In addition, the results of this study may contribute to developing developmental and preventive approaches to increase students' mental health literacy and reduce their stigmatizing attitudes. The research questions of this study are:

- What is the level of students' mental health literacy and stigmatizing attitudes toward mental disorders?
- Do students' mental health literacy and stigmatizing attitudes toward mental disorders differ according to their sociodemographic characteristics?
- Is there a relationship between students' level of mental health literacy and stigmatizing attitudes towards mental disorders?

2. Methods

2.1. Study Design and Participants

The study was designed as a descriptive and correlational study.

The data collection process was carried out between March 15 and June 15, 2023. The population of the study consisted of 954 students studying in the departments of nursing, midwifery, speech and language therapy, nutrition and dietetics, physiotherapy and rehabilitation, occupational therapy and audiology in the faculty of health sciences of a university in the 2022-2023 academic year. The sample size was calculated using a standard formula for known population size, resulting in a sample of 274 participants with a 95% confidence level and a 5% margin of error. The study was completed with 294 students in case of data loss. Inclusion criteria were defined as attending the Faculty of Health Sciences in the 2022-2023 academic year, being over 18 years of age, and volunteering to participate in the study.

2.2. Data Collection

The questions from the Personal Information Form, Mental Health Literacy Scale, and Stigmatization Scale for Mental Illness for Health Professionals were transferred to a Google Form, and a link was created. Before filling out the questionnaire, participants were informed about the study, assured that participation was voluntary, and asked to approve the consent form to proceed. The link was shared by the researcher with the students between March 15 and June 15, 2023 between classes and on campus and the students were asked to complete the questionnaire. The

implementation period of the data collection tools lasted approximately 15 minutes, during which time the researcher was present near the students to answer any questions they might have.

2.2. Data Collection Instruments

In this study, data were collected using the Personal Information Form developed by the researchers, the Mental Health Literacy Scale and the Mental Illness Stigma Scale for Healthcare Providers.

Personal Information Form: It consists of a total of 19 questions that were developed with the help of the literature to obtain information about the students' age, gender, marital status, the department they are studying in, the class they are studying in, attending a course related to mental health in the department they are studying in, attending a conference, seminar, the presence of someone with mental illness around them, interest in mental health issues, knowledge about mental illnesses, getting help when they experience a mental problem, and recognizing clues of mental problems (Çinçinoğlu and Okanlı, 2021; Öztürk et al., 2015).

Mental Health Literacy Scale (MHLS): This scale, which aims to determine an individual's level of mental health literacy (MHL) and also identify areas in which individuals need help, was developed by O'Connor and Casey (2015). The scale consists of 35 items and is in the 4- and 5-point Likert form. The 4-point and 5-point Likert scales have options ranging from "strongly disagree" to "strongly agree". The scale has six sub-dimensions: knowledge of how to access information, knowledge of how to recognize illnesses, knowledge of self-help/treatment interventions, knowledge of how to access professional help, knowledge of risk factors and their causes, attitudes that facilitate seeking appropriate help for mental health-related illnesses, and attitudes toward mental health-related illnesses. Items 10, 12, 15, 20-28 are reverse scored. The lowest score that can be obtained from the scale is 35 and the highest score is 160. Although the scale does not have a cut-off score, Ratnayake and Hyde (2019) determined the cut-off score of the scale to be 130 using the research findings of O'Connor and Casey. They reported that those who scored below this score had low mental health literacy, while those who scored above this score had high mental health literacy. The Turkish validity and reliability of the scale was conducted by Tokur Kesgin et al. in 2020 with adults over the age of 18 and Cronbach's alpha value was determined as 0.89 (Tokur Kesgin et al., 2020). In the original scale, Cronbach's alpha

reliability coefficient was 0.873, and in this study, Cronbach's alpha value was calculated as 0.863.

Mental Illness Stigma Scale for Healthcare Providers (MISS-HP): The scale developed by Kassam et al. (2012) aims to measure the stigmatizing attitudes of healthcare workers. The MISS-HP consists of 20 items and is a 5-point Likert-type scale. High scores indicate high levels of stigmatization. The total score that can be obtained from the SE MISS-HP is the lowest 20 and the highest 100 points. Items numbered 3, 8, 9, 10, 11, 15, 19 are reverse scored. The scale has 3 sub-dimensions: Social Distance, Attitudes and Help Seeking and Self-Disclosure. The Turkish validity and reliability of the scale was conducted by Azazi in 2021 with healthcare professionals and students studying in the field of healthcare and the Cronbach's alpha value was determined as 0.79. In the original scale, Cronbach's alpha reliability coefficient was 0.82, and in this study, Cronbach's alpha value was calculated as 0.89.

2.4. Data Analysis

The data used in the study were analysed using the SPSS 22 program. Descriptive statistical methods were used to analyse the data, such as number, percentage, mean, frequency, standard deviation, and count. Correlation analysis was used to examine the relationship between variables. The t-test was used to examine the difference between independent variables, and ANOVA analysis was used to evaluate the differences between multiple groups. In addition, Pearson correlation analysis was used to evaluate the relationship between two or more variables. Post hoc analyses were used to understand the reasons for the differences obtained.

2.5. Ethical Consideration

Ethical approval was obtained from Lokman Hekim University Non-Interventional Ethics Committee (Date: 01/02/2023, Reference no: 2023/2). In addition, the necessary institutional permission was obtained from the Lokman Hekim University Faculty of Health Sciences (Date: 04/01/2023, Reference no: 2023/18). The patients were interviewed, and individual consent was obtained after explaining the purpose and method of the study, along with providing information on the forms and scales to be applied. The study was carried out by the principles outlined in the Declaration of Helsinki.

3. Results

The average age of the students who participated in the study was 22.0 years. 83.7% of the students were female, 94.9% were single, and 29.9% were fourth-year students. 31.3% of the students were studying in nursing, 31.3% in midwifery, 13.6% in physiotherapy and rehabilitation, 8.5% in audiology, 4.4% in speech and language therapy, 5.8% in occupational therapy, and 5.1% in nutrition and dietetics. It was determined that 57.1% of the students' income was equivalent to their expenses, 67% had taken mental health courses, and 17.7% had a family history of mental illness.

While 71.1% of the students who participated in the research stated that they were interested in mental health issues, 53.7% reported that they knew about mental illnesses. In addition, 79.9% stated that they felt comfortable asking someone for help when faced with a mental health problem. When the students were asked about the source of information about mental illnesses, 50.3% of them said health professionals. 83.3% of the students think that they can recognize signs of mental illness. 77.2% of the students stated that they had someone close to them to get support when they had problems, 68.7% stated that they had not received psychological help before, and 76.2% stated that they had not worked with an individual with mental disorders before. 52.0% of the students reported their current health status as normal.

The mean mental health literacy score of the students was 101.163±16.570 (minimum=44; maximum=160). The mean scores of the sub-dimensions of the scale are shown in Table 1.

Table 1. Mental Health Literacy Scale and Sub-Dimensions Scores

Scale	\bar{X}	SD	Min	Max	α
Mental Health Literacy Scale Total Score	101.163	16.570	44.000	160.000	0.892
Recognition of Disorders	23.786	4.252	8.000	32.000	0.836
Knowledge of How to Seek Mental Health Information	7.364	1.797	2.000	10.000	0.799
Knowledge of Risk Factors and Causes	5.282	1.282	2.000	8.000	0.783
Knowledge of Self-Treatments	5.810	1.334	2.000	8.000	0.823
Knowledge of Professional Help Available	8.449	1.863	3.000	12.000	0.812
Attitudes That Promote Recognition and Appropriate Help-Seeking	43.146	12.694	20.000	80.000	0.916

\bar{X} = Mean, SD= Standard Deviation, Min= Minimum, Max= Maximum, α : Alpha, Cronbach Alpha reliability analysis

The mental health literacy scores of the students showed a statistically significant difference according to the department studied ($F=2.958$; $p=0.008<0.05$; $\eta^2=0.058$). In the post hoc further analysis, the reason for the difference was that the mental health literacy scores of the students studying in the nursing department were higher than the students studying in other departments ($p<0.05$).

The mental health literacy scores of the students showed a statistically significant difference according to the grade level ($F=6.576$; $p=0<0.05$; $\eta^2=0.064$). In the Post-Hoc further analysis, the reason for the difference was that the total mental health literacy scores of the 4th graders were higher than the other grade levels ($p<0.05$).

The mental health literacy scores ($\bar{X}=104.764$) of those who participated in mental health seminars were higher than the mental health literacy scores ($\bar{X}=99.133$) of those who did not participate in mental health seminars, and the difference between the RHLS score and the status of participation in mental health seminars was found to be statistically significant ($p<0.05$). The mental health literacy scores of those who cared for someone with mental disorders as a student were higher than those of non-caregivers, and a statistically significant difference was found between them ($p<0.05$).

The mean score of stigmatization towards mental illness of the students was 58.344±11.884 (minimum =20; maximum =91). The mean scores of the sub-dimensions of the scale are shown in Table 2.

Table 2. Mental Illness Stigma Scale for Healthcare Providers Scores

Scale	\bar{X}	SD	Min	Max	α
Mental Illness Stigma Scale for Healthcare Providers Total Score	58.344	11.884	20.000	91.000	0.863
Social Distance	17.779	4.700	7.000	32.000	0.817
Attitudes	21.524	5.304	7.000	35.000	0.828
Disclosure	19.041	4.795	6.000	30.000	0.819

\bar{X} = Mean, SD= Standard Deviation, Min= Minimum, Max= Maximum, α : Alpha, Cronbach Alpha reliability analysis

The mean score of students' stigmatizations towards mental illnesses showed a statistically significant difference according to grade level ($F=3.496$; $p=0.016<0.05$; $\eta^2=0.035$). The reason for the difference is that the stigmatization scores of the 1st, 2nd and

3rd grades towards mental illnesses are higher than the scores of the 4th grades ($p<0.05$). The social distance sub-dimension scores of the students show a statistically significant difference according to having information about mental health illness and having someone to get support when there is a problem ($p<0.05$). The difference between social distance and help-seeking and self-disclosure sub-dimension scores according to the status of seeking help from someone for a mental problem is statistically significant ($p<0.05$). The difference between the social distance sub-dimension scores and help-seeking and self-disclosure sub-dimension scores of those who think that they can recognize the clues of mental problems is statistically significant ($p<0.05$). The difference between the attitudes and help-seeking and self-

disclosure sub-dimension scores of those who had previously received psychological help was statistically significant ($p<0.05$).

There was a negative and high correlation ($r=-0.75$; $p<0.05$) students' stigmatization of mental illness and mental health literacy scores (Table 3). The regression analysis was performed to determine the cause-and-effect relationship between students' mental health literacy and stigmatization towards mental illnesses were significant ($F=375.669$; $p=0,000<0.05$).

The total change in the level of stigmatization towards mental illnesses is explained by mental health literacy with a rate of 56.1% ($R^2=0.561$). Mental health literacy decreases the level of stigmatization towards mental illness ($\beta=-0.750$).

Table 3. The Effect of Mental Health Literacy Scores on Stigmatization of Mental Illness

Independent Variable	Unstandardised Coefficients		Standardized Coefficients	t	p	95% Confidence Interval	
	B	SE	β			Min	Max
Constant	112.769	2.845		39.633	0.000	107.169	118.369
Mental Health Literacy Scores	-0.538	0.028	-0.750	-19.382	0.000	-0.593	-0.483

*Dependent Variable=Comfort Total, $R=0.750$; $R^2=0.561$; $F=375.669$; $p=0.000$; Durbin Watson Value=2.012. B=Beta Coefficient, SE=Standard Error, β =Standardized Regression Coefficient, Linear Regression Analysis

4. Discussion

In this study, the mean mental health literacy score of the students was 101.163 ± 16.570 . Considering that the cut-off score of the scale is 130, it can be said that students' mental health literacy levels are low. When the studies conducted with university students were examined, it was reported as 112.9 ± 10.6 in the study of Öztaş et al. (2023) and 122.88 in the study of Górczynski et al. (2017). As can be understood, mental health literacy in university students is not at the desired level. Considering that our sample group in the study received education in the field of health, it is thought that the fact that students are currently receiving education in the field of health should be considered as an opportunity to increase the mental health literacy levels of students, which are determined to be at an insufficient level. It was found that the mental health literacy scores of the students showed a statistically significant difference according to the department studied and the reason for the difference was that the scores of the students studying nursing were higher than the scores of the students studying in other departments. Saito and Creedy (2021) reported that nursing students exhibited higher mental health literacy compared to students in other disciplines. The fact that nursing students have practical courses from the first year enables them to encounter patients early and provide care to them from a holistic perspective. According to this study, it is attributed to the

fact that students from nursing and midwifery department constitute the majority, and both departments include course content related to mental health. The mental health literacy scores of the students showed a statistically significant difference according to the grade level, and it was determined that the difference was generally due to the high scores of the 4th graders.

This difference is thought to be due to the increase in students' awareness and knowledge levels as the grade increases, and the results of Öztaş et al. (2023) study support our findings. Mental health literacy scores of students who participated in seminars on mental health were found to be significantly higher. It is evaluated that the increase in the awareness and knowledge levels of the students by receiving training on this subject will have a positive effect on these scores. Knowing mental illnesses is one of the most important opportunities for help-seeking behaviour and preventing stigmatization (Asan, 2019).

Among the students, the mental health literacy level of those who care for someone with a mental disorder was found to be significantly higher. It is seen that caring for someone with a mental disorder has a more positive perspective towards the disease and other patients with this disease (Haugen et al., 2017). In this study, it can be thought that students' empathic attitudes

may have developed due to the experiences of those who have relatives with mental disorders and that their knowledge about the disease is high.

The mean score of students' stigmatizations towards mental illnesses was 58.344 ± 11.884 . Considering that the total score that can be obtained from the scale is 100 points and that high scores indicate high stigmatization, it can be said that the stigmatization level of the students is slightly above the average. In the validity and reliability study of the scale, the total score was determined as 56.859 ± 9.789 (Azazi, 2021). Research has shown that health professionals, including students and practitioners, often exhibit stigmatizing attitudes towards individuals with mental illness (Ghuloum et al., 2022; Ercan and Delba, 2021). Research has shown that despite some positive attitudes, negative stereotypes and stigmatizing concepts persist among health professionals, which affects the care and support provided to individuals with mental health problems (Steiger et al., 2022; Michalak et al., 2014).

In this study, students' stigmatization levels towards mental illnesses show a statistically significant difference according to grade level. The reason for the difference is that the stigmatization scores of the 4th graders towards mental illnesses are lower than the other grades. In a study conducted by Birdoğan and Berksun (2002), it was found that sixth-year medical students studying at the Faculty of Medicine had more positive attitudes towards individuals with mental disorders than first-year medical students. In this study, it is suggested that the increase in students' grade level may be attributed to the enhancement of their knowledge through the education they received and the expanded course content they encountered on mental disorders.

The social distance scores of those who had information about mental health illness were lower than the social distance sub-dimension scores of those who did not have information, and the difference between them was statistically significant. This means that students who have knowledge about mental illnesses are willing to communicate easily with people with mental disorders. Stigmatizing attitudes of healthcare professionals towards patients with mental disorders can be an obstacle for patients with mental disorders to receive appropriate treatment and care (Özaydın et al., 2022). In this study, the attitudes of the students are regarded as positive.

The difference between help-seeking and self-disclosure sub-dimension scores according to the status of seeking help from

someone for a mental problem and receiving psychological help before is statistically significant. In this study, it is considered a positive attitude that students will show help-seeking behaviour when they encounter a mental health problem. Beliefs and attitudes towards mental health diseases can be determinant in individuals' help-seeking behaviour and negative beliefs lead to late treatment initiation (Göktaş and Buldukoğlu, 2022).

The social distance sub-dimension scores of the students show a significant difference according to the source of mental health information. The reason for the difference is that the social distance scores of those whose source of mental health illness information is friends and family are higher than the social distance sub-dimension scores of those whose source of mental health illness information is health professionals. This implies that those who receive information from health professionals have a lower stigma.

In this study, a negative and high-level relationship was found between stigmatization of mental illness and mental health literacy. In other words, mental health literacy decreases the level of stigmatization towards mental illnesses. The level of mental health literacy is a concept that can cause positive and negative behaviours towards mental illnesses of individuals in society. It plays an important role in reducing stigma and negative behaviours by raising the level of mental health literacy in the community (Hammer and Spiker, 2018; O'Keeffe et al., 2015). It has been determined that individuals with high levels of mental health literacy have lower negative stigmatization behaviours (Cinçinoğlu and Okanlı, 2021). With the increase in mental health literacy, early recognition of mental illnesses and rapid access to appropriate treatment and care increase. Büyükbayram et al. (2020) found that students who took psychiatric nursing courses showed a better level of positive behaviour against stigmatization.

Lack of education about mental health diseases and lack of access to accurate information cause individuals with mental illness to be defined as dangerous individuals in society and create a sense of uneasiness (Ciydem and Avcı, 2022). Access to accurate information about mental health diseases causes individuals to exhibit positive attitudes and beliefs in the case of mental illness. When this positive belief and attitude develops, it also prevents stigmatization behaviour at the same level (Öztürk et al., 2015)

4.1. Limitations

The study contributes to the literature on MHL literacy, it had several limitations. Firstly, this study's data may not be

generalizable to all university students. Due to this reason, further studies may be conducted on larger sample sizes. Secondly, the descriptive and cross-sectional design of the study prevents us from deriving causal inferences.

5. Conclusions

In this study, it was determined that the mental health literacy level of students studying in the field of health was low and their stigmatization towards mental illnesses was high. However, it was determined that the level of mental health literacy decreased the level of stigmatization towards mental illnesses. Considering that students will be health professionals in the future, it is evaluated that including the relationship between mental health literacy and stigmatization in the curriculum contents during their education will provide awareness to students. The findings of this study may provide guidance for future studies and interventions to support and increase MHL levels in students.

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