

Original article

Identifying factors inhibiting development of mental health literacy from an adolescent's perspective: A qualitative study

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Abstract

Background: Given the relatively high prevalence of mental disorders among adolescents, improvement of the mental health literacy of adolescents is of particular importance for the prevention and treatment of these disorders. The purpose of this study was to identify the inhibiting factors affecting mental health literacy from the perspective of adolescents.

Methods: Twenty-four adolescents aged 15-18 years old participated in this study. The participants were recruited from secondary schools located in Tehran by using purposive sampling. The data which were collected by semi-structured interviews, were then analysed via the conventional content analysis approach.

Results: Three themes were identified as inhibiting factors in improving mental health literacy in adolescents. They were individual attitudes and beliefs, socio-cultural and familial factors, and knowledge about mental health issues.

Conclusions: Prior to planning, applying, and implementing comprehensive programs to improve mental health literacy among community members, especially adolescents, it would be helpful to consider the factors that are effective in providing services.

Keywords: Mental health literacy; Mental health; Adolescents; Inhibitors; Facilitators

Introduction

Adolescence is considered a critical and important transition period in life. This period is accompanied by challenges and opportunities for growth, development and health promotion [1]. In addition, adolescence is an important stage in building the foundations of a healthy community in the future [2]. Adolescence has been characterized by an increased sense of independence, the emergence of adult responsibilities, and the development of decision-making abilities. Acquiring health knowledge may improve health literacy and proper decision-making in the field of health among adolescents [3].

Mental health literacy which originates from health literacy is a new field of research in health promotion [4, 5]. Mental health literacy is the knowledge and beliefs contributing to the recognition, management and prevention of mental illnesses in the field of mental disorders. “Mental health literacy consists of several components, including: (a) the ability to recognize specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about available professional help; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information” [6].

According to the World Health Organization report, the prevalence of mental disorders among children and adolescents is more than 20 percent worldwide [7]. Iran ranks second in terms of the youngest population in the Middle East and North Africa. According to the statistics published by Ministry of Education, about 14 million students enrolled in Iranian schools in the academic year of 2018-2018 [8]. Iran faces many challenges regarding the high prevalence of mental disorders. Estimates suggest that mental disorders have the second-highest rate of

illness in Iran [9]. In recent years, the prevalence of mental disorders among Iranian children and adolescents has attracted much attention [10-12].

People with inadequate mental health literacy are more at risk of physical and mental illnesses and incur greater health costs than people with appropriate mental health literacy [13]. Unfortunately, more than 70% of people with mental illnesses receive no treatment from health institutions worldwide [14]. Among them, more than half of the young people living with mental health disorders do not receive appropriate medical care either [15].

Few studies have been conducted on mental health literacy in Iran. Those studies have measured mental health literacy [16, 17], the relationship between mental health literacy with general health [18] and health promoting behaviors [19]. Recent studies suggest that interventions for improving adolescent mental health literacy, reduced fear of stigma and increasing professional help-seeking behaviors have facilitated early identification and treatment of mental disorders [20-22]. previous studies [23-26] have focused primarily on inhibiting factors in help-seeking behaviors for mental disorders, but inhibiting factors affecting the improvement of mental health literacy, especially from the adolescents' perspective, have been less addressed. Regarding the importance of mental health literacy in controlling and reducing mental disorders among Iranian adolescents, the present study aimed to identify the inhibiting factors affecting the improvement of mental health literacy among adolescents.

Methods

Participants

This study was approved by the Ethics Committee Iran University of Medical Sciences. Despite obtaining informed consent prior to the onset of the interviews, participants were informed that they were free to leave the interview during recording. In this qualitative study, 24 adolescent boys and girls from secondary schools in Tehran were interviewed between February and June

2019. To achieve a diverse sample, eight schools (four girls' and four boys' schools) located in three regions of north (high-income class), center (middle class), and south (low-income class) of Tehran municipality were selected. A total of 27 interviews were conducted, 3 of which were dropped due to the lack of provision of sufficient data in relation to the research objectives. Interviews were continued until data saturation was achieved. In order to obtain more accurate data with a lower population distribution, the age range of adolescents interviewed was 15 to 18 years, who have experiences of passing childhood and early adolescence. Interviews were conducted in public and private schools in Tehran. Prior to the interviews, the necessary coordination was made with the Tehran Education Organization to obtain permission to interview students at the school level. Random sampling was used to select the participants. At the beginning of each interview, the participants' ability and willingness to participate in the interview was considered. A two-copy informed consent form was designed for the interviewees and their parents, signed by both groups. It is necessary to explain the number of adolescents were 18 years old, so conscious consent was obtained from these students. In the case of younger students, the parents signed the informed consent form. The interviewer explained the purpose of the study before starting each interview. Adolescents who were not interested in conducting a mental health interview were excluded.

Data collection

Data were collected through semi-structured interviews. One of the researchers, (ASH) who is a female medical library PhD student, was trained by a faculty member (SP) with the experience of performing qualitative research, to perform 23 interviews. A male MA psychology student, (ASH), who is experienced in qualitative research, carried out four interviews with boys. He was interested in health literacy and mental health topics and had collaborated in several studies in this field. The interview guide was designed based on the project goal. Interviews were conducted face-to-face in the school settings. The interviews

were recorded on a voice recorder, and then transcribed verbatim. Transcripts were not returned for comments or feedback from participants, but at the end of each question, a summary of the interviewer's interpretation of the interviewee's statements was provided to avoid any misunderstanding. During the interviews, the interviewer used an informal and friendly tone. This facilitated better communication, increased trust and access to richer data in the interview process. To follow, some questions about how adolescents obtain mental health information and their problems and challenges in accessing and promoting mental health knowledge were asked. The interviews were conducted in the Persian language. The time of each interview varied from 18 to 90 minutes. The researcher continued the interviews until no new information was obtained, and information saturation was achieved. Interviewer released adolescents in the amount and duration of the response so interviewees responded based on their interest and information. Four interviews were conducted as a pilot, which was considered as a research sample after review and approval by the research team.

Data analysis and reporting

Consolidated Criteria for Reporting Qualitative Research was used to report results in this research. COREQ is a checklist including 32-items to present details about the research team, study method, context, results, analysis, and interpretations [21]. The transcripts were imported into MaxQDA 10 software and coded. The two researchers encoded the transcripts separately. The two researchers (ASH, AA) encoded the transcripts separately. The data were analysed by using the conventional content analysis method provided by Graneheim and Lundman [27]. The steps of the analysis were as follows: the texts of the interviews were read several times to gain an in-depth understanding, semantic units were extracted and categorized as concentrated semantic units, appropriate codes were selected for the semantic units, sub-themes were sorted by comparing their similarities and differences, and appropriate themes including all sub-themes were selected.

Accuracy and validity of data

To increase the accuracy and validity of the data, the proposed criteria of Guba & Lincoln were used. These criteria include credibility, dependability, confirmability, and transferability [28]. The researcher tried to enhance the credibility of the research by gathering credible information, sufficient interaction with the participants, and confirming the information obtained from the participants' interviews. The researcher repeatedly reviewed the data. To increase the dependability of the data through external check, the codes were reviewed and modified by faculty members, and advisors. In order to increase the data conformability criterion, the approval and supplementary comments of faculty and experts were used. Researchers tried to increase the transferability of the study by providing a rich description of the research report in order to evaluate and apply research in other fields.

Results

We interviewed 24 adolescents aged 15 to 18 years. There were 11 adolescents (45%) in the age range of 15-16 years. There were 13 male adolescents (54%), and the rest were females. From these participants, 6 adolescents (25%) were studying in the field of experimental sciences and 5 adolescents (20%) were studying humanities. Among them, 9 adolescents (38%) were living and studying in Tehran's downtown region. 8 adolescents (33%) were living and studying in the south of Tehran and the rest were in the north of Tehran. 21 adolescents (88%) reported a history of mental disorders in family members and relatives. The details are presented in Table 1. It should be explained; none of the interviewed adolescents mentioned the provision of educational interventions to promote mental health literacy through their schools.

Table-1: Demographic characteristics of the participants in this study (n=24)

Variables	Frequency (%)
Age	
15-16 years	11 (45%)
17-18 years	13 (54%)
Gender	
Female	13 (54)
Male	11 (45)
Field of study	
Experimental sciences	6 (25)
Humanities	5 (20)
Mathematics and physics	4 (17)
Graphics	3 (13)
Computers	2 (8)
Mechanics	2 (8)
Physical Education	2 (8)
Regions of Tehran	
North	7 (29)
Center	9 (38)
South	8 (33)
History of encountering Psychiatric disorders	21 (88)
Family and relatives	19 (79)
Self-adolescent	

Inhibiting factors for improving adolescents' mental health literacy

As a result of data analysis, three themes emerged: 1. individual attitudes and beliefs, 2. socio-cultural and familial factors, 3. knowledge. These were identified as inhibiting factors for improving adolescents' mental health literacy. The themes and sub-themes identified as inhibiting factors for improving adolescents' mental health literacy are presented in Table 2.

Table-2: Inhibiting Factors for Improving Adolescent Mental Health Literacy

Theme	Category	Subcategory
<u>Individual attitudes and beliefs</u>	Fear of stigma, shame and embarrassment	Fear of ridicule by relatives and community
		Fear of ridicule by friends, peers
		Feeling embarrassed for obtaining information from knowledgeable people
	Fear of breach of confidentiality and privacy	Mental health problems are a personal issue
		Concerns about parental non-privacy regarding adolescent mental health issues
		Fear of relative's awareness about mental health problems in adolescents
	Negative attitude towards people with lived experience of mental illness	Mental patients are dangerous
		Mental patients are strange and unpredictable
		The negative energy of mental patients harms other people
Socio-cultural and familial beliefs factors	Family reaction	Fear of blaming the family
		Fear of family concern
	Traditional community and family beliefs	Low culture of community and family
		Traditional family beliefs that girls should always look ideal
	Economic factors	Traditional family neglect of mental health problems
		Economic conditions of society and family
Knowledge	Lack of understanding of the importance of mental health information	Cost of psychological services
		Low priority on mental health issues
	Lack of mental health knowledge	Lack of interest in obtaining mental health information
		Lack of knowledge about symptoms of mental health problems
		Lack of knowledge in peers and friends and family
	Lack of awareness of information sources	Mental disorders as one of the characteristics of adolescence
		Lack of knowledge about mental health information resources
		Lack of knowledge and awareness of the role of mental health professionals

1. Individual attitudes and beliefs factors

Fear of stigma, shame, and embarrassment were expressed as barriers to professional help-seeking behaviors. About half of the students expressed a fear of stigma as a barrier to seeking

and obtaining mental health information from professional and non-professional information sources. In an interview, an adolescent stated:

“In most cases when you tell others that you’ve been to a psychologist, they think you’re crazy or have a mental problem, they probably don’t think that you’re just going to acquire knowledge on how to overcome stress or anxiety” (B1M2)

“I am so embarrassed to ask someone how I can control my stress, and because I am a very shy person, I cannot speak to others” (M2M8).

Fear of a breach of confidentiality and privacy was addressed as a barrier to obtaining mental health information in some adolescents interviewed:

“When I ask my mom about it, because I hate my aunts finding out as my mom says everything to my aunts, and I don’t want them to know that, I’m in trouble or have a problem or I’m looking for this information....” (F2M2)

“If I wanted to get information, I would just search the Internet and no one realizes you’re getting mental health information...” (B3M2)

The right attitude towards mental health issues as one of the dimensions of mental health literacy can be effective. Close communication with people with psychiatric disorders and benefiting from the experiences of improved patients can be considered as a way to improve the knowledge and awareness of adolescents. Findings of the present study showed that half of the adolescents expressed a negative attitude towards people with lived experience of mental illness and addressed reluctance to communicate with them. An adolescent stated:

“If it’s one of my friends, I don’t get in touch with them. The reason is that they annoy me. It bothers me, someone so obsessed; I’m offended if someone treats me like this. It makes me sick...” (2m8m)

“I don't like going around with depressed people, but sometimes when I'm alone, yeah, I want to find someone like myself to talk to, but I think depressed people have to help themselves; you can't just wait for somebody to come to your aid...” (F2m2)

2. Socio-cultural and familial beliefs factors

The family is an environment for the acquisition of information as well as solving the problems that adolescents face throughout their lives. If an adolescent does not feel comfortable in or confident about this environment, they will not be probably able to easily consult with the family about their problems. In the present study, some adolescents identified fear and uncertainty of family reaction as a barrier to obtaining mental health information from the family. An adolescent said:

“I had some mental problems and wanted to get some information about it, but I didn't want to tell my mom because I didn't think my mom would take me to a psychologist and would get me wrong or she would get upset ...” (B2m16)

“The family reprimands me because I search about psychology so much and I have information about mental disorders. When I have problems, they tell me that you're so into psychology yourself, so why do you have problems then! (M4m8)

Traditional community and family beliefs can be a barrier to improving adolescents' mental health literacy. A major barrier to obtaining mental health information, especially from family members and relatives in adolescents, is the traditional community and family beliefs expecting adolescents to always live in an ideal manner and respect other family members. As an adolescent girl stated:

“... Because my sister and my mother's relatives have some old-fashioned ideas one cannot talk to them and they say a girl must be silent” (H1m16)

The current economic situation, economic sanctions, and the resulting inflation have generally caused problems for the livelihood of most people in the country. Unstable economic

conditions of society and family affect the rate of their use of health services and mental health.

A number of adolescents reported high cost of psychological services and counseling and low incomes and financial pressures in the family to pay for psychological services and counseling.

An adolescent said:

“Paying for psychologists and psychiatrists for my family I think is problematic because my father is just a simple worker”. (B1M16)

“The high cost of psychology I think is problematic. When the cost is high, people do not seek mental health information from mental health professionals.” (H5M8)

3. Knowledge

The findings of this study showed that some adolescents do not have a good understanding of the necessity and importance of mental health literacy in life. This has affected their willingness to seek mental health information. An adolescent said:

“There are so many conflicts that one needs to address, and it is not a matter of priority, for example, one must get on with life and education rather than deal with mental conflicts” (1H8m)

“Some classes were held in our neighborhood management house, and my mom participated. But I didn't attend it myself and didn't like to attend these classes and I think it wouldn't be useful” (2M8m)

People often seek out the information they need when they have problems and feel the need for it. Unfamiliarity, lack of knowledge about mental health issues cannot make adolescents feel the need to know. Having basic knowledge in this field can be a step forward for improving knowledge and obtaining more information from these people, especially when they are faced with these problems. Due to the lack of proper mental health knowledge, many people are most likely deprived of the knowledge for timely diagnosis and appropriate action in this regard. Some adolescents have reported limited knowledge about mental health, especially mental

disorders, which can be an inhibitor to improving mental health and preventing the development of mental health problems if they arise. An adolescent stated:

“Some of my friends, because of family problems or for example having any problem, smoked or cut their skin; they encouraged me very much and once when my lessons became very bad, unfortunately, I cut myself with a razor so deeply that the scar remains. It was just because my friend told me doing this will calm the soul...” (4m8m)

“I was stressful for a while; I don't know if it's called depression or is it an adolescence disorder...” (3F2m)

The number of adolescents under study had limited awareness of the importance and role of professional help resources, such as mental health professionals, in improving mental health, as well as obtaining necessary mental health information. The lack of knowledge and awareness of the role of mental health professionals are effective in adolescents' attitudes toward obtaining mental health information and receiving professional assistance. An adolescent stated:

“Psychologists, counselors and psychiatrists I feel are for more serious illnesses but I feel like my mood won't change until I want it myself. Psychologists can't help...” (3f2m)

“I do not know how to figure out where to get the mental health information and whether this information is true or false” (2F2m)

Discussion

Given the importance of mental health among the younger generation, it is important to investigate factors affecting the improvement of mental health literacy in adolescents. The present study identifies the inhibiting factors for improving the mental health literacy of adolescents. Minimizing the inhibiting factors identified in the present study will be effective when considered along with appropriate planning and interventions to improve adolescent

mental health literacy. This section discusses the results associated with each theme compared to the previous studies.

The findings of the study showed fear of stigma, shame, and embarrassment as a barrier to improvement of mental health literacy. Stigma about mental illness and help-seeking behavior can lead to shame and embarrassment. People are scared to be treated as ‘crazy’ people among family and friends [29]. A number of studies have showed that adolescents are worried about the confidentiality and privacy of the mental health problems that they face. In previous studies, these concerns, along with fear of the stigma of mental illnesses, were identified as an important obstacle to help-seeking at schools [25, 30, 31].

Improving the mental health literacy of all individuals in the community as well as emphasizing the need for confidentiality and privacy by health care providers and parental training in this area can greatly reduce privacy concerns and fear of family reaction among adolescents. The results of this study showed a negative attitude toward mental health issues and people with lived experience of mental illness were identified as an obstacle to improving adolescent mental health literacy. In the study of Safa et al (2003), the findings were consistent with the present study, and in most adolescents, a negative attitude toward mental disorders was identified [32]. In the study by Taqwa et al. (2017), beliefs, attitudes, and lack of knowledge were also identified as barriers to the stigma of mental illnesses in Iran from the perspective of policymakers [33]. In one study, the results showed that adolescents’ negative attitudes toward mental illnesses were influenced by high levels of stigma and negative attitudes toward mental illness in society. This issue has a direct effect on adolescents’ attitudes and it can be as a barrier to the acceptance of those who suffer from these problems [34]. Furthermore, in a systematic review of Shahraki et al. (2020), direct contact with people with experience of psychiatric disorders was identified as a facilitator to adolescents’ mental health literacy interventions [35].

The results of the present study show that cultural and traditional beliefs in the society and the family are reported as a barrier to improving mental health literacy. In another study, Jorm (2012) states that mental health literacy presents a Western scientific concept that may be strongly in conflict with the traditional beliefs of some cultural minorities or in the dominant culture in developing countries [4]. In some cultures, the stigma of mental illnesses among community members can be even more alarming, which can even prevent talking about the subject [36]. The results of some studies of Asian immigrant communities in the United States showed that a large number of people had low mental health literacy [37, 38]. In developing countries, traditional beliefs can affect the lack of mental health literacy among individuals as well as delayed help-seeking from professional sources.

According to the results of the current study, fear of family reaction towards adolescents was a barrier to the acquisition of mental health information from family members and thereby improving adolescent mental health literacy. Adolescents always tend to appear competent. They appear unwilling to disappoint their parents [39]. This attitude can prevent them from obtaining the mental health information they need from their parents.

Evidence shows that recession can have devastating effects on health indicators, especially mortality and suicide [40]. Financial crises are associated with high stress and possibly increased use of mental health services [41]. Previous research also shows that the economic status of individuals can affect the level of mental health literacy [19, 42]. Taqwa et al. (2017), Also identified limited family financial resources, financial problems, and limited insurance coverage in the field of mental health as barriers to mental illness stigma in Iran [33].

In the current study, lack of knowledge about mental health, lack of understanding of the importance of this information, and lack of knowledge about professional and non-professional information sources were identified as barriers to improvement of adolescent mental health literacy. Although the concept of mental health is abstract, mental health literacy frameworks

point to the fact that mental health problems are similar to physical illnesses. If people have basic knowledge about mental illnesses and mental health problems and have enough knowledge to diagnose symptoms at the right time, similar to those in a physical illness, they will take appropriate action in this regard. Having knowledge about the symptoms of mental disorders makes it possible for a person to decide whether to search the information from reliable sources such as specialists [43] or other sources such as social media and the internet. The main limitation of this study was that the study sample was selected from adolescents in Tehran so the results cannot be generalized to adolescents in other areas. Another limitation was that due to the strict rules of schools and also having an economically, socially, and culturally diverse sample, school principals were assisted in selecting adolescents for interviews.

To conclude, the purpose of this study was to identify the inhibiting factors that influence adolescents' mental health literacy from the adolescents' perspective. Three themes were identified as inhibitors to improve mental health literacy. These themes included factors such as individual, socio-cultural, and familial attitudes, beliefs, and knowledge.

Prior to planning, implementing, and executing comprehensive plans to improve mental health literacy among community members, especially adolescents, paying attention to all of the influencing factors from the perspective of these individuals to provide more effective services would be helpful. In the meantime, minimizing the barriers and paying more attention to the facilitating factors identified in the current study will be effective in improving services and adolescents' mental health literacy.

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