Dynamics of Mental Health Literacy Among the Academic Staff: A Developing Country Perspective

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Abstract: *Universities are ideal locations for improving Mental Health Literacy and academic staff can play vital role in guiding students about mental health. However, there is scarcity of research on Mental Health Literacy in universities of Pakistan, thus indicating research gap. This research assesses faculty members' knowledge, beliefs, and attitudes toward mental health. It also examines roles and capacities of faculty members in guiding students about mental health. Finally, it will examine relationship between demographic characteristics and Mental Health Literacy. A cross-sectional design was used. Population consisted of 441 academic staff of universities of Pakistan. A sample of 251 was obtained through Stratified Radom Sampling. Data was collected through "self-administered online questionnaire" and analyzed through descriptive statistics and Multivariate Linear Regression models. Academic staff had moderate level of knowledge about mental illnesses. They had moderate beliefs and attitudes regarding mental illness and had played mild roles in promoting mental health among students.*

Key Words: Knowledge, Beliefs, Attitudes, Roles, Mental Health, Health Literacy, Academic Staff, University.

Introduction

In recent times, mental health problems are increasing and globally around 400 million people are suffering from different mental health problems (WHO, 2017). Drastic changes in modern complex life, lack of treatment facilities (globally 70% mentally sick people receive no or less treatment) and "lack of awareness" have fueled the growth of "mental health problems" (Henderson, Evans-Lacko, & Thornicroft, 2013). Researchers around world are working on devising mechanisms for controlling the mental health problems and greater emphasis has been laid on "promoting mental health literacy", because it is cost effective and preventive approach toward controlling mental health problems (Mehta et al., 2015). "Mental health literacy refers to the knowledge and beliefs about mental health problems", which can facilitate the identification of the "symptoms of mental health problems" and seeking appropriate professional help (Yu, Liu, Hu, Liu, Yang, et al., 2015). Researchers have found that universities are ideal locations for improving mental health literacy because most of young population reside there, which can be educated about mental health through promotional campaigns, social networking, consultations, and guidance (Reavley, McCann, & Jorm, 2012). Existing research further shows that activities related to mental health literacy are mostly carried out inside schools, however, universities have typically received less attention and "very few studies have assessed the mental health" literacy in universities (Gulliver, Farrer, Bennett, & Griffiths, 2017). Therefore, future research is required on the "topic of mental health" literacy in universities.

In Pakistan around 50 million people suffer from different kinds of mental health problems**.** There is lack of health facilities and people have low awareness about mental health problems (Mian, 2016). Therefore, greater emphasis should be laid on promoting mental health literacy in Pakistan because the existing health care trends in Pakistan are more in the favour of preventive mode rather than treatment. A preventive approach is more cost effective in developing countries like Pakistan, which has

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limited budget for health care expenditure. As mentioned earlier that around the world educational institutions acts as natural platforms for mental health promotion among mass people. In Pakistan such efforts are only limited to school based educational programs e.g., research on school based mental health promotion activities initiated by Khan, Jenkins, Lancashire, Taj, and Ayub (2013). However, "there is lack of research" on activities related to "mental health literacy" in universities of Pakistan and review of existing literature cites very few studies, e.g., Khan, Yusoff, and Isa (2016) on mental "health status of university teachers" in Pakistan. Due to scarcity of research on mental "health status of university teachers" in Pakistan, little is known about teachers' knowledge, beliefs and attitudes toward mental health problems and seeking of professional help. Therefore, research is required to know whether university teachers in Pakistan can recognize mental health problems? and what kind of beliefs they hold about mental health problems? Moreover, what are their "attitudes towards mental health problems and seeking of professional help?" Moreover, "little is known about the role" of faculty members in guiding and facilitating students about mental health in universities of Pakistan. And it is not clear how faculty members define and accept their responsibilities regarding promotion of mental health and supporting their students to seek help from mental health professionals?

The current study aims at assessing the faculty members' knowledge, beliefs, and attitudes toward mental health problems. Later on it will examine the roles and capacities of faculty members in guiding and facilitating students about mental health problems. Finally, the "relationship between participants'" demographic characteristics and their Mental Health Literacy will be examined. This study has used different theoretical lenses for investigating the identified research questions. For example Jorm's (2000) framework on mental health literacy. Von Wagner, Steptoe, Wolf, and Wardle's (2009) framework on health literacy and Hornby and Atkinson's (2003) model for explaining the role of educator in promoting mental health in educational institutions.

Methods

Research design

A cross-sectional survey design was adopted because it helped in collecting data at a specific point of time and in a cost effective way (Hackshaw, 2015).

Population and Sampling

Population consisted of all academic staff working in the three selected universities. According to the official websites of these universities there were a total of 441 academic staff at the time of data collection. A multi-stage sampling technique was used to draw a sample of 259, as clear from Table 01. Initially strata were made on the basis of job positions held by each academic staff. In the second "stage simple random sampling was done within each" stadium according to formula provided by Yamane (1967:886), i.e., $N=N/1+N(e)^2$. Where n is "sample size, N is population size, and e is the level of precision. For small population sizes the precision levels are kept high, whereas for large population sizes, the precision levels are kept low". In the current study precision level was kept at 90% confidence level, i.e., (e=0.10).

Table 1. Population and Sampling.

Selected Universities	Lecturers		Assistant professors		Associate Professors		Professors	
	N	n	N	n	N	n	N	n
Khushal Khan Khattak University, Karak	34	25	19	15	00	00	01	01
Gomal University, D.I. Khan	98	49	113	53	15	12	30	22

University of Science & Technology Bannu	71	42	56	35	05	03	05	02
Total	203	116	188	103	14	15	36	25

Note: N= Population; n=Sample

Data collection tools

The data was "collected through online self-administered questionnaire". The questionnaire contained total of 51 items with following sections:

Demographic Data

Data about demographic variables like Age, Gender, Marital Status, Educational Qualification, Job Position, Job Experience and University (where currently posted) was collected through 07 items.

Knowledge about Mental Illness

Knowledge about "mental illness was assessed by 09 "items of Mental Health Knowledge Questionnaire" by Wang et al.,(2013), 02 items of Questionnaire on mental health and illness" by Dogra et al.,(2012) and 03 items of Mental Health Knowledge Schedule by Evans-Lacko et al., (2010).

Beliefs about Mental Illness

Beliefs about mental illness were evaluated by 03 "items of Mental Health Knowledge Questionnaire" by Wang et al.,(2013) and 05 items of Questionnaire on mental health and illness by Dogra et al.,(2012).

Attitudes about Mental Illness

Attitudes about mental illness were measured by 05 items of Attitudes Toward Serious Mental Illness Scale by Watson, Miller, & Lyons (2005) and 03 items by "Community Attitudes towards Mental Illness Scale by Taylor & Dear (1981)".

Role and Capacities of Educators

Role and capacities of educators in promoting mental health literacy were assessed by 09 items of Teachers' perceived role breadth scale by Mazzer and Rickwood (2015) and 05 items of Teachers' knowledge, competence and self-efficacy scale by Askell-Williams and Lawson (2013). Items for the knowledge, beliefs, attitudes and roles were rated according to the five-point Likert scaling procedure.

Data Collection Procedure

An ethical approval to conduct this study was obtained. The email addresses of available academic staff were obtained from the official websites of the selected universities. Emails containing the link of online questionnaire were sent to 251 academic staff. Within one-month (February 2028 to March 2018) total 112 responses were recorded in the online database. In the start of April 2018, follow up emails were sent as soft reminders. The data collection continued till start of May 2018 and total 218 responses were recorded in the online database.

Statistical Analysis

Statistical analyses were conducted through MS Excel, 2010 and SPSS Version 20. Data on demographic profile and other variables for assessing the participants' knowledge, belief, attitudes and roles about mental health were analyzed by calculating frequencies and percentages. All of the statements on knowledge, beliefs, attitude, and roles were scaled according to five point Likert scale. Similarly, scores for each of these variable was calculated according Likert scoring procedure (Sullivan & Artino, 2013). Each "rating was multiplied with total number of items". For the variable of knowledge, a score of 23 or less was considered as low knowledge. A score of 24 or above was considered as mild knowledge, while

A score of 47 or above was considered as high knowledge. On the other side the scores for the variables of beliefs and attitudes ranged from 13 or less for negative, 14 or above for moderate and 27 or above for positive beliefs/attitudes. Finally the score for the variable of roles about mental health ranged from 23 or less as no role. A score of 24 or above was considered as mild role, while a score of 47 or above was considered as active role. Separate Multivariate Linear Regression models were run according to steps devised by Montgomery, Peck, and Vining (2013) for determining the relationship between demographic characteristics of the sample and the core dimensions of Mental Health Literacy. Before running the regression analysis, the prerequisite (assumptions) of regression analysis as suggested by Tabachnick and Fidell (2007) were tested. These assumptions include checking the outlier, normality and linearity, multicollinearity, and homoscedasticity.

Results

Response rate

Total of 218 responses were recorded in the online database. After a screening of all recorded cases it was found that 39 cases had more than 10% of missing responses. These cases were deleted because Hair & Anderson (2010) suggested that missing data in a single case if exceed the limit of 10%, then should be deleted. In this way a response rate of 71.32% was finally achieved.

Knowledge, Beliefs, Attitude, and Roles toward Mental Health

Table 2 shows the level of Knowledge, Beliefs, Attitude, and Roles toward mental health problems in relation to the demographic characteristics of academic staff. The results show that most of the academic staff members have moderate level of knowledge about mental health problems. For example, gender wise 124 out of 179 respondents had a mild level of knowledge. Similarly, 148 out of 179 respondents in different age categories had a mild level of knowledge. In a similar way, the majority of academic staff members have moderate beliefs and attitudes about mental health problems. For example, gender wise 99 out of 179 respondents had moderate beliefs. Likewise, 92 out of 179 respondents in different age groups had positive attitudes toward mental illnesses. Similarly, the majority of academic staff members have a mild level of roles/capacities. For example, gender wise 141 out of 179 respondents had a mild level of roles/capacities.

Relationship between demographic characteristics and Mental Health

In order to know the relationship between demographic characteristics and dimensions of Mental Health Literacy, separate Multivariate Linear Regression models were run. The results of Multivariate Linear Regression are given in tables 03 and 04. The details show that demographic variables of age, job position and job experience were significantly associated with the four dimensions of Mental Health Literacy. Whereas variables like gender, marital status and education were not significantly associated with the dimensions of Mental Health Literacy. Age wise, the respondents in age category of 20 to 30 years were positively associated with the Mental Health Literacy. For example, variables of knowledge (20 to 25 years $\beta= 0.893$, p=0.050), beliefs (20 to 25 years $\beta= 0.260$, p=0.067), attitudes (20 to 25 years $\beta= 0.105$, p=0.017) and roles/capacities (20 to 25 years $\beta= 0.783$, p=0.087) were positively associated with the Mental Health Literacy. Job Position wise, Lecturer and Assistant Professor were positively associated with the dimensions of Mental Health Literacy, like for example the variables of knowledge (Lecturer $\beta= 0.439$, p=0.00), beliefs (Lecturer $\beta= 0.224$, p=0.002), attitudes (Lecturer $\beta= 0.210$, p=0.030) and roles/capacities (Lecturer $\beta= 0.475$, p=0.073) were positively associated with the Mental Health Literacy. Job Experience wise, the respondents having 05 to 10 years of work experience were positively related the Mental Health Literacy. The detail shows that the variable of knowledge (06 to 10 years $\beta= 0.432$, p=0.057), beliefs (06 to 10 years $\beta= 0.300$, p=0.026), attitudes (06 to 10 years $\beta= 0.186$, p=0.082) and roles/capacities (06 to 10 years $\beta= 0.318$, p=0.007) were positively associated with the Mental Health Literacy.

Table 2. Knowledge, Beliefs, Attitudes, and Roles toward mental health problems

Demographic Variables	Knowledge Level			Belief Types			Attitudes Types			Role/Capacities Level		
Gender	Low	Mild	High	Negative	Moderate	Positive	Negative	Moderate	Positive	No Role	Mild Role	Active Role
Male	08	24	2	10	83	61	09	63	82	14	117	23
Female	00	4	1	00	16	09	00	15	10	00	24	01
Age												
20 to 25 years	03	5	2	03	44	33	03	30	47	04	63	13
26 to 30 years	01	1	7	01	26	22	01	19	29	01	41	07
31 to 35 years	02	7	1	03	11	06	03	13	04	04	15	01
36 to 40 years	02	2	2	03	08	05	02	09	05	03	11	02
41 to 45 years	00	8	1	00	06	03	00	05	04	00	08	01
46 to 50 years	00	5	0	00	04	01	00	02	03	02	03	00
Marital Status												
Single	03	1	9	03	31	19	03	20	30	03	41	09
Married	05	07	4	07	68	51	06	58	62	11	100	15
Job Position												
Lecturer	03	6	3	03	45	34	03	30	49	04	64	14
Asst. Professor	04	9	9	05	36	31	04	34	34	04	59	09
Ass. Professor	00	8	0	01	07	00	01	05	02	02	06	00
Professor	01	5	1	01	11	05	01	09	07	04	12	01
Education												
Master	00	2	4	00	06	10	00	05	11	00	12	04
MPhil	04	5	0	04	46	29	03	34	42	04	64	11
Doctorate	04	6	9	06	45	28	06	36	37	10	60	09
Post Doc	00	5	0	00	02	03	00	03	02	00	05	00
Job Experience												
Below 5 years	03	5	2	03	44	33	03	30	47	04	63	13
6 to 10 years	02	1	9	02	32	28	02	27	33	02	51	09

| 11 to 15 years | 02 | 2 | 1 | 04 | 15 | 06 | 03 | 16 | 06 | 06 | 18 | 01 |
| 16 to 20 years | 01 | 0 | 1 | 01 | 08 | 03 | 01 | 05 | 06 | 02 | 09 | 01 |

Table 3. Relationship between demographic characteristics, knowledge and beliefs

Gender	Knowledge			Beliefs		
	β	95% CI	P value	β	95% CI	P value
Male	0.107	.313-.533	0.621	-.057	0.502-0.352	0.729
Female (ref)	--	--	--	--	--	--
Age						
20 to 25 years	0.893	-.001-1.786	0.050	0.260	-0.636-1.157	0.067
26 to 30 years	0.943	.033-1.854	0.042	0.346	-0.568-1.259	0.456
31 to 35 years	0.285	-.685-1.254	0.563	-0.344	-1.317-0.629	0.486
36 to 40 years	0.627	-.366-1.621	0.214	-0.162	-1.159-0.835	0.748
41 to 45 years	0.993	-.082-2.081	0.070	0.419	-0.666-1.505	0.047
46 to 50 years (ref)	--	--	--	--	--	--
Marital Status						
Single	0.048	-.276-372	0.77	0.066	-0.318-.330	0.97
Married (ref)	--	--	--	--	--	--
Job Position						
Lecturer	0.439	-.084-.963	0.000	0.224	-.301-.748	0.002
Asst. Professor	0.347	-.183-.877	0.098	0.137	-.394-.669	0.010
Ass. Professor	0.136	-.979-.706	0.750	-0.450	-1.294-.395	0.295
Professor (ref)	--	--	--	--	--	--
Education						
Master	0.387	-.154-.928	0.160	0.450	-.091-.990	0.102
MPhil	0.077	-.391-.237	0.630	0.035	-.349-.279	0.827
Doctorate	0.031	-.880-.941	0.947	0.165	-.745-1.074	0.721
Post Doc (ref)	--	--	--	--	--	--
Job Experience						
Below 5 years	0.432	.168-1.032	0.057	0.300	.301-.900	0.026
6 to 10 years	0.473	.138-1.084	0.028	0.361	.250-.973	0.045
11 to 15 years	0.160	-.840-.520	0.643	0.291	.972-.390	0.401
16 to 20 years(ref)	--	--	--	--	--	--

*Ref= Reference category

Table 4. Relationship between demographic characteristics, attitudes and roles/capacities

Gender	Attitudes			Roles/Capacities		
	β	95% CI	P value	β	95% CI	P value
Male	0.114	.313-.540	0.599	0.200	.255-.626	0.354
Female (ref)	--	--	--	--	--	--
Age						

20 to 25 years	0.105	-.789-.999	0.017	0.783	-.114-1.680	0.087
26 to 30 years	0.180	-.731-1.091	0.007	0.755	-.158-1.668	0.005
31 to 35 years	-0.557	-1.527-.413	0.059	0.199	-.774-1.172	0.087
36 to 40 years	-0.319	-1.313-.675	0.528	0.360	-.637-1.357	0.477
41 to 45 years	0.264	-.818-1.346	0.631	0.859	-.226-1.944	0.120
46 to 50 years (ref)	--	--	--	--	--	--
Marital Status						
Single	0.049	-.277-377	0.78	0.124	-0.199-.448	0.44
Married (ref)	--	--	--	--	--	--
Job Position						
Lecturer	0.210	-.314-.735	0.030	0.475	-.045-.995	0.073
Asst. Professor	0.086	-.445-.617	0.049	0.334	-.192-.860	0.012
Ass. Professor	0.491	-1.335-.353	0.252	-0.310	-1.147-.527	0.466
Professor (ref)	--	--	--	--	--	--
Education						
Master	0.425	-.115-.964	0.122	0.379	-.160-.919	0.167
MPhil	0.106	-.420-.207	0.503	0.139	-.452-.175	0.383
Doctorate	0.080	-.988-.829	0.863	0.230	-1.138-.678	0.617
Post Doc (ref)	--	--	--	--	--	--
Job Experience						
Below 5 years	0.068	-.533-.669	0.823	0.365	-.236-.966	0.032
6 to 10 years	0.186	-.526.698	0.082	0.318	-.294-.930	0.007
11 to 15 years	0.562	-1.244-.120	0.106	0.263	-.945.418	0.447
16 to 20 years(ref)	--	--	--	--	--	--

*Ref= Reference category

Discussion

Findings of this study are consistent with those reported by the majority of research studies on Mental Health Literacy in the existing literature like for example Gulliver et al., (2017), Askell-Williams and Lawson (2013), Wynaden et al., (2014) and (Whitley, Smith, & Vaillancourt, 2013). One of the reasons for the moderate level of knowledge about mental illnesses that ultimately resulted in developing moderate beliefs and attitudes about mental illnesses is that most of the laymen have poor understanding of the medical knowledge. Such people are not correctly able to recognize mental illnesses and understand the underlying causal factors of mental illnesses. Resultantly their beliefs and attitudes "about the prevention and treatment of mental illnesses" are also negatively affected (Yeap & Low, 2009). The "results of the current study show" that most of the respondents were somewhat familiar with International Mental Health Day, or World Sleep Day or International Suicide Prevention Day. Similarly, the majority of the respondents moderately agreed that psychiatric services should be sought in case of mental illness. For this reason most of the respondents moderately "believed that mental illnesses" cannot be prevented and cured. They also somewhat "believed that mental illnesses" might be caused by spiritual attacks. However, most of them disagreed about the stigma associated with mental illnesses and they agreed that there should be tolerant attitudes towards the mental illnesses. On the other side, the roles/capacities of faculty members are also at a moderate level because they did not possess sufficient knowledge about mental illnesses resultantly, they were not able to play full roles in promoting Mental Health Literacy. For this reason, the majority of the faculty members somewhat agreed that they were able to provide "a positive, safe and friendly environment for promoting mental health" literacy. On the other side, the

universities in Pakistan do not provide sufficient resources to its faculty in terms of training and other Physical resources. Most of the faculty members somewhat agreed that their teaching resources can help students to develop skills to make good decisions about their mental health. Therefore, the faculty members are not fully equipped and prepared to support the students regarding mental health or guide them about seeking proper professional help. Such findings are consistent with the results of Rohan Dilip Mendonsa and Shihabuddeen (2013), who found that teachers knowledge and awareness about mental illness were not good in India. The teachers were able to recognize some of the mental illnesses like, e.g., depression; however, their overall knowledge about mental illnesses was not good. Resultantly they believed that mental illnesses cannot be prevented or cured. Due to lack of knowledge, the teachers were also unable to promote awareness about mental illness among studies. Similarly, the results of current study are in concurrence with results of Askell-Williams & Lawson (2013) who found that half to two third of teachers indicated that they possessed sufficient knowledge about mental health and played significant roles in promoting mental health among students, however, one third to one half of the teachers were not fully equipped with knowledge about mental health resultantly they were unable to promote mental health literacy among their students.

The results regarding association between the demographic characteristics and dimension of Mental Health Literacy show that teachers' age, job positions and work experience were significantly related to the Mental Health Literacy. Age wise, the young age was positively associated with Mental Health Literacy. Similarly, job position and work experience wise, lecturers having 01 to 05 years of work experience were positively associated with Mental Health Literacy. It is because the young teacher possesses more current knowledge about things around them as compared to old teachers, who are more stuck to their existing knowledge. Moreover, in the last few years the Higher Education Commission of Pakistan has changed the university teachers' selection criteria with more focus candidates having foreign qualification and diverse knowledge. Similarly, the Higher Education Commission of Pakistan has also focused on teachers' training and capacity development. Resultantly the younger teachers have become more versatile and dynamic as compared to the senior teachers. Similar findings were reported by Rohan Dilip Mendonsa and Shihabuddeen (2013) and Yu, Liu, Hu, Liu, Liu, et al.,(2015) on the positive association between young age and higher Mental Health Literacy.

Implications

The findings of current study can open new ways for promoting Mental Health Literacy in universities of Pakistan. The findings can also guide the faculty members and students to seek proper treatment in case if they ever develop mental health problems, since without proper treatment, individuals experiencing mental health problems are at high risk for lower grades, dropouts, and unemployment. Review of existing research shows that little is known about how faculty members in universities of Pakistan acquire knowledge about mental health problems and how such knowledge is transferred into their attitudes and beliefs about mental health. Therefore, the current research is significant in identifying the misleading sources of knowledge about mental health problems. Moreover, such research can help eliminate misconceptions about mental health problems, e.g., some people think that mental illness is due to supernatural sources or ghosts.

The administration of universities can get guidance from findings of the current study. They can take necessary interventions like, e.g., they can develop policies related to Mental Health Literacy at the campus level. They can launch trainings related to mental health literacy for the staff of the university. The academics department of university can work on launching professional courses on mental health literacy in the university. Moreover, courses on mental health literacy can be added to the curriculum. The findings of current study can guide the faculty members in detecting mental health problems at its earliest stage. Such detection can guide them in seeking appropriate professional help. Furthermore, the roles of faculty members in guiding students about mental health will be known. Information about such roles can be disseminated among faculty members in other universities of Pakistan. Such information can also help in understanding the mechanism through which interactions between teachers and students are done A mentally healthy community can better contribute to the socioeconomic development of the country as a whole.

Limitations and Future Research Directions

This study has certain limitations. The current study was a cross sectional and has collected data at a particular time. The future researchers should conduct longitudinal research studies for assessing the Mental Health Literacy among university staff. The current study was conducted only among academic staff, therefore, the future researchers should conduct a comparative study among both academic staff and teaching staff; moreover, a comparative study among teachers and students will help in a better understanding of dynamics of Mental Health Literacy in universities. Finally this study has examined only the individual roles of academic staff in promotion of Mental Health Literacy among students. The future researchers should broadly examine the institutional efforts done by the administration of universities' promotion of Mental Health Literacy in campus.

Conclusion

Promotion of Mental Health Literacy is one of the basic needs in the higher education institutions of Pakistan because most of the people in Pakistan have a lack of access to the professional psychiatric services. Moreover, there is a lack of awareness and misconceptions about mental health problems among public of Pakistan. As the higher education institutions act as natural platforms for mental health promotion among mass people, therefore, more emphasis should be laid on the promotion of Mental Health Literacy as it is the preventive mode and cost-effective way of managing mental illnesses at societal level. A preventive approach is more cost effective in developing countries like Pakistan, which has limited budget for health care expenditure. It is therefore, concluded that the Mental Health Literacy should be promoted among the teachers as well as students in universities of Pakistan, so that the society as a whole can get awareness about the prevention and cure of mental illnesses. In this we can get a healthy society, which can contribute to the socioeconomic development of country as a whole.

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