MENTAL HEALTH LITERACY AND ITS ASSOCIATED FACTORS AMONG PARENTS AND TEACHERS OF SECONDARY SCHOOL STUDENTS IN PENINSULAR MALAYSIA

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by

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LIST OF SYMBOLS

n	Sample size
P	*P*-value
r	Correlation coefficient
b	Crude regression coefficient
Adj. b	Adjusted regression coefficient

LIST OF ABBREVIATIONS

ANOVA	Analysis of variance
B40	Bottom 40%
CVI	Content validity index
FVI	Face validity index
INFIT	Inlier pattern-sensitive fit statistics
JEPeM	Jawatankuasa Etika Penyelidikan Manusia
LOSS	Literacy of Suicide Scale
M40	Middle 40%
MAKS-M	Malay Mental Health Knowledge Schedule
MHL	Mental health literacy
M-LOSS	Malay Literacy of Suicide Scale
MNSQ	Show mean-squared
MOH	Ministry of Health Malaysia
NHMS	National Health & Morbidity Survey
OUTFIT	Outlier-sensitive fit statistics
PCAR	Principal component analysis of residual
PIBG	Persatuan Ibu Bapa dan Guru
PTMEA Corr	Point-measure correlation
SD	Standard deviation
SL	Suicide literacy
SBP	Sekolah Berasrama Penuh
SMA	Sekolah Menengah Agama
SMK	Sekolah Menengah Kebangsaan
T20	Top 20%

UA	Universal Agreement
USM	Universiti Sains Malaysia
WHO	World Health Organisation
ZSTD	Z-standardised score

LIST OF APPENDICES

LITERASI KESIHATAN MENTAL DAN FAKTOR-FAKTOR BERKAITAN DALAM KALANGAN IBU BAPA DAN GURU-GURU REMAJA SEKOLAH MENENGAH DI SEMENANJUNG MALAYSIA

ABSTRAK

Isu kesihatan mental dan gejala bunuh diri dalam kalangan remaja semakin meningkat dan perlu dibendung dengan memperkasakan literasi kesihatan mental dan literasi gejala bunuh diri dalam kalangan ibu bapa, penjaga, dan guru-guru. Ini dapat memastikan mereka boleh memberikan sokongan emosi dan mental yang mecukupi kepada para remaja apabila diperlukan. Kajian ini bertujuan untuk mengkaji tahap literasi kesihatan mental dan gejala bunuh diri, di samping mengenalpasti faktor-faktor demografi yang mempengaruhinya. Kajian tinjauan keratan rentas ini telah menerima sebanyak 867 peserta kajian terdiri daripada ibu bapa dan guru dari 24 sekolah menengah kerajaan di seluruh Semenanjung Malaysia yang terpilih melalui kaedah persampelan kluster berstrata berperingkat. Soal selidik "*Malay Mental Health Knowledge Schedule*" (MAKS-M) digunakan untuk mengukur tahap literasi kesihatan mental manakala "*Malay Literacy of Suicide Scale*" (M-LOSS) pula digunakan untuk mengukur tahap literasi gejala bunuh diri. Skor min bagi tahap literasi kesihatan mental bagi populasi kajian ini adalah 43.82 (SD = 4.07). Keputusan analisis menunjukkan terdapat perbezaan signifikan antara peserta berlainan jantina, agama, tahap pendidikan, pendapatan bulanan, terdapat ahli keluarga atau kenalan yang mengalami penyakit mental, pernah terlibat dalam memberi bantuan kepada pesakit mental, dan pernah menghadiri latihan pertolongan cemas psikologi. Tahap literasi kesihatan mental yang tinggi juga berkorelasi dengan peserta perempuan, mempunyai ahli keluarga atau kenalan yang mengalami penyakit mental, pernah terlibat dalam

memberi bantuan kepada pesakit mental, dan pernah menghadiri latihan pertolongan cemas kesihatan mental. Analisis regresi pula menunjukkan bahawa umur, pendapatan bulanan, mempunyai ahli keluarga atau kenalan yang mengalami penyakit mental, dan pernah menghadiri latihan pertolongan cemas psikologi merupakan faktor peramal bagi literasi kesihatan mental. Seterusnya, literasi gejala bunuh diri bagi sampel kajian ini adalah 54.0% (M = 14.05, SD = 2.61), di mana subskala rawatan dan pencegahan mendapat peratusan jawapan betul yang tertinggi, diikuti dengan subskala faktor risiko, subskala petanda dan gejala, serta subskala punca dan sifat gejala bunuh diri. Perbezaan signifikan purata skor dapat dilihat antara jenis sekolah yang berbeza. Selain itu, korelasi negatif signifikan juga dilaporkan antara umur dan purata skor literasi gejala bunuh diri, di samping umur juga didapati merupakan faktor peramal signifikan bagi tahap literasi gejala bunuh diri. Akhir sekali, kajian membuktikan tiada perkaitan yang signifikan antara tahap literasi kesihatan mental dan gejala bunuh diri. Dapatan kajian ini diharap dapat berfungsi sebagai asas kajian berkenaan literasi kesihatan mental dan gejala bunuh diri dalam kalangan warga Malaysia untuk menghasilkan program intervensi kesihatan mental dan gejala bunuh diri yang berasaskan bukti dan berkesan.

MENTAL HEALTH LITERACY AND ITS ASSOCIATED FACTORS AMONG PARENTS AND TEACHERS OF SECONDARY SCHOOL STUDENTS IN PENINSULAR MALAYSIA

ABSTRACT

The increase in mental health and suicide issues among adolescents calls for the need to improve the parents, caregivers, and teachers' mental health literacy (MHL) and suicide literacy (SL) to ensure adequate knowledge to provide initial mental health support. The current study aimed to evaluate the levels of mental health and suicide literacies and identify their associated demographic factors. The cross-sectional study recruited 867 participants (parents and teachers) across 24 government secondary schools in West Malaysia sampled via a multistage stratified cluster sampling method. The current study used the 12-item Malay Mental Health Knowledge Schedule (MAKS-M) and the 26-item Malay Literacy of Suicide Scale (M-LOSS) to assess mental health and suicide literacies. The mean score of overall MHL for the current study sample was 43.82 (SD = 4.07). Study results showed significant mean differences between sexes, religions, education levels, income brackets, had known someone with a mental disorder, had assisted someone with a mental illness, and attended formal training for psychological first aid. Participants who scored higher on their MHL level tend to be female, had known someone with a mental disorder, had assisted someone with a mental disorder, and attended formal psychological first aid training. Upon regression, age, income brackets, knowing someone with mental disorder, and attended formal psychological first aid training were the significant predictors of MHL. As for the SL, the current population scored 54.0% (M = 14.05, SD = 2.61), with the highest rate of correct responses on the

treatment and prevention subscale, followed by the risk factors subscale, signs and symptoms subscale, and the lowest in the causes and nature subscale. The mean score difference was found to be significant between school types. There is a significant negative correlation between age and mean SL score, and age was the unique predictor of SL level. Finally, no significant association was found between MHL and SL. The study findings can be used as a foundation for MHL and SL research among the local Malaysian community to guide the development of effective evidence-based intervention programmes for mental health and suicide.

CHAPTER 1

INTRODUCTION

1.1 Background

The Constitution of the World Health Organization (WHO) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"(WHO, n.d.-b). From this, we can discern that mental health is not solely the absence of mental disorders, and the effort toward caring for mental health should be of similar intensity as for physical health. An individual is in good mental health when they apprehend their abilities, can cope with their stress effectively, and productively contribute to their community (WHO, n.d.-c).

Mental health is influenced by individual and socioeconomic determinants (Wang and Rajwani, 2015). Individual determinants include biological (e.g., genetics, chemical unbalance, brain insults and defects, and other co-morbidities), psychological (e.g., abuse, neglect, loss, and traumatic life experiences), and behavioural factors (e.g., lifestyle, substance use, and emotional control). In contrast, the socioeconomic determinants pertain to the environment and surroundings, which contributes to psychological pressure such as social discrimination (e.g., discrimination based on race and religion, gender and sexual orientation, disability), poor support system, harsh working conditions, and financial constraints (e.g., poverty, debts, mortgages).

Psychiatric illnesses are typically chronic, thus inflicting long-term disability. Mental disorders ranked the seventh in the list of causes of global disability-adjusted life year, representing 4.92% of the total disability-adjusted life year globally for the year 2019, as compared to 3.11% in 1990, which showed an increment of 58.42% (The Institute for Health Metrics and Evaluation, 2020). At its worst, mental disorders affect

productivity and functioning, but they may also lead to higher mortality risk (Lawrence et al., 2000). The high mortality rate is attributed to suicide as one of the leading causes of death among psychiatric patients. Suicide is an act of lethal self-harm to end one's own life (Turecki and Brent, 2016). While mental illness is the most significant risk factor for suicidal behaviour, other factors identified include cultural practices, poor family support, low socioeconomic standing, and substance and alcohol abuse (Turecki and Brent, 2016). Although suicide is not technically an illness, it has been the focus of the international psychiatric and public health community as it poses a considerable threat to the mentally ill (Turecki et al., 2019).

The period of adolescence, aged 10 to 19, is a unique and crucial period of growth when challenges emerge from dealing with constant uncertainty and rapid shifts from childhood to adulthood in personal life and encounters (WHO, n.d.-a). Kessler et al. (2007) reported that the first onset of psychiatric illnesses commonly occurs during childhood and adolescence. For example, oppositional-defiant disorder and conduct disorder are commonly diagnosed during late childhood to early adolescence, whereas psychotic disorders are more prevalent during late adolescence (Kessler et al., 2007).

Adolescents are at higher risk of developing mental health problems due to a constellation of factors, such as peer pressure, wishing for more independence, exploring sexuality, increased exposure to the media, a victim of violence, and living in poor conditions (e.g., poverty, orphans, discrimination, chronic illnesses) (WHO, n.d.-a). The emergence of technology and social media also sparked potential risk factors such as cybervictimization, social exclusion, and peer influence on risky behaviours such as alcohol and substance abuse. These lead to higher risk of developing mental disorders such as internet addiction, substance abuse, depression, anxiety, and even suicide (Nesi, 2020).

As for suicidal behaviour, a qualitative study among Malaysian youths identified four major stressors of suicide, which include relationship problems, family problems, academic problems, and emotional problems (Kok et al., 2015). This finding parallels Brofenbrenner's Ecological Systems Theory explaining that human development is influenced by interpersonal relationships and the immediate dynamic environment around them. The microsystem, including the peers and family members, has a substantial impact on the children and adolescents' mental health and development, as they are presumed to be the central ecological environment for their development (Kok et al., 2015).

1.1.1 Role of Parents, Caregivers, and Teachers in Adolescents' Mental Health

Parents, caregivers, and teachers are among the adult stakeholders that are the most engaged in adolescents' mental health. Being the primary guardians, parents and caregivers are responsible for providing their children with intellectual, emotional, social, and essential needs, including supervision and care for their mental health. Systematic review demonstrated one of the commonly reported themes that led to the underutilisation of mental health services is the perceived confidentiality and the ability to trust an unfamiliar individual (Radez et al., 2021) Parents and teachers are the ideal candidates for gatekeeper training for mental health and suicide prevention because home and school represented two main agents of youth development and socialization.. Parents and teachers are the ideal candidates for gatekeeper training for mental health and suicide prevention because home and school represented two main agents of youth development and socialization. It was reported that adolescents prefer to seek mental support from those whom they have an existing interpersonal relationship with, such as their peers, siblings, and parents (Aida et al., 2010). In suicidal teens, evidence supports

parents were the choice of individual if they were to disclose their intention (Hooven, 2013). On the other hand, teachers are in a unique position since they interact with children and adolescents daily. Having ample knowledge of the early warning signs and possible risk factors of mental health and suicide among adolescents may improve their recognition and confidence in helping those in mental distress, subsequently leading to early intervention for adolescents with mental disorders (Aida et al., 2010).

1.1.2 Mental Health Literacy

The concept of mental health literacy (MHL) originally stemmed from "health literacy", which describes one's ability to access, understand, and use their health knowledge to maintain good health (Jorm et al., 1997). Researchers saw the need to develop health literacy since inadequate health knowledge is linked to poorer health outcomes and health service utilisation (Berkman et al., 2011). Previous studies on health literacy mainly discussed depression and psychotic disorders, causing limited understanding of various other mental disorders (Jorm et al., 1997). The increasing awareness and rampant advancement in mental health treatment and prevention have generated the need for MHL as a stand-alone concept, as opposed to being only a component of health literacy. Jorm and colleagues introduced the first concept of MHL, which they described as the knowledge and beliefs regarding mental disorders that aid in their ability to recognise, manage, and prevent them (Jorm et al., 1997). Since then, studies on MHL have been more actively conducted worldwide, producing robust literature that helps refine the definition of MHL. Now, MHL is no longer limited to detecting and preventing mental disorders but also to having more profound knowledge of good mental health maintenance, gaining more understanding of the disorders and their available treatments, demystifying stigma and false beliefs related to mental health, and improving help-seeking efficacy (Kutcher et al., 2015). Knowledge on

mental health have become the foundation for mental health care, prevention, and promotion. Studies on mental health are valuable for determining the population's level of MHL, their social determinants, and a useful tool to objectively measure the effectiveness of MHL intervention programmes (Kutcher et al., 2015).

1.1.3 Suicide Literacy

Studies on suicide literacy (SL) began roughly four decades ago to clarify the myths and facts about suicide. The need for SL studies became more intense following the suicide trend within the community worldwide to distinguish the knowledge gaps and fallacy behind the psychology of suicide. The Facts on Suicide Quiz and its revised version were a few of the regularly implemented instruments to assess SL (Hubbard and Mcintosh, 1990; McIntosh et al., 1985). These instruments loosely categorised the items into two categories – facts or myths. Ever since MHL studies have gained traction among social scientists, the grasp on SL has also deepened. The construct of SL is now aligned with the description of MHL. The most common iteration of SL consists of knowing the causes and nature of suicide, its risk factors, signs and symptoms, and the treatment and prevention (Calear et al., 2021). The comprehensive classification of suicide knowledge has enabled a more extensive conception of SL.

1.2 Problem Statements

Mental health problems among adolescents are increasing in an alarming trend. One out of ten adolescents experiences mental disorders, accounting for 16% of the burden of disease and injury globally (WHO, n.d.-a). A similar situation is reflected in the Malaysian community as reported by the National Institute of Health, Ministry of Health Malaysia (MOH), whereby 7.9% of children and adolescents were found to have mental health problems in the National Health and Morbidity Survey (NHMS) (MOH,

2019). According to Othman and Essau (2019), one in five Malaysian adolescents were depressed, two in five were anxious, and one-tenth were stressed. These conditions, if not intervened, may persist until adulthood, consequently impairing the quality of life as adults and increasing the risk of self-harm and suicide (Choo et al., 2019). In 2016, 62,000 lives were lost due to self-harm and suicide worldwide, becoming the third leading cause of mortality (WHO, n.d.-a). In Malaysia, 11.1% of adolescents had suicidal ideation, and 10.1% had a history of suicide attempts (Othman and Essau, 2019).

However, mental health and suicide are sensitive topics to be discussed in the public sphere in Malaysia. Thus, there is a likelihood that suicide cases were underreported as it is probable that the suicide attempters received treatment from non-government sectors, did not seek medical attention, or suicide cases were listed under sudden death to avoid religious conflict (Foo et al., 2014). The underreporting can be partly due to societal and cultural stigma and the religious taboo against suicide and mental health. Ibrahim and colleagues found that mental health self-stigma was the strongest predictor of negative mental help-seeking attitudes among local high school and university students (Ibrahim et al., 2019). Self-stigma is built around the false beliefs imposed by society, including their family members, friends, employers, and even the healthcare providers (Hanafiah and van Bortel, 2015). In a qualitative study, the youths in Malaysia expressed that disclosing mental disorders is unacceptable among the local community, and they can also be labelled as “weak” (Berry et al., 2020). A similar view is shared by the Malaysian mental health professionals, whereby mental health stigma among the Malaysian community is manifested by negatively labelling mentally ill patients and characterising them based on their diagnoses, thus leading to social exclusion and rejection from the community and discrimination in

terms of employment and job opportunities (Hanafiah and van Bortel, 2015). These social stigmas consolidate patients' self-stigma, causing lower self-empowerment and poor help-seeking attitude, ultimately compromising their treatment and recovery process.

Furthermore, a study also highlighted the stigma among different ethnicities, whereby the Malays tend to have believe that mental disorders are related to supernatural phenomena and divine punishment compared to other ethnicities (Hanafiah and van Bortel, 2015). On the other hand, Chinese and Indians see mental problems as the result of the imbalance of "*Ying* and *Yang*" energies and "*Dharma*, *Kama*, *Artha*, and *Moksha*" elements, respectively. These traditional beliefs deter patients from seeking medical attention and rely on shamans or traditional practitioners instead (Hassan et al., 2018). The National Suicide Registry Malaysia Annual Report 2009 identified that the highest rate of suicide was among Indians, followed by Chinese and Malays (MOH, 2008). Although generally, the act of suicide is frowned upon in all religions, the high suicide rate among Malaysian Indians, a Hindu diaspora, can be traced down to the Hindu religion and the banned practice of suicidal glorification via self-immolation (*Sati*) (Lakshmi and Sujit, 2018). Contrastingly, the Malays adhere to religious and moral reasoning as prescribed by Islamic teaching, whereby suicide is forbidden and is considered a grave sin (Murty et al., 2008). Thus, suicide acceptance varies across ethnic and religious groups, and increasing tolerance toward suicide may significantly increase the risk of suicide (Foo et al., 2014).

In addition, religious and cultural beliefs also heavily influence the law regarding suicide. For example, the Laws of Malaysia: Act 574, Penal Code Section 309, stated that anyone guilty of attempting suicide is punishable by law with imprisonment for up to one year or fined or both (Margaret and Azida, 2012). This law

is justified with three purposes: first, the law is made according to religious teachings. Second, it is aimed to reduce suicide rates. Third, the law is introduced to impose criminal sentencing on the act of murder, including suicide. These three purposes became the foundation of Section 309 with little consideration of the psychological aspect of suicide and mental disorders (Sharifuddin et al., 2020). A review on suicide rates among countries criminalising the act of attempting suicide concluded that they do not differ from other countries, thus proving the fallacy of this law (Mishara and Weisstub, 2016). Ironically, individuals in custody were found to be at higher risk of suicide attempts, about four to ten times higher than the general population (MOH, 2008). The punishment may worsen the stigma on mental health and suicide, therefore deterring them from disclosing their mental health issues and seeking professional psychological assistance (Ping and Panirselvam, 2019). Recent news on abolishing of Section 309 of the Penal Code circulated since October 2021 is a positive first step in improving the suicide rate, but this alone is inadequate to prevent suicide.

In addition to the stigmatisation of mental health and criminalisation of suicide, it was reported that Malaysian adolescents underutilised the available professional mental health services. Most of the university students had the perception that they were able to solve their problems, leading to self-reliance and refrained assistance from professional mental health services. As for students that seek professional services, another barrier includes time and monetary constraints. Appointments with institution counsellors may take a long time, whereas private services may not be ideal for students financially (Low et al., 2016). Contrastingly, most secondary school students were not even aware of the available mental health services, leading to a low rate of mental health service consumption among these younger adolescents. A common barrier to mental health service consumption between both groups is the lack of confidence in the

services' competency and confidentiality. The absence of existing interpersonal relationships between the students and the mental health professionals made them wary of sharing their problems and would seek help from significant individuals such as friends, parents, and siblings (Aida et al., 2010). Although teachers are not the preferred help-seeking source, they are uniquely positioned to work with adolescents and communicate with them daily. The manifestation of problematic behaviour was said to be more regularly happening in schools, and the underlying psychological distress was identified by educators first before referring to the parents and guardians.

Even so, caregivers of adolescents with mental disorders still expressed their uncertainty about mental health services due to the existing knowledge gaps (Umpierre et al., 2015). Teachers were also found to be more receptive toward externalising behaviours (e.g., delinquency and aggression), which may cause internalising behaviours (e.g., somatic disorders, depression, and anxiety) to be left unnoticed (Green et al., 2018; Kerebih et al., 2018). They also voiced their doubts about providing help due to the lack of knowledge, formal training, and resources (Frauenholtz et al., 2017). Existing literature states that there is a scarcity of epidemiological research on MHL in Malaysia (Midin et al., 2018). Such factors may, in turn, leave adolescents in mental health distress and defenceless, risking them worsening conditions and developing complications. Therefore, adequate training is needed to improve MHL and SL for these adult stakeholders to boost their competency in aiding vulnerable adolescents.

Finally, there is still a gap in the knowledge on the relationship between MHL and SL. Higher SL is generally associated to lower suicide stigma, higher depression literacy, and greater attribution of suicide to depression and isolation (Calear et al., 2021). Research on the association between MHL and SL is needed to guide the development of mental health and suicide prevention interventions.

1.3 Scope of the Study

The study focuses on the level of mental health and suicide literacies among parents, legal guardians, and teachers of secondary school adolescents in West Malaysia. The data was collected among the parents and guardians of the students in the selected schools and teachers actively serving the selected schools during the period of data collection in the year 2021. The study participants will represent the population of parents, guardians, and teachers of secondary school students in West Malaysia. The study did not involve other populations (e.g., students, siblings, counsellors, etc.) and did not recruit East Malaysians. The study was done through online questionnaires specifically developed to evaluate the mental health and suicide literacies.

1.4 Significance of the Study

MHL is important to measure the community's knowledge of mental illnesses and the ability to detect, prevent, and treat the illnesses early (Jorm, 2000). Due to the high lifetime prevalence of mental illnesses among the general population, MHL should be emphasised among the community rather than just the professional healthcare providers to empower the person experiencing the symptoms of mental disorders to seek help early. This will help reduce the effects on the quality of life (Jorm, 2000). SL is equally crucial for better comprehension of the nature of suicide, its warning signs, and the proper intervention for suicide prevention. A low level of SL may risk leaving a suicidal individual unnoticed.

Increment in MHL and SL among the public benefited in a way that they became more perceptive of the symptoms, enabling them to recognise the need for medical attention for appropriate diagnosis and intervention (Angermeyer et al., 2009). While adolescents may be underdeveloped to understand their experience of mental distress

and suicidality, parents, guardians, and teachers play an essential role in detecting the warning signs presented by the kids and assisting them in seeking appropriate help (Jorm, 2012). As recognition improves, they tend to have better help-seeking behaviour and treatment preferences. This is vital since the delay in the recognition and treatment of mental disorders will lead to poorer outcomes of the disease (de Diego-Adeliño et al., 2010; Midin et al., 2018).

Besides, an increase in MHL also narrows the gap between the public's and mental health professionals' beliefs about the aetiology and management of mental illnesses (Angermeyer et al., 2009). The discrepancies in beliefs regarding mental health can affect the action taken by those individuals experiencing mental disorders (Jorm, 2012). A common misconception among the public regarding mental disorders is that psychiatric medications are more harmful than beneficial (Jorm et al., 1997). If corrected via increasing their MHL, this false belief can reduce non-compliance and rejection of treatment among psychiatric patients.

Finally, the public with high MHL is more willing to seek mental health assistance from healthcare professionals (Angermeyer et al., 2009). While early detection of mental illnesses is crucial, labelling oneself with a diagnosis is not adequate unless linked with appropriate help-seeking behaviour (Jorm, 2012). In a national survey in Australia, common first aid responses among the respondents in aiding an individual in mental distress include encouraging professional help-seeking and lending an ear and supporting the person morally (Jorm et al., 2005). As for children and adolescents, parents and teachers carry the responsibility of facilitating the help-seeking process (Jorm, 2012; Loureiro et al., 2015), which is made possible with a sufficient level of MHL among parents and teachers. Therefore, MHL is the critical component toward empowering people-centred healthcare to encourage active participation from

both the patients and healthcare providers (Morgan et al., 2019). This study focused on the MHL and SL among adult stakeholders (i.e., parents, caregivers, and teachers) to ensure proper care for adolescents' mental health.

1.5 Benefits of Study

MHL is the basis for mental health care, prevention of mental illnesses, and promoting good psychological health. The assessment of MHL and SL will be able to measure the level of comprehension and knowledge among the targeted population and identify the specific area of deficits in knowledge of mental health and suicide and the associations with sociodemographic factors. Therefore, assessment of MHL enables us to identify subgroups who may need further assistance in improving their MHL. Proper emphasis on a particular area of knowledge can explain the common misconceptions about mental health and suicide, therefore closing in the existing knowledge gaps. This information is also valuable in informing the implementation of adolescents' mental health and suicide prevention programmes for Malaysian parents, caregivers, and teachers. It allows the conceptualisation of factors that affect the maintenance of mental health, and acts as baseline data to provide support in policy and strategy development in mental health issues (M. O'Connor and Casey, 2015).

It is important to note that there has been limited information on MHL among parents, caregivers, and teachers in Malaysia (Swami et al., 2010). The most recent available data reported in the NHMS 2019 only explored health literacy, a broadly defined concept, among a non-specific population (i.e., adults aged 18 and above) (MOH, 2019). Most studies on SL in Malaysia, on the other hand, were somewhat limited to healthcare professionals (Siau et al., 2017, 2018; Voracek et al., 2008). The

real dearth of knowledge about MHL and SL among the local community population should be addressed urgently to resolve this issue.

1.6 Definition of Terminologies

This section explains the conceptual and operational definitions of the variables in this study.

1.6.1 Mental Health Literacy

Conceptually, MHL was originally defined as the knowledge and beliefs on mental health that help detect, treat, and prevent mental disorders (Jorm et al., 1997). However, the recent reiteration of MHL also included knowledge of proper mental health maintenance, appropriate mental health treatments, confidence in seeking mental health assistance, and demystifying negative beliefs on mental health (Kutcher et al., 2016). Operationally, MHL refers to the parents, caregivers, and teachers' total score of knowledge of mental health. The current study measures MHL via the Malay Mental Health Knowledge Schedule (MAKS-M). The instrument contains two parts which evaluate stigma-related mental health knowledge and mental health diagnoses. A higher score indicates better MHL.

1.6.2 Suicide Literacy

SL is conceptually described as the knowledge of causes and nature, risk factors, signs and symptoms, and treatment and prevention of suicide (Calear et al., 2021). Operationally, SL is defined as the rate of correct answers from the Malay Literacy of Suicide Scale (M-LOSS). The M-LOSS is further divided into several subthemes according to the four components as per the definition. The score for each theme is summed up to measure the SL; the higher the rate of correct answers, the better the SL.

1.6.3 Parents, Caregivers and Teachers

A parent is the lawful father or mother of an offspring, either naturally or adoptive, whereas a caregiver is described as an individual who takes care of another dependent individual (Hill and Hill, 2005). In the current study, parents and caregivers were those whose children were enrolled in the selected schools and were members of the school's Parent-Teacher Association (*Persatuan Ibu Bapa dan Guru*; PIBG) during the study period. A teacher is defined as an individual who works in education settings (e.g., school, college, university) to help pupils to attain knowledge ("Cambridge Dictionary," n.d.). Our study described teachers as those who were actively employed and were teaching the adolescents in government-aided secondary schools included in the current study.

1.7 Research Questions

a. What is the level of MHL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia?
b. What is the level of SL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia?
c. What are the associations between sociodemographic, MHL, and SL levels among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia?

1.8 Research Objectives

1.8.1 General Objective

To investigate the level of MHL and SL, and the associated factors among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia.

1.8.2 Specific Objectives

a. To measure the level of MHL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia.

b. To measure the level of SL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia.

c. To examine the relationship between sociodemographic factors with MHL and SL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia.

d. To examine the relationship between MHL and SL among parents, caregivers, and teachers of adolescents in secondary schools in West Malaysia.

1.9 Research Hypothesis

The hypotheses that follow are based on the objectives above.

a. There is a significant relationship between the sociodemographic factors and the level of MHL.

b. There is a significant relationship between the sociodemographic factors and the level of SL.

c. There is a significant relationship between the level of MHL and the level of SL.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This study aimed to evaluate the relationship between sociodemographic background, MHL and SL. In this chapter, past research relating to MHL and SL relevant to the current study is reviewed and elaborated to develop a comprehensive picture of what is currently known about this research topic.

2.2 Search Terms and Databases

For the literature review, the search term used were: "Mental health literacy OR suicide literacy; AND, Parent* OR Mother OR Father OR Famil* OR Caregiver* OR guardian* OR teach* or educator*. Filters applied include peer-reviewed research articles from 1997 to present written and published in English language only. The electronic databases were ScienceDirect, Scopus, EBSCO, and Taylor & Francis. The reference lists and citations of several key authors in the field of mental health literacy (Jorm, Frauenholtz, Mendenhall, Hurley) and suicide literacy (Calear, Batterham) were also searched.

The search strategy from the databases yielded 1826 records (626 from EBSCO, 276 from ScienceDirect, 427 from Scopus, and 497 from Taylor & Francis), whereas additional manual searches from other key researchers found 26 records, bringing to a total of 1852 records. After duplicates were removed, 1702 titles and abstracts were screened. A total of 66 records were included for full-text article eligibility assessment. Out of the 66 articles, 15 articles were excluded due to reasons such as studies did not assess at least one component of MHL or SL, and studies included participants who

were not within the scope of this study. In total, 51 studies were included for this literature review.

2.3 Mental Health Literacy

MHL refers to one's knowledge, attitude, and perception of mental illnesses, as well as help-seeking and treatment choices available, all of which assist in disease detection, management, and prevention (Jorm et al., 1997). MHL interventions were reported to enhance knowledge of mental health, help-seeking attitude, and other supportive behaviours (Morgan et al., 2018). Since parents are considered a primary source of mental support among adolescents, adequate knowledge of mental health is necessary to enhance their confidence in providing mental assistance and facilitation of appropriate mental health treatment (Honey et al., 2014). On the other hand, teachers are in a unique position since they deal with adolescents on a regular basis and should take the chance to raise mental health awareness for early intervention (Masillo et al., 2012).

Parents and guardians were reported to have the most substantial knowledge of recognising signs and symptoms; however, they have a dearth on knowledge of the exact disorders and diagnoses, preventative actions, and the available treatments and help-seeking options (Mendenhall and Frauenholtz, 2015). Several studies found that parents and caregivers understood the need to provide emotional and mental support to their distressed children. However, they met with uncertainties such as being unsure of how to communicate effectively about mental health, rooted in the lack of knowledge of symptoms and prevention options (Hurley et al., 2017; Montgomery and Terrion, 2016). Likewise, a study on teachers' level of MHL also reported significantly better scores on the signs and symptoms scale as compared to treatment and general

knowledge scales (Blotnicky-Gallant et al., 2015). MHL research among educators tends to focus on the recognition and attitude toward externalising disorders and internalising disorders. For example, externalising behavioural issues were more likely to be accurately identified. Thus, they seem more serious and concerning (Splett et al., 2019). Contrastingly, Canadian teachers were more knowledgeable about internalising disorders than externalizing disorders. It is argued that externalising disorders tend to be interpreted as negative behaviours and are not directly related to mental health and thus are met with disciplinary actions and lower academic expectations instead of mental health support (Dods, 2016; Moon et al., 2017). Overall, studies reported that many educators viewed mental health issues among adolescents as serious and relevant to their jobs. However, due to the inadequate training, most teachers were not confident in providing mental health support. They expressed the need for further training and various improvements, such as additional mental health professionals in school to further improve this issue (Moon et al., 2017). Other possible contributors to a low level of mental health knowledge were the lack of resources in school, lacking time for mental health support provision, and the lack of funding for mental health activities (Frauenholtz et al., 2017).

The association between sociodemographic information and the level of MHL has been widely discussed. Sex, for example, has been reported to influence the level of mental health knowledge. In a general population, women were thought to be more literate in terms of mental health issues (Mendenhall and Frauenholtz, 2013). Similarly, mothers were found to have a significantly higher level of MHL than fathers (Mendenhall and Frauenholtz, 2015). A focus group discussion study among immigrant mothers noted that mothers played the leading role as communicators in the family and viewed themselves as the main source of support for their children (Montgomery and

Terrion, 2016). Nevertheless, a study by Yap and Jorm (2012) reported no significant association between parents' sex and their beliefs on mental health prevention (Yap and Jorm, 2012). On a side note, the findings for comparing sexes among teachers were mixed. Female teachers generally demonstrated a significantly higher level of knowledge than male teachers. Additionally, female teachers were said to be more concerned about students' mental health wellbeing (Aluh et al., 2018; Parikh et al., 2016). However, male teachers were noted to detect depressive symptoms and label depression more accurately than their female coworkers (Aluh et al., 2018; Özabacı, 2010).

As for age, a higher level of MHL was found among the younger population of the Lebanese community and Jordanian healthcare providers (Dalky et al., 2020; Doumit et al., 2019). However, a study among Australian parents revealed that parental age was not significantly associated with the level of MHL (Mendenhall and Frauenholtz, 2015). Studies among the educator population showed contrasting findings, whereby research in Nigeria found that older teachers were reported to identify depressive symptoms and signs more accurately than younger teachers (Aluh et al., 2018). This was postulated to be due to the older teachers having more teaching experiences and skills in handling students' wellbeing. This was proven by the discrepancies between the level of MHL between teachers with different total years of service, especially between the pre-service teachers and in-service teachers (Dods, 2016; Mulla and Bawazir, 2020; Whitley and Gooderham, 2016). Still, the effect of age on teachers' MHL remains equivocal, whereby another study also found no significant association between educators' age and the level of MHL (Dang et al., 2018). Nevertheless, it would be interesting to observe the influence of age on the level of MHL among the Malaysian parents, caregivers, and teachers, considering the rapid shift

in mental health policies and regulations witnessed by the younger generation within the last few decades (MOH, 2020).

It was also thought that the Western population tend to have a higher level of MHL as compared to their non-Western counterpart. This disparity could be due to the differences in religious and cultural practices. The role of religious and cultural beliefs was found to be prominent in shaping the knowledge and understanding of mental health among Malaysian caregivers of schizophrenic patients. The strong perception that mental illnesses are caused by divine punishments for their past sins or a test from God has increased the reliance and application of spiritual approaches and traditional healers as acceptable coping mechanisms complementary to modern medicine (Mohamad et al., 2012). Culturally, due to the emphasis on family values, the presence of language barriers, and differences in cultural beliefs, Pakistani parents were reported to be significantly less likely to seek professional mental healthcare services as compared to Caucasian parents (Shah et al., 2004). Another study among Korean American parents revealed limited mental health knowledge and associating the cause of depression strongly with parenting styles, which likely stemmed from the traditional Korean value that one's familial relationship affects his or her overall wellbeing. A dominant ideology of patriarchy was also reported in Korean American households, whereby fathers have the final say on seeking mental health and professional services (Jeong et al., 2018). The disparity in the level of MHL between Western and non-Western countries was also reported among educators. A small minority of Ethiopian teachers believed that mental illnesses were likely due to sin and possession, whereas Taiwanese teachers endorse traditional Chinese doctors, qi-gong exercise, and exorcism as effective treatment options for psychosis and schizophrenia. This misinformation may lead to a negative attitude, stigmatisation, and discrimination against the mentally

ill students, leading to late recognition, referral, and treatment (Aluh et al., 2018; Dang et al., 2018; Kerebih et al., 2018; Kurumatani et al., 2004).

Socioeconomic statuses were also reported to impact the level of MHL significantly. Individuals with higher education levels and higher socioeconomic positions were found to have significantly higher MHL levels (Mendenhall and Frauenholtz, 2015; Sin et al., 2016; Tonsing, 2018). Additionally, a systematic review identified financial difficulty as one of the major barriers that hinder professional mental healthcare services utilisation among parents and guardians (Hurley et al., 2020). As for teachers, no correlation was found between their socioeconomic status and MHL level since virtually all teachers received tertiary education, earning between a similar range of income, and generally a lack of emphasis on mental health in teacher training (Dang et al., 2018). However, because Malaysia's healthcare system is extensively subsidised and largely credited for achieving universal health coverage for its population, the influence of socioeconomic status on MHL levels is worth exploring.

Additionally, Australian researchers reported that exposure to mental health information at work was also significantly related to a better comprehension of mental health (Yap and Jorm, 2012). In Ethiopia, teachers working in government schools had a significantly higher perception of children's mental health issues severity due to the increased exposure to mental health problems among government school students (Kerebih et al., 2018). However, no conclusion was deduced due to the limited findings regarding employment sectors and MHL levels. This prompts the need to examine the possible relationship between the two variables.

A comparison of mental health knowledge between urban and rural communities in Malaysia also revealed significant differences. The urban Malay communities were able to label depression correctly and identify biological causes as

the root cause of the problem, as opposed to the rural Malay communities, which prefer the label of emotional stress instead of depression, plus supernatural causes, and fate by God as the primary reason for depressive symptoms. As for treatment and help-seeking, the urban Malays strongly endorsed psychologists, psychiatrists, and biomedical treatments, whereas the rural Malay communities preferred referrals to the counsellors (Swami et al., 2010). Contrastingly, the rural Chinese communities were able to detect the underlying psychological problem better than the rural Malays. Both the urban and rural Chinese communities endorsed standard treatments, lifestyle modification, and professional treatments. Interestingly, the rural Chinese rated professional mental healthcare services more highly than their urban counterpart. This could be due to several reasons; firstly, the lower accessibility of mental healthcare in the rural area led to higher appreciation and value among the rural communities, or secondly, the urban communities may be doubtful about the effectiveness of professional mental healthcare services and the cost of the services (Loo and Furnham, 2012). As for the schools, there is a poor distribution of professional mental healthcare services across the urban and rural schools. Moon and colleagues reported the need to provide equal and adequate distribution of professional mental healthcare services across urban and rural schools since teachers were said to be more confident in referring mentally distressed students to in-school professional healthcare personnel (e.g., school nurses, school counsellors) rather than community mental healthcare providers (Moon et al., 2017).

Personal experience with mental health and healthcare services was also reported to influence the level of MHL significantly in several studies. Personal and family history of psychiatric diagnoses, the experience of receiving mental health assistance, or current in-family use of mental health services were associated with higher knowledge of mental health among parents and guardians (Frauenholtz et al.,

2015; Honey et al., 2014; Hurley et al., 2017; López et al., 2009; Mendenhall and Frauenholtz, 2015). Prior to receiving professional assistance, parents and caregivers were said to be sceptical about using mental healthcare services because of the lack of trust and confidence in the effectiveness due to previous unsuccessful stories from others. However, they became more optimistic after receiving adequate information from the mental healthcare professionals (Honey et al., 2014; Jeong et al., 2018; Mohamad et al., 2012). Contrastingly, Mendenhall and Frauenholtz (2015) found that the increase in self-reported parental psychiatric diagnoses leads to poorer mental health knowledge. In addition, the active mental health condition may impact the parent's own cognitive and emotional functioning, therefore impairing their capacity to identify their child's problems (Mendenhall and Frauenholtz, 2015). Subsequently, educators reportedly rely on informal sources such as one's personal experience with mental health as their source of information (Trudgen and Lawn, 2011). Pre-service teachers with greater personal experience of mental health were found to be positively correlated to the amount of mental health experience encountered in their classroom due to their high awareness of this issue (Dods, 2016). Similarly, teachers with first-hand experience in handling children with attention deficit hyperactivity disorder were noted to be knowledgeable in the characteristics of students with such diagnosis, therefore promoting more favourable behaviours in handling these students in a class (Anderson et al., 2012).

Formal training and various interventions on MHL were also reported to be effective in improving the participants' knowledge of mental health. Those receiving the interventions were said to improve their mental health awareness, increase their knowledge of symptoms and signs of mental illnesses, boost their confidence in providing help and self-efficacy in handling adolescents in distress, and increase the

likelihood of recommending professional mental health services to those in need (Deitz et al., 2009; Hurley et al., 2018; López et al., 2009). School-based MHL interventions were widely studied as well. In Norway, a comparison between schools in two counties receiving a varied amount of mental health awareness programmes revealed the county receiving the MHL interventions to be significantly accurate in the detection of schizophrenia and psychosis among school students and more likely to endorse psychiatric medications as an effective treatment for psychosis (Langevald, 2011). However, Trudgen and colleagues reported that teachers rely mostly on informal sources of information. Formal sources such as online interventional websites, printed materials, and professional seminars were less preferred, thus raising doubt over the efficiency and usefulness of psychological intervention programmes (Trudgen and Lawn, 2011).

2.4 Suicide Literacy

SL is defined as the knowledge of suicidality, encompassing four main facets: the causes and nature, risk factors, signs and symptoms, and treatment and prevention of suicide. At present, studies on SL are mostly limited to the general population, university students, medical and healthcare-related students, and sexual and gender minorities across several countries. Unfortunately, research on SL among parents, caregivers, and educators mainly focused on assessing gatekeeper training on adolescents' suicide. This underscores the need for studies focusing on the baseline SL levels among the adult stakeholders and their associated factors. Currently, higher education level, English as first language, and reduced suicide stigma were significantly associated with higher SL, whereas age and sex have shown mixed findings across studies (Calear et al., 2021).