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Differences in Mental Health Disorders: The Importance of Mental Health Literacy

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Differences in Mental Health Disorders: The Importance of Mental Health Literacy

Approximately 52% of individuals between the ages of 18 to 29 met the criteria for a mental health disorder (Dopp et al., 2013). During young adulthood many individuals develop or are first diagnosed with a mental illness (Reavely et al., 2012). Due to a variety of factors, such as worry for being different (Holman, 2015), fear of unemployment (Corrigan et al., 2001), and fear of discrimination (Holman, 2015) there is usually a stigma around having a mental health disorder and receiving treatment for their disorder (Holman, 2015, Fatter et al., 2008). Seeking treatment is beneficial for mental health disorders because the earlier someone gets treatment the higher the chance that the mental health disorder will have a long-term positive outcome for the individual (Farrer et al., 2008). One reason for having a stigma against mental illnesses could be because of a lack of mental health literacy (Holman, 2015). Mental health literacy refers to an individual's knowledge about specific mental health disorders. It is important to have a strong mental health literacy because it can reduce the amount of stigma individuals have toward specific mental health disorders. Having a mental health literacy can reduce stigma towards mental health disorders because if people are more aware of the problem, then they are able to understand it better (Jorm et al., 1997).

Not only are mental health disorders prevalent in the general population, but they're even more prevalent in college students (Liang et al., 2023). Research has shown that there is a difference of mental health literacy between different age groups. Farrer (2008) found that young adult participants (18-24 years old) have a higher mental health literacy and are more willing to consult treatment for mental health disorders. The reason why mental health literacy is so

important, especially in younger generations, is so that they understand other people and themselves (Coles & Coleman, 2010). Having a strong mental health literacy allows people to recognize symptoms of different mental health disorders in people. Having a strong mental health literacy also helps people understand the etiology of different mental health disorders and how to get treatment for different disorders (Coles & Coleman, 2010, Swami, 2012). The purpose of the current study was to examine the mental health literacy for different diagnoses. Because research has shown mental health disorders can have an onset during the college years, this study was looking to see if college-aged young adults have a strong mental health literacy based on particular disorders.

Further, previous research has shown that women in the adult population has had a stronger mental health literacy and are better able to identify mental health disorders than men (Furnham et al., 2014). Women are also more likely to get psychological treatment for mental health disorders, while men are more likely to go down a self-help route (Furnham et al., 2014). Thus, the second purpose of the current study was to examine gender differences in mental health literacy.

Mental Health Stigma

The stigma around mental health disorders can be part of the reason as to why mental health literacy is low amongst people (Jorm et al., 1997). It's important for people to be aware of the stigma they have against mental health disorders because if they have a negative feeling about mental health disorders, it can change the perspective of mental health disorders as a whole (Holman, 2015). Stigma can be referred to as "a process where an individual is marked out as different in a less desirable way..." (Holman, 2015, p. 2). When someone has a stigma against something like a mental health disorder, it can be very difficult to get that person to change their

mind about the stigma, which is why having a strong mental health literacy is so important. People create stigma based on ideas that they don't fully comprehend, so if people knew more about different mental health disorders and what they actually mean there could be less stigma about having a mental health disorder (Holman, 2015). Stigmas around mental health disorders can be dangerous because they can change the beliefs of the people around them. For example, parents of children with mental health disorders know that there is nothing wrong with their child, but someone with a misconception of mental health disorders can make others feel like there is something wrong with that child. If that stigmatization happens, the child may not be able to bond with others their age, and they may not be able to form the relationships they need to develop (Rodriguez, 2021).

Likelihood to Receive Treatment

If someone recognizes that they have a mental health disorder and have a strong mental health literacy, then they are more likely to receive treatment than someone who has a weaker mental health literacy (Holman, 2015, Coles & Coleman 2010). If someone has a mental health disorder and a negative stigma towards that disorder, that person will be less likely to receive the help and care they need to get better. There are beliefs about a disorder that may not be true, which makes it harder for the individual to want to get help for that disorder. For example, if someone believes an individual with a mental health disorder is violent, the individual may not want to admit to having a disorder because they don't want to be perceived as being violent. These false beliefs that society has created can sometimes be "self-inflicted" onto the individual based on how others treat them (Rodriguez, 2021). This can mean that people will start to believe the false stigmas about a specific mental health disorder (Rodriguez, 2021). Another reason as to why having a strong mental health literacy is important is because if someone is able to

recognize different mental health disorders, then they would be able to recognize if they themselves had a mental health disorder. If a person is able to recognize the symptoms, they are having they are more likely to receive help (Holman, 2015). It is important for people to know what physical symptoms they are feeling to get treatment if they are sick, and it's also important for people to know what kind of psychological symptoms they have in order to receive treatment.

Mental Health Literacy and Diagnosis

There are some disorders that are easier to recognize than others. For example, depression and anxiety might be easier for young adults to identify because of the higher prevalence rates, but other disorders such as schizophrenia might be harder for people to identify if they've never been exposed to it (Furnham et al., 2014). While it's important to understand disorders that we're familiar with, it's also important to learn about disorders that we're not as familiar with. Learning more about disorders that we're not familiar with is important because the more we familiarize ourselves with mental health disorders the greater probability that people will not hold a stigma to these disorders. People usually have stigmas against ideas that they do not understand, so if we make mental health disorders more well-known people may hold less of a stigma towards it.

Mental Health Literacy for Anxiety

One mental health disorder that has a higher mental health literacy on average than others because of its prevalence is anxiety (Hadjimina and Furnham, 2017). Another reason why this disorder might be more recognized is because people are more open about talking about their experience with anxiety, and because it's one of the most prevalent psychological disorders. (Vovou et al., 2021). In 2016, the prevalence rate for anxiety was about 18% (Remes et al.,

2016). Because of the prevalence rate for anxiety, most people probably know someone personally with anxiety. Because of that recognition, people are going to be more aware of what the symptoms for anxiety are. Based on previous research, the more someone is aware of a disorder, the higher the likelihood is that they have a higher mental health literacy for that specific disorder (Furnham et al., 2014).

While anxiety is a mental health disorder that could have a higher mental health literacy, there isn't much research on anxiety and mental health literacy specifically. One reason for this could be because there are so many kinds of anxiety disorders. There is general anxiety disorder (GAD), obsessive compulsive disorder (OCD), social phobia, and many others (Hadjimina & Furnham, 2017). If people feel alone and that they're not understood they are less likely to ask for help because they may be worried about the social repercussions. Many adolescents in the United States are able to recognize the symptoms of anxiety and recognize it as a mental health problem, but there are still many people who don't always seek help to treat anxiety because of the stigma surrounding mental health disorders (Coles et al., 2016).

Mental Health Literacy for Depression

Depression is one of the most common mental health disorders, but despite that fact, it is still one of the disorders that people don't seek help for (Loureiro et al., 2013). Depression has one of the highest rates of onset in young adulthood, but people still have stigmas for this disorder (Louerio et al., 2013). This could be because they do not feel comfortable to talk to people about what they are going through, or do not even know that there are resources available to them (Louerio et al., 2013). Even though this disorder is one of the most common mental health disorders so many people still do not seek treatment. This could be because of the stigma that is behind this disorder. One reason for stigma for this disorder could be because of gender

differences, men may not want to admit if they feel depressed (Swami, 2012). Men may feel like they can't express those feelings, or they may feel like they do not have a mental health disorder at all (Swami, 2012). For example, Swami (2012) found that after reading a vignette about depression that the men felt like the story about the man instead of the woman was not suffering from a mental health disorder at all (Swami, 2012). Both vignettes the participants read in that story were the same, except for the name. The men said that the female story was more distressing and harder to treat than the man's case (Swami, 2012).

Research has shown that depression can be associated with a lower mental health literacy. This could be because if people aren't aware of the disorder, or aren't aware of the symptoms, they might feel hopeless or that something is wrong with them as a person (Lam, 2014). These results can show that while depression is more widely known, that does not guarantee that everyone is aware of the symptomology of depression. Lam's study (2014) focused mostly on Chinese adolescents and found that only a small portion of his sample was able to correctly identify the depression vignette. This could be because of how old they are, or because there is a lack of mental health education.

Mental Health Literacy for PTSD

Depression and anxiety are two well-known disorders. There are others like PTSD and substance use disorder that are known but people don't know as much as they do about depression (Harik et al., 2017). One reason as to why people may not know as much about PTSD is because of the stigma around it and because people with PTSD do not always talk about it. PTSD is a disorder that can be very heavily stigmatized because the general population may not completely understand the reality of it, which can cause people not to talk about their symptoms (Harik et al., 2017). Many people assume that PTSD only affect military personnel, but in reality,

PTSD can happen to anyone who has witnessed a traumatic event. When people think of PTSD, they are probably thinking about someone who has been in the military (Harik et al., 2017). One potential danger of only recognizing PTSD in former military personnel, is that someone can still experience PTSD even if they've never been in combat.

Military veterans who have been diagnosed with PTSD or are very familiar with the disorder might be more aware of its symptoms. In a study that was conducted on former military veterans there were 127 out of 134 responses identified that an exposure to a traumatic event can be a cause for the onset of PTSD (Williston & Vogt, 2022). A high number of participants in that same study also said that it was important to seek out professional mental health care help once symptoms started to occur. These results show that not only is it important to have a mental health literacy because it makes people more aware; it also shows that having a high mental health literacy will help certain disorders to be less stigmatized. The results of this study also show readers that being exposed to a disorder will have a high likelihood that an individual will have a higher mental health literacy. The military veterans had a higher mental health literacy when it comes to PTSD probably because they were very exposed to people with the disorder or experienced the disorder themselves.

Mental Health Literacy for Substance Use Disorder

Substance use disorder is one mental health disorder that has a weak mental health literacy. This could be because most people don't consider this a mental health issue. Substance use disorder is a disorder that has a very high level of stigma (Green et al., 2020). A reason for why stigma is higher in this disorder is because it is viewed as a personal problem. (Green et al., 2020). Just like other disorders, the more that people are exposed to it, the less stigma someone will have towards this disorder.

There is limited research about mental health literacy and substance use disorder, as most research on this topic is focused on depression, anxiety or schizophrenia (Gallagher & Watt, 2019). In one research study people were able to correctly identify and suggest treatments to mental health specialists for substance use disorder (Gallagher & Watt, 2019). Substance-use disorder is not just a disorder that affects someone's mental health. People might be more likely to take this disorder seriously because it's something that people can see. People who have a higher mental health literacy with this disorder are more likely to have less of a stigma towards this disorder, and, as discussed previously, not having a stigma towards a disorder will let people feel like they are not alone, and that they can get the help that they need. In a study conducted by Degan et al. (2022), the research showed that people who had been in a rehabilitation with someone specialized to treat substance use disorder left with a higher health literacy. This can show that exposure to this disorder and its symptoms can lead to a lower level of stigma associated with this disorder by being exposed to this disorder.

Purpose of the Current Study

While there has been research done on mental health literacy, there could be more done on specific disorders and between genders. I hypothesized that there will be different levels of mental health literacy based on the different diagnoses. I predicted that depression and anxiety will have higher mental health literacy than PTSD and substance use disorder (Coles et al., 2016) because people tend to have higher knowledge of concepts that they are familiar with. I hypothesize that people will be more aware of depression and anxiety than they are of PTSD and substance use disorders. I also hypothesize that there will be differences in gender as well. I believe that women will be more likely to identify depression and anxiety because it is more prevalent in women (Kilmartin, 2005 & Kinrys & Wygant, 2005). Men typically have a higher

prevalence rate with PTSD and substance use disorder, so I predict that men will be able to better identify those disorders (Pereira, 2022 & Brady & Randall, 1999). I also hypothesize that someone who has been diagnosed or exposed to a mental health disorder will have a higher mental health literacy (Lee et al., 2017).

It was important for this study to be done because it is important to have a high mental health literacy. It has been found that the more someone is exposed to something the less stigma that someone will have towards it (Holman, 2015). The goal is to decrease stigma around mental health disorders so that people are able to get the treatment they need without being ashamed of getting help. There are so many people today who have mental health disorders who do not seek treatment because they are worried about people having stigmas against them for one reason or another. If there's a higher mental health literacy within the general population, then the less stigma there could be about mental health disorders in general. The current study provides a greater understanding of where the gaps are in mental health literacy based on four different diagnoses, which allows for a more tailored approach to mental health education.

Method

Participants

The participants of this study were 66 undergraduate students at a small private Southern Christian university. There were 25 participants' whose data was removed because they did not fully complete the questionnaire. A total of 41, with 90% being female (n=37) and 10% being male (n=4). All participants were between 18 to 22 (M=20.05; SD=1.20). A total of 41, with 5% being African American (n=2), 85% being Caucasian (n=35), 10% being Hispanic (n=4), and 0% being American Indian, Asian, Middle Eastern, or Hawaiian (n=0).

Measures

In the study, participants answered a questionnaire about general mental health literacy. It had 28 questions with the responses of yes, no, or maybe. This questionnaire was to see where their beliefs were about mental health literacy in general. Participants were given 4 randomized vignettes to read. They read a vignette about a woman with anxiety, a woman with depression, a man with PTSD, and a man with substance use disorder (See Appendix B for full vignettes). In addition, participants completed a questionnaire about general mental health literacy (See Appendix A). The general mental health literacy questionnaire was adapted from Dias et al., 2018. It was slightly modified and did not include every question from that article. After each vignette the participants answered three questions to assess what disorder they believed the character had, what they believed was the cause of the disorder, and if they think that the person should ask for professional help. At the very end of the survey the participants were asked if they had been previously diagnosed with one of the mental health disorders that were mentioned in the vignettes. The way that mental health literacy was determined for this study was by identifying whether the participant identified the correct vignette. If they identified the correct disorder, they were given a 1, if they did not identify it correctly they were given a 0. The participants were also asked if they believed the individual in the vignette should receive professional help. If the participant said that the person in the vignette should receive professional help, they were given a 1, and if they said anything else they got a 0 for that question. The two questions were then added up with the highest score of 2. The higher their score, the higher their mental health literacy is.

Procedure

Participants scanned a QR code that took them to the Qualtrics survey. They read the informed consent and signed it. Once the consent form was signed, they took a questionnaire

about general mental health literacy. After they answered the first questionnaire they started reading the vignettes. All the participants read all four vignettes, but the order that they read them was randomized. After each vignette they read they answered questions based on what they just read. They were asked which disorder they thought the vignette was describing and if they thought the individual should receive professional help. After all the vignettes have been read, they will answer demographic questions and then they then read a debriefing form informing them of the purpose of the study.

Results

It was hypothesized that people who have exposure to mental health disorders would have a higher mental health literacy than those who do not have exposure to mental health disorders. An independent samples t-test was run to compare mental health literacy for those who have been diagnosed with a mental health disorder and those who have not been diagnosed with a mental health disorder. The results were not statistically significant, $t(38)=0.76, p=.45$, Cohen's $d=-0.24$.

It was also hypothesized that depression and anxiety would have a higher mental health literacy than PTSD and substance use disorder. See Figure 1. A one-way repeated-measures ANOVA was conducted to determine if mental health literacy changed based on different mental health disorders. Mauchley's test indicated that the assumption of sphericity had been violated, $X^2(5)=21.41, p=.001$, therefore Greenhouse-Geisser corrected tests are reported ($\epsilon=.71$). The results showed that mental health literacy did change based on different mental health disorders, $F(2.14, 81.27)=11.44, p<.001, \eta^2=0.23$. See Table 1 for descriptive statistics. Anxiety was significantly lower than substance use disorder, depression was significantly higher than PTSD, and PTSD was significantly lower than substance use disorder.

Figure 1. This figure shows the mean of the total mental health literacy score.

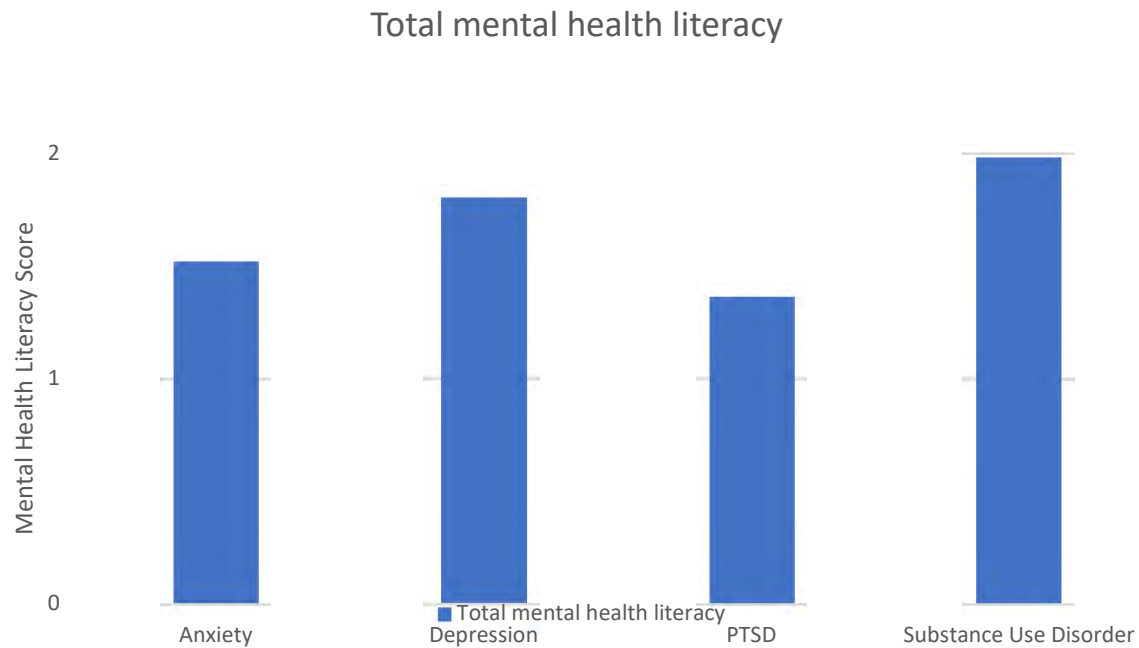


Table 1

Totals for each vignette

Vignette	Mean	Standard Deviation
Anxiety	1.52	.67
Depression	1.80	.51
PTSD	1.36	.58
Substance-Use	1.98	.16

Discussion

The results that were found go hand in hand with other studies of previous research. I predicted that certain mental health disorders would have a higher mental health literacy than others. During the research, I found it to be true that some of the disorders that I researched had a higher mental health literacy than other disorders (Jorm et al., 1997). Substance-use disorder and depression had significantly higher mental health literacy than anxiety and PTSD. The individuals who participated were able to tell the differences in substance use disorder and depression better than anxiety and PTSD. This could be because the vignette about substance use disorder mentioned alcohol in the vignette itself. I think depression could have a higher mental health literacy because people are more open talking about depression and because people are more exposed to it (Kilmartin, 2005). I think one reason as to why anxiety and PTSD did not have significant results were because people could have misunderstood the symptoms, or the vignettes could have been too similar for the general population.

With this information it can be understood that disorders with higher rates are going to have a higher mental health literacy than others. For example, people might be more aware of depression versus PTSD because of prevalence rates. The mean prevalence rate of depression among university students in 2013 was 30.6% (Ibrahim et al., 2013), and the prevalence rate for PTSD is only around 6.8% (Lee et al., 2017). This could be because they are more likely to be exposed to disorders by personal experience or by what they see in the media. I think that the individuals who took the questionnaire were more aware of substance use disorder because the vignette mentioned the individual struggling with alcohol and being dependent on it. A disorder like that is easier to tell when it's a problem because people can typically see the behavior of substance use disorder. The person is dependent on said substance to get through their day, but

someone with PTSD, for example, may be harder to tell if they are struggling because there aren't always visible symptoms to be seen.

Limitations

One limitation of the current study was the small sample size. The goal was to get a minimum 100 participants, but only 66 started the survey. Out of that 66, only 41 individuals completed the survey in its entirety. While it was enough to run analyses, having more participants to have a more accurate and generalizable results would have been ideal. With more participants, the analyses would have more power and would provide more reliable results.

With more participants we also would have been able to run more tests to see if there was an effect on gender differences as well. Because only 4 males completed the survey, that was not enough participants to run gender differences according to the original plan. Because there were not enough participants, we were not able to tell if there were differences in gender as well as different mental health disorders.

Another limitation was the scoring of the mental health literacy itself. A better completed assessment of the mental health literacy would yield more reliable and valid results. With a better understanding of how previous vignette style mental health literacy studies were scored it could have been a more reliable measure.

Future Directions

One way that this topic could be studied further is to do the original plan, which would be to study not only differences in the disorders but also gendered differences as well. Additionally, it would be interesting to do this study with other types of mental health disorders. Other disorders could include schizophrenia, bipolar disorders, eating disorders, and obsessive-compulsive disorder. Further, it would also be interesting to do this study on older adults as well

as young adults. There could be differences on mental health disorders based on the age of the participants, so it would be interesting to see if younger or older people have a stronger mental health literacy.

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Appendix A

Mental Health Literacy Questionnaire

1. If someone close to me had a mental disorder, I would encourage them to see a counselor.
 - a. Yes
 - b. No
 - c. Maybe
2. Physical exercise contributes to good mental health.
 - a. Yes
 - b. No
 - c. maybe
3. A person with depression feels very miserable.
 - a. Yes
 - b. No
 - c. Maybe
4. People with schizophrenia usually have delusions (e.g., they may believe they are constantly being followed and observed).
 - a. Yes
 - b. No
 - c. Maybe
5. If I had a mental disorder, I would seek my relatives' help.
 - a. Yes
 - b. No
 - c. Maybe
6. Mental disorders don't affect people's behavior.
 - a. Yes
 - b. No
 - c. Maybe
7. Sleeping well contributes to good mental health.
 - a. Yes
 - b. No
 - c. Maybe
8. If I had a mental disorder, I would seek a counselor's help.
 - a. Yes
 - b. No
 - c. Maybe
9. A person with anxiety disorder may panic in situations that they are fearful.
 - a. Yes
 - b. No
 - c. Maybe
10. People with mental disorders belong to low-income families.
 - a. Yes
 - b. No
 - c. Maybe
11. If someone close to me had a mental disorder, I would listen to them without judging or criticizing.

- a. Yes
 - b. No
 - c. Maybe
12. Alcohol use may cause mental disorders.
- a. Yes
 - b. No
 - c. Maybe
13. Mental disorders don't affect people's feelings.
- a. Yes
 - b. No
 - c. Maybe
14. The sooner mental disorders are identified and treated the better.
- a. Yes
 - b. No
 - c. Maybe
15. Only adults have mental disorders.
- a. Yes
 - b. No
 - c. Maybe
16. Changes in brain function may lead to the onset of mental disorders.
- a. Yes
 - b. No
 - c. Maybe
17. If I had a mental disorder, I would seek friends' help.
- a. Yes
 - b. No
 - c. Maybe
18. A balanced diet contributes to good mental health.
- a. Yes
 - b. No
 - c. Maybe
19. One of the symptoms of depression is the loss of interest or pleasure in most things.
- a. Yes
 - b. No
 - c. Maybe
20. If someone close to me had a mental disorder, I could not be of any assistance.
- a. Yes
 - b. No
 - c. Maybe
21. The symptom's length is one of the important criteria for the diagnosis of a mental disorder.
- a. Yes
 - b. No
 - c. Maybe
22. Depression is not a true mental health disorder.
- a. Yes
 - b. No

- c. Maybe
23. Drug addiction may cause mental disorders.
- a. Yes
 - b. No
 - c. Maybe
24. Mental disorders affect people's thoughts.
- a. Yes
 - b. No
 - c. Maybe
25. Doing something enjoyable contributes to a good mental health.
- a. Yes
 - b. No
 - c. Maybe
26. A person with schizophrenia may see and hear things that nobody else sees and hears.
- a. Yes
 - b. No
 - c. Maybe
27. Talking over problems with someone close to me contributes to a good mental health.
- a. Yes
 - b. No
 - c. Maybe
28. Highly stressful situations may cause mental disorders.
- a. Yes
 - b. No
 - c. Maybe

Appendix B

Anxiety Vignette

Olivia is 21 years old and she is often worried. She worries a great deal about her school performance, her social life, and her grades in her classes. In addition, she worries about a variety of minor matters such as getting to class on time, keeping her dorm clean, and maintaining regular contact with friends and family. It takes Olivia longer than necessary to accomplish tasks because she worries about making decisions. Olivia has trouble sleeping at night and finds that she is exhausted during the day and irritable with her friends.

Depression Vignette

Grace is 20 years old. She has been feeling unusually sad and miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Grace does not feel like eating and has lost weight. He cannot keep her mind on her schoolwork and puts off making decisions. Even day-to-day tasks seem too much for her. This has come to the attention of her professors, who are concerned about Grace's lowered productivity.

PTSD Vignette

James is 22 years old. For 2 months now, he has been suffering from increased nervousness and has difficulties concentrating. He is extraordinarily jumpy and irritable. Again and again, thoughts about a distressing incident intrude into his mind. He is feeling numb and hardly able to participate in the normal activities of daily life. Apart from that, he has the feeling of a limited future. At night, he wakes up because of nightmares and finds it hard to fall asleep again.

Substance Use Disorder Vignette

Ryan started drinking when he was a freshman in college. He was the life and soul of many parties. By the time he was a senior and looking for jobs he was drinking on a daily basis. Although his girlfriend insisted that he drank too much, Ryan argued that he remained in control. But his grades and appearance got worse to the point that his advisor began to suspect that he was drinking before class. A few months later he was involved in a serious car accident, where he hit two cars. The police who arrived at the scene of the accident took his blood for alcohol analysis. His alcohol level was much higher than the legal limit, and he was charged with drunk driving.