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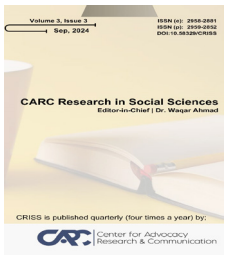

Assessment of Mental Health Literacy among School Teachers: A Descriptive Cross-Sectional Study in Khyber Pakhtunkhwa, Pakistan

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ABSTRACT

This study aims to look at Khyber Pakhtunkhwa, Pakistani school teachers' mental health literacy (MHL). More specifically, focuses on the teachers' capacity to identify knowledge of psychological disorders, their comprehension of risk factors, and their perspectives on mental health. A cross-sectional approach was utilized for the collection of data from five hundred teachers working in government and private schools in the districts of Peshawar and Swabi. The Mental Health Literacy Scale was utilized to obtain this information. The results show that teachers at private schools are consistently more knowledgeable about mental health than those in public schools, especially when it comes to self-treatment awareness. On the other hand, instructors employed by the government demonstrated more positive attitudes regarding recognizing mental health disorders and seeking assistance for them. Additionally, substantial disparities were discovered between teachers from Peshawar and Swabi, with teachers from Peshawar displaying increased knowledge of mental health than Swabi instructors. To better support teachers' mental health, the findings highlight the necessity of specialized training programs to improve mental health literacy (MHL) amongst teachers, particularly in locations with limited resources or resources.

INTRODUCTION

One important factor influencing mental health is health literacy and a goal of mental health establishment (Nutbeam & Wise, 1993). However, Jorm et al., (1997) first proposed the idea of mental health literacy, which he described as the science and belief of recognizing, treating, and averting issues. This idea consists of several parts: (1) the capacity to recognize particular disorders or forms of psychological discomfort; (2) awareness of and convictions regarding risk factors and causes; (3) awareness and opinions regarding self-help techniques; (4) expertise and views regarding the availability of expert assistance; (5) attitudes that encourage identification and sensible assistance requests; and (6) understanding where to look for mental health information.

MHL encompasses information intended to raise the possibility of acting to enhance one's own or others' mental health, going beyond a basic conceptual understanding the issues of mental health. This entails learning how to achieve and maintain mental health, comprehending mental illnesses and their treatments, lessening the stigma attached to them, and encouraging effective help-seeking skills, such as knowing where, when, and how to get high-quality mental health care and acquiring self-care competencies. As it continues to advance, solid population-based research on MHL is providing invaluable insights for mental healthcare providers and systems as they modify their approaches to serve better people dealing with mental health issues. Nurturing MHL takes on essential importance in educational environments where the dissemination and cultivation of information take center stage. It not only gives people—students, teachers, or staff members—the necessary tools to identify and treat mental health issues

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in themselves, but it also equips them with the information and skills to back peers or other students who might be experiencing mental health problems.

It's also critical to keep in mind that these prevalence percentages only relate to mental health issues that can be diagnosed; many kids struggle with sub-threshold issues that don't meet diagnostic standards but seriously hinder their lives. Most children and adolescents who require therapy have limited access to mental health care due to widespread stigma. While, in certain cultures, it is not unusual for parents to be held accountable for their child's mental health issues or for the sickness to be linked to supernatural factors like demonic possession. It is widely believed that epilepsy is communicable. Epilepsy is a major comorbid illness that causes several developmental difficulties in children. Lack of resources (money, services, and human resources) and stigma are the biggest barriers to care. Stereotyping, fear, humiliation, rejection, and basic human rights (Young Minds Annual Report 2007-08.)

In the arena of child and adolescent mental health, international organizations like the World Psychiatric Association (WPA), the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), and the WHO are crucial. In recent years in international forums, the World Health Organization has emphasized that "lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermine compliance with health regimens, and reduces the capacity of societies to be safe and productive." (World Health Organization, 2003). Therefore, mental illness is a critical health issue that is increasing daily (Nguyen Thai & Nguyen, 2018). One of the findings of the World Health Organization in 28 different nations showed that psychological problems were worldwide, and the occurrence of mental problems was assessed to be 18.1% and 36.1% (Kessler et al., 2009).

Mental health should be the right of everyone, even adolescents. The teen years are crucial. They are moving from one stage to the next at this point. (Zaky, 2016). If a young person is burdened with responsibilities, his future will be affected, from childhood to adulthood, there is a strong continuity in his mental and psychological functioning. When conditions are at their best at the stage before, adults can function at their highest level, and vice versa (Masten et al., 2005). People who are between the ages of 10 and 18 are considered adolescents. According to some other accounts, they are individuals who are between the ages of 9 and 26." (Yulianti et al., 2021) Students are expected to contribute to the nation's future development. A strong nation is built by strong, psychologically healthy people. Most mental health issues impact people under 14 years old, with a third happening in adults over 20 years old. (Kessler et al., 2007). Adolescent students face various challenges, including the dread of disappearing one (Balta et al., 2020), cyberbullying (Li, 2010), stress (Wironika et al., 2019), anxiety (Lestari et al., 2013), depression (Riastiningsih & Sidarta, 2018), self-harm (Ulum et al., 2019), and nomophobia (Yildirim et al., 2016).

However, the school serves as a protective element of mental health. Improving school roles aims to reduce mental health problems among students (Yulianti et al., 2021). Schools aim to encourage positive psychological conditions and health (Fazel et al., 2014). They become the focal point of teens' lives, as well as the graduates' optimism and support, and they cause students to face psychological challenges (Johnson et al., 2011). Instructors are crucial in fostering psychological environments in the classroom. (Bentley, 1965). While teaching is considered to be the main activity that contributes to the achievement of educational objectives. Effective teaching helps students achieve their school goals. Effective teaching involves several aspects that contribute to teacher effectiveness. These elements could include personality and teaching, method, work happiness, mental health, gender, location, etc. Prioritize the cultural, social, and mental well-being of teachers (Jessiman et al., 2022).

Promoting early childhood mental health, identifying and treating mental illnesses, and offering long-term care all depend on mental health literacy. (Kutcher et al., 2015). Literacy in mental health is essential for teachers, especially in primary and intermediate schools, where children aged 12 to 25 are prone to mental health issues. This would allow for a simple diagnosis. This is significant because mental health issues are the most prevalent throughout this time of life (Kessler et al., 2007; Kutcher et al., 2015). Teachers are responsible for recognizing and addressing the issues of mental health amongst their students (Severson et al., 2007). Primary and intermediate school instructors regularly contact about 100 children per day (Johnson et al., 2011). Though, they continue to have trouble recognizing risky students (Johnson et al., 2011) Many educators are deficient in knowledge about psychological health, highlighting the need for adequate training to increase their skills and knowledge (Franklin et al., 2012).

Teachers have crucial responsibilities in recognizing and addressing mental health issues among students (Bale et al., 2020) Primary and secondary schools are good for mental health promotion and prevention because they are accessible to kids, have established learning settings, and existing programs that promote the health, happiness, and social and emotional growth of students (Marinucci et al., 2023). Teachers must provide students with understanding, motivation, and assistance to promote optimal growth. They have important responsibilities as collaborators in the avoidance, detection, and intervention of mental health disorders in children and adolescents.(Whitley et al., 2013). Despite having a significant teaching population, mental health awareness is often overlooked (Lynn et al., 2003).

Several inquiries have shown the significance of students' understanding of their psychological health. (Skre et al., 2013). School teachers contact about 100 children daily. Elementary school instructors should promote mental health literacy through positive, social, and emotional learning opportunities (Cefai et al., 2014). Enhancing teachers' emotional well-being can result in more efficient provision of mental health services for pupils. Thus, it has the potential to mitigate the adverse consequences. Undiagnosed mental health problems can lead to poor academic, career, social, and suicidal outcomes (Kutcher et al., 2016).

Child psychological health is often overlooked in low- and middle-income nations when a single psychiatrist is responsible for treating many children. Most of the world's children reside in low- and middle-income countries, classifying them as the "youngest countries." The world's 2.2 billion children and adolescents reside in these countries, where they encounter various socioeconomic difficulties, crises, and intense distress. (Clausen et al., 2017). Hassan, (2010) discovered that Pakistan had the largest population of the 22 countries, with more than two-thirds of the population being classed as youth in the WHO's Eastern Mediterranean area, and previous research from Pakistan claimed that 17% of 5 to 11-year-old students in school experience emotional and behavioral issues. In Pakistan, few initiatives train teachers in classroom management or how to view children's behavior from a developmental point of view. Even with on-the-job experience, many teachers cannot support early intervention and prevention. These findings are consistent with the Canadian Teacher Federation study, which found that while few instructors receive training in student mental health, it is a priority issue for professional development among teachers (Froese-Germain & Riel, 2012).

Adolescence is the time when anxiety and mood problems are most common. Early symptoms include a range of internalizing symptoms that are below threshold. (Cross & Hickie, 2017). Untreated depression and anxiety in adolescence can lead to long-term mental health issues, including suicide and substance use (O'Neil et al., 2011). The necessity for children's and adolescent's mental health amenities is well acknowledged, yet there are not enough financial or human resources to meet the need. To address significant issues with service delivery, a public health strategy that includes promotion, prevention, and treatment is needed. According to the "Lancet Commission on Global Mental Health and Sustainable Development" the age of "no sustainable development without mental health" has been arrived. Therefore, a growing body of evidence indicates that mental health promotion can have long-term effects on community well-being in addition to prevention and treatment (Patel et al., 2018).

The Mental Health and Substance Abuse Department developed the Mental Health Gap Action program (mhGAP) in 2008. One of the main objectives of the mhGAP program was to strengthen the commitments made by the government, foreign organizations, and other important parties. Increased financial and human resources are needed by stakeholders in low- and middle-income nations to better implement evidence-based interventions (World Health Organization, 2010).Its objective is to accomplish the Comprehensive Mental Health Action Plan 2013-2020's goal. The mhGAP guide was revised in 2015. The mhGAP guidelines include Child and Adolescent Mental and Behavioral Disorders (CMH) as one of the main issues. It includes suggestions for teachers and ideas for community rehabilitation, together with guidelines for diagnosing and treating mental health disorders in children and adolescents.

It challenges the widely accepted belief that only highly qualified professionals are capable of providing all mental health interventions. Furthermore, the WPA Presidential Program on Child Mental Health provides a range of evidence-based approaches to address internalizing and externalizing difficulties in school-age children.(Graeff-Martins et al., 2008).These illnesses can result in cognitive impairments, including difficulties with concentration, which may lead to subpar academic performance, school dropout, and long-term occupational deficiencies (Moon et al., 2017). Educators are increasingly anticipated to assist with students' mental health as an integral component of contemporary pedagogical approaches (Pullmann et al., 2013). Educators possess a distinctive chance to recognize, tackle, and mitigate student mental health concerns within educational environments (Kelly et al., 2011).

A healthy school environment enhances the mental well-being of all its constituents, including students, educators, and staff; this subsequently leads to elevated academic performance among children and diminished absenteeism among staff. Students with compromised mental health exhibit low self-esteem, experience bullying, and demonstrate subpar academic performance. Despite the myriad advantages of implementing comprehensive mental health treatment in educational institutions, it has garnered inadequate attention within these environments. Concerns exist over the potential burden on school personnel, who must be trained in low-resource settings with restricted opportunities for professional advancement. Educational institutions are often inadequately equipped and insufficiently supported to fulfill their responsibilities (Adelman & Taylor, 2000). In conclusion, schools have a great deal of potential to enhance the lives of kids and teenagers. They can significantly enhance cognitive and psychosocial competencies while cultivating an environment that promotes optimal mental health among youngsters, who represent the nation's future and greatest asset.

Positive mental health emphasizes complementary universal and targeted strategies; early interventions for younger students and ongoing support for older ones; integrating efforts within a comprehensive school framework that encompasses curriculum adjustments, enhancement of teaching skills, improvement of school culture, collaboration with parents, parental education, and engagement of all stakeholders, including the community, were characteristics of more effective interventions (Weare & Nind, 2011). Therefore, teachers play a crucial role in identifying students who are at risk of suicide or self-harm. Unfortunately, many teachers were unprepared and lacked the knowledge to handle these types of situations(Yulianti et al., 2021). Shepherd et al., (2016) directed two systematic reviews on the training that educators receive in health and well-being. These evaluations concentrated on initiatives that promote comprehensive student development. Health and Well-Being.

The optimal curriculum for prospective educators is pragmatic, skill-oriented, and fosters peer collaboration. There isn't a comprehensive analysis of mental health education initiatives for secondary teachers. The effectiveness of training in enhancing teachers' knowledge, attitudes, and behaviors to address students' mental health issues remains ambiguous, as do the conditions under which such improvements occur. The effectiveness of mental health education programs for secondary school

teachers is assessed in this systematic review in enhancing their knowledge, attitudes, and behaviors regarding teenage mental health issues, including depression and anxiety. Each training program shall be delineated comprehensively, encompassing its attributes and the outcomes of the intervention.

The meta-analysis is anticipated to be constrained by the varied outcomes assessed in the small number of accessible trials. In order to help educators and stakeholders—including schools, administration, and teachers—select appropriate programs, this study outlines top mental health teacher training programs. Official program evaluations will also be encouraged.Teachers struggle to accurately identify pupils who are genuinely in danger. (Johnson et al., 2011). MHL assessments among teachers around the world have revealed insufficient mental health literacy (Aluh et al., 2018; Youssef et al., 2015) This study aims to assess the level of mental health awareness among school teachers. Numerous studies have demonstrated the significance of mental health and its profound influence on the well-being of young individuals and the advancement of nations. Therefore, it is imperative to ensure that teachers understand mental health strongly.

METHODOLOGY

Objectives

- To assess the knowledge of government and private school teachers regarding the recognition of psychological disorders, risk factors, and causes of mental illness
- To study the mean differences of male and female school teachers regarding knowledge of psychological disorders, risk factors, and causes of mental illness

Hypotheses

- Private school teachers perform better as compared to government school teachers on knowledge regarding the recognition of psychological disorders, risk factors, and causes of mental illness
- There will be a significant difference between male and female school teachers' knowledge regarding the recognition of psychological disorders, risk factors, and causes of mental illness

Sample and Research Design

In order to assess school teachers' knowledge of mental health, the study used a cross-sectional research technique, with a particular focus on their comprehension of the risk factors and causes of mental illness. The total number of samples was (N=364), of which (n=250) from district Peshawar and (n=250) from district Swabi were included. Similarly, from both districts (n=125), male teachers (n=125) female teachers, and government and private school teachers were equally included in the sample.

Instruments

The Mental Health Literacy Scale

The sale of mental health literacy was developed by (O'Connor et al., 2014). Consists of 35 items, and 6 subscales with good reliability (Cronbach Alpha 0.873) and content Validity (IOC=.67-1.0). Urdu version of this scale was used, translated by(Akhtar, 2020) with 0.7 Cronbach alpha.

Procedure

Approval was obtained from the corresponding author of the study instrument, followed by the school principal of the participants. Participants (school teachers, male and female teachers of district Peshawar and Swabi who teach primary and secondary level from various regions of the Peshawar and Swabi districts were contacted. The participants were provided information regarding the study's objectives and goals, the demographic form, and about the scale. The demographic information form was completed, followed by instructions for completing the surveys. The participants provided their consent.

RESULTS & FINDINGS

Table 1

Demographic Characteristics of Study Members (n=500)

Variables	Categories	f	%
Age	24-28	214	42.8
	29-33	103	20.6
	34-38	129	25.8
	39-43	54	10.8
Gender	Male	250	50.0
	Female	250	50.0
Marital Status	Single	272	54.4
	Married	220	44.0
	Divorced/Separated	6	1.2
	Widow/Widower	2	.4
District	Swabi	250	50.0
	Peshawar	250	50.0
Employees	Private	250	50.0
	Government	250	50.0

Note: f= Frequency

Table 2
Psychometric Properties of the Scale and its sub-scales (n=500)

Scale	M	SD	Range	Cronbach's α
Mental Health Literary Scale	103.89	24.73	38-146	.94
Ability to Recognize Disorders	23.67	5.84	8-32	.80
Knowledge of Risk Factors	5.62	2.06	2-8	.72
Knowledge of Self-Treatment	5.29	2.01	2-8	.67
Knowledge of Professional Help	7.92	2.82	3-12	.71
Knowledge where to Seek Information	12.66	4.17	4-20	.74
Attitude Promoting Recognition or help seeking behavior	48.74	12.26	16-68	.87

Note. M= Mean, SD= Standard Deviation

The "Mental Health Literacy Scale," which comprises various dimensions including the ability to recognize disorders, knowledge of risk factors, and attitudes promoting help-seeking behavior, shows a mean score (M) of 103.89 with a standard deviation (SD) of 24.73. This scale ranges from 38 to 146 and exhibits excellent internal consistency with a Cronbach's α of .94, indicating strong reliability in measuring mental health literacy among participants. Among the specific sub-scales of the Mental Health Literacy Scale, " Demonstrate acceptable internal consistency with Cronbach's α coefficients ranging from .67 to .80. The sub-scale "Attitude Promoting Recognition or help-seeking behavior" exhibits high internal consistency with a Cronbach's α of .87.

Table 3
Mean Comparison between Government and Private Teachers on the study variables (n=500)

Variables	Private (250)		Government (250)		t(498)	p
	M	SD	M	SD		
MHLS	106.20	22.71	101.58	26.43	2.096	0.010
AbilityRD	24.01	5.25	23.34	6.37	1.296	0.000
KnowledgeRF	5.76	2.01	5.47	2.10	1.565	0.156
KnowledgeST	5.63	2.08	4.94	1.88	3.904	0.000
KnowledgePH	8.23	2.78	7.61	2.84	2.468	0.701
KnowledgeSI	13.00	3.88	12.33	4.42	1.786	0.010
AttitudePRHSB	49.58	11.22	47.90	13.18	1.535	0.005

Note: MHLS= Mental Health Literary Scale, AbilityRD= Ability to recognize disorders, KnowledgeRF= Knowledge of Risk Factors, KnowledgeST= Knowledge of Self-Treatment, KnowledgePH, Knowledge of Professional Help, KnowledgeSI= Knowledge where to seek information, AttitudePRHSB= Attitude that promote recognition or appropriate help-seeking behavior

Table 3 presents the mean comparisons between government and private school teachers on various study variables based on a sample size of 500 participants. The table provides insights into the differences between these two groups' mental health perceptions and literacy. In terms of overall "Mental Health Literary Scale" (MHLS) scores, private school teachers (M = 106.20, SD = 22.71) scored significantly higher than government school teachers (M = 101.58, SD = 26.43), with a t-value of 2.096 (p = 0.010). This suggests that private school teachers may have better mental health literacy than their government counterparts.

Specifically, private school teachers also showed higher scores in "Knowledge of Self-Treatment" (KnowledgeST) compared to government school teachers (t = 3.904, p = 0.000), indicating greater awareness of self-care strategies for mental health issues. Conversely, government school teachers scored higher on "Attitude that Promotes Recognition or Appropriate Help-Seeking Behavior" (AttitudePRHSB) compared to private school teachers (t = 1.535, p = 0.005).

Table 4
Mean Comparison between gender on study variables (n=500)

Variable	Male (250)		Female (250)		t(498)	p
	M	SD	M	SD		
MHLS	103.52	24.49	104.26	25.01	-0.33	0.297
AbilityRD	23.70	5.86	23.64	5.82	0.12	0.262
KnowledgeRF	5.44	2.08	5.80	2.03	-1.96	0.452
KnowledgeST	5.32	2.05	5.25	1.97	0.38	0.342
KnowledgePH	7.88	2.85	7.96	2.80	-0.30	0.698
KnowledgeSI	12.70	4.10	12.62	4.24	0.21	0.948
AttitudePRHSB	48.48	12.25	48.99	12.28	-0.47	0.21

Table 4 compares mean scores between male and female school teachers on various study variables. The results indicate that there were no significant differences between male and female teachers across most of the measured variables i.e., The Mental Health Literary Scale (MHLS), subscale did not show significant differences between male and female teachers. The p-values for these comparisons were all above 0.05, indicating that the observed differences were not statistically meaningful.

Table 5

Mean Comparison along district (Swabi and Peshawar) on study variables (n=500)

Variable	Swabi (250)		Peshawar (250)		t(498)	p
	M	SD	M	SD		
MHLS	82.75	15.39	125.04	9.51	-36.96	0.000
AbilityRD	18.98	3.89	28.36	3.00	-30.19	0.001
KnowledgeRF	4.42	1.70	6.81	1.66	-15.93	0.265
KnowledgeST	5.54	2.14	5.03	1.84	2.89	0.000
KnowledgePH	6.07	1.73	9.77	2.47	-19.39	0.000
KnowledgeSI	9.18	2.26	16.15	2.31	-34.15	0.964
AttitudePRHSB	38.55	8.25	58.92	4.98	-33.43	0.000

Table 5 presents the mean comparisons between school teachers from Swabi and Peshawar districts on various study variables, based on a sample size of 500 participants. The table highlights significant differences in mental health literacy between teachers from these two districts."Mental Health Literary Scale" (MHLS), "Ability to Recognize Disorders" (AbilityRD), "Knowledge of Professional Help" (KnowledgePH), and "Attitude that Promotes Recognition or Appropriate Help-Seeking Behavior" (AttitudePRHSB). Peshawar teachers consistently scored higher on these measures than Swabi teachers, with notable t-values and statistically significant p-values ($p < 0.05$), indicating more advanced mental health literacy and attitudes among teachers from Peshawar. In contrast, differences in "Knowledge of Self-Treatment" (KnowledgeST) and "Knowledge of Risk Factors" (KnowledgeRF) were not statistically significant between the two districts ($p > 0.05$), suggesting similar levels of understanding in these specific areas.

Discussion

This study explains the assessment of Khyber Pakhtunkhwa school teacher's Mental health literacy, baseline knowledge of psychological disorders, risk factors, and causes of mental illness. The frequency and percentage of the study revealed that government and private school teachers both male and female were in the same number of participants, but 24-28-year-old teachers and single-status teachers were more in number. The psychometric properties of the study indicate that the questionnaire used for data collection has a good level of reliability.

The result of the first hypothesis revealed private school teachers scored significantly higher on mental health literacy than government school teachers which aligns with one of the studies, Teachers in government and private schools have significantly different levels of knowledge about mental health. Government school instructors typically have higher levels of stress than their private school colleagues, which can impact their ability to adequately address students' mental health needs. Furthermore, instructors in private schools frequently report having better access to mental health resources and training. (Yamaguchi et al., 2021). One of the finding of this study revealed many teachers did not recognize the psychological disorders symptoms that align with one of the studies Many teachers lack knowledge about mental health, highlighting the need for adequate training to increase their skills and knowledge (Franklin et al., 2012). Most teachers did not accurately identify symptoms of common mental health disorders such as depression and schizophrenia, and many were not prepared to teach mental health topics or support students with these issues (Yamaguchi et al., 2021)

Further, this study also identified mean scores between male and female school teachers on various study variables, the results indicate that there were no significant differences between male and female teachers across most of the measured variables i.e., Mental Health Literary Scale (MHLS) one of the previous study showed gender did not play a major role in shaping perceptions towards mental illness among this group. These findings were consistent with prior research by (Schomerus et al., 2012), emphasizing the persistent need for public education and awareness campaigns to combat the stigma associated with mental health conditions. Despite increased knowledge about mental illness, negative attitudes continued to prevail within society. Japanese researchers found that female teachers were generally better at diagnosing mental health conditions such as depression, schizophrenia, and panic disorder than their male counterparts. However, male and female teachers' overall knowledge scores were not significantly different (Yamaguchi et al., 2021).

Further, this study revealed the mean comparisons between school teachers from the Swabi and Peshawar districts on various study variables "Mental Health Literary Scale" (MHLS), Peshawar teachers consistently scored higher on these measures than Swabi teachers, with notable t-values and statistically significant p-values ($p < 0.05$), indicating more mental health literacy and attitudes among teachers from Peshawar, this is aligned with one of the findings that Teachers in urban areas have more access to mental health training resources than those in rural areas. This mismatch emphasizes the need for more accessible rural teacher training programs to close the knowledge gap

(Imran et al., 2022)

Limitation and suggestion

The study's use of convenient sampling from only two districts (Peshawar and Swabi) within KPK (Khyber Pakhtunkhwa) may limit the generalizability of the findings. These districts might not fully represent the diversity of teachers across the entire province. Future studies could benefit from employing a more representative sampling strategy that includes a wider range of districts within KPK or other regions of Pakistan.

CONCLUSION

This study conducted a thorough assessment of mental health literacy amongst teachers in the Pakistani districts of Peshawar and Swabi using a cross-sectional research approach. The findings from this phase revealed notable gaps in teachers' knowledge regarding mental health disorders, risk factors, and available resources for support. Teachers are considered the backbone of every institute so training programs should arrange for them to be aware of mental health knowledge.

Conflict of Interests

The authors has declared that no competing interests exist.

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