RESULT OF MENTAL HEALTH LITERACY CURRICULUM TRIAL AT SECONDARY SCHOOL STUDENTS IN DANANG, VIETNAM
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Abstract: *the article analyzes the result of mental health literacy curriculum trial at seconday school students in Danang – Vietnam. 223 students are divided into intervention group and control group. The intervention group takes part in 6 lessons about mental health, 45 minutes for each topic per week. The control group receive no intervention. The result indicates that the ability to detect mental disorders of students in intervention group improves and beliefs in causes and methods of mental disorders treatment. At the same time, discriminatory attitude against people having mental disorders of students in practical group declines.*
Keywords: *curriculum, mental health literacy, student, secondary school.*

РЕЗУЛЬТАТ ПРОГРАММЫ ОБУЧЕНИЯ ПСИХИЧЕСКОГО ЗДРАВООХРАНЕНИЯ ДЛЯ УЧАЩИХСЯ СРЕДНЕЙ ШКОЛЫ В ДАНАНГЕ, ВЬЕТНАМ
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Аннотация: *в статье анализируются результаты испытания учебной программы по грамотности в области психического здоровья у учащихся второсортных школ в Дананге, Вьетнам. 223 учащихся разделены на группу вмешательства и контрольную группу. Группа вмешательства принимает участие в 6 занятиях по психическому здоровью по 45 минут для каждой темы в неделю. Контрольная группа не получает вмешательства. Полученный результат свидетельствует о том, что способность выявлять психические расстройства у учащихся интервенционной группы улучшается, убеждая в причинах и методах лечения психических расстройств. В то же время дискриминационное отношение к людям с психическими расстройствами у учащихся практической группы снижается.*
Ключевые слова: *учебная программа, грамотность в области психического здоровья, учащийся, общеобразовательная школа.*

1. Introduction

In Vietnam, nearly 15% population were estimated to contract some common mental disorders, 3 million people have severe mental disorders [12]. Mental disorders have an upward trend but there are not enough medical teams to meet the demand of the society. In Vietnam alone, statistic reveals that there are 850 mental doctors over 90 million people, approximate 1 doctor/100.000 peole and concentrate on some developed city, some areas don't even have one [13]. On the other hand, according to Vietnam Association of Preventive Medicine, illnesses at the age of pupils and students are much higher than the incidence of the general population and tend to increase in recent years [11]. Therefore, the prevention and reduction of disease is the responsibility of every citizen. In particular, mental health literacy is an important factor in the prevention and treatment of mental disorders.

Mental health litercay is a term derived from the concept of health knowledge in the medical field. It was defined the first time by Jorm and colleagues in 1997, as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" [1, P. 396]. Mental health literacy consists of several components, including: (a) the ability to recognise specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge anf beliefs about self-help intervention; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitare recognition and appropriate help-seeking; and (f) knowkedge of how to seek mental health information .

Since the term mental health literacy has been introduced, many studies related to knowledge and programs to improve knowledge on mental health literacy have been conducted all over the world. Results from these studies show that training can improve mental health literacy for students thereby reducing the rate of injuries, dropouts and other mental disorders [7, P. 2]. In Vietnam, there has not been an education program to improve

knowledge on mental health literacy implemented in the community in general and schools in particular. Studies in Vietnam have only focused on teachers 'and students' knowledge of reproductive health. Therefore, we have tested an education program to raise awareness and reduce stigma towards people with mental disorders for junior high school students in Da Nang, Vietnam.

2. Research method and object

2.1 Research object

We chose 119 junior high school students to voluntarily join the intervention group and 112 control group students. In Vietnam, junior high school students start from grades 6 to 9 (corresponding to ages 11 to 15). Students are surveyed about their mental health literacy before, immediately and after 3 months of participating in the program. After the third survey, 8 students stopped participating, so the number of samples was 223 with the following characteristics:

Table 1. Research objects

	Gender		Age		Level	
	Male	Female	14	15	8th grade	9th grade
Amount	94	129	117	106	121	102
Ratio	42.2%	57.8%	52.5%	47.5%	54.3%	45.7%

2.2 Method of research

2.2.1 Describe the program to improve mental health literacy

- The program to improve mental health literacyis designed with 6 lessons with 6 topics: Stress; Depression; Post traumatic stress disorder; Schizophrenia; Behavior disorders and stigma towards people with mental illness. Each topic provides students with concepts, symptoms, causes, ways of prevention and intervention. Particularly on the topic of stigma, students are taught the definition of stigma, false beliefs about mental illnessess, and barriers of discrimination.

- Each lesson is conducted within 45 minutes during the extra-curricular time of students. The lessons are given by specialists in the field of psychiatry, such as psychiatrists or clinical psychologists. Lessons are presented in the form of slides and group activities for students.

2.2.2 Evaluation method

Students assessed first (T1), right after (T2) and after 3 months (T3) participating in the program by a questionnaire on mental health literacy. The questionnaire consists of 5 parts. The first part explores personal information like gender, class, age. The second section describes 5 cases with specific mental disorders for students to identify symptoms including Depression, Post traumatic stress disorder; Schizophrenia; Behavior disorder and Somatoform disorder (although we do not provide this content for students). The third part examines students' perceptions about risk factors and causes of mental disorders. The fourth part investigates students' beliefs in the treatment of mental disorders. The fifth part examines students' attitudes towards people with mental illness. This section is taken from the questionnaire on mental health literacy by Kutcher [7]. Each subsection has 5 options from "strongly disagree" to "strongly agree" corresponding to the score of 0; 1; 2; 3; 4. The higher the score, the greater the confidence of the student. The Cronbach's Alpha coefficient of the questionnaire is 7.14.

The effectiveness of the program was assessed by the change in mental health literacy of the intervention group students and compared with the control group students (not receiving any intervention), namely increasing the ability to identify mental disorders, belief in professional support, belief in risk factors and causes of mental disorders; reduce stigma.

3. Research result

3.1 Ability to identify mental disorders of students

Table 2. Ability to identify mental disorders of students

	before training				after training				after 3 months			
	intervention group		*control group*		*intervention group*		*control group*		*intervention group*		*control group*	
	Amo-unt	Ratio (%)	Amo-unt	Ratio (%)	Amo-unt	Ratio (%)	Amo-unt	Ratio (%)	Amo-unt	Ratio (%)	Amo-unt	Ratio (%)
1	0	100	0	100	0	100	0	100	0	100	0	0
2	0	100	0	100	38	32.5	0	100	28	23.90	0	28
3	4	3.40	3	2.80	39	33.3	3	2.80	33	28.20	3	33
4	0	100	0	100	42	35.9	0	100	32	27.4	0	32
5	0	100	0	100	0	100	0	100	0	100	0	0

1: Somatoform disorder; 2: Behavior disorder; 3: Depression;
4: Post traumatic stress disorder; 5: Schizophrenia

Results from Table 2 show that the ability to identify mental disorders of students is relatively low, namely only 4 students (3.4%) and 3 students (2.8%) be depressed. To find out more specifically, we conducted in-depth interviews with 2 of these 4 students with the question "How do you identify the case described as depression?". They all replied, "I watch it on TV and feel like the friend in this situation." Therefore, in order to raise awareness about depression in particular, mental disorders in general need the impact from many different channels, of which media is a useful means.

In addition, 100% of students do not identify other disorders such as physical disorders, behavioral disorders, post-traumatic stress and schizophrenia. This result is similar to the study of author Tran Ngoc Ly [2]. However, compared to other studies in the world, the ability to identify mental disorders of students in this study is quite low. Specifically, a study by Kumiko Yoshioka investigating the ability to identify mental disorders of 311 Japan [6] showed that 14.3% of students correctly named depression. The exact identification rates for schizophrenia and social phobia were 8.3% and 26.8% [9, P. 225]. Or in the Melas study in Sweden, 42.7% and 34.7% identified depression and schizophrenia [7, P. 405]. Therefore, the results from this study show that it is necessary to equip students with certain mental health literacy to help them identify health abnormalities early.

Table 3. Change in ability to identify mental disorders

T	Intervention group		Control group		F
	Mean	Std	Mean	Std	
T1 (before the training)	0.03	0.18	0.03	0.17	296.41***
T2 (right after the training)	1.39	0.95	0.03	0.17	
T3 (after 3 months)	1.03	0.86	0.02	0.14	
F	153.36***		0.2		

*Note: ****: $p < 0.001$

After the training, the ability to identify mental disorders of students in experimental group increased while in the control group students there was no change. The difference between students in 2 groups is quite significant (F = 296.41, p <0.001). This result is maintained after 3 months. Specifically, in 5 described cases, the ability to identify schizophrenia had the largest change (t = 7.39; p <0.001), no student identified Somatoform disorder. In our opinion, this change is because before joining the program, the expressions such as "speaking alone" and "paranoia" that we describe in the case of schizophrenia are called "crazy" by students. In Da Nang, despite being a big city in Vietnam, where there is a mental hospital with 28 doctors and 180 beds, there are still people with severe mental disorders wandering the streets. These people are often called "crazy people" and "mentally", so when provided with the symptoms of the disease, students are easy to identify and name more accurately than the other cases. Particularly for the case of Somatoform disorder (body disorder), in the content of the lessons, we did not mention this topic, so no students answered correctly. This shows that the change in students' ability to identify mental disorders is due to attending training courses.

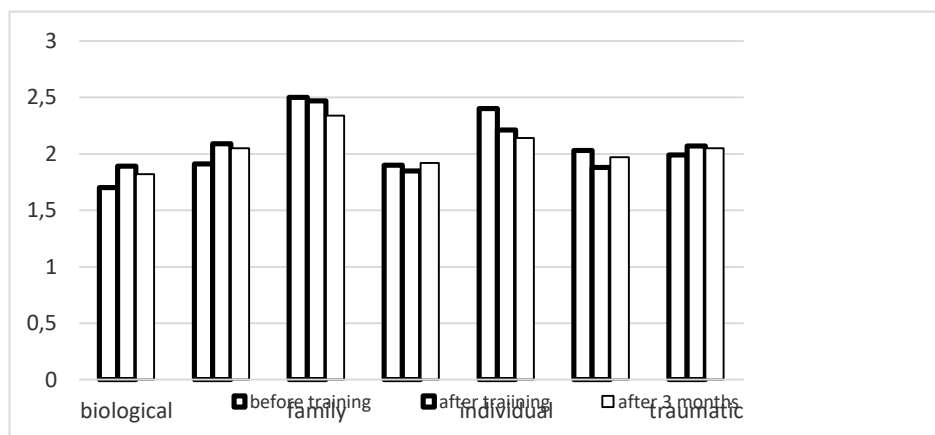**3.2 Belief in students' risk factors and causes of mental disorders**

Fig. 1. Students' beliefs in the risk factors and causes of mental disorders of the intervention group through 3 surveys

Results from chart 1 show that, before training, the causes of mental disorders selected by students were factors from family (M = 2.39; Std = 0.53), personal factors (M = 2.31; Std = 0.37), (the remaining factors mean less than 2, corresponding to the level of disagreement). So far, the exact cause of some mental disorders has not

been determined, but suggested studies have identified four risk factors and causes of mental disorders including genetics, biology, environment and traumatic events. Therefore, the fact that students think that the family environment is the factor that causes problems of mental health is also consistent with the general trend. Moreover, from the perspective of developmental psychology, junior high school is an age with many conflicts with parents, so the fact that children choose elements from their family such as "parents do not understand so it create pressure on me "or" parents don't spend enough time with me "is inevitable. However, it must be asserted that mental disorders are not the result of poor parenting.

Besides, students think that causes of mental disorders comes from personal factors such as "the individual is not smart enough" (M = 2.1; Std = 1.07), "not self-assertive" (M = 2.44; Std = 1.02) even "because students are lazy or not hard-working enough" (M = 2.7; Std = 1.1). This belief easily leads to the formation of negative attitudes, which causes students to have unsuitable behaviors for people with mental disorders. This result is similar to the study of Ganasen in Asian countries. For Asians, mental illness is a disease in which people suffer from abnormal thoughts or actions. Asian families are often ashamed of these actions. Families often scold people for not knowing and refusing to use willpower to change abnormal behaviors [4, P. 23 - 28]. This suggests that the notion that mental disorders are caused by the patients themselves is quite common in Eastern culture. Therefore, for adolescents, the experience is limited and affected, influenced by adults, so the perception is still misleading.

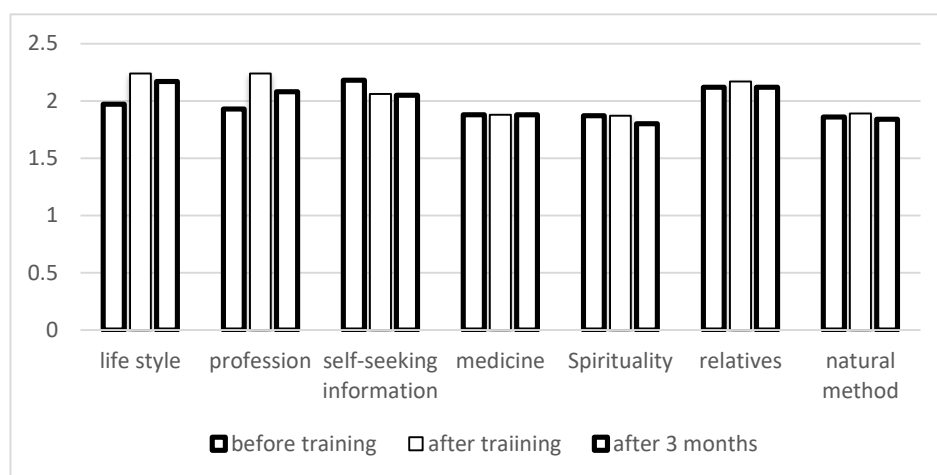### 3.3 Students's belief in forms of assistance to mental disorders

Fig. 2. Intervention group's belief in the form of assistance to mental disorders

Before training, students believe that the forms such as "*personal lifestyles*", "*relatives*" or "*searching for information by themselves*" are better than others. In "*personal style*", students think that "*try to participate in every activity*" (M = 2.91; Std = 0.85) và "*participate in classes such as swimming, sports, talent*" (M = 2.73; Std = 0.96) will help in curing mental disorders. Indeed, participating in activities is a useful way to prevent and reduce disease. Although the children are still young, their right view will be the foundation for them to participate in healthy activities to protect their health. However, many students choose to "*solve problems on their own way*" when they have mental disorders. (M = 2.79; Std = 0.93). For people with mental disorders, solving problems on their own way may cause them to lose a chance to recover. So as teenagers, they need support to overcome difficulties and psychological disturbances. With the form of supporting based on "relatives", most students trust in "friends"(M = 3.9; Std = 0.36) meanwhile, few students choose their families (M= 1.72; Std= 1.07) or teachers (M= 1.65; Std = 1.06). This is also perfectly suitable for teenage communication. So students need to be equipped with knowledge to be able to support you in case of need.

Beside "personal lifestyles", "friends", students "search for information from Google by themselves" (M = 2.79; Std = 1.0). These days, students are exposed relatively early to technological equipment, so finding information from social networking sites is no longer new and strange, but this form is also risky. If they don't select the information wisely, they may be affected badly to their psychology and health. So the problem may be worse accidentally.

After training, students in the intervention group had changes obviously in belief in the forms of assistance for mental disorders. Specifically, the belief in "*personal lifestyles*" (F = 18.2; p < 0.001) và "*professional assistance*" (F = 18.08; p < 0.001) increases while the "*self-seeking information*" (F = 5.22; p < 0.01) tend to decrease. As we analyzed above, personal lifestyle includes participation in activities, sports classes, gifted, scientific diet. If the belief in this form is strengthened, it will lead students to a healthy lifestyle, thereby helping to prevent and reduce disease. On the other hand, after joining the class, the students' confidence in the professional assistance increases. This is also the goal that we aim to implement the program on mental health

education in schools. Professional assistance will give people with mental disorders the opportunity to receive appropriate treatment and support. In Danang in particular and in Vietnam in general, some occupations are new and not all schools have a school psychologist or a social worker, so this intervention program also helps. They know a lot of They know a lot of support forces other than psychiatrists.

For the students in the control groups, there was no change in belief in the forms of assistance to mental disorders through surveys (p > 0.05). This shows that the program to improve the understanding of physical education has affected the belief of the students in experimental groups in the forms of assistance to mental disorders.

3.4. Students' attitudes towards people having mental disorders

Table 4. Attitude towards people with mental illness of intervention group students

Attitude	Mean	Std
1.Mental illness is usually a consequence of bad parenting or poor family environment	1.19	1.22
2. A mentally ill person should not be able to vote in an election	1.24	1.13
3. People who are mentally ill do not get better	1.4	1.38
4. It is easy to tell when someone has a mental illness because they usually act in a strange or bizarre way	1.43	1.32
5. I would be happy to have a person with a mental illness become a close friend	1.93	1.46
6. Most people with a mental illness can have a good job and a successful and fulfilling life	3.12	1.58
7. Most people who have a mental illness are dangerous and violent	3.5	1.66
8. I would be willing to have a person with a mental illness at my school	3.68	1.55

Table 4 shows that though the students have limited awareness, their discriminatory attitude towards people having mental disorders is relatively low. Specifically, manifestation such as "mental illness are often result of parents' bad behavior or poor family circumstances" (M = 1.19) or "mentally ill people should not vote in an election" (M = 1.24) is quite low. In contrast, the majority of students "are willing to accept a mental patient at their school". These are positive signs to help children behave apropriately for people with mental disorders. However, besides positive attitude, many students said that "people mental disorders are dangerous and violent" (M = 3.5). To find out more, we asked the question "What do you think about mental patients?" Most students said that mental patients are those who wander, talk and laugh alone, behave strangely. In fact, there are still people with severe psychiatric disorders on the streets, so they think of these whenever talking about mental disorders. Not only students but researchers in the world also have the similar results. In India, in 2017 Kermode and his colleagues evaluated the attitude of the people in Maharashtra towards people with mental disorders. This study has shown that, although Indian society, culture has accepted people with mental disorders, false beliefs and negative attitudes are quite common. They still have a social distance from the patient and think he is dangerous [5, P. 87- 96].
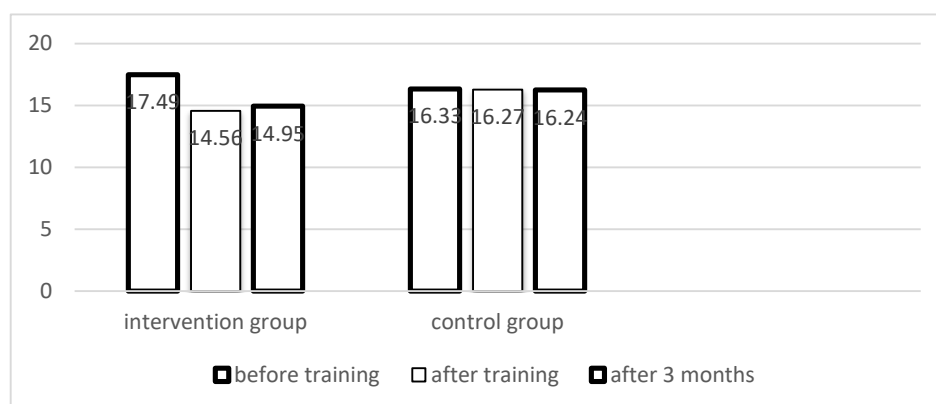

Fig. 3. Students' attitudes toward people having mental disorders through 3 surveys

On the other hand, chart 3 shows the difference in attitude between students of 2 groups through 3 surveys. In the experimental group of students, the discriminatory attitude tended to decrease (F = 128,365; p < 0.001) while in the control group of students, there was no change (p > 0.05). Specifically, the point of view that "people having mental illness are dangerous and violent" decreased compared to before training (M = 3.1; F = 23.81; p < 0.001) and the results were maintained after 3 months (M = 3.21). Although the change is not synchronized, and the difference in attitude between students is still large, initially it also brings positive results. In order to change

beliefs and discrimination, it takes time and impact from many sides, so the results that the program brings will be the foundation for students to consolidate their scientific beliefs and positive attitudes towards people having mental disorders.

In summary, after joining the program, the students' mental health literacy increased in the experimental group while in the control group, students did not change. Although the changes are not synchronized and strong, these results have proved the effectiveness that the program brings.

4. Conclusion

Mental health literacy is an important factor in preventing and minimizing mental disorders. It is manifested through the ability to identify specific mental disorders, through beliefs about risk factors and causes, beliefs in treatment forms and attitudes towards people with mental illness. In this study, before participating in training, students' ability to identify mental disorders is relatively low, the cause of mental disorders identified by students is due to their families and patients themselves. However, after participating, students' ability to identify mental disorders increases, confidence in personal factors decreases and it is replaced by a belief in biological, genetic factors as well as a chance in belief in professional assistance. Discriminatory attitude towards people having mental disorders tends to decrease. Results are maintained after 3 months.

However, this research still has limitations such as the number of students participating in experimental groups is small. The program has not been able to synchronously affect students participating in the intervention group and students still believe in factors causing mental disorders such as by parents or from spiritual factors.

References / Список литературы

1. *Anthony F.J.* Mental health literacy: Public knowledge and beliefs about mental disorders. The British Journal of Psychiatry, 2000, 177 (5). P. 396-401.
2. *Anthony F.J.* Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health, American Psychologist, 2011, Advance online publication.
3. *Jessica W.J., Smith D., Vaillancourt Tr.* Promoting Mental Health Literacy Among Educators: Critical in School-Based Prevention and Intervention. Canadian Journal of School Psychology, 2013. 28 (1). P. 56–70.
4. *Ganasen S.P., Hugo C.J., Seeda S.* Mental health literacy: focus on developing countries. African Journal of Psychiatry, 2008, 2. P. 23-28.
5. *Kermode, Jorm AF.* Attitudes to people with mental disorders: a mental health literacy survey in a rural area of Maharashtra, India, Soc Psychiatry Psychiatr Epidemio, 2009. Dec; 2017. 44 (12). P. 87-96.
6. *Kumiko Yoshiokaa, Nicola J. Reavleyb, & Anthony F. Jormb.* Beliefs about first aid for mental disorders: results from a mental health literacy survey of Japanese high school students, International Journal of Culture and Mental Health, 2014. 8:2, P. 223-230.
7. *Kutcher Wei McLuckie & Bulloc, L.* "Educator mental health literacy: a program evaluation of the teacher training education on the Mental Health & High School Curriculum Guide, Advances in School Mental Health Promotion, 2013. 10. P. 1-11.
8. *Ly Tran Ngoc.* Perception of elementary teachers on student mental health, Master thesis on Psychology majoring in Child and adolescent clinical psychology, 2015. University of Education, Ha Noi National University.
9. Melas. Mental health literacy about depression and schizophrenia among adolescents in Sweden, European Psychiatry 2013, 28. P. 404–411.
10. World Health Organization. Health for the world'sadolescents: a second chance in the second decade. [Electronic Resource]. URL: http://apps.who.int/adolescent/second-decade/ (date of access: 15.10.2014).
11. hoiyhocduphong.vn/tin-tuc/vn/song-khoe/suc-khoe-hoc-duong/bao-dong-ve-roi-loan-tam-than-cua-hoc-sinh-sinh-vien-c8286i13892.htm. [Electronic Resource]. URL: https://vnexpress.net/doi-song/khat-bac-si-tam-than-o-viet-nam-2278268.html (date of access: 15.3.2017).
12. [Electronic Resource]. URL: https://www.tienphong.vn/suc-khoe/sung-sot-vi-ty-le-nguoi-viet-bi-tram-cam-tam-than-1323421.tpo/ (date of access: 11.06.2020).