

Mental health literacy and adolescent help-seeking: the mediating and moderating effects of personal and perceived stigmas

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Background

Adolescence is a particularly vulnerable period for the development of mental health problems, with approximately half of all mental health problems emerging before the age of 14 (Kessler et al., 2005). Mental health problems at this stage can have a significant impact on health and other outcomes across the life course. For example, adolescent depression can result in higher risk of other mental health problems, increased likelihood of suicide attempts, and poor academic and occupational functioning (Fergusson & Woodward, 2002). Despite adolescent mental health being a public health priority, one study notes that nearly 64% of adolescents with clinical symptoms do not seek help from formal services (Merikangas et al., 2011). It has been found that adolescents who do not seek help are seven times more likely to experience a worsening of mental health problems than those who do seek help (Neufeld et al., 2017).

One possibility for this relative lack of help-seeking is low mental health literacy (MHL) among adolescents. Mental health literacy has been defined as, “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997). Low MHL is a significant barrier to children and adolescents seeking help for mental health problems, with over half of young people indicating that they did not seek help for their mental health problems because they did not understand what it was they were experiencing (Mental Health Foundation Scotland, 2018).

Currently, there has been little research examining the extent of mental health literacy among adolescents in Scotland. This study measured two components of mental health literacy. One relating to adolescent’s **knowledge of treatment efficacy** (e.g. an awareness that talking therapies are an effective treatment), and a second component focused on adolescents’ **ability to identify a mental health problem** (e.g. ability to identify schizophrenia vs stress as a mental health problem).

A second issue, which may be a barrier to adolescents seeking help is stigma relating to mental health problems. Mental health stigma may originate from adolescents themselves (personal stigma) or from significant others in their lives (perceived stigma). Personal stigma can be defined as the extent to which a person holds their own stigmatising attitudes towards devalued groups or persons, in this case, towards people experiencing mental health problems. Perceived stigma, meanwhile, can be defined as the extent to which a person believes stigma exists from others. These forms of stigma (personal and perceived stigma) may well explain the ‘gap’ between mental health literacy and help-seeking among adolescents. However, no studies have investigated these possible influences of stigma. The current study addressed these gaps by examining the association between MHL, stigma and mental health help-seeking from formal and informal sources among high school students in Scotland.

Aims

1. To gain an overview of adolescent mental health literacy and stigma in a general population. We know little about the nature of mental health literacy among adolescents in Scotland, and it is important to gain an overview of what level of mental health literacy adolescents have, and how this influences help-seeking.
2. To determine the influence of personal stigma on the relationship between literacy and help-seeking, from both formal and informal sources. For example, does high personal stigma towards mental health problems make it less likely for adolescents to seek help (formal or informal) despite having high literacy?
3. To determine whether perceived stigma from specific groups (i.e. parents and friends) impacts on adolescents' willingness to seek help from formal and informal sources.
4. Whether other factors such as age, gender, and socioeconomic status impact on associations between mental health literacy, stigma, and help-seeking among adolescents.

Methods:

A cross-sectional survey was administered to adolescents aged 12-17 from ten secondary schools across eight local authorities in Scotland. Data from 734 participants were included for analyses. The sample of adolescents was 52% female, 88.4% White and the average age of participants was 14.23 years.

Participants were asked to complete a set of measures focused on mental health literacy which assessed their knowledge of treatment efficacy, and ability to identify a mental health problem; personal and perceived levels of stigma; and help-seeking intention. Prior to data collection, the questionnaire was piloted to ensure that the questions were well understood and developmentally appropriate for the target age group. Participants were also questioned as to what the phrase "mental health problems" meant to them. Responses were used to create a conceptually relevant working definition of mental health problems for the study. The validity and reliability of the questionnaire were established using confirmatory factor analysis. The survey data were then analysed to determine key associations between literacy, stigma and help-seeking intentions (see Figure 1).

Results

Associations between key variables are outlined in the figure below. This demonstrates that no significant association was found between personally held stigma and help-seeking, but that participant's knowledge of treatment efficacy was associated with help-seeking intention. Adolescents' ability to identify a mental health problem was significantly negatively associated with informal help-seeking intention. Informal help-seeking is significantly associated with increased formal help-seeking intention.

Mental health literacy

The results revealed that both components of mental health literacy were higher among older participants, and among girls. While both forms of literacy were associated with reduced personal stigma, only knowledge of treatment efficacy was

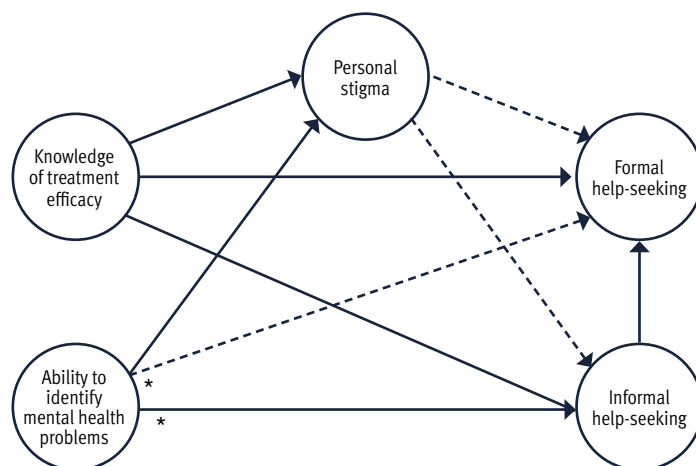


Figure 1: Associations between key variables of interest. Solid lines show significant associations, dashed lines show non-significant associations, * indicates a negative association.

associated with increased help-seeking intention. Greater ability to identify a mental health problem was associated with reduced help-seeking intention.

Stigma

In relation to stigma, boys reported higher personal stigma, and higher perceived stigma from both friends and parents. Personal stigma, and perceived stigma from friends was found to be lower among older adolescents, while perceived stigma from parents showed no significant differences depending on age. All forms of stigma were significantly higher among adolescents from minority ethnic backgrounds (although caution is needed in interpretation due to small sample sizes). Personal stigma was noted to be higher among those who gave higher ratings of subjective socioeconomic status, meaning that personal stigma was higher among adolescents who considered themselves to be better off financially.

Help-seeking intention

In relation to help-seeking intention of adolescents, there were no noted gender differences. However, it was noted that younger participants were significantly more likely to show intention to seek help than older peers. Informal help-seeking was also found to be significantly lower among those attending schools in the most deprived areas.

Results identified that those most able to determine what is and is not a mental health problem showed less help-seeking intention. This indicates that interventions aiming to improve literacy and help-seeking needs to promote knowledge that is associated with increased help-seeking among adolescents, such as knowledge of effective treatments. This also represents a unique finding in the literature, which typically demonstrates that increased mental health literacy is associated with increased help-seeking, and challenges assumptions that all forms of mental health literacy are beneficial in increasing help-seeking.

It was also identified that while personal stigma showed no association with adolescent help-seeking, perceived stigma from both parents and friends was found to affect the strength of associations between literacy and help-seeking intention. This indicates that perceived stigma from others is particularly important in influencing adolescent help-seeking intention, and that perceived stigma from friends and parents should be reduced to improve help-seeking among adolescents.

While perceived stigma from friends and parents was found to alter the strength of associations between MHL, personal stigma, and help-seeking intention, the same was not true of other demographic factors. This suggested that the model derived (figure 1), was similar for participants regardless of gender, age, or measures of socioeconomic status.

Policy Implications

The results identify that discrete forms of mental health literacy, show different associations with help-seeking in adolescence. This indicates that mental health literacy interventions, or mental health promotion in schools should focus more on effective treatments for mental health problems, or be recovery orientated, rather than taking an educational approach that focusses purely on recognising mental health problems in isolation. This feeds into a broader narrative about how mental health is framed and suggests that a shift away from deficit focussed ‘problematism’ of mental health, towards a mental health promotion model would be particularly effective.

The findings highlighted the importance of reducing perceived stigma from both friends and parents. Given that informal help-seeking from parents is typically required to access formal supports, it is particularly important to ensure that perceived stigma from parents is minimised. Results indicate that it is important for parents to be actively incorporated into a whole school approach to promoting MHL and reducing stigma. It may be beneficial to consider whether interventions can be provided to both parents and adolescents in tandem, allowing adolescents to have explicit conversations around parents’ knowledge and attitudes regarding mental health.

Additionally, peer-based interventions may be particularly valuable. As perceived stigma from friends was shown to be a key moderator of associations between MHL, personal stigma and help-seeking, it may be that interventions which are peer-led offer an ideal opportunity to reduce not just personal stigma, but the perceived stigma of friends. Given the importance of peer influence it is sensible that interventions should consider targeting peer groups as a whole, and that adolescents play a key participatory and leadership role in whole school approaches.

Finally, it is also important to take an intersectional approach by promoting MHL and targeting interventions among young people from minority ethnic backgrounds, who have also been identified in the literature as being among the least likely to seek help, and who were reported in this study to have significantly higher levels of both personal and perceived stigma.

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Key points:

- Greater mental health literacy is associated with lower personal stigma. However, lower personal stigma is not directly associated with help-seeking intention.
- Not all forms of mental health literacy are associated with increased help-seeking intention among adolescents. Being better able to identify which conditions are, and are not, mental health problems is associated with reduced intention to seek help. Greater knowledge of effective treatments is associated with increased intentions to seek help.
- Perceived stigma from friends and parents is more influential on adolescent help-seeking intention than personal stigma beliefs.
- Mental health literacy is lower among boys. Boys also hold and perceive more stigma than girls. Additionally, all forms of stigma are higher among adolescents from ethnic minority backgrounds.