



**Mental Health Literacy:
Comparison between Clinical Based Setting and Academic Based Setting of
Nursing Students**

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ABSTRACT

Abstract Mental health literacy for nursing students is very important because they are expected to be able to cope with the physical and psychological consequences of mental illness. This study investigates the level of mental health literacy of nursing students from two different educational settings, namely educational based setting and clinical based setting. Using purposive sampling method to select participants, a cross sectional survey was collected to describe the MHL of 66 nursing students. The results of this study showed that there was no difference in the level of mental health literacy between nursing students from clinical based settings and educational based settings. Both groups had high mental health literacy. The conclusion of this study is that educational background does not affect the level of mental health literacy.

Keywords: *Mental Health literacy, Nursing, Students*

ABSTRAK

Abstrak Literasi kesehatan mental bagi mahasiswa keperawatan sangat penting karena mereka diharapkan mampu mengatasi konsekuensi fisik dan psikologis dari penyakit mental. Penelitian ini menyelidiki tingkat literasi kesehatan mental mahasiswa keperawatan dari dua lingkungan pendidikan yang berbeda, yaitu lingkungan berbasis pendidikan dan lingkungan berbasis klinis. Dengan menggunakan metode purposive sampling untuk memilih peserta, survei cross sectional dikumpulkan untuk menggambarkan MHL dari 66 mahasiswa keperawatan. Hasil penelitian ini menunjukkan bahwa tidak ada perbedaan tingkat literasi kesehatan mental antara mahasiswa keperawatan dari lingkungan berbasis klinis dan lingkungan berbasis pendidikan. Kedua kelompok memiliki literasi kesehatan mental yang tinggi. Kesimpulan dari penelitian ini adalah bahwa latar belakang pendidikan tidak mempengaruhi tingkat literasi kesehatan mental.

Kata kunci: Literasi kesehatan mental, keperawatan, mahasiswa

INTRODUCTION

Mental health is an important and integral component of general health. Mental health is defined as a state of general well-being in which individuals realize their own potential, are able to cope with life's difficulties and contribute to the development of society. Individuals or communities with high mental health literacy are able to recognize the signs and symptoms of mental illness and know where to seek support for mental health problems.

Mental health literacy was first introduced in 1997 and is defined as knowledge and beliefs about mental disorders that help recognize, manage or prevent mental disorders. Mental health literacy for medical practitioners or medical students is very important because they must maintain their own mental health while also helping them understand patient manifestations and provide better mental health care for patients (Jorm et al, 1997). In addition, nursing students, both those who are taking theory courses and those who are undergoing clinical practice, are expected to have the ability to recognize specific mental disorders, know how to deal with mental health problems, how to seek help and information related to mental health, strategies for seeking self-help and knowledge and skills to help others who experience mental health disorders (Jorm, 2012). Lack of knowledge and

negative stigma about mental disorders are barriers for students to provide assistance and access health services. Research on health literacy has been widely studied, including by Al-Yateem et al (2018) using the Kessler Psychological Distress Scale to measure the ability of nursing students to identify patient conditions. A study conducted by Chao et al (2020) measured mental health literacy in healthcare students at the undergraduate level. The study measured five literacy factors, namely: maintenance of positive mental health, recognition of mental illness, attitude to mental illness stigma, help-seeking efficacy, and help-seeking attitude. This study examined the differences in mental health literacy in nursing students from two different educational backgrounds, namely academic-based settings and clinical-based settings..

Educational based setting is an academic professional education, which has sufficient academic and professional foundations. As a graduate of higher nursing education obtained in the implementation of the educational curriculum through various forms of learning experiences. Clinical based setting is a continuing education at the academic stage in undergraduate nursing education and is intended for those who want to become professional nurses. This stage is carried out after students complete the undergraduate nursing program with a maximum study load of 36 credits. At both levels of education, psychiatric nursing courses are given equally, in addition to theory they also practice psychiatric nursing (Al-Yateem et al., 2018). Students with clinical based settings are more focused on skills and in-depth knowledge in mental health services, especially in the care of mental patients.

The reason why students from educational-based settings and clinical-based settings are the subjects of this study is because graduates from both levels of education will work as nursing assistants or professional nurses who may meet patients with mental disorders. Adequate recognition, knowledge and attitude in the field of mental health are essential. The comparison of these two groups is intended to see the extent to which the lecture material or practical material that has been given in college affects the literacy skills of nursing students.

METHOD

A descriptive online survey design using a convenience sample was used.

Participant

Undergraduate nursing students and Profession nursing students yang telah mendapatkan theoretical and clinical course of mental health nursing at University of Jambi were invite to participate. Total participant who willing to participated were 66 students. About 48 participants were from Undergraduate nursing program and about 18 participants were clinical based setting students.

Measure

A total of 35 question items were given to participants via Google form. The Mental Health Literacy Scale used in this research is an adoption of the Mental Health Literacy Scale developed by O'Connor et al (2014) which classifies MHL attributes into three structures: recognition, knowledge and attitude. These three structures are explained in several components, namely (a) Ability to recognize specific disorder; (b) Knowledge of Risk Factors; (c) Knowledge of Self-treatment; (d) Knowledge how to seek information; (e) Knowledge of causes of mental illness (f) Knowledge of professional help available, and (g) Attitudes that promote recognition or appropriate help seeking behavior. Response options include a 4-point Likert Scale ranging from '1=strongly disagree' to 4=Strongly agree.' can conduct, and knowledge of mental health professionals and the services they provide (O'Conner and Casey, 2015).

Table 1.
Aspect of Mental Health Literacy

No	Variable	Aspect
1	Recognition	Ability to recognize specific disorder
2	Knowledge	Knowledge of Risk Factor
		Knowledge of Self treatment
		Knowledge how to seek information
		Knowledge of causes of mental illness
		Knowledge of professional help available
3	Attitudes	Attitudes that promote recognition or appropriate help seeking behavior

Data analysis

Statistical Package for the Social Sciences (SPSS) version 24 was used. Descriptive statistics were used to analyze participant data. Scale items were summed to produce total and subscale scores. Z-score test was used to revoke the normality of data and to know whether or not missing data. Independent sample t-test was used to determine differences in mental health literacy between the two groups.

RESULTS AND DISCUSSION

Participants; characteristics

Sixty six students of nursing department from University of Jambi commenced the online survey. Of these eighteen students are male and forty eight students are female. Eighteen students are clinical based nursing students or 27.3% and forty eight students or 72.7% are educational based nursing students. The average age of students is 22 years old. The economic status of participants is high about 51.5% and about 48.5% have low status. Economic status is measured by the amount of pocket money per week, if the pocket money is greater than Rp.300,000, it can be said that the participant is included in the high economy status group, while if the pocket money they get in one week is less than Rp.300,000, then these students are included in the low economy status. Most of the participants, namely 80.3%, live by renting a room while the rest, namely 19.7%, live with their parents.

Table 2
Participant Demographics

Variable	n	percent
Gender		
Male	18	27.3
Female	48	72.7
Age		
21	17	25.4
22	29	43.3
23	17	25.4
24	3	4.5
Economy status		
high	34	51.5
Low	32	48.5
Living Status		
With parents	13	19.7
Rent a room	53	80.3
Clinical Experience	66	100

Analisis Descriptive statistics

The primary goal of descriptive statistical analysis is to provide an overview of the variables employed, such as minimum value, maximum value, average, and standard deviation in each study. Descriptive statistical analysis provides an overview of the conditions and characteristics of respondents' responses to each concept or variable evaluated. Descriptive analysis is performed by arranging data in a frequency distribution table, calculating the average value, total score, and respondent achievement level (TCR), and interpreting the results. Descriptive statistical analysis tries to collect, process, and analyze data in order to present it more effectively (Ghozali, 2016).

Tabel 3.
Descriptive Statistics

N	Minimum	Maximum	Mean	Std. Deviation
Recognitio	66	6	71	38.95
Knowledge	66	61	91	71.89
attitude	66	10	28	16.26
Valid N (listwise)	66			

Based on the results of the descriptive statistical test on the four aspects of mental health literacy in table 3 above, it can be explained as follows. Recognition has a minimum value of 6 and a maximum value of 71. The average recognition related to mental health shows a result of 38.95, meaning that in general students have good recognition literacy. The standard deviation of 19.118 means that the variation of response answers is sufficient.

Knowledge has a minimum value of 61 and a maximum value of 91. The average Knowledge related to mental health shows a result of 71.95, meaning that in general students have good knowledge literacy. The standard deviation of 6.205 means that the variation of response answers is still low.

Attitude has a minimum value of 10 and a maximum value of 28. The average Attitudes that promote recognition or appropriate help seeking behavior shows a result of 38.95, meaning that in general students have good recognition literacy. The standard deviation of 19.118 means that the variation of response answers is still low.

Comparison between clinical and educational based setting students

Based on the data in table 4 below, it can be seen that 98% of students have a high level of literacy. These results prove that the mental health theory obtained by educational-based students significantly increases recognition, knowledge, and attitudes towards mental health. Likewise, for students who come from clinical-based settings, the theory and experience of psychiatric clinical practice that they have obtained during college have been proven to be able to increase mental health literacy.

Tabel 4.
Category of Mental Health Literacy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	66	98.5	100.0	100.0
Missing	System	1	1.5		
Total		67	100.0		

Clinical based setting and educational based setting nursing students do not have differences in understanding mental

health literacy, this can be seen in table 5 below. Jorm (2000) stated that the ability to recognize symptoms of mental illness and know the psychiatric label of symptoms of mental illness will make it easier for nurses to provide appropriate action. Students who have gained sufficient knowledge during psychiatric nursing lectures and psychiatric nursing clinical practice have a very big impact on the breadth of their literacy. Table 5 below proves that both groups gained quite good knowledge during their lectures.

Tabel 5. Group Statistics

	Education	N	Mean	Std. Deviation	Std. Error Mean
MHL	Clinical based setting	18	138.33	21.467	5.060

Education based setting	48	122.90	18.720	2.702
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The sig. value (2-tailed) in table 6 below is $0.006 > 0.05$, which means that H_0 is rejected, which means that there is no difference in the average mental health literacy between the two groups. According to Zhang (2024), students currently have quite high e-health literacy. They are very familiar with digital life, all the information they want to know they will search for on the internet. The positive effect of this habit makes students' literacy knowledge wider, information does not always have to be obtained in class.

Table 6.
Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Equal variances assumed	.072	.789	2.866	64	.006	15.438	5.386	4.678	26.197
Equal variances not assumed			2.691	27.276	.012	15.438	5.736	3.674	27.201

The relationship between education (clinical based setting and educational based setting) with mental health knowledge produces a value of -209 , meaning there is a significant relationship that has a negative direction with a sig value of $0.091 > 0.05$. Although the level of nursing education is different, it is not in line with the increase in mental health literacy knowledge. The same correlation direction is also seen in the relationship between the level of nursing education and attitudes towards mental health literacy with a sig value of $0.530 > 0.05$ and a correlation direction of -0.079 . A good attitude towards people with mental health disorders is not in line with the level of nursing education, meaning that nursing students at any level will be able to have a positive attitude. An insignificant correlation occurs between the level of education and the ability to recognize specific disorders (Sig value. $0.023 < 0.05$ with a negative correlation direction of -0.279). It can be concluded that there is no relationship between the level of education and the ability to recognize specific disorders. Nursing students or students from other faculties are able to recognize symptoms of mental disorders, for example psychology students, medical students and others..

Table 7.
Correlations between education, Knowledge, Attitude, and Recognition

		Education	Knowledge	attitude	Recognition
Education	Pearson Correlation	1	-.209	-.079	-.279*
	Sig. (2-tailed)		.091	.530	.023
	N	66	66	66	66
Knowledge	Pearson Correlation	-.209	1	-.161	-.011
	Sig. (2-tailed)	.091		.198	.929
	N	66	66	66	66
attitude	Pearson Correlation	-.079	-.161	1	.104
	Sig. (2-tailed)	.530	.198		.405
	N	66	66	66	66
Recognition	Pearson Correlation	-.279*	-.011	.104	1
	Sig. (2-tailed)	.023	.929	.405	
	N	66	66	66	66

*. Correlation is significant at the 0.05 level (2-tailed).

LIMITATION OF THE STUDY

This study has several limitations, including the number of samples which is not too large, namely only 66 students with an unbalanced gender difference.

CONCLUSIONS AND SUGGESTIONS

Nursing students from two different educational backgrounds did not differ in their mental health literacy levels. Nursing students from clinical and educational-based settings had high levels of mental health literacy. They gained sufficient knowledge when taking psychiatric nursing courses or when doing clinical nursing practice if. In addition to the classroom, students also increase their mental health literacy through the internet. Suggestions given to researchers interested in the same field are that they can increase the number of samples by paying attention to the balance between the number of male and female subjects. Gender differences may affect the level of mental health literacy.

ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

Authors declare to disclose interests *that are directly or indirectly related to the work submitted for publication*. Interests within the last 3 years of beginning the work (conducting the research and preparing the work for submission) should be reported. Interests outside the 3-year time frame must be disclosed if they could reasonably be perceived as influencing the submitted work. Disclosure of interests provides a complete and transparent process and helps readers form their own judgments of potential bias. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate.

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