



## Research Article

# MENTAL HEALTH LITERACY OF HIGH SCHOOL STUDENTS IN HO CHI MINH CITY

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## ABSTRACT

*Mental health literacy (MHL) is essential for high school students to promote the quality of their mental health as well as help people in need. In Vietnam, studies about MHL in high school students are limited, and results often report a moderate level of MHL. The aim of this study was to report the MHL status of high school students in Ho Chi Minh City. Participants were 577 students selected from several high schools in Ho Chi Minh City and then were assessed using the Mental Health Literacy Scale (28 items) which has been validated into Vietnamese for better adaptation to high school Vietnamese students. The mean score of MHL in the research was 77.47, representing the moderate level. Meanwhile, the proportion of students with moderate levels accounted for 63.60%, followed by the high ones at 31.37% and the remaining was for the low level, at 5.03%. Therefore, MHL is of paramount importance to be conducted further research for laying a foundation for providing feasible solutions to improve MHL particularly and mental health quality generally of high school students.*

**Keywords:** high school students; mental health; mental health literacy

## 1. Introduction

Mental issues, such as stress, depression, and anxiety are currently reported to experience an increasing upward trend in high schools, which is attributable to the influence of education, career orientation, family, friends, media, or even society.

“If there are to be greater gains in prevention, early intervention, self-help, and support of others in the community, then we need a ‘mental health literate’ society in which basic knowledge and skills are more widely distributed” (Jorm, 2000). This means that high school students are not an exception to the necessity of mental health literacy in advancing their mental health, prevention, and assisting them in overcoming mental problems.

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Around the world, several studies are concentrating on mental health literacy, which focuses on the prevalence of mental health literacy in different research populations.

However, research relative to mental health literacy in the Vietnamese population in general and Vietnamese high school students specifically is limited. Most of the research findings report that the participants experience mental health literacy at a moderate level and below (Dang, 2017; Le, 2017; Thai, Vu, & Bui, 2020; Tran, 2015).

Recognizing the necessity of mental health literacy and the research gap, this study was conducted to report the mental health literacy of high school students in Ho Chi Minh City; therefore, proposed several research orientations and solutions to promote mental health literacy in high school students.

## **2. Several related concepts**

### **2.1. Mental health**

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (WHO, 2022).

### **2.2. Literacy**

According to the APA dictionary, literacy is (1) the ability to read and write in a language; (2) the quality of being educated as well as knowledgeable; and (3) the quality of having a clear understanding of traditional and contemporary literature.

According to the Cambridge Dictionary, literacy is (1) the ability to read and write and (2) knowledge of a particular subject, or a particular type of knowledge.

According to the UNESCO Institute for Statistics, literacy is the ability to identify, understand, interpret, create, communicate, and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, develop their knowledge and potential, and participate fully in their community and wider society.

In this study, the concept of literacy was approached as *knowledge about a specific subject or domain*.

### **2.3. Mental health literacy**

Jorm et al. (1997) proposed the concept of “mental health literacy” which is defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention,” including (a) the ability to recognize specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes, (c) knowledge and beliefs about self-help interventions, (d) knowledge and beliefs about professional help available, (e) attitudes which facilitate recognition and appropriate help-seeking, and (f) knowledge of how to seek mental health information (Jorm et al., 1997).

To measure mental health literacy, O'Connor et al. (1997) have built a mental health literacy scale based on Jorm et al. (1997)'s concept of mental health literacy. O'Connor et al. (2015) defined the attributes in the scale as follows:

- Ability to recognize specific disorders: the ability to correctly identify features of a disorder, a specific disorder, or a category of disorders.
- Knowledge of how to seek mental health information: knowledge of where to access information and capacity to do so.
- Knowledge of risk factors and causes: knowledge of environmental, social, familial, or biological factors that increase the risk of developing a mental illness.
- Knowledge of self-treatments: knowledge of typical treatments recommended by mental health professionals and activities that an individual can conduct.
- Knowledge of professional help available: knowledge of mental health professionals and the services they provide.
- Attitudes that promote recognition and appropriate help-seeking: attitudes that impact the recognition of disorders and willingness to engage in help-seeking behaviour.

Dang Thi Thu Trang (2017) adapted and tested the reliability of the mental health literacy scale, which removed items belonging to the subscale "knowledge of risk factors and causes" because of the lack of research evidence in Vietnam and the subscale "knowledge of professional help available" because at that time Vietnam did not have a regulation on occupation, and removed items belonging to the subscale "knowledge of self-treatments" due to lack of reliability (Dang, 2017).

To measure the ability of mental health literacy of high school students in the context of Vietnam, within the framework of this study, the authors selected the concept of mental health awareness from the point of view of Jorm et al. (1997): *Mental health literacy is knowledge and beliefs about mental disorders which aid their recognition, management or prevention.*

In particular, mental health literacy includes the following attributes:

- Ability to recognize specific disorders: the ability to correctly identify features of a disorder, a specific disorder, or a category of disorders.
- Knowledge of how to seek mental health information: knowledge of where to access information and capacity to do so.
- Attitudes that promote recognition and appropriate help-seeking: attitudes that impact on recognition of disorders and willingness to engage in help-seeking behaviour.

In the scope of this study, some common mental disorders were mentioned including: social phobia, generalized anxiety disorder, depressive disorder, personality disorder, dysthymia, agoraphobia, bipolar disorder, and drug dependence.

### **3. Methods and Results**

#### **3.1. Methods**

*Questionnaire*

To survey the level of mental health literacy of the research population, the study used O'Connor and Casey's Mental Health Literacy Scale (2015), which was tested for reliability in Vietnam based on research by Dang Thi Thu Trang (2017). Cronbach's alpha of the Vietnamese version of the Mental Health Literacy Scale is 0.774. The scale includes 28 items and 4 sub-scales as follows:

- 1) Recognizing specific disorders (1 - 8);
- 2) Knowledge of searching for information (9-12);
- 3) Negative attitudes towards mental health (13-21);
- 4) Positive attitude towards mental health (22-28).

Data convention:

**Items 1-8:**

Content	Exchange
Very unlikely	1
Unlikely	2
Likely	3
Very likely	4

**Items 9-12:**

Content	Exchange
Strongly disagree	1
Disagree	1.75
Neither agree or disagree	2.5
Agree	3.25
Strongly agree	4

**Items 13-21:**

Content	Exchange
Strongly disagree	4
Disagree	3.25
Neither agree or disagree	2.5
Agree	1.75
Strongly agree	1

**Items 22-28:**

Content	Exchange
Definitely unwilling	1
Probably unwilling	1.75
Neither unwilling nor willing	2.5
Probably willing	3.25
Definitely willing	4

Subjects were given questionnaire forms and self-reported their mental health literacy status. The subject's mental health literacy scores are divided into three levels, based on Dang Thi Thu Trang's standard distribution classification when adapting the MHLS scale to Vietnamese high school students in 2017.

Low mental health literacy: < 64.1

Moderate mental health literacy: 64.15 – 81.25

High mental health literacy: > 81.3

**3.2. Results of mental health literacy in high school students**

**3.2.1. Participants' demographic information**

Students were selected on two criteria: (1) Being high school students and (2) Participating in high schools in Ho Chi Minh City. A total of 818 forms were distributed, with 577 responses being adequate to be included in the analysis.

*Table 1. Participants' demographic information*

		Number	Percentage (%)
<b>School</b>	Tan Phu High School	334	57.9
	Nang Khieu TDTT High School, Binh Chanh district	243	42.1
<b>Total</b>		<b>577</b>	<b>100</b>
<b>Grade</b>	10	239	41.4
	11	177	30.7
	12	161	27.9
<b>Total</b>		<b>577</b>	<b>100</b>

**3.2.2. Mental health literacy of high school students**

The result collected from 577 high school students in Ho Chi Minh City was distributed over three levels, namely low, moderate, and high levels. The lowest score was 56 over the total score of 112, meaning the low level. Meanwhile, the highest one was 106.75, presenting a high level. Nevertheless, the mean score of the sample was 77.47, the moderate level, with SD reported at 8.32.

*Table 2. Descriptive Statistics of the result*

Number	Mean	SD	Min	Max
577	77.47	8.32	56	106.75

The mental health literacy scores were distributed across low, moderate, and high levels, within which the percentage of participants at moderate level was reported as the highest figure, accounting for 63.60%, with 367 participants over the total of 577. Additionally, the figure for the high level comprised approximately half of that of the moderate level, at 31.37%, and presented around six times that of the low level, which consisted of 5.03%.

Chart 1. Distribution of Mental Health Literacy Scores in High School Students

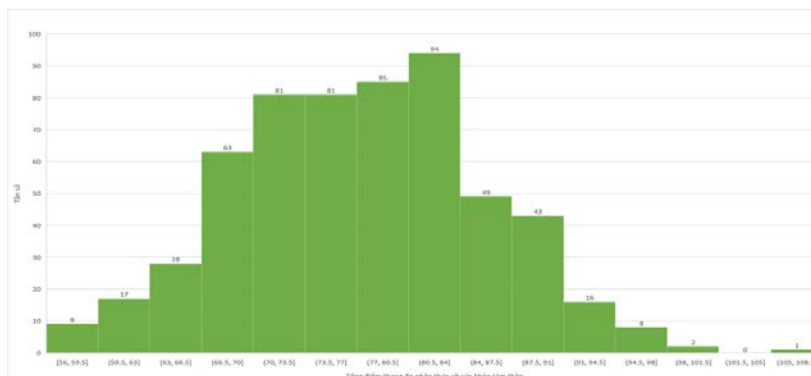
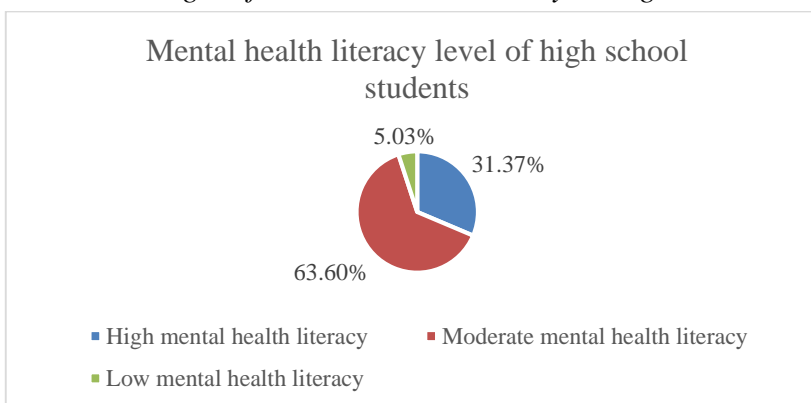


Chart 2. Percentages of Mental Health Literacy in High School Students



More specifically, in the subscale of recognizing specific disorders (items 1-8), the number of students choosing the “Very unlikely” and “Unlikely” levels was quite high overall, showing that there were still many students who did not fully understand some specific disorders mentioned in the scale. In items related to personality disorder, dysthymia, and bipolar disorder, the percentages of students choosing the “Unlikely” level were much higher than the remaining disorders.

Table 3. Percentage of the Subscale Recognizing Specific Disorders

The Recognizing Specific Disorders Subscale	Mean	SD	Percentage (%)			
			1	2	3	4
1. Social Phobia	2.61	0.80	9.2	31.9	48.0	10.9
2. Generalised Anxiety Disorder	2.71	0.79	6.8	29.5	49.6	14.2
3. Major Depressive Disorder	2.69	0.85	7.63	33.28	41.07	18.02
4. Personality Disorder	2.59	0.90	9.9	39.5	32.4	18.2
5. Dysthymia	2.45	0.78	8.67	46.79	35.53	9.01
6. Agoraphobia	2.79	0.85	6.41	29.46	42.63	21.49
7. Bipolar Disorder	2.53	0.87	11.09	39.94	35.18	14.38
8. Drug Dependence	2.77	0.97	12.13	24.96	36.40	26.52
<b>Total</b>	<b>2.64</b>	<b>0.85</b>				

Note: 1. Very unlikely; 2. Unlikely; 3. Likely; 4. Very likely

In the knowledge of searching for information subscale, item 10 showed that student's confidence level in using the computer or telephone to seek information about mental illness was high when the level of agreement was 48.5%, while in item 11, students' confidence level in attending face to face appointments was at a lower level when the level of agreement was 29.8%. This showed that students mainly learned indirectly using computers or telephones, which was an easy way to access information sources but the censorship level was not higher than directly attending the sharing sessions of experts.

**Table 4. Percentages of The Knowledge of Seeking Information Subscale**

The Knowledge of seeking information subscale	Mean	SD	Percentage (%)				
			1	2	3	4	5
9. I am confident that I know where to seek information about mental illness	3.08	1.00	9.01	12.31	46.79	25.13	6.76
10. I am confident using the computer or telephone to seek information about mental illness	3.57	1.06	5.72	10.92	19.41	48.53	15.42
11. I am confident attending face-to-face appointments to seek information about mental illness (e.g., seeing the GP)	3.11	1.12	10.92	15.94	33.97	29.81	9.36
12. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness	3.29	1.13	9.71	12.48	28.60	37.44	11.79
<b>Total</b>	<b>3.12</b>	<b>1.08</b>					

*Note: 1. Strongly disagree; 2. Disagree; 3. Neither agree or disagree; 4. Agree; 5. Strongly agree*

In items related to negative attitudes towards mental health, the data showed that many students still had incomplete knowledge, leading to negative attitudes toward mental health, shown in items 13-17, students hesitate or agree with the statements “A mental illness is a sign of personal weakness,” “People with a mental illness are dangerous.” To understand answers such as finding success support when having mental disorders, as shown in items 18-21, many students hesitated or chose not to seek help, especially in the form of professional help.

*Table 5. Percentages of The Negative Attitude Subscale*

The Negative Attitude Subscale	Mean	SD	Percentage (%)				
			1	2	3	4	5
13. People with a mental illness could snap out if it if they wanted	2.75	1.14	16.46	25.13	30.50	22.53	5.37
14. A mental illness is a sign of personal weakness	2.24	1.13	32.24	30.50	21.32	12.82	3.12
15. A mental illness is not a real medical illness	2.73	1.11	16.12	25.30	33.80	19.41	5.37
16. People with a mental illness are dangerous	2.80	1.08	13.00	25.82	33.97	22.18	5.03
17. It is best to avoid people with a mental illness so that you don't develop this problem	2.18	1.09	33.80	31.02	21.49	11.27	2.43
18. If I had a mental illness I would not tell anyone	2.52	1.17	23.57	27.04	28.25	15.77	5.37
19. Seeing a mental health professional means you are not strong enough to manage your own difficulties	2.41	1.21	28.42	29.81	19.06	17.68	5.03
20. If I had a mental illness, I would not seek help from a mental health professional	2.27	1.18	32.76	29.81	19.76	13.17	4.51
21. I believe treatment for a mental illness, provided by a mental health professional, would not be effective	2.14	1.10	36.05	29.46	20.97	11.09	2.43
<b>Total</b>	<b>2.45</b>	<b>1.13</b>					

*Note: 1. Strongly disagree; 2. Disagree; 3. Neither agree or disagree; 4. Agree; 5. Strongly agree*

Overall, with regard to the degree of willingness to interact with those having mental illness, the collected data reported that high school students demonstrated positive attitudes, with the responses involved in the negative perspectives being under 30%. Items 22 and 26 were recorded of the highest proportions in the neutral responses, as neither willing nor unwilling, at 40.9% and 44.7%. Nevertheless, in the remaining items, the percentages of students displaying willing attitudes stood out to be the highest figure, presenting that they were willing to interact with and advocate for those having a mental illness.



Table 6. Percentages of The Positive Attitude Subscale

The Negative Attitude Subscale	Mean	SD	Percentage (%)				
			1	2	3	4	5
22. How willing would you be to move next door to someone with a mental illness?	2.90	1.02	11.61	18.89	40.90	24.96	3.64
23. How willing would you be to spend an evening socialising with someone with a mental illness?	3.19	1.02	6.93	16.98	33.10	36.40	6.59
24. How willing would you be to make friends with someone with a mental illness?	3.29	0.99	6.76	11.44	34.14	41.07	6.59
25. How willing would you be to have someone with a mental illness studying closely with you?	3.30	1.03	6.41	14.56	29.64	41.07	8.32
26. How willing would you be to have someone with a mental illness marry into your family?	2.95	1.01	10.57	16.81	44.71	22.88	5.03
27. How willing would you be to vote for a leader (a class monitor, a politician...) if you knew they had suffered a mental illness?	3.11	1.12	10.92	17.68	29.29	34.14	7.97
28. How willing would you be to live and work with someone if you knew they had a mental illness?	3.16	1.07	9.53	15.08	32.06	36.92	6.41
<b>Total</b>	<b>3.13</b>	<b>1.04</b>					

Note: 1. Definitely unwilling; 2. Probably unwilling; 3. Neither unwilling or willing; 4. Probably willing; 5. Definitely willing

Evaluating the mental health literacy of high school students reported that there was a moderate level of mental health literacy in the research sample. Additionally, the percentage of the moderate level was by far the highest, followed by the high level, and the low one held a relatively minuscule share. Regarding the recognition of disorders, the majority of participants reported being uncertain in recognizing almost all mental disorders. Considering knowledge of where to seek information, the participants contended that they would rather access sources of knowledge of mental illness indirectly, especially via computers or telephones, than in a direct way, such as attending face-to-face appointments. Nevertheless, there was a hesitation in participants in their ability to seek information related to mental illness. Concerning the attitudes, when being asked about the statements relative to mental illness, the students were inclined towards negative perspectives, as they went with the neutral answers or consensus with the statements embracing unrealistic ideas about mental disorders. However, when asked about the willingness to interact with those reported to have

mental issues, the students conversely gravitated towards positive attitudes, as willing to advocate and establish social connections with them.

In conclusion, the quantitative findings displayed that high school students had a positive attitude and willingness to interact with individuals with mental disorders. However, they still demonstrated hesitation attributable to the lack of essential knowledge, unrealistic perspectives about mental issues... Therefore, there is a necessity for methods to compensate for the shortage of mental health literacy, provide useful information to broaden their horizons, and enhance self-assessment, resulting in the promotion of mental health literacy in high school students.

#### **4. Conclusion and recommendation**

##### **4.1. Conclusion**

Acknowledging the scarcity in the mental health literacy domain, at the end of the 20th century, Jorm et al., the pioneers of the mental health literacy domain, postulated a concept of “mental health literacy.” Alongside the development of human society, the number of scientific research has emerged contributing to the breadth and depth of human knowledge. However, research concentrated on mental health literacy in the Vietnamese population is negligible and does not get deserved attention.

The research aimed to explore the MHL status of high school students in Ho Chi Minh City, which embraced three attributes, namely (1) Ability to recognize specific disorders; (2) Knowledge of how to seek mental health information; (3) Attitudes that impact on recognition of disorders and willingness to engage in help-seeking behavior. The research findings reported that the mean score of the MHL of 577 participating students was 77.41, involved in the moderate level. Furthermore, the responses of participants were distributed across three levels, within which the proportion of moderate level took the lion’s share, followed by that of high level, and the figure for the lowest level held a relatively minuscule share.

##### **4.2. Recommendation**

In this study, the authors focus on mental health literacy, a domain of mental health to evaluate the mental health status of high school students. Nevertheless, not only mental health literacy per se but also other facets of mental health are worth delving into for better grasping the whole picture of multi-faceted mental health.

The findings of this study not only were expected to contribute to the knowledge of the mental health literacy domain, but presented as the reference for further research as well. Therefore, the research drew attention to the need to improve mental health literacy in different stages of life, as this need is not exclusive to any specific age.

Devising orientation lesson plans and interventions about mental health literacy which guarantee profound benefits is of paramount importance in opening doors for students to access this aspect. This, in turn, would result in the promotion of their mental well-being, as well as the enhancement of their social support.

❖ **Conflict of Interest:** Authors have no conflict of interest to declare.

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**THỰC TRẠNG NHẬN THỨC VỀ SỨC KHỎE TÂM THẦN  
CỦA HỌC SINH TRUNG HỌC PHỔ THÔNG TRÊN ĐỊA BÀN THÀNH PHỐ HỒ CHÍ MINH**

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**TÓM TẮT**

*Học sinh trung học phổ thông cần hiểu biết về sức khỏe tâm thần để nâng cao chất lượng sức khỏe tâm thần của mình cũng như hỗ trợ người khác khi cần thiết. Tại Việt Nam, các nghiên cứu về nhận thức sức khỏe tâm thần của học sinh trung học phổ thông còn hạn chế. Các kết quả chủ yếu chỉ ra học sinh trung học phổ thông có mức độ nhận thức trung bình về sức khỏe tâm thần. Nghiên cứu này nhằm tìm hiểu thực trạng nhận thức về sức khỏe tâm thần của học sinh trung học phổ thông tại địa bàn Thành phố Hồ Chí Minh. Có 577 học sinh đã hoàn thành bảng hỏi Mental Health Literacy phiên bản tiếng Việt (28 items). Kết quả cho thấy điểm trung bình mức độ nhận thức về sức khỏe tâm thần của học sinh là 77,47, thuộc mức trung bình. Trong đó, mức độ trung bình chiếm 63,60%, mức độ cao chiếm 31,37% và mức độ thấp chiếm 5,03%. Kết quả này cũng cho thấy vấn đề nhận thức về sức khỏe tâm thần cần được nghiên cứu thêm, để từ đó có cơ sở đưa ra các giải pháp giúp nâng cao nhận thức về sức khỏe tâm thần và chất lượng sức khỏe tâm thần cho học sinh trung học phổ thông.*

**Từ khóa:** *học sinh trung học phổ thông; nhận thức về sức khỏe tâm thần; sức khỏe tâm thần*