Depression and Schizophrenia: The Young Adults’ Perspectives

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INTRODUCTION
Health Literacy

“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan and Parker, 2000)
Causal Pathways Between Limited Health Literacy & Health Outcomes

Mental Health Literacy Definition

“knowledge and beliefs about mental disorders which aid their recognition, management or preventive”

Jorm et al (1977)
Mental Health Literacy - Definition

- "the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems."

- Enhanced mental health literacy appears to confer a range of benefits: prevention, early recognition and intervention, and reduction of stigma associated with mental illness.

Canadian Alliance on Mental Illness and Mental Health (CAMIMH) 2007
Components of Mental Health Literacy

- Ability to recognise specific disorders or different type of psychological distress.
- Knowledge and belief about risk factors and causes.
- Knowledge and belief about self help intervention.
- Knowledge and belief about professional help available.
- Attitudes which facilitates recognition and appropriate help seeking.
- Knowledge of how to seek mental health information.
Prevalence of Mental Health

- Burden of Disease in 2004 showed mental disorders in Malaysia is very common (female 2nd leading diseases; Male 4th leading diseases) (Institute for Public Health 2004)

- Depressive disorders are one of the most common psychiatric illnesses in Malaysia prevalence of about 4% (Ministry of Health and Malaysian Psychiatric Association 1999).

- Prevalence rate may be higher among adolescents (Adlina et al 2007)
- 2003 to 2005 - 7351 cases of schizophrenia has been registered.
- 16% of them were children and adolescents [(National Mental Health Registry (NMHR)]
This study therefore is hoped to getting basic information on the ability of recognition of depression and schizophrenia, as well as the help-seeking ability in respect to the disorders.

To educate youths on mental health issues which:
- help increase recognition of mental disorders
- help facilitate early help-seeking by young people
- help adults identify early signs of mental disorders and seek help on their behalf
GENERAL OBJECTIVE

To assess the status of mental health literacy amongst secondary school students in the urban and sub-urban areas.

SPECIFIC OBJECTIVE

1. To assess the ability of students to identify depression and schizophrenia
2. To assess the knowledge of students on causes of depression and schizophrenia
3. To identify the health help-seeking behavior amongst students.
4. To assess the beliefs on treatment for depression and schizophrenia
METHODOLOGY
Research Design
- Cross-sectional Study

Location And Period Of Study
- Pre-Test-SMK USJ 4
- Data Collection - Oct to Nov 2011
  - 2 Schools:
    - Smk Jalan Reko
    - Smk Engku Husain

Study Population
- Form 1 and Form 2 students of a rural and an urban school in Selangor
Sample size and frame

- Total number is 1740 students
  - Form 1 and form 2 of rural school
  - Form 1 students of urban school
- Using Krejcie & Morgan table - Sample size estimation is 313 students
  - Urban proportionately – 242 students
    - Form 1- 123 students
    - Form 2- 119 students
  - Rural proportionately – 71 (all form 1)

Sampling technique

- Proportionate systematic sampling of Form 1 and Form 2 students from the selected schools.
Selection criteria

- Inclusion
  - Only students who can read and understand Bahasa Malaysia.

- Exclusion
  - Absentees
  - Those who do not agree
  - Those who cannot read or write

Response rate

- Urban school - 100%
- Rural school - 80%

Ethical approval

- Approval was obtained from:
  - Medical research ethical committee (MREC)
  - Education Ministry
  - Respective schools
- Study instrument
  - Self-administered questionnaires (Adapted from vignette–based mental health literacy questionnaire formulated by Professor Jorm (1997))
  - 2 vignettes (scenarios) for:
    - Depression
    - Schizophrenia
  - Each vignette has 3 parts:
    A- recognition of disorders and causes with help-seeking behaviour.
    B- treatment intervention beliefs.
    C- prevention beliefs.
○ **Pretest**
  - In SMK USJ 4
  - Minor changes to the questionnaire were made where few words and phrases that were not understood were taken out.

○ **Data analysis**
  - Descriptive statistics of frequencies
RESULTS
&
DISCUSSION
DEMOGRAPHY PROFILE
PERCENTAGE OF RESPONDENTS BY SCHOOL LOCATION (N=270)

- SMK JLN REKO: 199 (73.70%)
- SMK ENGKU HUSAIN: 71 (22.70%)
PERCENTAGE OF RESPONDENTS BY GENDER (N=270)

- Male: 161 (59.60%)
- Female: 109 (40.40%)

Legend:
- Purple: Male
- Green: Female
PERCENTAGE OF RESPONDENTS BY AGE (N=270)

- 13 YEARS: 175 (64.80%)
- 14 YEARS: 95 (35.20%)
PERCENTAGE OF RESPONDENTS BY RACES (N=270)

- **MALAY**: 205 (75.90%)
- **CHINESE**: 33 (12.2%)
- **INDIAN**: 28 (10.40%)
- **OTHERS**: 4 (1.50%)
RECOGNITION ABILITY OF DISORDERS
<table>
<thead>
<tr>
<th>Disorders</th>
<th>Ability to recognize</th>
<th>Gender</th>
<th>Location of school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=270 (%)</td>
<td>Male, n=109 (%)</td>
<td>Urban (SMK Jln Reko), n=71 (%)</td>
</tr>
<tr>
<td>Depression</td>
<td>135 (50)</td>
<td>44 (40.4)</td>
<td>46 (64.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female, n=161 (%)</td>
<td>Sub-Urban (SMK Engku Husain), n=199 (%)</td>
</tr>
<tr>
<td></td>
<td>91 (56.5)</td>
<td></td>
<td>89 (44.9)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>20 (7.4)</td>
<td>6 (8.5)</td>
<td>10 (9.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 (7)</td>
<td>10 (6.2)</td>
</tr>
<tr>
<td>Correct Knowledge on Causes</td>
<td>Gender</td>
<td>Location of school</td>
<td>Ability to recognize correctly</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td>Male n=109 (%)</td>
<td>Female n=161 (%)</td>
<td>Urban (SMK Jln Reko) n=71 (%)</td>
</tr>
<tr>
<td>N=270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>76.1</td>
<td>72.7</td>
<td>78.9</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>39.4</td>
<td>48.4</td>
<td>46.5</td>
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</table>
HELP-SEEKING BEHAVIOUR
<table>
<thead>
<tr>
<th>Disorders</th>
<th>Would seek help</th>
<th>Gender</th>
<th>Location of school</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N=270 (%)</td>
<td>Male, n=109 (%)</td>
<td>Female, n=161 (%)</td>
</tr>
<tr>
<td>Depression</td>
<td>248 (91.9)</td>
<td>97 (89)</td>
<td>151 (93.8)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>226 (83.7)</td>
<td>86 (78.9)</td>
<td>139 (86.3)</td>
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</tbody>
</table>
BELIEVES ON
Non Medicinal Treatment Modalities
<table>
<thead>
<tr>
<th>Believes on Non Medicinal Treatment Modalities N=270</th>
<th>Depression N=270 (%)</th>
<th>Schizophrenia N=270 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically active</td>
<td>75 (27.8)</td>
<td>101 (37.4)</td>
</tr>
<tr>
<td>Getting relaxation</td>
<td>141 (52.2)</td>
<td>125 (46.3)</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>23 (8.5)</td>
<td>30 (11.1)</td>
</tr>
<tr>
<td>Counseling</td>
<td>154 (57.0)</td>
<td>130 (48.1)</td>
</tr>
<tr>
<td>Reading book on his/her problem</td>
<td>65 (24.1)</td>
<td>68 (25.2)</td>
</tr>
<tr>
<td>Believes on Non Medicinal Treatment Modalities</td>
<td>Depression N=270 (%)</td>
<td>Schizophrenia N=270 (%)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Looking up a web site about his /her problem</td>
<td>70 (25.9)</td>
<td>77 (28.5)</td>
</tr>
<tr>
<td>Going to local mental health service</td>
<td>73 (27.0)</td>
<td>70 (25.9)</td>
</tr>
<tr>
<td>Admitted to a psychiatric ward</td>
<td>22 (8.1)</td>
<td>32 (11.9)</td>
</tr>
<tr>
<td>Avoiding alcohol</td>
<td>180 (66.7)</td>
<td>148 (54.8)</td>
</tr>
</tbody>
</table>
## Harmfulness of Interventions

<table>
<thead>
<tr>
<th>Believes on Non Medicinal Treatment Modalities</th>
<th>Depression</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Alcohol to Relax</td>
<td>122 (45.2)</td>
<td>113 (41.9)</td>
</tr>
<tr>
<td>Smoking Cigarettes to Relax</td>
<td>129 (47.8)</td>
<td>111 (41.1)</td>
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BELIEVES ON
Help From Peoples
<table>
<thead>
<tr>
<th>Believes of help from peoples</th>
<th>Depression N= 270 (%)</th>
<th>Schizophrenia N=270 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>145 (54.8)</td>
<td>155 (57.4)</td>
</tr>
<tr>
<td>Teacher</td>
<td>100 (37.4)</td>
<td>92 (34.1)</td>
</tr>
<tr>
<td>Counsellor</td>
<td>172 (63.7)</td>
<td>130 (48.1)</td>
</tr>
<tr>
<td>Help line</td>
<td>47 (17.4)</td>
<td>151 (56.0)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>63 (23.3)</td>
<td>84 (31.1)</td>
</tr>
<tr>
<td>Family</td>
<td>180 (66.7)</td>
<td>142 (52.6)</td>
</tr>
<tr>
<td>Friends</td>
<td>119 (44.1)</td>
<td>120 (44.4)</td>
</tr>
<tr>
<td>Traditional healer</td>
<td>5 (1.9)</td>
<td>16 (5.9)</td>
</tr>
</tbody>
</table>
BELIEVES ON Medication
<table>
<thead>
<tr>
<th>Believes on Medication</th>
<th>Depression N= 270 (%)</th>
<th>Schizophrenia N=270 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamins</td>
<td>163 (60.4)</td>
<td>154 (57.0)</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>51 (18.9)</td>
<td>51 (18.9)</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>18 (6.7)</td>
<td>45 (16.7)</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>69 (25.6)</td>
<td>55 (20.4)</td>
</tr>
<tr>
<td>Sleeping pills</td>
<td>37 (13.7)</td>
<td>52 (19.3)</td>
</tr>
</tbody>
</table>
BELIEVES ON Preventive Measures
<table>
<thead>
<tr>
<th>Preventive Measures</th>
<th>Depression N=270 (%)</th>
<th>Schizophrenia N=270 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping physically active</td>
<td>227 (84.1)</td>
<td>215 (79.6)</td>
</tr>
<tr>
<td>Avoiding stressful situations</td>
<td>206 (76.3)</td>
<td>163 (60.4)</td>
</tr>
<tr>
<td><strong>Being close to family</strong></td>
<td>244 (90.4)</td>
<td>213 (78.9)</td>
</tr>
<tr>
<td>Being close to friends</td>
<td>217 (83.3)</td>
<td>191 (70.7)</td>
</tr>
<tr>
<td>Avoid sugary food</td>
<td>123 (45.6)</td>
<td>121 (44.8)</td>
</tr>
</tbody>
</table>
## Preventive Measures

<table>
<thead>
<tr>
<th>Preventive Measures</th>
<th>Depression N=270 (%)</th>
<th>Schizophrenia N=270 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not using drugs</td>
<td>231 (85.6)</td>
<td>196 (72.6)</td>
</tr>
<tr>
<td>No drinking</td>
<td>227 (84.1)</td>
<td>200 (74.1)</td>
</tr>
<tr>
<td><strong>No smoking</strong></td>
<td><strong>233 (86.3)</strong></td>
<td><strong>202 (74.8)</strong></td>
</tr>
<tr>
<td>Making regular time for relaxing activities</td>
<td>228 (84.4)</td>
<td>209 (77.4)</td>
</tr>
<tr>
<td>Pray</td>
<td>240 (88.9)</td>
<td>208 (77.0)</td>
</tr>
</tbody>
</table>
Limitations

- This study cannot be extrapolated to the general public due to the location of schools.
- The problem in getting data from form 2 students in the urban school caused lost of valuable information.
- The significance found in the study may have other factors influencing it as other factors were not controlled.
- Time limit in conducting the research limited effective data collection which could have been through face to face interview.
CONCLUSION & SUGGESTIONS
- **Ability to Recognize And Knowledge**
  - The recognition on depression (50%) was similar to other local study (Khan TM 2010)
  - Recognition for schizophrenia – very low (7.4%)

- **Health Seeking**
  - High for both disorders – Depression (92%), schizophrenia (84%).
- Commonest Non Medicinal Treatment Modalities (both conditions).
  - Counseling (48 – 57%)
  - Getting relaxation (46-52%)
  - Being Physically active (28-37%)

- Most Helpful Persons
  - Depression – family (67%), counselors (64%) and Doctors (55%)
  - Schizophrenia - doctors (57%), family (53%) and Counselors (48%)
Medication perceptions

- Vitamins – Depression (60%), Schizophrenia (57%)
- Anti-depressant - Depression (19%), Schizophrenia (19%)
- Anti-psychotics - Depression (7%), Schizophrenia (17%)
○ Perception of preventive measures
  ▪ Close family members - Depression (90%), Schizophrenia (79%)
  ▪ Being physically active - Depression (84%), Schizophrenia (80%)
  ▪ Close friends - Depression (83%), Schizophrenia (71%)
Suggestions to Increase Mental Health Literacy

- The Health Education Programme for mental health must take into account the low health literacy rate among students.
- The health messages should be short, plain words, reader centred and positive.
- School mental health promotion programme need to be established. The components include:
  - Ability to recognize sign and symptoms of depression and schizophrenia.
  - Basic knowledge on treatment for the disorders
- School counselors to be train to detect early sign and symptoms of both disorders and management of stress.
- Promote health promotion campaigns – e.g exercise, healthy nutrition.
Suggestion for further study

- Mental Health Literacy among family carer and teachers.
ACKNOWLEDGEMENT

- Director General of Health, MOH
- Deputy Director General of Health (Research & Technical Support) MOH
- Ministry of Education
- Staff of Institute for Health Behavioral Research who have contributed towards the completion of this study.
Pictures taken during study
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THANK YOU