



**An-Najah National University**  
**Faculty of Graduate Studies**

**MENTAL HEALTH LITERACY AND  
INFLUENCING FACTORS AMONG  
UNDERGRADUATE STUDENTS AT AN  
NAJAH NATIONAL UNIVERSITY:  
A CROSS-SECTIONAL STUDY**

**By**

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree of  
Master of Community Mental Health Nursing, Faculty of Graduate Studies, An-Najah  
National University, Nablus - Palestine.**

**2025**

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## Dedication

أهدي هذا البحث إلى:

من لا يضاھيھما أحد في الكون، إلى من أمرنا الله ببرھما، إلى من بذلا الكثير، وقدما ما لا يمكن أن يردّ،  
إليكما تلك الكلمات أمي وأبي الغاليان، فقد كنتما خير داعم لي طوال مسيرتي الدراسية.  
إلى زوجي الغالي د. نزار الذي أشرقت شمسہ في سماء حياتي، وأصبحت نوراً تمدني بالحب والدعم، سندي  
ورفيق دربي، من أخذت عنه حب التحدي وتخطي الصعاب، إلا من تحملني ودعمني ووقف بجانبني للوصول  
إلى هذه اللحظات.

إلى إخوتي جميعاً فأنتم السند والعضد، ومن يشاطرنني أفراحي وأحزاني.

إلى أولادي فلذات الأكباد حفظكم الله .

إلى عائلتي الثانية عائلة زوجي المحبة المعطاءة.

إلى جميع الأصدقاء والزلاء والأساتذة، وكل من يحبني بصدق وإخلاص.

إلى كل من ساهم وشارك في انجاز هذا البحث.

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Finally, I would like to thank my esteemed colleagues for their continued support.

## Declaration

I, the undersigned, declare that I submitted the thesis entitled:

**MENTAL HEALTH LITERACY AND INFLUENCING FACTORS AMONG  
UNDERGRADUATE STUDENTS AT AN NAJAH NATIONAL UNIVERSITY:  
A CROSS-SECTIONAL STUDY**

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

**Student's Name:**     **Aseel Alsayed**

**Signature:**

A handwritten signature in blue ink that reads "Aseel". The signature is written in a cursive style and is underlined with a single horizontal stroke.

**Date:**                     **04/06/2025**

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# **MENTAL HEALTH LITERACY AND INFLUENCING FACTORS AMONG UNDERGRADUATE STUDENTS AT AN NAJAH NATIONAL UNIVERSITY: A CROSS-SECTIONAL STUDY**

**By**  
**Aseel Alsayed**  
**Supervisor**  
**Dr. Adnan Sarhan**

## **Abstract**

**Background:** Psychological disorders - including depression and anxiety - are prevalent among college students; yet, a limited number seek therapy. Mental health literacy might contribute to the low rates of mental health care utilization.

**Aim:** This study aims to examine students' mental health literacy, assess the level of mental health literacy midst university students, and find the most influential factors that may affect mental health literacy among university students. Finally, the study aims to compare mental health literacy between health and non-health specialty students.

**Design:** The study employed a cross-sectional design. The researcher conducted the study at Najah National University in the Nablus district of the West Bank. A convenience sampling was used to select the participants. The study employed the Mental Health Literacy scale and collected data through an online survey. The university institutional review board approved the study before data collection. The study took place between January and April of 2024 at An-Najah National University. The researcher selected three scientific colleges and three non-scientific colleges using the convenience sample technique. The Mental Health Literacy scale was used in the current study.

**Results:** About 420 students participated in the current study; the majority were female students (76.9%), about 48.1% were students affiliated from the faculty of medicine and health sciences, and about 26.9% were students at the fourth-year level. The mean score for the Mental Health Literacy Scale was  $111.45 \pm 11.35$  out of 160. The highest score indicates better literacy. The analyses showed that female students had statistically significantly higher mental health literacy than male students ( $p = .006$ ).

Conclusion: Many students need psychological support programs, literacy, and conveying the correct idea about the nature of psychological and mental illnesses, and that illness is not a mark of shame.

**Keywords:** Mental health; Mental Health Literacy; Undergraduate; Students.

# **Chapter One**

## **Introduction**

Mental health literacy refers to the degree to which an individual's attitudes and knowledge regarding mental disorders enable them to recognize, manage, or avoid developing such problems (Jorm et al., 1997a).

University students are frequently exposed to pressure to keep their academic attainment besides their personal life. Given the cultural context, many students must work alongside their study in order to pay for their study fees and other financial needs. Additionally, having family and social problems adds further pressure to them. Different studies have shown that university student would experience various mental health issue such as stress, anxiety, and depression, beside suicidal ideation .

Globally, about 13% of the global population is living with mental disorders; more than half of them are females, and about one-third are diagnosed with anxiety disorders followed by depressive disorders (World Health Organization, 2022). According to a large-scale study, about twenty percent of college students had a mental illness (Auerbach et al., 2016). Approximately 16 % of students in the same study with one-year mental illness got any type of one-year healthcare treatment for their mental disorders. Untreated mental illness would have a significant impact on students currently and in the future, not just on academic performance and study attrition, but also on their illness progression. Studies have also shown that untreated mental illness would increase the incidence of homelessness Iwundu et al. (2020), violence Aebi et al. (2017), and suicidality.

Seeking help and consultations at the beginning of such mental health problems is important and would affect the treatment process. The low likelihood of seeking treatment among college students is thought to be attributed to a lack of knowledge and information about mental health problems and services (WHO, 2022; Pedrelli et al., 2015), limited access to mental health services and social stigma (WHO, 2022). Therefore, the current study seeks to evaluate the level of mental health literacy, the associated factors, and possible recommendations based on the results obtained.

## **1.1 Problem statement**

University students are particularly exposed to increased stress due to conflicting academic and work responsibilities, possible family problems, and having other responsibilities; hence, they exhibit more psychological discomfort when compared to others (Ribeiro et al., 2018). Other students may have part-time jobs, which they must balance with their studies. Throughout the educational journey, mental problems are strong determinants of educational success (Auerbach et al., 2016). We have insufficient information about university students' literacy regarding mental health, which in turn may affect their awareness of mental illnesses. A recent study revealed a notable inadequate in empirical research concerning mental health literacy across Arabic regions, particularly among university students (Abo-Rass et al., 2023).

## **1.2 Significant of the study**

Health literacy represents a crucial framework for enhancing well-being and forecasting individual confidence and self-management practices (Darvishpour et al., 2022). Students who improve their mental health literacy are better positioned to avoid worsening their mental health problems and to educate and assist their peers who are suffering from mental illness or in need of help. By fostering a more profound understanding of mental health issues, these students can create a supportive environment that encourages open discussions and reduces stigma. Furthermore, enhanced mental health literacy empowers individuals to seek help sooner, ultimately leading to better outcomes for themselves and their communities.

Conducting such a study can reduce the gap in information related to mental health literacy among university students. The information obtained from this study can be added to the body of knowledge for future research and recommendations regarding university students' mental health.

### **1.3 Study Aims and objectives**

#### **Aim of the study**

- To assess the level of mental health literacy among university students.

#### **Objectives of the study**

- To find the most influential factors that may affect mental health literacy among university students.
- To compare mental health literacy between health and non-health specialty students.

### **1.4 Research questions**

- Do university students have sufficient mental health literacy?
- What are the factors that would influence mental health literacy amidst university students?
- Is there a discernible difference in mental health literacy between students pursuing health specialties and those engaged in non-health specialties?

### **1.5 Hypothesis**

**H1:** University students have sufficient mental health.

**H0:** University students do not have sufficient mental health

**H1:** Health specialty students have equal mental health literacy compared to non-health specialty students.

**H0:** There is a discernible difference in mental health literacy between students pursuing health specialties and those engaged in non-health specialties

### **1.6 Literature Review**

This section provides comprehensive information about findings from previous studies. Different data bases such as PubMed, Elsevier, Embase, and google scholar were used to search for relevant articles that have focus on mental health literacy among university and college students.

University students are integral members of the community. Once they earn their academic credentials, the community expects them to apply their acquired skills in real-

world situations. However, unexpected events can hinder students from functioning in the community as anticipated. One such event is mental health issues (Bantjes et al., 2023). These problems may face students during their university studies as they may be exposed to stressors and unhealthy mental issues (Munthali et al., 2023; Mofette, 2021). The reasons behind are vary, this could be related to problems in socializing with new people, social issues, extra efforts for part time work beside their studies (Verulava & Jorbenadze, 2022), stressors related to maintaining academic achievements (Munthali et al., 2023), and others. One of the important concerns related to such issues is the ability to recognize when it is time to seek help (DeBate et al., 2022). This recognition would be directed by the level of mental health literacy.

Mental health literacy (MHL) is characterized by an understanding of how to avert mental disorders, the ability to identify disorders as they emerge, familiarity with effective self-help techniques for mild to moderate issues, and the skills necessary to provide initial assistance to others (Kutcher et al., 2016). Furthermore, MHL encompasses the comprehension of acquiring and sustaining positive mental health (Tambling et al., 2023); the exploration of mental disorders and their respective treatments; the reduction of stigma associated with mental disorders (Stuart, 2016); and the enhancement of help-seeking efficacy, which involves recognizing the appropriate moments and avenues for seeking assistance, as well as cultivating competencies aimed at improving one's mental health care and self-management skills (Kutcher et al., 2015).

Facilitating mental health literacy encompasses several essential components: 1) the capacity to identify specific disorders or various forms of psychological distress; 2) an understanding of risk factors and underlying causes; 3) awareness of self-help interventions; 4) familiarity with available professional assistance; 5) attitudes that promote recognition and appropriate help-seeking; and 6) knowledge of methods to obtain mental health information (Sampaio et al., 2022; Jorm, 2000a).

Insufficient seeking for mental health treatment can be attributed to a lack of mental health literacy (DeBate et al., 2022), which includes a lack of mental health information and understanding, as well as prevailing ideas and attitudes that undermine the value put on mental health and effective mental health care (DeBate et al., 2022). Most individuals may not have access to evidence-based information about possibilities that might improve their mental health (Naslund et al., 2020). Meanwhile, widespread negative attitudes

continue to devalue and foster prejudice and maltreatment of those suffering from mental illnesses (World Health Organization, 2022). Misunderstandings about mentally ill persons, such as their being violent, weak, and socially incapable, could hinder efforts to raise public awareness of mental health issues and prevent the social devaluation of such affected people (Teixeira et al., 2022). As students are part of the community, this misunderstanding may influence their perceptions and consequently impact their mental health literacy (DeBate et al., 2022).

Understanding mental health is particularly crucial for university students, given that studies indicate around one-third of these demographic experiences a diagnosable mental disorder. Furthermore, it has been reported that 64% of individuals who leave college do so as a result of mental health issues (Gruttadaro & Crudo, 2012). Despite the fact that a significant 75% of lifetime disorders emerge during the college years, research indicates that students often struggle to accurately identify their mental health issues or associated symptoms (Vanheusden et al., 2008). Additionally, this developmental stage typically seals attitudes towards disease (Aluh et al., 2019a).

The West Bank had an estimated population of over 3.25 million individuals, consisting of 1.65 million males and 1.60 million females. With 1.13 million men and 1.10 million women, the estimated population of the Gaza Strip was 2.23 million.

A developing Palestinian community (Palestinian Central Bureau of Statistics, 2023b). In Palestine, there are 1.19 million individuals between the ages of 18 and 29, which accounts for almost twenty percent of the total Palestinian population, which accounts for almost 20% of the total Palestinian population. In mid-2023, 22% of the entire population in Palestine resided on the West Bank, while 21% resided in the Gaza Strip. The sex ratio among young individuals was approximately 104 males for every 100 females (Palestinian Central Bureau of Statistics, 2023).

The total number in higher education institutions is 225,975, with 138,983 females and 86,992 males. The distribution of students among higher education institutions is as follows: The distribution of educational facilities is as follows: 69% are traditional universities, 19% are open universities, 7% are university colleges, and 5% are community colleges. Most registered students are enrolled in traditional universities, with the biggest percentage being bachelor's degrees (182,288), whereas only 160 are

registered in professional diploma programs (Ministry of Higher Education & Scientific Research, 2022).

An-Najah National University enrolls over 25,000 students, both male and female, from different cities and countries. These students are engaged in a variety of academic programs offered by the university, which include undergraduate, graduate, and doctoral degrees across multiple disciplines. The diverse student body fosters a rich cultural exchange and creates a vibrant campus life, enhancing the overall educational experience for everyone involved (An Najah National University, 2024).

### **1.6.1 Mental health in Palestine**

Palestine provides mental health services through a network of 22 specialized clinics. These clinics include 15 located in the West Bank governorates, a dedicated center for children and adolescents in the North Hebron Health Directorate, and 6 community mental health centers in the Gaza Strip (Palestinian Ministry of Health, 2023). General mental health services failed to advance when they were most required due to disputes and other difficulties (Marie, Hannigan, & Jones).

In 2022, there were 4,078 new cases recorded at mental health centers in Palestine, resulting in an incidence rate of 81 cases per 100,000 inhabitants (Palestinian Ministry of Health, 2023).

The data on new psychiatric cases registered at mental and community health clinics in the West Bank revealed that there were 1,454 instances among males, accounting for 56.8% of the total, and 1,104 cases among females, accounting for 43.2%. The age distribution revealed that a significant proportion of these instances occurred among those aged 15-24 years, specifically 1,014 cases, accounting for 39.6% of the total cases. This ratio is notably higher compared to previous years for this age group. There is a need for an expansion of psychiatric clinics that specialize in the mental health of children and adolescents due to the rising number of cases in the 15-24 age groups (Palestinian Ministry of Health, 2023).

In 2022, the Ministry of Health in the West Bank recorded a total of 27 confirmed cases of suicide. This translates to an incidence rate of 0.09 per 100,000 people, which is comparable to the rate observed in neighboring countries like Syria (WHO, 2025). Males

have a higher suicide rate compared to females. There were a total of 27 suicides in the West Bank, with 15 cases involving males and 12 incidents involving females. The majority of suicide instances, specifically 70%, occurred during the age range of 15 to 34. The method of execution that was most frequently employed was hanging. According to data from the Health Information Center, there are approximately 7 suicide attempts for every completed suicide (Palestinian Ministry of Health, 2023). This alarming statistic highlights the urgent need for mental health resources and support systems tailored to young men in this region. Addressing the underlying issues contributing to these attempts is crucial in reducing both the suicide rate and the frequency of attempts.

The objective of monitoring these instances was to recognize individuals who are most vulnerable to suicide and attempted suicide, with the aim of implementing measures to prevent and combat suicide. Nevertheless, the lack of accurate data on suicide is due to family denial and societal factors, while the fear of shame contributes to underreporting of suicide cases in numerous countries, particularly in Palestine.

### **1.6.2 Mental health literacy among young people**

This research focuses on the concept of Mental Health Literacy (MHL) amidst university students.

The term "MHL" was initially introduced by Jorm et al. (1997a) to refer to "knowledge and beliefs about mental disorders that assist in their identification, treatment, or prevention." This encompasses various elements, such as the capacity to identify mental disorders; understanding and beliefs about factors that contribute to these disorders; causes, self-help measures, and professional assistance that are accessible; attitudes that encourage seeking suitable help; as well as the identification and understanding of methods to acquire mental health information. Jorm and his colleagues have conducted extensive study in this field (Jorm, 2000b), and the idea is rapidly gaining popularity (Sampaio et al., 2022).

In the last two decades, several research using questionnaires have explored individuals' reasons for the etiology and treatment of particular mental disorders. Several studies have been conducted on depression (Kendall et al., 2021; Remes et al., 2021), schizophrenia (Belayneh et al., 2019; Anisman et al., 2018), beliefs concerning various mental disorders (Mboweni et al., 2024; Subramaniam et al., 2018), and specific personality disorders (Jintanachote et al., 2024).

Several studies have also examined individuals' comprehension of treatment and interventions (Heaven & Furnham, 1994; Furnham & Wardley, 1990). Furnham and Kuyken (1991) examined lay individuals' beliefs regarding the effectiveness of therapies and the expected outcomes for various diseases. The study aimed to determine whether laypeople distinguished between illnesses and treatments and had an understanding of the ideal alignment between the two. Researchers discovered a positive correlation between individuals' level of expertise in psychology and their tendency to be skeptical about the effectiveness of treatments. Understanding of psychological treatments also resulted in a heightened recognition of the constraints of therapy (Rief et al., 2024).

In recent years, there have been studies specifically targeting young individuals, including adolescents, school age, and university students. The objective of these studies has been to enhance comprehension of a range of issues, including ADHD (Sedgwick-Müller et al., 2022), conduct disorders (Vadivel et al., 2023), depression (Aldridge & McChesney, 2018), and eating disorders (Pisetsky et al., 2016). In addition, several research have examined the terminology that young individuals employ to characterize mental disorders (Wright et al., 2012). These studies have been performed in many nations, such as the United States (Olsson & Kennedy, 2010) and Singapore (Goh & Koh, 2024). The significance of this field has been emphasized by several researchers due to the discoveries that reveal disparities in comprehension between ordinary individuals and experts, and how these understandings impact the process of obtaining appropriate assistance (Leighton, 2009). Undoubtedly, the research has generated curiosity in "mental health first aid training" as a means to enhance effective early intervention and assistance (Jorm & Kitchener, 2011; Kitchener & Jorm, 2008).

Recently, MHL has been articulated as the comprehension of methods to attain and maintain positive mental health, encompassing knowledge regarding mental disorders and their treatments, diminishing the stigma linked to these conditions, and fostering the capacity to seek assistance while cultivating skills for effective management of one's mental well-being.

The evaluation encompassed six domains: the capacity to recognize particular disorders or different manifestations of psychological distress, understanding and convictions concerning risk factors and underlying causes, as well as awareness and beliefs pertaining to self-help interventions (Jorm, 2000). The core assertion is that an understanding of

mental health can significantly improve an individual's mental well-being (Gautam et al., 2024). Improving MHL empowers individuals to develop crucial competencies vital for their psychological well-being, such as nurturing constructive attitudes and making well-informed choices about mental health care ( Zeng et al., 2024; Kågström et al., 2023). Hence, it is imperative to enhance MHL levels among various groups.

### **1.6.3 Factors affecting MHL**

Age is a significant factor that influences MHL

According to Pescosolido et al. (2008), older adults in the United States demonstrated a higher ability to recognize depression and ADHD compared to younger individuals. However, they expressed a dislike for the term "mental disorder". In contrast, younger age groups in Australia demonstrate superior ability in diagnosing schizophrenia and depression when compared to individuals over the age of 70. Nevertheless, it is common for young adults (aged 18 to 24 years) to confuse schizophrenia with depression (Farrer et al., 2008). Older individuals often ascribe schizophrenia to personal inadequacies. Doctor consultation was universally seen as the most effective form of assistance across all age groups. According to Farrer et al. (2008), young individuals were more inclined to support the effectiveness of friends, family, counseling, and self-reading.

### **Gender**

A thorough review has identified gender disparities in MHL. According to Holzinger et al. (2012), women tend to be more receptive, supportive, and less hostile, but also more apprehensive towards those with mental illnesses. Women also held the belief that psychosocial circumstances, rather than the individual themselves, are accountable for mental problems. Research studies by (Coles et al., 2016; Furnham & Lousley, 2013; Dahlberg et al., 2008; Pescosolido et al., 2008; Wang et al., 2007) have consistently found that females exhibit superior abilities in recognizing mental problems compared to males.

While there are no gender disparities in terms of informal assistance, research implies that females are more inclined than males to suggest seeking professional aid (Coles et al., 2016; Holzinger et al., 2012). An additional study revealed that females exhibited a greater propensity to pursue support from various informal and formal avenues, including family members, general practitioners, psychologists, and psychiatrists (Furnham et al., 2015). Females also chose psychological treatment. Male individuals showed a

preference for receiving individual assistance, such as utilizing the internet and managing challenges alone.

Regarding drugs, there is contradictory information regarding gender disparities. Women were more likely to support the use of minerals, vitamins, or herbal medicines, whilst men were more likely to support the use of tranquilizers, sleeping pills, or alcohol. To summarize, females exhibited elevated amounts of MHL compared to males (Furnham & Swami, 2018).

More specifically, it has been found that there are differences in MHL and related help-seeking behaviors between males and females. Specifically, females tend to demonstrate a greater willingness to seek professional assistance and to advocate for such support when confronted with a situation involving a character displaying symptoms of a mental health disorder (Wendt & Shafer, 2015). In addition, men report having negative attitudes toward finding out about therapy and mental health resources (McKenzie et al., 2022).

Psychosocial variables such as stigma (both public and self-imposed), cultural standards, and personal experiences with mental health illnesses have all been linked to gender variations in MHL and help seeking behavior (Wendt & Shafer, 2015).

**The Impact of Psychological Symptoms on College Students' Mental Health Literacy**  
College students frequently have psychological issues like anxiety and depression, but very few of them seek treatment for their issues (Blanco et al., 2008).

Nearly a third (32%) of students in a study of over 14,000 students on 26 college campuses in the United States reported having a mental health issue in the previous year (such as depression, anxiety, or suicidal thoughts); however, only thirty six percent of these people said they had received treatment during that time (Eisenberg et al., 2011). According to Blanco et al. (2008), psychological issues like anxiety and depression are prevalent among college students, yet very few of them seek treatment.

In the past year, nearly one-third (32%) of students on 26 U.S. college campuses reported having a mental health issue (such as depression, anxiety, or suicidal thoughts); however, only 36% of these individuals said they had received treatment for their condition (Eisenberg et al., 2011). The study looked at over 14,000 students on these campuses. Only over half of college students who had suicidal thoughts in the previous year sought

and got help, according to another study (Downs & Eisenberg, 2012).

For this population, stigma is not often the main obstacle to obtaining treatment (Downs & Eisenberg, 2012; Golberstein et al., 2008); rather, many students have a tendency to deny that they need assistance (Gianakis & Carey, 2011). This is particularly concerning as it increases the likelihood of suicidal behavior (Czyz et al., 2013). Scholars have shown that mental health literacy plays a crucial part in comprehending why college students with major psychiatric symptoms have low perceptions of need and low utilization rates thereafter (Gulliver et al., 2010).

Both theoretical and empirical evidence support the idea that mental health literacy plays a significant role in seeking care. Acknowledging the existence of a problem is an essential initial stage in the process of seeking assistance (Cauce et al., 2002; Saunders, 1993). In addition, research has shown that not acknowledging difficulties is associated with delays in seeking assistance (Thompson et al., 2008). Conversely, correctly identifying problems has been linked to a preference for obtaining aid.

Individuals are demonstrating a preference for seeking assistance from formal sources over informal ones (Wright et al., 2012) and expressing intentions to seek support (Thomas et al., 2014; Smith & Shochet, 2011). As far as we know, there is currently a paucity of longitudinal and/or experimental research that proves causality. However, cross-sectional studies provide strong evidence linking mental health literacy to several aspects of treatment seeking.

The prevalence of mental illness poses a significant challenge for nations; for instance, depression is recognized as a critical global public health issue associated with both morbidity and disability (Aluh et al., 2019b; Carrellas et al., 2017). Depression is often observed in individuals within the age range of 16 to 24 years (Perre et al., 2016). While a significant number of mental health issues, especially depression, manifest during youth, a considerable portion of these cases go unnoticed and unaddressed (Aluh et al., 2019). The presence of undiagnosed and unaddressed depression among adolescents and young individuals correlates with a range of additional issues, such as suboptimal educational performance, diminished social interactions, and heightened risks of violence, substance misuse, and suicidal tendencies (Carrellas et al., 2017; Dardas et al., 2016a). A recent study revealed that the average incidence of suicide attempts among

adolescents aged 12–18 years in 40 low-income and middle-income countries stands at 17.2%, with variations observed from 6.7% in Malaysia to 61.2% in Samoa (Liu et al., 2018). Research indicates that male adolescents exhibit higher rates of suicide compared to their female counterparts, whereas female adolescents demonstrate a greater prevalence of attempted suicides than males (Liu et al., 2018). The prevalence of depression within this susceptible demographic has been linked to instances of suicide (Liu et al., 2018). Additional risk factors associated with suicide encompass a fragile socio-economic standing (such as poverty, unemployment, and limited educational attainment), psychological challenges (including bullying, anxiety, and depression), substance use (notably smoking and alcohol consumption), and strained interpersonal relationships with family and peers (Liu et al., 2018). The identified risk factors illuminate the intricate relationship between personal circumstances and mental health, emphasizing the necessity for focused interventions. Addressing these issues can help mitigate the risk of suicide among individuals.

## **Chapter Two**

### **Methods**

This chapter elucidates the methodologies and techniques employed by the researcher, encompassing the study design, a detailed description of the study sample, and the formulation of study instruments, alongside an examination of their validity and reliability. The chapter further encompassed an elucidation of the methodologies employed by the researcher in executing the study, alongside a discourse on the statistical analyses applied in the analysis of the data.

#### **2.1 Study Design**

A cross-sectional design was used in this study. This design is a form of observational research that looks at data from a population at a single time point. It helps to explain the distribution of variables in a population. This type of research can be conducted quickly and cheaply. Additionally, this approach serves as a robust means for assessing prevalence and can explore the connections between various exposures and outcomes (Wang & Cheng, 2020; Setia, 2016).

#### **2.2 Study Site and Setting**

We conducted this study at Najah National University in the Nablus district of the West Bank. Najah University considered as one of the largest universities in Palestine and is characterized by its diverse student body, who are representative of the Palestinian population. Academic colleges were:

- Medicine and Health Sciences.
- Science.
- Engineering and Information Technology.
- Humanities and Literary Sciences.
- Law and Political Sciences.
- Business and Communications

## **2.3 Sample and sampling method**

### **2.3.1 Population size**

The target population of this study consisted of all undergraduates at An-Najah National University.

### **2.3.2 Sampling and sample size**

All undergraduates are enrolled in An-Najah National University. The university has more than 25,000 students. The sample size was calculated using an online application (<http://www.raosoft.com/samplesize.html>).

Considering the 10 % attrition rate, the required sample size will be 420 students. Based on the most conservative response distribution of 50% and allowing for a 0.5% margin of error at a 95% confidence interval (CI), the minimum sample size for the entire undergraduate population was calculated to be 420. Considering a 10% attrition rate, the required sample size will be 462 students.

## **2.4 Inclusion criteria and Exclusion criteria**

### **2.4.1 Inclusion criteria**

All students in any undergraduate program are eligible to participate. They should be able to read and understand the questionnaire. Faculty were chosen based on a lottery.

### **2.4.2 Exclusion criteria**

1. Students with a history of mental illness.
2. Students with a family history of mental illness.
3. Students from other not selected faculties.

## **2.5 Data Collection Tool**

The first part of the questionnaire is about students' age, gender, current year level (1, 2, 3, and 4), part-time work experience, previously sought help for mental health conditions (yes/no), and experience dealing with people with mental health problems.

The following part employed the Mental Health Literacy Scale (MHLS) as developed by O'Connor and Casey, 2015. The MHLS consists of 35 items categorized into several domains:

“Recognition of disorders” (8 items), “knowledge of how to seek mental health information” (4 items), “risk factors and causes” (2 items), “self-treatments” (2 items), “professional help available” (3 items), and “attitudes that promote recognition or appropriate help-seeking behavior” (16 items). The response options consist of a 4-point Likert scale, which ranges from “1 = very unlikely” to “4 = very likely”, as well as a 5-point Likert scale that spans from “1 = strongly disagree” to “5 = strongly agree”. Scores range from 35 to 160 with high scores indicating better MHL. The MHLS has reported Cronbach’s alpha of .87.

According to (O’Connor & Casey, 2015, p.513), MHL attributes do not specifically include management of mental illness; rather, it includes “a knowledge of typical treatments recommended by mental health professionals and activities that an individual can conduct”; and “knowledge of mental health professionals and the services they provide”.

The MHLS was translated into Arabic following the World Health Organization’s (WHO’s) process of translation and adaptation of instruments through six steps (Andersson et al., 2022; Ozolins et al., 2020). First the English version of the scale was translated into Arabic as forward translation. Second, a language coordinator in each language revised this version. Four, the back translator back translated this draft. Five, the language coordinator double-checked the back translation as well as the original version with both the forward and back translations. Six, consensus was reached, and the final version of the scale was created.

## **2.6 Validity and Reliability**

The questionnaire is global, valid, and reliable, and it is available in English and Arabic. The researcher sent a request for the Arabic version to the corresponding author, but the respected author did not reply. Therefore, the researcher translated the English version to Arabic as mentioned above.

The Arabic version was sent to specialists from An-Najah National University for evaluation. Namely: Dr. Mahmoud Khraisha / Tulkarm Mental Health, Dr. Nizar Said / An-Najah National University, Dr. Muhammad Al-Hayek / An-Najah National University, Dr. Sajid Gawadra / American University, Dr. Iyad Abu Bakr\ Mental Health, Nablus, to give their comments on the questionnaire, and some amendments were made.

The obtained Cronbach's alpha was 0.656; it is acceptable for adoption and distribution.

## **2.7 Pilot Study**

A pilot study was conducted on 10% of the sample size ( $n = 46$ ) of the general students population

of An-Najah National University. This sample was excluded from the required sample of the study.

## **2.8 Data collection**

The data collection process for the online survey began with the design and distribution of a structured questionnaire using the Google Forms platform. The researcher recruited participants from the selected faculties using convenience sampling methods and shared the survey link via the Zagal page after the vice president's academic approval.

The researcher presented an informed consent form to participants before beginning the survey through the survey link, and they could only proceed after agreeing that they met the inclusion/exclusion criteria, and their participation was voluntary. The survey remained open for responses between January and April 2024 to encourage higher participation rates. All submitted data were automatically stored in a secure, cloud-based system to protect participant confidentiality. Researchers monitored survey responses daily to track participation levels and ensure data quality. The researcher downloaded the collected data after closing the survey, cleaned it by removing incomplete, duplicate, or invalid entries, and prepared the dataset for further analysis. The survey was online due to circumstances that required remote learning. The researcher invited all undergraduates in the respected faculties, both health and non-health majors, to participate in the study.

## **2.9 Data analysis**

The 25th version of the Statistical Package for the Social Sciences (SPSS) was employed. The data from the participants were subjected to analysis through descriptive statistics. The examination encompassed the mean and standard deviation for continuous variables, alongside percentages for categorical variables. The assessment of normality was conducted utilizing the Kolmogorov-Smirnov test, which indicated that the data followed a normal distribution. An Independent t-test was employed to explore the relationship between the outcome and binary variables, including gender and responses to questions

framed in a Yes/No format. The One-Way ANOVA test was conducted to explore the relationship between the outcome variable and the categorical independent variables. A Pearson correlation coefficient was calculated to evaluate the linear association between the outcome variable and the continuous variables. A simple linear regression analysis was conducted to evaluate the extent to which independent variables could predict the outcome variable.

### **2.10 Ethical considerations and accessibility**

Ethical approval was formally obtained from An-Najah National University Institutional Review Board (IRB) Ref: Dec.2023\14 (Appendix 3). The consent form was introduced to participants in Arabic and read to each participant orally before starting with the questions and then signing them (Appendix 4). The creation of this work adhered to the principles outlined in the Helsinki Declaration concerning the ethical handling of human subjects in research. The consent form explicitly articulated that data would be gathered in an anonymous manner and utilized exclusively for research endeavors. Participants were made aware of their entitlement to engage in the study on a voluntary basis and were free to withdraw at any moment without facing any repercussions. Confidentiality and respect for personal beliefs were emphasized throughout the process.

### **2.11 Study variables**

#### **2.12 Independent Variables in this study**

Gender, age, Current education level (1, 2, 3, and 4), part-time work experience, previously sought help for mental health condition (yes/no), and experience dealing with people with mental health problems.

### **2.12.1 Dependent variable of study**

The Mental Health Literacy Scale.

## **2.13 Conceptual definition of the Key Terms**

### **2.13.1 Conceptual definitions**

Mental health literacy: The knowledge and beliefs about mental disorders that aid their recognition, management or prevention (Jorm et al., 1997b).

University student: An individual who is enrolled in a university with the intent to study or to engage in a specific task aimed at obtaining a university qualification.

### **2.13.2 Operational definition**

The assessment of mental health literacy was conducted utilizing the Arabic-language adaptation of the Mental Health Literacy Scale (MHLS) (O'Connor & Casey, 2015).

#### **2.13.2.1 Mental Disorder**

A mental disorder is defined by a clinically significant disruption in an individual's cognitive processes, emotional regulation, or behavioral patterns. It is typically linked to discomfort or a decline in significant domains of performance (WHO, 2022).

A diverse array of psychological issues exists. Mental disorders are equivalent to mental health issues. The term "latter" encompasses a broader spectrum of conditions, such as mental disorders, psychosocial disabilities, and various mental states that induce significant distress, impair functioning, or present a risk of self-harm. This fact sheet exclusively pertains to mental disorders as delineated by the International Classification of Diseases 11th Revision (ICD-11).

Data from 2019 indicates that more than 970 million individuals globally, representing approximately 1 in every 8 people, experienced a mental disorder. Among these conditions, depression and anxiety disorders emerged as the most widespread. The incidence of anxiety and depressive disorders saw a significant rise in 2020 as a direct consequence of the COVID-19 pandemic. Preliminary calculations indicate a 26% rise in anxiety disorders and a 28% rise in serious depressive disorders over the course of a single year (WHO, 2022). In spite of the presence of commendable prevention and treatment strategies, a considerable proportion of individuals experiencing mental health issues

remain deprived of sufficient access to appropriate care. Moreover, a significant number of individuals face stigma, discrimination, and violations of their fundamental human rights.

In 2019, the Global Health Data Exchange (GHDx) reported that 301 million individuals were diagnosed with an anxiety condition, including 58 million children and adolescents (Institute for Health Metrics and Evaluation, 2024). Anxiety disorders are characterized by an overwhelming sense of fear and apprehension, accompanied by related behavioral disturbances. The symptoms manifest with such severity that they induce substantial distress or impede the individual's ability to function effectively to a notable extent. Anxiety disorders comprise a range of classifications, such as generalized anxiety disorder, which is defined by pervasive worry; panic disorder, noted for its episodes of panic attacks; social anxiety disorder, which involves significant fear and apprehension in social contexts; and separation anxiety disorder, characterized by intense fear or anxiety regarding separation from individuals with whom one has a deep emotional bond, among others. There exist efficacious psychological interventions, and contingent upon the individual's age and the severity of the condition, pharmacological options may also warrant consideration.

Depression is a mental health condition that affects a significant number of people. In 2019, there were 280 million individuals living with depression, including 23 million children and adolescents (WHO, 2022). In contrast to typical fluctuations in mood or transient emotional reactions to the vicissitudes of life, depression is marked by enduring sensations of sorrow, irritability, or a profound sense of emptiness. The manifestation of these symptoms persists for the majority of the day, occurring nearly every day, for a minimum duration of two weeks throughout a depressive episode. Additional manifestations may encompass challenges in maintaining focus, overwhelming feelings of guilt or diminished self-worth, a pervasive sense of hopelessness, contemplations of mortality or self-harm, disturbances in sleep patterns, fluctuations in appetite or body weight, and persistent fatigue. The correlation between depression and an elevated risk of suicide is significant. Nonetheless, there exist efficacious psychological interventions, and pharmacological options may be contemplated based on the individual's age and the severity of the condition.

### **2.12.1. Palestine: depression and Arabic cultural perspectives on mental illness**

The Palestine is an Arab country which is in the Middle East and has an estimated population of about 3.25 million individuals, consisting of 1.65 million males and 1.60 million females. The Gaza Strip had an estimated population of approximately 2.23 million people, with 1.13 million males and 1.10 million females. A developing Palestinian community (Palestinian Central Bureau of Statistics, 2023).

Arabic is the official language of Palestine, and the majority of its population adheres to the Islamic faith. Religion holds a significant place in the lives and overall welfare of Muslims, influencing their attitudes about and approach to illness.

In the Holy Qur'an, Allah (God) states: "And when I am afflicted with illness, it is He who heals me" (Surat ash-Shu'ara' 26:80). Muslim individuals rely on their religious convictions and rituals to cope with various sources of stress in their lives, including illness (Al-Shannaq et al., 2023; Dardas et al., 2016b).

Overall, there exists a notable deficiency in statistical data and epidemiological research concerning mental health within the Arab world (Obermeyer et al., 2015; Okasha et al., 2012). Furthermore, the infrastructure for mental health services across various Arab nations is markedly inadequate, with funding levels that are considerably below what is essential for the improvement of mental health services and the fulfillment of the mental health needs of individuals (Okasha et al., 2012).

A report from the United Nations indicates that more than half of the Arab population is comprised of individuals under the age of 25 (UN, 2011 as cited by Dardas et al., 2016b). Arab adolescents are prone to facing challenging life experiences and developing mental health concerns during their lifetime (Al-Shannaq & Aldalaykeh, 2023; Obermeyer et al., 2015; Okasha et al., 2012). A number of Arab nations have recently undergone significant social, economic, and political upheaval, encompassing difficulties such as poverty, gender inequality, inadequate education, unemployment, armed conflicts, terrorism, and violence (El Halabi et al., 2020; Obermeyer et al., 2015; Okasha et al., 2012).

Research has demonstrated that these conflicts have a direct correlation with elevated rates of depression and suicide among individuals in this age bracket (El Halabi et al., 2020; Obermeyer et al., 2015; Okasha et al., 2012). It is suggested to evaluate these

aspects carefully while developing interventions for depression education and prevention, as well as for the early detection and treatment of depression. Implementing this intervention will improve the mental well-being of this susceptible group, increase their utilization of mental health services, and positively impact on their overall health outcomes (Dardas & Simmons, 2015).

Therefore, it is imperative to conduct further study and gather compelling evidence on the prevalence of depression among Arab adolescents to alleviate the burden of depression and its associated co-morbidities within this demographic.

Culture exerts a substantial influence on an individual's perspectives and convictions regarding mental illness and its treatment (Al-Shannaq et al., 2023; Choudhry et al., 2016; Dardas & Simmons, 2015).

Jordanians possess a distinct set of Arab beliefs, customs, and traditions that distinguish them from individuals in Western societies (Dardas & Simmons, 2015). Individuals' perspectives and convictions on mental disease are influenced by their cultural beliefs and their understanding or encounter with mental illness, whether it is personal or involves someone else (Choudhry et al., 2016).

Arabs typically seek assistance from their family and friends, employ conventional methods for mental health care, and conceal or refuse to acknowledge their mental health issues and treatments (Al-Shannaq et al., 2023; Okasha et al., 2012). However, this can exacerbate their psychological problems, prolong the time it takes for them to seek professional care, and result in a negative prognosis (Al-Shannaq et al., 2023; Dardas & Simmons, 2015).

According to the findings, individuals in this age range are more inclined to refrain from getting assistance from professionals for their mental health issues (Corrigan et al., 2017). Previous studies have shown that a significant number of individuals experiencing depression choose not to pursue professional help due to personal characteristics, a lack of comprehension regarding the mental health condition, and the influence of stigma and negative perceptions associated with mental illness (Dardas et al., 2016).

Mental health is often not given the same level of importance as physical health. The negative perception surrounding mental illness and its treatments might impact how

individuals view and approach seeking professional assistance for their mental health issues. Regrettably, the negative perception surrounding mental illness continues to be a prevalent obstacle that hinders or obstructs individuals from getting professional assistance for depression worldwide (Dardas et al., 2016).

Currently, there is limited knowledge regarding the relationship between depression stigma, depression literacy, and psychological help-seeking attitudes among students. As far as we know, there have been no studies undertaken in Jordan or other Arab nations that have examined the relationship between the stigma surrounding depression and the level of information about depression, as well as the attitudes towards seeking psychiatric care, among Arab students.

An alternative hypothesis is that some symptoms associated with depression can hinder the ability to recognize problems, leading to a decrease in mental health literacy (Magallón-Botaya et al., 2023). One of the main cognitive symptoms of depression is the inability to concentrate and make decisions effectively (Lam et al., 2014).

Extensive research has investigated the cognitive impairments linked to depression. It is plausible that these symptoms may hinder problem recognition due to their cognitive distractions, preventing individuals from focusing on pertinent information (Bredemeier et al., 2012). Stigma could potentially play a role in reducing the detection of depression in those experiencing psychological symptoms. A qualitative study discovered that individuals experiencing depressive symptoms refrained from using the term "depression" because they were worried about being stigmatized by others (O'Donnell & Foran, 2024). Participants in the present study may have encountered comparable apprehensions over social stigma, which could have influenced their inclination to identify their symptoms as indicative of depression. Additional research is required to expand on our early discoveries and evaluate these potential explanations.

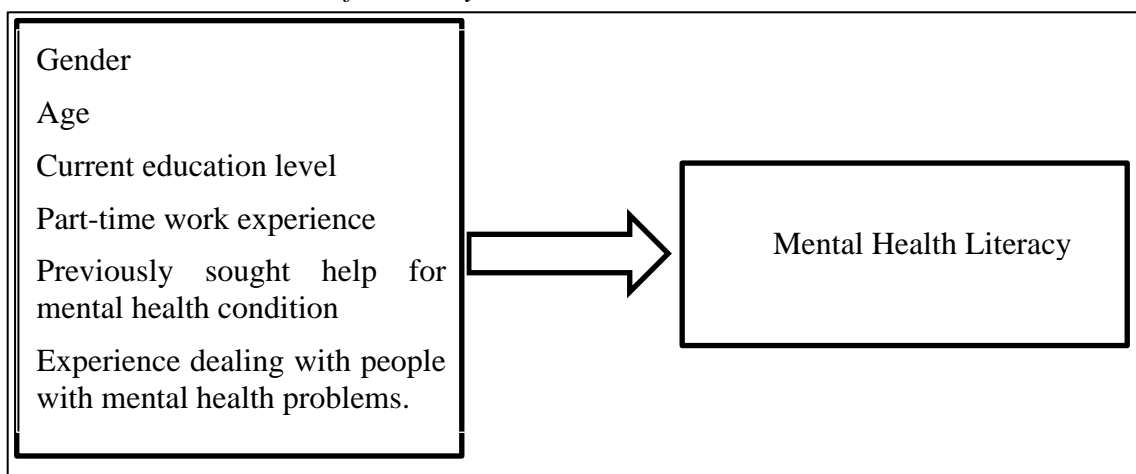
Anxiety Literacy among college students with psychological distress, college students often fail to make full use of mental health treatments for anxiety, in addition to depression (Ying et al., 2022).

### 2.13 Theoretical Framework

The study considered individual background characteristics that would shape knowledge and skills, which in turn influence behavioral outcomes. In this context, Mental Health Literacy (MHL) is conceptualized as a cognitive outcome influenced by several individual factors, including gender, age, education level, part-time work experience, previous help-seeking behavior, and experience interacting with individuals with mental health conditions (Figure 1).

**Figure 1**

*Theoretical Framework of the study*



## **Chapter Three**

### **Results**

#### **3.1 Demographic Characteristics**

About 420 students participated in the study. The mean age was  $20.14 \pm 2.15$ . The majority of participants were females (76.9%), nearly half (48.1%) of them affiliated from Faculty of Medicine and Health Sciences, and 22.4% affiliated from Faculty of Engineering and Information Technology, about 27.4% were first-year students. When asked about if the students work part-time, 84.3% reported they were not working, very high percentage (90.7%) reported that they did not get any mental health support sessions before, and 90% believe that the students are in need of mental health supporting programs. Table 1 displays additional relevant information.

**Table 1***Demographic characteristics of participating students (n = 420)*

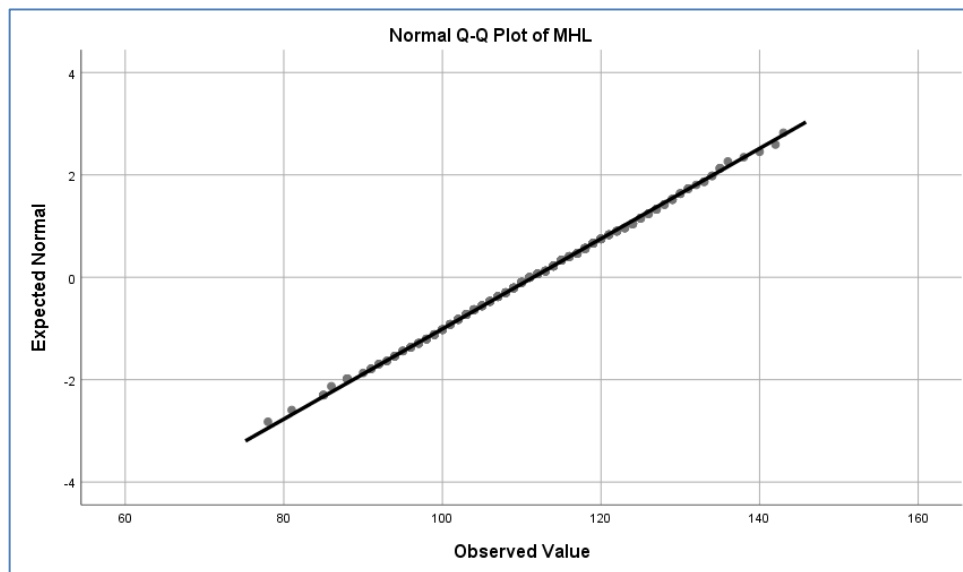
Variable	Frequency	Percent
<b>Gender</b>		
Male	97	23.1
Female	323	76.9
<b>Faculty</b>		
“Faculty of Business and Communication”	37	8.8
“Faculty of Engineering and Information Technology”	94	22.4
“Faculty of Fine Arts”	2	.5
“Faculty of Humanities and Educational Sciences”	56	13.3
“Faculty of Law and Political Sciences”	21	5.0
“Faculty of Medicine and Health Sciences”	202	48.1
“Faculty of Science”	8	1.9
<b>Education level</b>		
First Year	115	27.4
Second Year	82	19.5
Third Year	97	23.1
Fourth Year	113	26.9
Fifth Year	13	3.1
<b>Do you have part-time work?</b>		
Yes	66	15.7
No	354	84.3
<b>Did you get any mental health support sessions before?</b>		
Yes	39	9.3
No	381	90.7
<b>Do you believe that the students are in need for mental health supporting programs?</b>		
Yes	378	90.0
No	42	10.0

### 3.2 Normality test used in the current study

The Kolmogorov-Smirnov test was used to assess data distribution. The Kolmogorov-Smirnov test indicates that the Mental health literacy score follows a normal distribution (Figure 2),  $D(420) = .034$ ,  $p = .200$ . Therefore, parametric tests were used to analyze the data.

**Figure 2**

*Normal Q-Q plot of Mental health literacy*



### 3.3 Mental health literacy

#### 3.3.1 Descriptive statistics

The mean score for Mental health literacy scale was  $111.45 \pm 11.35$  out of 160. The highest score is better literacy.

The mental health literacy scale consisted of six domains. The first domain is ability to recognize disorders, the mean score of this domain was  $34.92 \pm 3.97$ , the highest agreement (86.4%) was “If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalized Anxiety Disorder”, whereas the lowest agreement (72.9%) was “To what extent do you think it is likely that Dysthymia is a disorder” (Table 2).

**Table 2***Ability to recognize disorders*

Item	1	2	3	4	Mean	SD
1 = Vey Unlikely, 2 = Unlikely, 3 = Likely, 4 = Very Likely						
Ability to recognize disorders	n (%)	N(%)	n (%)	N(%)		
“If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia”	16 (3.8)	82 (19.5)	246 (58.6)	76 (18.1)	2.91	.72
“If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalized Anxiety Disorder”	15 (3.6)	42 (10)	190 (45.2)	173 (41.2)	3.24	.77
“If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder”	6 (1.4)	60 (14.3)	225 (53.6)	129 (30.7)	3.14	.70
“To what extent do you think it is likely that Personality Disorders are a category of mental illness”	13 (3.1)	74 (17.6)	197 (46.9)	136 (32.4)	3.09	.79
“To what extent do you think it is likely that Dysthymia is a disorder”	20 (4.8)	94 (22.4)	239 (56.9)	67 (16)	2.84	.74
“To what extent do you think it is likely that the diagnosis of Agoraphobia includes anxiety about situations where escape may be difficult or embarrassing”	13 (3.1)	86 (20.5)	234 (55.7)	87 (20.7)	2.94	.73
“To what extent do you think it is likely that the diagnosis of bipolar disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood”	20 (4.8)	73 (17.4)	177 (42.1)	150 (35.7)	3.09	.85
“To what extent do you think it is likely that the diagnosis of Drug Dependence includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)”	30 (7.1)	63 (15)	185 (44)	142 (33.8)	3.05	.88
Total (Mean/SD)					34.92	3.97

The second domain about Knowledge during the ability of professional help (Table 3), the mean score of this domain was  $34.92 \pm 3.97$ . The highest agreement (78.1%) in this domain was “Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality: If you are at immediate risk of harm to yourself or others”.

**Table 3***Knowledge during the ability of professional help*

Item	Very unlikely n (%)	Unlikely n (%)	Likely n (%)	Very Likely n (%)	Mean	SD
“To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviours”	18 (4.3)	66 (15.7)	228 (54.3)	108 (25.7)	3.01	.77
“Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to <u>break</u> confidentiality: <i>If you are at immediate risk of harm to yourself or others</i> ”	32 (7.6)	60 (14.3)	168 (40)	160 (38.1)	3.09	.91
“Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality: <i>if your problem is not life-threatening and they want to assist others to better support you</i> ”	96 (22.9)	142 (33.8)	129 (30.7)	53 (12.6)	2.67	.97
Total (Mean/SD)					34.92	3.97

The third domain is about Knowledge of where to seek information (Table 4). The mean score of this domain was  $13.93 \pm 2.93$ . The highest agreement (67.4%) in this domain was “I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness”. The lowest agreement (42.8%) was “I am confident that I know where to seek information about mental illness”.

**Table 4**

*Knowledge about where to seek information*

Item	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Mean	SD
	n (%)	n (%)	n (%)	n (%)	n (%)		
“I am confident that I know where to seek information about mental illness”	30 (7.1)	64 (15.5)	145 (34.5)	132 (31.4)	48 (11.4)	3.25	1.07
“I am confident using the computer or telephone to seek information about mental illness”	27 (6.4)	66 (15.7)	89 (21.2)	197 (46.9)	41 (9.8)	3.38	1.06
“I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)”	19 (4.5)	45 (10.7)	96 (22.9)	181 (43.1)	79 (18.8)	3.61	1.05
“I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness”	11 (2.6)	45 (10.7)	81 (19.3)	208 (49.5)	75 (17.9)	3.69	.97
Total (Mean/SD)						13.93	2.93

The fourth domain is about knowledge of self-treatment (Table 5). The mean score of this domain was  $6.83 \pm 1.77$ . The highest agreement (88.5%) in this domain was “To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)”. The lowest agreement (62.9%) was “To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions”.

The fifth domain is about knowledge of risk factors and causes. The mean score of this domain was  $7.39 \pm 1.64$ . The highest agreement (63.8%) in this domain was “To what extent do you think it is likely that in general in Palestine, women are MORE likely to experience a mental illness of any kind compared to men”. The lowest agreement (58.1%) was “To what extent do you think it is likely that in general, in Palestine, men are MORE likely to experience an anxiety disorder compared to women”.

**Table 5***knowledge about self-treatment , risk factors, and causes describe statistics*

Item	Very unhelpful n (%)	Unhelpful n (%)	Helpful n (%)	Very helpful n (%)	Mean SD
<b>Knowledge about self-treatment</b>					
“To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)”	13 (3.1)	35 (8.3)	195 (46.4)	177 (42.1)	3.28 .74
“To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions”	36 (8.6)	120 (28.6)	172 (41)	92 (21.9)	2.24 .89
Total (Mean/SD)					6.83 1.77
Knowledge about risk factors and causes	Very unlikely	Unlikely	Likely	Very Likely	Mean SD
“To what extent do you think it is likely that in general in Palestine, women are MORE likely to experience a mental illness of any kind compared to men”	27 (6.4)	125 (29.8)	171 (40.7)	97 (23.1)	2.80 .87
“To what extent do you think it is likely that in general, in Palestine, men are MORE likely to experience an anxiety disorder compared to women”	30 (7.1)	146 (34.8)	170 (40.5)	74 (17.6)	2.31 .84
Total (Mean/SD)					7.39 1.64

The last domain was about Attitudes that promote recognition or appropriate help-seeking behavior (Table 6). The mean score of attitudes domain was  $39.61 \pm 6.86$ . The highest disagreement (76.2%) in this domain was “Seeing a mental health professional means you are not strong enough to manage your own difficulties”. The lowest agreement (33.3%) was “People with a mental illness could snap out if it if they wanted”.

For behaviour of seeking help, the highest willing (47.9%) was “How willing would you be to spend an evening socialising with someone with a mental illness?”, and the lowest willing for help-seeking behaviour (14.3%) was “How willing would you be to have someone with a mental illness marry into your family?”.

**Table 6***Attitudes that promote recognition or appropriate help-seeking behavior*

	Strongly	Disagree n (%)	Neither		Strongly agree n (%)	Mean	SD
	Disagree n (%)		agree n (%)	or disagree n (%)			
“People with a mental illness could snap out if it if they wanted”	48 (11.4)	92 (21.9)	97 (23.1)	130 (31)	53 (12.6)	2.89	1.22
“A mental illness is a sign of personal weakness”	171 (40.7)	131 (31.2)	60 (14.3)	41 (9.8)	17 (4)	3.95	1.42
“A mental illness is not a real medical illness”	165 (39.3)	117 (27.9)	89 (21.2)	35 (8.3)	14 (3.3)	3.91	1.11
“People with a mental illness are dangerous”	84 (20)	122 (29)	142 (33.8)	53 (12.6)	19 (4.5)	3.47	1.08
“It is best to avoid people with a mental illness so that you don't develop this problem”	101 (24)	141 (33.6)	94 (22.4)	57 (13.6)	27 (6.4)	3.55	1.18
“If I had a mental illness I would not tell anyone”	83 (19.8)	136 (32.4)	101 (24)	75 (17.9)	25 (6)	3.42	1.16
“Seeing a mental health professional means you are not strong enough to manage your own difficulties”	202 (48.1)	118 (28.1)	42 (10)	46 (11)	12 (2.9)	4.08	1.13
“If I had a mental illness, I would not seek help from a mental health professional”	159 (37.9)	133 (31.7)	54 (12.9)	58 (13.8)	16 (3.8)	3.86	1.18
“I believe treatment for a mental illness, provided by a mental health professional, would not be effective”	124 (29.5)	156 (37.1)	95 (22.6)	31 (7.4)	14 (3.3)	3.82	1.04
	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing	Mean	SD
“How willing would you be to move next door to someone with a mental illness?”	29 (6.9)	77 (18.3)	165 (39.3)	125 (29.8)	24 (5.7)	3.09	.99
“How willing would you be to spend an evening socialising with someone with a mental illness?”	26 (6.2)	55 (13.1)	138 (32.9)	159 (37.9)	42 (10)	3.32	1.03
“How willing would you be to make friends with someone with a mental illness?”	28 (6.7)	50 (11.9)	148 (35.2)	151 (36)	43 (10.2)	3.31	1.03
“How willing would you be to have someone with a mental illness start working closely with you on a job?”	25 (6)	68 (16.2)	134 (31.9)	162 (38.6)	31 (7.4)	3.25	1.01
“How willing would you be to have someone with a mental illness marry into your family?”	103 (24.5)	124 (29.5)	133 (31.7)	49 (11.7)	11 (2.6)	2.38	1.06
“How willing would you be to vote for a politician if you knew they had suffered a mental illness?”	117 (27.9)	116 (27.6)	118 (28.1)	55 (13.1)	14 (3.3)	2.36	1.12
“How willing would you be to employ someone if you knew they had a mental illness?”	32 (7.6)	59 (14)	173 (41.2)	125 (29.8)	31 (7.4)	3.15	1.01
Total (Mean/SD)						39.61	6.86

### 3.3.2 Inferential statistics

A Pearson correlation coefficient was computed to assess the linear relationship between age and mental health literacy score. There was not a statistically significant correlation between the two variables,  $r(418) = -.004$ ,  $p = .886$  (Table 7).

**Table 7**

*Pearson correlation between MHL and age*

		Age	MHL
Age	Pearson Correlation	1	-.007
	Sig. (2-tailed)		.886
	N	420	420
MHL	Pearson Correlation	-.007	1
	Sig. (2-tailed)	.886	
	N	420	420

An independent sample t-test (Table 8) was performed to compare Mental health literacy in males and females. There was a significant difference in mental health literacy between males ( $M = 108.66$ ,  $SD = 11.85$ ) and females ( $M = 112.28$ ,  $SD = 11.08$ );  $t(418) = -2.778$ ,  $p = .006$ . Indicating that females had statistically significant higher mental health literacy than males.

In addition, the same test was used to compare mental health literacy in part time workers and those who do not work. There was a significant difference in mental health literacy between part time workers ( $M = 107.05$ ,  $SD = 12.02$ ) and non-workers ( $M = 112.27$ ,  $SD = 11.05$ );  $t(418) = -3.475$ ,  $p = .001$ . The results indicate that students who do not have part time work had statistically significant higher mental health literacy than students who have part time work.

An independent sample t-test was used to compare mental health literacy in students who got mental health support sessions before and students who did not. There was a significant difference in mental health literacy between students who got mental health support sessions before ( $M = 119.10$ ,  $SD = 12.25$ ) and students who did not get mental health support sessions before ( $M = 110.66$ ,  $SD = 10.97$ );  $t(418) = 4.525$ ,  $p = .000$ . Indicating that students who got mental health support sessions before had statistically

significant higher mental health literacy than students who did not get mental health support sessions before.

In addition, the same test was performed to compare mental health literacy between students who believe that the students are in need of mental health supporting programs and those who did not. The test showed that there was a significant difference in mental health literacy between students who believe that the students are in need of mental health supporting programs ( $M = 112.35$ ,  $SD = 11.23$ ) and students who did not believe that the students are in need of mental health supporting programs ( $M = 103.26$ ,  $SD = 9.03$ );  $t(418) = 5.068$ ,  $p = .000$ . Indicating that students who believe that the students are in need of mental health supporting programs had statistically significant higher mental health literacy than those students who did not believe that the students are in need of mental health supporting programs.

**Table 8***Relationship between dichotomous variables regarding MHL*

Variable	Mean	SD	t	p-value
Gender			-2.778	.006
Male	108.66	11.85		
Female	112.28	11.08		
Do you have part-time work?			-3.475	.001
Yes	107.05	12.02		
No	112.27	11.05		
Did you get any mental health support sessions before?			4.525	.000
Yes	119.10	12.25		
No	110.66	10.97		
Do you believe that the students are in need for mental health supporting programs?			5.068	.000
Yes	112.35	11.23		
No	103.26	9.03		

A one-way ANOVA was performed to evaluate the relationship between students' faculty and mental health literacy. The means and standard deviations are presented in Table 8 below. The ANOVA was significant at the .05 level,  $F(6, 413) = 3.555, p = .002$  (Table 9).

A post hoc Tukey HSD test indicated that the mean mental health literacy scores of the Faculty of Medicine and Health Sciences ( $M = 113.76, SD = 11.02$ ) group were significantly higher than that of the Faculty of Engineering and Information Technology ( $M = 109.07, SD = 11.67$ ) group ( $p = .015$ ). Also, the mean mental health literacy scores of the Faculty of Medicine and Health Sciences ( $M = 113.76, SD = 11.02$ ) group were significantly higher than that of the Faculty of Law and Political Sciences ( $M$

= 105.67, SD = 10.38) group ( $p = .028$ ). Other faculties did not show statistically significant between groups ( $p > .05$ ). A one-way ANOVA was performed to evaluate the relationship between students' education level and mental health literacy. The means and standard deviations are presented in Table 9 below. The ANOVA was not significant  $F(4, 415) = .440, p = .780$ .

**Table 9**

*Mental health literacy score according to different faculties and students' education level*

Variable	Mean	SD	F	P-value	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
					Faculty	
“Faculty of Business and Communication”	109.32	12.29			105.23	113.42
“Faculty of Engineering and Information Technology”	109.10	11.67			106.68	111.46
“Faculty of Fine Arts”	111.00	18.38			-54.18	276.18
“Faculty of Humanities and Educational Sciences”	110.20	10.31			107.44	112.96
“Faculty of Law and Political Sciences”	105.70	10.38			100.94	110.39
“Faculty of Medicine and Health Sciences”	113.76	11.02			112.23	115.29
“Faculty of Science”	114.75	8.40			107.73	121.77
Education level			.440	.780		
“First Year”	111.74	10.95			109.72	113.76
“Second Year”	111.44	11.00			109.02	113.86
“Third Year”	112.15	11.64			109.81	114.50
“Fourth Year”	110.35	11.10			108.28	112.42
“Fifth Year”	113.08	16.97			102.82	123.33

Simple linear regression (Table 10) was used to test if [gender, faculty, part time work, previous mental health support, and believe that the students are in need for mental health supporting programs] significantly predicted mental health literacy.

The fitted regression model was: Mental health literacy score = 122.323 + [.850\*faculty] + [5.598\*part time work] + -9.197\*previous mental health support] + [-8.082\*believe that the students are in need for mental health supporting programs].

The overall regression was statistically significant ( $R^2 = .157$ ,  $F(4, 415) = 19.355$ ,  $p = .000$ ).

The model demonstrated a statistically significant fit, indicating that it accounts for a considerable amount of the variance in mental health literacy scores. The adjusted  $R^2$  value of .157 indicates that our model can explain about 15.7% of the variability in mental health literacy scores, emphasizing the significant influence of the predictors included.

**Table 10**

*Linear Regression model fit for variables predicting mental health literacy*

Variable	Unstandardized Coefficients		Standardized	t	Sig.
	B	Std. Error	Beta		
(Constant)	123.859	4.603		25.661	.000
Faculty	.850	.266	.144	3.110	.002
Do you work (part-time) outside working hours at the university?	5.598	1.428	.180	3.198	.001
Did you get any mental health support sessions before?	-9.197	1.784	-.235	-5.211	.000
Do you believe that the students are in need for mental health supporting programs?	-8.082	1.711	-.214	-4.586	.000
	R	R-squared	df	F	Sig.
	.397	.157	415	19.355	.000

## **Chapter Four**

### **Discussion**

Mental health literacy among university students is critical for recognizing, managing, and seeking help for mental health issues. The current study found that the mean score was 111.45 out of 160. This could indicate a moderate level of mental health literacy. These results are in line with Song et al. (2023) findings.

A study targeting Saudi students found high mental health literacy (Alshehri et al., 2021). Similar studies also found moderate to high mental health literacy in different contexts (Elsheshtawy et al., 2020; Gorczynski et al., 2017; Mahfouz et al., 2016). In contrast, a study in China found a low level of mental health literacy (Minjiang & Tingru, 2020).

Low levels of literacy correlate with diminished tendencies to seek assistance and utilize services (Evans-Lacko et al., 2013). The capacity of university students to seek and access mental health information is crucial for mental health literacy and significantly influences timely help-seeking behavior.

It was found that participants' mental health knowledge, identification of psychological problems, and understanding of effective treatments are all enhanced by participation in an educational training program that teaches them how to assist others who are experiencing crises linked to their mental health (Morgan et al., 2018).

Recent research on university or college students' mental health literacy has shown several influences that impact students' understanding and perceptions of mental health. The current study findings showed that mental health literacy was significantly higher in female students compared to male students. Gender differences may greatly affect the awareness of mental health issues and the desire to seek treatment, making it even more important to understand how gender affects mental health literacy. A student's gender may impact their mental health literacy in several ways, including how they see mental health, how well they can recognize mental health problems, and whether or not they seek help when needed. The ability to identify mental health problems is one area where male and female college students vary significantly in their level of mental health literacy.

The study conducted by Miles et al. (2020) aligned with our findings, revealing that female students exhibited superior health literacy compared to their male counterparts.

Additionally, the findings of Song et al. (2023) and Wong (2016) also supported our gender-related findings. Findings from another study of university students revealed that female gender was not associated with poor mental health and well-being (Campbell et al., 2022), which could possibly explain the presence of mental health literacy among females.

According to research on anxiety disorders (Hadjimina & Furnham, 2017) and depression (Kim et al., 2015), females are more likely to recognize these conditions than males. One possible explanation for the increased visibility of mental health symptoms among females is the cultural expectation that women should demonstrate greater emotional intelligence and vulnerability when discussing emotional or psychological issues. Consequently, cultural norms that encourage males to remain silent about their feelings result in their reduced ability to recognize the signs of mental illness and a slower tendency to seek treatment when needed. Therefore, males may be less proactive in addressing symptoms of mental health issues, whether in themselves or others.

Demographic factors such as gender influence help-seeking behavior, which may intersect with mental health literacy (Iswanto & Ayubi, 2023). Due in substantial part to their greater mental health knowledge, female students are more likely to seek treatment when they are experiencing mental health concerns.

On the other hand, stigma and a lack of understanding regarding mental health were major obstacles preventing male college students from seeking help (DeBate et al., 2018). We think that lower mental health knowledge and unwillingness to seek assistance when required might be attributed, in part, to traditional gender ideals that males should be strong and independent. Even when male students recognize mental health concerns and the available treatment options, these gendered expectations may hinder them from obtaining treatment. One possible explanation for the greater engagement with mental health services and increased identification of mental health issues among women could be the reduced stigma associated with expressing emotional discomfort or seeking treatment (Ahad et al., 2023). Males may be less encouraged to acknowledge or discuss mental health issues in certain societies due to ingrained gender stereotypes.

Therefore, increasing knowledge regarding mental health may enhance mental health literacy for male college students (Gregor Rafal & DeBate, 2018). Potential interventions could focus on fostering discussions about mental health and encouraging students to

express their feelings of distress in a supportive environment. These initiatives would increase the likelihood that male students acknowledge mental health challenges and seek help if healthy males' identities are promoted, allowing for vulnerability and emotional expression.

The current study demonstrated a significant relationship between mental health literacy and working status, where students who worked part-time exhibited lower mental health literacy compared to those who did not work. Promoting mental health awareness and encouraging help-seeking behavior may be hindered when students work part-time, as they might lack opportunities to connect with supervisors and coworkers, who could serve as informal sources of support.

Research on the relationship between work status and mental health literacy is limited. Conversely, working while enrolled at university also presents challenges. Employed students often struggle to balance their work responsibilities with their academic obligations. Their employment prevents them from dedicating sufficient time to their studies. As job demands consume much of their time and energy, they may be less likely to achieve academic success in university. Students might prioritize work over mental health. (Vasquez, 2016).

According to literature, workplace issues negatively impact students' health, leading to persistent worry, tension, and a lack of social integration, as research indicates. Symptoms may manifest as changes in energy levels, disrupted sleep, altered appetite, reduced interest or enjoyment in previously pleasurable activities, difficulty concentrating, and generalized feelings of melancholy, emptiness, despair, worthlessness, or guilt. Working longer hours and part-time jobs significantly contributes to the deteriorating mental health levels among the student population (Verulava & Jorbenadze, 2022).

Students' willingness to seek treatment for mental health issues and their awareness of such issues are both impacted by their part-time employment status. Students' ability to endure stress and cope with difficult situations may be influenced by their part-time jobs. Mental health issues may arise from the stresses of juggling employment and school, and they could go unnoticed and untreated if individuals are illiterate.

It is possible that part-time employment may exacerbate stress for students, hindering their self-care and sleep and potentially intensifying anxiety and depression. Students may fail to recognize or disclose mental health difficulties when they are under extreme

occupational stress. They may delay seeking treatment to a perception that mental health is insignificant or because they believe their issues are merely a natural consequence of balancing professional and personal responsibilities. The stress of full-time employment while attending school may impede students' access to mental health services, thereby complicating their ability to obtain necessary assistance.

Another aspect that affects the correlation between part-time employment and mental health literacy is the accessibility of workplace mental health services. Stress and emotional strain may be prevalent in certain workplaces. Students may not recognize how work-related stress impacts their mental health if they do not receive adequate support from supervisors, managers, or coworkers.

The relationship between MHL and getting mental health support sessions was noted in the current study, in which students who got mental health support sessions before had significantly higher levels of MHL than those who did not. Students who might have a better understanding of mental health are more likely to know how to ask for assistance when they are struggling and where to get it. If students learn how to recognize the warning signs of mental health difficulties, they will be better able to identify when they are going through tough times. Acknowledging the need for assistance is an essential first step. Students who lack knowledge or awareness of mental health symptoms may be less likely to seek treatment when they are distressed because they ignore or downplay the importance of their symptoms and experiences. Because of this holdup, students may not get the prompt help they need throughout their college years, which may have a negative impact on their mental health.

It is clear that those students who obtained mental health support were likely to have been diagnosed and/or treated for a psychological disorder. Depression, schizophrenia, and generalized anxiety disorder are just a few examples of mental illnesses whose symptoms might be affected by a patient's treatment history (Kim et al., 2015; Lauber et al., 2005). We think that our results can be explained that a person's familiarity with certain mental health illnesses may also be affected by their diagnosis or treatment for such a disease, according to some research (Stanton et al., 2019). Previously investigations have indicated that people with past or current mental health issues possess greater mental health knowledge compared to those without any history of mental health symptoms (Gorczyński et al., 2017).

In looking at the need for mental health supporting programs as a factor associated with mental health literacy, students who participated in our study and agreed with the need for mental health supporting programs showed significantly higher mental health literacy. As discussed above, enhanced mental health literacy may empower students to identify mental health concerns, comprehend accessible interventions, and pursue suitable assistance, consequently augmenting the probability of engaging with mental health providers. Due to having mental health literacy, these students would be amenable to seeking help and pursuing more programs that might improve their mental well-being.

For example, training programs for mental health literacy have shown an improvement in students' comprehension of mental health concerns. A systematic review of mental health literacy training programs revealed that these interventions significantly enhance students' mental health literacy, perhaps resulting in greater use of mental health support services (Reis et al., 2022). Also, experiential learning opportunities that contain MHL content was perceived as beneficial in improving mental health literacy (Reis et al., 2023). Other studies employed public art education which was effective in improving MHL (S. Zhang & Zhao, 2024).

Mental Health First Aid (MHFA) is one of the important programs that would equip students with essential skills and application of these skills when needed (Kitchener & Jorm, 2008). A study conducted by Ashoorian et al. (2019) found that application of such program improved mental health literacy among university students, also they applied it in crisis situations. Similar program is Psychological first aid (PFA), the program applied targeting nursing students, it improved their knowledge and competency of PFA, in addition to enhancing their general self-efficacy and resilience (Zhang et al., 2022).

The aforementioned program would be helpful for students to improve their MHL in addition to seeking or providing help when needed.

Interestingly, in our study, students affiliated from faculty of medicine and health sciences had significantly higher scores in MHL. The level of MHL among college students varies greatly across disciplines, according to the literature. For example, a study of Song et al. (2023) found that students who had mental health education had significantly higher MHL, the authors concluded the crucial role of such classes in improving MHL in particular among university freshers. Similarly, those students who

study psychology and applied health science fields had higher levels of mental health literacy (Miles et al., 2020; Miles et al., 2024). Since our sample did not specify the study field for each participant, we cannot conclude exactly who reported higher mental health literacy. However, some study fields in the faculty of medicine and health sciences include medicine and nursing, and the students of these fields have coursework covering mental health and psychology that would help in shaping students' awareness and attitudes toward mental health due to often focusing on the detection of mental health illnesses, comprehension of causative elements and risks, and therapeutic approaches. These may be the reasons for having higher mental health literacy. Our results could be aligned with Miles et al. (2020) and Miles et al. (2024) studies.

Findings from our study did find significant effect of age and year of study while study of Miles et al. (2020) found the contrary. Similarly, Alshehri et al. (2021) found significant effect of academic level on MHL.

## **Chapter Five**

### **Conclusions and Recommendations**

#### **5.1 Conclusion**

Upon analyzing the results, it became evident that numerous students require psychological support programs to accurately convey the nature of mental and psychological disorders, emphasizing that such conditions are not a source of shame. Moreover, awareness initiatives should be implemented to educate students on distinguishing between mental illnesses and personality disorders. If students encounter any problem, they should know where to find reliable information and support.

It is important to distinguish between individuals with mental illness and those with psychological disorders, noting that not all patients pose a threat to others, except in certain instances of acute relapse; in certain circumstances, they may inflict harm onto themselves rather than others.

Mental disease is akin to physical sickness and necessitates treatment; there is no need for shame or concealment. A person with mental illness is a patient deserving of respect, and their information and privacy must be safeguarded. Hence, it is crucial to increase university students' understanding of mental health in order to promote wellness, reduce stigma, and foster a welcoming campus climate.

#### **5.2 Recommendations**

Enhancing mental health knowledge among university students is essential for promoting well-being, mitigating stigma, and cultivating a friendly campus atmosphere. Here are some suggestions to facilitate this objective:

1. **Integrate Mental Health Education into the Curriculum:** Compulsory courses or workshops: Incorporating mental health education into the university's core curriculum would enhance students' understanding of mental health significance, enable them to identify indicators of mental health disorders, and instruct them on how to seek assistance.

**Interdisciplinary approaches:** Incorporating mental health subjects across diverse disciplines (e.g., psychology, health sciences, social work) can guarantee that all

students get fundamental knowledge, regardless of their focus on psychology.

2. **Conduct Awareness Campaigns: Mental Health Awareness Week:** Coordinate activities, lectures, and seminars to enhance understanding of prevalent mental health issues, including anxiety, depression, and stress. Utilize these events to mitigate stigma and promote candid discussions.

**Social media and Digital Marketing Initiatives:** Utilize platforms such as Instagram, TikTok, and Twitter to disseminate information, resources, and personal narratives pertaining to mental health. Maintain the content's accessibility, relatability, and engagement.

3. **Facilitate Access to Resources: Campus counseling services:** Ensure students are aware of the locations and methods for accessing mental health services on campus. These programs must be prominently advertised and readily accessible, providing both individual counseling and group therapy.

**Programs for peer support:** Educate students as peer mental health advocates or counselors, enabling them to offer support to their peers while simultaneously mitigating stigma.

4. **Advocate for Mental Health First Aid Training: Mental Health First Aid (MHFA):** Provide complimentary or discounted MHFA training to students, professors, and staff. This enables individuals to recognize and appropriately address mental health emergencies or distress, while empowering the community to provide mutual support.

5. **Normalize Discourse Regarding Mental Health: Academic organizations and associations:** Promote the establishment of student-led organizations dedicated to mental health awareness. These groups are capable of conducting conversations, workshops, and advocacy events.

**Exemplars and influencers:** Engage guest speakers, including mental health experts, individuals with lived experiences, or celebrities promoting mental health, to share their narratives and dismantle stigma.

6. **Promote Self-Care and Coping Strategies: Seminars on stress management and coping strategies:** Conduct workshops on effective stress management, mindfulness, time management, and self-care practices to mitigate mental health challenges associated with academic pressure.

Exercise initiatives: Physical health and mental well-being are interconnected; hence, advocating for fitness activities such as yoga, walking groups, and mindfulness classes can assist students in nurturing both their minds and bodies.

7. Engage in Collaboration with Faculty: Instruction for faculty: Educate teachers and academic personnel on identifying early indicators of mental health concerns and providing assistance to students who may be experiencing difficulties. This training may encompass referral alternatives for counseling services and the establishment of an inclusive school atmosphere.

Adaptable academic regulations: Advocate for colleges to have more adaptable regulations around deadlines and examinations to support students with mental health difficulties.

8. Provide Clear, Accessible Information: Web-Page for mental health resources: Create a consolidated online resource hub for students to access information regarding mental health services, workshops, and articles that enhance well-being.

Utilization of infographics: Develop accessible resources, including posters and digital infographics, to emphasize critical indicators of mental health concerns and strategies for stress management.

9. Establish a Supportive Environment: Promote a culture devoid of stigma: Confront the stigma associated with pursuing mental health assistance by highlighting that mental health challenges are a commonplace aspect of existence and should not invoke shame. Peer support systems: Assign pupils as "buddies" to monitor each other's well-being, thereby mitigating isolation and promoting consistent emotional support.

### **5.2.1 Strength of the study**

- The study focuses on a novel subject that has not been before explored in Palestine. It examines the significant correlation between this subject and the ongoing global epidemic.
- The study issue is significant, captivating, and directly relevant to the researcher's expertise as a community mental health nurse.
- The data collecting used a convenience sampling method.
- Well-defined research inquiries and hypotheses.
- An excellent approach to defining conceptual and operational structure.

- The findings are new and can be extrapolated, and the suggestions can be considered.

### **5.2.2 Limitations of the study**

Each study has its own limitations; current study may face limitations such as:

1. Because they only record information at a single instant in time, cross-sectional studies are unable to reveal how events unfolded over time.
2. The study does not follow participants over time, so we cannot measure the rate of new cases of mental health literacy.
3. There is a risk that the sample may not be representative of the target population, especially if there is a self-selection in survey participation.

## **List of Abbreviations**

Abbreviation	Meaning
IRB	Institutional Review Board
MHL	Mental Health Literacy
MHLS	Mental Health Literacy Scale
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organization

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# Appendices

## Appendix A

### **Mental Health Literacy and Influencing Factors Among Undergraduate Students at An Najah National University: A Cross-Sectional Study**

Part One :Demographic information

- Age\_\_\_\_\_ :

- Gender:

.1Male 2. Female

- Current education level (i.e. year of schooling):

.1The first year .2 The second year 3. The third year 4. The fourth year

- College \_\_\_\_\_:Specialization \_\_\_\_\_ :

Do you work (part-time) outside working hours at the university:

.1 Yes 2. No

- Did you get any mental health support sessions before?

1)Yes 2) NO

- Do you believe that the students are in need for mental health supporting programs?

1)Yes 2) NO

## Part two: Mental Health Literacy Scale

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge.

Therefore when choosing your response, consider that: Very unlikely = I am certain that it is NOT likely Unlikely = I think it is unlikely but am not certain Likely = I think it is likely but am not certain

Very Likely = I am certain that it IS very likely

NO	QUESTION	Very unlikely	Unlikely	Likely	Very Likely
1	If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia				
2	If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalized Anxiety Disorder				
3	If someone experienced a low mood for two or more weeks, had a loss of				

	pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder				
4	To what extent do you think it is likely that Personality Disorders are a category of mental illness				
5	To what extent do you think it is likely that Dysthymia is a disorder				
6	To what extent do you think it is likely that the diagnosis of Agoraphobia includes anxiety about situations where escape may be difficult or embarrassing				
7	To what extent do you think it is likely that the diagnosis of Bipolar Disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood				
8	To what extent do you think it is likely that the diagnosis of Drug Dependence includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)				
9	To what extent do you think it is likely that in general in Australia, women are MORE likely to experience a mental illness of any kind compared to men				
10	To what extent do you think it is likely that in general, in Australia, men are MORE likely to experience an anxiety				

	disorder compared to women				
11	To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviors				
12	<p>Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.</p> <p>To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:</p> <p>If you are at immediate risk of harm to yourself or others</p>				
13	<p>Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.</p> <p>To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:</p> <p>if your problem is not life-threatening and they want to assist others to better support you</p>				
		Very unhelpful	Unhelpful	Helpful	Very helpful
14	To what extent do you think it would be				

	helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)				
15	To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions				

Please indicate the extent to which you agree with the following statements:

NO	QUESTION	Strongly Disagree	Disagree	Neither	Strongly Disagree	Disagree
16	I am confident that I know where to seek information about mental illness					
17	I am confident using the computer or telephone to seek information about mental illness					
18	I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)					

19	I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					
20	People with a mental illness could snap out if it if they wanted					
21	A mental illness is a sign of personal weakness					
22	A mental illness is not a real medical illness					
23	People with a mental illness are dangerous					
24	It is best to avoid people with a mental illness so that you don't develop this problem					

25	If I had a mental illness I would not tell anyone					
26	Seeing a mental health professional means you are not strong enough to manage your own difficulties					
27	If I had a mental illness, I would not seek help from a mental health professional					
28	I believe treatment for a mental illness, provided by a mental health professional, would not be effective					
29	How willing would you be to move next door to someone with a mental illness?					
30	How willing would you be to spend an evening socialising with someone with a mental illness?					

31	How willing would you be to make friends with someone with a mental illness?					
32	How willing would you be to have someone with a mental illness start working closely with you on a job?					
33	How willing would you be to have someone with a mental illness marry into your family?					
34	How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
35	How willing would you be to employ someone if you knew they had a mental illness?					

## Appendix B

### موافقة على المشاركة في البحث



**عنوان الدراسة:** الثقافة النفسية والعوامل المؤثرة لدى طلبة المرحلة الجامعية في جامعة النجاح الوطنية: دراسة رصدية استطلاعية.

**اسم الباحث الرئيسي:** اسيل عصام راضي السيد طالبة ماجستير تخصص الصحة النفسية المجتمعية جامعة النجاح الوطنية.

**المشرف على البحث:** د. عدنان سرحان.

**ملخص البحث:** صحتك النفسية مهمة، حيث يمكن أن تكون سبباً رئيسياً في تعطيل حياتك اليومية وتوقفك عن ممارسة أبسط أنشطتك المفضلة. ولا يمكننا الاستهانة بالآثار السلبية التي من الممكن أن تخلّفها مشاعر الوحدة والقلق والتوتر على صحتك النفسية، لذا تقوم الدراسة على معرفة مدى الثقافة النفسية لدى طلبة المرحلة الجامعية والتعرف على أهم العوامل المؤثرة في الثقافة النفسية لدى طلاب الجامعة ومقارنة المعرفة بالصحة النفسية بين طلاب التخصصات الصحية وغير الصحية.

**طريقة التواصل مع الباحث:**

إذا كان لديك أي سؤال أو استفسار عن الدراسة يمكنك التواصل مع الباحثة: اسيل عصام راضي السيد بكل رحابة عن طريق: 0592334901 أو البريد الإلكتروني [a.alsayed@najah.edu](mailto:a.alsayed@najah.edu)

أو المشرف على البحث: د. عدنان سرحان (0599723839)

**توقيع المشاركة في البحث:**

لقد حصلت على شرح مفصل عن الدراسة وأهدافها واجراءاتها ومنافعها والمخاطر المحتملة. ولقد فهمت كافة المعلومات التي قدمت لي وتمت الإجابة على كل اسئلتني. لذا فإنني أوافق وبمحض ارادتي على المشاركة في هذه الدراسة.

**التوقيع:**

**التاريخ:**

## الجزء الأول:

المعلومات الديموغرافية

- العمر: \_\_\_\_\_
- الجنس: \_\_\_\_\_
- 1. ذكر 2. أنثى
- المستوى التعليمي الحالي (أي سنة دراسية):  
1. السنة الأولى 2. السنة الثانية 3. السنة الثالثة 4. السنة الرابعة
- الكلية: \_\_\_\_\_ التخصص: \_\_\_\_\_
- هل تعمل (العمل بدوام جزئي) خارج اوقات الدوام في الجامعة:  
1. نعم 2. لا
- هل حصلت على أي جلسات دعم للصحة النفسية من قبل؟  
1 (نعم 2) لا
- هل تعتقد أن الطلاب بحاجة إلى برامج دعم الصحة النفسية؟

1 (نعم 2) لا

الجزء الثاني: مقياس المعرفة بالصحة النفسية الغرض من هذه الأسئلة هو فهم بمعرفتك بالجوانب المختلفة المتعلقة بالصحة العقلية. عند الرد، نحن مهتمون بدرجة معرفتك.

لذلك، عند اختيار إجابتك، ضع في اعتبارك ما يلي:

غير محتمل جدًا = أنا متأكد من أنه غير محتمل

غير محتمل = أعتقد أنه غير محتمل، ولكن لست متأكدًا

مرجح = أعتقد أنه محتمل، ولكن لست متأكدًا

محتمل جدًا = أنا متأكد من أنه محتمل جدًا

الرقم	السؤال	محتمل جدًا	مرجح	غير محتمل جدًا	غير محتمل جدًا
1	إذا أصبح شخص ما عصبياً للغاية أو قلقاً في موقف واحد أو أكثر مع أشخاص آخرين (على سبيل المثال، حفلة) أو في مواقف الأداء (على سبيل المثال، التقديم في اجتماع) حيث كان يخشى أن يتم تقييمه من قبل الآخرين وانهم قد يتصرفوا أو يتعاملوا معه بشكل مهين ومذل أو يشعره بالحرج				
2	إذا شعر شخص ما بقلق مفرط بشأن عدد من الأحداث أو الأنشطة التي لا يوجد فيها ما يبرر هذا المستوى من القلق، وكان لديه صعوبة في السيطرة على هذا القلق وكان يعاني من أعراض جسدية مثل توتر العضلات والشعور بالإرهاق، فإلى أي مدى تعتقد أنه من المحتمل أن يكون لديه اضطراب القلق العام				
3	إذا عانى شخص ما من تدني وانخفاض في المزاج، وفقدان المتعة أو الاهتمام بأنشطته المعتادة لمدة أسبوعين أو أكثر، وشعر بتغيرات في شهيته ونومه، فإلى أي مدى تعتقد أنه من المحتمل أن يكون مصاباً باضطراب الاكتئاب الرخي؟				

				4 إلى أي مدى تعتقد أنه من المحتمل أن تصنف اضطرابات الشخصية ضمن فئة الأمراض النفسية
				5 إلى أي مدى تعتقد أنه من المحتمل أن يكون عسر المزاج اضطراباً؟
				6 إلى أي مدى تعتقد أنه من المحتمل أن يشمل تشخيص رهاب الخلاء القلق بشأن المواقف التي قد يكون فيها الهروب صعباً أو محرّجاً؟
				7 إلى أي مدى تعتقد أنه من المحتمل أن يتضمن تشخيص الاضطراب ثنائي القطب فترات من المزاج المرتفع (أي المرتفع) وفترات من الاكتئاب (أي المنخفض)
				8 إلى أي مدى تعتقد أنه من المحتمل أن يشمل تشخيص الاعتماد على المخدرات التحمل الجسدي والنفسي للدواء (أي يتطلب المزيد من الدواء للحصول على نفس التأثير)
				9 إلى أي مدى تعتقد أنه من المحتمل بشكل عام في فلسطين أن النساء أكثر عرضة للإصابة بمرض عقلي من أي نوع مقارنة بالرجال؟
				10 إلى أي مدى تعتقد أنه من المحتمل بشكل عام، أن الرجال في فلسطين أكثر عرضة للإصابة باضطراب القلق مقارنة بالنساء؟
				11 إلى أي مدى تعتقد أنه من المحتمل أن يكون العلاج علاجهو العلاج الذي (CBT) السلوكي المعرفي يستند على تحدي الافكار السلبية
				12 يلتزم العاملون في مجال الصحة العقلية بالسرية؛ ولكن هناك اوضاع معينة لا ينطبق بموجبها هذا إلى أي مدى تعتقد أنه من المحتمل أن يكون هناك . وضع يسمح لاختصاصي الصحة العقلية بأفشاء السرية في حالة ان يمثل المريض خطرا وشيك

				لايذاء نفسه والآخرين	
				يلتزم العاملون في مجال الصحة النفسية بالسرية؛ ولكن هناك شروط معينة لا ينطبق بموجبها هذا. إلى أي مدى تعتقد أنه من المحتمل أن يكون ما يلي حالة تسمح لأخصائي الصحة النفسية إفشاء السرية: إذا كانت مشكلتك لا تهدد حياتك ويريدون مساعدة المريض لتقديم دعم أفضل لك	13
مفيد جدا	مفيد	غير مفيد	غير مفيد للغاية		
				إلى أي مدى تعتقد أنه سيكون من المفيد لشخص ما تحسين نوعية نومه إذا كان يواجه صعوبات في التعامل مع مشاكله النفسية (على سبيل المثال، أن يصبح قلقًا جدًا أو مكتئبًا)	14
				إلى أي مدى تعتقد أنه سيكون من المفيد لشخص ما أن يتجنب جميع الأنشطة أو المواقف التي تجعله يشعر بالقلق إذا كان يواجه صعوبات في إدارة عواطفه	15

يرجى الإشارة إلى مدى موافقتك على العبارات التالية:

الرقم	السؤال	لا أوافق بشدة	لا أوافق	محايد	أوافق	أوافق بشدة
16	أنا واثق من أنني أعرف أين أبحث عن معلومات حول المرض النفسي					
17	أنا واثق من استخدام الكمبيوتر أو الهاتف في البحث عن					

					معلومات عن المرض النفسي	
					أنا واثق من حضور المواعيد وجهاً لوجه للحصول على معلومات حول المرض النفسي (على سبيل المثال، رؤية الطبيب العام)	18
					أنا واثق من أن لدي إمكانية الوصول إلى المصادر المختلفة (على سبيل المثال، الطبيب العام، والإنترنت، والأصدقاء) التي يمكنني استخدامها للبحث عن معلومات عن المرض النفسي	19
					الأشخاص الذين يعانون من مرض نفسي يمكن أن يخرج منه بسرعة إذا أرادوا ذلك	20
					المرض النفسي علامة على نلك ضعف شخصي	21
					المرض النفسي ليس مرض طبي حقيقي	22
					المصابون بمرض نفسي هم خطيرين	23
					من الأفضل تجنب الأشخاص المصابين بمرض نفسي حتى لا للمشكلة تتطور لديك هذه المشكلة	24
					إذا كان لدي مرض عقلي أنا لن أقول لأي احد	25
					رؤية أخصائي الصحة النفسية تعني أنك لست قوياً بما يكفي لإدارة مشاكلك الخاصة بك	26
					إذا كنت أعاني من مرض نفسي فلن أطلب المساعدة من	27

					أخصائي الصحة النفسية	
					أعتقد أن علاج المرض النفسي ، الذي يقدمه أخصائي الصحة النفسية، لن يكون فعالاً	28
					ما مدى استعدادك للانتقال إلى المنزل المجاور لشخص يعاني او عنده مرض نفسي؟	29
					ما مدى استعدادك لقضاء أمسية مع شخص مصاب بمرض نفسي؟	30
					ما مدى استعدادك لتكوين صداقات مع شخص مصاب بمرض نفسي؟	31
					ما مدى استعدادك للعمل مع شخص مصاب بمرض نفسي؟	32
					ما مدى استعدادك أن يكون هناك ارتباط زواج بين شخص مصاب بمرض نفسي واحد أفراد العائلة؟	33
					ما مدى استعدادك للتصويت لسياسي إذا كنت تعلم انه قد أصيب بمرض نفسي؟	34
					ما مدى استعدادك لتوظيف شخص ما إذا كنت تعرف انه كان لديه مرض نفسي؟	35

## Appendix C

### IRB Approval Letter

An-Najah National University  
Faculty of Medicine & Health Sciences  
Institutional Review Board

جامعة النجاح الوطنية  
كلية الطب وعلوم الصحة  
لجنة اخلاقيات البحث العلمي

Ref : Mas. Dec. 2023/14

IRB Approval Letter


**Title of Research:**  
**Mental Health Literacy and Influencing Factors Among Undergraduate Students at An Najah National University: A Cross-Sectional Study**


**Submitted by:**  
Aseel Isam Radi Alsayed

**Supervisor:**  
Adnan Sarhan

**Approved:**  
13<sup>th</sup> Dec. 2023

Your Study Title " **Mental Health Literacy and Influencing Factors Among Undergraduate Students at An Najah National University: A Cross-Sectional Study**" ..reviewed by An-Najah National University IRB committee and was approved on 13<sup>th</sup> Dec. 2023

  
Hasan Fitian, MD  
IRB Committee Chairman



Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910 | E-mail : [IRB@najah.edu](mailto:IRB@najah.edu)

## Appendix D

### كتاب تسهيل مهمة بحث

التاريخ: 2023/12/18

حضرة د. عبد السلام الخياط المحترم / نائب لرئيس جامعة النجاح الوطنية لشؤون الاكاديمية

تحية طيبة وبعد:

### الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة : اسيل عصام راضي السيد /ماجستير صحة نفسية ومجتمعية –جامعة النجاح الوطنية  
لعمل بحث الماجستير بعنوان :

### **Mental Health Literacy and Influencing Factors Among Undergraduate Students at An Najah National University: A Cross-Sectional Study**

ستقوم الطالبة باجراء الدراسة على طلبة جامعة النجاح الوطنية تم اختيار من الكليات العلمية: كلية الطب والعلوم  
الصحية, كلية العلوم, كلية الهندسة وتكنولوجيا المعلومات. الكليات الأدبية والعلوم الانسانية: كلية العلوم الإنسانية  
والأدبية, كلية الحقوق والعلوم السياسية, كلية الأعمال والاتصالات.

من خلال توزيع استبيان الكتروني من خلال الزاغل بعد موافقة الطالب المشاركة في الدراسة

ونريد من حضرتكم اليعاز لقسم الحاسوب لاضافته على زاغل الطلبة

على ان تقوم الطالبة بالالتزام بالمحافظة على اخلاقيات البحث العلمي وسرية المعلومات وعدم استخدام المعلومات  
الشخصية الا لاغراض البحث العلمي .

د.عدنان سرحان مع وافر الاحترام والتقدير



جامعة النجاح الوطنية  
كلية الدراسات العليا

الثقافة النفسية والعوامل المؤثرة لدى طلبة البكالوريوس في جامعة  
النجاح الوطنية: دراسة مقطعية

إعداد

أسيل السيد

إشراف

د. عدنان سرحان

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في تمريض الصحة النفسية المجتمعية،  
من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2025

# الثقافة النفسية والعوامل المؤثرة لدى طلبة البكالوريوس في جامعة النجاح الوطنية:

## دراسة مقطعية

إعداد

أسيل السيد

إشراف

د. عدنان سرحان

## الملخص

الخلفية: تنتشر الاضطرابات النفسية، بما في ذلك الاكتئاب والقلق، بين طلاب الجامعات؛ ومع ذلك، فإن عددًا محدودًا منهم يسعى للعلاج. قد يُسهم الوعي بالصحة النفسية في انخفاض معدلات استخدام رعاية الصحة النفسية.

الهدف: تهدف هذه الدراسة إلى دراسة الوعي بالصحة النفسية لدى الطلاب، وتقييم مستوى الوعي بالصحة النفسية لدى طلاب الجامعات، وتحديد العوامل الأكثر تأثيرًا على هذا الوعي. وأخيرًا، مقارنة الوعي بالصحة النفسية بين طلاب التخصصات الصحية وغير الصحية.

المنهجية: استُخدم التصميم المقطعي في هذه الدراسة. أُجريت الدراسة في جامعة النجاح الوطنية في محافظة نابلس بالضفة الغربية، من خلال مسح عشوائي، وشمل 420 طالبًا. استُخدم مقياس الوعي بالصحة النفسية في الدراسة، وُجمعت بياناته باستخدام استبيان إلكتروني. وقد وافقت لجنة المراجعة المؤسسية بالجامعة على الدراسة قبل جمع البيانات.

أُجريت الدراسة بين يناير وأبريل 2024 في جامعة النجاح الوطنية. تم اختيار ثلاث كليات علمية وثلاث كليات غير علمية باستخدام أسلوب عشوائي بسيط. النتائج: شارك في الدراسة الحالية حوالي 420 طالبًا، غالبيتهم من الطالبات (76.9%)، وحوالي 48.1% من طلاب كلية الطب والعلوم الصحية، وحوالي 26.9% من طلاب السنة الرابعة. بلغ متوسط الدرجات في مقياس معرفة الصحة النفسية  $111.45 \pm$  11.35 من 160. وتدل أعلى درجة على معرفة أفضل. أظهرت التحليلات أن الطالبات يتمتعن بمعرفة

أعلى في مجال الصحة النفسية مقارنةً بالطلاب. ( $p = 0.006$ )

الخلاصة: يحتاج العديد من الطلاب إلى برامج دعم نفسي، ومحو أمية، وتوعية صحيحة حول طبيعة الأمراض النفسية والعقلية، وأن المرض ليس وصمة عار.

**الكلمات المفتاحية:** الصحة النفسية، معرفة الصحة النفسية، طلاب البكالوريوس، الطلاب.