ORIGINAL ARTICLE

Correlation Between Mental Health Literacy and Brief Behavioural Among Indigenous Adolescents Girls

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ABSTRACT

Introduction: Health literacy is a critical element in determining individuals' health outcomes and plays a crucial role in promoting health. Mental health literacy is an integral component of health literacy. Individuals from minority groups, such as Indigenous Communities, tend to have lower levels of mental health literacy, leading to poorer mental health outcomes. This research aims to examine the correlation between mental health literacy and brief behavioural among indigenous adolescent girls. **Materials and methods:** The study utilized a cross-sectional design and included a sample of 59 indigenous adolescent girls from Kampung Adat Cirendeu, Cimahi City. The sample selection criteria specifically targeted adolescent girls aged 10-19 years. The Mental Health Knowledge Questionnaire (MHKQ) was used to assess mental health literacy, while the Strengths and Difficulties Questionnaire (SDQ) was used to evaluate brief behavioural levels. The chi square test was used to analyze the data in this study. **Results:** The research findings revealed that a majority of respondents had low mental health literacy, and most of them had abnormal levels of brief behavioural issues. Furthermore, the study found a significant correlation between mental health literacy and brief behavioural levels among indigenous adolescent girls, with a p-value of 0.004. **Conclusion:** These findings emphasize the importance of interventions aimed at addressing mental health literacy, which can significantly impact behavioural health outcomes for adolescents.
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Keywords: Mental health literacy, Brief behavioural, Indigenous adolescents, Mental health, *Kampung adat*

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INTRODUCTION

Childhood and adolescence represent pivotal periods for physical and mental development, particularly with regard to mental health. It is imperative to recognize that challenges often manifest during adolescence, a phase that can prove particularly demanding for young individuals. Attending to these issues during this critical life stage is essential for fostering the development of resilient, independent, and resourceful adults who can effectively contribute to their communities (1). Up to 50% of all mental health disorders begin before the age of 14 (1). The Indonesia National Adolescent Mental Health Survey found that 1 in 3 Indonesian adolescents had a mental health issue in the past year, while 1 in 20 had a disorder. The most common disorders were anxiety, depression, conduct disorder, PTSD, and ADHD. Only 2.6% sought help, and 38.2% accessed mental health services through schools. Additionally, 43.8% of caregivers chose not to seek assistance for their adolescent's mental health issues (2). Females, especially young girls, are at twice the risk of experiencing common mental disorders compared to males. Additionally, women are more likely to experience persistent depression compared to men. Psychological distress linked to reproductive issues also contributes to increasing the susceptibility of girls to mental illness (3).

Certain groups of women at higher risk for mental health issues include indigenous populations (4). Indigenous communities worldwide face significant exposure to environmental changes and are often classified as a vulnerable population (5). Research indicates that indigenous peoples in many regions have been impacted by colonization and the persistent effects of intergenerational trauma, interpersonal racism, socio-economic disadvantage, systemic discrimination, and a heavier burden of physical health issues (6,7). Consequently, these communities continue to grapple with elevated levels of mental health challenges such as depression, substance abuse, issues related to violence, and suicide. Among indigenous individuals, youth

suicide is the second leading cause of mortality for those aged 15-29 and disproportionately affects indigenous youth (8).

Adolescents frequently refrain from seeking assistance as a result of issues such as societal stigma and inadequate access to services. Low mental health literacy is a significant obstacle (9). Mental health literacy is an integral component of health literacy and has become increasingly important worldwide for mental health interventions (10). Adolescents with low mental health literacy struggle to deal with psychological distress and are less likely to seek professional help, leading to increased psychological distress such brief behaviour problem. The term brief behavior pertains to a range of behaviors that include emotional problem symptoms, conduct problems, peer relationship problems, and prosocial behavior (11). Individual experience psychological symptoms, they endeavor to manage the symptoms, influenced by their mental health literacy. Successfully managing these symptoms can lead to reduced disabling symptoms and improved mental health literacy. This approach emphasizes empowering individuals to take charge of managing their symptoms, focusing on increasing knowledge and skills about mental health. This is important due to the high lifetime prevalence of mental disorders, which means virtually everyone will either experience a mental disorder or have close contact with someone who does (12). Research indicates that while mental health literacy (MHL) among the general population and young people has been improving, it still remains at relatively low to moderate levels (13). In Australia, culturally and linguistically diverse communities have lower mental health literacy (14). This impacts adolescents' development and raises the risk of recurring psychiatric disorders (13). Adolescents with low mental health literacy experience higher levels of psychological distress (15). Previous studies on the correlation between mental health literacy and behavior in term of general communities were rich, but little was known in term of indigenous communities. The objective of the current study was to analyze the correlation between mental health literacy and brief behavioural among indigenous adolescents girls.

MATERIALS AND METHODS

This study employs a quantitative design with a cross-sectional approach. The population in this study was 59 indigenous adolescent girls living in Kampung Adat Cireundeu. The study utilized a total sampling technique, with a total of 59 adolescent girls. The sample selection criteria specifically targeted adolescent girls aged 10-19 years. The research was conducted in January 2024 within the indigenous community of Kampung Adat Cireundeu. Kampung adat Cireundeu is located in South Cimahi District, West Java, Indonesia. The village is largely an agricultural community and the people practice the Sunda Wiwitan belief system, which greatly influences their personal character.

Data Collection Instruments

Data collection methods involved using the Strengths and Difficulties Questionnaire (SDQ) and the Mental Health Knowledge Questionnaire (MHKQ). The SDQ evaluates brief behavioural by assessing health and vulnerabilities across five subscales: conduct problems, hyperactivity-inattention, emotional symptoms, peer problems, and prosocial behavior. This tool has been validated for use among adolescents in Indonesia.

Ethical Clearance

Ethical approval was attained from research ethics committee Faculty Of Science And Health Technology, University Of Jenderal Achmad Yani with number of ethical clearances is 011/KEPK/Fitkes-UNJANI/I/2024.

RESULTS

The total number of respondents in this research is 59. The mental health literacy of adolescents girls in the Cireundeu Indigenous Community are presented in Table I. Out of the 59 respondents, 52.5% (31 respondents) had low mental health literacy, 32.2% (19 respondents) had a moderate level, and 15.3% (9 respondents) had a high level of mental health literacy.

Table I: Mental Health Literacy Level

Mental Health Literacy	(N)	(%)
High	9	15.3%
Moderate	19	32.2%
Low	31	52.5%
Total	**59**	100%

The Table II illustrates the brief behavioral category of adolescents girls in the Cireundeu Indigenous Community. Out of 59 respondents, the majority (66.1% out of 39 respondents) exhibited brief behavioral characteristics in the abnormal category, while a smaller portion (25.4% out of 15 respondents) fell into the borderline category. Only 8.5% of the respondents (5 out of 59) were in the normal mental health category.

Table II: The Brief Behavioral Category

Brief Behavioral	(N)	(%)
Normal	5	8.5%
Borderline	15	25.4%
Abnormal	39	66.1%
Total	**59**	100%

In Table III, the correlation between mental health literacy and brief behavioral analysis is explained. The table shows that out of the 31 respondents with low mental health literacy and the 19 respondents with moderate mental health literacy, the majority exhibited abnormal brief behavioral category. Among the 9 respondents with high mental health literacy, they were evenly distributed across each category of brief

behavior category. The results of the statistical research using the Chi-Square test yielded a p-value of 0.004 (≤ 0.05), indicating a significant correlation between the level of mental health literacy and brief behavior among indigenous adolescents.

Table III: Correlation Between Mental Health Literacy And Brief Behavioural

Mental Health Literacy	Brief Behavioural								
	Normal	%	Borderline	%	Abnormal	%	Total	%	P-Value
	N		N		N		N		
High	3	33.3	3	33.3	3	33.3	9	100.0	
Moderate	1	5.3	8	42.1	10	52.6	19	100.0	0.004
Low	1	3.2	4	12.9	26	83.9	31	100.0	
Total	5	8.5	15	25.4	39	66.1	59	100.0	

DISCUSSION

The correlation between mental health literacy and brief behavior among indigenous adolescent girls of Kampung Adat Cireundeu was investigated in this study. The results indicated that 52.5% of the adolescent girls of Kampung Adat Cireundeu exhibited a low level of mental health literacy, placing most of them at a substantial risk of clinically significant mental health problems (66.1% in the abnormal category). The statistical analysis demonstrated a significant correlation between the level of mental health literacy and the brief behavior of adolescent girls, with a p-value of 0.004 (≤ 0.05).

Based on the results of the analysis above, it shows that the mental health literacy of adolescent girls of Kampung Adat Cireundeu is low level. One of the causes of low literacy is that adolescent girls of Kampung Adat Cireundeu still have a stigmatized perception of mental health and are unsure about how mental health services work. Perceptions of adolescent girls regarding mental health problems in the Kampung Adat Cirendeu have different opinions. Most adolescent girls have a negative perception that having mental health problems is something disgrace, and some adolescent also think that having mental health problems is something embarrassing to talk about with a therapist. The strong influence of this stigma often causes adolescent to not want to access mental health services. Low mental health literacy will reduce adolescents' capacity to access the help they need so that their skills in seeking help (help-seeking behavior) will decrease. Mental health literacy encompasses recognizing specific disorders, seeking information and professional help, understanding risk factors and self-treatments, and promoting attitudes that support appropriate help-seeking. It also involves recognizing mental health problems and effective interventions, and serves as the foundation for mental health prevention, stigma reduction, and improved help-seeking, especially among adolescents (16).

This research shows the results that the majority of adolescent girls of Kampung Adat Cireundeu have abnormal brief behavior in the form of conduct problems, hyperactivity-inattention, emotional symptoms, peer problems, and prosocial behavior. This suggests that low mental health literacy hinders adolescent from recognizing signs of stress and accessing appropriate help. Adolescents with low mental health literacy struggle to deal with psychological distress and are less likely to seek professional help, leading to increased psychological distress (17). Globally, an estimated 1 in 7 (14%) 10–19 year-olds experience untreated mental health conditions, including anxiety and depression (18). Poor mental health can have crucial impact for general health and behavior (19). Behavioral issues are frequently among younger adolescents compared to older ones. The challenges of interpersonal communication and the emotional fluctuation during adolescence mean they encounter significant mental health obstacles (20). Humans naturally rely on others for daily activities, leading to a tendency for prosocial behavior. This behavior includes empathy, sharing, and helping others (21). Prosocial behavior evolves during adolescence and is influenced by social interactions (22). However, it is also shaped by various environmental and contextual factors (23). Hyperactivity is a behavioral pattern in which a person has difficulty staying quiet, paying attention, and controlling impulses. ADHD symptoms can change during adolescence, with some outgrowing them and others experiencing worsening symptoms. (24). ADHD affects around 3.1% of 10–14-year-olds and 2.4% of 15–19-year-olds (25). Conduct problems involve negative, hostile, and oppositional behavior that violates social norms or the rights of others. This can include hitting, fighting, taunting, and refusing to obey requests (21). Conduct disorder affects around 3.6% of 10–14-year-olds and 2.4% of 15–19-year-olds (18). Peer problems may occur when individuals struggle to socialize with their peers, impacting their acceptance and ability to engage in group interactions. Research indicates a strong link between peer problems and mental health issues such as depression, anxiety, conduct problems, and hyperactivity/inattention. Victims of bullying and bullies are more likely to develop mental health issues. Anti-bullying interventions can decrease bullying and perpetration, but may not substantially improve internalizing mental health outcomes like depression and anxiety (26). Having adequate knowledge and skills about mental health can provide individuals with more psychological resources to cope with challenges and

maintain good mental health (27). High mental health literacy (MHL) leads to better physical and social health as individuals are inclined to seek and understand health information, enabling them to change unhealthy behaviors and maintain a healthy lifestyle for positive overall health outcomes (28). Mental health literacy has the potential to be a crucial factor in public health by empowering individuals to take charge of their own mental well-being (29).

CONCLUSION

The results of this research show a strong correlation between mental health literacy and behavior in indigenous adolescent girls. These findings emphasize the importance of interventions aimed at addressing mental health literacy, which can significantly impact behavioral health outcomes for adolescents girls particularly in Indigenous Communities.

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