



MENTAL HEALTH KNOWLEDGE, AWARENESS AND BELIEFS AMONG SCHOOL-GOING ADOLESCENTS

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Article DOI: <https://doi.org/10.36713/epra31649>

DOI No: 10.36713/epra31649

ABSTRACT

Mental Health of children and adolescents is an essential component of their overall health and developmental process. In most cases these problems of children are neither identified properly nor addressed, and at times the extent of these problems had an impact on the overall development. Therefore, mental health studies are required to identify the prevalence of mental health knowledge and awareness among school students to establish targeted initiatives to address such prevalence. This study explores the mental health knowledge and awareness among school going adolescents in Sohra, Meghalaya. The study is a descriptive design and make used of purposive sampling techniques to identify respondents from four schools in Sohra, Meghalaya. Questionnaires with regards to knowledge, awareness and beliefs were distributed to high schools' students to collect the information. The study reveals that there is low knowledge and awareness of school students regarding mental health and there is also some beliefs regarding mental health.

KEY WORDS: Mental Health, Awareness, Knowledge, School Going Adolescents.

INTRODUCTION

Adolescence is a formative developmental period characterized by substantial physical, cognitive, emotional, and social changes. Experiences during this stage can influence educational participation, interpersonal relationships, coping abilities, and mental health across the life course. The World Health Organization (WHO, 2025) estimates that approximately one in seven adolescents aged 10–19 years experiences a mental health condition globally. Adolescence is also an important period for developing emotional regulation, interpersonal skills, problem-solving abilities, and healthy coping strategies. However, mental health difficulties during this period frequently remain unrecognized and untreated, potentially affecting education, relationships, and later functioning.

Mental health literacy refers broadly to the knowledge and beliefs that enable individuals to recognize mental health problems, understand their causes and treatment, reduce stigma, and identify appropriate sources of help. Adequate mental health literacy can contribute to early recognition and informed help-seeking, whereas limited knowledge may contribute to misconceptions, delayed help-seeking, and stigmatizing attitudes. Ahmad et al. (2022), in a community-based study of adolescents in Delhi, found substantial gaps in the recognition of common mental health conditions and reported the presence of stigmatizing attitudes. These findings highlight the importance of strengthening mental health literacy during adolescence.

Mental health beliefs are also shaped by social and cultural contexts. Explanations of mental illness may include psychological, biological, social, spiritual, or supernatural interpretations. In India, such beliefs may coexist rather than operate independently. A systematic review of mental-health-related stigma among young people in India found evidence of limited knowledge, negative attitudes, and stigmatizing behaviours, while also emphasizing the importance of culturally and age-appropriate educational approaches (Krishnan et al., 2021).

Schools provide an important setting for mental health promotion because they offer sustained contact with adolescents and provide opportunities for preventive education, early identification, supportive relationships, and referral. Recent evidence indicates that school-based mental health literacy interventions can improve mental health knowledge and reduce stigma, although the strength and duration of these effects vary across interventions (Ma et al., 2023).

The Indian context further emphasizes the relevance of school-based approaches. A recent systematic review of school mental health research in India identified the need for contextually appropriate interventions that address the diverse social, cultural, and educational circumstances of children and adolescents. In Meghalaya specifically, Suting and Ali (2024) identified multiple family, peer, school, and community factors associated with emotional and behavioural outcomes among school-going tribal adolescents, demonstrating the importance of considering the broader social environment when addressing adolescent mental health.

Recent Indian intervention research also provides support for school-based mental health literacy programmes. A cluster-randomized controlled trial among secondary school students in Chennai found that a mental health literacy programme incorporating contact-based education improved students' attitudes toward mental health, although significant improvements were not observed across all knowledge and stigma outcomes (Suresh Kumar et al., 2024). Similarly, an interactive mental health literacy intervention among



youth in Chennai was associated with improvements in stigma related mental health knowledge and behaviour that remained evident at three- and six-month follow ups (Suresh Kumar et al., 2024).

Despite the growing literature, there remains limited local evidence concerning mental health knowledge, awareness, and culturally influenced beliefs among school-going adolescents in Sohra, Meghalaya. Understanding these factors is important for developing interventions that are relevant to the local sociocultural context. Therefore, the present study examined mental health knowledge, awareness, and selected beliefs concerning mental illness among school-going adolescents in Sohra, Meghalaya.

OBJECTIVES

The study aimed to:

1. Assess the level of mental health knowledge among school-going adolescents in Sohra, Meghalaya.
2. Assess the level of mental health awareness among the respondents.
3. Examine selected beliefs and misconceptions concerning the causes and treatment of mental illness.
4. Identify implications for school-based mental health education and support.

MATERIALS AND METHODS

A quantitative approach using a descriptive research design was adopted to assess mental health knowledge, awareness, and selected beliefs among school-going adolescents. The study was conducted in Sohra, Meghalaya. Participants were students enrolled in Classes IX and X in four schools. The final sample consisted of 100 respondents. Purposive sampling was used to select participants. Permission to conduct the study was obtained from the participating schools. Informed consent was obtained before administration of the questionnaire. Data were collected using a 5-point Likert scale questionnaire assessing mental health knowledge, awareness, and selected beliefs. Knowledge scores were categorized as high (80–100), average (60–79), low (40–59), and very low (below 40). Awareness was categorized as high (40–50), average (30–39), low (20–29), and very low (below 20). Beliefs concerning mental illness were assessed using five response categories: strongly agree, agree, neutral, disagree, and strongly disagree. The data were analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, and mean age, were used to summarize the findings.

RESULTS

Sociodemographic Characteristics: The participants ranged in age from 14 to 21 years, with a mean age of 16.06 years. Of the 100 participants, (55%) were studying in Class IX and (45%) were studying in Class X. The sample included both male and female students.

Mental Health Knowledge: More than half of the respondents (54%) were categorized as having low mental health knowledge, while (42%) demonstrated average knowledge. Only (1%) had a high level of knowledge, whereas 3% had very low knowledge. Thus, (57%) of respondents fell within the low or very low knowledge categories.

Mental Health Awareness: The findings showed that (59%) of respondents had low mental health awareness, while (35%) demonstrated average awareness. Only (2%) had high awareness and (4%) had very low awareness. The findings therefore indicate that low awareness was the predominant category among the participants.

Beliefs About Mental Illness: The findings reveal varied beliefs regarding the causes, treatment, and social perceptions of psychological and psychiatric problems. Regarding the belief that marriage can cure mental illness, (34%) of participants agreed or strongly agreed. This suggests that although a considerable proportion of participants rejected the belief, it was still held by a substantial minority. The belief in black magic or evil spirits as a possible cause of mental illness was relatively prominent. Nearly half of the participants (47%) strongly agreed with this statement which indicates that culturally rooted explanations of mental illness continue to be present among a substantial proportion of participants. Regarding social factors as the main cause of psychological and psychiatric problems, (37%) strongly agreed, the largest group (41%) remained neutral. This may indicate that participants recognized social influences on mental health but were uncertain about considering them the primary cause. (42%) of participants strongly agreed that persons with psychological and psychiatric problems are a burden on their family or society. This finding suggests that stigmatizing perceptions toward individuals experiencing mental health problems are present among a substantial proportion of participants.

Overall, the findings on the beliefs about mental illness indicates that participants held diverse and sometimes contradictory beliefs about mental illness. While many participants demonstrated acceptance of psychological and psychiatric problems as legitimate health concerns, traditional explanations such as black magic, as well as stigmatizing beliefs concerning people with mental health problems, remained evident.



DISCUSSION

The present study identified considerable gaps in mental health knowledge and awareness among school-going adolescents in Sohra, Meghalaya. More than half of the respondents (54%) had low mental health knowledge, while (59%) had low mental health awareness. These findings are important because adolescence represents a critical period for the development of mental health literacy and help-seeking knowledge. The WHO (2025) emphasizes that supportive environments and the development of emotional and social skills are important components of adolescent mental health promotion. These findings are also consistent with previous research indicating limited mental health literacy among adolescents in India. Ahmad et al. (2022), for example, reported gaps in adolescents' recognition and understanding of common mental health conditions. Such limitations in mental health literacy may affect the ability of young people to recognize mental health concerns and identify appropriate sources of help. Similarly, a systematic review of youth mental health literacy surveys found that moderate or low levels of mental health literacy are common among school-going young people across different settings (Coughlan et al., 2024).

The findings concerning awareness are particularly relevant because awareness involves more than simply knowing the names of mental disorders. Adolescents need to understand common signs and symptoms, possible causes, available forms of support, and when professional help should be sought. Mental health literacy therefore has practical implications for early recognition and support. However, the present descriptive design does not permit a conclusion that low knowledge directly causes delayed help-seeking or poor mental health outcomes.

The findings also revealed the coexistence of different beliefs about mental illness. Nearly half of the respondents (47%) agreed or strongly agreed that black magic or evil spirits might cause mental illness, while 34% agreed or strongly agreed that marriage can cure mental illness. These findings suggest that culturally influenced explanations continue to coexist with contemporary understandings of mental health. Therefore, mental health education should address misconceptions respectfully and provide evidence-based information without disregarding the cultural context of the learners.

Stigmatizing attitudes were also evident, with 42% of participants agreeing or strongly agreeing that people with psychological and psychiatric problems are a burden on their family or society. At the same time, 49% disagreed or strongly disagreed with the statement that depression is not a true mental disorder. This indicates that although some misconceptions and stigma remain, a considerable proportion of adolescents recognize mental illness as a legitimate health concern. Similar concerns regarding mental health stigma and limited knowledge among young people in India have been reported in previous research (Krishnan et al., 2021).

The findings have important implications for school-based mental health promotion. Schools provide an accessible setting for improving mental health literacy, addressing stigma, developing coping skills, and encouraging appropriate help-seeking. Evidence suggests that school-based mental health literacy interventions can improve knowledge and attitudes, although their effects may vary across programmes (Ma et al., 2023). Recent intervention research in India has likewise demonstrated the potential of interactive and contact-based approaches to improve mental health-related knowledge and attitudes among secondary school students (Suresh Kumar et al., 2024). For the context of Sohra, mental health education should also be culturally responsive. Rather than directly dismissing beliefs concerning fate, supernatural causes, or traditional explanations, educators can create respectful opportunities for discussion and introduce evidence-based explanations of mental health conditions. Such an approach may reduce defensiveness and encourage adolescents to distinguish between cultural beliefs and information that can guide appropriate recognition and help-seeking.

CONCLUSION

The study identified substantial gaps in mental health knowledge and awareness among school-going adolescents in Sohra, Meghalaya. Most respondents were categorized as having low mental health knowledge and awareness. The findings also demonstrated the coexistence of contemporary and culturally influenced beliefs concerning mental illness, including supernatural explanations and stigmatizing perceptions of people experiencing psychological and psychiatric problems. The findings highlight the need for systematic, age-appropriate, culturally responsive mental health education within schools. Such programmes should address mental health knowledge, misconceptions, stigma, emotional coping, recognition of common mental health concerns, and appropriate help-seeking. A whole-school approach involving students, teachers, parents, social workers, counsellors, and mental health professionals may provide a more comprehensive framework for supporting adolescent mental well-being.

Future research in Meghalaya should include larger and more representative samples and should examine differences according to age, gender, school type, socioeconomic background, and other relevant contextual factors. Intervention studies are also needed to determine whether culturally adapted mental health literacy programmes can improve knowledge, reduce stigma, and strengthen appropriate help-seeking among adolescents.

Declarations

Ethical participants: The source material states that permission was obtained from four schools and informed consent was obtained from participants before data collection. Details of formal ethics committee approval were not provided in the source and should be added if applicable.



Conflict of interest: No conflict-of-interest statement was provided in the source material. The authors should insert the appropriate declaration.

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