

## **Bridging the Gap: Exploring Mental Health Literacy Among Educated and Uneducated Populations**

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## Abstract

**Background:** Mental health literacy has emerged as an imperative factor for combating mental illness problems in pluralistic cultures and highly stratified economics. The current study reports disparities between the educated and uneducated sections of population concerning awareness about mental illness by understanding knowledge, attitude, and perception. Based on such disparity, some lacunae have emerged in interventional and education schemes initiated in society.

**Methodology:** A cross-sectional survey design was adopted with 600 participants evenly split between educated and non-educated groups. A structured questionnaire was used to get information on definitions, causes, common disorders, and attitudes towards mental health. The data were analysed using descriptive and comparative statistics, chi-square tests to identify where there was a significant difference between the groups.

**Results:** 44% of the respondents described mental health as simply being the absence of mental illness. This shows that most respondents had conceptual misunderstandings about mental health. Better recognition of disorders, such as depression (63%) and anxiety (57%), was observed in the educated group than in the uneducated group. A much higher percentage of the uneducated group believed in cultural notions linking mental illness to supernatural causes (77%). Although 59% of the respondents believed mental health problems were curable, only 43% felt free to talk openly about mental health, signifying that stigma is not yet eradicated.

**Conclusion:** The conclusions drawn stress the need for interventions directed at improving specific mental health education programs to the rural less-educated masses. They must deal with demystifying mental health concepts, tackling stigma, and encouraging the openness of seeking help. Such interventions are to be culturally oriented and accessible so that the gap in awareness may be efficiently filled. End.

## Introduction

Mental health is an essential part of overall well-being, as it shapes how people think, feel, and behave in daily life. Despite its importance, many societies, especially those with little education and awareness, struggle with the lack of mental health literacy. Misconceptions, stigma, and cultural beliefs often lead to misunderstandings about mental health, making timely intervention and support elusive. The growing understanding of mental health as an issue in the public domain has increased pressure on integrated approaches for enhanced awareness without stigma. Nonetheless, there continues to be inequalities in this literacy when compared between educational and uneducated populations.

Education plays a pivotal role in shaping individuals' perceptions, attitudes, and understanding of mental health. Numerous studies have shown that education significantly influences an individual's ability to identify mental health issues, seek appropriate treatment, and advocate for mental health awareness (Jorm et al., 1997; Kutcher et al., 2016). Educated individuals are more likely to have access to mental health resources, understand treatment options, and recognize symptoms of mental health disorders, thereby promoting better mental health outcomes (Patel et al., 2018). In contrast, those with limited educational opportunities often face challenges in identifying mental health issues, accessing appropriate support systems, and seeking professional help (Gulliver et al., 2010).

Despite global advancements in the educational practices with Industry 5.0 (Vajpayee, 2024) there is still disparities in communities with varying educational backgrounds, particularly in rural and less economically developed areas (Bhugra & Becker, 2005). Cultural beliefs, stigma, and limited information further exacerbate these disparities, creating a significant barrier to mental health support and care (Henderson et al., 2013; Rickwood et al., 2007). This study aims to explore the difference in mental health awareness literacy between educated (high school and above) and uneducated (less than high school) individuals. The research seeks to identify key gaps in knowledge, attitudes, and behaviours regarding mental health, offering actionable insights to address these disparities effectively.

By analysing survey data, this study aims to highlight the critical differences in mental health literacy between these two groups, focusing on areas such as symptom identification, treatment access, cultural beliefs, and social attitudes. The findings will inform targeted interventions to challenge stereotypes, reduce stigma, and create a more inclusive and supportive mental health environment across all communities (van der Ham et al., 2011; Corrigan & Watson, 2002). As intervention studies have shown its importance to enhance awareness and understanding in many areas of life (Vajpayee, 2023) with varied perspectives of cultural variations (Vajpayee, 2017a). The problem is more serious in rural and tribal areas and educational opportunities and awareness need to enhance in those banquets (Vajpayee, 2017a; Vajpayee, 2017b).

### **Review of Literature**

The domain of mental health literacy, being one of the latest topics of research in recent years, explores its impact on knowledge and its role in reducing stigma as well as promoting help-seeking behaviour within varied populations (Patwari and Vajpayee, 2023). This section includes some of the essential works on which research is based to determine mental health awareness differences between the literate and illiterate sectors and their implications on overall societal well-being.

### **Definition and Scope of Mental Health Literacy**

Second, interventions focused on rural and disadvantaged groups have been reported; however, the scalability and long-term effectiveness of such interventions remain poorly explored. Jorm et al. (1997) conceptualized mental health literacy as the "knowledge and beliefs about mental disorders which aid their recognition, management, and prevention." Such work was foundational to other researches, which also pointed to the importance of accurate information in enhancing the public's attitudes and behavior about mental health. This definition has recently been expanded to include awareness of symptoms, understanding treatment options, and addressing stigma (Kutcher, Wei, & Coniglio, 2016).

### **Education and Mental Health Awareness**

Education has emerged, time and again, to be an important predictor of mental health literacy according to research studies. Gulliver et al. (2010), while conducting a cross-sectional study found that persons with higher levels of education are better at detecting more mental health disorders and that they tend to access formal care in higher numbers, as did Ojagbemi et al. (2021), indicating that the educated person was more likely not to attribute mental health illnesses to supernatural causes, thereby demythologizing and stereotyping mental illnesses.

## **Rural vs. Urban Views**

The rural-urban divide in mental health literacy is well-documented. Rural populations, often characterized by lower education levels, exhibit limited awareness of mental health issues and higher reliance on spiritual or traditional remedies (van der Ham et al., 2011). This aligns with findings from Rao et al. (2020), who reported that rural residents were less likely to recognize symptoms of depression and anxiety, attributing these conditions to personal weaknesses or external forces.

## **Cultural and Social Beliefs**

Cultural beliefs have much to do with the perception of mental health, especially among less educated communities. Bhugra and Becker (2005) and Patel et al. (2018) pointed out how cultural myths that attribute mental illness to evil spirits or supernatural causes tend to perpetuate stigma and limit access to appropriate care. Such beliefs are more widespread in less educated populations, where traditional knowledge systems are more dominant than scientific understanding. Culture of locales can be reshaped by community participation and involving people with sensitive trainings by harmonizing in dance and music (Patwari and Vajpayee, 2023). Impact of Stigma on Help-Seeking Behaviour

Stigma is the biggest hurdle in the way to awareness of mental health issues and treatment. According to Corrigan and Watson (2002), stigma is not only responsible for reducing the willingness to seek treatment but also excludes a person from society. Education leads to more stigma awareness, and educated individuals are willing to fight against it (Henderson et al., 2013). The uneducated group often internalizes stigma, deeming mental health problems as failures on the part of individuals or even social evils.

## **Awareness Campaigns and Interventions**

Awareness campaigns have been successful in reducing the gap of mental health literacy, especially when they are targeted to specific demographic groups. The National Alliance on Mental Illness (NAMI) and the World Health Organization (WHO) promote culturally appropriate community-based initiatives to enhance awareness. According to Rickwood et al. (2007), evaluations of such initiatives indicate that interventions targeting illiterate populations should focus on accessibility, simplicity, and cultural appropriateness to enhance effectiveness. Intervention program have immense importance in mental health awareness (Vajpayee, 2023) and even in enhancing mental health (Kumar, et al., 2024).

## **Gap in Current Literature**

Although a vast amount of research has been conducted on mental health literacy, only very few studies focus specifically on a comparative analysis of the educated versus the uneducated group. It is also relatively underrepresented in how cultural and social beliefs may be intersected with educational levels to formulate mental health perceptions.

The review of literature underscores the critical role of education in shaping mental health awareness and reducing stigma. It highlights the urgent need for targeted interventions to address disparities between educated and uneducated populations, particularly in rural and culturally traditional settings. Future research should focus on developing and evaluating scalable, culturally adaptive programs to improve mental health literacy and promote equitable access to mental health care.

## **Methodology**

This study employed a cross-sectional survey design to explore mental health literacy among individuals with different educational backgrounds. The methodology focused on data collection, analysis, and interpretation to identify key gaps in awareness and understanding of mental health issues.

## **Research Design**

A descriptive cross-sectional survey was done to study awareness disparities on mental health issues. This research was aimed to find knowledge, attitudes, and perceptions related to mental illness among the literate and illiterate population.

## **Target Population and Sampling**

The population consisted of people from different educational backgrounds in urban as well as rural areas. The two groups of people were taken:

**Educated group:** Individuals who had completed secondary education or higher.

**Uneducated group:** Individuals with less than primary education or no formal education.

A stratified random sampling technique was adopted to ensure that participants from urban and rural areas as well as from various socioeconomic backgrounds were proportionally represented. A total of 600 participants (300 educated and 300 uneducated) were surveyed.

## **Data Collection Instrument**

A structured questionnaire was developed based on existing mental health literacy tools and adapted for cultural relevance. The questionnaire included the following sections: Demographics: Age, gender, educational background, and location (urban/rural). Knowledge of Mental Health: Definitions, causes, and common mental health disorders. Attitudes Toward Mental Health: Stigma, misconceptions, and willingness to seek help.

## **Data Collection Procedure**

Data were collected through face-to-face interviews and online surveys, depending on participants' accessibility and preferences. Field researchers administered the survey in rural areas to accommodate participants with limited literacy levels.

## **Ethical Considerations**

Ethical approval for the study was obtained from the institutional ethics committee. The following measures were taken to uphold ethical standards:

**Informed Consent:** Participants were given detailed information regarding the purpose of the study, procedures, and measures in place for confidentiality. Permission was sought before participation. - Confidentiality: The responses of the participants were anonymized; therefore, their identity was concealed. - Voluntary Participation: Participants were advised about their right to withdraw at any time without penalties.

## Limitations

The study has the following limitations:

- The use of self-reported data may be susceptible to social desirability bias.
- The cross-sectional design cannot establish causality.
- Cultural nuances and local dialects could have impacted the respondents' understanding of survey questions.

## Analysis of the Results

This methodology thus provides a comprehensive framework to investigate mental health literacy disparities and offers insights for targeted awareness programs.

Aspect	Educated Group (%)	Uneducated Group (%)	Observation
<b>Understanding of Mental Health</b>	56% view mental health holistically	44% believe it means absence of illness	Uneducated individuals more likely to have misconceptions about mental health.
<b>Awareness of Mental Health Disorders</b>	65% aware of common disorders	45% lack awareness	Significant gap in disorder awareness between the groups.
<b>Perception of Treatability</b>	70% believe treatment is possible	50% uncertain or pessimistic	Uneducated group shows lower confidence in recovery.
<b>Recognition of Symptoms</b>	60% can identify key symptoms	34% unaware of symptoms	Educated individuals are better at identifying mental health symptoms.
<b>Sources of Support</b>	70% support professional help	39% favor spiritual remedies	Uneducated group associates mental health issues with spiritual causes more frequently.
<b>Comfort Discussing Mental Health</b>	60% feel comfortable	30% feel comfortable	Educated group is more open to discussing mental health.
<b>Awareness of Stigma</b>	50% aware of stigma	28% aware of stigma	Educated group is more conscious of the stigma surrounding mental health.
<b>Cultural Beliefs Impact</b>	40% reject cultural myths	20% reject cultural myths	Uneducated group more influenced by cultural and supernatural beliefs

			about mental illness.
<b>Personal Experiences with Stigma</b>	30% witnessed stigma	39% witnessed stigma	Uneducated group reports more experiences with stigma or ostracization due to mental illness.
<b>Stereotypes and Healthcare Barriers</b>	40% believe stereotypes impact care	20% uncertain or unaware	Educated group acknowledges the role of stereotypes in hindering access to care.
<b>Steps to Challenge Misconceptions</b>	60% suggest comprehensive actions	40% suggest limited actions	Educated individuals propose more robust actions to challenge stereotypes and misconceptions.

### Key Insights:

1. **Knowledge Gap:** There is a notable disparity in mental health literacy between educated and uneducated groups.
2. **Misconceptions:** Uneducated individuals are more likely to rely on spiritual or cultural explanations for mental health issues.
3. **Stigma Awareness:** Educated individuals are more aware of societal stigma and its impact, making them better advocates for mental health awareness.
4. **Call to Action:** Efforts should target uneducated communities with culturally sensitive programs to bridge the knowledge gap and promote mental health awareness (Mishra and Vajpayee, 2000).

### Discussion

The assessment shows a wide gap in awareness literacy of mental health education between the educated (high school and above) and the uneducated (less than high school). Such findings highlight the importance of targeted interventions to address myths, stigma, and other barriers to mental health education among different demographic groups.

#### Understanding Mental Health:

A significant proportion (44%) of the uneducated thinks that mental health is simply the absence of mental illness, while 56% of the educated perceive it as a more holistic state. This difference points out a fundamental lack of understanding among the uneducated lot, which calls for more accessible and relatable definitions of mental health in campaigns.

**Mental Health Disorders Awareness:**

The illiterate group showed a much lower awareness (45%) of the prevalence of common mental health disorders compared to the literate group (65%). There was a lack of knowledge or misunderstanding of conditions such as schizophrenia and bipolar disorder, which reflects the need for public health education focusing on the spectrum of mental health disorders.

**Perception of Treatability:**

While 70% of educated people believed that mental health issues are curable with proper support, only 50% of the uneducated participants shared this belief. The uneducated participants showed more uncertainty and pessimism, which may deter them from seeking help in a timely manner.

**Awareness of Symptoms**

Educated respondents are more aware (60%) of mental health symptoms, such as persistent sadness and extreme mood swings, compared to uneducated respondents at 34%. This further explains the need for specifically targeted health literacy programs in a simple language and cultural settings to help uneducated communities recognize early signs of mental health problems.

**Sources of Support:**

The worrying trend in the uneducated category was the spiritual remedy-seeking approach (39%), which included seeking solutions at temples or shrines. This indicates that a vast majority of 77% still hold the view that mental illness is caused by supernatural powers. The educated section is more likely to seek professional help (70%). The report calls for the availability of mental health services to be increased in deprived areas.

**Ease of Discussing Mental Health:** The educated group was easier to talk to (60%) on mental health matters compared to the uneducated group, which was uncomfortable (30%). The latter's discomfort indicates that mental health is still a sensitive and stigmatized topic in these communities and, therefore, needs sensitization campaigns to normalize such conversations.

**Stigma and Stereotype Awareness":**

Educated individuals (50%) were more aware of the stigma associated with mental health, compared to 28% of the uneducated group. The findings also revealed that 39% of uneducated participants had personally witnessed individuals with mental health issues being ostracized due to cultural beliefs, further reinforcing the need to dispel myths and stereotypes.

**Barriers to Healthcare:**

While 40% of educated participants recognized stereotypes as barriers to appropriate healthcare, 59% of uneducated individuals were uncertain or unaware of these impacts. This unawareness could contribute to delayed or insufficient treatment-seeking behaviour, perpetuating the cycle of mental health challenges.



**Steps to Challenge Misconceptions:** Educated individuals were more likely (60%) to suggest comprehensive actions to address stereotypes, while the uneducated group (40%) proposed limited measures. This disparity highlights the potential role of education in fostering proactive solutions and advocacy for mental health awareness.

### Implications

The findings emphasize the urgent need to bridge the mental health literacy gap through:

- **Community-Based Programs:** Deploying culturally sensitive, language-appropriate initiatives in rural and underserved areas is beneficial to create awareness at community level (Jain, Vajpayee and Mishra, 2005).
- **School and Adult Education:** Mental health education integrated into school curriculums and adult literacy programs is always more beneficial to enhance cognitive development with sensitivity (Vajpayee, 2017d).
- **Engagement with Cultural Leaders:** Spiritual and community leaders are engaged to challenge myths and promote evidence-based approaches to mental health and state level policies can have larger transforming impact (Vajpayee and Sanghani, 2023).
- **Accessible Services:** Accessible, affordable mental health services in rural and uneducated communities to address the stigma and logistical barriers (Vajpayee, 2019).

The data draws an encouraging recognition of the mental health aspect among educated peoples but has a concerning ignorance and persistence of misconceptions prevailing in illiterate groups. Redressal of this kind through grassroots, all-inclusive efforts can further add considerably to the progress toward an enabling society which takes proper care of one's and others' mental well-being with the longevity of life (Vajpayee and Sanghani, 2022).

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