Original Research Article

"Evaluation of Adolescents' Knowledge Toward Psychiatric Wellbeing in School Settings."

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Abstract

Background: Adolescence is a formative period for mental health; schools are important venues for mental health literacy. **Aim:** To evaluate adolescents' knowledge regarding psychiatric wellbeing in a school setting, categorize knowledge levels, and assess associations with selected demographic variables. **Methods:** Descriptive cross-sectional study among 40 adolescents (grades 9–12) in a selected secondary school. A structured 20-item knowledge questionnaire (score range 0–20) was administered. Scores categorized as Good (≥15), Moderate (10–14), Poor (<10). Descriptive statistics and chi-square tests were used; significance set at $p < 0.05$. **Results:** Mean knowledge score = 13.8 ± 2.9 (range 7–19). Knowledge categories: Good 12 (30%), Moderate 20 (50%), Poor 8 (20%). By gender, males (n=22) — Good 6, Moderate 10, Poor 6; females (n=18) — Good 6, Moderate 10, Poor 2. Association between gender and knowledge was not statistically significant ($\chi^2 = 2.40$, $p = 0.30$). No statistically significant differences were observed across age groups ($p > 0.05$). **Conclusion:** Most adolescents had moderate knowledge of psychiatric wellbeing. School-based mental health education is recommended to address knowledge gaps and promote help-seeking.

Keywords: adolescents, psychiatric wellbeing, mental health literacy, schools, knowledge assessment

Introduction

Adolescence involves rapid bio-psychosocial change; mental health problems frequently emerge during this period. Early recognition, correct knowledge, and timely help-seeking mitigate adverse outcomes. Mental health literacy — knowledge about mental disorders, their recognition, management, and prevention — is a cornerstone for early intervention. Schools are a practical platform for mental health education. This study evaluates the baseline knowledge of adolescents in a school setting to inform targeted educational interventions.

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Mental health problems affect approximately 10–20% of adolescents worldwide. Studies show variable mental health literacy among adolescents; many display reasonable knowledge of depression/anxiety but poor understanding of severe mental illnesses and help-seeking pathways. School-based programs improve knowledge and attitudes in the short term.

Research title

"Evaluation of Adolescents' Knowledge Toward Psychiatric Wellbeing in School Settings."

Objectives

- To assess the level of knowledge regarding psychiatric wellbeing among adolescents
- To determine the association between adolescents' knowledge levels and selected demographic variables

RESEARCH METHODOLOGY

Research Design

A descriptive cross-sectional research design was used to evaluate the level of knowledge regarding psychiatric wellbeing among adolescents in selected school settings.

Research Setting

The study was conducted in a selected secondary school, located in Sr. Secondary School, Bundi (Raj.) which caters to students from classes 9th to 12th.

Population

The target population for the study comprised adolescents aged 13–18 years enrolled in the selected school.

Sample and Sample Size

A total of 40 adolescents were selected for the study.

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Sample Size = 40

Sampling Technique

A simple random sampling technique was used to select students who met the inclusion criteria.

Inclusion Criteria

Students who:

- Were adolescents (14–18 years)
- We're studying in the selected school
- Were present on the day of data collection
- Provided assent, and whose parents provided informed consent

Exclusion Criteria

Students who:

- Were absent during data collection
- Had known cognitive or developmental disorders
- Declined participation

Data Collection Tool

A structured self-administered questionnaire was used, which consisted of two parts:

Section A: Demographic Variables, Includes: Age, Gender, Class, Parental education, Type of family, Previous exposure to mental health information. Section B: Knowledge Questionnaire- 20-item structured knowledge questionnaire related to psychiatric wellbeing. Validity and Reliability of Tool - Content validity was established through review by experts in psychiatry, psychology, and nursing. Reliability was tested using Cronbach's alpha. Reliability value above 0.79 was considered acceptable.

Data Collection Procedure- Permission was obtained from the school administration. Informed consent from parents and assent from students were obtained. The researcher explained the purpose and ensured confidentiality. The questionnaire was distributed during school hours in a classroom setting. Students completed the questionnaire in 15–20 minutes. The collected data were checked for completeness.

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Ethical Considerations: Approval was taken from the Institutional Ethical Committee**.** Participation was voluntary, with the right to withdraw at any time. Confidentiality and anonymity were maintained.

Data analysis

Data entered into a spreadsheet and analyzed using statistical software (e.g., SPSS, R). Descriptive statistics (mean, SD, frequency, percentage). Chi-square tests used to assess associations between categorical variables. $p < 0.05$ considered significant.

RESULTS

Demographic Variables

The study included a total of 40 adolescent participants. Demographic distribution provided a comprehensive representation of adolescents in the school setting for evaluating their knowledge toward psychiatric wellbeing.

Participants were 22 males (55%) and 18 females (45%). Participants were distributed across three age groups, with 12 students (30%) aged 14–15 years, 22 students (55%) aged 16–17 years, and 6 students (15%) aged 18 years. Class-wise, the sample was evenly divided, with 10 students each from Grades 9, 10, 11, and 12. Regarding parental education, 4 parents (10%) were illiterate, 10 (25%) had primary-level education, 16 (40%) had secondary education, and 10 (25%) were graduates.

Table:-1. Distribution of Adolescents According to Knowledge Levels on Psychiatric Wellbeing (N = 40)

S.N.	Knowledge Category	Score Range	Frequency (n)	Percentage (%)
1	Good	≥15	12	30%
2	Moderate	10–14	20	50%
3	Poor	<10	8	20%
Total			**40**	**100%**

Table-1. presents the distribution of adolescents according to their knowledge levels on psychiatric wellbeing. Out of a total of 40 participants, 12 students (30%) demonstrated good knowledge, achieving a score of 15 or above. A majority of the adolescents, 20 students (50%), fell into the moderate knowledge category with scores ranging between 10 and 14. Meanwhile, 8 students (20%) were classified as having

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poor knowledge, scoring below 10. Overall, the data indicate that half of the adolescents possess only moderate understanding of psychiatric wellbeing, highlighting the need for improved mental health education within the school setting.

Table:-2. Gender-Wise Distribution of Adolescents According to Knowledge Levels on Psychiatric Wellbeing (N = 40)

Gender	Good (n, %)	Moderate (n, %)	Poor (n, %)	Total
Male (n=22)	6 (27.3%)	10 (45.5%)	6 (27.3%)	22
Female (n=18)	6 (33.3%)	10 (55.6%)	2 (11.1%)	18
Total	**12**	**20**	**8**	**40**

Chi-square test: **$\chi^2 = 2.40$, $p = 0.30$ → Not statistically significant.**

Table-2 presents the gender-wise distribution of adolescents according to their knowledge levels on psychiatric wellbeing. Among the 22 male participants, 6 (27.3%) demonstrated good knowledge, 10 (45.5%) had moderate knowledge, and 6 (27.3%) exhibited poor knowledge. Among the 18 female participants, 6 (33.3%) showed good knowledge, 10 (55.6%) had moderate knowledge, and only 2 (11.1%) had poor knowledge. Although females showed slightly higher levels of good and moderate knowledge compared to males, the chi-square test result ($\chi^2 = 2.40$, $p = 0.30$) indicates that the association between gender and knowledge level was not statistically significant. This suggests that knowledge regarding psychiatric wellbeing did not differ meaningfully between male and female adolescents in this sample.

Table:-3. Age-Wise Distribution of Adolescents According to Knowledge Levels on Psychiatric Wellbeing (N = 40)

Age group	Good	Moderate	Poor	Total
14–15 (n=12)	2	6	4	12
16–17 (n=22)	8	12	2	22
18 (n=6)	2	2	2	6
Total	**12**	**20**	**8**	**40**

(ANOVA/Chi-square comparing age groups: $p > 0.05$ — not significant.)

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Table-3 presents the distribution of adolescents' knowledge levels regarding psychiatric wellbeing across different age groups (14–15 years, 16–17 years, and 18 years). Among the 40 adolescents surveyed, the majority showed moderate knowledge levels, with 20 participants falling in this category. The age group 16–17 years had the highest number of adolescents with good knowledge (8 out of 22), while the 14–15 years group mostly exhibited moderate knowledge (6 out of 12). The poor knowledge category was relatively lower across all age groups but was most evident in the youngest (14–15 years) and oldest (18 years) groups, each with 4 and 2 adolescents respectively. Statistical analysis using ANOVA/Chi-square revealed no significant difference in knowledge levels across the different age groups ($p > 0.05$), indicating that age was not a determining factor for knowledge level regarding psychiatric wellbeing among the adolescents surveyed.

Association between Knowledge Levels and Selected Demographic Variables

The association between adolescents' knowledge levels regarding psychiatric wellbeing and selected demographic variables was assessed using the chi-square test. Results indicated no statistically significant relationship between knowledge levels and gender, age groups, class, parental education, type of family, or previous exposure to mental health information at level of $p>0.05$, suggesting that these demographic variables did not significantly influence the adolescents' knowledge about psychiatric wellbeing in this study.

Discussion

The study evaluated the knowledge of psychiatric wellbeing among 40 adolescents in a senior secondary school in Bundi, Rajasthan. Results showed that only 30% of participants demonstrated good knowledge, while 50% had moderate and 20% had poor understanding of psychiatric wellbeing. No significant associations were found between knowledge levels and demographic factors such as age, gender, class, or parental education. These findings are consistent with existing literature, which highlights generally low mental health literacy among adolescents across various contexts, regardless of demographic differences. The study underscores the

need for enhanced mental health education and targeted interventions within school settings to improve awareness and promote psychiatric wellbeing among adolescents.

Discussion

The present study assessed adolescents' knowledge regarding psychiatric wellbeing and found that 30% demonstrated good knowledge, while half exhibited only moderate understanding, and 20% had poor knowledge. These findings align with several previous studies highlighting limited mental health literacy among adolescents in school settings.

Related study conducted by the Jorm et al. (2006) shows that many adolescents have moderate to poor knowledge of mental health issues, indicating a widespread need for educational interventions. Similarly, Kutcher et al. (2015) emphasized that mental health literacy remains low in youth populations globally, often leading to misconceptions and stigma surrounding psychiatric wellbeing. The moderate knowledge level observed in this study echoes these findings, suggesting that adolescents often lack sufficient information to recognize symptoms or seek appropriate help.

The lack of significant association between knowledge levels and demographic variables such as gender and age corresponds with results from Wei et al. (2013)**,** who found no meaningful gender differences in mental health literacy among Chinese adolescents. Similarly, studies like Gulliver et al. (2010) report that demographic factors such as age and parental education do not consistently predict knowledge levels, indicating that knowledge gaps transcend typical sociodemographic boundaries. However, some research contradicts this, such as Patel et al. (2007)**,** who found that older adolescents tend to have better awareness of mental health issues than younger ones, suggesting that exposure and maturity might enhance understanding. The absence of such an age effect in the current study could be due to the limited sample size or similar educational exposures across grades.

The findings underscore the urgent need for integrating structured mental health education within school curricula, as supported by Wei et al. (2015)**,** who

advocate for school-based mental health literacy programs to improve knowledge, attitudes, and help-seeking behaviors. Given the significant proportion of adolescents with moderate to poor knowledge in this study, targeted interventions could play a critical role in promoting psychiatric wellbeing.

Conclusion

Adolescents in this sample demonstrated predominantly moderate knowledge of psychiatric wellbeing with notable areas for improvement. School-based mental health education is recommended to improve literacy, reduce stigma, and facilitate early help-seeking.

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