# Understanding Knowledge-Based Mental Health Literacy in Inpatient Psychiatric Patients Transitioning Out of Inpatient Psychiatric Care

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## Introduction

Mental Health Literacy (MHL) is defined as the knowledge, skills, and attitudes necessary to understand, recognize, manage, and prevent mental health conditions.[1] Mental Health Literacy in an inpatient setting has not been widely studied, however the prevalence of severe mental illness in the inpatient setting is high. Patients experiencing severe mental illness have higher rates of associated comorbidities, socio-economic disadvantages, and substance abuse [2]. For the purposes of this project "Knowledge-Based" MHL refers to a patient's awareness of their diagnosis and prescribed psychiatric medications. This project aims to develop a method for measuring MHL. Additionally, analysis of MHL promotes a holistic "biopsychosocial" model of psychiatry which synthesizes the biological, psychological, and sociological aspects of mental illness to achieve a broad understanding of the nature and causation of disease states[3].

## Objective

To assess and quantify patients' knowledge about their mental health diagnoses and treatment, compare MHL between different demographic groups, and identify gaps in MHL within an inpatient setting.

## Methods

100 voluntary and confidential surveys were distributed to adult inpatient psychiatric patients who were considered ready for discharge. Each survey was linked to a confidential log matching survey numbers to patient MRNs, allowing verification of the accuracy of self-reported diagnoses and medications without recording specific clinical data. For this specific project, a modified Likert scale (0-5) was used to generate a Mental Health Literacy Score (MHLS). Overall accuracy of self-reported diagnoses as well as an average MHLS were calculated for the entire population alongside average MHLS scores for each distinct demographic group

## Discussion/Conclusions

Preliminary findings point to a need for MHL interventions for inpatient psychiatric patients and can inform future studies that explore MHL deficits. The differences in mean MHLS between different demographics were found to be not statically significant, however, a larger sample size may change this outcome. This study focused on the "patient knowledge" aspect of MHL. The surveys also include questions about patient attitudes and opinions. Further statical analysis of these sections will be conducted in the future to develop more holistic mental health literacy quotients. Limitations of the study include a lack surveys filled out by Spanish-speaking patients, which comprise a large portion of patients at this inpatient facility, the use of a single location, and a small sample size. The distribution of Spanish language surveys is currently ongoing and will be integrated with the current study. Data collection and analysis on this project is ongoing, while preliminary results suggest significant gaps in knowledge-based MHL overall regardless of demographic status. These preliminary results also suggest a lack of statistically significant variation in knowledge based MHL between the demographic groups studied.

## Resources

1. Adrian Furnham, Viren Swami, Mental Health Literacy: A Review of What It Is and Why It Matters, International Perspectives in Psychology, Volume 7, Issue 4, October 2018, Pages 240-257, https://doi.org/10.1037/ipp0000094
2. Julie Berrett-Abebe, Sarah C Reed, Exploring the Relationship between Food Insecurity, Chronic Health Conditions, and Serious Mental Illness in the United States: Implications for Social Work, Health & Social Work, Volume 49, Issue 3, August 2024, Pages 147–156, https://doi.org/10.1093/hsw/hlae012
3. Niall McLaren, Toward an Osteopathic Psychiatry: The Biocognitive Model of Mind, The Journal of the American Osteopathic Association, Volume 110, Issue 12, December, Pages 725-732, https://doi:10.7556/jom_2010_12.0002

## Acknowledgments

## Results



Percentage of Respondents Self-Reporting a Diagnosis
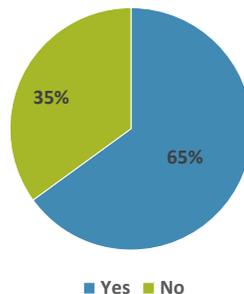
- Yes 65%
- No 35%

**Figure 1:** The Percentages of survey respondents that self-reported a diagnosis. 100 total participants.



Percentage of Respondents With a Confirmed Self-Reported Diagnosis
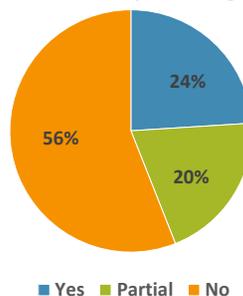
- Yes 24%
- Partial 20%
- No 56%

**Figure 2:** The percentage of survey respondents that had their diagnosis verified by medical record searches



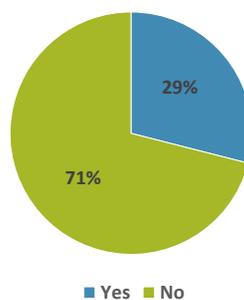Percentage of Respondents Self-Reporting Psychiatric Medications

- Yes 29%
- No 71%

**Figure 3:** The percentage of survey respondents that self-reported at least one psychiatric medication

## Results Cont.



Mean MHLS by Gender

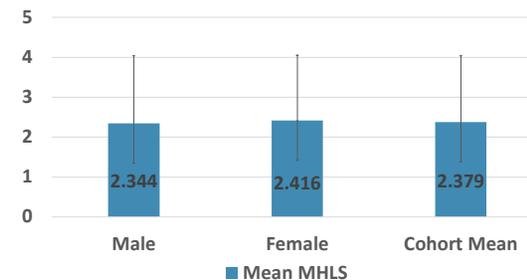- Male 2.344
- Female 2.416
- Cohort Mean 2.379

Mean MHLS

**Figure 1:** Mean MHLS and Standard Deviation by Gender. The two-tailed P value equals 0.8299 this difference is considered to be not statistically significant. There were 49 female participants and 51 male participants.
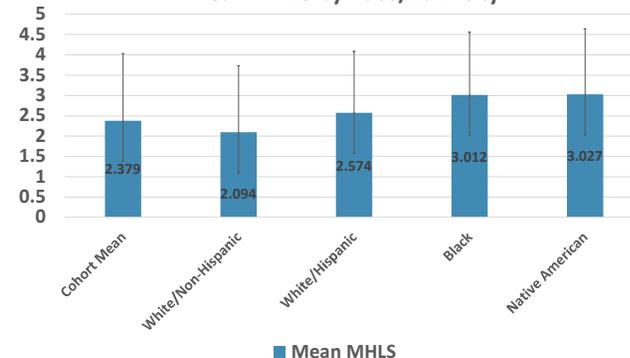


Mean MHLS by Race/Ethnicity

- Cohort Mean 2.379
- White/Non-Hispanic 2.094
- White/Hispanic 2.574
- Black 3.012
- Native American 3.027

Mean MHLS

**Figure 2:** Mean MHLS and Standard Deviation by Race/Ethnicity. The Kruskal-Wallis H test indicated that there is a non-significant difference in the dependent variable between the different groups χ2(3) = 5.32, p = .150. : The self-reported racial/ethnic breakdown is as follows 52% White/Non-Hispanic, 19% White/Hispanic, 12% Black, 6% Native American, and 2% Asian/Pacific Islander, 9% declined to respond to the query.
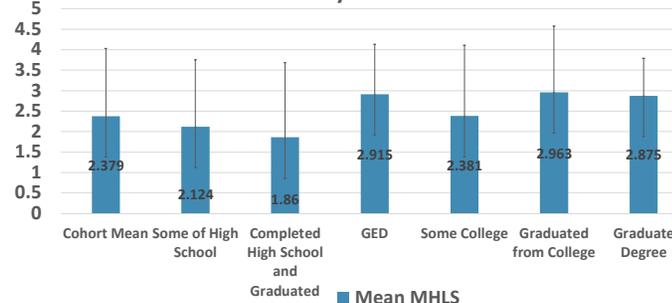


Mean MHLS by Education Level

- Cohort Mean 2.379
- Some of High School 2.124
- Completed High School and Graduated 1.86
- GED 2.915
- Some College 2.381
- Graduated from College 2.963
- Graduate Degree 2.875

Mean MHLS

**Figure 3:** Mean MHLS and Standard deviation by education level. The Kruskal-Wallis H test indicated that there is a non-significant difference in the dependent variable between the different groups, χ2(5) = 3.9, p = .563. The last grade completed were: 1% elementary school, 2% middle school, 20% some high school, 15% high school, 6% GED, 26% some college, 14% college, and 8% master's or post-graduate program, 8% chose not to answer.