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Adolescent Mental Health Literacy: Young People's Knowledge of Depression and Social Anxiety Disorder (Research Brief)

Coles, M. E., Ravid, A., Gibb, B., George-Denn, D., Bronstein, L. R., & McLeod, S. (2016). Adolescent mental health literacy: Young people's knowledge of depression and social anxiety disorder. *Journal of Adolescent Health, 58*(1), 57-62.

Introduction

Mental health literacy is referred to as an understanding about mental health which contributes to three overarching principles: recognition, management, and prevention. Unsurprisingly, limited mental health literacy is associated with lower rates of mental health treatment. Given the prevalence of mental health issues for youth, research is warranted in this area. Authors Coles et al. (2016) assessed adolescents' mental health literacy as it pertains to major depression and social anxiety disorder by providing participants with various vignettes portraying male and female individuals with symptomology for either disorder. Hypotheses included:

- Identification of disorders would be generally poor
- Participants would predict a longer recovery time for depression and social anxiety vignettes compared to a control (e.g. a vignette depicting an individual coping)
- Females would demonstrate greater success in recognizing disorders than males
- Participants would express more concern related to depression rather than social anxiety disorder

Methods

Over 1100 high school students participated in this study. Specifically, there were 313 ninth graders, 271 tenth graders, 251 eleventh graders, and 268 twelfth graders in the sample.¹ Using two selected measures (e.g. *Friend in Need Questionnaire* and *Strengths and Difficulties Questionnaire*, respectively), 53% percent of the students were presented with vignettes portraying a depressed male first and a socially anxious female last, and 47% of the students were presented with a vignette portraying a socially anxious male first and a depressed female last. Participants read each vignette in addition to a coping/control vignette which was presented to participants as the second vignette. Participants then answered questions assessing disorder recognition, degree of concern for the person portrayed, perception of the intensity of symptoms, and help-seeking recommendations. Also, participants were asked to identify what parts of the vignette they used to label the disorder. Scores were then calculated and results were analyzed.

Results

- 40% of the respondents successfully labeled the depression vignette (e.g. as “depressed” or “depression”)
- 1% of the respondents successfully labeled the social anxiety disorder vignette (e.g. “social phobia” or “social anxiety disorder”)
- Female participants had higher mental health literacy scores than males for both disorders
- Participants reported greater concern for depression than for social anxiety disorder
- To identify depression, the sample generally noted symptoms of weight-loss, appetite issues, decreased interest/pleasure in activities, academic decline, and sleeping difficulty.

¹ The grade breakdown in the article equates to 1,103 students in the sample, though the total reported number was 1,104

- To identify social anxiety disorder, the sample generally noted physical or psychosomatic symptoms, fear, and avoidance.
- No significant difference was found between recovery time predictions for social anxiety disorder and depression.
- Recovery time predictions were longer for the females than the males depicted in the vignettes
- Respondents recommended that the individuals portrayed in the vignettes seek help from family members, friends, and counselors. However, female respondents were more likely to make these recommendations.

Limitations

- The sample was heterogeneous - Over 75% of the participants were Caucasian and the data were all collected within one school.
- The study did not assess how individuals would actually behave if this were a real-life situation.

Though not directly addressed in the article, the author may have been referring to “gender” rather than “sex,” and thus leaves out implications for gender non-conforming individuals’ health literacy.

Implications for Practice

- The author suggests school-based programs for increasing mental health literacy will provide a great benefit.

The authors’ suggestions are well supported by the results of the study which demonstrate limited mental health literacy among adolescents. Promoting mental health literacy is crucial, especially given recent prevalence statistics. For example, approximately 11% of adolescents (ages 12-18) in the United States had one depressive episode in 2014 (Center for Behavioral Health Statistics and Quality, 2015) while another report suggests that approximately 14% of United States adolescents (ages 13 to 18) meet diagnostic standards for a mood disorder and nearly 32% of adolescents meet diagnostic standards for an anxiety disorder (Merikangas et al., 2010).

Based on the prevalence of mental health issues among adolescents and the utility of promoting mental health literacy skills in schools, school counselors, given their role in prevention, would be ideal stakeholders in promoting mental health literacy on individualistic (e.g. in counseling) and systemic (e.g. handouts, workshops) levels. Furthermore, they could provide consultation with other stakeholders (e.g. teachers, parents, other school-based staff) pertaining to the importance of mental health literacy and general mental health communication.

If adolescents have greater literacy about mental health, they will be more equipped to communicate and advocate about their own mental health concerns and those of their fellow classmates. This communication could potentially lead to prevention of escalation of concern and potential crises. Based on Coles and colleagues’ (2016) study, increasing adolescents’ mental health literacy may set the foundation for greater mental health outcomes. Furthermore, these data suggest that boys have extremely low mental health literacy scores which demonstrate a need for increased knowledge of mental health for this gender group. However, rather than meeting with gender-specific groups to disseminate this information, school-wide workshops and initiatives are suggested.

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