Mental Health: Awareness and Attitudes

An exploration into A.I.T Asian and Irish students’ awareness and attitudes of mental health.

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Declaration

I declare that this project is presented in partial fulfillment for the Degree of Bachelor of Arts in Social Care Practice. It is entirely the work of the author and has not been submitted to any university or higher education institution, or for any other academic award in this institute. Where work of other people has been used, it has been fully acknowledged and referenced.

Signature___________________                                           Date_____________________
Michaella Hannick                                                             24th November 2011
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Abstract

This study explored A.I.T students’ awareness and attitudes toward mental health. Furthermore it compared Irish and Asian students in relation to their awareness and attitudes of mental health. A quantitative method was adopted incorporating the administration of specifically constructed questionnaires to Asian and Irish students studying in A.I.T. Overall participants reported that they thought their mental health was important. A high underestimation of the prevalence of mental health problems was found. Significant results were found in the comparison between Asian and Irish students.
Introduction

“From the beginning of time those in our midst of unsound mind and aberrant behavior have perplexed us” (Burns, 2007:1). Mental health is part of everyday life, in that it is influenced both positively and negatively in every area of life, in families, in schools, the workplace and social interactions (A Vision for Change, 2006). In recent years Ireland has seen the development of important policy documents on mental health, for example A Vision for Change 2006. A fundamental principle underlying this policy is the development of a whole population and holistic approach to mental health.

From the beginning of the mid-1990s immigration in Ireland increased to the point where Ireland was second to only Luxembourg in the EU in the level of annual immigration (Immigration council of Ireland, 2003 cited in Moran, 2005). The mental health of Ireland’s new communities has to date received little attention in policy in Ireland (Moran, 2005). Different cultural groups view and interpret mental health in different ways and can often have significantly contrasting views regarding mental health. There are many students from other countries including a large amount from Asian choosing to study in Ireland and this is evident in the vast Asian student population in A.I.T. The researcher believes that it is important to understand the awareness and differing attitudes regarding mental health among our diverse student population.

This study examines the results of recent research into Irish awareness and attitudes towards mental health by the Health Service Executive (2007) and the Health Promotion Agency (2006). It also examines research conducted related to the differences between Asian and Western cultures and their views of mental health. It investigates awareness and attitudes of mental health in A.I.T among both Asian and Irish students.

The aim is to explore A.I.T Asian and Irish students’ awareness and attitudes of mental health.

The objectives are as follows:

1. To explore awareness and attitudes of mental health among students in A.I.T.
2. To compare Asian and Irish students views in relation to their awareness and attitudes of mental health.
Chapter 1: Literature Review

1.1 Introduction

In this literature review, the author aims to give a brief overview of mental health, including a definition. Furthermore, the researcher intends to explore attitudes and awareness of Irish and Asian people regarding mental health.

1.2 What is Mental Health?

There are many definitions and descriptions of mental health. The World Health Organisation defines mental health as

“….a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (2010).

It has been suggested that mental health is a part of everyday life as every area of a person’s life influences mental health including; families, schools, the workplace and social interactions (Government of Ireland, 2006). When a person thinks of mental health they may often find themselves thinking in negative terms, focusing more on mental health problems than mental well-being. A Vision for Change (2006) describes mental health problems as:

“The full range of mental health difficulties that might be encountered, from the psychological distress experienced by many people, to serious mental disorders and illness that affect a smaller population” (p. 6).

Different cultures may have very different views about mental health and mental health problems, as what is considered normal in one society may not be in another. Groups’ views on
mental health are affected by their social, medical, economic and religious experience (Tyson & Flaskerund, 2009). It is clear that mental health issues affect and manifest differently among various ethical and racial groups (Ronivell, Gitterman & Gitterman, 2011).

### 1.3 Awareness and Attitudes of Mental Health in Ireland

In 2007 research into public awareness and attitudes of mental health in Ireland was commissioned by the HSE National office for suicide prevention, in conjunction with voluntary and statutory sector partners. The research used a sample size of one thousand adults, at sixty-two sampling points nationwide, urban and rural.

According to McDaid (2008) in his research paper for the European Commission on countering stigmatisation and discrimination of people with mental health problems in Europe, one in four people will experience a mental health problem at some point in their life. Participants in the HSE (2007) research highly underestimated the prevalence of mental health problems among the Irish population, only five per cent correctly identified that one in four people may have a mental health problem at some point in their life, twenty-two per cent believed the prevalence to be one in ten, seventeen per cent believing it to be one in fifty and sixty percent believing it to be one in one hundred. However, eighty-five per cent of participants expressed that they believe that anyone can experience a mental health problem.

The findings of the HSE (2007) research show that most participants believe that having a supportive family (66%), being physically healthy (61%) and having good friends (56 %) are factors that contribute to positive mental health. Family support is also seen as contributing positively to mental health in research by Pernice-Duca (2010) as the research identifies family support as critical support for people experiencing mental health problems. Getting enough exercise (36%) and having a healthy diet (33%) were also seen as factors of positive mental health. The most widely recognised organisations that are involved with mental health issues were the Samaritans (71%) and Aware (59%).

Some negative attitudes towards mental health were discovered. Eighty percent of people agreed that anyone can experience a mental health problem however,
sixty-two percent admitted they would not like others knowing if they had a mental health problem. A substantial amount of people had extremely stigmatising attitudes towards mental health and believed that people with mental health problems should not have important jobs such as being a nurse or a doctor (52%), thirty-two percent expressed they thought the outlook for recovery was poor, that they are dangerous (36%) and that the public should be better protected from people with mental health problems (39%) (HSE, 2007). The high number of participants saying that people with mental health problems should not have important jobs reinforces Watson and Eack’s (2011) view that a critical part of life for people with mental health problems affected by public stigma is employment. Watson and Eack (2011) also identify that common stereotype about people with mental health problems is that they are dangerous. Although research suggests a modest increase in the risk of violence associated with mental health problems the increase appears to be limited to individuals who also have substance abuse disorders or have specific psychotic symptoms (Link, Andrews & Cullen, 1992 cited in Watson & Eack). This stigma may be even more detrimental to peoples’ recovery process than the mental health problem, as stigma is sometime viewed as a greater barrier to recovery, unfortunately there is a long history of stigma within the mental health field (Watson & Eack, 2011; Rogers & Pilgrim, 2010).

There were some positive discoveries in the HSE (2007) research as two thirds of people agreed that people with mental health problems are not to blame for their own circumstances. People also regarded talking to a friend or family member as the most effective means of looking after your own mental health (95%), many reported that they would consult their GP if they felt they had a mental health problem, with seventy-nine per cent saying their GP would be their first point of professional contact. This shows that people in Irish society seem to be open in regards to talking to family, friends and professionals about their mental health regardless of the stigmatising views that seem to exist in our society. This survey failed to differentiate between Irish people and foreign people living in Ireland. As Ireland is becoming a more multi-cultural society, I think it would have been beneficial to have included this data, as the aim of the research was to provide a basis for suicide prevention campaign in Ireland, and it is important to understand other cultures views to discover how they may have also been specifically targeted by this campaign.
A similar study to the HSE (2007) study was carried out by the Health Promotion Agency in Northern Ireland in 2006 to investigate public attitudes, perceptions and understanding of mental health. The prevalence of mental health problem was highly underestimated as it was in the HSE (2007) study. The 2006 study found that sixty-three percent of the sample underestimated the prevalence of mental health problems. Ninety-eight percent of participants stated that they believed that anyone can experience a mental health problem. However, forty-three percent of participants felt that people with mental health problems outlook for recovery was poor. Twenty-seven percent agreed that people with mental health problems are often dangerous. The study also showed that when asked who they would turn to if they had a mental health problem, the most popular answer was also a doctor (36%) with only seven percent choosing a friend.

Students as a population may have very different attitudes towards mental health than those expressed in the HSE (2007) survey, to help us find a better understanding of their attitudes the Department of Health and Children’s College Lifestyle and Attitudinal (CLAN) survey helps us gain insight into these views. 3,259 students studying in third level institutions of education took part. When asked how they would respond to feeling anxious or depressed sixty-nine per cent of students responded that they would talk to someone. Worryingly, only three percent said they would contact a health professional. There was also evidence of poor awareness of positive coping strategies as over half (55%) sad they would sort it out alone if they felt they had a mental health problem and eight percent said they would take drugs or get drunk thirty-five percent said they would try and ignore it (Hope, Dring & Dring, 2005).

1.4 Asian Awareness and Attitudes of Mental Health

As mentioned earlier people from different cultures may view and experience mental health differently. It is an Asian tradition to view the body and the mind as unitary (Lin & Cheung, 1999). This is very different to western beliefs that view the body and mind more separately. Asians and westerners have significantly different views in relation to the self which has a profound impact on the recognition and reactions to mental health. There is a tendency for Asian people to concentrate on physical discomfort rather than emotional symptoms (Lin & Cheung,
Asia is the most populated continent in the world and people of Asian descent come from a wide variety of cultural backgrounds. Most Asian cultures value conformity to norms. Thus, mental illness may be viewed as outside the norm and subject to stigma (Abdullah & Brown, 2011). The beliefs that mental health problems are a result of weak character, having evil spirits, or punishment from God are prevalent in China (Lam, Tsang, Chan & Corrigan, 2006 cited in Abdullah & Brown, 2011: p. 941).

A study exploring culturally variant attitudes towards mental health and experience of shame and stigma, which was carried out in the UK suggested that female Asian students have higher shame in relation to mental health than their European counterparts (Gilbert, Bhundia, Mitra, McEwan, Irons, & Sanghera, 2007). It is suggested that because some Asian cultures view women as carriers of family honour that they have a responsibility to ensure they do not bring shame upon the family including mental illness. Gilbert et al. (2007) found that Asian participants scored higher on how negatively their communities and families would view them if they had a mental health problem, they also had higher concerns about bringing shame to their family. This study also found that Asian values were associated with beliefs that a relatives mental health would reflect badly on the family. A previous study by Gilbert, Gilbert & Sanghera (2004) found that even being seen in a doctor’s surgery may have negative connotations for some Asian women. This may lead people in some Asian cultures to be less likely to openly talk about having mental health problems.

In a study by Sheikh and Furham (2000) they found that in the British Asian community a person with a mental health problem would consider it more appropriate to talk to someone from his or her social network rather than a health care professional, this contrasts the HSE (2007) research where many people expressed that they would contact a GP. In a study by Masuda et al. (2009) the difference between Japanese international students and U.S college students on stigma towards people with psychological disorders, stigma tolerance in help-seeking, and self-concealment were examined. The results of this study show that Japanese students showed greater stigmatising attitudes towards people with psychological disorders than the U.S. students.
A review of the literature revealed that some negative attitudes remain in the Irish culture. Ireland has transformed into a multicultural society the cultural views and awareness of mental health has become more diverse. Studies have shown that Asian students’ attitudes and awareness have differed from western students. From comparative studies in the literature it appears that westerners may have a more positive view of mental health and mental health problems than Asian people. The researcher is not aware of any previous studies comparing attitudes of Asian and Irish students in relation to mental health. Following these findings the aim of the current study is;

➢ To explore A.I.T Asian and Irish students awareness and attitudes of mental health.

The objectives of the study are:

1. To explore awareness and attitudes towards mental health among students in A.I.T.

2. To compare Asian and Irish students views in relation to their awareness and attitudes of mental health.
Chapter 2: Methodology

2.1 Introduction

This methodology aims to describe the way in which the author retrieved the information needed to meet the objectives of the study. The objectives within the study were;

1. To explore awareness and attitudes towards mental health among students in A.I.T..
2. To compare Asian and Irish students’ views in relation to their awareness and attitudes of mental health.

This chapter will be divided into five headings: Research methods, Participants, Procedure, Ethical considerations and Limitations.

2.2 Research methods

Both qualitative and quantitative approaches were considered when deciding on a method to carry out this research. Qualitative research is “used to obtain detailed information about people’s feelings and experiences” (Payne, 1999). The most common ways of carrying out qualitative research is to use focus groups and interviews. The author recognises that qualitative research may produce an outcome of high quality results and in depth answers, however, the author decided against this approach. The research approach chosen for this study was a quantitative approach. Quantitative research “provides a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of that population” (Creswell, 2003:153). The most common means of carrying out quantitative research is to collect data by distributing questionnaires to a sample of the target population. A questionnaire was used to gather information (see appendix 1). It used open, closed and scaling questions. This approach was chosen because it allowed the author to collect a significant amount of data in a short amount of time. The author felt this method was best as there were time restrictions on the research.

2.3 Participants

The participants required for this survey were both Asian and Irish students studying in A.I.T.. A random sample of ten Asian and ten Irish students was chosen. The author felt that a random
sample was best for the purpose of the survey, as the results were more likely to reflect the views of the overall Irish and Asian student population than selecting a particular course or year. Fifty per cent (n=10) of participants were male and fifty per cent (n=10) were female. Twenty-five per cent (n=5) of male participants were Irish and twenty-five (n=5) of male participants were Asian. Twenty-five per cent (n=5) of female participants were Irish and the remaining twenty-five per cent (n=5) were Asian.

Sixty per cent (n=12) of participants were aged between the ages of twenty and twenty three, this age group was dominated by Asian participants with forty per cent (n=8) being Asian and twenty per cent (n=4) being Irish. Twenty per cent (n=4) of participants were sixteen to nineteen and all identified themselves as being Irish. Ten per cent (n=2) of the participants were aged between twenty-four and twenty-seven, five per cent (n=1) were Asian and five per cent (n=1) were Irish. One Irish participant (5%) (n=1) was aged between twenty-seven and thirty-five.

The nationalities comprising the Asian participants were Chinese (30%) (n=6), Indian (10%) (n=2) and Pakistani (10%) (n=2). The participants were studying a range of different courses. The extent to which the research represented the entire Asian and Irish student population was limited, as only twenty questionnaires could be used due to a departmental regulation. Thirty-five per cent (n=6) of participants were in first year, twenty-five per cent (n=5) were in second year, twenty five per cent (n=5) were in third year and twenty per cent (n=4) were in fourth year.

2.4 Procedure

The author had to ensure that the language used within the questionnaire was not overly complex. This was to ensure that all participants, especially the Asian participants understood what they were being asked. Three pilot questionnaires were carried out and the participants were asked for critical feedback. On review of the results and the feedback the survey was modified to more clearly meet the objectives of the research. Students were approached in the common areas of the college including open access and the canteen. Students were told the purpose of the research and asked if they would complete a survey. More questionnaires than
needed were distributed to allow for human error and poorly completed questionnaires, however, only twenty surveys were used for the results of this research. The results were then counted and analysed.

2.5 Ethical considerations

The main ethical issues were both the serious and sensitive nature of mental health. The questionnaire was worded to ensure it would not offend participants. Participants were made aware of the nature of the questionnaires before they committed to completing it. A letter was attached to the front of the survey (see appendix 1) communicating that participation was entirely on a voluntary basis, and that participants should not feel pressurised to answer any questions they did not feel comfortable with, and also ensuring the participants anonymity and informed consent.

2.6 Limitations

The study aimed to explore the students’ awareness and attitudes towards mental health. A limitation which interfered with the research process was the strict time restrictions, and the limitations in regards to the amount of questionnaires used. Another limitation was the language barrier, as if it was possible to translate the questionnaires into the Asian participant’s different native languages, this may have affected the results and would have ensured that the questionnaires were completely understood. The author feels that a more comprehensive study may have been carried out if it was possible to obtain a larger sample of students.
Chapter 3: Presentation of results

3.1 Introduction

In this chapter the researcher intends to present the results of the fieldwork. The findings are presented in narrative and graphical form. The findings relate to the two objectives of the study:

1. To explore awareness and attitudes towards mental health among students in A.I.T.
2. To compare Asian and Irish students’ views in relation to their awareness and attitudes of mental health.

3.2 Objective 1: To explore awareness and attitudes towards mental health among students in A.I.T.

Question 6: How important is your mental health?

(Not Very Important=NV, Slightly Important=SI, Important=I, Very Important=VI, Extremely Important=EI)

Table 1.1 Students’ opinions on how important mental health is (combined results).

![Bar Chart]

This table shows that 40% (n=8) of participants felt that their mental health was very important. 30% (n=6) of the participants reported that their mental health was extremely important. Followed by 25% (n=5) stating that it was important and the minority 5% (n=1) stated that it was
slightly important. None of the participants picked the option that their mental health is not very important to them.

**Question 7: What proportion of people do you believe might have a mental health problem at some point in their life.**

**Table 1.2 Students’ opinions on the proportion of people that may experience a mental health problem (combined results).**

![Pie chart showing the proportion of people that may experience a mental health problem](chart.png)

The majority of participants (30%) (n=6) thought that 1 in 50 would experience a mental health problem. This is followed by 25% (n=5) believing 1 in 10 and 25% (n=5) believing 1 in 100. Only 10% (n=2) felt that 1 in 1000 might experience a mental health problem. 5% (n=1) chose 1 in 5. 0% chose 1 in 4.

**Question 8: Do you know anyone who has experienced a mental health problem?**

65% (n=13) of all participants stated that they knew someone with a mental health problem and 25% (n=5) stated that they did not.
Question 9: What do you think contributes to positive mental health?

Participants suggested a variety of different factors which contribute to positive mental health including, exercise (20%) (n=5) a healthy lifestyle (25%) (n=5) and a healthy diet (15%) (n=3). Taking time to relax was also identified (10%) (n=2) along with yoga (5%) (n=1) sports (10%) (n=2), wealth (5%) (n=1), not stressing (15%) (n=3), a good environment (5%) (n=1), avoiding drugs (5%) (n=1) mental health promotion (5%) (n=1), stopping discrimination against those with mental health problems (5%) (n=1) and support of family and friends (5%) (n=1).

Question 10: Which of the following organisations have you heard of?

Table 1.3 Organisations students’ have heard of (combined result).

The above table demonstrates that the organisation that is recognised most is Aware (60%) (n=12). 55% (n=11) heard of Mental Health Ireland, 45% (n=9) heard of the Samaritans, 35% (n=7) heard of the WHO, 20% (n=4) heard of Bodywhys, 15% (n=3) heard of Console, and 10% (n=2) of participants indicated that they had not heard of any of the organisations. 5% (n=1) heard of Grow.
Question 11: Do you believe that anyone can experience a mental health problem?

90% (n=18) of participants reported that they think anyone can experience a mental health problem, none of the said no and 10% (n=2) said they did not know.

Question 12: The majority of people with mental health problems recover:

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree Slightly=DS, Disagree Strongly=DST)

Table 1.4 Students’ opinions as to whether the majority of people with mental health problems recover (combined results).

Overall participants agree that the majority of people with mental health difficulties recover, as 60% (n=12) either agree strongly (5%) (n=1) or agree slightly (55%) (n=11). 25% (n=5) disagreed slightly and 15% (n=3) were unsure.

Question 13: Do you believe that people with mental health problems should have important jobs (e.g. nurse, doctor).
45% (n=8) of participants stated that they thought that people with mental health problems should not have important jobs. 30% (n=6) stated that they thought people with mental health problems should have important jobs and 25% (n=5) said that they didn’t know.

**Question 14: People with mental health problems are often dangerous:**

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree Slightly=DS, Disagree Strongly=DST)

Table 1.5 Students opinion as to whether people with mental health problems are often dangerous (combined results).

40% (n=8) disagreed slightly with the statement that “people with mental health problems are often dangerous”, 10% (n=5) disagreed strongly, 45% (n=9) agreed slightly and the remaining 5% (n=1) were unsure.

**Question 15: I would find it hard to talk to someone with a mental health problem:**

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree slightly=DS, Disagree Strongly=DST)

Table 1.6 Students opinions on how hard they would find talking to someone with a mental health problem (combined results).
Table 1.6 shows that 30% (n=6) disagreed strongly and 25% (n=5) disagreed slightly with the statement ‘I would find it hard to talk to someone with a mental health problem’. 30% (n=6) said they agree slightly. Also of note is that a considerably large percentage of students were unsure (15%) (n=3).

**Question 16:** If you thought you had a mental health problem which of the following are you most likely to turn to?

**Table 1.7** Students’ opinions on whom they are most likely to turn to if they thought they had a mental health problem (combined results).
Table 1.7 illustrates that participants are most likely to turn to a close friend (30%) (n=6) or a doctor (30%) (n=6) if they felt they had a mental health problem. 25% (n=5) of participants reported that they were most likely to turn to a family member and 15% (n=3) reported that they would turn to a psychologist.

**Question 17:** How do you think you would feel about disclosing a mental health problem?

**Table 1.8 Students opinion on how they would feel disclosing a mental health problem (combined results).**

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Issue</td>
<td>10%</td>
</tr>
<tr>
<td>Relieved</td>
<td>20%</td>
</tr>
<tr>
<td>Awkward</td>
<td>35%</td>
</tr>
<tr>
<td>Relaxed</td>
<td>20%</td>
</tr>
<tr>
<td>Anxious</td>
<td>15%</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>30%</td>
</tr>
<tr>
<td>Shameful</td>
<td>15%</td>
</tr>
</tbody>
</table>

Question 17 allowed students to pick more than one option when giving their opinion on how they would feel disclosing a mental health problem. 35% (n=7) stated they would feel awkward, 30% (n=6) stated that they would vulnerable, 20% (n=4) stated that they would feel relieved, 20% (n=4) stated that they would feel relaxed, 15% (n=3) stated that they would feel anxious, 15% (n=3) stated that they would feel shameful and 10% (n=2) stated that they would have no issue.
Question 18: Which of the following do you believe is the best treatment for mental health problems?

Table 1.9 Students’ opinions on what is the best treatment for mental health problems (combined results).

Question 19: Would you feel comfortable living next door to someone with a mental health problem?
60% (n=12) of all participants indicated that yes they would feel comfortable living next door to someone with a mental health problem and 40% (n=8) stated that they would not.

Question 20: How would you respond to feeling very anxious or depressed?

Table 1.10 Students’ opinions on how they would respond to feeling very anxious or depressed (combined results).

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>5%</td>
</tr>
<tr>
<td>Use relaxation techniques</td>
<td>25%</td>
</tr>
<tr>
<td>Take drugs or get drunk</td>
<td>10%</td>
</tr>
<tr>
<td>Sort it out alone</td>
<td>15%</td>
</tr>
<tr>
<td>Try to Ignore it</td>
<td>15%</td>
</tr>
<tr>
<td>Pray</td>
<td>0%</td>
</tr>
<tr>
<td>Go to the hospital</td>
<td>5%</td>
</tr>
<tr>
<td>Talk to someone</td>
<td>25%</td>
</tr>
</tbody>
</table>

As table 1.10 illustrates the most popular response to feeling very anxious and depressed was using relaxation techniques and talking to someone with both receiving 25% (n=5) of the overall participant’s answers. The next most popular answer was sorting it out alone along and trying to ignore it which both were chosen by 15% (n=3) each. 10% (n=2) reported that they would get drunk or take drugs and 5% (n=1) reported that they would go to the hospital, a further 5% (n=1) reported that they were not sure how they would respond.
3.3 Objective 2: To compare Asian and Irish students' views in relation to their awareness and attitudes of mental health.

Question 6: How important is your mental health?

(Not Very important=NVI, Slightly important=SI, Important=I, Very important=VI, Extremely important=EI)

Table 1.11 Students’ opinions on how important mental health is (comparative results).

Table 1.4 illustrates that overall Asian participants thought their health was important to extremely important with 10% (n=1) of all Asian participants indicating it was important, 60% (n=6) indicating it was very important and 30% (n=3) indicating that mental health is
extremely important. 10% (n=1) of Irish participants answered that they thought their mental health was slightly important, 40% (n=4) answered important, 20% (n=2) answered very important and 30% (n=3) said it was extremely important.

Question 7: What proportion of people do you believe might have a mental health problem at some point in their life.

Table 1.12 Students’ opinions on the proportion of people that may experience a mental health problem (comparative results).

Table 1.6 illustrates that the vast majority of Asian participants (70%) (n=7) chose either 1 in 1000 (20%) (n=2) or 1 in 100 (50%) (n=5). Of the remaining Asian participants 20% (n=2) chose 1 in 50 and 10% (n=1) chose 1 in 10. Most Irish participants (80%) (n=8) stated that 1 in 50 (40%) (n=4) or 1 in 10 (40%) (n=4) experience a mental health problem at some point in their life. 10% (n=1) stated that it was 1 in 5, and 10% (n=1) also stated that it was 1 in 3.

Question 8: Do you know anyone who has experienced a mental health problem?
80% (n=8) of Irish participants stated that they knew someone with a mental health problem and 20% (n=2) stated that they did not. 50% (n=5) of Asian participants stated that they knew someone with a mental health problem and 50% (n=5) that they did not.

**Question 9: What do you think contributes to positive mental health?**

Irish students: exercise (20%) (n=2), healthy lifestyle (30%) (n=3), healthy diet (20%) (n=2), taking time to relax (20%) (n=2), sports (10%) (n=1), wealth (10%) (n=1), not stressing (20%) (n=1), avoiding drugs (10%) (n=1), support from family and friends (10%) (n=1).

Asian students: healthy lifestyle (20%) (n=2), healthy diet (10%) (n=1), yoga (10%) (n=1), sports (10%) (n=1), not stressing (10%) (n=1), mental health promotion (10%) (n=1), stopping discrimination against those with mental health problems (10%) (n=1).

**Question 10: Which of the following organisations have you heard of?**

Table 1.13 Organisations students have heard of (comparative results).

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage (Irish)</th>
<th>Percentage (Asian)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>WHO</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Grow</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Bodywhys</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Console</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Samaritans</td>
<td>10%</td>
<td>40%</td>
</tr>
<tr>
<td>Mental...</td>
<td>10%</td>
<td>40%</td>
</tr>
<tr>
<td>Headstrong</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Aware</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>
80% (n=8) of Irish participants heard of Aware and the Samaritans. 70% (n=7) heard of Mental health Ireland. 40% (n=4) heard of the WHO. 30% (n=3) heard of both headstrong and Console. 10% (n=1) heard of bodywhys.

40% (n=4) of Asian students heard of both Mental Health Ireland and Aware. 30% (n=3) heard of both bodywhys and the WHO. 20% (n=2) indicated that they have not heard of any of the organisations listed. 10% (n=1) of Asian participants heard of the Samaritians.

**Question 11: Do you believe that anyone can experience a mental health problem?**

100% (n=10) of Irish participants stated that they believe that anyone can experience a mental health problem. 80% (n=8) of Asian participants stated that they believe that anyone can have a mental health problem and 20% (n=2) stated that they did not know.

**Question 12: The majority of people with mental health problems recover:**

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree Slightly=DS, Disagree Strongly=DST)

Table 1.14 Students’ opinions as to whether the majority of people with mental health problems recover (comparative results).
Table 1.14 illustrates that 10% (n=1) of Irish participants strongly agreed that the majority of people with mental health problems recover, 50% (n=5) of Irish participants agreeing slightly. A small proportion of Irish participants (10%) (n=1) stated they were unsure and 30% (n=6) disagreed slightly. Of the Asian participants 60% (n=6) agreed slightly, 20% (n=2) were unsure and 20% (n=2) disagreed slightly. None of the participants disagreed strongly.

**Question 13: Do you believe that people with mental health problems should have important jobs (e.g. nurse, doctor).**

50% (n=5) of Irish participants stated that they did not believe that people with mental health problems should have important jobs, 20% (n=2) stated that they did believe people with mental health problems should have important jobs and 30% (n=3) stated that they didn’t know.

40% (n=4) of Asian participants stated that they did not believe people with mental health problems should have important jobs, 30% (n=3) stated that they did believe people with mental health problems should have important jobs 20% (n=2) stated that they did not know.

**Question 14: People with mental health problems are often dangerous:**

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree slightly=DS, Disagree Strongly=DST)

Table 1.15 Students opinion as to whether people with mental health problems are often dangerous (comparative results).
The above table illustrates the comparison of Irish and Asian participants regarding their opinion on how much they agree or disagree with the statement that ‘People with mental health problems are dangerous’. It illustrates that 40% (n=4) of Irish students agree slightly, 40% (n=4) disagree slightly and 20% (n=2) disagree strongly. It illustrates that 50% (n=5) of Asians participants agree slightly, 40% (n=4) disagrees slightly and 10% (n=1) reported that they were unsure.

**Question 15: I would find it hard to talk to someone with a mental health problem:**

(Agree Strongly=AST, Agree Slightly=AS, Unsure=U, Disagree Slightly=DS, Disagree Strongly=DST)

Table 1.16 Students opinions on how hard they would find talking to someone with a mental health problem (comparative results).
Table 1.14 illustrates the comparison between Irish and Asian participants regarding their opinion on how much they agree or disagree with the statement ‘I would find it hard to talk to someone with a mental health difficulty’. 20% (n=2) of Irish participants agree slightly, 10% (n=1) were uncertain, 20% (n=2) disagree slightly and the majority 50% (n=5) disagree strongly. The results of Asian participants’ opinions showed that 40% (n=4) agreed slightly, 20% (n=2) were unsure, 30% (n=3) disagreed slightly and 10% (n=1) disagreed strongly.

**Question 16:** If you thought you had a mental health problem which of the following are you most likely to turn to?

**Table 1.17 Participants opinions on whom they are most likely to turn to if they thought they had a mental health problem (comparative results).**
Table 1.16 illustrates that Irish participants indicated that they are more likely to turn to a doctor (40%) (n=4), the next most likely for Irish participants is a family member (30%) (n=3) followed by a close friend (20%) (n=2) and a psychologist (10%) (n=1). The majority of Asian participants indicated that they were most likely to turn to a close friend (40%) (n=4), followed by 20% (n=2) choosing a psychologist, 20% (n=2) choosing a family member and 20% (n=2) choosing a doctor.

Question 17: How do you think you would feel about disclosing a mental health problem?

Table 1.18 Students’ opinion on how they would feel disclosing a mental health problem (comparative results).
60% (n=6) of Irish participants compared to just 10% (n=1) of Asian participants stated that they would feel awkward disclosing a mental health problem. 40% (n=4) of Irish participants said they would feel vulnerable compared to 20% (n=2) of Asian participants. The reaction to feeling relaxed or shameful was similar as in both cases with 30% (n=6) of Asian participants and 10% (n=1) of Irish choosing these options. 20% (n=2) of both Irish and Asian participants reported that they would feel relieved. 10% (n=1) of Irish participants reported that they would be anxious and double that amount of Asian participants reported that they would be anxious (20%) (n=2). Finally none of the participants chose the no issue option.

Question 18: Which of the following do you believe is the best treatment for mental health problems?

Table 1.19 Students’ opinions on what is the best treatment for mental health problems (comparative results).
When asked the best treatment for mental health problems support groups and counselling/psychotherapy were both chosen by 30% (n=6) of the Irish participants. The remaining 40% (n=4) were split between cognitive behavioural therapy (20%) (n=2) and medication (20%) (n=2). 50% (n=5) of Asian participants chose support groups. 30% (n=3) chose counselling/psychotherapy. Cognitive behavioural therapy and herbal remedies/medicine were both chosen by 10% (n=1) of Asian participants.

**Question 19: Would you feel comfortable living next door to someone with a mental health problem?**

Of all Irish participants 80% (n=8) stated that they would not like living next door to someone with a mental health problem and 20% (n=2) stated that they would feel comfortable. Of all Asian participants 40% (n=4) stated that they would not feel comfortable living next door to someone with a mental health problem and 60% (n=6) stated that they would feel comfortable.

**Question 20: How would you respond to feeling very anxious or depressed?**

**Table 1.20 Students’ opinions on how they would respond to feeling very anxious or depressed (comparative results).**

<table>
<thead>
<tr>
<th>Response</th>
<th>Asian</th>
<th>Irish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to the hospital/health center</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>普</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Talk to someone</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Try to ignore it</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Sort it out alone</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Take drugs or get drunk</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Use relaxation techniques</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Not sure</td>
<td>20%</td>
<td>0%</td>
</tr>
</tbody>
</table>
20% (n=2) of Irish participants chose both talking to someone and using relaxation techniques, compared to 30% (n=3) of Asian participants. 20% (n=2) of Irish participants also chose both to try to ignore it and sort it out alone compared to 10% (n=1) of Asian participants choosing these options. 10% (n=1) of both Irish and Asian participants stated that they would respond by taking drugs or getting drunk. 10% (n=1) of Irish participants said they were not sure how they would respond compared with 0% of Asian participants. 10% (n=1) of Asian participants said they would go to the hospital or health center compared with 0% of Irish participants.

Chapter 4: Discussion

4.1 Introduction

This section compares the findings from the research with that of similar studies carried out by other researchers discussed in the literature review. The findings are compared and discussed under the two main objectives of this research.

4.2 Objective 1: To explore awareness and attitudes towards mental health among students in A.I.T.

The researcher found that most students recognised the importance of their mental health as thirty per cent rated their mental health as extremely important, forty per cent rated it as very important and twenty-five per cent rated it as important.

As previously mentioned in the literature review one in four people will experience a mental health problem at some point in their life (McDaid, 2008). It is clear from the findings in this research that there is a significant underestimation of the
prevalence of mental health problems, with none of participants in this survey stating that one in four people may have a mental health problem at some point in their life. This finding supports the HSE (2007) study on awareness and attitudes toward mental health, which also found a significant underestimation. The HSE (2007) study found that five per cent of participants chose one in four with two thirds estimating prevalence of one in ten or less. Similarly the Health Promotion Agency (2006) research into public attitudes, perceptions and understanding of mental health in Northern Ireland also found an underestimation with sixty-three per cent of the sample underestimating the prevalence. This researchers study found that ninety per cent of participants chose one in ten or less, which shows that A.I.T students have a higher underestimation than the participants in 2007 and 2006 research. This suggests that A.I.T students have a very low awareness of the prevalence of mental health problems.

The researcher found it interesting that the majority of students (65%) stated that they knew someone with a mental health problem yet there was still a very high level of underestimation of prevalence of mental health problems. A positive response noted in this research is that ninety per cent of students who participated stated that they believed that anyone can experience a mental health problem, this was five per cent higher than the results of the HSE (2007) research with eighty-five per cent believing anyone can experience a mental health problem. However, the findings in this study were not as high as the Health Promotion Agency’s (2006) research with ninety-eight per cent of participants answering yes. This is a positive finding as it shows that the majority of participants are aware that anyone is susceptible to having mental health problems.

When asked “What do you think contributes to positive mental health?” the majority of participants identified a healthy lifestyle (20%), exercise (20%) and a healthy diet (15%), with a smaller percentage identifying taking time to relax (10%), support from family and friends (5%). The most popular factors identified as contributing positively to mental health in the HSE survey were having a supportive family (66%), being physically healthy (61%) and having good friends (56%), having a healthy diet was identified by thirty-three percent and exercise by thirty-seven percent. The researcher’s findings contrast sharply with the HSE (2007) survey regarding family as only five percent choose family compared to
sixty-six percent of the HSE participants. Family support has been identified as a critical support to people with mental health problems (Pernice-Duca, 2010).

The HSE (2007) survey found that Samaritans and Aware were by far the best known organisations that relate to mental health, Samaritans was mentioned by over half of the participants (71%) and aware by fifty-nine per cent. Mental Health Ireland was recognised by under half (34%) of the participants in the HSE research. The researchers’ findings showed that A.I.T students had a greater awareness of Mental Health Ireland with over half (55%) having heard of it. Mental Health Ireland is one of the leading voluntary mental health organisations and provides support and advocacy for people with mental health problems. A large percentage of the A.I.T participants also recognised Aware (60%) and the Samaritans (45%).

Just under half (48%) of the participants in the HSE research expressed that they thought a person with a mental health problems outlook for recovery was poor. A.I.T students appeared to have a more positive view on people with mental health problems recovering as sixty percent agreed with the statement that ‘The majority of people with mental health problems recover’. They also had a more positive view than the participants in the Health Promotion Agency (2006) research where only forty-three percent agreed with the previously mentioned statement.

According to Watson and Eack (2011) a “critical life domain for people with mental health problems affected by public stigma is employment” (p.25). This stigma is clearly evident in the HSE (2007) research with fifty-two percent of participants stating that they agreed with the statement that ‘People with mental health problems should not be allowed to have important jobs such as doctors or nurses’, the same question was asked in the Health Promotion Agency’s (2006) research and forty-six percent agreed. The current research supports these findings with forty-five percent of participants saying no when asked ‘Do you believe people with mental health difficulties should have important jobs?’ these findings are similar to the two previously mentioned studies and it shows a very negative view expressed by the participants in the studies.
A common stereotype about people with mental health problems is that they are dangerous (Watson and Eack, 2011). The findings of this research show that forty-five percent of the participants agreed that people with mental health problems are often dangerous, forty percent disagreed slightly and the remaining five percent were unsure. A smaller amount (33%) of HSE (2007) participants agreed that people with mental health problems are often dangerous and only twenty-seven percent of the Health Promotion Agency (2006). Although research suggests a modest increase in the risk of violence associated with mental health problems the increase appears to be limited to individuals who also have substance abuse disorders or have specific psychotic symptoms (Link, Andrews & Cullen, 1992 cited in Watson & Eack).

The findings of this research showed that the participants are most likely to turn to a close friend (30%) or a doctor (30%), however students were obviously not comfortable with the idea of disclosing a mental health problem with thirty-five percent stating that they would feel awkward and thirty percent stating they would feel vulnerable. The Health Promotion Agency’s (2006) study showed that the most popular answer was also a doctor (36%) however, only seven percent chose a friend. The HSE (2007) research showed that most participants (74%) were most likely to turn to a doctor and twenty-two percent said a friend. The researcher suggests that maybe a student is more likely to turn to a close friend as friends and friendships are often a big part of a college student’s life.

In the CLAN (2007) study students were asked how they would respond to feeling very anxious or depressed. The more positive health promoting responses included; talking to someone (69%), finding information about the situation (24%) and praying (21%) however, very few stated that they would go to hospital or the health center (3%). When this question was asked in the researcher’s study the most popular responses were using relaxation techniques (25%) and talking to someone (25%), these are both very positive answers and show that fifty percent of students are aware of a positive way of dealing with anxiety or depression. However, an equal amount of students (15%) stated that they would try to sort it out alone or try to ignore it, a further ten percent said they would take drugs or alcohol, this shows evidence of poor awareness of how to promote positive mental health and poor coping strategies among participants. A finding similar to the CLAN (2007) study was that only a small percentage (5%) said they would go to the hospital.
4.3 Objective 2: To compare Asian and Irish students views in relation to their awareness and attitudes of mental health.

The findings indicate that Overall Asian and Irish students both viewed their mental health as being important or extremely important. However, 10% of Asian participants viewed their mental health as being only slightly important compared to none of the Irish participants.

One of the main findings of this research shows that Asian participants had far less awareness of the prevalence of mental health problems than Irish participants with seventy percent of students choosing either 1 in 1000 (20%) or 1 in 100 (50%), none of the Irish participants chose these options. Another difference was that all Irish participants indicated that they believed that anyone can experience a mental health problem, however, twenty percent of Asian participants indicated that they did not know. Less Asian participants knew someone with a mental health problem than Irish participants. However, it is possible that there is an underestimation here, as some Asian people may be less likely to disclose having mental health problems, as Gilbert et al. (2007) study found that Asian participants scored higher on how negatively their communities and families would view them if they had a mental health problem, they also had higher concerns about bringing shame to their family.

When asked “What do you think contributes to positive mental health?” there were no significant differences between Asian and Irish responses. Participants in both groups expressed having a healthy lifestyle and a healthy diet as the most popular factors. Asian students’ awareness of organisations that relate to mental health was lower than the Irish participants. The largest difference was that only ten percent of Asian participants were aware of the Samaritans compared to eighty percent of Irish participants. A large amount (80%) of Irish participants heard of Aware, half this amount of Asian students heard of this organisation. Also ten per cent of Asian students reported that they had not heard of any of the organisations listed.

Regarding the statement that ‘The majority of people with mental health problems recover’ there was not any significant differences between the two groups, with sixty per cent of Asian participants agreeing and sixty per cent of Irish students also agreeing to
this statement, although ten per cent of Asian students chose to strongly agree contrasting this none of the Irish participants strongly agreed, all sixty per cent chose to agree slightly with the statement. Asian participants had a more positive view in relation to people with mental health problems having important jobs. Thirty percent of Asian participants stated that people with mental health problems should have important jobs compared with twenty percent of Irish participants. Both Asian and Irish students were almost equally divided in their opinions on whether they agree or disagree that people with mental health problems are often dangerous.

The findings suggest that Asian participants would find it more difficult to talk to someone with a mental health problem than their Irish counterparts. This may be due to the tendency for Asian people to concentrate on physical discomfort rather than emotional symptoms (Lin & Cheung, 1999). Their tendency to talk about physical discomfort may lead Asian students feeling less comfortable talking to someone with a mental health problem. It is also possible that the reason that some Asian participants don’t feel comfortable talking to someone with a mental health problem is that, in some parts of Asia a person with a mental health problem can be seen as having weak character (Lam, Tsang, Chan & Corrigan, 2006 cited in Abdullah & Brown).

In a study by Sheikh and Furham (2000) they found that in the British Asian community a person with a mental health problem would consider it more appropriate to talk to someone from his or her social network rather than a health care professional. The findings of the current research contrast this with equal amounts of Asian participants saying that they would turn to a close friend (20%), a doctor (20%) or a psychologist (20%). However, the most popular answer was a close friend (40%) this could be due to the possibility that some Asian students may become more reliant on friendships, as many of their families may be living in their home countries. Irish participants were more likely to turn to a doctor (40%) or a family member (30%).

A study exploring culturally variant attitudes towards mental health and experience of shame and stigma, which was carried out in the UK suggested, that female Asian students have higher shame in relation to mental health than their European counterparts (Gilbert, Bhundia, Mitra, McEwan, Irons, & Sanghera, 2007). The findings of the researchers study also show a higher level of feelings of shame among Asian participants when
asked how they would feel disclosing a mental health problem in comparison to their Irish counterparts. Asian participants were also more likely to feel vulnerable. On the other hand Asian participants were also more likely to feel relaxed (30%) than Irish participants (10%) and less likely to feel awkward with ten percent of Asian participants choosing awkwardness compared to sixty of Irish participants. The findings showed that Asian participants had a more positive view when it came to the question ‘Would you feel comfortable living next door to someone with a mental health problem?’ A far greater percentage (60%) of Asian participants stated that would feel comfortable living next door to someone with a mental health problem. Only twenty percent of Irish participants reported that they would feel comfortable.

Asian participants showed more awareness of positive mental health coping strategies than Irish participants. Using relaxation techniques and talking to someone were both stated by thirty percent of Asian student when asked ‘How would you respond to feeling very anxious or depressed?’, a smaller amount of Irish students chose these options (20%). Ten percent of Asian participants admitted that they were not sure how they would respond compared to none of the Irish participants. Smaller amounts of Asian students said they would sort it out alone (10%) or try to ignore it (10%) with double the amount (20%) of Irish students choosing these responses. The CLAN (2007) survey showed that sixty-nine percent of students would talk to someone if they felt very anxious or depressed, this is significantly higher than both the Asian and Irish students in the current research findings and leads the researcher to question the drastic drop in this response.

4.4 Evaluation of methodology

Strengths of the research method:

One of the main strengths of the research method was that it allowed the researcher to collect information in a relatively short period of time. This was beneficial as there were strict time restrictions for the research. Another strength was that the researcher was able to obtain a gender balance in the sample. This allowed for both male and female students’ opinions to be represented in the research findings. The method chosen allowed the researcher to achieve an insight into how students perceive mental health by looking at their attitudes and awareness. It
also explored the differences between Asian and Irish students’ awareness and attitudes, this was a strength, as from what the researcher was able to find a comparative study like this was not carried out before.

Limitations of research

The study used a relatively small sample and therefore cannot be seen as fully representative for the overall student population. The method chosen i.e. quantitative, did not allow the researcher to explore the in-depth reasons behind the students attitudes or awareness towards mental health. A qualitative method would provide more information on the students’ opinions and could have been used to back up the results of the questionnaires. A quantitative approach could have been used to explore the students’ opinions on how much their culture has influenced their awareness and attitudes towards mental health. Another limitation of the research could be that the surveys were not translated into the Asian student’s native languages. The researcher tried to ensure that the wording of the questions was kept as simple as possible and asked the Asian participants if they felt their level of English was good enough to understand and answer the survey. The researcher also informed the participants that they were free to ask questions.

4.5 Suggestions for future research

The researcher feels that a study with a wider range of participants could provide more information on students’ awareness and attitudes towards mental health. A study that had a wider variety of Asian cultures would also be beneficial as it would better represent the Asian student population. Another possible study that could be undertaken could compare European and Asian students to discover whether the cultural differences affect awareness and attitudes toward mental health. Lastly another suggestion could be to compare males and females. This could provide an interesting study into the differences between males and females attitudes and awareness towards mental health.
Chapter 5: Conclusion

5.1 Conclusion

Overall the results found that students deemed their mental health as important. There were high levels of underestimation of the prevalence of mental health problems. There was a general view that people with mental health problems recover however, many participants believed that people with mental health problems should not have important jobs. Many participants also said that they would feel uncomfortable living next door to someone with a mental health problem. This shows that there was evidence of stigmatising attitudes among students. Evidence of both positive and negative coping strategies when it came to depression and anxiety were found in the study. A positive finding was that there was high levels awareness of some mental health organisations among participants.
On comparing Asian and Irish students’ awareness and attitudes the study highlighted that there was a far higher underestimation of the prevalence of mental health problems among Asian students. Asian students were also less aware of mental health organisations in Ireland. A higher amount of Asian students stated that they thought that people with mental health problems were dangerous. Asian students showed more positive attitudes than Irish students when it came to people with mental health problems having important jobs and living next door to them. Asian students also showed more positive coping skills when feeling anxious or depressed than Irish students.

A worrying feature of the researchers study was the underestimation of the prevalence of mental health and the stigmatising attitudes evident among participants. Based on this, the researcher recommends a further study carried out to ascertain where these stigmatising views are steaming from and why there is such an underestimation of prevalence. The findings of such research could help form a basis to promote awareness and tackle stigma.

5.2 Recommendations

Based on the findings of the research the researcher believes that an informational campaign raising awareness of mental health within the A.I.T would help promote awareness of mental health, the prevalence of mental health problems and the negative effects of the stigmatisation of mental health. This campaign could target both Irish and International students including Asian students. The researcher suggests that it is important to raise awareness of organisations related to mental health among Asian students, as the study showed that many Asian students had never heard of some of the key mental health organisations in Ireland. This campaign could also help students to learn positive coping strategies when faced with stress, anxiety and other mental health problems through workshops and informational booklets.

The A.I.T students union have an annual mental health week and provide information, talks and suicide prevention workshops for example, the ASSIST
workshop. They also provide talks related to the area of mental health to educate and provide information to students. Perhaps this campaign could incorporate the cultural differences regarding mental health and in turn ensure the international students studying at A.I.T are also targeted. This campaign could also set up workshops that allow interaction between students and people with mental health problems so that students could learn more about what life is like for those living with mental health problems.

Reference list


Dear student,

My name is Michaella Hannick and I am a fourth social care student. As part of my course I must complete a research project. My project is a study of Athlone Institute of technology students’ attitudes and awareness to mental health. As part of my research I am asking you to fill out this survey. The completion of this survey is on a completely voluntary basis and you should not feel pressurised to answer any questions you do not feel comfortable with. Your name is not required and all participants will have complete anonymity. The information will be used only for the sole purpose of the investigation. If you choose to take part I ask you to please consider your answers.

Thank you for your time and your cooperation in completing this questionnaire, it is greatly appreciated.

__________________________
Michaella Hannick
Q. 1 Gender
Male ☐
Female ☐

Q. 2 Age
16-19 ☐
20-23 ☐
24-27 ☐
27-35 ☐
35+ ☐

Q. 3 What is your nationality?
_________________________________________________________________

Q. 4 What course are you studying?
______________________________________________________________________________

Q. 5 What year are you in?
______________________________________________________________________________

Q. 6 How important is your mental health? (please tick (✓) one)
Not very important  Slightly important  Important  Very important  Extremely important
(   )                  (   )                (   )             (   )                (   )
**Q.7** What proportion of people do you believe might have a mental health problem at some point in their life?

1 in 1000

1 in 100

1 in 50

1 in 10

1 in 5

1 in 4

1 in 3

**Q.8** Do you know anyone who has experienced a mental health problem?

Yes

No

**Q.9** What do you think contributes to positive mental health?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Q.10 Which of the following do you believe is the most common mental health problem?

Schizophrenia
Stress
Eating disorders
Depression
Alcoholism
Bipolar disorder
Drug dependence
Anxiety disorders
Other, please specify

Q.11 Which of the following organizations have you heard of? (Tick all that apply)

Aware
Headstrong
Mental Health Ireland
Samaritans
Console
Bodywhy
Grow
WHO
None of the above
Q.12 Do you believe that anyone can experience a mental health problem?
Yes  
No  
Don’t know  

Q.13 “The majority of people with mental health problems recover”
To what extent do you agree or disagree with the above statement? (please tick (✔) one)
Agree strongly  Agree slightly  Unsure  Disagree Slightly  Disagree strongly
(  )  (  )  (  )  (  )  (  )

Q.14 Do you believe people with mental health problems should have important jobs (e.g. nurse, doctor)?
Yes  
No  
Don’t know  

Q.15 “People with mental health problems are often dangerous”
To what extent do you agree or disagree with the above statement? (please tick (✔) one)
Agree strongly  Agree slightly  Unsure  Slightly disagree  Strongly disagree
(  )  (  )  (  )  (  )  (  )
Q.16 “I would find it hard to talk to someone with a mental health problem”
To what extent do you agree or disagree with the above statement? (please tick (✔) one)

Agree strongly       Agree slightly       Unsure       Disagree slightly       Disagree strongly
(    )                          (    )                       (    )                     (    )                            (    )

Q.17 If you thought you had a mental health problem which of the following are you most likely
to turn to? (please tick (✔) one)

College health center    
Doctor                      
Counsellor/psychotherapist  
Lecturer                    
Family member              
Close friend                
Psychologist                
Clergy (minister or priest) 
Other, please specify  

______________________________________________
Q.18 How do you think you would feel about disclosing a mental health problem?

(Please tick ✓ one or more)

Shameful     ❑
Vulnerable    ❑
Anxious       ❑
Relaxed       ❑
Awkward       ❑
Relieved      ❑
No Issue      ❑

Q.19 Which of the following do you believe is the best treatment for mental health problems?

(please tick (✓) one)

Medication    ❑
Counselling/Psychotherapy ❑
Herbal remedies/Medicine       ❑
Cognitive behavioral therapy  ❑
Support groups               ❑
Other, please specify         ❑

Q.20 Would you feel comfortable living next door to someone who has a mental health problem?

Yes       ❑
No        ❑
Q.21 How would you respond to feeling very anxious or depressed? (please tick one)

- Talk to someone
- Go to the hospital/health centre
- Pray
- Try to ignore it
- Sort it out alone
- Take drugs or get drunk
- Use relaxation techniques
- Not sure