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**MENTAL HEALTH LITERACY, HELP-SEEKING, HELP-GIVING AND SCHOOL
CLIMATE: THE CASE OF ADOLESCENTS IN GHANA**

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DECLARATION

I, Diane Korkor Arhin, hereby declare that this work is a result of my own research which was undertaken with supervision from Prof. Emmanuel Nii-Boye Quarshie and Dr. Margaret Amankwah-Poku. This research has not been presented for the award of any degree in any institution. All the references made to other people's studies have been duly acknowledged.



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DEDICATION

This work is dedicated to the adolescent population in Ghana. I appreciate this invaluable opportunity to explore and share their opinions and experiences. I also dedicate this work to my family and friends, who have been a great source of inspiration and support in the course of conducting this study.



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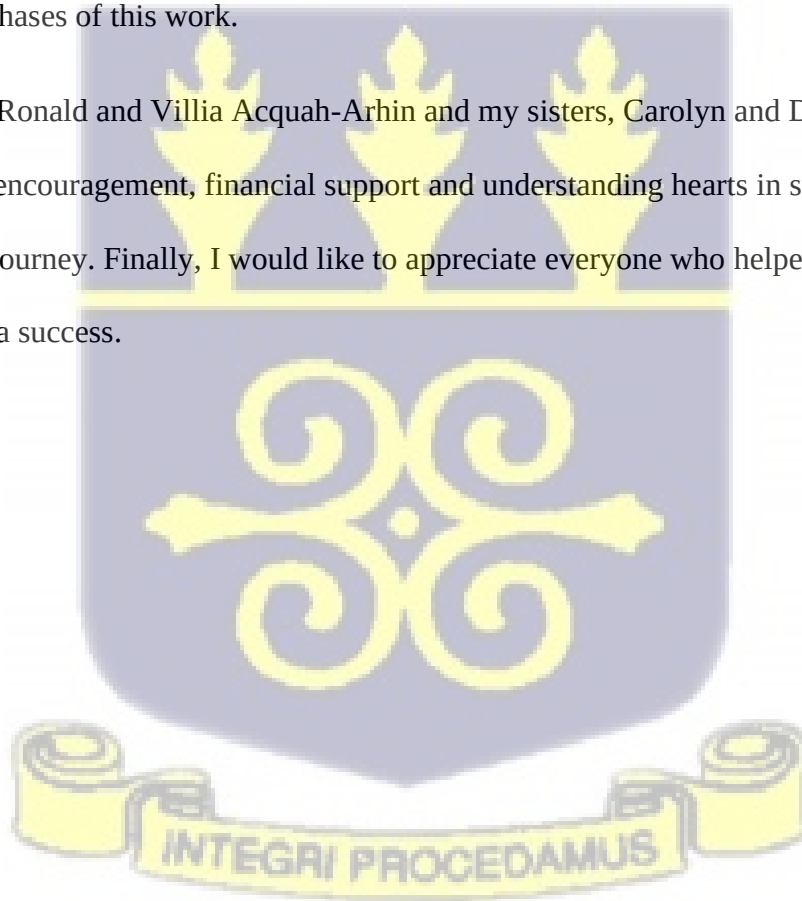
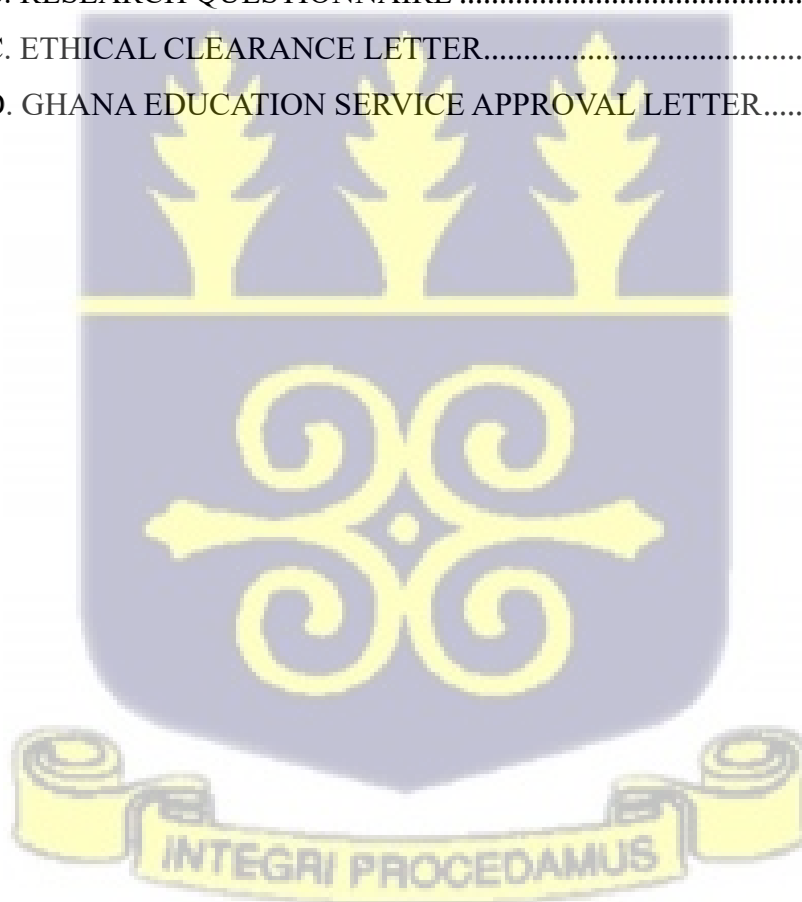


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ABSTRACT

Mental health literacy has gained a substantial amount of attention because of its significant implications on the mental health of individuals. Over the years, the focus of mental health literacy research has increasingly shifted to children and young people, with a particular interest in adolescents. This study sought to assess the level of mental health literacy and its correlates among school-going adolescents in Ghana. The study adopted a cross-sectional survey where data was collected among senior high school students in Greater Accra Region. The instruments used for data collection were the Mental Health Literacy Questionnaire (MHLq), Inventory of Attitudes toward Seeking Mental Health Services (IASMHS), Mental Health First Aid Vignette (MHFAV) and Delaware School Climate Survey- Student (DSCS-S). A total of 798 students were recruited using a two-stage cluster sampling technique. Data collected was analysed using the Pearson's correlation and hierarchical multiple regression tests. Findings of this study showed that mental health literacy had a significant positive relationship with both help-seeking attitudes and help-giving intentions. It was also found that dimensions of school climate moderated these relationships in an inverse manner, while gender did not significantly moderate the relationship between mental health literacy and help-seeking attitudes. These findings have implications for increasing awareness and the need to improve mental health literacy among adolescents in Ghana and establishing a supportive school environment within Ghanaian schools.



CHAPTER ONE

INTRODUCTION

The concept of mental health literacy is widely understood as the general insight about mental health issues that informs and enables people to ensure positive mental health states as well as treating and managing mental illnesses (Bjørnsen, Bjørnebekk & Brandmo, 2024; Jorm, 2020; Mansfield, Patalay & Humphrey, 2020). Mental health literacy has gained a substantial amount of attention because of its significant implications on the mental health of individuals. To have a better understanding about this concept, it would be imperative to begin with the concept from which it emerged, which is health literacy. Health literacy was originally defined by the Joint Committee on National Health Education Standard of the United States (1995) as “the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health” (Sørensen, 2019, p.6). A more recent definition by the World Health Organization (2024) explains health literacy as the ability to gain, evaluate and use information and services as well as expressing health needs with the aim of improving and maintaining good health and wellbeing. Even though the conceptual approach for health literacy has evolved from an individual perspective to a more societal-contextual perspective, there remains the underlying assertion of accessing, understanding, and using health related information to promote the health of the general population (Kutcher et al., 2016; Lawrence, Feinberg & Spratling, 2021; Liu et al., 2020)

In addition to this assertion, health literacy is considered as a multidimensional, heterogeneous, and complex concept (Lawrence et al., 2021; Sørensen, 2019; Urstad et al., 2022). As a multidimensional concept, health literacy is regarded as a channel through which individuals progress in knowledge and are informed by such knowledge to take actions concerning the promotion of their health and that of others. Therefore, the focus is not about just

obtaining health-related information but using such information for the benefit of one's and others' health (Logan, 2015; Nutbeam & Lloyd, 2021). The heterogeneity of the health literacy concept implies it has significant implications from the clinical and public health perspectives. That is, health literacy emphasizes the individual's ability in acquiring and utilizing health-related information appropriately while considering the environment within which such ability could be enhanced and thrive for the good of the society (Kutcher et al., 2016; Liu et al., 2020). Regarding the concept of health literacy being complex, it must be contextualized within specific areas of interest. Thus, health literacy could have focal points in specific health domains, populations, modes, and languages (Manganello, Sentell & Davis, 2013). It is in the context of "specific health domains" that mental health literacy has emerged.

1.1.1 Mental Health Literacy

The emergence of mental health literacy (MHL) concept was a reaction to two concerns (Jorm, 2015). According to Jorm (2015), the concept of mental health literacy developed to address the minimal attention given to mental health within the broad area of health literacy. As health literacy received more attention over the years, the sub-domain of mental health was not considered in research and policymaking; thus, there was the need to conceptualize a field that will prioritize mental health literacy. Also, mental health literacy emerged because the mental health sector, in general, did not take much interest in educating the general public on mental health related issues. Initially, the sector was overly focused on providing such education to health professionals to enhance their knowledge and skills in identifying and managing mental disorders, without considering how the lay person could also benefit from such education (Jorm, 2012; Spiker & Hammer, 2018; Tay, Tay & Klainin-Yobas, 2018).

For these reasons, Jorm and his colleagues pioneered the concept "mental health literacy" in the 1990s. The original definition of mental health literacy as explained by Jorm et al. (1997)

is the information and perceptions individuals have concerning mental disorders that could help them identify, prevent and manage mental health conditions. Generally, what individuals know about mental disorders and how to manage them would influence how they deal with a situation where they or someone of close contact is experiencing psychological distress. Hence, mental health literacy is essential to equip them to ameliorate the condition (Coughlan et al., 2024; Jorm, 2020; Tay et al., 2018). Over the years, the conceptualization of mental health literacy has evolved to include the essence of obtaining and maintaining positive mental health, reducing stigma related to mental disorders and, facilitating help-seeking efficacy (Bjørnsen et al., 2024; Kutcher et al., 2015; Mansfield et al., 2020; Soria-Martínez et al., 2024).

It is noteworthy that mental health literacy is not merely having theoretical knowledge about mental disorders. Rather, it is a matter of obtaining knowledge that increases the chances of taking certain actions to enhance an individual's mental wellbeing and that of others (Jorm, 2012; Soria-Martínez et al., 2023). In view of this, mental health literacy just like its originating concept (health literacy), promotes a sense of agency where individuals are informed and empowered to seek and acquire the relevant knowledge and skills that propel action for their mental health (Jorm, 2019; Mansfield et al., 2020; Sørensen, 2019).

Based on this, the framework for mental health literacy has been developed to have three broad themes: recognition, knowledge of factors relating to mental health, and attitudes and beliefs about mental disorders (Bale et al., 2018; O'Connor et al., 2014). Within these themes are the initial six components (attributes) of mental health literacy proposed by Jorm et al. (1997); namely: (a) recognition of mental disorders, (b) knowledge and beliefs about causes and risk factors, (c) knowledge of how to access mental health information, (d) knowledge of professional help available, (e) knowledge of self-help strategies, and (f) attitudes that facilitate recognition and help seeking. Subsequently, Jorm (2012) emphasized the influence of an

individual's social network in identifying and offering help to manage a mental disorder and hence, posited an additional component of the knowledge and skills to give mental health first aid and support to others (Mansfield et al., 2020; Spiker & Hammer, 2018).

1.1.2 Mental Health Literacy among Adolescents

In recent times, the focus of mental health literacy research has increasingly shifted to children and young people, with a particular interest in adolescents because of the urgency to attend to adolescents' mental health (González-Sanguino et al., 2024; Seedaket et al., 2020; Sodi et al., 2022). Adolescence is a period characterized by drastic biological, cognitive, and socio-emotional changes which could have significant impact on adolescents' transition from childhood to adulthood (Blakemore, 2019; Mabrouk et al., 2022). Consequently, if the adolescent is not able to navigate through the novelty of experiencing such changes together with the accompanying pressures and adversities (such as risky behaviours, academic challenges, bullying, parent-child conflicts), it could lead to psychological distress (Arhin et al., 2019; Blakemore, 2019; Liu et al., 2022; Santre, 2022).

Indeed, adolescence has been identified as a crucial period where most mental health problems emerge (Azzopardi et al., 2023; Goodfellow et al., 2022; Subasinghe et al., 2022). Globally, the prevalence of mental disorders among adolescents in recent times has been alarmingly high (Brown Epstein, 2022; Mabrouk et al., 2022; Santre, 2022; Wei et al., 2022). Global estimates show that about one out of seven adolescents live with a mental disorder, with depression and anxiety having higher prevalences (Beckwith, Chandra-Mouli & Blum, 2024). In sub-Saharan Africa, a recent systematic review reporting on the prevalence of mental health problems among adolescents in the general population revealed that the prevalence rate of depression, anxiety disorders, emotional and behavioural problems, were 26.9%, 29.8%, 40.8% respectively, while that for posttraumatic stress disorder and suicidal ideation were 21.5% and

20.8% respectively (Jorns-Presentati et al., 2021). Kugbey (2023) also found that the aggregate prevalence rate of substance use among school-going adolescents in eight sub-Saharan Africa countries was 15.9%. These concerns call for the need to develop interventions to support adolescents' mental health; one of which is aimed at improving mental health literacy among adolescents. Various forms of mental health literacy interventions provide the opportunity to train adolescents to acquire the relevant knowledge and skills for mental self-care, help-seeking, and help-giving behaviours (Clarke et al., 2021; Kågström et al., 2023; Marinucci et al., 2022).

1.1.3 Help-Seeking among Adolescents

According to Rickwood and Thomas (2012), help-seeking is a coping mechanism an individual could adopt when facing a mental health problem with the aim of receiving support from an external source. This definition indicates that help-seeking for mental health problems could be viewed as an adaptive coping process; in that, help-seeking allows for acknowledgement of the problem and making the efforts to actively address the problem (Rickwood, 2005). From a general health perspective, the concept of help-seeking is understood as a process that encompasses three key elements which are problem-focused, intentional action and interpersonal interaction (Cornally & McCarthy, 2011). This implies that the process of help-seeking involves an individual identifying his/her health problem that needs urgent attention, actively taking the initiative to choose and pursue a source of help, and being willing to engage with a third party concerning the health problem. In other words, the individual must recognize the weight of the health problem, the need to seek help because he/she is limited in dealing with it alone and thus, seeking external support to ameliorate the situation (Husky, 2011; Rickwood et al., 2007).

Help-seeking as a process is determined by three factors: attitudes toward seeking help, intentions of seeking help and the actual behaviour of seeking help (Clark et al., 2020; Xu et al., 2018). Attitudes toward seeking help can be understood as an individual's perception about help-

seeking that is based on his/her evaluation of the consequence of seeking help, what important people in his/her life think about seeking help and his/her self-efficacy in seeking help (Fishbein & Ajzen, 2010; Hammer, Parent & Spiker, 2018; Mackenzie et al., 2006). Thus, the attitudes an individual has towards help-seeking serves as the fundamental determinant of having the intention to seek help and, eventually, seeking help. One key factor that influences the evaluative process in forming these attitudes is the knowledge available to the individual. In this context, mental health literacy has been identified as a significant variable associated with seeking help concerning mental health problems (Halsall et al., 2019; Ma et al., 2022; Radez et al., 2021).

Despite the high prevalence of mental disorders among adolescents, the treatment gap between those who have mental health challenges and those who receive treatment is wide (Ma et al., 2022; Radez et al., 2021). One factor contributing to such wide treatment gap is the low likelihood of seeking help during psychological distress which has a subsequent implication of mental health problems getting worse as they are left unattended (Goodfellow et al., 2022; Pearson & Hyde, 2021). In the case of adolescents, low levels of mental health literacy have been associated with having negative attitudes towards mental help-seeking (Calear et al., 2020; Gulliver et al., 2010; Hayes et al., 2023). This implies that adolescents who have little knowledge about mental health issues such as the recognition of mental disorders and knowledge about mental health services available, are more likely to develop unfavourable attitudes toward seeking help when having mental health problems. This has a further implication of being a barrier to actual help-seeking behaviour. Such negative attitudes toward help-seeking have been found to be more pronounced in adolescent males (Clark et al., 2020; Haavik et al., 2017; Liddle et al., 2021). Adolescent males are more likely to have negative attitudes toward help seeking because of perceived ideals and norms about masculinity; where they are expected to act physically and mentally/emotionally strong (Bella- Awusah et al., 2022; Liddle et al., 2021; Lisk

et al., 2023). Thus, they may view the idea of opening up and expressing their need for psychological help as a sign of weakness.

Even when adolescents seek help in the face of psychological distress, they are more likely to seek help from informal sources (Goodfellow et al., 2022; Lubman et al., 2017). These informal sources of help include peers, family members, teachers and any individual within their social circle who is a layperson concerning mental health services. Most adolescents will prefer to, more particularly, disclose any mental health problems they are facing to their peers for a number of reasons (Hart et al., 2018; Husky, 2011; Subasinghe et al., 2022). For instance, most adolescents begin to spend more time and form closer ties with their friends which gives room for trust and reliance on their peers in times of difficulty, such as experiencing psychological distress. Also, seeking professional help may require parents' consent and involvement at a certain point since some adolescents may still be legally dependent. However, some adolescents may want to be autonomous from their parents, so they would avoid the formal sources of help-seeking (from psychologists, psychiatrists, counsellors) altogether.

1.1.4 Help-Giving among Adolescents

Kitchener et al. (2017) defined mental health first aid as the initial support given to a person facing a mental health problem that could be emerging at the early stages, getting worse or manifesting as a crisis, while efforts are made to receive appropriate professional help. Such help is offered by a layperson who is in frequent contact with the person experiencing a mental health crisis. Adolescents are more likely to prefer seeking help from peers when encountering psychological distress (Amarasuriya et al., 2017; Mason et al., 2015; Subasinghe et al., 2022; Wilcox et al., 2023). These premises position adolescents at a crucial place of offering help to their peers who are in distress. This, therefore, raises the concern of whether adolescents are

willing to offer such help and, most especially, whether they have the adequate knowledge and skills to offer mental health first aid to their peers experiencing mental health challenges.

It is essential to note that the layperson's knowledge in recognizing the mental health problem and managing the situation influences the help they would offer. In this vein, adolescents' willingness to help and the help they offer would reflect their knowledge and beliefs about mental health (Amarasuriya et al., 2017; Yap et al., 2011). Thus, the quality of their help-giving intentions and actual behaviour is dependent on their knowledge-base in mental health issues. Mental health literacy could be, then, viewed as a means through which adolescents' awareness of mental health problems could increase, and consequently enhance early intervention as they offer the appropriate mental health first aid (Subasinghe et al., 2022).

It would therefore be essential to equip adolescents through mental health literacy interventions for the following reasons. First, equipping adolescents with mental health literacy enlightens them to see the essence of seeking help for themselves when in mental distress. Such enlightenment, in turn, puts them in a more confident position to provide accurate mental health first aid in case of a mental crisis to prevent the situation from getting worse, while professional help is en route. This is even more salient for countries within sub-Saharan Africa (with a particular focus on Ghana), where mental health services available for young people are inadequate (Atilola et al., 2022). Second, adolescents are seen as pathways to seeking professional help, thus, training them through mental health literacy interventions makes them knowledgeable about mental health services available and what these services offer. This will, in turn, guide adolescents to make appropriate recommendations for peers to seek adult/professional help. Indeed, it has been shown that adolescents are more likely to seek professional help when a friend makes such recommendation to them (Byrne et al., 2015; Subasinghe et al., 2022). Third, equipping adolescents with mental health literacy has the potential to reduce the

stigma attached to mental health problems (Barrow & Thomas, 2022; Byrne et al., 2015; Hart et al., 2018). Adolescents with stigmatizing attitude towards mental illness would be less willing to offer help to a peer in mental distress. Therefore, when adolescents receive mental health literacy training, their negative perceptions about mental illness are more likely to change and they would become more supportive to their peer in mental distress.

1.1.5 School Climate, Mental Health Literacy, Help-seeking and Help-giving

To better understand mental health literacy and its association with adolescents' help-seeking and help-giving behaviour, it is expedient to consider adolescents' learning environment. Most adolescents spend much of their time in school where they also interact with their peers, therefore making the school environment a suitable context to implement mental health literacy interventions (Aldridge & McChesney, 2018; Shih, 2015; Spencer et al., 2020). The type of school environment (that is, school climate) in which adolescents learn has implications on how they would seek help when they are in mental distress or how they would offer help to a peer in mental distress.

School climate has been defined broadly as the essence of the interactions experienced within the school setting that depicts the nature of the values, customs, interpersonal relationships, organizational structures and teaching and learning practices in the school (DiGirolamo et al., 2021). This definition implies the school setting goes beyond a place for just academic learning; it is also an environment where adolescents get to develop socio-emotional skills as they experience the “psychosocial life” of school. Thus, school climate encompasses all the elements that characterize this experience (Payne & Wilson, 2021; Wang & Degol, 2016). School climate has been conceptualized as a multidimensional construct with different perspectives explaining what it is and what it entails (González et al., 2022). From a broader perspective, school climate is posited to have four dimensions/domains, namely:

relationships/community, safety and discipline, academic climate, and institutional environment. Relationship/community dimension emphasizes the social relationship, school connectedness, and culture within the school setting, while for safety and discipline, the focus is on the level of school safety, disciplinary approach, and fairness of school rules in the school. Academic climate of the school setting on the other hand reflects the teaching and learning approach, content of the curricular, and academic performance, while the institutional environment comprises the physical environment, structural organization, and availability of facilities within the school (González et al., 2022; László et al., 2019; Wang & Degol, 2016).

Bear et al. (2021) propounded a more specific breakdown of the school climate dimensions, which stems from two of the broad dimensions— relationship/community, and safety and discipline. These dimensions are teacher-student relations, student-student relations, clarity of behavioural expectations, fairness of rules, student engagement schoolwide, school safety, and bullying schoolwide. Teacher-student relations dimension indicates the extent to which teachers (and other staff members in the school) interact with students in a supportive, caring and respectful approach, while student-student relations dimension reflects how students relate with one another cordially. For clarity of behavioural expectations dimension, the focus is on the consistency and transparency of the rules guiding students' behaviour in school as fairness of rules dimension reflects the perception that school rules and disciplinary measures are non-discriminatory. Student engagement dimension emphasizes the level of behavioural, cognitive and emotional involvement and sense of connectedness students show within the school environment whereas school safety and bullying dimensions depict the degree to which students feel physically and emotionally safe; without having fears of being victims of the various forms of bullying in school.

School climate has been found to be associated with various academic, behavioural, and socio-emotional outcomes, when it is perceived to be positive (DiGirolamo et al., 2021; González et al., 2022; Wang & Degol, 2016). For instance, students in the Democratic Republic of Congo perceived school climate as positive in their schools and that was associated with fewer reports of mental health issues and peer victimization among students (Starkey et al., 2019). In as much as school climate originated from and has been extensively studied in the global North, it could also have a significant bearing in school settings in the global South, particularly, in Ghana. In the context of this study, students' perception of a positive school climate could have some implications for mental health literacy interventions, help-seeking, and help-giving behaviours. First, such relationship could imply students have a sense of connection with their schools and get involved in school activities; thus, they are more likely to embrace and benefit from mental health literacy interventions implemented in schools. The second implication is that students believe they can open up to their peers, teachers or school counsellors when they face a mental health challenge as they perceive their school environment to be cordial and safe and thus, they would not be stigmatized or victimized. Last of all, students' perception of positive school climate could influence their prosocial behaviour such as looking out for their peers and offering to help when a peer is in mental distress.

1.2 Problem Statement

Mental health literacy is essential for adolescents' mental wellbeing which could have further implications for their socio-emotional, cognitive, and physical development and progressing into their later years. At this stage of development, adolescents begin to gain independence from parents and make choices for themselves; thus, the need for them to be equipped with the relevant knowledge to make informed choices concerning their wellbeing (Rickwood et al., 2005). Empirical evidence shows that mental health literacy levels among adolescents are

generally low; having a negative impact on their mental health (Ahmad et al., 2022; Aluh et al., 2018; Lam, 2014; Ogorchukwu et al., 2016). This indicates that many adolescents may have limited knowledge about mental disorders, their causes and risk factors and how to manage or prevent them. Such limited knowledge is more likely to have dire implications such as developing negative attitudes (like stigma) about mental disorders, declining mental health, and delay or complete avoidance in seeking help for mental health problems (Brown Epstein, 2022). The low levels of mental health literacy among adolescence could reflect in the Ghanaian setting with the possibility of even lower mental health literacy levels, considering the socio-cultural context where stigma on mental health issues is high (Arthur, 2018).

In Ghana, findings from a study by Amoah et al. (2017) showed that more than three-quarters (78%) of street youth in Kumasi reported an insubstantial level of general health literacy. In addition to this, the prevalence rates of mental disorders among adolescents in Ghana have been found to be quite concerning. For instance, Adjorlolo, Anum and Huang (2022) found that the prevalence rates of moderate to severe depression and anxiety among high school students in the Greater Accra, Central and Eastern regions were 31.2% and 16.5%, respectively. Kusi-Mensah et al. (2024) also found the lifetime prevalence rate of child and adolescent mental disorders among young people in Kumasi was 30.4%. Such alarming evidence of mental disorders and low health literacy among adolescents in Ghana warrants the essence of exploring the concept of mental health literacy and its implications among this population. However, there is limited research providing insight into mental health literacy among adolescents in Ghana. Thus, it will be worth investigating what adolescents in Ghana know and understand about mental health related issues and how this is related to their help-seeking and help-giving behaviours.

1.3 Aim and Objectives of the Study

The main aim of the study is to assess the level of mental health literacy and its correlates among school-going adolescents in Ghana.

The specific objectives of the study are as follows:

1. To examine the relationships between mental health literacy, help-seeking and help-giving behaviours among school-going adolescents in Ghana.
2. To ascertain the moderating effect of school climate on the relationships between mental health literacy, help-seeking and help-giving behaviours among school-going adolescents in Ghana.
3. To assess the moderating influence of gender on the relationship between mental health literacy and help-seeking attitudes among school-going adolescents in Ghana.

1.4 Relevance of the Study

This study would provide insight into the knowledge and perception adolescents in Ghana have about mental health related issues, thereby, contributing to extant empirical evidence on mental health literacy among adolescents. Such insight would also inform mental health professionals such as psychologists and school counsellors to provide effective support for adolescents facing mental health problems. It is also expected that findings from this study would be used to increase awareness of the need for mental health literacy among adolescents in Ghana through presentations at conferences and seminars. Subsequently, this would guide policies concerning adolescent mental health in Ghana by engaging with key institutions such as Ghana Education Service and Mental Health Authority, Ghana. Lastly, findings from this study would also be useful in advocating for and training peer counsellors in Ghanaian schools.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Framework

This study was guided theoretically by the Reasoned Action Approach and the Gateway Provider Model, which are described below.

2.1.1 The Reasoned Action Approach

The reasoned action approach, which emerged from the Theory of Planned Behaviour (an extension of an initial theory - Theory of Reasoned Action [Fishbein & Ajzen, 2010]), has been used in mental health literacy literature to understand the influence of knowledge and beliefs in the dynamics of help-seeking behaviour. The reasoned action approach is the latest progression of Fishbein and Ajzen's behaviour model that provides insight into the factors involved in enacting a particular behaviour. According to Ajzen, Albarracin & Hornik (2007) and Fishbein (2008), the underlying rationale for the reasoned action approach is to pinpoint a set of factors that could explain for a significant amount of the variance in a particular behaviour. Thus, the reasoned action approach asserts that behaviour is influenced by a sequence of certain variables, which are behavioural beliefs, normative beliefs, control beliefs, attitudes toward the behaviour, subjective/perceived norms, perceived behavioural control and intention to engage in the behaviour (Ajzen et al., 2007; Fishbein & Ajzen, 2010). In this sequence, attitudes toward the behaviour depict the individual's evaluation of the target behaviour based on his/her beliefs about the outcome of engaging in that behaviour (behavioural beliefs), subjective norms reflect the individual's beliefs and perceptions about other people's views about engaging in that behaviour (normative beliefs), while perceived behavioural control (which could also influence behaviour directly) indicates the individual's perception of his/her self-efficacy based on the resources available to engage in the behaviour (control beliefs). Subsequently, attitudes toward

the behaviour, subjective norms and perceived behavioural control become the antecedents of the individual's intention to engage in or perform that behaviour. Then, the intention to engage in the behaviour becomes the key determinant of the actual behaviour (Ajzen et al., 2011; Fishbein & Ajzen, 2010; see Figure 1).

As an extension of the theory of planned behaviour, the reasoned action approach incorporated an additional assertion that intention may not be sufficient in predicting behaviour and thus, there is the need to consider the place of actual behaviour control (determined by the individual's skills and environmental factors) in the behaviour change model (Fishbein & Ajzen, 2010). There was also the inclusion of certain variables known as background factors in the model. These background factors are the elements that could influence the behavioural, normative and control beliefs of the determinants of behaviour intentions (Ajzen et al., 2007; Fishbein & Ajzen, 2010). According to Fishbein and Ajzen (2010), the different levels at which individuals possess these background factors influence the varying beliefs they have about a particular behaviour. This implies that the extent to which an individual will have a favourable or unfavourable disposition about enacting a behaviour, partly depends on individual, social and informational factors.

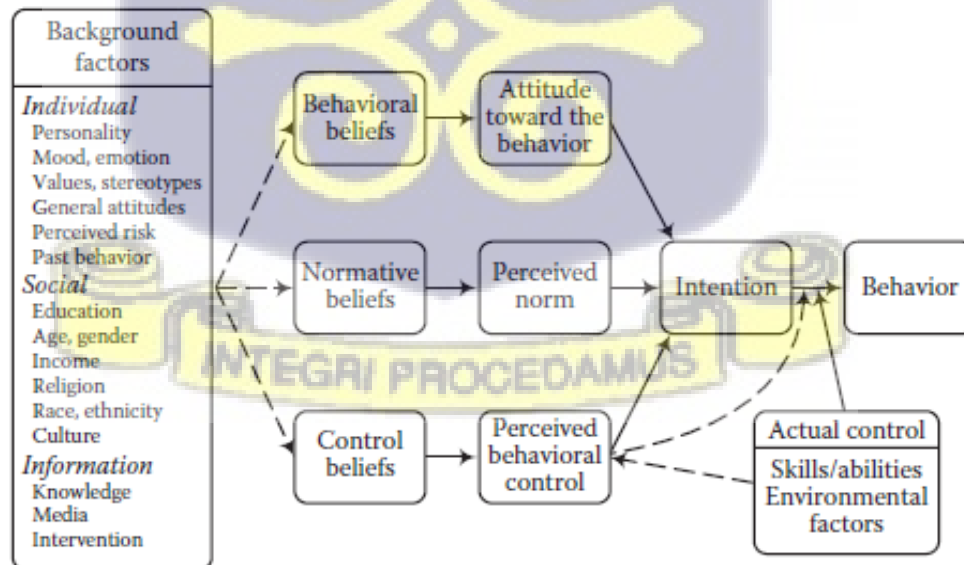
One of such background factors, which is of interest in this study, is knowledge. It has been argued that the more accurate a person's knowledge base about a behaviour or an issue is, the more likely that they will adopt beliefs that propels them to engage in acceptable behaviours (Fishbein & Ajzen, 2010). With regard to health behaviours, individuals' level of knowledge about a particular health issue will reflect in their beliefs in evaluating a health behaviour, what others think about that behaviour and the factors available to facilitate performance in that behaviour; which will influence their intentions to engage in the behaviour of interest (Fishbein & Ajzen, 2010). Situating such proposition in this study, mental health literacy (that is,

knowledge) will influence adolescents' beliefs about seeking help when faced with mental health challenges and how such beliefs will, in turn, influence their behavioural evaluation of help-seeking. This implies that, there could be a positive relationship existing between adolescents' mental health literacy levels and their attitudes towards seeking professional help.

Moreover, adopting the reasoned action approach for this study was suitable for two reasons. First of all, this theory takes into account the essence of background factors influencing the determinants of enacting a behaviour (Fishbein & Ajzen, 2010; Pearson & Hyde, 2021). Hence, it would be useful in exploring the link between mental health literacy (as a background factor) and help-seeking behaviour among adolescents. Second, it has been found that help-seeking attitudes strongly predicted the likelihood of seeking help; even to the extent of having a direct predictive relationship with actual help-seeking behaviour (Hammer et al., 2018; Yang, et al., 2024). Therefore, the impact of mental health literacy on adolescents' help seeking behaviour can be understood based on this theory.

Figure 1

The Reasoned Action Approach (Fishbein & Ajzen, 2010)



2.1.2 The Gateway Provider Model

In elaborating the determinants of the mental health care path, some components of the Network-Episode Model (Pescosolido, 1992) and the Decision Theory (Simon, 1947) were merged to propound the gateway provider model (Stiffman, Pescosolido & Cabassa, 2004). According to Stiffman et al. (2004), the gateway provider model highlights three fundamental propositions concerning treatment path for young people. The first is that people within a young person's social network are key in initiating mental health care to deal with the mental health challenges he/she is facing. Thus, these people (who could be family, friends or teachers) play the role of "gateway providers". Second, it is essential that these gateway providers can recognize the presence of a disorder which causes impairment in the adolescent's everyday life, identify the severity of the disorder and perceive the need for treatment to mitigate the impact of the disorder. As such, the perceptions and attitudes of the gateway providers or gatekeepers could influence the extent to which the adolescent would benefit from a treatment option.

Furthermore, the gateway provider makes a choice from a varied number of options for treatment based on his/her knowledge of available resources and their individual effectiveness. Therefore, the gateway provider model emphasises that for such people to make well-informed decisions of treatment for the adolescent, it would be necessary for them to have the relevant knowledge about mental health conditions and the effectiveness of the resources available (Stiffman et al., 2004). Lastly, this model asserts that the elements within the gateway provider's organization could impact their perception of the support they would offer to the adolescent who needs help (Stiffman et al., 2004).

In other words, the basic assertion of the gateway provider model is that the treatment or help offered through a gateway provider to an adolescent facing mental health challenge depends on the provider's perception of need, knowledge of resources, and organizational factors that

facilitates or hinders the support given. In support of this model, it was found in a study among Somali refugee adolescents that young people considered their friends as instrumental in the help-seeking process, who could be channels through which they could seek further help from significant adults (Ellis et al., 2010). Such recommendations to seek help from adults, especially mental health professionals, was inspired by Somali adolescents' attitudinal change towards mental health services as they got accustomed to the U.S. system.

This model will be appropriate to adopt for this study as it could give insight into the relationship between mental health literacy and adolescent's willingness to help peer in mental health crisis. Moreover, the inclusion of school climate in the current study could account for the influence of organizational (school related) factors that facilitate the help-seeking and help-giving process (Ekornes, 2020; Townsend et al., 2017). In light of its cultural relevance, the originating model (that is; network episode model) was developed as a result of a shift from an individualistic perspective to a more communal perspective on health service use (Stiffman et al., 2004). Hence, it will be suitable to use in a more collectivistic context like Ghana. Furthermore, the gateway provider model is developmentally appropriate since adolescents tend to develop closer ties with friends who in turn become gatekeepers for one another (Lubman et al., 2017).

2.2 Review of Related Studies

2.2.1 Mental Health Literacy and Help-seeking Behaviour among Adolescents

In Nigeria, Aluh et al. (2018) sought to examine the level of knowledge that secondary school students had about depression and help-seeking behaviour. Participants responded to open-ended questions that followed two vignettes— a depression vignette and a vignette depicting a non-clinically depressive adolescent. Findings from this study showed that less than a tenth (4.8%) of the participants were able to correctly recognize the situation in the depression vignette as

depression. Although the correct identification of depression was low, participants expressed a greater sense of worry for the adolescent in the depression vignette than the adolescent in the non-clinically depressive vignette. Moreover, 94.8% of the participants believed that the adolescent in the depression vignette needs to seek help to deal with the situation; with the most recommended sources of help being family, friends and counsellor. These findings could be a reflection of the fact that although Nigerian adolescents could not correctly identify depression in the vignette, they could realize, from the symptoms mentioned in the vignette, that there was a health problem that needed attention. Thus, resorting to seeking help could help alleviate the situation at hand.

To understand the gender differences in perceived barriers to help-seeking among Norwegian adolescents, Haavik et al. (2019) sought to investigate whether the levels of mental health literacy would differ between male and female adolescents. Based on this, they assessed mental health literacy using psychosis, trauma reactions, anxiety and depression vignettes. To identify the particular mental health problems in the vignettes, participants were instructed to choose from a list of fifteen options which one was most likely the mental health problem. On the whole, participants scored higher in identifying the trauma (89.6%) and anxiety (71.7%) vignettes. A more nuanced results showed that females scored higher for mental health literacy levels for trauma reaction (94.7%) and anxiety (88.1%) and were more aware and likely to seek professional help across the various mental health services examined. These findings point to the low likelihood of male adolescents seeking help for mental health problems, as compared to female adolescents. In as much as this study involved a large sample (that is, 1,249 participants) which could allow for generalizability, the measurement of mental health literacy was only focused on one component— identification of disorders. This may limit the perspective of

mental health literacy in generalizing the findings of this study since mental health literacy is a multi-dimensional concept.

Calear et al. (2020) used data from a pre-intervention survey of an anxiety prevention program to examine the relationship between generalized anxiety disorder literacy, stigma, help-seeking attitudes, and help-seeking intentions among 1767 Australian adolescents. Using a 22-item Anxiety Literacy questionnaire and the Attitudes Toward Seeking Professional Psychological Help Scale Short Form (ATSPPH-SF), Calear et al. (2020) assessed participants' knowledge about generalized anxiety disorder and attitudes towards seeking professional psychological help. Generally, the participants' levels of generalized anxiety disorder literacy were found to be low, with less than a third of the items being answered correctly. Findings also showed that generalized anxiety disorder literacy had a significant positive relationship with help-seeking attitudes, such that, the higher the generalized anxiety disorder literacy levels the participants had, the more positive their attitudes would be towards seeking help from mental health professionals. Moreover, generalized anxiety disorder literacy was found to be one of the significant predictors of attitudes toward seeking professional help. These findings indicate that the extent to which adolescents have knowledge about mental health issues could have a bearing on their overall evaluation of the act of seeking professional help.

Another study was conducted to assess the association between anxiety mental health literacy, help-seeking attitudes, intentions and behaviour among 1737 Australian adolescents (Clark et al., 2020). However, another variable of masculine identity norms was included since the population of this study was only adolescent males. As part of a randomized controlled trial, participants filled an online questionnaire that measured anxiety literacy, help-seeking attitudes and intentions, and perceptions about masculinity. Results from the study showed that there was a significant positive relationship between anxiety mental health literacy and formal and informal

help-seeking attitudes but a significant negative relationship between mental health literacy and alignment with masculinity norms. Also, results from moderation analyses showed that alignment with masculinity was a significant moderator between anxiety mental health literacy and attitudes toward seeking help from formal sources; such that for adolescents who had low alignment to masculinity, the higher their levels of mental health literacy, the more positive attitudes they would have towards formal help-seeking. Again, the findings of this study indicate that adolescent males who are more likely to endorse traditional masculine identity and norms are less likely to have high levels of mental health literacy and positive attitudes towards seeking help. The sample for this study was more inclined to be one of high socioeconomic status. Thus, the sample may not be representative enough and that could create some biases.

Thai, Vu and Bui (2020) conducted a study to investigate mental health literacy levels and help-seeking preferences of high school students in Vietnam. They also sought to compare these levels and preferences of students reporting symptoms of stress, anxiety, and depression to those of students who did not report these symptoms. The study involved a cross-sectional survey where participants responded to items on a questionnaire assessing their mental health status, mental health literacy and help-seeking preferences. In general, the results showed that the mental health literacy level of participants was moderate with a mean score of 104.12. Specifically, there was a significant difference between the mental health literacy level of students who reported symptoms of depression and that of students who did not report such symptoms ($p < 0.05$). However, this was not the case for students who reported/did not report stress and anxiety symptoms, as no significant differences were found. Altogether, the most preferred source participants intended to seek help from is the option of a friend, with the least preferred being the phone helpline. Furthermore, the percentages for preferring to seek help from a variety of informal sources were higher (79.3%- 55.9%) than those of the preference for formal

sources of help (42.4%- 12.5%). This is consistent with help-seeking literature which shows that adolescents are more likely to seek help from informal sources (particularly their peers) when in mental distress. Although Thai and his colleagues conducted this study among a large sample of Vietnamese adolescents (1075 participants), the homogeneity of the sample limits the extent to which the findings of the study can be generalized.

From the perspective of the Reasoned Action Approach, Pearson and Hyde (2021) aimed at evaluating the relationships between the influential factors (which are mental health knowledge, help-seeking attitudes, help-seeking intentions, service accessibility and actual help-seeking behaviour) that are involved in the help-seeking process among high school students in Australia. They also sought to investigate the gender differences in these variables. Using data from a cross-sectional survey, mental health knowledge was found to have a significant positive correlation with attitudes towards seeking help; with such correlation being at a moderate level ($r = .43, p < .01$). Moreover, the results showed that mental health knowledge significantly predicted attitudes towards seeking help in this sample. Such findings give an insight into the key role mental health literacy could play in influencing help-seeking attitudes. Regarding the gender differences in students' levels of mental health knowledge and help-seeking attitudes, no significant differences were found. One of the limitations of this study was that the sample size was relatively small (172 participants). Another limitation of this study is that the sample was not representative enough since the sample was drawn from a predominantly high socioeconomic population.

A systematic review was conducted to synthesize literature on the mental health literacy and its related constructs among children and young people in low- and middle-income countries (Renwick et al., 2022). The review showed that the levels at which the samples investigated could correctly identify mental disorders and their symptoms were low; with some of the levels

ranging from 1.5% to 49.9%. One prevalent theme that emerged was the extent to which the children and young people in the samples that were reviewed attributed the causes or risk factors of mental disorders to religious and spiritual situations. Furthermore, another theme that followed from this finding was that children and young people viewed religious leaders and traditional leaders as more effective in treating mental disorders than mental health professionals. These findings reflect the high level of stigma towards mental health issues in developing countries. Consequently, such perspective about mental health care, coupled with the low level of mental health literacy, could reduce the likelihood that adolescents in these settings would have positive attitudes towards seeking help from mental health professionals. However, there could be a moderating effect of gender on this possibility, as substantial evidence in this review showed that females had more positive attitudes towards help-seeking.

In Oman, Al Omari et al. (2022) aimed at examining the relationship between knowledge about mental illnesses, attitudes, and intentions towards seeking help among Omani adolescents. Participants in this study completed a self-reported questionnaire measuring their mental help-seeking attitudes and intentions, and knowledge related to mental illness. A significant positive relationship was found to exist between knowledge about mental illness and mental help-seeking attitudes ($r = .30, p < 0.1$). Moreover, results from open-ended questions exploring participants' perceptions about facilitators and barriers to professional mental help-seeking behaviours, showed that about 80% of the participants opined that one key factor facilitator is the positive knowledge that they, their peers, and their parents have about the importance of mental health. Thus, they are more likely to be open to the idea of seeking help when they and those of close contact realize the essence of dealing with mental disorders early. Remarkably, male adolescents scored higher in mental help-seeking attitudes; such that they had more positive attitudes towards seeking help from formal sources. Despite the fact that this study has provided valuable insight

about the relationship between these variables, the survey was only available to students with internet access, thereby, limiting the extent to which this study could be generalized to those who may not have access to the internet.

Ahmad et al. (2022) used depression and anxiety vignettes to investigate the mental health literacy levels of adolescents in India. Findings from the study showed that a small percentage of the participants were able to correctly recognize depression, anxiety and both mental health conditions in the vignettes used (10.2%, 10.4% and 1.2% respectively). Despite such low levels of correct identification of mental conditions, most of the participants acknowledged that they would seek help if they found themselves in the situation depicted in both vignettes (86% for depression vignette and 84.3% for anxiety vignette), with the most preferred choice of help being their parents.

To examine the relationships between two dimensions of mental health literacy, and formal and informal help-seeking, Goodfellow et al. (2022) conducted a study among secondary school students in Scotland. Using data from a cross-sectional survey, they found that participants reported high levels of the dimensions of mental health literacy (that is, ability to identify mental disorders and knowledge of treatment efficacy). Results from this study also revealed that there was a significant positive relationship between the knowledge adolescents have about how effective conventional treatment approaches are and the likelihood of seeking help from formal and informal sources. Unexpectedly, this was not the case for the ability to recognize a mental health disorder, as this dimension of mental health literacy was found to be negatively correlated with formal and informal help-seeking intentions. Another key finding was that gender did not significantly moderate the relationship between mental health literacy and help-seeking intentions among these adolescents.

A qualitative study by Hermann et al. (2022) was aimed at exploring how Swedish adolescents perceive the concept of mental health and mental health problems. Participants were interviewed individually or in a focus group discussion. For Swedish adolescents, mental health is not about just having a mental health challenge or being mentally sound. Rather, mental health could be a variety of one's mental status ranging on a continuum. Subsequently, these adolescents believed that an individual's circumstance, thought patterns and coping strategies could determine where they would fall on the mental health continuum. The participants also opined that there is the need for one to seek help in the face of mental health problems. Moreover, they were in support of seeking help from one's family and friends as well as mental health professionals when facing mental health problems.

With a similar focus of exploring adolescents' understanding of mental health issues, Ayiro et al. (2023) used qualitative data from a mixed method study to assess the mental health literacy level of secondary school students in Kenya. From the study, it was revealed that the general view Kenyan adolescents had about mental health stemmed from their everyday experiences such as having peace of mind and thinking positively about situations. Furthermore, the participants likened mental health problems to going through stressful life events. However, there was no common ground regarding the cause of mental health problems between the boys' and girls' focus groups. For the issue of help-seeking, most of the participants expressed the view that that they would not seek help when they are facing a mental health problem. For these Kenyan students, seeking help for mental health problems is reserved for severe cases of mental disorders.

Still in Kenya, Wadende and Sodi (2023) sought to investigate adolescents' knowledge about mental disorders using depression, schizophrenia and anxiety vignettes. From the focus group discussions, it emerged that Kenyan adolescents conceptualized mental disorders from a

descriptive perspective (that is, describing the symptoms and the circumstances leading to the disorders) rather than mentioning the exact name or label of the disorders. Also, these adolescents believed that the causes of the mental disorders in the vignettes were rooted in societal, cultural and spiritual factors. As a result, their views on how these mental disorders could be managed were reflections of their beliefs about the mental disorders and their causes. The participants opined that resorting to social support, spiritual help or school counsellors could help in treating the mental disorders.

As part of the evaluation of a health education program, Abd El Salam, AbdAllah and El Maghawry (2023) aimed at evaluating Egyptian secondary school students' knowledge about and attitude towards mental illness and their help-seeking preferences. Results of the pre-test showed that the most profound beliefs the participants had about mental illness were that medication for medical illness may cause addiction (77.4% of participants), chemical imbalance can cause mental illness (65.1%), stressful events can cause mental illness (62.3%) and mental disorders are just like other medical conditions (52.2%). In relation to help-seeking, more than half of the participants (64.2%) preferred to seek help from no one if they had suicidal thoughts, while 41.6% of them would not seek any help if they were facing any mental disorder. Whereas the most preferred source of help for mental disorders were friends (38.9%) and parents (31.7%), less than a fifth of the participants (approximately 18%) would prefer to seek help from a mental health worker when having a mental health problem.

2.2.2 Mental Health Literacy and Help-giving Behaviour among Adolescents

Ng et al. (2021) conducted a systematic review of studies investigating the impact of the Youth and teen Mental Health First Aid courses (YMHFA and tMHFA) on adolescents' knowledge about mental disorders, stigmatizing attitudes and help-giving intentions. The Youth Mental Health First Aid course is the training given to adults who are in frequent contact with

adolescents (such as parents and teachers) to equip them in supporting adolescents facing a mental health challenge, whereas the teen Mental Health First Aid course is provided to adolescents to train them in offering help their peers in mental distress (Uribe Guajardo et al., 2019). Five of the fourteen studies reviewed focused on the teen Mental Health First Aid course. Results of these reviewed studies showed that the mental health literacy levels of adolescents who participated in the training increased after participating in the training. Also, there was significant improvement in the level of confidence to help a peer after participating in the training. Another notable finding from these studies was that adolescents' intentions to support their peers using helpful approaches were higher at post-test of the training.

Another systematic review conducted by Subasinghe et al. (2022) sought to synthesize literature on young people's help-giving behaviours. It was found that young people's level of confidence to help increased when they had participated in mental health first aid training, had contact with a person with mental health problem or had some experience in offering help during a mental health crisis. Moreover, more than half of the participants (ranging from 62%- 70%) in some of the studies reviewed indicated that the knowledge and skills they acquired through mental health first aid training made them more informed and equipped to offer help in a situation where a peer was in mental crisis. Particularly, results of one study showed that about 80% of students who participated in a school-based intervention (safeTALK) reported a heightened sense of efficacy and confidence to help their peers in mental distress (Kinchin et al., 2020).

In Nigeria, Atilola et al. (2022) sought to implement and examine the impact of a depression-literacy program among secondary school students and their teachers. Post-test results from the student sample showed that there was a significant improvement in their knowledge about and attitudes towards depression. Also, the students' confidence in handling a

situation related to depression improved after completing the training. A more profound finding indicated that majority of the students (82.5%) showed keen interest in being a peer-trainer in the case where peer-facilitated mental health literacy programs are implemented.

Wilcox et al. (2023) conducted a study to evaluate how teen Mental Health First Aid USA (an adapted version of the teen Mental Health First Aid training in the United States of America) has been effective in increasing mental health literacy and first aid intentions among high school students. At post-test, it was found that the participants mental health literacy levels did not significantly improve as their level of correctly identifying depression in a vignette at baseline was high (98.7%). However, the participants' choices of employing helpful strategies in supporting a peer facing a mental crisis improved just as the level at which they would be confident in offering help to a peer increased after completing the training.

2.2.3 The Influence of School Climate on Mental Health Literacy, Help-seeking, and Help-giving Behaviours among Adolescents

Townsend et al. (2017) used data from two surveys involving adolescents in the United States of America to investigate the relationship between depression literacy, three dimensions of school climate (that is, student engagement, environment and safety) and mental health stigma. Overall, school climate was found to have a significant positive relationship with depression literacy among the high school students. This suggests that such relationship could have a ripple effect on the students' help-seeking behaviour, such that, students who perceive their school climate as supportive are more likely to have better knowledge on mental health issues and subsequently, be more open to seek psychological help. More specifically, student engagement (which denotes a sense of connection to the school and involvement in school activities) also had a significant positive relationship with depression literacy.

Focusing on another dimension of school climate, Halladay et al. (2020) sought to examine the association between teacher-student relationship and students' intentions to seek psychological help at school among elementary and secondary school students in Canada. As part of a larger survey (School Mental Health Surveys), questionnaires were used in measuring various school and classroom factors and student mental health outcomes. For secondary school students, their perception of teacher-student relationship was positively related to their intentions to seek help at school. This finding indicates that adolescents are more likely to appreciate the idea of seeking help in the case of a mental health crisis when they perceive that their relationship with their teachers is on good terms. In fact, such finding is in support of what Radez et al. (2021) found in their systematic review that the positive impressions adolescents have about how adults relate with them was a facilitator in the help-seeking process as much as their mental health literacy levels.

From the African context, Bella-Awusah et al. (2022) conducted a qualitative study to explore junior and senior secondary students' perceptions about and experiences with school counsellors in Nigeria. Results from the focus group discussion showed that Nigerian adolescents believed that poor interpersonal skills of some school counsellors is one reason why they would hesitate to seek help from their school counsellors. Also, the adolescents opined that, among the qualities they desire to see in a school counsellor, they preferred a counsellor who is empathetic, understanding and friendly. Although the focus in this study was not teachers in schools, school counsellors are also significant adults who interact with students within the school environment. Moreover, in the Ghanaian context, just as it is in Nigeria, most school counsellors take the dual role of teacher-counsellor in secondary schools. Thus, the findings of this study could imply that how students see and relate with school staff (particularly, teachers) could influence their attitudes towards seeking help when in mental distress.

As part of a longitudinal study, Brass et al. (2022) assessed the relationship between prosocial behaviour towards peers and the level of involvement and enthusiasm in school work/activities among adolescents in the United States of America. Using data from three waves of the longitudinal study, Brass et al. (2022) found that prosocial behaviour towards peers at Time 1 had a significant positive relationship with the behavioural and emotional aspects of engagement at Time 1 and Time 3 (that is, four years after Time 1). Prosocial behaviour towards peers entails the attitudes and actions that depicts how adolescents are considerate and concerned about the wellbeing of their peers; therefore, it could imply help-giving behaviour in this context. In that case, the findings of this study suggest that the more adolescents are involved in school work and have a sense of connection to their schools, the more likely they would be willing to offer help to a peer facing a mental health challenge. Still exploring how the school environment could influence adolescents' prosocial behaviour, Luo, Ma and Deng (2023) also used data from a cross-sectional survey to examine the relationship between school climate and prosocial behaviour among high school students in China. Results revealed that school climate had a significant positive relationship with prosocial behaviour among Chinese adolescents. This adds up to empirical evidence that indicates that a supportive school environment, as perceived by adolescents, could promote a sense of eagerness to support their peers; which could be in the form of offering mental health first aid when a peer is in mental crisis.

Setia Lesmana and Chung (2024) conducted a cross-sectional study among Indonesian adolescents to assess the mediating roles of perceived stigma and mental health literacy on the association between school climate and help-seeking intentions. Using data from participants' responses to standardized scales, it was found that school climate had a significant positive relationship with help-seeking intentions but a non-significant relationship with mental health literacy. However, the pathway mediation analysis showed that the sequential mediating effect of

perceived stigma and mental health literacy on the relationship between school climate and help-seeking intentions was significant. Such findings give insight into the essence of a positive school climate in decreasing the stigma related to mental health issues, enhancing mental health literacy and, eventually, promoting help-seeking behaviour among adolescents.

2.3 Rationale for the study

Although there has been extensive research investigating adolescents' mental health literacy level and its association with help-seeking (Al Omari et al., 2022; Goodfellow et al., 2022; Pearson & Hyde, 2021) and help-giving behaviours (Ng et al., 2021; Wilcox et al., 2023) in developed countries, there is a dearth of such studies within Sub-Saharan Africa, especially Ghana. Moreover, if the insight gained from research would make any meaningful contribution to the implementation of policies and interventions, then it is essential to consider the context in which the research is conducted (Bate, 2014; Weyrauch, Echt & Suliman, 2016). Hence, this study seeks to provide an empirical narrative of mental health literacy and its related constructs among adolescents in Ghana.

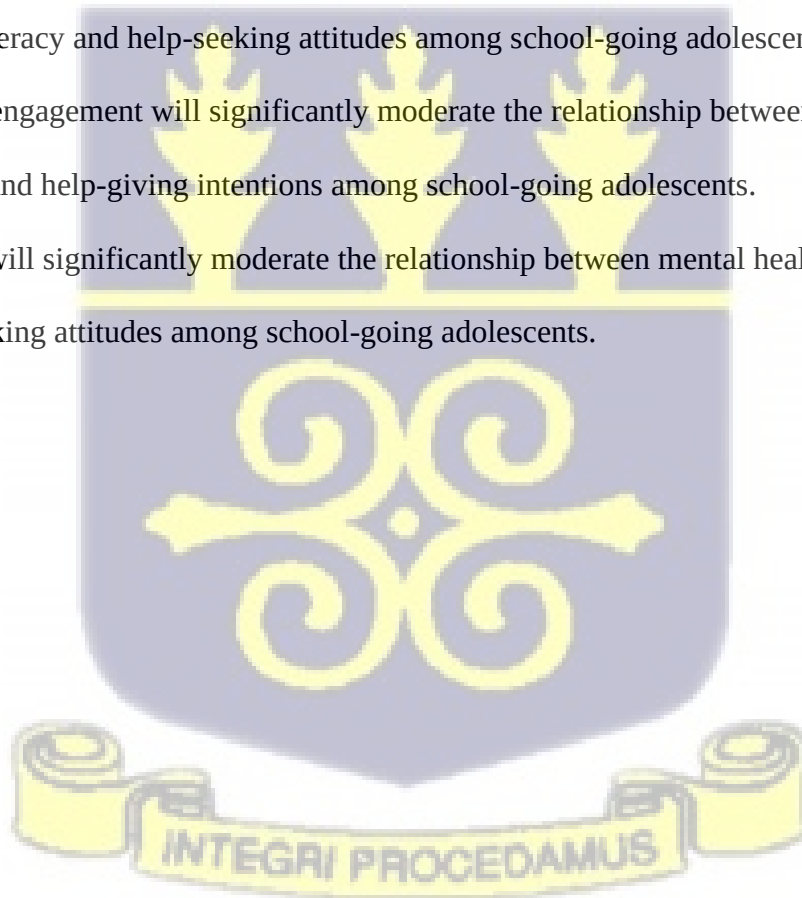
In addition, the school environment could have significant impact on the mental health literacy levels of school-going adolescents and their help-seeking and help-giving behaviours (Townsend et al., 2017). Yet, most of the studies exploring mental health literacy, help-seeking and help-giving behaviours among adolescents did not investigate school climate in their research; even when most of the participants were school-going adolescents (Goodfellow et al., 2022; Thai et al., 2020; Wilcox et al., 2023). There has been research exploring the relationship between school climate and mental health literacy in America and Asia (Setia Lesmana and Chung, 2024; Townsend et al., 2017). However, as far as the researcher knows, there is very limited academic research examining the relationship between the dimensions of school climate,

mental health literacy and its correlates in Ghana. Therefore, this study seeks to address this gap within the Ghanaian context.

2.4 Hypotheses

The hypotheses tested in this study are follows:

1. There will be a significant positive relationship between mental health literacy and help-seeking attitudes among school-going adolescents.
2. There will be a significant positive relationship between mental health literacy and help-giving intentions among school-going adolescents.
3. Teacher-student relationship will significantly moderate the relationship between mental health literacy and help-seeking attitudes among school-going adolescents.
4. Student engagement will significantly moderate the relationship between mental health literacy and help-giving intentions among school-going adolescents.
5. Gender will significantly moderate the relationship between mental health literacy and help-seeking attitudes among school-going adolescents.



CHAPTER THREE

METHODS

The Strengthening the Reporting of Observational studies in Epidemiology (STROBE) Statement (Vandenbroucke et al., 2007) served as a guide in reporting this study.

3.1 Research Design

The research design adopted for this study was a cross-sectional survey. Cross-sectional survey involves the use of standardized measures to investigate relationship between variables among a group of people with varying demographic backgrounds within a particular period of time (Creswell & Creswell, 2018; Howitt & Cramer, 2017). Thus, the objective of this study to investigate the relationship among the variables of study, informed the choice of this research design. Also, adopting this research design allowed for the collection of data from a large heterogenous sample within a relatively shorter period.

3.2 Research Setting

Participants were recruited from six out of forty-six public Senior High Schools (SHS) within the Greater Accra region. The study was conducted within this region due to its cosmopolitan nature. Public senior high schools were selected for this study because majority of the adolescents who transition from the basic schools to senior high schools attend public senior high schools; thus, these schools provided a broader population to obtain a large sample size. In this study, two single-sex (an all-males and an all-females) schools and four mixed-sex schools were selected.

In Ghana, public senior high schools are classified into categories A, B and C according to their academic performance and resources available in the schools (Baidoo-Anu, Gyamerah & Chanimbe, 2023; Chanimbe & Prah, 2020). The categorization is done in a descending order; thus, category A schools are identified as the well-resourced schools with academically good students. Then, categories B and C follow accordingly based on the established criteria.

Therefore, the senior high schools used in this study cut across categories A, B and C, in order to have a heterogeneous sample that would be representative of the population.

3.3 Participants

Participants recruited for the study were Senior High School students in forms two (SHS2) and three (SHS3) and the target population was 17,136 students (Greater Accra Directorate of Education- Ghana Education Service, 2023). Using the Yamane (1967) formula for sample size calculation (which is: $n = N \div (1 + N(e)^2)$, where n is sample size, N is population size and e is margin of error), the minimum sample size estimation was approximately 391 students, given the population size of 17,136 and margin of error as 0.05. Thus, the minimum sample size required to maintain a confidence interval of 95% was 391 students.

However, to increase power in the statistical analyses and decrease the chances of a Type II error occurring (Goodwin, 2010), the sample size for the study was increased to 798 students. Also, it was necessary to increase the sample size because of the aim of the study which was to assess the level of mental health literacy among adolescents in Ghana.

3.3.1 Inclusion and Exclusion Criteria

Students were included if they schooled within the south-central part of the Greater Accra region and in SHS2 or SHS3. The south-central part was considered because most of the schools are situated in that part of the region. However, students with a history of a medical condition or mental disorder which could interfere with their participation were excluded from participation. To ensure this exclusion criteria, the school staff and students were asked to provide information concerning their health status. Senior high school form one (SHS 1) students were not eligible to participate in the study considering the fact that data was collected about two months after they had reported to school as they may not provide relevant information with regard to the phenomenon under study.

3.3.2 Sampling Procedure

A two-stage cluster sampling technique was employed to recruit participants for this study. Cluster sampling involves the selection of participants from clusters (that is, groups of individuals categorized according to a particular characteristic such as school, field of study) in the target population (Leavy, 2017; Vanderstoep & Johnston, 2009). In the first stage of the sampling procedure, schools (which were the target clusters for this study) were randomly selected. Then, sub-categories of individuals within the selected schools were randomly selected to participate in the study as described below.

Schools in districts within the south-central part of the Greater Accra region were eligible for the first stage cluster sampling. These districts were Ashaiman, Ayawaso North, Korle Klottey, Krowor, La Dade Kotopon, La Nkwantanang, Ledzokuku and Tema West districts. Six schools within these districts were randomly selected using Microsoft Excel. This selection procedure, first, involved inputting all the eligible schools into an Excel worksheet. Then, using the RAND function, the first six schools were selected. Selected schools were Accra Girls' Senior High School, Accra High School, Ashaiman Senior High School, Labone Senior High School, Lashibi Senior High School, and Presbyterian Boys' Senior High School, Legon. In the second stage of cluster sampling, some staff members in each school compiled the list of classes available during the data collection. Then, classes were randomly selected from the compiled list. Students in the selected classes were then eligible to participate in the study. As indicated above, a total of 798 students participated in this study.

3.4 Measures

The instrument used in this study was a questionnaire comprising of five sections. The first section included questions that captured demographic information of the participants such as

their age, gender, class/form and religious background (See Appendix B). The other four sections were scales of measurement described as follows:

3.4.1 Mental Health Literacy Questionnaire (MHLq)

This scale is a 33-item questionnaire developed by Campos et al. (2016), to measure level of mental health literacy among adolescents (see Appendix B). It consists of three subscales assessing knowledge/stereotypes on mental health problems, self-help strategies, and first aid skills and help seeking. The questionnaire items were rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A high score on this scale implies a high level of mental health literacy. The Cronbach alpha for this scale as reported in a study involving Iranian adolescents was $\alpha = .71$ (Zare et al., 2021). For this study, the Cronbach alpha for the scale was $\alpha = .76$.

3.4.2 Inventory of Attitudes toward Seeking Mental Health Services (IASMHS)

This inventory is a modification of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). It was developed by Mackenzie et al. (2004) to measure attitudes toward seeking professional help. The Inventory of Attitudes toward Seeking Mental Health Services is a 24-item inventory made up of three subscales namely: Psychological openness, Help-seeking propensity, and Indifference to stigma (See Appendix B). To adapt this inventory for age-appropriateness in this study, items such as "I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems" and "I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it." were rephrased into "I would not want my significant other (boyfriend/girlfriend) to know if I were suffering from psychological problems." and "I would be uncomfortable seeking professional help for psychological problems because people in my social or academic circles might find out about it." respectively. Response

to items was rated on a 5-point Likert scale ranging from 0 (*disagree*) to 4 (*agree*). Scoring high on this inventory indicates a more positive attitude toward seeking professional help. In a study involving Portuguese adolescents, the Cronbach alpha reported was $\alpha = .82$ (Brás et al., 2022). The Cronbach alpha for the inventory in this study was $\alpha = .64$.

3.4.3 Mental Health First Aid Vignette (MHFAV)

To assess help-giving intentions, a vignette used by Mason et al. (2015) to measure quality of first aid intentions was used. The vignette adopted is a depression vignette with an additional symptom of suicidal thoughts (See Appendix B). So far, this vignette has been used widely in assessing help-giving intentions among adolescents (Uribe Guajardo et al., 2019; Hart et al., 2018; Hart et al., 2022; Lu et al., 2023). To adapt the vignette to suit the Ghanaian context, the name of the hypothetical person was changed from John to Kofi. The vignette was followed by questions asking participants to identify the condition in the vignette, indicate their level of worry for the hypothetical person and level of confidence to offer help. The participants were, then, asked to rate on a 5-point Likert scale ranging from 1 (*very unlikely*) to 5 (*very likely*), the likelihood of offering help to the hypothetical person among eight items. Higher ratings on the helpful options indicated higher likelihood of help-giving intentions. This vignette is a criterion-referenced measure, thus, measuring its reliability using Cronbach's alpha would not be suitable (Lu et al., 2023).

3.4.4 Delaware School Climate Scale- Student (DSCS-S)

The Delaware School Climate Scale- Student version was developed by Bear et al. (2011) to assess students' perception of their school climate. The latest version of this scale is a 30-item multidimensional scale made up of 7 subscales: Teacher-Student Relations, Student-Student Relations, Clarity of Expectations, Fairness of Rules, School Safety, Bullying Schoolwide and Student Engagement Schoolwide (Bear et al., 2021; See Appendix B). Considering the

hypotheses stated for this study, two of the subscales (that is; Teacher-Student Relations and Student Engagement Schoolwide) were used in the analysis. All the items in the scale were preceded by the phrase: “In This School...”. For contextual relevance, items like “Teachers treat students of all races with respect.” and “Students are safe in the hallways” were modified to “Teachers treat students of all ethnic groups with respect.” and “Students are safe in the walkways.” respectively. Response to items is rated on a 4-point Likert scale ranging from 1(*disagree a lot*) to 4 (*agree a lot*). A high score indicates a positive perception of their school climate. The Cronbach alpha as reported in a study by Wang et al. (2023) was $\alpha = .96$. In this study, the Cronbach alpha was $\alpha = .88$.

3.5 Data Collection Procedure

Once ethics approval was obtained, data was collected within a period of six weeks spanning from January to February 2024. The researcher met with the appropriate school authorities to schedule the specific days and times for data collection in the various schools. Eligible students were informed that participating in the study was completely voluntary, so they did not have to participate if they were not interested. Students who agreed to participate were given a brief introduction about the study and its significance, then, each one of them were given a printed questionnaire to complete. Instructions on how to respond to each section of the questionnaire were provided.

The research team collaborated with school staff to organize students to participate in the study. The research team comprised of the principal researcher and two research assistants, who are national service personnel (with an appreciable level of experience in data collection using surveys) from the Department of Psychology, University of Ghana. For one school, all eligible students were gathered in the school’s assembly hall to participate in the study. For the remaining schools, the research team assigned themselves to the different classes that were

selected and coordinated data collection simultaneously. The research team was available to address any concerns the participants had while filling the questionnaire. Completing the survey took averagely 20 minutes.

3.6 Ethical Considerations

The researcher applied for ethics approval from the Ethics Committee for Humanities, University of Ghana (ECH028/ 23-24; See Appendix C). Approval was also obtained from the Greater Accra Regional Directorate of the Ghana Education Service (See Appendix D) and head teachers of the participating schools before data collection began. Participating in the study did not pose any physical or psychological threat to the participants.

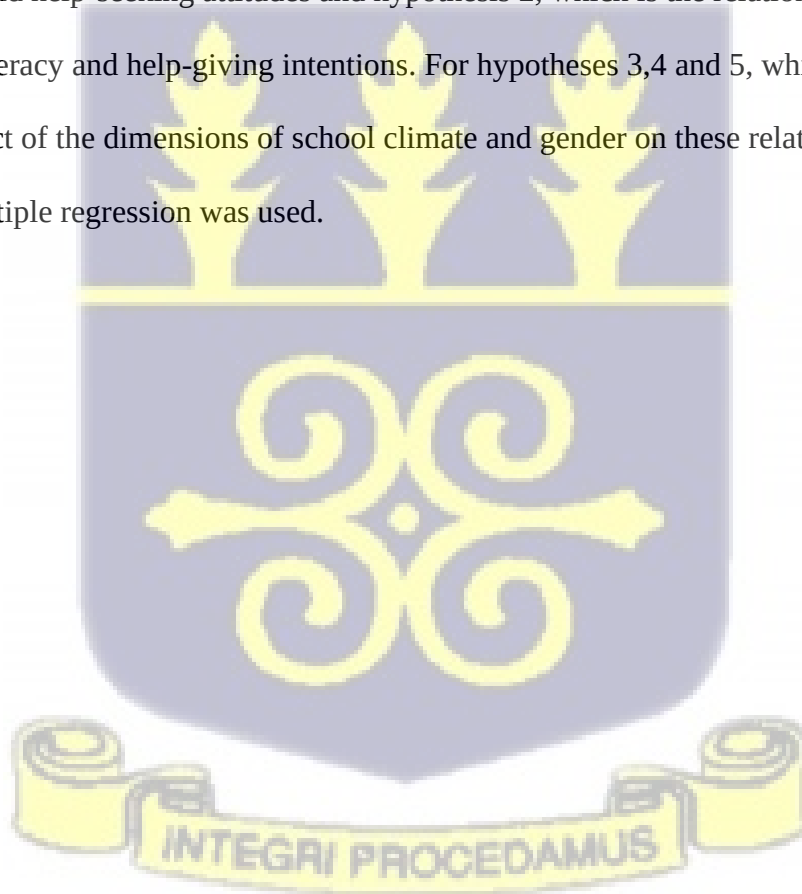
Students who were sampled for the study were informed about the purpose of the study, what was required of them as participants, and assurance of anonymity and confidentiality before they provided their consent to participate. Ideally, it would have been appropriate to seek consent from the students' parents since some of them were below the age of 18 years. However, since the school authorities are the custodians of the students while they are in school, approval from the school authorities was used. Participants were assured of anonymity as the information they provide would not be identified with their personal details. To ensure confidentiality, data collected was kept under lock, encrypted on the computer and available to only the researcher and the supervisors for the purpose of the study. Considering the aim and objectives of the study and the research design adopted, there was no need to use deception in this study. The participants did not receive any form of incentives for participating in the study, but the researcher expressed her appreciation for their participation.

3.7 Statistical Analyses

Data collected for this study was analysed using the IBM Statistical Package for Social Science (SPSS) version 25.0. In 'cleaning' the data, Expectation Maximisation Imputation was used to

impute missing values since data was missing at random (MAR), as the percentages of missingness at item level were small ranging from .1% to 4.1% (Allison, 2001). Preliminary analyses were conducted to check the distribution of the data. Data was normally distributed on all measures as skewness and kurtosis values were within the recommended ± 2 range (Field, 2009). Also, descriptive analyses were conducted to provide the mean, standard deviation, minimum and maximum scores of the measures used (See Appendix A).

Participants' identification of condition in vignette, their levels of worry for the hypothetical peer and confidence to offer help were analysed using frequencies and percentages. Pearson correlation was used to test for hypothesis 1, which is the relationship between mental health literacy and help-seeking attitudes and hypothesis 2, which is the relationship between mental health literacy and help-giving intentions. For hypotheses 3,4 and 5, which focused on the moderation effect of the dimensions of school climate and gender on these relationships, hierarchical multiple regression was used.



CHAPTER FOUR

RESULTS

4.1 Demographic characteristics of participants

The demographic characteristics of the participants are presented in Table 1. The ages of the participants ranged from 11 to 25 years with the average age being 17.08 (SD= 1.16) years. Majority of the participants were girls (64.9%) and SHS 3 students (67.7%). Most of the participants identified as being Christians (85.3%). Majority of the participants had at least one of both parents attaining tertiary education (53.3% for father's educational level and 41.3% for mother's educational level). More than half of the participants lived with both parents (56.8%). More than three-fifths of the participants were aware that counselling services were available in their schools (60.3%). More than four-fifths of the participants did not have a personal or family history of receiving mental health care (88.1% for personal history and 82.3% for family history). The response rate for this study was 98.5%, as 810 questionnaires were distributed and 798 of them with valid responses collected.

Table 1*Demographic characteristics of the participants*

Variable	Frequency	Percentage (%)	M	SD
Age			17.08	1.16
Gender				
Boys	279	35.1		
Girls	517	64.9		
Form				
SHS 2	257	32.3		
SHS 3	538	67.7		
Religious Background				
Christianity	677	85.3		

Islam	108	13.6
Other	9	1.1
Father's Educational Level		
Primary School	27	3.5
Junior High School	113	14.5
Senior High School	223	28.7
Tertiary (University, polytechnic or training college)	414	53.3
Mother's Educational Level		
Primary School	76	9.8
Junior High School	176	22.7
Senior High School	203	26.2
Tertiary (University, polytechnic or training college)	320	41.3
Living arrangement		
Father	37	4.6
Mother	184	23.1
Both parents	453	56.8
Other relatives	123	15.5
Availability of counselling services in the school		
Yes	476	60.3
No	145	18.4
I don't know	168	21.3
Personal history of receiving mental health care		
Yes	94	11.9
No	697	88.1
Family history of receiving mental health care		
Yes	139	17.7
No	648	82.3

4.2 Preliminary Results

4.2.1 Levels of mental health literacy, help-seeking attitudes and help-giving intentions

The levels of mental health literacy, help-seeking attitudes and help-giving intentions of the participants are presented in Appendix A. The results showed that mental health literacy scores ranged from 42 to 90 with the average score being 69.69. This average score indicates a moderate level of mental health literacy among the participants. For help-seeking attitudes, the scores ranged from 19 to 96 with a mean of 57.69, indicating that participants' level of help-seeking attitudes was also moderate. The scores for help-giving intentions ranged from 11 to 39 with the average score being 32.41, indicating that participants' level of help-giving intention was moderately high.

4.2.2 Identification of condition, level of worry and level of confidence to offer help

Participants' identification of the condition in the vignette, their levels of worry for the hypothetical peer and confidence to offer help are presented in Appendix A. More than half of the participants identified the condition in the mental health vignette as depression with suicidality, depression, suicidality or a mental health problem (74.9%). Approximately nine out of ten participants expressed some level of worry for the hypothetical peer and level of confidence in offering help (91.5% for level of worry and 90.3% for level of confidence).

4.3 Main Results

4.3.1 Hypotheses One and Two

The relationship between mental health literacy and help-seeking attitudes is presented in Table 2. The relationship between mental health literacy help-giving intentions is also presented in Table 2.

Table 2

Correlations between mental health literacy, help-seeking attitude, help-giving intentions and school climate (n= 798)

Variable	1	2	3	4
1. Mental Health Literacy	1	.06	.37	.12
<i>P</i>	-	.04	<.001	<.001
2. Help-seeking Attitudes	-	1	.11	.22
<i>p</i>	-	-	<.001	<.001
3. Help-giving Intentions	-	-	1	.22
<i>p</i>	-	-	-	<.001
4. School Climate	-	-	-	1

The results showed that mental health literacy had a significant positive relationship with help-seeking attitudes, $r(798) = .06$, $p = .04$. Thus, the first hypothesis, which stated that mental health literacy will have a significant positive relationship with help-seeking attitudes among adolescents, was supported; indicating that the higher the mental health literacy level of the participants, the more positive their help-seeking attitudes were. Also, mental health literacy had a significant positive relationship with help-giving intentions, $r(798) = .37$, $p < .001$. Hence, the second hypothesis, stating that there will be a significant positive relationship between mental health literacy and help-giving intentions among adolescents, was also supported. This indicates that the higher the mental health literacy level of the participants, the higher the likelihood of their help-giving intentions.

4.3.2 Hypothesis Three

Hierarchical multiple regression was used to test the moderating effect of teacher-student relationship (a dimension of school climate) on the relationship between mental health literacy and help-seeking attitudes. The results are presented in Table 3.

Table 3

Hierarchical Multiple Regression Analyses for Mental Health Literacy, Teacher-Student Relationship and Help-seeking Attitudes

Variable	B	SEB	B	T	R^2	ΔR^2	Model F	ΔF	P
Step 1					.017		6.90		<.001
Constant	57.70	.40		145.94					<.001
Mental Health Literacy	.07	.05	.05	1.46					.14
Teacher-Student Relationship	.41	.13	.12	3.25					<.001
Step 2					.019	.002	5.19	1.77	.18
Constant	57.74	.40		145.51					<.001
Mental Health Literacy	.07	.05	.05	1.47					.14
Teacher-Student Relationship	.40	.13	.11	3.20					<.001
Mental Health Literacy x Teacher-Student Relationship	-.02	.01	-.05	-1.33					.18

Note. Dependent Variable: Help-seeking Attitudes.

In the first step, mental health literacy and teacher-student relationship were entered into the model. As indicated in Table 7, the model was significant [$F(2, 795) = 6.90, p < .001$].

Results showed that mental health literacy and teacher-student relationship explained 1.7% of the variance in help-seeking attitudes ($R^2 = .017$). The interaction term of mental health literacy and teacher-student relationship was entered in the second step. In step 2, the model was not significant [F change (3, 794) = 5.19, $p = .18$] with change in $R^2 = .002$. The interaction effect of

mental health literacy and teacher-student relationship was not significant ($\beta = -.05, p = .18$).

Thus, Hypothesis 3 was not supported, as teacher-student relationship did not moderate the relationship between mental health literacy and help-seeking attitudes.

4.3.3 Hypothesis Four

The moderating effect of student engagement (another dimension of school climate) on the relationship between mental health literacy and help-giving intentions was tested using hierarchical multiple regression. The results are presented in Table 4.

Table 4

Hierarchical Multiple Regression Analyses for Mental Health Literacy, Student Engagement and Help-giving Intentions

Variable	B	SEB	β	T	R^2	ΔR^2	Model F	ΔF	P
Step 1					.152		71.27		<.001
Constant	32.42	.15		217.46					<.001
Mental Health Literacy	.20	.02	.36	11.09					<.001
Student Engagement	.18	.03	.13	3.92					<.001
Step 2					.158	.006	49.67	5.64	.02
Constant	32.43	.15		218.01					<.001
Mental Health Literacy	.19	.02	.36	10.92					<.001
Student Engagement	.18	.05	.13	3.89					<.001
Mental Health Literacy x Student Engagement	-.01	.01	-.08	-2.38					.02

Note. Dependent Variable: Help-giving Intentions.

Mental health literacy and student engagement were entered in step 1 of the model. The results showed that the model was significant [$F(2, 795) = 71.27, p < .001$], with mental health literacy and student engagement explaining 15.2% of the variance in help-giving intentions ($R^2 = .152$). In step 2, the interaction term of mental health literacy and student engagement was in

entered into the model. The model was still significant after adding the interaction term [F change (3, 794) = 49.67, $p = .02$] with change in $R^2 = .006$. Student engagement had a significant moderating effect on the relationship between mental health literacy and help-giving intentions ($\beta = -.08, p = .02$). Therefore, Hypothesis 4 was supported, indicating that the higher the participants' perception of student engagement, the weaker the relationship between mental health literacy and help-giving intentions.

4.3.4 Hypothesis Five

To explore the moderating effect of gender on the relationship between mental health literacy and help-seeking attitudes, hierarchical multiple regression was used. The results are presented in Table 5.

Table 5

Hierarchical Multiple Regression Analyses for Mental Health Literacy, Gender and Help-seeking Attitudes

Variable	B	SEB	B	T	R^2	ΔR^2	Model F	ΔF	p
Step 1					.01		3.90		.02
Constant	56.48	.67		84.11					<.001
Mental Health Literacy	.09	.04	.07	1.86					.06
Gender	1.82	.83	.08	2.19					.03
Step 2					.01	.00	2.69	.26	.61
Constant	56.46	.67		83.85					<.001
Mental Health Literacy	.12	.08	.09	1.47					.14
Gender	1.84	.84	.08	2.21					.03
Mental Health Literacy x Gender	-.05	.10	-.03	-.51					.61

Note. Dependent Variable: Help-seeking Attitudes.

For step 1 of the model, mental health literacy and gender were included. From Table 9, it is revealed that the model was significant [F (2, 793) = 3.90, $p = .02$]. Mental health literacy and gender

explained 1% of the variance in help-seeking attitudes ($R^2 = .01$). The interaction term of mental health literacy and gender was added to the model in the second step. The model was not significant [F change (3, 792) = 2.69, $p = .61$] with change in $R^2 = .00$. Gender did not moderate the relationship between mental health literacy and help-seeking attitudes as indicated by the non-significant interaction effect ($\beta = -.03$, $p = .61$). Therefore, Hypothesis 5 was not supported.



CHAPTER FIVE

DISCUSSION

The aim of this study was to assess the level of mental health literacy and its correlates among school-going adolescents in Ghana. Specifically, this study sought to examine the relationships between mental health literacy, help-seeking and help-giving behaviours and the moderating impacts of school climate and gender on these relationships among adolescents in Ghana. Findings showed that mental health literacy level of adolescents in Ghana was moderate. Mental health literacy had a significant positive relationship with both help-seeking attitudes and help-giving intentions among school-going adolescents in Ghana. The results of this study also showed that dimensions of school climate moderated these relationships in an inverse manner. Teacher-student relationship did not moderate the relationship between mental health literacy and help-seeking attitudes, while student engagement moderated the relationship between mental health literacy and help-giving intentions. Lastly, it was found that gender was not a significant moderator of the relationship between mental health literacy and help-seeking attitudes among school-going adolescents in Ghana.

5.1 Mental Health Literacy Level of Adolescents in Ghana

Participants in this study reported a moderate level of mental health literacy. Approximately three-fourths of the participants were able to identify the condition in the mental health vignette as depression with suicidality, depression, suicidality or a mental health problem. This finding is consistent with that of studies by Goodfellow et al. (2022) and Thai et al. (2020) who showed that the mental health literacy levels of Scottish adolescents and Vietnamese adolescents were high and moderate, respectively. Such moderate level of mental health literacy among adolescents in Ghana could be influenced by two factors.

First, the moderate mental health literacy level could be due to the increase in awareness about mental health issues through mass and social media in recent times (Pretorius, McCashin and Coyle, 2022; Zhang & Firduas, 2024). Mass media plays a key role in sensitizing the general public about mental health issues through outlets such as campaigns and talk shows and the advent of social media has intensified such sensitizing as it allows information to spread faster (Saha et al., 2019). Even more, the influence of social media could be more profound on young people who tend to spend much time on social media (Pretorius et al., 2022). Thus, it is probable that the participants like the average adolescent, engaged on social media and, therefore, may have been exposed to information about mental health issues.

The second factor that could account for such moderate level of mental health literacy is the educational levels of participants' parents. Majority of the participants reported that at least, one of both parents had attained a tertiary level of education; therefore, the high educational levels of participants' parents could influence the parents' mental health literacy level; which may, in turn, influence the adolescents' mental health literacy levels. Wang et al. (2024) have found that there was a positive relationship between parents' mental health literacy and adolescents' mental health literacy; such that, the more knowledgeable parents are about mental health issues, the higher the chances that their wards would also be knowledgeable about mental health issues. Thus, the high educational level of parents could reflect in the level of mental health literacy among adolescents.

5.2 Mental Health Literacy and Help-seeking Attitudes among Adolescents in Ghana

Results of this study showed that as mental health literacy level of the participants increased, their attitudes toward seeking help for psychological problems also became more positive, confirmed the hypothesis. This finding is consistent with literature, that the more adolescents are knowledgeable about mental health, the more positive attitudes they had towards seeking help (Al

Omari et al., 2022; Calear et al., 2020; Clark et al., 2020; Pearson & Hyde, 2021). Such finding gives an insight into the key role mental health literacy may play in influencing help-seeking attitudes; such that, the extent to which adolescents have knowledge about mental health issues could have a bearing on their overall evaluation of the act of seeking professional help. Approximately half of the participants did not agree that psychological problems tend to work out by themselves; so, getting professional help should be a last resort. This belief and evaluation about seeking professional help could be a reflection of the moderate level of mental health. Thus, this may imply that, as a function of mental health literacy, adolescents in Ghana are more likely to embrace the idea of seeking professional help when they are in mental distress. Nevertheless, studies involving adolescents in Egypt and Kenya showed contradictory results that, majority of the participants believed that mental health problems are just like everyday challenges; therefore, they would not seek help when they are faced with a mental health problem (Abd El Salam et al., 2023; Ayiro et al., 2023).

Furthermore, the positive relationship between mental health literacy and help-seeking attitudes found in this study corroborates the assertion of the reasoned action approach that knowledge (as a background factor) could influence the determinants of a particular behaviour (Fishbein & Ajzen, 2010). However, this association was not strong enough; implying mental health literacy explained a very small proportion of the variance in help-seeking attitudes among this sample of adolescents in Ghana. A plausible explanation for this small proportion of variance by mental health literacy is that other background factors such as past experience with mental health services, socio-economic status and personality traits could be significantly associated with attitudes toward seeking professional help. Indeed, studies in Turkey and the United States have revealed that individuals who had some experience with mental health services showed more favourable help-seeking attitudes (Evans et al., 2024; Tokpaya, 2021). In the present study, more

than four-fifths of the participants indicated that they did not have a personal history of receiving mental health care. This could have an implication on their beliefs and evaluation of seeking help for mental health problems, irrespective of their mental health literacy level.

Results of this study showed that gender had no moderating effect on the relationship between mental health literacy and help-seeking attitudes. Interestingly, although there has been significant evidence showing gender differences in mental health literacy and help-seeking behaviour of adolescents (Al Omari et al., 2022; Haavik et al., 2019; Renwick et al., 2022), results of this study showed otherwise. Goodfellow et al. (2022) had a similar finding in their study where gender did not significantly moderate the relationship between mental health literacy and help-seeking intentions among Scottish adolescents. This finding suggests that perhaps Ghanaian male adolescents are also showing some interest in acquiring knowledge about mental health issues and developing favourable attitudes towards seeking help, just like their female counterparts. This is contrary to the traditional norms and ideals that boys may have about masculinity and expressing their vulnerability and the need for help, which is that a male should ‘man up’ and deal with his emotional/mental health challenges on his own (Liddle et al., 2021; Lisk et al., 2023).

5.3 Mental Health Literacy and Help-giving Intentions among Adolescents in Ghana

Findings from this study revealed that there was a significant positive relationship between mental health literacy and help-giving intentions among adolescents in Ghana. This is consistent with results from extant literature that, as the knowledge base about mental health issues expanded, adolescents were more likely to be willing in supporting their peers who were in mental distress (Atilola et al., 2022; Ng et al., 2021; Wilcox et al., 2023). The present finding is also consistent with the gateway provider model which posits that the knowledge gateway providers (in this case, adolescents as peers) have about mental disorders and the need for treatment would have an impact on their decision to offer help and the type of help they would offer (Stiffman et al., 2004).

Inferring from this premise, participants' knowledge about mental disorders and perception of need reflected in the extent to which they would offer help to a peer in mental distress.

In addition, results of this study showed that recommending Kofi (the hypothetical peer in the vignette) to seek professional help was the most likely option participants would choose if they were to offer any help. Such finding indicates the ripple effect that mental health literacy may have on the attitudes adolescents in Ghana have towards seeking professional help which, in turn, influences their choice of helpful actions in the case of offering mental health first aid. This is in support of findings from a study among Swedish adolescents which showed that participants' understanding about mental health issues reflected in their support of seeking professional help when one is in mental distress (Hermann et al., 2022).

Another notable finding from this study is that participants reported a high level of worry for the hypothetical peer. A probable reason for such high level of worry could be due to the fact that adolescents in Ghana are being raised in a more collectivistic culture where they are being socialized to show empathy to someone in any form of distress. In a similarly collectivistic context, Aluh et al. (2018) also found a high level of worry toward a hypothetical peer in distress among Nigerian adolescents. Participants also reported a high level of confidence to offer help to the hypothetical peer. Although, previous participation in a mental health literacy program was not assessed, this could be a contributing factor to such high level of confidence, since studies have shown that participation in a mental health literacy program improves confidence to offer mental health first aid (Atilola et al., 2022; Ng et al., 2021; Subasinghe et al., 2022). Furthermore, this high level of confidence could indicate the elevated sense of self-efficacy among adolescents in Ghana, even if they have not participated in any mental health literacy program.

5.4 The Influence of School Climate on Mental Health Literacy, Help-seeking, and Help-giving Behaviours among Adolescents in Ghana

Results of this study revealed that school climate was positively related to mental health literacy, help-seeking attitudes and help-giving intentions. These results are consistent with findings from studies Townsend et al., 2017 and Setia Lesmana & Chung, 2024 conducted. These findings suggest that the extent to which adolescents in Ghana perceive their school environment to be supportive could have an implication on how knowledgeable they would be concerning mental health issues. A positive school climate may foster an atmosphere that encourages student to be informed about insightful topics that enhances positive wellbeing and health, and one of such topics could be mental health literacy. Thus, when adolescents consider their school climate as positive, their interest in gaining knowledge about mental health issues could also increase (Townsend et al., 2017). This could have further implications on adolescents' attitudes towards seeking help; such that the more positive they perceive their school climate to be, the greater the odds that their attitudes toward seeking help would be positive. This is because adolescents are more likely to be open and reach out for help in a school setting that is supportive and less stigmatizing (Setia Lesmana & Chung, 2024). Moreover, the positive relationship between school climate and help-giving intentions among adolescents in Ghana indicates that as they perceive their school climate to be positive, they are more likely to be willing to offer mental health first aid to their peers in mental distress. Such relationship could be a reflection of how a supportive school environment creates a sense of belonging at school and connection among the students such that they could show some level of empathy when they notice a peer is experiencing some form of distress (Luo et al., 2023). Within a positive school environment, students are encouraged to engage in prosocial behaviours; one of which could be offering mental health first aid. Therefore,

adolescents in Ghana could be empathetic and proactive enough to offer help to a peer in mental distress when their school environment is supportive.

Narrowing down to the dimensions of school climate, both teacher-student relationship and student engagement were found to be positively related with help-seeking attitudes and help-giving intentions among adolescents in Ghana. Such findings are consistent results from extant literature (Brass et al., 2022; Halladay et al., 2020). The positive relationship between teacher-student relationship and help-seeking attitudes implies adolescents are more likely to appreciate the idea of seeking help in the case of a mental health crisis when they perceive that their relationship with their teachers is on good terms. When teachers relate well with their students, students begin to develop a sense of trust in their teachers; and this could, in turn, increase their level of psychological openness (Bella-Awusah et al., 2022; Halladay et al., 2020). Thus, within the Ghanaian setting, a nurturing teacher-student relationship could give room for adolescents to open up when they are facing a mental health problem. Furthermore, the level at which adolescents feel connected to their schools and get involved in school activities was associated to their willingness to help peers in mental distress. This could be due to the supposition that students' engagement in their schools could promote a sense of duty and self-efficacy among adolescents, which could have a ripple effect on their intentions to support a peer in mental distress (Brass et al., 2022).

Despite these significant positive relationships between the dimensions of school climate, and help-seeking attitudes and help-giving intentions, the results of this study showed that teacher-student relationship was not a significant moderator of the association between mental health literacy and help-seeking attitudes among adolescents in Ghana. This implies that regardless of how adolescents perceived their teacher-student relationship to be, it may not have an impact on how their mental health literacy levels influenced their help-seeking attitudes. Furthermore, it

could indicate that how school-going adolescents relate with their teachers may not be sufficient to facilitate the influence of mental health literacy on their attitudes toward seeking help.

Nevertheless, the results revealed that student engagement significantly moderated the relationship between mental health literacy and help-giving intentions among adolescents in Ghana. This moderating impact of student engagement was negative; thereby, indicating that the relationship between mental health literacy and help-giving intentions weakens when student engagement increases. This could be suggestive of a salient observation within the Ghanaian educational system; and that is, the focus on mental health in students' involvement in schoolwork and extra-curricular activities is minimal. Hence, the knowledge adolescents in Ghana have about mental health issues may diminish as they get more involved in school activities. A further implication of this explanation could be that the trifling quota of mental health education incorporated in the educational system may limit the extent to which adolescents in Ghana would apply their general knowledge about mental health issues to their willingness to offer help to a peer in mental distress, even though they may show some level of commitment to learning at school.

5.5 Limitations and Recommendations for Future Studies

This study has some limitations to be noted. First, the research design used in this study, which is cross-sectional survey design, did not allow for an in-depth investigation of mental health literacy and its causes in the Ghanaian context, such that the factors that could influence mental health knowledge, beliefs and attitudes were not explored further. Although the cross-sectional design could be appropriate and efficient in investigating relationships among variables (Spector, 2019), it may not be sufficient to explore the causative nuances of a phenomenon. Another limitation is that actual help-seeking and help-giving behaviours of adolescents were not assessed in this study. As much as help-seeking attitudes and help-giving intentions are strong determinants of actual

help-seeking and help-giving behaviours, assessing the actual behaviours could provide a more precise explanation of the relationship between mental health literacy and help-seeking and help-giving behaviours. Lastly, time inconveniences at some of the schools limited the number of classes that were available to participate in the study. During data collection, some students were writing mock exams and preparing for speech and prize-giving day activities; thus, they were not available on the scheduled days. Nevertheless, the research team made efforts to arrange with the school staff to make use of the free periods the students had on their timetables.

Based on these limitations, recommendations for future studies are suggested as follows. Further research focusing on mental health literacy among adolescents in Ghana could consider exploring the phenomenon qualitatively. This would give more detailed insight about the knowledge adolescents in Ghana have about mental health issues and its implications for their mental wellbeing. Also, actual help-seeking behaviour and help-giving behaviours should be measured in future studies to account for a more accurate understanding of the study variables. Finally, this study provides prospects of further research regarding the factors that could hinder or facilitate the help-seeking and help-giving process involving school-going adolescents in Ghana.

5.6 Practical Implications and Recommendations for Interventions

This study provides significant insight into the knowledge and perception adolescents in Ghana have about mental health related issues. From a developmental perspective, findings from this study emphasize the need to equip adolescents with the relevant knowledge concerning their mental wellbeing and that of others. At this stage of development, adolescent's ability to comprehend abstract concepts and apply such knowledge in decision-making increases; as their social interactions with their peers also increase (Berk & Meyers, 2016; Miller, 2016). Therefore, results from this study suggests the essence of leveraging on these developmental gains to encourage appropriate help-seeking and help-giving behaviours among adolescents.

As Jorm (2020) asserted, the core of mental health literacy is to effect behaviour change. Hence, findings from this study would be essential in informing and guiding key stakeholders about policies concerning adolescent mental health in Ghana. More specifically, this study could serve as an academic background for implementing mental health literacy programs for adolescents in Ghana. Also, this study could be pivotal in advocating for the inclusion of mental health education into the Ghanaian educational curricula from the basic school level through to the senior high school level. This would provide adolescents in Ghana the opportunity to be exposed to the appropriate knowledge about mental health, rather than just relying on common knowledge available through the media.

Another significant implication of this study is the importance of creating and maintaining a supportive school environment within Ghanaian schools. Particularly, teachers and non-teaching staff members should be encouraged to interact with students on a cordial and accommodating note. In this manner, students will perceive adults in the school as approachable and thus, be open to share their psychological issues with them in times of crisis. Furthermore, schools could adopt extra-curricular activities that are tailored towards mental health awareness and encourage students to participate in such activities. One of such activities could be the creation of a club that trains adolescents to be peer counsellors who could offer mental health first aid to their peers in mental distress. In addition, arrangements could be made so that these peer counsellors can enhance their knowledge and skills by volunteering at mental health institutions.

5.7 Conclusion

From this study, it was revealed that adolescents in Ghana have moderate level of mental health literacy; and this has positive repercussion on their attitudes toward seeking help for mental health problems and intentions to help a peer in mental distress. The school environment was also found to have significant impact on adolescents' mental health literacy, help-seeking and help-giving

behaviours. These findings suggest the importance of increasing awareness about mental health issues among adolescents while creating and maintaining a supportive school environment within the Ghanaian context. In the long run, adolescents in Ghana will be empowered to adopt mindsets and behaviours that promotes their mental wellbeing and that of their peers.



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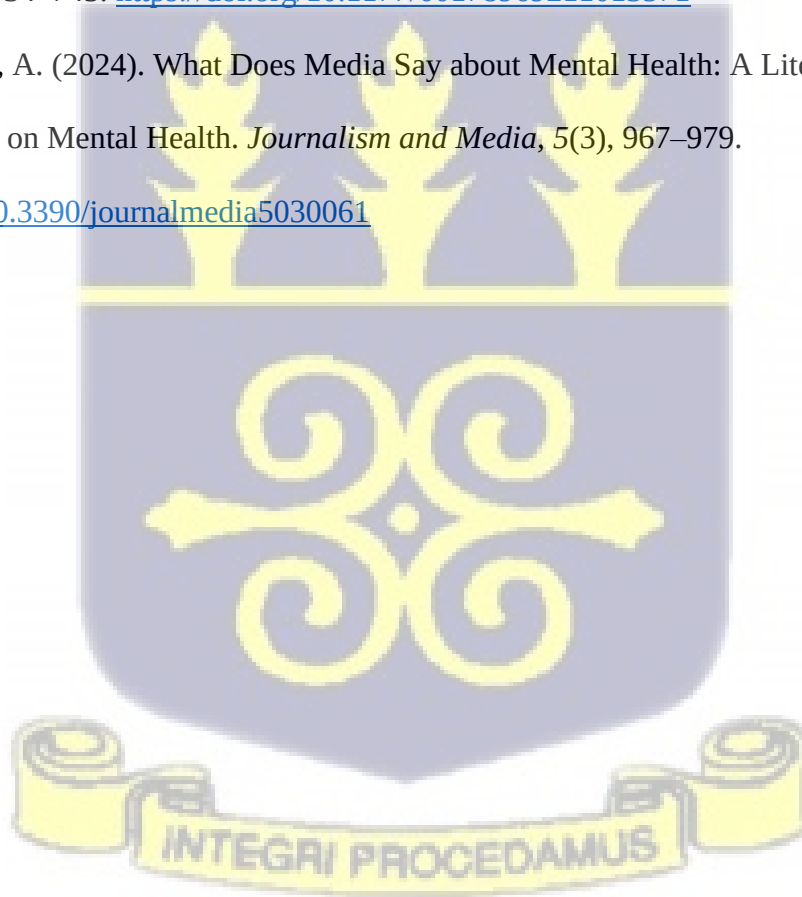
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APPENDICES

APPENDIX A: SUPPLEMENTARY TABLES

Table A1

Descriptive statistics of variables

Variable	<i>M</i>	<i>SD</i>	Min	Max	Skew	Kurt
1. Mental Health Literacy	69.69	8.47	42	90	-.38	-.07
2. Help-seeking Attitudes	57.69	11.25	19	96	.02	.46
3. Help-giving Intentions	32.41	4.57	11	39	-1.19	1.77
4. School Climate	87.28	12.65	37	117	-.49	.71

Table A2

Identification of condition in vignette

Label	<i>Frequency</i>	<i>Percentage (%)</i>
Depression with suicidality	7	.9
Depression	387	48.5
Suicidal	9	1.1
Mental health problem	195	24.4
Stress	22	2.8
Not feeling well	17	2.1
Broken hearted	14	1.8
Nothing is wrong	3	.4
No response	144	18.1

Table A3

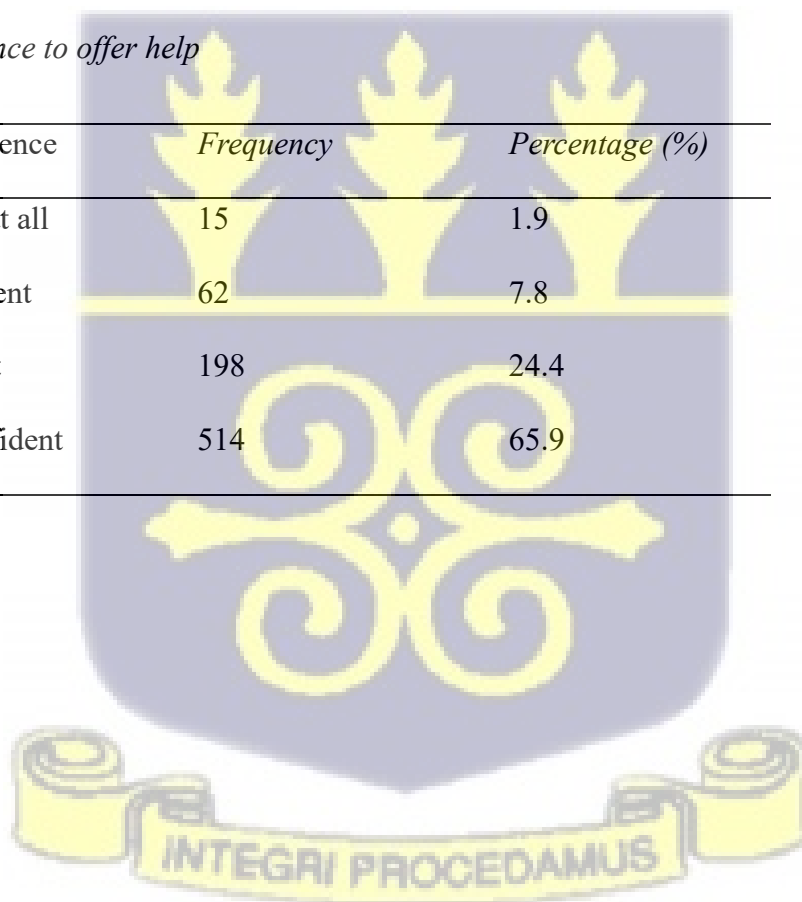
Level of worry for peer in vignette

Level of worry	<i>Frequency</i>	<i>Percentage (%)</i>
Not worried at all	20	2.5
Slightly worried	48	6.0
Quite worried	185	22.8
Extremely worried	542	68.7

Table A4

Level of confidence to offer help

Level of confidence	<i>Frequency</i>	<i>Percentage (%)</i>
Not confident at all	15	1.9
Slightly confident	62	7.8
Quite confident	198	24.4
Extremely confident	514	65.9



APPENDIX B. RESEARCH QUESTIONNAIRE

UNIVERSITY OF GHANA

DEPARTMENT OF PSYCHOLOGY

MENTAL HEALTH LITERACY, SCHOOL CLIMATE, HELP-SEEKING AND HELP-GIVING: A CASE OF SCHOOL-GOING ADOLESCENTS IN GHANA.

The purpose of this survey is to investigate Adolescents in Ghana' knowledge and beliefs about mental health related issues. Please do not indicate your name or any identifying information anywhere on this questionnaire. **Respond to the statements/questions honestly. There are no right or wrong answers.** Completing this survey is voluntary and will take approximately 30 minutes.

SECTION A

Kindly respond to a few statements about yourself.

1] How old are you? (Please write in complete years): _____

2]	Boy	Girl	Gender
	0	1	

3]	SHS 1	SHS 2	SHS 3	Form
	0	1	2	

4] What is your religious background?	Christianity	Islam	Other (please specify)
	0	1	

5] What is your father's educational level?

Primary school	JHS	SHS	Tertiary (University, polytechnic or training college)
0	1	2	3

6] What is your mother's educational level?

Primary school	JHS	SHS	Tertiary (University, polytechnic or training college)
0	1	2	3

7] Who do you live with?

Father	Mother	Both parents	Other relatives	Other (please specify)
0	1	2	3	

8] How many siblings do you have? (Please write 0 if you don't have a sibling) _____

9] What is your birth order? (Please write the position, e.g.: 1st, 2nd) _____

10] Are there mental health support/counselling services available in your school?

No	Yes	I don't know
0	1	2

11] Do you have a history of receiving mental

No	Yes
0	1

health care?

12. Does any of your family members have a history of receiving mental health care?

No	Yes
0	1

SECTION B

The following statements are about **mental health issues**. Please **circle the number** that indicates the extent to which you agree or disagree with each statement.

STATEMENT	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13] Physical exercise helps to improve mental health.	1	2	3	4	5

14] A person with depression feels very miserable.	1	2	3	4	5
15] People with schizophrenia usually have delusions (i.e., they may believe they are constantly being followed and observed).	1	2	3	4	5
16] Mental disorders don't affect people's behaviours.	1	2	3	4	5
17] Good sleep helps to improve mental health.	1	2	3	4	5
18] A person with anxiety disorder may panic in situations that she/he fears.	1	2	3	4	5
19] People with mental disorders come from families with little money.	1	2	3	4	5
20] Alcohol use may cause mental disorders.	1	2	3	4	5
21] Mental disorders don't affect people's feelings.	1	2	3	4	5
22] The sooner mental disorders are identified and treated, the better.	1	2	3	4	5
23] Only adults have mental disorders.	1	2	3	4	5
24] Brain's malfunctioning may cause the development of mental disorders.	1	2	3	4	5
25] Having a balanced diet helps to improve mental health.	1	2	3	4	5
26] One of the symptoms of depression is the loss of interest or pleasure in most things.	1	2	3	4	5
27] A person with anxiety disorder avoids situations that may cause her/him distress.	1	2	3	4	5
28] The symptoms' length is one of the important aspects to determine whether a person has, or has not, a mental disorder.	1	2	3	4	5
29] Depression is not a true mental disorder.	1	2	3	4	5
30] Drug addiction may cause mental disorders.	1	2	3	4	5
31] Mental disorders affect people's thoughts.	1	2	3	4	5
32] Doing something enjoyable helps to improve mental health.	1	2	3	4	5

33] A person with schizophrenia may see and hear things that nobody else sees and hears.	1	2	3	4	5
34] Talking over problems with someone helps to improve mental health.	1	2	3	4	5
35] Highly stressful situations may cause mental disorders.	1	2	3	4	5

SECTION C

The following statements are about **seeking psychological help**. Please **circle the number** that indicates the extent to which you agree or disagree with each statement.

STATEMENT	Disagree	Somewhat Disagree	Uncertain	Somewhat Agree	Agree
36] There are certain problems which should not be discussed outside of one's immediate family.	0	1	2	3	4
37] I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.	0	1	2	3	4
38] I would not want my significant other (boyfriend/girlfriend) to know if I were suffering from psychological problems.	0	1	2	3	4
39] Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	0	1	2	3	4
40] If good friends asked my advice about a psychological problem, I might recommend that they see a professional.	0	1	2	3	4
41] Having been mentally ill carries with it a burden of shame.	0	1	2	3	4
42] It is probably best not to know everything about oneself.	0	1	2	3	4
43] If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.	0	1	2	3	4
44] People should work out their own problems; getting professional help should be a last resort.	0	1	2	3	4

45] If I were to experience psychological problems, I could get professional help if I wanted to.	0	1	2	3	4
46] Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.	0	1	2	3	4
47] Psychological problems, like many things, tend to work out by themselves.	0	1	2	3	4
48] It would be relatively easy for me to find the time to see a professional for psychological problems.	0	1	2	3	4
49] There are experiences in my life I would not discuss with anyone.	0	1	2	3	4
50] I would want to get professional help if I were worried or upset for a long period of time.	0	1	2	3	4
51] I would be uncomfortable seeking professional help for psychological problems because people in my social or academic circles might find out about it.	0	1	2	3	4
52] Having been diagnosed with a mental disorder is a blemish in a person's life.	0	1	2	3	4
53] There is something admirable in the attitudes of people who are willing to cope with their conflicts and fears without resorting to professional help.	0	1	2	3	4
54] If I believed I were having a mental breakdown, my first inclination would be to get professional attention.	0	1	2	3	4
55] I would feel uneasy going to a professional because of what some people would think.	0	1	2	3	4
56] People with strong characters can get over psychological problems by themselves and would have little need for professional help.	0	1	2	3	4
57] I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	0	1	2	3	4
58] Had I received treatment for psychological problems, I would not feel that it ought to be "covered up."	0	1	2	3	4

59] I would be embarrassed if my neighbour saw me going into the office of a professional who deals with psychological problems.	0	1	2	3	4
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SECTION D

Please read the scenario below and respond to the statements that follow.

Kofi is a 16-year-old who has been unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. Kofi doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his marks have dropped. He puts off making any decisions and even day-to-day tasks seem too much for him. His parents and friends are very concerned about him. Kofi says he will never be happy again and believes his family would be better off without him. Kofi says he feels so desperate, he has been thinking of ways to end his life.

60] What do you think is the problem with Kofi (if any)? Write your response here:

61] If Kofi was your friend, how worried would you be about him?

Not worried at all	Slightly worried	Quite worried	Extremely worried
1	2	3	4

62] If Kofi was your friend, how confident would you be to offer help to him?

Not confident at all	Slightly confident	Quite confident	Extremely confident
1	2	3	4

If Kofi was your friend, indicate **the likelihood of offering help** to him among the following options.

Options	Very unlikely	Unlikely	Neutral	Likely	Very likely
63] Look for warning signs/ Assess risk of harm	1	2	3	4	5
64] Encourage Kofi to engage in social activities (e.g.: a hobby, join a school club)	1	2	3	4	5

65] Listen non-judgementally and counsel Kofi	1	2	3	4	5
66] Recommend Kofi to seek adult help	1	2	3	4	5
67] Recommend Kofi to seek professional help	1	2	3	4	5
68] Offer religious help (e.g.: pray for Kofi, encourage Kofi to be more religious)	1	2	3	4	5
69] Check up on Kofi and spend time with him.	1	2	3	4	5
70] Keep a distance from Kofi/ Do nothing	1	2	3	4	5

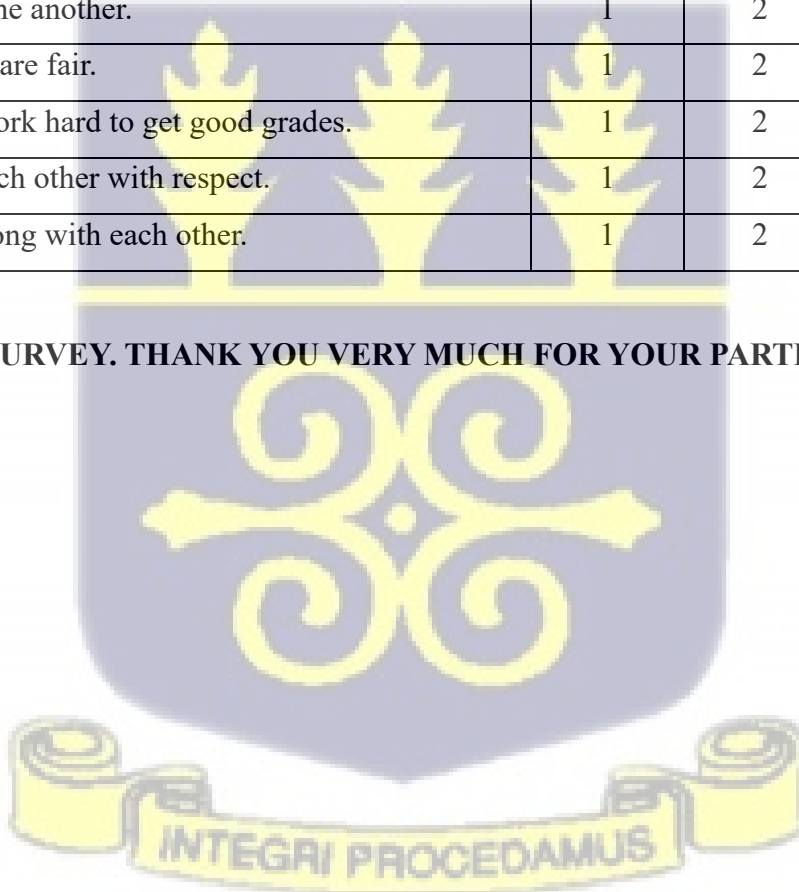
SECTION E

The following statements are about **how you feel about your school this year**. Please read each statement and **circle the response** that best shows how much you agree.

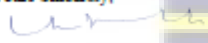
IN THIS SCHOOL...	Disagree a lot	Disagree	Agree	Agree a lot
71] Most students turn in their homework on time.	1	2	3	4
72] Teachers treat students of all ethnic groups with respect.	1	2	3	4
73] The school rules are fair.	1	2	3	4
74] Students are safe in the walkways.	1	2	3	4
75] Rules are made clear to students.	1	2	3	4
76] Most students try their best.	1	2	3	4
77] Teachers care about their students.	1	2	3	4
78] The consequences of breaking rules are fair.	1	2	3	4
79] Students threaten and bully others.	1	2	3	4
80] Students know how they are expected to act.	1	2	3	4
81] Students are friendly with each other.	1	2	3	4
82] Most students feel happy.	1	2	3	4
83] Students feel safe.	1	2	3	4

84] Students worry about others bullying them.	1	2	3	4
85] Students know what the rules are.	1	2	3	4
86] Students care about each other.	1	2	3	4
87] Teachers listen to students when they have problems.	1	2	3	4
88] The school's Code of Conduct is fair.	1	2	3	4
89] Students know they are safe in this school.	1	2	3	4
90] It is clear how students are expected to act.	1	2	3	4
91] Students respect others who are different.	1	2	3	4
92] Adults who work here care about the students.	1	2	3	4
93] Most students follow the rules.	1	2	3	4
94] Most students like this school.	1	2	3	4
95] Teachers like their students.	1	2	3	4
96] Students bully one another.	1	2	3	4
97] Classroom rules are fair.	1	2	3	4
98] Most students work hard to get good grades.	1	2	3	4
99] Students treat each other with respect.	1	2	3	4
100] Students get along with each other.	1	2	3	4

END OF SURVEY. THANK YOU VERY MUCH FOR YOUR PARTICIPATION



APPENDIX C. ETHICAL CLEARANCE LETTER

	UNIVERSITY OF GHANA ETHICS COMMITTEE FOR THE HUMANITIES (ECH)
	<i>P. O. Box LG 74, Legon, Accra, Ghana</i>
<i>My Ref. No: ECH.028/ 23-24</i>	October 12, 2023
Diane Korkor Arhin Department of Psychology University of Ghana Legon	
ETHICAL CLEARANCE (ECH 028/ 23-24)	
The Ethics Committee for the Humanities (ECH) conducted a full board review and approved your protocol titled:	
MENTAL HEALTH LITERACY, SCHOOL CLIMATE, HELP-SEEKING AND HELP-GIVING: A CASE OF SCHOOL-GOING ADOLESCENTS IN GHANA	
PRINCIPAL INVESTIGATOR: DIANE KORKOR ARHIN	
Please note that the final review report must be submitted to the Committee at the completion of the study. Your research records may be audited at any time during or after the implementation. Any modification of this research project must be submitted to ECH for review and approval prior to implementation.	
Please report all serious adverse events related to this study to ECH within seven (7) days verbally and in writing within fourteen (14) days.	
This certificate is valid until October 11, 2024. You are required to submit annual reports for continuing review.	
Please accept my congratulations.	
Yours Sincerely,	
 Professor C. Charles Mate-Kole ECH Chair	
CC: Dr. Emmanuel Nii-Boye Quarshie, Department of Psychology, UG Dr. Margaret Amankwah-Poku, Department of Psychology, UG	
Tel: +233-303933866	Email: ech@ug.edu.gh



APPENDIX D. GHANA EDUCATION SERVICE APPROVAL LETTER

GHANA EDUCATION SERVICE

In case of reply the
Number and date of this
Letter should be quoted

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REPUBLIC OF GHANA

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17th November, 2023

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LETTER OF INTRODUCTION

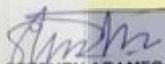
I write to introduce to you Ms. Diane Korkor Arhin, a second-year MPhil Development Psychology student at the University of Ghana, Legon.

As part of her academic requirement, she has selected your school to research on the topic "Mental Health Literacy, School Climate, Help-seeking and Help-giving Adolescents in Ghana".

Ms. Diane Korkor Arhin is required to make personal contact with you to arrange for convenient times to undertake the exercise in order not to disrupt instructional hours.

I would be grateful if she could be given the necessary assistance needed for her work.

I am counting on your cooperation.


MR. STEPHEN ABAMFO
AG. DIRECTOR OF EDUCATION
GREATER ACCRA REGION

Cc: Ms. Diane Korkor Arhin, University of Ghana, Legon.

