



Awareness and Mental Health Literacy Testing Whether Awareness Translates into Literacy among Postgraduate Students across Five Disciplines

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Abstract

Mental health is an important aspect of students' well-being, particularly during postgraduate education, when academic demands, career expectations, and personal challenges may affect psychological health. This study explored the relationship between mental health awareness and mental health literacy among 170 postgraduate students from five academic disciplines at Kurukshetra University. A cross-sectional survey design was adopted and students were selected through convenience sampling from Botany, Law, Pharmacy, Business Administration, and Social Work. Data were analysed using descriptive statistics, Pearson's correlation. The findings indicated that 49.4% of participants had average awareness, 34.7% had low awareness, and 15.9% had high awareness. Regarding literacy, 77.1% demonstrated moderate levels while 22.9% fell within the low category. Correlation analysis showed a weak, negative, and statistically non-significant association between awareness and literacy ($r = -.063$, $p = .412$). The findings suggest that awareness alone may not translate into mental health literacy. However, the results should be interpreted cautiously because of the cross-sectional design, convenience sampling, and single university setting. Further research may clarify how students develop practical mental health understanding and help-seeking abilities.

Keywords: Mental health, appropriately, manifestations, examination, circumstances

1. Introduction

Mental health has become an increasingly visible topic in public discussions, educational settings, and academic research. Despite this growing attention, greater exposure to mental health information does not necessarily mean that people understand psychological difficulties or knowhow to respond to them appropriately. For instance, students may be familiar with terms such as depression and anxiety without being able to identify their manifestations in everyday situations, understand the factors associated with their development, or distinguish between appropriate and ineffective forms of support. This difference between general familiarity with mental health and the ability to interpret and respond to mental health concerns provides the foundation for the present study among postgraduate students.

Postgraduate education presents a distinct set of circumstances in which mental health awareness and literacy warrant closer examination. Students at this level commonly undertake specialized academic work, manage research responsibilities, and make decisions concerning their professional futures. These demands may coincide with financial concerns, uncertainty about employment, and pressure to meet academic expectations. Levecque et al. (2017) reported elevated levels of mental health problems among doctoral students in their study and



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identified aspects of their academic work environment as relevant to their psychological well-being. Although doctoral students and postgraduate students more broadly are not identical populations, this research highlights the importance of considering mental health within advanced academic settings. It also raises a question about whether postgraduate students, despite their educational experience, have the practical knowledge needed to recognise mental health concerns and identify appropriate sources of assistance.

Academic discipline offers another useful perspective for investigating differences in mental health awareness and literacy. Students' educational experiences vary according to the subjects they study, the professional environments they anticipate entering, and the extent to which psychological concepts form part of their coursework. Those enrolled in health-related programmes may encounter mental health topics more directly, whereas students in disciplines such as law, botany, and business administration may have fewer opportunities to engage with these issues through formal instructions. Nevertheless, disciplinary exposure alone cannot establish whether students possess a sound understanding of mental health or can apply that understanding in practical situations. Differences between academic streams must therefore be examined empirically rather than inferred from the nature of their curricula. Comparing students across disciplines can help clarify whether awareness and literacy vary between educational backgrounds and whether these dimensions are associated with one another.

2. Methodology

2.1 Research Design

The present investigation adopted a quantitative, cross-sectional survey design to examine mental health awareness and mental health literacy among postgraduate students and to determine the relationship between these two variables. A structured survey was considered appropriate because the study focused on measuring student's scores and examining statistical associations rather than exploring individual experiences in depth. Data were collected during a single period, providing a snapshot of the participants' awareness and literacy levels within the selected academic setting.

The analysis involved descriptive and inferential statistical procedures. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the participants' background characteristics and their scores on the two measures. Pearson's product-moment correlation was subsequently employed to assess the direction and the strength of the relationship between awareness and literacy. Simple linear regression was also conducted to examine whether awareness scores statistically predicted mental health literacy.

2.2 Study Setting and Participants

The study was conducted at Kurukshetra University, Kurukshetra, Haryana, among postgraduate students enrolled in five academic disciplines: Botany, Law, Pharmacy (M. Pharmacy), Business Administration (MBA), and Social Work. These departments were selected purposively to include students from different educational and professional backgrounds. The selected disciplines encompass natural sciences, legal studies, pharmacy, management, and social services, thereby providing an opportunity to examine mental health awareness and literacy across varied academic contexts. The inclusion of these streams was



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relevant to the research question concerning the possible relationship between awareness and literacy among students with different disciplinary backgrounds. The final sample consisted of 170 postgraduate students. Of these, 86 were male (50.6%) and 84 were female (49.4%), indicating an almost equal representation of the two gender groups. Regarding age, 84 participants (49.4%) belonged to the 21-22 year category, while 73 (42.9%) were aged 23-24 years. The remaining 13 respondents (7.6%) fell within the 25-26 year category. The sample included 35 students from Botany (20.6%), 34 from Law (20.0%), 36 from M. Pharmacy (21.2%), 36 from MBA (21.2%), and 29 from Social Work (17.1%).

Participants' leaving arrangements were recorded to describe the residential composition of the sample. A total of 83 students (48.8%) were residing in hostels, whereas 87 (51.2%) lived with their families. The source of personal expenses was also documented. Most participants, 162 (95.3%) relied on family support, while eight (4.7%) reported receiving support from their families alongside personal income. No participant reported depending exclusively on personal income. Give this limited variation, the source of personal expenses was primarily described through frequencies and percentages rather than treated as a major basis for comparative analysis.

2.3 Participant Selection

Participants were recruited from the five selected departments on the basis of their availability and willingness to participate. Accordingly, the study employed convenience sampling rather than probability-based sampling. Students who were accessible during the data collection period and agreed to complete the questionnaire were included in the final dataset. The number of respondents varied across departments, reflecting differences in student availability and participation during fieldwork. Since the participants were not selected randomly from the entire postgraduate population of the university, the findings should be interpreted within the context of the selected sample. The sampling procedure also limits the extent to which the results can be generalized to postgraduate students from other departments or institutions.

2.4 Research Instrument

Data were collected using a structured, self-administered questionnaire comprising sections on participants' background characteristics, mental health awareness, and mental health literacy. The demographic section recorded age group, gender, academic discipline, living arrangement, and source of personal expenses. The remaining sections assessed students' awareness of mental health and their mental health literacy. For the purpose of this study, mental health awareness referred to familiarity with mental health concerns, recognition of relevant signs and conditions, and a general understanding of the importance of mental health. Mental health literacy was treated as a broader construct involving knowledge relevant to identifying mental disorders, understanding available sources of assistance, and responding appropriately to psychological difficulties. Responses to the items were combined to calculate a composite score for each participant on the respective measures. Awareness scores ranged from 16 to 55, whereas mental health literacy scores ranged from 65 to 116. For descriptive reporting, awareness scores were classified into low, average, and high categories, while literacy scores were divided into low and moderate categories according to the cut-off points specified in the



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study's scoring scheme. The questionnaire was reviewed for clarity before its administration, and minor modifications to the wording were made to improve comprehensibility for postgraduate respondents. Participants were informed that the questionnaire was intended to assess their understanding of mental health rather than to make a personal judgement about them. However, responses were scored according to the criteria established for the respective measures.

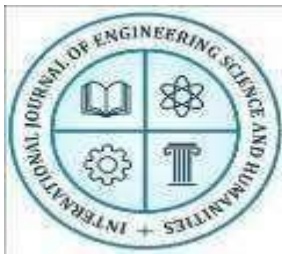
2.5 Data Collection Procedure

Data collection was carried out in person within the participating departments of Kurukshetra University. Before the questionnaire was administered, the researcher explained the purpose of the investigation and informed prospective participants about the voluntary nature of their involvement. Students were given the opportunity to decline participation or discontinue their involvement without providing a reason. Participants completed the questionnaire at their own pace. Where clarification was required, the researcher explained the wording of the relevant item without directing respondents toward a particular answer. After the questionnaires were returned, they were checked for incomplete responses. Forms containing substantial missing information were excluded from the analysis, as applicable under the study's data screening procedure.

2.6 Data Preparation and Statistical Analysis

The complete questionnaires were coded and entered into SPSS, with a spreadsheet used to assist in organizing and checking the data. The dataset was examined before analysis to identify missing information and ensure that responses were recorded appropriately. Descriptive statistics were then calculated to summarize the sample characteristics and the distribution of scores. Frequencies and percentages were used for categorical variables, including age group, gender, academic discipline, living arrangement, and source of personal expenses. For continuous awareness and literacy scores, the mean, standard deviation, minimum, and maximum values were calculated. These measures provided an overview of the participants' performance on the two study variables. Pearson's product-moment correlation coefficient was calculated to examine the association between mental health awareness and mental health literacy. This analysis assessed both the direction and strength of the relationship between the two scores. Simple linear regression was subsequently performed, with mental health awareness as predictor. The purpose of this analysis was to determine whether awareness scores significantly predicted literacy scores and to estimate the proportion of variation in literacy scores explained by awareness. The level of statistical significance was set at $p < .05$. Correlation magnitudes were interpreted with reference to Cohen's (1988) commonly used conventions, according to which correlations of approximately .10, .30, and .50 represent small, medium, and large effects, respectively. These values were treated as general interpretive guidelines rather than absolute criteria. The findings were interpreted in relation to the research objectives, with attention to both statistical significance and the strength of the observed relationships.

2.7 Ethical Considerations



Ethical principles relating to voluntary participation, informed consent, confidentiality, and the responsible use of research data were observed during the study. Each participant was informed about the purpose of the investigation and provided consent before completing the questionnaire. Students were assured that their responses would be treated confidentially and that their names or other directly identifying information would not be included in the analytical dataset or research report. The information collected was intended solely for academic research. These measures were adopted to protect participant's privacy and support their voluntary involvement in the research process.

3. Results

3.1 Sample Profile

The demographic characteristics of the respondents are presented in Table 3.1. the sample showed an almost equal representation of male and female students, comprising 86 males (50.6%) and 84 females (49.4%). in terms of age, nearly half of the participants, 84 (49.4%), were between 21 and 22 years, while 73 (42.9%) belonged to the 23-24 year category. Only 13 respondents (7.6%) were aged 25-26 years. Thus, the sample was predominantly composed of students aged between 21 and 24 years, with relatively fewer participants in the oldest age group.

The distribution of respondent according to their living arrangement was also relatively balanced. A total of 87 students (51.2%) lived with their families, whereas 83 (48.8%) resided in hostels. In contrast, the distribution of participants by source of personal expenses was considerably uneven. Family support was reported as the sole source of financial assistance by 162 students (95.3%). Eight respondents (4.7%) received support from both their families and personal income, while none reported relying entirely on personal income. This distribution indicates that financial support from family members was the predominant arrangement among the participants. Given the limited representation of the alternative categories, this variable is primarily described in terms of its frequency distribution.

Table 3.1 Demographic Profile of Respondents (N = 170)

		Frequency	Percent
Age	21-22	84	49.4%
	23-24	73	42.9%
	25-26	13	7.6%
Gender	Female	84	49.4%
	Male	86	50.6%
Living situation	Hostel	83	48.8%
	With family	87	51.2%
Sources of personal expenses	Spport from family	162	95.3%
	Personal Income	0	0.0%
	Both	8	4.7%
	Total	170	100.0%



The distribution of participants across the five academic disciplines is presented in Table 3.2. M.Pharmacy and MBA each contributed 36 respondents (21.2%), followed by Botany with 35 students (20.6%) and Law with 34 (20.0%). Social Work had the lowest representation, comprising 29 participants (17.1%). Although the number of respondents differed slightly across departments, each discipline contributed a substantial proportion of the overall sample. This distribution provides a basis for describing the participants' academic backgrounds, although differences between disciplines would require separate statistical testing before any conclusion about disciplinary effects could be drawn.

Table 3.2 Distribution of Students by Field of Study (N = 170)

		Frequency	Percent
Field of Study	Botany	35	20.6%
	Law	34	20.0%
	M.Pharmacy	36	21.2%
	MBA	36	21.2%
	Social Work	29	17.1%
	Total	170	100.0%

3.2 Distribution of Mental Health Awareness

This distribution of respondents across the three mental health awareness categories is presented in Table 3.3. Of the 170 participants, 84 (49.4%) were classified as having an average level of awareness. A further 59 students (34.7%) fell within the low awareness category, while 27 (15.9%) were classified as having high awareness. The average category represented the largest proportion of the sample, whereas the high awareness category accounted for the smallest share. Taken together, the findings show that most participants were classified within the low or average awareness groups.

Table 3.3 Distribution of Respondents by Mental Health Awareness Level

		Frequency	Percent
Awareness Items	Low	59	34.7%
	Average	84	49.4%
	High	27	15.9%
	Total	170	100.0%
	Mean	30.72	
	Standard Deviation	10.47	
	Minimum	16.00	
	Maximum	55.00	

The analysis of continuous awareness scores provides additional information about the participants' performance. The mean score was 30.72, with a standard deviation of 10.47. Scores ranged from 16 to 55, including variations in awareness levels across the sample. The standard deviation suggests that participants' scores were not closely concentrated around the



mean. This variability is consistent with the categorical distribution, in which respondents were spread across all three awareness groups rather than concentrated exclusively in the high-awareness category.

3.3 Distribution of Mental Health Literacy

The distribution of mental health literacy levels differed from that observed for awareness. As shown in table 3.4, 131 respondents (77.1%) were classified within the moderate-literacy category, while 39 (22.9%) were placed in the low literacy category. No participants were classified as having high literacy. The moderate category therefore accounted for more than three quarters of the sample, making it the predominant classification.

Table 3.4 Distribution of Respondents by Mental Health Literacy Level

		Frequency	Percent
Mental Health	Low Mental Health Literacy	39	22.9%
	Moderate Literacy	131	77.1%
	High Mental Health Literacy	0	0.0%
	Total	170	100.0%
	Mean	93.06	
	Standard Deviation	11.12	
	Minimum	65.00	
	Maximum	116.00	

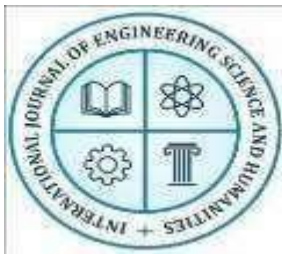
The continuous literacy scores yielded a mean of 93.06 and a standard deviation of 11.12. The observed scores extended from 65 to 116, demonstrating differences in literacy scores among individual participants. The standard deviation indicates that the scores varied around the sample mean, although the majority of respondents were classified within the moderate category under the study's scoring scheme. A comparison of Tables 3.3 and 3.4 reveals different patterns in the categorical distributions of awareness and literacy. While the largest proportion of students fell within the average-awareness category, most were classified as having moderate literacy. In addition, the awareness measure included a high-scoring group, whereas no respondent was classified within the high-literacy category. These differences demonstrates that two measures produced distinct distributions in the present sample. However, differences in categorical distributions alone cannot establish whether awareness and literacy are statistically associated. This question was examined through correlation.

3.4 Correlation between Mental Health Awareness and Literacy

Pearson's product-moment correlation was used to examine the relationship between mental health awareness and mental health literacy. The results, presented in Table 3.5, indicated a correlation coefficient of ($r = -.063$), with a two-tailed significance value of ($p = .412$) for 170 participants. The coefficient was negative and close to zero, indicating a negligible linear association between the measures. Since the p-value exceeded the predetermined significance level of .05, the observed relationship was not statistically significant.

Table 3.5 Pearson Correlation between Mental Health Literacy and Awareness Items

Correlations



		Mental Health	Knowledge Items
Mental Health	Pearson Correlation	1	-.063
	p-value		.412
	N	170	170
Knowledge Items	Pearson Correlation	-.063	1
	p-value	.412	
	N	170	170

**. Correlation is significant at the 0.01 level (2-tailed).

Accordingly, the analysis did not provide sufficient statistical evidence of a linear relationship between awareness and literacy in this sample. Although the coefficient had a negative sign, its magnitude was too small to support meaningful interpretation of an inverse association. Using Cohen's (1988) conventional benchmarks for correlation magnitude, the observed coefficient was below the commonly used threshold for a small effect. The findings therefore suggest that variation in awareness scores was not systematically accompanied by corresponding variations in literacy scores.

4. Discussion

The present study examined whether mental health awareness was associated with mental health literacy among 170 postgraduate students representing five academic disciplines at Kurukshetra University. The findings revealed a negligible negative correlation between the two variables ($r = -.063$, $p = .412$). This analysis does not provide sufficient evidence of a statistically significant relationship. These findings raise questions about whether familiarity with mental health concepts is accompanied by the broader knowledge and abilities required to recognise psychological difficulties and understand appropriate forms of assistance.

The distribution of awareness and literacy provide an initial understanding of the pattern observed in this study. Almost half of the participants (49.4%) were classified as having average awareness, while 34.7% fell within the low-awareness category. In comparison, 77.1% were classified as having moderate mental health literacy. Although the two measures produced different categorical distributions, these percentages alone do not establish how individual students performed across both measures. The correlation analysis is more directly relevant to that question and showed that higher awareness scores were not systematically associated with higher literacy scores in the sample. One possible explanation lies in the distinction between the constructs assessed by the two measures. In the present investigation, awareness concerned familiarity with mental health conditions, their signs, and general principles of care. The results are consistent with the possibility that general awareness alone may not adequately reflect the broader abilities associated with mental health literacy. The findings indicate that the awareness measure used in this investigation did not meaningfully distinguish participants according to their literacy scores. The distribution of scores also warrants consideration. Mental health literacy scores had a mean of 93.06 and a standard deviation of 11.12, with observed values ranging from 65 to 116. The result should therefore be interpreted in relation to the particular



sample and measures used rather than as evidence that awareness and literacy are unrelated in all populations.

5. Limitations

The study had several limitations. Since it used a cross-sectional design, it could not show how the variables might change over time or whether one influenced the other. The use of convenience sampling from a single university also limits the extent to which the findings can be applied to other postgraduate student populations. In addition, the study relied on self-report questionnaires, which may not accurately reflect how participants would respond to mental health concerns in real-life situations.

6. Direction for Future Research

Future investigation could use longitudinal and intervention based designs to examine whether increasing mental health awareness leads to better mental health literacy. It would also be useful to study factors such as stigma, attitudes, previous mental health education, and intentions to seek help. Research conducted across several universities, with larger and more representative samples and consistent measurement tools, would make the findings more generalizable and allow for clearer comparisons between awareness, knowledge and literacy.

7. Conclusion

The study found no significant relationship between mental health awareness and literacy among the postgraduate students who participated. Awareness explained only a very small amount of the variation in literacy scores, suggesting that familiarity with mental health concepts alone may not be enough to develop strong mental health literacy. Higher education institutions should therefore focus on building broader knowledge, improving students' ability to recognise mental health concerns, increasing awareness of help-seeking options, and developing practical skills for responding to these concerns.

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