The Malay Version of the Mental Health Knowledge Schedule: A Preliminary Study

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Abstract

Background of Study: Mental Health Knowledge Schedule (MAKS) is an instrument to assess knowledge about mental health issues commonly used in English-speaking countries. Objectives: The present study translated the MAKS into Malay language (MAKS-M) and investigate its reliability in the Malaysian context among secondary school teachers. Methods: A total of 77 secondary school teachers answered the back-translated MAKS-M before and after attending a mental health literacy program. Cronbach’s alpha and Lin’s concordance statistics of the data were computed. Results: Test-retest reliability was below the satisfactory level. Specifically, internal consistency was low for Time 1 but improvement was observed in Time 2. Conclusion: The findings suggest that fundamental knowledge about mental health may be required for individuals to understand the items. Recommendations were provided for future studies to explore the usability of the MAKS-M.

Keywords: Mental Health Knowledge, Malaysia, Reliability

Introduction

Mental health knowledge or mental health literacy refers to individuals’ knowledge about mental disorders and related issues. It consists of knowledge, attitudes or stigma, and help-seeking efficacies [1]. Knowledge about mental health is critical to the recognition of mental health disorders, willingness to approach health care services, and learning of skills to support people who experience mental health issues.

Mental health knowledge also plays an important role in raising public awareness of mental health and improving mental health conditions of the community [2]. Research has found that one of the main obstacles for seeking mental health services in Malaysia is the fear of stigma [3], which could be resulted from ignorance (problems of knowledge), prejudice, and discrimination [4]. Lacking mental health knowledge deserves attention because negative perception and belief towards mental health will affect the ways people perceive mental health issues (positively or negatively) and even making choices of treatments when encountering mental health challenges.

Given the importance of mental health knowledge, Evans-Lacko and colleagues [5] (2010) developed the Mental Health Knowledge Schedule (MAKS) to assess
stigma-related mental illness knowledge. The 12-item MAKS tap into the stigma-related mental health knowledge (e.g., help seeking, support, employment, treatment and recovery) and respondents’ recognition of mental illness. In their study, Evans-Lacko and colleagues found that the MAKS had satisfactory test-retest reliability (tested by Lin’s Concordance statistics) though the internal consistency (measured by Cronbach alpha) was slightly below the suggested .70 cutoff. In a systematic review on the measurement properties of tools measuring mental health knowledge, Wei found that MAKS was the only tool that includes stigma-related knowledge on help seeking, recognition support, and employment [6]. Taken together, the MAKS could be an useful tool that allows researchers to examine individuals’ understanding on mental health issues.

**Methods**

**Participants**

A total of 77 secondary school teachers participated in the study. The mean age of the participants was 41.86 (SD = 8.23). The majority of the participants were ordinary school teachers (68.8%), followed by school counselors (24.7%), and principal and vice principal (6.5%). Most of them worked in the education field for more than 10 years but less than 20 years (41.6%), followed by those who worked for more than 20 years but less than 30 years (29.9%), less than 10 years (22.1%), and more than 30 years (5.2%).

**Procedure**

The scale was translated into Malay language. This was done with the parallel back-translation procedure by a bilingual subject-expert. The scale was then translated back to English by another bilingual subject-expert without referring to the original scale. This procedure helped to ensure the adequacy of the translated version of the scale. Prior to the data collection, ethical clearance and approval from the Ministry of Education were obtained through a partner non-governmental organization of this project. Invitation letters was delivered to selected schools in West Malaysia. Teachers who expressed their interest in participating the current study were invited to attend a 2-day program on mental health literacy. A baseline data of knowledge on mental health of the teachers was collected before the commencement of the training program. Then, all teachers participated in a total of 16-hours training on mental health literacy. At the end of the training, outcome measurements (mental health knowledge) were collected again.
**Instrument**

The Mental Health Knowledge Schedule-Malay Version (MAKS-M) was used in the present study to assess stigma-related mental health knowledge. The 12-item MAKS-M consists of two parts. Part A comprised six items on stigma-related mental health knowledge areas, and Part B comprised six items on the classification of various conditions as mental illnesses. All items were scored on an ordinal scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores on items 6, 8, and 12 were reverse coded. A total score was calculated, a higher score indicates a greater mental health knowledge.

**Results**

We first examined internal consistency among items 1 to 6 (Part A), items 7 to 12 (Part B), and all the 12 items for responses collected before and after the workshop, respectively. Table 1 shows that the Cronbach alpha coefficients ranged from -.449 to .62. Pre-test responses were generally less consistent than post-test responses.

<table>
<thead>
<tr>
<th></th>
<th>Part A (items 1-6)</th>
<th>Part B (items 7-12)</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>.289</td>
<td>-.449</td>
<td>.095</td>
</tr>
<tr>
<td>Post-test</td>
<td>.460</td>
<td>.531</td>
<td>.620</td>
</tr>
</tbody>
</table>

Moreover, following Evans-Lacko and colleagues’ practice [5], test-retest reliability was tested using Lin’s concordance statistic, a weighted kappa. The Lin’s concordance correlation coefficient computed by an online calculator [8] indicated that the results were not satisfactory: 0.29 for Part A, 0.10 for Part B, and 0.19 for overall.

**Discussion**

This research was the first to translate the MAKS into Malay and investigate its reliability in a Malaysian sample using a pre- and post-test design. The Cronbach alpha coefficients for Pre-test measure were not satisfactory. The post-test results, however, were better and similar to Evans-Lacko and colleagues’ findings [5]. The discrepancies in internal consistency between the two time frames have also resulted in poor test-retest reliabilities. The improvement may also imply that respondents found the items difficult at the beginning but understand the items better in the second attempt. Put differently, participants may have better understanding of mental health after attending the mental health program. However, effectiveness of the program is beyond the scope of the present study. Future studies are recommended to investigate the extent to which the program is helpful to gaining mental health knowledge.

It is also important to note that the intention
of the current study is to assess the reliability of Malay version of the MAKS. The preliminary findings is premature to conclude qualities of the MAKS-M. A comprehensive validation of the MAKS-M is necessarily needed. Future studies are also warranted to address limitations of the present study, for instance, the sample size of the present study was below the ratio of at least 1 item to 10 responses and validity of the scale was not examined. It is also necessary to extend the focus to other populations such as adolescents and adults especially those who are assumed to have little exposure to mental health issues. Finally, researchers may consider modifying the rating format to facilitate understanding of the items. For example, the rating for Part B could be revised to a dichotomous format (True or False) to reduce participants’ cognitive burden and offer an easier way to identify whether participants correctly recognize mental problems. Note that Evans-Lacko and colleagues [5] did not recommend the dichotomous rating format to avoid respondents feel being judged as lacking knowledge. However, we argue that it may makes more sense to use a dichotomous rating format than a Likert scale rating (i.e., strongly disagree to strongly agree) for the six items which focus on the classification of various conditions (e.g., drug addiction) as mental illnesses. Moreover, a dichotomous rating format can provide a clearer picture if respondents have the necessary knowledge to correctly determine if the condition should be categorized as a mental health problem. Nevertheless, we acknowledge that more studies are needed to examine if the proposed dichotomous rating format is more suitable than the existing rating format in the Malaysian context.

Conclusion

Knowledge about mental health is the key to reduce stigma and facilitate help seeking behaviors. Although the preliminary findings show that more efforts are required to improve qualities of the MAKS Malay version, we believe our findings can serve as the cornerstone to identify a reliable and useful instrument to assess knowledge about mental health problems in the Malaysian context.

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