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Impact of Educational Attainment on Mental Health Among Thai Adolescents: A Comparative Study of Educated and Uneducated Adolescents

Wilandarin Changjai¹

¹ Khemasiri Memorial School, Thailand

Correspondence: Wilandarin Changjai, Khemasiri Memorial School, Thailand.

E-mail: wilandrinkt03@gmail.com

Abstract

The issue of mental health among youth in Thailand has seen a significant increase. Research by UNICEF indicates that most Thai youth aged 10-19 have experienced mental health problems and engaged in self-harm in recent years due to various factors. This study focuses on a key factor that most Thai youth should receive: “education.” According to Thai law, basic education is a right for all Thai youth. However, at a certain age, some youth decide to leave the education system due to personal issues. This raises the researcher’s question: does education, which all Thai youth are supposed to receive, affect the mental health issues of Thai youth? The study employed a survey conducted through Google Forms, with questions selected from the Department of Mental Health of Thailand to assess various skills that the researcher aimed to examine. The data were analyzed using the Independent Sample t-test to compare groups and determine significant differences (SPSS), presenting the findings in graphical format. The control variables for this study were the participants, who came from neighboring regions with similar income levels. The researcher interpreted and analyzed the collected data. The findings indicated that the group receiving education had better mental health, coping with academic pressure, and happiness results compared to the group not receiving education. However, both groups had similar stress results. The researcher further analyzed these findings, considering both internal and external factors.

Keywords: Thai Adolescents, Mental Health, Education, Mental Health Wellbeing, Uneducated Youth

1. Introduction

The mental health of adolescents has become a critical global issue, marked by rising rates of anxiety, depression, and other psychological disorders. Adolescence is a developmental period fraught with significant physical, emotional, and social changes, which inherently pose mental health risks. Recent studies highlight an alarming increase in mental health challenges among this demographic, driven by various factors including the COVID-19 pandemic, social media use, and societal pressures.

Recent studies indicate that adolescents worldwide are increasingly facing mental health challenges (Columbia University Mailman School of Public Health, 2023). Recent studies have highlighted significant mental health challenges among adolescents in Thailand. The COVID-19 pandemic has exacerbated issues such as grief, uncertainty, isolation, and stress, leading to a notable impact on the mental well-being of young people. According to a UNICEF report, about 15% of the disease burden among 10-19 year-olds in Thailand is attributable to mental disorders and self-harm. Additionally, the 2021 Global School-based Student Health Survey revealed that 17.6% of adolescents aged 13-17 had seriously considered suicide (UNICEF, 2022; 2023). In addition, Thai adolescents face numerous mental health challenges such as academic pressure, school-related issues, bullying, family problems, and financial difficulties.

As observed, most adolescents attend school and receive education. However, the increasing mental health challenges each year often stem from school environments, peers, and academic pressure. For instance, adolescents in Thailand are experiencing significant mental health challenges, with academic pressure being a key contributing factor. Studies have shown that the mental health of Thai adolescents is heavily impacted by the stress associated with academic performance and the pressure to succeed in school. This stress is linked to various mental health issues, including anxiety and depression, which are exacerbated during exam periods and times of high academic demand (UCL, 2023). A report by UNICEF highlights that nearly one in seven Thai adolescents aged 10-19 suffer from mental health disorders, with suicide being the third leading cause of death among this age group. The high levels of academic pressure, combined with other factors such as violence, bullying, and the lingering effects of the COVID-19 pandemic, contribute significantly to these mental health challenges. Despite efforts to address these issues, there are still critical gaps in mental health services and support systems in Thailand, particularly in the educational sector (UNICEF, 2022).

In recent years, a significant number of Thai adolescents have turned to alternative education systems due to the freedom it offer in lifestyle, the lack of strict school regulations, and the expedited path to university admission. This trend has prompted researchers to question whether the traditional education system truly benefits Thai youth. While the system provides a structured environment with social interactions and systematic teaching, these same aspects can also contribute to the mental health challenges faced by many Thai adolescents today. Even though some researchers found out that education is one of the factors, the impact in adolescents is heavily impacted by the stress associated with academic performance and the pressure to succeed in school. However, there is no research that studies the difference between mental health of education and the non-educated group of Thai adolescents at the same income level.

2. Method

2.1 Research Objectives

2.1.1 To conduct a comparative analysis of mental health wellbeing, encompassing aspects such as mental health, stress, and happiness, between educated and uneducated participants. This survey aims to elucidate the extent to which educational attainment influences the mental health wellbeing of individuals in Thailand.

2.1.2 To examine and illustrate the perspectives of both educated and uneducated individuals in Thailand regarding various factors that impact mental health wellbeing.

2.2 Sample and Data Collection

Non-Education:

This study targets employees in Thai corporations aged between 15-18 years.

Education:

Participants are students from ages between 15-18 years.

Data is collected from individuals whose income ranges between 20,000-45,000 THB, considering both their families and the regions they are from (including Rajburi, Nakhon Pathom, and Kanchanaburi provinces).

2.3 Data Collection

1. Personal Information
2. Self-Perception and Self-Esteem
3. Mental Health Assessment
4. Assessment of Stress
5. Academic Pressure and Coping Strategies
6. Happiness Assessment

Data will be collected through a structured survey administered via Google Forms. The survey is designed to gather comprehensive information across six distinct sections:

Likert Scale:

The Likert Scale for each part includes the following options for responses:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always

This scale will help in quantifying the frequency and intensity of various experiences and perceptions reported by the participants.

The survey instruments employed in this research were adapted from standardized forms provided by the Department of Mental Health in Thailand. These instruments include:

1. Basic Personal Information Form: This instrument collects essential demographic and personal data of the respondents.
2. Thai Mental Health Indicator Version 2007 (TMHI-55): This is a comprehensive 55-item questionnaire designed to assess various dimensions of mental health among Thai individuals.
3. The Happiness Indicators: This instrument evaluates the subjective well-being and happiness levels of respondents through self-reported measures.

The utilization of these instruments aims to systematically assess the mental health and happiness of the participants, focusing on overall well-being, life satisfaction, and coping mechanisms for daily challenges. The equipment is rooted in the premise that a fulfilling life is characterized by effective problem management, the development of personal attributes that enhance quality of life, the experience of inner joy, mental stability, and positive life transformations.

The selection of these forms is predicated on the research objective to analyze mental health well-being across different groups, with the goal of improving and refining mental health practices. Specifically, the TMHI-55 serves to evaluate comprehensive mental health status, while the Happiness Indicators provide insights into life satisfaction within a social context. Collectively, these instruments facilitate the identification and amelioration of factors contributing to a mentally healthy and happy life.

1. Personal Information: Collects demographic data, including age, gender, income, and regional background.
2. Self-Perception and Self-Esteem: Assesses the participants' self-view, confidence levels, personal goals, and perceived educational outcomes, focusing on how they view themselves in various contexts. This includes aspects like self-confidence, problem-solving abilities, dreams and aspirations, and perceived educational attainment.
3. Mental Health Assessment: Evaluates mental health status, including the impact of educational experiences on mental well-being and the ability to maintain mental health while pursuing academic goals. This section aims to understand the correlation between education and mental health wellness.

4. **Assessment of Stress:** Measures stress levels related to educational demands and other life aspects, identifying major stressors and their effects on overall well-being. This includes examining academic pressure, work-life balance, and general lifestyle stressors that may affect students' mental and emotional health.

5. **Academic Pressure and Coping Strategies:** Examines the nature of academic pressures, coping mechanisms employed by students, and the impact of these pressures on emotional and academic performance. This section aims to understand how students manage academic challenges and the strategies they use to cope with stress and maintain their well-being.

6. **Happiness Assessment:** Evaluates the participants' subjective well-being and overall happiness, considering the influence of mental health and other life factors. This section assesses the level of happiness and contentment in different areas of life, reflecting the overall mental health and quality of life of the participants.

2.4 Data Analysis

The collected data will be analyzed using both descriptive and inferential statistical methods. Descriptive analysis will include measures of central tendency (mean) and variability. Inferential analysis will employ techniques such as the Independent Sample t-test to compare groups and determine significant differences.

Statistical analysis will be conducted using SPSS software, ensuring rigorous examination and interpretation of the data. This methodological approach aims to provide a comprehensive understanding of the factors affecting the mental and emotional well-being of young employees in Thai corporations, thereby informing potential interventions and support mechanisms.

3. Results

3.1 Educated (Demographic Results)

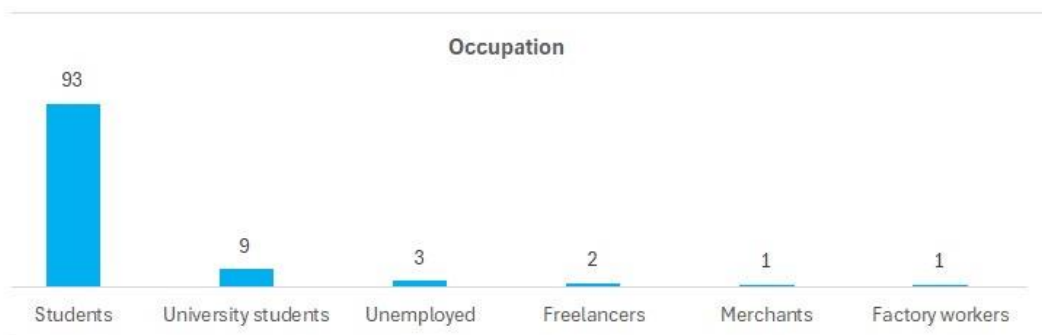


Figure 1: Occupation of educated group

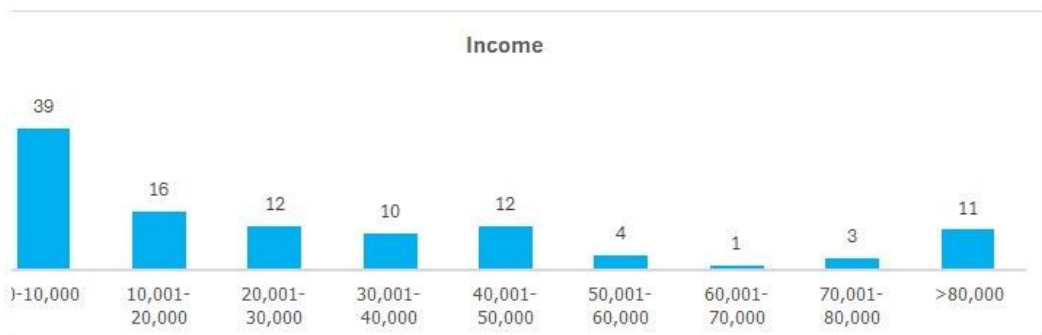


Figure 2: Income of educated group

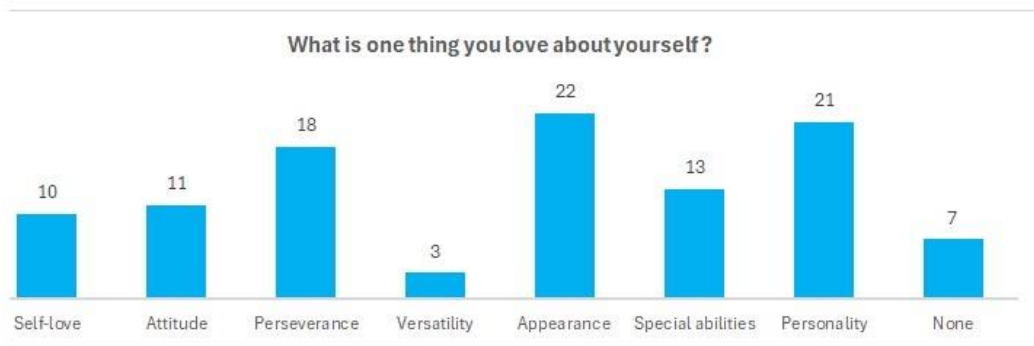


Figure 3: Answers from educated group on question: What is one thing you love about yourself?

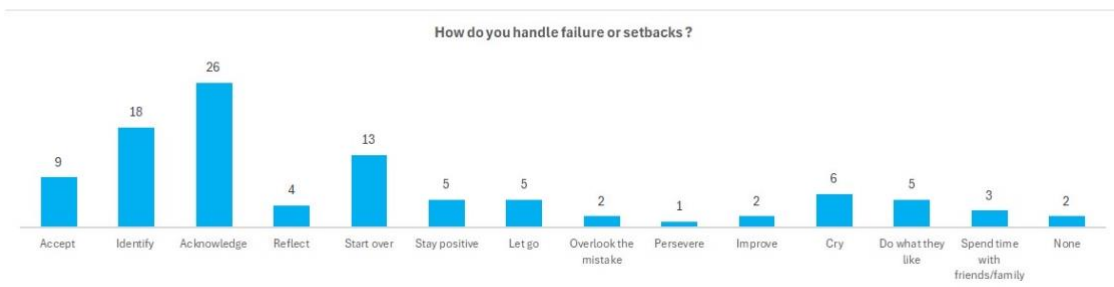


Figure 4: Answers from educated group on question: How do you handle your setbacks?

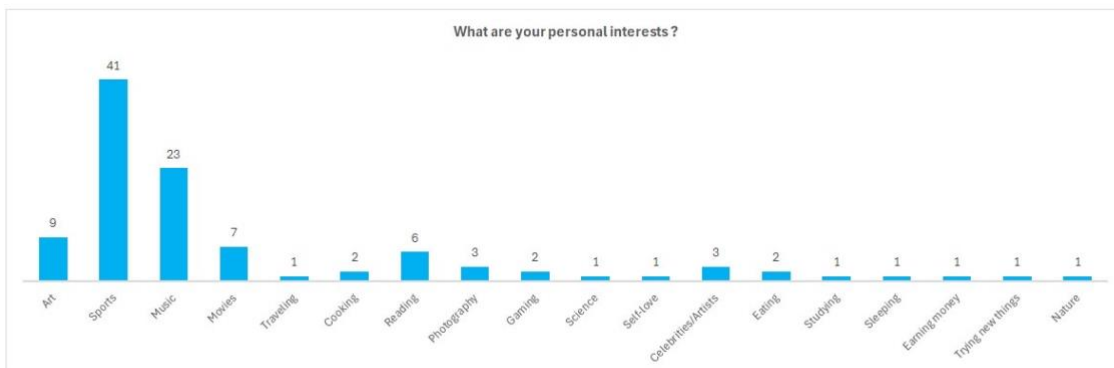


Figure 5: Answers from educated group on question: What are your personal interests?

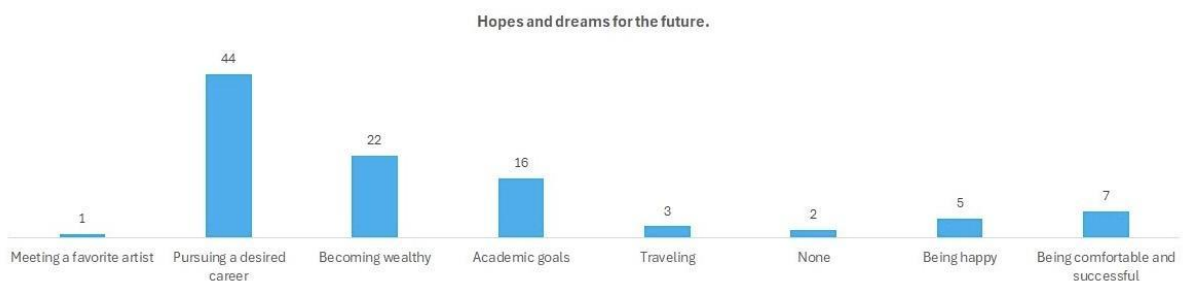


Figure 6: Answers from educated group on question: Hopes and dreams for the future?

3.2 Non educated (Demographic Results)

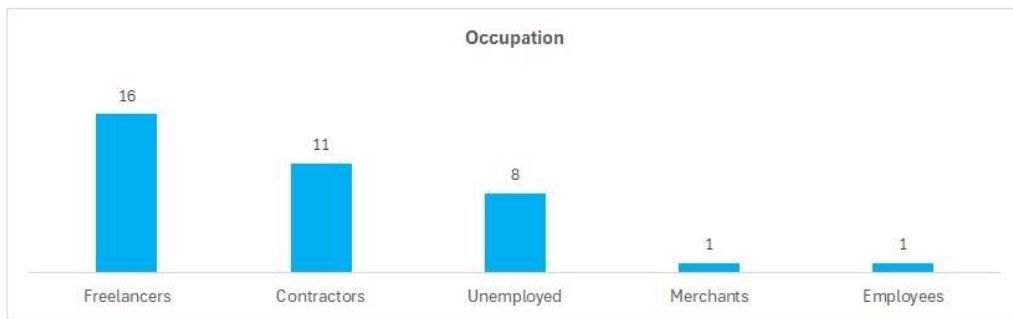


Figure 7: Occupation of non-educated group

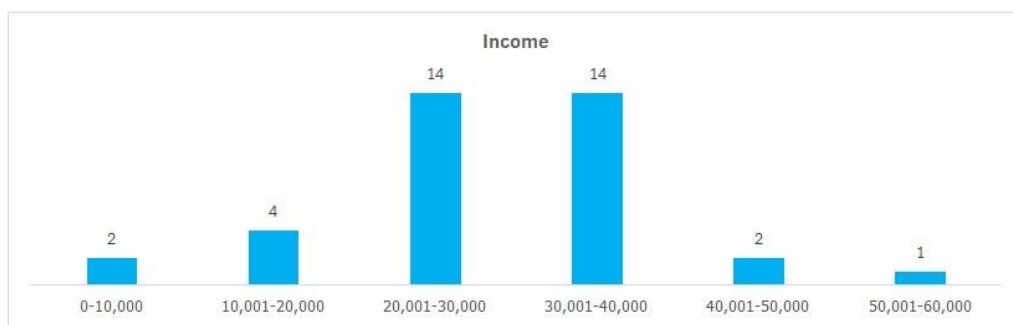


Figure 8: Income of non-educated group

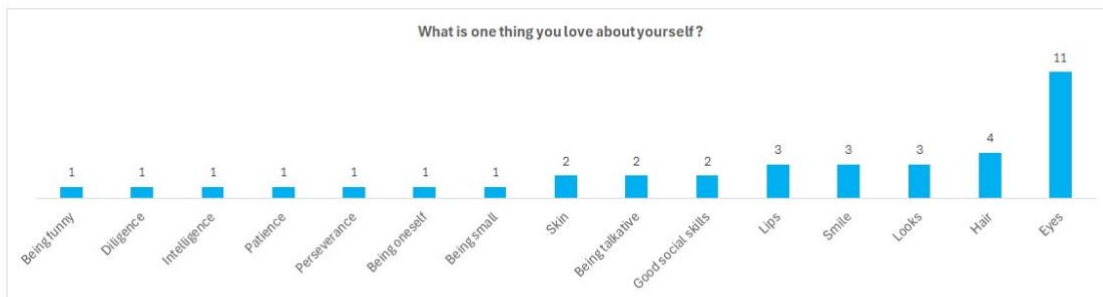


Figure 9: Answers from non-educated group on question: What is one thing you love about yourself?



Figure 10: Answers from non-educated group on question: How do you handle your setbacks?

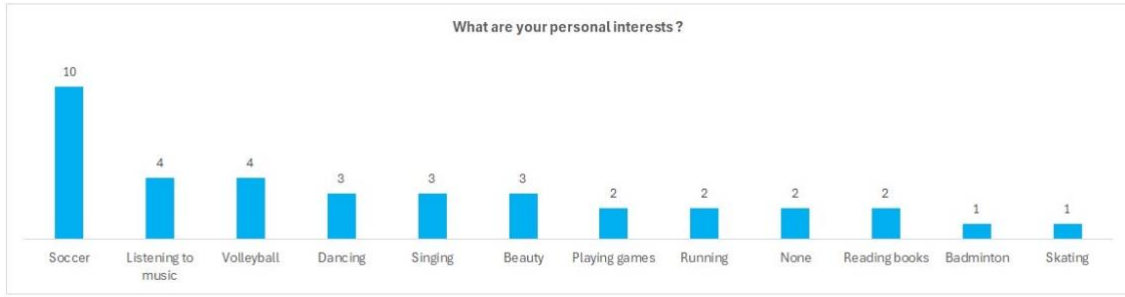


Figure 11: Answers from non-educated group on question: What are your personal interests?

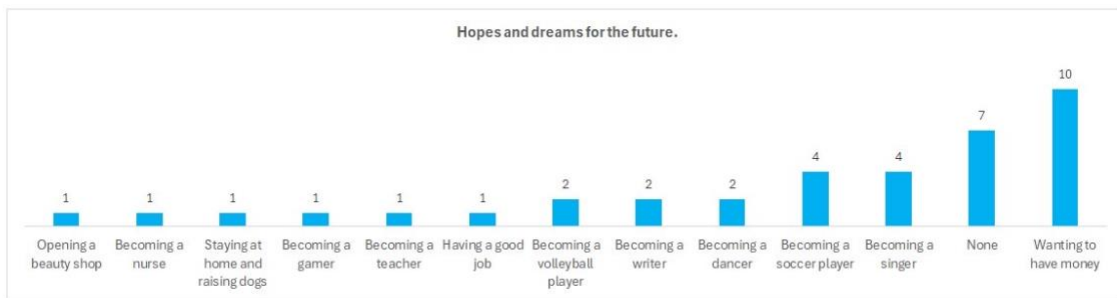


Figure 12: Answers from non-educated group on question: Hopes and dreams for the future?

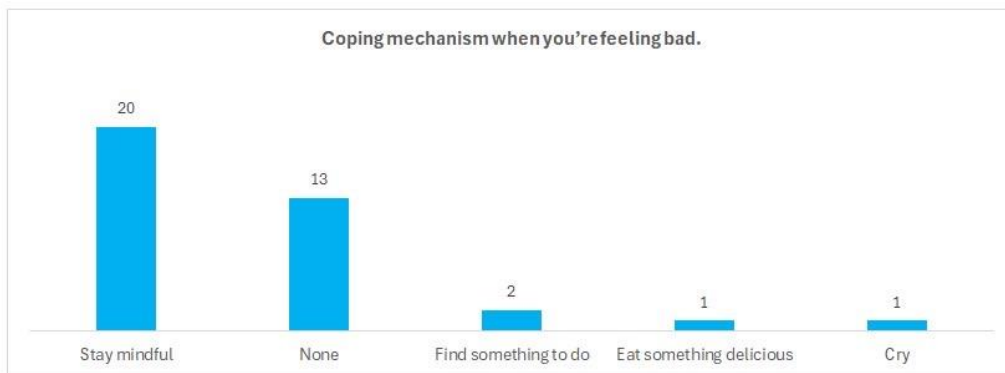


Figure 13: Answers from non-educated group on question: Coping mechanism when you're feeling bad.

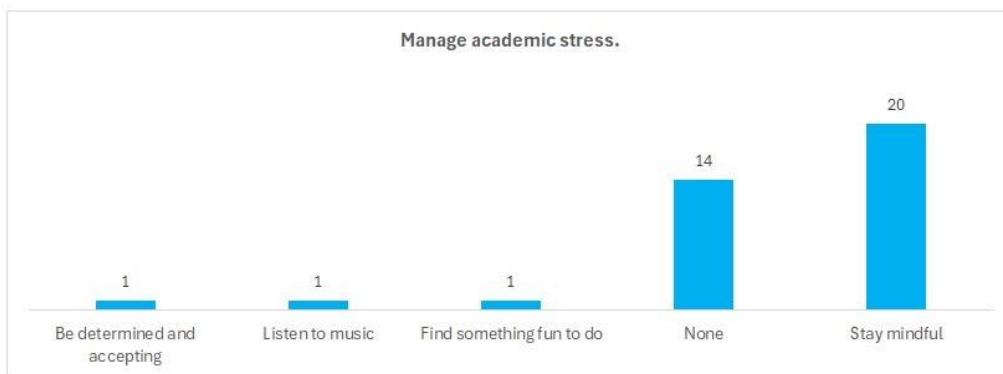


Figure 14: Answers from non-educated group on question: Manage academic stress.

3.3 SPSS Results on Mental Health

Result Mental Health
Group 1 = ED
Group 2= NON ED

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Mental_Health	1.00	109	3.5964	.62236	.05961
	2.00	39	3.0915	.43965	.07040

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Mental_Health	Equal variances assumed	9.959	.002	4.662	146	.000	.50488	.10829	.29086	.71890
	Equal variances not assumed			5.473	94.867	.000	.50488	.09225	.32174	.68802

Table 1: Conclusion result showing independent sample t-test of mental health level of ED and NON ED group

Group	amount	average	SD	t	sig. (2-tailed)
ED	109	3.5964	0.62236	5.473	0.000
NON ED	39	3.0915	0.43965		

- The sig. (2-tailed) value = 0.000, which is less than 0.05.
- This indicates that the mental health (average) of ED and NON ED is significantly different (with a statistical significance level of 0.05).
- This means ED and NON ED have different mental health levels, with ED having better mental health than NON ED.

3.4 SPSS Results on Stress Levels

Result Stress
Group 1 = ED
Group 2= NON ED

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Stress	1.00	109	2.9327	.90741	.08691
	2.00	39	3.0644	.38501	.06165

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Stress	Equal variances assumed	32.861	.000	-.877	146	.382	-.13170	.15016	-.42847	.16507
	Equal variances not assumed			-1.236	141.913	.219	-.13170	.10656	-.34235	.07895

Table 2: Conclusion result showing independent sample t-test of stress level of ED and NON ED group

Group	amount	average	SD	t	sig. (2-tailed)
ED	109	2.9327	0.90741	-1.236	0.219
NON ED	39	3.0644	0.38501		

- The sig. (2-tailed) value = 0.219, which is greater than 0.05.
- This indicates that the stress levels (average) of ED and NON ED are not significantly different (with a statistical significance level of 0.05).
- This means that ED and NON ED have similar stress levels.

3.5 SPSS Results on Academic Pressure

Result Academic Pressure
 Group 1 = ED
 Group 2= NON ED

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Academic_Pressure	1.00	109	3.4913	.61204	.05862
	2.00	39	3.0974	.23776	.03807

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Academic_Pressure	Equal variances assumed	36.370	.000	3.907	146	.000	.39385	.10079	.19464	.59305
	Equal variances not assumed			5.634	145.003	.000	.39385	.06990	.25569	.53201

Table 3: Conclusion result showing independent sample t-test of academic pressure level of ED and NON ED group

Group	amount	average	SD	t	sig. (2-tailed)
ED	109	3.5780	0.90568	2.315	0.023
NON ED	39	3.2564	0.67738		

- The sig. (2-tailed) value = 0.023, which is less than 0.05.
- This indicates that the Academic Pressure Handle Level (average) of ED and NON ED is significantly different (with a statistical significance level of 0.05).
- This means ED and NON ED have different Academic Pressure Handle Levels, with ED having a higher ability to handle academic pressure than NON ED.

3.6 SPSS Results on Happiness Levels

Result Happiness
 Group 1 = ED
 Group 2= NON ED

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Academic_Pressure	1.00	109	3.4913	.61204	.05862
	2.00	39	3.0974	.23776	.03807

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Academic_Pressure	Equal variances assumed	36.370	.000	3.907	146	.000	.39385	.10079	.19464	.59305
	Equal variances not assumed			5.634	145.003	.000	.39385	.06990	.25569	.53201

Table 4: Conclusion result showing independent sample t-test of happiness level of ED and NON ED group

Group	amount	average	SD	t	sig. (2-tailed)
ED	109	3.4913	0.61204	5.634	0.000
NON ED	39	3.0974	0.23776		

- The sig. (2-tailed) value = 0.000, which is less than 0.05
- This indicates that the happiness levels (average) of ED and NON ED are significantly different (with a statistical significance level of 0.05).
- This means ED and NON ED have different happiness levels, with ED having better happiness levels than NON ED.

4. Discussion

The selection of questions for inclusion in a Google Form aims to gather data for further analysis. This includes:

Part 1: Self-Perception and Self-Esteem

The purpose is to compare the self-perceptions of two groups, focusing on self-satisfaction, problem-solving abilities, and personal dreams and goals. This comparison aims to assess whether education influences these aspects of self-perception. The questions will be framed to explore self-satisfaction, self-efficacy in problem-solving, and the clarity and ambition of personal dreams and goals, providing insights into the impact of education on self-view. High self-esteem is positively correlated with better mental health outcomes, including lower levels of anxiety and depression. A study on Swedish adolescents showed that those with higher self-esteem reported better perceived mental well-being over a four-year period (BMC Psychology, 2023). Additionally, a longitudinal study of Chinese adolescents found a bidirectional relationship between low self-esteem and increased anxiety symptoms, suggesting that improving self-esteem could potentially reduce anxiety over time (Child and Adolescent Psychiatry and Mental Health, 2023). Having dreams and setting goals play a crucial role in enhancing mental health. Research indicates that goal setting provides a sense of purpose and direction, boosting motivation, self-efficacy, and personal satisfaction. Achieving goals positively affects self-esteem and life satisfaction, which are essential components of mental well-being. Moreover, goal setting is a fundamental aspect of various therapeutic approaches, aiding in the management of mental health issues such as depression and anxiety. Positive psychology further supports the idea that pursuing realistic and challenging goals fosters personal growth and resilience, contributing to overall mental health (Du et al., 2015; Locke & Latham, 1991; Moeller et al., 2012; Weinberger et al., 2009). The research highlights several reasons for the differing mental health outcomes between educated and uneducated groups. One significant factor is self-perception, which can explain why educated individuals tend to report higher levels of happiness compared to their uneducated counterparts. Educated groups are often more aware of and actively engage in understanding their self-perception, which contributes to their overall well-being.

Part 2: Mental Health Assessments

To compare the mental health wellness of both groups and assess the impact of education on mental health well-being, it is essential to examine whether receiving education has a more beneficial or detrimental effect. According to findings from other sections, it is evident that the educated group exhibits better mental health. This is because education often includes teachings on how to cope with pressures, such as academic pressure, and provides various resources within schools that facilitate the mental health wellness of students.

Part 3: Assessment of Stress

The results from the assessment indicate that the stress levels of both groups are not significantly different.

Part 4: Happiness assessment

Research indicates that happiness is a significant indicator of mental health. Studies have demonstrated that individuals with higher levels of happiness tend to experience better mental health outcomes. Suggesting that happiness acts as a critical dimension of mental well-being (Sun et al., 2023). Measuring happiness across various aspects of life in both groups serves as a crucial indicator of their mental health well-being and lifestyle patterns. This approach highlights significant differences and similarities in mental health outcomes and life approaches between the two groups.

5. Conclusion

In conclusion, the analysis and calculations reveal that both groups experience stress in their own ways. However, the educated group exhibits better mental health and higher happiness levels. This discrepancy can be attributed to several factors beyond merely receiving education. Educational institutions provide various facilities that support students' mental and physical well-being, such as guidance counselors. These resources enhance students' awareness and ability to cope with and address pressures effectively. Consequently, educated individuals develop better problem-solving skills, decision-making abilities, and resilience in facing daily life challenges. These factors contribute to the higher mental health and happiness levels observed in the educated group, even when compared to the non-educated group with similar income levels and residing in the same region.

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Conflict of Interest: The authors declare no conflict of interest.

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