

Awareness Level and adopted Coping Strategies to Maintain Mental Health: An Appraisal of Undergraduates

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ABSTRACT

The research is conducted to assess the mental health awareness and how it impacts the coping mechanism of person. In a total, 100 self-reported questionnaires were received. The results suggest majority area already aware of sign and symptoms of depression. The results of second construct coping mechanism show the most used coping mechanism of positive reframing mean (3.86) followed by using religion as coping (3.80), then the adaptive mechanism of planning (3.65). It also that people are also divergent to use the method of active coping with mean of (3.59), it followed by the maladaptive technique of self-denial (3.54). The Pearson correlation test has shown a strong correlation of (.582) between the independent variable of awareness and dependent variable i.e., coping. Then the regression analysis and especially ANOVA test further confirm the correlation with significance (.00) that shows a significant relation of both variables. The findings suggest a strong relation exist between the mental health awareness and coping mechanism. The greater the mental health awareness is, the more effectively the person can utilize the adaptive way to cope with depression. Proper counseling facilities and healthier avenues for recreation should also be provided.

Introduction

Depression, a prevalent psychological disorder, significantly alters an individual's mood and adversely affects physical functions and social interactions (Morah & Lawrence, 2016).

Globally, ongoing research highlights its pervasive impact, with an estimated 280 million people affected worldwide. A persistent challenge lies in the fact that a substantial portion



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of the population possesses minimal or no knowledge concerning the signs and symptoms of depression (WHO, 2023).

Awareness and depression literacy are indispensable in nurturing resilience and coping strategies, enabling individuals to identify problems early, ask for help, engage in preventive measures, and stick to treatment-related aspects (Gabriel and Violato, 2010). Mental health literacy emerges as a crucial modifiable determinant of help-seeking behavior (Jom, 2012). Recent studies have shown that young individuals recognizing symptoms as mental disorders are more likely to recommend seeking adult assistance other than dealing with issue alone (Wright et al., 2007; Olsson and Kennedy, 2010). Enhancing depression literacy not only spreads awareness but also works towards destigmatizing depression, emphasizing it as a consequence of a serious psychiatric illness rather than merely a reaction to stress (Swartz et al., 2010).

Coping with depression plays a fundamental role in combating its impact. It involves continuous and behavioral efforts to manage external and internal demands perceived as excessive or overwhelming. The coping process is dynamic and responsive, with individuals employing various strategies that can evolve over time. Individuals may employ different coping mechanisms, especially when motivated by internal factors such as, prayer (Koenig et al., 1998). The act of prayer itself has been associated with positive effects on anxiety and tension, akin to the benefits of meditation (Elkins et al., 1979), thus contributing positively to mental health. Globally, ongoing research highlights its pervasive impact, with an estimated 280 million people affected worldwide. Notably, depression is approximately 50 percent more common among women than men. In Thailand, it stands as the leading cause of years of life lost due to disability for females, constituting 12.6 percent of the burden (WHO, 2023).

Depression is a vast concept and numerous studies of significant importance have explored this topic. However, there seems to be a gap in

prior research, as I fail to find research that comprehensively addresses awareness paradigms and coping mechanisms concurrently across different genders, most existing studies tend to focus on either awareness or coping mechanisms, often without specifying gender distinctions.

This study aims to survey people about depression, encompassing two keys: focusing on awareness of depression and, exploring the coping mechanism individuals utilize to cope with depression in day-to-day life. The research seeks to gauge the level of awareness among participants and coping strategies employed by those with awareness, providing valuable insights into the complex dynamics of depression and its management among different genders. It also aims to fill the gaps in prior research and cover the topic holistically, in best possible manner.

Literature Review

Depressive disorders are emerging as the leading cause of non-fatal disease burden, both in developed and developing countries. This condition lays the groundwork for other diseases, which can compromise overall health and shorten an individual's life span. (Sartorius, 2008). Prolonged exposure to depression can adversely affect brain development, and it is often accompanied by typical disorders such as headaches [1]. It has been identified to have a negative impact on blood vessels [2], making it a prevalent and concerning health issue that poses a threat to physical well-being [3].

Depression, characterized by mood disorders, is commonly referred to as major depression, clinical depression or melancholia (Lupine et al., 2009). To achieve substantial reductions in the health burden associated with depression, there is an urgent need for a range of preventive and treatment strategies. The formulation of such strategies relies on global awareness of depression, as this awareness forms the foundation for the other necessary approaches in reducing depression (Miller, 2006).

Addressing the pervasive nature of depression requires acknowledging it as a common and debilitating illness that can be effectively treated

using evidence-based therapies. Developing programs to combat depression depends on establishing a shared understanding among the public regarding the prevalence and impact of depression (Miller, 2006). Depression is afflicting the masses, and the key to mitigating its effects lies in effective coping strategies. The approach individuals take to confront depression is crucial, with the channel of coping often depending on an individual's level of awareness (Lewisohn et al., 2011).

Multiple models and extensive theoretical framework have already been delineated on this topic; some of the most important theoretical frameworks are explained here.

Theoretical Framework and Models

Mental Health Literacy

Knowledge and beliefs about mental disorders play a crucial role in their recognition, management, or prevention (Jorum et al., 2018).

The International Depression Literacy Survey (IDLS) is a concise, 29-items self-report survey designed to gather descriptive information on individuals' personal knowledge, attitudes, and experiences related to depression. The survey covers base rates, symptoms, and treatment using a modular structure where respondents proceed to subsequent sections based on their initial responses (Ian Hickie, 2014).

Models created to assess awareness were applied to 40 students at an Australian university, representing diverse nationalities, including Hispanic, Chinese, Native and European. The results revealed significant differences in depression literacy among these groups, with Chinese students demonstrating substantial literacy in depression (Tracy Davenport et al., 2007). Though mental literacy is one of the most important aspects in awareness and coping, similarly a model by Lazarus is of equally

important and will further enhance our understanding of this topic.

The transactional model of depression and coping, Lazarus and Folkman.

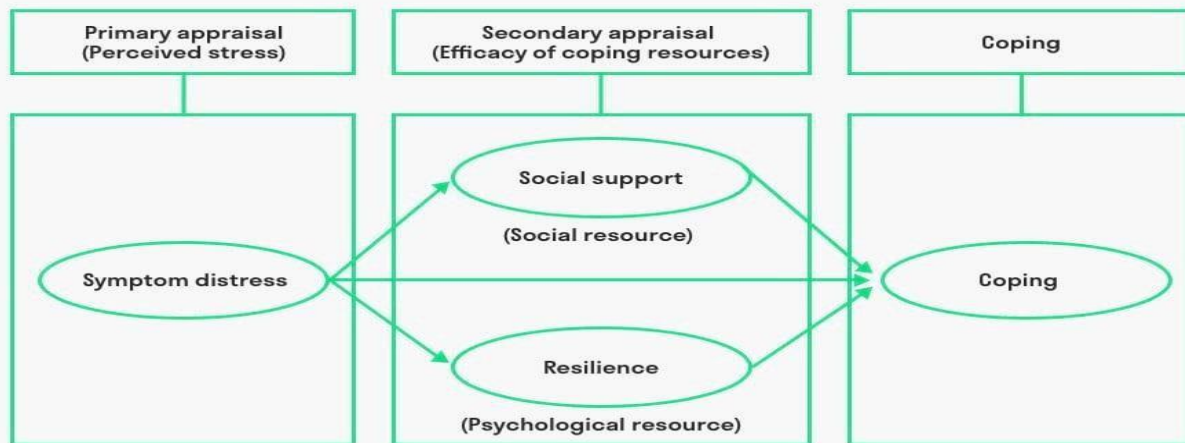
A person's ability to cope with and adapt to challenges and problems is shaped by the transactions or interactions that occur between the individual and their environment. The conceptualization suggests that two fundamental states, challenges and threats, emerge from cognitive assessments of the situational meaning, often influencing the development of depression. Moreover, one's capacity to respond to the situation and the type of coping mechanism employed are contingent upon the cognitive interpretations (Folkman, 2008; Lazarus, 2006).

Coping as a phenomenon encompasses both cognitive and behavioral responses that individuals deploy to manage internal and external stressors perceived to surpass their personal resources and potentially lead to depression. Effectively navigating stressful and anxiety-provoking situations requires the use of positive coping strategies (Omar et al., 2009).

In essence, the interplay between cognitive judgments in the environment and coping mechanisms is crucial in determining how individuals navigate challenges and prevent the onset of depression. Recognizing the significance of both cognitive and behavioral aspects in the coping process is essential for understanding how individuals manage stressors and maintain mental well-being (Folkman, 2008; Omar-Fauze et al., 2009). The model contributed to enrich our understanding of the coping mechanisms of depression by delineating the importance of interaction and transaction with the environment. To narrow down the topic, a brief Cope inventory by Carver is also discussed in this regard.

The Transactional Theory of Stress & Coping Model

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Brief cope inventory (Carver, 1997)

The Brief-Cope originated as a condensed version of the original 60-item COPE scale, which has developed based on diverse models of coping. Initially validated with a 168-participant community sample impacted by a hurricane (Carver et al., 1989), the brief cope demonstrated an adequate factor structure. Subsequent factor analyses with heart failure patients (Eisenberg et al., 2012) revealed two primary factors: Avoidant coping and Approach coping. Notably, the humor and religion subscales did not exclusively load onto either factor and are therefore not categorized under either.

This model has maintained its influence over time, undergoing multiple surveys within the general population. It has proven effective, with findings consistently indicating that venting out emotions and engaging in exercise are the two most commonly employed methods by individuals coping with depression (Schwarz et al., 2012).

Mental health literacy and coping mechanisms are pivotal elements in the effort to reduce depression and explore innovative approaches. They serve as

the foundation for the development of medical procedures, aiming to enhance efficiency in this domain. However, it is important to acknowledge that coping mechanisms vary based on gender and societal factors (Eisenberg et al., 2012). Recognizing these variations is crucial for tailoring interventions to diverse populations effectively.

These models enhance our understanding of how to further scrutinize the depression mechanism, understand the topic in the context of gender differences, and then relate the coping mechanism.

Sex differences and coping mechanism

Epidemiological studies have revealed a higher prevalence of anxiety and depression diagnoses among women compared to men, with the female-to-male ratio often exceeding 2:1 for various anxiety disorders and major depression (Weissman & Klarman, 1977). Robust research findings underscore that sex differences in coping styles in response to stress play a significant role in the development of anxiety and depression in women (Barlow, 2014; Nolen-Hoeksema et al., 2015).

Coping is defined as an individual's attempts to employ cognitive and behavioral strategies to manage and regulate pressures, demands, and emotions in response to stress. The literature often categorizes coping behaviors into two main types: problem-focused coping involves efforts to alter or eliminate stressors through planning and active coping, while emotion-focused coping aims to change emotional responses to stressors, encompassing strategies like venting, positive reappraisal, rumination, and self-blame. Despite being generally considered less effective than problem-focused coping, emotion-focused coping may be more productive under certain circumstances when a stressor cannot be changed. (Folkman and Lazarus, 1990; Folkman et al., 1986; Lazarus and Folkman, 1984; Monat and Lazarus 1991).

Studies consistently indicate that women predominantly use emotion-focused coping strategies to deal with depression (Garnefski & Kraaij, 2016). Women tend to employ coping strategies aimed at altering emotional responses to stressful situations, while men more frequently use problem-focused or instrumental methods to handle stress (Endler & Parker, 1990). It has been hypothesized that these sex differences in coping styles to the higher reported psychological distress, symptoms of depression, and anxiety among women compared to men (Matud, 2004; Mazure & Maciejewski, 2003). This, in turn, may be reflected in the higher prevalence rates of depression and anxiety in women (Kuehner, 2003).

One of the most crucial aspects of awareness and coping is the type of environment a person is living in. Social support, in tandem with the Lazarus transactional model, plays an indomitable part in understanding how depression and coping work.

Social Support and Depression

Social relationships, encompassing ties, networks, and capital, are key determinants influencing health and mental well-being. Social support, representing the functional aspect of social networks, goes beyond mere connections,

considering factors like the number, intensity, and frequency of contacts (Wilkinson & Marmot, 2006). Research indicates the positive impact of social support on the clinical course of depression, aiding recovery from major depressive episodes (Barra-Rovillard MS, Kuiper NA, 2013). Conversely, its absence predicts a higher incidence of depressive symptoms in the general population and a more challenging prognosis for diagnosed patients (Gladstone, Parker, and Malhi 2016).

Neighborhood social ties also play a crucial role in influencing depression outcomes by fostering protective support networks, promoting agency and self-control, and cultivating trust (Lofors & Sundquist, 2017). Social support acts as a moderator, mitigating the impact of stress on depressive symptoms (Tandon & Tucker, 2020).

Despite its recognized importance, the role of social support remains somewhat unclear. Notably, women, including adolescents and young adults, tend to have more close social ties than men. They mobilize more social support during periods of stress and crisis and provide more support in such situations compared to men (Belle, 2016). Paradoxically, despite these social strengths, women experience a higher incidence and prevalence of depression at any age compared to men, highlighting the complex interplay between social support, gender, and mental health outcomes (Schraedly et al., 2014).

Integration and Synthesis

In exploring the relationship between literacy development and coping mechanisms for depression, our literature review delves into three interconnected models: the international literacy development model, the transactional model of Lazarus, and the Calver Brief Cope Table. The international literacy development model sheds light on how literacy levels influence the recognition and management of depression, offering valuable insight into gender-specific coping strategies. Transitioning seamlessly, Lazarus's Transactional model provides a framework to understand the cognitive and emotional aspects of coping, while our exploration integrates literacy's impact, especially within the

realm of gender differences. Further enriching the discussion, the Calver Brief Cope Table categorizes coping strategies, showcasing the nuanced ways in which literacy development may shape the efficacy of these approaches, particularly in the context of gender-specific responses. By navigating these models and themes, our review illuminates the complex interplay of literacy, gender, and coping mechanisms in the realm of depression awareness.

Research Methodology

Objectives

Primary Objectives

To understand and assess the awareness among the common people about the awareness of depression

Secondary objectives

To estimate and assess how the people with awareness actually use the mechanism to cope with ongoing depression.

Population Sample and Method

It was a cross sectional survey conducted online through the questionnaire in Pakistan, mainly in the area of Punjab in 2024. The people were randomly chosen irrespective of their job, profession and education. The respondents belong to the diverse background that further help to explore the variables in the variety of people. Almost 100 respondents' data are added in this research. The issue of depression is kind of complex, so an online questionnaire fulfillment actually helps to include the majority of people. Many choices were provided to facilitate the respondent. The consent was taken before the administration of questionnaire. The people were even willing to further explore in this direction in order to rectify the method to cope with depression.

Questionnaire

The questionnaire was comprised of two parts; the first part was consisted of independent variable while the second part was consisted of dependent variable. The first part was constructed by the experts, it is about the awareness of depression while the second part, in connection to first part mainly consist of coping techniques. The second part was brief cope inventory consist of 28 items.

Awareness of Depression

The part contains the 10 questions and the respondent was given the 5 choices that include (Strongly disagree:1, disagree:2, neutral:3, strongly agree:4, agree:5)

This part assesses the level of awareness among the people, the people were given choices like how much they know about depression or how much they want to learn, the responses of the respondent help us to assess the mental health and level of awareness prevalent among the people. People usually respond according to their understanding and then we assess them as the awareness is strongly related to the coping mechanism. The tool has been used among the variety of people so it enhances the credibility and validity of tool as compared to earlier on.

Brief cope-28

Coping strategies among the respondent has been screened by using the brief cope 28. It helps to verify the depression and anxiety. The brief cope has been developed by the carver in Miami has been the most used and most trust worthy instrument. It has been cited in more than 900 till 2011. It is sort of version of original COPE inventory and assess 14 through 14 coping mechanism and 28 questions (2 questions per type). It includes the different coping style like from active coping of facing the situation to passive coping like substance abuse. It is one of its kind and most successful in pointing out the depression.

<p>Likert scale:</p> <p>1: I haven't been doing this at all 2: I've been doing this a little bit 3: I've been doing this a medium amount 4: I've been doing this a lot</p> <ol style="list-style-type: none"> 1. I've been turning to work or other activities to take my mind off things. 2. I've been concentrating my efforts on doing something about the situation I'm in. 3. I've been saying to myself "this isn't real." 4. I've been using alcohol or other drugs to make myself feel better. 5. I've been getting emotional support from others. 6. I've been giving up trying to deal with it. 7. I've been taking action to try to make the situation better. 8. I've been refusing to believe that it has happened. 9. I've been saying things to let my unpleasant feelings escape. 10. I've been getting help and advice from other people. 11. I've been using alcohol or other drugs to help me get through it. 12. I've been trying to see it in a different light, to make it seem more positive. 13. I've been criticizing myself. 14. I've been trying to come up with a strategy about what to do. 15. I've been getting comfort and understanding from someone. 16. I've been giving up the attempt to cope. 17. I've been looking for something good in what is happening. 18. I've been making jokes about it. 19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. 20. I've been accepting the reality of the fact that it has happened. 21. I've been expressing my negative feelings. 22. I've been trying to find comfort in my religion or spiritual beliefs. 23. I've been trying to get advice or help from other people about what to do. 24. I've been learning to live with it. 25. I've been thinking hard about what steps to take. 26. I've been blaming myself for things that happened. 27. I've been praying or meditating. 28. I've been making fun of the situation. 	<table> <tr> <th>14 coping styles</th><th>Coding</th></tr> <tr> <td>Active coping</td><td>Items 2 and 7</td></tr> <tr> <td>Instrumental support</td><td>Items 10 and 23</td></tr> <tr> <td>Planning</td><td>Items 14 and 25</td></tr> <tr> <td>Acceptance</td><td>Items 20 and 24</td></tr> <tr> <td>Emotional support</td><td>Items 5 and 15</td></tr> <tr> <td>Humor</td><td>Items 18 and 28</td></tr> <tr> <td>Positive reframing</td><td>Items 12 and 17</td></tr> <tr> <td>Religion</td><td>Items 22 and 27</td></tr> <tr> <td>Behavioral disengagement</td><td>Items 6 and 16</td></tr> <tr> <td>Denial</td><td>Items 3 and 8</td></tr> <tr> <td>Self-distraction</td><td>Items 1 and 19</td></tr> <tr> <td>Self-blame</td><td>Items 13 and 26</td></tr> <tr> <td>Substance use</td><td>Items 4 and 11</td></tr> <tr> <td>Venting</td><td>Items 9 and 21</td></tr> </table>	14 coping styles	Coding	Active coping	Items 2 and 7	Instrumental support	Items 10 and 23	Planning	Items 14 and 25	Acceptance	Items 20 and 24	Emotional support	Items 5 and 15	Humor	Items 18 and 28	Positive reframing	Items 12 and 17	Religion	Items 22 and 27	Behavioral disengagement	Items 6 and 16	Denial	Items 3 and 8	Self-distraction	Items 1 and 19	Self-blame	Items 13 and 26	Substance use	Items 4 and 11	Venting	Items 9 and 21
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The Brief COPE tool [5] (available online: <http://www.psy.miami.edu/faculty/ccarver/scIbrCOPE.html>).

These are sometimes become difficult for the respondent to understand the question, so we usually facilitate through call or text to make them understand that what actually we want to ask in the question.

The answers of these cope by using the 5 items

scale that is (Never:1, rarely:2, sometimes:3, often:4, always:5). We later measured these responses to assess the coping style. We haven't written the types of coping style like either its' active coping or passive coping, we simply provide the question and scales to exclude any bias. Although each of these strategies can't be categorized as hard and fast rule as adaptive or maladaptive, sometimes it depends on the situation and environment.

Maladaptive	Adaptive
Behavioral disengagement	Active coping
Denial	Instrumental support
Self-distraction	Planning
Self-blame	Acceptance
Substance use	Emotional support
Venting	Humor
	Positive reframing
	Religion

Figure 2

suggested Grouping of the 14 coping scales into adaptive versus maladaptive coping strategies.

Data analysis and interpretation

Basic Socio demographic characteristics:

The questionnaire was distributed in a random

technique without considering the gender. Most of the people were well educated, yet unaware of basic mental health education. Among 100 respondents the male ratio is slightly higher than female, although one is abstained from revealing the gender.

Gender of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	51	51.0	51.0	51.0
	female	48	48.0	48.0	99.0
	prefer not to say	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

The respondent was also chosen irrespective of any age, different option for different groups is provided, but the mostly respondent were in

between 18-22, while there are also other age groups and age options were provided

Age of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-22	45	45.0	45.0	45.0
	23-27	33	33.0	33.0	78.0
	28-32	11	11.0	11.0	89.0
	33-37	3	3.0	3.0	92.0
	38-42	3	3.0	3.0	95.0
	43-47	3	3.0	3.0	98.0
	48-52	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

Hence the majority respondent was male with age group (18-22). The respondent was informed and explained thoroughly about the questionnaire.

strongly disagree to strongly agree. We have run descriptive analysis as it is shown in the table

Data interpretation and Results

Awareness

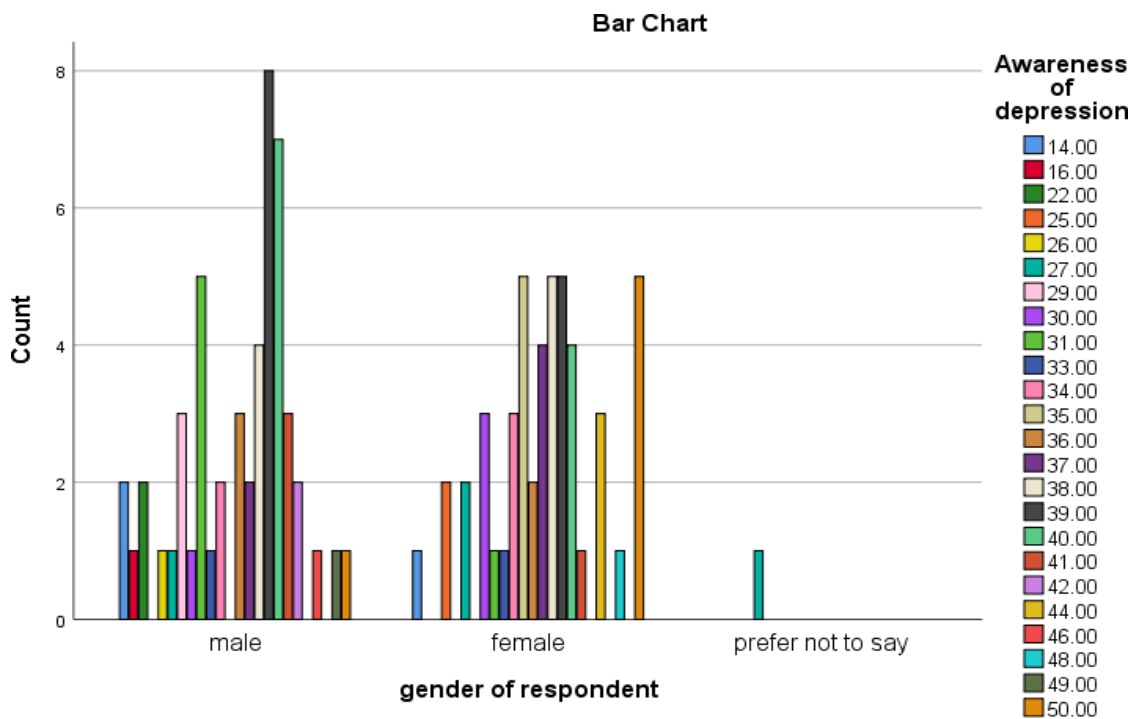
We have coded the (male;1 female;2 prefer not to say;3), the coding was done to facilitate the respondent in order to answer correctly, the questionnaire of awareness was first part and consist of 5 Likert scale as already mentioned above, it consists of 10 questions and each question contain the 5 Likert scale options from

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error
gender of respondent	100	1	3	1.50	.052
Awareness of depression	100	14.00	50.00	36.0400	.75758
Valid N (listwise)	100				

The table is showing the value of mean is nearer to maximum, it implies that most of the respondent has chosen the option agree, it also tells that most of our respondents are aware of the depression

and its looming impact over their environment. This is also indicating the value of gender that is close to the midpoint, indicating a fair distribution.



we have also found the correlation between the gender and level of awareness although it is not the objective of our research yet it will help to consolidate our findings in and the later research while exploring the coping mechanism and the level of awareness.

Coping mechanism

This is second construct of our research and it also plays an important role in finding the objective our research.

We have provided the respondent with brief cope 28 that already mentioned above in the research although we have changed the Likert scale and use the Likert scale that is suitable to our environment. Almost all respondent responds to the portion. Though the responds vary from person to person. We have turned the points of brief cope table into short questions that is to help and facilitate our respondent to easily understand the nature of questions. The results are

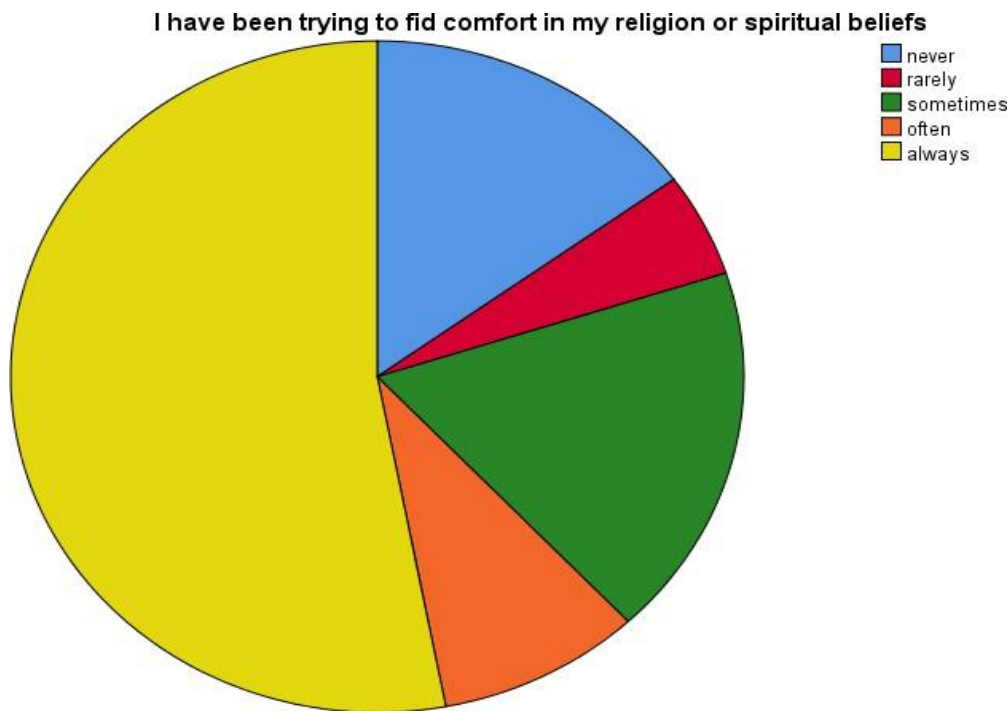
Decriptive Statistics

	N	Range	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
gender of respondent	100	2	1	3	1.50	.052	.522
Self-distraction (maladaptive)	100	4	1	5	3.22	.103	1.031
Active coping (adaptive)	100	4	1	5	3.59	.116	1.164
Denial (maladaptive)	100	4	1	5	3.54	.127	1.267
Substance abuse (maladaptive)	100	4	1	5	2.52	.166	1.660
Emotional support (adaptive)	100	4	1	5	3.22	.140	1.397
Behavioral disengagement (maladaptive)	100	4	1	5	3.34	.147	1.472
Active coping (adaptive)	100	4	1	5	3.86	.135	1.349
Denial (maladaptive)	100	4	1	5	3.20	.144	1.435
Venting (maladaptive)	100	4	1	5	3.55	.131	1.306
Instrumental support (adaptive)	100	4	1	5	3.37	.132	1.323
Substance abuse (maladaptive)	100	4	1	5	2.58	.169	1.689
Positive reframing (adaptive)	100	4	1	5	3.63	.126	1.261

Self-blame (maladaptive)	100	4	1	5	3.56	.137	1.366
Panning (adaptive)	100	4	1	5	3.74	.124	1.244
Emotional support (adaptive)	100	4	1	5	3.40	.142	1.421
Behavioral disengagement (maladaptive)	100	4	1	5	3.01	.146	1.460
Positive reframing (adaptive)	100	4	1	5	3.86	.127	1.271
Humor (adaptive)	100	4	1	5	2.91	.150	1.498
Self-distraction (maladaptive)	100	4	1	5	3.36	.137	1.375
Acceptance (adaptive)	100	4	1	5	3.58	.136	1.365
Venting (maladaptive)	100	4	1	5	2.94	.148	1.483
Religion (Adaptive)	100	4	1	5	3.80	.150	1.497
Instrumental support (adaptive)	100	4	1	5	3.25	.131	1.306
Acceptance (adaptive)	100	4	1	5	3.43	.146	1.458
Planning (adaptive)	100	4	1	5	3.65	.130	1.298
Self-blame (maladaptive)	100	4	1	5	3.51	.139	1.389
Religion (adaptive)	100	4	1	5	3.67	.130	1.303
Humor (adaptive)	100	4	1	5	3.13	.161	1.612
Valid N (listwise)	100						

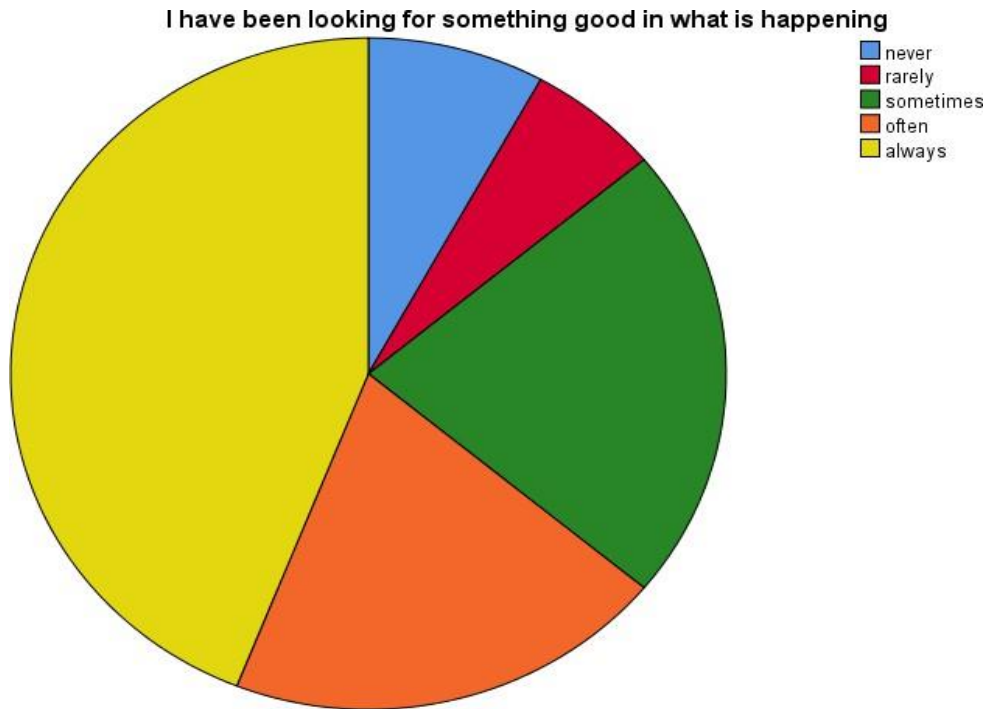
The table is indicating the tendency among the people to utilize the different coping mechanism among the people in order to deal with depression. There's no doubt it's related to first variable that is awareness, yet we just see in this section what coping mechanism has been utilized most. The highest value of mean=3.86 is an adaptive method of 'positive reframing' the situation in order to cope with depression according to their understanding. The least used method is substance abuse with the

mean=2.52, it could be equivalent to "rarely option of Likert scale". It indicates that respondent rarely utilize the method of substance abuse in order to deal the on-going depression episode (Ashraf & Adnan, 2022). The second most used method is the religion, it is adaptive way and in many researched on coping mechanism has demonstrated it is one of the most utilized method to cope with depression



The question above the pie chart is the actual asked question in the questionnaire about the religion.

The pie chart indicate that significant people has utilized the religious method after the positive reframing methods



the pie chart in connection with our finding indicate that most of the people are using the method of reframing, people deem it fit to positive reframe rather than to go for drug abuse

It's among one of the objectives of our research to actually find the correlation between the level for awareness and coping mechanism, for this we have run the correlation test that shows

Correlation

Correlations

		Awareness of depression	Coping mechanism of depression
Awareness of depression	Pearson Correlation	1	.582**
	Sig. (2-tailed)		.000
	N	100	100
Coping mechanism of depression	Pearson Correlation	.582**	1
	Sig. (2-tailed)	.000	
	N	100	100

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

it is 2 tailed correlation tests in order to assess the correlation of one variable to another variable, the correlation Pearson R value is .582 that shows a moderate to strong correlation of both variables. It means there is a strong relation exist in awareness of depression to coping mechanism of depression

(Ahmed et al., 2021).

We have also run the linear regression analysis in order to further consolidate our findings in this regard first of all we have model summary

Regression result

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.582 ^a	.339	.332	15.58220

a. Predictors: (Constant), Awareness of depression

The table indicate the value of R square that shows independent variable i.e. awareness of depression causes a change of 33 percent in the dependent variable in the dependent variable i.e., coping mechanism. This also express that a strong

correlation exist that could be significant to consolidate our findings. Moreover, we also have ANOVA test result

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12207.474	1	12207.474	50.277	.000 ^b
	Residual	23794.886	98	242.805		
	Total	36002.360	99			

a. Dependent Variable: Coping mechanism of depression

b. Predictors: (Constant), Awareness of depression

The ANOVA test shows that p-value is 0.00 that is less than 0.5, that shows a significant relation between our independent variable awareness of depression and dependent variable coping

mechanism of depression. The ANOVA test further verify the findings.

Then we also have coefficient table

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	41.593	7.611		5.465	.000
	Awareness of depression	1.466	.207	.582	7.091	.000

a. Dependent Variable: Coping mechanism of depression

The table shows the coefficient results. As indicated that beta value is .582 which means that change in independent variable i.e., awareness of depression will bring about the change in the dependent variable i.e., coping mechanism by .528 units.

Furthermore, the positive value of beta indicates the positive relations between both variables or in other words we can say that when awareness increases by one unit the way of utilization of effective coping mechanism also increases by .582 units.

Discussion

Depression is a prevalent disorder, the significant of the issue could be gauge from the fact that a plethora of research has already done on this topic. The researchers are wider in variety and the researchers explore the depression in multiple paradigms. However due to low literacy level and inadequate information, many people are even reluctant to consider the depression as disease. The implications this is far wider than at the surface [4]. Our research is aim to fill some gaps in prior research, there are multiple researches are present in the context of coping, but at least I failed to find any comprehensive research that combine these both construct of awareness and coping mechanism of depression. Our research is aim to add the new dimension in readily done researches. The research in first construct focuses on the "awareness of depression", the value of (mean=36.04) suggest that people have good understanding of the research. Most of the respondent were from Punjab, yet there are also people randomly from other provinces of Sindh and Baluchistan, hence variety was included in order to enhance the validity of research. The response also varies from male to female, the analysis reveals that male participant has more awareness of depression as compare to the female, the reason could be multifarious, but the reason behind the low understanding could be a left for later, however a discussion was necessary to consolidate the results. The awareness is directly connected to the coping mechanism, the good awareness of depression is tantamount to the utilization of effective method to cope with

depression [5,6]. A person is unaware of the symptoms, signs or fail to find a place where it can seek help is actually put them on negative path and it is more likely to adopt maladaptive way of substance abuse [7]. The analysis of coping mechanism that our respondent who are highly aware of depression is utilizing the coping method of "positive reframing", the mean value indicates =3.86, it followed by the religion =3.80. In many prior researches, it has been told that religion is most used method of coping. The path of religion could be used irrespective of awareness, even majority people seek this path as first resort from tension and depression. It also indicates a low mean =2.52 for substance abuse [8]. The substance abuse method could be utilized irrespective of awareness, however people with low awareness usually seek this method as way to run from the situation. Such acts usually exacerbate the situation. The literature has suggested that there is also a difference of gender in this regard, the women tend to use the emotion-based technique to cope with depression as compare to man [9]. Our research also realigned with the mental health literacy model that assert the importance of literacy of mental health in order to cope with depression. Mental health literacy encompasses knowledge about depression, ability to recognize the symptoms etc. our research also provides the 5-point Likert scale in order to assess the awareness that shows mean=36.04. This suggest that foundational knowledge about depression is well established among the participants [10]. Our research also shows the strong correlation of awareness and coping mechanism the $r=.582$ that again consolidate the idea of mental health literacy is indispensable in finding the effective way to cope with depression. In a similar vein Lazarus model suggest that stress is the result of interaction of person with environment, the finding of our research resonates with the idea of this model, as usually the awareness developed from the environment and effective coping utilization in order to nullify the impact of depression on person, emanating from the environment [11]. Moreover, the brief cope inventory is also utilized in this research, that help in finding the correlation and enhance our understanding in research, for

example I shows the behavioral disengagement mean=3.01 that help us to assess the person's way to cope with depression. As this indicates that person sometimes use this method in order to cope with depression. Similarly, it shows the highest use method and lowest use method that is drug abuse with value of =2.52 [12]. The study underscores the need of mental health literacy in order to manage the scourge depression. A community engagement with equal participation of male and female is imperative in order to proliferate the mental health literacy. The study also implies that there should be social support program that spread the awareness of depression and also teach how to respond in the cases of depression. It will help the people to shed the maladaptive way of coping, when they know about its negative impacts [13].

The limitation of the study is it is only conducted in Pakistan, the majority are from Punjab, however we tried to include people from diverse provinces, still the majority are from Punjab, Pakistan. The culture, economy, structure could also influence the gender response. Moreover, the respondent size was small, it consists of 100 people, however it provides the vivid insight into the importance of mental health literacy in effectively utilization of coping mechanism yet the size was small.

Another limitation could be reliance on self-collected data through questionnaire. Self-reporting mostly includes the social desirability bias, that means to act the which socially desirable. Additionally, the self-reporting could also be influenced by the participant's self-awareness to accurately assess their mental health and describe their coping mechanism.

For the future, the research should be conducted specifically in context of gender that how the depression awareness and its coping mechanism vary from gender to gender. The longitudinal study could also be conducted in the context that how the awareness and coping mechanism could evolve over the time.

Conclusion

The study provides a compressive examination of mental health literacy and coping mechanism in an online survey, in the Pakistan. The finding provides

a valuable insight into the mental health literacy among the people and how it impacts the coping mechanism. The study suggests a strong correlation of the awareness and coping mechanism, it indicates that usually with high level of awareness the person is able to choose an effective way to cope with depression. The research reveals there is good established foundational knowledge of mental health among people.

The study also highlights that mental health literacy or awareness is critical in coping strategy. It suggests that usually a people with low level of awareness adopt the maladaptive way like substance abuse and self-denial, while people with high level of awareness utilize the adaptive path like religion and positive reframing of situation [14]. The findings suggest that increasing the mental health literacy or awareness through community-based programs are essential in effectively managing and refining the coping technique of depression [15].

However, the research acknowledges the several limitations like the small sample size of population and the research is also limited to one country, with special focus on one province, there is also limitation of self-reporting bias. Though these limitations could be refined by the later researches or utilizing this research for further studies (Farid & Ashraf, 2025).

In conclusion, the study contributes in this important field of mental health. It also provides insight into the mental health literacy or awareness and into the coping mechanism. It emphasized the continued efforts of to improve the mental health education, a more pragmatic social programs to spread the mental health literacy. The stakeholder of countries could utilize these researches to work for in a more effective way to manage the depression and to provide immediate health.

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