Mental Illness to Mental Health: Mental Health Literacy

Objectives
- To learn about the Mental Health Literacy
- To learn about resources to increase Mental Health Literacy

*Please refer to the end of the report for content references

What is Mental Health Literacy?
Mental health literacy is a concept developed by Australian scholars and defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm, 2000, p. 396). Mental health literacy consists of the following six components: 1) the ability to recognize specific disorders or different types of psychological distress; 2) knowledge and beliefs about risk factors and causes; 3) knowledge and beliefs about self-help interventions; 4) knowledge and beliefs about professional help available; 5) attitudes which facilitate recognition and appropriate help-seeking; 6) and knowledge of how to seek mental health information (Jorm, 2000). Jorm (2000) asserts that each component contributes to mental health care through recognizing the need to receive mental health treatment for either self or others with mental health concerns, making decision of what types of help to seek, and correcting stigmatized beliefs or attitude toward mental illness and mental health treatment. Jorm and his colleagues do not limit the application of mental health literacy to only mental health professionals or those with mental illness. Instead, they advocate mental health literacy at societal or community levels and acknowledge the need to raise mental health literacy in public in order to promote mental health care (Jorm, 2000, 2012; Jorm et al., 1997). Additionally, knowing what public knowledge or beliefs is like about mental health can guide how mental health professionals or care systems should shape their practice to meet the needs of a person with mental illness (Jorm, 2000).

What is currently known about mental health literacy?
Since mental health literacy was introduced to the field in 1997, growing numbers of studies have been conducted throughout the world. Areas of mental health literacy studies include, but not limited to, assessing mental health literacy of the public, exploring factors associated with mental health literacy, examining relationships of mental health literacy and other mental health related factors (e.g., stigma, help-seeking, confidence or ability to help others with mental health concerns), and assessing interventions to improve mental health literacy. A majority of existing mental health literacy studies are conducted in Australia and other western countries. Yet, increasing numbers of mental health literacy studies are noted in non-western countries including Asian, the Middles East, African, South American countries (Furnham & Swami, 2018). Current literature reports that people in the western countries tend to have mental health literacy that are similar to mental health professionals’ perspectives, compared to people in non-western countries (Furnham & Hamid, 2014; Furnham & Swami, 2018). Depression and schizophrenia are the most studied disorders in mental health literacy research. Efforts to understand mental health literacy of various types of mental disorders have expanded to other types of mental disorders, including anxiety disorders, children’ mental disorders, PTSD, perinatal depression, and personality disorders (Recto & Champion, 2017). Many early studies reported a lack of mental health literacy of the public. With increasing attention to mental health literacy research and availability of mental health education and training resources, recent studies suggest that people’s mental health literacy have been improved, particularly about depression. Yet, people are not familiar with many other mental disorders and a lower level of mental health literacy is reported among people in developing countries (Furnham & Swami, 2018). Studies have found that some sociodemographic factors are associated with mental health literacy, including gender, age, education, culture, region, and experiences with mental disorders or treatment. Female, people with higher educational level, and people living in developed countries or urban area tend to show a higher level of mental health literacy that aligns with professional perspectives than their counterparts (Crowe, Mullen, & Littlewood, 2018; Furnham & Swami, 2018; Lopez, Sanchez, Killian, & Eghaneyan, 2018; Rafal, Gatto, & DeBate, 2018). People who have a history of or experiences in mental disorders or mental health treatment for self or closed one tend to have a higher level of mental health literacy (Farrer, Leach, Griffiths, Christensen, & Jorm, 2008; Jung, von Sternberg, & Davis, 2016; Lee, Furnham, & Merritt, 2017; Reavley, Morgan, & Jorm, 2014). Of younger populations, the older they are, the better mental health literacy is reported. On the contrary, of older adults, the older they are, the poorer mental health literacy is reported (Piper, Bailey, Lam, &
Multiple empirical studies have examined the role of mental health literacy in relation to mental health care and provide supportive evidence for the need of further mental health literacy research and intervention. Existing literature suggests that mental health literacy is associated with attitudes toward mental health help seeking, confidence in helping others, and stigma. People with a higher level of mental health literacy are likely to have positive attitudes toward seeking professional help, more confidence in helping others with mental health issues, and less stigmatizing beliefs about and attitudes toward mental health issues (Cheng, Wang, McDermott, Kridel, & Rislin, 2018; Crowe, Mullen, & Littlewood, 2018; Jung et al., 2016; Lopez, Sanchez, Killian, & Eghaneyan, 2018; Moll, Patten, Stuart, MacDermid, & Kirsh, 2018; Svensson & Hansson, 2016; White & Casey, 2017). Yet, little is reported about the relationship between mental health literacy and actual help-seeking, which requires further investigation.

**What is currently known about mental health literacy intervention?**

Despite increasing attention to mental health literacy research, limited numbers of studies focus on mental health literacy intervention (Furnham & Swami, 2018; Lo, Gupta, & Keating, 2018). A lack of standardized format of mental health literacy intervention programs and rigorous evaluation studies also limit the scope of discussion to fully understand effectiveness of existing mental health literacy interventions (Wei, Hayden, Kucher, Zygmunt, & McGrath, 2013). Of available studies, many studies tend to focus on children, youths and young adults in school or college settings (Furnham & Swami, 2018). Fewer studies are reported about mental health literacy intervention for adult populations or various community settings. Studies have utilized various formats of mental health literacy intervention, including educational curriculum/lecture, presentation, contact-based, online materials, mental health promotion day, role-playing game, video illustrations, or quizzes (Wei et al., 2013; Salerno, 2016). Similarly, the length of the programs vary from minutes to weeks (Salerno, 2016). Authors of systematic review of mental health literacy interventions suggest that depending on target populations, effective formats of mental health literacy interventions may vary (Brijnath, Protheroe, Mahtani, & Antoniades, 2016; Tay et al., 2018). For example, MoodGYM, a depression literacy module, was found effective for adults but not for young adults (Tay et al., 2018). Despite limitations in rigor of evaluation methods, a majority of studies report positive outcomes of mental health literacy interventions. Mental health education/training is effective in increasing mental health literacy, improving help-seeking attitudes, reducing stigma, and increasing confidence or willingness in helping someone with mental health problems (Hurley, Allen, Swann, Okley, & Vella, 2018; Moll et al., 2018; Patalay et al., 2017; Salerno, 2016; Wei et al., 2013).

**Theoretical Background**

Common theories based on mental health literacy:

1. **Reasoned Action Approach** (Fishbein & Ajzen, 2010): Behavior can be predicted through a person’s intention to perform it, and this is in turn predicted thought the person’s attitude, perceived social norm, and perceived control towards performing behavior.

**Assumptions and Behavior Changes**

The following are assumptions associated with the impact of mental health literacy training (Anderson, et al., 2012):

1. Individuals would increase their mental health knowledge
2. Individuals would increase their confidence to help others experiencing mental illness
3. Individuals would report reduced stigmatizing attitudes towards mental illness
4. Individuals would help others experiencing mental illness.
Mental Health Literacy Techniques and Interventions

The most known effective, evidence-based mental health literacy intervention is **Mental Health First Aid [MHFA]**. MHFA is an 8-hr course that teaches the public or lay people to have better understanding of various mental disorders (e.g., depression, anxiety disorders, psychosis) and basic skills of helping those in need of mental health attention. MHFA is registered on Substance Abuse and Mental Health Services Administration [SAMHSA] National Registry of Evidence-based Programs and Practices. The program has been used in various settings including youths, college students, law enforcement, first responders, religious leaders, and school teachers (Rose, Leitch, Collins, Frey, & Osteen, 2019). MHFA has shown effectiveness of improving mental health literacy, reducing stigma, increasing confidence of helping others, and promoting positive attitude toward help-seeking (El-Amin, Anderson, Leider, Satorius, & Knudson, 2018; Hadlaczky, Hökby, Mkrtchian, Carli, & Wasserman, 2014; Jorm, Kitchener, Fischer, & Cvetkovski, 2010; Rose et al., 2019; Talbot, Ziller, & Szlosek, 2017).

**Are Mental Health Literacy Interventions Effective and Efficient?**

Below you will find some of the mental health literacy studies conducted between 2015 and 2018. For each study, you can find authors, mental health literacy interventions used, population/study sample recruited, and outcomes and outcomes’ indicators reported by study authors. The Table below is only for information sharing. Interested clinicians should carefully read the study (see reference section) to understand procedures and outcomes.

<table>
<thead>
<tr>
<th>Study Authors</th>
<th>Mental Health Literacy Intervention/s</th>
<th>Study Design</th>
<th>Population</th>
<th>Outcome Constructs</th>
<th>Outcome Indicator</th>
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</thead>
<tbody>
<tr>
<td>Story et al. (2016)</td>
<td>Better Todays/Better Tomorrows Youth Suicide Prevention Program</td>
<td>Pretest-Posttest Design</td>
<td>Adults in rural areas</td>
<td>Mental health literacy, mental health training</td>
<td>Improvements in mental health literacy in rural communities</td>
</tr>
<tr>
<td>Patalay et al. (2017)</td>
<td>OpenMinds student-led education program</td>
<td>Pretest-Posttest Design</td>
<td>University and school students</td>
<td>Mental Health Literacy, program evaluation, peer-led model, non-stigmatising attitudes</td>
<td>Improvements in mental health literacy, knowledge and attitudes</td>
</tr>
<tr>
<td>Moll et al. (2018)</td>
<td>Beyond Silence: contact-based education program for healthcare workers; Mental Health First Aid</td>
<td>Parallel-group randomized trial</td>
<td>Healthcare employees</td>
<td>Help-seeking, mental health literacy, stigmatized beliefs</td>
<td>Improvements in mental health literacy, attitudes towards seeking treatment in both interventions</td>
</tr>
<tr>
<td>Hurley et al. (2018)</td>
<td>Mental health Literacy workshop</td>
<td>Randomized pilot trial</td>
<td>Community sports club parents</td>
<td>Depression, anxiety, help seeking, confidence</td>
<td>Improvements in depression and anxiety literacy, and confidence to assist adolescence</td>
</tr>
<tr>
<td>Briinath et al. (2016)</td>
<td>Web-based mental health literacy interventions</td>
<td>Meta-analysis</td>
<td>Varies</td>
<td>Mental health literacy, self-stigma, help seeking</td>
<td>Internet interventions are viable methods in improving mental health literacy</td>
</tr>
<tr>
<td>Caplan et al. (2015)</td>
<td>El Buen Consejo: faith-based mental health literacy intervention for Latinos</td>
<td>The study describes a way of developing culturally tailored MHL programs but no formal evaluation was conducted</td>
<td>Latino church goers</td>
<td>Mental health literacy, faith-based stigma</td>
<td>Improvements in optimism, life satisfaction, relationships, and anxiety</td>
</tr>
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Final Thoughts

In conclusion, existing literature suggests that mental health literacy has an important role in mental health care. Mental health literacy is likely to reduce stigma around mental health issues, promote positive attitudes toward help-seeking, and encourage people to help someone with mental health concerns. Mental health first aid is the most known evidence-based program to increase mental health literacy. More rigorous mental health literacy intervention research is needed to effectively improve mental health literacy of the public.

Resources 1: Websites

These websites can be used to access information related to mental health literacy. Please remember to get permission to use any materials you find in those websites.

1. Mental Health First Aid: [https://www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/)
2. Classroom Mental Health: A teacher’s toolkit for high school: [https://classroommentalhealth.org/](https://classroommentalhealth.org/)
3. National Alliance of Mental Health: [https://www.nami.org/](https://www.nami.org/)
5. Mental Health Foundation: [https://www.mentalhealth.org.uk/](https://www.mentalhealth.org.uk/)

Resource 2: Mental Health Literacy Reports

Below you can find some examples of mental health literacy reports. We added a reference and visual for each report if you decide to review the mental health literature.


Mental Health Literacy


Pinto-Foltz, M. D., Logsdon, M. C., & Myers, J. A. (2011). Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents. *Social Science &


