

The effectiveness of mental health literacy

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Introduction

The concept of mental health literacy (MHL) assumes an individual's capacity to recognise and understand mental disorders and their risk factors and how to seek treatment and professional support. In recent years, MHL has become an integral part of many organisations activities to reduce mental health burden so is timely to ask, does it improve mental health attitudes and help seeking behaviours?

This study is a meta-analysis of research on MHL interventions in different countries: three in Japan, three in Canada, two in the United Kingdom, two in the United States, and only one each for Spain, Portugal, Nigeria, Norway, and Australia. By looking at MHL in schools, it sheds light on the effectiveness of MHL a) in general and b) for children and adolescents which is interesting for agencies interested in supporting the families of emergency responders.

Research question: Does participation in MHL programs increase an individual's understanding of, and correct use of information so to better understand mental health disorders, improve treatment compliance, and be aware of how and when to look for assistance?

Definition: "Mental Health Literacy (MHL) is the knowledge and beliefs about mental health problems that help in their recognition, management, and prevention".

Aims

- 1) To examine the effectiveness of mental health literacy interventions for young people in educational centres from 2013-2022.
- 2) To assess how such programs influence knowledge regarding mental health, stigma, and help-seeking.

Methods

Out of 795 identified studies (selected via the criteria outlines in the table below) 15 fulfilled the inclusion criteria.

Inclusion criteria	Exclusion criteria
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<ul style="list-style-type: none"> • Years published, from between 2013-2020 (to coincide with the commencement of the WHO 2013–2030 Action Plan on Mental Health) • Methods of Randomised Control Trial (RCT) and quasi-experimental (QE) design • Outcomes measures of mental health knowledge, stigma, and/or help-seeking • Ages of subjects were between 10–19 years • Interventions carried out in primary and/or secondary school settings 	<ul style="list-style-type: none"> • Qualitative studies • Determined populations, for instance, university students and students with specific mental health or drug abuse issues • Studies concerning mental health first aid • MHL interventions that focus on a specific disorder (i.e. depression, schizophrenia etc.) • MHL interventions that only assess the concept of stigma.
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Process and analysis

- The Scottish Intercollegiate Guidelines Network (SIGN) was used to assess study quality¹.
- Data, including study design, participants, intervention details, and outcomes, were extracted
- Data was then analysed via a meta-analytic approach that assessed mental health knowledge, stigma, and help-seeking behaviours using standard mean differences (SMDs).
- Heterogeneity was analysed using I^2 statistics.
- Publication bias was examined with funnel plots.
- RevMan and Stata software supported data analysis and meta-regression.

Findings

Evaluation of MH stigma/attitudes: Of 12 studies on mental health stigma/attitudes, 9 reported statistically significant results. However, meta-analysis showed no significant differences post-intervention (SMD = 0.06) or at 6 months (SMD = 0.012), with high heterogeneity ($I^2 = 95\%$). Intervention hours showed no effect on stigma reduction ($p = 0.890$) in meta-regression.

Evaluation of help seeking: Nine studies examined help-seeking for mental health, with five showing significant post-intervention improvements. However, meta-analysis of three RCTs found no significant effect ($p = 0.24$; SMD = 0.20; $I^2 = 90\%$). At six months, two RCTs also showed no significant changes (SMD = 0.02; $I^2 = 0\%$). Intervention duration was unrelated ($p = 0.392$).

Bias: Studies may overestimate this effectiveness due to lack of randomisation. In other words, without controlling the assignment of people to treatment vs. control groups, systematic errors or confounding factors are more likely to bias the results. After all, certain characteristics—such as age, health status, or socioeconomic factors—resulting in unequal groups.

Key findings about effectiveness of MHL

Knowledge: The study found that MHL led to short term benefits for behaviour and longer-term benefits for knowledge. Specifically, MHL interventions positively influenced knowledge, stigma

¹ The SIGN classifies evidence into 8 levels, ranging from 1++ (highest quality) to 4 (lowest quality) to assess quality of research.



reduction, and help-seeking behaviour in educational settings but only in the time immediately after the intervention. Mental health knowledge showed consistent significant improvement in both 3 and 6 month follow up evaluations.

Stigma: Only two studies, which were both Randomised Control Trials, showed significant stigma reduction post-intervention. First-person experiences, or prior contact with people who have mental disorders led to mixed outcomes

Help seeking: Only one study showed short-term improvements. All showed no significant long-term effects from interventions on help seeking

Other findings

- Any impact on knowledge, stigma and to a lesser extent, help seeking, declined over time. This is most likely because of the lack of MHL reinforcement or refreshers, which is supported by Ebbinghaus' theory of the 'forgetting curve'.
- There is considerable variability in the concept of mental health literacy, types of interventions, durations, and instruments used to evaluate these interventions which hindered comparison across studies.
- There were no consistent findings between hours of MHL intervention and quality of outcomes.

Future Directions

- Research could explore the role of first-person experiences in stigma reduction, since those who had personal experience were less likely to stigmatise.
- Standardised tools and consistent intervention formats could improve future evaluations.

Conclusion

Mental health literacy interventions in a young school-age population improve mental health knowledge but this declines over time.

Considering the limited data, we cannot conclude that MHL interventions are effective on stigma and help-seeking outcomes.

The results of studies on the outcomes of MHL programs are encouraging and future research should explore how to improve the effectiveness of MHL interventions for stigma and help-seeking.