



LILIJANA ŠPRAH

&

NATAŠA DERNOVŠČEK HAFNER

# MENTAL HEALTH *LITERACY*

A USEFUL MEASURE TO  
PROMOTE *EARLY DETECTION*  
*OF MENTAL DISORDERS*,  
REDUCE STIGMA AND IMPROVE  
HELP-SEEKING BEHAVIOUR

LITERACY

DISORDERS

ANXIETY

HELP-SEEKING

## Introduction

Recent results from *The Global Burden of Disease Study 2019*<sup>1</sup> revealed that mental disorders remain among the top ten causes of the global burden of disease, with no indication of decline since 1999. On the contrary, the burden of mental disorders is increasing worldwide, affecting society and healthcare systems across the globe. The worry, anxiety and depression caused by the devastating effects of the pandemic, military conflicts, climate change and biodiversity loss, unemployment and the rising cost of living, as well as the pressures of the digital world and social media, have worsened the already poor mental health of children and young people in particular. Estimates of the prevalence and burden of mental disorders suggest that mental health will be a major public health issue in the coming years and concerns about mental wellbeing will have a significant impact on our thinking and on virtually all areas of our lives. Anxiety and depressive disorders are among the most common mental disorders and represent a serious public health problem, both in terms of the suffering of those affected and their families and the significant costs associated with treatment and consequences for society<sup>2,3</sup>. In this regard, depression stands out considerably, ranking at the top of the global burden of disease in terms of years lived with disability (YLD) compared to other health problems<sup>4</sup>. Furthermore, the COVID-19 post-pandemic period

- <sup>1</sup> GBD 2019 Mental Disorders Collaborators (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 9(2), 137–150. [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3)
- <sup>2</sup> Olesen, J., et al (2012). The economic cost of brain disorders in Europe. *European Journal of Neurology*, 19(1), 155–162. <https://doi.org/10.1111/j.1468-1331.2011.03590.x>
- <sup>3</sup> Prince, M., et al. (2007). No health without mental health. *Lancet*, 370(9590), 859–877. [https://doi.org/10.1016/S0140-6736\(07\)61238-0](https://doi.org/10.1016/S0140-6736(07)61238-0)
- <sup>4</sup> Smith K. (2014). Mental health: a world of depression. *Nature*, 515(7526), 181. <https://doi.org/10.1038/515180a>

and the recent uncertain global situation do not contribute to an improvement, but only exacerbate the existing negative mental health trends<sup>5</sup>.

The field of mental health differs considerably from the usual practises and behaviours in physical health in the understanding of problems and the use of professional help. Prejudice and misinformation about mental disorders are the rule rather than the exception. Among the lay public, mental disorders are often equated with psychosocial problems or stress and vulnerabilities of the person rather than a health problem, which is reflected in the utilisation of professional help and interest in treatment, as well as in beliefs about the effectiveness of treatment. Namely, practise shows that around half of people who suffer from mental health problems and need professional help do not seek it<sup>6</sup>. The most common reasons for this behaviour are primarily a lack of knowledge about the characteristics and consequences of mental disorders and stigmatisation<sup>7</sup>. Whereas for decades mental health was seen primarily as an illness, with its negative aspects strongly emphasised, and people with mental health problems were considered mentally ill and worthless, today our view is less discriminatory and exclusionary and the realisation that anyone can suffer from a mental disorder is increasingly widespread.

Current approaches to mental health prevention and promotion emphasise that the focus is about good mental health. Preventing mental disorders and seeking appropriate help can by no means be a matter for medical practise alone as the field of mental health is closely linked to a range of subjective experiences

<sup>5</sup> Vadivel, R., et al. (2021). Mental health in the post-COVID-19 era: challenges and the way forward. *General Psychiatry*, 34(1), e100424. <https://doi.org/10.1136/gpsych-2020-100424>

<sup>6</sup> Kessler, R. C., et al. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research*, 36(6 Pt 1), 987–1007.

<sup>7</sup> Vogel, D. L., Wade, N. G., Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–33.

and social processes. Therefore it must also include cultural practises and necessarily take into account different contexts of the situation of individuals, families and communities<sup>8</sup>. In this respect, the empowerment of the public in the field of mental health can be influenced by various prevention and promotion activities that increase so-called mental health literacy<sup>9</sup>.

### The concept of mental health literacy

The promotion of mental health and the prevention of mental disorders are increasingly becoming one of the most important public health measures. As early as 2013, the World Health Organisation recognised the role of good mental health as key to achieving the goal of “Health for All” and recommended in its *Mental Health Action Plan 2013–2020* that national policies should make implementation of mental health promotion and prevention measures mandatory<sup>10</sup>.

Strengthening mental health of the general public can be influenced by various activities that increase “Mental Health literacy” (MHL)<sup>11</sup>. The construct of MHL is based on the fundamental concept of “Health Literacy” (HL), which is well established in the field of physical health<sup>12</sup>, having first been developed in

- <sup>8</sup> Alarcón, R. D. (2009). Culture, cultural factors and psychiatric diagnosis: review and projections. *World Psychiatry*, 8(3), 131–139. <https://doi.org/10.1002/j.2051-5545.2009.tb00233.x>
- <sup>9</sup> Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *The American Psychologist*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>
- <sup>10</sup> World Health Organization (2013). Mental health action plan 2013–2020. [https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021\\_eng.pdf?sessionid=D3C9B386333562440B076E5BDE8828AC?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf?sessionid=D3C9B386333562440B076E5BDE8828AC?sequence=1)
- <sup>11</sup> Kutcher, S., Wei, Y., Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- <sup>12</sup> Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267. <https://doi.org/10.1093/heapro/15.3.259>

the mid-1970s<sup>13</sup>. However, issues directly related to HL have only been systematically addressed theoretically and empirically in recent decades. Lay people in industrialised countries are already quite well informed about how to take care of their physical health (e.g. the importance of leading a healthy lifestyle, knowing about diabetes, going to regular check-ups, administering first aid, etc.), precisely because this approach has already been well implemented.

HL often also touches on mental health, which is why experts have expanded this construct and begun to address MHL as an independent concept. In 1997, Jorm and colleagues<sup>14</sup> defined MHL as knowledge and beliefs about mental disorders that contribute to their recognition, treatment and prevention. Five main factors for MHL were identified: 1) the ability to recognise different mental disorders; 2) knowledge and beliefs about the causes and risk factors for mental disorders; 3) knowledge and beliefs about different types of self-help; 4) knowledge about how to find relevant information about mental health problems; and 5) attitudes that facilitate recognising mental disorders and seeking appropriate help. The newer concept of MHL, established by Kutcher and colleagues<sup>11</sup>, builds on the upgraded earlier concept and defines MHL as a set of cognitive and social skills that enable individuals to understand how to achieve and maintain good mental health, understand mental disorders and their treatment, reduce the stigma associated with mental disorders, improve help-seeking skills (knowing when and where to seek help), develop skills to improve mental health care, and acquire self-care skills.

<sup>13</sup> Mancuso, J. M. (2008). Health literacy: a concept/dimensional analysis. *Nursing & Health Sciences*, 10(3), 248–255. <https://doi.org/10.1111/j.1442-2018.2008.00394.x>

<sup>14</sup> Jorm, A., et al. (1997) Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166, 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>

Various studies have shown that in societies with higher levels of MHL, the mental health of the population is better, as timely help is sought. In these societies, the use of effective prevention strategies is increased and the burden of mental disorders on individuals and society is reduced<sup>15</sup>. Most research in MHL has focused on the ability to identify specific mental disorders<sup>16</sup>, rather than on the understanding of mental disorders and their treatment, help-seeking strategies and the impact of prevention programmes on stigma and attitudes towards help-seeking in different populations. Experts therefore recommend that future MHL programmes should be better contextualised and tailored to specific target groups and circumstances (e.g. considering the characteristics of different work environments, age, gender, occupational orientation, sensory disability, etc.)<sup>11</sup>.

Similar to how HL has increasingly focused on specific physical diseases in recent years (e.g. diabetes, cancer, cardiovascular diseases, etc.), we observe in more recent studies that the concept of MHL is increasingly focusing on specific mental health conditions as well. To this end, specific instruments have been developed to assess knowledge and understanding of specific mental disorders, e.g. anxiety<sup>17</sup>, depression<sup>18</sup> and schizophrenia<sup>19</sup>.

- <sup>15</sup> Hadlaczky, G., et al. (2014). Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: a meta-analysis. *International Review of Psychiatry*, 26(4), 467–475. <https://doi.org/10.3109/09540261.2014.924910>
- <sup>16</sup> O'Connor, M., Casey, L., Clough, B. (2014). Measuring mental health literacy--a review of scale-based measures. *Journal of Mental Health*, 23(4), 197–204. <https://doi.org/10.3109/09638237.2014.910646>
- <sup>17</sup> Hadjimina, E., Furnham, A. (2017). Influence of age and gender on mental health literacy of anxiety disorders. *Psychiatry Research*, 251, 8–13. <https://doi.org/10.1016/j.psychres.2017.01.089>
- <sup>18</sup> Singh, S., Zaki, R. A., Farid, N. D. N. (2019). A systematic review of depression literacy: Knowledge, help-seeking and stigmatising attitudes among adolescents. *Journal of Adolescence*, 74, 154–172. <https://doi.org/10.1016/j.adolescence.2019.06.004>
- <sup>19</sup> Loureiro, L. M., et al. (2015). Mental health literacy about schizophrenia: a survey of Portuguese youth. *Early Intervention in Psychiatry*, 9(3), 234–241. <https://doi.org/10.1111/eip.12123>

### An example of good practise from Slovenia

The low level of knowledge about mental disorders and the available help is related to the stigmatisation of mental disorders, which is very present in the general public<sup>20</sup>. All this has a very negative impact on people with mental health problems, as they seek help very late (if at all), which in most cases means a poorer treatment prognosis and a higher economic and social burden for the individual and society. Data from 2011 for Slovenia show a large gap between the number of people suffering from mental disorders and those seeking professional help<sup>21</sup>, also in comparison to statistics in international health studies. For example, the percentage of visits to psychiatric outpatient clinics in relation to the expected number of all patients was 9.9% for depression, 9.6% for bipolar mood disorder, 3.6% for panic disorder, 2.2% for generalised anxiety disorder and 3.1% for obsessive-compulsive disorder.

A decades-long lack of review on the impact of public policies regarding mental health, weak intersectoral cooperation, an underdeveloped information system for monitoring mental disorders and a lack of multidisciplinary teams trained to provide comprehensive treatment for mental disorders, uneven territorial coverage of professional services and prevention and support measures, poor access to psychotherapy and psychiatric treatment and, last but not least, insufficient resources for mental health protection have led to major inequalities and an increase in mental health problems in Slovenia. Therefore, the adoption of the first action-oriented document, the *Resolution on the National Mental*

<sup>20</sup> Švab, V. (2018). Stigma in mental disorders: What is psychiatry able to do? *Psychiatria Danubina*, 30(Suppl 4), 172–174.

<sup>21</sup> Šprah, L., Novak, T., Dernovšek, M. Z. (2011). *Assessment of risks for the development of mental health problems in the population of the Republic of Slovenia: Analysing the risks for the development of mental health problems in the population of the Republic of Slovenia in individual statistical regions using the adapted methodology of the Better Life Index: project report* (in Slovenian language). Ljubljana: Družbeno-medicinski inštitut Znanstvenoraziskovalnega centra Slovenske akademije znanosti in umetnosti.



*Health Programme 2018–2028*<sup>22</sup>, which provides a comprehensive mental health regulation, was welcomed with great hope by professionals and laypeople alike. In an area that has been neglected for years, this document has finally laid the foundation for major changes in Slovenia that will lead to a stronger focus on the mental health of the population. The resolution sets out eight key strategic objectives to be achieved by 2028:

- 1 Develop 25 regional action plans to ensure sustainable and effective implementation of policies and measures to promote the mental health of the whole population, in particular vulnerable groups, and to develop measures to protect the rights of people with mental health problems.
- 2 Develop and implement ten evidence-based promotion and prevention programmes at national level and 25 at local level with a cross-sectoral and interdisciplinary approach.
- 3 Reduce the suicide rate by 15%. Increase the number of alcohol-dependent people entering treatment and fully reintegrating into active social life by 20%.
- 4 Ensure accessible, integrated and high-quality community-based mental health care through the establishment of 25 interdisciplinary centres/teams and associated multi-agency community-based mental health services for children, young people and adults. Reduce by 40% the number of institutional beds for people with mental and behavioural disorders who are in long-term residential care.
- 5 Introduce evidence-based interventions that strengthen knowledge, expertise and sharing of best practise in mental health among professionals (sectoral and disciplinary) and lay people.
- 6 Establish seven proven effective social and family support programmes integrated with health programmes and services for people with ASD in the community.

<sup>22</sup> Resolution on the National Mental Health Programme 2018–2028. <https://pisrs.si/pregledPredpisa?id=RESO120>

- 7 Promote and strengthen horizontal and vertical sectoral and intersectional collaboration on mental health.
- 8 Reduce the deficit in the professions that form the basis for better mental health care for the population by increasing the number of specialisations in clinical psychology, regulation of psychological activity, psychotherapy and psychosocial counselling.

In 2017, OMRA, an innovative national mental health programme that did not yet exist in Slovenia was introduced. The programme was developed by a group of researchers and experts from the Sociomedical Institute at the Research Centre of the Slovenian Academy of Sciences and Arts. It is based on the concept of MHL, which addresses a set of skills that define a person's motivation to obtain, understand and critically use information to promote and maintain mental health. The OMRA programme aims to provide a more comprehensive view of mental health, including the ability to manage risk factors, strengthen protective factors, recognise and treat individual mental health problems more quickly, reduce stigma and have more realistic expectations of the impact of professional mental health treatment. The programme targets both the general public and professionals, vulnerable groups (people with mental health problems and their relatives, people with disabilities, the rural population, early school leavers, etc.). In 2020, the OMRA programme was recognised by the WHO as a programme of national importance<sup>23</sup>.

Programmes based on the MHL concept are rarely evaluated in such a way that all aspects of literacy are examined, as there are not yet enough reliable tools. The most established tools in the field of MHL are still those that focus primarily on a person's ability to recognise certain characteristics of mental disorders.

<sup>23</sup> WHO (2020, September). Looking back, looking forward: Rapid assessment of the mental health system in Slovenia. Report of a virtual mission by the WHO Regional Office for Europe. [https://dmi.zrc-sazu.si/sites/default/files/who\\_porocilo\\_-\\_rapid\\_assessment\\_of\\_the\\_mental\\_health\\_system\\_in\\_slovenia\\_.pdf](https://dmi.zrc-sazu.si/sites/default/files/who_porocilo_-_rapid_assessment_of_the_mental_health_system_in_slovenia_.pdf)

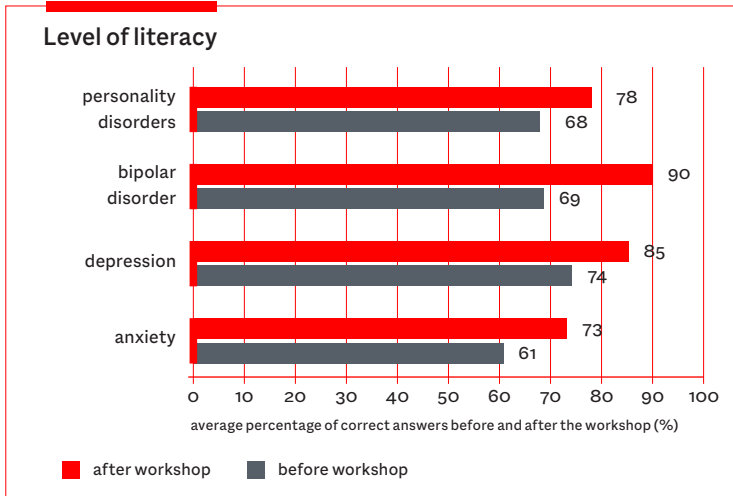
Several evaluation tools have been developed for this purpose<sup>24</sup>, but these are of limited use from a clinical perspective and for the design of interventions and evaluations. The literature indicates that most research focuses on assessing the recognition depressive disorders, and stigma associated with help-seeking. It is also noted that there is a lack of studies looking at the evaluation of knowledge about bipolar mood disorders and personality disorders.

Due to the lack of tools mentioned above, the authors of the OMRA programme decided to develop their own tools to evaluate the impact of the OMRA workshops on mood and personality disorders. This would allow the adaptation and implementation of such workshops that could cover more aspects of the MHL concept, not only in terms of identifying the characteristics of the disorders, but also in terms of raising awareness of the available forms of prevention, (self-)help and treatment procedures. The evaluation of the impact of the OMRA workshops included 1908 participants attending workshops on stress and mood disorders and 1006 participants attending workshops on personality disorders. The workshops lasted six hours and were delivered both online and in-person between 2018 and 2024.

Before and after the workshop, participants were asked to complete questionnaires on their knowledge of the characteristics and appropriate forms of support for anxiety, depression, bipolar disorder and personality disorders. Analysis of the data showed that the average level of literacy before the workshops was highest for depression and lowest for anxiety (Figure 1). After all workshops, there was a statistically significant increase in the level of literacy. The greatest improvement in literacy was seen for bipolar disorder (22%), followed by anxiety (12%), depression (11%) and personality disorders (10%). The evaluation

<sup>24</sup> Wei, Y., et al. (2016). Measurement properties of tools measuring mental health knowledge: a systematic review. *BMC Psychiatry*, 16(1), 297. <https://doi.org/10.1186/s12888-016-1012-5>

of the OMRA workshops is very encouraging and revealed that we have developed an effective evidence-based training protocol that is well received by lay people and professionals.



Comparison of the level of literacy about mood and personality disorders before and after OMRA workshops.

The OMRA programme is the first (and, currently, only) multi-disciplinary literacy programme for mood and personality disorders in Slovenia, which has a complex structure and systematically addresses the understanding of mental health problems, their destigmatisation and the strengthening of (self-)help skills. The programme comprises a range of mental health promotion and prevention interventions based on the latest evidence-based approaches in psychology, psychiatry, cultural and medical anthropology, sociology, psychotherapy and social work. To this end, various forms of information dissemination have been set up: an educational web platform ([www.omra.si](http://www.omra.si)), social networks, public awareness events, workshops, newsletters, manuals, and intensive media work. The programme is co-financed by Slovenia's Ministry of Health so that it can be constantly updated with new content in the field of mental health. The OMRA

programme is very well received by the public, which is reflected in the high number of visitors to the website and social networks, and high level of interest from participants to take part in OMRA workshops and public lectures. Despite the positive response and visibility of the programme, we have also identified some shortcomings, which we are gradually trying to rectify through updates. In particular, the selectivity of the content and its tailoring to the target groups should be emphasised. For example, the rural population, the elderly, the unemployed and relatives of people with mental disorders face particular circumstances causing them great distress. Therefore, the general recommendations for good mental health care must be adapted to their needs. In addition, we note that it is very difficult to involve the male population in the programme's activities. We are therefore considering new and adapted communication channels and content that are better tailored to this target group.

### **Future challenges for Europe**

Mental health is an essential component of a person's overall health. In recent decades, the concept of mental health and well-being has become an important issue in Europe due to the increasing burden of mental disorders. On 7 June 2023, the European Commission adopted the Communication on a comprehensive approach to mental health<sup>25</sup>, which will help Member States and stakeholders to take swift action to address mental health challenges. Following extensive consultations with Member States, stakeholders and citizens, a comprehensive, prevention-oriented approach to mental health has been developed. This cross-sectoral approach aims to equalise physical health with mental health. In this regard, the situation requires a shift in priorities towards prevention, including addressing behavioural risk

<sup>25</sup> EU comprehensive approach to mental health. [https://health.ec.europa.eu/non-communicable-diseases/mental-health\\_en](https://health.ec.europa.eu/non-communicable-diseases/mental-health_en)

factors and social, environmental and economic determinants, as well as the implementation of concrete and ambitious initiatives to promote mental health and prevent mental illness.

As one of the key objectives of the MHL concept is to increase competences to improve mental health care and to know when and where to seek professional help, MHL fits well with the European Commission's initiative. Namely, significant correlations were found between MHL and positive outcomes, including stigma towards professional help, self-efficacy, attitudes towards help-seeking, social support, positive psychological state, participation in mental health training and psychological distress. By addressing these factors, EU Member States can promote MHL in the community and create an environment characterised by empathy, understanding and proactive engagement in addressing mental health issues<sup>26</sup>. This can serve as a foundation for future policy development and implementation of practical strategies to improve mental health literacy in community settings.

The future implementation of MHL programmes should be tailored to the target groups and the community context and should take into account the determinants of mental health. These programmes should be guided also by the priorities set by the EU Commission<sup>24</sup>:

- 1 Comprehensive approach: recognising biological and psychological factors, taking into account determinants such as family, community, economy, society, environment and safety. This also includes the balance between work and leisure, the educational and professional environment, the digital world and social, economic and commercial factors.
- 2 Promotion, prevention and early intervention: promoting good mental health, preventing problems and ensuring that people know where to seek help.

<sup>26</sup> Suwanwong, C., et al. (2024). Modifiable predictors of mental health literacy in the educational context: a systematic review and meta-analysis. *BMC Psychology*, 12(1), 378. <https://doi.org/10.1186/s40359-024-01878-4>

- 3 Focus on children and young people: tackling the deteriorating mental health of younger generations, particularly in the post-COVID-19 period where increased rates of depression and loneliness have been identified<sup>27</sup>.
- 4 Support for vulnerable groups: paying attention to groups such as single mothers, migrants, refugees, the elderly, the rural populations and the economically disadvantaged. Increased support for groups with multiple vulnerable categories.
- 5 Psychosocial risks in the workplace: managing workplace stress and psychosocial risks. Promote a good working environment to improve mental health and reduce job dissatisfaction, conflict, burnout, absenteeism and turnover.
- 6 Reducing stigmatisation: Combating stigmatisation and discrimination related to mental health, especially in social media and in the workplace. Encourage safe disclosure of mental health issues without fear of professional consequences<sup>28</sup>.

At a systemic level, mental health regulation is crucial and access to treatment and care needs to be strengthened and improved. Health systems need to strengthen their capacity to deliver mental health interventions, from prevention to early intervention, diagnosis, treatment, care and support for patient reintegration. The budget for mental health support should be commensurate with the scale of the challenge. The EU and Member States must provide adequate resources to help people in need, which is a social and economic necessity.

<sup>27</sup> Mann, F., et al. (2022). Loneliness and the onset of new mental health problems in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 57(11), 2161–2178. <https://doi.org/10.1007/s00127-022-02261-7>

<sup>28</sup> European Agency for Safety and Health at Work (2024). Mental health at work after the COVID-19 pandemic – What European figures reveal. [https://osha.europa.eu/sites/default/files/documents/Summary%20-%20Mental%20health%20at%20work%20after%20the%20COVID%20pandemic\\_en.pdf](https://osha.europa.eu/sites/default/files/documents/Summary%20-%20Mental%20health%20at%20work%20after%20the%20COVID%20pandemic_en.pdf)

## Conclusion

As much as mental health problems are a burden for the individual, the economy and society, it is also possible to avoid or at least mitigate negative trends. Many European countries already have measures and programmes in place to promote and prevent mental disorders. But much more can be done to maintain and promote good mental health. It is important to recognise that ensuring good mental health in the population, the prevention of mental disorders and access to appropriate help is not just the domain of medical practise. It is linked to a range of subjective experiences and social processes and therefore includes cultural practises. A number of anthropological, sociological and cross-cultural studies have clearly shown how a person's cultural background can influence all aspects of mental disorders, from linguistic or emotional expression to somatic complaints<sup>29</sup>.

While on the one hand research shows that there is a large grey area of inappropriate treatment of people seeking professional help for mental health problems, it should not be overlooked that an individual's decision to seek professional help is a complex issue influenced by several factors. Research shows that women, middle-aged people and people with higher levels of education are more likely to seek professional help<sup>30,31</sup>. An important factor influencing the decision to seek help is recognition (i.e. whether a person perceives their problem as a mental health

<sup>29</sup> Kirmayer, L. J. (2001). Cultural variations in the clinical presentation of depression and anxiety: implications for diagnosis and treatment. *The Journal of Clinical Psychiatry*, 62 Suppl 13, 22–30. Copeland, W. E., et al. (2023). Cultural contributions to adults' self-rated mental health problems and strengths: 7 culture clusters, 28 societies, 16 906 adults. *Psychological Medicine*, 53(16), 7581–7590. <https://doi.org/10.1017/S0033291723001332>

<sup>30</sup> Boerema, A. M., et al. (2017). Demographic and need factors of early, delayed and no mental health care use in major depression: a prospective study. *BMC Psychiatry*, 17(1), 367. <https://doi.org/10.1186/s12888-017-1531-8>

<sup>31</sup> Picco, L., et al. (2016). Attitudes Toward Seeking Professional Psychological Help: Factor Structure and Socio-Demographic Predictors. *Front Psychology*, 7: 547.



disorder). A high level of MHL is crucial for both society and the individual, as it contributes significantly to seeking appropriate professional help in a timely manner, reducing stigmatisation and steering the population towards prevention<sup>32</sup>.

If we want MHL-based interventions to be effective, we also need to consider some regularities in their design and implementation<sup>11</sup>. MHL interventions need to be developed and applied contextually. That is, although the core components of MHL interventions must be considered in all situations, the way in which they are developed and applied must fit the context in which they are to be used. The assertion that MHL interventions are one-size-fits-all may not be entirely accurate. For example, MHL interventions for farm workers are not necessarily comparable to MHL interventions for police officers, although they should reflect the same core MHL principles (knowledge, attitudes or stigma, and help-seeking effectiveness). MHL interventions need to be developmentally appropriate and applied in the most appropriate context for development. In addition to embedding MHL constructs in appropriate lifespan domains, MHL interventions for youth should be delivered within educational settings (e.g., schools) using intervention strategies that are known to improve literacy competencies, are familiar to educators and students alike and utilise modern electronic delivery platforms. When measuring MHL interventions, robust, contextually appropriate, developmentally valid and reliable psychometric methods need to be applied to adequately determine their evaluation, as demonstrated in this article using the example of the evaluation of the OMRA workshops in Slovenia.

<sup>32</sup> Jorm, A. F. (2000). Mental health literacy. Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177, 396–401. <https://doi.org/10.1192/bjp.177.5.396>

## References

- Alarcón, R. D. (2009). Culture, cultural factors and psychiatric diagnosis: review and projections. *World Psychiatry*, 8(3), 131–139. <https://doi.org/10.1002/j.2051-5545.2009.tb00233.x>
- Boerema, A. M., Ten Have, M., Kleiboer, A., de Graaf, R., Nuyen, J., Cuijpers, P., Beekman, A. T. F. (2017). Demographic and need factors of early, delayed and no mental health care use in major depression: a prospective study. *BMC Psychiatry*, 17(1), 367. <https://doi.org/10.1186/s12888-017-1531-8>
- Copeland, W. E., Ivanova, M. Y., Achenbach, T. M., Turner, L. V., Tong, G., Ahmeti-Prognaj, A., (2023). Cultural contributions to adults' self-rated mental health problems and strengths: 7 culture clusters, 28 societies, 16 906 adults. *Psychological Medicine*, 53(16), 7581–7590. <https://doi.org/10.1017/S0033291723001332>
- EU comprehensive approach to mental health. 24 July, [https://health.ec.europa.eu/non-communicable-diseases/mental-health\\_en](https://health.ec.europa.eu/non-communicable-diseases/mental-health_en)
- European Agency for Safety and Health at Work. (2024). Mental health at work after the COVID-19 pandemic — What European figures reveal. 24 July, [https://osha.europa.eu/sites/default/files/documents/Summary%20-%20Mental%20health%20at%20work%20after%20the%20COVID%20pandemic\\_en.pdf](https://osha.europa.eu/sites/default/files/documents/Summary%20-%20Mental%20health%20at%20work%20after%20the%20COVID%20pandemic_en.pdf)
- GBD 2019 Mental Disorders Collaborators (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet. Psychiatry*, 9(2), 137–150. [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3)
- Hadjimina, E., Furnham, A. (2017). Influence of age and gender on mental health literacy of anxiety disorders. *Psychiatry Research*, 251, 8–13. <https://doi.org/10.1016/j.psychres.2017.01.089>
- Hadlaczky, G., Hökby, S., Mkrtchian, A., Carli, V., & Wasserman, D. (2014). Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: a meta-analysis. *International Review of Psychiatry*, 26(4), 467–475. <https://doi.org/10.3109/09540261.2014.924910>
- Jorm, A. F. (2000). Mental health literacy. Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177, 396–401. <https://doi.org/10.1192/bjp.177.5.396>
- Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *The American Psychologist*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>
- Jorm, A., Korten, A., Jacomb, P., Christensen, H., Rodgers, B., Pollitt, P. (1997) Mental health literacy: a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166, 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Kessler, R. C., Berglund, P. A., Bruce, M. L., Koch, J. R., Laska, E. M., Leaf, P. J., Mander- scheid, R. W. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research*, 36(6 Pt 1), 987–1007.

- Kirmayer, L. J. (2001). Cultural variations in the clinical presentation of depression and anxiety: implications for diagnosis and treatment. *The Journal of Clinical Psychiatry*, 62 Suppl 13, 22–30 .
- Kutcher, S., Wei, Y., Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- Loureiro, L. M., Jorm, A. F., Oliveira, R. A., Mendes, A. M., dos Santos, J. C., Rodrigues, M. A., & Sousa, C. S. (2015). Mental health literacy about schizophrenia: a survey of Portuguese youth. *Early Intervention in Psychiatry*, 9(3), 234–241. <https://doi.org/10.1111/eip.12123>
- Mancuso, J. M. (2008). Health literacy: a concept/dimensional analysis. *Nursing & Health Sciences*, 10(3), 248–255. <https://doi.org/10.1111/j.1442-2018.2008.00394.x>
- Mann, F., Wang, J., Pearce, E., Ma, R., Schlief, M., Lloyd-Evans, B., Ikhtabi, S., Johnson, S. (2022). Loneliness and the onset of new mental health problems in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 57(11), 2161–2178. <https://doi.org/10.1007/s00127-022-02261-7>
- Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267. <https://doi.org/10.1093/heapro/15.3.259>
- O'Connor, M., Casey, L., Clough, B. (2014). Measuring mental health literacy – a review of scale-based measures. *Journal of Mental Health*, 23(4), 197–204. <https://doi.org/10.3109/09638237.2014.910646>
- Olesen, J., Gustavsson, A., Svensson, M., Wittchen, H. U., Jönsson, B. (2012). The economic cost of brain disorders in Europe. *European Journal of Neurology*, 19(1), 155–162. <https://doi.org/10.1111/j.1468-1331.2011.03590.x>
- Picco, L., Abdin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y. (2016). Attitudes Toward Seeking Professional Psychological Help: Factor Structure and Socio-Demographic Predictors. *Front Psychology*, 7: 547.
- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *Lancet*, 370(9590), 859–877. [https://doi.org/10.1016/S0140-6736\(07\)61238-0](https://doi.org/10.1016/S0140-6736(07)61238-0)
- Resolution on the National Mental Health Programme 2018–2028, 22 July <https://pisrs.si/pregledPredpisa?id=RESO120>
- Singh, S., Zaki, R. A., Farid, N. D. N. (2019). A systematic review of depression literacy: Knowledge, help-seeking and stigmatising attitudes among adolescents. *Journal of Adolescence*, 74, 154–172. <https://doi.org/10.1016/j.adolescence.2019.06.004>
- Smith K. (2014). Mental health: a world of depression. *Nature*, 515(7526), 181. <https://doi.org/10.1038/515180a>
- Suwanwong, C., Jansem, A., Intarakamhang, U., Prasittichok, P., Tuntivivat, S., Chuenphittayavut, K., Le, K., Lien, L. T. M. (2024). Modifiable predictors of mental health literacy in the educational context: a systematic review

and meta-analysis. *BMC Psychology*, 12(1), 378. <https://doi.org/10.1186/s40359-024-01878-4>

- Šprah, L., Novak, T., Dernovšek, M. Z. (2011). *Assessment of risks for the development of mental health problems in the population of the Republic of Slovenia: Analysing the risks for the development of mental health problems in the population of the Republic of Slovenia in individual statistical regions using the adapted methodology of the Better Life Index: project report* (in Slovenian language). Ljubljana: Družbenomedicinski inštitut Znanstvenoraziskovalnega centra Slovenske akademije znanosti in umetnosti.
- Švab, V. (2018). Stigma in mental disorders: What is psychiatry able to do? *Psychiatria Danubina*, 30(Suppl 4), 172–174.
- Vadivel, R., Shoib, S., El Halabi, S., El Hayek, S., Essam, L., Gashi Bytyçi, D., Karaliuniene, R., Schuh Teixeira, A. L., Nagendrappa, S., Ramalho, R., Ransing, R., Pereira-Sanchez, V., Jatchavala, C., Adiukwu, F. N., Kudva Kundadak, G. (2021). Mental health in the post-COVID-19 era: challenges and the way forward. *General Psychiatry*, 34(1), e100424. <https://doi.org/10.1136/gpsych-2020-100424>
- Vogel, D. L., Wade, N. G., Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–33.
- Wei, Y., McGrath, P. J., Hayden, J., Kutcher, S. (2016). Measurement properties of tools measuring mental health knowledge: a systematic review. *BMC Psychiatry*, 16(1), 297. <https://doi.org/10.1186/s12888-016-1012-5>
- World Health Organisation (2020, September). Looking back, looking forward: Rapid assessment of the mental health system in Slovenia. Report of a virtual mission by the WHO Regional Office for Europe. [https://dmi.zrc-sazu.si/sites/default/files/who\\_porocilo\\_-\\_rapid\\_assessment\\_of\\_the\\_mental\\_health\\_system\\_in\\_slovenia\\_.pdf](https://dmi.zrc-sazu.si/sites/default/files/who_porocilo_-_rapid_assessment_of_the_mental_health_system_in_slovenia_.pdf)
- World Health Organization (2013). Mental health action plan 2013–2020. 23 July, [https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021\\_eng.pdf?jsessionid=D3C9B386333562440B076E5BDE8828AC?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf?jsessionid=D3C9B386333562440B076E5BDE8828AC?sequence=1)

## Acknowledgments

This publication was prepared as part of the Research Program Group “Studies on Distress and Being Well” (code: P5-0115-23), which is co-funded by the Slovenian Research and Innovation Agency.

