

Do we need positive mental health literacy? First explorations of broadening the scope of mental health literacy


Precisamos de literacia em saúde mental positiva? Primeiras explorações do alargamento do horizonte da literacia em saúde mental


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Abstract

Background — Mental well-being is widely accepted as a fundamental part of mental health, and conceptualized as distinct from mental illness. However, mental health literacy (MHL) has overwhelmingly focused on mental illness, and less on mental well-being.

Methods — In this position paper, we argue that MHL, as an evolving concept, would benefit from including literacy on mental well-being.

Results — Though it is suggested that MHL is an important factor for mental illness prevention and mental health promotion, there is still room for improvement in MHL research and practice. It is argued that the actual definitions of MHL, so as its measures and interventions leave out mental well-being, ignoring an important dimension of mental health.

Conclusions — A new concept, positive mental health literacy is proposed in order to achieve a complete mental health literacy approach. Integrating mental illness and positive mental health literacy may reflect different yet complementary aspects of mental health, facilitate help-seeking and mental health de-stigmatization. Expanding MHL by including both mental illness and positive mental health literacy may result in improved mental health indicators, such as less psychological symptoms and more mental well-being.

Keywords: Mental Health Literacy; Positive Mental Health; Positive Psychology; Prevention; Well-Being.

Resumo

Introdução — O bem-estar mental é amplamente aceite como uma parte fundamental da saúde mental e conceptualizado como distinto da doença mental. No entanto, a literacia em saúde mental (MHL) centrou-se esmagadoramente nas doenças mentais e menos no bem-estar mental.

Métodos — Neste documento de posição, defendemos que a MHL, enquanto conceito em evolução, beneficiaria da inclusão da literacia sobre o bem-estar mental.

Resultados — Embora se sugira que a LSM é um factor importante para a prevenção das doenças mentais e para a promoção da saúde mental, ainda há espaço para melhorias na investigação e na prática da LSM. Defende-se que as próprias definições de LSM, bem como as suas medidas e intervenções, deixam de fora o bem-estar mental, ignorando uma dimensão importante da saúde mental.

Conclusões — Um novo conceito, literacia positiva em saúde mental, é proposto para alcançar uma abordagem completa de literacia em saúde mental. A integração da doença mental e da literacia positiva em saúde mental pode reflectir aspectos diferentes, mas complementares, da saúde mental, facilitar a procura de ajuda e a desestigmatização da saúde mental. A expansão da MHL, incluindo tanto as doenças mentais como a literacia positiva em saúde mental, pode resultar em melhores indicadores de saúde mental, tais como menos sintomas psicológicos e mais bem-estar mental.

Palavras-Chave: Bem-Estar; Literacia em Saúde Mental; Prevenção; Psicologia Positiva; Saúde Mental Positiva.

1. Introduction: Current State of Art of Mental Health Literacy

Mental health literacy (MHL) has been conceptualized as construct (Jorm et al., 1997; Kutcher et al., 2016) and recently has been framed as multi-construct theory (cf. Spiker & Hammer, 2019). It represents, broadly, the set of knowledge that aids mental disorder prevention, recognition or management, through cognitive and behavioral skills (Jorm, 2000). As construct, it was first operationalized as encompassing: a) the acknowledgement of specific mental illnesses and different types of psychological distress; b) knowledge about the etiology and risk factors of mental disorders; c) knowledge about professional and self-help types of treatments; d) adequate help seeking and recognition attitudes; and e) knowledge about how to search valid mental health information (Jorm et al., 1997; Jorm, 2000).

Recently, the concept of MHL has been expanded, and has integrated the achievement / maintenance of “good mental health” and the development of “self-care competencies” (Kutcher, Wei, & Coniglio, 2016). Hence, these new components reflect the assertion that MHL should cover both positive mental health, as well as illness recognition and management (Bjørnsen et al., 2017; Kutcher, Wei, Costa, Gusmão, Skokauskas, & Sourander, 2016). Nevertheless, the definition of “good mental health” or “positive mental health” remains to be unequivocally operationalized.

One current obstacle to the study of this approach to MHL is the absence of a measure capable of grasping these two dimensions of MHL, i.e., mental illness and mental well-being literacy. Bjørnsen et al., (2017) developed a Positive Mental Health Literacy Scale for adolescents, that captures basic psychological needs such as relatedness, competence and autonomy, but most MHL measures focus on mental illness and neglect the measurement of “good mental health” (Wei et al., 2015). A lack of consensus about what “good mental health is” constrains the development of measures that accurately capture it in the context of a multi-construct theory of MHL (Spiker & Hammer, 2019). Additionally, this posits considerable limitations in the study of both good mental health and MHL, given that it does not allow us to conduct a thorough exploration of the difference between absence of mental illness and presence of mental well-being.

Nonetheless, several studies using different methodologies corroborate the hypothesis that lack of MHL is associated with stigma and stigma is related to decreased help-seeking intention in both subjects (Eisenberg et al., 2009; Lally et al., 2013; Gulliver et al., 2010; Velasco et al., 2020) and parents (Jeong et al., 2018). Poor knowledge about mental health is also connected to delayed help-seeking behavior, suspicion of treatments, difficulty in helping others, worst mental health outcomes (Kutcher et al., 2016; Rüscher et al., 2014; Wei et al., 2015). Also, low MHL is associated with depression (Lam, 2014) and other forms of psychopathology (Brijnath et al., 2016). On the other hand, studies suggest that individuals who have better MHL are more likely to adhere to psychotherapy and medication (Bonabi et al., 2016). Few studies have explored the relationship between MHL and good mental health (Bjørnsen et al., 2017; Kurki et al., 2021; Maia de Carvalho et al., 2022; Nobre et al., 2021).

The mounting evidence correlating MHL and mental illness have prompted the development of MHL programs that target key elements of the MHL construct (Jorm, 2000). A considerable amount of heterogeneity is reported in terms of the composition of MHL programs, with some covering all components of MHL (Kitchener & Jorm, 2008), others focusing on a specific component of mental health — e.g., some focusing on stigma (Gronholm et

al., 2017), others on help-seeking (Lubman et al., 2016; Lubman et al., 2020). MHL programs appear to be particularly promising when applied in school or university settings (Lubman et al., 2016; Lubman et al., 2020; Mcluckie et al., 2014; Patalay et al., 2017; Perry et al., 2014; Skre et al., 2013) which have prompted the development of curriculum based mental health literacy interventions in schools. Evidence suggests that help-seeking interventions benefit MHL, destigmatize mental illness and improve help-seeking behavior (Xu et al., 2018). One example of an MHL program is the Mental Health First Aid (MHFA; Kitchner & Jorm, 2008). This program teaches first aid skills on how to support people with mental health issues or who are in a mental health crisis. The program has been adapted to different settings (e.g., general public, working setting, high-school teachers), and results from a recent meta-analysis suggests it is effective in improving MHL, help-giving behavior, and in reducing social distance from those with mental illness (Morgan et al., 2018). Nevertheless, some studies have found no significant impact, and most mental health literacy interventions, except MHFA, show no significant impact on help-seeking and stigma (Lo et al., 2018).

MHL programs via web-based platforms have also been conducted (see Brijnath et al., 2016), and results suggest that these are effective in reducing self-stigma, particularly when they include “active ingredients” (e.g., delivered evidenced-based content) (Cairns & Rosseto, 2019). Stigma is a particularly relevant target of MHL programs, given that it can severely affect developmental trajectories, limiting access to health care, education, employment, causing poverty, risk of maltreatment and exclusion (Eisenberg et al., 2013; Gronholm et al., 2017). Some studies have found that programs addressing mental illness stigma are effective in reducing stigma (Byrne, 2000; Gronholm et al., 2017).

Within the umbrella of MHL interventions, some target knowledge about mental illness, distress, risk-factors and causes; some focus on improving help seeking attitudes and behavior, others aim to reduce mental illness stigma (self-stigma and stigma towards others). But a common feature regarding measures and interventions is that the vast majority is illness-oriented and do not focus on mental well-being.

2. Literature Review

The Relevance of Mental Well-Being as Part of Mental Health

According to the World Health Organization (WHO, 2005), mental health is a state of well-being in which every individual fulfills their potential, is able to cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. This idea emphasizes the notion that mental health is more than the absence of mental illness, and that it is a state of social, physical and mental well-being (WHO, 1948).

Between 2002 and 2005, Corey Keyes developed a Complete Model of Mental Health — the Two-Continuum Model. To test it mental illness measures and a new measure of mental well-being, the — Mental Health Continuum — Long-Form, were used. The Mental Health Continuum integrates items from emotional well-being, psychological well-being and social well-being. The findings supported a two-factor model of complete mental health, in which mental well-being and psychopathology factors are correlated, but distinct (Keyes, 2002, 2005). Also, evidence shows that well-being and ill-being have different biological biomarkers (Ryff et al., 2006), activate different brain areas (Urry et al., 2004) and are differently influenced by genes (Røyband et al., 2018). Personality dimensions correlate differently with well-being and psychopathology (Spinhoven et al., 2015) suggesting different pathways of mental health. Indeed, several studies analyzed in a recent scoping review consistently suggest that the absence of mental illness does not equate mental health/well-being, nor the presence of mental illness necessarily implies lack of mental well-being (Iasiello et al., 2020) and it is important to observe that this varies across the life-span (Westerhof & Keyes, 2010). In addition, the use of the Mental Health Continuum (Keyes, 2005) allows the distinction between: Flourishing — when having high levels of well-being in at least one item/measure of hedonic well-being and in six or more items/measures of positive functioning; Languishing — when having low levels of one item/measure of hedonic well-being and in six or more items/measures of positive functioning; Moderate mental health — when between participants are between flourishing and languishing.

Mental well-being is necessary for complete mental health and good functioning in adolescents, young-adults and adults (Keyes, 2002, 2005, 2006, 2007), and it fosters healthy developmental trajectories (Westerhof & Keyes, 2010). This seems to suggest that one may have psychopathological symptoms and still be able to attain mental well-being (e.g., Franken et al., 2018; De Vos et al., 2018), which across time and contexts may act as a protective factor for personal development and functioning (Provencher & Keyes, 2011; Schotanus-Dijkstra et al., 2017). Also, for those who don't have a mental illness, flourishing mental health brings resilience to life vulnerabilities and challenges (Schotanus-Dijkstra et al., 2017).

There is specific evidence suggesting that promoting and protecting mental well-being are protective against mood and anxiety disorders, and against first onset of depressive episode and relapse (e.g., Keyes et al., 2010; Lamers et al., 2012; Lamers et al., 2015; Schotanus-Dijkstra et al., 2017; Wood & Joseph, 2010). Indeed, well-being not only decreases the risk of mental illness symptoms, but also increases physical health (Diener & Chan, 2011; Friedman et al., 2005; Schotanus-Dijkstra et al., 2017; Seligman, 2008; Siahpush et al., 2008; Tsenkova et al., 2008), is associated with work productivity and with less use of health care services (Keyes & Grzywack, 2005).

Finally, the evidence that people with both mental illness and flourishing mental health function better than people who are languishing (Keyes & Grzywack, 2005; Westerhof & Keyes, 2010) tentatively suggests that it is not only possible but crucial to promote well-being in those who are recovering or at risk of developing mental health difficulties (De Voos et al., 2017; Fava, 2016; Provencher & Keyes, 2011; Schotanus-Dijkstra et al., 2017), for example by helping foster self-care. This seems to indicate the centrality of expanding MHL focus from a strictly mental illness treatment and prevention, to mental well-being protection and promotion.

Positive Mental Health Literacy

Jorm's (2000) premise that lack of MHL could delay help-seeking, raise distrust of treatments, and potentially worsen mental outcomes was supported by evidence (Bonabi et al., 2016; Kutcher et al., 2016; Rüsck et al., 2014). Nevertheless, most studies on MHL have an exclusive focus on mental illness literacy and indicators (Wei et al., 2015), rather than exploring complete mental health (Mansfield et al., 2020).

Just as Jorm (2015) asserted that health literacy vastly ignored mental disorders as a key aspect of health, some have recently argued that the current definition and measurement of MHL ignore mental well-being (e.g., Bjørnsen et al., 2017). The overfocus on mental illness, and disregard for mental well-being as a core element of MHL, is not a minor detail when conceptualizing MHL, given that growing evidence suggests that mental well-being is an important aspect of mental health.

To have a first glimpse on how a complete MHL program would look like, we used the two-continuum model as guidance (Keyes, 2002, 2005). To develop a complete theory-driven MHL package, we argue that it is crucial to measure positive mental health literacy — or what some would call “positive mental health literacy” (Bjørnsen et al., 2017) —, in addition to the commonly measured mental illness literacy, in order to successfully measure complete mental health literacy.

As a result from our proposition to merge the mental health continuum model (Keyes, 2002, 2005) with the MHL concept (Jorm's, 2000; Kutcher et al., 2016), we argue that having complete MHL refers to both mental illness literacy and positive mental health literacy. In this context positive mental health literacy is considered:

- The ability to distinguish between mental well-being and mental illness;
- The ability to recognize the importance of well-being for good mental health;
- The understanding of the factors that protect/promote well-being and how to cultivate those (e.g., self-care).

To distinguish mental well-being from mental illness, the presence of emotional well-being (e.g., feeling positive affect and life satisfaction), positive functioning (e.g., developing attitudes of acceptance towards the self, the perspective of feeling personal growth, finding purpose in life, cultivating environmental mastery, autonomy and

positive relations with others) and social well-being (e.g., a position of accepting society, observing growth in society, feeling the ability for contribution, social coherence and social integration) must be acknowledged (Keyes, 2002, 2005).

The lack of acknowledgment of mental well-being as a crucial part of mental health might prevent individuals from seeking helpful programs that foster mental well-being. Individuals who do not present mental illness symptoms might not recognize lack of mental well-being as a valid and reasonable motive to seek mental health programs or professionals. Thus, it is crucial for MHL programs to start incorporating mental well-being — and overall “good mental health” — as a core element of their content, promoting a more expanded notion of mental health as the absence of illness and the presence of health. Those without MHL about mental well-being may be less aware of their risk of languishing, having mental illness and functioning poorly. Recognizing mental well-being as a fundamental part of mental health opens the possibility of monitoring mental well-being indicators and asking for help when languishing or having poor levels of mental well-being.

The same rationale applies to healthcare practitioners and psychology professionals. They play an important role tracking and diagnosing those who need psychological support therefore they need to have a clear comprehension of what is mental well-being and why it is necessary. For example, if healthcare professionals don't have MHL they will have more difficulty identifying those who need psychological/medical help and providing the specialized help to those that need it (Jorm, 2000). The same might occur in regards to mental well-being, where by following the current illness-focused mental health paradigm (cf. Bohlmeijer & Westerhof, 2021), professionals might overlook relevant indicators of lack of mental well-being. In fact, if healthcare practitioners and psychologists hold an illness-oriented view of mental health, they will not be efficient at targeting those who are languishing and/or who would benefit from a mental well-being intervention. In fact, one potential impact of MHL not focusing exclusively on mental illness, but expanding its definition to include positive mental health literacy, is its ability to serve as a reference point for more accurate assessment of needs and, consequently, developing more targeted interventions in a clinical setting and/or with clinical populations. For example, similarly to a stepcare logic, those who do not present a mental illness diagnosis but do present low levels of well-being (e.g., high on languishing) might benefit from a complete MHL program, i.e., including positive mental health literacy. After the program, those who score below average in well-being might then be able to proceed with further approaches, such as positive psychology interventions (cf. Bolier et al., 2013; Schotanus-Dijkstra et al., 2015). The need for a complete MHL program comes from the fact that in order to make available and conduct targeted effective interventions, healthcare professionals working in clinical setting should be able to identify the lack of mental well-being and not just the presence of mental illness. This implicates specific complete MHL training where healthcare professionals learn to 1) recognize the importance of mental well-being; 2) identify low levels of mental well-being; 3) discuss with clients the nefarious impact of low well-being; and 4) conduct interventions specifically designed to promote well-being.

Protecting and promoting mental well-being appears to be a fundamental element for complete recovery during and after mental disorder treatment (Bohlmeijer & Westerhof, 2021; De Voos et al., 2017; Fava, 2016; Provencher & Keyes, 2011). Therefore, some treatment protocols target not only mental illness symptoms but also mental well-being. Again, the importance of mental well-being is relevant for both clinicians and patients during their treatment process. If clinicians know the importance of mental well-being for recovery and relapse prevention mental well-being can be monitored during and after treatment using the Mental Health Continuum — Short Form (Keyes, 2005) and patients can benefit from positive psychology interventions or well-being therapy if their well-being is still below average (De Voos et al., 2017; Fava, 2016). But for this, clinicians also need positive mental health literacy, as they need to create the skills to observe, measure and talk about the absence of mental well-being and to be trained to apply or recommend well-being interventions or know the evidence based resources to cultivate mental well-being in a broad mental health treatment (e.g., Layous & Lyubomirsky, 2014).

Additionally, not less important is the fact that positive mental health literacy and a complete MHL approach may help normalize and destigmatize mental health interventions, shifting the focus from an exclusively clinical

perspective of recovery, to a personal perspective of empowerment and/or recovery that involves mental well-being promotion (cf. Bohlmeijer & Westerhof, 2021).

Not only in clinical settings but also in general populations, complete MHL has a vast array of potential benefits. Awareness of mental well-being can be raised in schools and university settings through MHL programs that target teachers, students and mental health counsellors and professionals. As MHL programs have been increasing in schools and universities with promising results, positive mental health literacy and mental illness literacy interventions reinforce the importance of assessing mental health, as well as of asking for help not exclusively when one experiences mental illness and suffering, but also when one is not experiencing mental well-being (Mansfield et al., 2020). Just as MHL programs that focus on mental illness teach different mental illnesses and symptoms, a complete MHL program would add to it the acknowledgment and teaching of well-being related experiences, such as flourishing, languishing and moderate mental health.

Mental health services in universities and schools are designed to help those with mental or performance-related issues, though these interventions are designed to diagnose, prevent and treat mental illness symptoms or give support to performance problems. Expanding the help options in context of mental well-being promotion could involve monitoring mental well-being, providing MHL interventions that target mental well-being, delivering mental well-being interventions for those with low levels of mental well-being, self-help interventions targeting mental well-being or eHealth interventions that train positive mental health literacy.

Also, the need for an MHL that includes positive mental health literacy is based on the growing literature pointing out for the health-related benefits of well-being. For example, mental wellness seems to boost resilience, significantly prevent the relapse of mental illness, and to decrease the risk of developing the onset of mental illness (e.g., Keyes et al., 2010; Lamers et al., 2015; Schotanus-Dijkstra et al., 2017; Wood & Joseph, 2010). Hence, overall, it can be asserted that most people may benefit from knowing that investing in personal well-being may in fact protect them from getting ill. But then again, it is self-evident that in order to foster well-being, one has to first be acquainted with the construct, and then learn how to cultivate it. We argue that the investment in developing and delivering complete MHL packages is the necessary condition to open this avenue of mental health research and practice.

In other words, recognizing and measuring the different dimensions of mental health (mental illness and mental well-being) and MHL (mental illness literacy and positive mental health literacy) allows the development of more specific and complete interventions for clinical and non-clinical populations not only at a prevention but also at promotion and treatment levels.

6. Conclusion

We argue that well-being literacy adds an important contribution to MHL research. Having literacy about mental well-being and mental illness, professionals will be better equipped to track and treat individuals at risk. Also, well-being literacy brings research closer to a complete approach of mental health, allowing researchers to better understand whether mental illness literacy and well-being literacy impact differently and/or concomitantly on mental health outcomes, stigma, help-seeking and help-giving. Interventions designed to improve MHL will be more complete as they will target both mental illness and well-being.

Expanding the scope of MHL by including well-being literacy calls first and foremost for the development of psychometrically robust instruments that accurately measure positive mental health literacy or complete mental health literacy, as well as the development and efficacy test of a complete MHL intervention.

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Declaração Ética

Conflito de Interesse: Nada a declarar. **Financiamento:** Nada a declarar. **Revisão por Pares:** Dupla-cega.



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