A review of mental health literacy strategy for adolescence

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Article Info

## ABSTRACT

Adolescents' problems concerning mental health could a burden for individual, families, and environments. To prevent further worsening mental problems, mental health literacy is needed. Mental health literacy has been promoted in advanced countries. However, it is implemented optimally in developing countries. This research aimed to find out the mental health literacy strategies done by adolescents. This article is a systematic literature review study. To obtain the articles for analysis purposes, search engine assistance was used such as Cochrane Library, Medpub, and ERIC. From 82 collected articles, and inclusion and exclusion stages were carried out to select the articles for the literature study purpose. They were then extracted from individually to get the significant findings. From the results of 11 reviewed articles, a conclusion was found. There were different mental health literacy implementation strategies in each country. Various mental health strategy types for adolescents covered national, community, school-based, and self-empowerment scope strategies.
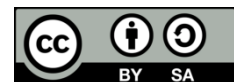
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1. INTRODUCTION

The adolescent is an sensitive periods [1] It was since on one side, adolescents are required to learn new behaviors and attitudes for the sake of their future life. Meanwhile, on another hand, adolescents do not voluntarily leave their joyful behaviors in their childhood yet. This seeking personality condition of adolescents would influence their psychological conditions. If adolescents could overcome various challenges and demands in an integrated manner in their lives, then they would be able to find out their personalities. Those personalities would be brought by them until their adulthood. However, if adolescents fail, then they would be in a long critical condition.

Using NCS-A data, Kessler *et al.* estimated the 12-month prevalence of mental illness to be 40.3% among adolescent [2]. Mental health disorder sufferers for adolescents, many problems concerning depression and anxiety occur [3], [4]. Adolescents' problems are such as anxiety and depression. They indirectly make adolescents passed away but those problems are troublesome. They could lead the sufferers to commit suicide due to the stress. For both children and adolescents, problems concerning mental health could be a burden for either individuals, families, and environments [5]. An adolescent that suffers mental health problems would have his academic interrupted such as depression, anxiety, and eating disorder [6]. Thus, paying attention to adolescents' mental health is the most important thing since they would influence significantly the adolescents' lives in the future, people aged 15-24 suffer mental health disorders [7].

To prevent a further worsening condition of mental health problems, an effort is required to reduce mental health disorders prevalences. One of the attempts to do is by promoting mental health literacy. The concept of mental health literacy was firstly proposed by in 1997. Mental health literacy in science and belief in recognizing problems, management, or prevention [8]. There were several components in mental health literacy such as specific problem recognition or difference of a psychological distress type, having proper knowledge and belief about certain risk factors and causes, having proper understanding and knowledge about self-help intervention, having knowledge and belief about professional assistance availability, having attitudes to seek accurate assistance, having the knowledge to seek information about mental health [9].

Adolescents need to have mental health literacy [10], [11]. Enhancing mental health literacy level should be considerd as an important preventive measures of mental health problem for young people [10]. Mental health literacy in adolescents has major implication s for early identification and intervention of mental health issues [12]. Since adolescents who have poor mental health literacy would also have lower skills in using the service [13].

Mental health literacy has been promoted in advanced countries [14], [15]. However, it is implemented optimally in developing countries. A bad literacy is concerned with low seeking assistance skill [16] and low skills to use service as social stigma and discriminative behavior [17]. Thus, this research aimed to find out the mental health literacy strategies done by adolescents.

2.   RESEARCH METHOD

This article is a literature review study. This literature review aims to answer the proposed research questions to be more specific, structured, or systematic, planned and focused. High quality of Systematic Literature Review support better decisions for policy makers, entrepreneurs and researchers to synthesize the literature under review [18]. This literature review was conducted through identification, synthesis, and assessment of all provided evidence. It was done qualitatively and quantitatively so it could have strong and empirical answers related to the focused research questions [19]. A literature study helps the researcher; i) articulate cluar goals; ii) show the evidence of adeqquate preparation; iii) Select appropriate methods; iv) communicate relevant results; v) engage in reflective critique [20].

To obtain the articles for analysis purposes, search engine assistance was used such as the Cochrane library, Medpub, and ERIC. The search for the articles was done in August 2019. The search used keywords such as "mental health literacy", "adolescents", and "mental health literacy program". The use of these keywords was to keep the focus of the analyzed research objects. The researchers only used relevant articles with the research questions. In the next step, the researchers downloaded the articles completely to make the data comprehensive. Based on the search, the researchers successfully obtained the relevant findings with the research questions. Therefore, 82 articles were found in total. Inclusion and exclusion stages were carried out to select the articles for the literature study purpose. The researchers selected qualified articles. The articles should be complete (full paper). They should be inline between the abstracts and the contents. The articles also should provide a scope of the research. This limitation was done to get the novelty of the research. They were then extracted from individually to get the significant findings. The data extraction consisted of authors, country, sample, and the applied strategy.

3.   RESULTS AND DISCUSSION

There were eleven relevant articles with the research questions. On the researcher's side, each article involved members of about two to twelve persons. The respondents' numbers consisted of students or adolescents with the lowest number of 271 and the highest number of 5,399. The countries consisted of : Indonesia (one article), Portugal (one article), Canada (one article), Sri Lanka (one article), German (one article), Australia (two article), Amerika (one article), Vietnam (one article), England (one article), China (one article). The results of those 11 articles were summarized as follows in Table 1 (see in Appendix).

The results showed several mental health literacy implementations for adolescents. There were similarities and differences in the implementation of adolescents in advance and developing countries. In advanced countries, the efforts of mental health literacy were done through programmed and timed preferences. The mental health literacy programs were promoted face to face by utilizing information technology for having a wider scope. It was well-planned, structured, and evaluated. The government attempted to promote mental health literacy efforts by involving many stakeholders. In the school domain, the mental health literacy curriculum had been integrated arranged for the school society, such as teachers, students, and parents. The given programs were such as to reduce stigma, to promote mental health science, and to improve mental health literacy, wellbeing, and emotional endurance. In developing countries, the efforts were such as: cooperating with stakeholders and evaluating the mental health literacy program

reliability; involving many parties in the mental health literacy program, such as the central government, the local government, school, community, family, and individual. The applied programs in the developing countries had introductory natures to improve skills in recognizing mental health problems.

Similar mental health literacy programs in the advanced countries and developing countries were found to require a national scale policy and also cross-sector cooperation. The skills to recognize mental health problems, the intervention, and the useful results in the population were found equivalent to the adolescent population in other countries. However, there were differences in terms of prevention, identification, and intervention. The advanced countries had applied mental health literacy programs assisted by technology for a wider scope.

There were various strategies such as national strategy is done by: i) providing policy, fund [21]; implementing a preventive method, intervention, and national scale curation; providing national/province/municipality/regency mental health service call centers [22] that cooperate with a related institution, such as rehabilitation center, health institution, and psychiatric hospital; ii) workshop with the concerning stakeholders regularly; iii) conducting transformative research for mental health problems, iv) creating synergy with experts or cross-sector for the sake of mental health literacy program (Anti stigma) [23], [24]. When the stakeholders are not involved in planning the service that could influence them, the service might be failed to meet their needs. The community-based strategy could be done by i) involving adolescents as the agents of change [25], ii) using technology such as the Internet to do campaign (by using the web, playing a game such as moving stories, peer support establishment) [26]; and iii) using the Internet to provide prevention and intervention [27], [28]. School-based strategy The importance of a strategy to improve mental health literacy by targeting students [29], [30]. It is since education is important to improve mental health science, such as depression [31], reduce stigma, and improve access to the care [32]. This strategy could be done by i) creating a synergy with a school-based mental health literacy program, ii) reporting mental health cases in the educational unit, iii) promoting mental health by using games [33], group dynamics, modeling, kinds of music, video, photo novel, and comic [34], iv) forming a University level agency to find out the report of mental health disorders at each educational unit to be followed up, and v) providing an integrated program about school-based anti-stigma in their mental health literacy programs [35]. Individual-based strategy. It could be done by i) providing individual training to recognize problems and seek accessible assistance for the adolescents, ii) providing an introductory program, and improving self-capacity, such as improving personal awareness [36], self-respect training [37], and empathy training [38].

Mental health literacy is a new study area, especially in developing countries [39]. Mental health literacy is mostly ignored by several developing countries especially in their suburban area. Those areas are sometimes having limited mental health service access [40]. Based on data, developing countries such as Indonesia, Vietnam and Sri Lanka use different methods in applying mental health literacy. In Indonesia, the implementation of mental health literacy using coordination with local stakeholders. In Vietnam, the bond of the parents with the adolescents within South East Asian Culture context became an effective medium to promote adolescents' mental health. Family support can be done by optimizing family functions to help adolescence. Empowment is a core concep of the World Health Organization's (WHO) vision of health promotion. Empowerment in mental health field is recognized as a key priority of the WHO Mental Health Declaration for Europe and the WHO European Mental Health Action Plan for persons mental health issues and their family caregivers [41]. With a high rate of mental health problems in the world, there would be spaces to improve mental health literacy in developing countries. Low mental health literacy would hinder effective medication for those who need it. It would contribute significantly toward the disease load in the society where mental health care was limited and not strengthened by economic equality [42].

Meanwhile, in advanced countries such as Australia, Canada, German, England and China, mental health literacy had been done in systematical manners. The advance countries used the educational setting and educational intervention in reducing the stigma, promoting health mental science, and mental health literacy. The programs such as short term program to improve mental health literacy at school, used internet based mental health programs, integrated science education outreach program delivered the school based anti stigma of mental health. School is a protective factor to improve and promote mental health. School counselors are the professionals within the school who are tehe best equipped to deal with the mental health concerns of students and particulary the protective factors affecting those concerns [43]. Future research to involve community groups such as school, communities and strenghten the mental health of individuals through mental health literacy programs.

4.   CONCLUSION

Adolescents need to have mental health literacy. Mental health literacy is a new study area, especially in developing countries. The results of the literature reviews showed mental health literacy for

adolescents across the countries. The efforts were national, community, and individual in nature. The importance of the synergy of these various elements to improve mental health literacy to form a resilient country.

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APPENDIX

Tabel 1. Final data

AUTHORS	COUNTRY	SAMPLE	RESULTS
Helen Brooks, Irmansyah Irmansyah, Karina Lovell, Ira Savitri , Bagus Utomo, Benny Prawira, Livia Iskandar, Laoise Renwick , Rebecca Pedley , Agustin Kusumayati and Penny Bee [44]	Indonesia	The respondents were aged from 11 - 15 years old. 15-20 parents or child or adolescent care with depression and or anxiety. The workers and teachers, in terms of their perspective about the intervention design (n= 10 - 15 in each professional group). The main informants' interviews consisted of 8 - 10 people.	The instruments to support mental health literacy and self-management were the low-cost methods in which the health service could overcome the anxiety burden and depression among the children and adolescents. However, this is the unexplored location in Indonesia. Cooperating with the local stakeholders, this research designed and evaluated the reliability of the mental health literacy, anxiety, and depression that were focused on interactive independent management instruments.
Campos L Dias P Duarte A, Veiga E, Dias CC Palha F [45]	Portugal	543 students aged 12 - 14 years old.	"Finding out the space for mental health". It showed efficacy as a short-term promotion program to improve mental health literacy at schools.
Lynne Armstrong and Kaitlyn Young [46]	Canada	271 learners	Awareness, acknowledgment, and sharing appropriate science for adolescents were needed among the policymakers about the gaps of the learners' cognitions after the Senior High Schools. Assessing mental health science in terms of what matters is preferred by the students to know after graduating from senior high school about mental health. Science transfer prevalence could assist the development of a theoretical framework to overcome the significant gaps in mental health necessity after graduating from senior high school by adjusting to their personalities.
Udena Ruwindu Attygalle, Hemamali Perera and Bernard Deepal Wanniarachchi Jayamanne [12]	Sri Lanka	1002 adolescents aged 12 - 16 years old.	The skills to recognize mental health problems, the intervention, and the useful results in the population were found equivalent to the adolescent population in other countries with several conditions. The main difference dealt with the identification and intervention in responding to the psychosis and social phobia sketch.
G. Schomerus, M.C. Angermeyer, S.E.	Germany	1679 people aged older than 15 years	Attitudes toward individuals with a mental disorder could be improved by providing

AUTHORS	COUNTRY	SAMPLE	RESULTS
Baumeister, S. Stolzenburg, B.G. Link, J.C. Phelan [47]		old.	information about mental disease continuum.
Winnie WS Mak, Floria HB Chio, Amy TY Chan, Wacy WS Lui, Ellery KY Wu [48]	Australia	380 learners	Both Internet-based mental health programs had potencies to improve mental health before the treatment. The improvement could be maintained in the third month of the follow-up. High crash frequency in this research showed the necessity of improvement for the futuristic technology based psychology program. The mental health professionals had to cooperate with information technology experts to improve web-based intervention personalization. It had a function to improve compliance.
Yang J, Lopez Carvera R, Tye SJ,Ekker SC,Pierret C.[49]	America	350 students of 7 - 12 grades.	The Integrated Science Education Outreach Program (InSciEd Out) delivered the school-based anti-stigma of mental health for learner groups with risk seven or eight. The curriculum-based effort focused on mental health disease in an alternative, worth, and integrated school environment into the curriculum under InSciEd out-framework. The focus improvement of the society based program had the potentials to mediate the gaps in interpreting, to bring critical population toward clinical treatment in improving mental health.
Hoang Thuy Linh Nguyen, Keiko Nakamura, Kaoruko Seino, and Saber Al-Sobaihi [50]	Vietnam	3331 learners of 8 - 12 grades.	The bond of the parents with the adolescents within South East Asian Culture context became an effective medium to promote adolescents' mental health.
Katharine Chisholm, Paul Patterson, Carole Torgerson, Erin Turner, David Jenkinson, Max Birchwood [11]	England	769 learners aged 12 - 13 years old.	The educational intervention seemed successful in reducing the stigma, promoting health mental science, improving mental health literacy, and improving the wellbeing and emotional endurance. A greater experiment is needed to confirm this result.
Amy J. Morgan, Julie-Anne A. Fischer , Laura M. Hart, Claire M. Kelly , Betty A. Kitchener,Nicola J. Reavley , Marie B. H. Yap, Stefan Cvetkovski and Anthony F. Jorm [51]	Australia	384 parents and 384 adolescents aged 12-15 were randomly taken to be treated by MHFA courses for 14 hours.	This research showed improvement in the mental health literacy of the trainees. However, there was no significant difference in adolescents' mental health and the given support for them by their parents when they had mental health problems.
Cheng Guo, Göran Tomson, Christina Keller and Fredrik Söderqvis. [52]	China	5399 students of 8 - 10 grades.	Positive factors were found correlating to mental health in the regression model. They were such as sex types, economy, family, siblings, satisfaction toward personal appearance, physical activities, sleeping quality, stress, social trust, learning motivation, teacher's support, parents' supports, and school intimidation existence.