

Clarifying the Concept of Mental Health Literacy: Protocol for a Scoping Review

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Abstract

This scoping review will chart the peer-reviewed literature to clarify the concept of mental health literacy (MHL) and how it can be measured. MHL is an emerging area of study within mental health promotion, as programming and policy efforts devoted to promoting mental health emerge. Enhancing MHL in the general population is a strategy for promoting mental health by reducing stigma and empowering individuals to recognize, interpret, and understand their mental health, and know when to seek help for themselves and others. Despite the positive outcomes associated with MHL, conceptualization varies in scope, purpose, process, and outcome; there is little consensus of what “counts” as MHL. A clearly defined conceptualization of MHL is needed to support research, programming, and policy in mental health promotion. Papers on the theoretical and conceptual principles underlying MHL and primary studies documenting MHL initiatives and methods will be included. A scoping literature search will be performed following the search protocol for scoping reviews by JBI to identify all relevant literature on MHL. Searches will be conducted in five scientific databases; there will be no time limit imposed, although all sources must be written in English or French. Identifying the conceptualization and measurement of MHL in research that is guiding mental health interventions will provide conceptual clarity, ultimately advancing knowledge of mental health literacy.

Introduction

Mental health literacy (MHL) was introduced four decades ago as “knowledge and beliefs about mental disorders which aid their recognition, management, or prevention” (Jorm et al., 1997, p. 182). The general public’s ability to access, understand, and use information in order to promote their health may lead to positive outcomes as a means of facilitating

early intervention (Jorm et al., 1997). Building a mental health literate society can be considered an upstream approach to public mental health. For example, when teachers, parents, and peers recognize the early indications of mental health challenges and distress, know about the best types of help available, and also know how to access these supports, they are mental health literate and can facilitate appropriate help-

seeking (Kelly et al., 2007). An early survey on MHL in Australia suggested that most people are unable to correctly label a disorder or illness portrayed in a depression or schizophrenia vignette (Jorm et al., 2006), and while this has improved over the following decade (Kelly et al., 2007), as knowledge of mental health develops via research, the room for laypersons' knowledge to improve also grows.

Mental health literacy has since evolved (Kutcher et al., 2016) to include knowledge that benefits the mental health of others, such as the following:

- knowledge of disorder prevention strategies
- recognition of developing mental disorders
- knowledge and beliefs about causes
- knowledge and beliefs about self-help
- knowledge and beliefs about professional help
- attitudes that facilitate recognition and help-seeking
- knowledge of how to seek mental health information
- cognitive organization of MHL

In a report for the Canadian Alliance on Mental Illness and Mental Health, Bourget and Chenier (2007) emphasized the mental health promotion relevance of MHL and added social skills and capacities that support mental health promotion to their conceptualization for policy purposes. More recently, MHL has included reducing stigma and promoting self-help strategies and help-seeking efficacy (Jorm, 2012).

On average, Canadian adults tend to show adequate MHL, but vary in personal help-seeking preferences (e.g., self-management) across age groups (Marcus et al., 2012). Successful interventions and initiatives to promote MHL have been primarily in school settings, focused on improving the MHL of teachers and other supporters of adolescent mental health (Kutcher & Wei, 2014; Kutcher et al., 2015). Other interventions include population-wide and individual training on

mental health first aid, which is loosely based on physical first aid and has been shown to contribute to positive health outcomes (Jorm et al., 2006). There is little evidence as to what components of a program work when educating young people or adults about mental health (Kelly et al., 2007), which is of concern, considering that public MHL can reduce barriers to public acceptance of evidence-based mental health care (Jorm, 2000). For example, some initiatives focus on population-wide blanket approaches, with little consideration for developmentally-appropriate, settings-based context. Other initiatives focus on a targeted approach, such as educating the public in neighbourhoods with high mental disorder incidence (Wolff et al., 1999). Another approach is to involve mental health experts in a media campaign to reduce stigma and provide publicly available educational tools (Nairn, 1999). Improving MHL is an important step in integrated care, where mental health supports and services are not siloed from other health care. For example, a consequence of poor MHL is that the burden of mental health prevention and promotion would largely be on professionals, which increases their workload and patients' wait times and ultimately poorly affects the mental health care system (Kelly et al., 2007).

The original conceptualization of MHL was based on the positive outcomes accrued from the general public's ability to gain access to, understand, and use information in order to promote their mental health via an upstream approach (i.e., early intervention/prevention; Jorm et al., 1997). As the field of public mental health has grown, increasing MHL in educators, parents, and health professionals has become a priority. Given the positive outcomes (Brijnath et al., 2016; Jorm, 2012; Kelly et al., 2007; Kutcher & Wei, 2014; Kutcher et al., 2015) associated with mental health literacy, best practices for promoting mental health literacy are still unclear. As our interest is in clarifying the concept of MHL and how it is measured, and as early writings of MHL frame it as a tool for promoting mental health in the general public, we seek to chart the evidence base for mental health literacy in the general population.

Exploring the evidence base for community MHL may also serve as a foundation for future evidence reviews for specific populations (e.g., students and educators).

Charting the literature on mental health literacy will provide the data from which we will systematically analyze the concept of mental health literacy. Overall, conceptual clarity will help advance the study and application of mental health literacy.

Mental health literacy is an emerging tool within community mental health promotion, yet it remains unclear what “counts” as MHL. Components related to MHL have been previously reviewed, including measurement (Brijnath et al., 2016; Furnham & Hamid, 2014; O’Connor et al., 2014; Wei et al., 2015), levels of MHL in non-Western countries (Furnham & Hamid, 2014), web-based and in-person interventions (Brijnath et al., 2016; Wei et al., 2015; Yamaguchi et al., 2020), and MHL in relation to eating disorders (Bullivant et al., 2020). Notably, these efforts are varied in scope and nature, and lack consensus across theoretical background, best practices, and alignment with programming resources. Moreover, in the six years since the most recent conceptual review, there have been 13,300 papers published that refer to the concept of MHL. However, without a comprehensive conceptualization of MHL, the utility of this work is limited and provides mixed and inconclusive results. The current review aims to fill this gap by developing a cohesive conceptualization of MHL and its measurements and encompasses the broad spectrum of MHL topics rather than focusing on specific aspects of the subject matter.

A first step is taking stock of the landscape of the evidence base and identifying how it has been defined, measured, and utilized in mental health promotion. To analyze the concept of MHL, we will scope the peer-reviewed literature documenting the concept, measurement, and theory of MHL.

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and *JBI Evidence Synthesis* was

conducted on June 28, 2021, and no current or in-progress scoping reviews or systematic reviews on the topic were identified.

Review Questions

RQ 1: How is MHL empirically conceptualized in research on community samples?

Sub-question 1: How has MHL been defined in empirical research in research on community samples?

Sub-question 2: What is the prevailing theoretical framework of MHL in empirical research in research on community samples?

RQ 2: How is mental health literacy empirically measured in research on community samples?

Sub-question 1: What characterizes studies that use vignettes to measure MHL?

Sub-question 2: What characterizes studies that use scales to measure MHL?

Inclusion Criteria

Participants

This review will consider studies that explore MHL in the general population (i.e., community representation, rather than students or health professionals). Sources will include those not limited by demographic characteristics, such as age, sex, or disorder type.

Concept

This review will consider studies that explore MHL, including its conceptual underpinnings, theoretical background, and measurement methods.

Context

This review will consider all primary studies that describe, measure, utilize, or evaluate the concept of MHL within the general population, such as community samples.

Types of Sources

This scoping review will consider all primary studies for inclusion, including quantitative, qualitative, and mixed methods study designs that empirically measure MHL.

Methods

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews (Peters et al., 2020).

Search Strategy

The search strategy will aim to locate published primary studies and conceptual and theoretical papers. An initial limited search of MEDLINE (PubMed) and PsycInfo (EBSCO) was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles and the index terms used to describe the articles were used to develop a full search strategy for PubMed, CINAHL, MEDLINE, ERIC, and PsycInfo in consultation with a librarian (see Appendix A). The search strategy, including all identified keywords and index terms, will be adapted for each included information source. The reference lists of articles written by the pioneer of MHL (Jorm) will be hand searched for additional papers. Articles published in English and in French will be included, with no time limit. The consulting librarian suggested databases to be searched, including PsycInfo (EBSCO), MEDLINE (PubMed), ERIC (as MHL is a psychoeducational concept), and CINAHL.

Study/Source of Evidence Selection

Following the search, all identified records will be collated and uploaded into Mendeley (www.mendeley.com) and duplicates removed. Following a pilot test, titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant papers will be retrieved in full, and their citation details imported into Covidence (www.covidence.org). The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Reasons for exclusion of full-text papers that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer. The results of the search

will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) flow diagram (Tricco et al., 2018).

Data Extraction

Data will be extracted from papers included in the scoping review by two independent reviewers using a data extraction tool developed by the reviewers. The data extracted will include specific details about the conceptual and theoretical development of MHL, the evidence base or theoretical background that MHL-promoting programs are informed by, the methods and measures that the program has been evaluated with, and the outcome of the program implementation. A draft extraction tool is provided (see Appendix B). The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included paper. Modifications will be detailed in the full scoping review. Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. Authors of papers will be contacted to request missing or additional data, where required.

Data Analysis and Presentation

The data extracted from relevant published literature will be displayed to include the author and year of publication, type of source, conceptual and theoretical background, measurement, intervention content, population(s), materials used, and documented outcomes. Data extracted from included papers will be presented in a tabular form, and the table will report key findings relevant to the review question. Data will be synthesized based on complexity of concept used and will then be classified into themes using content analysis. A narrative summary will accompany the tabulated data and will describe how the results relate to the review objective and question.

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Appendix A

Search Strategies

Table A1
Initial Search Strategy

Search	Query	Records retrieved
#1	“mental health literacy”	310

Note. PubMed, PsycInfo, and SCOPUS. Initial search conducted June 28, 2021. Limited to English.

Table A2
Final Search Strategy

	Query	Search Details	PubMed	PsycInfo	CINAHL	ERIC
3	#1 AND #2	(“mental health”[Title/Abstract] OR “mental hygiene”[Title/Abstract] OR “mental health”[Subject] OR “mental hygiene”[Subject]) AND (“literacy”[Title/Abstract] OR “illiteracy”[Title/Abstract] OR “illiterate”[Title/Abstract] OR “literate”[Title/Abstract])	1,897	1,969	164	163
2	(literacy[Title/Abstract] OR illiteracy[Title/Abstract] OR illiterate[Title/Abstract] OR literate[Title/Abstract]) OR (literacy[Subject] OR illiteracy[Subject] OR illiterate[Subject] OR literate[Subject])	“literacy”[Title/Abstract] OR “illiteracy”[Title/Abstract] OR “illiterate”[Title/Abstract] OR “literate”[Title/Abstract]	31,111	40,672	4,852	214
1	(“mental health”[Title/Abstract] OR “mental hygiene”[Title/Abstract]) OR (“mental health”[Subject] OR “mental hygiene”[Subject])	“mental health”[Title/Abstract] OR “mental hygiene”[Title/Abstract] OR “mental health”[Subject] OR “mental hygiene”[Subject]	188,597	251,192	19,814	10,518

Note. Databases: PubMed, CINAHL, MEDLINE, ERIC, and PsycInfo. Searched January 10, 2022. Limited to English and French, with no time limit.

Appendix B

Data Extraction Instrument

Study citation	MHL definition	Country	Theoretical background	Sample size	Measurement of MHL	Key findings/ conclusion