

Mental Health Literacy: Concept, Assessment, Intervention, and Effects

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Abstract

Mental health literacy constitutes an important pathway for promoting mental health. The narrow concept refers to knowledge and beliefs that assist individuals in recognizing, managing, and preventing mental disorders; the broad concept denotes the capacity to comprehensively apply mental health knowledge, skills, and attitudes to maintain and enhance mental health. Mental health literacy is commonly evaluated through vignette-based questionnaires, unidimensional or multidimensional assessment scales, and can be effectively enhanced via interventions including social campaigns, school-based education, self-help applications, and mental health first aid training. Components such as mental health knowledge, mental illness recognition, emotion regulation, stigma reduction, and positive help-seeking attitudes all contribute to mental health promotion. Future research may advance through constructing evaluation indicator systems, exploring underlying mechanisms, expanding target populations and content domains, and strengthening empirical intervention studies.

Full Text

Preamble

Mental Health Literacy: Concept, Assessment, Intervention, and Effects

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Abstract: Mental health literacy is a crucial pathway for promoting mental health. In its narrow sense, it refers to the knowledge and beliefs that help people recognize, manage, and prevent mental disorders. In its broad sense, it

denotes the capacity to comprehensively apply mental health knowledge, skills, and attitudes to maintain and promote mental health. Mental health literacy is commonly assessed through vignette-based questionnaires and unidimensional or multidimensional scales. Effective interventions to improve mental health literacy include social campaigns, school-based education, self-help applications, and Mental Health First Aid training. Key components such as mental health knowledge, disorder recognition, emotion regulation, stigma reduction, and positive help-seeking attitudes all contribute to mental health promotion. Future research should focus on constructing evaluation indicator systems, exploring underlying mechanisms, expanding target populations and content coverage, and strengthening empirical intervention studies.

Keywords: mental health literacy; concept; assessment; intervention

China is currently undergoing rapid economic and social transformation, with an accelerated pace of life and increasingly prominent mental health challenges. “Improving mental health literacy is one of the most fundamental, economical, and effective measures for enhancing national mental health levels” (National Health Commission, 2019). The Chinese government has placed growing emphasis on this issue. Since 2016, documents jointly issued by the National Health Commission and other departments—including the *Guiding Opinions on Strengthening Mental Health Services* and the *National Pilot Work Plan for Social Psychological Service System Construction*—have explicitly called for raising national mental health literacy levels and increasing awareness of core mental health knowledge. In July 2019, China’s *Healthy China Initiative (2019-2030)* designated residents’ mental health literacy level as the first outcome indicator of the “Mental Health Promotion Action.” According to calculations by the National Mental Health Assessment and Development Center of the Institute of Psychology, Chinese Academy of Sciences, the current baseline level of mental health literacy among Chinese residents is 12%, with targets to increase this to 20% by 2022 and 30% by 2030.

Mental health literacy has been extensively studied internationally as a key factor in mental health promotion (Bjørnsen, Eilertsen, Ringdal, Espnes, & Moksnes, 2017; Furnham & Hamid, 2014; Kutcher, Wei, & Coniglio, 2016). Research demonstrates that high levels of mental health literacy facilitate early identification of mental disorders, reduce stigma, enable timely access to effective support and treatment, and thereby improve individual and public mental health (Jorm, 2012; Jorm et al., 2006). Consequently, several countries and regions have implemented mental health literacy interventions with demonstrated effectiveness (Jorm, 2015). Domestic research on mental health literacy remains in its early stages. Existing studies show that while awareness of mental health knowledge (Li, Cui, Song, & Li, 2018; Sun, 2015; Tian, Yi, Jin, Xiao, & Sun, 2018) and overall mental health literacy levels (Chen, 2013; Du, Liu, Zhang, & Yang, 2015; Gao, 2017; Huang, 2011; Li, 2012; Wu & He, 2013) show upward trends, the overall level remains low (Gong & Furnham, 2014; Wong et al.,

2017).

To advance research and practice in mental health literacy, this paper systematically reviews and analyzes the conceptual frameworks, assessment tools, contributing factors, and intervention strategies for mental health literacy both domestically and internationally, aiming to provide a reference for future work.

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2. The Conceptual Connotation of Mental Health Literacy

The concept of mental health literacy was adapted from health literacy. Jorm et al. (1997) initially defined mental health literacy as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention.” Jorm (2012) later expanded the construct to five components: knowledge of how to prevent mental disorders, ability to recognize mental disorders, knowledge of effective help-seeking and treatment options, knowledge of effective self-help strategies, and mental health first aid skills. O’ Connor, Casey, and Clough (2014) further simplified this framework into three dimensions: recognition, knowledge, and attitude. Jorm’ s definition has gained widespread recognition and adoption among scholars both internationally (Furnham & Hamid, 2014; Jung, von Sternberg, & Davis, 2016) and domestically (Gao, 2017; Zhang, 2013).

In recent years, researchers have further expanded the connotation of mental health literacy. Some have incorporated stigma and help-seeking efficacy (Kutcher, Bagnell, & Wei, 2015; Spiker & Hammer, 2019; Wei, McGrath, Hayden, & Kutcher, 2015), while others have proposed a positive mental health literacy focused on mental health promotion (Bjørnsen, Espnes, Eilertsen, Ringdal, & Moksnes, 2019; Spiker et al., 2019). Research indicates that using this expanded conceptualization better enhances individuals’ and the public’ s capacity to effectively manage mental health (Kusan, 2013).

In China, mental health literacy has been variously translated as “精神健康素养” (mental health literacy), “心理卫生素养” (mental hygiene literacy), and “心理健康学识” (mental health knowledge). It differs from the concept of “心理健康素质” (mental health quality), which refers to psychological traits affecting mental health levels, including innate components (Shen & Ma, 2004). Chinese scholars’ understanding of mental health literacy shares common ground but also shows variations. All agree that it includes a knowledge component—for example, some define it as “public knowledge about mental hygiene regarding recognition, management, and prevention” (Sun, Luo, & Yao, 2002). Most scholars believe it encompasses not only knowledge but also attitudes and behaviors (Huang, 2011; Liu, 2018). Some emphasize “scientific methods for solving psychological

problems” (Li & Li, 2012), while others distinguish between self-help and helping others, highlighting mental health promotion as “the knowledge, attitudes, and behavioral habits individuals develop to promote their own and others’ mental health and to cope with mental disorders” (Wu et al., 2018).

In summary, both domestic and international conceptualizations of mental health literacy show a trend toward broader definitions. We propose a comprehensive definition: the capacity to comprehensively apply mental health knowledge, skills, and attitudes to maintain and promote mental health. This definition comprises three main factors: knowledge, skills, and attitudes. Based on existing research, the knowledge factor includes: basic mental health principles, mental disorders and their treatment, mind-body health, crisis intervention and suicide prevention, child mental health, and positive mental health (Bjørnsen et al., 2017; Jorm et al., 1997; Kutcher et al., 2015; Chen, Wang, Guo, Zhang, & Jiang, 2019). The skills factor includes: accessing mental health information, recognizing specific mental disorders, mental health first aid, and emotion regulation (Jorm, 2012; Jorm et al., 1997; O’ Connor et al., 2014; Chen et al., 2019). The attitude factor includes: attitudes toward mental disorder prevention and treatment, stigma reduction, and help-seeking attitudes (Jorm, 2012; Kutcher et al., 2015; O’ Connor et al., 2014). The content of these three factors is not fixed but evolves with developments in mental health research and practice.

3. Assessment of Mental Health Literacy

Assessment tools for mental health literacy have evolved from initial vignette-based questionnaires to a wide variety of instruments, including both unidimensional and multidimensional scales. Based on response formats, these tools can be categorized as Likert scales, true/false questions, short-answer, or fill-in-the-blank items. According to content focus, they can be divided into knowledge scales, attitude scales, and help-seeking scales. Wei et al. (2015) reviewed 401 mental health literacy studies from 32 countries (2013-2015) and identified 215 assessment tools, including 69 knowledge scales, 111 stigma/attitude scales, and 35 help-seeking scales.

3.1 Vignette-Based Questionnaires

The vignette description technique was developed by Shirley Star in the 1950s for studying mental disorder symptom recognition (Rabkin, 1974). Jorm et al. (1997) first adopted the Vignette Interview method to develop the Mental Health Literacy Questionnaire (MHLQ). In assessment, participants are presented with case descriptions of common mental disorders such as depression and schizophrenia, followed by two open-ended questions: “What do you think is wrong with John/Mary?” and “What do you think would be the best help for John/Mary?” Additional questions cover helpers, medication, therapies, risks, and stigma related to mental disorder knowledge and attitudes (Jorm et al.,

1997; Reavley & Jorm, 2012).

Besides Jorm's instrument, other scholars have developed similar questionnaires:

1. **The Friend in Need Questionnaire:** Developed by Burns and Rapee (2006), this includes two depression cases and three daily life problem cases, with five questions per case. It is suitable for assessing mental health literacy in adolescents. Simpler than Jorm's questionnaire, it primarily uses subjective fill-in-the-blank formats to avoid forced-choice responses and emphasizes participant autonomy.
2. **Mental Health Literacy Questionnaire for Anxiety Disorders (MHLQ-AD):** Revised from Brown, Campbell, Lehman, Grisham, and Mancill's (2001) clinical case questionnaire, it includes multiple anxiety disorder cases and one depression case, with three questions per case assessing disorder recognition, attribution, and treatment recommendations (Coles & Coleman, 2010). It is widely used for brief assessment of adult mental health literacy.
3. **Canadian COMPAS Mental Health Literacy Questionnaire:** This assesses four components: understanding and feelings about mental disorder causes, knowledge of interventions, stigma toward mental disorders, self-evaluation, mental health knowledge, and attitudes toward mental disorders and mental health (Chenier, 2006). Taiwanese scholars translated and revised it into traditional Chinese for assessing mental health literacy among depression and dementia patients (Chen, 2013).

Vignette-based questionnaires are most widely used in mental health literacy assessment both domestically and internationally (Wei et al., 2015; Li & Gao, 2018; see also Zhang, 2013; Liu, 2014; Du et al., 2015; Gao, 2017). Their advantage lies in combining mental disorder symptoms with realistic scenarios, providing more authentic and effective assessment of specific disorder recognition abilities. Cases and questions can be flexibly tailored to research purposes. However, limitations include low standardization, time-consuming administration, lack of reliability and validity indicators, and difficulty in statistical analysis.

3.2 Unidimensional Assessment Tools

Unidimensional tools assess only one component of mental health literacy:

1. **Mental Health Disorder Recognition Questionnaire (MDRQ):** Swami, Persaud, and Furnham (2011) used the overclaiming technique to develop this questionnaire, which briefly describes 20 mental disorder symptoms—including 15 from DSM-IV diagnostic criteria and 5 false foils—to assess participants' ability to distinguish real from fake disorders. Swami, Papanicolaou, and Furnham (2011) used a similar method to develop the Mental Health Disorders Overclaiming Scale to assess familiarity with mental disorder names. These scales are convenient, provide quantitative assessment, and can correct for participants' tendency to exaggerate

their knowledge (Paulhus & Harms, 2004). They are widely used internationally but have not been reported in domestic applications (Li & Gao, 2018).

2. **Mental Health Knowledge Schedule (MAKS)**: Developed by Evans-Lacko et al. (2010), this 12-item scale has internal consistency reliability of 0.65 and test-retest reliability of 0.71. It assesses stigma-related mental health knowledge but only at the cognitive level. Suitable for adults, it is widely used internationally but rarely in China.
3. **Mental Health-Promoting Knowledge Measure (MHPK-10)**: Bjørnsen et al. (2017) developed this 10-item, single-dimension scale from a mental health promotion perspective for assessing positive mental health literacy in adolescents. It has internal consistency reliability of 0.84 and test-retest reliability above 0.70. This scale addresses the previous overemphasis on mental disorders and neglect of mental health promotion, making it suitable for public mental health education research and evaluation. However, it currently lacks cross-cultural validation and has low usage rates.

3.3 Multidimensional Assessment Tools

Multidimensional tools comprehensively assess multiple components of mental health literacy, reflecting its multidimensional nature:

1. **Mental Health Literacy Scale (MHLS)**: Developed by O' Connor and Casey (2015), this 35-item scale includes three dimensions—recognition, knowledge, and attitude—using a 5-point rating scale. It has internal consistency reliability of 0.87 and test-retest reliability of 0.80. Suitable for adults, it is comprehensive and convenient but limited in assessing recognition abilities for specific disorder types. Chinese scholars have tested its reliability and validity among athlete populations (Han et al., 2019).
2. **Multicomponent Mental Health Literacy Measure**: Developed by Jung et al. (2016), this 26-item scale includes three dimensions—mental health knowledge, beliefs, and resources—with internal consistency reliability of 0.83. Suitable for adults, it uniquely emphasizes knowledge of mental health help-seeking resources, which has predictive value for promoting professional help-seeking.
3. **Mental Health Literacy questionnaire (MHLq)**: Developed by Campos, Dias, Palha, Duarte, and Veiga (2016), this 33-item scale includes three dimensions—knowledge/beliefs about mental disorders, help-seeking behaviors and first aid skills, and self-help strategies. It has internal consistency reliability of 0.84 and test-retest reliability of 0.88 for adolescents aged 12-18. Dias et al. (2018) revised it to 29 items for adults. This scale reduces assessment bias from adolescent context characteristics, demonstrates good reliability and validity, and is convenient to use, but currently

lacks cross-cultural validation.

4. **Mental Health Literacy Questionnaire (MHLQ):** Based on Nutbeam's health literacy theoretical model, Epps et al. (2007) developed a 78-item long version with six dimensions (values and capability beliefs, rights beliefs, knowledge and understanding, functional behaviors, critical behaviors, and communication behaviors) and internal consistency reliability of 0.95, plus a 28-item short version with reliability of 0.92. Taiwanese scholars revised the short version into traditional Chinese (Zhang, 2012), and domestic scholars further adapted it into simplified Chinese for assessing middle school students' mental health literacy (Yang, 2015). While reliable and valid, its structure differs substantially from Jorm's concept, resulting in lower usage rates.

3.4 Domestically Developed Assessment Tools

1. **Mental Health Work Indicator Survey and Assessment Questionnaire:** Developed by the National Health Commission (2010), this instrument comprises eight sub-questionnaires using vignette, knowledge, and attitude scales to assess mental disorder coping. It is the most commonly used questionnaire for surveying mental health knowledge awareness in China (Huang, 2011; Li, 2012; Liu, 2014), but its reliability and validity indicators are unclear.
2. **National Mental Hygiene Literacy Questionnaire:** Developed by Wu et al. (2018), this 60-item scale includes six dimensions: knowledge and beliefs about mental disorders, attitudes toward mental disorders and patients, behaviors and skills for coping with mental disorders, knowledge and beliefs about mental health, attitudes toward maintaining mental health, and behaviors and skills for maintaining mental health. It has internal consistency reliability of 0.92 and test-retest reliability of 0.72, with good psychometric properties, but limited application.
3. **National Mental Health Literacy Questionnaire:** Developed by Chen et al. (2018) based on the broad concept of mental health literacy, this 67-item instrument includes three aspects: knowledge, skills, and awareness. The knowledge component comprises 50 true/false items scored on a 100-point scale, assessing core mental health knowledge—the “Ten Essentials of Mental Health Literacy” (National Health Commission, 2018). The skills component assesses emotional awareness and regulation abilities through four subscales with internal consistency reliability of 0.62-0.76. The awareness component evaluates individuals' emphasis on mental health, with reliability of 0.71. Developed through rigorous procedures with good content validity and national testing, this tool provides an indicator system for assessing Chinese residents' mental health literacy.

The rich variety of assessment tools reflects the comprehensive and complex nature of mental health literacy. Recently, many researchers have combined

different types of scales within single studies to enhance comprehensiveness and reliability. For example, some scholars have combined Jung et al.'s Multicomponent Mental Health Literacy Measure with self-stigma scales, help-seeking attitude scales, and professional help-seeking intention scales into a 71-item online survey (Rafal, Gatto, & DeBate, 2018). Domestically, some researchers have simultaneously used vignette questionnaires and assessment scales (Chen, 2013; Yang, 2015; Du et al., 2015).

4. Enhancing Mental Health Literacy

Mental health literacy has influenced mental health policies internationally, with many countries launching enhancement programs (Jorm, 2015). Studies from Australia, Canada, the United States, and Europe demonstrate that specific interventions can effectively improve mental health literacy (Jorm, 2015; Kohls et al., 2017; Kutcher et al., 2016; Sampogna et al., 2017).

4.1 Social Intervention Campaigns

Many countries have conducted sustained large-scale social intervention campaigns to improve mental health literacy with demonstrated effectiveness. Australia's beyondblue organization improved public recognition of mental disorders and enhanced rational understanding and positive treatment attitudes toward depression through advertising, celebrity testimonials, and free online information (Harman & Heath, 2017; Jorm, 2012; Jorm, 2015). Similar campaigns include the European Alliance Against Depression's (EAAD) public awareness campaign within the "Optimizing Suicide Prevention Programs and Implementation in Europe" project (2008-2013) in Germany, Hungary, Ireland, and Portugal (Kohls et al., 2017), and the UK's "Time to Change" (TTC) anti-stigma social marketing campaign (2009-2014) (Sampogna et al., 2017), both showing positive intervention effects.

China's mental health literacy social interventions primarily manifest in mental health education and propaganda. The National Health Commission's (2010) *Mental Health Work Indicator Survey and Assessment Plan* requires provinces and municipalities to assess mental health knowledge awareness, disorder recognition rates, and stigma. Studies show gradually improving mental health knowledge 普及程度 across regions (Tian et al., 2018; Li et al., 2018). While extensive and long-term, these efforts have focused mainly on mental disorder knowledge awareness, with less attention to other elements of mental health literacy.

4.2 School-Based Education Interventions

Adolescence represents both a high-risk period for many mental disorders and a critical window for intervention to improve mental health literacy and prevent mental health problems (Tay, Tay, & Klainin-Yobas, 2018). Schools, bearing ed-

educational responsibilities, are strategically positioned to enhance mental health literacy at primary, secondary, and tertiary levels (Jorm, 2015). Research suggests that improving teachers' mental health literacy promotes students' capacity to maintain mental health and reduces negative impacts of potential mental disorders (Wei & Kutcher, 2014). Kutcher, Wei, and Costa et al. (2016) emphasize that interventions should be comprehensive, sustained, and embedded within educational systems, with evidence-based measures integrated into existing curricula to promote simultaneous improvement in teachers' and students' mental health literacy. A study of 66 teachers and 6,679 high school students demonstrated that teachers' mental health literacy significantly and positively predicted students' mental health literacy (Miller et al., 2019). Domestic interviews with university students identified 普及心理健康知识 and reducing negative attitudes toward mental disorders as key to improving mental health literacy (Gao, 2017).

International and domestic research confirms the effectiveness of school-based interventions. For example, a 45-minute standardized curriculum intervention with 662 elementary students in grades 5-6 significantly improved mental health knowledge, recognition abilities, and help-seeking attitudes, with effects maintained at 3-month follow-up (Ojio et al., 2019). Another study of 60 pre-service teachers showed significant improvements in mental health knowledge, attitudes, and help-seeking efficacy, also sustained at 3 months (Carr, Wei, Kutcher, & Heffernan, 2018). In China, an intervention using manual reading, "Getting Out of Depression" videos, and lectures significantly improved mental health literacy among 288 university students, with greater effects for those with lower baseline levels (Zhang, 2013).

4.3 Self-Service Applications

Web-based self-help applications developed from mental health knowledge systems and clinical psychotherapeutic methods can provide both mental health knowledge and guide users through skill training, experiencing rapid development in recent years. For example, "MoodGYM," developed by the Australian National University Health Centre, is a web-based software using cognitive-behavioral therapy for self-training to alleviate depression and anxiety (Twomey et al., 2014), with proven effectiveness among Chinese university students (Ren et al., 2016).

Mental health smartphone applications (APPs) are increasingly abundant, with some validated intervention effects. A meta-analysis of 18 experimental studies involving 22 mental health APPs and 3,414 participants found that mental health APPs significantly alleviated depressive symptoms (Firth et al., 2017). Another meta-analysis revealed that web-based mental health literacy interventions are more effective when they include structured programs, evidence-based or tailored content for specific populations, and methods promoting interactive and experiential learning (Brijnath et al., 2016). Chinese researchers have also systematically evaluated 12 common mental health APPs (Wang, 2018).

Compared with traditional methods, web-based and smartphone APP interventions have advantages and disadvantages. Advantages include reduced intervention costs, decreased inequality in mental health resource distribution, and provision of mental health promotion opportunities to more people (Torous, Nicholas, Larsen, Firth, & Christensen, 2018), enabling convenient and low-cost self-management of mental health. Disadvantages include limited applicability, with lower usage rates among older and less educated populations, and lack of interactive experiential effects inherent in face-to-face interventions.

4.4 Mental Health First Aid Training

Beyond the above intervention pathways, some countries have developed comprehensive, evidence-based standardized intervention courses, most notably Australia's Mental Health First Aid (MHFA) program. MHFA is defined as "the help provided to a person developing a mental health problem, experiencing a worsening of an existing mental health problem, or in a mental health crisis, until appropriate professional help is received or the crisis resolves" (Kitchener & Jorm, 2017). The program has expanded to over 20 countries, with more than 2 million people trained—over 2% of Australia's population (Jorm, 2018). McCormack, Gilbert, Ott, and Plake (2018) found that university students participating in MHFA showed improved attitudes toward discrimination against mental illness. Hadlaczy, Hökby, Mkrtchian, Carli, and Wasserman (2014) demonstrated MHFA's intervention effectiveness through meta-analysis. A survey of 603 Chinese university students showed high enthusiasm for MHFA training, viewing it as beneficial for both self and others in maintaining mental health (Wang, Luo, Yi, & Li, 2016). Hong Kong research also indicates that standardized 12-hour MHFA training can improve recognition abilities, change beliefs about treatment, and reduce negative attitudes (Wong, Lau, Kwok, Wong, & Tori, 2016). The program has also been implemented in Macau, Guangdong, Shanghai, and other regions.

5. Effects of Mental Health Literacy on Mental Health

The ultimate purpose of mental health literacy is to maintain and improve mental health. While intuitively believed that higher mental health literacy improves mental health, research must verify whether and how it affects mental health, the magnitude of impact, and which components have stronger effects.

Some studies confirm mental health literacy's positive effects. For instance, Lam (2014) used a two-stage cluster sampling design with depression vignettes and depression scales to survey 1,678 students aged 13-17, finding mental health literacy level associated with depression status. Chinese intervention research with medical students showed mental health literacy somewhat improved depression status (Zhang, 2013). Another study of 1,002 middle school students in Hunan and Guizhou found significant positive correlations among mental health liter-

acy, well-being, and psychological resilience, with resilience partially mediating the relationship between mental health literacy and well-being (Yang, 2015). Brijnath et al.'s (2016) meta-analysis of 14 mental health literacy intervention studies (2000-2015) found that improving mental health literacy enhanced mental health status, particularly among mild-to-moderate depression patients. The following sections review effects by component.

5.1 Knowledge Factor

Research has preliminarily confirmed mental health knowledge's impact on mental health. Walker et al. (2010) used mental health literacy manuals and other methods to intervene with 909 community elderly, finding intervention group depression symptoms lower than controls at 6 weeks, suggesting mental health knowledge may have transient effects on depressive symptoms. Bjørnsen et al. (2019) found positive mental health literacy significantly positively correlated with positive mental health among 1,888 adolescents aged 15-21. Chinese research with 800 university students showed mental health knowledge significantly negatively correlated with anxiety and depression scores (Han, Qin, & Ge, 2013). Similar research with 4,042 middle school students found mental health knowledge awareness positively correlated with mental health levels (Zhang & Pan, 2018).

However, some findings are inconsistent. O' Connor and Casey (2015) found no correlation between total mental health literacy scores and psychological distress levels. Chen et al. (2019) found mental health knowledge unrelated to depression scores. This inconsistency does not necessarily indicate that more knowledge fails to improve mental health. Mental health knowledge can be improved relatively quickly, while resolving psychological distress requires a longer process. Cross-sectional studies may not capture causal relationships, requiring further verification through intervention or longitudinal research.

5.2 Skills Factor

Mental disorder recognition ability can promote mental health improvement. Jorm (2012) argued that individuals who can promptly recognize their own mental health problems will activate coping behavior patterns; otherwise, conditions may be delayed. Parents' effective recognition of children's mental health issues facilitates early detection and intervention. Research on university students found that depression severity correlates with recognition ability, with more severely depressed individuals showing lower recognition ability. Individuals with moderate and severe stress also show lower depression recognition ability than those with mild stress, demonstrating the link between psychological symptoms and recognition capacity (Kim, 2015).

Emotion regulation skills significantly impact mental health levels (Hou & Yu, 2006). Chen et al.'s (2019) national mental health literacy survey found emotion regulation ability significantly correlated with mental health levels. Correlation

coefficients between emotional awareness, interpersonal support, and distraction techniques with self-rated mental health status were 0.25, 0.27, and 0.38 respectively; correlations with depression severity were -0.30, -0.34, and -0.43 respectively, indicating emotion regulation skills as an important factor influencing mental health status.

5.3 Attitude Factors

Stigma negatively affects mental health of people with mental disorders, primarily by reducing help-seeking willingness and treatment compliance, worsening clinical symptoms, and impairing social functioning in interpersonal relationships, family relations, and occupation (Yue, Wang, & Huang, 2012). Ritscher and Phelan (2004) found stigma significantly predicted depressive symptoms in patients with severe mental illness. Lysaker, Roe, and Yanos (2006) suggested that reducing stigma enables patients to more effectively manage their symptoms and prevent deterioration. Chinese research with 155 depression patients found heavier stigma associated with poorer quality of life (Chen et al., 2015), with similar findings for schizophrenia patients (Ren et al., 2013).

Professional help-seeking and treatment attitudes also importantly influence mental health improvement (Jorm, 2012). Mojtabai, Evans-Lacko, Schomerus, and Thornicroft's (2016) prospective study of 8,098 people aged 15-54 found attitudes toward professional help-seeking significantly associated with future actual help-seeking. Research with 722 university students found professional help-seeking attitudes significantly positively correlated with overall mental health, indicating that individuals with positive attitudes who encounter psychological distress will promptly seek help, effectively resolve confusion, and alleviate anxiety and depression (Bai & Xiao, 2018).

In summary, research has confirmed that some components of mental health literacy positively affect mental health, though different factors operate through different mechanisms. Which additional factors exist and what mechanisms are at work remain unclear. Domestic scholars suggest that China's problems of "not recognizing illness" and "not seeking treatment despite illness" are importantly linked to poor mental health literacy, primarily in two ways: first, limiting accessibility of mental health service resources, as inadequate recognition ability hinders help-seeking and affects access to effective services; second, increasing risk of developing mental disorders (Wei, Zhai, Meng, & Li, 2018).

6. Conclusion and Outlook

Although the history of mental health literacy as a research and practice topic is brief, substantial achievements have been made in conceptualization, measurement, and intervention. As a means to strengthen mental disorder prevention and early intervention and an effective pathway to maintain and promote mental health, mental health literacy deserves increasing public attention, requiring

more active public action for mental health promotion. Currently, mental health literacy has become a policy indicator for achieving China's "Healthy China" goals, with advantages including national priority, policy support, and public participation, making future research prospects optimistic. However, China's mental health literacy research and practice started relatively late with a weak foundation, requiring resolution of several issues moving forward.

6.1 Research on Constructing Assessment Indicator Systems

Although mental health literacy assessment tools continue to proliferate, their stability, validity, and applicability across populations require further examination. Research shows that while many assessment tools exist, few have "strong" or "moderate" evidence levels for psychometric properties (Wei, McGrath, Hayden, & Kutcher, 2015, 2016, 2018). Additionally, most international tools lack cross-cultural validation; domestic tools are scarce, with inconsistent conceptual and operational definitions, and limited application. Future research on assessment tools should consider: developing comprehensive tools encompassing knowledge, skills, and attitudes to meet large-scale research needs across different populations; creating specialized tools for specific populations (elderly, children) and disorder types (depression, anxiety); and integrating computer networks, multimedia, and virtual reality technologies to develop more ecologically valid and accurate assessment tools. As mental health literacy becomes a national policy target, monitoring at 阶段性时间节点 is needed to evaluate mental health promotion effectiveness, determine goal achievement, identify problems, and inform subsequent work. Research from Australia and Germany demonstrates monitoring feasibility, which should be linked with other national mental health indicators (Jorm, 2015).

6.2 Further Exploration of Mechanisms

While existing research confirms mental health literacy's effectiveness, many studies focus solely on promoting professional help-seeking behavior as the primary goal. However, this is only one measure for resolving psychological distress and improving mental health levels. Many influencing factors and mechanisms between mental health literacy and mental health status require further exploration. For example, which are core versus secondary factors, how different factors influence mental health under various contexts, and the clarity of these relationships need further investigation. Research on relationships between mental health literacy and other variables is also limited. Which variables play moderating or mediating roles in maintaining and promoting mental health, and what are the effect sizes? Gulliver, Griffiths, and Christensen (2010) found that professional help-seeking is closely related to stigma and symptom recognition ability, indicating interactive influences among mental health literacy components, but the mechanisms and magnitudes require further exploration.

6.3 Need for Expanded Research Content and Populations

Current mental health literacy research needs expansion in both problem types and population coverage. Regarding problem types, research has concentrated on common mental disorders like depression, anxiety, and schizophrenia, with few studies on other disorders and limited research on mental health promotion in normal populations. Regarding populations, research has focused primarily on community residents and students, with few studies on other groups. Research shows that intervention effectiveness varies significantly by problem type and target population (Tay et al., 2018). For example, conventional interventions for common disorders like depression show limited effects, possibly due to higher baseline mental health literacy levels. Future research should fully consider influencing factors and mechanisms across different populations and disorders for more targeted assessment and intervention.

6.4 Need for Strengthened Empirical Intervention Research

Tay et al. (2018) note that future high-quality, large-scale, multi-site randomized controlled trials are necessary for evaluating mental health literacy interventions. Currently, cross-sectional studies dominate, while longitudinal studies collecting mental health literacy and mental health status data at different time points to explore causal relationships are severely lacking. Compared with international research, China's mental health literacy intervention research is scarce, lacking empirical evaluation of intervention effects. Chen et al. (2019) proposed specific pathways for improving mental health literacy in China, such as prioritizing key occupational groups and underdeveloped regions, strengthening cross-sector collaboration, producing mental health promotional videos, and developing mental health curricula. While consistent with previous research, these approaches require further empirical investigation of their implementation and effectiveness.

In conclusion, China's mental health literacy research cannot simply replicate foreign models but must serve national mental health promotion needs, fitting patterns of how social, economic, and cultural factors influence national mental health. The ultimate goal is establishing an effective mental health service system where the public universally masters scientific mental health knowledge and skills, can promptly recognize symptoms when mentally abnormal, overcome stigma, and actively seek professional help; and when mentally healthy, can maintain good mental health behaviors, actively prevent mental disorders, and live happily.

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