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We need to move from 'mental health literacy' to 'mental health action'

In 1997, some colleagues and I proposed the term 'mental health literacy' and defined it as "knowledge and beliefs about mental disorders which aid their recognition, management and prevention" (Jorm et al., 1997). Later, I further refined the concept by distinguishing a number of specific components of mental health literacy: knowledge of how to prevent mental disorders, recognition of disorders to facilitate help-seeking, knowledge of professional help and treatments available, knowledge of effective self-help strategies, and knowledge and skills to give mental health first aid and support to others (Jorm, 2012).

More recently, others have argued for broader conceptualizations of mental health literacy. Kusan (2013, p. 14) has defined it as "the self-generated and acquired knowledge with which people negotiate their mental health", and included concepts from positive psychology, such as resilience, salutogenesis and mindfulness. Kutcher, Wei, and Coniglio (2016, p. 155) have also extended the concept, defining it as: "understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities)".

It has been very gratifying that the foundation publications on mental health literacy have been highly cited, indicating that the concept has filled a need and has led to considerable research. However, I have become increasingly concerned that much of this work has not led to any practical benefit. There has been considerable work on developing measures of mental health literacy, surveys of mental health literacy in various populations, and studies examining the association with other variables such as stigma and help-seeking intentions. Some work has also been done on interventions to improve mental health literacy, but the emphasis has been on changing knowledge and beliefs rather than changing behavior or improving mental health.

What has often been neglected from the original definition of mental health literacy is the link to action, viz. "…which aid their recognition, management or prevention" (Jorm et al., 1997). Later, this link was made more explicit: "It is important to note that mental health literacy is not simply a matter of having knowledge (as might be conveyed in an abnormal psychology course). Rather it is knowledge that is linked to the possibility of action to benefit one's own mental health or that of others" (Jorm, 2012)." Implicit in the original definition was the causal sequence illustrated in Fig. 1. It is notable that the proposed broader definitions of the concept have tended to focus even more on the knowledge component and less on the link to action.

In order to put the emphasis firmly on behavior change, I believe that we now need to move the emphasis from 'mental health literacy' to 'mental health action', which I define as: "Action that individuals or groups take to benefit their own mental health or that of others". To illustrate research on mental health action, below I give two examples where the focus of measurement has been on actions taken and interventions have been evaluated by their impact on action.

The first example comes from research on parenting behaviors that increase or decrease risk for depression and anxiety disorders in adolescents. In order to systematize this research, Yap, Pilkington, Ryan, Kelly, and Jorm (2014) carried out a systematic review of longitudinal, cross-sectional and retrospective studies and a Delphi expert consensus study, which were used to develop guidelines for parents on what they could do to reduce their adolescent child's risk. A questionnaire was then developed to assess parental concordance with the parenting guidelines. This measure, called the Parenting to Reduce Adolescent Depression and Anxiety Scale (PRADAS), is available in both parent self-report and adolescent-report versions (Cardamone-Breen, Jorm, Lawrence, Mackinnon, & Yap, 2017). The guidelines were also used to develop a web-based parenting intervention, Partners in Parenting (PIP), which in a randomized controlled trial was found to improve self-reported parenting actions 12 months post intervention (Yap et al., 2019). When transformed data were used, there was also a reduction in parent-reported adolescent depressive symptoms, which was found to be mediated by improvements in parenting.

The second example concerns actions taken by members of the public to prevent suicide. A national telephone survey of 3002 Australian adults asked them about whether they had contact in the last 12 months with a person at risk of suicide and, if so, whether they undertook 15 specific helping actions (Nicholas, Pirkis, Jorm, Spittal, & Reavley, 2019). Ten of these actions were recommended in expert-consensus guidelines for assisting a suicidal person and five of the items were recommended against. Some of the recommended actions were found to be commonly taken (e.g. 96% listened to the person's problems without judgment), whereas others were much less so (e.g. 40% asked if they had a plan for suicide). Some actions recommended against were also common (e.g. 96% reminded the person what they had going for them). To assess the impact of interventions, the quality of actions taken was also examined in relation to whether the person had any training in how to assist a person at risk of suicide (Jorm, Nicholas, Pirkis, Rossetto, & Reavley, 2018). Training was classified as professional training, Mental Health First Aid training or other training. All three types of training were associated with actions recommended in guidelines, in particular with a greater likelihood of talking openly about suicide with a person in distress, but not with actions recommended against. Further research is needed to determine whether these changes in action are associated with better mental health in the recipient.

Given the widespread acceptance of the concept of 'mental health literacy', it will be a challenge to supplant it with 'mental health action'.

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Fig. 1. Hypothesized link between mental health literacy, mental health action and improved mental health.

However, a greater emphasis on changing behavior is needed if we are to realize the goal of improving population mental health.

Declaration of Competing Interest

The author is Chair of the Board of the not-for-profit organization Mental Health First Aid International.

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