

Context

- Over the last few decades, many countries have developed and implemented national-level mental health strategies to advance mental health promotion, prevention, treatment and recovery initiatives.
- Taking stock of the features of these strategies and their impacts can help provide Canada with foresight about potential challenges and lessons learned when refining and rolling out national mental health strategies and coordinating internationally to advance mental health policies.
- Additionally, and despite growing attention on mental health, common barriers to accessing mental health treatment include lack of access to services, limited understanding about treatment options, and perceptions that treatment is too intensive or not relevant.(1; 2)
- Mental health literacy broadly refers to the ability to understand, communicate and act upon mental health information to enhance recognition of mental disorders, reduce stigma and promote help-seeking, which can help address the gap between those who need mental health care and those who receive care.(1; 2)
- Mental health literacy is therefore an important consideration for countries as they develop and implement national mental health strategies, and gathering insights about the ways countries are incorporating mental health literacy approaches into these strategies can help inform the implementation and uptake of mental health strategies.

Mental health literacy and its role in national-level mental health strategies

15 January 2024

[MHF product code: REP 65]

Questions

- What are the features and impacts of national mental health strategies?
- What are features of mental health literacy strategies (either embedded in national mental health strategies or stand-alone strategies) and approaches used to enhance mental health literacy?

High-level summary of key findings

- We identified three single studies about the features and impacts of national mental health strategies, and drew from an existing summary of the evidence about mental health literacy strategies.
- Mental health literacy interventions have demonstrated improvements in knowledge, attitudes and help-seeking intentions, but the evidence identified was not as conclusive about the ability of mental health literacy interventions to enhance mental health outcomes, suggesting that addressing structural barriers to accessing mental health services may be more critical.
- Studies evaluating national-level mental health strategies were found for Australia, China and Qatar, which primarily focus on mental health promotion, mental illness prevention and treatment, with less emphasis on recovery, follow-up, and trauma support.
- Qatar's strategy was found to achieve important milestones and improve mental health diagnostic capacity, and Australia and China also advanced mental health policy implementation but faced challenges in community education and administrative oversight, respectively.
- National-level mental health strategies identified in our jurisdictional scans of 11 countries (Australia, Canada, Denmark, Finland, Iceland, New Zealand, Qatar, Sweden, Taiwan, United Kingdom and the United States) generally addressed mental health promotion, prevention, treatment and recovery, while also emphasizing the

importance of establishing governance structures, increasing funding and improving service coordination to advance their implementation.

- Financial arrangements in these strategies included increasing overall spending, prioritizing targeted investments and leveraging innovative funding models to enhance service availability and strengthen the mental health workforce.
- Key sectors engaged in national-level mental health strategies most often include primary care, specialty care, community care and public health, and broader human health services often included education and employment.
- Priority populations most often included children and youth and people experiencing mental health challenges, with racialized populations and Indigenous peoples also frequently being explicitly emphasized.

Framework to organize what we looked for

- Mental health literacy approaches
 - Focus of approaches
 - Improve knowledge about mental health
 - Change attitudes about mental health and help-seeking
 - Increase awareness about how to seek help
 - Support skills to prevent or respond to mental health challenges
 - Other
 - Types of health-system arrangements used to provide mental health literacy approaches
 - Governance arrangements
 - Financial arrangements
 - Delivery arrangements
- Focus of national-level mental health strategies
 - Stage of continuum of care
 - Promotion
 - Prevention
 - Treatment
 - Recovery, follow-up and trauma support
 - Inclusion of mental health literacy approaches or programs
 - Types of health-system arrangements prioritized for transformation

Box 1: Approach and supporting materials

At the beginning of each rapid evidence profile and throughout its development, we engage a subject matter expert who helps us to scope the question and ensure relevant context is taken into account in the summary of the evidence.

We identified evidence addressing the question by searching Health Systems Evidence and PubMed. All searches were conducted on 5 December 2023. The search strategies used are included in Appendix 1. In contrast to synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents. We identified jurisdictional experiences by hand searching government and stakeholder websites for information relevant to the question from 11 countries including Australia, Canada, Denmark, Finland, Iceland, New Zealand, Qatar, Sweden, Taiwan, United Kingdom and the United States).

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses), protocols for evidence syntheses and single studies.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified single study (Appendix 2)
- 3) details from jurisdictional scans (Appendix 3)
- 4) documents that were excluded in the final stages of review (Appendix 4).

This rapid evidence profile was prepared in the equivalent of three days of a ‘full-court press’ by all involved staff.

- Governance arrangements
- Financial arrangements
- Delivery arrangements
- Types of sectors involved
 - Home and community care
 - Primary care
 - Specialty care
 - Rehabilitation care
 - Long-term care
 - Public health
- Types of broader human services involved
 - Childcare
 - Children's and early-years services
 - Disability services
 - Employment and income supports
 - Housing services
 - Homelessness services
 - Other community programs
- Priority populations
 - Children and youth
 - People experiencing homelessness
 - People living with disabilities
 - People facing mental health challenges
 - Indigenous peoples
 - Racialized populations
 - 2SLGBTQI+ populations
 - People in rural and remote areas
 - People who face language barriers
- Equity-centred quadruple aim outcomes
 - Improved health outcomes
 - Mental health outcomes
 - Improved care experiences
 - Access to care
 - Improved provider experiences
 - Keeping per-capita costs manageable

What we found

We found three evidence documents, all of which were single studies.(3-5) All these single studies addressed the first question about features and impacts of national mental health strategies and were deemed highly relevant to the question. For the second question about features of mental health literacy (MHL) strategies and approaches used to enhance MHL, we drew from an existing summary of the evidence provided by the Public Health Agency of Canada.(6) Findings from these evidence documents are complemented by experiences identified from 11 countries (Australia, Canada, Denmark, Finland, Iceland, New Zealand, Qatar, Sweden, Taiwan, United Kingdom and the United States). We present key insights from evidence and experiences from these 11 countries below in relation to each of the questions posed for this rapid evidence profile. Additional details about each of the single studies are provided in Appendix 2 and additional details from the jurisdictional scans conducted are provided in Appendix 3. Documents excluded at the last stage of reviewing are listed in Appendix 4.

Question 1: What are the features and impacts of national mental health strategies?

Insights from evidence documents

We identified three evidence documents that focused on features and impacts of national mental health strategies (question 1). We provide key findings from each of the included documents below given that each provides an in-depth assessment of the evaluations that were conducted.

Overall, the focus of national-level mental health strategies was mental health promotion as well as mental illness prevention and treatment, with less emphasis explicitly directed towards recovery, follow-up and trauma support. Common governance arrangements included establishing bodies to improve oversight and ensure accountability and coordinate mental health across sectors and different levels of government. Financial arrangements often focused broadly on growing funding allocated for mental health, but also included establishing innovative funding mechanisms to support mental health service delivery to target populations. Delivery arrangements largely focused on improving access to mental health services, strengthening the mental health service workforce, and coordinating continuum of care across primary care and specialty care providers. Sectors included in the plans included primary care, specialty care, community care and public health. Broader human services that were commonly referenced included children's and early-years services, disability services and employment and income supports. Priority populations focused in strategies included children and youth, people living with disabilities and people facing mental health challenges, with the Australian strategy also focusing on Indigenous peoples, racialized populations, and people in rural and remote areas. Finally, equity-centred quadruple aim outcomes focused on improving the availability and access to services, citizen MHL, and provider mental health competencies.

Qatar's National Mental Health Strategy, Changing Minds, Changing Lives, 2013–18, consisted of initiatives aimed at raising public awareness and reducing stigma; making information, resources and services more accessible; strengthening mental health service capacity in primary care, community settings and specialist services; developing a sustainable mental health workforce; providing a multi-sectoral and coordinated approach to mental health policy development and planning; and enhancing mental health reporting through the establishment of a minimum dataset.(4) To support these goals, governance mechanisms and resources were established and procured, including a committee to provide oversight, program implementation teams, investment plans and business cases for capacity building, capital programs, and external subject matter expertise to guide planning. The strategy was successful in establishing initiatives and milestones as well as leading to the introduction of a mental health law. However, in 2014, it was noted that Qatar continued to demonstrate low expenditures on mental health (0.36% of healthcare expenditure) and only had 13.5 mental health professionals per 100,000 population. Although training gaps remained for mental health professionals, more training became available during the implementation of the strategy, including for primary care doctors to improve diagnostic abilities and the use of standardized screening tools and clinical guidelines. The strategy was also able to strengthen mental health capacity in employment and education settings, including the development of plans to create a national plan or curriculum for mental health in schools. Finally, mental health data collection became more comprehensive with the introduction of a minimum dataset in 2014.

Australia's National Mental Health Strategy was analyzed through the First and Second National Mental Health Plans (1992–2003) and the Council of Australian Government Plan (2011–12) and National Action Plan for Mental Health progress reports.(3) Findings highlighted that the strategy successfully implemented comprehensive reforms, including consumer engagement, mainstream integration of mental health services and increased spending. Regulatory achievements included anti-discrimination legislation and enhanced accountability for inpatient services. Financial goals, such as revised funding allocations and fiscal accountability, were realized, while community education initiatives faced challenges in producing measurable attitude changes. Subsequent phases emphasized program outcomes, leading to achievements like improved services for special needs populations and youth, and innovative funding models to help improve mental health service delivery in rural and remote settings. The Council of Australian Government (COAG) National Action Plan further advanced implementation of the strategy, achieving success in improving services and supports, increasing access to services and improving service coverage

in rural/remote areas. It also led to the establishment of mental health groups in each jurisdiction to improve accountability and established flexible funding models and incentive programs to improve allied and nursing mental health services in rural and regional areas. Despite notable progress, challenges identified from the study included the underutilization of mental health sector-specific outcome-based funding tools and optimizing community education impact, which were identified as highlighting the need for ongoing evaluation to inform next steps in mental health policy.

The final single study examined the implementation of China's mental health priorities in the Municipality of Liuyang.⁽⁵⁾ Overall, the evaluation of Liuyang's Mental Health Policy and Plan demonstrated that it aligned with national priorities, but faced significant challenges related to non-health professional stakeholder involvement, obtaining high-level approval and operational details that provided broader lessons for the successful implementation of national-level mental health strategies. The initiation of the policy in 2006, semi-formal approval in 2007, inclusion in the 2011–15 regional plan, and guidance from a university research team highlighted its comprehensive development. Content-wise, the plan exhibited uneven coverage of World Health Organization (WHO) checklist action areas, with gaps in critical domains such as quality improvement and procurement of essential medicines. Implementation focused largely on the three-level mental healthcare network, revealing discrepancies in planned and actual funding, deviations in evaluation indicators, and lack of detailed activities and responsibilities. As a result, key challenges such as regional variations in implementation, insufficient training and funding uncertainties further impacted the overall quality of implementation. Despite these challenges, positive outcomes were observed, with Liuyang surpassing national targets in MHL rates and training rates for professionals. The evaluation emphasizes the need for enhanced stakeholder involvement, detailed implementation plans and proactive assessment of potential barriers to improve mental health policy success.

Jurisdictional Scans

Stage of continuum of care

National-level mental health strategies in Canada, Australia, Denmark, Iceland, Sweden, New Zealand and the U.S. explicitly brought attention to mental health efforts related to mental wellness promotion and mental illness prevention, treatment, recovery, follow-up and trauma support. For example, in the U.S., the 2011 Substance Abuse and Mental Health Services Administration (SAMHSA) national strategy and [2023–26 SAMHSA strategic plan](#) includes, among other priorities, a focus on preventing mental illness and substance use by strengthening community capacity to promote mental health and respond to mental health challenges, especially for at-risk youth. They also aim to improve access to mental health and substance-use services through integrated care models and support mental health and substance-use recovery by increasing access to supports and reduce stigma and discrimination. National efforts in the U.K. focused more explicitly on prevention and treatment, while Finland, Qatar and Taiwan focused on prevention, promotion and treatment.

Types of system arrangements

In terms of systems considerations embedded in national strategies, governance arrangements included the establishment of new bodies or interagency partnerships to support mental health oversight, data collection and monitoring, or service delivery coordination. In the U.K., [The Community Mental Health Framework for Adults and Older Adults](#) highlights the importance of establishing governance structures consisting of Clinical Commissioning Groups (CCGs), local authorities, mental health service providers, primary care, service users and other stakeholders to oversee mental health service development, funding and delivery. In the U.S., the updated [2023–26 SAMHSA Strategic Plan](#) aims to foster resilience and mental health for youth and families through collaboration between community agencies and other federal agencies to build capacity for delivering mental health services. Canada's efforts to [advance the implementation of the national strategy](#) emphasizes data and research, aiming to increase interdisciplinary and cross-sectoral research and developing a framework for regular report cards on mental health system performance across jurisdictions.

Financial arrangements mentioned in national plans included efforts to increase overall spending on mental health, providing targeted investments, and establishing provider payment mechanisms or incentives to help improve coordination or increase mental health workforce capacity in underserved areas. The 2019 [NHS Long Term Plan](#) in the U.K. includes increasing funding for children and young adult mental health services at a greater rate than overall NHS funding and total mental health funding. In Canada, the first pillar (leadership and funding) of the [Framework for Action \(2017–22\)](#) includes an objective to make targeted investments to mental health within federal, provincial/territorial and regional health budgets. In the U.S., the National Association of Counties 2023 [report](#) highlighted the need to increase funding for the development, expansion and sustainment of crisis response structures and permit the use of Medicaid funding for regional and local crisis services. Australia's [Fifth National Mental Health and Suicide Prevention Plan](#) includes funding mechanisms and other supportive infrastructure to help align state and territory planning and operational boundaries to allow for regional-level coordination.

Delivery arrangements embedded in national mental health strategies included mental health training for mental health providers as well as primary care providers, and creating stronger linkages between primary care, mental health specialist services and community care mental health supports. In the U.S., the [2023–26 SAMHSA Strategic Plan](#) aims to improve training and increase its availability to help support trauma-informed, person-centred care. Qatar's [National Health Strategy for 2013–18](#) included the development of mental health training and education for care providers and increasing training coverage for primary care providers. Qatar's strategy also aims to integrate mental health services in primary care because of this training. Canada's [mental health strategy](#) involves expanding the role of primary care and increasing coordination of mental health services to ensure access to specialized care and community supports. In the U.K., Clinical Commissioning Groups (CCGs) provide an integrated model of community and primary care, and [funding for mental health in CCGs](#) serves to both support existing community mental health services and help bridge community and primary care service coordination. The primary and specialty care sectors were most often included in national mental health plans, with community care and public health sectors also being frequently noted.

Types of sectors and broader human services involved

Types of broader human services involved most often included capacity-building efforts in education and employment settings. For example, the [Taiwan Mental Health Act](#) aims to ensure that educational environments adequately support mental health with counselling, risk management and referrals to specialists. Canada's [strategy](#) emphasizes increasing access to education, housing, employment and income supports. In the U.K., the Department of Education provides grants to train senior mental health leads in schools, provides [guidance](#) for schools about attendance affected by mental health issues, and funds a platform for mental health and well-being services targeting higher education students called [Student Space](#).

Priority populations

Priority populations most frequently included children and youth and people facing mental health challenges, while other common priority populations included racialized populations and Indigenous peoples. In Finland, for example, the government established online resources such as [Mentalhub](#), which contains information to promote awareness of mental health, prevent negative consequences and recommend treatment options, and [Sekasin Kollektiivi](#) and [Sekasin Kollektiivi](#), which provide anonymous chat services and educational resources. In Australia, the Mental Health Commission's [Vision 2030](#) emphasizes the need for a person-centered stepped care system that enables access to low-, moderate-, and high-intensity care, as well as life-saving and crisis support and recovery services.

Question 2: What are features of mental health literacy strategies (either embedded in national mental health strategies or stand-alone strategies) and approaches used to enhance mental health literacy?

Insights from evidence documents

Our literature searches did not focus on identifying evidence documents about features of MHL strategies and approaches used to enhance MHL (question 2) given that an existing overview of the evidence on MHL programs had already been conducted by the requestor as part of an internal report by the Public Health Agency of Canada's Office of Behavioural Science (BeSciO).(6) As a result, most insights about this question were captured from the jurisdictional scans and we have summarized these findings after a high-level summary of key insights from the literature included in the recent overview noted above.

MHL refers to the ability to understand, communicate and act upon mental health information, and MHL interventions aim to help individuals recognize mental disorders, reduce stigma and promote help-seeking behaviours.(2) While MHL interventions have shown improvements in knowledge, attitudes, and help-seeking intentions,(7-19) recent meta-analyses have highlighted that insufficient evidence exists to support conclusions about the effects of MHL interventions on mental health outcomes.(20) The majority of studies analyzing the relationship between MHL and mental health outcomes (e.g., distress and psychological well-being) found no relationship(9; 21-24), while a few others have reported very small effect sizes on outcomes such as distress, anxiety and depression.(1; 25) Overall, existing evidence seems to suggest that MHL is not linked directly to distress and mental well-being outcomes, and that structural barriers to accessing mental health services may be a more pressing priority for improving mental health outcomes, rather than addressing a lack of intent to seek help in individuals.

Given the existing summary of the evidence on MHL interventions, the evidence we analyzed focused on the features and impacts of broader national-level mental health strategies, as well as whether and how they incorporated MHL interventions into these strategies. We identified three evaluations of national-level mental health strategies implemented in Qatar, Australia and China.(3-5) Aside from high-level strategic discussion about the importance of MHL, the studies evaluating national-level mental health policies did not explicitly discuss the role of MHL initiatives in relation to the broader national-level policies. For example, although improving awareness and reducing stigma, key elements of MHL, were mentioned as aims of Qatar's strategy, no specific MHL initiatives were reported in the study.(4) Similarly, in the study evaluating China's strategy, MHL targets were found to have been met for the general population, but the specific initiatives supporting MHL were not specified.(5) For the study evaluating Australia's strategy, MHL of the general public was supported through a national community awareness program, which failed to achieve measurable benefits and faced backlash from the public due to a lack of applicability for minority groups and no opportunities for local groups to coordinate promotional activities.(3) Despite the lack of explicit description about how MHL initiatives were incorporated into the broader strategies, MHL efforts appeared to focus primarily on improving knowledge and reducing stigma, while developing skills to prevent and respond to mental health challenges seemed less common.

Insights from jurisdictional scans

Features of mental health literacy strategies

MHL strategies and initiatives were often integrated into national mental health strategies, although not always with explicit descriptions about how these strategies and initiatives fit within broader efforts to advance mental health and well-being. Additionally, the focus of these approaches largely centred around improving knowledge about mental health, though some also explicitly mentioned efforts to reduce stigma (change attitudes) or support skills to prevent and respond to mental health challenges. In Australia, the [Fifth National Mental Health and Suicide Prevention Plan](#) and [Vision 2030](#) emphasize the importance of providing (culturally appropriate) clinical tools and resources to support MHL, self-management and resilience. Similarly, Sweden's [national mental health strategy](#) includes in its priorities increasing mental health awareness. In the U.S., the updated [2023–2025 SAMHSA Strategic Plan](#) includes MHL outreach, training and technical support activities such as outreach programs with communities,

schools and families; Project AWARE aims to raise MHL in schools and communities through culturally appropriate programs; and [funding](#) community-led and culturally appropriate mental health promotion services.

Some countries also included some national efforts to enhance MHL that were not explicitly connected to national mental health strategies. However, these efforts tended to align broadly with strategic directives set out in the national strategies and may or may not have been influenced by or arisen because of the strategies themselves. For example, [Mentalhub](#), [Sekasin Kollektiivi](#) and [Sekasin Kollektiivi](#) in Finland all broadly address the [Finish National Mental Health Strategy and Programme for Suicide Prevention](#) goal of supporting mental health in youth by promoting awareness about mental health and presenting treatment options. Similarly, in the U.K., a free e-learning portal called [MindEd](#) provides resources for adults about mental health issues in children and young people. Types of system arrangements supporting MHL strategies and initiatives were generally not clearly described, but there were some mentions of MHL initiatives involving community stakeholders in their planning or implementation (governance arrangements) as well as some that used online websites or portals to help facilitate access (delivery arrangements).

DeMaio P, Phelps A, Bhuiya A, Gao C, Alam S, Dass R, & Wilson MG. Rapid evidence profile #65: Mental health literacy and its role in national-level mental health strategies. Hamilton: McMaster Health Forum, 15 January 2024.

This rapid evidence profile was funded by the Public Health Agency of Canada. The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the rapid evidence profile are the views of the authors and should not be taken to represent the views of the Public Health Agency of Canada or McMaster University.

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