Mental Health Literacy among Malaysian Youth: Exploring Multidisciplinary Perspectives

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Abstract
The study aimed to explore the opinions of multi-field Malaysian experts on mental health literacy towards youth. Semi-structured interviews were conducted with seven Malaysian experts from psychiatry, clinical psychology, mental health education, and social work. A mixed deductive-inductive thematic analysis was used in the analysis of the qualitative data. The comprehensive view of mental health literacy that emerged from the interviews included i) ability to recognise specific disorders ii) knowledge of how to seek mental health information iii) knowledge of self-treatment and professional help iv) attitude that promotes recognition, v) stigma, and vi) appropriate help-seeking behaviour. To the best of our knowledge, this is the first qualitative study of experts' views of mental health literacy in the context of Malaysian culture. The experts' responses to the interviews generated a comprehensive view of mental health literacy, including several elements that may be salient in Malaysian culture. The results have implications for researchers and practitioners.
Keywords: Mental Health Literacy, Youth, Knowledge, Attitude, Behaviour, Culture

Introduction
Worldwide, mental disorders affect more than 450 million people. Mental, neurological and substance use disorders accounted for 13% of the total global burden of disease. The World Health Organisation (WHO) estimates 1 in 4 people are affected by a mental disorder at some point in their lives. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single cause of disability worldwide (Rehm & Shield, 2019).

Mental health encompasses our emotional, psychological, and social well-being. It affects how we think, feel, and act. According to the World Health Organization (WHO), mental health is a "state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and contribute to his or her community". Mental health is important at every stage of our life, from childhood and adolescence through adulthood. It is the foundation for thinking, learning, communication, resilience and self-esteem. The National Health and Morbidity Survey (NHMS) in 2019 reported that one in four adults in Malaysia suffers from functional difficulties. This includes difficulty in seeing (14.9 percent), difficulty in hearing (7.6 percent), difficulty with memories (7.0 percent), walking difficulties (10.4 percent), troubles with self-care (2.1 percent), and communication difficulties (2.0 percent). In addition to that, 4.7 percent of children aged between two and 17 years also reportedly suffered from functional difficulties.

Literature Review
MHL was first defined as understanding mental illness and the commonly held views about mental illnesses that can help recognise and manage the symptoms of that illness or prevent it together (Jorm et al., 1997). The evolution of mental health literacy has been initiated and guided by scholars in psychiatry and public health such as Jorm et al (1997) and is rooted in health literacy and the view that it is related to health and social outcomes (Baker et al., 2007; Berkman et al., 2011). Jorm et al (1997) defined MHL as the knowledge and beliefs about mental illness that contribute to recognising, managing, and preventing mental illness. There are five components of MHL described by Jorm et al (1997; 2000); (a) knowledge of how to prevent mental illness, (b) recognition of when a psychological disorder is developing, (c) knowledge of help-seeking options and available treatments, (d) knowledge of effective self-help strategies for mild problems, and (e) first aid skills to support others who are suffering from a psychological disorder or are in a mental health crisis. Most researchers used this definition toward practices (Altweck et al., 2015; Wei et al., 2015).

More recently, work by Canadian experts in psychiatry and health care has expanded the definition of MHL to four main components with consideration on how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, improving 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) (Kutcher et al., 2016). In addition, Kutcher and colleagues expanded Jorm et al.'s (1997) definition of MHL by adding the element of mental health promotion. Consequently, the conceptualisation of MHL was broadened to include not only the previous focus on coping with mental illness (recognition, treatment, prevention) but also mental health promotion (Kutcher, Wei, & Coniglio, 2016; Bjørnsen et al., 2017), including self-help and helping others (Jorm, 2012).

Besides, mental health literacy limitations are proposed by medical teams such as psychiatrists and psychologists. However, the concept of mental health literacy was mainly related to coping with mental illness. Thus, this phenomenon can be called the fallacy of appealing to authority (Goldman, 2001). Furthermore, we believe that the medical teams are the most suitable expert to explain the knowledge and concept on MHL, but still the limitations in explaining the beliefs, attitudes and behaviour which belong to the sociologist and other practitioners.

Cultural Diversity of Mental Health Literacy

People's concepts of mental health appear to have both similarities and differences under different cultural backgrounds. Likewise, there are similarities in defining people with mental health with negative perceptions. For example, a Malaysian study showed that most Malaysians have stigmatising attitudes towards mental health problems with multifactorial explanations of mental health issues with a dominance of supernatural and religious aetiologies (Munawar et al., 2021). Another study in Nigeria showed that youth with mental health are depressed, distressed for schizophrenia, and used stigmatising labels such as 'crazy' and 'mad' (Aluh et al., 2019). Studies that were conducted in South East Asian countries population revealed that mental health is related to mental disorders such as lack of hope, physical complaints, lack of courage, poor mind, defeat, communication difficulties and abnormal social behaviour, in which some are harmful while some are not (Fairuziana et al., 2018). The findings also discovered that while a common understanding of the mental disorder is expected to identify mental health literacy, embedding cultural context would accommodate lay people's understanding (Furnham et al., 2011).

According to past study by Munawar et al (2021) cultural diversity of mental health literacy in Malaysia. The findings indicate most Malaysians have stigmatizing attitudes, a dominance of supernatural and religious belief towards of mental health issues. Furthermore, they were more confident in referring to the local people compare to the professional such as the medical services. Moreover, as stated in National Health and Morbidity Survey (2015, 2017, 2019) mental health problems affect young Malaysian and may spiral into anxiety and depression. Some of the problems may contribute to the mental health including social pressures, cyber-bullying, family issues, financial problems, difficult in relationship and academic pressures at school. Therefore, the greater collaboration between government and the other agencies is require helping in increasing the knowledge and understanding on mental health. Hence, this effort is necessary to shift mindsets and build emotional and mental health resilience to prevent mental health conditions in Malaysia. Even though, treatments are available, but nearly two-thirds of people with a known mental health never seek help and additionally there was a lack of standardized measure assessing Mental Health Literacy in Malaysia.

Considering the limitations and cultural diversity mentioned above, Kutcher (2016) proposed a new and comprehensive framework of MHL, which includes four domains of understanding how to obtain and maintain good mental health, understanding mental disorders and their treatments, decreasing stigma, and enhancing help-seeking efficacy (knowing when and where to seek help and learning skills to apply in the help-seeking interaction). Based on this framework, MHL can be divided into six categories: the ability to recognise specific disorders, knowledge of how to seek mental health information, knowledge of self-treatment and professional help, an attitude that promotes recognition, stigma, and appropriate help-seeking behaviour.

This study aimed to identify and integrate the perspectives of experts from multiple fields based on the Malaysian cultural context. According to the six categories, we conducted semi-structured individual interviews with seven experts from psychiatry, clinical psychology, mental health education, and social work. Thus, the present research is the first qualitative study to explore the components of MHL from the perspective of multi-field experts.

Theorising Mental Health Literacy

Bronfenbrenner's theory is an appealing conceptual tool for guiding the interventions (Eriksson et al., 2018). The ecological theory is remarked as the interaction between an individual and his surroundings. This theory explains an individual's relationship to the contextual system in a few stages: micro, macro, meso and exo levels. A study by McLaren & Hawe (2005) asserted that the ecological perspective on health emphasises both individual and contextual systems and the interdependent relations between the two. Moreover, Eriksson et al (2018) also found that this theory offers a way to instantaneously focus on intrapersonal and environmental domains and the dynamic relationship between these domains in defining mental health.

Youth's behaviour is shaped and developed in the human ecology system, highlighting the importance of interaction between the youth and the environment. According to Bronfenbrenner youth is the centre of the system and can easily be influenced by their environment (Shelton, 2018). Furthermore, in the system, some parents will be a major influence on the youth growing up. Parents have the responsibility in ensuring that their children will have sufficient skills to be well-developed individuals. Youth is the prime time during the growth and development of an individual. Hence, with the right environment, such as family and friends, one will function well in their future life. If one is raised in a positive environment, it will encourage them to talk about their problems openly (Lerner, 2019).

Besides that, Eriksson, Ghazinour & Hammarström (2018) showed that the research utilising Bronfenbrenner's ecological system concepts by considering interactions within and between different ecological systems could develop the most useful suggestions for public mental health promotion and interventions. In mental health literacy, an individual is often gaining knowledge based on the environment that they are living in. For example, if the individual is acquainted with mental health problems, it will trigger their interest in knowing mental health.

Method

A qualitative research methodology was adopted to describe what Merriam (1998) regarded as a phenomenon from those who have experience with mental health literacy and practised them. To unveil the practices of expertise on mental health literacy in adolescents and youth, the research process involved in-depth interviews with seven participants in their work setting, performing an inductive data analysis and relating their responses as psychologists, psychiatrists, doctors, and social workers.

Participants

The sample population have been identified and selected with assistance from the list of expertise from the Ministry of Health Malaysia. Seven volunteers were selected through snowballing. The methodological decision was made to seek research subjects due to their exposure to mental health literacy experiences. The work experiences and roles performed by the subjects represented a good cross-section of roles performed within the position in hospital and university. All participants held their position for more than five years. The participants were from three hospitals, two medical officers from the Ministry of Health, two experts from the university, and one social worker (Table 1). The participants were selected

based on two criteria: expertise and working with adolescents and youth for more than five years. Second, they were willing to participate and granted permission to be audiotaped, with their data from the interview published. Participants were given individual consent forms. Approval to conduct the study was granted by the Ethics Committee for Research Involving Human Subjects (JKEUPM-2021-805).

Data Collection
The interview lasted for a maximum of 60 min, followed by the planned interview questions and follow up questions. Recruitment was planned to continue if the data from the initial seven interviews did not reach code saturation and meaning saturation. During the interview, participants were asked a variety of questions about their experiences and opinions on various elements of mental health literacy.

The interview protocol included six groups of questions: (1) What are the meaning of mental health literacy? (2) How would you describe mental health literacy? (3) What do you mean by knowledge of mental health? (4) What are the stigmas surrounding mental health? (5) What is the best behaviour of one who is mental health literate? (6) Based on your overall personal and expertise in mental health, any other factors contributing to mental health among adolescents and youth in Malaysia? Participants were informed that there were no right or wrong answers.

Data Analysis
All interviews were audio-recorded for data analyses. All interview data were then transcribed verbatim. The analyses involved structured coding procedures and thematic characterisations of the coded segments. After reading through the text, we analyse the transcriptions using the coding reliability approach of thematic analysis. Relevant codes were identified, and a structured codebook was developed following the procedures outlined by (MacQueen et al., 2009). The codebook included detailed definitions and marginal/irrelevant examples from the texts to illustrate the range of meanings assigned to themes. After the initial coding was complete, the core analysis included code categorisation and thematic comparison. We determined the final coding through consensus, reviewed the patterns of shared meanings, and categorised overlapping themes into a practicable list of defined themes. To ensure trustworthiness, the themes were shared with the participants and confirmed.

Results
The demographics of participants are summarised in Table 1. All participants held experience for more than 5 years. They are psychologists, psychiatrists, social worker and medical doctors. The participants were from hospitals, university hospitals and the Ministry of Health.

Table 1

Demographic characteristics of study participants.

Participant	Gender	Age	Position/career	Year experience
Participant 1	Female	30	Psychologist	6 years
Participant 2	Female	38	Mental health education	8 years
Participant 3	Female	40	Public health specialist	8 years
Participant 4	Male	50	Psychiatrist	16 years
Participant 5	Female	50	Clinical psychologist	20 years
Participant 6	Male	43	Psychiatrist	15 years
Participant 7	Male	28	Social worker	6 years

Findings and Discussion

The data analysis of this qualitative inquiry found four themes in terms of mental health literacy meaning: knowledge, attitude, behaviour, and culture. Three subthemes emerged as part of the knowledge; i) ability to recognise specific disorders ii) knowledge of how to seek mental health information iii) knowledge of self-treatment and professional help. There were also two subthemes for attitude; i) attitude that promotes recognition and ii) stigma. For the behaviour, one theme is appropriate, which is help-seeking behaviour. Finally, for culture, there were two themes: family support and social support.

Meaning of Mental Health Literacy

Participants explain the meaning of mental health literacy with their response when asked what mental health literacy are?

> 'Mental health literacy is knowledge application, attitude, and practice. Knowledge, attitude, the practice of mental health meaning, understand what mental health is? and then, what is mental illness? There are two differences, health is "*kesihatan",* and illness is "*penyakit*", and for me 'mental health literacy is the knowledge about mental health and mental illness and having an attitude towards mental health and mental illness that allows you to practice a way that supports.' (Participant 1).

Participant 3 manifested her view on mental health literacy through exemplary behaviour when performing her duties as a psychiatrist.

> 'You know, when we say the definition of mental health literacy, it goes across the board. It generalises for all. The understanding of the concept of mental health literacy has a few components. It got behavioural components, cognitive component and biological component.'

Participant 4 revealed her application of mental health literacy from the lenses of the practitioner. According to this interviewee,

'… if I go to the basis of the definition of mental health literacy is number one, I want people to understand the way to optimise mental health care; second, understand the mental disorder and treatment; third, reduce the stigma, and fourth; increasing the individual's effort to get help or help-seeking behaviour'.

There are several meanings and definitions of mental health literacy that occur from this narrative. First, having a better understanding of mental health literacy, as Jorm et al. (1997; 2000) mentioned, is knowledge of preventing a mental disorder, recognising disorders when developing, knowledge of effective self-help strategies, and first aid skills from helping others. In addition, more recently, mental health literacy has been defined 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 (Kutcher et al., 2015; Kutcher & Wei, 2014).

Knowledge of mental health literacy. *The findings revealed that the knowledge on mental health is based on three themes: (a) ability to recognise specific disorders; (b) knowledge of how to seek mental health information; and (c) knowledge of self-treatment and professional help. Knowledge about mental health determines one's mental well-being. It identifies the ability to recognise specific disorders. Participant 1 stated that 'individual can cope with his daily stresses and contribute to his workplace'. Other participants also support these by saying:*

"He or she can understand and optimise the protection of mental health, know treatment and help-seeking behaviour." (Participant 3)

"Knowledge is about its attitude towards knowing how to support, and if you do not know how to support, you know how to find information to get help. i.e., how to find resources." (Participant 6)

The participants also admitted that mental health literacy is also a knowledge of seeking mental health information. One participant said:

"If there is something… you must address your issues, these problems needed to be addressed and how you overcome it. If you have a problem with your roommate, you need to do this. You need to tell him where to seek help." (Participant 4)

"When stigma is high, awareness will be at a low level, then the seeking help will be very slow. Therefore, we need to inform them, where and how to seek help". (Participant 2)

The participants said they experienced with adolescents and youth in sharing about mental health problems. As a result, youth needs knowledge of self-treatment and asked for professional help.

"If from strategic treatment, there are those three, meaning, he needs to understand about mental disorders. There is a treatment for it. So, it will reduce his stigma. When

the stigma is reduced, they will have increased help-seeking behaviour. He will go seek for help." (Participant 3)

In this study, most participants agree that the adolescent and youth need to manage their mental health. One participant shared, '…ooh, mental health management is my task, my role in the pyramid earlier. First, I need to manage mental health and the second one, understand disorders and treatment (Participant 7). The participants also mentioned there is a treatment for mental illnesses."

Attitudes on mental health literacy. An attitude of an individual may reinforce either a positive or negative perception of mental health. This theme comprises two sub-factors which are attitude that promotes recognition and stigma. People's mental health attitudes will determine how they interact and support others with mental health disorders. Besides that, it will also foresee how the individual will respond to their mental health condition. Good mental health attitudes will shape an individual in expressing positivity and supportive behaviour to others and themselves. One participant said, "mental health literacy is not about knowing; he needs to have the attitude, behaviour and know what to do" (Participant 1).

The attitude that promotes recognition also including the knowledge and towards of practice. One participant said. '…literacy is those kinds of dimensions, knowledge is one thing, attitude another thing and then practice. Attitude shows when you ask them to practice.' (Participant 5)

Notably, stigma towards mental health in this country is predominantly massive. Some of the population was taught that having mental health issues is a disgrace and will never interact properly. However, mental illnesses can be treated, and these people can fit in the society very well. The participants stated that stigmas towards mental health are as below:

> "So, people think like they are a bit off. Maybe, like the behaviour itself is a little bizarre. They will think like, oh, there is some problem with these people. So normally, I do not know as my friend, they are not in our field. They probably think,… oh, mental health. The people with mental illness are all in Tanjung Rambutan. So, they are all tied up. You know, they can't move and stuff like that." (Participant 2)

Behaviour on mental health literacy. Behaviour brings another focal to mental health literacy as it is distinct to attitudes towards mental health. It is the prerequisite factor in determining the individuals' help-seeking towards the mental health professional and treatment of mental disorders. Participant 3 also supported this contention by emphasising the need to imbibe behaviour in the meaning of mental health literacy; '…he or she can cope with his daily stresses, and he can be able to contribute to his workplace and his daily activities and to his community that amounts to have the good in mental health literacy'.

According to another participant, mental health literacy is not only about knowing. It also needs to have the attitude and need to know what to do. She reported,

> "If we do not seek for help or have any help-seeking behaviour, these mental health problems will be mental illnesses. (Participant 4)

Culture on mental health literacy. Cultures also influence the meanings that people impact on their illness. More frequently, culture bears on whether people even seek help first, what types of coping styles, social supports they have, what kind of help they seek, and how much stigma the beliefs to mental illness. In this study, participants mentioned,

> "Due to culture, it is influenced by their culture, religion, where they do not believe in all this." (Participant 3)

Culture is defined as a set of beliefs, norms and values. People placed into the same racial or ethnic group are often assumed to share the same culture. Culture influences many aspects of mental health and plays an important role. The influences of culture including how patients from a given culture express and manifest their symptoms, their style of coping with their family and community supports, and their readiness to seek treatment. One participant shared; '…it is very common if the family have a history of mental illness. They think that you are also weak and will have the same illness.' Furthermore, other participants also support that culture's influence sometimes will stop youth from getting the treatment.

> "Sometimes we had difficulties to help them because most of the clients are late to get treatment is because of stigma." (Participant 4)

Discussion
This study explored the opinions of multi-field Malaysian experts on mental health literacy towards youth. To answer our research question regarding the concept of mental health literacy, we explored the experience of multi-field Malaysian experts on mental health literacy towards youth. Our findings show that the concept of mental health literacy can be categorised into knowledge, attitude, behaviour and culture. Although most of the experts argued that knowledge, attitude, and behaviour (Jorm et al., 1997; Kutcher et al., 2016) are the most influencing factors explaining mental health literacy, we have found that culture is also triggered by knowledge, attitude, and behaviour such as the cultures of family and social support.

Our findings also indicated that knowledge about mental health is related to recognising specific disorders, seeking mental health information and self-treatment and professional help. These findings support Jorm (2000); Bonabi et al (2016), which identify that recognising specific disorders will increase help-seeking behaviour and a better understanding of knowledge and attitude. Additionally, the findings of this study revealed that two categories for the attitude focus on promotes recognition and stigma. Likewise, Vidourek and Burbage (2019) also mentioned that stigma is related to attitudes, especially for youth, within developing a positive mental health culture. Furthermore, cultural diversity across the world has significant impacts on the many aspects of mental health. Therefore, it starts from how health and illness are perceived, health-seeking behaviour, attitudes of the individual, and the practitioners and mental health systems.

Based on the ecological theory, the child's development relies on the nature and strength of connections between the family and the various other settings that a young person enters during the first two decades of life. These are of particular significance following the successive transitions into (and within) day care, peer group, school, and work. In addition, social support from all the ecological system levels also plays an essential role in enhancing mental health literacy development.

Conclusions and Implications

This research, conducted in Malaysia, is the first qualitative study to explore the components of mental health literacy from the perspective of multi-field experts. The experts' responses to a semi-structured interview provided a more comprehensive picture of mental health literacy than earlier conceptualisations based only on the clinical experts of psychiatry. This qualitative research reveals the specific contents of mental health literacy from the perspective of multi-field experts, many of which reflect the unique characteristics of Malaysian culture.

Our results also show that this study using Bronfenbrenner's ecological system theory clearly focus on the interactions between and within the different levels of ecological systems, which can turn up with useful results for directing public mental health literacy interventions. Through knowledge, attitude, behavior and culture, its involved with four interrelated systems: the first level was the microsystem (the immediate environment where the developing person engages in activities and interactions), the second level was the mesosystem (whereby the interrelations among several microsystems in which that person is situated), the third level was exosystems (which the contexts having an indirect influence on the person) and finally, the macrosystem level (contexts with a shared belief system). Therefore, this study confirmed mental health literacy among Malaysian youth was focused on individual behavior according to Bronfenbrenner's ecological system theory.

Regarding the practical aspects of the study, our findings help shed more light on the concept of mental health literacy among youth within Malaysian culture. In addition, we understand how the mental health literacy concept among youth would help the related stakeholder to place more focus on the healthy development for youth. Despite this conclusion, this study highlights the importance of professionals' perceptions and key barriers to the development and promotion of public mental health literacy in Malaysia. Given the importance of such professionals' involvement in research and studies on mental health literacy, the more understanding of the barriers to these topics.

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