Exploring Informal Education for Promoting Mental Health Literacy: A Study to Youth in Malaysia

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Abstract
The study aimed to explore the role of informal education in promoting mental health literacy among Malaysian youth. Semi-structured interviews were conducted with six practitioners and group focus interviews with university youth. The comprehensive view of the role of informal education in promoting mental health literacy that emerged from the interviews included family members providing emotional support and social therapy. In addition, non-governmental organizations promote mental health management methods and other activities related to mental health literacy, role from peers with socialising others, and mass media become an influencer to the youth, social media page related to mental health has a positive influence on youth, expert and caregiver officers act actively by performing the process of recognizing, acknowledge and contribute. The themes found addressed the understanding of promoting mental health literacy among youth in Malaysia.
Keywords: Mental Health Literacy, Youth, Informal Education, Qualitative, Malaysia

Introduction
The field of education offers a direct and indirect contribution to the improvement of mental health literacy (MHL). This refers to the improvement of knowledge related to mental health management, practice in daily life, and the formation of attitudes in an individual. There are three existing education patterns which are formal education (FE), non-formal education (NFE) and informal education (IE) (Marsick & Watkins, 2001) have been practiced by most communities in Malaysia (Ministry of Education Malaysia, 2015). The formal educational styles involve educational institutions providing opportunities to improve mental health literacy. In structured educational institutions, several aspects, including classroom-based educational activities, health services, extracurricular activities, and mental health promotion, have been used at various levels of existing educational institutions, such as primary school, secondary school, and university. This is because the involvement of formal

and non -formal education on the aspect of promoting mental health literacy among youth in Malaysia has been widely practiced as for example in the aspect of formal education is placed curriculum related to mental health to provide knowledge and information related to mental health to the target group.

This can be seen in the learning environment in schools involving primary and secondary school students. This all happens and the application is in school only, whereas more time is spent by most students is at home and with the local community. Daily activities and programs that take place outside of school hours have more potential to be developed and in turn have more benefits and positive effects on youth mental health literacy. The percentage of students in school is only 27 %, the rest of the time with family at home (Ministry of Education Malaysia, 2013). In terms of non-formal education, a series of forums, awareness seminars, campaigns and so on have been conducted, but from the point of view of informal education where the learning process takes place in daily life such as through mass media and social media is still less emphasized in the barriers of media practitioners to disseminate knowledge and promote aspects of mental health literacy. The following diagram can illustrate the relationship of the field of education and the contribution as well as the relevance in promoting MHL to the youth.
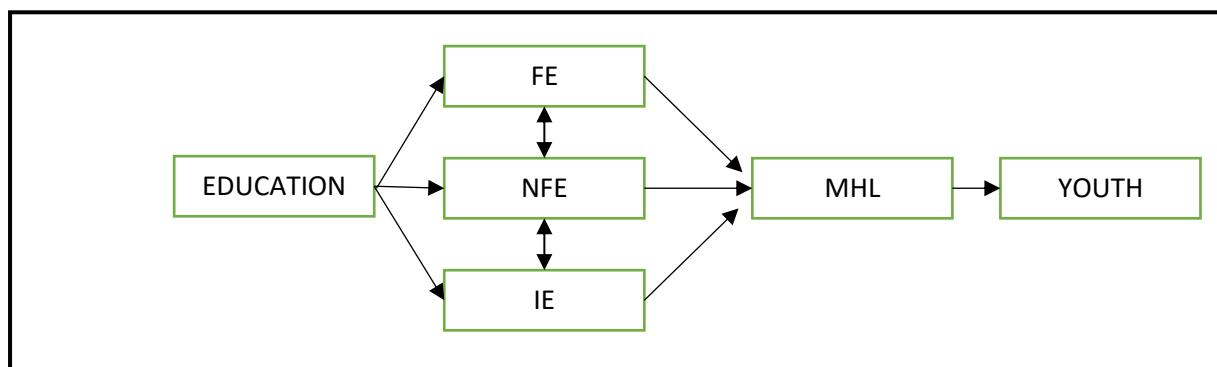

Figure 1: Education Category To Promote MHL Among Youth

It is necessary to provide the perfect knowledge to the community, parents and youth themselves to be more aware of the importance of having a good level of mental health literacy in order to continue the process of sustainable youth development, perfect community development and thus contribute to better society development in daily life (Larsen, 1987). In implementing these precautionary measures, some steps need to be taken including social and psychological treatment involving parents, peers and others who are considered to be informal in taking steps to cure people with mental health disorders in Malaysia especially the youth. In addition to communicating well with peers and close family members can assist them in addressing mental health issues and in turn have friends who can assist in supporting the situation for youth living as individuals with good mental health (Delprino, 2017). Peer education activities can involve a variety of informal and formal influences (Backett-Milburn, 2000). In addition, the influence of peers can also guide a person to increase motivation towards a more prosperous quality of life (Lizzio et al., 2011). Such a peeragogical approach is also said to be a method of education that is more in line with the

needs of today's society by complementing previous methods such as pedagogy, heutagogy and andragogy (Chan et al., 2019).

Literature Review

Informal education is a lifelong process in which each individual acquires attitudes, values, skills and knowledge from daily experience and the influence and educational resources in his or her environment - from family and neighbors, from work and play, from markets, libraries and mass media (Farahani et al., 2014; Johnson, 2017). Past studies show that youths seek treatment and help from informal education agencies, and sometimes are unable to meet the needs and wants of the youths in solving existing problems (Bavarian et al., 2020; Lam, 2014; Mandalia et al., 2018). It indirectly involves the atmosphere in an individual's home, health care and encouragement, as well as the involvement of family members who indirectly acts as an informal educator in conveying messages from a professional to individuals involved with mental health problems (Ministry of Health Malaysia, 2013). Other studies suggest that the involvement of family members and friends is often defined as informal caregivers (Berry et al., 2019). This group can provide very significant and invaluable support to those with mental health problems (Hannan, 2013). As a result, there has been an increased emphasis on the need for better care planning and prevention through health education methods between community service, patients and their informal caregivers (Clegg et al., 2020; Jones et al., 2018). Family members who associate with those with mental health problems, whether adolescents or youths who are part of the moral support system, should play and show positive values to ensure good emotional and stress management. Therefore, this informal education agent requires perfect understanding and education and strong motivation to launch the process of improving mental health literacy inadvertently. However, negative reactions from family members and friends need to be exposed and resolved with a proper understanding related to mental health. The figure below explains the concept of informal education within the scope of this study.
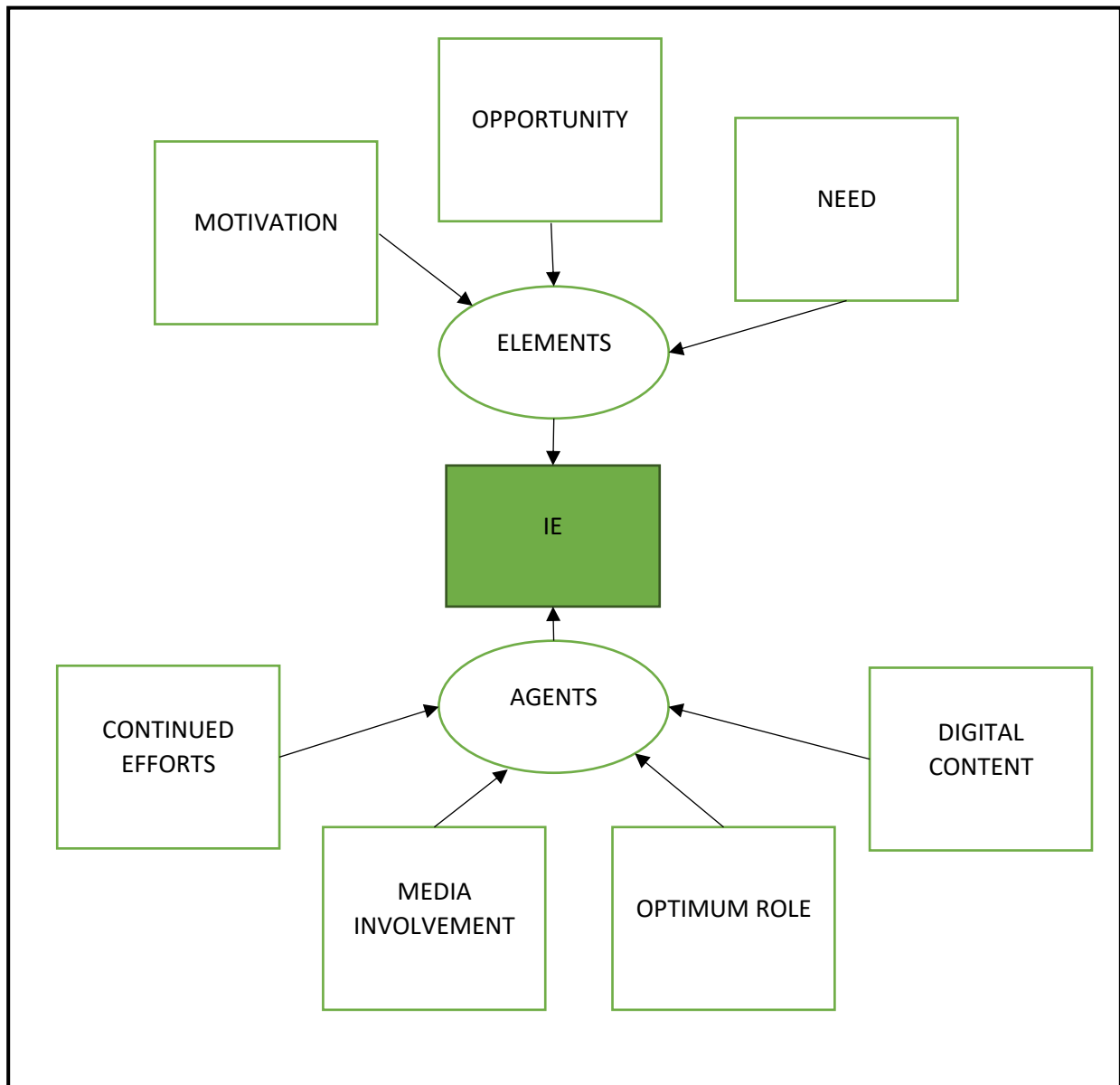
Figure 2: Informal Education Concept Related to MHL Promotion

Informal educational elements such as high motivation and desire (to help) for youth need to be clearly understood by the agent closest to the atmosphere of a youth's life. Generally, more teenagers and youths meet with parents and peers to express their feelings and talk about personal problems. No less also those who express themselves in social media nowadays (Mpungose, 2020). The informal educational process in curbing mental health problems is also done by leveraging technology (Clarke et al., 2014; Hui et al., 2015; Kauer et al., 2014; Pretorius et al., 2019; Richards & Tangney, 2008; Tay, 2018). In recent decades, information and communication technology (ICT) is widely used by many parties. Its interventions maintain priority, are comprehensive, easily accessible, cost-effective, and reach billions of people at any one time (Tennant et al., 2015; World Health Organization, 2013). In this regard, the role of the mass media in the mainstream should be played out better than to encourage people with mental illness with a negative outlook to be used to enhance positive prejudice against those affected by mental health issues (Kelly et al., 2007;

Tudor, 2013). How does the perspective of those around them look at this matter? A positive daily process will give good trust to all members of society in solving mental health problems.

In this study, we want to describe the current understanding of mental health literacy and how it is realised in a community the informal education for mental health literacy improvement, as defined by informal education agents from the domains of psychiatry, psychologists, and the youth themselves. This includes their opinions on applying elements of informal education in society while answering how informal education agents apply their role to be better for Malaysian youth and thus contribute to a positive self-development process.

Method

In this exploratory study, we used a qualitative methodology. In qualitative research, the main research instrument is researchers. The researcher sought to determine the focus of the study, selecting informants as sources data, collect data, evaluate data quality, analyze and interpret data and draw conclusions. For data collection, we run six semi-structured interviews with mental health professionals from various agencies and one focus group discussion session with ten university students from March 2020 to Nov 2020. Respondents' clinical and non-clinical experience between 2 to 30 years was assessed in detail. The interviews took place at their workplaces and via an online medium (due to the covid pandemic season). The data collection activities in conducting this study required individuals from several fields who have been involved in improving and enhancing mental health literacy (either directly or indirectly) which is also a major topic for this study. Selection of respondents that aims to help determine the appropriate informant. This includes also from among young people who also act as peers in improving mental health literacy. The interview is run for approximately 50 minutes to 1 hour at each interview session conducted. The interview guide covers respondents' perceptions of aspects such as understanding the concept of mental health literacy, attitudes towards people with mental health problems, and barriers or challenges in strengthening mental health literacy. The table below shows the list of respondents:

Table 1.
Selected Informant Details

Number / label	Collection data type	Agency / party	Position/career	Time /medium
Informant 1	Semi-structured interview	Private University	Psychologist	Mac 2020/ face to face meeting
Informant 2	Semi-structured interview	Public University	Youth (university level)	May 2020/ online zoom meeting
Informant 3	Semi-structured interview	Public University	Practitioner /Psychologist	May 2020/ online zoom meeting
Informant 4	Semi-structured interview	Public Hospital	Psychiatrist	July 2020/ online zoom meeting
Informant 5	Semi-structured interview	Ministry of Health, Malaysia (KKM)	Senior Principal Assistant Director	August 2020/ online zoom meeting
Informant 6	Semi-structured interview	Public Hospital	Psychiatrist	August 2020/ online zoom meeting
Focus group discussion	Focus group	Public University	Youth (university level)	Nov. 2020/ online zoom meeting

Analysis and interpretation of data used interpretative phenomenological analysis (IPA) (Smith & Osborn, 2007). Typically, IPA researchers will focus on homogeneous samples since this study uses a phenomenological approach because it involves detailed observations and examinations of respondents' life experiences. In addition, IPA provides an analytical framework to understand the context or experiences experienced by respondents. Therefore, a small sample selection is very useful for studies conducted using IPA. This allows sufficient

in-depth engagement with each respondent by enabling detailed examination related to similarity and difference, convergence and divergence (Pietkiewicz et al., 2014). It should also be noted that performing qualitative data analysis like this requires iterative work instead of linear. It also involves very close interaction between the researcher and the text of the interview transcript. As a qualitative researcher, it requires using interpretative resources to make sense and understand what the respondent is saying. Still, at the same time, the researcher also constantly examines one's thinking on what the respondent is said (Smith, 2007).

This study uses coding analysis with theory-driven and data-driven methods. Initially, the model of informal education theory is used by focusing on the element that occurs in daily life, and informal education occurs unconsciously, without intention, and occurs continuously. So this element is made the next core to relate the data from the respondents to the context of mental health literacy. Then, after finding some suitable data, the researchers also used data-driven methods for the coding research process for the second time (DeCuir-Gunby et al., 2011).

Results ad Discussion
From the interview sessions conducted, the researchers identified several themes that have been arranged in the following table. The themes refer to understanding mental health literacy, support system, and challenges faced by youth. A summary of the themes and examples of excerpts from the interviews are included in Table 2. Many respondents agreed that mental health literacy depends on the cultural context constructed by communities and informal education agents. Also, the support system and the role of those around the youth is seen as important.

During the interviews, respondents shared their experiences in helping youths manage stress in daily life, thereby improving their mental health literacy. The average respondent stated that the need for a positive psychological approach should be given attention to this group to help them become more proficient in stress management such as basic techniques described by applying good and effective communication and displaying attractive and good character with a smile to the youth. This includes practicing good attitudes such as celebrating a small thing that is in a youth, celebrating the goodness that is in them, and words like this will bring good and positive emotions and then allow them to go through a process of experience sharing and story telling between youth and informal education agents (Informant 1). When discussing communication then it is divided into several ways, among which are synonymous and common these youths interact through cyberspace. The challenges of the digital world in this era allow youths to communicate with each other through multiple social media platforms capable of connecting people and conveying information regardless of distance and location. It also has some effective facilities such as time savings and affordable operating costs (Ridout & Campbell, 2018). Informal education is able to provide information to youth, especially in daily life. Hence this information needs to be converted into knowledge that can help the youth to manage their daily lives well (Chepkuto et al., 2014). Knowledge related to mental health can only be adapted to changes in the mindset, attitude and behavior of the youth in turn can promote to improve mental health literacy.

Thus communication through digital sites requires an appropriate approach for adolescents and youth. If this aspect of communication is not managed well, it may lead to misunderstandings such as if a youth sends an email to a friend but the email is not answered or does not get any response for a long time, then there is a misunderstanding and negative perception. This shows that, youths can be affected by routine daily activities, trivial and involving even small things can have an impact on the emotional feelings and mental health levels of youths. Sometimes it can create a feeling as if self is not valued. So communication relationships in the virtual world have their own elements that need to be seen in depth and require techniques that are appropriate to the youth (Levine, 2015). In this situation the youth themselves need to be positive and think maturely. Early youths in adolescence are usually immature in thinking and performing an action that causes them to be very easily influenced by surrounding factors (Rumeli et al., 2021).

This positive psychological method applies to all informal education agents to confront youth in improving mental health literacy (Knefel et al., 2020; Nasharudin et al., 2020). Because youths are very unique and have complicated internal and mental situations, so with the psychological approach it is easier for these informal education agents to face the challenge of understanding the real life situations of youths. This is seen as important because to more easily reach out to the youth and make it easier for them to share problems and stories with other informal education agents. What is important is that the psychological approach that should be used by informal education agents is to bring a sense of comfort to young people and it will lead to steps of knowledge sharing sessions, skills, and attitude formation towards improving mental health literacy.

When this process can be perfected to the youth, then this can facilitate the process in changing their thinking and mindset to take appropriate action in improving mental health literacy. The appreciation given to this group, though small but for the youth it is very important to present a sense of excitement (Ariffin et al., 2017). When they get a response, appreciation, praise from others, they will be easier to approach. Therefore youth should be approached with a more comprehensive approach and full of awesomeness to instill a strong sense of motivation and desire for them to take practical steps for improving mental health literacy.

Next things need to be discussed in the context of informal education in an ongoing manner. The efforts and roles carried out by informal agents education need to be implemented continuously in life. It cannot be carried out in phases but it encompasses from all aspects of activities in daily life. Implemented by the government and non-government and when it does not involve a specific time frame, it is in line with the characteristics of informal education which is different from the philosophy and nature of formal education that is time-based. The life activities of young people are synonymous with the informal education agents mentioned in the table below such as the example of social media that brings and shapes influence to the youth. therefore these challenges need to be overcome and played a role to be harnessed towards the development and improvement of their mental health literacy.

Table 2.

Summary of Themes Identified in the Interview and Sample Excerpts

Theme	Code	Description	Quotes example
The role of informal education agents	Family	Family members provide emotional support and social therapy to other members	*"…Psychology is health education, psychotherapy, we empathise with social therapy. This social therapy means family, community support, we empathise with recovery, empathise with work, finances, accommodation"* (Informant 4). *"…Because, for me, the factor that really affects a youth is the first family, because I have met a family that behaves strangely. Not normal, it may not be normal. The second factor is financial, and the third factor is a relationship such as a love relationship, It's normal for young people to have a lot of problems..."* (Informant 2).
	NGO	NGOs promote mental health management methods and other activities related to mental health literacy	*"…there are part of Laman Minda, we have NGOs, there are also their have their own face book, Mental Health Association Sarawak, he has his own face book, MIASA he has his own face book, then another one is a group that we say help line. This is the helpline. So like this Befrienders, let's say like we need someone to talk to we encourage people Befrienders"* (Informant 4).
	Peers	Among the actions required from peers are socialising others, keep asking common dialogue, active listening/ listen	*"…Peers play a very important role. Our university also got peer counselling in volunteers. We train them to be counsellors as peers … in a way for me the peer counsellor is a classroom setting, but it can also be…"* (Informant 1).

Mass media	The mass media becomes an influencer to the youth, including print media (Newspapers, Magazines) and broadcast media (TV, Radio)	*"…to me dimension that the simplest one. Another dimension would be media. What and how does media portray mental health and mental illness? Usually, you look at dramas, movies. Mental illness usually very dramatic, they very extreme, like 'Jocker' is very extreme. Yes. Call the TV, social media, newspaper, go to magazines, gives talks, go to boarding school, (laughter) for everybody very important."* *(Informant 1).*
Social media	Page related to mental health has a positive influence on youth. These include various functions: Social networking (Facebook, LinkedIn, Google+). Microblogging (Twitter, Tumblr). Photo sharing (Instagram, Snapchat, Pinterest). Video sharing (YouTube, Facebook Live, Periscope, Vimeo).	*"…What is easy is social media… to convey a message ..for example with Twitter, create a tread, and with a language that people easily understand ..Pages with public figures are also important in this discussion, for example on Instagram many have now shared about the symptoms, the factors that many people are not mentally healthy..."* *(Focus group discussion)* *"…The current evolution is related to technology, social media, for example two years ago, there were games on Instagram, teenagers who took suicide after doing a poll on IG who asked should I die? And I think this is a disorder/ addiction gadget, apart from that, there is also a gaming disorder for today's youth. There are those who don't eat or drink just to limit their daily gadgets…"* *(Informant 5).*
Expert/ caregiver	experts and professionals such as psychiatrists, psychologists,	*"…They need to think about how to get these youths interested, need to have a mental health day, talk in forums, do exhibitions, interactive programs, build modules for*

	counsellors, ministry officers act actively by performing the process of recognising, acknowledge and contribute		*activities that can promote mental health literacy… these people also need to do something that can and is easy achieved by the public, encourage them…" (Informant 3).*
Mental health literacy conceptualisation	Daily life	It happens and is very close in daily activities	*"…Thus, this mental health literacy is encompassing our daily lives, how one manages oneself, manages time, communicates with others, the function of daily activities can be implemented to be productive…" (Informant 6).*
	Normalisation process	Every effort to make the topic of mental health literacy commonplace in the community is needed.	*"…We have to correct the wrong ideas then we have to make this topic of mental health normalise because… 'make mental health a topic at coffee talk' so people will sit at the coffee shop, he is not just a story about a mass he will tell me about having mental problems like this like this people will normalise the topic of mental health…" (Informant 4).*
	Cultural appropriation	Continuous effort on cultural and tradition construction by the community	*"…he has a different kind of culture. If he reads there, he is not ashamed. He seems to want to tell 'I have my psychiatrist', if here our culture is to let people know that we have received treatment, it will be a kind of shame. So it's our culture … the Malaysian culture itself…" (Informant 1).*
	Help-seeking	All actions and activities that lead to the search for help when stressed	*"Usually I go to see professionals, apart from that, I can also see Mentors or seniors who are older than us and I am also used to when I sleep stress, I think it's my therapy. in the evenings, jog with friends, do physical activities, and most of all,*

share stories with close friends."
(Focus group discussion)

"…In addition, teenagers also need to engage in healthy activities such as sports to achieve physical and mental health. The role of friends to create a good environment must be open and for example, if teenagers are studying, they need to manage time, sometimes sleep or even think too much. Can cause mental health problems…" (Informant 6).

Conclusions

There are various ways available from the environment and informal educational agents to enhance knowledge, attitudes and practice. To enhance mental health literacy, all of them set a good role model and an ideal balanced paradigm at all levels of the organism. When all these interact with each other, mental health literacy will increase. Mental health problems often misunderstood and seen as poorly perceived will eventually find an appropriate solution. Considerations related to the involvement of informal education agents are reunification of existing roles to help youth improve mental health literacy. With the availability of scientific studies related to the role of informal education agents like this, then the public will get a clear understanding to improve and expand the assistance of this multidisciplinary support team. Bad stigma and wrong perceptions of mental health can be reduced and create good and physically and mentally healthy youth and a more prosperous community. Mobilisation to all parties needs to be compatible and balanced and achieve the same goals.

Conflict of Interest

The authors declare that they have no competing interest in conducting this study.

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