

Promotion of Mental Health Literacy and Help-Seeking Behaviour of Adolescents with Mental Health Problems - The Local Perspective

Dr. Benjamin Lai, MH

Co-Chairman, T.N. Foo Centre for Positive Mental Health Subcommittee
The Mental Health Association of Hong Kong

Abstract

Mental health problems of adolescents are increasing in recent years especially with the COVID-19 pandemic. Promotion of mental health literacy intends to enhance knowledge about mental disorders, reduction of stigma and facilitation of help-seeking behaviour. Studies on the effectiveness of education programmes for adolescents seem to show the effectiveness on improvement in knowledge about mental disorders but differing results on the reduction of stigma and help seeking behaviour. Barriers and facilitators to help seeking behaviour of the adolescents have been reported. Teen mental health first aid is being adapted and attuned to the local context and it forms part of a quality mental health campus project to be launched by MHAHK. Appropriate design of an evaluation study of the education programme could help to inform future development and improvement of the program.

Keywords: adolescents, help seeking, mental health literacy

Mental health problems of adolescents

A study on Worldwide Prevalence and Disability from Mental Disorders Across Childhood and Adolescence in 2019 (Kieling et al., 2024) reported that for individuals aged 5 to 24 years, the mean prevalence was 11.63% for mental disorders and 1.22% for substance use disorder. In 2020 COVID-19 pandemic started. According to a systematic review amidst COVID-19 and past pandemics children and adolescents are more likely to experience high rates of depression and anxiety during and after a pandemic, and that pandemics cause stress, worry, helplessness, and social and risky behavioural problems among children and adolescents like substance abuse, suicide, relationship problems, academic issues, and absenteeism from work (Meherali et al., 2021). In another later systematic review on mental health and quality of life in children and adolescents during the COVID-19 pandemic children and adolescents experienced heightened mental health problems,

specifically internalizing symptoms like anxiety and depression (Orban et al., 2023). Further, there was a decline in their overall mental health and health-related quality of life over the course of the COVID-19 pandemic that did not necessarily subside when lockdowns ended.

In 2011 an estimated 16% of Chinese adolescents in Hong Kong had psychiatric disorders (Choi & Hung, 2011). In a local study of secondary school students in 2012, 9.8% reported emotional symptoms, 2.5% reported illicit drug use and 4.6% reported weekly alcohol drinking (Huang et al., 2016). In a critical review of studies on the prevalence of adolescent mental health problems in Hong Kong, the prevalence of depression was reported to be between 0.55% and 2.2% (three studies), whereas the prevalence of anxiety (one study) and generalized anxiety disorder (two studies) were 6.9% and 2.6%, respectively (Yuen et al., 2019). During the COVID-19 pandemic in a local study of secondary

Correspondence concerning this article should be addressed to Dr. Benjamin Lai, Room 504, Belgian Bank Building, 721 Nathan Road, Mongkok, Kowloon, Hong Kong.
Email: laibsb@yahoo.com

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school students the prevalence of symptoms of mild to extremely severe depression, anxiety, and stress were 39.6%, 37.5%, 48.8%, respectively, and the participants' physical, social, and school functioning were lower than the norms of healthy adolescents before the pandemic, and approximately 46.4% of the participants reported using social networking sites/apps often or very often, and 7.8% met the criteria for social networking addiction (Yu et al., 2022). In another local study of suicidal ideation and attempts in students, approximately 17.51% and 7.84% of secondary school respondents reported suicidal ideation and attempts, respectively (Zhu et al., 2023).

In Hong Kong the number of persons who attended the child and adolescent psychiatric specialist outpatient clinics of the Hospital Authority (HA) increased by 162% over the past decade to 40,300 in 2019-2020 (The Legislative Council of the HKSAR, 2021). Among these young psychiatric patients, attention-deficit hyperactivity disorder was the most common mental issue (43%), followed by autism spectrum disorder (35%), and behavioural and emotional disorders (7%). The remaining 15% suffered from other types of mental illnesses such as depression and schizophrenia. Patients new to the psychiatric outpatient service book their appointment through a triage system at the psychiatric clinic. The number of child and adolescent (C&A) psychiatric specialist outpatient new cases of the HA triaged had increased 26% from 10,717 in 2017-2018 to 13,510 in 2021-2022 (Secretary for Health, 2022).

In response to the mental health issues of the youth in Hong Kong, the local government had commissioned a population-based psychiatric epidemiology study of youth mental health in Hong Kong in 2023, The Hong Kong Youth Epidemiological Study of Mental Health (HK-YES) (Wong et al., 2023). The results of the study would provide more comprehensive information about the prevalence of the mental disorders in youth in Hong Kong.

Mental health literacy of adolescents and education program

Mental Health Literacy (MHL) refers to knowledge and beliefs about mental disorders which aid their recognition, management, or prevention (Jorm, 2000). It is assumed that an individual with a higher level of MHL will be more willing to seek professional help for himself or for another person he knows who may be suffering from a mental health problem.

Education programmes have been developed to promote MHL. For the objective assessment and monitoring of effectiveness of education programme

of MHL, over the years instruments have been developed to measure three main areas of MHL covering including knowledge, stigma and help-seeking (Wei et al., 2015). Knowledge measures mainly investigate the ability of illness identification, and factual knowledge of mental disorders such as terminology, etiology, diagnosis, prognosis, and consequences. Stigma measures include those focused on stigma against mental illness or the mentally ill; self-stigma; experienced stigma; and stigma against mental health treatment and help-seeking. Help-seeking measures included those of help-seeking attitudes, intentions to seek help, and actual help-seeking behaviours.

Education programmes to promote MHL of the adolescents have been developed and the concept of MHL has evolved. A scoping review showed that there were four components of MHL of the adolescents including understanding how to achieve and maintain good mental health, understanding mental disorders and their treatments, decreasing the stigma related to mental disorders and increasing the effectiveness of help seeking (Nobre et al., 2021). The majority of programmes/interventions in the promotion of MHL addressed one or more of the four components of MHL with the knowledge of mental disorders and stigma reduction components being the most covered.

Instruments have been developed in the assessment of MHL of the adolescents cover knowledge, attitudes, help-seeking, stress coping, and dealing with family mental health challenges (Castellvi et al., 2019; Riebschleger et al., 2019; Riebschleger et al., 2022; Kågström et al., 2023). The instruments help to guide the development and improvement of the effectiveness of education programmes.

In addition to adolescents being the target participants of the MHL education program, to promote MHL of the adolescents his significant others, like the parents, the teachers and the coaches need to be covered in the overall education programme (Kelly et al., 2011; Vella et al., 2021).

Effects of mental health education programme in promoting mental health literacy of adolescents

In a systematic review of the effectiveness of school MHL programmes among 27 studies, most studies claimed school-based MHL programmes improve knowledge, attitudes and help-seeking behaviour (Wei et al., 2013). However, 17 studies met criteria for high risk of bias and 10 studies for moderate risk of bias. Common limitations included

the lack of randomization, control for confounding factors, validated measures and reports on attrition in most studies. The overall quality of the evidence for knowledge and help-seeking behaviour outcomes was very low, and low for the attitude outcome. There is insufficient evidence to claim for positive impact of school mental health literacy programmes on knowledge improvement, attitudinal change or help-seeking behaviour.

In a systematic review of the Effectiveness of Universal School-Based Mental Health Awareness Programs Among Youth in the United States (Salerno et al., 2016), among the 15 studies, 9 studies measuring knowledge, 8 studies measuring attitudes, and 4 studies measuring help-seeking indicated statistically significant improvements. However, only two had randomized controlled trial (RCT) designs.

In more recent reviews of programmes taught by adolescent's regular teachers and implemented in a classroom environment, statistically significant improvements in adolescent's MHL levels were reported (Nobre et al., 2021). However, non-validated instruments were used. It was reported education programmes might have fewer effectiveness in destigmatizing mental illness or improving social distance (Fretjan, 2021).

In addition to the study on the effectiveness of education programmes, adverse impacts may need to be watched out for. In a randomised control trial of a suicide prevention programme developed to enhance help-seeking, reduce stigma towards suicidal peers and diminish risk factors for suicidality, the programme was found to lead to an increase in desire for social distance and a decrease in prosocial emotions towards a suicidal peer (Grosselli et al., 2024).

In a systemic review of existing conceptualisation and measurement of MHL in adolescent research (Mansfield et al., 2020), there was evidence of conceptual confusion, methodological inconsistency and a lack of measures developed and psychometrically tested with adolescents. The most commonly assessed domains were mental illness stigma and help-seeking beliefs; however, the frequency of assessment varied by definition usage and study design. Recognition and knowledge of mental illnesses were assessed more frequently than help-seeking knowledge. The authors suggest that a better understanding of what MHL means for this population is needed to develop reliable, valid, and feasible adolescent measures, and explore mechanisms for change in improving adolescent mental health.

In a qualitative study of adolescents and educational professionals on mental health help-seeking and needs regarding MHL interventions, themes reported included limited MHL competencies of adolescents, limited competencies of educational professionals to provide mental health support, and limited mental health promotion in the school environment (Beukema et al., 2022). They identified three themes regarding MHL interventions, including addressing basic mental health knowledge and skills, interactive and easily accessible, and sustainable implementation. The findings indicate that the MHL education programme needs to cover the educational professionals and the adolescents, and the school environment affects the effectiveness of the education programmes.

The literature indicates that a specific mental health education programme for the promotion of MHL in adolescents needs to address the various components of MHL, and the effectiveness of the programme in addressing various components of MHL to be verified with an appropriate study design and psychometrically tested measuring instruments, and any untoward effect of the programme ought to be watched out for. The programme needs to cover the educational professionals, the parents and the school environment.

Help-seeking behaviour of adolescents

In general, when a person has a mental health problem, it would be desirable that the person would seek help early when the problem is within a mild degree and early intervention would likely be able to lead to a better prognosis. When adolescents have serious mental health problems, they may not seek help. In a systemic review, between a third and one-half of adolescents who self-harm do not seek help for this behaviour (Rowe et al., 2014). Similarly, those with self-harm thoughts and behaviour may not seek help (Leavey et al., 2020).

It is also reported that those with serious mental health problems have a substantial delay in receiving appropriate professional care (Lustig et al., 2021). Adolescents with worsening depressive symptoms may become increasingly reluctant to seek help over time (Yamaguchi et al., 2023). There can be a substantial delay in receiving appropriate professional care in adolescents with serious mental health problems like self-harm thoughts and behaviour. The relationship between treatment delay and more serious mental problems indicates the need for early treatment.

When adolescents do seek help, the adolescents

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tend to turn to peers, friends and family for help and support (Yap et al., 2013; Rowe et al., 2014). Peers, friends and family play an important role in the facilitation of the adolescents getting appropriate and timely professional help.

It is natural that help-seeking behaviour varies with the health care system in the individual places. In Hong Kong the mean time it took for the child to reach a child psychiatric clinic was reported to be 2.21 years in 1995 (Ho & Chung, 1995). The child's problems were first discussed within the family, then with relatives and then with friends. General medical practitioners and teachers were often contacted before the consultation. Reasons for not having sought treatment from a psychiatrist included not aware of the service or referral system, doctors could not help, and the child's problem was not severe. In a study of adolescents with insomnia in Hong Kong, 9.3% were found to have a DSM-IV diagnosis of insomnia and only 22% had sought help (Chung et al., 2012). In another study of child and adolescents in Hong Kong, 6.7% reported insomnia in the past one year, and only 10.3% had sought help with the symptom left untreated in the majority of the sample (Liu et al., 2016). In a representative population survey on help-seeking behaviour of the young persons with suicidal idea in Hong Kong from 2018 to 2020, 46% did not seek help and 4.1% sought diverse help including professional help (Junus & Yip, 2022). A study of university students in Hong Kong shows that among those with moderate-to-severe depressive symptoms only one-fourth had sought professional help (Sum et al., 2024).

Factors affecting help-seeking behaviour of adolescents

Studies have found that there are barriers and facilitators affecting the help-seeking attitude and behaviour of adolescents for mental health problems.

Barriers towards help-seeking behaviour can broadly be related to knowledge and understanding of mental illness, attitude and stigma, family and other factors. Barriers in knowledge and understanding have included: limited mental health knowledge (Radez et al., 2021), unfamiliarity and insecurity with regard to issues related to mental health and help-seeking (Westberg et al., 2022), lack of belonging and shared experience (Davies et al., 2022), the time-consuming procedures (Omari et al., 2022), and confidentiality being breached (Rowe et al., 2014; Radez et al., 2021). Barriers related to attitude and stigma have included: stigma (Velasco et al., 2020; Davies et al., 2022; Radez et al., 2021; Rowe et al., 2014), fear of

being seen as "attention-seeking" (Rowe et al., 2014), embarrassment (Radez et al., 2021), a strong wish for self-reliance and to safeguard one's own health (Westberg et al., 2022), negative beliefs towards mental health services and professionals (Velasco et al., 2020), and fear of being stigmatized (Omari et al., 2022). Barriers related to family and other factors have included: lack of family support (Omari et al., 2022), lack of family communication (Davies et al., 2022), inaccessible and unresponsive support structures (Westberg et al., 2022), and chronic and severe depressive symptoms in mothers (Han et al., 2023).

Positive help-seeking attitude is associated with being more knowledgeable about mental health, more positive attitudes towards mental illness, and higher intention to help-seeking (Omari et al., 2022). Positive parenting is associated with help-seeking intention (Maiuolo et al., 2019).

Facilitators for help-seeking behaviour have included being positive and knowledgeable about mental illness (Omari et al., 2022), mental health literacy, previous positive experience with health services (Velasco et al., 2020), an adequate support system, and being positive to the reputation of mental health (Omari et al., 2022).

Other factors reported to be possibly related to the help-seeking behaviour of the adolescent have included views on the sources of mental health, how to manage different types of relationships, thoughts on accepted ways to express mental health problems, an expressed need to be seen and heard by adults including parents, school staff, and other professionals (Hellström et al., 2021), and perceived cause for emotional distress (O'Neill et al., 2023).

In the design of the education programme in the promotion of MHL and help-seeking behaviour of adolescents the various barriers and facilitators need to be considered, addressed, and utilized in the program.

Relationship between mental health literacy and help-seeking of adolescents

In a systematic review of school-based MHL interventions to promote help-seeking (Ma et al., 2023), overall there is no strong evidence for the effectiveness of school-based mental health literacy interventions in improving help-seeking outcomes, including general attitudes towards help-seeking, personal intentions to seek help, knowledge of when and how to seek help for mental disorders, confidence

to seek help, and actual help-seeking behaviours.

In another systematic review and meta-analysis regarding the effectiveness of MHL interventions in schools (Amado-Rodríguez et al., 2022), MHL interventions are effective in augmenting mental health knowledge, but not in reducing stigma or improving help-seeking behaviour.

Similarly, in a systematic review and meta-analysis of the literature on The Effect of Web-Based Educational Interventions on Mental Health Literacy, Stigma and Help-seeking Intentions/Attitudes in Young People (Nazari et al., 2023), the results showed that educational interventions improved mental health literacy knowledge, but not stigma or help-seeking outcomes.

The local perspective

In Hong Kong, the Education Bureau (EDB) has promoted schools to adopt the Whole School Approach directed at three levels, namely Universal, Selective, and Indicated, to promote mental health amongst students and to enhance support for students with mental health needs (The Education Bureau, HKSAR, 2024). At the Universal level, schools should raise the awareness on mental health and enhance MHL of students, teachers and parents, early detect students in need, strengthen students' resilience and mental health as well as reduce the stigma associated with help-seeking behaviour. At the Selective level, schools should put emphasis on enhancing identification and support for at-risk students. At the Indicated level, schools should ensure students with mental health problems (including those with mental illness) could receive timely and appropriate mental health support services. Thus enhancement of MHL and reduction of stigma associated with help-seeking behaviour are within the local public policy.

Among the support programmes promoted by EDB include Peer Power - Student Gatekeeper Training Programme, which has been launched since the year 2019 - 2020. It is recognised that peers play an important role in identifying at-risk counterparts for early support and intervention. Secondary school students ("peer leaders") nominated by teachers will receive a series of school-based and joint-school training. Through interactive activities, they will learn methods to maintain mental well-being, common mental illnesses, and practical skills to care for peers in distress. Specifically, seeking help from reliable adults is emphasised in the training. In order to boost the awareness and understanding in mental health amongst students and teachers, peer leaders will organise different kinds of school-based mental

health promotional activities upon completion of gatekeeper training.

Promotion of public education in mental health has been one of its core missions of The Mental Health Association of Hong Kong since its establishment in 1954 (MHAHK, 2024). The goals are to provide knowledge of mental illness and mental health, reduce stigma against mental illness and the mentally ill, dispel misconceptions of mental illness and misunderstanding of the mentally ill, and promote integration and mental health of the community. Over the years, educational activities have included public talks, seminars, exhibitions, workshops, telephone hotlines, publications, news releases, presentations in media and open days.

Mental Health First Aid (MHFA) was established by Jorm and Kitchener in Australia in 2000 as an education programme to improve knowledge, skills, and confidence in recognising and responding to mental health problems in another person. The programme was introduced to Hong Kong in 2004 with the contents of the programme translated and attuned to the situation in Hong Kong. In a study with a quasi-experimental design, it was reported that MHFA might be effective in enhancing participants' knowledge of mental disorders, reducing stigma, and in enhancing perceived confidence in providing help to people with mental illness (Wong et al., 2015).

While the MHFA course is for adults, the Youth Mental Health First Aid Programme was launched in Australia in 2007 with the aim of teaching adults who work with or care for adolescents the skills needed to recognise the early signs of mental illness, identify potential mental health-related crises, and assist adolescents in getting the help they need as early as possible (Kelly et al., 2011). It was introduced and attuned to the situation in Hong Kong in 2011.

Teen Mental Health First Aid focuses on developing knowledge and skills in recognising warning signs that a peer is developing a mental health problem, understanding how to talk to a peer about mental health and seeking help, when and how to tell a responsible adult, where to find appropriate and helpful resources about mental illness and professional help, and how to respond in a crisis situation (Hart et al., 2016). The teen MHFA programme aims to increase MHL, decrease stigmatising attitudes towards individuals with mental illness, and improve MHFA behaviours. In the uncontrolled pilot study, statistically significant improvements were found in MHL, confidence in providing MHFA to a peer, help-seeking intentions,

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and student mental health, while stigmatising attitudes significantly reduced. Teen Mental Health First Aid has just been introduced and attuned to Hong Kong in 2024.

With the support from the Hong Kong Jockey Club Charities Trust, nine mental health promotion programmes in secondary schools have been funded and run by different NGOs. In the Quality Mental Health Campus Pioneer Project by MHAHK as funded by the Hong Kong Jockey Club Charities Trust, teen Mental Health First Aid courses will be provided for target secondary school students, and youth Mental Health First Aid courses will be provided to teaching staff, and parents to promote their understanding of students' mental health needs from different perspectives. Students chosen as mental health ambassadors will be trained and they will carry out a series of activities so as to create a caring environment for mental wellness in the campus. A multi-disciplinary task force including the psychiatrist, the clinical psychologist, and the psychiatric social worker, will be set up to provide mental health consultation and support services to a participating school.

As discussed, appropriate evaluation of the effectiveness of an education programme serves to promote development and improvement of the effectiveness of the education program. Studies of education programmes for school students to reduce the stigma of mental illness in Hong Kong have reported positive changes in attitude and reduction in stigma (Ng & Chan, 2002; Chan et al., 2009; Yau et al., 2011; Fung et al., 2016). In one study, results suggested that adding video-based contact after education could significantly improve programme effectiveness in reducing stigma on the mental illness of schizophrenia (Chan et al., 2009). In another study significant improvements in both mental health knowledge and attitude post programme were reported in a two-year school-based mental health awareness programme in Hong Kong including educational workshops on various mental health issues and interactive activities with psychiatric institutes' service users (Lee et al., 2012). Similarly in a mental health youth ambassador programme for anti-stigma among secondary students in Hong Kong participation in the programme involving social contact with persons-in-recovery had significant improvement in attitudes towards those with depression and those with psychosis (Chan et al., 2022). In another approach an education programme supplementing a traditional psychoeducational talk with an engaging drama performance and exercise demonstrations was found to improve significantly both students' knowledge of

psychosis and their attitude towards the illness (Hui et al., 2019). As discussed, it would be desirable that an appropriate study design with psychometrically tested and preferably similar measuring instruments across different studies would allow a better understanding of the effectiveness of the individual programme and a possible integration of the effective components of the programmes into a comprehensive programme that can promote the help seeking of the adolescent with mental health problem.

It is desirable that an appropriate evaluation study with the appropriate measuring instruments can be designed in the Quality Mental Health Campus Pioneer Project together with other mental health promotion projects as comparison and control for one another such that its effectiveness in the promotion of the adolescent in mental health literacy and in particular in promotion of help-seeking behaviour can be better assessed and in turn to facilitate the future development and improvement of the program.

Education programmes may need to be supplemented by experiential learning through contact with the persons in recovery. Prioritization of emotional health as a part of the culture in the school system and a part of the parent-child relationship as well as timely provision of emotional support and intervention for the adolescent and the family whenever necessary would need to be the cornerstones for the promotion of mental health of the adolescents and timely help-seeking of the adolescents with mental health problems.

For promulgation of mental health for all in the community, promotion of mental health literacy before adulthood and within the setting of school education would likely be most beneficial, practical and possibly most cost effective. With the experience of promotion of MHFA in Hong Kong in the past two decades and the achievement of more than 1% of the local population having taken MHFA, the groundwork has been laid for furthering the promotion of mental health literacy and appropriate help-seeking behaviour through appropriate education programmes for adolescents in Hong Kong. Adolescents with mental health needs should have early recognition. Those with mental health problems should have ready access to timely assessment, support, care and intervention. It is envisioned that every school in Hong Kong will have the benefit of appropriate education programmes including teen MHFA for students and youth MHFA for teachers and parents, and every school can have qualified trainer(s) for MHFA courses. With better understanding and recognition of the mental health needs and help-seeking behaviour of the adolescents,

the effectiveness of education programmes, and accessibility of input by mental health professionals, it is hopeful that schools would be ready and prepared to adopt the policy and strategies to attain and maintain a caring environment for mental wellness in the campus.

Conclusion

Education programmes to promote mental health literacy can form the appropriate basis to promote help-seeking for adolescents with mental health problems. The way the adapted and attuned local version of teen MHFA can be applied in the promotion of mental health literacy and help-seeking behaviour for adolescents in Hong Kong need to be developed. The timely provision of funding for mental health promotion for adolescents should offer a great opportunity for studies to verify the effectiveness of teen MHFA for adolescents in Hong Kong and further development of effective education programmes in the promotion of help-seeking of adolescents with mental health problems.

摘要

提升青少年心理健康素質及對心理健康問題的求助行為－本地情況

最近數年，尤其在新冠疫情下，青少年的精神健康問題有上升的趨勢。提升心理健康素質，是意圖通過增加對精神病患的知識、減低歧視、及增進求助行為。對青少年心理健康教育計劃的調研，顯示可以增加對精神病患的知識，但對減低歧視及求助行為，調研結果並不一致。對青少年人求助行為，研究報告了不同的障礙及輔助因素。由澳洲引入的青少年心理健康急救課程，已被翻譯及改編成為本地的中文版本；也被採納在香港心理衛生會推行的優質精神健康校園計劃中。適切的調研，可以改進及輔助這個課程的未來發展。

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