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Mental health literacy in people with mental illness: an exploratory study in a psychiatric service

Alfabetización en salud mental en personas con enfermedades mentales: un estudio exploratorio en un servicio psiquiátrico

Literacia em saúde mental na pessoa com doença mental: estudo exploratório num serviço de psiquiatria

Ana Sofia Malés Pereira[1]
ORCID: 0000-0002-6357-2167
Manuel do Nascimento Silva Paulino[1]
ORCID: 0000-0002-2675-5503
Juliana Almeida de Souza[2]
ORCID: 0000-0002-2578-3684
Sandra Cristina do Espirito Santo Ventura[1*]
ORCID: 0000-0003-2735-6333

[1]Instituto Politécnico da Guarda. Guarda, Portugal.
[2]Instituto Politécnico de Bragança. Bragança, Portugal.

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***Corresponding author:**
scventura@ipg.pt

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Abstract

Recognizing that people with low levels of Mental Health Literacy will have more difficulty identifying the symptoms of their illness early and receiving appropriate treatments, and that Mental Health Literacy is an important therapeutic strategy, the objective was to assess the levels of Mental Health Literacy in severely mentally ill patients admitted to a psychiatric unit. This exploratory and observational study, approved by the Ethics Committee of a hospital in the central region of Portugal, involved 46 people with mental illness who signed informed consent forms. Mental Health Literacy Measure (MHLM), which scores from 0 to 26 points, levels were higher than those reported in the literature, with a median (25th-75th percentile) of 19 (16-21), with emphasis on the domains of knowledge (9) (8-11) and resources (3) (2-4). Age influenced the domains of beliefs and resources, and educational attainment influenced the domain of resources. Increasing mental health literacy in people with mental illness means focusing on promoting mental health and empowering them to use available resources consciously and responsibly to manage their illness.

Descriptors: Mental Disease; Mental Health; Levels of Mental Health Literacy; Health Literacy; Mental Health Literacy.

Resumén

Reconociendo que las personas con bajos niveles de Alfabetización en Salud Mental tendrán más dificultades para identificar los síntomas de su enfermedad de forma temprana y recibir tratamientos adecuados, y que la Alfabetización en Salud Mental es una estrategia terapéutica importante, el objetivo fue evaluar los niveles de Alfabetización en Salud Mental en pacientes con enfermedades mentales graves ingresados en una unidad psiquiátrica. Este estudio exploratorio y observacional, aprobado por el Comité de Ética de un hospital en la región central de Portugal, involucró a 46 personas con enfermedades mentales que firmaron formularios de consentimiento informado. Los niveles de la Medida de Alfabetización en Salud Mental (MHLM), que puntúa de 0 a 26 puntos, fueron más altos que los reportados en la literatura, con una mediana (percentil 25-75) de 19 (16-21), con énfasis en los dominios de conocimiento (9) (8-11) y recursos (3) (2-4). La edad influyó en los dominios de creencias y recursos, y el logro educativo influyó en el dominio de recursos. Aumentar la alfabetización en salud mental en personas con enfermedades mentales significa centrarse en promover la salud mental y empoderarlas para que utilicen los recursos disponibles de manera consciente y responsable para controlar su enfermedad.

Descriptores: Enfermedad Mental; Salud Mental; Niveles de Alfabetización En Salud Mental; Alfabetización En Salud; Alfabetización En Salud Mental.

Resumo

Reconhecendo que as pessoas com baixos níveis de Literacia em Saúde Mental terão mais dificuldade em identificar precocemente os sintomas da sua doença e em fazer os tratamentos adequados e que a Literacia em Saúde Mental é uma importante estratégia terapêutica, objetivou-se avaliar os níveis de Literacia em Saúde Mental em doentes mentais graves internados num serviço de psiquiatria. Neste estudo exploratório e observacional, aprovado pela Comissão de Ética de um Hospital da região Centro de Portugal, participaram 46 pessoas com doença mental, após assinatura do consentimento informado, livre e esclarecido para participar no estudo. Os níveis de Literacia em Saúde Mental, avaliados pela escala *Mental Health Literacy Measure* (MHLM), que pontua de 0 a 26 pontos, foram superiores aos relatados na literatura, com uma mediana(percentil25-75) de 19(16-21), destacando-se os domínios dos conhecimentos 9(8-11) e dos recursos 3(2-4). A idade interferiu nos domínios das crenças e recursos e as habilitações literárias no domínio dos recursos. Aumentar a Literacia em Saúde Mental da pessoa com doença mental é apostar na promoção da saúde mental e no empoderamento da pessoa para o uso consciente e responsável dos recursos disponíveis na gestão da sua doença.

Descritores: Doença Mental; Saúde Mental; Níveis de Literacia em Saúde Mental; Literacia em Saúde; Literacia em Saúde Mental.

Introduction

Health Literacy is unequivocally recognized as a determinant, mediator, and moderator of 21st-century health[1-3]. Somewhat inexplicable and somewhat surprising, Mental Health Literacy (MHL) continues to be neglected or underrecognized as a fundamental strategy for preventing mental illness, despite the high prevalence of mental illness worldwide. The concept of MHL was defined in 1997 by Jorm et al.[4], with the main intention of drawing attention to the importance of knowledge about Mental Health (MH) and mental disorders and also to expertise linked to action, that is, to adopt practical measures for the benefit of one's own MH or the MH of others[5], and which currently stand out as pillars of good practices in mental health and psychiatry. The conceptualization of MHL had a significant impact on international policies, interventions, and programs, enabling a bridge between needs and priorities in the health sector, including addressing serious gaps in public understanding, not only of mental illness but also of the effectiveness of available treatments. This enabled and motivated the need to monitor MHL levels[6].

Increasing MHL is one of the most important strategies for reducing the global burden of mental health disorders and improving the overall health and well-being of the population, empowering people to be more autonomous, collaborative, and, most importantly, aware of their duties and rights in their health project[7]. The essential components of MHL include achieving and maintaining positive mental health; understanding mental disorders and their treatments; reducing the stigma associated with mental disorders; and increasing the effectiveness of help-seeking[8].

There are clearly significant consequences resulting from weak or reduced MHL. A person with low MHL does not identify symptoms of the disease early, seeks access to negative resources such as alcohol and drug use, and may receive incorrect treatments or not receive appropriate treatment at all, increasing the risk of suicide or harm to themselves and others[9]. Some studies indicate that women have higher levels of MHL and are better able to recognize Mental Illness (MI), seeking professional help faster than men[7]. In Portugal, studies carried out on MHL are still limited[10], and the limited number of studies that highlight literacy levels in people living with MI.

Recognizing the importance of MHL as a core strategy for promoting mental health and preventing mental illness, it is imperative to assess MHL levels in individuals with MI, since existing data in Portugal are virtually nonexistent, and internationally, data are also quite scarce. The objective is to assess MHL levels, analyze the relationship between sociodemographic variables and MHL levels, and identify the factors that most influence MHL in individuals with severe MI admitted to a psychiatric ward.

Methodology

In this exploratory, observational, cross-sectional, descriptive-correlational study, carried out in a psychiatric service, the selected sample was of the non-probabilistic type for convenience, due to the need to establish a prior therapeutic relationship with the person and the ease of access to the sample.

The sample included patients admitted to the Psychiatry department of a hospital in the central region of Portugal, over 18 years of age, with a medical diagnosis of: Schizophrenia Spectrum Disorders and Other Psychotic Disorders, Bipolar Disorders and Related Disorders, and Depressive Disorders,[11] undergoing treatment with at least one antipsychotic medication (first or second generation) and who freely, informedly, and voluntarily agreed to participate in the study. Patients under involuntary hospitalization under the Mental Health Law, while not clinically stabilized, and patients with a concomitant diagnosis of Neurodevelopmental Disorder or Neurocognitive Disorder (even in the early stages) were excluded from the sample.

After signing the free, informed and informed consent form, an individual questionnaire was applied using the private interview method, for sociodemographic and clinical characterization (age, gender, marital status, educational qualifications, professional situation, and medical diagnosis), which included the Mental Health Literacy Measure (MHLM) scale for assessing MHL[12]. Data collection was carried out between December 1, 2022, and January 31, 2023.

The MHLM scale was used, after due authorization, since it was validated in the Portuguese version, in 2018, by the Higher School of Health of the Polytechnic Institute of Porto and the Faculty of Psychology and Educational Sciences of the University of Porto (FPCEUP), and had already been applied in a pilot study[13] with ten patients with schizophrenia. The MHLM scale consists of 26 items and is subdivided into three distinct domains: 12 items assess knowledge (items 1-12), 10 assess beliefs (items 13-22), and the last four items assess resources (items 23-26). For the first 23 items, response options were based on a five-point Likert scale (1 - "completely disagree" to 5 - "completely agree," and 0 for the response option "I don't know"). For the first 12 statements, a score of 1 point was assigned to the responses "I agree" and "completely agree," and 0 points to the remaining options (disagree, completely disagree, and neither agree nor disagree/neutral). In statements 13 to 22, 1 point is assigned to the answers “I disagree” and “I completely disagree” and a rating of 0 points for the remaining options. In the second part of the scale, consisting of the remaining items 23 to 26, responses are given on a dichotomous scale (1 - "yes" and 0 - "no"). The overall score is calculated by adding all the items, after converting them from the dichotomous scale. The higher the score, the higher the MHL level, which can range from 0 to 26 points[10,12]. The original version of the MHLM scale presents high consistency, with a Cronbach's α value of 0.83 (MHLM Total), and in the three domains that constitute it, 0.76 (knowledge domain), 0.77 (beliefs domain), and 0.84 (resources domain)[12]. In the Portuguese version, the MHLM scale presents a value of Cronbach's α = 0.81 (high consistency), 0.71 in the knowledge domain and 0.79 in the beliefs domain (high consistency), and 0.64 in the resources domain (moderate consistency)[14].

The data were subsequently pseudonymized, coded, and analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 28.0 for Windows. The normality of continuous variables was tested using the Kolmogorov–Smirnov test (with p<0.200 considered the threshold for true significance). Because the variables were not normally distributed, nonparametric tests were used. The sample was characterized using absolute and relative frequencies for categorical variables, and median and 25th and 75th percentiles for continuous variables. To assess the association between MHL and sociodemographic variables, the Mann-Whitney or Kruskal-Wallis tests were used for categorical variables, and Spearman's correlation for continuous variables. To identify the relationship between the MHL and each of the 26 questions on the MHLM scale, the Kruskal-Wallis H-Test was used, and, whenever a level of significance was found (p<0.05), the Mann-Whitney U-Test was applied.

The study was submitted for approval to the Hospital's Board of Directors (Information No. 117/2022) and received a favorable opinion from the Hospital's Ethics Committee (Opinion No. 117/2022). Under the Declaration of Helsinki and the Oviedo Convention, each participant, after being fully informed, signed their free and informed consent to participate in the study. All data were processed based on the General Data Protection Regulation.

Results

The sample consisted of 46 patients admitted to the Psychiatry department, 52.2% men and 47.8% women, with a median age of 45 years (37.8-56.2). More than half of the interviewees (52.2%) were single, the majority (47.8%) had completed primary education, 30.4% had completed higher education, and 45.7% were professionally active. Regarding the current medical diagnosis, according to DSM V[11], 47.8% have psychotic disorders, 30.4% bipolar disorders, and 21.7% depressive disorders.

The reliability of the MHLM scale in this sample resulted in moderate consistency levels (total MHLM, Cronbach's α = 0.611), 0.639 in the knowledge domain (moderate consistency), 0.728 in the beliefs domain (high consistency), and 0.682 in the resources domain (moderate consistency). Regarding the MHL level (MHLM scale, which scores a maximum of 26 points), a total median of 19 and a 25th-75th percentile of 16-21 were obtained. In the knowledge domain (scores a maximum of 12 points), the values were 9 (8-11), in the beliefs domain (scores a maximum of 10 points) 6 (5-8), and in the resources domain (scores a maximum of 4 points) 3 (2-4). Table 1 shows that the MHL level has a moderate negative correlation with age in the domains of beliefs (p<0.05) and resources (p<0.05). In other words, the older the age, the lower the MHL level in the beliefs and resources domains. Regarding educational qualifications, statistically significant differences were found in the resources domain (p<0.05) in at least one of the educational qualification categories analyzed. Thus, individuals with secondary education (p<0.05) or higher education (p<0.05) had higher literacy levels in the resources domain than individuals with basic education.

The influence of each of the 26 items of the MHLM scale on the final score was tested (Table 2), and it was observed that of the statements assessing knowledge domain, items 2, 6, and 7 had the greatest influence on the MHLM. For statement 2, "A person with schizophrenia can see things that are not really there" (p=0.002), the most frequent response was "strongly agree," with 39% of responses; for statement 6, "Cognitive behavioral therapy can change the way a person thinks and reacts to stress" (p=0.026), the most frequent response was "agree," with 41%; and in statement 7 “A person with bipolar disorder can experience a radical change in mood” (p=0.047), the most frequent response was “I completely agree”, with 43% of responses.

Regarding the items assessing the domain of beliefs, items 13, 14, 16, 17, 18, and 21 had the greatest influence on MHL. For statement 13, "A very religious/spiritual person does not develop mental illness" (p=0.009), the most frequent response was "strongly disagree," at 59%; for statement 14, "Depression is a sign of personal weakness" (p=0.004), the most frequent response was "strongly disagree," at 26%, with statistical significance between the extremes of the scale, "strongly disagree," and "strongly agree" (p=0.002); for statement 16, "Recovery from mental illness depends on chance or fate" (p=0.024), the most frequent response was "disagree," at 28%; in statement 17 “You should not ask a person with depression if they have thoughts about suicide” (p=0.039), the most frequent response was I completely agree, with 24%; in statement 18 “Poor parental performance causes schizophrenia” (p=0.001), the most frequent response was I don’t know, with 46%; and in statement 21 “A person can stop compulsively hoarding things whenever they want” (p=0.005), the most frequent response was I disagree, with 41% of responses.

In the resource domain, items 24, 25, and 26 most influenced the MHL. For statement 24, "I know where to get the number of a suicide prevention hotline" (p<0.001), the most frequent response was no, with 52% of responses; for statement 25, "I know where to get useful information about mental illness" (p=0.001), the most frequent response was yes, with 70% of responses; and for statement 26, "I know how to contact a mental health organization in my area" (p=0.032), the most frequent response was yes, with 87% of responses.

Discussion

This study aimed to assess MHL levels in individuals with severe MI admitted to a Psychiatry ward and analyze the relationship between these levels and sociodemographic variables, identifying the items with the greatest influence on MHL. The median MHL level was 19, obtained using the MHLM scale, which scores up to 26 points. Younger individuals or those without qualifications had higher MHL levels in the areas of beliefs and resources, respectively. The MHLM items that most influenced the final score in this sample were items 2, 6, and 7 for the knowledge domain; items 13, 14, 16-18, and 21 for the beliefs domain; and all (from 23 to 26) for the resources domain.

MHLM Domains	Age		Gender			Marital status					Educational qualifications					Professional situation				Current diagnosis			
	rs	*p=*	M	F	p-value – U-test	Solt	C/UF	Div/S	V	p-value – H-test	SH	EB	ES	ESup	p-value – H-test	E/T	D	R	p-value – H-test	TD	TP	TB	p-value – H-test
KNOWLEDGE	0.134	*0.375*	8.7 ± 2.2	9.4 ± 2.5	*0.153*	9.0 ± 2.2	9.2 ± 2.9	9.0 ± 1.9	9.0 ± 3.0	*0.857*	6.0 ± 0.0	9.6 ± 1.6	8.7 ± 2.1	8.7 ± 3.3	*0.389*	9.2 ± 2.8	8.3 ± 2.3	9.5 ± 1.5	*0.219*	9.2 ± 3.2	8.6 ± 2.5	9.0 ± 1.6	*0.479*
BELIEFS	-0.400	***0.006****	6.2 ± 2.6	6.2 ± 2.5	*0.755*	7.1 ± 2.3	5.7± 2.2	5.0 ± 3.3	4.0 ± 2.0	*0.063*	4.0 ± 0.0	5.5 ± 2.2	6.8 ± 2.7	7.1 ± 2.7	*0.058*	6.7 ± 2.5	6.2 ± 2.5	5.2 ± 2.2	*0.159*	6.0 ± 1.4	5.9 ± 2.7	6.08 ± 2.6	*0.467*
RESOURCES	-0.486	***0.001****	3.2 ± 1.0	2.7 ± 1.2	*0.134*	3.2 ± 1.1	2.9 ± 1.0	2.5 ± 1.5	2.7 ± 1.2	*0.440*	4.0 ± 0.0	2.5 ± 1.1	3.8 ± 0.7	3.2 ± 1.2	***0.005****	3.0 ± 1.2	3.2 ± 1.0	2.6 ± 0.9	*0.196*	3.0 ± 1.3	3.0 ± 0.9	3.0 ± 1.2	*0.319*
TOTAL	-0.266	*0.074*	18.2 ± 4.4	18.4 ± 4.7	*0.886*	19.3 ± 3.9	17.8 ± 5.1	16.5 ± 5.2	15.7 ± 3.8	*0.367*	14.0 ± 0.0	17.6 ± 3.3	19.3 ± 3.5	19.0 ± 6.4	*0.104*	18.9 ± 5.4	17.9 ± 3.8	17.4 ± 2.8	*0.209*	17.8 ± 4.6	17.9 ± 4.6	19.2 ± 4.1	*0.840*

Table 1. Relationship between sociodemographic and clinical data and the domains of the MHLM Scale. Guarda, Portugal, 2022-2023

Legend: H, Kruskal-Wallis; U, Mann-Whitney; M, Male; F, Female; Solt, Single; C/U, Married/Cohabiting; V, Widowed; SH, No Qualifications; EB, Basic Education; ES, Secondary Education; ESup, Higher Education; E/T, Student/Worker; D, Unemployed; R, Retired; TD, Depressive Disorders; TP, Psychotic Disorders; TB, Bipolar Disorders.

	MHLM QUESTIONS	DT	D	N	C	CT	NS	Answer 1 point	p-value - H-test	p-value - U-test	HLM Score Mdn (p25-p75)
KNOWLEDGE	1. Counseling is a useful treatment for depression	0%	0%	4.3%	52.2%	39.2%	4.3%	42	0.054	-	9 (8-11)
	2. A person with schizophrenia may see things that do not actually exist	6.5%	0%	2.2%	28.3%	39.1%	23.9%	31	**0.002**	0.129	
	3. Early diagnosis of a mental illness can increase the likelihood of improvement	0,0%	2.2%	8.7%	37.0%	47.8%	4.3%	39	0.454	-	
	4. Attending peer support groups helps with recovery from mental illness	2.2%	2.2%	8.7%	37.0%	32.6%	17.4%	32	0.614	-	
	5. Unexplained physical pain or fatigue could be a sign of depression	2.2%	0.0%	13.0%	32.6%	43.5%	8.7%	35	0.413	-	
	6. Cognitive behavioral therapy can change the way you think and react to stress	2.2%	6.5%	4.3%	41.3%	24.0%	21.7%	30	**0.026**	0.661	
	7. A person with bipolar disorder may experience a radical change in mood	2.2%	0.0%	2.2%	23.9%	43.4%	28.3%	31	**0.047**	0.618	
	8. Taking prescription medication for mental illness is effective	2.2%	13.0%	8.6%	37.0%	37.0%	2.2%	34	0.286	-	
	9. When a person stops taking care of their appearance, it can be a sign of depression	0.0%	6.5%	6.5%	28.3%	58.7%	0.0%	40	0.056	-	
	10. Drinking alcohol worsens symptoms of mental illness	2.2%	8.7%	6.5%	21.7%	45.7%	15.2%	31	0.120	-	
	11. A person with mental illness can receive treatment in a community setting	6.5%	4.4%	0.0%	45.7%	21.7%	21.7%	31	0.100	-	
	12. A person with anxiety disorders has excessive anxiety or fear	0.0%	2.2%	0.0%	43.5%	43.5%	10.8%	40	0.059	-	

Table 2. MLHM Scale and Mental Health Literacy Levels. Guarda, Portugal, 2022-2023

Legend: Mdn, Median; p25-p75, 25th percentile-75th percentile; * p<0.05; H, Kruskal-Wallis; U, Mann-Whitney; DT, Strongly Disagree; D, Disagree; N, Neutral; C, Agree; CT, Strongly Agree; NS, Don't Know.

	MHLM QUESTIONS	DT	D	N	C	CT	NS	Answer 1 point	p-value - H-test	p-value - U-test	HLM Score Mdn (p25-p75)
BELIEFS	13. A very religious/spiritual person does not develop mental illness.	58.7%	19.6%	2.2%	2.2%	2.2%	15.1%	36	0.009	0.213	6 (5-8)
	14. Depression is a sign of personal weakness	26.1%	23.9%	8.7%	17.4%	19.6%	4.3%	33	0.004	**0.002**	
	15. Mental illness is a short-term disorder	43.5%	32.6%	4.3%	6.5%	4.3%	8.6%	35	0.255	-	
	16. Recovery from mental illness depends on chance or fate	19.6%	28.3%	4.3%	21.7%	4.3%	21.7%	22	0.024	0.905	
	17. A person with depression should not be asked if they have thoughts about suicide	19.6%	19.6%	8.7%	21.7%	23.9%	6.5%	18	0.039	0.674	
	18. Poor parenting performance causes schizophrenia	19.6%	21.7%	4.3%	8.7%	0.0%	45.7%	19	0.001	0.102	
	19. Mental illness improves over time, even without treatment	34.8%	32.6%	10.9%	13.0%	2.2%	6.5%	31	0.180	-	
	20. Recovering from mental illness is the same as being cured	37.0%	32.6%	8.7%	6.5%	10.9%	4.3%	32	0.435	-	
	21. A person can stop compulsively hoarding things whenever they want	26.1%	41.3%	8.7%	10.9%	2.2%	10.9%	31	0.005	0.152	
	22. A person with depression will get better on their own without treatment	52.2%	34.8%	6.5%	2.2%	0.0%	4.3%	40	0.118	-	
RESOURCES	23. I know where to go for mental health care	Yes	No	-	-	-	_	44	0.007	-	3 (2-4)
	24. I know how to get the number for a suicide prevention hotline	95.7%	4.3%	_	_	_	_	22	<0.001	-	
	25. I know where to get useful information in mental illness	47.8%	52.2%	-	-	-	-	32	0.001	-	
	26. I know how to contact a mental health institution in my area	69.6%	30.4%	-	-	-	-	40	0.032	-	

Table 2. MLHM Scale and Mental Health Literacy Levels. Guarda, Portugal, 2022-2023 (to be continued)

Legend: Mdn, Median; p25-p75, 25th percentile-75th percentile; * p<0.05; H, Kruskal-Wallis; U, Mann-Whitney; DT, Strongly Disagree; D, Disagree; N, Neutral; C, Agree; CT, Strongly Agree; NS, Don't Know.

Of these, items 14, 18 and 21 (p=0.004, p=0.001 and p=0.005, respectively) and items 24 and 25 (p<0.001 and p=0.001 respectively) stand out, and item 14 "Depression is a sign of weakness" deserves particular attention, due to its greater impact on the total MHL score and the statistical significance between the extremes of the MHLM scale.

There is little data on the level of MHL in the Portuguese population, which makes it difficult to adequately understand the problem, and the few studies that exist focus essentially on assessing the level of Health Literacy[6] and on the assessment of MHL in the non-ill adolescent and young adult population. In the pilot study with ten patients diagnosed with schizophrenia, in which the MHLM scale was used, moderate MHL levels were observed[13]. However, most studies that assessed the MHL level of people with mental illness identified inadequate MHL levels[18]. In our study, participants demonstrated good levels of MHL (median of 19), with results surprisingly higher than expected, particularly in the domains of resources (median of 3 (2-4)) and knowledge (median of 9 (8-11). An important finding that allows us to better understand the results is the fact that these individuals had been hospitalized several times, which may explain their knowledge of the disease and its symptoms, and their ability to more easily recognize different mental illnesses. In our study, we found statistically significant differences between age and the domains of beliefs and resources, and between educational attainment and the domain of resources. Higher levels of MHL were identified in women, and they are more likely to recognize mental health problems[19]. People with higher levels of education and closer contact with people with mental illness tend to have higher levels of MHL[20,21]; other studies (although not unanimously) suggest that MHL levels increase with age[19].

Assuming that three-quarters of mental illnesses appear by age 25[6], it is crucial to invest early in good practices to promote mental health literacy and in training health professionals, identifying early and intervening promptly when a mental health problem arises[15]. We should rethink the practical importance of investing in MHL throughout the life cycle, especially with children and young people, promoting healthy development, contributing to the promotion of healthy behaviors, reducing health-related risks in the future[16], and thus avoiding the exponential outbreak of many mental illnesses.

In a psychiatric service, the role of the nurse specializing in mental health and psychiatric care is crucial, making the difference between active and passive management of the treatment process and subsequent rehabilitation. During the interview process, we easily realize that the patient has considerable difficulty accepting and understanding the chronic nature of their illness, that it will involve multiple contacts with the healthcare system, and that the more and better informed they are about their condition, the better the outcome will be. It is therefore imperative that nurses working with these patients consider, in their interventions, assessing their level of understanding, their ability to implement the prescribed actions, their level of motivation for change, and their general health status and age[17].

The limitations are essentially related to the sample size, although the study's intended objectives were achieved. The strong point was undoubtedly the evaluation of MHL in the target population of people with mental illness, as it allowed us to make important considerations about MHL in people with mental illness as a contribution to future studies. It is hoped that this study can contribute to the need for the implementation of more and better practices related to mental health and MHL, and to the formulation of mental health policies that recognize the importance of urgent and necessary investment in MHL for the population with mental illness, which translates into undeniable benefits for people with mental illness, as a way of enhancing their individual health and public health.

Conclusion

This study identified a median MHL score of 19 points among individuals admitted to a psychiatric inpatient unit in a hospital in central Portugal, a higher value than reported in other studies. Aware that individuals with severe mental illness require repeated visits to the healthcare system, whether due to the chronic nature of the illness or to situations arising from the illness itself over time, increasing MHL scores for individuals with mental illness will mitigate the need for extensive care, resulting in significant benefits for their health, financially, personally, familiarly, and socially. The higher the MHL score, the earlier individuals will recognize the first signs and symptoms, the more readily they will seek professional help, the better they will adhere to treatment, and the better their responsible and appropriate use of available mental health resources will be, with clear benefits for their quality of life.

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References

1. Direção-Geral da Saúde (DGS). Capacitação dos Profissionais de Saúde: Manual de Boas Práticas Literacia em Saúde. 2019. Disponível em: https://www.dgs.pt/documentos-e-publicacoes/manual-de-boas-praticas-literacia-em-saude-capacitacao-dos-profissionais-de-saude-pdf.aspx
2. Magalhães, T. Saúde digital em Portugal In Observatório Português dos Sistemas de Saúde [OPSS]. 2022. Relatório de Primavera 2022 e agora? Disponível em: https://www.opssaude.pt/wp-content/uploads/2022/06/RELATORIOPRIMAVERA-20 22.pdf
3. Galvão AM, Vicente de Castro F. Literacia em saúde, avaliação e intervenção - estado da arte. Literacia em saúde e autocuidados: evidências que projetam a prática clínica. 2021. Disponível em: https://bibliotecadigital.ipb.pt/handle/10198/25344

4. Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B, Pollitt P. "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. The Medical Journal of Australia. 1997. Disponível em: https://pubmed.ncbi.nlm.nih.gov/9066546/
5. Jorm AF. The concept of mental health literacy. bristoluniversitypressdigital.com. Policy Press; 2019. Disponível em: https://bristoluniversitypressdigital.com/display/book/9781447344520/ch004.xml
6. Correia F, Fernandes Pereira P, Andreia S, Castro P, Moço T, Tânia M, et al. Guia Orientador de Boas Práticas de Promoção da Literacia em Saúde Mental. Trabalho desenvolvido por iniciativa da Mesa do Colégio da Especialidade de Enfermagem de Saúde Mental e Psiquiátrica (MCEESMP) - Mandato 2020-2023 Ordem dos Enfermeiros. 2020. Disponível em: https://www.ordemenfermeiros.pt/media/30958/gobp_literaciasaudemental_v3ok.pdf
7. Jafari A, Nejatian M, Momeniyan V, Barsalani FR, Tehrani H. Mental health literacy and quality of life in Iran: a cross-sectional study. BMC Psychiatry. 2021. Disponível em: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-021-03507-5
8. Kutcher S, Wei Y, Coniglio C. Mental Health Literacy: Past, Present, and Future. The Canadian Journal of Psychiatry. 2016 Mar;61(3):154–8. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4813415/
9. Galustyan AM. A Literacia em Saúde Mental e o Bem-Estar do Cuidador Informal de Pessoas com Doença Mental. recipp.ipp.pt. 2019 [cited 2024 Mar 4]. Disponível em: https://recipp.ipp.pt/handle/10400.22/15589
10. Guimarães AC, Trigueiro MJ, Coelho T, Maia IT, Simões de Almeida R, Simões-Silva V, et al. Validação do Mental Health Promoting Knowledge Scale (MHPK-10) para a população portuguesa | RevSALUS - Revista Científica Internacional da Rede Académica das Ciências da Saúde da Lusofonia. revsaluscom. 2022 Jun 14 [cited 2024 Mar 4]. Disponível em: https://revsalus.com/index.php/RevSALUS/article/view/184
11. American Psychiatric Association. Manual de Diagnóstico e Estatística das Perturbações Mentais, Quinta Edição. DSM-5-TR.; 2023. Climepsi Editores. ISBN 9789727963997
12. Jung H, von Sternberg K, Davis K. Expanding a measure of mental health literacy: Development and validation of a multicomponent mental health literacy measure. Psychiatry Research. 2016 Sep [cited 2019 May 9]; 243: 278–86. Disponível em: https://www.sciencedirect.com/science/article/pii/S016517811530634X
13. Santos LMP dos. Literacia em Saúde Mental - Esquizofrenia. recipp.ipp.pt. 2021. Disponível em: https://recipp.ipp.pt/handle/10400.22/17300
14. Guimarães AC, Trigueiro MJ, Coelho T, Maia IT, Simões De Almeida R, Simões-Silva V, et al. Validação do Mental Health Promoting Knowledge Scale (MHPK-10) para a população portuguesa. 1a Conferência Lusófona de Terapia Ocupacional. 2021 Jul 9 [cited 2024 Mar 4];5. Disponível em: https://recipp.ipp.pt/handle/10400.22/21021
15. Jorm AF. Mental health literacy: empowering the community to take action for better mental health. The American psychologist. 2012; 67(3):231–43. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/22040221
16. Bröder J, Okan O, Bauer U, Bruland D, Schlupp S, Bollweg TM, et al. Health literacy in childhood and youth: a systematic review of definitions and models. BMC Public Health. 2017;17(1). Disponível em: https://pub.uni-bielefeld.de/record/2910893
17. Parnell TA, Stichler JF, Barton AJ, Loan LA, Boyle DK, Allen PE. A concept analysis of health literacy. Nursing Forum. 2019 Feb 21;54(3):315–27. Disponível em: https://www.onlinelibrary.wiley.com/doi/full/10.1111/nuf.12331
18. Degan TJ, Kelly PJ, Robinson LD, Deane FP. Health literacy in substance use disorder treatment: A latent profile analysis. Journal of Substance Abuse Treatment. 2019 Jan 1; 96:46–52. Disponível em: https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(18)30245-9/fulltext
19. Trigueiro MJ, Simões-Silva V, Lucas S, Marques A. Caraterização do nível de literacia em saúde mental dos jovens na área metropolitana do Porto. RevSALUS - Revista Científica Internacional da Rede Académica das Ciências da Saúde da Lusofonia. revsaluscom. 2022 Sep 22 [cited 2024 Mar 4]; Disponível em: https://revsalus.com/index.php/RevSALUS/article/view/182
20. Hansson L, Stjernswärd S, Svensson B. Changes in attitudes, intended behaviour, and mental health literacy in the Swedish population 2009-2014: an evaluation of a national antistigma programme. Acta Psychiatrica Scandinavica. 2016;134 Suppl 446(S446):71–9. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/27426648
21. Piper SE, Bailey PE, Lam LT, Kneebone II. Predictors of mental health literacy in older people. Archives of Gerontology and Geriatrics. 2018 Nov; 79:52–6. Disponível em: https://www.sciencedirect.com/science/article/pii/S0167494317300341?via%3Dihub