

PROMOTING ADOLESCENT MENTAL HEALTH THROUGH SCHOOL-BASED LITERACY INITIATIVES: BEYOND THE STIGMA

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SUMMARY

Background: Adolescent mental health has become an increasingly urgent concern, particularly in the aftermath of the COVID-19 pandemic. Mental Health Literacy (MHL) is emerging as a critical construct to promote psychological well-being, reduce stigma, and encourage the early recognition of psychological distress.

Methods: This study presents baseline data from a school-based pilot initiative conducted in a secondary school in Southern Italy. The aim was to assess students' knowledge beliefs, and attitudes toward mental health prior to implementing targeted educational interventions. A total of 85 fifth-year students (mean age = 17.7 years) completed the Italian version of the Mental Health Literacy Questionnaire – short form (MHLq-short), administered anonymously via an online platform. Statistical analyses included descriptive measures and non-parametric tests to explore the association between MHL scores and familiarity with mental health problems.

Results: Students who reported knowing someone with mental health issues exhibited a trend toward higher mental health literacy scores. In contrast, those who reported no such exposure or expressed uncertainty demonstrated lower average ranks, possibly reflecting limited awareness or emotional disengagement.

Conclusions: These findings highlight the potential role of personal experience in shaping mental health literacy and reinforce the need for structured, school-based interventions. To our knowledge, this study represents the first application of the MHLq-short in Italy and supports its feasibility in identifying literacy gaps among adolescents. Future initiatives could aim to replicate and scale this model across diverse educational settings and inform national strategies to integrate MHL into school curricula.

Key words: mental health literacy - school-based intervention – stigma - MHLq-short

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INTRODUCTION

In recent years, attention to adolescent mental health has grown significantly. Since the onset of the COVID-19 pandemic, children in many of the world's richest countries have experienced marked declines in academic achievement, mental well-being and physical health. According to UNICEF Report Card 19, the data are alarming: one in six adolescents lives with a diagnosable mental disorder and suicide has become the fourth leading cause of death among individuals aged 15–19 years (UNICEF 2025). As recently underscored by the Second Lancet Commission on Adolescent Health, adolescence remains a critical developmental stage and failure to act now may compromise the wellbeing of over 1.8 billion young people worldwide by 2030 (Lancet Commission 2025). In light of these concerning trends, there is an urgent need to identify effective strategies that not only address existing psychological distress but also empower adolescents to recognize and manage emotional difficulties before they escalate. Schools, as daily points of contact for most young people, have a unique opportunity to serve as key settings for mental health promotion and early intervention (Margaretha et al. 2023). Within this context,

the concept of Mental Health Literacy (MHL) has gained increasing attention as a promising framework to enhance mental well-being among youth (Wei et al. 2024; Litta et al. 2024). First introduced by Jorm et al. (1997), MHL was defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (p. 182). Initially articulated in three main dimensions, recognition of disorders, knowledge of causes and risk factors, and attitudes favorable to seeking help, this construct has progressively expanded to include fundamental aspects such as stigma reduction and self-help strategies (Jorm 2011).

The assessment of knowledge and beliefs related to mental health problems is essential to identify stigma, which remains one of the main barriers to early recognition and intervention (Crockett et al. 2025). Moreover, understanding existing knowledge gaps and misconceptions enables the design of targeted interventions to promote mental health literacy and provides a framework for evaluating their effectiveness (Sun et al. 2025; Simkiss et al. 2023). One of the most promising tools developed to assess mental health literacy (MHL) is the Mental Health Literacy Questionnaire (MHLq), a self-report measure specifically designed for young people. In response to the growing need for

effective instruments in this field, Dias et al. (2018) created the original 33-item MHLq, which demonstrated robust psychometric properties. To enhance accessibility and applicability in large-scale educational contexts, Campos et al. (2022) later introduced a short version - the MHLq-short - validated across diverse school populations in six countries (China, India, Indonesia, Portugal, Thailand, and the United States). This abbreviated form confirmed its reliability and construct validity in identifying key dimensions of MHL, including knowledge, beliefs, and behavioral intentions. A validation study of the MHLq-Young Adults (MHLq-YA) is currently underway (Pastore et al. in press), reflecting a growing commitment to generate reliable, context-sensitive tools for assessing mental health literacy among youth. In this framework, the school-based application of the MHLq-short represents a concrete and scalable opportunity to promote more informed attitudes and reduce stigma surrounding mental health. In this context, we implemented a pilot initiative during the 2024–2025 academic year in a secondary school in Southern Italy. The project aimed to promote adolescent mental health through targeted literacy and prevention activities tailored to the local community. This paper reports baseline data obtained through the Italian version of the MHLq-short and explores the feasibility and replicability of a school-based approach to improving mental health literacy among adolescents in the Italian school context.

METHODS

This study aimed to provide a descriptive baseline assessment of students' knowledge, beliefs, and attitudes toward mental health prior to the implementation of an educational intervention, in order to better understand their needs and inform subsequent actions. Data were collected using the Italian version of the Mental Health Literacy Questionnaire – short form (MHLq-short), validated by Pastore et al. (in press). The questionnaire was administered to a convenience sample of 85 fifth-year students attending the Giuseppe Moscati High School in Grottaglie (Taranto, Italy), prior to the start of a school-based training program on mental health. The project was designed as a multi-phase school-based intervention aimed at promoting mental health awareness and reducing stigma through active engagement. Following the baseline assessment, the program included teacher training and professional dialogue, as well as experiential learning activities involving students in role-playing sessions led by a multidisciplinary team of mental health professionals, including adult and child psychiatrists, psychologists, social workers and rehabilitation therapists. Participation in the study was entirely voluntary and informed consent was obtained from all participants. The questionnaire was completed in digital format via the Google Forms platform, ensuring full anonymity and

data confidentiality. The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2013) and in compliance with current Italian regulations on non-interventional educational research. Statistical analyses were performed using IBM SPSS Statistics (IBM Corp., Armonk, NY, USA). Descriptive statistics were calculated for all variables, including frequencies, percentages, means, and standard deviations to describe the demographic characteristics of the sample and responses to key questionnaire items. The normality of score distributions was assessed through visual inspection (histograms and Q-Q plots) and the Shapiro-Wilk test. Given the non-normal distribution of the data, non-parametric tests were applied. To explore the relationship between mental health literacy levels and familiarity with mental health problems, the Kruskal-Wallis H test was conducted, comparing questionnaire total scores across three groups: students who reported knowing someone with mental health problems, those who did not, and those who were unsure. When statistically significant differences were found, post hoc pairwise comparisons were performed using the Dunn–Bonferroni approach to identify specific group differences. A significance level of $p < 0.05$ was adopted for all inferential analyses.

RESULTS

The study involved 85 fifth-year students from the “Giuseppe Moscati” High School in Grottaglie. Participants had a mean age of 17.73 years ($SD = 0.45$), with a predominance of females (71.8%). All students were Italian and residents of the Puglia region, with Grottaglie being the most reported municipality (56.5%). Regarding exposure to mental health issues, 43.5% reported knowing someone who has or had experienced such problems, 34.1% said no, and 22.4% were unsure. Among those reporting exposure, depression and anxiety were the most frequently mentioned conditions, followed by obsessive-compulsive disorder, borderline personality disorder, eating disorders, post-traumatic stress disorder, cognitive impairments, and substance use disorders. Most reported connections were friends (30.6%) or family members (15.3%), while 9.4% had personal experience. Nonparametric tests explored differences in mental health literacy (MHL) scores. The Kruskal-Wallis test indicated no significant differences among students based on their exposure level ($H = 5.621$, $p = 0.060$), although those reporting exposure had higher average ranks ($M = 49.01$) than those who did not ($M = 42.14$) or were unsure ($M = 32.61$). The Mann–Whitney U test comparing “yes” vs. “no” responses was also non-significant ($U = 443.5$, $p = 0.228$), but trends were similar. No significant gender differences were found ($U = 686.0$, $p = 0.653$). Reliability analysis of the 29-item MHLq-short showed a Cron-

bach's alpha of 0.628, indicating moderate internal consistency. Item means ranged from 1.22 to 4.77. Lower scores on reverse-coded items confirmed general disagreement with mental health misconceptions. Despite being below the ideal 0.70 threshold, the alpha is acceptable for exploratory research in school settings.

DISCUSSION

The data collected through the administration of the short version of the Mental Health Literacy Questionnaire (MHLq-short) to students at the Giuseppe Moscati High School in Grottaglie provide preliminary insights into the level of mental health literacy (MHL) in a segment of the adolescent population approaching the end of secondary education. In line with previous findings (Jorm 2011; Dias et al. 2018), the results support the relevance of personal familiarity with mental health issues in shaping adolescents' knowledge, attitudes, and behaviors related to the recognition and management of psychological distress. One of the most notable findings is that 43.5% of students reported knowing someone affected by a mental disorder. This underscores how mental health problems are part of adolescents' everyday social environments and reinforces the need to address them through structured, educationally grounded interventions. Although the Kruskal–Wallis test did not yield statistically significant results ($p = 0.060$), a trend emerged indicating that students who reported familiarity with mental health problems tended to score higher on the MHLq-short. This suggests a potential link between direct or indirect exposure and greater perceived competence in recognizing and understanding mental health issues. These observations align with prior studies (Wei et al. 2015; O'Connor & Casey 2015), which indicate that personal or vicarious experiences may enhance awareness and reduce stigma, even during adolescence. Of particular concern, however, are the responses of the 22.4% of students who selected "I don't know" when asked whether they knew someone with mental health problems. This subgroup had the lowest scores on the questionnaire, possibly reflecting limited experiential exposure or a tendency toward cognitive or emotional distancing. This may indicate reduced ability or willingness to recognize signs of psychological distress in their environment, a phenomenon that merits further investigation.

These findings highlight the importance of implementing comprehensive and systematic mental health education programs within school settings. This pilot initiative demonstrates that schools can act as pivotal platforms for promoting MHL and building alliances that empower young people to recognize, articulate and manage psychological distress - while fostering the understanding that seeking help is both courageous and responsible. Beyond student-focused strategies, the active involvement of school personnel and families has proven crucial in ensuring continuity and cultural

alignment of mental health promotion efforts. Evidence shows that MHL programs enhance teachers' mental health knowledge, reduce stigma, and improve their confidence in supporting students (Prabhu et al. 2024). A whole-school approach involving teachers, students and caregivers can help create a shared language around mental health and a more supportive school climate. Such interventions should aim not only to raise awareness and encourage early detection, but also to cultivate inclusive and empathic attitudes among adolescents. Despite the relevance of these findings, several limitations must be acknowledged. First, the study sample was limited to a single secondary school in Southern Italy, which may restrict the generalizability of the results to broader adolescent populations in different regions or sociocultural contexts. Second, the cross-sectional design focused exclusively on pre-intervention data, without follow-up measures to evaluate the long-term impact of the educational program. Future research should involve larger, more diverse samples and adopt longitudinal designs to assess the effectiveness, retention, and scalability of school-based mental health literacy interventions over time.

CONCLUSIONS

The findings of this study highlight that, although students generally demonstrate an open and receptive attitude toward mental health, significant knowledge gaps and partially distorted representations still persist. Mental health literacy (MHL) thus emerges as a priority domain to be assessed and promoted within the school context, serving as a key factor in both the prevention of psychological distress and the development of psychological citizenship skills. To be truly effective, MHL promotion should be structurally integrated into school curricula through ongoing, developmentally appropriate interventions that are sensitive to the students' age and socio-cultural background. Such educational pathways should combine informative content, experiential learning, and emotional engagement in order to foster meaningful and lasting change. To our knowledge, this study represents the first application of the MHLq-short questionnaire in Italy to assess MHL among high school students. Investing in mental health literacy in schools not only supports the well-being of adolescents, but also contributes to the development of a more informed, empathetic, and resilient society equipped to face mental health challenges throughout the life course. Building on the feasibility of this approach, it is desirable that future initiatives seek to replicate and expand similar interventions in diverse school contexts, ultimately supporting the establishment of structured policies that embed MHL within national health education frameworks. This initiative may represent a promising prototype for MHL integration into national curricula, pending further validation.

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Contribution of individual authors:

Antonella Litta & Francesco Pastore: conception and preparation of manuscript, contribution to writing and bibliographic research.

Antonella Vacca, Maria Vincenza Mino & Francesco Franza: contribution to collection of data and administration of test.

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