

## Portrait of mental health literacy in schools: Knowledge exploration of counseling teachers

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**Abstract:** Mental health has an important implication for every teenager's life aspect, such as an ability to take action in education, friendship, family relation, and how they will go through their next life journey. School is an ideal place to help teenagers develop their mental health conditions, and the teacher is an essential factor as the service provider. This study aims to explore the mental health knowledge of counseling teachers to help students achieve a well-being condition. The research design and analysis techniques were a qualitative survey by distributing open questionnaires online to counseling teachers in junior and senior high school. The result of the research showed that the knowledge of participants about mental health in the school was less comprehensive. Most of the responses explained the emotional aspect (35%), whereas other aspects of knowledge (cognitive, habits, self-control, and social) are lower. Besides, knowledge about mental health in the school showed 26% of participant responses related to knowledge from the health aspect, whereas knowledge from being and loving aspect was lower. Another finding of this research was that most (57%) cases often handled by the participant are teenage naughtiness cases such as bullying, smoking, and stealing. Recommendations from this research are we need psychoeducation training and mental health for counseling teachers in the school.

**Keywords:** Counseling; counselor; mental health

### Introduction

The adolescence period identified with significant changes in physical and psychological conditions is at risk of causing mental health problems. This issue has important implications for every aspect of a teenager's life, including the ability to engage in education, friendship, family relation, and how they live into adulthood. Therefore, it is crucial to prevent and intervene during adolescence to support their mental health (Garcia-Carrion et al., 2019; Malla et al., 2018). Mental health involves balancing the person and the environment (Galderisi et al., 2015). Mentally healthy adolescents will be more capable of being independent and contributing to their communities, and they are satisfied with their lives and able to make responsible decisions. Mental health affects adolescents' emotional, psychological, and social well-being (Hagen, 2014).

On the other side, the 2013 Basic Health Research (Riset Kesehatan Dasar) finds alarming numbers related to adolescents' mental health in Indonesia. Referring to the data, the highest incidence of suicide occurred in adolescents and young adults (15-24 years). Several studies related to this issue conducted in Yogyakarta have similar results. The research conducted by Marela, Wahab dan Marchira (2017) states that 49% of high school students in Yogyakarta had experienced bullying and were 1.5 times more likely to experience depression than adolescents who did not experience bullying. Subandi, Marchira, and Swasti's research (2018) say that 17% of 873 students in three significant sub-districts in D. I Yogyakarta are at high risk of psychotic disorders. In addition, Good & Subandi's research (in Marchira, 2012) also figures out that young people between 15-and 29 years experience 66.4% of early-phase psychotic disorders in Yogyakarta. These findings show adolescents' mental health should be an essential concern.

One thing that can consider to follow up is introducing mental health in schools. Kutcher et al., (2016) and Rowling & Weist (2004) mention that schools are ideal places to help adolescents develop good mental health literacy. The global interest in school mental health is now getting more precise. Schools are places for learning, teaching, and the role of

teachers is needed to fulfill the challenges and the opportunities to see the importance of understanding the way schools are involved in the mental health of children and adolescents (Daniszewski, D; Rodger, 2013). The foundation of the school mental health approach is the integration of mental health literacy into the school curriculum structure by establishing regulations that support health literacy psychoeducation (Kutcher, Gilberds, Morgan, Greene, Hamwaka, & Perkins, 2015). Jorm (2000) describes several components of mental health literacy in general, namely:

1. The ability to recognize disorders or different types of psychological distress.
2. The knowledge and beliefs about risk factors and causes.
3. The knowledge and beliefs about self-help interventions.
4. Knowledge and confidence in the availability of professional assistance.
5. The attitude regarding the appropriate help-seeking and acknowledgment of available facilities.
6. The knowledge of how to find mental health information.

In introducing mental health in schools, teachers are the best candidate to do the action since they can deliver the program on an ongoing basis to all students (Kutcher et al., 2015; Whitley et al., 2013a). Therefore, teachers must have a good literacy in mental health issues to carry out this role. This study aims to explore the knowledge of mental health in general and mental health in schools, in particularly for guidance counselors in middle and high schools. This knowledge about mental health will also be seen in how they understand the cases of students being handled. This exploratory study becomes the basic form for further research and intervention development.

## **Method**

Participants in this study were 29 guidance counselors in middle and high schools. There were no specific criteria regarding the school status and location. This research employs a qualitative survey design (Jansen, 2010) with the open-ended distribution of questionnaires to supervising teachers in junior and senior high schools. What shared the distribution of the questionnaire through Google Form. I chose this technique to explore the diversity of participants' answers so that variations in the answers that might exist can be identified. What conducted data retrieval through Google Form during the Covid-19 pandemic, namely March – April 2020.

To get information about workplaces, length of work, and work allocation for a week, survey questions related to demographics were on the list. The following section contains open-ended qualitative questions, including 1) What do you know about mental health? 2) What do you know about mental health at school? 3) What do you know about counseling?; and 4) What problems with students you have handled while providing guidance and counseling services at school.

The collected data are summarized in spreadsheet format and followed by a stepwise analysis (Jansen, 2010). First, a uni-dimensional description is a coding process to find objects, dimensions, and categories of participant responses. Each dimension is further described in a specific category to see its constituent components. Multi-dimensional description to analyze the multi-dimension of the first stage findings used to find patterns relevant to research questions. This stage carries out case-oriented synthesis by grouping similar cases into class types to see the level of data categorization (categorical classes). This step is divided into three processes, namely:

1. Determining relevant dimensions and categories.
2. Analyzing and interpreting combinations of empirical categories.

3. Determining and providing labels or ratings representing the overall combination of findings.

The truth table is a common technique used to summarize these three processes. The third explanatory analysis explains the findings and is used to answer the research questions so that they are easier to understand.

## Results and Discussion

There were 29 participants involved in this study, with demographic data shown in table 1. Table 1 shows that most participants worked in public and private vocational schools (45%). Most (24%) of participants have worked as a guide advisor for 5-8 years, and some people have worked for more than 20 years (21%). The majority of time allocation for teaching in schools is (66%) 21-30 hours/week. All findings are calculated in 5 study days; the allocation of teaching time for guidelines is 4-6 hours per day, regardless of how many classes are taught. Meanwhile, there are only (17%) who teach within 6-10 hours/week.

Table 1. Participant Demographic Data

<b>Sex</b>	<b>N</b>	<b>%</b>
Male	8	28%
Female	21	72%
Total	29	100%
<b>Age</b>		
<31	9	31%
31-40	8	28%
41-50	6	21%
>50	6	21%
Total	29	100%
<b>Working Period</b>		
0-4 years	5	17%
5-8 years	7	24%
9-12 years	4	14%
13-16 years	4	14%
17-20 years	3	10%
> 20 th years	6	21%
Total	29	100%
<b>School Status</b>		
SMA Negeri/ Swasta	8	28%
SMK Negeri/ Swasta	13	45%
MA Negeri/ Swasta	4	14%
SMP/MTs	4	14%
Total	29	100%
<b>Status</b>		
PNS = 1	11	38%
GTT = 2	4	14%
GTY = 3	10	34%
Honor = 4	4	14%

Total	29	100%
<b>Allocated teaching time (hours/week)</b>		
6-10 hours/week	5	17%
11-20 hours/week	2	7%
21-30 hours/week	19	66%
31-40 hours/week	3	10%
Total	29	100%

Furthermore, theme analysis of the participant's responses to the research questions obtained the following results. The identified findings are presented per section based on the research question.

a. Mental health literacy and mental health in schools

Based on each participant's responses regarding the knowledge about mental health, the findings are as presented in table 2.

Who can assume the results of the 57 (100%) responses stated by 29 participants that their knowledge of mental health is associated with introducing general symptoms in mental disorders, namely the emotional aspect, self-control, cognitive, behavior, and social? Based on the ability to recognize the symptoms, most of the participants (35%) were able to distinguish the emotional aspect. This aspect represents what individuals feel while in a good mental health condition: comfortable feeling, reasonable, calm, and peace. In further analysis of the ability to recognize the symptoms in some of these aspects, only (11%) were able to recognize symptoms in more than one aspect, for example, emotional aspects and ability aspect (4%), as stated by the following participants:

*In my opinion, mental health is a condition when our mind is in a peaceful and calm state so that it feels comfortable to enjoy daily life and appreciate things, being helpful (S6\_B1\_1).*

Meanwhile, another response that lacks detail while mentioning mental health also appears dominant (32%). In this response theme, participants only mentioned the equivalent terms of mental health, such as mental health, absence of mental disorders, and levels of psychological well-being. A total of (7%) of responses indicate irrelevant answers.

Table 2. Mental health literacy themes findings

<b>Object: Mental health literacy</b>			
<b>Dimension</b>	<b>Category</b>	<b>Appering Point</b>	<b>N</b>
Symptoms recognition of the absence of mental disorders	Emotional aspects	Feeling comfortable, peaceful, reasonable, calm, without anxiety feeling, peaceful, prosperous, enjoying daily life	20 (35%)
	Self-control ability aspect	Unaffected by shock, able to manage emotion, able to accept pressure, able to overcome the problem, able to realize self-potential	6 (11%)
	Cognitive aspect	Changes in perspective, ability to think positive, think normal	3 (5%)

	Behavioral aspects	Self-harm, no deviant behavior	2 (4%)
	Social aspects	Helpful, adaptable, respect others	4 (7%)
Mental health knowledge in general		Mental health, psychological health, mental health; the absence of mental disorder; level of psychological well-being	18 (32%)
Not relevant		Mental health knowledge, physical and mental health knowledge	4 (7%)
<i>Total responses</i>			57 (100%)

Referring to each dimension and category of the participants' responses, an analysis of the class or categorical classes was done to see participants' understanding. Jorm (2000) argues that the knowledge of class categorization is obtained from how well the participants respond to the given stimulus question, discussing the aspects of complexity that emerge as the concept of mental health literacy. Table 3 shows an analysis of the participant's mental health knowledge level.

Table 3 shows that (n) 20 participants (35%) can recognize mental health from the emotional aspect only (denoted by Y (Yes) in the emotion column). On the other side, they could not recognize (denoted by N (none) in the four aspects); the social aspect, ability, behavior, and cognitive. Referring to the fundamental aspects that build mental health, which can classify that the participant's ability to recognize is low since they depend on one aspect only. Therefore, the mental health literacy of the participants involved in this study is low. This statement is supported by the fact that these participants only recognize one aspect: emotion. Furthermore, they do not recognize the other aspects in the dimensions of mental health knowledge (social, ability, behavior, and cognitive).

Table 3. Class level of the mental health dimension

Health knowledge dimension					Category	n	%
Aspect-based symptom recognition					Literacy level		
Emotion	Social	Ability	Behavior	Cognitive			
A	UA	UA	UA	UA	Low	20	35%
UA	A	UA	UA	UA	Low	4	7%
UA	UA	A	UA	UA	Low	6	11%
UA	UA	UA	A	UA	Low	2	4%
UA	UA	UA	UA	A	Low	3	5%
A	A	UA	UA	UA	moderate	2	4%
A	UA	A	UA	UA	moderate	2	4%
A	UA	UA	A	UA	moderate	1	2%
UA	A	A	UA	UA	moderate	1	2%
UA	A	UA	A	UA	moderate	0	0%
UA	UA	A	A	UA	moderate	0	0%
A	A	A	UA	UA	high	0	0%
A	A	A	A	A	very high	0	0%

\*Available (A)

\*Unavailable (UA)

The next question given is about mental health knowledge, and this one is more specific since it explores its context in school. The findings based on the question above are presented in table 4.

Table 4 shows that all participants agree on of mental health in school. Mental health conditions can affect the learning achievement or the ability of students to participate in teaching and learning activities at school. One participant even mentioned that mental health at school could help to prevent the emergence of maladjustments or deviations in various forms.

*It is essential. The lack of attention to the student's mental health problems often results in various forms of maladjustments or irregularities (S1\_B1\_3).*

All participants gave all responses related to mental health knowledge at school (see table 4); as many as (55%) are identified as revealing the aspects of mental health at school, including aspects of being, loving, and health. The dominant aspect that emerges is the aspect of health (26%), which is related to the health status of students, both physically and mentally, such as the absence of psychosomatic symptoms, chronic diseases, and minor illnesses such as flu. The same thing was delivered by other participants, who said that mental health at school is a condition that does not have an anxiety disorder, feel safe, and can focus while attending lessons. Another response also appears the knowledge related to the aspects of being (16%), which is related to the condition that supports and respects students. Here, the potential of students is recognized and fully supported. Next, knowledge related to the aspect of loving (13%) is connected to the social learning environment and relationships at school, either with friends, teachers, or other school members. Knowledge related to these aspects as much as (29%) revealed the general and non-specific definitions of mental health at school.

Tabel 4. Themes of mental health literacy findings in schools

<b>Object: Mental health literacy in schools</b>			
<b>Dimensions</b>	<b>Category</b>	<b>Appearing Point</b>	<b>N</b>
Recognition of mental health aspects in schools	Being Aspect	Conditions that support students' development, student activity in the teaching and learning process, students have aspirations that they want to achieve, improve the quality of mental health through extracurricular activities	6 (16%)
	Loving Aspects	Teacher involvement in maintaining mental health, enjoying socialization process at school, conditions that make students feel appreciated, students can adapt and socialize	5 (13%)
	Health Aspect	Students do not have anxiety disorders, students feel happy, students feel not agitated, and students feel calm, students feel comfortable, students can focus	10 (26%)
General knowledge of mental health in school		Mental health conditions at school, students' psychological state in school	11 (29%)
Not relevant		Mental health science in school	6 (16%)
<i>Total Response</i>			38 (100%)
<b>How important do you think mental health in school is?</b>			

Very important	29 (100%)
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a. *Counseling in schools*

Counseling in schools following findings is obtained based on the questions related to the knowledge about counseling. Table 5 shows that participants' knowledge linked to the counseling tends to be uniform; there is no meaning diversity on the same dimension. The counseling process is mostly (65%) interpreted as a process of assisting in finding the solution (table 5). The assistance provided can be seen in Table 6; most of them (57%) are related to juvenile delinquency cases, such as bullying, skipping school, smoking, and promiscuity. Next are cases related to developmental problems (37%), such as choosing a career or further study, relationship problems at school, both with friends and teachers, problems with family, and learning difficulties.

Meanwhile, mental disorders only appeared four times (6%), such as addiction to games and formalin and problems with self-injury. It is necessary to make a critical effort to see whether the few cases of mental disorders that appeared in the participants' answers are due to the absence of cases that have been handled or whether the participants do not recognize the actual cases. Further discussion regarding this is presented in the discussion section.

Table 5. The theme of finding counseling knowledge

Object: Knowledge about counseling		
Dimension	Appearing Point	N
Assisting in finding a solution	Counseling is a process of assisting an expert to individuals experiencing a problem, which leads to the resolution of the problem the counselee/client faces.	22 (65%)
Guidance	Personal service, study, career, social service	6 (18%)
Efforts to develop student potential	The effort to help students to be independent, the effort to create behavior change, effort to help optimize their potential	5 (15%)
Not relevant		1 (3%)
Total response		34 (100%)

Table 6. Cases handled by guidance and counseling teachers

<i>Juvenile delinquency</i>			<i>Developmental problems</i>		
Pregnancy	1	1%	Role confusion	1	1%
Carrying dangerous objects	1	1%	LGBT	1	1%
Damage to facilities	1	1%	Adaptation at school	2	3%
Harassment	1	1%	Learning difficulties	4	6%
Crime	1	1%	Family problems	4	6%
Discipline	2	3%	Relationship problems at school	5	7%
Fights	3	4%	Career choice or further study	5	7%
Bullying	4	6%	Motivation to learn	1	1%
Smoking	4	6%	Student achievement	2	3%
Promiscuity	4	6%	Sub-total cases	25	37%
Late	4	6%	<i>Cases of mental disorders</i>		
Theft	5	7%	Mental disorders	1	1%

Skipping school	7	10%	Self injury	1	1%
Sub-total cases	38	57%	Addiction	2	3%
			Sub-total cases	4	6%
<i>Total Cases</i>				67	100%

Based on the result of the research, it can say that the mental health literacy skills of counseling teachers are still low. Most participants can recognize mental health from emotional aspects. In contrast, the social, ability, behavior, and cognitive aspect are hard to find. Low mental health literacy among teachers also occurs in Cambodia (Phoeun et al., 2019); (Aluh et al., 2018); and Vietnam (Dang, Bahr, Trung, & Ha, 2018). Knowledge related to mental health is currently still in the form of recognizing symptoms in the absence of mental disorders and general health knowledge. Counseling teachers see mental health problems mainly from an emotional point of view, namely capturing the condition of students who feel comfortable, peaceful, reasonable, calm, without anxiety feeling, and enjoying everyday life. On the other side, recognition using social aspects is still low (7%). Adelman dan Taylor (2006) state that social aspect in the form of interaction between school communities can be a buffer from psychological problems and foster well-being in schools. Besides providing benefits as a buffer from psychological problems, problems in social aspects that cannot recognize appropriately can cause problems within the school community scope. Jorm (2000) explains that the contact among individuals who experience psychological symptoms will affect one another. Having contact with school social environments can be the initial information for developing psychological disorders.

1. In addition, (Jorm, 2000) mentions that mental health literacy consists of:
2. The ability to know psychological disorders.
3. Knowledge about risk factors and causal factors.
4. Knowledge and belief about psychological interventions.
5. Knowledge and belief about the availability of professional assistance.
6. Attitude and knowledge of health facilities and adequate psychological treatment.
7. Knowledge of how to find mental health information.

The role of teachers in schools is very central, which means that teachers need to have good mental health literacy to improve the quality of mental health in various school environments. The condition where the school environment does not yet have qualified health literacy will make individuals with disabilities don not get support from members of the school community (Jorm, 2000). Miller, Musci, D'Agati, Beaudry, Swartz dan Wilcox (2019) believe that teachers have a vital role in students' education and instrument in health literacy promotion programs and stigma reduction.

Here are the findings of this study, mental health literacy of counseling teachers in schools, in general, is still limited by its definition and does not refer to specific mental health literacy. The counselor does not yet have a spectrum of mental health problems. Mental health is only taken as emotional disorders that appear in students' behaviors because conditions in the school environment can contribute to the students' psychological disorders. According to Jorm (2000), one form of mental health literacy is knowledge and belief in the affordability of professional assistance, which has not been figured out in the results of this research. Novianty & Hadjam (2017) explain that individuals seek informal help first, such as telling friends or family, before seeking legal help, such as teachers and professionals. Teachers can consider this pattern of seeking help in providing education related to mental health to students who are informal help sources.

Teachers can be an essential primary source for providing basic mental health services in schools, considering that children and adolescents spend more time in school



(Venkataraman et al., 2019). In addition, mental health literacy mastered by the teachers can be a tool to detect early symptoms of disorders in students so that students can get fast assistance (Venkataraman et al., 2019). Miller et al. (2019) find that literacy of depressive disorders owned by teachers is related to the literacy of students' depressive disorders. Teachers' knowledge of depression can potentially affect students' information acquisition about depression. Teachers are crucial in transmitting mental health information to students (Miller et al., 2019).

Because this research's participants have limited mental health literacy knowledge, psycho-education and professional training are needed. As the burden of mental illness on adolescents in the modern social environment increases (Whiteford et al., 2013), mental health literacy training programs for teachers should be a priority. However, the type of training, including curriculum and teaching methods, that are the most effective way to develop teachers' mental health literacy needs to be determined (Whitley et al., 2013a). Research conducted by Phoeun et al., (2019) shows that mental health literacy training programs for teachers have proven to be effective and reduce stigma and increase positive interactions with people with mental disorders. Mental health literacy, delivered through single-class intervention, increases teachers' and students' knowledge and reduces the stigma Phoeun et al. (2019). These stepping stones impact achieving better teen mental health (Wei et al., 2019).

Since the dominant function of counseling teachers is as an advisor to solve students' problems, thus forgetting the potential risk factors in the school community can be the root of problems that often occur. On the other hand, counseling teachers can offer micro-interventions in the form of per-student advisory/counseling and become the agents who can provide community-wide interventions. Adelman dan Taylor (2006) argues that to promote mental health in schools, teachers need to work together with school community members to create a positive, mutually supportive atmosphere to create a sense of community.

In principle, efforts to develop mental health in schools are not just about the expanded mental health services. However, it focused on improving strategic collaboration to develop a comprehensive approach that strengthens the student, family, and school and maximizes learning activity, care, and well-being Adelman dan Taylor (2006). Thus, the way involving full integration of mental health literacy into school efforts to provide learning support to students is needed.

## Conclusions and Suggestions

The results of this study indicate that the level of mental health literacy among teachers, especially guidance and counseling teachers, is still low. Although teachers are aware of the importance of mental health in schools in general, this is related to deviant actions in students. Most guidance and counseling teachers understand that the counseling process is limited to assisting in finding solutions for students. Given the critical role of teachers, it is essential to understand how schools are involved in the mental health of children and adolescents.

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## References

- Adelman, H. S., & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports*, 121(3), 294–298. <https://doi.org/10.1177/003335490612100312>
- Aluh, D. O., Dim, O. F., & Anene-Okeke, C. G. (2018). Mental health literacy among Nigerian teachers. *Asia-Pacific Psychiatry*, 10(4). <https://doi.org/10.1111/appy.12329>

- Dang, H. M., Weiss, B., Lam, T., & Ho, H. (2018). Mental health literacy and intervention program adaptation in the internationalization of school psychology for Vietnam. *Psychology in the Schools*, 55(8), 941–954. <https://doi.org/10.1002/pits.22156>
- Daniszewski, D; Rodger, S. (2013). Teachers’ mental health literacy and capacity towards student mental health. *Unpublished Thesis*. <http://ir.lib.uwo.ca/etd>
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental retardation. *World Psychiatry*, 14(2).
- Garcia-Carrion, R., Villarejo, B. C., & Villardón-Gallego, L. (2019). Children and adolescents mental health: A systematic review of interaction-based interventions in schools and communities. *Frontiers in Psychology*, 10(APR), 1–10. <https://doi.org/10.3389/fpsyg.2019.00918>
- Hagen, A. (2014). *What are the warning signs that help might be needed?* 2014(16), 1–8.
- Jansen, H. (2010). Forum, qualitative social research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(2). <http://www.qualitative-research.net/index.php/fqs/article/view/1450/2946>
- Jorm, A. (2000). C30. Mental health literacy. Public knowledge and beliefs about mental disorders - University College London. *The British Journal of Psychiatry: The Journal of Mental Science*, 177, 396–401. [http://ucl-primo.hosted.exlibrisgroup.com/primo\\_library/libweb/action/display.do?tabs=detailsTab&ct=display&fn=search&doc=TN\\_medline11059991&indx=1&recIds=TN\\_medline11059991&recIdxs=0&elementId=0&renderMode=poppedOut&displayMode=full&frbrVersion=&dscnt=1&](http://ucl-primo.hosted.exlibrisgroup.com/primo_library/libweb/action/display.do?tabs=detailsTab&ct=display&fn=search&doc=TN_medline11059991&indx=1&recIds=TN_medline11059991&recIdxs=0&elementId=0&renderMode=poppedOut&displayMode=full&frbrVersion=&dscnt=1&)
- Kutcher, S., Gilberds, H., Morgan, C., Greene, R., Hamwaka, K., & Perkins, K. (2015). Improving Malawian teachers’ mental health knowledge and attitudes: an integrated school mental health literacy approach. *Global Mental Health*, 2. <https://doi.org/10.1017/gmh.2014.8>
- Kutcher, S., Wei, Y., & Hashish, M. (2016). Mental health literacy for students and teachers: A “school friendly” approach. In *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents* (pp. 161–172). <https://doi.org/10.1016/B978-0-12-804394-3.00008-5>
- Kutcher, Stan, Wei, Y., & Morgan, C. (2015). Successful application of a Canadian mental health curriculum resource by usual classroom teachers in significantly and sustainably improving student mental health literacy. *Canadian Journal of Psychiatry*, 60(12). <https://doi.org/10.1177/070674371506001209>
- Malla, A., Shah, J., Iyer, S., Boksa, P., Joober, R., Andersson, N., Lal, S., & Fuhrer, R. (2018). Youth mental health should be a top priority for health care in Canada. *Canadian Journal of Psychiatry*, 63(4), 216–222. <https://doi.org/10.1177/0706743718758968>
- Marela, G., Wahab, A., & Marchira, C. R. (2017). Bullying verbal menyebabkan depresi pada remaja SMA di Kota Yogyakarta. *Bkm Journal of Community Medicine and Public Health*, 33, 43–48.
- Miller, L., Musci, R., D’Agati, D., Alfes, C., Beaudry, M. B., Swartz, K., & Wilcox, H. (2019). Teacher mental health literacy is associated with student literacy in the adolescent depression awareness program. *School Mental Health*, 11(2), 357–363. <https://doi.org/10.1007/s12310-018-9281-4>
- Novianty, A., & Hadjam, M. N. R. (2017). *Literasi kesehatan mental dan sikap komunitas sebagai prediktor pencarian pertolongan formal*. 44, 50–65. <https://doi.org/10.22146/jpsi.22988>
- Phoeun, B., Nguyen, A. J., Dang, M. H., Tran, N. T., & Weiss, B. (2019). Assessing the effectiveness of teachers’ mental health literacy training in Cambodia: A randomized controlled trial. *VNU Journal of Science: Education Research*, 35(3).

- <https://doi.org/10.25073/2588-1159/vnuer.4279>
- Rowling, L., & Weist, M. (2004). Promoting the growth, improvement and sustainability of school mental health programs worldwide. *International Journal of Mental Health Promotion*, 6(2), 3–11. <https://doi.org/10.1080/14623730.2004.9721925>
- Venkataraman, S., Patil, R., & Balasundaram, S. (2019). The need for assessing mental health literacy among teachers: an overview. *International Journal of Research in Medical Sciences*, 7(8). <https://doi.org/10.18203/2320-6012.ijrms20193422>
- Wei, Y., Baxter, A., & Kutcher, S. (2019). Establishment and validation of a mental health literacy measurement in Canadian educators. *Psychiatry Research*, 279. <https://doi.org/10.1016/j.psychres.2019.03.009>
- Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray, C. J. L., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the global burden of disease study 2010. *The Lancet*, 382(9904), 1575–1586. [https://doi.org/10.1016/S0140-6736\(13\)61611-6](https://doi.org/10.1016/S0140-6736(13)61611-6)
- Whitley, J., Smith, J. D., & Vaillancourt, T. (2013a). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, 28(1), 56–70. <https://doi.org/10.1177/0829573512468852>

