Do we need positive mental health literacy? First explorations of broadening the scope of mental health literacy

Precisamos de literacia em saúde mental positiva? Primeiras explorações do alargamento do horizonte da literacia em saúde mental

10.29073/jim.v5i2.957

Recebido: 4 de novembro de 2024.
Aprovado: 9 de dezembro de 2024.
Publicado: 15 de agosto de 2026.

Autor/a 1 (Autor/a Correspondente): Mariana de Carvalho, Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra, Portugal, marianaportoccarrero@hotmail.com.
Autor/a 2: Maria Vale-Dias, Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra, Portugal, valedias@fpce.uc.pt.
Autor/a 3: Corey Keyes, Emory University, Department of Sociology, Holanda, ckeyes@emory.edu.
Autor/a 4: Ernst Bohlmeijer, Twente University, Faculty of Behavioral, Management and Social Sciences, Holanda, e.t.bohlmeijer@utwente.nl.

Abstract

Background — Mental well-being is widely accepted as a fundamental part of mental health, and conceptualized as distinct from mental illness. However, mental health literacy (MHL) has overwhelmingly focused on mental illness, and less on mental well-being.

Methods — In this position paper, we argue that MHL, as an evolving concept, would benefit from including literacy on mental well-being.

Results — Though it is suggested that MHL is an important factor for mental illness prevention and mental health promotion, there is still room for improvement in MHL research and practice. It is argued that the actual definitions of MHL, so as its measures and interventions leave out mental well-being, ignoring an important dimension of mental health.

Conclusions — A new concept, positive mental health literacy is proposed in order to achieve a complete mental health literacy approach. Integrating mental illness and positive mental health literacy may reflect different yet complementary aspects of mental health, facilitate help-seeking and mental health de-stigmatization. Expanding MHL by including both mental illness and positive mental health literacy may result in improved mental health indicators, such as less psychological symptoms and more mental well-being.

Keywords: Mental Health Literacy; Positive Mental Health; Positive Psychology; Prevention; Well-Being.

Resumo

Introdução — O bem-estar mental é amplamente aceite como uma parte fundamental da saúde mental e conceptualizado como distinto da doença mental. No entanto, a literacia em saúde mental (MHL) centrou-se esmagadoramente nas doenças mentais e menos no bem-estar mental.

Métodos — Neste documento de posição, defendemos que a MHL, enquanto conceito em evolução, beneficiaria da inclusão da literacia sobre o bem-estar mental.

Resultados — Embora se sugira que a LSM é um factor importante para a prevenção das doenças mentais e para a promoção da saúde mental, ainda há espaço para melhorias na investigação e na prática da LSM. Defende-se que as próprias definições de LSM, bem como as suas medidas e intervenções, deixam de fora o bem-estar mental, ignorando uma dimensão importante da saúde mental.

Conclusões — Um novo conceito, literacia positiva em saúde mental, é proposto para alcançar uma abordagem completa de literacia em saúde mental. A integração da doença mental e da literacia positiva em saúde mental pode reflectir aspectos diferentes, mas complementares, da saúde mental, facilitar a procura de ajuda e a desestigmatização da saúde mental. A expansão da MHL, incluindo tanto as doenças mentais como a literacia positiva em saúde mental, pode resultar em melhores indicadores de saúde mental, tais como menos sintomas psicológicos e mais bem-estar mental.

Palavras-Chave: Bem-Estar; Literacia em Saúde Mental; Prevenção; Psicologia Positiva; Saúde Mental Positiva.

1. Introduction: Current State of Art of Mental Health Literacy

Mental health literacy (MHL) has been conceptualized as construct (Jorm et al., 1997; Kutcher et al., 2016) and recently has been framed as multi-construct theory (cf. Spiker & Hammer, 2019). It represents, broadly, the set of knowledge that aids mental disorder prevention, recognition or management, through cognitive and behavioral skills (Jorm, 2000). As construct, it was first operationalized as encompassing: a) the acknowledgement of specific mental illnesses and different types of psychological distress; b) knowledge about the etiology and risk factors of mental disorders; c) knowledge about professional and self-help types of treatments; d) adequate help seeking and recognition attitudes; and e) knowledge about how to search valid mental health information (Jorm et al., 1997; Jorm, 2000).

Recently, the concept of MHL has been expanded, and has integrated the achievement / maintenance of "good mental health" and the development of "self-care competencies" (Kutcher, Wei, & Coniglio, 2016). Hence, these new components reflect the assertion that MHL should cover both positive mental health, as well as illness recognition and management (BjØrnsen et al., 2017; Kutcher, Wei, Costa, Gusmão, Skokauskas, & Sourander, 2016). Nevertheless, the definition of "good mental health" or "positive mental health" remains to be unequivocally operationalized.

One current obstacle to the study of this approach to MHL is the absence of a measure capable of grasping these two dimensions of MHL, i.e., mental illness and mental well-being literacy. BjØrnsen et al., (2017) developed a Positive Mental Health Literacy Scale for adolescents, that captures basic psychological needs such as relatedness, competence and autonomy, but most MHL measures focus on mental illness and neglect the measurement of "good mental health" (Wei et al., 2015). A lack of consensus about what "good mental health is" constrains the development of measures that accurately capture it in the context of a multi-construct theory of MHL (Spiker & Hammer, 2019). Additionally, this posits considerable limitations in the study of both good mental health and MHL, given that it does not allow us to conduct a thorough exploration of the difference between absence of mental illness and presence of mental well-being.

Nonetheless, several studies using different methodologies corroborate the hypothesis that lack of MHL is associated with stigma and stigma is related to decreased help-seeking intention in both subjects (Eisenberg et al., 2009; Lally et al., 2013; Gulliver et al., 2010; Velasco et al., 2020) and parents (Jeong et al., 2018). Poor knowledge about mental health is also connected to delayed help-seeking behavior, suspicion of treatments, difficulty in helping others, worst mental health outcomes (Kutcher et al., 2016; Rüsch et al., 2014; Wei et al., 2015). Also, low MHL is associated with depression (Lam, 2014) and other forms of psychopathology (Brijnath et al., 2016). On the other hand, studies suggest that individuals who have better MHL are more likely to adhere to psychotherapy and medication (Bonabi et al., 2016). Few studies have explored the relationship between MHL and good mental health (BjØrnsen et al., 2017; Kurki et al., 2021; Maia de Carvalho et al., 2022; Nobre et al., 2021).

The mounting evidence correlating MHL and mental illness have prompted the development of MHL programs that target key elements of the MHL construct (Jorm, 2000). A considerable amount of heterogeneity is reported in terms of the composition of MHL programs, with some covering all components of MHL (Kitchener & Jorm, 2008), others focusing on a specific component of mental health — e.g., some focusing on stigma (Gronholm et

al., 2017), others on help-seeking (Lubman et al., 2016; Lubman et al., 2020). MHL programs appear to be particularly promising when applied in school or university settings (Lubman et al., 2016; Lubman et al., 2020; Mcluckie et al., 2014; Patalay et al., 2017; Perry et al., 2014; Skre et al., 2013) which have prompted the development of curriculum based mental health literacy interventions in schools. Evidence suggests that help-seeking interventions benefit MHL, destigmatize mental illness and improve help-seeking behavior (Xu et al., 2018). One example of an MHL program is the Mental Health First Aid (MHFA; Kitchner & Jorm, 2008). This program teaches first aid skills on how to support people with mental health issues or who are in a mental health crisis. The program has been adapted to different settings (e.g., general public, working setting, high-school teachers), and results from a recent meta-analysis suggests it is effective in improving MHL, help-giving behavior, and in reducing social distance from those with mental illness (Morgan et al., 2018). Nevertheless, some studies have found no significant impact, and most mental health literacy interventions, except MHFA, show no significant impact on help-seeking and stigma (Lo et al., 2018).

MHL programs via web-based platforms have also been conducted (see Brijnath et al., 2016), and results suggest that these are effective in reducing self-stigma, particularly when they include “active ingredients” (e.g., delivered evidenced-based content) (Cairns & Rosseto, 2019). Stigma is a particularly relevant target of MHL programs, given that it can severely affect developmental trajectories, limiting access to health care, education, employment, causing poverty, risk of maltreatment and exclusion (Eisenberg et al., 2013; Gronholm et al., 2017). Some studies have found that programs addressing mental illness stigma are effective in reducing stigma (Byrne, 2000; Gronholm et al., 2017).

Within the umbrella of MHL interventions, some target knowledge about mental illness, distress, risk-factors and causes; some focus on improving help seeking attitudes and behavior, others aim to reduce mental illness stigma (self-stigma and stigma towards others). But a common feature regarding measures and interventions is that the vast majority is illness-oriented and do not focus on mental well-being.

2. Literature Review

The Relevance of Mental Well-Being as Part of Mental Health

According to the World Health Organization (WHO, 2005), mental health is a state of well-being in which every individual fulfills their potential, is able to cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. This idea emphasizes the notion that mental health is more than the absence of mental illness, and that it is a state of social, physical and mental well-being (WHO, 1948).

Between 2002 and 2005, Corey Keyes developed a Complete Model of Mental Health — the Two-Continuum Model. To test it mental illness measures and a new measure of mental well-being, the — Mental Health Continuum — Long-Form, were used. The Mental Health Continuum integrates items from emotional well-being, psychological well-being and social well-being. The findings supported a two-factor model of complete mental health, in which mental well-being and psychopathology factors are correlated, but distinct (Keyes, 2002, 2005). Also, evidence shows that well-being and ill-being have different biological biomarkers (Ryff et al., 2006), activate different brain areas (Urry et al., 2004) and are differently influenced by genes (RØyband et al., 2018). Personality dimensions correlate differently with well-being and psychopathology (Spinhoven et al., 2015) suggesting different pathways of mental health. Indeed, several studies analyzed in a recent scoping review consistently suggest that the absence of mental illness does not equate mental health/well-being, nor the presence of mental illness necessarily implies lack of mental well-being (Iasiello et al., 2020) and it is important to observe that this varies across the life-span (Westerhof & Keyes, 2010). In addition, the use of the Mental Health Continuum (Keyes, 2005) allows the distinction between: Flourishing — when having high levels of well-being in at least one item/measure of hedonic well-being and in six or more items/measures of positive functioning; Languishing — when having low levels of one item/measure of hedonic well-being and in six or more items/measures of positive functioning; Moderate mental health —when between participants are between flourishing and languishing.

Mental well-being is necessary for complete mental health and good functioning in adolescents, young-adults and adults (Keyes, 2002, 2005, 2006, 2007), and it fosters healthy developmental trajectories (Westerhof & Keyes, 2010). This seems to suggest that one may have psychopathological symptoms and still be able to attain mental well-being (e.g., Franken et al., 2018; De Vos et al., 2018), which across time and contexts may act as a protective factor for personal development and functioning (Provencher & Keyes, 2011; Schotanus-Dijkstra et al., 2017). Also, for those who don´t have a mental illness, flourishing mental health brings resilience to life vulnerabilities and challenges (Schotanus-Dijkstra et al., 2017).

There is specific evidence suggesting that promoting and protecting mental well-being are protective against mood and anxiety disorders, and against first onset of depressive episode and relapse (e.g., Keyes et al., 2010; Lamers et al., 2012; Lamers et al., 2015; Schotanus-Dijkstra et al., 2017; Wood & Joseph, 2010). Indeed, well-being not only decreases the risk of mental illness symptoms, but also increases physical health (Diener & Chan, 2011; Friedman et al., 2005; Schotanus-Dijkstra et al., 2017; Seligman, 2008; Siahpush et al., 2008; Tsenkova et al., 2008), is associated with work productivity and with less use of health care services (Keyes & Grzywack, 2005).

Finally, the evidence that people with both mental illness and flourishing mental health function better than people who are languishing (Keyes & Grzywack, 2005; Westerhof & Keyes, 2010) tentatively suggests that it is not only possible but crucial to promote well-being in those who are recovering or at risk of developing mental health difficulties (De Voos et al., 2017; Fava, 2016; Provencher & Keyes, 2011; Schotanus-Dijkstra et al., 2017), for example by helping foster self-care. This seems to indicate the centrality of expanding MHL focus from a strictly mental illness treatment and prevention, to mental well-being protection and promotion.

Positive Mental Health Literacy

Jorm's (2000) premise that lack of MHL could delay help-seeking, raise distrust of treatments, and potentially worsen mental outcomes was supported by evidence (Bonabi et al., 2016; Kutcher et al., 2016; Rüsch et al., 2014). Nevertheless, most studies on MHL have an exclusive focus on mental illness literacy and indicators (Wei et al., 2015), rather than exploring complete mental health (Mansfield et al., 2020).

Just as Jorm (2015) asserted that health literacy vastly ignored mental disorders as a key aspect of health, some have recently argued that the current definition and measurement of MHL ignore mental well-being (e.g., BjØrnsen et al., 2017). The overfocus on mental illness, and disregard for mental well-being as a core element of MHL, is not a minor detail when conceptualizing MHL, given that growing evidence suggests that mental well-being is an important aspect of mental health.

To have a first glimpse on how a complete MHL program would look like, we used the two-continuum model as guidance (Keyes, 2002, 2005). To develop a complete theory-driven MHL package, we argue that it is crucial to measure positive mental health literacy — or what some would call "positive mental health literacy" (BjØrnsen et al., 2017) —, in addition to the commonly measured mental illness literacy, in order to successfully measure complete mental health literacy.

As a result from our proposition to merge the mental health continuum model (Keyes, 2002, 2005) with the MHL concept (Jorm's, 2000; Kutcher at al., 2016), we argue that having complete MHL refers to both mental illness literacy and positive mental health literacy. In this context positive mental health literacy is considered:

- The ability to distinguish between mental well-being and mental illness;
- The ability to recognize the importance of well-being for good mental health;
- The understanding of the factors that protect/promote well-being and how to cultivate those (e.g., self-care).

To distinguish mental well-being from mental illness, the presence of emotional well-being (e.g., feeling positive affect and life satisfaction), positive functioning (e.g., developing attitudes of acceptance towards the self, the perspective of feeling personal growth, finding purpose in life, cultivating environmental mastery, autonomy and

positive relations with others) and social well-being (e.g., a position of accepting society, observing growth in society, feeling the ability for contribution, social coherence and social integration) must be acknowledged (Keyes, 2002, 2005).

The lack of acknowledgment of mental well-being as a crucial part of mental health might prevent individuals from seeking helpful programs that foster mental well-being. Individuals who do not present mental illness symptoms might not recognize lack of mental well-being as a valid and reasonable motive to seek mental health programs or professionals. Thus, it is crucial for MHL programs to start incorporating mental well-being — and overall "good mental health" — as a core element of their content, promoting a more expanded notion of mental health as the absence of illness and the presence of health. Those without MHL about mental well-being may be less aware of their risk of languishing, having mental illness and functioning poorly. Recognizing mental well-being as a fundamental part of mental health opens the possibility of monitoring mental well-being indicators and asking for help when languishing or having poor levels of mental well-being.

The same rationale applies to healthcare practitioners and psychology professionals. They play an important role tracking and diagnosing those who need psychological support therefore they need to have a clear comprehension of what is mental well-being and why it is necessary. For example, if healthcare professionals don´t have MHL they will have more difficulty identifying those who need psychological/medical help and providing the specialized help to those that need it (Jorm, 2000). The same might occur in regards to mental well-being, where by following the current illness-focused mental health paradigm (cf. Bohlmeijer & Westerhof, 2021), professionals might underlook relevant indicators of lack of mental well-being. In fact, if healthcare practitioners and psychologists hold an illness-oriented view of mental health, they will not be efficient at targeting those who are languishing and/or who would benefit from a mental well-being intervention. In fact, one potential impact of MHL not focusing exclusively on mental illness, but expanding its definition to include positive mental health literacy, is its ability to serve as a reference point for more accurate assessment of needs and, consequently, developing more targeted interventions in a clinical setting and/or with clinical populations. For example, similarly to a stepcare logic, those who do not present a mental illness diagnosis but do present low levels of well-being (e.g., high on languishing) might benefit from a complete MHL program, i.e., including positive mental health literacy. After the program, those who score below average in well-being might then be able to proceed with further approaches, such as positive psychology interventions (cf. Bolier et al., 2013; Schotanus-Dijkstra et al., 2015). The need for a complete MHL program comes from the fact that in order to make available and conduct targeted effective interventions, healthcare professionals working in clinical setting should be able to identify the lack of mental well-being and not just the presence of mental illness. This implicates specific complete MHL training where healthcare professionals learn to 1) recognize the importance of mental well-being; 2) identify low levels of mental well-being; 3) discuss with clients the nefarious impact of low well-being; and 4) conduct interventions specifically designed to promote well-being.

Protecting and promoting mental well-being appears to be a fundamental element for complete recovery during and after mental disorder treatment (Bohlmeijer & Westerhof, 2021; De Voos et al., 2017; Fava, 2016; Provencher & Keyes, 2011). Therefore, some treatment protocols target not only mental illness symptoms but also mental well-being. Again, the importance of mental well-being is relevant for both clinicians and patients during their treatment process. If clinicians know the importance of mental well-being for recovery and relapse prevention mental well-being can be monitored during and after treatment using the Mental Health Continuum — Short Form (Keyes, 2005) and patients can benefit from positive psychology interventions or well-being therapy if their well-being is still below average (De Voos et al., 2017; Fava, 2016). But for this, clinicians also need positive mental health literacy, as they need to create the skills to observe, measure and talk about the absence of mental well-being and to be trained to apply or recommend well-being interventions or know the evidence based resources to cultivate mental well-being in a broad mental health treatment (e.g., Layous & Lyubomirsky, 2014).

Additionally, not less important is the fact that positive mental health literacy and a complete MHL approach may help normalize and destigmatize mental health interventions, shifting the focus from an exclusively clinical

perspective of recovery, to a personal perspective of empowerment and/or recovery that involves mental well-being promotion (cf. Bohlmeijer & Westerhof, 2021).

Not only in clinical settings but also in general populations, complete MHL has a vast array of potential benefits. Awareness of mental well-being can be raised in schools and university settings through MHL programs that target teachers, students and mental health counsellors and professionals. As MHL programs have been increasing in schools and universities with promising results, positive mental health literacy and mental illness literacy interventions reinforce the importance of assessing mental health, as well as of asking for help not exclusively when one experiences mental illness and suffering, but also when one is not experiencing mental well-being (Mansfield et al., 2020). Just as MHL programs that focus on mental illness teach different mental illnesses and symptoms, a complete MHL program would add to it the acknowledgment and teaching of well-being related experiences, such as flourishing, languishing and moderate mental health.

Mental health services in universities and schools are designed to help those with mental or performance-related issues, though these interventions are designed to diagnose, prevent and treat mental illness symptoms or give support to performance problems. Expanding the help options in context of mental well-being promotion could involve monitoring mental well-being, providing MHL interventions that target mental well-being, delivering mental well-being interventions for those with low levels of mental well-being, self-help interventions targeting mental well-being or eHealth interventions that train positive mental health literacy.

Also, the need for an MHL that includes positive mental health literacy is based on the growing literature pointing out for the health-related benefits of well-being. For example, mental wellness seems to boost resilience, significantly prevent the relapse of mental illness, and to decrease the risk of developing the onset of mental illness (e.g., Keyes et al., 2010; Lamers et al., 2015; Schotanus-Dijkstra et al., 2017; Wood & Joseph, 2010). Hence, overall, it can be asserted that most people may benefit from knowing that investing in personal well-being may in fact protect them from getting ill. But then again, it is self-evident that in order to foster well-being, one has to first be acquainted with the construct, and then learn how to cultivate it. We argue that the investment in developing and delivering complete MHL packages is the necessary condition to open this avenue of mental health research and practice.

In other words, recognizing and measuring the different dimensions of mental health (mental illness and mental well-being) and MHL (mental illness literacy and positive mental health literacy) allows the development of more specific and complete interventions for clinical and non-clinical populations not only at a prevention but also at promotion and treatment levels.

6. Conclusion

We argue that well-being literacy adds an important contribution to MHL research. Having literacy about mental well-being and mental illness, professionals will be better equipped to track and treat individuals at risk. Also, well-being literacy brings research closer to a complete approach of mental health, allowing researchers to better understand whether mental illness literacy and well-being literacy impact differently and/or concomitantly on mental health outcomes, stigma, help-seeking and help-giving. Interventions designed to improve MHL will be more complete as they will target both mental illness and well-being.

Expanding the scope of MHL by including well-being literacy calls first and foremost for the development of psychometrically robust instruments that accurately measure positive mental health literacy or complete mental health literacy, as well as the development and efficacy test of a complete MHL intervention.

References

Bjørnsen, H. N., Eilertsen, M. E. B., Ringdal, R., Espnes, G. A., & Moksnes, U. K. (2017). Positive mental health literacy: Development and validation of a measure among Norwegian adolescents. *BMC Public Health, 17*, 717. https://doi.org/10.1186/s12889-017-4733-6

Bohlmeijer, E. T., & Westerhof, G. J. (2021). A new model for sustainable mental health: Integrating well-being into psychological treatment. In J. N. Kirby & P. Gilbert (Eds.), *Making an impact on mental health: The applications of psychological research* (pp. 153–188). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429244551-7

Bolier, L., Haverman, M., Westerhof, G., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health, 13*, 119. https://doi.org/10.1186/1471-2458-13-119

Bonabi, H., Müller, M., Ajdacic-Gross, V., Eisele, J., Rodgers, S., Seifritz, E., Rössler, W., & Rüsch, N. (2016). Mental health literacy, attitudes to help-seeking, and perceived need as predictors of mental health service use: A longitudinal study. *The Journal of Nervous and Mental Disease, 204*(4), 321–324. https://doi.org/10.1097/nmd.0000000000000488

Brijnath, B., Protheroe, J., Mahtani, K. R., & Antoniades, J. (2016). Do web-based mental health literacy interventions improve the mental health literacy of adult consumers? Results from a systematic review. *Journal of Medical Internet Research, 18*(6), e165. https://doi.org/10.2196/jmir.5463

Byrne, P. (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment, 6*, 65–72. https://doi.org/10.1192/apt.6.2.65

Cairns, K., & Rosseto, A. (2019). School-based mental health literacy interventions. In O. Okan, U. Bauer, D. Levin-Zamir, P. Pinheiro, & K. Sørensen (Eds.), *International book of health literacy: Research, practice and policy across the life-span* (pp. 291–305). Policy Press.

De Vos, J. A., LaMarre, A., Radstaak, M., Bijkerk, C. A., Bohlmeijer, E. T., & Westerhof, G. J. (2017). Identifying fundamental criteria for eating disorder recovery: A systematic review and qualitative meta-analysis. *Journal of Eating Disorders, 5*, 34. https://doi.org/10.1186/s40337-017-0164-0

De Vos, J. A., Radstaak, M., Bohlmeijer, E. T., & Westerhof, G. J. (2018). Having an eating disorder and still being able to flourish? Examination of pathological symptoms and well-being as two-continua model of mental health in a clinical sample. *Frontiers in Psychology, 9*, 2145. https://doi.org/10.3389/fpsyg.2018.02145

Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being, 3*(1), 1–43. https://doi.org/10.1111/j.1758-0854.2010.01045.x

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help-seeking for mental health among college students. *Medical Care Research and Review, 66*(5), 522–541. https://doi.org/10.1177/1077558709335173

Fava, G. A. (2016). Well-being therapy: Current indications and emerging perspectives [Editorial]. *Psychotherapy and Psychosomatics, 85*(3), 136–145. https://doi.org/10.1159/000444114

Franken, K., Lamers, S., Ten Klooster, P. M., Bohlmeijer, E. T., & Westerhof, G. J. (2018). Validation of the Mental Health Continuum-Short Form and the dual continua model of well-being and psychopathology in an adult mental health setting. *Journal of Clinical Psychology, 74*(12), 2187–2202. https://doi.org/10.1002/jclp.22659

Friedman, E. M., Hayney, M. S., Love, G. D., Urry, H. L., Rosenkranz, M. A., Davidson, R. J., Singer, B. H., & Ryff, C. D. (2005). Social relationships, sleep quality, and interleukin-6 in aging women. *Proceedings of the National Academy of Sciences, 102*(51), 18757–18762. https://doi.org/10.1073/pnas.0509281102

Gronholm, P. C., Henderson, C., Deb, T., & Thornicroft, G. (2017). Interventions to reduce discrimination and stigma: The state of the art. *Social Psychiatry and Psychiatric Epidemiology, 52*, 249–258. https://doi.org/10.1007/s00127-017-1341-9

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*, 113. https://doi.org/10.1186/1471-244X-10-113

Iasiello, M., van Agteren, J., & Muir-Cochrane, E. (2020). Mental health and/or mental illness: A scoping review of the evidence and implications of the dual-continua model of mental health. *Evidence Base, 1*. https://doi.org/10.21307/eb-2020-001

Jeong, Y. M., Lee, Y. M., Bernstein, K., & Park, C. (2018). Stigma and attitude toward service use among Korean American parents of adolescent children: Does depression literacy act as a mediator and/or moderator? *Journal of Psychosocial Nursing and Mental Health Services, 56*(11), 46–55. https://doi.org/10.3928/02793695-20180815-01

Jorm, A. F. (2000). Mental health literacy, public knowledge and beliefs about mental disorders. *British Journal of Psychiatry, 177*, 396–401. https://doi.org/10.1192/bjp.177.5.396

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollit, P. (1997). "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166*, 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207–222. https://doi.org/10.2307/3090197

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548. https://doi.org/10.1037/0022-006X.73.3.539

Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry, 76*(3), 395–402. http://dx.doi.org/10.1037/0002-9432.76.3.395

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95–108. https://doi.org/10.1037/0003-066X.62.2.95

Keyes, C. L. M. (2010). The next steps in the promotion and protection of positive mental health. *Canadian Journal of Nursing Research, 42*(3), 17–28.

Keyes, C. L. M., Dhingra, S. S., & Simões, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health, 100*(12), 2366–2371. https://doi.org/10.2105/AJPH.2010.192245

Keyes, C., & Grzywack, J. G. (2005). Health as a complete state: The added value in work performance and health care costs. *Journal of Occupational and Environmental Medicine, 47*(5), 523–532. https://doi.org/10.1097/01.jom.0000161737.21198.3a

Kitchener, B. A., & Jorm, A. F. (2008). Mental health first aid: An international program for early intervention. *Early Intervention in Psychiatry, 2*(1), 55–61. https://doi.org/10.1111/j.1751-7893.2007.00056.x

Kurki, M., Gilbert, S., Mishina, K., Lempinen, L., Luntamo, T., Hinkka-Yli-Salomäkki, S., Sinokki, A., Upadhyay, S., Wei, Y., & Sourander, A. (2021). Correction to: Digital mental health literacy program for the first-year medical students' wellbeing: A one-group quasi-experimental study. *BMC Medical Education, 21*, 602. https://doi.org/10.1186/s12909-021-03031-w

Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *Canadian Journal of Psychiatry, 61*(3), 154–158. https://doi.org/10.1177/0706743715616609

Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people. *European Child and Adolescent Psychiatry, 25*, 567–569. https://doi.org/10.1007/s00787-016-0867-9

Lally, J., ó Conghaile, A., Quigley, S., Bainbridge, E., & McDonald, C. (2013). Stigma of mental illness and help-seeking intention in university students. *The Psychiatrist, 37*(8), 253–260. https://doi.org/10.1192/pb.bp.112.041483

Lam, L. T. (2014). Mental health literacy and mental health status in adolescents: A population-based survey. *Child and Adolescent Psychiatry and Mental Health, 8*, 26. https://doi.org/10.1186/1753-2000-8-26

Lamers, S. M., Bolier, L., Westerhof, G. J., Smit, F., & Bohlmeijer, E. T. (2012). The impact of emotional well-being on long-term recovery and survival in physical illness: A meta-analysis. *Journal of Behavioral Medicine, 35*(5), 538–547. https://doi.org/10.1007/s10865-011-9379-8

Lamers, S. M., Westerhof, J. G., Glas, C. A. W., & Bohlmeijer, E. T. (2015). The bidirectional relation between positive mental health and psychopathology in a longitudinal representative panel study. *The Journal of Positive Psychology, 10*(6), 553–560. https://doi.org/10.1080/17439760.2015.1015156

Layous, K., & Lyubomirsky, S. (2014). The how, why, what, when, and who of happiness: Mechanisms underlying the success of positive activity interventions. In J. Gruber & J. T. Moskowitz (Eds.), *Positive emotion: Integrating the light sides and dark sides* (pp. 473–495). Oxford University Press.

Lo, K., Gupta, T., & Keating, J. (2018). Interventions to promote mental health literacy.

Lubman, D. I., Berridge, B. J., Blee, F., Jorm, A. F., Wilson, C. J., Allen, N. B., McKay-Brown, L., Proimos, J., Cheetham, A., & Wolfe, R. (2016). A school-based health promotion programme to increase help-seeking for substance use and mental health problems: Study protocol for a randomised controlled trial. *Trials, 17*, 393. https://doi.org/10.1186/s13063-016-1510-2

Lubman, D. I., Cheetham, A., Sandral, E., Wolfe, R., Martin, C., Blee, F., Berridge, B. J., Jorm, A. F., Wilson, C., Allen, N. B., McKay-Brown, L., & Proimos, J. (2020). Twelve-month outcomes of MAKINGtheLINK: A cluster randomized controlled trial of a school-based program to facilitate help-seeking for substance use and mental health problems. *EClinicalMedicine, 18*, 100225. https://doi.org/10.1016/j.eclinm.2019.11.018

Maia de Carvalho, M., Vale-Dias, M. L., Keyes, C., & Carvalho, S. A. (2022). The Positive Mental Health Literacy Questionnaire – PosMHLit. *Mediterranean Journal of Clinical Psychology, 10*(2). https://doi.org/10.13129/2282-1619/mjcp-3407

Mansfield, R., Patalay, P., & Humphrey, N. (2020). A systematic literature review of existing conceptualization and measurement of mental health literacy in adolescent research: Current challenges and inconsistencies. *BMC Public Health, 20*(1), 607. https://doi.org/10.1186/s12889-020-08734-1

Mcluckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. *BMC Psychiatry, 14*, 379. https://doi.org/10.1186/s12888-014-0379-4

Morgan, A. J., Ross, A., & Reavley, N. J. (2018). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLoS ONE, 13*(5), e0197102. https://doi.org/10.1371/journal.pone.0197102

Nobre, J., Oliveira, A. P., Monteiro, F., Sequeira, C., & Ferré-Grau, C. (2021). Promotion of positive mental health literacy in adolescents: A scoping review. *International Journal of Environmental Research and Public Health, 18*, 9500. https://doi.org/10.3390/ijerph18189500

Patalay, P., Annis, J., Sharpe, H., Newman, R., Main, D., Ragunathan, T., Parkes, M., & Clarke, K. (2017). A pre-post evaluation of OpenMinds: A sustainable, peer-led mental health literacy programme in universities and secondary schools. *Prevention Science: The Official Journal of the Society for Prevention Research, 18*(8), 995–1005. https://doi.org/10.1007/s11121-017-0840-y

Perry, Y., Petrie, K., Buckley, H., Cavanagh, L., Clarke, D., Winslade, M., Hadzi-Pavlovic, D., Manicavasagar, V., & Christensen, H. (2014). Effects of a classroom-based educational resource on adolescent mental health literacy: A cluster randomised controlled trial. *Journal of Adolescence, 37*(7), 1143–1151. https://doi.org/10.1016/j.adolescence.2014.08.001

Provencher, H. L., & Keyes, C. L. M. (2011). Complete mental health recovery: Bridging mental illness with positive mental health. *Journal of Public Mental Health, 10*(1), 57–69. https://doi.org/10.1108/17465721111134556

Røysamb, E., Nes, R. B., Czajkowski, N. O., & Vassend, O. (2018). Genetics, personality and wellbeing: A twin study of traits, facets and life satisfaction. *Scientific Reports, 8*(1), 12298. https://doi.org/10.1038/s41598-018-29881-x

Rüsch, N., Müller, M., Ajdacic-Gross, V., Rodgers, S., Corrigan, P. W., & Rössler, W. (2014). Shame, perceived knowledge, and satisfaction associated with mental health as predictors of attitude patterns towards help-seeking. *Epidemiology and Psychiatric Sciences, 23*(2), 177–187. https://doi.org/10.1017/S204579601300036X

Ryff, C. D., Love, G. D., Urry, H. L., Muller, D., Rosenkranz, M. A., Friedman, E. M., Davidson, R. J., & Singer, B. (2006). Psychological well-being and ill-being: Do they have distinct or mirrored biological correlates? *Psychotherapy and Psychosomatics, 75*(2), 85–95. https://doi.org/10.1159/000090892

Schotanus-Dijkstra, M., Drossaert, C. H., Pieterse, M. E., Walburg, J. A., & Bohlmeijer, E. T. (2015). Efficacy of a multicomponent positive psychology self-help intervention: Study protocol of a randomized controlled trial. *JMIR Research Protocols, 4*(3), 105. https://doi.org/10.2196/resprot.4162

Schotanus-Dijkstra, M., ten Have, M., Lamers, S. M. A., de Graaf, R., & Bohlmeijer, E. T. (2017). The longitudinal relationship between flourishing mental health and incident mood, anxiety and substance use disorders. *European Journal of Public Health, 27*(3), 563–568. https://doi.org/10.1093/eurpub/ckw202

Seligman, M. E. P. (2008). Positive health. *Applied Psychology: An International Review, 57*, 3–18.

Siahpush, M., Spittal, M., & Singh, G. J. (2008). Happiness and life satisfaction prospectively predict self-rated health, physical health, and the presence of limiting, long-term health conditions. *American Journal of Health Promotion, 23*(1), 18–26. https://doi.org/10.4278/ajhp.061023137

Skre, I., Friborg, O., Breiviko, C., Johnsen, L. I., Arnesen, Y., & Wang, C. E. A. (2013). A school intervention for mental health literacy in adolescents: Effects of a non-randomized cluster controlled trial. *BMC Public Health, 13*, 873. https://doi.org/10.1186/1471-2458-13-873

Spiker, D. A., & Hammer, J. H. (2019). Mental health literacy as theory: Current challenges and future directions. *Journal of Mental Health, 28*(3), 238–242. https://doi.org/10.1080/09638237.2018.1437613

Spinhoven, P., Elzinga, B. M., Giltay, E., & Penninx, B. W. (2015). Anxious or depressed and still happy? *PLoS ONE, 10*(10), e0139912. https://doi.org/10.1371/journal.pone.0139912

Tsenkova, V. K., Love, G. D., Singer, B. H., & Ryff, C. D. (2008). Coping and positive affect predict longitudinal change in glycosylated hemoglobin. *Health Psychology, 27*(S2), S163–S171. https://doi.org/10.1037/0278-6133.27.2(Suppl.).s163

Urry, H. L., Nitschke, J. B., Dolski, I., Jackson, D. C., Dalton, K. M., Mueller, C. J., Rosenkranz, M. A., Ryff, C. D., Singer, B. H., & Davidson, R. J. (2004). Making a life worth living: Neural correlates of well-being. *Psychological Science, 15*(6), 367–372. https://doi.org/10.1111/j.0956-7976.2004.00686.x

Velasco, A. A., Santa Cruz, I. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviors for common mental health problems in adolescents? A systematic review. *BMC Psychiatry, 20*(1), 293. https://doi.org/10.1186/s12888-020-02659-0

Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes, and help-seeking: A scoping review. *BMC Psychiatry, 15*, 291. https://doi.org/10.1186/s12888-015-0681-9

Westerhof, G. L., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*, 110–119. https://doi.org/10.1007/s10804-009-9082-y

Wood, A. M., & Joseph, S. (2010). The absence of positive psychological (eudaimonic) well-being as a risk factor for depression: A ten-year cohort study. *Journal of Affective Disorders, 122*(3), 213–217. https://doi.org/10.1016/j.jad.2009.06.032

World Health Organization. (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June. Signed on 22 July 1946 by the representatives of 61 states (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. WHO.

Xu, Z., Huang, F., Kösters, M., Staiger, T., Becker, T., Thornicroft, G., & Rüsch, N. (2018). Effectiveness of interventions to promote help-seeking for mental health problems: Systematic review and meta-analysis. *Psychological Medicine, 48*(16), 2658–2667. https://doi.org/10.1017/S0033291718001265

Declaração Ética

Conflito de Interesse: Nada a declarar. **Financiamento:** Nada a declarar. **Revisão por Pares:** Dupla-cega.