

# MENTAL HEALTH LITERACY PROGRAMME AMONG HEALTH UNDERGRADUATE STUDENTS: DEVELOPMENT OF A COMPLEX INTERVENTION



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## INTRODUCTION

Mental health literacy (MHL) is crucial for undergraduate students as it empowers them to recognize, understand, and address mental health challenges. This knowledge contributes to improved happiness by reducing stigma, fostering resilience, and promoting positive coping strategies. Enhanced emotional well-being results from effective stress management and the ability to seek help when needed. Ultimately, MHL positively influences academic life satisfaction by creating a supportive environment, reducing the impact of stressors, and fostering a holistic approach to well-being in the challenging context of higher education.

**This development phase study aimed to evaluate MHL and assess its association with satisfaction with academic life, happiness, psychological well-being and psychiatric symptoms in undergraduate students. Also intended to identify how students understand and value MHL, as well as seeking to identify areas where there is a lack of knowledge or understanding about mental health, highlighting the educational and resource needs that students may have. This will be crucial for the development of a psychoeducational intervention focus on the promotion of MHL as a foundation for a supportive academic environment.**

## METHODS

This development phase is part of a broader research project named SMILE, guided by the United Kingdom Medical Research Council and Framework. This study used a convergent parallel mixed-methods design, as the simultaneous application of the quantitative (online cross-sectional survey) and qualitative (focus group) strands took place during the same phase of the research process, with the methods being given equal priority.

**The research protocol for online cross-sectional survey included:**

- Semi-structured interview (sociodemographic and clinical data)
- Mental Health Literacy Questionnaire (MHLqSVa)
- Satisfaction with Academic Life Scale (SALS)
- Subjective Happiness Scale (SHS)
- Psychological Well-Being Scale (PWBS)
- Depression Anxiety Stress Scale (DASS)

## RESULTS

A sample of 24 students were evaluated (75% female, mean age=25.5y, 67% nursing students and 42% in 4th year). About 74% had previous support needs for MH problems and 17% were currently receiving support (22% with psychotropic medications).

Women had a greater knowledge of MH problems (MHI domain), compared to men ( $p=0.025$ ). This MHL domain was negatively correlated with satisfaction with academic environment ( $rs=-0.571$ ).

Higher scores in MHL total ( $p=0.20$ ) and in self-help strategies domain were identified among students with previous MH support needs ( $p=0.44$ ). Lower level of erroneous beliefs/stereotypes were more evident in students with family MH history ( $p=0.007$ ).

From the FG content analysis, it was possible to explore the students' perspectives of MHL, identify the needs they felt, and explore their characteristics, namely the topics to be addressed, the most favorable pedagogical strategies, and the resources to be mobilized to structure a brief intervention aimed at specific needs. A total of five categories and twenty-seven subcategories emerged. In some of them, it was possible to identify secondary subcategories, enabling the authors to explore the students' perception of the MHL-targeted intervention characteristics

## CONCLUSIONS

These findings are important for designing interventions led by mental health nurses to promote mental health in academic contexts, aimed at positive and healthy changes in the academic environment, particularly in line with their expectations and needs, with the aim of reducing levels of psychological distress. This results are crucial for the feasibility/piloting phase.

## REFERENCES:

Teixeira, A. I., Martins, S., Lima, S., Pinto, F., Morgado, T., & Valentim, O. (2025). A Mixed Methods Approach to Understanding Mental Health Literacy Among University Health Students. *Healthcare (Basel, Switzerland)*, 13(7), 724. <https://doi.org/10.3390/healthcare13070724>

**Table 1.** Data comparison, integration, and interpretation analysis.

Quantitative Results	Qualitative Results	Comparation and Integration of Results	Convergence, Divergence, Reinforcement
Students with previous MH support needs showed more MHL ( $p = 0.020$ ) and MH self-help strategies ( $p = 0.044$ ).	Category: Caring for MH and Concept	Almost 74% of students reported previous support needs for MH problems, which was associated with more MHL and MH self-strategies. This is corroborated by qualitative data, with the emergence of the category Caring for MH, where students exposed many strategies for promoting and preventing MH. Also, students identified that MHL involves putting knowledge about MH into practice and adopting behaviors favorable to the strategy's adoption.	Convergence
Students with family MH history presented lower levels of erroneous beliefs/stereotypes ( $p = 0.007$ ).	Category: Challenges in Higher Education—Subcategory: Beliefs and stereotypes	Half of the sample had a nuclear family member with a history of mental illness. These students also showed fewer stereotypes about mental illness. These data were reinforced by the subcategory Beliefs and stereotypes, which showed that students had a perception of what contributes to stigma and discrimination around MH and illness.	Reinforcement
Students with higher knowledge of MH problems had less satisfaction with the academic environment ( $rs = -0.571$ ; $p < 0.01$ ).	Category: Challenges in Higher Education—Subcategories: Academic environment; Interest and initiative Category: Institutional resources	The association between greater knowledge of MH problems and lower satisfaction with the academic environment can be partly explained by these students perceiving that the academic environment does not provide the appropriate conditions for promoting MH. This is reinforced by the category about existing resources in the institution, which comprised suggestions from students for strategies to promote MH at an institutional level.	Reinforcement