Mental Health Literacy in South East Asia in a Cultural Context: A Systematic Review

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Abstract: Mental health literacy and positive community attitude toward mental illness significantly predicted the simultaneous formal help seeking to professional treatment. The diverse setting of Southeast Asia population mental health literacy with consideration to cultural circumstances are still understudied. This includes the population's traditional knowledge, belief, and local treatments of mental disorders symptoms. This study aims to systematically review available literature to learn the variety of mental health literacy studies and analyse whether the studies consider cultural circumstances such as local knowledge and informal help seeking. Studies that were conducted in South East Asian countries population were systematically reviewed according to relevant keywords in English and Bahasa Indonesia from selected major electronic sources. The selected studies focus on the general public, health care workers, and mental health professionals knowledge; (ii) written in English; Indonesia; (iii) study located the countries of Southeast Asia; and (iv) focusing on mental health literacy, attitudes, and beliefs about mental illness and mental, knowledge on mental health, and other related terms. The study result in a systematic review of 46 articles, which were published between the past 40 years in the period of 1978- 2018. The articles are presented under the themes of 1.) Mental health literacy among lay people and healthcare professionals 2.) Attitudes and beliefs toward mental illness and 3.) Help-seeking approach to mental illness. The findings discovered that while common understanding of mental disorder is expected to identify the mental health literacy, embedding cultural context would accommodate the understanding of lay people.

1 INTRODUCTION

The issue of mental health has become a major concern in both the developed and developing countries (Ganasen, et al, 2008). According to Steel et al (2014), the global prevalence of common mental disorders in 26 high income countries and 37 low and middle income countries indicated that on average one in five adults experienced a common mental disorder within the past 12 months. The term "common" refers to the high prevalent of the disorder in the community. WHO (2017) categorizes common mental disorder in two main categories: depressive disorders and anxiety disorders.

The prevalence of mental disorder is widely measured using CIDI (Composite International Diagnostic Instrument). However, the global prevalence worldwide shows a wide variety across regions. One of the factor that affect the reports on mental health assessment is the ability to recognize the illness. Steel et al (2009) discovered in Vietnam that using the international diagnostic accompanied with a culturally derived diagnostic measure would improve the overall prevalence compare to using the CIDI alone.

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The expression or idiom to indicate and report mental disorder across countries may vary and have influence of cultural factors (Steel, et.al, 2009). For instance, countries in North East and South East Asia shows a lower rate of common mental disorder compared to other region (Steel et al 2009; Steel et al 2015). It is argued that cultural setting might over or underestimate the prevalence of mental disorder (Steel et al, 2014). While symptom of mental disorder is universal, lay people would have different ways of expressing the understanding for the condition. For example, in Sri Lanka, the vocabulary of "depression" is not common in the Sinhala ethnic group but are more being used by the Sri Lankan who respond in English (Amarasuriya, et.al, 2015). The ability to recognize the problem as an illness then further relates to the help seeking behaviour. In addition, the lack of mental health professionals in the community would then endorse informal help seeking such as parents and friends. The ASEAN (Association of South East Asia Nation) which include 10 countries in South East Asia, apart from East Timor have generated a task force on mental health and launched a brief report regarding the mental health system in the region. The background of the ASEAN establishment is based on some similarities such as geographical position which lies between two continents and two oceans, shate the Melayu Austronesia culture, have the colonialized experience in the past, and have similar interests in economic, social culture, security, and politic.

The ASEAN Mental Health Report in 2016 reported that mental health was a challenging issue in the developing countries. For example there are two countries which did not have national information and data about prevalence and mental illness cases. One country did not have any clinical psychologist. In addition, limited financial has effect on health facilities, service and human resources such as psychiatry and nurse. There were other similarity in the 10 countries that give effect on the people's help-seeking behaviour such as lack of knowledge, misunderstanding about mental health, and cultural factor like possession, back magic, and religion. Emotional factors like fear, shame, and ignorance were the major barriers to seek help. Stigma and discrimination are big challenges for people with mental illness.

In average, less than half of the countries in South East Asia have a mental health law, including new laws in many countries that requires an implementation plan. Some countries never have a national epidemiology survey on mental health. These problems are apart from the challenge to provide a well ratio of human resource and service in the community towards the need in the population. A policy brief reported by the ASEAN Task Force on Mental Health (2013) proposed four solutions to address mental health issues in 10 countries of ASEAN. One of the strategies addressed the promotion of depression awareness and combat stigma using public education campaigns, which include mental health literacy.

Mental health literacy was introduced by Anthony Jorm (1997), which is defined as "Knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking". Jorm's mental health literacy studies have been implemented in many parts of the world, in both western and non-western countries. The knowledge and belief regarding mental illness is positively associated to the treatment and help seeking, whether to professionals, semi-formal or informal service (Novianty, 2016). The use of English as a spoken language greatly influence mental health literacy. Many non-western countries learn that mental disorder is associated to black spirit and supernatural which need the help of traditional healers (Ganasen et al, 2008).

In addition, the lack of research in the field of mental health is also a challenge for the government to obtain accurate information and design programs that fit the needs of mental health (ASEAN, 2016). The importance of the research role for the development of mental health programs is also put forward by Kermode et al (2009). Furnham and Hamid (2014) argue that the majority of mental health research pioneered by Jorm et al, conducted in Western countries that can be reached by telephone survey. Meanwhile, mental health literacy in non-western countries is less well known.

The results of research on mental health literacy conducted in various countries such as Africa (Aggarwal, et al, 2016 & Atilola, 2016), America (Altweck, et al., 2016), Canada (Gagnon, Gelinas, & Friesen, 2015) recommends the importance of considering cultural factors in mental health literacy and its relation to help seeking behavior (Kelly & Wright, 2007). Even Koutoufa & Furnham (2014) suggests further research on the motivations underlying one's beliefs and should also examine the

potential cause-and-effect relationship between social and psychological conditions and mental health literacy.

In an ethnographic approach, culture has a role to determine how society determine the continuum of normal to abnormal conditions, contribute to certain cause of mental disorders, provide perception of health workers in assessing, diagnosing, labelling disorders and explaining mental illness in their patients, and influences the way people perceive the mental illness label that has been given by society (Burnard, Naiyapatana & Lloyd, 2006). In the current study, we look at research findings about the relationship between culture and mental health literacy in South East Asian countries as well as its relationship to the behaviour of seeking help.

The current research aims to systematically review previous research in South East Asia regarding mental health literacy with two objectives 1.) Learning the variety of mental health literacy studies 2.)Analysing whether the study considers cultural circumstances such as local knowledge and informal help seeking as mental health literacy. Similarities and differences across literatures will also be compared to find a pattern in understanding mental health literacy in the context of South East Asia region.

2 METHOD

The electronic search database is performed using PubMed, Google Scholar, ProQuest and Sage. The literature search is not located within a certain period to expand the possibility collecting as many relevant articles to the key search. Articles that have been obtained during the search process, are from 1976 to 2018. The selected terms of keyword are used to ensure the entry of articles as much as possible. Search is done by entering keywords (attitude), (knowledge), (belief), (culture), (cultural belief) AND the combination with (mental health literacy), (mental illness), (mental disorder), (depression), (anxiety), (schizophrenia) AND (Southeast Asia) by title and abstract search. The hand search of the literature was conducted as a form of citation search study to identify relevant studies which does not belong to a particular database.

Based on these primary and secondary references, the studies included in this paper meet the following criteria: (i) studies focusing on the general public, health care workers, and mental health professionals; (ii) the papers are written in English; Indonesia; (iii) the focus of this paper is the countries of Southeast Asia; and (iv) papers focusing on mental health literacy, attitudes, and beliefs about mental illness or disorder, knowledge of mental illness or disorder, relief seeking, beliefs about seeking treatment, utilization of mental health services, AND mental illness excluding eating disorders, substance-related disorders, gambling-related disorders, learning disabilities, or attention deficit disorders.

The search criteria yielded 69 articles which went through screening for no duplicated article by title and abstract. In addition, article that didnot meet the inclusion criteria were excluded. At the time of the screening process, there are 43 articles that meet the criteria and as many as 26 articleswere excluded, including titles without abstract. This search method is not precise and complete yet, as there are possibilities of not finding articles using a different term out of the search key both through the database or by hand.

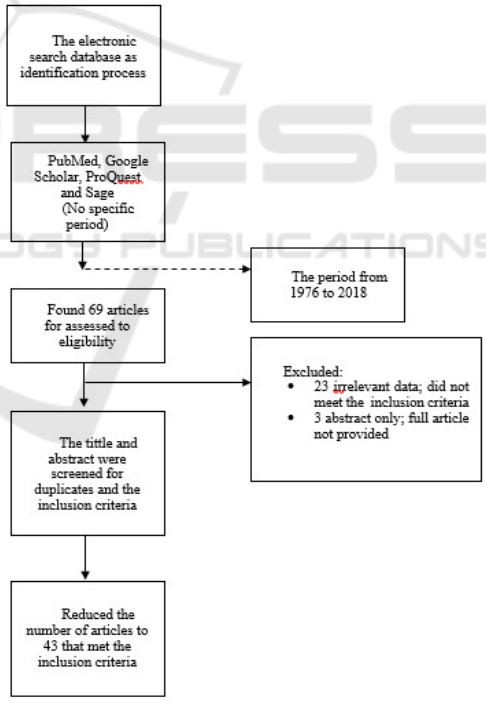

Figure 1. Flow diagram of systematic review procedure.

3 RESULT

This systematic review included 43 articles, which are published between the past 40 years of 1978-2018. The studies were conducted amonglay people and health care professionals in South East Asia. The present work review category is similar to Tonsing's (2017) study which was conducted among Singaporean population.In that study, a narrative review approach was conducted to asses 20 articles under the theme of mental health literacy across the lay people and health professional participants.

In the present work, most reviewed articles usevignette study for the data collection and aresummarized in Appendix B. The 43 articles are presented under the following subheadings:

1. 23 articles under mental health literacy among lay people and healthcare professionals
2. 25 articles under attitudes and beliefs toward mental illness
3. 13 articles under help-seeking approach to mental illness treatment

Each article is not exclusively under one heading. Some articles fall under two or three themes

3.1 Mental Health Literacy among Lay People and Healthcare Professionals

This topic is discussed in more than half of the articles reviewed. The results in Southeast Asian countries have similar results. From an ethnic point of view, the rate of Mental Health Literacy (MHL) differs in comparing the level of MHL in an ethnic group. For example,the Chineseethnic in the countryside has lower MHL than ethnic Malaysians. While in other places mentioned ethnic China-Singapore has a better MHL than Malaysian and Indian ethnic.

Factors affecting the MHLto be better in the community are based on the residential locations where urban communities have better MHL, higher education, income and based on religion. MHL related knowledge is obtained formally and informally. In terms of time, research from year to year still shows similarities related to causes and symptoms of mental disorders. Mental disorders are still associated with supernatural beliefs and traditional beliefs.

Many consider mental disorders due to external factors such as family, occupation, unmarried or karmic. The symptoms mentioned related to mental disorders such as lack of hope, physical complaints, lack of courage, poor mind, defeat, communication difficulties and abnormal social behaviour, some are harmful and not.

In terms of individual or groups knowledge, psychiatrists have the ability to recognize mental disorders better than others. Traditional healers can help in recognizing symptoms but are not significant in their role to reduce or heal symptoms. In terms of diagnosis, dementia, alcohol abuse and OCD are better recognized. Depression is better known than schizophrenia. New schizophrenia is recognized after years without treatment.

3.2 Attitudes and Beliefs toward Mental Illness

Some SEA countries have different attitudes toward mental disorders. For example, urban Chinese society shows a higher level of knowledge for depression than rural China. Meanwhile, the urban and rural Indian urban have a relatively similar attitude about depression. In another study, the Chinese Tiansghoa community has a better level of literacy on depression, followed by Malaysians and Indians. This fact is associated with education and income levels. Older age, male gender, lower education and socioeconomic status are associated with more negative attitudes toward people with mental disorders.

The response rate for psychiatrists is higher than that of the primary healthcare practitioner. The majority of primary health practitioners and psychiatrists consider that patients will be discriminated against, especially schizophrenia and mania rather than depression. For example, major health practitioners in Singapore have more negative views than Singapore psychiatrists about the results of professional interventions for the three major psychiatric disorders. These findings have implications for education and training for primary health practitioners as well as for the care of psychiatric patients in primary health environments.
Mental health contributes less to the behavior of help seeking. Community attitudes toward mental illness contributes more significantly to the behavior of seeking help. Compared with the general population, mental health professionals have a more positive attitude toward mental illness. Compared to nurses, doctors showed a significantly more positive attitude to 'social restrictions' and 'prejudice and misunderstanding'. Having a close family or friend diagnosed with a mental illness is negatively related to 'social distance' among professionals.

Stigma against people with mental disorders is higher in older individuals, men, lower education and lower incomes. Stigma is lower in individuals who have experience or have relatives who are affected by mental disorders. Severe psychotic disorders (more psychotic) have more stigma in society.

MHL does not contribute much to the behavior of seeking medication, while the attitude toward the illness is the most decisive attempt to seek treatment. However, the higher the MHL increases the effort to seek professional treatment.

3.3. Help-seeking Approach to Mental Illness Treatment

The same problem in almost all countries in SEA, the number of mental health professionals is still lacking. Factors that influence the search for professional treatment are age, gender, ethnicity, income, personal experience or the nearest person, and stigma. Among the 13 articles discussing the approach / behavior of help seeking on the treatment of illness / mental disorders discovered:

a. Recognize mental disorders and labeling issues and naming mental disorders. There are still many lay people unable to recognize the different types of mental disorders. A negative attitude toward mental illness that prevents individuals from seeking professional care, and seeking help, is a common theme that emerges. Health professionals have different views on the causes and treatment of mental disorders. The findings also reveal that seeking treatment, attitudes and beliefs about mental illness are associated with mental health literacy. In ordering, here are some categories of criteria used to label baa / mental disorder / insane in an individual:

b. Seeking help: traditional healer, simultaneously or before seeking professional help, The most common undertaking in dealing with mental disorders is talking to family. In terms of treatment, there are some tendencies to believe that mental health services are only intended for severe psychiatric disorders such as schizophrenia. The reluctance to seek professional help is also related to the perception that the disturbance is not severe enough to receive assistance. Traditional explanatory models can provide understanding and integration of the meaning system of interruptions but are unsuccessful in alleviating symptoms. The strength of social support and the trust of patients, friends, and / or relatives in the treatment of mental illness is strongly associated with traditional medicine. Culture is believed to be a major deterrent to psychiatric care in some countries.

c. Not looking for help. The reason for not seeking professional treatment is because they do not know of any health facilities for treatment of mental disorders, distance to health facilities, beliefs about other causes that can be treated in other ways, and financial problems.

4 DISCUSSION

Numerous study of mental health suggested that characteristic of demographic has affected on knowledge and mental health literacy. Novianty & Hadjam, (2017) suggest that there is a direct and indirect connection between characteristic of demography and community's attitude toward mental health problem and seeking formal help, potential gender differences in MHL could inform future intervention (Coles, etc., 2015). Age group (Marcus &Westra, 2012) and group of racism (Ypinazar, Margolis, Haswell-Elkins, & Tsey, 2007) have unique views and needs respect to the management of mental health problems. Regarding to socio-economic status, SES is a factor to recognize psychiatric disorders and treatment options (Furnham, & Hamid, 2014). SES also has a consistent relationship with the MHL and has an inconsistent relationship with help seeking behavior (Holman, 2015).In this study we also find that most of research reported demographics factor had affect toward mental health literacy and level of formal help-seeking (Yeap& Low, 2009). However, these factors play different roles on individual and community group of mental health literacy, hence influence formal help-seeking. Demographic characteristic of sample in the studies were conducted in Indonesia, Malaysia, Singapore, Laos, Vietnam, Thailand, and Brunei Darussalam covered various social demographic backgrounds such as age, gender, education, religion, language, ethnicity, socioeconomic status, mental disorder patients, residential location, community, families, students, religious practitioner and professionals in different research context.

The range of age sample is the lowest 15 years and highest 65 years old. Tze-Ping et al (2008) indicated that a large proportion of adults with mental disorders do not seek help. While the younger sample which have good knowledge of mental health were more willing to seek help (Yeap & Low, 2009). Gender factors influence perception

and awareness of pain. In general, women tend to be more aware of symptoms than men who tend to be unaware of health problems and are more likely to delay seeking help. Education level is related to good MHL in some mental disorder. The level of education affects access to good mental health information and can receive relevant information from good education.

Ethnic differences is significantly a factor associated with MHL against some disorders such as how mental health is described and labelled, for example Indians can identify depression and dementia and more Malays can recognize dementia. Ethnicity also affects one's belief in the cause of mental illness. Hong Kong ethnic Chinese are more likely to believe that social factors cause mental illness than genetic factors. The Japanese use fewer psychiatric labels when compared to Australians (Chong SA, et al, 2016).

According to the socioeconomic status, there are differences in helps seeking behaviour to professionals. The low-SES families seeks more formal help than high-SES families. Families with lower middle-class socioeconomic status that have family members with mental disorders tend to refer to professional help seekers than families with above-average incomes that tend to cover up in shame (Novianty & Hadjam, 2017).

Language and religion play a major role especially in the therapeutic process. The language differences of the therapist and the patient affect the expression, idiom, and meaning. Religious differences will affect the perspective and beliefs of individuals about mental disorders. Religion is the lifeline of the individual, which is then adopted as the ideology and philosophy of the state (Kumaraswamy, 2007).

According to the findings, most countries in South East Asia were find available to provide studies about mental health literacy, except the Philippines and East Timor. Most studies elaborated the mental health literacy and attitude. While fewer studies emphasized in the help seeking behaviour, it has been covered in the first two categories. The categories are somewhat overlapped because each article would usually explain two categories in one article, for instance, mental health literacy and help seeking or attitude and help seeking. Thus, the category does not exclusively determine the differences of one article to another.

Given the respondent's participation, most of the participants are distinctly grouped according to their living place such as urban and rural, or education major such as medical and non-medical, and age group. Students' literacy are moderate.

The studies show that the understanding of mental illness are associated with the level of income. Rural participants tend to have less income and lower education attainment which consequently gives less information about mental health. Thus, people living in rural area associate the causation of mental health problems to God's destiny and supernatural causation. However, none of the urban or rural citizen use supernatural labels to identity the problem.Ethnicity are related to the understanding of mental health cases, but the predictors are still associated to income levels and education attainment.

Most mental health literacy vignettes requires the participants to correctly answer the case with a psychotic label instead of lay people's label such as emotional distress. On the other hand, the use of English as the main spoken language does affect the participant's knowledge to recognize the mental health cases in a medical term.

Rural participants would endorse for religious treatment compare to the urban's who prefer to modify their lifestyle, visiting a psychologist, or psychiatrist. Recognizing culture as part of the understanding of mental health was discovered in several studies. In Thailand, there is a mixture of modern and traditional treatment for mental illness which appear to be available in rural areas compare to the capital in Bangkok. In Javanese culture, the spiritual connection become a coping mechanism and screening tool to identify depression disorder. The idiom of "discouragement" is expressed a demotivated feeling. In the Laotian society, folk diagnosis are categorized with some social label called "baa label". Social explanation were also found in Indonesia and Malaysia. It is argued that mental health problems have similar symptoms around the world, however the expression are different according to the value and belief system in the society.

Religion also holds an important role to define mental health literacy. Lay people in countries such as Brunei Darussalam and Malaysia believe that mental disorder is a consequence for not obeying the Islamic commands. Buddhist is also one of the religion in many parts of South East Asia, which holds value to recognize the mental health state of a person.

5 CONCLUSION

The present study in South East Asia Region have covered most of the studies available related to mental health literacy. Lay beliefs about schizophrenia may serve different functions for different ethno-cultural groups, which has an influence on help-seeking behaviour. The folk diagnosis of mental disorders is made not based on the strength of one criterion, but several. While a common understanding of mental disorder is expected to identify the mental health literacy, adding cultural context would accommodate the understanding of lay people. Studies in mental health literacy should integrate anthropology and sociology as valuable perspective to a better understanding of the community's literacy on mental health.

REFERENCES

*Afifah, K.A., Asyanti, S. and Psi, S., 2016. *LiterasiKesehatan Mental pada Tenaga Kesehatan* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).

Aggarwal, S., Berk, M., Taljard, L., & Wilson, Z. (2016).South African adolescents' beliefs about depression. *International Journal of Social Psychiatry*, *62*(2), 198-200.

Atilola, O. (2016). Mental health service utilization in sub-Saharan Africa: is public mental health literacy the problem? Setting the perspectives right. *Global health promotion*, *23*(2), 30-37.

Altweck, L., Marshall, T. C., Ferenczi, N., &Lefringhausen, K. (2015). Mental health literacy: a cross-cultural approach to knowledge and beliefs about depression, schizophrenia and generalized anxiety disorder. *Frontiers in psychology*, *6*.

Amarasuriya, S.D., Jorm, A.F. and Reavley, N.J., 2015. Depression literacy of undergraduates in a non-western developing context: the case of Sri Lanka. *BMC research notes*, *8*(1), p.593.

ASEAN. (2016). ASEAN mental health system for ASEAN Mental Health. Jakarta: The ASEANSecretariat.http://asean.org/storage/2017/02/55.-December-2016-ASEAN-Mental-Health-System.pdf. Accessed by July 11, 2018. 22:46 pm

ASEAN. (2013). ASEAN Mental Health Task Force. Jakarta: The ASEAN Secretariat.

*Brintnell, E, S, Sommer, R, W, Kuncoro, B, Setiawan, G, Pandu & Bailey, P 2013. 'The expression of depression among Javanese patients with major depressive disorder: A concept mapping study', *Transcultural Psychiatry*, pp. 1-20.

*Burnard, P, Naiyapatana, W & Lloyd, G 2006. 'Views of mental illness and mental health care in Thailand: a report of an ethnographic study'. *Journal of psychiatric and Mental Health Nursing*, vol. 13, pp. 742-749

Gagnon, M. M., Gelinas, B. L., & Friesen, L. N. (2015). Mental Health Literacy in Emerging Adults in a University Setting: Distinctions Between Symptom Awareness and Appraisal. *Journal of Adolescent Research*, DOI.0743558415605383.

Ganasen, K.A., Parker, S., Hugo, C.J., Stein, D.J., Emsley, R.A. and Seedat, S., 2008. Mental health literacy: focus on developing countries. *African Journal of Psychiatry*, *11*(1), pp.23-28.

*Chong, S, A, Verma, S, Vaingankar, J, A, Chan, Y, H & Wong, L, Y 2007. 'Perception of the public towards the mentally ill in a developed Asian country'. *Social Psychiatry and Psychiatry Epidemiology*, vol. 42, pp. 734-739

*Chong, S, A, Abdin, E, Picco, L, Pang, S, Jeyagurunathan, A, Vaingankar, J, A, Kwok, K, W &Subramaniam, M. 2016. 'Recognition of mental disorders among a multiracial population in Southeast Asia'. *BMC Psychiatry*, pp. 1-10.

Coles, M.E., Ravid, A., Gibb, B., George-Denn, D., Bronstein, L.R. and McLeod, S., 2016. Adolescent mental health literacy: Young people's knowledge of depression and social anxiety disorder. *Journal of Adolescent Health*, *58*(1), pp.57-62.

*Coton, X, poly, S, Hoyois, P, Sophal, C & Dubois, V 2008. 'The healthcare-seeking behavior of schizophrenic patients in Cambodia'. *International Journal of Social Psychiatry*, vol. 54, no. 4, pp. 328-337.

*Edman, J, L & Koon, T, Y 2000. 'Mental illness beliefs in Malaysia: Ethnic and Intergenerational comparisons'. *International Journal of Social Psychiatry*, vol. 46, no. 2, pp. 101-109.

*Furnham, A. & Hamid, A. (2014). Mental health literacy in non-western countries: a review of the recent literature. *Mental Health Review Journal.* Vol. 19 No. 2 2014, pp.84-98. DOI 10.1108/MHRJ-01-2013-0004

Holman, D., 2015. Exploring the relationship between social class, mental illness stigma and mental health literacy using British national survey data. *Health:*, *19*(4), pp.413-429.

Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B. and Pollitt, 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*, *177*(5), pp.182-186.

*Kadir, N, B, A &Bifulco, A 2010. 'Malaysian moslem mothers' experience of depression and service use', *Cultural Medical psychiatry*, vol. 34, pp. 443-467.

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, *187*(7), S26.

*Khan, T, M, Sulaiman, S, A &Hassali, M, A 2010. 'Mental health literacy towards depression among non-medical students at a Malaysian university'. *Mental Health in Family Medicine*, pp. 27-35.

*Khan, T, M, Sulaiman, S, A, S, Hassali, M, A, Anwar, M, Wasif, G & Khan, A. H 2010. 'Community knowledge, attitutes, and beliefs towards depression in the state of Penang, Malaysia. *Community Mental Health Journal*, vol. 46, pp. 87-92.

Koutoufa, I., &Furnham, A. (2014). Mental health literacy and obsessive–compulsive personality disorder. *Psychiatry Research*, *215*(1), 223-228.

*Kua, J, H, K, Parker, G &Jorm, A, F 2000. 'Beliefs about outcomes for mental disorders: A comparative study of primary health practitioners and psychiatrists in Singapore'. *Singapore Medical Journal*, vol. 41, no. 11, pp. 542-547.

*Kumaraswamy, N 2007. 'Psychotherapy in Brunei Darussalam'. *Journal of Clinical Psychology: In Session*, vol. 63, no. 8, pp. 735-745.

*Kurihara, t, Kato, M, Reverger, R &Tirta, I, G, R, T 2006. 'Beliefs about causes of schizophrenia among family members: A community-based survey in Bali'. *Psychiatric Services*, vol. 57, no. 12, pp. 1795-1799.

*Lemelson, R.B., 2004. Traditional healing and its discontents: efficacy and traditional therapies of neuropsychiatric disorders in Bali. *Medical anthropology quarterly*, *18*(1), pp.48-76.

*Loo, P, W &Furnham, A 2012. 'Public knowledge and beliefs about depression among urban and rural Chinese in Malaysia'. *Asian Journal of Psychiatry*, vol. 5, pp. 236-245.

*Loo, P, W &Furnham, A 2013. 'Knowledge and beliefs about depression among urban and rural Indian Malaysians', *Mental Health, Religion & Culture*, vol. 16, no. 10, pp. 1009-1029.

Marcus, M., Westra, H. and Mobilizing Minds Research Group, 2012. Mental health literacy in Canadian young adults: results of a national survey. *Canadian Journal of Community Mental Health*, *31*(1), pp.1-15.

*Matthews, M 2011. 'Assessment and comparison of culturally based explanations for mental disorder among Singaporean Chinese youth'. *International Journal of Social Psychiatry*, vol 57, no. 1, pp. 3-17.

*Ng, T,Z, Jin, A, Z, Chua, H, C, Fones, C, S, L & Lim, L, L 2008. 'Health beliefs and help seeking for depressive and anxiety disorders among urban Singaporean Adults'. *Psychiatric Services*, vol. 59, no. 12, pp. 105-108.

*Ng, T, P, Nyunt, M, S, Z, Chiam, P, C &Kua, E, H 2011. 'Religion, health beliefs and the use of mental health services by the elderly'. *Aging & mental Health*, vol. 15, no. 2, pp. 143-149.

*Novianty, A &Hadjam, M, N, R 2016. 'Literasikesehatan mental dansikapkomunitassebagaiprediktorpencarianpertolongan formal'. *JurnalPsikologi*, vol. 44, no. 1, pp. 50-65.

*Novianty, A 2017. 'Literasikesehatan mental: pengetahuandanpersepsipublikmengenaigangguan mental'. *Analitika*, vol. 9, no. 2, pp. 68-75.

*Pang, S, Liu, J, Mahesh, M, Chua, B, Y, Shahwan, S, Lee, S, P, Vaingankar, J, A, Abdin, E, Fung, D, S,S, F, Chong, S, A &Subramaniam 2017. 'Stigma among Singaporean youth: A cross-sectional study on adolescent attitudes towards serious mental illness and social tolerance in a multi ethnic populatioan'. *BMJ Open*, pp. 1-11.

*Parker, G, Mahendran, R, Yeo, S, G, Loh, M, I &Jorm, A, F 1999. 'Diagnosis and treatment of mental disorders: a survey of Singapore mental health professionals. *Social psychiatry and Psychiatry Epidemiologi*, vol. 34, pp. 555-563.

*Rachmayani, D & Kurniawati, Y., 2017. StudiAwal: Gambaran Literasi Kesehatan Mental Pada Remaja PenggunaTeknologi.*Prosiding Seminar Nasional Penguatan Individu di Era Revolusi Informasi*

*Razali, S, M &Najib, M, A, M 2000. 'Help-seeking pathways among Malay Psychiatric Patients'. *International Journal of Social Psychiatry*, vol. 46, no. 4, pp, 281-289.

*Razali, S, M & Ismail, Z 2014. 'Public stigma towards patients with schizophrenia of ethnic Malay: a comparison between the general public and patients' relatives'. *Journal of Mental Health*, vol. 23, no. 4, pp. 176-180.

*Sanseeha, L, Chontawan, R, Sethabouppa, H, Disayavanish, C &Turale, S 2009. 'Illness perspectives of Thais diagnosed with schizophrenia'. *Nursing and health Sciences*, vol. 11, pp. 306-311.

*Seow, L, S, E, Chua, B, Y, Xie, H, Wang, J, Ong, H, L, Abdin, E, Chong, S, A &Subramaniam, M 2017. 'Corrct recognition and continuum belief

of mental disorders in a nursing student population'. BMC Psychiatry, pp. 1-8

Steel, Z., Silove, D., Giao, N.M., Phan, T.T.B., Chey, T., Whelan, A., Bauman, A. and Bryant, R.A., 2009. International and indigenous diagnoses of mental disorder among Vietnamese living in Vietnam and Australia. *The British Journal of Psychiatry*, *194*(4), pp.326-333.

Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J.W., Patel, V. and Silove, D., 2014. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *International journal of epidemiology*, *43*(2), pp.476-493.

*Subramaniam, M, Abdin, E, Picco, L, Shahwan, S, Jayegurunathan, A, Vaingankar, J,A& Chong, S, A 2017. 'Continuum belief and stigmatising beliefs about mental illness: results from an Asian community survey', *BJM Open,* pp. 1-10

*Surjaningrum, E, R 2012. 'Gambaran mental health literacy kaderkesehatan'. *Insan*, vol. 14, no. 3, pp. 194-202.

*Swami, V, Furnham, A, Kannan, K &Sinniah, D 2008. 'Beliefs about schizophrenia and its treatment in kotaKinabalu, Malaysia'. *International Journal of Social Psychiatry*, vol. 54, no. 2, pp. 164-179.

*Swami, V, Loo, P, W &Furnham, A 2010. 'Public knowledge and beliefs about depression among urban and rural Malays in Malaysia'. *International Journal of Social Psychiatry*, vol. 56, no. 5, pp. 480-496.

*Ta, T, M, T, Zieger, A, Schomerus, G, Cao, T, D, Dettling, M, Do, X, T, Mungee, A, Diefenbacher, A, Angermeyer, M, C & Hahn, E 2016. 'Influence of urbanity on perception of mental illness stigma: a population based study in urban and rural Hanoi, Vietnam'. *International Journal of Social Psychiatry*, pp. 1-11

*Tay, J, L, Chan, C, Y, W, Ho, Z, C & Lal, M 2017. 'The ties that bind – A case report about restraining a mentally unwell family member at home for over a decade. *Asian Journal of Psychiatry*, Vol. 26, pp. 146-148.

*Thai, Q, C, N & Nguyen, T, H 2018. 'Mental health literacy: Knowledge of depression among undergraduate students in Hanoi, *Vietnam',International Journal of Mental Health System,* pp. 1-8

*Tonsing, K.N 2017.'A review of mental health literacy in Singapore', *Social Work in Health Care*, pp. 1-21.

*Westermeyer, J &Wintrob, R 1979. "Folk" explanations of mental illness in Rural Laos. *American Journal Psychiatry*, vol 136, no. 7, pp. 901-905

*Westermeyer, J. and Wintrob, R., 1979. " Folk" criteria for the diagnosis of mental illness in rural Laos: On being insane in sane places. *The American journal of psychiatry*.

*Yeap, R & Low, W, Y 2009. 'Mental health knowledge, attitude and help-seeking tendency: Malaysian context', *Singapore Medical Journal*, vol. 50, no. 12, pp. 1169 – 1176.

*Yeo, S, G, Parker, G, Mahendran, R, Jorm, A,F, Yap, H, L, Lee, C &Loh, M, I 2001. 'Mental health literacy survey of psychiatrically and generally trained nurses employed in a Singapore psychiatric hospital'. *International Journal of Nursing Practise*, vol. 7, pp. 414-421.

Ypinazar, V.A., Margolis, S.A., Haswell-Elkins, M. and Tsey, K., 2007. Indigenous Australians' understandings regarding mental health and disorders. *Australian and New Zealand Journal of Psychiatry*, *41*(6), pp.467-478.

*Yuan, Q, Abdin, E, Picco, L, Vaingankar, J, A, Shahwan, S, Jeyagurunathan, A, Sagayadevan, V, Shafie, S, Tay, J, Chong, S, A &Subramaniam 2016. 'Attitudes to mental illness and its demographic correlates among general population in Singapore'. *Plos One,* pp. 1-13

*Yuan, Q, Picco, L, Chang, S, Abdin, E, Chua, B, Y, Ong, S, Yow, K, L, Chong, S, A &Subramaniam, M 2017. 'Attitudes to mental illness among mental health professionals in Singapore and comparisons with the general population'. *Plos One,* pp. 1-14.

World Health Organization, 2017. Depression and other common mental disorders: global health estimates.

*List of works used for synthesis