

PSYCHOEDUCATIONAL INTERVENTIONS FOR MENTAL HEALTH LITERACY PROMOTION IN ADOLESCENTS: SCOPING REVIEW

INTERVENÇÕES PSICOEDUCACIONAIS PARA PROMOÇÃO DO LETRAMENTO EM SAÚDE MENTAL DE ADOLESCENTES: REVISÃO DE ESCOPO

Casiana Tertuliano Chalegre^{1*}

¹Master's degree in Public Health/ PhD in Nursing/ Professor at the Bachelor's degree program in Occupational Therapy at the University of Pernambuco (UPE), Recife (PE), Brazil.

***Corresponding author:**
Casiana Chalegre – Email:
casiana.chalegre@upe.br

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ABSTRACT: The objective was to map evidence on psychoeducational interventions aimed at promoting Mental Health Literacy (MHL) among adolescents. A scoping review was conducted based on the Joanna Briggs Institute framework, carried out between August 2022 and March 2023 in the LILACS, CINAHL, SciELO, PubMed, Scopus, Web of Science, PsycINFO, and BDENF databases. Full primary articles were included with no time restriction, published in Portuguese, English, or Spanish, and addressing MHL. Protocols and studies not specifically focused on the topic were excluded. The review protocol was registered in the Open Science Framework. Of the 527 studies identified, 36 were included. The most frequent interventions focused on stigma prevention and mental health promotion, addressing the four components of MHL, with emphasis on stigma reduction and improved help-seeking behaviors. The analyzed interventions operationalize the components of MHL and contribute to advancing knowledge at the interface between mental health literacy and public health.

KEYWORDS: Health Literacy. Adolescent. Mental Health. Health Education.

RESUMO: O objetivo foi mapear evidências sobre intervenções psicoeducacionais voltadas à promoção do Letramento em Saúde Mental (LSM) em adolescentes. Revisão de escopo baseada no referencial do Joanna Briggs Institute, realizada entre agosto de 2022 e março de 2023 nas bases LILACS, CINAHL, SciELO, PubMed, Scopus, Web of Science, PsycINFO e BDENF. Foram incluídos artigos primários completos, sem limite temporal, nos idiomas português, inglês e espanhol, sobre LSM. Protocolos e estudos não específicos sobre o tema foram excluídos. O protocolo foi registrado na Open Science Framework. Dos 527 estudos identificados, 36 foram incluídos. As intervenções mais frequentes enfocaram a prevenção do estigma e a promoção da saúde mental, contemplando os quatro componentes do LSM, com destaque para a redução do estigma e a melhoria da procura por ajuda. As intervenções analisadas operacionalizam os componentes do LSM e contribuem para o avanço do conhecimento na interface entre LSM e saúde coletiva.

PALAVRAS-CHAVE: Letramento em saúde. Adolescente. Saúde mental. Educação em saúde.

INTRODUCTION

In Brazil, adolescence comprises the age group from 10 to 19 years, as recommended by the World Health Organization (WHO)¹. In the international scenario, mental health conditions account for 16% of this population's disease burden, with depression being one of the leading causes of disability, significantly impacting daily life². Adolescence, a transitional period into adulthood, is pivotal for mental health, offering various opportunities for developing and maintaining crucial social and emotional habits that promote mental well-being³⁻⁷.

Continuous school-based mental health programs enhance Mental Health Literacy (MHL), and multimodal interventions involving videos and direct interaction yield greater benefits⁶. A recent meta-analysis demonstrated that diverse approaches increase engagement and learning outcomes, and that including dimensions of confidence and proactive behaviors within the MHL conceptual framework improves both strategies and results⁸.

Mental health promotion was included in the United Nations 2030 Agenda⁹, given estimates that one in ten people has a mental disorder and that one in four will develop one during their lifetime¹⁰. According to the Health Promotion glossary of terms¹¹, Health Literacy (HL) encompasses knowledge and skills acquired through daily activities and social interactions that enable individuals to access, understand, evaluate, and use information and services to promote and maintain good health and well-being for themselves and those close to them, transcending generations¹¹.

MHL, developed in Australia in 1997¹², refers to information and attitudes associated with mental health that facilitate the identification, management, and prevention of mental disorders^{4,12}. In recent years, due to its relevance, this concept has undergone refinement and now encompasses: understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; reducing stigma related to mental disorders; and improving help-seeking efficacy¹³.

International scientific research indicates that adolescents have low levels of MHL; therefore, there is an urgent need to implement psychoeducational interventions for MHL promotion in this demographic¹⁴⁻¹⁶. Conversely, adolescents with higher MHL levels exhibit less stigma and a greater capacity to effectively access, understand, and utilize information regarding mental health and its forms of promotion, disease prevention, and self-help.

Psychoeducational interventions facilitate the prevention, intervention, and promotion of mental health and MHL in schools¹⁷⁻²³ and foster transdisciplinary knowledge on health conditions, wherein the subject develops thoughts, ideas, and reflections about themselves, others, the world, and how to act in risk situations^{24,25}. These are dynamic and interdisciplinary interventions using videos, audio, conversation circles, pamphlets, campaigns, e-books²⁶, booklets, and lectures to inform and raise awareness about a specific subject²⁷.

In this perspective, to understand the integration of MHL into psychoeducational interventions, there is a need for scientific depth regarding the actions developed for adolescents and their relationship with MHL. Thus, this review addresses a topic relevant to public health, given the prevalence of mental disorders among adolescents, the lack of mental health promotion interventions for this group, and the scarcity of Brazilian studies interfacing MHL and public health.

Although there are no published studies in Brazil regarding interventions to promote MHL among adolescents, a recent international scoping review mapped research targeting high school students²⁸. It identified alignment in definitions but limited homogeneity in MHL measurement, utilizing closed scales, vignettes, or both. Most programs improved MHL levels, yet standardized measurement protocols and the inclusion of educators' perspectives on integrating MHL into the classroom are still lacking²⁸.

The objective of this review was to map the available scientific evidence on psychoeducational interventions applied to promote MHL in adolescents.

METHODOLOGY

This is a scoping review based on the Joanna Briggs Institute (JBI) methodology²⁹ and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)³⁰. Three stages were followed: 1. Search strategy; 2. Data extraction; 3. Evidence analysis and presentation of results. The protocol was registered on the Open Science Framework platform, accessible via DOI: <https://doi.org/10.17605/OSF.IO/PK2YZ>.

SEARCH STRATEGY

The search was conducted between August 2022 and March 2023, utilizing studies available in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, Scopus, Web of Science, American Psychological Association (APA-PsycINFO), and the Nursing Database (BDENF).

Full primary articles available in their entirety, with no publication date limits, in Portuguese, English, and Spanish, whose titles and/or abstracts addressed the topic and answered the research question, were included. Study protocols and articles not specifically addressing MHL were excluded. The search did not include grey literature.

The PCC (Population, Concept, and Context) mnemonic²⁹ was used to formulate the research question: P – Adolescents; C – Mental Health Literacy; C – Health Education. The following guiding question was established: “What is the available scientific evidence regarding psychoeducational interventions applied to the promotion of MHL in adolescents?”. Descriptors from CINAHL Headings, Health Sciences Descriptors (DeCS), and Medical Subject Headings (MeSH) were selected and combined with the Boolean operators OR and AND: (“letramento em saúde” OR “health literacy” OR “alfabetización en salud”) AND (adolescent*) AND (“saúde mental” OR “mental health” OR “salud mental”) AND (“educação em saúde” OR “health education” OR “educación en salud”).

DATA EXTRACTION

Data were exported to the Rayyan® manager³¹. Information was recorded in a data collection instrument adapted from the JBI form²⁹ and organized in a Microsoft Excel spreadsheet. Study variables included: psychoeducational intervention, MHL components¹³, author, year, journal, database, study design, country, target audience, and number/duration of sessions.

ANALYSIS OF EVIDENCE AND PRESENTATION OF RESULTS

The data reduction method was used to classify results after critical reading³². The stages of critical analysis and study interpretation followed: title and abstract screening; removal of duplicates via Rayyan®³¹; inclusion of those answering the research question; full-text reading of selected articles; exclusion of study protocols and articles not specifically addressing MHL; and inclusion of articles found

through manual searches of the selected studies' references. Screening was conducted by two independent reviewers, and conflicts were resolved through discussion with a supervisor.

A dialogue was established between the article findings and the MHL components¹³, coded as: 1. understanding how to obtain and maintain positive mental health; 2. understanding mental disorders and their treatments; 3. reducing stigma related to mental disorders; 4. improving help-seeking efficacy.

RESULTS

The PRISMA-ScR flowchart (Figure 1) illustrates the results of the database search stages, detailing the records that were included and excluded.

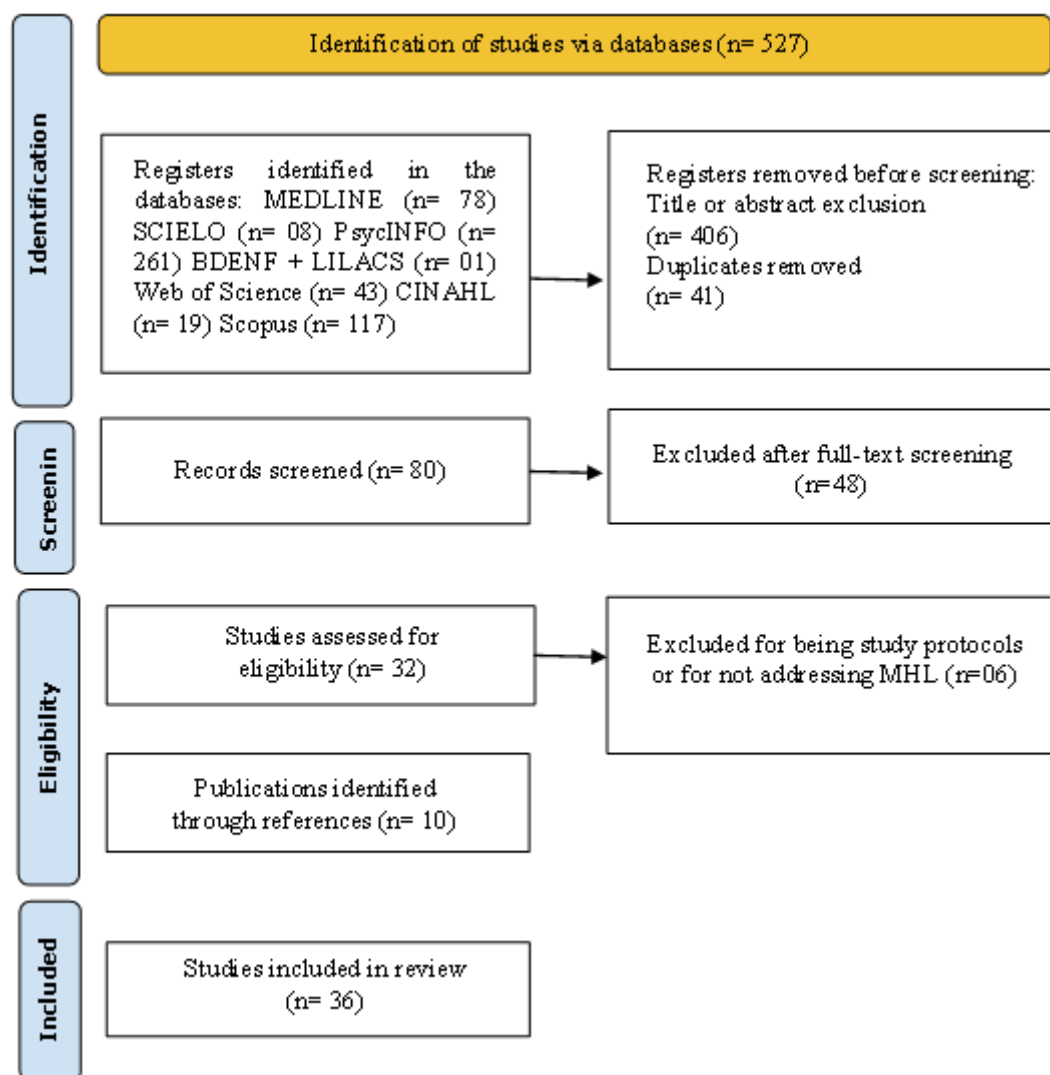


Figure 1. Study selection stages: PRISMA flow diagram, scoping review. Recife, Pernambuco, Brazil, 2023.
Source: Authors.

The 36 selected articles were organized according to mental health conditions: stigma prevention and mental health promotion; suicide prevention; psychoactive substance use prevention; and depression and anxiety prevention. The highest number of publications originated in Australia (the pioneer country of the MHL concept), followed by the United States and Canada¹².

The earliest studies date back to 2003³³, featuring the "Real World" intervention, which consisted of two phases. Within that decade, one study was identified in each of the following years: in 2004³⁴, the "Mental Illness Education-Australian Capital Territory" (MIE-ACT) program; and in 2005³⁵, a program of school workshops on mental health.

The Mental Health Curriculum Guide (The Guide), cited in five articles³⁶⁻⁴⁰, is an educational guide integrated into the school curriculum to effectively and sustainably increase the MHL of teachers, parents, and high school students.

All research targeted school-age adolescents, although one intervention (OpenMinds)⁴¹ included university students, comprising three stages: 1. intensive course; 2. classroom training; and 3. workshops. The number of sessions and their duration varied from a single 50-minute session (Short MHL Program)⁴² to a 20-day classroom experience for stigma prevention (Integrated Science Education Outreach)⁴³.

Twenty-two interventions were identified³³⁻⁵⁴ concerning stigma prevention and mental health promotion (Chart 1). All of them addressed the component of "reducing stigma related to mental disorders"³³⁻⁵⁴, and 18 involved all dimensions of MHL³⁶⁻⁵⁴.

Chart 1. Studies related to stigma prevention and mental health promotion. Recife, Brazil, 2023.

Author / Year / Journal / Database / Country	Study Design	Target Audience / No. of Sessions / Duration
Bella-Awusah, et al., 2014 ⁴⁴ . <i>J. Child Adolesc. Ment. Health</i> . SCOPUS/Nigeria.	Randomized Controlled Trial (RCT).	8th grade and high school students. 3-hour session.
Chisholm, et al., 2016 ⁴⁵ . <i>BMJ Open</i> . Medline/England.	RCT.	Students. 1-day session.
Hui, et al., 2019 ⁴⁶ . <i>EIP</i> . Medline/China.	RCT.	Students (12 to 17 years old). 1 hour.
Lanfredi, et al., 2019 ⁴⁷ . <i>Psychiatry Research</i> . Scopus/Italy.	Quasi-experimental study.	High school students. 2 educational lectures; 2 art sessions.
Patalay, et al., 2017 ⁴¹ . <i>Prevention Science</i> . Web of Science/England.	Pre- and post-intervention design.	University and high school students. 8 courses, 3 training sessions, and 2 workshops.
Perry, et al., 2014 ⁴⁸ . <i>J of Adolescence</i> . Medline/Australia.	Cluster RCT.	High school students. 5 modules (10 class hours).
Pinfold, et al., 2003 ³³ . <i>British J of Psychiatry</i> . Scopus/England.	Pre- and post-test intervention study without a control group.	Students (14 to 15 years old). 2 workshops.
Pinto-foltz, et al., 2011 ⁴⁹ . <i>Soc Sci Med</i> . Scopus/USA.	Non-blinded cluster RCT.	Adolescents (13 and 17 years old). 60 minutes.
Yamaguchi, et al., 2020 ⁴² . <i>J of Adolescence</i> . Web of Science/Japan.	Quasi-cluster RCT.	Adolescents (15 to 16 years old). 50 minutes.
Yang, et al., 2018 ⁴³ . <i>J of Translational Med</i> . Web of Science/USA.	Pilot study with a single-cohort quasi-experimental design.	Students at risk for mental health issues. 1 anti-stigma experience.
McLuckie et al., 2014 ³⁶ . <i>BMC Psychiatry</i> . Web of Science/Canada.	Secondary analysis of pre- and post-test questionnaires.	High school students. 6 modules (12 hours).
Kutcher et al., 2015 ³⁷ . <i>Can J Psychiatry</i> . Web of Science/Canada.	Secondary analysis of pre- and post-test questionnaires.	High school students. 6 modules (12 hours).

Milin et al., 2016 ³⁸ . <i>J Am Acad Child Adolesc Psychiatry</i> . Scopus/Canada.	RCT.	High school students. 6 modules (12 hours).
Zare, et al., 2021 ³⁹ . <i>Health Education J</i> . Web of Science/Iran.	RCT.	High school students. 6 modules (90 minutes each).
Ravindran et al., 2018 ⁴⁰ . <i>Glob Ment Health (Camb)</i> . PubMed/Nicaragua.	Controlled parallel-group pilot investigation.	High school and university students (14 to 25 years old). 1 hour weekly for 12 weeks.
Rickwood et al., 2004 ³⁴ . <i>Int J Ment Health Promot</i> . Web of Science/Australia.	Case-control study.	High school students (14 to 18 years old). 50 to 90 minutes.
Pinfold et al., 2005 ³⁵ . <i>World Psychiatry</i> . PubMed/Canada.	Comparative pre- and post-intervention study.	Students (14 to 16 years old). 3 sessions.
Skre et al., 2013 ⁵⁰ . <i>BioMed Central Public Health</i> . Scopus/Norway.	Non-randomized cluster-controlled clinical trial.	Students (13 to 15 years old). 3 days with 3 task packages and video materials.
Ojio et al., 2020 ⁵¹ . <i>EIP</i> . PubMed/Japan.	Description of the development and content of educational resources for teachers on MHL.	High school students. Short films, filmed social contact, and manuals.
Campos et al., 2018 ⁵² . <i>Int J Environ Res Public Health</i> . PubMed/Portugal.	RCT.	Adolescents (12 to 14 years old). Two 90-minute sessions.
Katz et al., 2019 ⁵³ . <i>School Ment Health</i> . PsycINFO/Canada.	Cluster RCT.	Adolescents. 9 lessons on MHL.
Liddle et al., 2021 ⁵⁴ . <i>J. Appl. Sport Psychol</i> . PsycINFO/Australia.	Cluster RCT.	Boys (aged 12 to 18 years). 45-minute sports training workshop.

Source: Authors, 2023.

Seven studies were found—"Teen Mental Health First Aid" (tMHFA)⁵⁵⁻⁵⁹, "Youth Aware of Mental Health" (YAM)⁶⁰, and "Fume"⁶¹—regarding the prevention of suicide and psychoactive substance use (Chart 2), with one publication in each of the years 2015⁵⁵, 2016⁵⁶, and 2019⁵⁸, two studies in 2018^{57,61}, and two in 2020^{59,60}. The number of sessions ranged from one to five, with durations between 20 and 75 minutes.

The tMHFA was featured in five studies⁵⁵⁻⁵⁹ and addressed all aspects of MHL to enhance adolescent peer support for those at risk of suicide, reduce barriers to help-seeking, and meet the needs of youth in the final years of high school. Twelve months post-training, most effects remained significant⁵⁷.

YAM⁶⁰ is a suicide prevention and mental health promotion intervention for school adolescents, aiming to increase awareness of common mental disorders, suicide risk, protective factors, and social support through role-playing. In the intervention group, there were 55% fewer suicide attempts and 50% fewer cases of severe suicidal ideation compared to the control group after one year⁶⁰.

Version 1.1.0 of the "Fume" game app⁶¹ contains five mini-games, a story, and additional information focused on tobacco to promote MHL in preventing consumption among adolescents. The results demonstrated favorable short-term changes⁶¹.

In the seven studies on depression and anxiety prevention (Chart 3), three psychoeducational interventions were identified: "ProLiSMental"⁶², "Rational Emotive Behaviour Therapy (REBT)"⁶³, and "Adolescent Depression Awareness Program (ADAP)"⁶⁴⁻⁶⁸. The earliest publication in this group was in

2010⁶⁴, followed by publications in 2017^{63,66}, 2019^{62,65,68}, and 2021⁶². The number of sessions ranged from three to eight, with durations from 45 minutes to three hours.

Chart 2. Studies related to the prevention of suicide and psychoactive substance use. Recife, Brazil, 2023.

Author / Year / Journal / Database / Country	Study Design	Target Audience / No. of Sessions / Duration
Ojio et al., 2015 ⁵⁵ . <i>Psychiatry and Clinical Neurosciences</i> . Web of Science/Australia.	Non-randomized quasi-experimental.	9th-grade adolescents (61 boys and 57 girls). Two 50-minute sessions.
Hart et al., 2016 ⁵⁶ . <i>Int J Ment Health Sys</i> . Scopus/Australia.	Uncontrolled pilot evaluation.	Adolescents aged 15 to 18. Three 75-minute sessions.
Hart et al., 2018 ⁵⁷ . <i>Australian & New Zealand Journal of Psychiatry</i> . PubMed/Australia.	Cluster Randomized Controlled Trial (RCT).	Adolescents aged 15 to 18. Three 75-minute sessions.
Guajardo et al., 2019 ⁵⁸ . <i>International Journal of Mental Health Systems</i> . PubMed/Australia.	Uncontrolled pilot evaluation.	10th-grade students from 2 secondary schools. Three 75-minute classroom sessions.
Hart, et al., 2020 ⁵⁹ . <i>Australian & New Zealand Journal of Psychiatry</i> . Scopus/Australia.	Cluster RCT.	High school students (15 to 17 years old). Three 75-minute sessions each and an action plan.
Lindow, et al., 2020 ⁶⁰ . <i>Journal of Adolescent Health</i> . PsycINFO/USA.	Uncontrolled pre/post-test design.	School-age adolescents. 5 sessions of 50 minutes: three role-playing sessions, two interactive mental health lectures, one student information booklet, and six posters.
Parisod, et al., 2018 ⁶¹ . <i>International Journal of Medical Informatics</i> . Medline/Finland.	Cluster RCT.	Adolescents aged 10 to 13. One 20-minute guided training session.

Source: Authors, 2023.

Chart 3. Studies related to the prevention of depression and anxiety. Recife, Brazil, 2023.

Author / Year / Journal / Database / Country	Study Design	Target Audience / No. of Sessions / Duration
Morgado, et al., 2021 ⁶² . <i>International Journal of Environmental Research and Public Health</i> . Web of Science/Portugal.	Pilot quasi-cluster Randomized Controlled Trial (RCT).	School students. 4 or 8 weekly sessions (90 or 45 min).
Saelid, et al., 2017 ⁶³ . <i>Cognitive Behaviour Therapy</i> . Medline/Norway.	RCT.	High school students aged 16 to 19. 3 sessions.
Townsend, et al., 2019 ⁶⁴ . <i>J. Adolesc. Health</i> . PsycINFO/USA.	RCT.	School students. 2 or 3 classes (3 hours each).
Swartz et al., 2010 ⁶⁵ . <i>Health Educ Behav</i> . PubMed/USA.	RCT.	School students. 2 or 3 classes (3 hours each).
Swartz et al., 2017 ⁶⁶ . <i>American Journal of Public Health</i> . PubMed/USA.	RCT.	School students aged 14 and 15. 2 or 3 classes (3 hours each).
Ojio et al., 2019 ⁶⁷ . <i>Early Intervention in Psychiatry</i> . PubMed/Japan.	RCT.	School students. 2 or 3 classes (3 hours each).
Beaudry et al., 2019 ⁶⁸ . <i>Journal of School Health</i> . PubMed/USA.	RCT.	Students from 18 schools. 2 or 3 classes (3 hours each).

Source: Authors, 2023.

"ProLiSMental"⁶² consists of four or eight weekly sessions of 90 or 45 minutes for school adolescents, utilizing active methodologies and initial/final sessions that integrate adolescents, legal guardians, and teachers.

REBT⁶³ is an action-oriented approach focused on helping individuals cope with irrational beliefs and manage emotions, thoughts, and behaviors in a healthy manner. It comprises three sessions to identify distressing emotions and understand the difference between irrational and rational beliefs.

The ADAP covers all MHL components, provides education on depression and bipolar disorder, encourages youth with depressive symptoms to seek treatment, and reduces stigmatizing attitudes. High school teachers are trained to administer the program following a standardized protocol⁶⁴⁻⁶⁸.

DISCUSSION

Most of the studies consisted of RCTs, and despite the cultural and socioeconomic diversity of the samples, all demonstrated efficacy in improving MHL. This confirms the credibility and applicability of programs such as The Guide³⁶⁻⁴⁰, developed in Canada and tested in Iran and Nicaragua, and the tMHFA⁵⁵⁻⁵⁹, applied in Japan and Australia. Utilizing a recognized mental health curriculum guide, as seen in these two interventions, validates their applicability and facilitates cross-cultural comparisons.

The initial study of The Guide³⁶ showed a positive impact on a Canadian high school population, contributing to enhanced knowledge and attitudes toward mental health by addressing all MHL dimensions. Integrating health education into the standard school curriculum allows for a more naturalized approach to mental health, integrated by the institution's own teaching staff. This approach strengthens bonds, reduces costs, and prevents mental illness. Furthermore, organizing these components within the curriculum enables the systematic planning of all MHL dimensions.

The MHL component "reducing stigma related to mental disorders" was present in every article in this review. This is likely because contemporary discussions on stigma have been intensively incorporated into MHL debates^{69,70}. In this modern understanding, a lack of knowledge is also considered a factor of prejudice that influences behavior⁷¹.

The other most explored components, in descending order, were: improving help-seeking efficacy; understanding how to obtain and maintain positive mental health; and understanding mental disorders and their treatments.

The component "improving help-seeking efficacy" pertains to an individual's ability to seek assistance and develop skills that enhance autonomy in mental health self-care^{72,73}. Meanwhile, "understanding how to obtain and maintain positive mental health" must be addressed continuously throughout life cycles and across various contexts, as it improves quality of life and prevents crises. However, environmental barriers—such as improper or discriminatory settings, poverty, violence, or difficulty accessing qualified care—can be challenging⁷⁴.

The component "understanding mental disorders and their treatments" was present in 30 studies. There is a clear need to raise MHL in this area, both regarding disorders that are poorly understood and heavily stigmatized and more "common" issues that are often not recognized as forms of suffering. In one study assessing perceptions of mental health treatment, depression recognition rates were 75%. However, for schizophrenia and PTSD vignettes, only one-third of respondents used correct information, and only 9.2% correctly identified social phobia⁷⁵.

Regarding stigma prevention and mental health promotion, we observed a higher number of psychoeducational interventions with varied characteristics: soft technologies applied in person, satisfactory results when integrated into the curriculum, and delivery by actors other than mental health professionals, reflecting a concern for sustainable models³³⁻⁵⁴.

The main outcomes identified across the studies included: increased opportunities to practice social awareness; positive shifts in mental health knowledge; significant reductions in stigma; improvement in emotional well-being, resilience, and help-seeking attitudes; and increased empowerment and willingness to interact with others.

In suicide prevention, the seven identified studies⁵⁵⁻⁶¹ revealed that help-seeking is a determining factor. Research indicates that suicide risk is higher among adolescents who struggle to seek help. Among those reporting suicidal ideation, plans, or attempts, only 28% sought mental health services. Thus, effective suicide prevention programs for vulnerable populations, including adolescents, are imperative⁷⁶.

While psychoeducational interventions focused on depression and anxiety showed efficacy in increasing literacy among adolescents⁶²⁻⁶⁸, a meta-analysis of 137 studies suggested that education-based interventions focused solely on prevention may lack efficacy when isolated. Future research should consider multilevel interventions⁷⁷.

The school remains the ideal setting for increasing MHL and reducing stigma, as it provides an accessible environment where students and teachers are already familiar with group learning⁷⁸. Mental health knowledge can thus become part of the formal curriculum, ensuring interventions are continuous⁷⁷.

CONCLUSION

Most analyzed MHL programs involved educator support and addressed all literacy components. The potential of training adolescents and teachers as "multipliers" is evident, as is the necessity of incorporating MHL into lesson plans. Programs like The Guide³⁶⁻⁴⁰ and tMHFA⁵⁵⁻⁵⁹, led by educators and embedded in school curricula, yielded positive results, including expanded knowledge of disorders, reduced stigma, and increased help-seeking.

This review expands scientific knowledge at the intersection of MHL and public health. As MHL is a relatively new construct in academia, future studies should include a broader range of descriptors and associated terms. The exclusion of related terms in the initial search may constitute a limitation of this review.

As a scoping review, this article does not include an assessment of methodological limitations or the risk of bias in the selected studies. Therefore, despite the predominance of RCTs, the conclusions are not definitive regarding the strength of evidence or the efficacy of the interventions. Causal inferences were not made, and findings should not be translated into immediate practical recommendations due to socioeconomic and cultural disparities.

Based on these findings, we suggest: construction and validation of psychoeducational strategies and MHL assessment instruments specifically for Brazilian adolescents; evaluation of educator perceptions regarding MHL in the classroom on a national level; and conducting high-quality systematic reviews and meta-analyses to further strengthen the evidence base.

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