

A Survey on the Current Mental Health Literacy of Primary and Secondary School Teachers

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Abstract: This study aimed to investigate the current status of mental health literacy among primary and secondary school teachers. A cross-sectional questionnaire survey was conducted using a validated Mental Health Literacy Scale. A total of 359 teachers from primary and secondary schools participated in the survey. Results indicated that, overall, teachers' mental health literacy was at a moderate level. Significant differences in mental health literacy were observed across several demographic variables, including age, experience as a homeroom teacher, educational attainment, workplace type, full-time versus part-time engagement in mental health education, and possession of a formal mental health teacher qualification certificate.

Keywords: Mental health literacy; Primary and secondary school teachers; Current status survey

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1. Introduction

Mental health literacy refers to the capacity to achieve and sustain positive mental well-being; to understand mental disorders and their evidence-based treatments; to reduce stigma associated with mental illness; and to enhance the effectiveness of help-seeking behaviors ^[1]. Domestic scholars conceptualize teacher mental health literacy as comprising three interrelated dimensions: knowledge, attitudes, and skills. Specifically, it is defined as teachers' capacity to comprehensively recognize, respond to, and support both their own and their students' mental health needs—including the identification and management of mental health challenges—as well as to actively maintain and promote psychological well-being for themselves and their students. More precisely, it denotes teachers' integrated competence in applying knowledge, adopting supportive attitudes, and enacting practical skills to address mental health concerns and foster resilience and wellness ^[2]. High levels of teacher mental health literacy not only enhance educators' own capacity to deliver effective mental health education but also help prevent school-related psychological difficulties among students, thereby contributing to a healthy, supportive, and psychologically safe campus environment ^[3].

Existing research indicates that studies on teacher health literacy in China remain largely theoretical, with limited empirical investigation. Moreover, population-based surveys on mental health literacy among Chinese adults reveal that overall levels are moderately low to low^[4]. To bridge this gap between theory and practice, the present study employs a snowball sampling strategy to recruit a geographically diverse sample of primary and secondary school teachers across multiple provinces. The aim is to empirically assess the current level of mental health literacy among this professional group, map its salient characteristics and gaps, and critically translate existing theoretical frameworks into actionable, contextually appropriate intervention strategies.

2. Methods

2.1. Participants

The study focused on primary and secondary school teachers nationwide. Using a snowball sampling strategy, participants were recruited from diverse provinces across China. A total of 474 questionnaires were collected, of which 359 were deemed valid, yielding an effective response rate of 75.73%. Among the valid respondents, 74 were male and 285 were female; 149 were aged 20–30 years, 102 were aged 30–40 years, 78 were aged 40–50 years, and 30 were aged 50–60 years; 13 held a college diploma, 282 held a bachelor's degree, and 64 held a master's degree or higher; and 119 were from rural areas, while 240 were from urban areas.

2.2. Measures

2.2.1. Self-developed demographic questionnaire

The survey instrument captured demographic and professional characteristics, including age, educational attainment, geographic location of employment (rural vs. urban), status as a home room teacher, role as a part-time or full-time mental health education teacher, and possession of a formal mental health teacher qualification certificate.

2.2.2. Measurement of mental health literacy

This study employed the Chinese-adapted version of the Mental Health Literacy Scale (MHLS), validated by Chen *et al.*^[5]. The original MHLS was developed by O'Connor and Casey^[6] at Griffith University, Australia. The scale comprises six domains: (1) ability to recognize mental disorders; (2) knowledge of risk factors and causes; (3) knowledge of how to access professional help; (4) knowledge of self-treatment strategies; (5) knowledge of how to seek mental health information; and (6) attitudes toward promoting recognition of mental health issues and appropriate help-seeking behavior. The scale consists of 35 items, with total scores ranging from 35 to 160, higher scores indicating greater mental health literacy. In the present study, the MHLS demonstrated excellent internal consistency, with a Cronbach's α coefficient of 0.917.

2.3. Statistical analysis

Data analysis was conducted using SPSS 26.0. Descriptive statistics—including means, standard deviations, and distributional characteristics—were computed for both the overall mental health literacy score and the subscale scores across all six dimensions. Independent samples *t*-tests and one-way analyses of variance (ANOVA) were employed to compare total mental health literacy scores and dimensional subscale scores

across different demographic groups.

3. Results

3.1. Overall mental health literacy profile of primary and secondary school teachers

The overall mental health literacy profile of primary and secondary school teachers in this study is presented in **Table 1**. The mean total mental health literacy score was 114.64 ± 14.89 . Across the 4-point Likert-scale dimensions, the highest mean score was observed for the ability to identify psychological disorders, whereas the lowest was for knowledge regarding self-treatment strategies. Within the 5-point Likert-scale dimensions, knowledge about seeking mental health information scored higher than attitudes toward promoting mental health awareness and attitudes toward help-seeking.

Table 1. Overall status of mental health literacy

	<i>n</i>	Min	Max	M	SD
Total mental health literacy score	359	73.00	151.00	114.64	14.89
Knowledge of self-treatment strategies	359	2.00	4.00	2.68	0.40
Knowledge of risk factors and etiology	359	1.00	4.00	2.71	0.45
Knowledge of pathways to professional help	359	2.00	4.00	2.98	0.46
Ability to recognize mental disorders	359	1.00	4.00	3.08	0.38
Attitudes toward promoting mental health awareness and help-seeking	359	2.00	5.00	3.41	0.53
Knowledge of information-seeking resources	359	1.75	5.00	3.91	0.61

3.2. Differences in mental health literacy by basic demographic characteristics

3.2.1. Age-based differences

A one-way ANOVA was conducted to examine differences in mental health literacy across age groups. As shown in **Table 2**, statistically significant differences emerged in both the total mental health literacy score ($P < 0.001$) and all dimensional subscale scores across age groups. Post-hoc pairwise comparisons using the Least Significant Difference (LSD) test revealed that teachers aged 20–30 years achieved significantly higher scores than all other age groups on both the total score and main dimensional subscales.

Table 2. Age-related differences in mental health literacy

	20–30 years (<i>n</i> = 149)	30–40 years (<i>n</i> = 102)	40–50 years (<i>n</i> = 78)	50–60 years (<i>n</i> = 30)	<i>F</i>	η^2p	Comparison
Total mental health literacy score	119.97 ± 14.51	112.73 ± 14.09	109.60 ± 12.61	107.70 ± 16.52	13.33***	0.10	1>2;1>3; 1>4
Knowledge of self-treatment strategies	25.51 ± 2.59	24.41 ± 3.06	23.91 ± 2.79	23.23 ± 4.41	8.36***	0.07	1>2;1>3; 1>4
Knowledge of risk factors and etiology	5.61 ± 0.93	5.30 ± 0.93	5.23 ± 0.79	5.27 ± 0.69	4.39**	0.04	1>2;1>3
Knowledge of pathways to professional help	9.19 ± 1.44	8.75 ± 1.33	8.86 ± 1.30	8.68 ± 1.32	2.80*	0.02	1>2
Ability to recognize mental disorders	5.54 ± 0.84	5.30 ± 0.84	5.14 ± 0.60	5.13 ± 0.73	5.72***	0.05	1>2;1>3; 1>4

	20–30 years (<i>n</i> = 149)	30–40 years (<i>n</i> = 102)	40–50 years (<i>n</i> = 78)	50–60 years (<i>n</i> = 30)	<i>F</i>	η^2p	Comparison
Attitudes toward promoting mental health awareness and help-seeking	16.50 ± 2.34	15.34 ± 2.34	14.90 ± 2.22	14.50 ± 2.69	12.21***	0.09	1>2;1>3; 1>4
Knowledge of information-seeking resources	57.62 ± 8.30	53.62 ± 8.04	51.56 ± 7.49	50.90 ± 9.09	13.00***	0.10	1>2;1>3; 1>4

Note: Values represent means (standard deviations). In post hoc multiple comparisons: 1 = 18–30 years; 2 = 30–40 years; 3 = 40–50 years; 4 = 50–60 years. **P* < 0.05, ***P* < 0.01, ****P* < 0.001

3.2.2. Education-level-based differences

Differences in mental health literacy according to educational attainment were also assessed via one-way ANOVA. Results, presented in **Table 3**, indicated statistically significant group differences in the total mental health literacy score (*P* < 0.001). Specifically, teachers holding bachelor’s or associate’s degrees scored significantly lower than those with master’s degrees or higher, both on the total score and across key dimensional subscales.

Table 3. Differences in mental health literacy by educational attainment

	Associate degree (<i>n</i> = 13)	Bachelor’s degree (<i>n</i> = 282)	Master’s degree or higher(<i>n</i> = 64)	<i>F</i>	η^2p	Comparison
Total mental health literacy score	108.15 ± 15.94	113.44 ± 14.20	121.20 ± 15.91	8.72***	0.05	1>2;1>3
Knowledge of self-treatment strategies	23.69 ± 5.38	24.45 ± 2.88	25.77 ± 2.92	5.67**	0.03	1>2;1>3
Knowledge of risk factors and etiology	5.46 ± 0.88	5.35 ± 0.836	5.67 ± 1.10	3.41*	0.02	1>2
Knowledge of pathways to professional help	8.39 ± 0.77	8.88 ± 1.37	9.34 ± 1.46	4.10*	0.02	1>2;1>3
Ability to recognize mental disorders	5.08 ± 0.95	5.34 ± 0.79	5.48 ± 0.82	1.69	0.01	
Attitudes toward promoting mental health awareness and help-seeking	14.31 ± 2.72	15.50 ± 2.33	16.61 ± 2.68	7.60***	0.04	1>2;1>3
Knowledge of information-seeking resources	51.23 ± 8.78	53.92 ± 8.20	58.33 ± 9.03	8.35***	0.05	1>2;1>3

Note: Values represent means (standard deviations). In post hoc multiple comparisons: 1 = Master’s degree or higher; 2 = Bachelor’s degree; 3 = Associate degree. **P* < 0.05, ***P* < 0.01, ****P* < 0.001

3.2.3. Workplace differences

An analysis was conducted to examine variations in mental health literacy across different workplace settings. The results are presented in **Table 4**. Teachers employed in urban areas achieved significantly higher scores than their rural counterparts across almost all measured dimensions: overall mental health literacy, ability to identify mental disorders, knowledge of risk factors and etiology, knowledge of self-treatment strategies, knowledge of information-seeking resources, and attitudes toward promoting help-seeking and social acceptance.

Table 4. Differences in the total score and dimensional scores of mental health literacy across work locations

	Rural area(<i>n</i> = 119)	Urban area(<i>n</i> = 240)	<i>t</i>	Cohen's <i>d</i>
Total mental health literacy score	110.35 ± 13.40	116.76 ± 15.16	-3.91***	0.44
Knowledge of self-treatment strategies	23.94 ± 3.26	25.02 ± 2.87	-3.19**	0.36
Knowledge of risk factors and etiology	5.24 ± 0.71	5.50 ± 0.96	-2.94**	0.30
Knowledge of pathways to professional help	8.78 ± 1.26	9.03 ± 1.43	-1.60	0.18
Ability to recognize mental disorders	5.18 ± 0.66	5.44 ± 0.85	-3.25**	0.33
Attitudes toward promoting mental health awareness and help-seeking	15.06 ± 2.28	15.96 ± 2.49	-3.30**	0.37
Knowledge of information-seeking resources	52.16 ± 7.89	55.82 ± 8.61	-3.90***	0.44

Note: Values represent means (standard deviations). **P* < 0.05, ***P* < 0.01, ****P* < 0.001

3.3. Teacher-characteristic-based differences in mental health literacy among primary and secondary school teachers

3.3.1. Status as a homeroom teacher status

Differences in mental health literacy were analyzed according to whether teachers served as homeroom teachers. As shown in **Table 5**, homeroom teachers scored significantly different with non-homeroom teachers on the ability to identify mental disorders (*P* < 0.001), knowledge of accessing professional help (*P* < 0.05), knowledge of self-treatment strategies (*P* < 0.01), knowledge of information-seeking resources (*P* < 0.001), attitudes toward promoting mental health awareness and appropriate help-seeking (*P* < 0.001), and overall mental health literacy score (*P* < 0.001).

Table 5. Differences in mental health literacy between homeroom teachers and non-homeroom teachers

	Yes (<i>n</i> = 248)	No (<i>n</i> = 111)	<i>t</i>	Cohen's <i>d</i>
Total mental health literacy score	112.11 ± 14.04	120.28 ± 15.25	-4.96***	0.57
Knowledge of self-treatment strategies	24.20 ± 3.08	25.69 ± 2.71	-4.37***	0.50
Knowledge of risk factors and etiology	5.35 ± 0.84	5.55 ± 0.10	-1.83	0.22
Knowledge of pathways to professional help	8.82 ± 1.32	9.23 ± 1.48	-2.46*	0.30
Ability to recognize mental disorders	5.26 ± 0.75	5.56 ± 0.87	-3.11**	0.38
Attitudes toward promoting mental health awareness and help-seeking	15.30 ± 2.32	16.46 ± 2.58	-4.24***	0.48
Knowledge of information-seeking resources	53.17 ± 7.99	57.80 ± 8.89	-4.90***	0.56

Note: Values represent means (standard deviations). **P* < 0.05, ***P* < 0.01, ****P* < 0.001

3.3.2. Full-time versus part-time mental health teachers

A comparative analysis of mental health literacy was conducted between full-time and part-time mental health teachers. As reported in **Table 6**, full-time mental health teachers demonstrated significantly higher scores than part-time teachers on both the total mental health literacy score and all individual subscales.

Table 6. Differences in mental health literacy between full-time and part-time workers

	Full-time (<i>n</i> = 86)	Part-time (<i>n</i> = 136)	Not holding the position (<i>n</i> = 137)	<i>F</i>	η^2p	Comparison
Total mental health literacy score	124.80 ± 13.08	112.86 ± 14.17	110.02 ± 13.70	32.46 ***	0.15	1>2;1>3
Knowledge of self-treatment strategies	26.20 ± 3.11	24.54 ± 2.76	23.82 ± 2.98	17.87***	0.09	1>2;1>3; 2>3
Knowledge of risk factors and etiology	5.63 ± 0.86	5.42 ± 0.90	5.27 ± 0.90	4.30*	0.02	1>3
Knowledge of pathways to professional help	9.69 ± 1.49	8.75 ± 1.27	8.68 ± 1.25	17.83***	0.09	1>2;1>3
Ability to recognize mental disorders	5.83 ± 0.94	5.24 ± 0.77	5.18 ± 0.61	22.11***	0.11	1>2;1>3
Attitudes toward promoting mental health awareness and help-seeking	17.01 ± 2.27	15.48 ± 2.26	14.99 ± 2.44	20.60 ***	0.10	1>2;1>3
Knowledge of information-seeking resources	60.45 ± 7.10	53.44 ± 8.43	52.09 ± 7.78	32.15 ***	0.15	1>2;1>3

Note: Values presented are means (standard deviations). In multiple comparisons, group codes are as follows: 1 = full-time workers; 2 = part-time workers; 3 = individuals not currently holding such a position. Significance levels: **P* < 0.05, ***P* < 0.01, ****P* < 0.001

3.3.3. Differences in mental health literacy by possession of a mental health teacher qualification certificate

An analysis was conducted to examine differences in mental health literacy according to whether teachers hold a formal qualification certificate for teaching mental health education. The results are presented in **Table 7**. Teachers holding such a certificate scored significantly higher than their non-certified counterparts on both the overall mental health literacy score and all six constituent dimensions.

Table 7. Differences in psychological health literacy by mental health teacher qualification certification status

	Yes (<i>n</i> = 146)	No (<i>n</i> = 213)	<i>t</i>	Cohen's <i>d</i>
Total mental health literacy score	119.85 ± 14.67	111.06 ± 13.99	5.73***	0.62
Knowledge of self-treatment strategies	25.43 ± 3.19	24.14 ± 2.83	4.02***	0.43
Knowledge of risk factors and etiology	5.59 ± 0.91	5.29 ± 0.87	3.14**	0.34
Knowledge of pathways to professional help	9.30 ± 1.44	8.70 ± 1.29	4.03***	0.44
Ability to recognize mental disorders	5.54 ± 0.82	5.23 ± 0.77	3.69***	0.40
Attitudes toward promoting mental health awareness and help-seeking	16.42 ± 2.36	15.14 ± 2.39	5.02***	0.54
Knowledge of information-seeking resources	57.58 ± 8.36	52.59 ± 8.07	5.69***	0.61

Note: Values presented are means (standard deviations). Significance levels: **P* < 0.05, ***P* < 0.01, ****P* < 0.001

4. Discussion

4.1. Analysis of the overall characteristics of mental health literacy among primary and secondary school teachers

In this study, the overall mean score for mental health literacy among primary and secondary school teachers was 114.64. When benchmarked against prior studies employing the same standardized scale, teachers' mental health literacy in China falls within the moderate range, with notable inter-individual variability.

A dimensional analysis of teachers' scores on the mental health literacy scale revealed that their capacity to identify psychological disorders was comparatively strongest, whereas knowledge pertaining to self-management strategies was comparatively weakest. This pattern aligns with findings from previous Chinese research, suggesting that teachers generally have relatively greater access to foundational psychological knowledge, yet remain comparatively deficient in understanding self-treatment approaches, risk factors, and etiological mechanisms of mental health conditions ^[5,7,8].

4.2. Differences in mental health literacy across basic demographic characteristics

With respect to age and educational attainment, younger teachers and those holding higher academic degrees demonstrated significantly higher levels of mental health literacy. This trend is likely attributable to the recent nationwide expansion of mental health literacy education initiatives and the ongoing professionalization and academic upgrading of the teaching workforce—findings consistent with numerous prior investigations. Specifically, younger educators tend to possess broader mental health knowledge reserve, exhibit greater diagnostic accuracy regarding psychological disorders, hold lower levels of stigma toward mental illness, and express stronger confidence in the efficacy of evidence-based psychological interventions. Furthermore, urban-rural comparisons indicated that teachers in urban areas scored significantly higher on mental health literacy than their rural counterparts. This disparity underscores the critical influence of socioeconomic status and unequal distribution of educational resources—including training opportunities, access to professional development, and institutional support—as key determinants of mental health literacy ^[4,8].

4.3. Differences in mental health literacy among primary and secondary school teachers according to teacher characteristics

Regarding teacher qualifications, full-time psychological counselors and teachers holding formal psychological counseling credentials demonstrated significantly higher levels of mental health literacy. This is attributable to their more systematic professional training, greater exposure to psychological cases in practice, and stronger capacity to apply psychological knowledge effectively. In contrast, homeroom teachers—despite bearing primary responsibility for students' mental well-being—exhibited significantly lower mental health literacy compared with non-homeroom teachers. This discrepancy is likely attributable to chronic occupational burnout and the depletion of psychological resources, which may diminish motivation for continued learning, reduce willingness to seek support, and foster a negative or dismissive attitude toward students' psychological needs ^[5,7].

5. Implications

The findings of this study underscore the need for national authorities to intensify efforts in establishing authoritative, evidence-based mental health communication platforms to disseminate accurate, accessible information about mental disorders. Particular emphasis should be placed on addressing current knowledge gaps among educators, especially concerning risk factors, etiology, and evidence-informed self-treatment strategies, thereby fostering a more comprehensive and nuanced public understanding of mental health. Simultaneously, interventions aimed at enhancing teachers' mental health literacy must begin at the foundational level of knowledge acquisition and adopt a targeted, precision-oriented approach. Priority groups—including rural educators, homeroom teachers, older teachers, and those with lower educational

attainment—require tailored support and capacity-building initiatives. Training curricula should explicitly emphasize core domains, risk factors, underlying causes, and evidence-based treatment approaches for common mental health conditions. Such efforts will better equip teachers to fulfill their critical role as “gatekeepers” of adolescent mental health, enabling them to deliver timely, appropriate, and effective mental health education and early intervention. Furthermore, the pivotal contributions of full-time psychological counselors and certified psychological teachers must be formally acknowledged, systematically integrated into school mental health systems, and fully leveraged to strengthen institutional capacity and service delivery. Collective professional support—including peer-assisted learning and case-based supervision—can enhance the mental health literacy of the entire teaching workforce, thereby mitigating deficits arising from occupational burnout or limited access to mental health resources.

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Disclosure statement

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