

Mental Health Literacy among Generation Z: A Systematic Literature Review

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Abstract The increasing prevalence of mental health problems among adolescents and young adults has highlighted Mental Health Literacy (MHL) as a key determinant of early recognition, stigma reduction, and help-seeking. Generation Z (Gen Z), born between 1997 and 2012, is especially vulnerable due to constant digital exposure, academic demands, and socio-cultural transitions. This study systematically reviews empirical evidence on MHL among Gen Z, with particular attention to the Indonesian context. A Systematic Literature Review (SLR) was conducted following PRISMA 2020 guidelines, covering studies published between 2015 and 2025. Searches across Scopus, PubMed, Web of Science, PsycINFO, and Google Scholar yielded 312 records; 15 met eligibility criteria. The findings indicate that Gen Z generally demonstrates low-to-moderate levels of MHL, with misconceptions and stigma particularly pronounced in ASEAN countries, including Indonesia. The Mental Health Literacy Scale (MHLS) was the most frequently employed instrument, though cultural adaptation remains necessary. Gender, educational exposure, and digital engagement emerged as key predictors. Curriculum-based and digital interventions improved MHL in the short term, but evidence of long-term sustainability was limited. This review contributes novelty by mapping MHL among Indonesian Gen Z within global and regional contexts, highlighting gaps such as the absence of longitudinal studies, underexplored positive dimensions of MHL, and the influence of digital misinformation. The findings underscore the need for educational policy integration, culturally sensitive interventions, and evidence-based public health strategies to enhance resilience and promote accurate mental health understanding among youth.

Keywords: Mental Health Literacy, Generation Z, Systematic Literature Review.

1. Introduction

Mental health has become a global issue of increasing concern in the last two decades. According to the World Health Organization (WHO), around one in seven adolescents aged 10–19 years experiences mental health disorders, with depression, anxiety, and behavioral problems being the leading causes of disability-adjusted life years (DALYs) [1]. This condition significantly impacts not only individual well-being but also academic performance, productivity, and long-term quality of life [2]. Members of Generation Z (Gen Z)—those born between 1997 and 2012—are considered more vulnerable because they are “digital natives” who grow up in the era of rapid technological advancement, intense exposure to social media, and heightened socio-economic and academic pressures [3].

In this context, Mental Health Literacy (MHL) has emerged as a crucial protective factor. Initially conceptualized by Jorm et al. (1997), MHL refers to “knowledge and beliefs about mental disorders which aid their recognition, management, or prevention” [4]. The construct has since been expanded into six domains: knowledge of prevention, recognition of disorders, knowledge of risk factors and causes, self-help strategies, awareness of professional help available, and attitudes that promote appropriate help-seeking [5]. Later studies emphasized the importance of positive MHL, which includes promoting mental well-being, coping strategies, and resilience rather than focusing solely on pathology [6].

Several instruments have been developed to assess MHL, such as the Mental Health Literacy Scale (MHLS) [7], the Mental Health Literacy Questionnaire–Young Adults (MHLq-YA) [8], and the MHPK-10 for adolescents [9]. Globally, studies show that MHL levels remain low among young people. A systematic review revealed that adolescents often hold misconceptions about the causes of mental disorders, prefer informal help-seeking, and have limited awareness of professional services [10]. In many Western countries, targeted school-based and community-based interventions have been proven to improve MHL, reduce stigma, and enhance help-seeking behaviors [11]. However, in non-Western contexts, including many Asian countries, MHL remains limited due to cultural stigma, lack of resources, and insufficient integration into educational curricula [12].

In the Southeast Asian (ASEAN) region, empirical evidence highlights persistent gaps. Studies in Malaysia reported that students frequently attributed depression to personal weakness rather than biological or psychosocial factors [13]. In the Philippines, digital campaigns targeting young people showed potential but faced challenges in sustainability and cultural adaptation [14]. Meanwhile, in Indonesia, research has shown that stigma toward individuals with mental disorders remains high among medical students [15], cultural and spiritual beliefs strongly shape community perceptions [16], and adolescents often struggle with limited knowledge and misconceptions [17,18].

These findings underline the urgency of strengthening MHL among Gen Z in ASEAN countries. The situation in Indonesia mirrors these challenges. Studies among Indonesian university and high school students—most of whom belong to Gen Z—show that MHL remains at a low to moderate level [17]. Limited knowledge about mental disorders is strongly correlated with negative attitudes and stigma toward individuals with mental illness [15]. Furthermore, students often prefer to

consult peers or family rather than professional mental health providers when facing psychological problems [18]. Cultural beliefs, spiritual interpretations, and the pervasive influence of social media further shape how young Indonesians perceive mental health and determine their willingness to seek help [16–18]. This creates a paradox: while Gen Z is highly exposed to information, not all of it is accurate, leading to misinformation and poor mental health practices.

Despite the growing number of studies on MHL, systematic reviews that specifically examine the state of MHL among Gen Z in Indonesia remain scarce. Existing reviews tend to focus on the general population, clinical samples, or cross-sectional data without mapping instruments, interventions, and predictors tailored to Gen Z. Therefore, there is a critical need for a Systematic Literature Review (SLR) that provides a comprehensive overview of (1) the current state of MHL among Gen Z, (2) instruments commonly used, (3) factors influencing MHL, and (4) effective interventions that have been implemented globally and regionally.

This study aims to fill the gap by conducting an SLR of studies published between 2015 and 2025, focusing on MHL in Gen Z populations worldwide with particular attention to Indonesia. The review is expected to (a) provide an updated synthesis of empirical findings, (b) highlight methodological strengths and weaknesses in MHL research, (c) identify cultural and contextual challenges in ASEAN, and (d) offer recommendations for educational and policy interventions to promote MHL among Indonesian Gen Z.

2. Method

This study employed a Systematic Literature Review (SLR) guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) framework [19]. The review protocol was developed to ensure transparency, replicability, and methodological rigor throughout the review process.

2.1 Search Strategy

A comprehensive search was conducted across major academic databases, including Scopus, PubMed, Web of Science, ScienceDirect, PsycINFO, and Google Scholar. The search strategy combined keywords and Boolean operators: “*mental health literacy*” AND (“*Generation Z*” OR “*Gen Z*” OR “*adolescents*” OR “*young adults*” OR “*emerging adulthood*”). Additional filters such as publication period (2015–2025), peer-reviewed status, and English or Indonesian language were applied. Grey literature, editorials, and non-peer-reviewed reports were excluded. To ensure completeness, reference lists of included studies were also screened manually [20].

2.2 Eligibility Criteria

The inclusion and exclusion criteria were defined *a priori* using the PICOS framework (Population, Intervention, Comparison, Outcome, Study type) [21]:

1. Population: Generation Z (aged 15–25 years), including adolescents, high school students, and university students.
2. Intervention/Exposure: Studies assessing or reporting on Mental Health Literacy (MHL), including measurement, correlates, or interventions.
3. Comparison: Not mandatory but included where relevant (e.g., cross-national comparisons, intervention vs. control).
4. Outcomes: Level of MHL, predictors, stigma reduction, help-seeking, or well-being.

5. Study type: Quantitative, qualitative, mixed-method, validation studies, or intervention trials.

Exclusion criteria included: (a) studies not involving Gen Z or young adult samples, (b) non-empirical papers (editorials, commentaries), (c) publications not available in full-text, and (d) studies outside the 2015–2025 range [22].

2.3 Study Selection

The search yielded 312 records, of which 275 remained after duplicate removal. Following title and abstract screening, 220 articles were excluded for irrelevance. A total of 55 full-text articles were assessed for eligibility, with 40 excluded (e.g., not focused on Gen Z, insufficient data, or methodological limitations). Finally, 15 studies met the eligibility criteria and were included in the review. The selection process is illustrated in the PRISMA 2020 flow diagram (Figure 1) [19].

2.4 Data Extraction

A standardized data extraction sheet was developed to capture essential information from each study: author, year, country, sample characteristics, setting, study design, instruments used, dimensions of MHL assessed, predictors, interventions, outcomes, and key findings. Data extraction was conducted independently by two reviewers, with discrepancies resolved through discussion to enhance reliability [23].

2.5 Quality Appraisal

The methodological quality of the included studies was evaluated using the Joanna Briggs Institute (JBI) critical appraisal checklists for cross-sectional studies, randomized controlled trials, and qualitative studies, as appropriate [24]. For studies involving measurement instruments, psychometric properties were evaluated using the COSMIN (Consensus-based Standards for the selection of health Measurement Instruments) checklist [25]. Studies were not excluded based on quality scores; however, appraisal outcomes informed the interpretation of findings and synthesis.

2.6 Data Synthesis

Given the heterogeneity of study designs and outcomes, a narrative synthesis approach was adopted. Studies were grouped thematically according to: (1) level of MHL among Gen Z, (2) factors influencing MHL (e.g., gender, education, social media exposure), (3) instruments used, and (4) effectiveness of interventions. Quantitative findings (e.g., effect sizes, correlations) and qualitative insights were integrated to provide a holistic understanding of the evidence base [26].

The process of identifying, screening, and selecting studies for inclusion was carried out systematically in accordance with the PRISMA 2020 guidelines. Figure 1 provides an overview of the flow of information through the different phases of the review, including the number of records identified, screened, excluded, and the final number of studies included in the analysis.

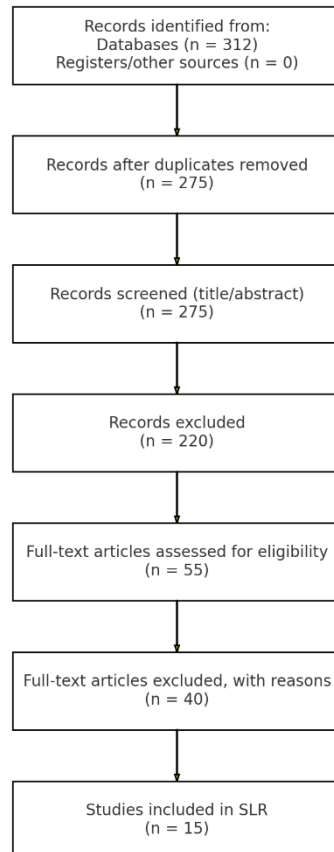


Fig. 1. PRISMA 2020 Flow Diagram of Article Selection Process

3. Results

3.1 Study Selection

The database search initially identified 312 records. After duplicate removal ($n = 37$), 275 remained. Following title and abstract screening, 220 were excluded for irrelevance. A total of 55 full-text articles were assessed, of which 40 were excluded due to lack of focus on Gen Z or insufficient methodological detail. Finally, 15 studies met the inclusion criteria. The detailed selection process is illustrated in the PRISMA 2020 flow diagram (Figure 1) [19].

3.2 Characteristics of Included Studies

The 15 included studies were published between 2015 and 2025, spanning 11 countries including Australia, Portugal, Norway, Malaysia, Indonesia, and the Philippines. Most employed cross-sectional designs ($n = 9$), followed by scale validation ($n = 3$), intervention trials ($n = 2$), and one longitudinal study. Sample sizes

ranged from 120 to 1,200 participants, mainly adolescents and university students aged 15–24 years.

Table 1. Summary of Included Studies on Mental Health Literacy among Gen Z (2015–2025)

Authors (Year)	Country	Sample (n; age)	Instrument	Design	Key Findings
O'Connor & Casey (2015) [5]	Australia	379; university YA	MHLS	Scale development	Developed MHLS; strong psychometric properties.
Dias et al. (2018) [8]	Portugal	384; young adults	MHLq-YA	Scale validation	Reliable for university students; good construct validity.
Bjørnsen et al. (2017) [9]	Norway	1,200; adolescents	MHPK-10	Scale development	Positive MHL scale; robust reliability.
Ibrahim et al. (2019) [13]	Malaysia	500; secondary & university students	MHLS	Cross-sectional	Misconceptions common; literacy inversely related to stigma.
Martinez et al. (2020) [14]	Philippines	25 studies; adolescents & young adults	Mixed (systematic review)	Systematic review	Barriers included stigma, cultural beliefs, and limited access; peer/family support central to help-seeking.
Hartini et al. (2018) [15]	Indonesia	300; community & students	Survey	Cross-sectional	Strong stigma toward people with mental illness despite education.
Bikker et al. (2021) [16]	Indonesia	Policy analysis	N/A	Qualitative survey	Psychiatrists highlighted gaps in implementation of Mental Health Act.
Kaligis et al. (2022) [17]	Indonesia	300; adolescents	MHLS (Indonesian version)	Validation study	Good validity; MHL correlated with stigma and help-seeking.
Lesmana & Chung (2024) [18]	Indonesia	400; adolescents	Mixed	Cross-sectional	MHL mediated stigma → help-seeking; school climate important.
Wei et al. (2015) [10]	Global	34 studies	Mixed	Systematic review	Tools vary in reliability; few culturally adapted instruments.

Sun et al. (2025) [27]	Global	27 studies; adolescents	Mixed	Meta-analyses	Interventions improved MHL and reduced stigma short-term.
Reavley & Jorm (2015) [28]	Australia	National survey	Survey	Cross-sectional	Experiences of stigma/discrimination widespread despite awareness.
Furnham & Swami (2018) [12]	Global	N/A	N/A	Narrative review	Expanded MHL concept; cultural context critical.
Furnham et al. (2011) [29]	UK	300; university students	Survey	Cross-sectional	Misconceptions about mental illness common among undergraduates.
Furnham, Annis & Cleridou (2014) [31]	UK	400; young adults	Survey	Cross-sectional	Gender differences: females showed higher literacy than males.

3.3 Levels of Mental Health Literacy

Gen Z populations generally exhibited low-to-moderate levels of MHL. Misconceptions about the causes of mental disorders (e.g., attributing depression to personal weakness rather than biological factors) were reported in Malaysia [13] and Indonesia [15]. In the Philippines, awareness campaigns showed short-term effects but struggled with sustainability [14]. By contrast, higher literacy was found in Western contexts, such as Australia and Portugal, where validated instruments were widely used and integrated into education [5,8].

3.4 Factors Associated with MHL

Key predictors of MHL included gender differences, with female students consistently reporting higher literacy [30]. Educational exposure, such as seminars or curricula, correlated positively with MHL [31]. Digital media played a dual role: campaigns increased awareness [14], but misinformation (especially in Indonesia) perpetuated stigma [16–18].

3.5 Interventions to Improve MHL

Evidence indicated that curriculum-based interventions and digital psychoeducation improved MHL among young people. A meta-analysis confirmed significant reductions in stigma post-intervention [27]. However, most interventions

reported short-term gains only, with limited follow-up data on long-term sustainability [32].

3.6 Summary of Findings

This review highlights four insights:

1. Gen Z demonstrates low-to-moderate MHL worldwide, especially in ASEAN countries.
2. The MHLS remains the most widely applied instrument, with adaptations needed in non-Western settings.
3. Gender, educational exposure, and digital media significantly affect literacy.
4. Interventions show promise but require cultural tailoring and long-term evaluation

4. Discussion

The findings of this systematic literature review provide a comprehensive overview of the current state of Mental Health Literacy (MHL) among Generation Z (Gen Z) across diverse cultural and geographical contexts. Overall, the evidence indicates that while awareness of mental health issues has increased globally, significant disparities persist between Western and non-Western settings, particularly in the ASEAN region and Indonesia.

4.1 Global Insights into Mental Health Literacy among Gen Z

In high-income countries such as Australia, Portugal, and Norway, MHL levels among young people were relatively higher [5,8,9]. This improvement can be attributed to long-term investment in public awareness campaigns, integration of mental health into school curricula, and greater access to services [31]. Instruments such as the MHLS and MHLq-YA showed strong psychometric properties in these contexts [5,8]. Nevertheless, misconceptions about causes of mental disorders remain prevalent even among university students [28], suggesting that knowledge improvements do not always translate into accurate understanding [12].

4.2 ASEAN and Indonesian Perspectives

By contrast, research across ASEAN countries revealed low levels of MHL and strong stigma. In Malaysia, depression was often misattributed to personal weakness, leading to reluctance to seek help [13]. In the Philippines, digital campaigns improved awareness but were challenged by sustainability and cultural fit [14].

The Indonesian context is particularly concerning. Medical students in Aceh displayed strong stigma despite higher education levels [15], while community studies in Bali revealed that cultural and spiritual beliefs strongly shaped perceptions of mental health [16]. More recent evidence highlighted that Indonesian adolescents show limited knowledge of professional services, often turning instead to peers or family for support [17,18]. These findings suggest that MHL in Indonesia is shaped by both individual and cultural frameworks, reinforcing the need for contextually adapted interventions.

4.3 Instruments and Measurement Challenges

The MHLS is the most widely used tool globally [5]. However, studies in Indonesia demonstrated that some items require cultural adaptation to capture local

understandings [17]. The MHLq-YA [8] and MHPK-10 [9] provide valuable alternatives, especially in measuring positive aspects of MHL, but remain underutilized in ASEAN contexts. Health literacy reviews further emphasize the importance of culturally validating tools before widespread application [29].

4.4 Factors Influencing MHL among Gen Z

Multiple predictors of MHL were identified. Gender differences consistently appeared, with females demonstrating higher literacy than males [30]. Educational interventions and exposure to structured mental health content, such as seminars or curricula, also positively influenced literacy [31]. The role of digital media was complex: while online campaigns increased awareness [14], widespread misinformation—particularly via social platforms in Indonesia—was linked to stigma and misconceptions [16–18]. This underscores the dual potential of digital tools as both a resource and a risk for Gen Z.

4.5 Interventions and Their Effectiveness

Evidence supports the effectiveness of curriculum-based interventions and digital psychoeducation in improving literacy [27,31]. A meta-analysis demonstrated that structured interventions significantly reduced stigma and enhanced help-seeking intentions among young people [27]. However, most interventions were short-term and lacked follow-up data on sustainability [32]. This limitation is particularly relevant for Indonesia, where promising pilot programs have yet to be scaled nationally.

4.6 Gaps, Novelty, and Implications

This review identifies three main research gaps. First, there is a scarcity of longitudinal studies in ASEAN contexts, which limits understanding of how MHL evolves over time among Gen Z. Second, the positive dimension of MHL such as resilience and well-being remains underexplored, particularly in non-Western populations [6,9]. Third, the impact of digital misinformation on mental health perceptions has not been systematically investigated, despite its growing relevance for young people [16–18].

The novelty of this review lies in its focus on Indonesian Gen Z, situated within global and regional contexts. By synthesizing diverse evidence, this study underscores the urgent need for culturally tailored interventions, integration of MHL into educational curricula, and rigorous evaluation of digital strategies.

From a practical perspective, the findings suggest:

1. Educational policy should prioritize embedding MHL into school and university curricula [31].
2. Public health campaigns must adopt culturally sensitive, evidence-based digital approaches to counter misinformation [14,17].
3. Future research should emphasize longitudinal designs, validation of instruments in local contexts, and assessment of intervention sustainability [27,32].

5. Conclusion

This systematic literature review synthesized 15 studies on Mental Health Literacy (MHL) among Generation Z (Gen Z) published between 2015 and 2025. The findings confirm that Gen Z across diverse contexts—particularly in ASEAN countries and Indonesia—generally demonstrate low-to-moderate levels of MHL, often accompanied by misconceptions, stigma, and reliance on informal sources of support.

Four key insights emerge from this review. First, the MHLS remains the most widely used instrument globally [5], yet cultural adaptation is essential for accuracy in non-Western settings [17]. Second, factors such as gender, educational exposure, and digital engagement significantly influence MHL [30,31]. Third, while curriculum-based and digital interventions show short-term effectiveness, evidence of long-term sustainability remains limited [27,32]. Fourth, cultural and religious beliefs strongly shape how Indonesian youth interpret and respond to mental health challenges [16–18].

This review contributes novelty by situating Indonesian Gen Z within global and regional patterns and by identifying critical gaps: (a) the scarcity of longitudinal research in ASEAN, (b) underexploration of positive MHL dimensions [6,9], and (c) the need to systematically address digital misinformation [16–18].

Practical implications include embedding MHL in educational policy, expanding culturally sensitive digital campaigns, and strengthening public health initiatives. By equipping young people with accurate knowledge and supportive attitudes, MHL can serve as a foundation for reducing stigma, promoting early help-seeking, and enhancing the overall well-being and resilience of the next generation.

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