COMPREHENSIVE REPORT ON MENTAL HEALTH LITERACY IN EUROPE

INSIGHTS FROM GERMANY, BULGARIA, SERBIA AND TURKEY

TITLE: MENTAL HEALTH LITERACY IN EUROPE: A COMPARATIVE ANALYSIS
SUBTITLE: INSIGHTS FROM BULGARIA, SERBIA, TURKEY, AND GERMANY
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I. OVERVIEW

1. INTRODUCTION

Mental health literacy is a **critical factor** in promoting well-being, early intervention, and social inclusion for individuals experiencing mental health conditions. Understanding how **awareness, stigma, and barriers to help-seeking** vary across different **cultural and national contexts** is essential for developing **effective policies and advocacy programs**.

This survey examines **mental health literacy among young adults** (ages 17–30) in **Bulgaria, Serbia, Turkey, and Germany**, identifying key trends, challenges, and opportunities for **mental health education and policy development**.

2. ABOUT THE PARTNERSHIP

This research is part of the **Erasmus+ project "Mental Health Literacy" (2023-2-DE04-KA220-YOU-000184980)**, a **collaborative initiative funded by the European Union**. The project brings together partners from **Bulgaria, Germany, Serbia, and Turkey** to enhance **mental health awareness, reduce stigma, and promote inclusive mental health policies**.

1. **HIGHLIGHTS E.V. (GERMANY)**

LOCATION: ERLANGEN, GERMANY

2. **ARTEAM (BULGARIA)**

LOCATION: SOFIA, BULGARIA

3. **NAVISSOS (SERBIA)**

LOCATION: NIŠ, SERBIA

4. **YAYGIN EĞITIM VE GENÇLIK ÇALIŞMALARI DERNEĞI (TURKEY)**

LOCATION: MUĞLA, TURKEY

3. PURPOSE OF THE SURVEY

The primary objective of this survey is to **assess mental health literacy** across four European countries and evaluate:

- **Awareness of Mental Health Conditions** – How well respondents recognize and understand different mental health disorders.
- **Attitudes Toward Mental Health & Stigma** – Examining biases in **personal, professional, and social settings**.
- **Barriers to Seeking Help** – Identifying cultural and social obstacles that prevent people from accessing mental health services.
- **Generational & Cultural Differences** – Understanding how **age, education, and societal**

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norms impact mental health perceptions.

🔹 **Policy & Advocacy Recommendations** – Providing evidence-based insights for **mental health education, workplace policies, and legislation**.

4. SCOPE OF THE SURVEY

COUNTRIES COVERED: GERMANY, BULGARIA, SERBIA, AND TURKEY

SAMPLE SIZE: OVER **400 RESPONDENTS**, AGED **17–30**

METHODOLOGY:

✓ **STANDARDIZED MENTAL HEALTH LITERACY SCALE (MHLS)** (O'CONNOR & CASEY, 2015)

✓ **ONLINE & IN-PERSON SURVEYS**

✓ **QUANTITATIVE & QUALITATIVE ANALYSIS**

TIMEFRAME: CONDUCTED BETWEEN **AUGUST AND OCTOBER 2024**

This study provides **comparative insights** into how different **social, economic, and cultural factors** influence mental health literacy, offering **key recommendations for stakeholders** in mental health policy, education, and community support.

Data was analyzed through:

- **Statistical correlations** to measure awareness levels
- **Survey responses on stigma, engagement, and help-seeking behavior**
- **Comparative analysis between countries**

Limitations: The study **relies on self-reported data**, which may be affected by **social desirability bias**.

II. EXECUTIVE SUMMARY

This report presents a comparative analysis of **mental health literacy** in **Bulgaria, Serbia, Turkey, and Germany**, focusing on young people aged 17–30. Using the **Mental Health Literacy Scale (MHLS)**, this study examines:

- Awareness of mental health conditions
- Attitudes toward mental health and stigma
- Barriers to seeking help and social engagement

KEY FINDINGS:

AWARENESS & RECOGNITION OF MENTAL HEALTH CONDITIONS

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- **Germany and Serbia** demonstrated the **strongest recognition** of common mental health conditions such as **depression, anxiety, and social phobia**.
- **Bulgaria and Turkey** had **lower recognition** of lesser-known conditions like **dysthymia** and **personality disorders**, indicating a **need for broader mental health education**.
- **Recognition does not always translate to action**—even in countries with high awareness, stigma still prevents individuals from **seeking help or supporting those with mental health challenges**.

STIGMA & SOCIAL BIAS

- **Workplace discrimination remains a significant issue**—reluctance to hire individuals with mental health conditions was high in all four countries.
- **Voting bias:** Across all countries, **political leadership roles** were the least supported for individuals with mental health conditions, indicating **widespread public distrust** in their ability to lead.
- **Family stigma: Turkey and Bulgaria** showed the **highest resistance** to accepting individuals with mental illnesses in **marriage or close family relationships**.
- **Germany showed higher neutrality in responses**, which may suggest **underlying social desirability bias**—people may avoid expressing **stigmatizing views outright**.

HELP-SEEKING & BARRIERS TO ENGAGEMENT

- **Despite high awareness, many respondents hesitate to seek help due to social stigma.**
- **Self-perception barriers:** Many respondents in Bulgaria and Turkey associated **mental illness with personal weakness**, reducing their likelihood of seeking professional help.
- **Fear of disclosure:** Across all countries, a significant proportion of respondents said they would **not disclose** a mental health condition at work or in social settings due to fear of **judgment, discrimination, or social exclusion**.
- **Serbia and Germany reported the highest willingness to seek professional support**, though stigma still influenced their willingness to engage openly in conversations about mental health.

GENERATIONAL DIFFERENCES & CULTURAL INFLUENCES

- **Young adults (21–25) were more accepting of mental health topics**, especially in Germany and Serbia, likely due to **greater exposure to mental health awareness initiatives**.
- **Older respondents (26–30) showed stronger resistance**, particularly in **workplace and leadership scenarios**, reflecting **deep-seated cultural beliefs and workplace biases**.
- **Turkey and Bulgaria's younger generation showed promising shifts in mental health openness**, but **traditional views still influenced their attitudes toward mental health in family and personal relationships**.

NEUTRALITY IN RESPONSES & SOCIAL DESIRABILITY BIAS

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- A significant number of respondents chose neutral responses, especially regarding hiring, voting, or engaging with individuals with mental health conditions.
- This suggests that stigma may be more prevalent than survey results show—people may feel pressured to provide socially acceptable answers rather than express their true beliefs.
- Germany had the highest rate of neutral responses, particularly in professional and personal engagement, which could indicate hesitancy or lack of confidence in discussing mental health issues.

MENTAL HEALTH EDUCATION & AWARENESS CAMPAIGNS

- Countries with structured mental health education programs (Germany & Serbia) exhibited higher literacy levels.
- Public health campaigns have a measurable impact—respondents exposed to mental health campaigns were significantly more likely to support engagement and treatment-seeking behaviors.
- A key recommendation is to integrate mental health education into school curriculums across all four countries to foster early awareness and reduce long-term stigma.

Despite increasing awareness, stigmatization and social biases remain key challenges across all four countries. This report recommends targeted education, destigmatization campaigns, and workplace policies to foster inclusivity.

III. FINDINGS AND ANALYSIS

1 AWARENESS OF MENTAL HEALTH CONDITIONS

- Germany and Serbia exhibited the highest awareness levels, with most respondents recognizing depression, anxiety, and personality disorders.
- Turkey and Bulgaria showed moderate awareness, with lower recognition of less common conditions like dysthymia.

CONDITION	BULGARIA	SERBIA	TURKEY	GERMANY
DEPRESSION	3.9/5	4.1/5	3.8/5	4.2/5
SOCIAL PHOBIA	3.7/5	3.9/5	3.6/5	3.9/5
PERSONALITY DISORDERS	3.5/5	4.1/5	3.4/5	4.1/5
DYSTHYMIA	3.2/5	3.8/5	3.1/5	3.6/5

KEY INSIGHT: WHILE GENERAL SIGNS OF DEPRESSION AND ANXIETY ARE MOSTLY RECOGNIZED, LESS COMMON DISORDERS (E.G., DYSTHYMIA) REQUIRE GREATER PUBLIC AWARENESS.

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2 STIGMA AND ATTITUDES

- Marriage and Family:
  - Turkey and Bulgaria reported higher reluctance to accept individuals with mental illnesses into family settings.
  - Serbia and Germany displayed moderate but persistent stigma in personal relationships.
- Workplace and Leadership:
  - Hiring reluctance was observed in all four countries, with Germany and Serbia showing slightly more acceptance.
  - Voting for politicians with mental health conditions had the lowest support, especially in Bulgaria and Turkey.

SCENARIO	DEFINITELY WILLING (%)	SOMEWHAT WILLING (%)	NEUTRAL (%)	SOMEWHAT UNWILLING (%)	DEFINITELY UNWILLING (%)
HIRING SOMEONE WITH A MENTAL ILLNESS	12%	22%	35%	20%	11%
VOTING FOR A POLITICIAN WITH A MENTAL ILLNESS	5%	15%	30%	25%	25%
MARRYING INTO THE FAMILY	3%	10%	28%	30%	29%

KEY INSIGHT: WORKPLACE STIGMA REMAINS A MAJOR BARRIER—HIRING DISCRIMINATION IS EVIDENT ACROSS ALL COUNTRIES.

3 HELP-SEEKING BEHAVIOR

- Serbia and Germany showed higher willingness to seek professional help.
- Turkey and Bulgaria exhibited hesitation due to cultural misconceptions about therapy.
- Across all countries, fear of judgment was the primary barrier to seeking help.

Primary reasons for not seeking help:

1. Social stigma (50%)
2. Fear of being seen as weak (40%)
3. Mistrust in mental health professionals (30%)

Key Insight: Even where awareness is high, stigma still prevents help-seeking behavior.

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4 CULTURAL AND GENERATIONAL INFLUENCES

- Younger respondents (21–25) displayed greater openness to mental health discussions.
- Older groups (26–30) were less accepting, particularly regarding leadership roles for individuals with mental health conditions.
- Germany and Serbia had more progressive views, while Turkey and Bulgaria showed traditional attitudes toward mental illness.

KEY INSIGHT: EDUCATION AND ADVOCACY SHOULD TARGET OLDER GENERATIONS TO BREAK DEEP-ROOTED BIASES.

IV.CORRELATIONS AND INSIGHTS

HIDDEN STIGMA BEHIND NEUTRAL RESPONSES

Germany's report highlighted a high number of neutral responses when discussing hiring, voting for, or living near someone with a mental illness.

- ***43 respondents*** *were neutral about living next to someone with a mental illness.*
- ***31 respondents*** *remained neutral on the idea of allowing a family member to marry someone with a mental illness.*
- ***Fear of judgment or cultural pressure*** *may explain why people opt for neutral responses instead of openly admitting stigma.*

What this tells us:

People may be **more stigmatized than they openly admit**. This calls for **indirect assessment methods**, such as **implicit bias testing** or **scenario-based research**, to uncover hidden attitudes.

Implication:

- ***Mental health education campaigns*** *should* ***normalize open discussions*** *by creating* ***safe spaces for dialogue*** *in workplaces, schools, and families.*
- ***Behavioral nudges*** *(e.g., sharing success stories of people with mental illnesses in leadership roles) could encourage people to openly express* ***more accepting attitudes****.*

GENERATIONAL DIFFERENCES IN ATTITUDES TOWARD MENTAL HEALTH

Younger respondents (16–20) showed higher stigma levels than middle-aged respondents (21–25).

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- ***Younger respondents were more hesitant*** *about hiring individuals with mental illnesses or accepting them into their families.*
- ***Middle-aged respondents (21–25) were the most open-minded*** *and* ***showed greater willingness to engage with individuals experiencing mental health issues****.*

What this tells us:

This suggests that **early mental health education** in schools could be the **most effective strategy** for breaking stigma **before it solidifies** in young people.

Implication:

- *Schools and universities should integrate* ***mental health literacy as a standard subject****, just like physical health education.*
- ***Youth-led mental health campaigns*** *(e.g., student-run podcasts, social media challenges) can help* ***normalize discussions*** *and shift attitudes before biases take root.*

CONTRADICTION BETWEEN BELIEF IN TREATMENT AND ACTUAL HELP-SEEKING BEHAVIOR

97% of respondents in Serbia agreed that professional mental health treatment is effective, yet 53% were unsure whether they would seek help if needed.

- ***Only 29% felt confident about disclosing a mental illness****, while 51% were uncertain due to* ***fear of discrimination****.*
- ***Mental health stigma isn't just about "not believing in therapy"—it's also about social consequences, workplace discrimination, and family expectations****.*

What this tells us:

Many people **acknowledge** that therapy is beneficial, but **fear of judgment** prevents them from taking action.

Implication:

- ***Workplace mental health policies should include anti-discrimination protections****, ensuring employees can* ***seek help without career risks****.*
- ***Anonymous digital mental health services*** *(e.g., chatbot-based therapy, telehealth platforms) may help people* ***seek support privately*** *without fear of being judged.*

SOCIAL MEDIA & DIGITAL ADDICTION IMPACTING MENTAL HEALTH

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German respondents identified "impact of social media" as a growing concern, especially related to self-esteem and body image issues.

- ***Overuse of screens*** *was directly linked to* ***increased anxiety levels*** *in young people.*
- *Youth workers emphasized the need for* ***digital detox programs*** *and* ***healthy tech usage education****.*

What this tells us:
The **connection between social media and mental health struggles** is becoming more **pronounced**, particularly among youth.

Implication:

- *Digital literacy education should include* ***mental health impact awareness****, helping young people set* ***healthy boundaries with technology****.*
- ***Tech companies should integrate well-being features*** *(e.g., screen time reminders, "calm mode" notifications) to* ***encourage responsible social media use****.*

WORKPLACES REMAIN A KEY BARRIER TO INCLUSION

In Bulgaria and Germany, the strongest stigma was found in workplace settings, where individuals with mental health conditions were perceived as "less productive."

- ***Hiring someone with a mental illness received a low willingness score of 3.1 (on a 5-point scale)****.*
- ***Many respondents expressed discomfort working with someone with a diagnosed mental illness****.*

What this tells us:
Mental health stigma isn't just **a social issue—it's an economic issue too**. **Bias in hiring and promotion** decisions means that many **capable individuals are excluded from career opportunities**.

Implication:

- *Companies should implement* ***workplace mental health inclusion programs****.*
- ***Corporate leadership training*** *should focus on* ***reducing biases about employee productivity and mental health****.*

GENDER DIFFERENCES IN MENTAL HEALTH PERCEPTIONS

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Women in Serbia and Turkey showed a higher willingness to discuss mental health issues openly, while men exhibited higher avoidance behavior.

- ***Men were more likely to believe that mental health conditions should be "handled privately" rather than seeking professional help***.
- ***Women were more open to discussing emotional well-being*** *and engaging in* ***mental health education initiatives***.

What this tells us:
Cultural expectations about **masculinity and emotional strength** may be preventing men from accessing mental health support.

Implication:

- ***Male-focused mental health campaigns*** *(e.g., targeting sports teams, gaming communities, and workplaces) can* ***normalize discussions*** *around mental health for men.*
- ***Celebrity endorsements from male role models*** *who have openly discussed their mental health struggles can help* ***challenge stereotypes***.

V. CONCLUSION

Mental health is an essential part of well-being, yet stigma, misinformation, and cultural barriers continue to prevent open discussions and access to care. This study, conducted across Bulgaria, Serbia, Turkey, and Germany, reveals both progress and persistent challenges in mental health literacy among young adults.

THE PROGRESS WE'VE MADE

The results are encouraging in some areas. Germany and Serbia stand out for their relatively higher recognition rates, reflecting the positive impact of mental health education and public awareness initiatives.

Furthermore, there is a noticeable shift in attitudes among younger generations (21-25 years old), who demonstrate greater openness to mental health discussions. In some cases, respondents even expressed willingness to engage socially with individuals experiencing mental health challenges—a sign that stigma is slowly breaking down in public conversations.

THE CHALLENGES THAT REMAIN

Despite these positive trends, significant barriers remain. Across all four countries, stigma in the workplace and personal relationships is still a major issue.

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- Many respondents **hesitate to hire** individuals with mental health conditions, fearing they may not be "fit" for professional roles.
- **Voting for political leaders** with mental health challenges was widely **opposed**, reflecting **deep-seated biases** against their capabilities.
- The **strongest stigma was observed in family settings**, particularly in **Turkey and Bulgaria**, where the idea of someone with a mental health condition marrying into the family was met with strong resistance.

EVEN AMONG THOSE WHO CLAIM TO BE **NEUTRAL**, THE PREVALENCE OF **SOCIAL DESIRABILITY BIAS** SUGGESTS THAT MANY RESPONDENTS MAY BE **UNCOMFORTABLE EXPRESSING THEIR TRUE OPINIONS**, INDICATING THAT STIGMA IS **NOT ALWAYS OPENLY DISCUSSED BUT STILL LINGERS BENEATH THE SURFACE**.

BRIDGING THE GAP BETWEEN AWARENESS AND ACTION

One of the **most striking contradictions** in the findings is the **gap between knowledge and behavior**. Even when respondents recognize mental health conditions and acknowledge their seriousness, many are still **hesitant to seek help themselves** or **support others who do**.

- Fear of being judged or perceived as weak remains **one of the biggest barriers to help-seeking behavior**.
- Mistrust in mental health services is also common, particularly in **Turkey and Bulgaria**, where **therapy is not as widely accepted** as in Germany or Serbia.

A PATH FORWARD

The findings from this study point to a **clear need for change**—not only in **education and policy** but also in the way mental health is discussed **in homes, workplaces, and communities**.

1 EDUCATION MUST START EARLY

Introducing **mental health literacy in schools** is crucial. When young people **learn about mental health** in a structured, factual way, they are **less likely to develop harmful misconceptions** later in life. **Germany and Serbia**, with their **relatively stronger awareness levels**, offer **examples of how mental health education can shape more open attitudes**.

2 WORKPLACE STIGMA MUST BE ADDRESSED

Employers must **adopt policies that actively support mental health**—not just with resources but with **a shift in workplace culture** that **encourages disclosure without fear of discrimination**. Campaigns that **highlight successful professionals who have overcome mental health challenges** could **help break stereotypes** about mental illness and productivity.

3 PUBLIC PERCEPTION NEEDS A MAJOR SHIFT

One of the most **difficult barriers to overcome is stigma in personal relationships**. Societal views **cannot change overnight**, but targeted **awareness campaigns**, **influencer-driven conversations**, and **media representation** can begin to normalize mental health discussions.

4 LAWS AND POLICIES SHOULD OFFER PROTECTION

Anti-discrimination laws must **explicitly cover mental health**—not only in the workplace but

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also in areas such as **political participation, education, and family rights**. Without **legal protections**, stigma will continue to **hold people back from opportunities**.

VI. RECOMMENDATIONS

The findings from this study paint a clear picture: **mental health awareness is increasing, but stigma and systemic barriers continue to prevent meaningful change**. While younger generations are more open to discussing mental health, the **fear of judgment, workplace discrimination, and cultural biases** still create obstacles to seeking help and full social inclusion.

To **bridge the gap** between knowledge and action, a **multi-level approach** is necessary—one that includes **education, workplace reform, legislative change, and community-driven advocacy**. The following recommendations provide a **roadmap for transforming mental health literacy into real-world impact**.

1. CORE LEARNING OBJECTIVES

THE **EDUCATIONAL PROGRAM** SHOULD AIM TO:

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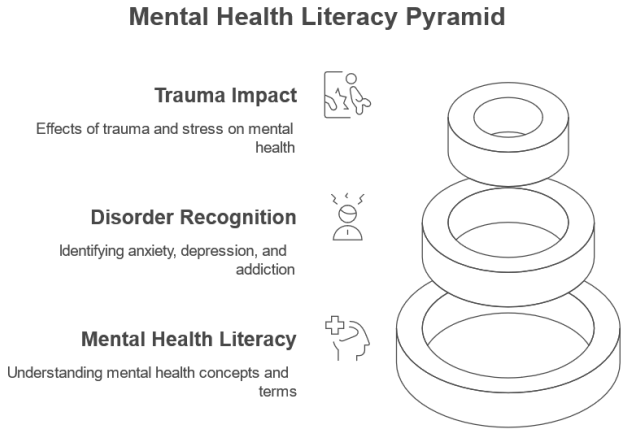
2. TOPICS OF INTEREST IDENTIFIED BY YOUTH WORKERS & YOUNG PEOPLE

Based on survey responses from all four countries, the following **topics** emerged as **priority areas** for inclusion in the educational program:

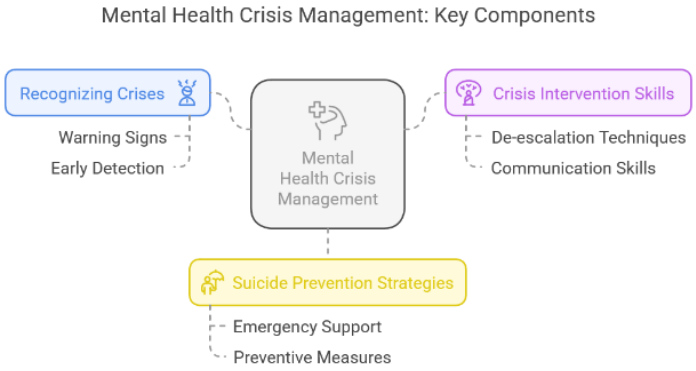
UNDERSTANDING MENTAL HEALTH & COMMON DISORDERS

- Basics of **mental health literacy**
- Recognizing **anxiety, depression, digital addiction**
- The impact of **trauma & stress on mental well-being**



CRISIS MANAGEMENT & FIRST RESPONSE

- Recognizing **mental health crises & warning signs**
- Practical skills for **crisis intervention & de-escalation**
- Suicide prevention & emergency support strategies



COMMUNICATION & SAFE SPACE CREATION

- How to engage in **mental health conversations without stigma**
- Training in **non-judgmental, empathetic listening techniques**
- Creating **safe, inclusive environments for youth discussions**

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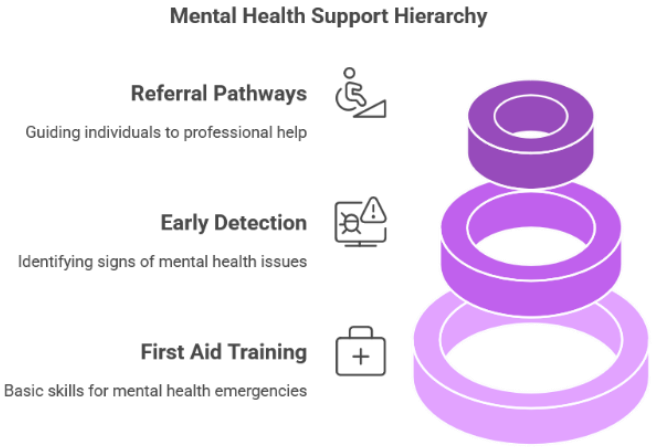

PRACTICAL SKILLS FOR YOUTH WORKERS

- Mental health first aid training
- Early detection strategies for **emerging mental health issues**
- Referral pathways: **When & how to guide individuals to professional help**

STIGMA REDUCTION & ADVOCACY

- Understanding **societal stigma & its effects on help-seeking behavior**
- Strategies for **mental health advocacy in schools & communities**
- Debunking **mental health myths & misconceptions**

DIGITAL TOOLS & RESOURCES FOR MENTAL HEALTH LITERACY

- Best practices for **using online platforms & mobile apps** for mental health support
- Developing a **repository of evidence-based mental health materials**
- Using **social media campaigns** to promote mental health awarenes

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3. PROGRAM STRUCTURE & LEARNING MODULES

📌 MODULE 1: **UNDERSTANDING MENTAL HEALTH**

✓ MODULE 1: Introduction to Mental Health Literacy

- What is **mental health literacy**, and why does it matter? **Mental Health vs. Mental Illness**.
- Addressing **misconceptions about mental health**.
- The **importance of early intervention and recognizing symptoms**.
- **Myths** about mental health.

✓ MODULE 2: Breaking the Stigma & Encouraging Open Conversations

- Understanding **mental health stigma** and its effects on help-seeking behavior.
- Techniques for **creating a stigma-free environment**.
- Empathy-building exercises and **real-life case studies** to challenge biases.

📌 2. DEPRESSION IN FOCUS: RECOGNIZING AND MANAGING SYMPTOMS

✓ MODULE 1: Introduction & Crisis Intervention

- What is the real face of **depression**? Different types of depression.
- How to **identify a mental health crisis** related to depression.
- **Practical crisis response and de-escalation techniques** for youth workers and educators.
- **Suicide prevention and emergency intervention strategies**.

✓ MODULE 2: Mental Health Communication & Safe Spaces

- How to **talk about depression**.
- Communication strategies for **supporting individuals with depression**.
- Creating **safe, non-judgmental spaces** for discussions on depressive symptoms.

📌 3. MANAGING STRESS AND ANXIETY

✓ MODULE 1: Introduction

- Understanding **how stress and anxiety affect mental health**.
- Recognizing **early symptoms of chronic stress and anxiety disorders**.
- The link between **stress, emotional resilience, and coping strategies**.

✓ MODULE 2: Crisis Intervention & Support Strategies

- How to **identify an anxiety attack or stress-related crisis**.
- Effective techniques for **calming individuals in distress**.
- Referral pathways to **counseling and therapeutic resources**.

📌 4. ADDICTIVE BEHAVIOR WITH SCREENS, SMARTPHONES, AND SOCIAL MEDIA

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✓ MODULE 1: Mental Health Communication & Safe Spaces

- Understand how technology addiction **affects on daily life.**
- Addressing **technology overuse and its impact on mental health**.
- Practice self-reflection exercises.
- Encouraging **open conversations about digital consumption habits**.

✓ MODULE 5: Digital Tools & Resources for Mental Health Literacy

- Teaching **healthy boundaries with screens and social media**.
- Using **digital well-being tools** to reduce excessive screen time.
- Promoting **positive digital interactions** and reducing cyber-stress.

📌 5. BUILDING RESILIENCE AND WELL-BEING

✓ MODULE 1: Introduction to Mental Health Literacy

- Understanding the **importance of resilience in mental health**.
- How **early interventions help build emotional well-being**.
- The role of **self-awareness and self-care** in mental resilience.

✓ MODULE 3: Breaking the Stigma & Encouraging Open Conversations

- How stigma **affects well-being and mental resilience**.
- Techniques to **normalize discussions on emotional strength**.
- Empathy-building activities to **promote mental wellness**.

4. TRAINING METHODOLOGY & DELIVERY FORMATS

The research findings emphasize the need for interactive, accessible, and continuous learning formats.

Recommended Teaching Methods:

- Workshops & hands-on training (role-playing, real-world scenarios)
- Online courses & webinars (for flexible learning)
- Peer-support & mentorship programs (community-based learning)
- Mobile & digital learning resources (apps, virtual resource libraries)

Delivery Options:

- Hybrid model: A combination of in-person & digital learning to reach a broader audience.
- Localized training for youth workers with country-specific cultural adaptations.

5. ADDRESSING COUNTRY-SPECIFIC NEEDS

The reports from Bulgaria, Serbia, Turkey, and Germany highlight regional variations in mental health literacy and the need for culturally adapted interventions.

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Bulgaria:
✓ Prioritize **crisis intervention & mental health first aid training**.
✓ Develop **digital resources & interactive learning platforms**.
✓ Strengthen **peer-led awareness campaigns** to combat stigma.

Serbia:
✓ Address **high levels of stigma through community-driven initiatives**.
✓ Focus on **interactive learning formats (workshops, role-playing, case studies)**.
✓ Strengthen **support networks & professional development for youth workers**.

Turkey:
✓ Promote **mental health discussions in educational settings**.
✓ Develop **trust in mental health professionals through introductory sessions**.
✓ Increase the **use of online learning platforms & digital tools**.

Germany:
✓ Emphasize **peer support & workplace mental health training**.
✓ Strengthen **mental health integration into school curriculums**.
✓ Provide **advanced crisis response training** for youth workers.

VII. ADDITIONAL RECOMMENDATIONS FOR STAKEHOLDERS, NGOS, COMPANIES, AND DECISION-MAKERS

To create a **sustainable impact** in **mental health literacy (MHL) education**, it is essential for **multiple stakeholders**—including **NGOs, private sector companies, policymakers, and decision-makers**—to actively contribute to the development, implementation, and expansion of mental health initiatives. Their involvement can help ensure that **mental health awareness, resources, and support systems** become **more accessible, inclusive, and well-integrated into society**.

1. EMBED MENTAL HEALTH EDUCATION IN SCHOOLS, UNIVERSITIES & NON-FORMAL EDUCATION

One of the **most effective ways** to reduce stigma is to introduce **mental health literacy at an early age**. **Germany and Serbia's relatively high awareness levels** demonstrate the **positive impact** of structured mental health education.

✓✓ **Introduce mental health modules in school curriculums** from an early age, teaching students, youth and youth workers **how to recognize symptoms, support peers, and seek help**.
✓✓ **Make mental health a standard topic in university orientations** and career preparation programs.
✓✓ **Train teachers and school counselors** to identify mental health concerns early and provide **safe spaces** for students to talk.

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IMPACT: IF **MENTAL HEALTH IS NORMALIZED IN EDUCATION**, YOUNG PEOPLE WILL **GROW UP WITH FEWER BIASES** AND BE **MORE LIKELY TO SEEK SUPPORT WHEN NEEDED**.

2. ADDRESS WORKPLACE STIGMA & SUPPORT EMPLOYEE WELL-BEING

Across all four countries, **one of the most significant barriers to inclusivity** was the **reluctance to hire individuals with mental health conditions**. Employees still **fear disclosure**, worrying it might impact their career prospects.

✓ **Develop workplace mental health policies** that go beyond just offering counseling services—employers must create **a culture where employees feel safe to disclose mental health challenges** without fear of losing opportunities.
✓ **Implement mental health training for managers and HR personnel** so they understand how to support employees **without reinforcing stereotypes**.
✓ **Encourage flexible work policies** that accommodate mental health needs, including **mental health days, remote work options, and stress management programs**.

IMPACT: WHEN COMPANIES TAKE **MENTAL HEALTH SERIOUSLY**, EMPLOYEES FEEL **MORE SUPPORTED, MORE PRODUCTIVE, AND LESS AFRAID TO SEEK HELP**.

3. CHANGE THE NARRATIVE: PUBLIC AWARENESS & MEDIA REPRESENTATION

The **stigma around mental health in family and social settings**—especially in **Turkey and Bulgaria**—suggests that **cultural perceptions need to change** before individuals feel truly accepted.

✓ **Launch nationwide awareness campaigns** that feature **real-life success stories of individuals with mental health conditions** in **business, politics, and everyday life**.
✓ **Partner with influencers, celebrities, and community leaders** to share **personal experiences** and **combat stigma through storytelling**.
✓ **Encourage TV shows, movies, and news outlets** to portray **mental health conditions accurately and sensitively**, avoiding harmful stereotypes.

IMPACT: **WHEN SOCIETY SEES MENTAL HEALTH AS PART OF NORMAL LIFE**, INDIVIDUALS WILL FEEL **LESS ASHAMED, MORE SUPPORTED, AND MORE WILLING TO SEEK HELP**.

4. STRENGTHEN ANTI-DISCRIMINATION LAWS & MENTAL HEALTH POLICIES

While many countries have **legal protections** for individuals with disabilities, **mental health is often overlooked in policy discussions**. This needs to change.

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✓ **Introduce explicit anti-discrimination laws that cover mental health**—ensuring individuals cannot be denied **jobs, education, or public services** based on a mental health diagnosis.
✓ **Increase government funding for mental health services**, especially in **Turkey and Bulgaria**, where access to therapy is limited.
✓ **Mandate mental health training for government officials** to ensure that policies are based on **scientific understanding rather than outdated beliefs**.

IMPACT: STRONGER LEGAL PROTECTIONS WILL REDUCE DISCRIMINATION AND ALSO ENCOURAGE ORGANIZATIONS TO TAKE MENTAL HEALTH SERIOUSLY AS PART OF THEIR DIVERSITY AND INCLUSION EFFORTS.

5. EXPAND ACCESSIBLE & AFFORDABLE MENTAL HEALTH SERVICES

Even when individuals **want to seek help**, they often **face financial, logistical, and systemic barriers** that make accessing mental health care difficult.

✓ **Expand telehealth services** so that individuals in **rural areas or low-income communities** can receive mental health support remotely.
✓ **Include therapy as part of the national health care system**, making mental health care **affordable and covered by insurance**.
✓ **Develop community-based mental health programs**, including **peer support groups, crisis intervention services, and mental health first aid training** for the general public.

IMPACT: WHEN MENTAL HEALTH SERVICES ARE EASY TO ACCESS, MORE PEOPLE WILL SEEK THE HELP THEY NEED WITHOUT FINANCIAL OR LOGISTICAL OBSTACLES.

6. ENCOURAGE COMMUNITY ENGAGEMENT & GRASSROOTS ADVOCACY

Systemic change cannot happen without community involvement. People are more likely to change their **attitudes and behaviors** when they see mental health advocacy at a **local level**.

✓ **Train local community leaders, religious leaders, and teachers** to serve as **mental health ambassadors**, reducing stigma through conversation.
✓ **Encourage universities and workplaces** to create **mental health clubs or peer-support programs** where people can **discuss mental health in a non-judgmental setting**.
✓ **Promote intersectionality**—recognizing that **mental health stigma often overlaps with gender, race, and economic status**, requiring **tailored approaches for different communities**.

IMPACT: GRASSROOTS MOVEMENTS CAN CREATE LASTING CULTURAL SHIFTS, ENSURING THAT MENTAL HEALTH IS SUPPORTED AT EVERY LEVEL OF SOCIETY.

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VIII. APPENDICES

- Standardized Mental Health Literacy Scale
- Detailed statistical tables

DISCLAIMER:

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Mental Health Literacy Scale

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge.
Therefore when choosing your response,

consider that: Very unlikely = I am certain

that it is NOT likely Unlikely = I think it is

unlikely but am not certain Likely = I think it

is likely but am not certain

Very Likely = I am certain that it IS very likely

1
If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have **Social Phobia**

Very unlikely Unlikely Likely Very Likely

2
If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have **Generalised Anxiety Disorder**

Very unlikely Unlikely Likely Very Likely

3
If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have **Major Depressive Disorder**

Very unlikely Unlikely Likely Very Likely

4
To what extent do you think it is likely that **Personality Disorders** are a category of mental illness

Very unlikely Unlikely Likely Very Likely

5

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To what extent do you think it is likely that **Dysthymia** is a disorder

Very unlikely Unlikely Likely Very Likely

6

To what extent do you think it is likely that the diagnosis of **Agoraphobia** includes anxiety about situations where escape may be difficult or embarrassing

Very unlikely Unlikely Likely Very Likely

7

To what extent do you think it is likely that the diagnosis of **Bipolar Disorder** includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood

Very unlikely Unlikely Likely Very Likely

8

To what extent do you think it is likely that the diagnosis of **Drug Dependence** includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Very unlikely Unlikely Likely Very Likely

9

To what extent do you think it is likely that in general, **women are MORE likely to experience a mental illness of any kind compared to men**

Very unlikely Unlikely Likely Very Likely

10

To what extent do you think it is likely that in general, **men are MORE likely to experience an anxiety disorder compared to women**

Very unlikely Unlikely Likely Very Likely

When choosing your response, consider that:

- Very Unhelpful = I am certain that it is NOT helpful
- Unhelpful = I think it is unhelpful but am not certain
- Helpful = I think it is helpful but am not certain
- Very Helpful = I am certain that it IS very helpful

11

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To what extent do you think it would be helpful for someone to **improve their quality of sleep** if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)

Very unhelpful Unhelpful Helpful Very helpful

12

To what extent do you think it would be helpful for someone to **avoid all activities or situations that made them feel anxious** if they were having difficulties managing their emotions

Very unhelpful Unhelpful Helpful Very helpful

When choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

13. To what extent do you think it is likely that **Cognitive Behaviour Therapy (CBT)** is a therapy based on challenging negative thoughts and increasing helpful behaviours

14

Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

If you are at immediate risk of harm to yourself or others

Very unlikely Unlikely Likely Very Likely

15

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Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

if your problem is not life-threatening and they want to assist others to better support you

Very unlikely Unlikely Likely Very Likely

Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
16. I am confident that I know where to seek information about mental illness					
17. I am confident using the computer or telephone to seek information about mental illness					
18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)					
19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					

Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

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20. People with a mental illness could snap out if it if they wanted					
21. A mental illness is a sign of personal weakness					
22. A mental illness is not a real medical illness					
23. People with a mental illness are dangerous					
24. It is best to avoid people with a mental illness so that you don't develop this problem					
25. If I had a mental illness I would not tell anyone					
26. Seeing a mental health professional means you are not strong enough to manage your own difficulties					
27. If I had a mental illness, I would not seek help from a mental health professional					
28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective					

Please indicate to what extent you agree with the following statements:

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
29. How willing would you be to move next door to someone with a mental illness?					
30. How willing would you be to spend an evening socialising with someone with a mental illness?					
31. How willing would you be to make friends with someone with a mental illness?					

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	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
32. How willing would you be to have someone with a mental illness start working closely with you on a job?					
33. How willing would you be to have someone with a mental illness marry into your family?					
34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
35. How willing would you be to employ someone if you knew they had a mental illness?					

SCORING

Total score is produced by summing all items (see reverse scored items below). Questions with a 4-point scale are rated 1- very unlikely/unhelpful, 4 – very likely/helpful and for 5-point scale 1
– strongly disagree/definitely unwilling, 5 – strongly

agree/definitely willing Reverse scored items: 10, 12, 15, 20-28

Maximum

score – 160

Minimum

score – 35

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REFERENCE

O'Connor, M., & Casey, L. (2015). The mental health literacy scale (MHLS): A new scale-based measure of mental health literacy, *Psychiatry Research,* http://dx.doi.org/10.1016/j.psychres.2015.05.064

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Appendixes II

Link to the charts: https://forms.gle/m7C6QuUtaYCqdtob6

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