

## 心理健康素養

### Mental health literacy

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110 年 03 月 22 日



## 正向心理健康知識

- 具備正向心理健康知識有助於維持青少年的正向心理健康 (Bjornsen, Espnes, Eilertsen, & Moksnes, 2018)
- 大眾及青少年正向心理健康知識不足 (Yu et al., 2015 ; Bjornsen et al., 2018)
- 心理健康素養介入策略有利於促進學生的正向心理健康 (Kutcher, Wei, Costa, Gusmão, Skokauskas, & Sourander, 2016)

## 心理健康

### • 心理健康定義

➤ 心理健康為一種情緒及行為調適都運作良好的心理安適狀態，而不僅為沒有精神疾病 (WHO, 2013)

### • 青少年心理健康現況

➤ 每年約有五分之一的青少年符合精神疾病診斷標準 (Kessler et al., 2007 ; Stuart et al., 2014)

➤ 辨識精神疾病能力不足 (Thai & Nguyen, 2018)

□ 僅三成學生正確辨識精神疾病

➤ 對精神疾病持有污名態度 (Pang et al., 2017)

□ 五成學生對精神疾病持有負面態度

➤ 不瞭解心理健康專業資訊訊息 (Eisenberg, Golberstein, & Gollust, 2007)

□ 六成學生不具備求助效能

➤ 不願意尋求心理健康專業協助 (Blanco et al., 2008 ; Eisenberg, Hunt, & Speer, 2012)

□ 僅兩成學生尋求專業協助

## 心理健康素養發展歷史

### • 心理健康素養 (Mental health literacy, MHL)

➤ Jorm 等人(1997)根據 Nutbeam (1993) 的健康素養架構所提出

➤ 定義：「對於精神疾病的知識與信念，可協助對於精神疾病的認識、處理及預防」( “knowledge and beliefs about mental disorders which aid their recognitions, management or prevention.” )，過去此定義被稱為心理健康素養的黃金準則 (Jorm et al., 1997)

• Jorm 等人 (2000)新增「尋求協助(help seeking)」概念；2012年將尋求協助概念由自我協助擴充新增協助他人

• Kutcher (2015; 2016) 擴充Jorm 等人 (1997) 所定義的心理健康素養，提出心理健康素養組成要素

#### 1. 認識如何獲得及維持良好心理健康

Understanding how to optimize and maintain good mental health

#### 2. 認識精神疾病及其治療

Understanding mental disorders and their treatments

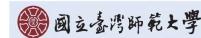
#### 3. 去除精神疾病污名

Decreasing stigma

#### 4. 增強尋求協助的效能(瞭解尋求協助的時機與地點，並發展出能夠促進個人心理健康照護和自我管理的能力)

## 心理健康素養發展歷史(續)

- Chao等人(2020)依據Kutcher等人之理論架構，提出心理健康素養五大面向：



Chao et al.(2020). Mental Health Literacy in Healthcare Students: An Expansion of the Mental Health Literacy Scale. International Journal of Environmental Research and Public Health, 17(3), 948.

## 面向一

### 瞭解如何獲得並維持正向的心理健康

個體對於環境的控制上，能感到有效性與精熟感

(Deci & Vansteenkiste, 2004)

想和其他人互動、連結並照顧他人的渴望

(Deci & Vansteenkiste, 2004)



行為出自於自由的意志或自己的興趣與價值觀

(Deci & Vansteenkiste, 2004)

面臨壓力或創傷時能夠正面調適

(Luthar et al., 2000)

## 情緒復原力與基礎心理需求理論

- 情緒復原力  
(emotional resilience)

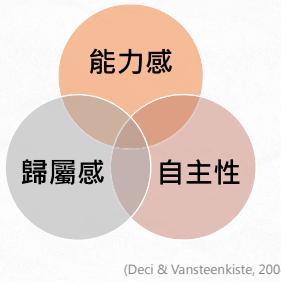
壓力調適 ↑  
(Murden, Bailey, Mackenzie, Ceppen, & Brennan, 2018)

身心健康 ↑  
(Zwack & Schweitzer, 2013)

認知判斷錯誤 ↓  
(DesCamp & Talarico, 2016; Ham, Berwick, & Dixon, 2016)

病人照護 ↑  
(DesCamp & Talarico, 2016; Ham, Berwick, & Dixon, 2016)

- 基礎心理需求理論  
(basic psychological needs theory, BPNT)



## 面向二

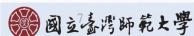
### 瞭解精神疾病及其治療方式



正確辨識精神疾病特徵（特定疾病或疾病種類）的能力



精神疾病風險因子與成因的知識與信念



## 面向三 降低精神疾病相關的污名



對於精神疾病患者的排斥



認為精神疾病患者是危險的信念



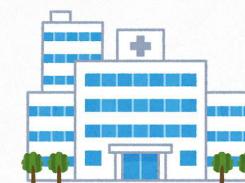
對於精神疾病患者負向情緒  
(恐懼、憤怒)

## 面向四 提升尋求協助的效能

- 「求助效能」(Help-seeking efficacy)是指個人知道何時、何處、找何人尋求協助，發展促進個體心理健康照護與自我管理的能力 (Kutcher & Wei, 2014)



何時 (when)



何地 (where)



何人 (who)

## 面向五 提升尋求協助的態度

- 「求助態度」(Help-seeking attitude)是指個人對心理健康照護的整體態度傾向，即為個人是否相信心理健康照護專業可以解決其困擾以及能否信任心理健康照護專業人員
- 影響尋求協助行為意圖相關因素的統合分析研究指出，行為態度為尋求行為的最強預測因子 (Armitage & Conner, 2001; Li, Dorstyn, & Denson, 2014; R. R. C. McEachan, Conner, Taylor, & Lawton, 2011)
- 計畫行為理論顯示，個人對行為所持的態度越正向，則行為意圖越強進而產生行為 (Ajzen, 1991)
  - 求助態度能夠預測尋求行為意圖 (Mak & Davis, 2013)



求助效能

求助態度

求助行為

## 心理健康素養的影響

### 個人層次

- 缺乏心理健康素養對於個人心理及生活產生負面影響 (Livingston & Boyd, 2010; Stuart et al., 2014; Robinson, Butterworth, & Rodgers, 2008)
- 精神疾病污名會導致精神疾病患者增加憂鬱症狀與社會焦慮，以及降低社會功能、生活品質、自尊、自我效能與未來希望 (Livingston & Boyd, 2010)



求職困難



被雇主懷疑能力



工作難以晉升

(Stuart et al., 2014)

## 心理健康素養的影響 (續)

### 社會層次

- 缺乏心理健康素養可能造成健康不平等與疾病防治的障礙 (Link & Phelan, 2006)
- 大眾容易對精神疾病產生錯誤的認知，導致偏見、歧視 (Corrigan & Shapiro, 2010)
- 精神疾病患者可能會內化大眾對於精神疾病的態度 (Corrigan & Shapiro, 2010)



患者也可能遭受醫療人員的污名



(Thornicroft, Wyllie, Thornicroft, & Mehta, 2014)

(World Health Organization, 2013)

除了造成個人身心健康受損，也可能使精神疾病患者無法享有同等的公共衛生健康服務  
→妨礙社會整體的心理健康及增加醫療負擔

### Article

## Mental Health Literacy in Healthcare Students: An Expansion of the Mental Health Literacy Scale

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## 心理健康素養的重要性

### 初級預防

- 一種幸福的狀態，於此狀態下能夠發揮自己的潛力、應付生活中的正常壓力、有效率地工作，並能夠為自己的社區做出貢獻 (WHO, 2015)

### 次級預防

- 促使精神疾病的早期發現與早期治療，避免精神疾病患者病情惡化

### 三級預防

- 精神疾病的康復

Table 1. Exploratory factor analysis loadings for the 32-item mental health literacy (MHL) scale (direct oblimin rotation) (n = 648).

Item	Factor Loading			
	F1	F2	F3	F4
Maintenance of positive mental health				
Handling stressful situations in an appropriate manner.	0.74			
Mastering your own negative thoughts.	0.67			
Making decisions based on your own will.	0.48			
Setting limits for what is acceptable for you.	0.50			
Setting personal boundaries in social interactions.	0.59			
Having religious or spiritual beliefs.	0.41			
Feeling that you belong in a group (such as a community, workplace, or school)	0.63			
Feeling valuable and capable of one's own accomplishments.	0.65			
Able to adapt to change.	0.68			
Able to achieve goals despite obstacles.	0.68			
Able to stay focused under pressure.	0.72			
Not easily discouraged by failure.	0.77			
Able to handle stress without getting angry.	0.73			
Recognition of mental illness				
If someone experiences extreme worry, goosebumps, or sensations of being threatened, has difficulty controlling this worry, and has physical symptoms, such as muscle tension and feelings of fatigue, then what do you think it is likely he or she has an anxiety disorder?	0.54			
If someone experiences a low mood for two or more weeks, with a loss of pleasure or interest in their normal activities, and changes in their appetite and sleep patterns, then to what extent do you think it is likely he or she has a depressive disorder?	0.65			
If someone requires higher doses of a drug to get the same effect, then to what extent do you think it is likely he or she has a substance-related addictive disorder?	0.64			
If someone experiences delusions and hallucinations, and talks about hearing voices, then to what extent do you think it is likely he or she has schizophrenia?	0.66			
Attitude to mental illness stigma				
I think people with mental illness are burdens to society. (R)	0.56			
I think having a mental illness is shameful. (R)	0.55			
Most people with mental illness are at risk for self-harm. (R)	0.44			
Most people with mental illness may pose a risk to the public. (R)	0.43			
I think people with mental illness are unpredictable. (R)	0.69			
I think people with mental illness are violent. (R)	0.46			
I think people with mental illness are frightening. (R)	0.70			
Help-seeking efficacy				
I know where to go to receive mental health promotion services.	0.71			
I know where to go to receive mental health treatment services.	0.70			
I know where to go to seek information about mental illness (e.g., family doctor, internet, or friends).	0.65			
Help-seeking attitudes				
To address a mental health problem, my first inclination would be to seek help from mental health professionals.	0.57			
I trust healthcare organizations to provide mental health services.	0.58			
If I face emotional problems, I would seek help from mental health professionals.	0.80			
If I were having a mental breakdown, my first inclination would be to seek the attention of a mental health professional.	0.77			
Total variance explained	5.94	3.22	2.12	1.46
% of explained variance	18.58	10.07	6.64	4.57
Total variance explained	43.68			3.82

R = reverse-scored items. Factor loadings >0.40 are shown.

## 主要研究發現

- 透過探索性及驗證性因素分析支持此26題之量表為五因素架構（維持與促進心理健康、疾病辨識與認識、精神疾病污名、求助效能、求助態度）
- 整體量表具有良好的內部一致性信度，研究結果亦支持本量表具備聚良好的聚斂效度、區辨效度、已知團體效度

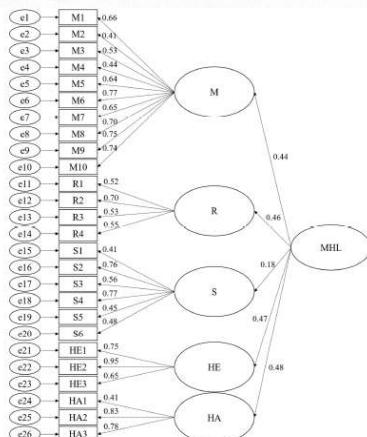


Figure 2. Final model of the MHL scale. M = maintenance of positive mental health; R = recognition of mental illness; S = mental illness stigma attitude; HE = help-seeking efficacy; HA = help-seeking attitude.

## 心理健康素養 與 正向心理健康

- 心理健康素養為提升個人對於心理健康有助益的相關行動，以增進個人的心理健康 (Jorm, 2012)
- 研究結果：  
整體心理健康的素養越高，較瞭解如何獲得維持正向心理健康知識，對於精神疾病辨識能力較佳、具有較好的求助效能及較正向的求助態度者，其自身心理狀態越好
- 結果解釋：  
透過提升心理健康素養，增進瞭解如何維持正向心理健康知識，提升對於精神疾病症狀的瞭解與辨識，瞭解專業求助相關資訊，並改善對於尋求專業協助的態度，促進正向心理健康
- 結論：  
提升心理健康素養為促進正向心理健康的有效介入策略

感謝聆聽

敬請指教