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Review Article

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Why mental health literacy still matters: a review

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ABSTRACT

The magnitude of mental disorders is a growing public health concern. An increasing amount of research globally has attempted to understand the reasons for poor help-seeking for different mental health disorders. A segment of work has focused on 'mental health literacy' (MHL) defined as knowledge and beliefs about mental disorders which aid their recognition, management & prevention. Studies on mental health literacy, people's knowledge of, and attitude towards mental illness, and beliefs about mental health treatment were obtained through a review of literature in PubMed databases using the medical subject headings (MeSH) terms and unpublished, grey literature during the year 1995 to 2018. Nearly 50 of the eligible articles were included for the final report. Findings revealed that the general public have relatively poor recognition of the symptoms of mental health disorders and appear to emphasise self-help over standard medical treatments. Negative attitudes toward mental illness that hinders individuals from seeking professional treatment, and help-seeking are the common themes that emerge from the findings. Findings also revealed that treatment seeking, attitudes and beliefs toward mental illness are related to mental health literacy. Several different factors that influence have been identified, including gender, culture, age, educational qualifications, and personality. MHL in general remains at a relatively low level. There is an urgent need to improve awareness of mental illness and mental health literacy among the general public. Future research for improving MHL are required.

Keywords: Mental health literacy, Mental illness, Mental health, Beliefs about mental illness, Help-seeking

INTRODUCTION

Mental health is an essential and integral part of health It enhances the competencies of individuals and communities thereby enabling them to achieve their self-determined goals.[1] The magnitude of mental disorders is a growing public health concern. Mental disorders are common and universal, affecting people of all countries and societies, individuals of all ages, women and men, the rich and poor, from urban and rural communities. Mental disorders rank fifth among the major causes of global burden of disease. In developing countries majority of the population suffering from mental illness do not have access to treatment.[2,3] Lack of awareness and stigma are the major barriers between persons with mental illness and opportunities to recover. Studies have demonstrated that persons labelled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviour.[4]

Health literacy is important because every individual will able to find, understand and use health information and services at some point in their life. Well educated people can too face issues in health literacy.[5] "Health Literacy" has been defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health.[6] As an extension to the domain of health Literacy, Jorm et al coined the term "Mental Health Literacy" with an aim to draw attention towards a neglected area of research and action.[7] Whilst the concept

of HL is well known and researched, it has not been the same story for mental health literacy (MHL).

Over the past few decades, studies have been conducted to assess the community's knowledge, attitude and beliefs towards mental illness. Misconceptions, inaccurate views and unhealthy attitudes among people have been observed consistently worldwide. Methods to improve knowledge, increase awareness and to reduce stigma is the utmost need of every society.[8] Many tools have been developed, to assess the mental health literacy status in various populations. Majority of the research in assessing mental health literacy have been carried out in the Western countries. It has been a challenge in India for researchers to adopt a standard and unified approach to measure awareness and attitude towards mental illness, owing to the unique and varied culture of India. It would be enlightening to gain a deeper and wider understanding of the knowledge, attitude and beliefs regarding mental illness. This paper looks at the literature on MHL about what previous studies have discussed and why it still matters.

METHODS

The required information on mental health literacy and its importance among teachers globally and in India were obtained through a review of the literature in PubMed databases (including MEDLINE) using the medical subject headings (MeSH) terms 'mental health literacy', 'mental illness', 'belief about mental illness', 'lay belief', 'mental health seeking', 'help-seeking', 'treatment gap', 'burden of mental illness' and 'india'. The unpublished, grey literature on mental health literacy were also gathered from key public and private stakeholder organizational websites. The period of reference was from the year 1990 to 2018. Based on these primary and secondary references, the studies included in this paper met the following criteria: (i) studies that focus on the general public, healthcare workers, and mental health professionals; (ii) papers were written in English; (iii) papers that focus on mental health literacy, attitudes, and beliefs about mental illness or disorders, knowledge about mental illness or disorders, help-seeking, beliefs about seeking treatment, utilization of mental health services, and mental illness excluding eating disorders, substance related disorders, gambling related disorder, learning disorders, or attention deficit disorder and (iv) the focus of the papers in India. Nearly 50 of the eligible articles were included for the final report. The final articles were preferred based on the published time frame (recent articles were preferred), higher order of study designs (scoping and systematic reviews), publications by top multilateral agencies (WHO) and studies with qualitative study designs. Analysis of the literature was synthesized into a narrative review report, which highlighted our key findings by the following themes: burden of mental illness, treatment gap, concept of MHL, recognition of symptoms, opinions regarding causes, help seeking options, stigma and measuring MHL.

GLOBAL BURDEN OF MENTAL ILLNESS AND INDIAN SCENARIO

Global burden of mental Illness

Mental illness is an issue of major concern in both the developed and developing world.[9] Approximately 450 million people are suffering from mental and behavioural disorders globally. More than 75% of these individuals with mental and behavioural disorders are from the middle and low-income countries. Mental health disorders affect about 25% of all people at some time during their life time.[2,10] Depression is the most common mental disorder affecting 5% of the world's population bipolar disorders affecting 60 million worldwide.[10] People with severe mental illness have up to 60% higher risk of dying prematurely from non-communicable diseases that are neglected because of the underlying mental condition.[3] However, mental disorders appear to only account for 0.5% of total years of life lost (YLL). Global burden of disease (GBD) estimates only show deaths directly attributed to mental disorders recorded in death certificates invariably leading to under reporting. adjusting disability adjusted life years (DALYs) based the multiple causes of mortality would move the total rank of mental illnesses in the GBD tables from fifth to second place overall, behind cardiovascular diseases.[11]

Indian scenario

In India, the prevalence of mental illness was estimated to be between 5.8% and 7.3% in the general population, and at 26.7% among the elderly at the start of this millennium.[12,13] The prevalence of mental illness in rural and urban India was estimated at 70.5 and 73 per thousand respectively.[13] The overall prevalence of depression was 15.9%, which is similar to western figures.[14] The recent National Mental Health Survey (NMHS) in 2015-16 identified that 11% of individuals above 18 years were suffering with a mental disorder. Translated to real numbers nearly 150 million Indians need active interventions. The NMHS also recognized children and adolescents as the vulnerable groups to mental disorders. Almost all mental disorders were high in the urban areas while rural areas had substantial numbers to care where availability of care is limited. Severe mental disorders comprising of schizophrenia, non-affective psychosis and bipolar affective disorders ranged from 0.4% to 2.5% across states in India.[15]

TREATMENT GAP AND OVERVIEW OF BARRIERS TO MENTAL HEALTH

The "treatment gap" (TG) is a useful indicator for accessibility, utilisation and quality of health care and undoubtedly, a very high treatment gap would result in increased disease burden.[16,17] The treatment gap for people with mental disorders exceeds 50% in all countries of the world, approaching astonishingly high rates of 90% in the least resourced countries, even for

serious mental disorders associated with significant role impairments.[18] Indian mental healthcare also faces catastrophic proportions of treatment gap. Despite the slow progress made in mental health care delivery across the country, the NMHS revealed the huge treatment gap for all types of mental health problems ranging from 74% to 90% for all mental disorders.[15] Major barriers to mental health service utilisation include a scarcity of resources, unequal distribution, inefficient use, non-medical explanations, and lack of awareness, accessibility, and availability of healthcare services and the potential benefits of seeking treatment.[18-20] Stigma and discrimination also contribute to the treatment gap in India.[20–22] Factors ranging from awareness to affordability, varying between rural and urban areas, needs to be critically delineated to address specific issues in bridging treatment gap.[22]

The concept of mental health literacy

The term 'mental health literacy' was introduced by Anthony F Jorm & colleagues, in 1997. It is defined as, *"knowledge and beliefs about mental disorders which aid their recognition, management & prevention"*.[7] Mental health literacy includes the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking.[23]

Components of mental health literacy

The term mental health literacy has been characterized as comprising several components which include the ability to recognize specific disorders or different types of psychological distress; knowledge and beliefs about risk factors and causes, self-help interventions, professional help available; attitudes which facilitate recognition and appropriate help-seeking and knowledge of how to seek mental health information[7]

The definition restricts mental health literacy to a medical model. The definition lacks components such as the ability to gain access to, understand and use information in ways that promote and maintain good mental health. Despite these drawbacks, the concept is comprehensive and inclusive of the essential factors that would determine mental health care.

Socio-demographic influences on mental health literacy

The literature suggests that mental health literacy is associated with age, gender and country. Although few studies reported no gender differences in mental health literacy it is observed that there are differences between males and females with regard to the various components of mental health literacy.[24,25] The younger population is inconsistent in their mental health literacy.[26–28] Younger population have lower knowledge about mental health problems.[29,30] In contrast to this, the older population have more traditional views on mental health illness.[30,31] There have been studies that have identified differences in mental health literacy between countries by comparison.[32] The different ethnicity within a country is also influential on the mental health literacy. Literacy is notably one of the key determinants of population on health outcomes.[9] Higher the education is also an independent predictor of higher mental health literacy.[7,31,33]

MENTAL HEALTH LITERACY: RECOGNITION OF PSYCHIATRIC SYMPTOMS

The knowledge about recognition of psychiatric symptoms decides many other aspects such as appropriate help seeking behaviour and treatment. Recognizing the symptoms with appropriate psychiatric label is an essential part of mental health literacy. The studies done in various countries on the ability to correctly label psychiatric symptoms have yielded different results. In countries such as China and Australia, majority of people were able to correctly identify and label as psychiatric illness.[29,34] On the other hand, In India, vast majority did not agree psychiatric symptoms as 'a real medical illness'.[35] A study done in Portugal, using a vignette base questionnaire reported that quarter of the participants failed to recognize depression in the vignette.[36]

The ability to recognize specific psychiatric disorders wasn't uniform, even among the developed countries. Many members of the public could not recognize specific disorders or different types of psychological distress.[37] A study which attempted to evaluate the knowledge of over 90 psychiatric illness labels among university students in UK, revealed that participants had heard of just over one-third of the various illnesses.[26] Similarly, Lauber, in Switzerland, had conducted an online survey among university students and found that most participants recognized the symptoms of depression but the symptoms of schizophrenia were acknowledged to a lower extent.[38] He also concluded that the academic courses of the students, interests regarding issues related to mental illness & personal experience with mental illness and treatment had influence on symptoms recognition.[38] The perception about the causes of mental illness also played an important role in recognition of symptoms.[39] The most effective intervention to improve mental health literacy is probably the effective use of mass education materials and literacy.[30]

OPINIONS REGARDING CAUSES OF MENTAL ILLNESS

It is evident that public opinion and beliefs about causes of mental disorders differ from views shared by the mental health experts.[23] In many studies, the striking observation is that people were uncertain about biological causes of mental illness. The psychological and social

explanations were often cited as the cause of mental illness. A study done in rural India found that majority of people believed that family tensions caused mental illness.[40,35] It is also imperative from the review that poor knowledge about causes of mental illness is found among the educated elite.[31] University graduates, especially doctors, attribute mental illness to family factors less often than other professionals.[31] In a study in USA, more than 65% students who participated in a self-reported questionnaire were uncertain about the biological causes of mental illness.[41] Few studies found that even the caregivers of mental illness attributed drug and alcohol abuse as the cause of mental illness.[42,43] Two African based studies among care givers concluded that majority believed that alcohol and drug abuse as the cause of mental illness.[42,43]

The attribution of mental illness to supernatural causes was present in many countries. A study conducted in Nigeria among a group of 35 medical students showed that the majority of participants believed that evil spirits caused mental illness.[44] The studies conducted in various countries showed that a smaller proportion of people continued to believe that mental illness was caused by evil spirits.[29,45] In a Chinese study done among young students using a vignette-based questionnaire, 10% reported to believe evil spirits as cause for mental illness.[29] An Indian study by Salve et al in New Delhi reported that one fourth of the participants attributed mental illness to supernatural causes.[45]

TREATMENT, HELP SEEKING OPTIONS AND OUTCOME OF MENTAL ILLNESS

Majority of the reviewed studies reported similar patterns of endorsing medical & psychological treatment methods for mental illness. Education was associated with people accepting medical treatment as helpful.[38] Medical treatment was proposed by people with higher education.[38] Equal number of respondents stated that counsellors and psychiatrists are the sources of help.[24] In an Australian study, most youths rated professional help as helpful, while all adults reported that professional help was helpful.[46] In this study, almost all reported social support is required.[46] Jorm reported that public had a negative view of medical treatment and a positive view of psychological and lifestyle methods and strategies.[25] Similarly, the same finding was replicated in a study done among the population of Australians and Japanese.[32] The Japanese were in favour of counsellors and believed in the benefits of treatment but weren't optimistic about the outcome.[32] In other studies, the youth preferred help from informal sources such as close friends and family members.[34,36,47]

The attitude towards treatment options varied. Psychotropics were seen as addictive and sometimes harmful.[48] A Finnish study among randomly selected one lakh individuals, reports that a cautious attitude towards antidepressants was prevalent.[48] Interestingly, studies reported that people considered vitamins as useful, especially in alleviating symptoms of depression.[34] Vitamins received more endorsements than psychotropics.[36] In Asian countries, such as China and India, negative attitude towards mental health professionals was prevalent.[29,40] Siu reported that participants in his study did believe that consulting a mental health professional would increase suicidal risk.[29] A study that compared between rural and urban India, reported that rural population believed that psychiatrists were eccentric.[40]

STIGMA ASSOCIATED WITH MENTAL ILL HEALTH

Stigma is defined as a mark of disgrace associated with a particular circumstance, quality, or person.[49] Thornicroft viewed stigma as an overarching term consisting of three components: problem of knowledge (Ignorance), problem of attitudes (prejudice) and problem of behaviour (discrimination).[50]

FACTORS INFLUENCING STIGMA

There is a complex interplay of social, demographic, educational factors in determining the level of stigma. Studies conducted in African countries show that the stigma towards people suffering from mental illness is high.[51,52] A community-based Nigerian study quoted that negative views of mental illness were widespread, with as many as 96.5% believing that people with mental illness are dangerous.[51] Another study done in Nigeria quoted almost half the participants harboured negative feelings towards mentally ill.[52] The Japanese were reluctant to use psychiatric labels than the Australians.[32]

There are enough evidences to confirm that higher the education more positive views towards people with mental illness.[52-54] Few studies have reported of gender difference in stigmatising attitudes. Females show less stigmatising attitude than males.[26] The nature of the academic course pursued probably influences the stigma levels. A study in India reported that the nursing students were more benevolent than business management students.[55] The nursing students agreed that people with mental illness can hold a job and can return to their former position, and that everyone faces the possibility of becoming mentally ill.[55] Stigmatising attitudes weren't limited to only uninformed public but was even prevalent among professionals.[56]

However, the scope of reducing stigma seems possible. Jorm compared the stigmatising attitudes of people between the youth of 1997 & 2004. He concluded that there was improvement in youth attitudes regarding the capability of people with mental illness and that there are evidences that mental health literacy can improve.[46,55] An educational intervention about mental health & illness seems to be beneficial in improving more positive attitudes towards mentally ill.[54] Holmes reported that

education programme had positive effects on some attitudes about mental illness and that participants with more pre-education knowledge were less likely to endorse negative attitudes after completing the education programme.[54]

CONCLUSION

The evidence that we have reviewed above suggests that, while there may have been some limited improvements in some developed countries, MHL remains relatively low. Poor MHL therefore, remains an urgent public health concern because it is known to influence the public's decision-making in relation to their mental health, particularly their low rates of help-seeking for psychiatric symptoms. MHL may also influence other aspects of the help-seeking process, such as attitudes toward mental health practitioners, stigma and bias toward patients, treatment choice, and compliance with treatment. There is a concerted need to raise awareness of mental illness and mental health literacy among the general population, as well as among various population groups and professions.

The most common mental disorders covered in the reviews are depression, schizophrenia, and mania. Future studies could cover a wider range of disorders and specify areas of ignorance and knowledge – what people know or do not know – which in turn can help to target how best to promote mental health literacy. Due to the stigmas attached to mental illness, there is also a tendency for mental illness to present as somatic symptoms. Intervention strategies need to consider ways of increasing public awareness and understanding of mental illness to reduce misconceptions toward it, and thereby encourage people to seek treatment, thus improving their help-seeking behaviours regarding mental illness. One way to do this would be through public education about mental illness, which can help to raise and promote a better understanding of these illnesses.

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