MENTAL HEALTH LITERACY IN ADOLESCENTS: ABILITY TO RECOGNISE PROBLEMS, HELPFUL INTERVENTIONS AND OUTCOMES

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- To function well in the 21st century a person must possess a wide range of abilities and competencies,

  in essence many ‘literacies’.

- These ‘literacies’—from being able to read a newspaper to understanding

  information provided by a health care provider—are multiple, dynamic, and malleable

- ‘Health literacy’ is an emerging concept that involves the bringing together of people from both the

health and literacy fields.

- Our level of literacy directly affects our ability to not only act on health information but also to take more control of our health as individuals, families and communities

health literacy is,:

- -The degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course.

- The scope of health literacy has three distinct ‘levels’:
- Functional literacy:
- Conceptual literacy:
- Health literacy as empowerment:

- six general themes that help determine why health literacy is important for population health:

- 1-The large numbers of people affected
- 2-Poor health outcomes:
- 3- Increasing rates of chronic disease
- 4-Health care costs:
- 5-Health information demands
- 6-Equity:

- *Improving the health literacy of those with the worst health outcomes is an important tool in reducing health inequalities*

❖health information and education initiatives are integral to improving health literacy,

❖ three distinct ‘levels’ of health literacy:

➢ ***• functional***: basic skills in reading and writing necessary for effective functioning in a health context;

➢• ***interactive:*** more advanced cognitive literacy and social skills that enable active participation in health care;

➢• ***critical:*** the ability to critically analyze and use information to participate in actions that overcome structural barriers to health.

❖ One particular body of work has focused on ‘mental health literacy’ (MHL) defined as knowledge about mental health disorders that are associated with their recognition, management, and prevention

➢Mental health literacy is a relatively new area of study, especially in developing countries.

➢This concept has been defined as:

➢ the ability to recognise specific disorders,

➢knowing how to seek mental health information,

➢ knowledge of risk factors, causes of self-treatments, professional help available, and also, attitudes that promote recognition and appropriate help-seeking

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- The role of mental health literacy in long-term treatment outcomes in psychosocial care for adolescents
- Although among adolescents with psychosocial problems low health literacy may increase the risk of poor treatment outcomes , the contributing mechanisms within treatment remain unclear.
- A better understanding of these mechanisms could contribute to improved treatment processes and outcomes
- the consistently higher level of psychosocial problems among adolescents with inadequate health literacy suggests an unaddressed need in psychosocial care.

- Psychosocial problems—emotional, behavioural, and social problems—are the third largest contributor to the global burden of disease in adolescents

- It is estimated that psychosocial problems affect up to 20% of children and adolescents and that up to half of all adult psychopathologies have their roots in adolescence

- Experiencing psychosocial problems in adolescence is related to a higher risk of poorer educational, social, occupational ,and psychiatric outcomes later in life

- Client health literacy may be pivotal in the interpersonal communication between adolescent and professional, and in turn affect treatment outcomes

- Most studies on adolescent populations have been conducted in developed countries .
- Although there are a few such studies on adolescents in developing countries

- half of the lifetime diagnosable mental health disorders begin by the age of 14 years.
- This increases to three fourths by 24 years of age
- Hence, mental health literacy in adolescents has major implications for early identification and intervention of mental health issues.
- This early intervention can in turn, alter the developmental trajectory of mental illnesses and lead to improved outcomes

- Studies have shown that early help seeking prevents adverse social, educational and vocational outcomes in those with mental illness

- the number of adolescents who seek help for mental health related issues remain unsatisfactory.

❖in young people aged between 16 and 24 years , who those had sought professional help during the previous 12 months:

- 32% of those with anxiety disorders,
- 49% of those with affective disorders
- 11% of those with substance use disorders

- The prevalence rates of major mental illnesses in this age group in Sri Lanka, is not known.

- However, a national survey conducted in 2004 identified that 18.9% of 13–18 year olds had clinically relevant emotional and behavioural problems

- among undergraduates, found that only 7.4% were able to recognise and label a vignette describing the symptoms of depression

- more undergraduates indicated a preference for seeking informal help from friends and parents, rather than from psychiatrists and counsellors.

- Studies among adolescents in developed countries such as Australia have provided important information for mental health initiatives aimed at improving health seeking and service delivery

- ***Serial surveys have found***:

- poor recognition of disorders and negative beliefs about some standard psychiatric treatments, including medications.

- In contrast, there were positive views about self-help strategies, help from family and friends and psychological treatments such as counselling

native healing methods

- *Ayurvedic model*
- *Bodhi pooja*

These practices influence the knowledge and understanding of health, illness and help-seeking behaviour of the Sri Lankan population

- The objective of the current study was to describe aspects of mental health literacy in a school going sample of adolescents in Sri Lanka with regard to the:
- (i) recognition of mental health problems
- (ii) helpful interventions
- (iii) helpful referral options
- (iv) outcomes

The association between socioeconomic variables and recognition of mental health problems was also examined

Methods

- This was a descriptive cross sectional study
- The setting was the Sri Jayawardenapura educational zone
- students between 13 and 16 years of age
- The data collection was done within a 12 week period.

Assessment of mental health literacy

- A questionnaire based on 4 clinical vignettes
- The design of the questionnaire modelled that of the Australian National Survey on mental health literacy 2011
- The current study used several vignettes, and questions based on the vignettes used in this study
- The case vignettes used were on depression with suicidal ideation, social phobia,psychosis and diabetes mellitus
- questionnaire consisted of close ended questions based on the vignettes

- The questions required the respondents to give their opinion on,
  - (i) whether the vignette depicted a mental health related problem, spiritual,physical related or other problem,
  - (ii) what interventions could be helpful,
  - (iii) what kinds of referrals would be helpful
  - (iv) possible outcomes for each vignette

- Respondents were allowed multiple answers, as it was likely that this would be the situation in reality

- The family income and the educational level of each parent, was included in the analysis as these socio-economic indicators were more likely to have an impact on mental health literacy

Case vignettes

- **1. Depression with suicidal ideation**

Manju is an 18 years old Student. He has not been going to School for the past one month complaining of fatigue and low mood. He finds it difficult to fall asleep, complaints of headaches, difficulty concentrating and irritability. He feels he has no escape from his problems and feels worthless. He has contemplated ending his life at times.

- **2. Social Phobia**

Geethani is an 18 year old student. She has extreme fear of talking in the presence of others. On these occasions she feels faintish, is sweaty and shivers. She avoids these situations and feels extremely fearful even when thinking of such situation. With these symptoms she has been having many difficulties in continuing her school work.

◦ **3. Psychosis**

◦ Nishantha is an 18 year old student since about a month he has been refusing to go to school he prefers to stay at home with doors and windows shut.

◦ His parents complain that he sleeps poorly at night, laughs and talks on his own. He claims he is respondi ng to voices he hears.

◦ He does not maintain self-care and claims that he remains at home as his neighbors trouble him. He belie ves he has no illness.

- **4. Diabetes Mellitus**

- 26 year old Saman has since of late been feeling extremely tired, and has lost his appetite and also lost weight markedly. He complains of increased frequency in passing urine and has to even wake up at night to relieve himself.

- The following questions were given after all 4 vignettes with the instructions
- *There will be four scenarios of four people described below. Please answer about your ideas*
- *and decisions regarding the questions asked about them.(you can choose more than one*
- *answer for each question)*

- According to you

1) The above mentioned person can be helped by

I. Talking to him/her ☐

II. Physical exercise ☐

III. Introducing him/her to a new hobby ☐

IV. Referring him/her to a health service ☐

V. By any other method ☐

2) It will be appropriate to direct him/her to the following

I. A Bodhi Pooja ☐

II. Thovil ceremony ☐

III. A Doctor in the government sector ☐

IV. A Native Doctor ☐

V. Another service ☐

3) His/ Her problem is a

I. a spiritual problem ☐

II. a physical problem ☐

III. a mental problem ☐

IV. a social problem ☐

V. a behavioral problem ☐

VI. Other ☐

4) According to you he/she will

i. Not be able to get back his/her usual lifestyle ☐

ii. Will recover on his/her own ☐

iii. Will become better with medication ☐

Results

- 1500 participants aged 13–16 years were initially approached for consent
- the final data number was 1002 or 67% of the initial number of participants approached
- The mean age was 14 years (SD ± 0.94)
- Of the participants 590 (58%) were male.

❖ Table 1 describes the responses regarding helpful intervention options, helpful referral, recognition of problems and outcomes

❖ The response rates for recognition as a mental health problem was:

- 82.2% (n = 824) for the vignette depicting depression,
- 68.7% (n = 689) for the psychosis vignette
- 62.1% (n = 623) for the social phobia vignette.

- Meanwhile 58.48% (n = 586) responded to the diabetes vignette as a physical problem

- Of the four vignettes,social phobia had the highest response rate as a social problem at 26.9% (n = 269)

- The psychosis vignette had the highest rate of response at 22.3% (n = 223) as a spiritual problem.

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Table 1 Responses for helpful intervention options, referral options, recognition of problems and outcomes

	Person in the vignette can be helped by	Number (%) depression	Number (%) social phobia	Number (%) in psychosis	Number (%) in diabetes
Helpful intervention options	Talking to him	500 (49.9)	499 (49.8)	396 (39.5)	195 (19.5)
	Physical exercise	184 (18.4)	210 (21.0)	187 (18.7)	251 (25.0)
	Introducing him to a new hobby	346 (34.6)	282 (28.1)	219 (21.9)	145 (14.5)
	Referral to a health service	465 (46.5)	417 (41.6)	528 (52.7)	698 (69.6)
	By any other method	128 (12.8)	35 (3.5)	214 (21.4)	110 (11.0)
	Did not answer	12 (1.2)	20 (2.0)	24 (2.4)	33 (3.3)
Referral options	Bodhi pooja	299 (29.9)	215 (21.5)	318 (31.7)	141 (14.1)
	Thovil ceremony	86 (8.6)	124 (12.4)	158 (15.8)	107 (10.7)
	A doctor in the government sector	483 (48.2)	483 (48.2)	486 (48.5)	704 (70.4)
	A native doctor	229 (29.9)	185 (18.5)	206 (20.6)	214 (21.4)
	Another service	153 (15.3)	314 (31.3)	179 (17.9)	112 (11.2)
	Did not answer	23 (2.3)	23 (2.3)	26 (2.6)	35 (3.5)
Recognition as a physical/mental/social/spiritual/other problem	A physical problem	275 (27.2)	265 (26.5)	225 (22.5)	586 (58.48)
	A mental problem	824 (82.2)	623 (62.3)	689 (68.7)	389 (38.82)
	A social problem	191 (19.1)	269 (26.9)	169 (16.9)	98 (9.78)
	A spiritual problem	35 (3.5)	36 (3.6)	223 (22.3)	49 (4.89)
	A behavioural problem	83 (8.3)	164 (16.4)	168 (16.8)	87 (8.68)
	Another problem	35 (3.5)	66 (6.6)	82 (8.2)	138 (13.77)
	Did not answer	23 (2.3)	25 (2.5)	27 (2.7)	37 (3.69)
Responses regarding outcomes	Not be able to get back his usual lifestyle	19 (1.9)	27 (2.69)	42 (4.2)	40 (4.0)
	Will recover on his own	58 (5.8)	337 (33.6)	202 (20.)	130 (13.)
	Will become better with treatment	797 (79.5)	636 (63.47)	758 (75.6)	816 (81.4)
	Did not answer	21 (2.1)	60 (5.98)	67 (6.7)	54 (5.4)

A Bodhi pooja is a traditional Buddhist cultural practice centred on a Bo tree (*Ficus religiosa*), this is a form of pooja (idolatry or prayer). A thovil ceremony is a traditional healing ceremony with dancing and sometimes the involvement of demonic masks, with the participants going into trance like states at times

❖ the highest response rate **for the helpfulness of referral** to a health service was for the diabetes vignette at 69.6% (n = 698), followed by psychosis 52.7% (n = 528)

❖ **"Talking to the person",** was responded to as helpful:

- 49.9% (n = 500), in the depression vignette
- 49.8% (n = 499) in the social phobia vignette,
- 39.5%(n = 396) in the psychosis vignette
- 19.5% (n = 195)in the diabetes vignette

❖ The response rates for both depression and social phobia were significantly different ($P < 0.001$) from that of psychosis

❖ **Exercise** was responded to as being helpful by :

- 25% (n = 251) in the diabetes vignett,
- 21%(n = 210) in the social phobia,
- 18.7% (n = 187) in the psychosis
- 18.4% (n = 184) in the depression vignettes

❖ The response for the diabetes vignette was significantly different ($P < 0.005$), from all three mental
health related vignettes.

❖31.7% (n = 318) responded to the option **"Bodhi pooja"** as a helpful referral **for psychosis**

❖The corresponding figures for depression and social phobia were 29.7% (n = 299) and 21.5% (n = 215)

❖The response rate for psychosis while not significantly different from depression, was significantly different from both diabetes and social phobia ($P < 0.001$).

❖ The responses for the persons in the **vignettes becoming better with treatment** was :

- 81.4% (n = 816) for diabetes
- 79.5% (n = 797) for depression
- 75.6% (n = 758)for psychosis
- 63.47% (n = 636) social phobia

❖ With regards to social phobia, 33.6% (n = 337) also responded that the person would become better on their own.

- the association between several socio-economic variables, namely the fathers' education level, mothers' education level, and monthly family income with the ability to recognise mental health issues

- The fathers' education level was significantly associated with better recognition of mental health problems in the depression and psychosis vignettes

- higher monthly family income was the only variable that was significantly associated with appropriate identification of a mental health issue a cross all 3 mental health related vignettes.

Discussion

- most respondents could recognise the depression, psychosis and social phobia vignettes as mental health problems

- This was more than the number of respondents who recognised diabetes as a physical problem

- this study assessed the ability of the participants to recognise a problem affecting the mental wellbeing, rather than an ability to give a diagnostic label of depression, social phobia or psychosis

- depression, being the most easily recognised disorder .
- Psychosis and social phobia had lower rates of recognition.

- Cultural influences may explain the high rate of responses for the psychosis vignette as being a spiritual problem.

- Belief in the supernatural and dissociative disorders, presenting with psychosis like hallucinations and delusions are well recognised in the Indian sub-continent

❖**Helpful interventions**

- helpfulness of referral to a health service
- helping by talking to the person
- exercise

❖ It is possible that the link between mental well-being and physical activity was not understood by adolescents as in the undergraduate age group.

❖**Helpful referral options**

- referral to a medical doctor
- going to a traditional healer

the response rate for referral to a medical doctor for the psychosis vignette was 48.5%, the response rate for the benefit of a Bodhi pooja was 31.7%.

Outcomes

- A majority responded that the persons in all the vignettes would become better with treatment

- the person would recover on their own;
- 33.63% in the social phobia vignette,
- 5.8% for depression
- Around 20% in the psychosis vignette

Socio economic variables and mental health literacy

- A higher socio-economic level
- the fathers'education level
- mothers education level

✓ *These findings however, point to the need for mental health initiatives in the future to specifically target populations in the lower income range*

Conclusions

- The ability to recognise mental health problems, helpful interventions and outcomes in this population was generally comparable to those of adolescent populations in international studies with some exceptions

- The main differences were in relation to the identification and interventions in response to the psychosis and social phobia vignettes.

- Why mental health issues were better recognized but the physical health issue was more likely to be referred, is an important area to be explored further

- This is likely to have major implications for mental health initiatives for adolescents in the future, including methods for promoting mental health literacy.

We need to move from 'mental health literacy' to 'mental health action'

- What has often been neglected from the original definition of mental health literacy is the link to action, viz. "…
- "It is important to note that mental health literacy is not simply a matter of having knowledge (as might be conveyed in an abnormal psychology course).
- Rather it is knowledge that is linked to the possibility of action to benefit one's own mental health or
  - that of others"

- In order to put the emphasis firmly on behavior change, we believe that we now need to move the emphasis from ‘mental health literacy’ to ‘mental health action’, which I define as: “Action that individuals or groups take to benefit their own mental health or that of others”

- two examples where the focus of measurement has been on actions taken and interventions have been evaluated by their impact on action.

- parenting behaviors that increase or decrease risk for depression and anxiety disorders in adolescents

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- the Parenting to Reduce Adolescent Depression and Anxiety Scale (PRADAS), is available in both parent self-report and adolescent-report versions

- concerns actions taken by members of the public to prevent suicide

- adults asked them about whether they had contact in the last 12 months with a person at risk of suicide and, if so, whether they undertook 15 specific helping actions

- Ten of these actions were recommended in expert consensus guidelines for assisting a suicidal person and five of the items were recommended against

- To assess the impact of interventions, the quality of actions taken was also examined in relation to whether the person had any training in how to assist a person at risk of suicide

- whether the person had any training in how to assist a person at risk of suicide

- Training was classified as:
  - professional training,
  - Mental Health First Aid training
  - other training.
- All three types of training were associated with actions recommended in guidelines, in particular with a greater likelihood of talking openly about suicide with a person in distress, but not with actions recommended against.

- Further research is needed to determine whether these changes in action are associated with better mental health in the recipient.

❖a greater emphasis on changing behavior is needed if we are to realize the goal of improving population mental health.

1. Hypothesized link between mental health literacy, mental health action and improved mental health.

Thank you