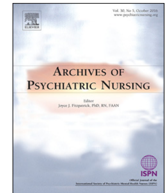
ARTICLE IN PRESS

Archives of Psychiatric Nursing xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu



Mental health literacy levels

Jing Ling Tay[a,*], Yi Fen Tay[b], Piyanee Klainin-Yobas[c]

[a] Institute of Mental Health, Buangkok Green Medical Park, 10 Buangkok View, Singapore 539747, Singapore
[b] National University of Singapore, 21 Lower Kent Ridge Rd, Singapore 119077, Singapore
[c] Alice Lee Centre for Nursing Studies, Yoo Loo Lin School of Medicine, National University of Singapore Level 2, Clinical Research Centre, Block MD11 10Medical Drive, Singapore 117597, Singapore

ARTICLE INFO

Keywords:
Mental health literacy levels
Education

ABSTRACT

Globally, mental disorders affect 25% of the society. This discursive paper aims to illustrate the mental health literacy levels in the public. Mental health literacy (MHL) is the understanding of mental health conditions, which helps in their prevention, recognition and treatment. Unfortunately, the public has minimal understanding of mental disorders, leading to poor recognition and delay in treatment. There is a need to conduct good quality research to assess the MHL levels among public and tailor interventions to enhance MHL among the public. This will ensure early detection of mental disorders, leading to early recovery and greater quality of life among the society. Nurses have a great role to play in leading these public educations, and enhancing a healthy and happy nation.

Introduction

Worldwide, mental disorders affect 25% of the population (World Health Organisation, 2001). Anxiety disorders and depression are the leading contributing causes of disability globally. About 450 million experiences from mental disorders worldwide, establishing mental disorders as a pandemic reason for disability, morbidity, and mortality, due to suicide. The typical public's poor understanding of mental disorder delayed its recovery process. Due to the overall poor mental health literacy of the public, mental disorder is poorly recognised and its treatment often delayed, shredding years of good quality of life off those experiencing mental health disorder. Yet these can be halted and even reversed with elevated mental health literacy (MHL) levels within the society.

Globally, much resource was devoted to health literacy. This includes educating the public about specific diseases, early screening, detection and management of those diseases. Some conditions that were ceaselessly targeted were heart diseases, stroke, and cancer. Mental health conditions, on the other hand, are neglected.

Mental health literacy (MHL) was introduced in 1997 in the literature. Since then, research revolving MHL had been actively conducted in Australia (Jorm et al., 2006). MHL is the ‘knowledge and beliefs about mental disorders, which aid their recognition, management or prevention’ (Jorm et al., 1997, p. 182). It is having the knowledge of the preventive measures, symptoms, treatment modality and treatment locations of mental disorders (Jorm, 2012). It also includes being knowledgeable about the strategies to support self or others experiencing from mental health conditions. Among those experiencing from a mental condition, MHL includes knowing how to manage the illness. Among care-givers, MHL includes having the knowledge of effective support rendered to the family who mental-health condition (Reavley & Jorm, 2013).

Importance of MHL

Adversities, including deaths, have occurred due to the lack of mental health literacy in the community. About 450 million experiences from mental disorders worldwide, establishing mental disorders as a pandemic reason for disability, morbidity, and mortality, due to suicide. So much more lives could be saved if the community simply had a better knowledge of mental health conditions and could identify such conditions and seek appropriate and timely treatment.

Moreover, the typical public's poor understanding of mental disorder delayed its recovery process. Due to the overall poor mental health literacy of the public, mental disorders are poorly recognised and their treatment often delayed, shredding years of good quality of life off those experiencing mental health disorder. Yet these can be halted and even reversed with elevated mental health literacy (MHL) levels within the society. Elevated MHL can enhance the mental health, happiness and wellness worldwide. Hence, it is important to examine the MHL levels among the public.

Being able to identify mental health conditions is merely the tip of

* Corresponding author.
E-mail addresses: jing_ling_tay@imh.com.sg (J.L. Tay), A0070658@u.nus.edu (Y.F. Tay), nurpk@nus.edu.sg (P. Klainin-Yobas).

https://doi.org/10.1016/j.apnu.2018.04.007
Received 23 November 2017; Received in revised form 16 March 2018; Accepted 18 April 2018
0883-9417/ © 2018 Published by Elsevier Inc.

the iceberg. Knowing the causes and treatment for these mental health conditions is extremely crucial too. Without this knowledge, treatment continues to be delayed and deprived for those who really need it. Many patients, whose family were ignorant about their mental health conditions, deprived them from seeking treatment and instead sought help from religious leaders. These families attributed the cause of such strange manifestations of mental health conditions to spiritual possessions (Kayrouz et al., 2015; Tay, Chan, Ho, & Lal, 2017). This delayed help-seeking behaviour, in turn, obstructs prompt healing. Many of the remaining patients never get to receive treatment. They are often brought to the mental health institution forcefully by police, court or transferred from other hospitals. (Al-Khafaji, Loy, & Kelly, 2014). With every delay in treatment, patient takes a longer time to recover (Golay et al., 2016).

In summary, low mental health literacy rates caused under-reported and undiagnosed mental health conditions. These trigger a slippery slope of untreated disorders, unemployment, morbidity, mortality, increased stressed faced by caregivers and the disastrous loss of precious lives to suicide and homicide. There is an immediate urgency to understand the MHL levels among the public. Hence, the aim of this opinion paper is to explore the mental health literacy levels in the public.

Mental health literacy levels

(i) Recognising mental health problems

Mental health conditions are often untreated for many years, leading to increased relapses, suicidal attempts, reduced remission rates and worsening overall outcomes. The length of untreated mental health problems was, 8.2 years, and 14.5 years, for (anxiety and depression), and bipolar disorder, respectively (Drancourt et al., 2013). Among the 273 Australian patients with anxiety and mood disorder, nearly 7 years were required to identify a problem, and another 1.3 years lapsed between recognition and help-seeking behaviours (Thompson, Issakidis, & Hunt, 2008).

A cross-sectional stratified cluster sample of 4938 Portuguese youth aged 14–24 years old, revealed that only 27.2% and 5.5% could identify depression and mental disorder respectively, in a vignette (Loureiro et al., 2013). The depression vignette was more commonly regarded as stress, having a nervous breakdown or age crisis. Surprising, the recognition of Schizophrenia was better (42.4%), although identification of psychosis was only 22.2% (Loureiro et al., 2015).

In Germany, a longitudinal study conducted in 1993 and 2001, of 2094 and 5025 samples respectively, concluded that public could recognise mental disorders better over the years (Angermeyer, Holzinger, & Matschinger, 2009). 17.1% and 26.9% could identify schizophrenia and depression, respectively. In 1993, and this increased to 22.4% and 37.5%. However, these statistics are still low. In Sweden, 66% of the 3538 participants failed to identify depression. (Dahlberg, Waern, & Runeson, 2008). Among 317 British, more were able to identify OCD (64.67%), but few could identify panic disorder, separation anxiety disorder and generalised anxiety disorder (1.26%–5.99%) (Furnham & Lousley, 2013).

Americans were more likely to correctly identify mental health problems. Amidst 1104 American high school students, 40% recognised depression, but only 1% could identify social phobia (Coles et al., 2016). Among 1393 American adults, 58.5% and 41.9% could correctly identify depression and ADHD (attention deficit hyperactivity disorder) (Pescosolido et al., 2008). Canadians also had higher rates recognising mental disorders. Among 3047 Canadian, 75.6% could correctly identify depression in a vignette (Wang et al., 2007).

Amidst 370 British young adults, addiction (65.1%–87.4%) was best identified, followed by bulimia (45.5%–77.2%), OCD (41.9%–70.7%), anorexia (55.8%–81.3%), ADHD (42.4%–70.6%), depression (33.3%–74.4%), bipolar disorder (14.2%–46.2%), schizophrenia (37.3%–48.8%), and lastly, social phobia (10.5%–30.2%) (Furnham, Annis, & Cleridou, 2014). Among 202 Australian adolescents, 33.8%–67.5% could identify depression in a vignette (Burns & Rapee, 2006). In a more recent population-based survey, MHL was lower; only 23.4% of 1678 Australian adolescences were able to identify depression (Lam, 2014).

In Australia again, a longitudinal national survey of 6019 sample conducted over 16 years in 3 time period: 1995, 2003/4 and 2011 demonstrated that public is able to recognise depression better (Reavley & Jorm, 2012). In 1995, among 2164 sample, only 39% and 27%, could precisely identify depression and schizophrenia respectively. The mislabelling of mental disorders as ‘stress’ or ‘life problem’ hindered professional help-seeking. By 2011, 75% could correctly identify depression, about 30% could identify schizophrenia and post-traumatic stress disorder but only 9.2% recognised social phobia (Reavley & Jorm, 2011). Therefore, over the 16 years in Australia, there was a reduction of depression being mislabelled as stress, nervous breakdown or psychological problems. This enhancement in depression recognition rates has been attributed to campaigns such as ‘beyondblue’. Hence, public campaigns were illustrated to raise overall public's MHL levels.

When comparing Australia (3998 participants) and Japan (2000 participants), Japanese were reluctant to utilise psychiatric diagnosis. In the depression vignette, only 22.6% of Japanese, as compared with 65.3% of Australians, use depression to label the vignette case (Jorm et al., 2005).

Among 440 samples from British, Malaysia and Hong Kong, the British were best at labelling correct psychiatric diagnosis to vignettes of obsessive compulsive disorder, depression, schizophrenia, ADHD, child depression and bipolar disorder, followed by Hong Kongers, and lastly, Malaysians (Loo, Wong, & Furnham, 2012).

Among 1207 Australian young adults, appropriate recognition of mental disorders was associated with correct help-seeking behaviours and less associated with adverse strategies such as using drugs, or handling the symptoms alone (Wright, Jorm, Harris, & McGorry, 2007). Hence, being able to recognise symptoms as mental health problems are crucial for early treatment.

Generally, psychiatric diagnosis baffles the public. Inability to recognise mental health problems in oneself or others hinder early detection and help-seeking behaviours. Although ability to recognise mental disorders had improved over the decades, and the public got better at recognising depression, they remained clueless about other mental health problems, such as schizophrenia.

(i) Positive attitude that promotes recognition and help-seeking

Stigma is a great hindrance affiliated with mental health problems. Stigma is the process of labelling and stereotyping, leading to disastrous consequences of status loss and severe isolation (Link & Phelan, 2001). A typical conception is that mentally-ill patients are peculiar, unpredictable and dangerous (Martin, Pescosolido, Olafsdottir, & McLeod, 2007). These adverse attitudes result in self- stigma where those experiencing psychiatric symptoms internalise these negative attitudes. It induces depression, feelings of shame, low self-esteem, causing poor medication compliance, leading to higher relapse, unemployment and homelessness, diminishing overall recover and quality of life (Chronister, Chou, & Liao, 2013).

Such effects of stigma also deter those, who experienced the prodromal stages of mental disorders, from seeking treatment. Delayed treatment aggravates the illness, causing irreparable damage, making the illness harder to treat. Such experiences were often hidden in their own houses by family members who were petrified of being known about the association with them. Many are unemployed, and sometimes, homeless. Therefore, positive public attitude that enhances recognition and help-seeking is crucial.

In America, 248 depressed geriatric participants had high levels of perceived stigma, and hence not willing to seek professional treatment

Download English Version:

https://daneshyari.com/en/article/8965146

Download Persian Version:

https://daneshyari.com/article/8965146

Daneshyari.com