Improving mental health literacy in various settings- Approaches for LAMIC countries

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Prevalence and barriers

- Prevalence of mental disorders in India is about 65/1000 population (Gururaj et al., 2005)
- Access is limited by several barriers:
  - relatively small number of providers (Gater et al., 1991)
  - fragmented systems of care (Patel, 2009; Saraceno et al., 2007; World Health Organization, 2007, 2008)
  - misconceptions
  - poor awareness and knowledge about mental illness (Kermode et al., 2009a, b, 2010; Prabhu et al., 1984; Thara et al., 1998; Thara and Srinivasan, 2000)
Efforts so far

• Mental health services can be strengthened when accompanied by increasing awareness

• Enhancing mental health literacy can be a cost-effective strategy (Trivedi et al, 2007)

• Increase mental health literacy have been grossly inadequate in India (ICMR, 2009)
Methodology

• Searches of Medline, PubMed and Google (Scholar)

• Mesh terms “mental health literacy”, “developing countries”, and “audience segmentation” between 1979 and 2012

• Interacting with experts in the field of health communication and public health, one of whom (MK) is a co-author.

• Articles were cited based on the importance in relation to mental health literacy in low-income and middle-income countries.
Targeted approaches for mental health literacy

• Systematic narrative review on mental health literacy programs- 1980 to 2002 (Francis et al., 2002)

• Classified programs to the community as a whole and targeted to specific populations
Targeted vs. Mass communication

Messages targeted to segments
- Patients
- Teachers
- Employers
- Policy makers
- Health care providers

Messages to whole community

Messages
Differences in two approaches

Targeting Segments

• Messages reached targeted segments
• More effective; better focus
• Less expensive
• Cost-effective
• Recommended in low resource settings
• Useful when budget is minimal

Targeting entire community

• Messages reached a wider audience
• Less effective; minimal change
• Expensive
• Not cost-effective
• Not suitable for low resource settings (LAMIC)
• Not suited in situations where budget is low
Key advantage of targeting

• Approaches can differ from western countries and can be innovative enough to meet the challenges:
  – cultural beliefs about mental illness
  – misconceptions
  – stigma associated with mental illness that is inherent to low- and middle-income countries

(Mubbashar and Farooq (2001))
Definition

• “A single intervention approach for a defined population subgroup that takes into account characteristics shared by the subgroup’s members.” (Kreuter et al. 2003)

• Process of identifying or disaggregating a large and heterogeneous population into more homogenous groups
Creating homogenous groups

- More homogeneous in their response to the intervention/awareness program
- Create groups that are large enough in number to justify specialized attention
- Reached cost effectively through a common approach based on certain variables

Slater, 1996

A key step in social marketing in identifying a target audience
Research within segments

• Formative research within the segments
• Direct observation, focus groups, in-depth interviews, or pilot studies using structured/semi-structured surveys or pile sorts
• Final messages and channels are designed based on the unique needs of the target audience (David and Greer, 2001; Lefebvre and Flora, 1998; Warner, 2005)
Audience segmentation in health communication

• Usefulness now widely accepted (Atkin and Freimuth, 1989; Kreuter and Wray, 2003; Slater, 1996; Slater et al., 2006)

• HIV prevention programs, child injury prevention, promoting physical activity, increasing participation in colorectal cancer screening etc.,

• Usefulness in mental health - found favorable results

(Corrigan and Gelb, 2006; Warner, 2005; Snyman, 2004; Resnicow et al., 2000)
AUDIENCE SEGMENTATION FOR MENTAL HEALTH LITERACY IN INDIA
District Mental Health Program

- Funds utilized below par
- Reason- “Lack of groundwork, co-ordination and networking in the community”
- More than 30 years- use of flip charts alone
- Suggest using audience segmentation
Beliefs about mental illness

• Poorer literacy levels in rural (Census of India 2011)
• Magico-religious beliefs
• Faith healing – first source of contact
• Myths and misconceptions
• Consider segmenting rural and urban
RECOMMENDED METHODS FOR SEGMENTATION
Methods

• Socio-demographics seems easiest
• Better way- include socio-cultural (or problem-specific) variables
• Broad groups-subgroups
• Examples- consumers, families, etc.,
<table>
<thead>
<tr>
<th>Segment</th>
<th>Target Behavior and sub-groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients (Consumers)</strong></td>
<td>Increase awareness about mental illness and its treatment; maintain medication compliance. Includes those diagnosed and being treated and those with symptoms but unaware</td>
</tr>
<tr>
<td><strong>Families of patients (Caregivers)</strong></td>
<td>Better awareness and attitudes, recognize symptoms of mental illness in a family member and provide emotional support, form support groups. Includes those diagnosed and being treated and those with symptoms but unaware; also those without symptoms, but needing information</td>
</tr>
<tr>
<td><strong>Health care providers</strong></td>
<td>Dispel myths about mental illness; identify and refer appropriate cases; understand aspects of treatment. Includes health workers, primary care physicians, medical students, nursing staff &amp; students</td>
</tr>
<tr>
<td><strong>Interaction in a social context</strong></td>
<td>Recognize symptoms and direct cases appropriately; increase awareness among people. Includes priests, teachers and local heads of villages/ towns</td>
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<tr>
<td><strong>Interaction as a result of one’s professional role</strong></td>
<td>Recognize symptoms and refer cases appropriately; support people with mental illness. Includes police personnel, traditional healers, employers</td>
</tr>
<tr>
<td><strong>Ability to create impact on consumers</strong></td>
<td>Support people with mental illness; create an impact on consumers through their decisions; influence policy change, promote positive perception among masses. Includes policy and decision makers, press reporters</td>
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Families of patients

- Indian families closely bonded & related
- Need-awareness about mental illness, issues related to rehabilitation and managing behavior, socio-vocational issues (Jagannathan et al., 2009)

Families of people with mental illness

- No strategies to target people as a family member of someone with mental illness (who has not been treated)
- Appropriate destinations to seek treatment should also be communicated
People with mental illness

Symptomatic but unaware

• common mental disorders (anxiety, depression and stress-related disorders)
• messages directing them to the existing primary care treatment facilities

Diagnosed and being treated

• information on patients’ exclusive concern about their illness
Health care providers

Primary care physicians

Mental health professionals

Village health workers (VHW)
- Live in same community

Traditional healers
- Elaboration of their roles

General Physicians

Nurses

Medical students
Non-health professionals who interact with mentally ill individuals

<table>
<thead>
<tr>
<th>Police officers</th>
<th>Judicial officers/judges</th>
<th>Employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Common symptoms of illnesses</td>
<td>• The Mental Health Care Bill, 2011</td>
<td>• Capabilities of a person with mental illness</td>
</tr>
<tr>
<td>• Legal aspects</td>
<td>• Interface b/w mental health and law</td>
<td>• Avoid scaring employers away</td>
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Thursday, February 19, 2015

Santosh Loganathan, 'Together Against Stigma', San Francisco
## Interaction in a social context

<table>
<thead>
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<th>Teachers</th>
<th>Priests</th>
<th>Leaders</th>
</tr>
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<tbody>
<tr>
<td>• Integration to school mental health program</td>
<td>• Religious sites at first visit, homeless mentally ill</td>
<td>• No empirical evidence</td>
</tr>
<tr>
<td>• Can detect &amp; counsel</td>
<td>• Emotional problems</td>
<td>• Members of the local committees &amp; heads of</td>
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<td></td>
<td></td>
<td>villages</td>
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Big impact players

Policy Makers

• Barriers prevent scaling up of mental health services in LAMIC
• The Persons with Disability Act (PWD Act), 1995

Press reporters

• Often sensationalize news, re-affirms stereotype
• Educating press reporters about facts of mental illness
CHALLENGES EXPECTED
Challenges at audience level

• Unique - low literacy, large population, multi-cultural, low resources, strong cultural beliefs
• Myths have been in existence since years; not easy to dispel
• Advances in technology to aid communication
• Hand in hand with availability of services
Challenges at segment level

- Targeting all segments ideal; prioritize
- Increasing demands of care providers
- Point of first contact-healers vs. primary care
- Winning attention of policy makers
- Cautious approaches while discussing with priests
Conclusions

• Some form of segmentation in awareness programs better than no segmentation at all
• Not a “one size fits all package’, but rather adaptation to the socio-cultural needs of that country
• Make use of availability and accessibility of technology
• Strategies to increase awareness and decrease stigma must run parallel with availability of services
Key recommendations

• Identify key sub-groups in the heterogeneous general population
• Conducting formative research with each of the segment
• Study the content / create messages
• Increase mental health awareness by targeting specific messages to specific sub-groups
Common aspects among LAMIC

- Beliefs about supernatural elements in psychiatric illness: non-Western countries (For e.g., Malaysia, Nigeria, Ethiopia)
- Poverty-mental disorders-lack of resources; forming a vicious cycle
- Role of low general literacy levels
- Need for innovative and novel ways suitable in the local context
Key References

