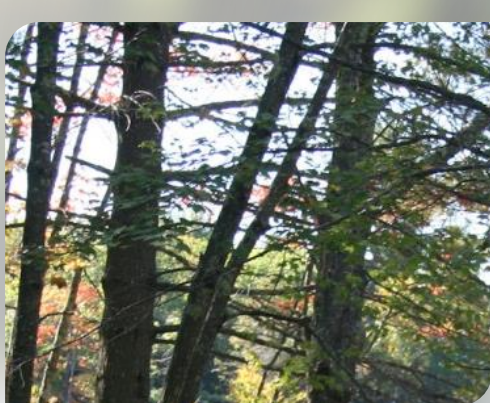


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Improving mental health literacy for children and adolescents



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➤ What is Mental Health Literacy ?

➤ What children and their supporters know about mental illness ?

➤ What adolescents and their supporters know about mental illness ?

➤ What has been done to improve the knowledge and beliefs of children and adolescents and their supporters?

➤ Conclusions

The US Institute of Medicine (IoM) 2004 report first defined health literacy as: “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (Institute of Medicine, 2004).

This definition was subsequently enriched by the World Health Organization (WHO) in 2007 to “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (WHO, 2007).”

Applying the concept of health literacy to the mental health arena, Jorm et al. have extended it and coined the term “Mental Health Literacy” (MHL) with the definition “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997).

He has also included the following as the characteristics of the MHL:

- The ability to recognize specific disorders;
- Knowledge of how to seek mental health-related information;
- Knowledge about risk factors and causes of mental health disorders;
- Knowledge about how to self-treat and of the availability of professional help;
- The attitudes that promote the recognition of mental health problems;
- The attitudes that promote seeking appropriate help (Jorm et al.,1997).

Mental disorders often arise for the first time in childhood or more likely in adolescents or young adults. If they are recognized and treated early, this may increase the chances of a better long-term outcome.

However, in practice, professional help is often not sought at all or only sought after a delay. Early recognition and appropriate help-seeking will only occur if young people and their “supporters” (eg, their family, teachers, and friends) know about the early changes produced by mental disorders, the best types of help available, and how to access this help. It is also important that the supporters know how to provide appropriate first aid and ongoing help.

Knowledge and skills of this sort have been termed “mental health literacy”. Here, we review what is known about the mental health literacy of children and adolescents and their supporters, including areas where there are deficiencies, and examine ways in which mental health literacy can be improved.

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Review method

We searched PubMed and PsycINFO for all studies using the phrase “mental health literacy”. The studies identified were supplemented by all studies in a review by Jorm and Kelly (2007) and were updated with new studies found by searching the reference lists of all located studies. Only studies relevant to child and adolescents were included.

The need for research and new initiatives on child mental health literacy

The lack of research on child mental health literacy suggests that more needs to be done to better understand current levels of knowledge and beliefs about child mental health problems. There appears to be an urgent need to develop educational resources that could be distributed as part of a public health campaign.

While parents should be key targets in any initiative to increase child mental health literacy, so too should schools, teachers and professionals who work with children and parents. In addition, other supportive adults (e.g. family members and friends) also play a key role in identifying and discussing child mental health difficulties.

The existing findings seem to indicate three key areas that are particularly important for a child mental health literacy initiative to focus on:

- increasing the public's knowledge about the signs and symptoms of child mental health problems, including how to differentiate emerging mental health problems from developmentally normal and transient issues
- providing appropriate explanations about risk factors for child mental health problems, as this information may help address the stigma directed towards parents and children. These explanations may also help foster positive perceptions about the effectiveness of interventions and treatments; and
- providing information about how to seek help and the effectiveness of different interventions. This should include information about the range of supports and services available, including self-help interventions and professional services.

Despite this lack of research on child mental health literacy there is nevertheless some evidence of low levels of such literacy internationally (Tapp, Gandy, Fogliati, et al. 2017; Tully, Piotrowska, Collins, et al.,2017).

Further research on child mental health literacy and new initiatives could increase the likelihood of children accessing evidence-based early interventions for mental health problems. This in turn may help to reduce the prevalence and burden of child mental health problems in the community (Morgan, Ross, & Reavley, 2018).

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Adolescents have similar deficits to adults in terms of mental health literacy.

Lack of recognition of mental disorders is a primary concern, as is the failure to recognize appropriate professional help and pharmacological treatments.

Around half the young people surveyed in a number of different studies were able to identify depression from a vignette (Kelly, Jorm , & Rodgers, 2006).

Young adults (18–25 years) were better able to identify depression than adolescents, as were young women compared with young men (Wright, McGorry , Harris , et al., 2006).

A vignette of psychosis was correctly identified as such by only a quarter of participants in one study, more by older than younger participants and more by female than male participants (Wright, McGorry , Harris , et al., 2006).

Many young people do not have positive attitudes towards medication. In one study, half the adolescents and 40% of 18–25 year-olds felt that antidepressants were helpful, whereas, in another study, 57% of a sample of 13–16-year-olds felt that antidepressants were helpful.

More likely, there is an overall belief that medication is undesirable. Only 40% of a sample of 12–25-year-olds considered that antipsychotics would be useful for a person described in a vignette of psychosis.

Adolescents have slightly more positive attitudes towards professional help in general (e.g, seeing a psychologist, general practitioner or psychiatrist), although these attitudes are not reflected in their own help-seeking preferences. While professional help is strongly endorsed for young people with mental health problems, most young people prefer to speak to a friend or family member if they have a mental health problem.

Adolescents are ill-equipped to provide help to peers suffering from mental illness. Around a quarter of a sample of 13–16-year-olds said they would directly engage an appropriate adult helper, and half said they would try to help their friend solely through positive social support. Similar results were found in research conducted by Dunham (2004), responding to peers who are suicidal, although, when suicidal intent was described as being more overt, young people were more likely to engage adult help. A social history of suicide or suicidal behaviour predicted more active referral as well.

Less attention has been given to the knowledge that adults have about young people's mental health.

What we have found in the systematic review is that parents of young people found that the value of encouraging a young person with a mental disorder to seek professional help was not universally recognized. Parents had a preference for informal and general sources of help, rather than specialist mental health services.

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There are four categories of interventions to improve mental health literacy:

- whole-of-community campaigns;
- community campaigns aimed at a children and adolescent audience;
- school-based interventions teaching help-seeking skills, mental health literacy, or resilience; and
- programs training individuals to better intervene in a mental health crisis.

Some of these interventions aimed to increase the mental health literacy of the whole community, while others specifically targeted children and adolescents. Schools have been a popular setting for intervention, because they are a convenient point to access children and adolescents. Anecdotally, many secondary schools provide some information to students about mental illness.

However, there is no standardization of mental health education in schools. Finally, there are programs that train people, including those who can support children and adolescents, in mental health first-aid skills. Despite the limitations of the evidence, it is clear that mental health literacy can be improved through planned intervention.

One underdeveloped area of interest is peer training. The Suicide Intervention Project (Pearce, Rickwood, Beaton, 2003), trained a number of peer “gatekeepers”, to intervene when someone is suicidal in a university setting, but no similar work has been done with younger people. One reason that such training has not been developed is the possibility that it may be onerous and frightening for the young people who are expected to intervene when someone is distressed.

However, as indicated by Kelly et al, (2006) and Dunham (2004), adolescents are unlikely to approach or engage adult help when a friend is distressed or suicidal, and peer gatekeeper training for young people could be as simple as teaching them to get the help of an adult if ongoing distress or thoughts of suicide are apparent. Given that young people are more likely to speak to a friend about distress than any health professional, a relatively simple intervention such as this may be successful.

What are the effective components in programs to improve mental health literacy?

There is little evidence as to what components of a program work when educating adolescents or adults about mental health. A review of the “active ingredients” of antistigma programs found that, in young people, greater improvement in stigmatising attitudes was predicted by contact with a consumer–educator. Adults claimed that the contact with the consumer–educator had the greatest impact on them in terms of the content of the course; however, no difference was found between those who did and did not have such contact.

There is, however, a great deal to be learned from the general health promotion literature. A Noar's review (2006) of the 10 years' mass media health campaigns found that there are seven important components of a successful campaign.

1. It is necessary to carry out preliminary research with the audience to whom the messages will be directed. Performing focus-group research or other qualitative research designs ensures that messages are tailored appropriately.

2. A proven theoretical base on which to build the campaign is essential. There are remarkably few campaigns that are able to demonstrate that they have a solid theoretical basis. Notable exceptions are the Suicide Intervention Project, which used the Theory of Planned Behaviour Model, and the Compass Strategy, which employed the Trans theoretical/Stages of Change Model, the Health Belief Model, and the Diffusion of Innovations Model. The Compass Strategy deserves a special note here, in particular because the whole strategy design, implementation and evaluation was informed by the evidence-based “Precede–Proceed” Model.

3. It is important to divide the intended audience into relatively homogeneous groups, to ensure that messages are tailored to the needs and preferences of those groups.

4. Messages need to be designed to appeal to the different groups; for example, the needs of young people at high risk of mental health problems may be very different from the needs of young people in general, and the preferred style of messages may be very different for young adults and adolescents.

5. Messages should be placed with appropriate types of media; for example, messages directed at adolescents may be more effectively placed in cinema advertising and youth media, rather than in newspapers.

6.Evaluation must be carried out to ensure that the messages are reaching the target audience. If they are not, it is important to rethink the approach and try something different.

7.Campaigns must be evaluated to find out whether they have been successful in changing behaviours and attitudes, or meeting other goals. Evaluation built into any campaign, at any level, ensures that resources are not wasted.

The mental health literacy of adolescents and their supporters is an important area for continued research and intervention.

In order for early intervention to occur, young people and their supporters must be able to recognize and respond appropriately to signs of distress, reduced functioning, and other signs of mental disorders.

Future intervention research must focus on the most efficient ways of improving knowledge and promoting health-enhancing behaviour, such as help-seeking.

Considerations of cost-effectiveness, as well as other resource issues like time and sustainability, must be prioritized. It is important that the lessons from past interventions designed to improve mental health literacy are used to inform the development and evaluation of more effective approaches.

What has been done to improve the knowledge and beliefs of children and adolescents and their supporters?

- **National strategy for promotion and prevention of mental health, North Macedonia 2018-2025**

Objective 3 . Establishing of programs for promotion and prevention in the field of mental health protection.

Public awareness-raising programs have been poorly organized in recent years. In addition to risk factors, programs should also identify protective, resilient factors.

These are based exclusively on evidence-based medicine. To this end, it is necessary to conduct mental health screening and mental status assessment in preschools, schools and faculties.

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- Good mental health literacy in children and adolescents and their key helpers may lead to better outcomes for those with mental disorders, either by facilitating early help-seeking by young people themselves, or by helping adults to identify early signs of mental disorders and seek help on their behalf.
- Few interventions to improve mental health literacy of children and adolescents and their helpers have been evaluated, and even fewer have been well evaluated.
- There are four categories of interventions to improve mental health literacy: whole-of-community campaigns; community campaigns aimed at a children and adolescents audience; school-based interventions teaching help-seeking skills, mental health literacy, or resilience; and programs training individuals to better intervene in a mental health crisis.

- The effectiveness of future interventions could be enhanced by using specific health promotion models to guide their development.
- The results indicated that mental health literacy was a potential factor that could have an impact on the mental health status of adolescents. Enhancing the mental health literacy level should be considered as an important preventive measure of mental health problems for children and adolescents.

THANK YOU VERY MUCH!

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