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

Dr Santosh Loganathan
Associate Professor of Psychiatry
NIMHANS, Bangalore, INDIA

Dr Matthew Kreuter
Associate Dean for Public Health and Professor,
Brown School and School of Medicine,
Washington University in St. Louis
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

<table>
<thead>
<tr>
<th>Targeting Segments</th>
<th>Targeting entire community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messages reached targeted segments</td>
<td>Messages reached a wider audience</td>
</tr>
<tr>
<td>More effective; better focus</td>
<td>Less effective; minimal change</td>
</tr>
<tr>
<td>Less expensive</td>
<td>Expensive</td>
</tr>
<tr>
<td>Cost-effective</td>
<td>Not cost-effective</td>
</tr>
<tr>
<td>Recommended in low resource settings</td>
<td>Not suitable for low resource settings (LAMIC)</td>
</tr>
<tr>
<td>Useful when budget is minimal</td>
<td>Not suited in situations where budget is low</td>
</tr>
</tbody>
</table>
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))
AUDIENCE SEGMENTATION
**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>Patients (Consumers)</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>Families of patients (Caregivers)</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>Health care providers</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>Interaction in a social context</td>
<td>Recognize symptoms and direct cases appropriately; increase awareness among people. Includes priests, teachers and local heads of villages/towns</td>
</tr>
<tr>
<td>Interaction as a result of one’s professional role</td>
<td>Recognize symptoms and refer cases appropriately; support people with mental illness. Includes police personnel, traditional healers, employers</td>
</tr>
<tr>
<td>Ability to create impact on consumers</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>
</tr>
</tbody>
</table>


Families of patients

Families of people with mental illness

- 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 untreated 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>
</tr>
</tbody>
</table>
Interaction in a social context

**Teachers**
- Integration to school mental health program
- Can detect & counsel

**Priests**
- Religious sites at first visit, homeless mentally ill
- Emotional problems

**Leaders**
- No empirical evidence
- Members of the local committees & heads of villages
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, reaffirms 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

