

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

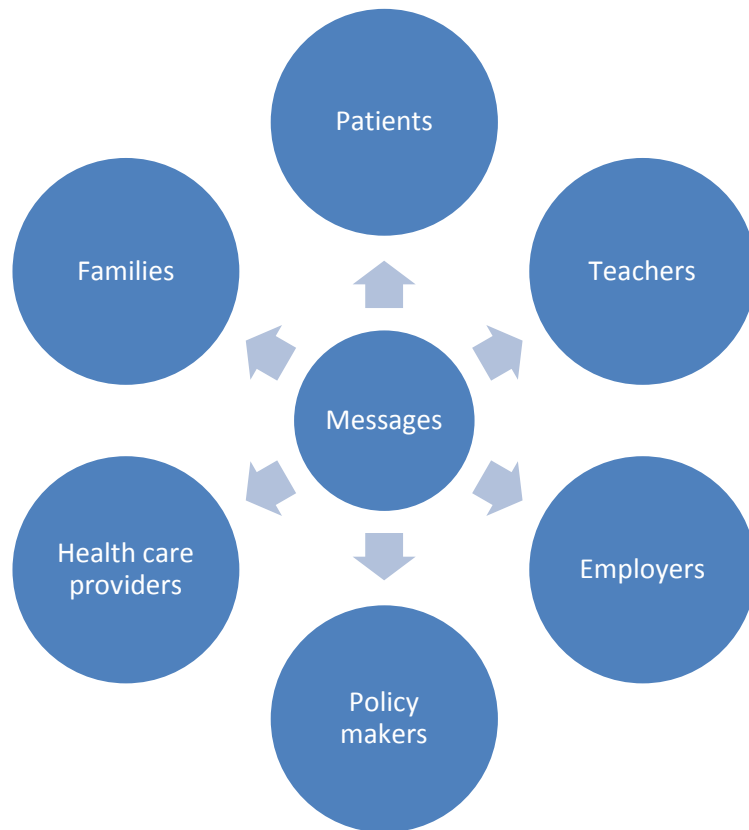
- Searches of Medline, PubMed and Google (Scholar)
- Mesh terms “mental health literacy”, “developing countries”, and “audience segmentation” between 1979 and 2012
- Interacting with experts in the field of health communication and public health, one of whom (MK) is a co-author.
- Articles were cited based on the importance in relation to mental health literacy in low-income and middle-income countries.

Targeted approaches for mental health literacy

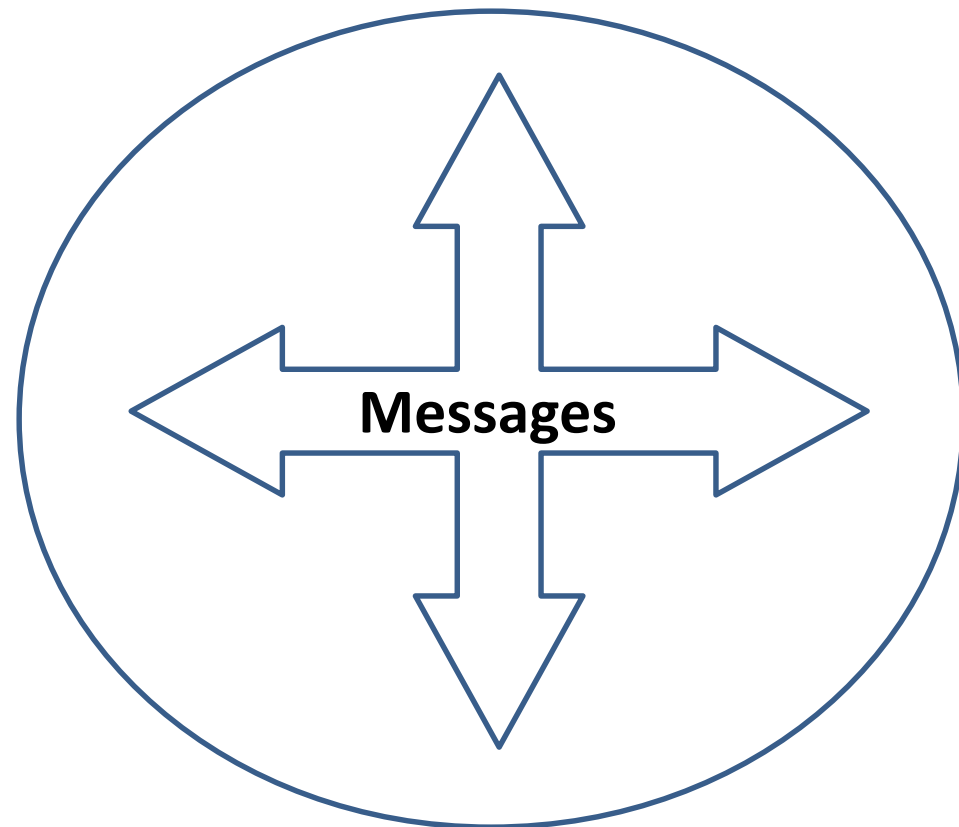
- Systematic narrative review on mental health literacy programs- 1980 to 2002 (Francis et al.,2002)
- Classified programs to the community as a whole and targeted to specific populations

Targeted vs. Mass communication

Messages targeted to segments



Messages to whole community



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))



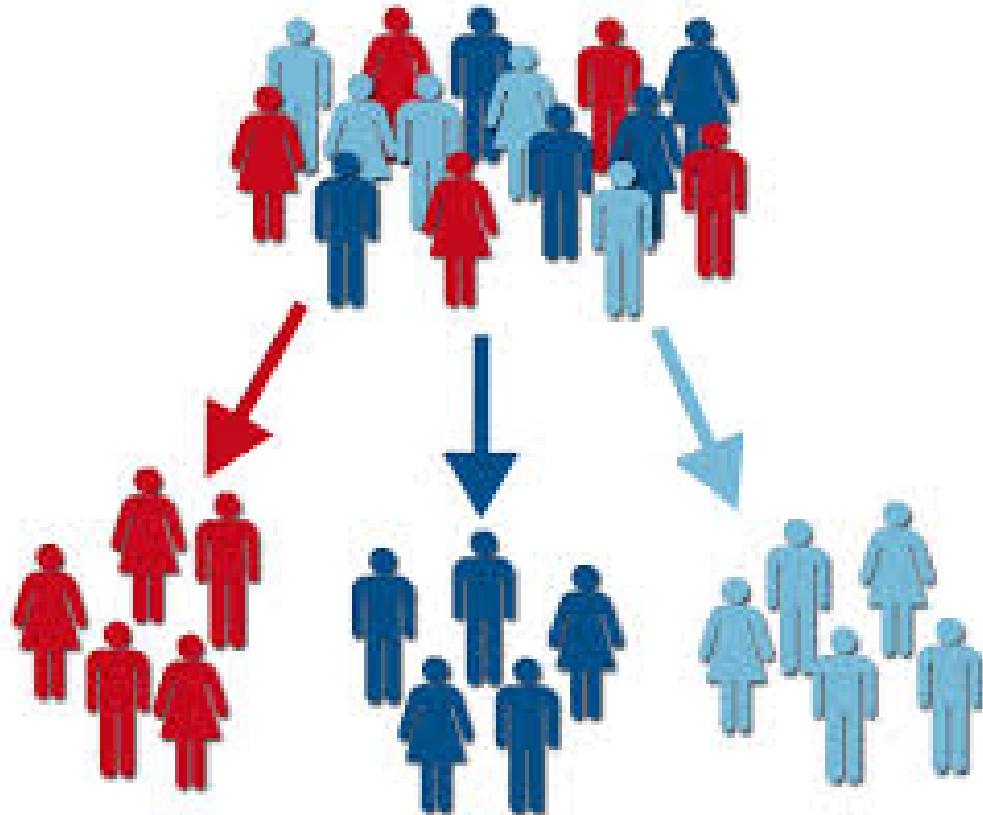
AUDIENCE SEGMENTATION

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

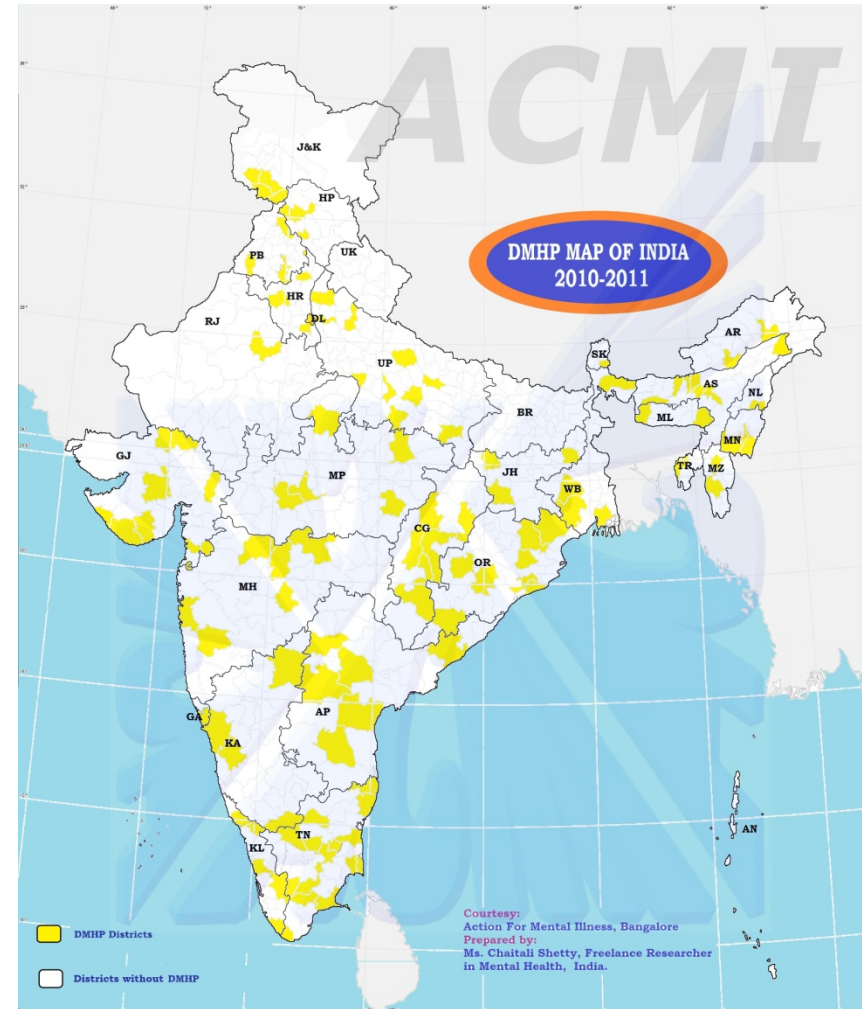
- Usefulness now widely accepted (Atkin and Freimuth, 1989; Kreuter and Wray, 2003; Slater, 1996; Slater et al., 2006)
- HIV prevention programs, child injury prevention, promoting physical activity, increasing participation in colorectal cancer screening etc.,
- Usefulness in mental health - found favorable 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

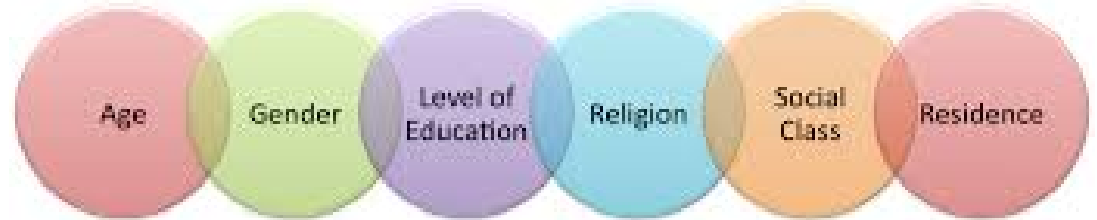
- Poorer literacy levels in rural (Census of India 2011)
- Magico-religious beliefs
- Faith healing – first source of contact
- Myths and misconceptions
- Consider segmenting rural and urban



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.,



| Segment | Target Behavior and sub-groups |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients (Consumers) | Increase awareness about mental illness and its treatment; maintain medication compliance. Includes those diagnosed and being treated and those with symptoms but unaware |
| Families of patients (Caregivers) | 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 |
| Health care providers | Dispel myths about mental illness; identify and refer appropriate cases; understand aspects of treatment. Includes health workers, primary care physicians, medical students, nursing staff & students |
| Interaction in a social context | Recognize symptoms and direct cases appropriately; increase awareness among people. Includes priests, teachers and local heads of villages/ towns |
| Interaction as a result of one's professional role | Recognize symptoms and refer cases appropriately; support people with mental illness. Includes police personnel, traditional healers, employers |
| Ability to create impact on consumers | 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 |

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

Health care
providers

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

Police officers

- Common symptoms of illnesses
- Legal aspects

Judicial officers/judges

- The Mental Health Care Bill, 2011
- Interface b/w mental health and law

Employers

- Capabilities of a person with mental illness
- Avoid scaring employers away

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, 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

Priority One 

Priority Two 

Priority Three 

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

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- Kreuter, M.W. and Wray, R.J. (2003), Tailored and targeted health communication: strategies for enhancing information relevance, American Journal of Health Behavior, Vol. 27 No. S3, pp. S227-S232
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