

Mental Health Literacy

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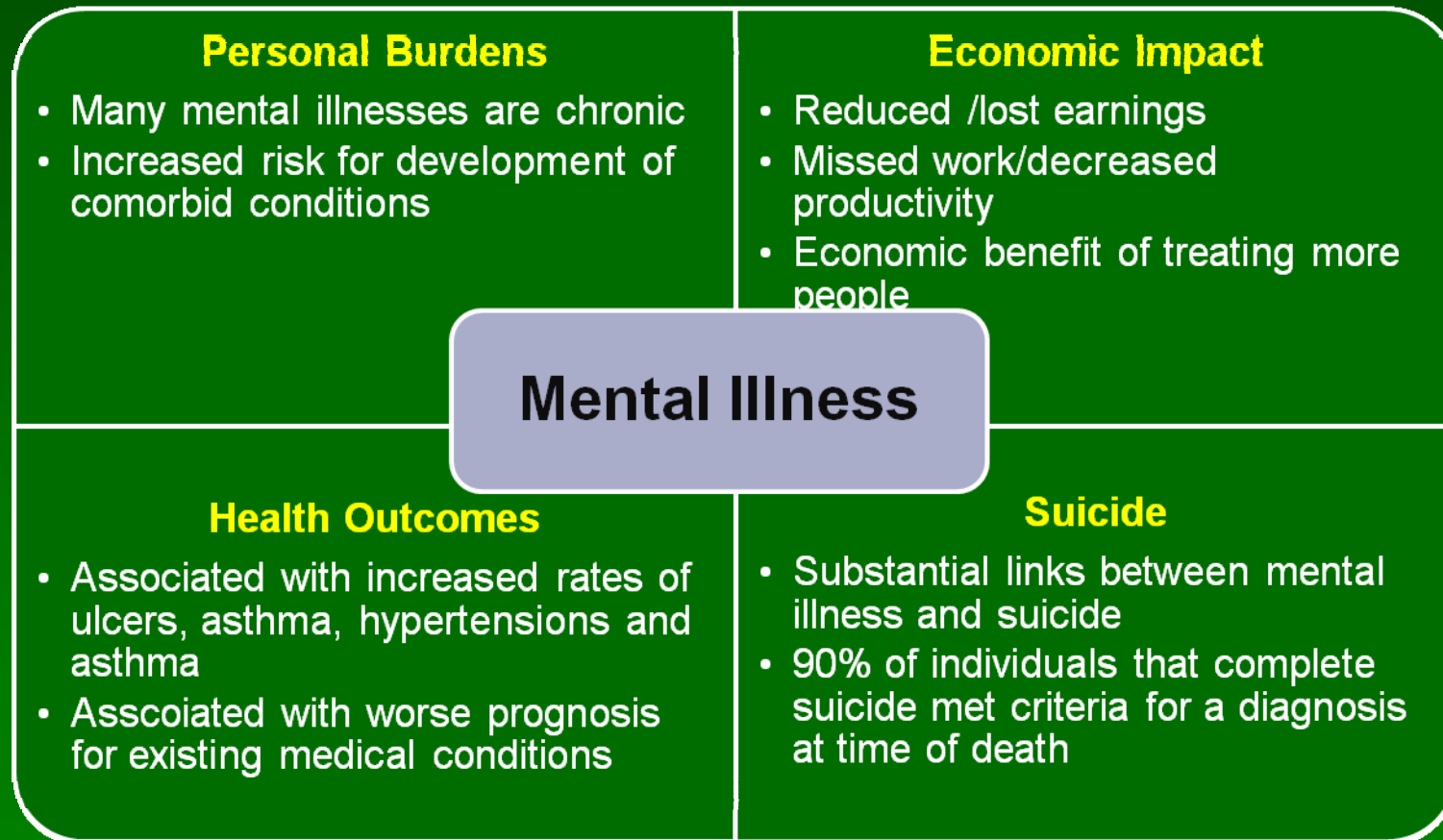
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Mental Illness in the United States

- 26.2% of adults suffer from a diagnosable mental disorder in a given year
- Mental disorders are the leading cause of disability in the US for ages 15 to 44
- 75% of all mental illnesses develop by early adulthood (age 24)

Impact of Mental Illness



Empirically Based Treatments

- Depression
 - Behavior therapy, cognitive therapy and interpersonal therapy
 - Pharmacotherapy
- Anxiety Disorders
 - Cognitive-behavioral therapy
 - Pharmacotherapy
- Alcohol Use Disorders
 - Community Reinforcement Approach, cue exposure treatment, social skills training
- Marital Distress
 - Behavioral marital therapy

Underutilization of Treatment

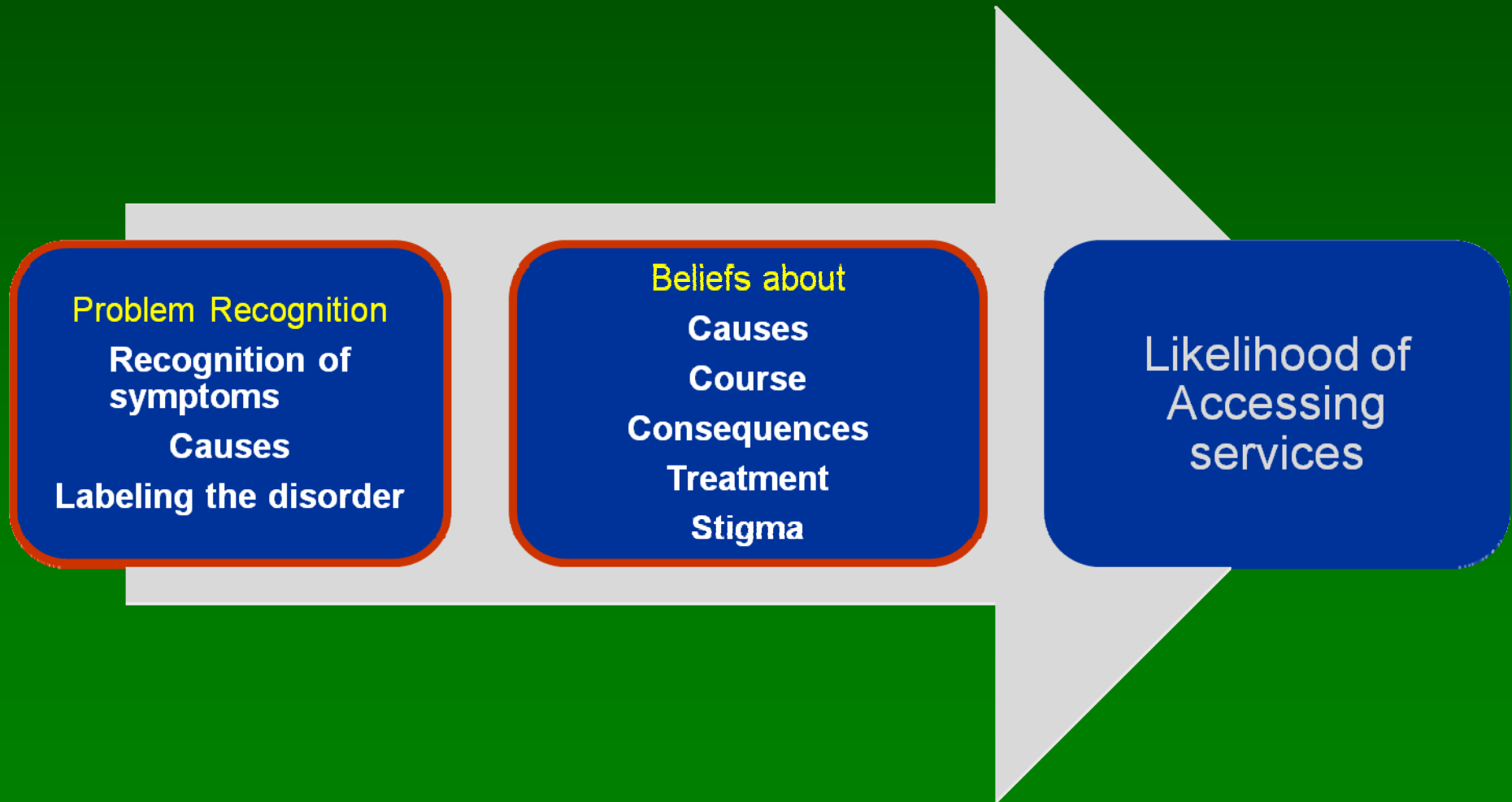
- Despite the availability of efficacious treatments, mental illnesses are under-recognized and under-treated
- 1/3 to 1/2 of adults with mental illness receive services
- <1/5 of youth with mental illness receive services

Underutilization of Treatment and Delays in Receiving Treatment (NCS-R)

Table 1. Proportional Treatment Contact in the Year of Disorder Onset and Median Duration of Delay Among Cases That Subsequently Made Treatment Contact

	Treatment Contact Made in Year of Onset, %	Median Duration of Delay, y*	No.†
Anxiety disorders			
Panic disorder	33.6	10	269
Agoraphobia	15.1	12	137
Specific phobia	1.6	20	720
Social phobia	3.4	16	694
Generalized anxiety disorder	33.3	9	444
Posttraumatic stress disorder	7.1	12	389
Separation anxiety disorder	1.0	23	234
Mood disorders			
Major depressive episode	37.4	8	1092
Dysthymia	41.6	7	229
Bipolar disorder, I and II	22.4	6	224

The Role of Mental Health Literacy in Accessing Services



Mental Health Literacy

“Knowledge and beliefs about mental disorders which aid in their recognition, management or prevention.” Jorm (1997)

Today's Talk

Mental Health Literacy (MHL) in

- Educated (college) sample
- Adult Community sample
- Youth (grades 2 through 12)

Summary and Future Directions

Internalizing Disorders

Depression

- Depressed mood
- Decreased interest or pleasure
- Weight change
- Sleep disruption
- Fatigue
- Worthlessness
- Thoughts of death

Panic Disorder

- Sudden rushes of intense fear, anxiety
- Attacks come from out of the blue
- Peak in \leq 10 minutes
- Fear more attacks

Social Phobia

- Marked and persistent fear of negative evaluation
- Social situations provoke fear response

Specific Phobia

- Extreme fear of a specific object or situation (e.g., heights, dark, thunder, needles)
- Efforts to avoid object or situation

PTSD

- Exposure to traumatic event
- Re-experiencing the trauma
- Emotional numbing or avoidance of reminders
- Increased arousal

GAD

- Excessive and uncontrollable worry
- Multiple domains of worry
- Related physical symptoms

OCD

- Intrusive thoughts, images or impulses
- Repetitive behaviors

MHL for Depression and Anxiety Disorders in Educated Sample

284 University students

Paper and pencil

Presented with vignettes

- social phobia
- GAD
- panic disorder
- OCD
- depression

Clearly clinical level

Assessed

- recognition
- recommendations

Susan is 45 years old and she is often worried. She worries a great deal about her job performance, her children's well being, and her relationships with men. In addition, she worries about a variety of minor matters such as getting to appointments on time, keeping her house clean, and maintaining regular contact with family and friends. It takes Susan longer than necessary to accomplish tasks because she worries about making decisions. Susan has trouble sleeping at night and finds that she is exhausted during the day and irritable with her family.

1. What do you think is wrong with Susan? Please fill in the item (CHOOSE ONLY ONE) that you think best describes her problem:

- general life stress
- depression
- schizophrenia
- social phobia / social anxiety disorder
- generalized anxiety disorder
- post-traumatic stress disorder (PTSD)
- obsessive compulsive disorder (OCD)
- panic disorder
- phobia
- personality disorder
- medical problem
- other _____

2. What do you think is the primary cause of this problem?

- stress
- biological factors
- environmental factors
- personal weakness
- mental illness
- other _____

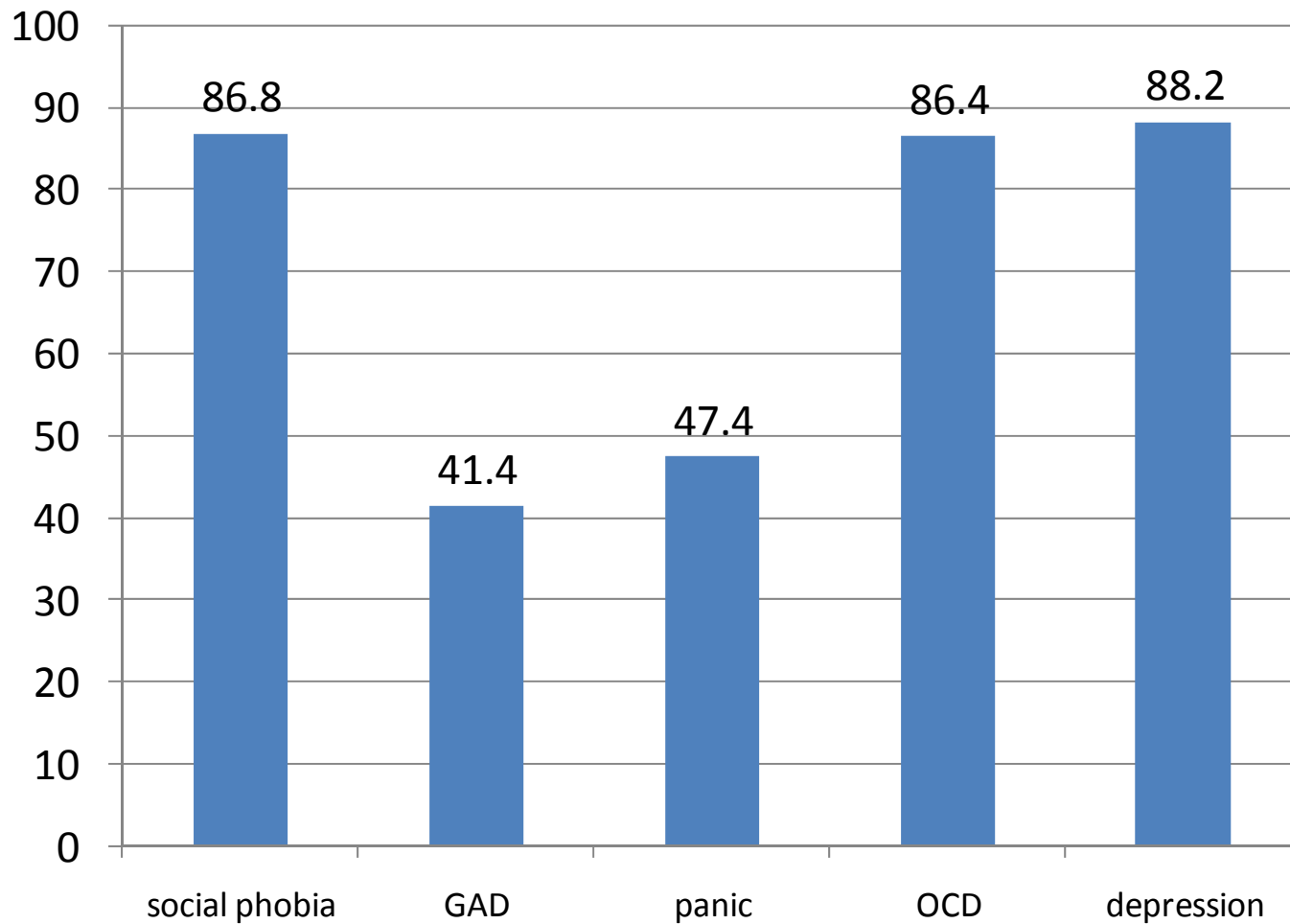
3. Do you think that Susan should seek professional help for this problem?

- No
- Yes
- Undecided

4. If Susan was your friend or family member and you knew the information presented above, what would you recommend? Please list as many things as you would recommend. If you wouldn't recommend anything please state that.

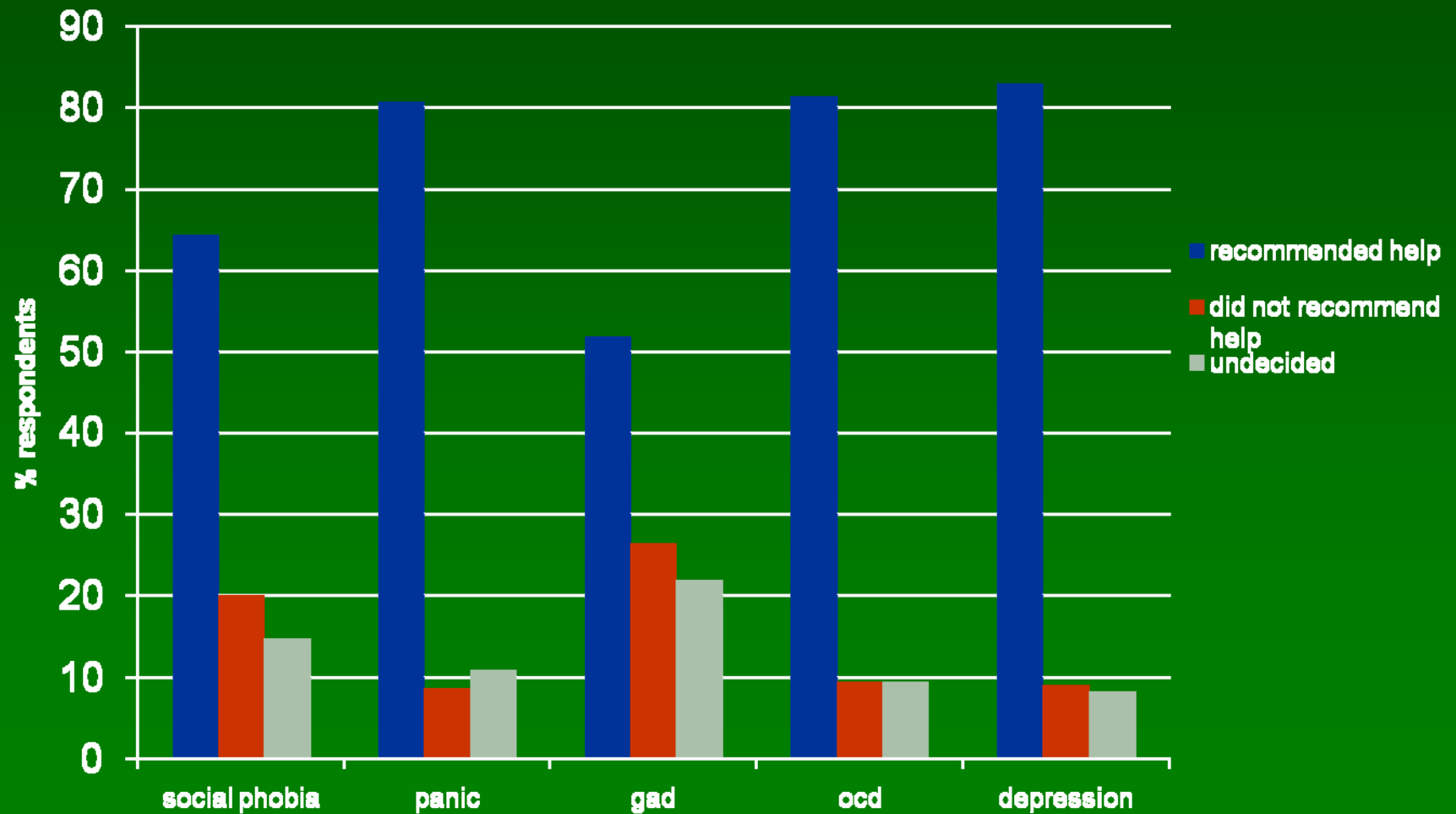
- a) _____
- b) _____
- c) _____
- d) _____

Recognition of Depression and Anxiety Disorders in Educated Sample



284 under-
graduates

Help-Seeking Recommendations in Educated Sample



MHL in Educated Sample: Summary

- Moderate recognition of depression, social phobia, and obsessive compulsive disorder (OCD)
- Poor recognition of panic disorder and generalized anxiety disorder
- Between 20 to 50% failed to recommend help-seeking
- Use of multiple choice and educated sample may provide overly optimistic estimates of mental health literacy

Mental Health Literacy in Community Sample

577 Community Members

50.3% white, 49.7% black

CATI interviews

Presented with vignettes

- social phobia
- GAD
- panic disorder
- OCD
- depression

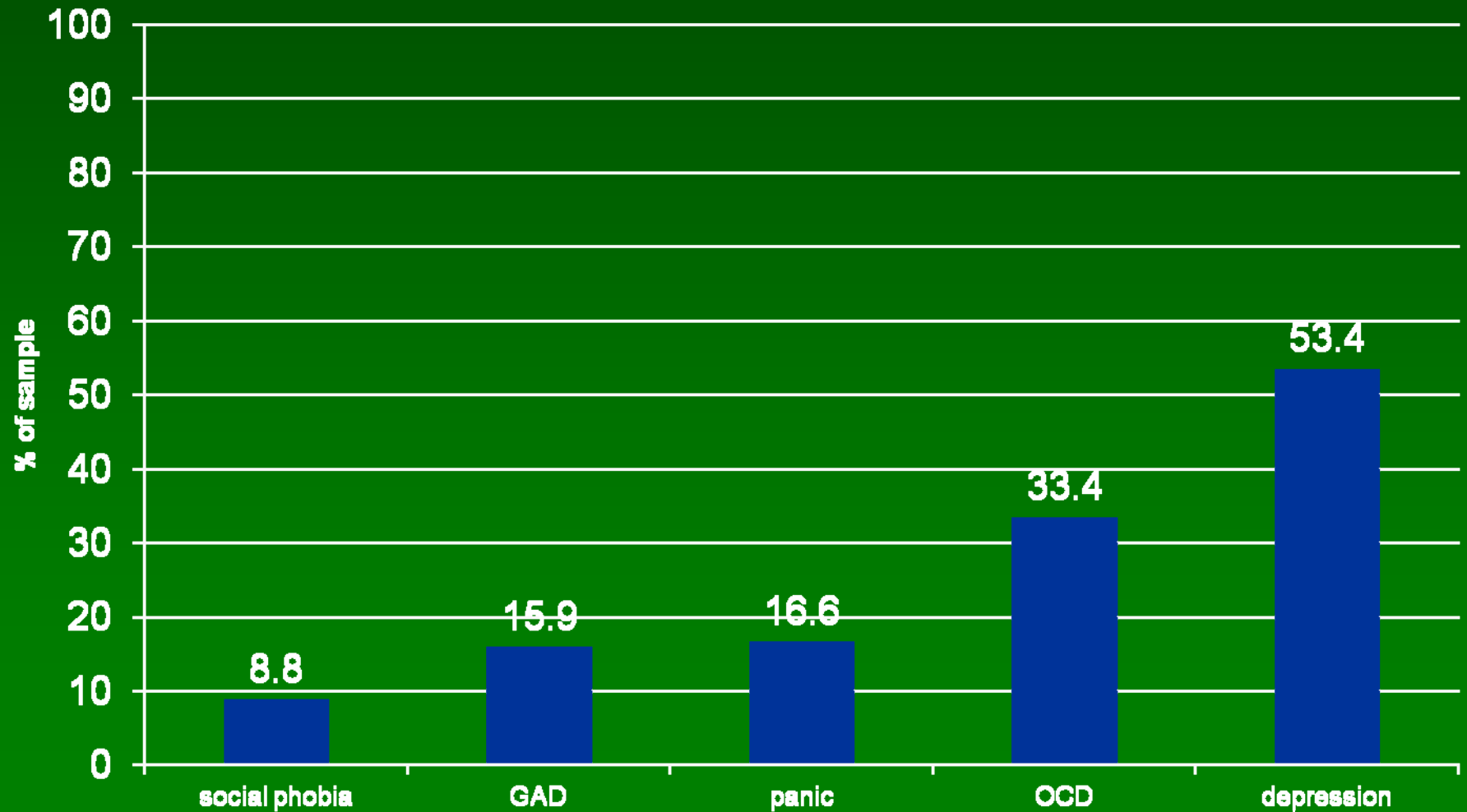
Clearly clinical level

Assessed

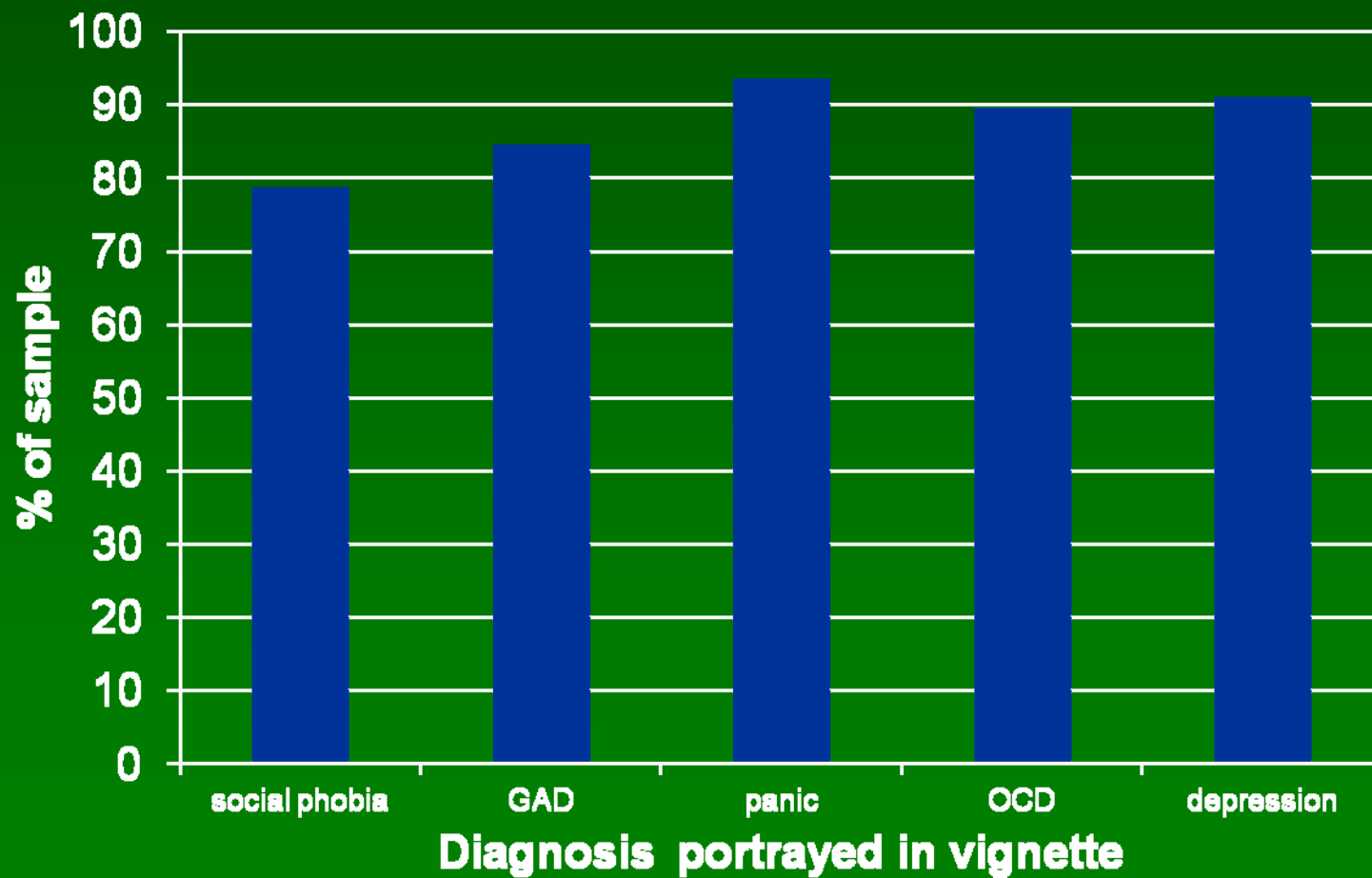
- recognition
- recommendations

Steve is 37 years old. Thoughts of bad things happening frequently pop into his head. For example, he has intrusive thoughts that he left the stove on and his house will catch fire. To feel better, he drives back home to check that the stove is off. Steve also believes there are germs on things and that touching them will make him sick. Therefore, he washes his hands until they feel ‘just right’. Steve feels like his thoughts and urges have control over him and spends much of his day trying to prevent bad things.

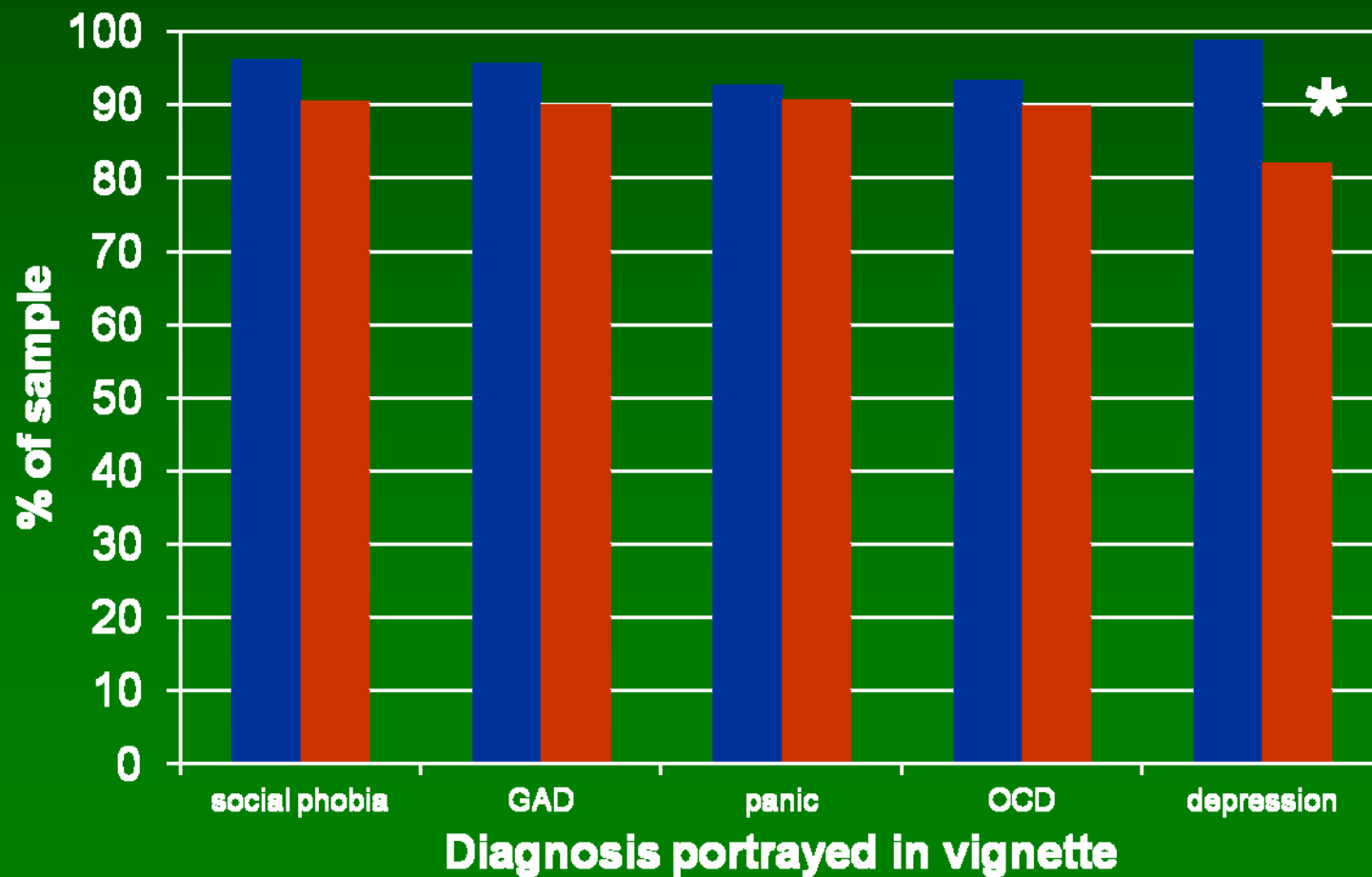
Recognition of Depression and Anxiety Disorders in Community



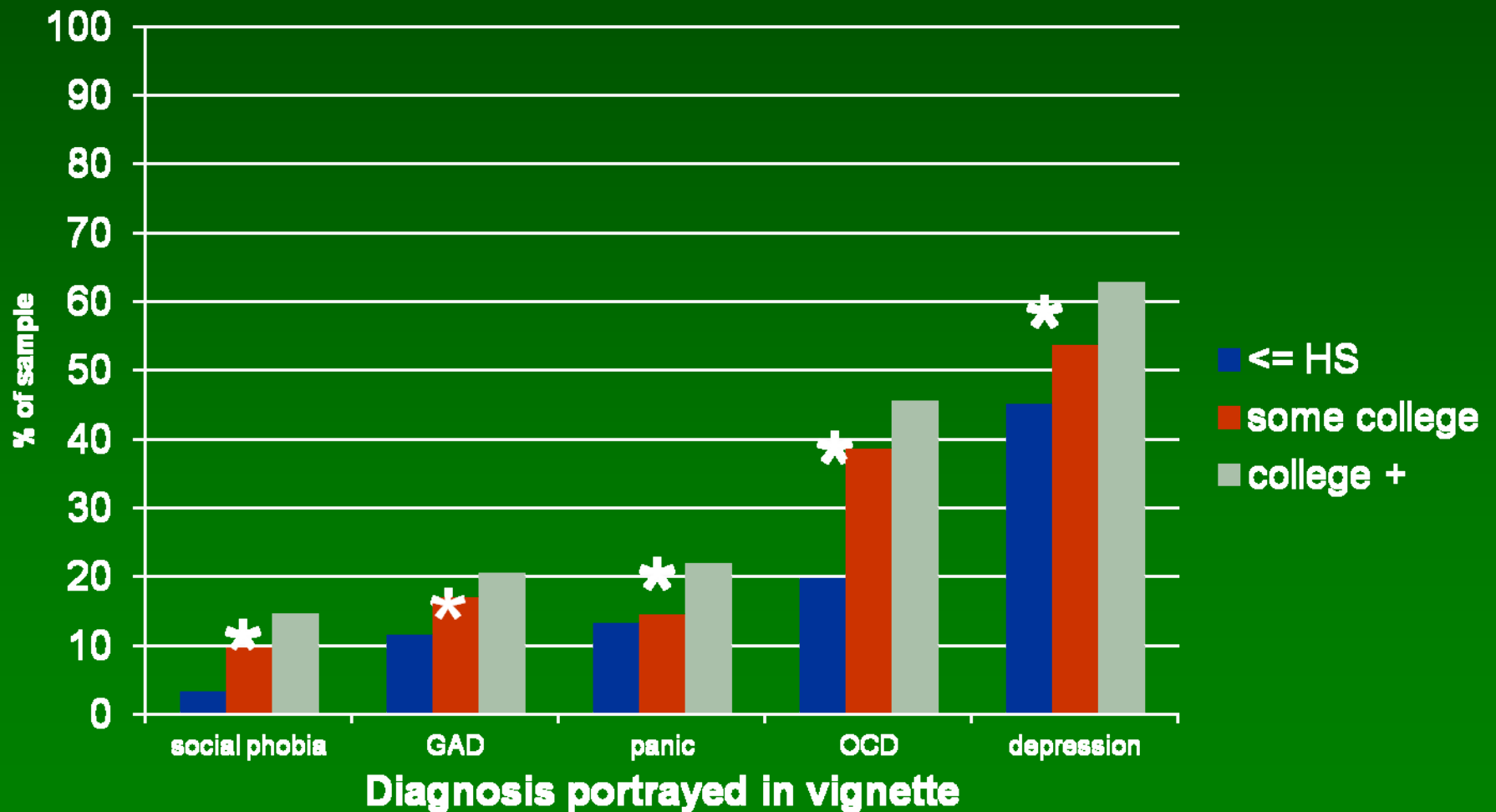
Help-Seeking Recommendations in Community Sample



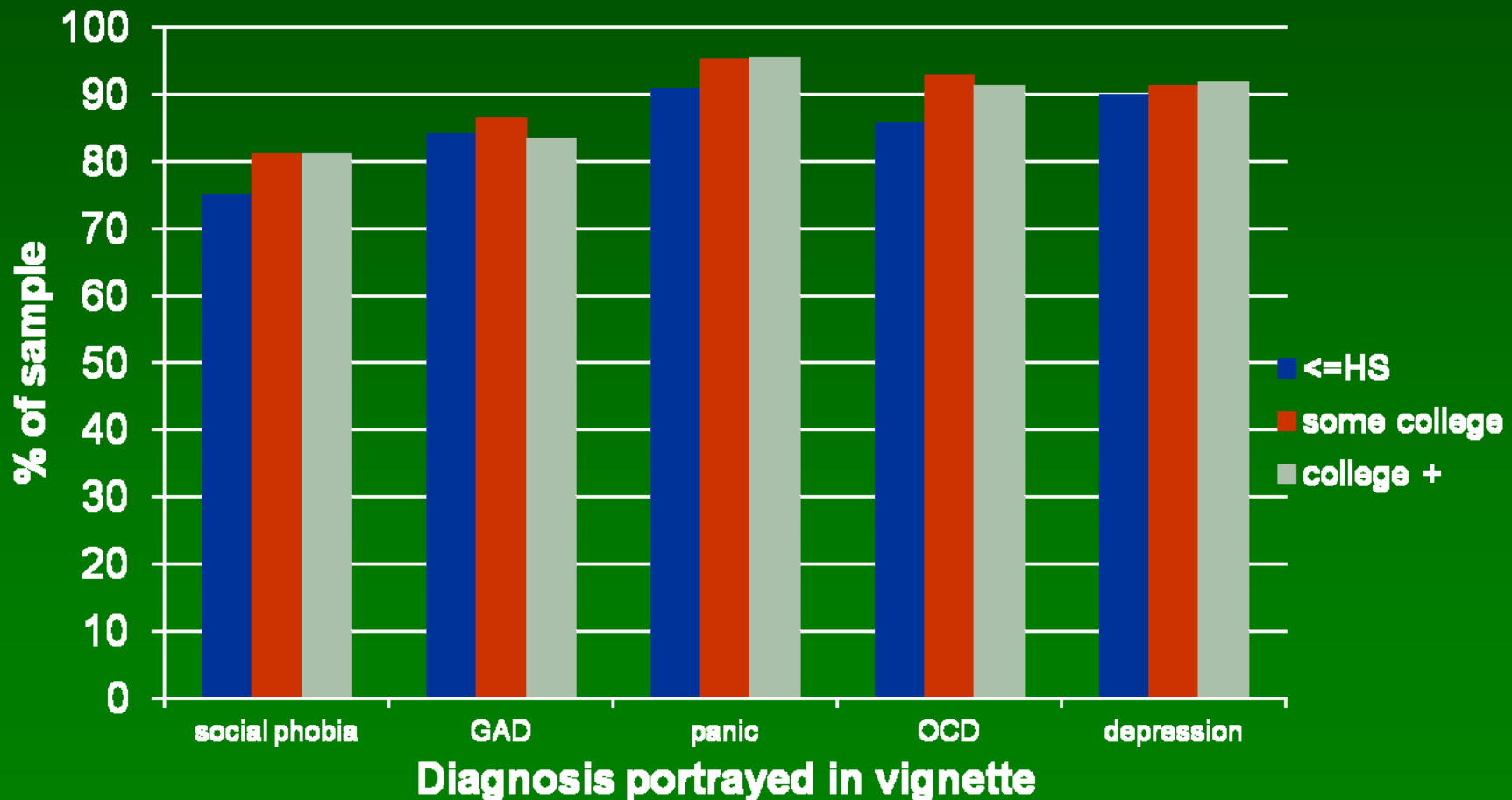
Recognition and Help-Seeking Recommendations



Education Level and Recognition of Depression and Anxiety Disorders

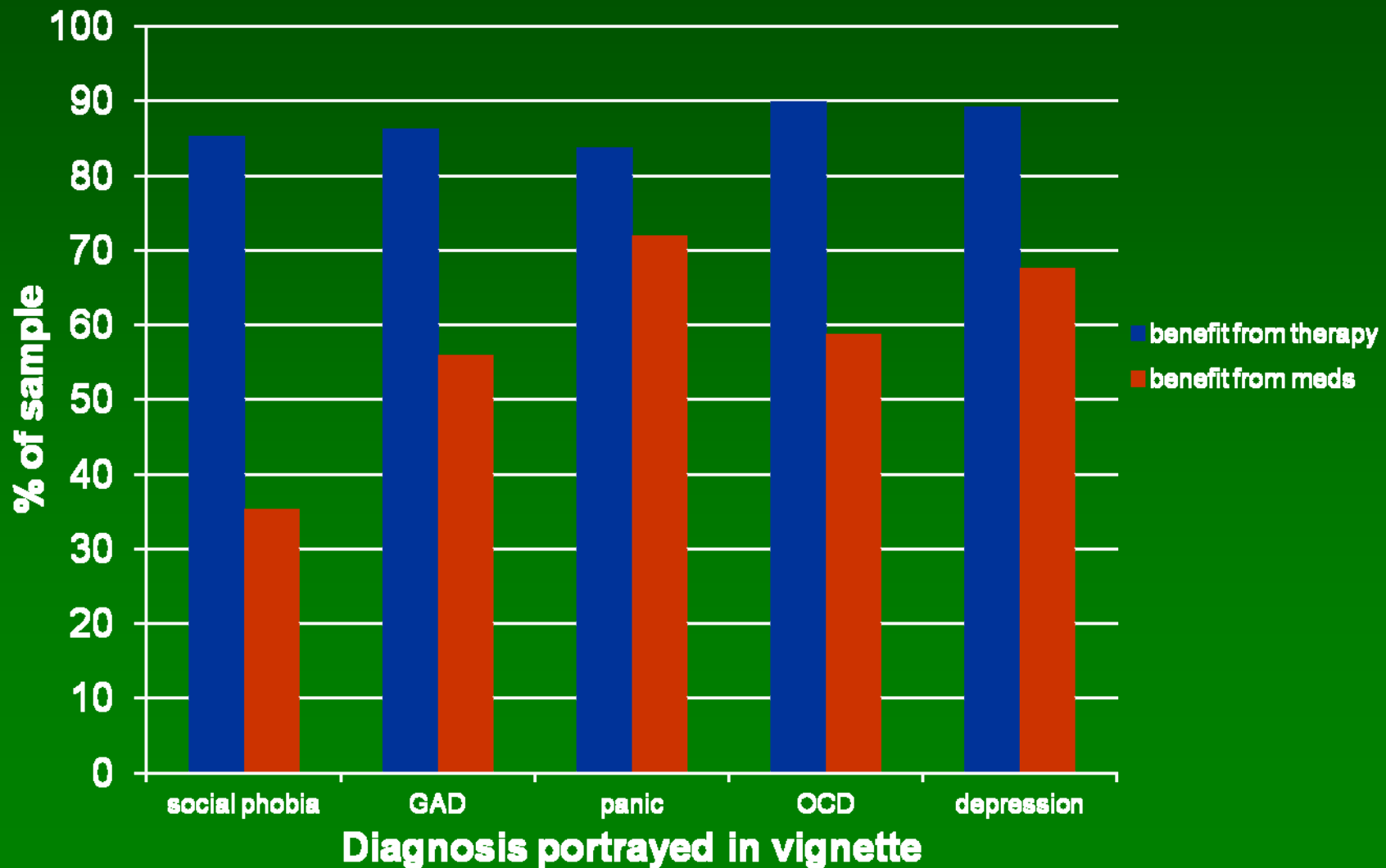


Education Level and Help-Seeking Recommendations

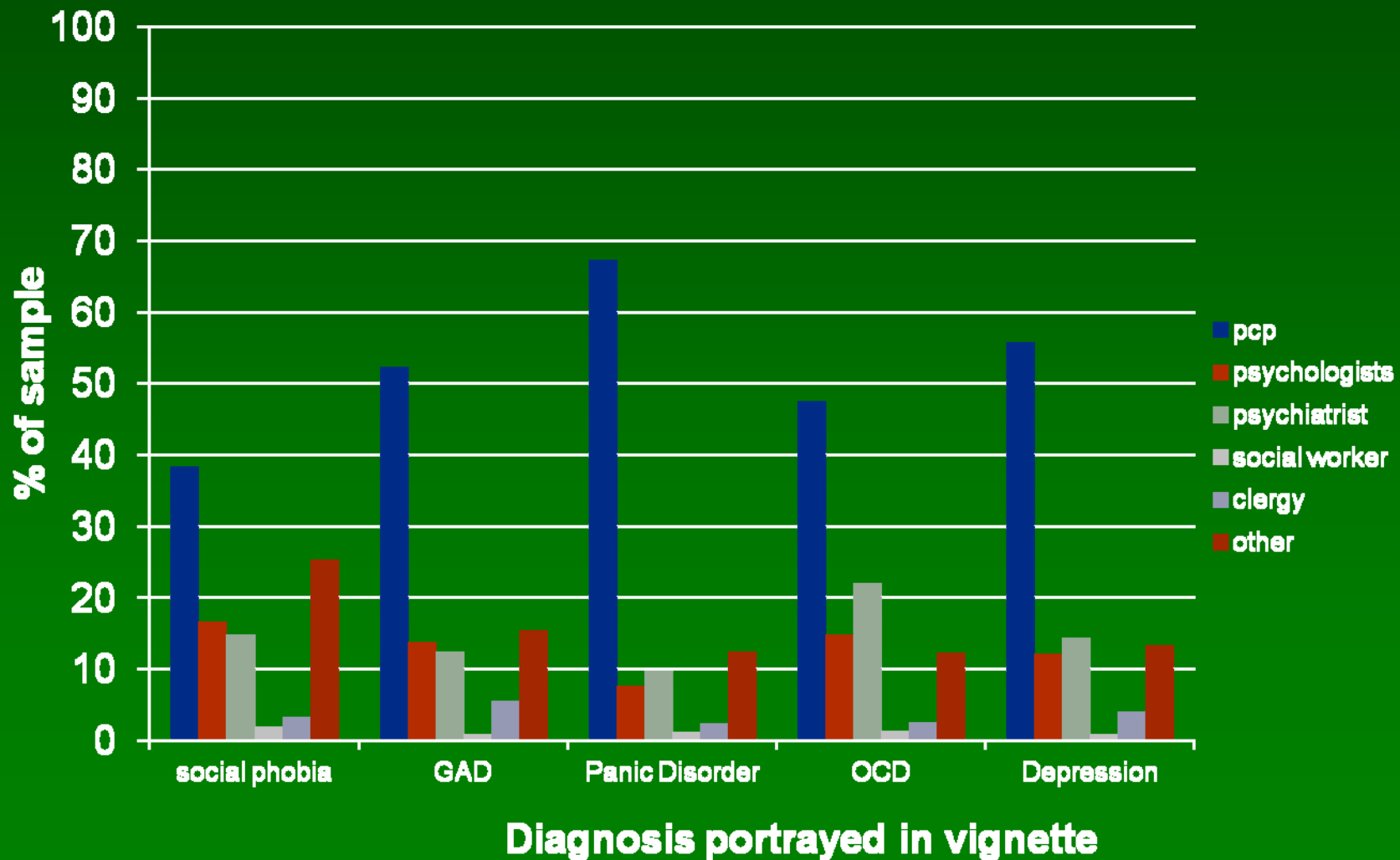


*all comparisons ns

Perceived Helpfulness of Treatment in Community Sample



Recommendations to seek help: Who to seek help from



Summary: Community Sample

- Correct recognition of disorders was rare
- Help-seeking recommendations were fairly common
- Education level related to recognition of disorder but not help-seeking recommendations
- Higher % thought therapy would be beneficial than medication
- Most common recommendation was to see primary care physician

MHL in Youth

- Mental illness often begins in youth and continue throughout adulthood
- Mental illness during childhood/adolescence increase risk for development of comorbid conditions
- Efficacious treatments for youth have been developed
- Early intervention may reduce suffering, improve school achievement, and reduce development of comorbidity
- Youth may be more amenable to health messages

Mental Health Literacy for Depression and Social Anxiety Disorder in Youth

**2,829 public school students
grades 2-12**

**Self-report, read along to
grades 2-5**

Presented with vignettes

- **social phobia**
- **depression**
- **coping**

Clearly clinical level

Assessed

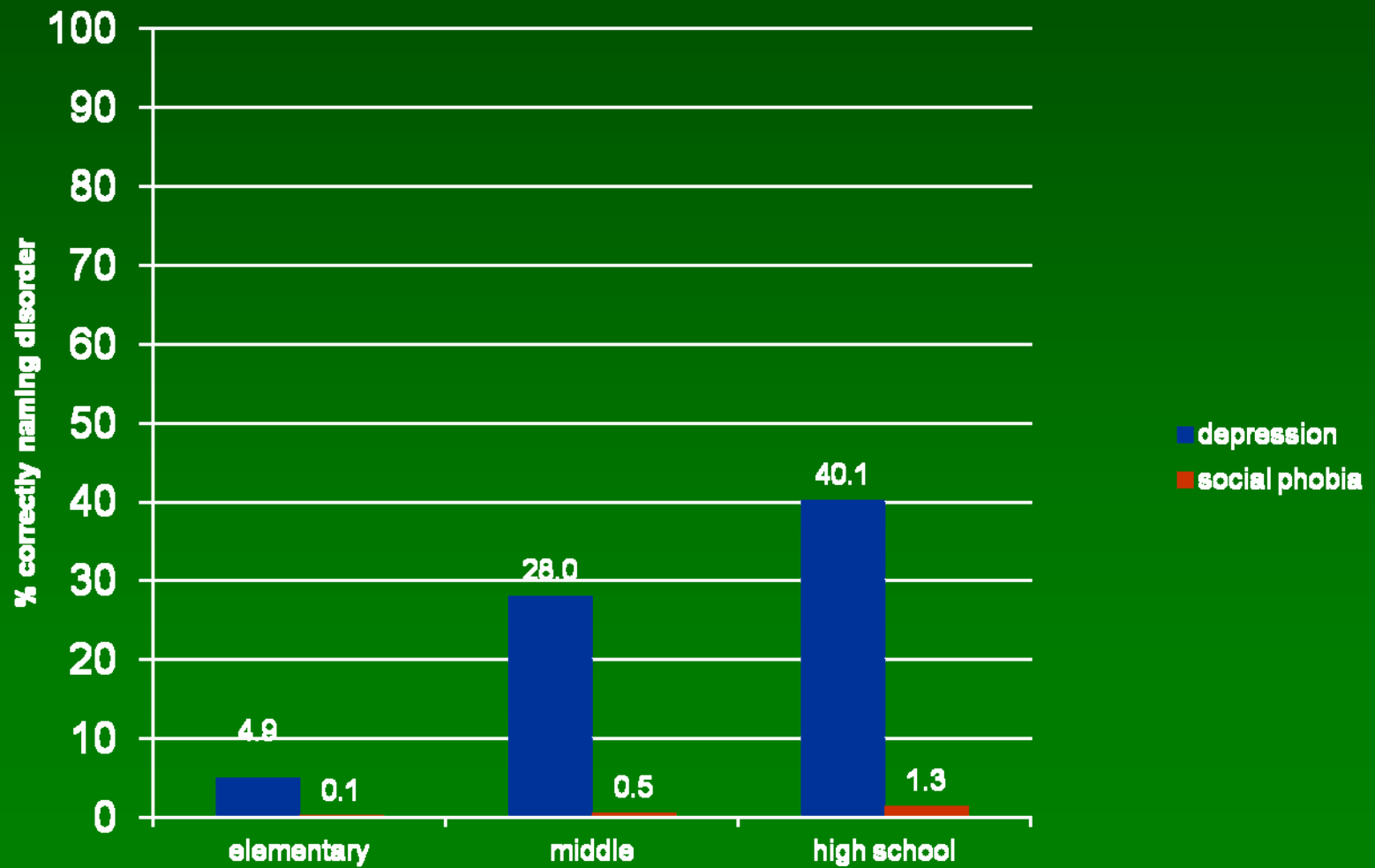
- **recognition**
- **recommendations**

Tony's parents recently separated after fighting a lot. His teachers meet with his mom to talk about how he is doing in school. Over the past 9 months, Tony's grades have gotten worse, and he was late for school a lot. Tony said that he has been feeling tired all of the time, and that it is tough for him to fall asleep at night. He said this is why it is hard for him to get up in the mornings. His mom said that she thought he just isn't eating enough. His mom thought that Tony had lost a lot of weight over the past few months. About his grades, Tony said that he wanted to do well, but that he just couldn't pay attention or think as well as before. The teachers said they thought it would be good for Tony to start playing soccer again, as he had always seemed to have a lot of fun playing soccer. Tony said that he just wasn't really interested in soccer or anything else lately.

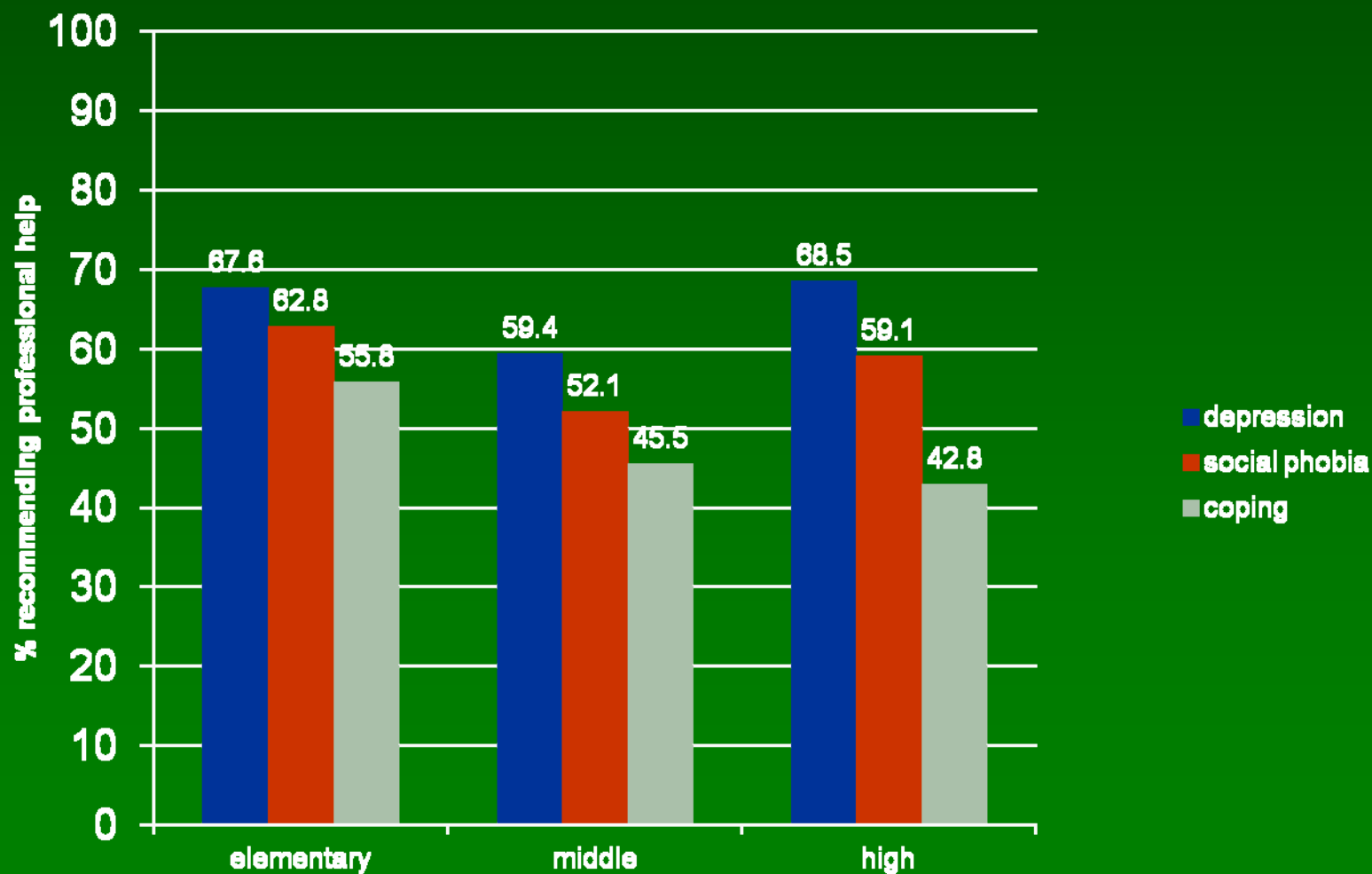
MHL in Youth: Sample

	Grades	Ages	N
High School	9 to 12	14-19	1140
Middle School	6 to 8	10-16	834
Elementary School	2 to 5	7-12	841
TOTAL:			2829

MHL in Youth: Recognition

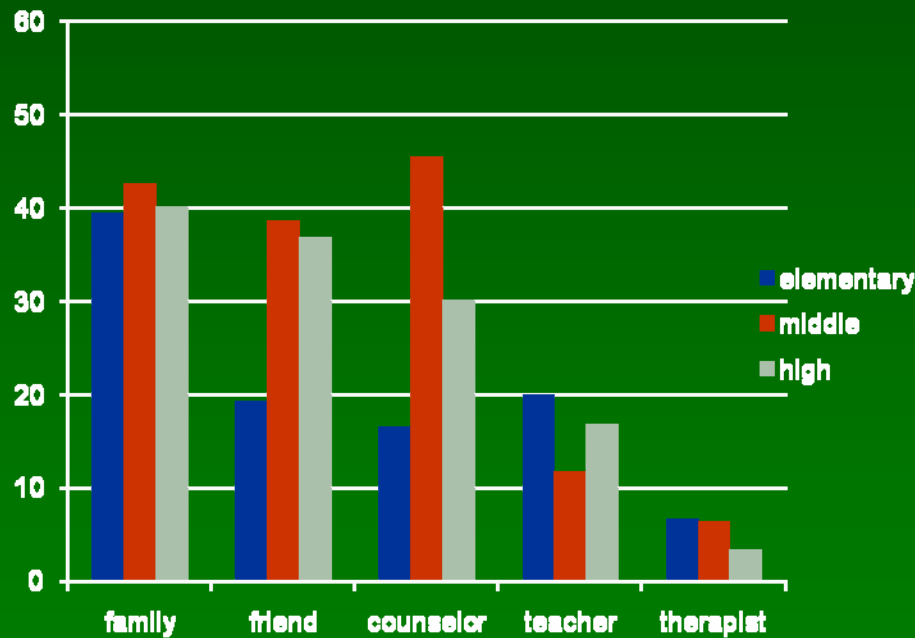


MHL in Youth: Recommendations to Seek Professional Help



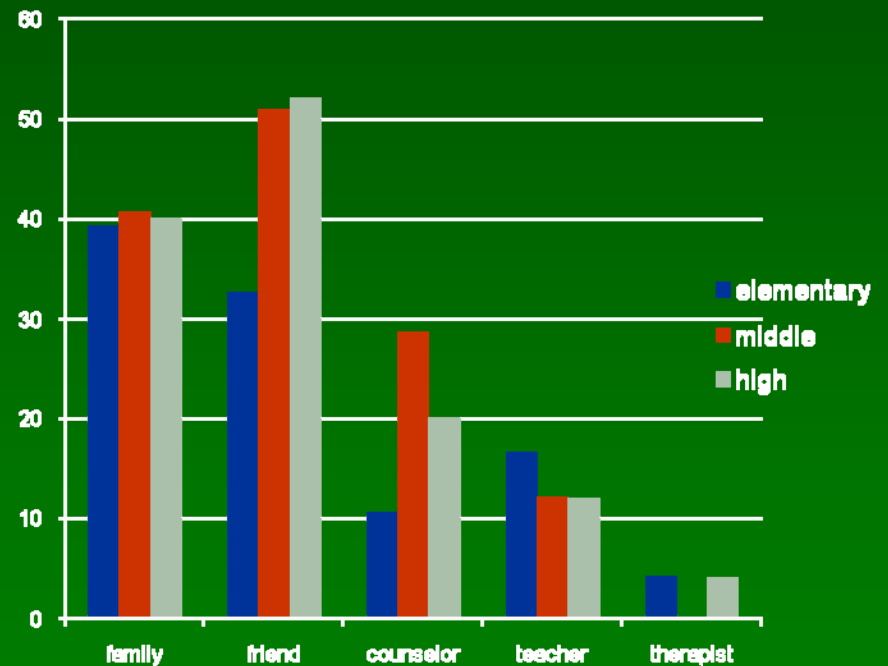
MHL in Youth: Who to seek help from

depression



< 5% recommended: professional, psychologist, psychiatrist, doctor

social phobia



< 5% recommended: professional, psychologist, psychiatrist, doctor

MHL in Youth: Summary

- **Recognition of depression and social phobia was low**
- **Help-seeking recommendations:**
 - **~1 in 2 youth recommended seeking help**
 - **slightly higher rates for depression**
- **Sources of help:**
 - **Adolescents** → **counselor for depression**
→ **friend for social phobia**
 - **Children** → **family members for depression**
→ **family or friend for social phobia**

Summary

- Educated student sample
 - Demonstrated highest levels of correct recognition of the disorders
 - However, checklist format may have influenced outcome
 - 20 to 30% recommended against tx. or were undecided
- Both community samples, adults and youth
 - Poor recognition of disorders (<50%)
 - Adults $\geq \frac{1}{2}$ recommended seeking professional help
 - Less youth recommended help-seeking

Discussion

- Increased MHL for depression compared to anxiety disorders may reflect past campaigns to improve recognition of depression
 - Benefits of continuing to educate public about depression
 - Addition of campaigns to increase awareness of anxiety disorders
- Potential target populations
 - less educated
 - PCPs
 - Parents

Thank you.