

Review Article

The need for assessing mental health literacy among teachers: an overview

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ABSTRACT

Background: The magnitude of mental disorders is a growing public health concern. According to World Health Organization (WHO) reports, one out of five children suffer from a disabling mental illness. Majority of mental illnesses start during the adolescent period. Management of mental illnesses start from recognizing the needy adolescent and providing appropriate therapy and support. Most of the children and adolescents are students who spend almost half of their active time in schools under observation of their teachers. Teachers interact with students daily and can spot the changes in their behavior before they develop full-blown symptoms. Hence, teachers can be a major resource of importance in providing basic mental health services. The teacher's ability to identify the early signs of mental illness in adolescent students can be considered as the most critical and neglected area. Majority of the studies are conducted in the community or adolescent students and much less attention has been paid to the mental health literacy of educators, who are important role models and youth influencers in addressing mental health literacy. The scenario in India in this regard is highly disappointing with few studies done among teachers.

Keywords: Beliefs about mental illness, Help-seeking, Mental health, Mental illness, School teachers

INTRODUCTION

Mental health is an essential and integral part of health. It enhances the competencies of individuals and communities thereby enabling them to achieve their self-determined goals.¹ The magnitude of mental disorders is a growing public health concern. Mental disorders are common and universal, affecting people of all countries and societies, individuals of all ages, women and men, the rich and poor, from urban and rural communities. Mental disorders rank fifth among the major causes of global burden of disease. In developing countries majority of the population suffering from mental illness do not have access to treatment.^{2,3} Lack of awareness and

stigma are the major barriers between persons with mental illness and opportunities to recover. Studies have demonstrated that persons labelled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviour.⁴ Health literacy is important because every individual will be able to find, understand and use health information and services at some point in their life.⁵ As an extension to the domain of health Literacy, Jorm et al, coined the term "Mental Health Literacy" with an aim to draw attention towards a neglected area of research and action.⁶ Whilst the concept of HL is well known and researched, it has not been the same story for Mental Health Literacy (MHL). Over the past few decades, studies have been conducted to assess

the community's knowledge, attitude and beliefs towards mental illness. Misconceptions, inaccurate views and unhealthy attitudes among people have been observed consistently worldwide. Methods to improve knowledge, increase awareness and to reduce stigma is the utmost need of every society.⁷ Many tools have been developed, to assess the mental health literacy status in various populations. Majority of the research in assessing mental health literacy have been carried out in the Western countries. It has been a challenge in India for researchers to adopt a standard and unified approach to measure awareness and attitude towards mental illness, owing to the unique and varied culture of India. It would be enlightening to gain a deeper and wider understanding of the knowledge, attitude and beliefs regarding mental illness. This paper looks at the literature on MHL among teachers about what previous studies have discussed and why it is still important.

METHODS

The required information on mental health literacy and its importance among teachers globally and in India were obtained through a review of the literature in PubMed databases (including MEDLINE) using the medical subject headings (MeSH) terms 'mental health literacy', 'mental illness', 'belief about mental illness', 'lay belief', 'mental health seeking', 'help-seeking', 'treatment gap', 'burden of mental illness', 'school teachers' and 'India'. The unpublished, grey literature on mental health literacy were also gathered from key public and private stakeholder organizational websites. The period of reference was from the year 1990 to 2018.

Based on these primary and secondary references, the studies included in this paper met the following criteria:

- Studies that focus on the school teachers
- Papers were written in English
- Papers that focus on mental health literacy, attitudes, and beliefs about mental illness or disorders, knowledge about mental illness or disorders, help-seeking, beliefs about seeking treatment, utilization of mental health services, and mental illness excluding eating disorders, substance related disorders, gambling related disorder, learning disorders, or attention deficit disorder
- The focus of the papers in India.

Nearly 40 of the eligible articles were included for the final report. The final articles were preferred based on the published time frame (recent articles were preferred), higher order of study designs (scoping and systematic reviews), publications by top multilateral agencies (WHO) and studies with qualitative study designs. Analysis of the literature was synthesized into a narrative review report, which highlighted our key findings by the following themes: burden of mental illness, treatment gap, concept of MHL, recognition of symptoms, opinions

regarding causes, help seeking options, stigma and measuring MHL.

Mental health literacy

The term 'mental health literacy' was introduced by Anthony F Jorm and colleagues, in 1997. It is defined as, "knowledge and beliefs about mental disorders which aid their recognition, management and prevention".⁶ Mental health literacy includes the ability to recognise specific disorders, knowing how to seek mental health information, knowledge of risk factors and causes, of self-treatments, and of professional help available and attitudes that promote recognition and appropriate help-seeking.⁸

Components of mental health literacy

The term mental health literacy has been characterized as comprising several components which include the ability to recognize specific disorders or different types of psychological distress, knowledge and beliefs about risk factors and causes, self-help interventions, professional help available, attitudes which facilitate recognition and appropriate help-seeking and knowledge of how to seek mental health information.⁶

The definition restricts mental health literacy to a medical model. The definition lacks components such as the ability to gain access to, understand and use information in ways that promote and maintain good mental health. Despite these drawbacks, the concept is comprehensive and inclusive of the essential factors that would determine mental health care.

Childhood and adolescent mental health

Mental disorders are common among children, and can be particularly difficult for the children themselves, as well as for their parents and caregivers. One in four children, either currently or at some point during their lifetime, will experience a seriously debilitating mental disorder. In fact, half of all lifetime cases of mental illness begin by 14 years of age. Neuropsychiatric conditions are the leading cause of disability in young people in all six WHO regions.^{9,10} Child and adolescent mental disorders have no clinically implemented biological diagnostic markers, and research in many countries is carried out only by enthusiasts in their free time. In several countries child and adolescent mental health services are underfunded due to government policies that have not yet prioritised funding for the training of mental health professionals.⁹

In low- and middle-income countries, child psychiatry remains in a much poorer state, with a single child and adolescent psychiatrist often serving thousands of children. Paradoxically, low- and middle-income countries are much 'younger countries', with the majority of the world's children residing there.¹¹ Approximately

90% of the world's 2.2 billion children and adolescents reside in these countries, where many are also exposed to difficult socio-economic circumstances as well as various crises and, at times, extreme suffering.¹¹ Poverty, war, natural disasters, forced migration and resettlement, and other crises-all have a serious impact on a child's psychological well-being.¹²

A systematic review done by Savitha and Bichithra in India found that the prevalence rate of child and adolescent psychiatric disorders in the community was 6.46% and among school children was 23.33%. The 6.46% prevalence rate among children in India means that out of 447 million children and adolescent population, 29 million suffer from one or other form of psychiatric illness at a given time.¹³ It is difficult for a country like India to handle such a huge problem with meagre mental health resource coupled with very slow development in child and adolescent psychiatry.¹³ Though the WHO recommended in 1977 that every country throughout the world should have a National Plan for Child Mental Health, India does not have a child and adolescent mental health programme. So, there is an urgent need to develop mental health resources for children and adolescents in India.¹⁴

Treatment gap and overview of barriers to mental health

The treatment gap for people with mental disorders exceeds 50% in all countries of the world, approaching astonishingly high rates of 90% in the least resourced countries, even for serious mental disorders associated with significant role impairments.¹⁵ Indian mental healthcare also faces catastrophic proportions of treatment gap. Despite the slow progress made in mental health care delivery across the country, the NMHS revealed the huge treatment gap for all types of mental health problems ranging from 74% to 90% for all mental disorders and 81% to 86% for common mental disorders and substance use disorders, respectively.¹⁶ Major barriers to mental health service utilisation include a scarcity of resources, unequal distribution, inefficient use,¹⁵ non-medical explanations, and lack of awareness, accessibility, and availability of healthcare services and the potential benefits of seeking treatment.^{17,18} Stigma and discrimination also contribute to the treatment gap in India. Factors ranging from awareness to affordability, varying between rural and urban areas, needs to be critically delineated to address specific issues in bridging treatment gap.¹⁸⁻²⁰

Importance of early identification

Early identification is one method that researchers have determined can address and potentially decrease the level of severity of adolescent depression. Early identification helps to avoid disruption and many negative consequences that adolescents may experience due to depression.²¹ Langeveld et al, indicated that there should

be as little time as possible between identification of symptoms and the time services are received. The sooner an adolescent receives services, the fewer negative effects he or she will encounter.²² Adolescents who have depressive symptoms are more likely to struggle academically and have poor behaviour in school, and they are at greater risk for completed suicide later in life.²³ Vogel conducted a study that concluded that early identification and intervention may reduce the impact of depression on all facets of an adolescent's life. Reduction of stress in the family, social and academic settings is among the benefits of early identification and treatment for depression.²⁴

Preparing adolescents for adulthood is one of the benefits of early intervention. Interventions need to help an adolescent work through symptoms and have a higher chance of graduation and success after high school. Approximately 70% of adolescents with mental health symptoms end up suffering through their symptoms, and 50% of these do not complete high school. The prognosis is dismal for students who have symptoms of depression and do not get any intervention.²⁵ Adolescents who are identified as having depressive symptoms and are referred for services have a greater chance of working through the symptoms. Psychological therapy and/or antidepressant medication is effective in treating depression. Treatment effects are shown to be moderate; however, these treatment effects are better than the experiences of adolescents who do not receive any services as all.²⁶

School mental health promotion

Children and early adolescents spend more time in school than in any other formal institutional structure. As such, schools play a key part in children's development, from peer relationships and social interactions to academic attainment and cognitive progress, emotional control and behavioural expectations, and physical and moral development.²⁷ All these areas are reciprocally affected by mental health. Increase in recognition of the effect of mental health problems on academic attainment, and the unique platform that schools can offer in access to and support for children and adolescents with psychological difficulties, has led to an expansion of school-based mental health interventions in high-income countries.²⁷

School-based mental health can be defined as "any mental health or substance abuse service or programme that can be delivered in a school setting".²⁸ It is now generally acknowledged that schools present significant opportunities for delivering mental health promotion, prevention and support efforts to students.¹² The last 20 years have seen a substantial growth in research and good practice regarding mental health in schools. The findings of this work increasingly suggest that the most effective efforts are those which adopt a "whole school approach" to mental health; considering school policy, ethos and environment, partnerships with outside agencies and the

professional development of staff and not just delivering classroom focused activities.²⁹

Teacher's role in student mental health

School teachers may be the “linchpins” in school-based efforts. Potentially, their role could include the delivery of classroom-based programme to students and the reinforcement of the content of these programme to generate positive and sustained effects.³⁰ In addition, research suggests that school teachers often unknowingly provide role models for students on mental health related attitudes and behaviours. In cases where students actively seek help, they may approach teachers for mental health information, crisis support or signposting to other services.³¹ In these instances, the perceptions and knowledge of staff will be crucial in helping to determine whether these children access mental health services and receive the help they require. Where young people are not help-seeking, staff's regular contact with students and their families, often over several years, positions them well to detect any changes or developing difficulties. In some cases, school staff may be the only professionals with whom students have contact.³² It therefore seems important, that staff have the appropriate knowledge, attitudes and skills which aid recognition, prevention and management (i.e. have good “mental health literacy”) to prevent mental health difficulties from being overlooked (or unhelpfully responded to) and the benefits of student focused interventions being lost over time.³³

Teachers are not fully aware of their role when it comes to children in their classrooms who present with symptoms related to depression.³⁴ Research indicates that the general mental health knowledge of school staff is variable and that some teachers unintentionally give potentially harmful advice and reinforce negative media stereotypes.³¹ Teachers have admitted that they are focused on behaviour management, not identifying symptoms related to depression, and internalizing behaviours.³⁴ If teachers are not acknowledging issues related to depression as concerning, students will not be able to access services to address their mental health needs.³⁴ the likelihood of changing levels of symptom management in people with mental illness can be increased by improving the levels of mental health literacy of professionals that interact with people with mental illness frequently.³³

The scenario in India

In India, there is no separate comprehensive policy to deal with child mental health issues. The existing policies such as National Health Policy, Integrated Child Development Scheme and National Mental Health Programme for India stress the need for developing comprehensive child mental health programme and services at various levels.³⁵ However, in reality much work needs to be done as the existing programme restricted to urban setting where it addresses the

psychiatric needs of the adolescents in government hospital setting. Many of the mental, behavioural and psychological problems, among children and adolescents can be prevented if it is intervened at an early stage. School-based interventions possess a great potential in reducing the risk factors and increasing the protective factors to promote the mental health and well-being of children and adolescents.³⁶ A well-timed comprehensive programme in the schools using teachers as facilitators have the potential for building competencies results in yielding high long term returns on investment on children and adolescent.³⁶ The National Institute of Mental Health Neuro Sciences (NIMHANS), Bangalore recently designed an universal comprehensive school promotive mental health programme model called Promotive Mental Health and Well Being (PMHWB) programme to reduce risks and enhance psychosocial competencies and resiliency of adolescents in schools and found to be feasible and acceptable by teachers.³⁶

In a country like India, where resources are very limited, better and efficient utilization of the available resource is the only solution for the problem.³⁷ Realization of these paved the way for the 9th conference of Central Council of Health and Central Family Welfare Council in 2007.³⁸ The council declared that ‘the teachers should be trained for observing and screening students for defects and deviations from normal health to maintain effective surveillance and for providing supportive health education for the prevention of health problems by developing desirable health habits’. Regarding the mental health of the children and adolescents, the first and foremost step is to assess the mental health literacy of the teachers for developing a comprehensive mental health strategy for schools.^{36,38}

However, there is a dearth of studies in assessing the mental health literacy of educators all over the country. Studies done among elementary school teachers in India regarding the identification of hyperactivity and assessing awareness, revealed that the teachers' awareness about common mental health problems is limited. A study on urban higher secondary school teachers in Ahmedabad, India revealed teachers' lack of knowledge regarding symptoms, prevalence, causation, and treatment of mental disorders.³⁹⁻⁴¹

CONCLUSION

The burden of mental illness in India with respect to DALY's is on an alarming rise with children and adolescents being the vulnerable groups. There are a great number of adolescents in the school setting who are exhibiting symptoms of depression that are not getting help. Adolescents spend a great deal of their time in schools. A teacher becomes a key player in early identification of adolescents in need of support for mental health services. Teacher characteristic have been identified as one way to understand why adolescents are not being referred. Prior studies only touched on

characteristics, and further research was recommended to determine how they factor into mental health identification of children. Hence there is a need to assess the mental health literacy of the teachers.

If the extent of knowledge can be examined and lack thereof is found, training programmes for teachers in “child and adolescent mental health” can be developed.

These would better equip the teachers to identify the earliest symptoms of mental disturbance in their students and thus earlier treatment can be sought. This could go a long way towards improving the mental health and well-being of teenagers, growing them into psychologically more sturdy adults and ultimately, a sounder society.

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