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Why We Need the Concept of “Mental Health Literacy”

Abstract

Mackert and colleagues (in press) have argued for the benefits of a general health literacy focus, which can be applied across health domains. Using the concept of mental health literacy as an example, this article argues that there are also major advantages of a domain-specific approach. The concept of mental health literacy has had policy impacts and led to the development of interventions, which may not have otherwise occurred. It has also led to the development of assessments specifically targeted at intervention goals. It is concluded that, while a general concept of health literacy might be appropriate for some purposes, it does not meet the specific needs of the mental health area.

Why We Need the Concept of “Mental Health Literacy”

Mackert and colleagues (in press) have argued for the benefits of a general health literacy focus, which can be applied across health domains. I would argue that, while a broad cross-domain approach is sometimes appropriate, there can also be major advantages of a domain-specific approach. I use as a case study the concept of mental health literacy.

Drawing Attention to a Neglected Field

The concept of mental health literacy was introduced by myself and some colleagues in 1997 and was defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997a). More recently, I have proposed that mental health literacy involves many components, including knowing how to prevent mental disorders, being able to recognize when a mental disorder is developing, knowing about help-seeking options and treatments available, knowing about self-help strategies, and mental health first aid skills to support others affected by mental health problems (Jorm, 2012).

The reason we developed the concept of mental health literacy was two-fold. Firstly, the health literacy field ignored mental disorders. The immediate impetus for us to propose the concept was a 1993 Australian government report which set national health goals and targets, including for mental disorders (Nutbeam, Wise, Bauman, Harris, & Leeder, 1993). However, the section of the report on health literacy, made no mention of mental disorders. The second reason was that the mental health field ignored health literacy. The emphasis at the time was very strongly on increasing the knowledge and skills of the primary care sector, particularly GPs, in dealing with mental disorders. The idea that we needed to increase the knowledge and skills of

the general public, or even of consumers and caregivers, was at best on the fringe of priorities for the sector.

By proposing the concept of mental health literacy, we aimed to draw attention to a neglected area for research and action. In 1995, we carried out the first Australian National Survey of Mental Health Literacy (Jorm et al., 1997a) and did associated surveys of general practitioners, psychiatrists and clinical psychologists (Jorm et al., 1997b). We found many large gaps between public and professional beliefs about mental disorders, particularly in beliefs about the potential helpfulness of standard psychiatric treatments.

Policy Impact of the Concept

The introduction of the concept of mental health literacy has had the desired impact on policy in Australia. Australia's National Mental Health Plan now includes the Key Action of "Work with schools, workplaces and communities to deliver programs to improve mental health literacy" (Commonwealth of Australia, 2009, p. 34). Mental health literacy also features in plans for other jurisdictions (BC Mental Health and Substance Use Services, 2013; Queensland Government, 2008).

Following the findings from our 1995 survey, the Australian government has also supported the national monitoring of mental health literacy, with subsequent surveys in 2003 and 2011. This monitoring has shown substantial improvements in population mental health literacy since 1995, with gaps between public and professional views considerably reduced (Reavley & Jorm, 2012).

Impact on Development of Interventions

Another advantage of having a domain-specific concept has been on the development and evaluation of interventions. I will give two examples. An important development in Australia was the formation in 2000 of *beyondblue*, a non-government agency aiming to improve the nation's response to the population burden of depression. One of beyondblue's initial aims was to promote community awareness and understanding of depression, or what has been termed 'depression literacy'. The findings from the 1995 National Survey of Mental Health Literacy, showing important gaps in public understanding of depression, were an important back-drop to this aim. Evaluation of beyondblue showed that this organization has been a contributing factor in the improvements in mental health literacy seen in Australia (Reavley & Jorm, 2011).

The second example is Mental Health First Aid, a training intervention modelled on physical first aid training, which was designed to increase the mental health literacy of the public. Numerous evaluation studies have found that the program does improve mental health literacy (Jorm & Kitchener, 2011). The program has been very successful in its rollout, with over 1% of the Australian adult population now trained, and the program has spread to over 20 other countries.

The Need for Tailored Measures to Meet Intervention Aims

Another advantage of a domain-specific concept is that it leads to domain-specific assessments, which are particularly important in evaluating interventions. When an intervention is developed to improve some aspect of mental health literacy, it needs to be evaluated with measures that are relevant to the specific aims of the intervention. A generic measure of health literacy will not generally meet this requirement.

To provide a specific example, I will again turn to the evaluation of Mental Health First Aid training. We have defined mental health first aid as “the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate professional help is received or until the crisis resolves” (Kitchener, Jorm, & Kelly, 2013, p. 12). To evaluate this aim, we needed to develop specific measures of the knowledge and skills needed by a member of the public to provide high quality mental health first aid. To assess this component of mental health literacy, we presented participants with hypothetical case vignettes and then asked them open-ended questions about how they would help the person in the vignette. We developed a reliable scoring system for these open-ended responses based on a mental health first aid action plan. Using national survey data, we were able to show that quality of responses was generally poor (Rossetto, Jorm, & Reavley, 2014) and that Mental Health First Aid training could lead to improvements in quality (Kelly et al., 2011). Broader measures would not have allowed an assessment of these aims.

Conclusions

The choice between broad and domain-specific concepts of health literacy is not an either/or one. It depends on the aims of a project. While a broad concept may be useful for some purposes, it will be inappropriate in others. For example, if a community survey is investigating health literacy across a number of domains, a broad concept may be appropriate. By contrast, for evaluating an intervention aimed at a very specific aspect, it would not be. In the mental health area, I believe that there have been gains in policy impact, development of interventions and tailored assessment that probably would not have occurred without a domain-specific concept.

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