# How Well do We Understand Mental Health?

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Roughly 9.8 million adults in the United States, representing 4% of the U.S. adult population, have a diagnosis of a serious mental illness (SMI).[1] An additional 16.1 million (6.7%) have a diagnosed depressive disorder.[2] Millions more know people with serious mental illness or depression. Poor mental health is a massive and growing public health crisis. Its looming presence begs the question: Do we, as a society, truly understand different mental illnesses? In short, the answer is no, and we need community-based programs to help improve society's mental health literacy.

## What are serious mental illnesses?

The National Survey on Drug Use and Health defines a serious mental illness (SMI) as a "mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) …resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities."[1] Mental illnesses, such as schizophrenia, borderline personality disorder, multiple personality disorder, and social phobias are commonly classified as SMIs. Severe bipolar disorder, major depressive disorder, and obsessive-compulsive disorder may also be classified as SMI depending on their severity.[3] SMIs are among the most stigmatized mental illnesses in U.S. society. They are also the most commonly misunderstood mental illnesses, and few large-scale interventions exist to educate large populations on mental health literacy.

## What is mental health literacy?

Beginning in the 1990s, healthcare professionals and researchers began incorporating the concept of "health literacy" into their work. Health literacy, as defined by the World Health Organization, is the "cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use

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information in ways which promote and maintain good health."[4] Under the umbrella term of health literacy, the definition of mental health literacy arose - "knowledge and belief about mental disorders which aid in their recognition, management or prevention."[5] It has evolved to include "knowledge of how to prevent a mental disorder; recognition of disorders when developing, knowledge of effective self-help strategies for mild-to-moderate problems, and first aid skills to help others."[6] The definition of mental health literacy is important, as it sheds light on society's misunderstanding of mental health and lack of knowledge on how to help individuals in a mental health crisis. Failure to improve society's mental health literacy allows misconceptions and misunderstanding about mental health to flourish, which ultimately feed into stigma surrounding mental illness.

## What has been done to address mental health literacy?

Community-based mental health literacy programs are often conducted in community centers, workplaces, or school organizations to teach individuals about mental illnesses with the goal of improving their mental health literacy. The first community-based mental health literacy program -

Mental Health First Aid (MHFA) - was conducted in 2001 in Australia, and since then, has grown into an international program.[7] These one-day training courses teach signs and symptoms of common mental illnesses, such as mild depression and generalized anxiety disorder. They also cover how to properly respond to and deescalate a mental health crisis and offer community resources to help an individual with a mental illness. Many other community-based mental health literacy programs have since been developed. These programs have shown improvements in mental health literacy, knowledge of community resources, and knowledge of how to help someone in a mental health crisis in the countries where they have been conducted (most commonly, Australia and the United Kingdom). However, these programs have shown less consistency in reducing stigma against mental illnesses. In a systematic review of MHFA programs,[8] The authors found that MHFA led to improved mental health first aid knowledge and recognition of mental disorders but minimal reductions in stigma and improvements in the amount of help provided to a person with a mental health problem. It was unclear whether these training programs led to any changes in the quality of helping behaviors or had any long-term effects. The lack of drastic changes, most notably regarding stigma against mental illnesses, shows that these programs are not always as effective as commonly believed. There are also limitations to this programming, as they often focus on mental illnesses such as mild depression, generalized anxiety disorder, and suicidality, but do not focus on other acute or chronic mental illness diagnoses.

## Recommendations for Improving Mental Health Literacy in the U.S.

Programs such as MHFA have been conducted in the U.S., but their results are not well documented and therefore not well understood. Other than community-based mental health literacy programs, many individuals in the U.S. learn about mental illnesses through health education classes in middle and high schools. However, American public-school systems are not federally required to provide mental health education in the classroom.

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To improve mental health literacy, it is essential that federal or state governments pass new laws to require that mental health education be integrated into school curricula. In health education classes, mental illnesses should be introduced at an early age to encourage students to watch for signs and symptoms in themselves and in their peers as they approach puberty and adolescence. It is also imperative that health education classes teach students about SMIs to increase students' knowledge of these illnesses with the goal of decreasing misunderstanding and therefore, stigma.

In the past, education such as MHFA training, has focused on educating the individual and not on educating the community at large. To fully improve mental health literacy in community settings, all members must be included in the trainings. Parents of students receiving mental health education should receive their own training so they can learn to recognize signs and symptoms of mental illnesses in their children and support them at an early age. This may be done through family homework, parents' nights, or parent-teacher conferences. It is also important to educate other community members, such as neighbors and coworkers, so that they may have increased knowledge about specific illnesses, recognize signs and symptoms, and be able to aid a peer who is experiencing a crisis. Such populations can be educated in their workplace, community centers, or places of worship through community-based mental health literacy programs that have shown to be effective in reducing stigma. These programs should be conducted over multiple training days in short increments to increase information retention and participant engagement. Additionally, such programs should include SMIs in their curriculum. Educating all community members can help improve societal understanding of mental illness and

available resources, which can strengthen relationships between individuals and build trust. Improving mental health literacy has the potential to increase social fabric and diminish barriers and stigmas within communities.

To learn more about mental health resources available in Onondaga County, visit https://www.nyconnects.ny.gov/providers/mental-health-association-of-onondaga-county-sofa-li-151154 and https://namisyracuse.org/resources/.

## Endnotes

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