

Toward Greater Information Symmetry: Mental Health Literacy in Young Patients and Their Families

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Mental health literacy (MHL) refers to acquired knowledge and attitudes about psychiatric disorders and their treatment options.¹ Increased MHL allows for behavioral health care consumers to know about diagnoses, how they are being treated, types of evidence-based treatments, and what it means when the treatment being delivered is truly evidence-based. Many children and families are reluctant to seek psychiatric care due to reasons related to limited MHL,² including not being able to identify emotional/behavioral problems, as well as not knowing if and where effective treatment options are available. Additionally, potential behavioral health care consumers may also hold negative attitudes toward mental health treatment. This commentary argues for wider MHL efforts by illustrating the importance of increasing consumer knowledge and offering concrete recommendations for enhancing MHL in the community.

The provision of health care, including behavioral health care, suffers from information asymmetry.³ Simply, clinical providers are presumed to know more about psychiatric illnesses and the effective treatments for them than patients. Truncated MHL exacerbates this already high information asymmetry. Increased MHL equalizes this imbalance by empowering patients with scientifically based information that is readily digestible. By digestible, we mean several things. First, the material should be attractive enough to whet patients' interests. Second, complex information should be sufficiently simplified to be made accessible in bite-sized chunks of knowledge. Third, collaborative exchange of facts allows patients to mindfully chew over the material and evaluate its applicability to their unique circumstances so the information can be metabolized. Informed

patients armed with accurate facts will seek out empirically based treatment and become genuine collaborators in their treatment.⁴

Sadly, many families and young patients hold negative beliefs about mental health diagnoses and treatment. Often, these beliefs are related to the stigma of mental illness. Essentially, stigma is a bias or prejudice that is based on wholly inaccurate information or distorted facts. One of the most prominent stigmas around mental illness is that it is a fundamental flaw in the person, and not a condition that is amenable to treatment.

Not surprisingly, stigma and other negative beliefs about mental health treatment reduce care-seeking.⁵ Increased MHL decreases stigma by helping patients see universality in their condition and by reducing the sense that distress is a function of personal flaws.

Jorm¹ argued that the chances of receiving genuine evidence-based services increases if families are aware that they are available and they recognize that these approaches outperform other treatment alternatives. In general, patients receiving behavioral health care services are unaware of what treatments are effective and whether the care they receive is evidence-based.⁶ However, Jorm emphasized that lay people tend to rate peers and family sources of help more favorably than professional practitioners. Additionally, he emphasized that psychiatric/psychological specialists are viewed less positively than other help givers. Indeed, these findings suggest lowered level of public confidence in mental health providers. MHL bridges the divide, facilitates collaboration not only in a clinical setting but in a wider social milieu where friends' and families' opinions

are important and could improve the relationship between people seeking services and help givers.

Low MHL and reduced public confidence are exacerbated by service providers' inaccurate self-labeling. Unfortunately, too many providers present themselves as offering evidence-based treatments, but they apply the procedures improperly.⁷ For example, recent studies demonstrate that there is low concordance between practitioners' labeling themselves as "cognitive-behavioral" in orientation and their actual practices.⁸ When these self-labeled cognitive-behavioral therapists were observed, raters saw little evidence of proper application of the approach.⁸ With increased MHL and a greater understanding of evidence-based treatments, adolescents and their families should be able to recognize whether they are receiving evidenced-based treatments for their psychiatric disorders.¹

Recommendations for Improving MHL

Creating materials that increase mental health literacy is the ultimate translation challenge. One place to begin thinking about MHL is how to translate the language being used. Psychological treatment, including interventions provided by psychiatrists, psychologists, and all manner of therapists, is all too often punctuated by jargon and obfuscating concepts. One ideal of MHL would be to create a Rosetta Stone designed to decode the scientific, historical, and professional languages used by treatment providers and researchers, which would allow the public to understand what the caregiving professionals mean when they talk about disorders, treatments, and expected outcomes.⁹ Because a perfect Rosetta Stone is unlikely to come, one goal of MHL is to be clever, creative, and engaging in how information is communicated, so that the lay public can have a clear sense of what the professional caregivers are actually saying.

One of the implications of improved MHL is an understanding of what actually is expected to happen and what should happen: that is, outcomes, such as community agencies' clinical performance. In addition to increasing the availability of evidence-based treat-

ment for patients in the United Kingdom, the Improving Access to Psychological Therapies project (IAPT) offers implications for improved mental health literacy. For instance, community agencies' clinical performance is public knowledge. Skills required by attending therapists, training curricula, and supervisory guidelines are all required to be posted on the clinic's website.¹⁰ Additionally, outcome metrics and other benchmarks are also made transparent. Thus, consumers can see how local agencies and providers are doing with their patients.

Kaslow⁹ also recommended a litany of strategies for improving MHL, including print media, radio and TV, websites, TED talks, podcasts, and webinars. Additionally, newspapers in large media outlets (*The New York Times*, *The Washington Post*, *Chicago Tribune*, *The Boston Globe*, *The Wall Street Journal*, *San Francisco Chronicle*, etc.) commonly publish science and human behavior columns. Recently, *The Huffington Post* in the United Kingdom issued a special edition on children's mental health guest-edited by Catherine, Duchess of Cambridge. Appealing and popular lay spokespeople who are champions for mental health are powerful messengers. Greater collaborations between scientists, clinicians, and high-profile community advocates can only aid in engaging the public in greater MHL.

While partnerships with community advocates are valuable, MHL initiatives cannot be totally outsourced either. Social and electronic media are "super powers" for disseminating information. Like any super power, it can be used well to deliver accurate scientific information or misused to convey misleading misinformation. Behavioral health care scientists and clinicians need to harness this communicative muscle so social media outlets such as Twitter, Instagram, YouTube, and blogs can become better vehicles for MHL. The American Academy of Child and Adolescent Psychiatry (AACAP) has a presence on Twitter and regularly publishes informative tweets. An excellent exemplar is *The Psych Show*, hosted by psychologist Ali Mattu, which presents complex material on mental health in an entertaining and accessible way on YouTube. In many ways, *The Psych Show* is a YouTube cousin to the popular science show

Cosmos. The Psych Show has over 1,300 subscribers and offers a variety of episodes, with one episode earning over 57,000 views in 6 months.

The New York Child Study Center and its mother-ship, the New York University Langone Medical Center, produce creative and far-reaching MHL programming. Most notably, Doctor Radio is a Sirius XM satellite radio station that is home to *About Our Kids*, a show hosted by child psychiatrist Jess Shatkin, MD, MPH, and psychologists Alexandra Barzvi, PhD, and Lori Evans, PhD. The show discusses pediatric behavioral health and presents information in a consumer-friendly but not overly “pop psychology” fashion, based on a dialogue between experts, professionals, and people calling in. Each show includes a guest who offers cutting-edge information to listeners. Unfortunately, because the show exists on a subscription radio channel, its scope may be limited to listeners who can afford the subscription fee. This comment is not at all meant as a dig at satellite radio, but it does point out that access to good information remains dependent on income. Developing projects that create greater access for many people is necessary.

Help Your Keiki (HYK) is an innovative, interactive website for parents, children, and practitioners, which facilitates low-cost access to state-of-the-science information for pediatric behavioral health care concerns.¹¹ HYK was built to be consumer friendly and actively involved mental health consumers in its construction. The site is jargon free and presents the latest empirical information in digestible forms to consumers. In addition to teaching website visitors about treatments that work and offering them data-driven coping skills, HYK educates consumers about how to evaluate clinicians’ competence.

Conclusion

Educating consumers about psychiatric disorders and their treatment is fundamentally a public service. Spreading the word about effective treatments will empower people to get the best care. The more people know, the better they are at evaluating the adequacy of their services and the more involved they can be in their

own outcomes. Consequently, public confidence in behavioral health care can grow. Psychiatrists and other behavioral health care providers should collaborate on implementing MHL projects that provide state-of-the-science information in an entertaining, accessible, and actionable way.

Take Home Summary

Increasing mental health literacy (MHL) in young people and their families is a vitally important public health initiative. Improved mental health can lead to greater service seeking and patient empowerment. Creative and engaging MHL products are needed and should include traditional as well as innovative distribution outlets such as YouTube, podcasts, webinars, and Twitter feeds.

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Dr. Parhami will present his project, "Screening, Brief Intervention, and Referral to Substance Use Treatment (SBIRT) among Adolescents: Pediatrician Practices and Where Does Child Psychiatry Fit?" at the 2016 AACAP Annual Meeting. He will review the SBIRT framework and describe pediatrician use and barriers to use of the SBIRT framework.