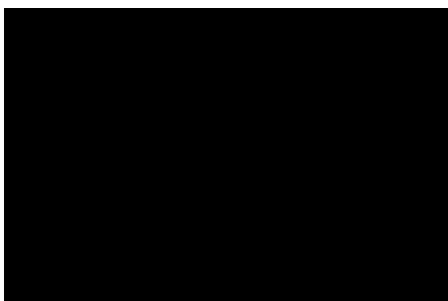


Mental Health Literacy: Tools for Individuals and Family

Thomas E. Ungar, MD, M.Ed, CCFP, FCFP, FRCPC, DABPN
Chief of Psychiatry &
Medical Director, Mental Health Program
North York General Hospital
Associate Professor, University of Toronto

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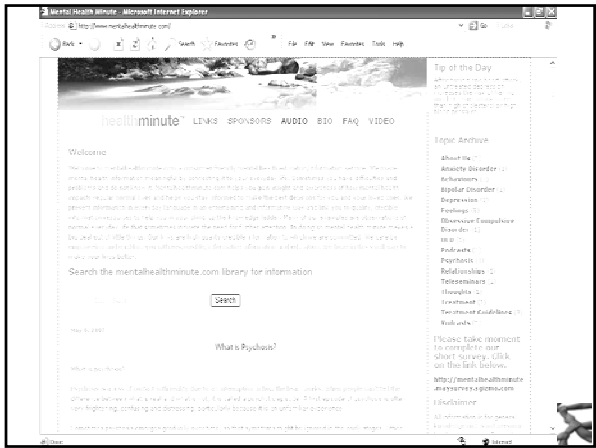


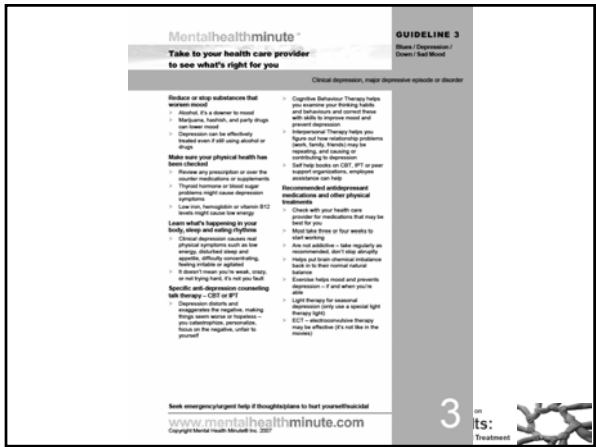
Mental Health Minute Examples

- One page treatment guidelines
- Audio minute 
- Video minute
- Tip of the day (web page)
- Recommended links
- Text

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Main Messages and Recommendations for Policy/KTE

- Knowledge Exchange and Anti-Stigma activities are interconnected, and should be coordinated
- Knowledge source must be Best Evidence Based, credible - need for a national brand
- Unmet need for better contextualized customized user friendly tools (literacy realities)
- Historic opportunity for innovative mental health KE process with scientists, clinicians, end users, creative designers and social marketers

(Ungar,T. 2008)

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- A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy, Canadian Public Health Association (2006 - Irving Rootman and Deborah Gordon-El-Bihbety)
- Health Literacy: Defined as ***“the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life course”***.

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Health Literacy: (Healthy People 2010 US Dept of Health & Human Services), (US Institute of Medicine)

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”

- Prescription bottles
- Appointment cards
- Brochures, directions, consent forms
- Ability to negotiate complex health care systems

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eHealth Literacy: Essential skills for Consumer Health in Networked world (Norman, CD, Skinner, H.A.)

Definition of health literacy: ***“The ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem”***.

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Low health literacy linked to

- Higher rates of hospitalization
- Higher use of expensive medical services

(Agency for Health Care Research and Quality Report, Literacy and Health Outcomes, January 2004)



U.S. & Canada:

Over 40% of adults have basic (or poor) literacy levels below that which is needed to optimally participate in civil society.

Stats Canada, Building on our Competencies, 2005



Scope of Problem

Report of the Expert Panel on Health Literacy CPHA 2008

- Many Canadians have the lack of level of literacy required to function.
- Health literacy varies from jurisdiction to jurisdiction.
- Health literacy is related to health outcomes (low literacy linked to low incomes and less community engagement. Both associated with poorer health and quality of life.
- Lack of systematic information in Canada and in certain populations (aboriginal, newcomers, people with disabilities, rural residents).
- Raising literacy might lead to improvements in health and lower costs.



Health Literacy Interventions

Report of the Expert Panel on Health Literacy CPHA 2008

- Few rigorous evaluations of the effectiveness of interventions in Canada or elsewhere.
- Some evidence that community based and participatory approaches held some promise.
- Daily reading and educational attainment of individuals and their parents are key determinants.

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“There is no “best practice” solution to addressing problems of literacy that fits into a single session or neatly packaged brief intervention. Rather improving literacy is a process that requires coordinated remediation and education, involving partnerships among patient-clients, practitioners, educators and community health organizations over time.”

(Cameron, Skinner)

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Skills Needed

- Visually literate
- Computer literate
- Information literate
- Numerically or computationally literate
- Oral language skills

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Over 65% of world wide web is English

Global Reach. Global Internet Statistics: Sources & References 2005

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Stats Canada 2008 – Literacy and Digital Technologies: Linkages and Outcomes

- Digital divides – within & in between nations
- In Canada- Western Canada, the territories & Ontario are leaders
- A significant decline in IT use after age 45
- Literacy and computer use are strongly related to high earnings

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Additional Challenges in Mental Health Literacy

- Illness can impair
- ⇒ cognitive function
 - ⇒ attention and concentration
 - ⇒ memory
 - ⇒ energy and motivation
 - ⇒ reality testing (delusions, hallucinations)

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The Commonly Prescribed Solution – Develop people’s mental health literacy (Top down)

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An Alternative/Additional Solution (Bottom up)

Develop more relevant, better designed,
customized, tailored, contextualized and better
placed knowledge products and enablers.

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Attitudinal Learning Prerequisite For Mental Health Literacy

The philosophic, linguistic, epistemological,
ontologic challenges for mental health literacy.

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Treatment Barriers

Rene Descartes
(1596 - 1650)

Split→Body →Mind →Organic vs Functional →"It's all in your head"

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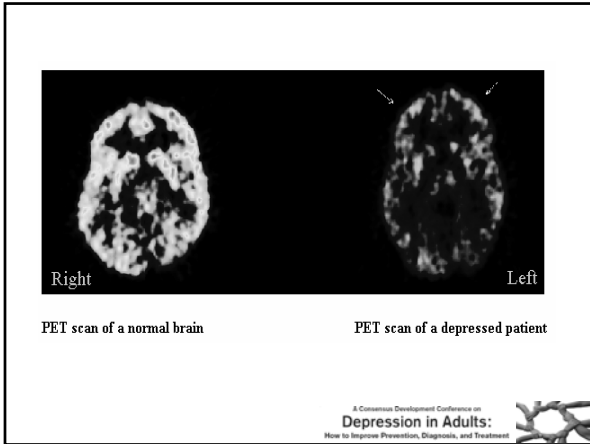
The Mind Body Split

Body
Organic
Soma
Medicine
Real
Valid

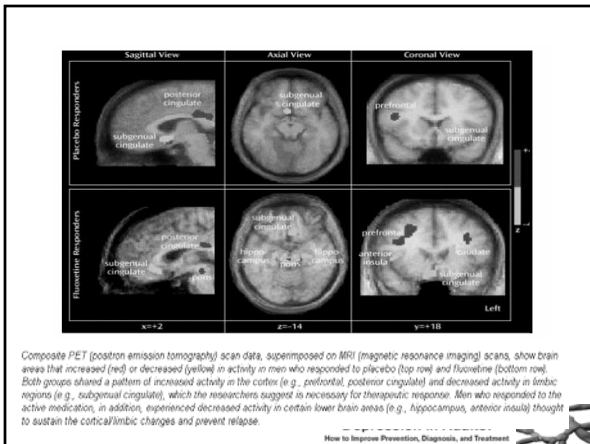
Mind
Functional
Psyche
Psychiatry
Not Real
Stigmatized

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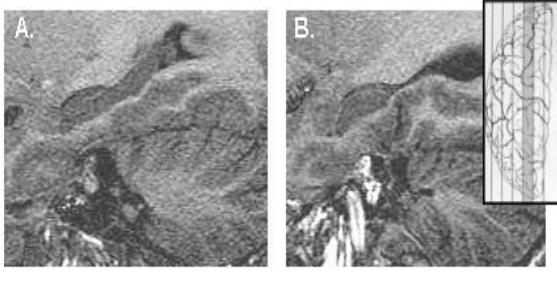








Normal Hippocampus Hippocampus after several depressions



Campbell and MacQueen, J. Psych and Neuroscience: 29(6):417-426. Nov. 2004.

Need for not only knowledge and skills, but
attitudinal learning.

Transformative learning (Mezirow)

Change the way we think about and understand
mental health.

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- Anti Stigma efforts and knowledge transfer/exchange
- Are inherently interconnected.
- Efforts should be coordinated.
- The knowledge reduces the stigma, and stigma reduction is the attitudinal prerequisite for receptiveness and learning of the knowledge.

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The Knowledge Transfer Exchange Gap

Discontinuity
&
Disjunction between
Research/Evidence and Practice

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The Knowledge Cascade

(Ungar, T. CME Congress, 2000)



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Design Issues

- Best evidence based
- User friendly
- Credible trustworthy source
- Contextually relevant, situated, and translated
(Lave & Wenger, Collins, Brown, Duguid)

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Two Tasks and Requirements for Literacy Strategy (The General and the Specific)

1. A simple, easily recognizable, accessible, credible, user-friendly, entry point (brand or info hub, synthesize, simplify, organize info)
2. Embedded tailored, customized messages and products for varied Canadian target audiences and topics. (contextualized products, services)

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Key Points for Public Education Design

- Understand the needs of the end user and their decision making practices
- Products should be understandable – plain language (Tugwell, 2007)
- Build relationships with stakeholders and include them in research design and dissemination for more effective accessibility and utilization (Milton, 2007, Lavis, 2003, Jacobson, 2007)
- Present knowledge designed to inform a broad spectrum of end users, multiple formats, with varying knowledge levels
- Interactive resources have been successful
- Ensure best evidence based credible trustworthy information (Tyshenko, 2008)

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Relevant Theory

- Needs assessment (Moore, Cordes)
- Contextual Learning (Lave, Wenger)
- Situated cognition (Collins, Brown, Duguid)
- Knowledge Transfer/Exchange (KT/KE) (Milton, 2007, Graham 2006)
- Social Marketing (Formosos, 2007)
- Empathic Design (Leonard, O., Raypport J, HBR, 1997)
- Design Skills (Tim Brown, 2008, HBR)

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An Innovative Design team

- Client/Stakeholders
- Social Marketers
- Behavioral Scientists
- Designers
- Anthropologists
- Mental Health Experts

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Science

Best evidence
based
Credible
Linear

+

Design

Art, Craft
Creative
Inspirational
Intuitive

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Opportunities

- Era of democratization of information
- Consumer empowerment – consumer centric
- Increasing access to information and technology vehicles to deliver (web etc) (Tugwell, 2007)
- MHCC and Pan-Canadian Strategy can be a historic opportunity for mental health literacy in Canada

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Pan- Canadian Strategy

(Report of the Expert Panel of Health Literacy CPHA 2008)

- Recommends a Pan-Canadian strategy on health literacy in collaboration with Existing initiatives such as the National Literacy Action Plan, and the strategy proposed by the Movement for Canadian Literacy and partners, and the Strategy proposed by the Canadian Alliance on Mental Illness and Mental Health.
- Canadian population Health Initiative's Action Plan 2007-2010 - CIHI
- Integrated Pan - Canadian Population Healthy Living and Disease Prevention Strategy – PHAC.
- That CPHA, CCL, PHAC, and Health Canada work together.

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A Few Good Examples of Depression Tools/Resources

- Tools
- Books
- Organizations
- Web Sites

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Depression

Screening Tool - 2 simple questions:

“Over the past two weeks have you felt down,
depressed or hopeless?”

“Over the past two weeks have you felt little
interest or pleasure in doing things?”

US Preventive Services Task Force
Screening for depression: Recommendations and Rationale.
Ann Intern Med, 2002;136:760-4

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Self-Report Questionnaires

- ZSRD - Zung – Self-Rating Depression Scale
- BDI - Beck Depression Inventory
- GHQ - General Health Questionnaire
- CES - D - Centre for Epidemiological Studies
- Depression Scale

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A Few Good Websites

cmha.ca
hc-sc.gc.ca
nlm.nih.gov
nmmh.ca
mooddisorderscanada.ca
canmat.org
camh.net
familyaware.org
nfcacares.org
dbsalliance.org
nami.org
heretohelp.bc.ca
fameforfamilies.com
canadian-health-network.ca

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A Few Good Books/Authors

- Night Falls Fast: Understanding Suicide,
Kay Redfield Jamieson
- In the Jaws of the Black Dogs: A memoir of
Depression, John Bentley Mays
- The Anxiety and Phobia Workbook,
Edmund J. Bourne
- Mind Over Mood, Greenberger & Padesky

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Resources

- Your family doctor
- A walk-in clinic or hospital emergency room
- Your local mental health clinic

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Messages: Tools about Major Depression

- It's not your fault (it is not you it's the depression)
- It's a real medical condition
- It doesn't mean you're weak, or unintelligent, or not trying hard enough
- It's treatable, it can get better, help is available

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- **Ask about suicide and keep asking**
- **You won't give them the idea**

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“Whatever is now proved, was once only
imagined”

William Blake, 1757-1827

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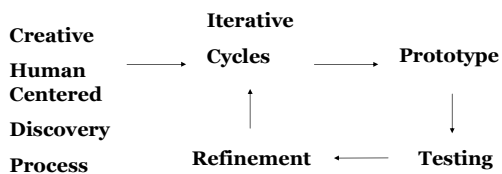
Which of the following is the strongest
prediction of a person's health (AMA, JAMA,
Feb 10, 1999)

- a) Age
- b) Income
- c) Employment status
- d) Education level
- e) Ethioracial background
- f) Health literacy

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Design Thinking & Process



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Marketing – 4 P's

- Product
- Price
- Placement
- Packaging

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**Designer's
Sensibility &
Methods**

**Credible
Evidence
Based**

**Peoples Needs
(Direct
observation of use)**



**Technology
Feasible**

**Viable Business
Strategy Feasible**

Customer Value

**Market
Opportunity**

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