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Association Between Mental Health Literacy and Stigma: A Review

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Abstract

Background: People with mental illness often do not receive proper mental health services. Lack of knowledge and social stigma are factors contributing to the low prevalence of seeking help for mental health problems. In low- and middle-income countries, only around one-fifth of the population receives adequate treatment, and this situation is similar in South Asian countries. **Objective:** The main objective of this review is to identify research on mental health literacy and stigma in SAARC countries. **Methods:** Three databases (PubMed, SCOPUS, and EMBASE) were searched up to September 20, 2022. A total of 47 articles were included in the review, of which five met the inclusion criteria. Thematic analysis was conducted to review the articles. **Results:** The relationship between mental health literacy and stigma was found to be negative, meaning that an increase in literacy decreased stigma and vice versa. The main barriers to treatment were stigma and lack of financial means to afford care. **Conclusion:** Government planners and policymakers should implement mental health literacy programs to reduce stigma and encourage help-seeking behavior among individuals with mental illness. The data highlights the positive effects of anti-stigma campaigns on mental health literacy and help-seeking.

Keywords: mental health literacy, stigma, help-seeking, South Asia, adults

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Background

Mental illness is a silent epidemic that faces significant financial and systemic challenges (Monteiro, 2015). The COVID-19 pandemic has further exacerbated mental health problems, including depression, anxiety, stress, panic attacks, anger, impulsivity, somatization disorder, sleep disorders, emotional disturbance, posttraumatic stress symptoms, and suicidal behavior (Hossain et al., 2020). Unfortunately, the majority of people with severe mental illness in low- and middle-income countries do not receive proper treatment (Luitel et al., 2015). In Nepal, only 18.4% of individuals received treatment within a 12-month period, with knowledge and attitude-related barriers being the main obstacles to accessing care (Jha et al., 2018). These barriers are closely linked to stigma and discrimination (Patel et al., 2016). Efforts to improve attitudes towards seeking help should focus on reducing stigma and increasing mental health literacy (Wrigley, Jackson, Judd, & Komiti, 2005). The stigma surrounding mental illness is a significant barrier to seeking help and receiving care (Reavley & Jorm, 2011) (Hanafiah & Van Bortel, 2015). Mental health literacy, personal stigma, self-stigma, and social support all play a role in shaping attitudes towards mental health help-seeking (Jung, von Sternberg, & Davis, 2017).

Most researches have focused solely on stigma or mental health literacy, without exploring the association between the two. Studies have shown that lower levels of mental health literacy, higher levels of stigma, and lower rates of behavioral health service use are interconnected (Benuto, Gonzalez, Reinoso-Segovia, & Duckworth, 2019). However, there have been limited studies conducted in South Asian countries compared to high-income countries. Therefore, this review has been carried out.

Objectives

This review aims at addressing the perceived barriers and mental health literacy in South Asian countries, with a specific focus on the association between mental health literacy and stigma. The main objectives of this review are to identify research on mental health literacy and stigma in South Asian countries and to identify research for planning new research in mental health literacy and stigma.

Methods

Formulation of the research question:

"What research has been conducted to investigate the association between mental health literacy and stigma in South Asia?"

Inclusion and exclusion criteria for the review:

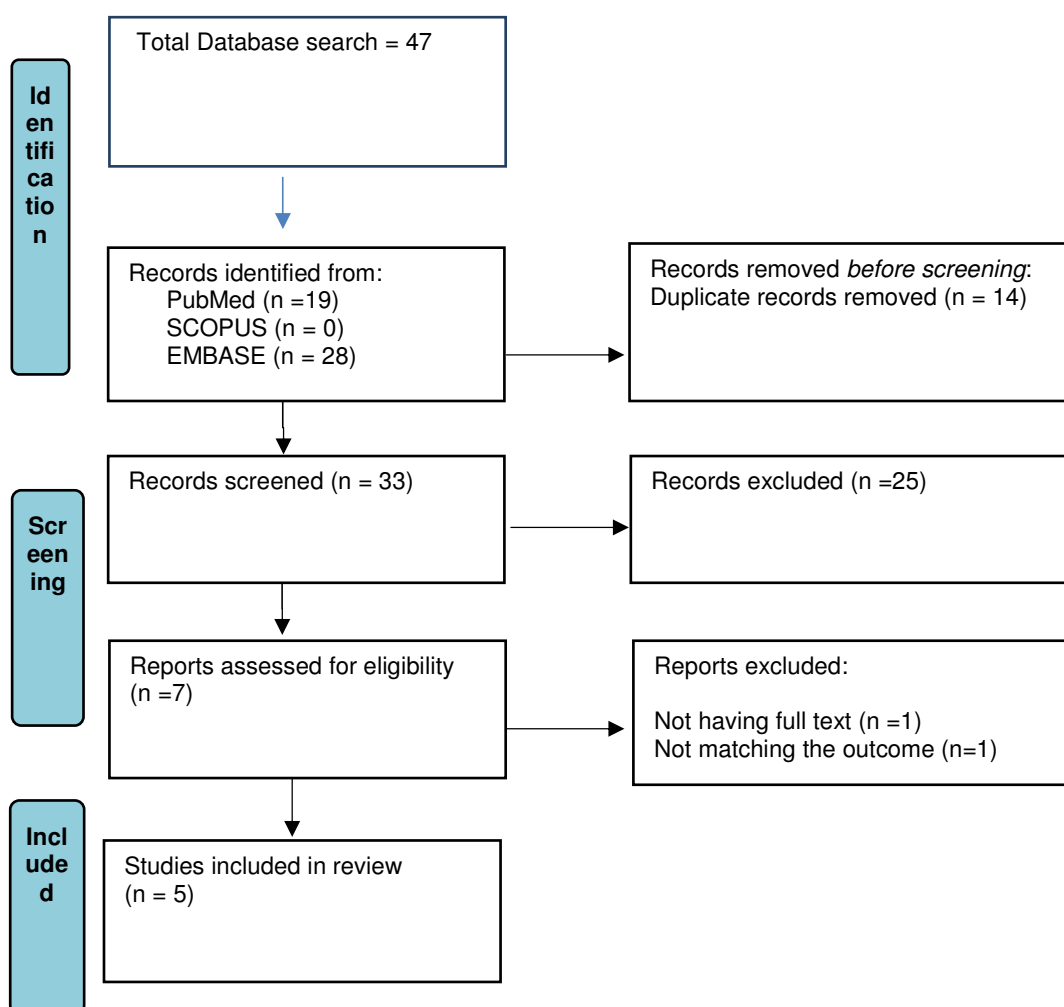
We included peer-reviewed articles published by researchers in South Asian countries. We excluded articles published in languages other than English, book chapters, conference proceedings, dissertations, editorials, and commentaries. All relevant publications were initially screened based on their abstracts and titles. Both members of the review team checked the inclusion and exclusion criteria, and any questions were resolved through discussion. After this initial screening, the full text of selected publications was considered for eligibility.

Develop a search strategy

The article conducted a systematic search to locate and select relevant studies and reports on mental health literacy and stigma. The search was performed using three databases: PubMed, SCOPUS, and EMBASE. PubMed was chosen for its frequent updates and inclusion of online articles, SCOPUS for its wide range of journals, and EMBASE for its high sensitivity scores. The search strategies used a combination of keywords and MeSH terms to represent the primary concepts of mental health literacy and stigma. Four concepts were developed, and keywords within each concept were linked using the OR operator. The search strategies are summarized in annex.

Articles included in the review

Figure 1 presents the flow chart of the included studies in the review. The initial database search returned 47 published English-language articles. Fourteen articles were removed as duplicates after uploading the list of articles to Zotero. After removing duplicates, there were thirty-three articles remaining. Zotero mechanically imports citation data from various sources, websites, and web databases (Gall, Brahmi, & Trinoskey, 2009). The reviewers then reviewed the title and abstract of the articles and found seven that met the inclusion criteria. Out of the seven articles included, one did not have full text and another did not meet the research outcome for review. This resulted in five potentially relevant items being reviewed.

Figure: 1***Flow chart of the search*****Extraction of data and analyze and interpretation results**

The reviewers re-read all the articles included in the review and entered the data into a pre-defined spreadsheet. This spreadsheet included information on study objectives, periods, and methods. Both reviewers developed the information in the spreadsheet and

then cross-checked it for accuracy and clarity. The data extraction form was based on a checklist developed by a review group and a study description and replication template from September 20, 2022. Annex table shows the search strategies used in the review, which aimed to capture the main concepts of mental health literacy and stigma. Thematic analysis methods (Joffe, 2012) were used to analyze the findings. The author focused on the conclusions and findings of research that showed a link between mental health literacy and stigma. A numerical summary and a narrative description of the findings are provided. The narrative description of the findings was reviewed using the narrative synthesis framework (Popay et al., 2006). The findings are described separately for each review article.

Results and Findings

Among the articles reviewed, two of them tested an intervention, and three were cross-sectional studies. The studies were published between 2015 and 2020, with the majority conducted in India (n = 4), and additional studies were conducted in Nepal. Most of the studies used qualitative methods (n = 3), with the remaining studies using one-to-one quantitative and mixed-methods approaches.

Study 1 revealed barriers to treatment among adults who screened positive for depressive disorder and alcohol use disorder. For depressive disorder, the proportion of individuals experiencing any degree of barriers ranged from 55% to 92.8%, and for alcohol use disorder, it ranged from 45.2% to 96.5%. The most commonly reported major barriers for depressive disorder were: inability to afford the financial cost, concern about being perceived as 'crazy', reluctance to discuss feelings, emotions, or thoughts, fear of being seen as weak for having mental health problems, and lack of support in accessing mental health care. Similarly, the most frequently reported major barriers for alcohol use disorder were: inability to afford the financial cost and uncertainty about where to seek mental health care. The main barriers to treatment were financial constraints, stigma, and reluctance to seek help due to illness (Luitel, Jordans, Kohrt, Rathod, & Komproe, 2017).

The second study suggests that promoting social inclusion for individuals with mental disorders requires improving access to mental health services, general healthcare, and employment opportunities. Some individuals with mental disorders are entrusted with household finances and contribute to the family's income, while maintaining positive social relationships. It is crucial to reduce stigma and take action at the policy and societal levels to enhance the inclusion of individuals experiencing mental distress and disorders (Mathias, Kermode, Sebastian, Koschorke, & Goicolea, 2015).

The third study implemented interventions to raise awareness about anti-stigma campaign activities, such as door-to-door campaigns, drama, and video films. However, a few participants were aware of the posters and pamphlets displayed in public places and primary health centers. Many participants mentioned that the drama and videos helped them understand the importance of not abandoning or mistreating individuals with psychological problems, but rather providing support to them. Community members reported feeling confident in approaching and encouraging individuals to seek treatment from a doctor. Concerns were raised about the accessibility of treatment-seeking (Maulik et al., 2017).

Table : 2

Articles included in the review

Study	Author	Title of the study	Interventions and Participants	Objectives	Outcome/Results
1	Luitel, Jordans, Kohrt, Rathod, & Komproe, 2017	Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal.	No interventions, number of study population 1983 age 18 years and above	Examine possible barriers to initiation and continuation of mental health treatment	The main barriers to treatment include a lack of financial means to afford care, stigma, and being too unwell to seek help. (Luitel et al., 2017).
2	Mathias, Kermode, Sebastian, Koschorke, & Goicolea, 2015	Under the banyan tree- exclusion and inclusion of people with mental disorders in rural North India.	No interventions, and 20 People with mental disorders	Interviews probed experiences of help-seeking, stigma, discrimination, exclusion, participation, agency, and inclusion in their households and communities.	Urgent need to reduce stigma and take action in policy and at all levels of society to increase the inclusion of people with mental distress and disorders. (Mathias, Kermode, Sebastian, Koschorke, & Goicolea, 2015)

Study	Author	Title of the study	Interventions and Participants	Objectives	Outcome/Results
3	Maulik et al., 2017	Evaluation of an anti-stigma campaign related to common mental disorders in rural India: a mixed methods approach.	Yes, A total of 1576 and 2100 participants were interviewed, at pre- and post-intervention	To test the changes in knowledge, attitude and behavior, and stigma related to help-seeking	The campaign was beneficial and led to the improvement of attitudes and behaviors related to mental health and a reduction in stigma related to help-seeking. (Maulik et al., 2017).
4	Maulik et al., 2019	Longitudinal assessment of an anti-stigma campaign related to common mental disorders in rural India.	Yes, A multimedia-based anti-stigma campaign with a 1417 population	To test the changes in stigma perceptions over three-time points in the rural communities where the anti-stigma campaign was conducted.	An anti-stigma campaign highlighting the positive effects of over 2 years (Maulik et al., 2019).
5	Shreevidya, 2020	Professional and psychological help-seeking behavior among college students	No any interventions, 60 college students	Understand the Professional Psychological help-seeking behavior of college students for their mental health issues and know the gender differences.	The study revealed poor attitudes among college students toward professional help-seeking for mental health and recommends increased education and awareness to reduce the perceived stigma for help-seeking (Shreevidya, 2020).

In the fourth study, the aim was to examine the longitudinal variations in knowledge, attitude, and behavior related to mental health and perceptions of seeking help for mental illness in a rural community. The most effective intervention for reducing stigma was found to be social contact. The results indicated that participants showed sustained improvement in their knowledge, attitude, and behavior towards mental health over the 2-year follow-up period, and there was a reduction in stigma associated with seeking help. This highlights the positive effects of a 2-year anti-stigma campaign (Maulik et al., 2019).

The fifth study focused on the low levels of professional and psychological help-seeking behavior among male and female college students. Only a few colleges in the state offer counseling services with trained personnel. College students with mental health issues do not seek psychiatric treatment due to the lack of affordable and accessible services, stigma surrounding mental disorders, and a lack of awareness. It is important to encourage professional help-seeking by involving teachers and college management, who can introduce campus mental health services and provide qualified intervention. This will help combat stigma and promote mental health among college students (Shreevidya, 2020).

Discussion

A narrative review is a specific type of review that provides an organized method of collecting and summarizing information on a particular subject. Unlike other systematic reviews, narrative reviews offer a comprehensive overview of existing literature, which helps to validate the article. In this review, we examine the available information on mental health literacy, help-seeking, and stigma in South Asia. Our findings reveal a connection between stigma and mental health literacy programs. The research on mental health literacy and stigma focused solely on India and Nepal in South Asia. One study was conducted in Nepal, while the remaining four were conducted in India. Two of the reviewed articles tested interventions, while the other three were cross-sectional surveys. Overall, the reviewed studies demonstrated a negative relationship between mental health literacy and stigma.

The main barriers to treatment include a lack of financial means, stigma, and being too unwell to seek help (Luitel et al., 2017). Research also shows that individuals with higher levels of education, particularly those with a degree, have lower levels of stigma and higher levels of mental health literacy (Holman, 2015). A study by Amsalem and Martin (2022) found a positive and significant effect of the Depression Stigma Scale on intervention in anti-stigma programs between active and control groups. Maulik et al.

(2019) conducted an anti-stigma campaign that highlighted the positive effects over a period of two years. It has been found that anti-stigma interventions are more effective when they focus on specific mental disorders rather than mental illness in general (Reavley & Jorm, 2011).

Increased mental health literacy and reduced stigma are associated with increased self-efficacy (Beasley, Kiser, & Hoffman, 2020). The mental health and anti-stigma campaign had positive effects, improving attitudes and behaviors related to mental health and reducing stigma around seeking help (Maulik et al., 2017). Understanding depression also reduces anxieties about stigmatized beliefs being passed on from educators to students (Miller et al., 2019). Mental health literacy was found to predict help-seeking attitudes, even when considering self-stigma and help-seeking history as significant predictors (Cheng, Wang, McDermott, Kridel, & Rislin, 2018). It is crucial to reduce stigma and take action at all levels of society to promote the inclusion of individuals with mental distress (Mathias et al., 2015). These findings have implications for targeted health promotion campaigns and increasing service utilization to address mental health disparities (Holman, 2015). After the intervention, there were significant improvements in mental health knowledge and help-seeking intentions (Booth, Doyle, & O'Reilly, 2021). It is important to address mental health literacy and self-stigma while considering demographic and psychological differences in help-seeking (Cheng et al., 2018).

Conclusions

Anti-stigma interventions that target specific disorders rather than mental illness in general are more likely to succeed (Reavley & Jorm, 2011). Research indicates that there is a negative relationship between mental health literacy and stigma, meaning that increasing mental health literacy can decrease stigma and vice versa. Implementing stigma reduction interventions can be a valuable tool in reducing stigma related to mental disorders and improving attitudes towards seeking help (Conceição, Rothes, & Gusmão, 2022). These findings can be beneficial for policymakers and mental health professionals in developing strategies to minimize barriers to care and address the treatment gap through community-level anti-stigma plans. Policymakers should prioritize anti-stigma programs to reduce barriers to seeking help for mental health issues. We recommend conducting further research on this topic.

Strengths and Limitations: This review has some limitations. It is based only in South Asia, so the results may not be applicable worldwide. Additionally, this review is conducted for academic purposes as part of authors BSW course, so it did not receive any approval or registration.

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Conflict of Interest: The authors declare no conflicts of interest.

Disclaimers: The views expressed in this publication are solely the responsibility of the authors.

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Supporting information

Search strategy and result of different data set 9/20/2022

Concept	PubMed	EMBASE	SCOPUS
Population = (1)	"adult"[MeSH Terms] OR "adult*" [Title/Abstract] OR "middle-aged"[MeSH Terms] OR "middle-aged" [Title/Abstract] OR "senior citizen*" [Title/Abstract] = 8,552,659	'adult'/exp OR 'adult*':ti,ab OR 'aged':ti,ab OR 'middle-aged':ti,ab OR 'senior citizen*':ti,ab = 11,400,602	TITLE("adult") OR TITLE ("middle-aged") OR TITLE ("senior citizen") OR ABS("adult") OR ABS ("middle-aged") OR ABS ("senior citizen") = 501,792
Mental health literacy = (2)	"mental health literacy" [Title/Abstract] OR "help seek*" [Title/Abstract] OR "help-seeking knowledge" [Title/Abstract] OR "help seeking attitude*" [Title/Abstract] OR "help seeking intention*" [Title/Abstract] OR "service use" [Title/Abstract] = 16,209	'mental health literacy':ti,ab OR 'help seek*':ti,ab OR 'help-seeking knowledge':ti,ab OR 'help seeking attitude*':ti,ab OR 'help seeking intention*':ti,ab OR 'service use':ti,ab = 18,450	TITLE ("mental health literacy") OR ABS ("mental health literacy") OR TITLE ("help seek*") OR ABS ("help seek*") OR TITLE ("help-seeking knowledge") OR ABS ("help-seeking knowledge") OR TITLE ("help seeking attitude*") OR ABS ("help seeking attitude*") OR TITLE

			("help seeking intention*") OR ABS ("help seeking intention*") OR TITLE ("service use") OR ABS ("service use") = 23,805
Stigma (3)	= "stigma"[Title/Abstract] OR "barriers to care"[Title/Abstract] OR "discrimination"[Title/Abstract] OR "stigmatizing attitude"[Title/Abstract] = 169,640	'stigma':ti,ab OR 'barriers to care':ti,ab OR 'discrimination':ti,ab OR 'stigmatizing attitude':ti,ab = 201,395	ABS ("stigma") OR ABS ("barriers to care") OR ABS ("discrimination") OR ABS ("stigmatizing attitude") OR TITLE ("stigma") OR TITLE ("barriers to care") OR TITLE ("discrimination") OR TITLE ("stigmatizing attitude") = 335,111
Country (4)	"nepal"[Title/Abstract] OR "india" [Title/Abstract] OR "srilinka"[Title/Abstract] OR "pakisthan"[Title/Abstract] OR "bhutan"[Title/Abstract] OR "maldivs"[Title/Abstract] OR "bangladesh"[Title/Abstract] OR "afaganisthan"[Title/Abstract] OR "south asia" [Title/Abstract] OR "south asian country" [Title/Abstract] = 154,747	'nepal':ti,ab OR 'india':ti,ab OR 'srilinka':ti,ab OR 'pakisthan':ti,ab OR 'bhutan':ti,ab OR 'maldivs':ti,ab OR 'bangladesh':ti,ab OR 'afaganisthan':ti,ab OR 'south asia':ti,ab OR 'south asian country':ti,ab = 204,087	TITLE("nepal") OR TITLE("india") OR TITLE("srilinka") OR TITLE("pakisthan") OR TITLE("bhutan") OR TITLE("maldivs") OR TITLE("bangladesh") OR TITLE("afaganisthan") OR TITLE ("south asia") OR TITLE ("south asian country") OR ABS("nepal") OR ABS("india") OR ABS("srilinka") OR ABS("pakisthan") OR ABS("bhutan") OR ABS("maldivs") OR ABS("bangladesh") OR

			ABS("afaganisthan") OR ABS ("south asia") OR ABS ("south asian country") = 406,913
1&2&3&4 (5)	= 21	= 28	0
5&English & human	= 19	=28	0