The Language of Understanding: Mental Health Literacy

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Nearly 20 percent of adults aged 55 years and older experience mental disorders that are not part of normal aging. Studies report, however, that mental disorders in older adults are grossly underreported, and many older adults experiencing mental disorders and emotional problems are not receiving the treatment they need (American Association for Geriatric Psychiatry, 2004). In one study looking at overall mental health services utilization of older adults in the United States, it was estimated that only half who acknowledge mental health problems receive treatment from any health care provider, and only 3 percent of those receive specialty mental health services. (Lebowitz, et al, 1997). This rate of utilization is lower than for any other adult age group.

Other studies confirm that utilization of mental health services by older adults is low, impacted by the fact that this population is less likely to perceive a need to seek help, less likely to have health insurance coverage for mental health services, and less likely to have access to trained geriatric mental health professionals (Bartels, 2003; Palinkas, et. al, 2007). Over half of older persons who receive mental health care receive it from their primary care physicians, and these physicians are often not properly trained in treating mental illness in older patients.

For example, one study looked at primary care physicians’ perception of late-life depression and their ability to recognize, diagnose and treat older patients presenting with symptoms. Nearly all of the physicians surveyed in this study felt that depression in the elderly was a primary care problem, and 41% reported late-life depression as the most common problem seen in older patients. Physicians were also confident in their ability to diagnose and manage depression, yet 45% had no medical education on depression in the previous three years (Harman, et. al, 2002).
Other evidence shows that underdiagnosis and undertreatment of late-life depression is common, especially in primary care settings. One study found that only about 11 percent of depressed patients in primary care receive adequate antidepressant treatment, while 34 percent received inadequate treatment and 55 percent received no treatment (Katon & Schulberg, 1992).

Another key factor affecting the rates of mental health services utilization is low mental health literacy. Mental health literacy encompasses an individual’s knowledge and beliefs about mental illness, and includes the ability to recognize specific disorders and acquire knowledge of risk factors, causes and treatments for common mental health problems. Mental health literacy also involves the ability to seek mental health information and to know what professional help is available (Jorm, A.F., et. al, 1997).

Low mental health literacy is a recognized barrier to receiving treatment because it can affect help-seeking behavior. A study compared a group of older adults to a group of younger adults in a primary care setting, and they found that age was a significant predictor of mental health treatment history and preferences, even after controlling for other demographic variables. The study found that older adults were less likely than younger adults to report a history of mental health treatment (29% vs. 51%) or to be currently receiving treatment (11% vs. 23%). Older adults were also less likely to indicate that they currently desire help with emotional problems (25% vs. 50%). There was also a difference between the age groups in their willingness to participate in events and programs focusing on mental health issues. Older adults reported they were less likely to attend programs targeting mental health issues (counseling, stress management) than younger adults, although they were as willing as younger adults to attend programs targeting physical health issues (healthy living class, fitness program). These
results suggest that older adults in the primary care setting may be less willing to accept mental health services than younger adults (Wetherell, et. al, 2004).

Other studies confirm that older adults are likely to experience low mental health literacy. For example, one study sought to compare mental health literacy among three groups: patients diagnosed with major depression, patients with lesser depression, and a third group of patients with no reported symptoms or diagnosis of depression at all. While the older adults with major depression had significantly more personal experience of depression and more contact with mental health care providers than the other two groups, there was little difference between the levels of mental health literacy in comparing all three groups. For example, of those with major depression, only 40% considered anti-depressants helpful, but 40% also considered they were harmful (Goldney, Fisher & Wilson, 2001). This suggests that even among patients being treated for major depression, there may be a lack understanding about the purpose and effectiveness of anti-depressant medications. The study did not examine why 40% of patients feel anti-depressant medications are harmful, but it may be because of inadequate education by the provider, or ineffective communication about the anticholinergic side-effects of some medications. Many older adults are also at risk for low health literacy in general, which makes them less likely to ask questions, report side-effects, request additional information, or seek clarification from their provider regarding treatment, including how to take their medications correctly (Institute of Medicine, 2004).

When compared to younger adults, in another study conducted in South Australia, older adults did not report greater levels of current depression although they were more likely to have seen a health care provider within the last 12 months and be taking antidepressants. But when both groups were presented with a vignette describing a patient presenting symptoms of major
depression, the older study participants were less likely to recognize these symptoms as a mental health problem, and fewer were likely to recommend treatment from a counselor or even a support group. Also, in comparison to the younger group, older patients were more likely to view treatment from a psychologist or a psychiatrist as harmful (Fisher & Goldney, 2003). This study did not ask participants to explain why they felt this way. Again, it could be from a lack of adequate education about available treatments and the role of psychologists and psychiatrists in treating depression. There also maybe a level of distrust for mental health providers as well as a stigma of shame about psychiatric treatment that is more prevalent among older adults than younger adults.

There are other differences between older and younger adults based on values and beliefs. For example, older adults are more likely to hold a belief in self-reliance that could limit their willingness to accept treatment for mental health problems (Wetherell, et. al, 2004). In another study that examined mental health literacy in three racially diverse groups of older adults, they found that many older adults feel that combating depression is primarily an internal and individual task, and consider help from mental health professionals, health care providers and support groups to be secondary. One contributing factor is patients’ acute awareness of the demands on their primary care providers’ time. It is almost as if they do not want to “bother” their provider with emotional concerns. However, the majority of older adults included in the study expressed a willingness and desire to discuss psychosocial problems. Within the black Caribbean group, conversing with God through prayer was seen as an effective means of overcoming depression, while a large proportion of South Asian participants identified families as an important source of help (Lawrence, et. al, 2006).
While there may not be sufficient evidence to show that family support, spiritual guidance, and community support groups are effective in helping older adults manage depression and other mental health issues, there is strong reason to believe these things are beneficial. Still, it is disconcerting that nearly half of older adults with mental health issues are not receiving the care and treatment they need. Low mental health literacy, together with beliefs and values that may not reflect the current perception of mental health services and professionals by younger adults, is a key factor in underutilization of mental health services by older adults.

Some recommendations may help close the gap between the number of older adults experiencing mental health issues and the number of older adults who are receiving proper care and treatment:

First, there is a need to communicate that depression and other mental health issues commonly experienced by the elderly require formal help from not only primary care providers, but also mental health professionals. Because many older adults are under the care of a primary care provider, patients should be educated that it is acceptable to voice their concerns about emotional and mental health concerns during primary care appointments.

Second, primary care providers need continuing medical education in the recognition, diagnosis, and treatment of emotional and mental health care issues presented by older patients. This training should also include education on available community resources as well as establishing a process for referring patients to mental health care professionals when appropriate.

Third, health information campaigns need to be developed with specific, tailored messages targeted to older adults. A key area of education should include how to recognize the signs and symptoms of common emotional and mental health issues experienced by older adults, including anxiety, depression, and other mood disorders. Education should also focus on
available treatments and their effectiveness, including the use of medications and counseling by a mental health professional. Efforts should be made to counter any stigma of shame that older adults may attach to emotional and mental health issues and treatments. Education should also focus on changing outdated beliefs, values, and perceptions older adults may have about seeking help from mental health professionals and other health care providers.

Fourth, emotional and mental health services need to be included in the evolving models of effective, holistic, patient-centered care. This will require, in many cases, redesigning how health care is delivered currently to older adults. It will also require changing the way mental health services are currently reimbursed through the Centers for Medicare and Medicaid and other payers, including public and private health plans.

And finally, more research is needed to understand the affects of low mental health literacy, as well as to develop interventions, education, and communication strategies that will effectively increase mental health services utilization among the growing older population.
References


