

View Point

**Laying the foundation for a robust Public Mental Health with Mental Health Education**

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**Abstract**

Mental illness places a huge socioeconomic burden on the community and is hence a major public health issue. One in four adults suffers from some or the other forms of mental illness in any given year. Mental Health along with physical health accrues the strong foundation for lifelong health and wellbeing. Shortage of Mental Health services is an issue of significant concern with Mental Health Systems becoming overburdened and short-staffed. One cost effective way of reducing this ever-increasing burden is by early prevention and promotion in mental health. Public Mental Health primarily works on promotion of mental health that allows people to embrace healthy lifestyles and foster environments that are conducive of good health. Mental Health can be enhanced by effective public health interventions. One of the core essential and important services of Public Health is Policy development through Information, Education, and Empowerment of people about health issues using culturally appropriate Health Education methodologies. This can bring down the stigma by creating awareness on prevalence of various Mental Health problems and services available that would enable one to reach out and seek help at the right time. Sharing the knowledge and skills more efficiently through good Mental Health Education practices can enhance the Mental Health literacy of the population and thereby contribute to the overall public Mental Health.

**Key words:** Public Health, Mental Health Education, Public Mental Health

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## Background

Good Mental Health lays the foundation to accrue good physical health; for without the former, one cannot fully achieve the latter. Mental illnesses contribute to the substantial burden of diseases worldwide. Mental Health issues are rising in the community at alarming levels and most illnesses affect the young and productive age groups of population, leading to increased disability burden, as well as the socioeconomic burden. Poor working knowledge and understanding of mental disorders in many communities have time and again been highlighted in studies conducted in India and across the globe. In the town of Agaro in Ethiopia, researchers had conducted studies to assess the perception of Mental Health problems by a community. Results showed a significant number of people had connected supernatural powers as causal agents of various Mental Health problems. This finding resonated with the findings of other studies conducted in Ethiopia and other African studies<sup>1</sup>. Developing countries like India and Morocco have studies to indicate diverse attributions of the symptoms of schizophrenia such as supernatural events, difficult life events, use of drugs and heredity or personality deficiencies<sup>2</sup>. Similarly in Iraq, one study indicated that the population did have a fair understanding of the various causes of mental illness, wherein although God's punishment and personal weakness were viewed as a significant cause, other causes mentioned were genetic factors, brain disease, negative life events, and substance abuse<sup>3</sup>. Hence, large-scale public health measures targeting the community at large, with multi-pronged strategy addressing the preventive, promotive, treatment and rehabilitation approaches will be beneficial. Facilitating empowerment through enhancement of knowledge, attitude and beliefs regarding the prevention, early recognition, and management of Mental Health problems commonly referred to as Mental Health Literacy

(MHL) is crucial<sup>4</sup>. Mental Health professionals need to share their knowledge and skills more efficiently through good Mental Health Education practices and enhance the Mental Health literacy of the population and thereby contribute to the overall public Mental Health.

## Connecting the Dots - Health, Mental Health, Public Health and Health Education

The definition of Health as articulated by the World Health Organization (WHO) is "a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity"<sup>5</sup>. Health, in the wider context, is an interface of body and mind, with an equal balance placed on a constructive social environment and wellbeing, harnessing elements of happiness and prosperity. WHO defines Mental Health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"<sup>6</sup>. Public health is the "science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals"<sup>7</sup>. Public health is incomplete in the absence of Public Mental Health and investing in the same can enhance population well-being and decrease vulnerability against illness, aid in recovery, reduce stigma thereby contributing to decreased prevalence of mental illness. Public Mental Health utilizes a life course approach, which is also systemic in nature when focusing on goals of prevention and promotion. In the broader realm of public health, Health Education is a focused sub-discipline, and is defined as "consciously constructed opportunities for learning, involving some form of

communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health”<sup>8</sup>.The definition incorporates health literacy component whereby an individual is empowered to make decisions w.r.t to his/her own health including changing lifestyles and living conditions.

## **Evolution of Health Education**

The very fact that an individual’s behavior is critical to sowing the seed of ‘Health’ provided the impetus to the origin of Health Education as a skilled scientific field in itself. Traditionally, when health was conceptualized as merely an absence of disease, Health Education was completely based on prescriptive medical practice model, that was more a one-way path with no active participation from other key stakeholders. This was often labelled as a medical approach<sup>8</sup>.This highly influential approach did not take into account socioeconomic and cultural factors of behavior change and nuances of individual decision-making process w.r.t health.This seriously started to wobble the primary objective of Health Education. With no effective outcomes being noticed, the focus shifted to behavioral determinants of health, which was a major breakthrough, as health began to be considered as the sole prerogative of the individual and it is the individuals’ decisions on their lifestyle that would ultimately lay the path for a healthy life. Health Educators were brainstormed to take a rejig at the level of program planning to include individuals in the community as key stakeholders alongside health professionals where the latter function more as facilitators than being decision makers for meeting individual health goals. This paved the way to initiate data collection through Mental Health Education may be targeted at various audiences like teachers, adolescents and professionals through various mediums, online and off line, through promotive, preventive or educative approaches. It is also imperative to evolve Mental

various means such as focus group discussions, in-depth interviews and surveys from intended target populations, in order to understand their attitudes, beliefs, practices and needs on health related topics; their limitations on the practical applications of behavioral lifestyle modifications, as well as socioeconomic determinants of health. Individuals were then suggested to make changes in their behaviors based on the information collected from them and in a manner that was conducive to their socio cultural milieu. This led to major shift in the manner in which Health Education was delivered, from a top-down to a collaborative and participatory approach.

## **Mental Health Education in the realm of Public Health: Going forward**

Health Education is crucial to Public Health. Mental Health problems are a major public health issue. The National Mental Health Survey of India 2015-2016 grossly estimated the mental morbidity for adults as 10.6% and the lifetime prevalence as 13.7%<sup>9</sup>. An estimated 150 million people in the country need Mental Health intervention at some point of their lifetime, including both acute and chronic care, in both the urban and rural populations. There is a marked lack of Mental Health awareness in the country, which combined with other factors such as stigma, diverse culture, ethnicity, comorbid illness, limited human resources for Mental Health care and poorly integrated service delivery systems, leads to poor Mental Health care. Thus, going forward Public Mental Health requires a robust foundation of Mental Health Education to maximize the impact on the Community. Mental Health can be effectively enhanced by Mental Health Education interventions.

Health Educators who would be individuals in the community who may or may not be Mental Health professionals and who could be more practically effective in engaging their community Developing a group of Mental Health Educators, such as college

students, homemakers, industrial workers, would be useful as they would cater to their respective community sub-groups or to the larger community by increasing awareness about the presence of wide spectrum of mental health problems, common myths and misconceptions about the same, resources and treatment options available. All these lead to enhanced help seeking behavior amongst members of the community. Mental Health Educators could also significantly contribute to the betterment of the community by being vocal advocates of right to autonomy, right to seek information about treatments, exclusion brought about by stigma associated with mental disorders, importance of promotion and prevention in schools, places of work and neighbourhoods, necessity for services that would facilitate active community engagement and violation of human rights of those suffering with mental disorders. Mental Health Educators need to be grounded to reality and take a holistic path in increasing the health literacy of the target population. Both Health practitioners and Mental Health Educators need to work hand in hand to spin the bio psycho socio economic wheel to address the wide array of determinants of health. When Mental Health-related interventions are planned and implemented in the community, Mental Health Educators can be key stakeholders and be involved in the monitoring, evaluation, and communication of the crucial outcomes. The feedback loop thus helps to separate out the ineffective strategies and thereby preventing wastage of valuable resources. Mental Health Educators need to develop the skills to convene and manage Mental Health-related debates, develop the sense of accountability among a variety of stakeholders. Mental Health Educators need to collaborate and develop new partnerships that can together complement each other in working towards the Mental Health promotion of the community. Leveraging on their potential multitasking community engagement skills, they could bridge the gap between the public and policy makers to make health-related decisions in the best interest of the

community. Mental Health Education and Mental Health Educators could thus play a crucial role in filling the void of public Mental Health thereby minimizing the health disparities.

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