

Julian Ashton

## Taking stock of mental health

In this issue, we have papers from Finland, Australia, Indonesia and the USA. Joanna Cresswell-Smith and her co-authors, in Helsinki, have been navigating relatively uncharted waters with a systematic review on measures of positive mental health literacy. The final studies included three measures assessing participants' knowledge of positive mental health. The term "mental health literacy" was first introduced in 1997, and it was defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm *et al.*, 1997). The idea of *positive* mental health literacy is to give less emphasis to mental illness, and more on how to find and maintain mental health. The systematic review concluded that the best example found was The Mental Health Promoting Knowledge (MHPK-10) measure devised for use in adolescent/young age groups (Bjørnsen *et al.*, 1997).

The rest of the issue deals in various ways with groups of people who tend to find barriers to playing a part in society. Tania Dey and Andreas Cebulla, in Adelaide, used data from two cohorts of the extensive Australian Longitudinal Study on Women's Health. One cohort, born between 1973 and 1978, was surveyed in 2003 and in 2018. The other cohort was born between 1994 and 1999, surveyed in 2019, so both cohorts were captured at similar ages. A wealth of data was available, with which the authors were able to derive patterns and associations. Between the survey dates of the first cohort, it became considerably harder for single parents to claim benefits. Financial factors are found to relate to mental health, which is to be expected, but there are more detailed findings of interest. It is noted that the effects of the global recession, post 2008, were relatively minor in Australia.

The next paper is about peer stigma in relation to mental health in adolescents, from Aiyub Aiyub and colleagues, in Banda Aceh, also looking at anti-stigma strategies. This is a comprehensive qualitative study. Interviews were carried out with teachers, lecturers and school health professionals, while the authors responded to the pupils' preference to have focus group discussions. The pupils gave extensive contributions, prompted by questions such as: "If your friend experiences a mental health problem, what would you do?" and "What would you do to minimise mental health stigma among adolescents?" The first of these questions corresponds to a key part of Mental Health First Aid. The second helped to shape the conclusions of this research, recommending ways of dealing with adverse effects of peer stigma, including the promotion of mental health literacy; and expanding access and quality of mental health services. The effectiveness of initiatives to reduce this kind of stigma has had little research, but one exemplary study was done in 2005 (Crisp *et al.*, 2005):

A population survey before the start of the Changing Minds campaign showed that negative opinions about people with mental illnesses were widely held, and that opinions about different disorders differed in important ways. We repeated the survey 5 years later, when the campaign had ended.

The pattern of response in this second survey resembled that in the first. However, there were significant changes. Though often small, apart from reported opinions concerning treatment and outcome, they were all reductions in the percentages of stigmatizing opinions.

Julian Ashton is based at NIHR Research Design Service (SW), Abingdon, UK.

A team from Washington D.C. and Maryland present a study of what would be referred to as young offenders in the UK, looking at the effects of a community-based mentoring programme. Prosocial attitudes were measured, and while the results did not reflect the relevant offences, they could predict the likelihood of re-offending. Such a mentoring programme has parallels in many contexts. In my own area, Thames Valley, the Violence Reduction Unit has many initiatives. One of those with the aim of prevention is for children with a parent in prison [www.tvvru.co.uk/what-we-do/early-intervention-prevention/](http://www.tvvru.co.uk/what-we-do/early-intervention-prevention/)

Young people who make progress to get themselves on track, may still have a problem with laws and regulation:

*A grasshopper sat on flagstone and wept*

*With a sorrow that few surpass*

*He had painfully mastered his letters and leapt*

*To a place where he knew an inscription was kept*

*It said "Keep of the grass"*

(Piet Hein)

## References

Bjørnsen, H.N., Eilertsen, M.E.B., Ringdal, R., Espnes, G.A. and Moksnes, U.K. (2017), "Positive mental health literacy: development and validation of a measure among Norwegian adolescents", *BMC Public Health*, Vol. 17 No. 1, p. 717.

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Jorm, A., Korten, A., Jacomb, P., Christensen, H., Rodgers, B. and Pollitt, P. (1997), "Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment", *Medical Journal of Australia*, Vol. 166 No. 4, pp. 182-186.

## Further reading

Hein, P. (1969), *More Grooks*, Hodder & Stoughton, London.