Open Journal of Geriatrics

ISSN: 2639-359X

Volume 1, Issue 2, 2018, PP: 1-6

Mental Health Literacy and Attitudes about Mental Disorders among Younger and Older Adults: A Preliminary Study

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Abstract

Mental health literacy refers to knowledge and beliefs about mental disorders which aid their recognition, management, or prevention. Little is known about the mental health literacy of older adults, a population known to under-utilize mental health services. In this study, a new measure of mental health literacy, the Symptom Identification Scale (SIS), was created to measure knowledge about symptoms of anxiety, depression, mania, and personality disorders. Younger adults (N = 409; M age = 20.2 years) and older adults (N = 40; M age = 71.6 years) completed the SIS and a measure of attitudes about mental disorders. Participants were most knowledgeable about symptoms of depression (60% correct) with relatively limited knowledge about personality disorders (34% correct), anxiety disorders (33% correct), and mania (30% correct). Regarding age-differences, two effects approached significance: younger adults had greater knowledge about anxiety disorders ($p < .07$) whereas older adults had greater knowledge about personality disorders ($p < .06$). Regarding attitudes, older adults expressed more favorable attitudes about depression ($p < .05$) and mania ($p < .03$) than younger adults. Across age groups, women were able to accurately identify more symptoms of depression ($p < .001$) than men, and women had more favorable attitudes toward anxiety ($p < .006$) and depression ($p < .003$) than men. These results show generally poor mental health literacy across age groups, although older adults expressed more positive attitudes about some disorders. An implication is that vigorous educational efforts are needed to improve knowledge about mental disorders, as this is a primary barrier to seeking services.

Keywords: *aging, elderly, mental health literacy, Symptoms Identification Scale, personality disorders*

Introduction

Mental health literacy refers to knowledge and beliefs about mental disorders which assists individuals in recognizing, managing, and preventing mental disorders. (Jorm, 2000). More specifically, Jorm described the framework for this definition as including the following features: the ability to recognize specific disorders or different types of psychological distress; knowledge and beliefs about risk factors and causes; knowledge and beliefs about self-help interventions; knowledge and beliefs about professional help available; attitudes which facilitate recognition and appropriate help-seeking; and knowledge of how to seek mental health information. This critical framework emphasizes that personal knowledge is as important as professional knowledge. The ability to manage mental health symptoms comes from being able to correctly identify the kinds of symptoms one is experiencing, to correctly identify the need for treatment, and to successfully communicate the symptoms to mental health professionals, which leads to more efficient treatment (Jorm, 2000; Jorm, Barney, Christensen, Highet, Kelly, & Kitchener, 2006).

Unfortunately, little is known about the mental health literacy of older adults, a population that is booming across much of the developed world but

also a population known to significantly under-utilize mental health services (Karel, Gatz, & Smyer, 2012; Segal, Qualls, & Smyer, 2018). Although rates of most mental disorders are lower among older adults than younger adults, a significant percentage of older adults (estimated at about 15% to 20%) suffer from a diagnosable mental disorder (Institute of Medicine, 2012). Regarding the literature on mental health literacy and older adults, several early studies used vignettes to assess knowledge of mental disorders. For example, Fisher and Goldney (2003) found that older adults were less likely than younger adults to correctly diagnose the individual in the vignette with depression. Similarly, Farrer, Leach, Griffiths, Christensen, and Jorm (2008) reported that older adults performed more poorly than younger age groups at correctly identifying depression and schizophrenia from vignettes. In a more recent vignette study, Hadjimina and Furnham (2017) found that older people and men had lower mental health literacy specifically about anxiety disorders. Wetherell et al. (2009) took a slightly different approach, asking younger and older respondents to identify symptoms of anxiety and depression from a list of diagnostic criteria, but their findings were similar to prior studies in this area: older adults were less accurate than younger adults in correctly identifying symptoms of anxiety and depression. To our knowledge, no studies have examined mental health literacy for mania (the main feature of bipolar disorder) and personality disorders.

In this study, we created a new self-report measure of mental health literacy, the Symptoms Identification Scale (SIS), to measure knowledge about symptoms of anxiety, depression, mania, and personality disorders, according to diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; American Psychiatric Association, 2013). We also examined whether there are age and gender differences regarding attitudes about anxiety, depression, mania, and personality disorders.

Method

Participants and Procedure

Younger adult college students (*N* = 409; *M* age = 20.2 years; range = 18 to 29 years; 92% White/Caucasian; 71% women) and community-dwelling older adults (*N* = 40; *M* age = 71.6 years; range = 65 to 89 years; 90% White/Caucasian; 63% women) participated in the study. Young adult participants were undergraduate psychology students at the University of Colorado at Colorado Springs (UCCS), who received extra credit for their participation. Older adult participants were recruited via an existing research database maintained by the UCCS Gerontology Center, comprised of older adults who voluntarily opted to be contacted about participation in research studies. All participants completed anonymously the questionnaire packet. The procedures, protocol, and informed consent for the present study were approved by the UCCS Institutional Review Board.

Measures

The Symptom Identification Scale (SIS) is a new self-report measure that was created for this study. It is a 147-item scale that asks participants to identify symptoms for depression, anxiety, mania, and personality disorders based on diagnostic criteria from the *DSM-5*. Each symptom of each disorder was used to construct an item for the measure. Specifically, items were developed for all symptoms of Major Depressive Episode, Manic Episode, each anxiety disorder (including PTSD), and each of the 10 *DSM-5* personality disorders (paranoid, schizotypal, schizoid, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive). Scores for the SIS range from 0 to 147 with higher scores indicating better knowledge.

The Personal Depression Stigma Scale-Revised (PDSS-R; Griffiths et al., 2006; Wang & Lai, 2008) is a 9-item self-report scale that asks participants to rate their attitudes toward individuals who have depression. The scale was modified to apply to anxiety, mania, and personality disorders by interchanging the term for each disorder. Possible range of scores for assessing total attitudes toward each disorder (depression, anxiety, personality disorders, and mania) is -72 to +72. The potential range of scores per attitudes subscale is -18 to +18. Therefore, higher scores indicate more positive attitudes toward individuals who have the specified disorder. No prior

data were available about the psychometric properties of the PDSS-R with older adult respondents.

Results

Internal consistency for SIS scores was high for the Total score (Cronbach's α = .86) and adequate for the subscales (See Table 1). Participants were most knowledgeable about symptoms of depression (60% correct) with relatively limited knowledge about personality disorders (34% correct), anxiety disorders (33% correct), and mania (30% correct). Regarding age-differences, two effects approached significance: younger adults had greater knowledge about anxiety disorders ($p < .07$) whereas older adults had greater knowledge about personality disorders ($p < .06$) (See Table 1). Regarding attitudes, older adults expressed more favorable attitudes than younger adults about depression ($p < .05$) and mania ($p < .03$). As can be gleaned from Table 1, 6 of the 10 scales (across the two main measures) had small to medium effect sizes (Cohen's *d*).

With regard to gender and across both age groups, women were able to accurately identify more symptoms of depression ($M = 5.49$, $SD = 1.91$) than men ($M = 4.68$, $SD = 2.15$; $t(447) = 3.91$, $p < .001$; Cohen's $d = .40$, medium effect size), and women had more favorable attitudes toward anxiety ($M = 6.24$, $SD = 5.25$) than men ($M = 4.69$, $SD = 4.85$; $t(424) = 2.85$, $p < .006$; Cohen's $d = .31$, small to medium effect size). Women also had more favorable attitudes toward depression ($M = 6.20$, $SD = 5.33$) than men ($M = 4.44$, $SD = 5.04$; $t(425) = 3.17$, $p < .003$; Cohen's $d = .34$, small to medium effect size). There were no significant age by gender interaction effects.

Discussion

The aims of this study were to examine age and gender differences regarding basic mental health literacy and attitudes about several specific types of mental disorders, including two disorders that had not been studied previously (i.e., mania and personality disorders), using symptoms from the *DSM-5*. Our results showed poor mental health literacy across age groups, ranging from 60% correct (depression) to 30% correct (mania). Indeed, although knowledge about depression was better than knowledge for the other disorders included in this study, one could still argue that knowledge of depression was poor.

Regarding age-differences, the finding that younger adults had greater knowledge about anxiety disorders is potentially alarming given the fact that anxiety disorders are among the most common forms of psychopathology in later life (Segal et al., 2018). Our finding of poorer mental health literacy among older adults (specifically for anxiety) is consistent with the results from Hadjimina and Furnham (2017). We were surprised to find that older adults had better knowledge than younger adults about personality disorders, suggesting that mental health literacy across age groups may vary by disorder. We also found that older adults expressed more positive attitudes about depression and mania than younger adults, which runs counter to the stereotype of intense stigma of mental disorders among the current cohort of older adults.

We found that women had somewhat better literacy than men, across age groups, especially for depression. The extant literature on this topic is rather mixed, with studies finding a similar advantage for women (e.g., Cotton, Wright, Harris, Jorm, & McGorry, 2006; Hadjimina & Furnham, 2017) or no sex differences in mental health literacy (e.g., Piper, Bailey, Lam, & Kneebone, 2018). Interestingly, we are not aware of any studies that have reported greater literacy for men.

Poor or compromised mental health literacy must also be considered in the larger context of other barriers to appropriate mental health services among younger and older adults. Indeed, barriers to treatment are best conceptualized as operating in a system, in which multiple barriers often interact to prevent or hinder appropriate treatment seeking behaviors for those in need (Pepin, Segal, & Coolidge, 2009; Pepin, Segal, Klebe, Coolidge, Krakowiak, & Bartels, 2015). In addition to poor mental health literacy, some other common barriers include practical concerns such as worry about how to pay for services and perceptions of poor availability and training of clinicians, as well as more personal concerns regarding stigma and poor knowledge about treatments and how to access them.

An understanding of mental health literacy for older adults should also occur in the context of the larger topic of health literacy in general. Indeed, older adults are known to have poorer health literacy than younger adults, possibly due to cognitive declines experienced by many older adults and sensory declines in hearing and vision, both of which can contribute to a lowered ability to understand health information (see review by Chesser, Woods, Smothers, & Rogers, 2016). Future studies should formally investigate the impact of cognitive changes specific to mental health literacy among older adults, as well as the possible impact of other psychosocial factors such as personality and coping styles.

A strength of the present study was its focus on mental health literacy regarding several specific kinds of mental disorders, rather than a narrower focus on one or two mental disorders. We believe this is the first study focusing on literacy about personality disorders, a category of mental disorder that is exceptionally difficult to fully understand, even among mental health professionals. These strengths notwithstanding, several limitations of the present study are important to note. First, the study was comprised of fairly homogeneous, non-clinical samples with little ethnic diversity. Studies of mental health literacy in diverse minority samples, including diverse psychiatric and treatment-seeking samples, are sorely needed. Secondly, although we studied basic literacy about several important types of mental disorders, namely anxiety, depression, mania, and personality disorders, we did not assess literacy about other important disorders, such as schizophrenia, substance use disorders, somatic symptom disorders, and neurocognitive disorders, and we encourage further studies of these topics.

It is clear that ongoing and robust educational efforts are needed to help members of the general public become more informed about the nature of mental disorders, their treatments (including psychologically-based approaches like psychotherapy, and biologically-based approaches including psychiatric medications) and how to access services. These efforts might include community-based education (which can address needs of specific communities) and national mental health campaigns. We think the time is ripe for initiatives of this nature, with the goal to increase access to mental health care for all individuals in need.

Table 1. *Internal Scale Reliability for the Symptom Identification Scale and the Personal Depression Stigma Scale-Revised among the Full Sample*

Symptom Identification Scale

	Items	Cronbach's α	Mean	% Correct
Total (Overall)	147	.86	52.37	35.6
Anxiety	52	.75	17.52	33.7
Depression	9	.62	5.40	60.0
Mania	7	.54	2.11	30.1
Personality disorders	79	.90	26.75	33.9

Personal Depression Stigma Scale-Revised

	Items	Cronbach's α	Mean
Total (Overall)	36	.90	16.58
Anxiety	9	.77	5.90
Depression	9	.74	5.61
Mania	9	.66	1.97
Personality disorders	9	.63	2.79

Table 2. *Mental health literacy and attitudes about mental disorders among younger adults and older adults*

	Younger Adults		Older Adults		t-test		
	M	*SD*	*M*	*SD*	*t*	*p*	*Effect size**
Mental Health Literacy (SIS)							
Total	49.20	16.62	50.80	18.52	-.58	.57	.09
Anxiety	17.39	6.20	15.53	6.11	1.82	.07	.30
Depression	5.28	2.01	4.95	2.10	.98	.33	.16
Mania	1.57	1.27	1.63	1.15	-.24	.81	.05
Personality Disorders	24.96	11.63	28.70	13.01	-1.92	.06	.30
Attitudes (PDSS-R)							
Total	15.96	17.35	20.13	12.35	-1.45	.15	.28
Anxiety	5.78	5.29	5.73	3.86	3.32	.95	.01
Depression	5.52	5.35	7.29	4.50	-1.97	.05	.36
Mania	1.96	4.88	3.75	4.00	-2.13	.03	.40
Personality Disorders	2.69	4.65	3.81	3.60	-1.42	.16	.27

Note. Scores for SIS represent percentage correct for each disorder. Scores for PDSS-R represent means for each disorder.

* = Cohen's *d*: .20 = small, .50 = medium, .80 = large

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Citation: **Tahlia L. Bragg, MA, Daniel L. Segal, PhD, Frederick L. Coolidge, PhD.** *Mental Health Literacy and Attitudes about Mental Disorders among Younger and Older Adults: A Preliminary Study. Open Journal of Geriatrics. 2018; 1(2): 1-6.*