

## CHAPTER 3

### **Creating Public Awareness in Asia of Depression as Treatable and Suicide as Preventable**

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#### **Abstract**

Improving public understanding of depression and suicide may help reduce stigma and increase help-seeking. Most of the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project have undertaken public education campaigns to create awareness of depression as treatable and suicide as preventable. These have varied in scope: some are national, large-scale and multi-faceted, and others are more local, targeted, and single-dimensional. Evaluating these community-based programmes can be difficult for a number of reasons, but every effort should be made to demonstrate their effectiveness by showing that they increase knowledge about depression and, more importantly, increase help-seeking by persons who are depressed or at high risk of suicide.

Suicide and depression are serious, inter-related public health problems, accounting for a significant proportion of the overall global burden of disease (Lopez et al., 2006). The World Health Organization (WHO) estimates that by 2020 depression will be the most important single cause of disability in both the developed and the developing world. Globally, the majority of persons with depression and other mental disorders related to suicide do not receive treatment, so this health burden and disability could be substantially reduced if more people with depression and related disorders received adequate treatment and other interventions aimed at reducing the risk of suicide.

Failure to receive treatment can be caused by a variety of factors. In some instances appropriate treatments are unavailable and/or primary care physicians and other professionals are ill-equipped to provide care (see Chapter 8). In other cases, a lack of public understanding of depression and suicide or the stigma associated with psychological problems prevents at-risk individuals from seeking needed care.

For this reason, many countries have put in place activities aimed at educating the public about suicide and depression, that is, improving their 'mental health literacy' (Jorm et al., 1997). The current chapter describes the efforts of the countries involved in the Strategies to Prevent Suicide (STOPS) project in this regard.

**Public education activities in Asian countries**

With the exception of India and Viet Nam, all of the Asian countries involved in the STOPS project are undertaking depression and suicide awareness-raising activities. Most are being conducted by government health departments, supplemented by non-governmental organizations, although in Pakistan and Sri Lanka the initiatives are conducted entirely by nongovernmental organizations. A few are large-scale, multi-faceted national programmes while others are local programmes that tend to involve more targeted, single-dimensional approaches.

Japan provides a model of a multi-faceted programme and is the only one of its kind to have demonstrable measures to evaluate its success. Japan's Ministry of Health, Labour and Welfare in cooperation with Akita University introduced a community-based public health suicide prevention programme. The project targeted six towns in Akita, a prefecture with the highest suicide rate in the country, and used six other towns in the prefecture as a control group. In addition to raising public awareness, the project provided specialist training in suicide prevention, screening for depression, counselling for those who needed it, and communal activities for senior citizens to decrease isolation. The project was able to demonstrate significant reduction of suicide in the targeted towns (Motohashi et al., 2007). This success has encouraged the government to fund comparable projects in other prefectures with high suicide rates.

In Australia, general mental health public education has occurred via beyondblue, an independent group that receives funding from the government, some state and territory governments, and private sources. It has reached the public in a national public awareness campaign run in cinemas and on television, commentaries about depression in print and broadcast media, pamphlets, posters and a website. It has used innovative methods including supporting a play about the psychiatrist who discovered the value of lithium for treating bipolar disorder. Beyondblue has also undertaken community-based forums and projects aimed to decrease the stigma associated with depression and anxiety and raise awareness of depression among particular groups (Pirkis et al., 2005).

The Republic of Korea has undertaken national public awareness programmes sponsored by the Ministry of Health and Welfare, and the Korean Association for Suicide Prevention. Supported by private companies, these initiatives have included: 1) community service announcements aired on television and radio and displayed in subways; 2) an educational programme on depression and suicide prevention which was televised, placed on the internet and distributed in CD form; 3) wide distribution of

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leaflets, pamphlets, stickers and posters; 4) a Depression Screening Day during which detection and counselling services and seminars on depression were made available to the community; and 5) community activities during World Suicide Prevention Day, held each year on September 10th.

Researchers in New Zealand have conducted a literature review of depression awareness campaigns and, based on this review, developed and obtained funding for a national suicide prevention strategy. A national depression awareness campaign will be a core component of a project known as the Public Health Depression Initiative that will include a mass media campaign, written resources, a free telephone service, website content, guidelines for suicide prevention in special groups (prison officers, social workers, school staff, and mental health staff), training of community organizations, and a Maori-specific community action project.

In China, Hong Kong Special Administrative Region (Hong Kong SAR), various nongovernmental organizations run programmes aimed at increasing public awareness of depression and encouraging help-seeking. Castle Peak Hospital ran a three-year 'Defeat Depression' campaign in its catchment area, which involved educational talks for the public and medical professionals, exhibitions, radio programmes, media productions and pamphlets. Nongovernmental organizations have run campaigns with similar aims targeting the general community and school students. The Hong Kong Jockey Club Centre for Suicide Research and Prevention currently hosts a website known as 'The Little Prince is Depressed', which is designed to educate the community in general and young people in particular about depression and its treatment, with a view to reducing the stigma surrounding the condition and increasing the likelihood that those who need help will seek it. The website ([www.depression.edu.hk](http://www.depression.edu.hk)) has received the Silver Innovation Award of the *Wall Street Journal Asia* in 2005 and was selected to be among ten websites to receive merit awards in 2004 and 2006 from the Hong Kong Television and Entertainment Licensing Authority for its contribution to the Hong Kong SAR community.

In China, the Ministry of Health, the Ministry of Civil Affairs, the Ministry of Public Safety and the Association for the Disabled issued the 'National Plan for Mental Health Development from 2002 to 2010', which called for national action to increase public awareness of depression. In line with this, mass media attention has been drawn to depression and suicide, with a number of programmes on major television stations. Related activities have been organized by various academic centres, including awareness-

raising initiatives designed to coincide with World Mental Health Day and World Suicide Prevention Day.

In Singapore, raising public awareness of depression and its association with suicide has taken various forms. The Institute of Mental Health has conducted studies about the prevalence of depression which have helped raise awareness of the fact that it is a common mental disorder and provided the impetus for public education activities co-ordinated by the Ministry of Health and the Health Promotion Board. Community education programmes designed to raise awareness and encourage help-seeking include distributing pamphlets, arranging public lectures/forums, organizing hotline and email services, and supporting television announcements and documentaries. There are also professional educational activities aimed at updating physicians' knowledge of depression via face-to-face sessions and the distribution of booklets. A recent international conference on suicide in Singapore also helped to raise awareness and encourage discussion about the problems of suicide and depression.

Other countries' efforts have been less comprehensive, but have utilized many of the approaches described above. In Malaysia, for example, the Ministry of Health, the Befrienders, and the Malaysian Psychiatric Association have attempted to improve community understanding of depression via posters, radio and television broadcasts, and public forums. In Sri Lanka, nongovernmental organizations such as Sumithrayo, Befrienders International and Christian churches have distributed brochures and pamphlets and developed a website with information for those who need help. In Thailand, the Ministry of Public Health has sponsored a radio programme, published a book about depression and suicide prevention, and supported events held on World Suicide Prevention Day. The Pakistan Association of Mental Health and Aga Khan University have also conducted public awareness programmes, disseminating relevant messages through print and broadcast media. In 2006, on World Suicide Prevention Day (September 10<sup>th</sup>) and World Mental Health Day (October 10<sup>th</sup>), the Indian Psychiatric Society conducted awareness programmes dealing with mental illness and suicide. Psychiatrists and other mental health professional in states around the country participated in radio and TV programmes and gave interviews to the print media.

### **Research and evaluation**

Public education efforts are difficult to evaluate, and as a consequence, with the exception of Japan, the initiatives described above have not been properly evaluated.

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Where efforts at evaluation have been made, they have relied on assessments of changes in attitudes and knowledge among a random selection of community members before and after the campaign. This is the approach taken in the Republic of Korea, for example, which has evaluated its national programmes by conducting annual random surveys to monitor the general population's views on depression and suicide since 2004. It is also the approach taken in Hong Kong SAR, where population-based pre- and post-surveys were administered to assess the effectiveness of both the 'Defeat Depression' campaign and the 'Little Prince is Depressed' project. This method provides some insights into whether public attitudes and knowledge are changing, but it does not correlate individuals' exposure to the programme with their changes in knowledge and attitudes and, more importantly, it does not include assessment of changes in care-seeking behaviour so it is impossible to determine if the public education campaign actually increases knowledge, changes attitudes, or enhances care-seeking in those who most need it.

Stronger evaluation procedures tend to try to overcome this problem by monitoring changes in attitudes and knowledge over the period of the given public education campaign in a control community as well as in the intervention community. This is difficult in circumstances where the public education campaign is national and therefore the entire population is potentially exposed to the campaign, but is sometimes possible where campaigns are more localized. In Australia, a detailed evaluation of beyondblue was conducted which drew on a number of data sources (Pirkis et al., 2005), one of which was a population-based survey of mental health literacy conducted in a number of Australian states and territories. The survey found that mental health literacy had improved during the life of beyondblue, and that improvements were significantly greater in those states and territories that had had greater exposure to beyondblue's messages (Jorm et al., 2005; Jorm et al., 2006).

This stronger evaluation procedure, however, also has limitations in common with the others described. They are all essentially ecological studies which involve comparing two groups on the basis of a particular outcome variable (e.g., level of awareness about depression and suicide). The groups are differentiated in terms of their level of exposure to the given public education campaign on the basis of their location, but all of the members of the intervention group are assumed to have been exposed and all of the members of the control group are assumed to have been unexposed (or to have received lesser exposure). Although these evaluations can point to an association between the campaign and improvements in attitudes and knowledge, they cannot permit definitive conclusions to be

drawn about the causal nature of the association. Erroneously drawing conclusions about individual-level improvements in knowledge of attitudes based on the results of such ecological studies is known as the 'ecological fallacy' (Selvin, 1958; Yip et al., 2006).

To some extent, this problem can be overcome in evaluations which carefully examine individuals' levels of exposure to the given public education campaign, or, better still, to specific elements of it. By combining this individual-level data on exposure with individual-level data on changes in attitudes and knowledge, it is possible to draw firmer conclusions about causal linkages. The proposed evaluation of the New Zealand Public Health Depression Initiative involves an assessment of individual respondents' change in attitudes and knowledge (e.g., retention of key messages about depression and suicide) as well as their exposure to various components of the campaign (e.g., community awareness of written resources). The challenge will be combining these data in a manner that allows the findings to be interpreted in the most informative manner. Both the Australian and the New Zealand evaluation have a further limitation. Neither can ascertain whether or not the improved mental health literacy they observed actually resulted in any change in the willingness to seek help by those who need it.

### **Limitations**

Most of the Asian countries involved in the STOPS project are undertaking some form of public education designed to raise community levels of mental health literacy. The activities vary in scope. Some well-resourced countries with manageable populations are undertaking impressive national programmes. Others, which are less affluent, are conducting more localized efforts. It would not be realistic to expect countries lacking the resources of Australia, China, Hong Kong SAR, Japan; and the Republic of Korea or with populations the size of China and India to undertake sustained, comprehensive national campaigns. An equally important limitation has to do with the country's ability to provide help to those who are stimulated by the public awareness campaign to seek it.

The experience from European countries suggests that improving public awareness about depression and suicide needs to be accompanied by adequate training of physicians and other professionals in the recognition and treatment of suicidal behaviour. This makes good sense; increasing public awareness of depression as treatable and suicide as preventable is only viable if appropriate treatment and prevention services are available. (Hegerl et al., 2006).

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Many of the Asian countries involved in the STOPS project have recognized that public awareness-raising campaigns cannot occur in isolation. The Australian and Japanese programmes involve a consumer and carer participation element, a prevention and early intervention component, a primary care component, and a targeted research component. Countries that are less advanced in their public education activities should consider how best to align them with a broader, strategic approach to suicide prevention.

### **Summary and conclusions**

Creating awareness of depression as treatable and suicide as preventable would appear to have much potential as a suicide prevention strategy in Asian countries, particularly if education campaigns are conducted as an integrated part of a broader suicide prevention programme. It is important that any institution initiating such a campaign be prepared to handle the potential increase in demand after those campaigns. The majority of the Asian countries participating in the STOPS project have put in place public education campaigns of some sort, although these have varied in scope, involving a range of elements and a variety of different media. But in most cases in Asia, as in Europe and the United States of America, the evaluation component of the programmes is relatively weak. To date there is little evidence to show that such programmes actually increase care-seeking in persons with depression or those who are at high-risk for suicide – the final goal of these programmes – so rigorous evaluations of their ability to do so need to be conducted to justify the substantial investment of resources required to initiate and sustain public education campaigns.

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