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"Effectiveness Of Self-Instructional Pamphlet On Mental Health Literacy Among Women In Selected Rural Community.Chennai"

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ABSTRACT
This study investigates the effectiveness of a self-instructional pamphlet in enhancing mental health literacy among rural women in Thodukadu Rural Village, Chennai. Employing a pre-experimental one-group pretest-posttest design, the research involved 100 women aged 21 to 45 years, selected through convenience sampling. A self-structured questionnaire was utilized to assess participants' mental health literacy before and after their exposure to the self-instructional pamphlet. Initial findings revealed that 87% of participants had low mental health literacy, with no individuals classified as having high literacy. After the intervention, results indicated a significant improvement, with 95% of participants achieving high mental health literacy. This improvement was evidenced by a mean pre-test score of 34.71 (SD = 4.53) compared to a post-test score of 75.31 (SD = 2.98), resulting in a statistically significant mean difference of 40.6 ($t = 74.40$, $p < 0.001$). While demographic factors such as age, education, and marital status did not show significant associations with literacy levels, a notable relationship was observed with religious affiliation ($p = 0.024$). These findings highlight the effectiveness of self-instructional pamphlets in raising mental health awareness and emphasize the need for culturally sensitive approaches to effectively improve mental health literacy among rural populations.

Keywords: Mental health literacy, Self-instructional pamphlet, Rural women, Pre-experimental design, Pretest-post-test ,Statistical significance, Educational intervention

INTRODUCTION

Mental health literacy, a concept introduced by Jorm et al. [(1)], refers to the knowledge and beliefs about mental disorders that aid their recognition, management, or prevention. Despite the critical importance of mental health literacy in promoting well-being, many women, particularly in low- and middle-income countries, encounter significant barriers to accessing accurate mental health information. These barriers include societal stigma, gender roles, and limited resources, contributing to delays in help-seeking behavior and exacerbating existing mental health issues (WHO)[(2).]

Numerous studies underscore the necessity for targeted interventions to enhance mental health literacy among women. For example, Gulliver et al. [(3)] found that women with higher mental health literacy were more likely to recognize symptoms of common mental disorders and seek timely intervention. Conversely, many women lack adequate information regarding mental health conditions, leading to persistent stigma and the underutilization of available mental health services (Furnham &Swami)[(4).]

In response to these challenges, self-instructional materials, such as pamphlets, have emerged as effective tools for disseminating health information in resource-limited settings. Research by Yazdani et al. [(5)] demonstrated that self-instructional materials are a cost-effective and accessible method for improving health literacy among women, especially when addressing sensitive topics like mental health. These materials provide a private, non-judgmental platform for women to learn about mental health, understand symptoms, and explore coping strategies without the fear of stigma associated with seeking help.

Given the substantial mental health burden faced by women, there is an urgent need to develop and evaluate interventions aimed at enhancing mental health literacy. This study aims to assess the effectiveness of a self-instructional pamphlet on mental health literacy among women, focusing on their ability to recognize symptoms, understand the importance of early intervention, and reduce mental health stigma.

Ethical approval
This study was ethically approved by the Institutional Human Ethics Committee of Panimalar Medical College Hospital & Research Institute (Approval No: PMCHRI/IHEC/2023/98). Before initiating the research, all participants were comprehensively informed about the study's aims, methodologies, and any potential risks. Written informed consent was obtained from each participant prior to their involvement in the study.

OBJECTIVES
1. To assess the baseline level of mental health literacy among rural women through a pre-test and post-test.
2. To evaluate the effectiveness of the self-instructional pamphlet in enhancing mental health literacy among rural women.
3. To explore the association between the pre-test and post-test levels of mental health literacy among rural women with selected demographic variables.

HYPOTHESIS
H1: There will be a significant difference in mental health literacy among women in selected rural communities before and after the implementation of the self-instructional pamphlet.
H2: The implementation of the self-instructional pamphlet significantly improves mental health literacy among women in selected rural communities.

ETHICAL CONSIDERATION
Ethical approval was secured from the Institutional Human Ethics Committee at PMCH&RI. Participation was voluntary, and participants provided informed consent before the data collection began. Participants were informed of their right to withdraw from participation at any point in time**.**

MATERIALS AND METHODS
This study employed a pre-experimental one-group pretest-posttest design to evaluate the effectiveness of a self-instructional pamphlet aimed at enhancing mental health literacy among women. The participants, selected through purposive sampling, consisted of 100 women aged 21 to 45 years, residing in Thodukadu Rural Village, Chennai. Before their inclusion in the study, the purpose and procedures were thoroughly explained to all participants, and informed consent was obtained.

Data collection was conducted using a self-structured questionnaire specifically designed to assess various dimensions of mental health literacy. This instrument utilized a 5-point Likert scale to evaluate participants' knowledge of common mental health disorders, attitudes toward mental health, help-seeking behaviors, cultural competence, the impact of education, community perceptions, and barriers to mental health literacy. The questionnaire aimed to measure participants' understanding of mental health concepts, their ability to recognize mental health disorders, and their willingness to seek help when needed.

A pretest was administered before exposure to the self-instructional pamphlet, followed by a posttest was provided to assess any changes in mental health literacy among the participants. The collected data were subsequently analyzed using appropriate statistical methods to determine the effectiveness of the self-instructional pamphlet in improving mental health literacy within this target population.

RESULTS AND DISCUSSION
The findings of this study indicate a significant enhancement in mental health literacy among the 100 women participants following the intervention. Initially, 87% of participants were classified as having low mental health literacy, while 13% demonstrated moderate mental health literacy, with none achieving a high mental health literacy rating. Post-intervention after the administration self instructional pamphlet revealed a substantial shift in these levels, as the proportion of women with low mental health literacy decreased to 0%, those with moderate mental health literacy to 5%, and those with high mental health literacy increased to 95%. The statistical analysis showed a significant rise in mean scores, with pre-test and post-test averages recorded at 34.71 (SD = 4.53) and 75.31 (SD = 2.98), respectively, resulting in a mean difference of 40.6 and a paired t-test value of $t = 74.40^{***}$ ($p < 0.001$). While demographic factors such as age, education, marital status, monthly income, occupation, family structure, and source of mass media did not yield statistically significant associations with mental health literacy ($p > 0.05$), the variable of religion was found to have a significant relationship ($\chi^2 = 7.407$, $p = 0.024$). These results highlight the need for further exploration into the factors influencing mental health literacy within rural populations.
The findings of the present study have been discussed based on the objectives and presented below.

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Table 1: Frequency and percentage distribution of socio demographic variables among rural women. n=100

Demographic Variables	Experimental Group	
	No.	%
1.Age in years		
a. 21-25	17	17
b. 26-30	24	24
c. 31-35	31	31
d. 36-40	9	9
e. 41-45	19	19
2.Education		
a. Primary	18	18
b. Secondary	23	23
c. Higher secondary	36	36
d. Undergraduate	15	15
e. Postgraduate	8	8
f. Doctorate	0	0
3. Marital status		
a. Married	78	78
b. Unmarried	17	17
c. Divorced/Separated	5	5
4.Monthly Family Income		
a. Rs.5000-Rs.10000	32	32
b. Rs.10001-Rs.15000	25	25
c. Rs.15000-Rs.20000	35	35
d. Above Rs.20000	8	8
5.Occupation		
a. Laborer	23	23
b. Farmer	16	16
c. Homemaker	51	51
d. Self employed	0	0
e. Private	9	9
f. Govt. employee	0	0
6.Religion		
a. Hindu	60	60
b. Christian	28	28
c. Muslim	12	12
d. others	0	0
7.Type of family		
a. Nuclear	48	48
b. Joint	36	36
c. Extended	16	16
8. Source of Mass media		

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Demographic Variables		Experimental Group	
		No.	%
a)	Tv	22	22
b)	Mobile	49	49
c)	Radio	3	3
d)	Newspaper	5	5
e)	All of the above	21	21

Table 1 presents a detailed socio-demographic profile of the study participants, offering valuable insights into the characteristics of the population. Among the 100 women surveyed, the predominant age group was 31 to 35 years, comprising 31% of the sample, followed by 24% in the 26-30 age group and 19% in the 41-45 age range. This distribution indicates a concentration of participants in early to mid-adulthood, which may have implications for their mental health needs.

In terms of educational attainment, a significant portion of participants had completed higher secondary education (36%), while 23% had secondary education, and only 8% held postgraduate degrees. This educational profile highlights a critical opportunity to enhance mental health literacy through targeted interventions, particularly considering the limited representation of participants with advanced education.

Regarding marital status, a notable 78% of respondents were married, which could influence their social support systems and overall mental health outcomes. Monthly family income analysis revealed that the largest segment (35%) reported earnings between Rs. 15,001 and Rs. 20,000, reflecting the economic challenges commonly faced in rural settings. Employment patterns indicated that homemakers constituted the majority of the sample (51%), followed by laborers (23%) and farmers (16%), while self-employed individuals and government employees were relatively few.

Religious affiliation among participants was predominantly Hindu (60%), with Christians (28%) and Muslims (12%) also represented, underscoring the diverse cultural backgrounds that may shape attitudes toward mental health. The family structure predominantly consisted of nuclear families (48%), with joint (36%) and extended families (16%) also present, suggesting a variety of social dynamics within the community. Lastly, mobile devices emerged as the primary source of information for 49% of the participants, followed by television (22%), indicating a notable shift towards digital platforms for the dissemination of mental health information.

Collectively, these socio-demographic variables underscore the necessity of tailoring mental health literacy interventions to address the specific needs and contexts of this rural population.

1.To assess the baseline level of mental health literacy among rural women through a pre-test and post-test.

Table 2: Comparison of pre-test and post-test level of mental health literacy among rural women. n=100

Level of Mental Health Literacy	PRE-TEST		POST-TEST	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Low Mental Health Literacy	87	87%	0	0
Moderate Mental Health Literacy	13	13%	5	5%
High Mental Health Literacy	0	0%	95	95%

Table 2 provides a comparative analysis of mental health literacy levels among participants before and after the implementation of the self-instructional pamphlet. The pre-test evaluation revealed that a significant majority of the 100 women (87%) exhibited low mental health literacy, while 13% showed moderate mental health literacy, with no participants classified as having high mental health literacy at this stage. This finding aligns with a recent study by Kumar et al. (6), which emphasized the ongoing lack of mental health knowledge among women in rural areas, highlighting the urgent need for effective educational initiatives.

Following the administration of the self-instructional pamphlet, results indicated a remarkable improvement in mental health literacy levels. The percentage of women with low mental health literacy dropped to 0%, and those categorized with moderate mental health literacy decreased to 5%. Notably, 95% of participants achieved high mental health literacy in the post-test assessment. These findings support the results of Makhdoom et al. [(7)], who demonstrated that structured health education interventions significantly enhance mental health literacy and foster a deeper understanding of mental health concepts.

Furthermore, the significant increase in the number of participants attaining high mental health literacy after the intervention highlights the effectiveness of targeted educational strategies in improving awareness and knowledge. This observation is consistent with the findings of Sharma et al. [(8)], which reported that community-based interventions markedly enhanced mental health literacy among rural women, leading to better recognition of mental health issues and a reduction in stigma. Together, these results reinforce the critical role of structured educational programs in advancing

mental health literacy and ultimately improving mental health outcomes within rural populations. This supports the hypothesis (H1) that there will be a significant difference in mental health literacy among women in selected rural communities before and after the implementation of the self-instructional pamphlet.

2.To evaluate the effectiveness of self-instructional pamphlet in enhancing mental health literacy among rural women.

Table 3: Mean and Standard Deviation and Paired 't' value on pre-test and post-test on level of mental health literacy among rural women

n=100

MENTAL HEALTH LITERACY	MEAN	S.D	Mean difference score	Paired 't' test value
Pre-test	34.71	4.53	40.6	**'t'=74.40*** p = 0.001(S)**
Post-test	75.31	2.98		

***0<0.001, S-Significant

As illustrated in Table 3, the results reveal a significant difference in mental health literacy scores before and after the implementation of the self-instruction pamphlet. The pre-test scores yielded a mean of 34.71 (SD = 4.53), whereas post-test scores demonstrated a substantial increase to 75.31 (SD = 2.98). The mean difference score of 40.6, coupled with a paired t-test value of t = 74.40***, indicates a statistically significant improvement ($p < 0.001$). These findings substantiate the acceptance of the hypotheses: first, that there exists a significant difference in mental health literacy among women in selected rural communities before and after the implementation of the self-instruction pamphlet (H1), and second, that the implementation of this pamphlet substantially enhances mental health literacy among these women (H2).

These results are consistent with prior research, including the work of Makhdoom et al. [7], which demonstrated that structured educational interventions significantly enhance mental health literacy in similar demographic groups. Additionally, Kumar et al. [12] found that targeted educational programs effectively improved mental health knowledge among women in rural contexts. Furthermore, a study by Sharma et al. [13] reported that community-based interventions increased awareness and understanding of mental health issues, thereby reducing stigma and misconceptions. Research conducted by Ali et al. [10] highlighted the effectiveness of self-directed learning resources, such as pamphlets, in significantly improving health literacy among underserved populations. Moreover, findings from Gupta et al. [9] indicated that multifaceted educational strategies could effectively enhance mental health literacy and coping skills among women in rural communities. Collectively, these studies reinforce the effectiveness of educational interventions in advancing mental health literacy within rural populations, affirming the positive impact of the self-instruction pamphlet employed in this study.

Table 4: Association of post- test level of mental health literacy among rural women with their selected demographic variables.

n=100

Demographic Variables	Low Mental Health Literacy Less than 35		Moderate Mental Health Literacy 36-70		High Mental Health Literacy 71-105		Chi-Square Value
	No	%	No	%	No	%	
1.Age in years							
21-25	0	0			17	17	χ^2 = 7.42 d.f = 4 p =0.11503 NS
26-30	0	0			24	24	
31-35	0	0	2	2	29	29	
36-40	0	0			9	9	
41-45	0	0	3	3	16	16	
2.Education							
Primary	0	0			18	18	χ^2 = 3.7181 d.f = 4 p = 0.445 NS
Secondary	0	0			23	23	
Higher secondary	0	0	2	2	34	34	
Undergraduate	0	0	1	1	14	14	
Postgraduate	0	0	1	1	7	7	
Doctorate	0	0	0	0	0	0	
3. Marital status							χ^2 =1.484 d.f = 2 p = 0.476 NS
Married	0	0	5	5	73	73	
Unmarried	0	0	0	0	17	17	
Divorced/Separated	0	0	0	0	5	5	
4.Monthly Family Income							χ^2 = 3.289
Rs.5000-Rs.10000	0	0	1	1	23	23	

Demographic Variables	Low Mental Health Literacy Less than 35		Moderate Mental Health Literacy 36-70		High Mental Health Literacy 71-105		Chi-Square Value
	No	%	No	%	No	%	
Rs.10001-Rs.15000	0	0	0	0	20	20	d.f = 3 p = 0.3490 NS
Rs.15000-Rs.20000	0	0	3	3	24	24	
Above Rs.20001	0	0	1	1	6	6	
5.Occupation							χ^2 = 3.366 d.f = 3 p = 0.331 NS
Laborer	0	0	1	1	22	22	
Farmer	0	0	1	1	15	15	
Homemaker	0	0	0	0	51	51	
Self employed	0	0	0	0	-		
	No	**%**	**No**	**%**	**No**	**%**	
Private	0	0	0	0	10	10	
Govt employee	0	0	0	0	0	0	
6.Religion							χ^2 = 7.407 d.f = 2 p = 0.024 S
Hindu	0	0	0	0	60	60	
Christian	0	0	0	0	28	28	
Muslim	0	0	1	1	11	11	
others	0	0	0	0	0	0	
7.Type of family							χ^2 = 0.5847 d.f = 2 p = 0.746 NS
Nuclear	0	0	3	3	45	45	
Joint	0	0	1	1	35	35	
Extended	0	0	1	1	15	15	
8. Source of Mass media							χ^2 = 7.359 d.f = 4 p = 01180 NS
TV	0	0	3	3	19	19	
Mobile	0	0	0	0	49	49	
Radio	0	0	0	0	3	3	
Newspaper	0	0	0	0	5	5	
All of the above	0	0	2	2	19	19	

Table 4 presents the association between post-test levels of mental health literacy among rural women and selected demographic variables, drawn from a sample of 100 participants. The analysis indicated that demographic factors such as age, education, marital status, monthly family income, occupation, type of family, and source of mass media did not show statistically significant associations with mental health literacy, as evidenced by p-values exceeding 0.05 for these variables. However, the variable of religion revealed a significant association, with a chi-square value of $\chi^2 = 7.407$ and $p = 0.024$, indicating that religious affiliation may influence mental health literacy levels among the participants. These findings highlight the need for further exploration into the determinants of mental health literacy within rural populations, particularly focusing on demographic variables that may exhibit significant correlations.

CONCLUSION

This study demonstrates that targeted educational interventions, such as the self-instruction pamphlet, significantly enhance mental health literacy among rural women. The substantial increase in high literacy levels post-intervention underscores the effectiveness of structured educational programs in promoting awareness and understanding of mental health issues. While the majority of demographic factors did not show a significant correlation with mental health literacy, the observed association with religious affiliation highlights the need for culturally sensitive approaches in educational initiatives. The results emphasize the importance of continued investment in mental health education in rural communities to reduce stigma, increase knowledge, and ultimately improve mental health outcomes. Future research should further investigate the determinants of mental health literacy, incorporating a broader range of demographic and social factors to develop comprehensive strategies that address the unique needs of diverse populations.

References

1. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. Medical Journal of Australia, 166(4), 182-186.
2. World Health Organization. (2021). Mental Health Literacy: Understanding and Promoting Mental Health.
3. Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2010). A systematic review of help-seeking interventions for mental health problems: Implications for improving public mental health. BMC Psychiatry, 10(1), 31.
4. Furnham, A., & Swami, V. (2018). Mental health literacy: A review of what it is and why it matters. Psychology Today.

5. Yazdani, N., Hosseini, F., & Jalali, A. (2019). The effectiveness of health education pamphlets on increasing awareness of mental health issues in developing communities. Journal of Health Education Research & Development, 37(2), 45-50.
6. Kumar, A., et al. (2021). Impact of Community-Based Mental Health Education on Mental Health Literacy Among Rural Women in India. Indian Journal of Psychiatry, 63(5), 442-448.
7. Makhdoom, H., et al. (2023). Enhancing Mental Health Literacy: The Role of Health Education Interventions Among Rural Populations. Journal of Mental Health, 32(2), 121-128.
8. Sharma, P., et al. (2023). Understanding Mental Health Literacy Among Rural Women: Insights from a Community-Based Intervention Study. International Journal of Social Psychiatry, 69(3), 195-202.
9. Gupta, R., Sharma, A., & Kaur, G. (2021). Impact of educational interventions on mental health literacy among rural women in India: A community-based study. Journal of Mental Health Education, 15(2), 155-165.
10. Ali, S., Khan, A., & Hussain, A. (2020). Evaluating the effectiveness of educational pamphlets on mental health literacy among rural populations. International Journal of Community Health, 12(1), 45-52.
11. Makhdoom, M., Shah, A., & Ali, R. (2019). Enhancing mental health literacy through community-based interventions: Evidence from rural settings. Asian Journal of Psychiatry, 44, 141-147.
12. Kumar, R., Singh, A., & Verma, R. (2018). Bridging the knowledge gap: The role of education in improving mental health literacy among women in rural India. Indian Journal of Public Health, 62(4), 337-343.
13. Sharma, P., Bhatia, R., & Gupta, S. (2022). Community interventions for mental health literacy: A review of evidence and practices. Mental Health Review Journal, 27(3), 235-248.
14. Jorm, A. F. (2011). Mental health literacy: Empowering the community to take action for better mental health. American Psychologist, 66(7), 646-657. DOI: 10.1037/a0020833
15. Thompson, A. R., & McCabe, R. (2012). Mental health literacy: A case study of the role of personal agency. Journal of Mental Health, 21(4), 329-341.DOI: 10.3109/09638237.2012.657882
16. Corrigan, P. W., & Watson, A. C. (2002). Understanding the stigma of mental illness. World Psychiatry, 1(1), 16-20.DOI: 10.1002/j.2051-5545.2002.tb00004.x
17. Sartorius, N. (2007). Stigma and mental health. The Lancet, 370(9590), 810-811.DOI: 10.1016/S0140-6736(07)61252-6
18. González, J. M., & González, M. J. (2015). Enhancing mental health literacy through community health worker training. Health Promotion Practice, 16(3), 441-447.DOI: 10.1177/1524839914557205
19. Pérez, M., & Torres, M. (2018). The effectiveness of educational interventions for improving mental health literacy: A systematic review. BMC Public Health, 18(1), 1-12.DOI: 10.1186/s12889-018-6018-8
20. Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. European Psychiatry, 20(8), 529-539.DOI: 10.1016/j.eurpsy.2005.04.005
21. Fischer, S. J., & Gorman, J. A. (2017). Increasing mental health literacy through peer-led interventions. Journal of Health Psychology, 22(12), 1534-1545.DOI: 10.1177/1359105316650742
22. McLafferty, M. (2016). Mental health literacy and the role of community engagement. Journal of Community Psychology, 44(5), 667-680. DOI: 10.1002/jcop.21806
23. Hawthorne, G., & Tennant, A. (2006). The role of mental health literacy in reducing stigma and improving mental health outcomes. BMC Psychiatry, 6(1), 1-10.DOI: 10.1186/1471-244X-6-12
24. Kutcher, S., & Wei, Y. (2016). Mental health literacy: A review of the literature. Canadian Journal of Psychiatry, 61(12), 712-718.DOI: 10.1177/0706743716657854
25. Mason, K. J., & Ahsan, S. (2017). Enhancing mental health literacy in the workplace: A systematic review of interventions. International Journal of Environmental Research and Public Health, 14(10), 1202. DOI: 10.3390 /ijerph14101202
26. Sweeney, A., & Soutter, A. (2016). Mental health literacy: A critical review of the literature. BMC Public Health, 16(1), 1-9. DOI: 10.1186/s12889-016-3720-0
27. Berk, M., & Dodd, S. (2005). The role of mental health literacy in the prevention of mental illness. The Australian and New Zealand Journal of Psychiatry, 39(7), 598-603.DOI: 10.1111/j.1440-1614.2005.01683.x
28. Gonzalez, A., & Noh, S. (2018). Mental health literacy in the immigrant population: Barriers and facilitators. International Journal of Social Psychiatry, 64(6), 578-586.DOI: 10.1177/0020764018771173
29. Holly, C., & Zala, R. (2016). The importance of community involvement in mental health literacy programs: A meta-analysis. Community Mental Health Journal, 52(5), 543-552. DOI: 10.1007/s10597-015-9960-7
30. Clement, S., et al. (2015). What is the impact of mental health-related stigma on people with mental illness? World Psychiatry, 14(1), 41-42.DOI: 10.1002/wps.20170