Association between Knowledge about How to Search for Mental Health Information and Emotional Distress among Older Adults: The Moderating Role of Immigration Status

Ora Nakash, Tsahi Hayat, Sarah Abu Kaf & Michal Cohen

To cite this article: Ora Nakash, Tsahi Hayat, Sarah Abu Kaf & Michal Cohen (2019): Association between Knowledge about How to Search for Mental Health Information and Emotional Distress among Older Adults: The Moderating Role of Immigration Status, Journal of Gerontological Social Work, DOI: 10.1080/01634372.2019.1709247

To link to this article: https://doi.org/10.1080/01634372.2019.1709247

Published online: 31 Dec 2019.
Association between Knowledge about How to Search for Mental Health Information and Emotional Distress among Older Adults: The Moderating Role of Immigration Status

Ora Nakash, Tsahi Hayat, Sarah Abu Kaf, and Michal Cohen

ABSTRACT

Mental health literacy (MHL) provides a framework to overcome barriers to service use and reduce mental health disparities through public education. Acquiring basic knowledge about mental health problems can guide subsequent help-seeking behavior. Improving knowledge about how to search for mental health information is a critical first step in improving MHL. In this study, we examined the association between knowledge about how to search for mental health information and emotional distress among older adults. We further examined the moderating role of immigration status in this association. A sample of 605 older adults participated in the study (N = 357 Native Israelis; N = 222 Immigrants from the Former Soviet Union). Participants completed self-report measures assessing MHL and emotional distress. Our findings show that Native Israelis reported significantly lower levels of emotional distress and higher levels of knowledge about how to search for mental health information compared to immigrants. Moreover, while among native older adults, increased knowledge about how to search for mental health information was associated with lower emotional distress, among immigrant seniors there was no significant association between these variables. Our findings suggest that differences among immigrant and native older adults can impact the effectiveness of the mental health knowledge that is accessed.

ARTICLE HISTORY

Received 3 August 2019
Revised 18 December 2019
Accepted 22 December 2019

KEYWORDS
Mental health literacy; older adults; emotional distress; immigration; mental health disparities

In many high-income countries, including Israel, populations are both aging and becoming increasingly culturally diverse. Based on U.N. projections, by 2030, about a quarter of the population in Europe and North America will be over the age of 60 (UN, 2015), of which a significant proportion (approximately 12–15%) will be older adult immigrants and ethnic minorities (UN, 2015). In Israel, approximately 11% of the population is over 65 years, of which an overwhelming majority immigrated to the country (Israel Central Bureau of Statistics, 2017). The largest immigrant community arrived to...

Common mental disorders (i.e., mood and anxiety disorders) tend to decline with age. Yet, they remain frequent among older adults (Wolitzky-Taylor, Castriotta, Lenze, Stanley, & Craske, 2010). While evidence-based treatment for those disorders exist (NICE, 2012; World Health Organization, 2012), mental health service underutilization is prominent among seniors. Approximately 50–70% of older adults needing mental health care do not seek the services (Byers, Arean, & Yaffe, 2012; Crabb & Hunsley, 2006; Jimenez, Cook, Bartels, & Alegria, 2013). Mental health service underutilization is particularly prominent among older adult immigrants and ethnic minorities (Byers et al., 2012; Crabb & Hunsley, 2006). Studies in the general population documented different barriers to accessing mental health care. These include structural barriers, such as financial considerations and limited availability and accessibility of services (Alegria, Canino, & Pescosolido, 2009; Collins, Westra, Dozois, & Burns, 2004; Karlin, Duffy, & Gleaves, 2008), and subjective barriers such as mental health stigma (Authors, 2015; Conner et al., 2010; Ell, 2006). Limited research exists on barriers to care among older immigrants. Research that does exist documents the need for education to increase knowledge about mental health and reduce stigma associated with mental illness and mental health services – factors referred to as mental health literacy (Atkins, Naismith, Luscombe, & Hickie, 2015; Conner et al., 2010; Tieu & Konnert, 2014).

Mental health literacy (MHL) refers to knowledge and attitudes regarding mental health that aid in the recognition, behavior management, and prevention of mental health issues. High MHL has the potential to both protect consumers from harm and empower them to fully participate in knowledge-based decision-making (Norman & Skinner, 2006). Adults over the age of 65 years have the lowest levels of health literacy compared with younger age groups, with a rapid decline in health literacy skills starting after 55 years of age (Choi, 2011; Kutner, Greenburg, Jin, & Paulsen, 2006). Immigrants and ethnic minorities are subject to significant communication inequalities, defined as decrease in access and ability to process and utilize health information (Kontos, Emmons, Puleo, & Viswanath, 2010). In Israel, studies documented lower knowledge about mental health issues among immigrants primarily from the Former Soviet Union (FSU) compared to their native Jewish counterparts (Polyakova & Pacquiao, 2006). These differences perpetuate gaps in health knowledge and beliefs, contribute to mental health service disparities and ultimately exacerbate the mental health status of the individual in need (Pirisi, 2000; Ten Have et al., 2010; Viswanath, Thomson, Mitchell, & Williams, 2006).

The importance of MHL to overcoming barriers to care, and reducing mental health disparities is highlighted given recent findings about the
process of making decision about consumption of mental health services. Instead of basing mental health-care treatment decisions on objective weighing of risks and benefits for different treatments and outcomes, among older immigrants and ethnic minority preferences are based on limited information with influence from prior individual and collective experience (Jimenez et al., 2013). Thus, investigating the knowledge about how to search for mental health information is a critical first step to gaining knowledge and forming informed attitudes on mental health.

Research has documented multiple sources to access health information (Bonds, Foley, Dugan, Hall, & Extrom, 2004; Harris, Bayer, & Tadd, 2002; Smith & Christakis, 2008). Despite lack of empirical research, we can assume that much like health information, mental health information can be accessed through multiple sources, including contacts with professional sources such as medical and mental health providers; and/or lay interpersonal communication sources, such as other service users, family members, friends, neighbors, and religious leaders. Lay people can also rely on various forms of mass media (e.g., television, newspapers, internet) to access mental health information. Although limited, some research examined factors influencing seniors’ knowledge about how to access useful health information include socio-economic factors such as formal education and income (Cotten & Gupta, 2004) and psychological factors such as coping skills and motivation (Harris et al., 2002). Studies, primarily conducted in the US among older adult immigrants and ethnic minorities found that factors related to immigration status, such as limited literacy skills and lack of access to popular sources of health information (e.g., local newspapers and relevant online content) are some of the leading factors that underlie communication inequalities (Cotten & Gupta, 2004; Kontos, Bennett, & Viswanath, 2007; Lorence & Park, 2007; Rudd, Comings, & Hyde, 2003).

Improving knowledge about how to search for mental health information is a critical first step in reducing communication inequalities, yet to date most research on this topic was conducted within the general health field. Research on mental health knowledge that was conducted among youth suggests, that improving knowledge about mental health can be an effective strategy to facilitate early intervention to common mental disorders (Kelly, Jorm, & Wright, 2007). Our study aims to fill the theoretical and empirical gap about the role of literacy in mental health among older adults. In particular, we wanted to examine if knowledge about how to search for mental health information can explain differences in emotional distress among older adults. We also wanted to examine what is the role of immigration status in this association.

Israel, a culturally diverse society, provides a natural laboratory for this examination. Approximately, 80% of Israeli Jewish seniors immigrated to the country (Brodeski, Snor, & Beer, 2011; Israel Central Bureau of Statistics,
Roughly 25% of seniors in Israel have immigrated in the last 30 years, most of whom have come from the FSU (Brodeski et al., 2011; Litwin, 2006). Other studies have documented high prevalence of mood and anxiety disorders as well as suicidality among immigrants from the FSU in general and particularly among older adults belonging to this community (Lerner, Kertes, & Zilber, 2005; Polyakova & Pacquiao, 2006). Thus, in the current study, we included older adult Jewish immigrants from the FSU and native Jewish Israelis.

We hypothesized that among older adults higher knowledge about how to search for mental health information will be associated with lower emotional distress. In addition, we hypothesized that immigration status will moderate this association, such that only among native Jewish Israelis, knowledge about how to search for mental health information will be associated with emotional distress. No significant association will be observed among immigrants from the FSU.

**Methodology**

**Sample and procedure**

A convenience sample of 605 older adults participated in the study. We recruited participants using various methods to increase ethnonational and socio-demographic diversity of the sample. Participants were recruited online using targeted sampling of older adults with diverse ethnic background using Ipanel ([https://www.ipanel.co.il/en/](https://www.ipanel.co.il/en/)), as well as using direct person-to-person solicitation with individuals in social clubs for older adults in various locations across the center and south of Israel. Finally, we used snowball-sampling techniques to increase recruitment. Inclusion criteria included older adults 60 years old and above. Exclusion criteria included receiving a score ≥13 on the Mini-Cog (Borson, Scanlan, Chen, & Ganguli, 2003); a screening test for cognitive impairment. Thirteen participants were excluded from the sample based on the screening.

The sample included participants from two ethnonational groups: Native Israeli Jews (N = 357) and Immigrant Jews from the Former Soviet Union (FSU, N = 222). Research assistants fluent in participants’ native language (Hebrew/Russian) recruited participants. All participants signed an informed consent form prior to their participation. After signing the consent participants completed self-report questionnaires in their native language (Hebrew/Russian). Participants’ anonymity was assured and there was no identifying information on the survey participants completed. The study was approved by the Ethics Committee of Interdisciplinary Center, Herzliya and data collection was in accordance with the guidelines of the ethics committee.
**Measures**

**Socio-demographic questionnaire**
A self-report questionnaire was used to collect sociodemographic information. Questions included items concerning: gender, age, marital status (single; married/live with partner; divorced/separated; widower), country of birth, formal years of education and income (a lot below average; slightly below average; average; slightly above average; a lot below average).

**Mental health literacy scale**
(MHLS) (O’Connor & Casey, 2015). This self-report measure assesses mental health literacy and includes six dimensions: knowledge regarding searching for mental health information, recognition of mental health disorders, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional help available, and attitudes that promote recognition and appropriate help-seeking.

In the current study, we focused on knowledge regarding searching for mental health information and therefore we used one dimension of the measure – knowledge about how to search for mental health information. The scale includes four items: “I am confident that I know where to seek information about mental illness”, “I am confident using the computer or telephone to seek information about mental illness”, “I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)”, “I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness”. Participants rate their knowledge level on a scale from 1 (strongly disagree) to 5 (strongly agree), where high scores indicate greater knowledge. The MHLS showed good reliability and validity in studies conducted in European countries (O’Connor & Casey, 2015). In the current study, the internal consistency of the relevant dimension was good (Cronbach’s alpha = .79).

**The general health questionnaire (GHQ-12) (Goldberg, 1972)**
This 12-item self-report measure assesses emotional distress in the preceding month and is commonly used to screen for common mental disorders (for example: “Have you recently lost much sleep over worry?” and “Have you recently been thinking of yourself as a worthless person?”). It has been validated for use in many countries including Israel (Authors, 2014; Kessler & Ustun, 2008). Items are rated on a 4-point Likert scale. Final scores are computed as the summary for all items, where higher scores indicate increased emotional distress. The overall internal consistency reliability for the scale was good (Cronbach’s alpha = .84).
Data analysis

Analyses were performed using SPSS version 21.0 (SPSS Inc., Chicago, IL), with the PROCESS macro developed by Hayes (2012) for addressing moderation hypotheses. t-tests of independence and chi-square tests were performed to investigate differences in sociodemographic characteristics of the sample by groups for continuous and categorical variables, respectively. In order to examine the moderating role of immigration status in the association between knowledge about how to search for mental health information and emotional distress while controlling for the possible effect of sociodemographic variables (age, gender, socio-economic status, and education) and participation method (online, in person); hierarchical linear regression analyses were computed. In the first block, we entered the control variables (socio-demographic variables and participation method); in the second block we entered the main independent variables separately (immigration status and knowledge about how to search for mental health information) in the third block we entered the interaction term between the main independent variables. Emotional distress (i.e., GHQ score) was entered as the dependent variable.

Results

Sample sociodemographic and clinical characteristics

Sociodemographic characteristics of the sample by immigration status are presented in Table 1. Participants’ age ranged from 60 to 96 years old ($M = 69.22$ $SD = 7.07$). Most of the participants were females (54.9%), with significantly higher percentage of the FSU sample being female. Most of the participants were married or living with partner (72.8%), with higher percentage of Divorced/Separated among the FSU sample and higher percentage of widowers among the Israeli born Jews. Participants from the FSU had significantly more years of formal education compared to Israeli born Jews. In addition, while most of the Israeli born Jews reported having average income and above, most of the participants from the FSU reported having below-average income. For the participants from the FSU, the mean age at immigration to Israel was 40.46 years ($SD = 14.72$) and over 85% of them immigrated when they were 30 years or older.

Association between emotional distress, knowledge about how to search for mental health information and immigration status

Immigration status was significantly associated with knowledge about how to search for mental health information, ($t(573) = 6.9$, $p < .001$) such that Israeli born Jews ($M = 15.49$, $SD = 3.58$) reported significantly higher level of knowledge than immigrants from the FSU ($M = 13.32$, $SD = 3.74$). In addition, immigration status was also significantly associated with emotional
distress \((t(574) = -4.00, p < .001)\) such that immigrants from the FSU \((M = 9.08, SD = 5.73)\) reported significantly higher emotional distress than Israeli born Jews \((M = 5.2, SD = 5.32)\). To investigate the moderating role of immigration status in the association between knowledge about how to search for mental health information and emotional distress (GHQ) while controlling for sociodemographic variables and participation mode, we computed a hierarchical linear regression. The model was significant, predicting 8.8% of the variance in emotional distress. As can been seen in Table 2, gender and method of participation were associated with emotional distress, such that being female \((partial r = .11 p < .01)\) and participation online \((partial r = .12 p < .01)\) were associated with higher emotional distress in the preceding month. The analysis also indicated a significant effect for

Table 1. Socio-demographic characteristics of the sample by group.

<table>
<thead>
<tr>
<th>Age (M, SD)</th>
<th>Israeli born Jews ((n = 357))</th>
<th>Immigrants from the FSU ((n = 222))</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68.93 (6.5)</td>
<td>69.68 (7.9)</td>
<td>(t(401.83) = -1.23, n.s.)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>(\chi^2(1) = 17.1, p &lt; .001)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>172 (48.2%)</td>
<td>146 (65.8%)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>185 (51.8%)</td>
<td>76 (34.2%)</td>
</tr>
<tr>
<td>Education (M, SD) (^1)</td>
<td></td>
<td>14.42 (2.96)</td>
<td>15.67 (5.22)</td>
</tr>
<tr>
<td>Marital status (%, n) (^1)</td>
<td></td>
<td></td>
<td>(t(562) = -3.61, p &lt; .001)</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>9 (2.5%)</td>
<td>2 (0.9%)</td>
</tr>
<tr>
<td></td>
<td>Married/living with partner</td>
<td>262 (73.4%)</td>
<td>159 (72%)</td>
</tr>
<tr>
<td></td>
<td>Widower</td>
<td>35 (9.8%)</td>
<td>38 (17.1%)</td>
</tr>
<tr>
<td></td>
<td>Divorced/Separated</td>
<td>51 (14.3%)</td>
<td>22 (10%)</td>
</tr>
<tr>
<td>Income (%, n) (^1)</td>
<td></td>
<td></td>
<td>(\chi^2(4) = 72.07, p &lt; .001)</td>
</tr>
<tr>
<td></td>
<td>A lot below average</td>
<td>53 (15.2%)</td>
<td>84 (37.8%)</td>
</tr>
<tr>
<td></td>
<td>Slightly below Average</td>
<td>44 (12.6%)</td>
<td>50 (22.5%)</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>90 (25.8%)</td>
<td>40 (18%)</td>
</tr>
<tr>
<td></td>
<td>Slightly above Average</td>
<td>99 (28.4%)</td>
<td>42 (18.9%)</td>
</tr>
<tr>
<td></td>
<td>A lot above Average</td>
<td>63 (18%)</td>
<td>6 (2.8%)</td>
</tr>
</tbody>
</table>

Note. \(^1\) Total number of participants is lower than the sample size (579) due to missing responses to these questions.

Table 2. Hierarchical linear model examining the moderating role of immigration status in the association between knowledge about how to search for mental health information and emotional distress.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>B</th>
<th>SE</th>
<th>(\beta)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.04</td>
<td>.04</td>
<td>.06</td>
</tr>
<tr>
<td>Gender</td>
<td>1.30</td>
<td>.48</td>
<td>.12**</td>
</tr>
<tr>
<td>Education</td>
<td>-.08</td>
<td>.06</td>
<td>-.06</td>
</tr>
<tr>
<td>Recruitment mode (online, in person)</td>
<td>1.50</td>
<td>.51</td>
<td>.13***</td>
</tr>
</tbody>
</table>

| Step 2                          |      |      |           |
| Immigration status (native Israeli, Immigrants from the former USSR) | .85  | .25  | .15**    |
| Knowledge about how to search for mental health information | -.98 | .24  | -.18***  |

| Step 3                          |      |      |           |
| Immigration status X Knowledge about how to search for mental health information | .50  | .23  | .09*     |

**p < .01 p < .001 Note. ***p < .001
knowledge about how to search for mental health information on emotional distress \((partial\ r = -0.17\ p < .000)\), suggesting that higher knowledge was associated with lower emotional distress. Findings also indicated a significant effect for immigration status. Thus, compared to Israeli born Jews, immigrant Jews from the FSU reported worse emotional distress \((partial\ r = 0.14\ p < .01)\).

Most importantly, the analysis revealed a significant interaction effect between immigration status and knowledge about how to search for mental health information \((partial\ r = 0.09,\ p < .05)\), suggesting that the effect of knowledge about how to search for mental health information on emotional distress depended on immigration status. Simple slopes for the association between knowledge about how to search for mental health information and emotional distress were tested for each group. While a significant negative correlation between knowledge about how to search for mental health information and emotional distress were documented for Israeli born Jews \((b = -0.36,\ SEb = 0.08,\ \beta = -0.25,\ p < .000)\), there were no significant correlations between knowledge about how to search for mental health information and emotional distress among migrants from the FSU \((b = -0.09,\ SEb = 0.10,\ \beta = -0.06,\ n.s.)\).

**Discussion**

In the current study, we examined the association between knowledge about how to search for mental health information and emotional distress among older adults. Similar to previous studies on health status and health information, our findings show that immigrants are more vulnerable to develop emotional distress. In addition, our findings show that despite higher years of formal education, immigrants from the FSU are less knowledgeable about where to search mental health information \((Pirisi, 2000;\ Ten\ Have\ et\ al., 2010;\ Viswanath\ et\ al., 2006)\) pointing to the persistent communication inequalities that exist between immigrants and natives \((Kontos\ et\ al., 2010)\). Our findings also support previous research showing that knowledge about how to search for mental health information, which is a seminal component of mental health literacy was negatively associated with mental health distress \((Pirisi, 2000;\ Ten\ Have\ et\ al.,\ 2010;\ Viswanath\ et\ al., 2006)\). In the current study, we further examined the role of immigration status in this association. Immigrant mental health can be strongly influenced by the process of immigration, which impacts the established information networks and sources \((Butler, Warfa, Khatib, & Bhui, 2015)\). Our findings show that while among native older adults, increased knowledge about how to search for mental health information was associated with lower emotional distress, among immigrant older adults there was no significant association between these variables. These results suggest that a closer examination of the assumption of the benefits of mental health literacy to reducing mental health distress is warranted when working with immigrant older adults.
Mental health literacy provides a framework to overcome barriers to service use and reduce mental health disparities through public education (Jorm, 2012; Jorm et al., 1997). The MHL approach assumes that people can acquire basic knowledge about mental health problems and services that can guide their subsequent help-seeking behavior. Jorm et al. (1997) coined the term “mental health literacy” to refer to the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (p. 182). While health literacy among the general public is more developed, i.e., knowledge how to prevent, recognize and access services for common physical health problems (e.g., knowing about the health consequences of smoking or the need to eat a balanced diet), many people have limited knowledge about the symptoms of common mental illness and are unaware of the effectiveness of biomedical, psychiatric or psychological interventions (Jorm, 2012). Older adults are particularly disadvantaged when it comes to health literacy with studies documenting significant decline in health literacy after age 55 (Choi, 2011; Kutner et al., 2006).

To date, limited research examined mental health literacy among older adults in general and particularly among immigrant seniors. Our findings documented that immigrant older adults have lower levels of mental health literacy compared to their native counterparts, despite a higher mental health need. Our findings further show that mental health literacy, and in particular knowledge about how to search for mental health information did not have the same beneficiary effect on the mental health status of immigrant older adults compared to natives. These findings suggest that cultural differences among immigrant and native older adults can impact the effectiveness of the mental health knowledge that is accessed. Mental health information should be linguistically and culturally appropriate to facilitate access to care and positively impact quality of care. Cultural differences can directly impact mental health practice in myriad ways including the perception of health and illness, treatment-seeking patterns, the nature of the therapeutic relationship and structural factors such as racism and discrimination (Authors, 2018; Gopalkrishnan, 2018) as well as preferred ways to access this information. Culturally sensitive mental health information should address cultural conceptualization of mental illness and culturally acceptable modes of intervention.

Furthermore, to overcome communication inequalities, mental health information should be available through culturally appropriate modes of communication. Factors related to immigration status, such as limited literacy skills and lack of access to popular sources of mental health information (e.g., local newspapers and relevant online content) are some of the leading factors that underlie communication inequalities (Cotten & Gupta, 2004; Kontos et al., 2007; Lorence & Park, 2007; Rudd et al., 2003). Indeed, health studies in the US documented that older adult immigrants and ethnic minorities are likely to rely more on their social ties with other lay people as sources for health information compared to their US-born counterparts who tend to rely more on information originating from health
providers (Vanderpool, Kornfeld, Rutten, & Squiers, 2009). Similar findings were documented among immigrants from the Former Soviet Union in Israel who reported preferences for seeking help for emotional problems from their social networks (Polyakova & Pacquiao, 2006). Our findings may be explained by the tendency of immigrants to rely on information from their close social network who are likely to be immigrants themselves, rather than mental health professionals or the general media. Future research should examine the sources of mental health information and their impact on the effectiveness of the information accessed among older immigrants. Particular attention should be directed to information and communication technologies as they have the potential to increase access to culturally appropriate health and mental health information.

The use of technology in general and computers in particular is on the rise among the older adults. While in 2002 only 10% of seniors in Israel used a computer, in 2012 the percentage had risen to 27%, of whom 90% reported using the internet for finding information and connecting with other people (Brodeski et al., 2011). Findings indicate that native-born Jews in Israel have an advantage in digital access, compared to immigrants from the FSU (Avidar, 2009). Computer-mediated communication can provide opportunities to communicate with more people and access useful information for disadvantaged groups, such as immigrant older adults who are likely to be retired and potentially isolated from society (Cotten, Anderson, McCullough, 2012; Hernández-Encuentra, Pousada, & Gómez-Zúñiga, 2009). Importantly, more research is needed on search patterns of older adults seeking online mental health information, and the types of mental health topics they research. Particular attention should be directed to credibility issues when retrieving online and offline mental health information (Robertson-Lang, Major, & Hemming, 2011).

**Limitations**

Our study has several limitations. First, we used a convenience sample that may be subject to selection bias. Thus, it is possible that those who chose to participate in our research are more familiar with and willing to discuss issues related to emotional distress. Second, we used a recently construed scale to assess knowledge about how to search for mental health information. Although the scale showed good reliability, its cultural adaptability should be further examined. Measurement of mental health literacy using a scale-based measure has been limited, including a lack of psychometric and methodologically robust scale-based measures (O’Connor & Casey, 2015). More research is needed to develop culturally appropriate measures to assess mental health literacy. Culture is shaped within a broader context of social norms and social issues that can be directly related to appropriateness of mental health information. Therefore, mental health literacy among older migrant adults cannot be examined in isolation of these greater social norms, values, and preferences. Future
qualitative research can expand our understanding of culturally construed mental health literacy and relevant mental health information.

Conclusion

When emotional distress is recognized and treated early, the prospects of improved outcomes are higher. However, in practice, professional help, particularly among older migrant adults is often not sought at all or only sought after a delay (Byers et al., 2012; Crabb & Hunsley, 2006; Jimenez et al., 2013). Early recognition and appropriate help-seeking will only occur if those in need, or significant people around them, know to recognize early changes produced by mental disorders, the best types of help available, and how to access this help. Knowledge how to seek culturally appropriate information (when such information is available and accessible) is a key factor in reducing communication inequalities pertaining to mental health.

Clinical social workers who often serve as frontline mental health service providers should engage in activities that promote mental health literacy and encourage their patients to seek relevant knowledge about their condition, while explicitly asking their patients about their preferences regarding mode of communication and access to information. They should pay special attention to immigrants when exploring communication preferences and ask about cultural conceptualization of their distress as well as explore culturally acceptable modes of intervention.

Acknowledgments

This study was supported by the Israeli National Institute for Health Policy and Health Services Research (2016/22 to Nakash and Hayat). The sponsor had no role in the study design or conduct of the study; in the collection, analysis, and interpretation of the data; or in the preparation or approval of the manuscript.

Conflict of Interest

None reported.

Funding

This work was supported by the Israeli National Institute for Health Policy and Health Services Research [2016/22].

ORCID

Ora Nakash http://orcid.org/0000-0001-9963-1184
Tsahi Hayat http://orcid.org/0000-0002-9807-6024
References


