Letters to Editor

Response to “Pretesting and cognitive interviewing are integral parts in translation of survey instrument”

Sir,

Having read the correspondence regarding the description and adaptation of the survey used in the article contributed by Zieger I would like to take the opportunity to respond on behalf of all the authors and provide some clarification.

In the study, we sought to assess the perception of stigma regarding mental illness in two Indian cities, Chennai and Kolkata. In response to each of the points raised:

1. While the survey was developed in English, it was translated directly into the respective local languages before the participants were interviewed. This included Tamil for Chennai and Bengali for Kolkata. Each questionnaire contained the questions printed in both English and the respective language, providing a basis of accuracy and consistency for the interviewer. All participants included in the study were fluent in English or one of the regional languages (Bengali/Tamil). No participants were included or excluded based on the linguistic criteria.

2. In case participants were unsure of questions or contexts and needed more information and clarification, further information was provided to them after the initial interview, at which time questionnaire was then completed. Our impression was that during the interview if any issues arose due to some participants being unfamiliar with the context of mental illness, it was helpful that we allowed them to take their time and instructed them that they had the chance to respond to that question later. This procedure may not necessarily be a weakness of the questionnaire and facilitated a higher completion rate.

3. We agree et al. [1,2] that in our study we did not fully follow the outlined WHO translation method, especially in terms of cognitive testing. We, thus, acknowledge the suggestion for future studies, given sufficient funding, and accept a potential inadequacy of equivalence as a limitation of our study.

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Use of Google Maps to target public awareness – A pilot retrospective study at tertiary hospital

Sir,

The World Health Organization noted that one in every four people is affected by a mental disorder at some stage of life. Mental disorders are very common and pose enormous burden to the society in terms of cost, morbidity, quality of life, and mortality. There are certain factors that are associated with mental disorders; among these factors, deprivation and poverty are the ones most strongly associated. Individuals with lower levels of education, low household income, and lack of access to basic amenities are at high risk of a mental disorder. Among the people with a mental disorder, a great majority of people experience barriers that prevent access to the treatment that is

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further enhanced by a lack of availability of mental health specialists.\(^2\) It has been observed that people with mental health problems are not attending any health-care facilities either due to lack of awareness about treatment services, the distance, or also due to the fear of the stigma associated with treatment.\(^3\) To deliver mental healthcare to all patients who need it the most and desire it, the health-care system needs to have services that can be delivered cost effectively, remotely, and in settings where people most frequently receive care such as primary care or community care services.\(^5\) One such cost-effective and accessible service is the use of technology in targeting public awareness.

Internet-based technology plays a dominant role in our daily lives and is an integral professional tool in medical practice as well. The use of internet technology has spread to all the countries including developing countries over the last few decades and offers novel possibilities for transmitting information and leading to the globalization of knowledge.\(^6\) The use of technology is not new to psychiatry as digital mental health technologies such as web-based and mobile apps are frequently cited as potential methods of providing effective care in a cost-effective manner.\(^7\) Various randomized controlled trials have consistently demonstrated that these technology-based tools can produce benefits similar to those seen for psychological treatments.\(^2\) In developing countries like ours where the majority of population is from a rural background, and there is a lack of tertiary care facilities and mental health professionals, the use of internet technology comes as a welcome change in the challenge to spread awareness, identify, and effectively manage mental illnesses. The spread of internet and internet-based technology and its promotion by the government in the recent years gives us an opportunity to search for new and effective methods which can help in better utilization of services available and lead to better psychiatric care.

One such attempt was aimed to achieve better health-care utilization for psychiatric illnesses using information technology. This study was done at JSS Hospital, an 1800 bedded multispeciality tertiary care hospital in Mysore, India. Retrospective documentation of inpatient addresses who were admitted under Psychiatry Department were done with the digitalized health records system available in the hospital. The patients residential addresses were marked on Google Maps to the location and the results analyzed. The addresses of 211 patients admitted under the Psychiatry Department over a period of 3 months were marked using Google Maps. The results suggested that there were areas with high density of patients visiting the hospital [Figure 1]. Four such areas were identified on the map up to 80 km from the hospital. It is interesting to point out how a simple web-based technology which is used by us in day-to-day life was used to locate the patients. This helped us to identify areas with a higher density of patients using our outreach care facilities for treatment and also certain areas that have lower utilization of such facilities even when the distance was same or lesser and transport access was also similar. Thus it helps us to focus our attention in targeting this population by the use of simple technology. The various interventions planned targeting these lower utilization areas are the use of public awareness newsletters, sharing of short psycho-educative video and audio clips on the phone numbers of patients or caregivers, annual special camps, street plays organized in collaboration with various local authorities so that early identification and intervention can be planned. The Department of Psychiatry at JSS Hospital has public awareness newsletter named “Manassu”\(^7\) explaining in regional language various mental illnesses and the benefits of treatment. This is bimonthly newsletter which is printed by the department since 2012. This newsletter is planned for disposal to various health centers across the areas with low densities. The newsletter “Manassu”\(^7\) is also available in the form of E-book\(^7\) which can be easily sent as a soft copy to various health-care workers and primary care physicians across these areas. The Department of Psychiatry conducts 3-day “teachers training program” under which the department has already trained about 600 teachers of educational institutes of JSS to identify early signs of illness in children and adolescents. This program can be conducted in collaboration with the various schools across these low-density areas to further improve the utilization of mental health-care facilities. The study gives us an opportunity to look at simple and easily available internet technologies and also use them innovatively in delivering better mental health care, especially in remote areas and areas with fewer number of tertiary care facilities. This continuous Google mapping can have implications for mental health care ranging from spreading awareness, prevention, early diagnosis, early intervention, psychoeducation, and adherence to treatment for mental illnesses.

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Letters to Editor

Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. World Health Organization. Mental Health: New Understanding, New Hope: World Health Report 2001. Geneva: World Health Organization; 2001. p. 9-24.
2. Mohr DC, Lyon AR, Lattie EG, Reddy M, Schueller SM. Accelerating digital mental health research from early design and creation to successful implementation and sustainment. J Med Internet Res 2017;19:e153.
3. Patel V, Kirkwood BR, Pednekar S, Weiss H, Mabey D. Risk factors for common mental disorders in women. Population-based longitudinal study. Br J Psychiatry 2006;189:547-55.
4. Lahariya C, Singhal S, Gupta S, Mishra A. Pathway of care among psychiatric patients attending a mental health institution in central India. Indian J Psychiatry 2010;52:333-8.
5. Kazdin AE, Blase SL. Rebooting psychotherapy research and practice to reduce the burden of mental illness. Perspect Psychol Sci 2011;6:21-37.
6. Margariti M, Papadimitriou GN. Use of informatics technology in psychiatry. Psychiatriki 2012;23:322-33.
7. Kishor M. Manassu-Kannada e-Book; 2014. Available from: http://www.mindsnewsletter.com/home/manassu-kannada-e-book. [Last accessed on 2017 Mar 15].

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