

Health and Community Care Research Programme

Well? What do you think? (2004): The second national Scottish survey of public attitudes to mental health, mental well-being and mental health problems

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The National Programme for Improving Mental Health is a key part of Scottish Executive's health improvement and social justice policy development. The first National Scottish Survey of Public Attitudes to Mental Health was commissioned by the Executive in 2002 to help inform the National Programme's work and to provide relevant baseline data. The second survey was commissioned to track progress towards meeting the aims of the National Programme. The survey was carried out by MORI and conducted among 1,401 adults aged 16+ in Scotland. The sample was designed to be representative of the adult population of Scotland.

Main Findings

- Factors seen to have a positive effect on mental health included supportive relationships; leisure activities; hobbies and a social life; work; exercise and having enough money. Factors seen to have a negative effect included physical illness; not having enough money and work.
- A quarter of respondents said they had personally experienced a mental health problem (26%). Women, and especially those aged 35-54 years, were among those most likely to have said they had experienced a problem, as were adults who found it difficult to manage on their income, or who rated their general health as poor. Those who had a high GHQ-12 score or who felt they had little or no control over factors affecting their mental health were similarly more likely than other groups to have experienced a problem. As in 2002, the mental health problems that respondents had most commonly experienced were depression (17%), panic attacks (7%) and severe stress (6%).
- The survey suggests that support from family and friends, and medication are particularly important factors affecting the recovery of people who have experienced a mental health problem. However, respondents who had experienced mental ill-health also identified a need for more supports such as counselling, therapy and support from people with similar experiences.
- Almost three quarters (72%) of respondents had seen, read or heard an advert or promotion relating to mental health in the past year. This compares with 43% in 2002.
- There appear to have been some positive shifts in attitudes towards mental health problems between 2002 and 2004. The proportions agreeing that 'If I were suffering from mental health problems I wouldn't want people knowing about it', 'I would find it hard to talk to someone with mental health problems', 'People with mental health problems are often dangerous' and 'The public should be better protected from people with mental health problems', have each declined significantly.

Background and Methods

The National Programme for Improving Mental Health and Well-being was launched in October 2001 as part of the Scottish Executive's commitment to health improvement and social justice. The first National Scottish Survey of Public Attitudes to Mental Health was commissioned by the Executive in 2002 to inform the work of the National Programme and to provide relevant baseline data. Since then, a number of National Programme initiatives and campaigns have got underway, including, 'see me', the national anti-stigma campaign and 'Choose Life', the national strategy and action plan to prevent suicide. Against this backdrop, the SE commissioned MORI Scotland to conduct the second National Scottish Survey of Public Attitudes to Mental Health.

The survey was undertaken with a representative sample of 1,401 Scottish adults and conducted face-to-face in respondents' homes between 24th May and 12th August 2004. All fieldwork was conducted using Computer Assisted Personal Interviewing (CAPI).

Aims and objectives

The over-arching aims of the survey were to examine the views of a representative sample of the adult Scottish population on a range of mental health related issues, and to compare findings with other relevant survey data. The specific objectives of the research were to:

- Investigate perceptions of general health and lifestyle
- Explore understanding of the concepts of mental health and well-being and respondents' assessment of factors affecting their own mental health and well-being
- Investigate experience of mental health problems
- Investigate sources of information on mental health issues
- Explore attitudes to mental health problems, including the stereotypes and myths surrounding mental illness
- Explore attitudes to people who experience specific symptoms of mental ill health
- Compare findings with the findings of the 2002 survey and, as far as data are comparable, with findings from similar surveys carried out in Scotland, in other parts of the UK and internationally

Findings

General health and lifestyle

Most respondents (83%) rated their general health as good or very good. The most positive self-assessments of health were made by people in younger age groups, those living in affluent areas, people who had a higher than average annual income or who reported high levels of social engagement.

Although more than 8 in 10 respondents gave a positive assessment of their own health, 31% of the sample said they

had a long-standing illness, disability or infirmity. Of this group, two thirds said their condition limited their activities in some way.

Most respondents (83%) said they saw their friends or relatives more than twice a week and a majority said they had people they could turn to for help if they were ill (94%) or in financial difficulty (88%).

Mental health and well-being

Respondents were asked to complete the GHQ-12, a validated screening instrument designed to detect possible psychiatric morbidity in the population. The majority of respondents (82%) were assessed as exhibiting few signs of possible mental health problems (hereafter 'low GHQ-12 scores'). However, almost a fifth of the sample (18%) scored 4 or more – 4 being the generally accepted threshold for a 'high GHQ-12 score', indicating possible mental health problems.

Factors commonly identified as having a positive effect on mental health and well-being (unprompted) were: supportive relationships, leisure activities, exercise and having enough money. Factors considered as having a negative effect included physical illness, not having enough money, or being on a low income. 'Work' was commonly identified by respondents as both a positive and a negative factor. These findings are consistent with the results from 2002.

The majority of respondents (66%) felt that they had complete, or a good deal of control over the factors that might affect their mental health. Men and younger people were the most likely to perceive themselves as being in control, as were people who found it easy to manage on their income. Those with high GHQ-12 scores were among those least likely to feel in control, as were people who said they had experienced a mental health problem.

Experience of mental health problems

As in 2002, 70% said that someone close to them had been diagnosed with a specific mental health problem at some stage in their life. The most common conditions were depression, panic attacks and Alzheimer's Disease.

A quarter of respondents (26%) said they had personally experienced a mental health problem, most commonly depression, panic attacks and severe stress. Women, particularly those aged 35-54 years, were among those most likely to say they had experienced a mental health problem, as were people who found it difficult to manage on their income, who rated their general health as poor and people with high GHQ-12 scores. This is almost the same as was found in 2002.

People who had personally experienced a mental health problem were asked about the factors that were most helpful in supporting their recovery. The most commonly mentioned factors were support from family and friends, and medication. Asked if there were any factors which might have

been helpful, had they been available, respondents emphasised support from others, particularly counsellors and people with similar experiences.

Information sources and awareness of mental health issues

The sources of information that were most commonly seen as important in forming impressions and opinions on mental health problems were personal contact or personal experience (mentioned by 57% of people in the sample). Television news and current affairs programmes were also cited as important, by 44% of the sample.

The majority of respondents (72%) said they had either seen, read or heard a promotion about mental health in the past year, most commonly in adverts on television or at the cinema. Those who did not have any personal experience of mental health problems were less likely to have noticed adverts or promotions. Men (in general), women aged 55 years or more and respondents who rated their general health as poor, were also among those least likely to have noticed a campaign or promotion. In 2002, 43% of the sample remembered recent promotional activity.

Respondents were asked whether or not they had heard of five campaigns and initiatives that form part of the work of the National Programme; namely, 'see me' the national anti-stigma campaign; 'Choose Life', the national strategy and action plan to prevent suicide; the Breathing Space telephone advice line and referral service; Mental Health First Aid and the Scottish Recovery Network. Thirty-four percent said they had heard of the 'see me' campaign, while 26% said they had heard of 'Choose Life' and 14% said they were familiar with 'Breathing Space'. Eight per cent of respondents said they were aware of Mental Health First Aid and the same percentage said they had heard of the Scottish Recovery Network.

Attitudes towards mental health problems

Respondents were presented with a number of attitudinal statements relating to mental ill-health, and asked to indicate whether they agreed or disagreed with each. Almost all study participants agreed that 'anyone can suffer from mental health problems' and that 'people with mental health problems should have the same rights as anyone else'. However, almost half of respondents (45%) agreed with the statement 'if I were suffering from mental health problems I wouldn't want anyone knowing about it' and a quarter of the sample agreed that 'the public should be better protected from people with mental health problems.' Approximately half of respondents (46%) were of the view that 'the majority of people with mental health problems recover'.

There have been some significant shifts in attitudes towards mental health problems since the first survey, particularly a decline in the proportions agreeing that 'people with mental health problems are often dangerous' (down 17 points) and 'the public should be better protected from people with mental health problems' (down 11 points). The proportion agreeing that 'if I were suffering from mental health problems

I wouldn't want people knowing about it' and 'I would find it hard to talk to someone with mental health problems' were both down five points from 2002.

Mental health scenarios

Each respondent was shown a scenario outlining symptoms relating either to stress, schizophrenia or depression in a man (Robert) or a woman (Shona). Without being given a formal diagnosis for the condition, people were asked a number of questions relating to the person described in the scenario.

The most commonly suggested cause of all three sets of symptoms was stressful or disturbing events in Robert's/Shona's life. That said, in each case a majority also mentioned a chemical imbalance in the brain, abuse suffered in childhood or physical illness. Those who were shown the schizophrenia scenarios were more likely than other respondents to mention a chemical imbalance in the brain, while those shown the depression scenarios were more likely to mention physical illness. Robert's/Shona's own character or personality was mentioned by higher than average proportions of those shown the stress scenarios.

Family doctors, qualified counsellors and family members were seen as the best sources of help for the people in each of the scenarios. However, half of those shown the schizophrenia scenarios mentioned a psychiatrist as a potential source of help.

Whichever version of scenario respondents were shown, a majority felt that the best place for Robert/Shona to live was in his/her own home with support from family members or friends. However, a significant minority of those shown the schizophrenia scenarios felt that Robert/Shona should live in special housing with professional support in the community.

A majority of those shown the schizophrenia scenarios and around half of those shown the depression scenarios thought that Robert/Shona might harm him/herself. Of those shown the stress scenarios, a minority held this view. Very few respondents shown the stress or depression scenarios thought Robert/Shona were likely to harm *others*, but around a third of those shown the schizophrenia scenario thought this likely.

For all scenarios, majorities said that they would be willing to interact with Robert/Shona under a range of circumstances including doing him/her a favour or making friends with him/her. However smaller proportions were willing to have Robert/Shona marry into the family and fewer than half in each case said that they would allow him/her to provide childcare for someone in their family.

While majorities of those shown the depression scenarios were able to attribute the symptoms to the condition correctly, this was not the case for either the schizophrenia or stress scenarios. Almost half of those considering the stress scenarios thought that Robert/Shona was exhibiting symptoms of depression. Although approximately 4 in 10 respondents attributed the symptoms of schizophrenia

correctly, a significant proportion of those who considered the schizophrenia scenario felt that Robert/Shona was experiencing depression, a nervous breakdown or a personality disorder.

Conclusions

The links between mental ill-health and factors such as income and area deprivation reinforce the importance of health policies and initiatives which are both targeted and linked with broader social inclusion agendas. Meanwhile, the link between people's self-assessed general health and their experience of mental health problems points to the need for a holistic approach to tackling mental ill-health, which emphasises the role that a healthy lifestyle can play in promoting mental well-being.

Work is clearly a key factor influencing people's mental health. The Executive's action plan Healthy Working Lives (Scottish Executive 2004) signalled a commitment to improving the health of working age people in Scotland. The

findings from the present survey should help inform the plan and provide a source of baseline data for assessing its future progress.

A key aim of the National Programme is to promote wider understanding and awareness of factors that help to promote recovery from mental health problems. The survey findings point to a need for more signposting of relevant sources of help and a greater emphasis on informal support networks.

There are signs that perceptions of mental ill-health have improved between 2002 and 2004. While it is difficult to be certain what has brought about these changes, and too early to be confident that they represent a long-term trend, it may be that the work of the National Programme and, in particular, the 'see me' campaign has helped to reduce some of the stigma surrounding mental ill-health. The fact that 72% of respondents said they were aware of recent promotional activity indicates that, at the very least, messages appear to be reaching the majority of the Scottish population.

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