

Mental Health Literacy in Australia: Is it getting better?

The 2011 National Survey of Mental Health Literacy and Stigma

Summary report

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Mental health literacy in Australia

One in five Australians suffers from a mental or substance use disorder in any 12-month period. This prevalence rate rises to one in four young Australians between the ages of 16 and 24. However, the majority fail to seek professional help. This is of concern because there is evidence that early recognition and treatment may improve long-term outcomes for people with mental disorders

A number of factors affect help seeking, including mental health literacy, which has been defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention.

Previous surveys of mental health literacy in adults were carried out in 1995 and 2003/4, and in young people in 2006. They found poor recognition of disorders and negative beliefs about some standard psychiatric treatments including medications. In contrast, there were positive views about self-help strategies, help from family and friends, and psychological treatments such as counselling.

The past few years have seen increased efforts to improve the mental health literacy of the Australian public. In 2011, a new survey was carried out in order to assess whether there have been changes in recognition, treatment beliefs, stigmatising attitudes and other aspects of mental health literacy.

The survey had two components: a general community survey covering those aged 15+ and a youth survey involving those age 15 to 25 years. The general community survey involved computer-assisted telephone interviews with 6019 people and the youth survey involved similar interviews with 3025 young people. The surveys were carried out between January and May 2011.

Survey results: key areas at a glance

General	Young people	Aspect of mental health literacy
community		
✓	~	Recognition of mental disorders
✓	✓	Help-seeking intentions
✓	~	Beliefs about interventions
✓	✓	Beliefs and intentions about first aid
✓	NA	Beliefs about causes and risk factors
✓	NA	Beliefs about outcomes
NA	~	Beliefs about prevention
~	~	Stigmatizing attitudes
~	~	Personal stigma (what we believe)
~	~	Perceived stigma (what we think other people believe)
✓	~	Willingness to have social contact
✓	~	Disclosure of mental health problems
✓	✓	Awareness of mental health-related organisations

Legend:

- ✓ Progress has generally been made in this compared to earlier surveys
- ~ Compared to earlier surveys, little or no progress has been made
- × Things have got worse since earlier surveys

The subsequent pages explore in more detail some of the areas on which the summary is based. For more information on the 2011 National Survey of Mental Health Literacy and Stigma visit (insert reference to online monograph).

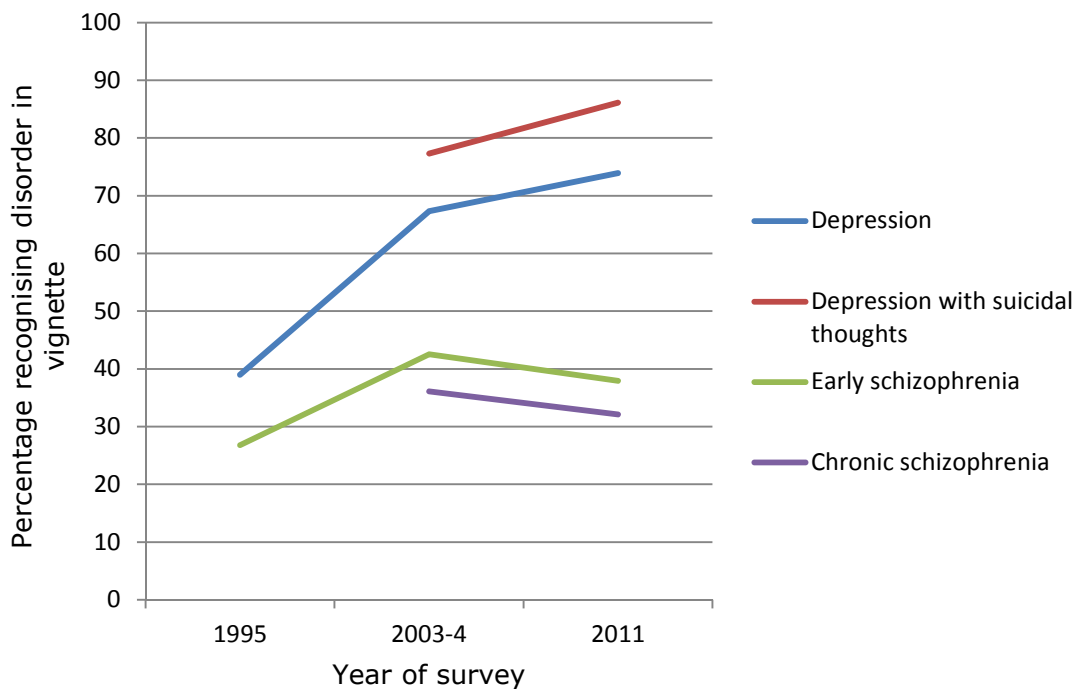
Recognition of mental disorders

Recognising a mental health problem is the necessary first step to seeking help from an appropriate professional. Failure to recognise signs and symptoms is likely to delay help-seeking.

At the start of the survey, respondents in the general community survey were read one of six case descriptions: depression, depression with suicidal thoughts, early schizophrenia, chronic schizophrenia, social phobia and PTSD. For the youth survey, the case descriptions were: depression, depression with suicidal thoughts, depression with substance abuse, psychosis/schizophrenia, social phobia and PTSD. They were then asked what they thought was wrong with the person.

- In the general community and in young people, around 75% of those given the depression case description were able to correctly label the disorder. Approximately one third of those given the schizophrenia and PTSD case descriptions were able to do so. In the general community, only 9% of those given the social phobia case description gave the correct label while, in among young people, only 3% did so.
- The proportions of people able to correctly identify depression, depression with suicidal thoughts and early schizophrenia have increased since earlier surveys.

✓ Recognition of mental disorders in the general community



Help-seeking intentions

Respondents were asked what they would do to seek help if they had the problem described in the case description.

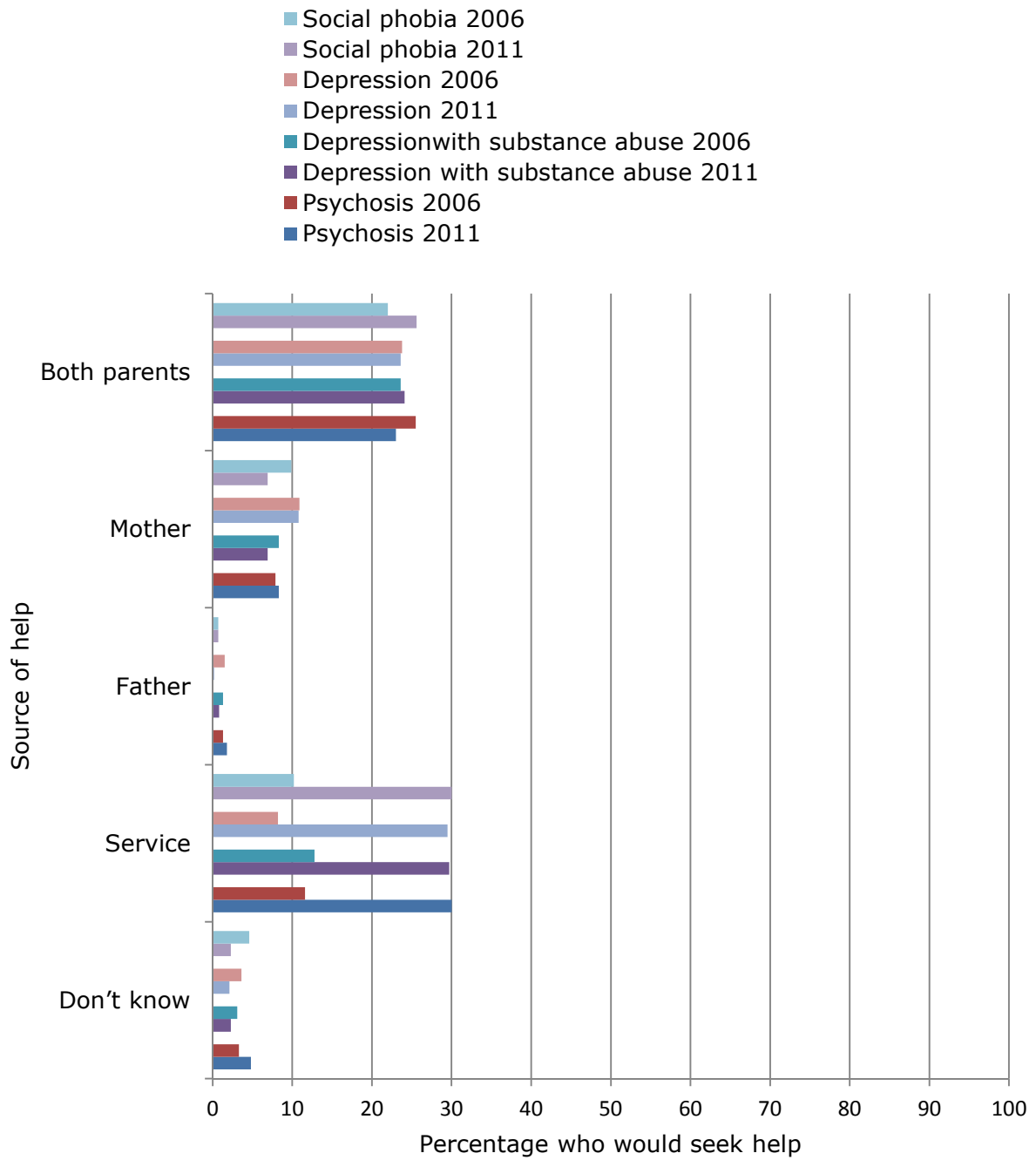
In the general community:

- GPs were generally considered the best source of help for depression and schizophrenia, while counselling was generally considered the most helpful for anxiety disorders.
- Antidepressants for depression (along with antipsychotics for schizophrenia) were generally considered the most helpful medications.
- Lifestyle interventions such as physical activity, reading about the problem, getting out more and learning relaxation also received very high ratings of helpfulness.

In young people:

- Across all disorders, a GP or family doctor was the most commonly mentioned source of help. Parents, friends and counsellors were also highly rated, with between 20 and 30% of respondents nominating them as likely sources of help. When various family members were considered together, informal help-seeking from family was the most common.
- Intentions to access services were greater in 2011 than in 2006. Conversely, intentions to seek help from other sources were lower.

✓ Changes in help seeking intentions in young people



Beliefs about interventions

Beliefs about treatments, including professional help, medications and other interventions also impact on help-seeking. If a person believes that consulting a health professional or taking a medication is unhelpful, they are less likely to receive appropriate medical help or may not comply with treatment.

Respondents were asked about the helpfulness of different types of professional help, medications and other interventions.

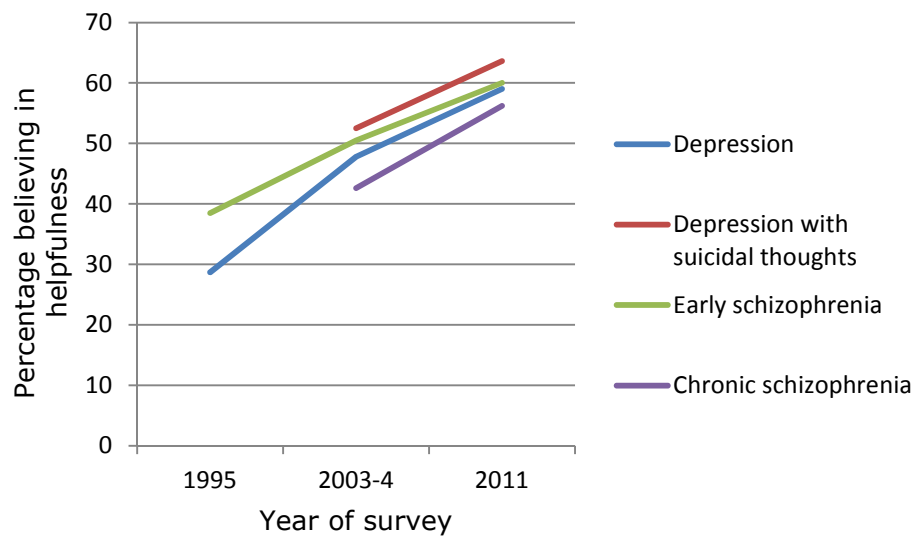
In the general community:

- GPs were generally considered the best source of help for depression and schizophrenia, while counselling was generally considered the most helpful for anxiety disorders.
- Antidepressants for depression (along with antipsychotics for schizophrenia) were generally considered the most helpful medications, while lifestyle interventions such as physical activity, reading about the problem, getting out more and learning relaxation also received very high ratings of helpfulness.
- For depression and schizophrenia, the biggest changes between 1995 and 2011 were increases in beliefs in the helpfulness of GPs, psychiatrists and counsellors, as well as beliefs in the helpfulness of medications, particularly antidepressants and antipsychotics.
- Beliefs about the helpfulness of dealing with these problems alone declined between 1995 and 2011.

In young people:

- The great majority reported that they would seek help, with help seeking most likely for symptoms of depression with suicidal thoughts and PTSD .
- Intentions to seek help from informal sources such as family and friends were most common.
- Being too embarrassed or shy was the most highly endorsed barrier to young people's help seeking.
- For all disorders, close friends received the highest ratings of helpfulness in terms of people who might help, closely followed by GPs and counsellors.
- For depression, depression with substance abuse and social phobia, vitamins were rated as the most helpful, while antidepressants were rated as the most helpful for the other disorders.
- For all disorders, the most highly-rated lifestyle interventions were physical activity, support groups, relaxation training, and cutting down on alcohol, cigarettes and marijuana.

✓ **Belief in the helpfulness of antidepressants in the general community**



Beliefs and intentions about first aid

As the prevalence of mental disorders is relatively high, it is likely that most members of the public will, at some time, have contact with someone with a mental disorder. Help given by members of a person's social network, which may be defined as 'first-aid behaviours' can have an important role to play in providing support and encouraging appropriate help seeking.

Respondents were asked about what they would do if the person described in the case description was someone they knew well or cared about.

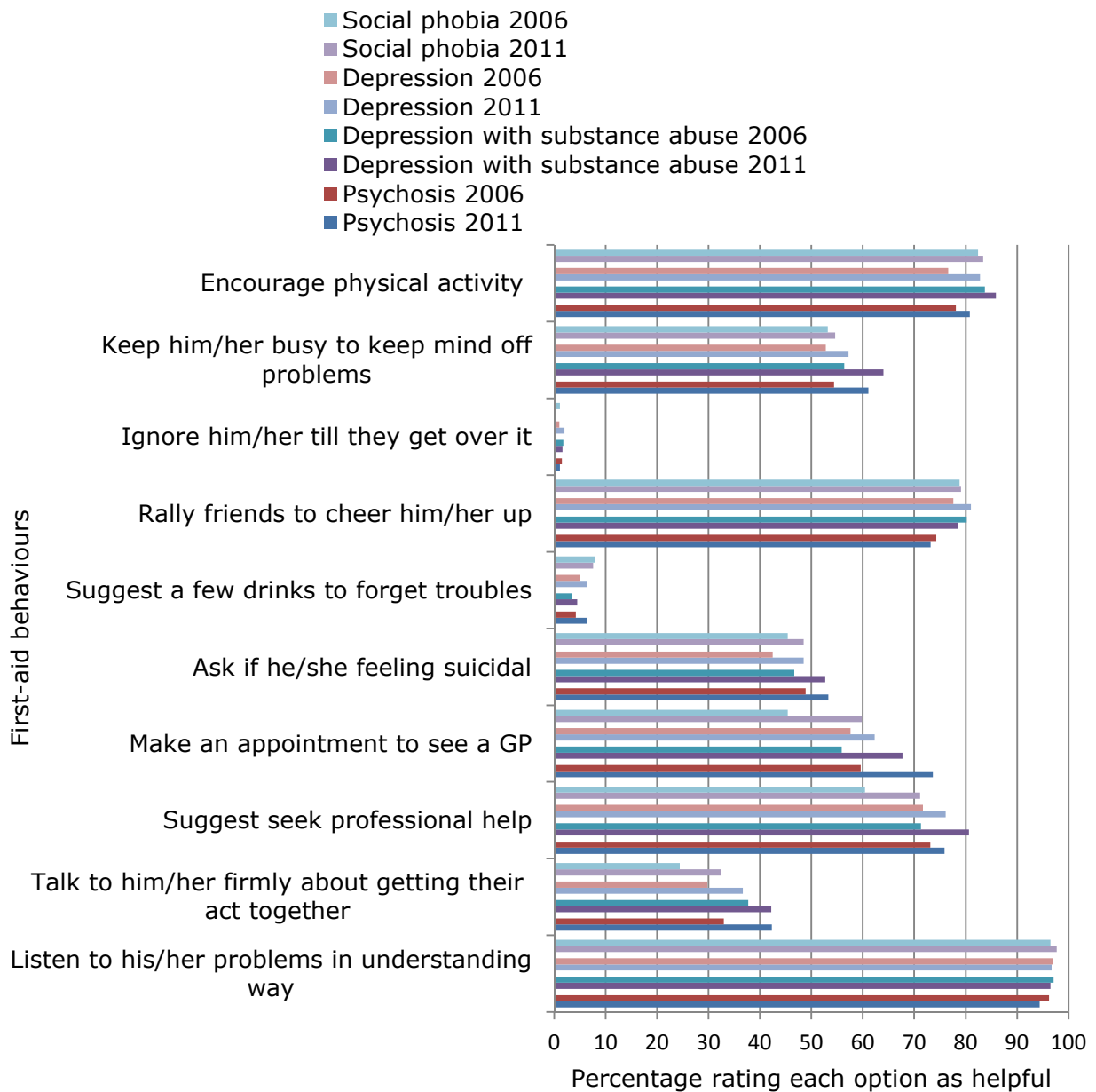
In the general community:

- For all disorders, listening and talking with the person was the most commonly nominated response.
- For all disorders other than social phobia, encouraging the person to see a doctor was the next commonly nominated response.

In young people:

- The most helpful first-aid intentions were considered to be: listening to the person's problems in an understanding way, rallying friends to cheer the person up, suggesting that the person seek professional help and encouraging physical activity.
- For social phobia and depression with substance abuse, there were increases since 2006 in helpfulness ratings for suggesting that the person seek professional help.
- For all disorders other than depression, there were increases in helpfulness ratings for making an appointment to see a GP.

✓ Percentage of young people rating each first-aid option as 'helpful' for mental disorders



Beliefs about causes and risk factors

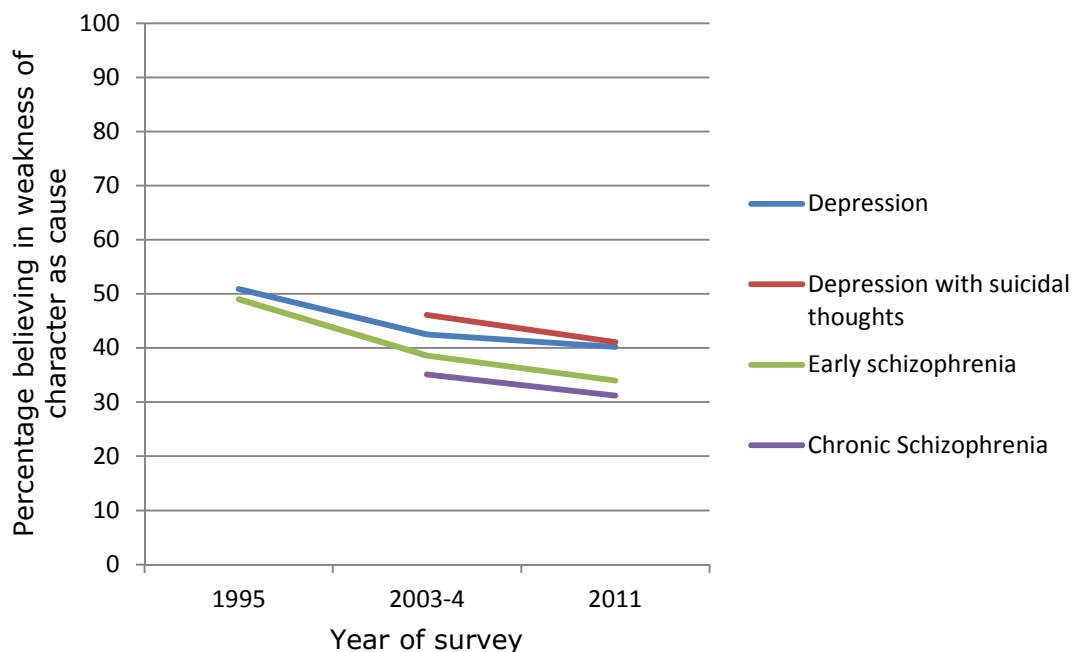
Professionals working in the area of mental disorders generally consider that these disorders arise as a result of a complex interplay of biological, psychological and social factors. However, public beliefs about causes of mental illness are generally less sophisticated. One relatively common belief is that personal weakness is a cause of mental disorders. While this belief is less common than those about social factors, it is of concern as it reflects stigmatising attitudes towards mental disorders.

Respondents in the general community survey were asked about their views of a range of factors as the causes of mental disorders.

- Across each disorder, beliefs in social factors, such as day-to-day problems, death of someone close, traumatic event, and problems from childhood as likely causes were common. In addition, having a chemical imbalance was commonly rated as a likely cause.
- Approximately 40% of participants assigned the depression and anxiety disorder case descriptions said that weakness of character was a likely cause of mental illness. This factor was less likely to be seen as a cause for those assigned the schizophrenia case descriptions.
- Belief in weakness of character as a cause of mental disorders has declined since previous surveys.

Overall, public beliefs about causes of mental disorders have become more realistic and closer to those of researchers and health professionals.

✓ Percentage of the general community believing in weakness of character as the cause of mental disorders



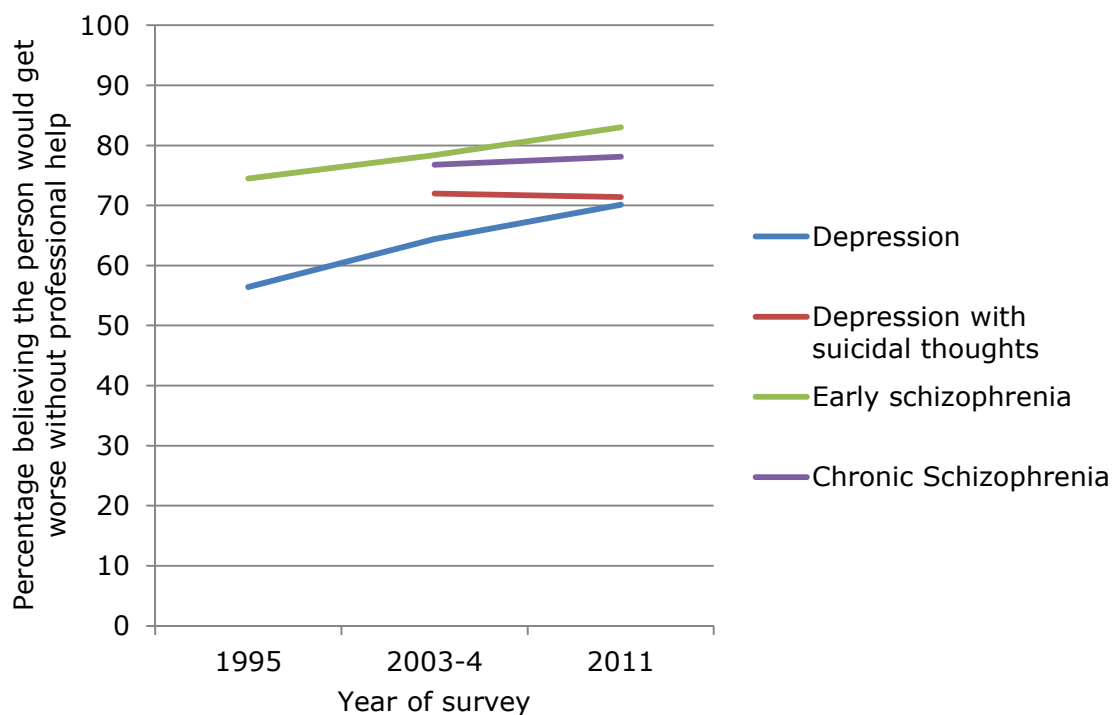
Beliefs about outcomes

Respondents in the general community survey were asked about the likely outcome if the person described in the case description had appropriate professional help and if they did not.

- In cases where the person received appropriate professional help, the majority of respondents considered that full recovery with problems reoccurring would be the most likely outcome for all disorders, other than for chronic schizophrenia, for which partial recovery with problems reoccurring was considered to be the most likely outcome.
- For all disorders, getting worse was considered the most likely outcome if the person did not receive appropriate treatment.
- Belief that the person would get worse without professional help has increased since previous surveys.

Overall, public beliefs about outcomes for those with mental disorders have become more realistic and closer to those of researchers and health professionals, in that, in many cases, full recovery without further problems is less likely than full recovery with no further problems .

✓ Percentage of the general community believing that the person would get worse without professional help

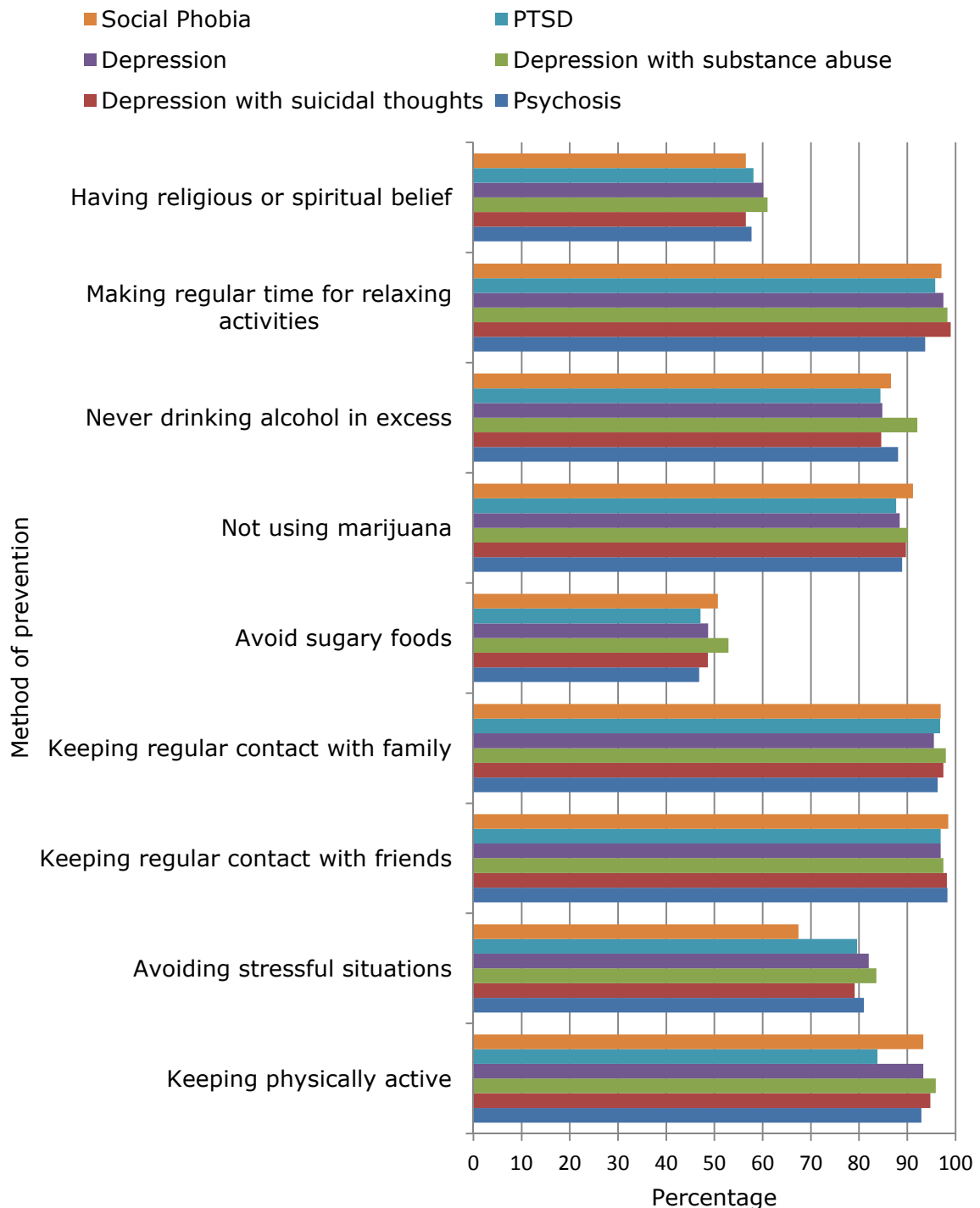


Beliefs about prevention

Respondents in the youth survey were asked about the best strategies to prevent mental disorders.

- Keeping in regular contact with friends and family and making regular time for relaxing activities were considered the best strategies to prevent mental disorders.

Percentage of young people giving each method as helpful in preventing the development of mental disorders



Stigmatizing attitudes

Stigmatising attitudes are a key issue in mental illness and are often nominated as the issue of most concern to those with disorders. Stigmatising attitudes may inhibit help seeking and may also increase the psychological distress of those with disorders and may adversely affect their successful reintegration into society.

Stigmatising attitudes were assessed with two sets of statements, one assessing the respondent's personal attitudes towards the person described in the case description (personal stigma) and the other assessing the respondent's beliefs about other people's attitudes towards the person in the case description (perceived stigma). Respondents were also asked about their willingness to have contact with the person described in the case description in a range of situations.

In the general community:

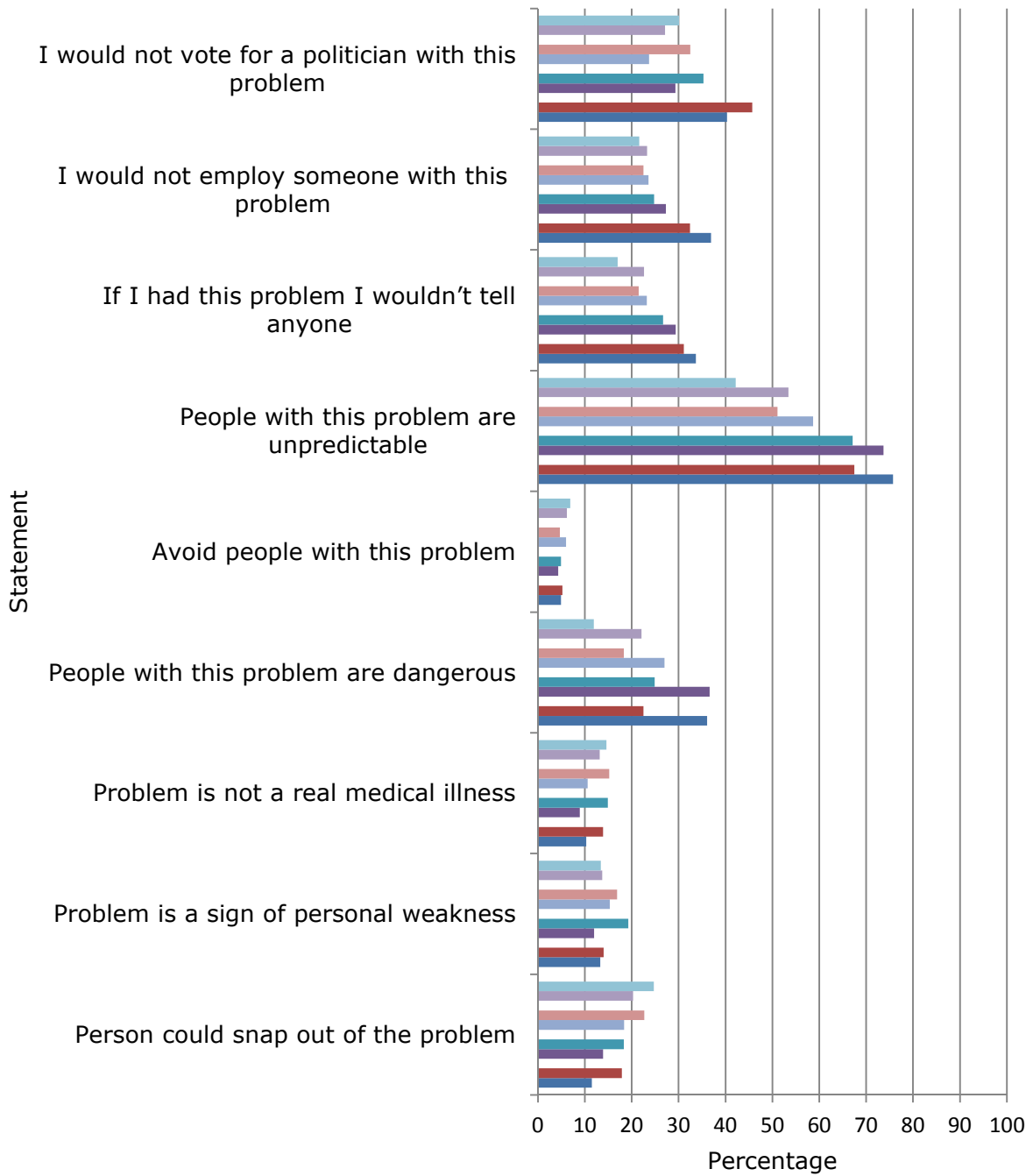
- Perceptions of discrimination, social distance, dangerousness and unpredictability were generally highest for chronic schizophrenia, while beliefs in the problem as a sign of personal weakness or 'not a real medical illness' were generally higher for social phobia than for other disorders.
- For both personal and perceived stigma, across all disorders, the statements with which respondents were most likely to agree or strongly agree involved a perception of other people's belief in unpredictability, the belief that most other people would not tell anyone and the belief that most other people would not employ someone with the problem.
- Between the 2003-4 and 2011 general community surveys, limited changes in stigmatising attitudes were seen, with the most notable being increases in beliefs about dangerousness and unpredictability and small decreases in the desire for social distance for all case descriptions other than chronic schizophrenia.

In young people:

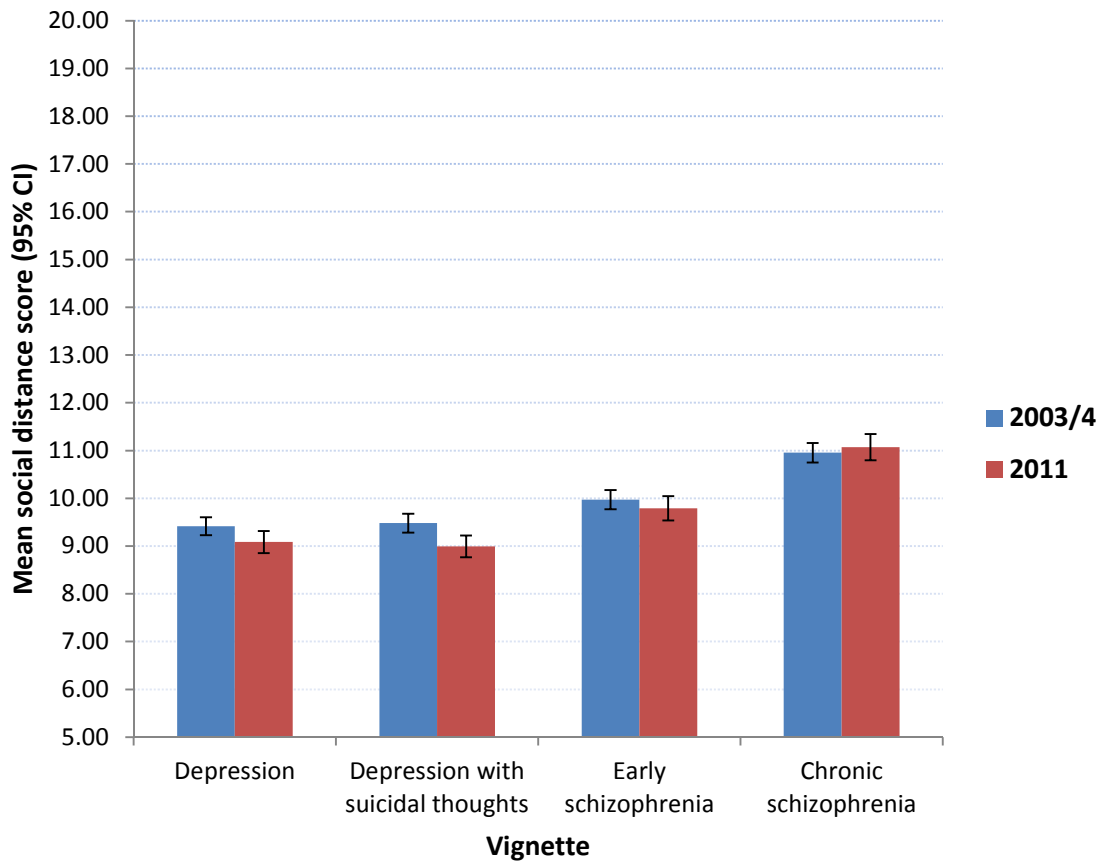
- For both personal and perceived stigma, across all disorders, a perception of other people's belief in unpredictability was the statement with which respondents were most likely to agree. They were least likely to agree that they would avoid someone with the problem.
- Perceptions of dangerousness and unpredictability and a desire for social distance were generally higher for psychosis/schizophrenia than for other disorders.

~ Percentage of the general community who 'agree' or 'strongly agree' with statements about personal attitudes to people with mental disorders

- Depression 2003-4
- Depression with suicidal thoughts 2003-4
- Early schizophrenia 2003-4
- Chronic schizophrenia 2003-4
- Depression 2011
- Depression with suicidal thoughts 2011
- Early schizophrenia 2011
- Chronic schizophrenia 2011



✓ Respondent's desire for social distance from the person described in the case description



Exposure to mental disorders

Respondents were asked if they themselves had a mental health problem similar to that described in the case description and if they had sought help. They were also asked if a family member or close friend had a problem, whether respondents provided help and whether the person received professional help.

In the general community:

- Having a close family member or friend who had experienced a similar problem was most likely for the depression case descriptions and least likely for the chronic schizophrenia case description.
- Around 75% of respondents reported providing help to the friend or family member with the mental health problem.
- Around one third of people had experienced a problem similar to that described in the depression case descriptions.
- The percentages of people reporting having a close friend or family member who had experienced a mental disorder has increased since earlier surveys, possibly reflecting greater openness about disclosing mental disorders.

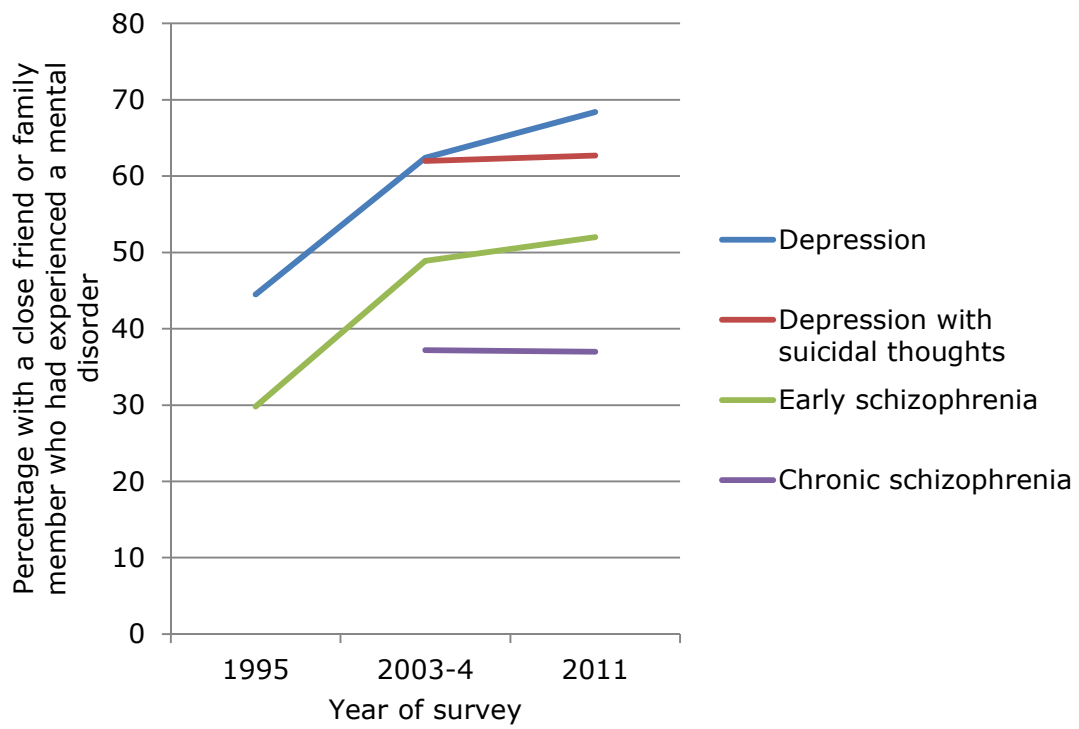
In young people:

- Having a close family member or friend who had experienced a similar problem was most likely for depression and least likely for PTSD.
- Approximately 25% of respondents had experienced a problem similar to that described in the depression case descriptions.

In both surveys:

- Family or friends who had experienced a problem like the social phobia case description received the least professional help.
- Respondents were most likely to have received help for schizophrenia or psychosis and least likely to have done so for social phobia.

✓ Percentage with a close friend or family member who had experienced a mental disorder

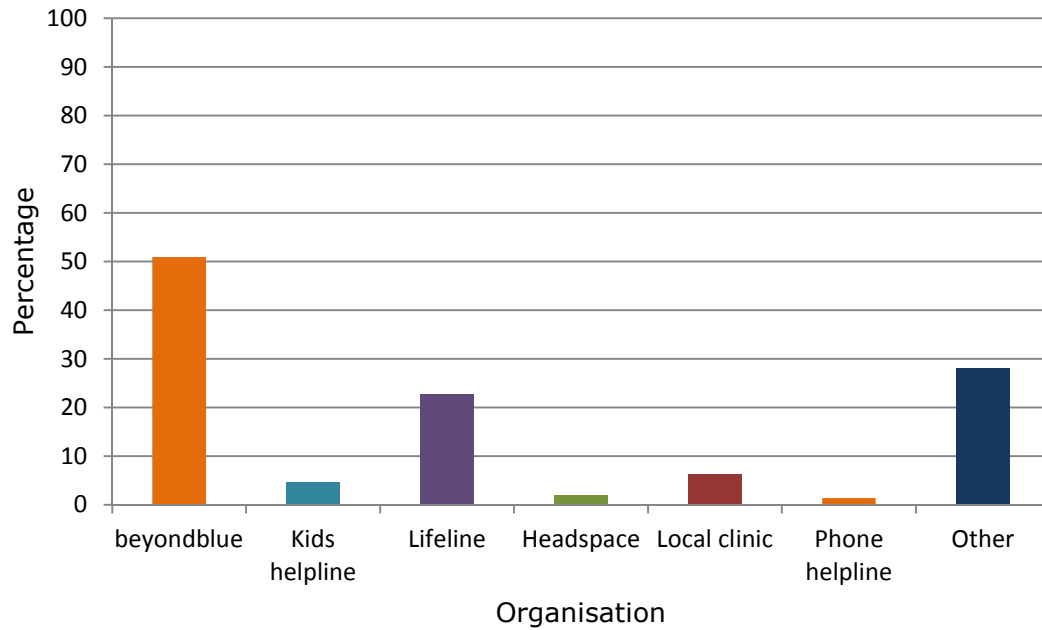


Awareness of mental health-related organisations

When asked if they had heard of any organisations related to mental health, 66.6% of the general community said that they had, with *beyondblue* being the most commonly recalled. When asked specifically about *beyondblue*, 77.7% said they had heard of it, up from 22.5% in 2003-4.

34.2% of young people nominated *beyondblue* when asked about mental health-related organisations, and 70.8% said they had heard of it when asked specifically.

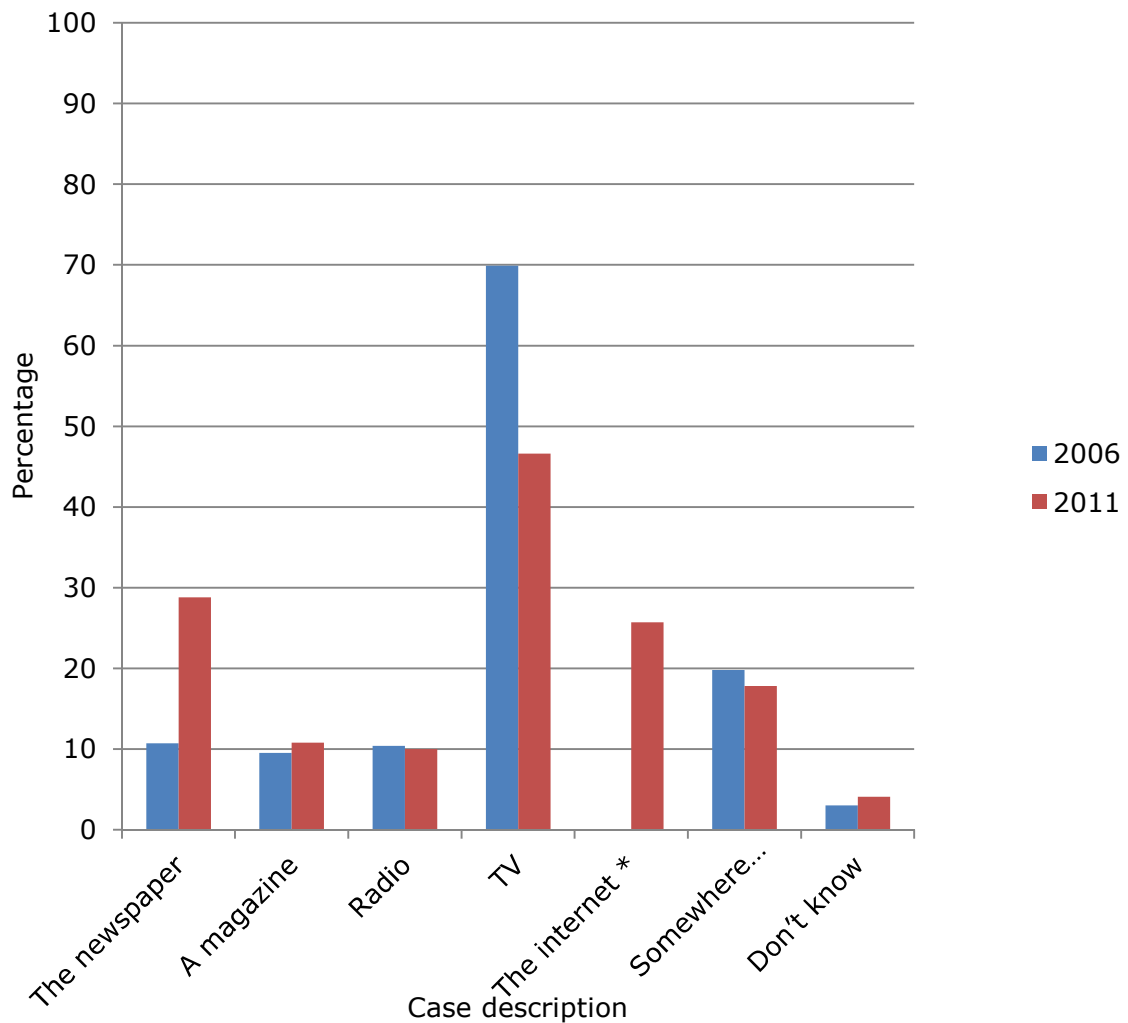
Percentage of the general community who recalled organisations related to mental health



Media exposure

50.3% of young people said they had seen, heard or read news stories about mental health in the last 12 months. The most common types of stories were those involving education/raising awareness, help seeking and mental health related crime or violence. Television was the most common source of such stories, with 46.6% of respondents nominating this.

Percentage of young people who recalled media stories related to mental health



*Data unavailable for 2006

Conclusions

While beliefs about effective medications and interventions for mental disorders have moved closer to those of health professionals since earlier surveys, there is still potential for mental health literacy gains in the areas of recognition and treatment beliefs for mental disorders.

This is particularly the case for schizophrenia and anxiety disorders which are less well recognised and for which there are strong beliefs in the helpfulness of self-help methods relative to professional mental health treatments.

As a significant minority of respondents did not nominate responses that may be considered helpful, there is also the potential for improving community knowledge of appropriate first-aid responses.

Further monitoring of population mental health is necessary to explore whether improvements in mental health literacy translate into improvements in population mental health.

The increase in views of dangerousness and unpredictability in the general community survey is of some concern and points to the need for public education to address these aspects of stigma towards those with mental disorders.