

Health and Social Care

Attitudes to mental health in Scotland: Scottish Social Attitudes Survey 2013

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The Scottish Social Attitudes (SSA) survey was launched by ScotCen Social Research in 1999 to provide robust data on changing public attitudes in Scotland. This report uses SSA data from 2013 and compares these with data collected from earlier surveys (the Well? Survey series) to examine whether attitudes to mental health in Scotland have changed over time.

Main Findings

- Overall, attitudes towards mental health and those with mental health problems have been fairly stable over the last decade. No clear trends towards either an overall reduction or increase in stigmatising attitudes have been detected, although there have been a few notable changes in responses to individual questions.
- Around two-thirds of people said they knew someone who had experienced a mental health problem (65%), a similar proportion to 2006 and 2008. However, more people in 2013 knew someone with depression, dementia or an anxiety disorder than in 2008.
- A quarter of people (26%) said they had personally experienced a mental health problem, a similar level to that in each of the previous surveys. The most common mental health problem people had experienced was depression (21%).
- Eighty-five per cent of those with a mental health problem had told someone about it. People were most likely to have told family and friends (more than 4 out of 5) with much smaller numbers having told their manager or boss (around 1 in 5) or a colleague (around 1 in 6).
- Over one-third of people (37%) with mental health problems said they had experienced some negative social impact as a result of others' attitudes towards their problem. This was an increase from 2008 (23%) and a return to the level reported in 2004 (36%).
- Thirteen percent had been discouraged from attending a social event by someone else. When asked whether they had personally decided to avoid a social event because of the way they thought people would treat them, 22% said they had done so.
- In 2013 the five factors that supported an individual's recovery which were chosen most often (by those with personal experience of a mental health problem) were: medication (42%); 'support from family or friends' (41%); 'other forms of treatment/therapy' (27%); 'developing my own coping strategies' (26%); and 'finding out more about mental health' (19%).
- There have been quite substantial changes since 2008 in the factors identified as supporting an individual's recovery. In particular, there was a sharp decline in the proportion choosing 'family or friends' (from 62% in 2008 to 41% in 2013) and 'having belief in myself' (from 31% in 2008 to 15% in 2013). By contrast there was a substantial increase since 2008 in the proportion selecting 'other forms of treatment/therapy' (from 19% in 2008 to 27% in 2013) and 'finding out more about mental health' (from 8% in 2008, to 19% in 2013).

- In 2013, two-thirds of people with mental health problems (65%) received either a completely or mainly positive message from professionals. This is lower than recorded in 2008 (73%) but similar to that recorded in 2006 (66%). The proportion receiving a positive message from family and/or friends declined from 79%, in 2008, to 66% in 2013.
- Almost half (47%) said that if they were suffering from mental health problems they 'wouldn't want people knowing about it'. Around one in six (17%) said they 'would find it hard to talk to someone with mental health problems'.
- Around 1 in 5 agreed with the statement that 'people with mental health problems are often dangerous' and more than 1 in 4 that 'the public should be better protected from people with mental health problems'. These figures have been fairly consistent over time.
- More than 4 in 5 people (82%) agreed that 'people with mental health problems should have the same rights as anyone else'. The figure in 2013 is lower than in both 2002 (88%) and 2008 (86%), however it would require further evidence to establish whether this is a firm downward trend.
- Women, those with personal experience of mental health problems, and those who knew someone with a mental health problem were more likely to hold more tolerant and inclusive attitudes. By contrast, older respondents were more likely to hold less tolerant attitudes.
- Around a third of people in 2013 said that 'the majority of people with mental health problems recover' (33%), a reduction from 50% in 2008.
- More than one in five (22%) were not willing to interact in any way with someone with schizophrenia compared with 15% who were not willing to interact with someone with depression.
- Around half (45%) were willing to have someone with depression marry into their family and around three-quarters (76%) were willing to make friends with someone with depression. Only about one-third (34%) were willing to have someone with schizophrenia marry into their family and two-thirds (66%) were willing to make friends with someone with schizophrenia.
- More than two-fifths (43%) thought that someone with schizophrenia was likely to do something harmful to others compared with 10% of people who thought the same of someone with depression.

Introduction

This report presents findings for three broad questions relating to public attitudes to mental health:

- How have attitudes to people with mental health problems changed over time?
- What factors are related to people's attitudes towards people with mental health problems?
- For those with direct experience of mental health problems, what have the social impacts been, what has helped or hindered their recovery, and have they received positive messages about their recovery?

The report uses data collected on the Scottish Social Attitudes (SSA) survey between June and October 2013. To address the question of change over time, the report also draws on data collected on four separate occasions (in 2002, 2004, 2006 and 2008) as part of the National Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems. This survey series is referred to in what follows as the Well? survey(s).

Personal and indirect experience of mental health issues

In 2013 around two-thirds of people said they knew someone who had experienced a mental health problem (65%), a similar proportion as in both the 2006 and 2008 Well? surveys. This figure rose to 79% when people were asked whether they knew someone with any of 15 listed mental health conditions.

Fifty-one per cent of people said they knew someone with depression and 30% knew someone with dementia. Over a quarter (27%) knew someone who had experienced panic attacks and 23% knew someone who had experienced an anxiety disorder. The proportions knowing someone with depression, dementia, and anxiety disorder have all increased significantly (by between 6% and 10%) since 2008.

A quarter of people (26%) said they had personally experienced a mental health problem at some point in their life time. This is consistent with the levels found in previous Well? surveys (26%-28%). This figure rose to 32% when people were asked whether they had experience of a specific mental health problem (chosen from a list of 15 conditions).

The most common mental health problem people had experienced at some time in their life was depression (21%). The next most common mental health problems were panic attacks (9%) and anxiety disorders (8%). These were also the three most

commonly mentioned conditions in the 2008 Well? survey.

Gender, age and income were all significantly associated with the prevalence of mental health conditions. Women were more likely than men to say they had had a mental health problem (36% compared with 27%) as were those in the lowest income group compared with those in the highest income group (41% compared with 25%). People over 55 years were the least likely to say they had experienced a mental health problem (23%).

Telling others about mental health problems and their social impacts

Of those who identified themselves as having experienced a mental health problem, 85% had told someone about it, a similar proportion to 2006 (85%) and 2008 (88%). In 2013, as in previous years, people were most likely to have told family and friends (more than 4 out of 5) with much smaller numbers having told their manager or boss (around 1 in 5) or a colleague (around 1 in 6).

Over one third of people (37%) who had had a problem said they had experienced at least one negative social impact (e.g. been discouraged from attending an event, refused a job, or been verbally or physically abused). This was an increase from 2008, when the equivalent figure was 23% and a return to the level recorded in 2004 (36%).

In 2013, 13% of people with mental health problems said they had been discouraged from attending an event by someone else. However, when asked whether they themselves had decided to avoid a social event because of the way they thought people would treat them, a substantially larger proportion (22%) said they had done so.

Attitudes to mental health recovery

In 2013 those who had experienced mental health problems were asked to identify the most important factors that supported their recovery. The five factors chosen most often were: medication (42%); 'support from family or friends' (41%); 'other forms of treatment/therapy' (27%); 'developing my own coping strategies' (26%); and 'finding out more about mental health' (19%).

There have been quite substantial changes since 2008 in the factors identified as supporting an individual's recovery. In particular, there has been a sharp decline since 2008 in the proportion who chose 'family or friends' (from 62% in 2008 to 41% in 2013) and choosing 'having belief in myself' (from 31% in 2008 to 15% in 2013). By contrast, there has been a substantial increase since 2008 in the proportion selecting 'other forms of treatment/therapy' (from 19% in 2008 to 27% in 2013) and 'finding out more about mental health' (from 8% in 2008, to 19% in 2013). By contrast, there has been very little change over time in relation to the factors that people regarded as hindering their own recovery.

People with experience of a mental health problem were asked 'What does recovery mean to you?' In 2013, the five most commonly chosen answer options were: 'having a satisfying and fulfilling life' (55%); 'getting back to normal' (46%); 'taking charge of my life again' (44%); 'feeling able to cope in general' (37%); and 'getting more sleep' (20%).

People with experience of a mental health issue were asked whether professionals, and family and/or friends, gave them positive or negative messages about their recovery. In 2013, two-thirds (65%) received either a completely or mainly positive message from professionals. This is lower than the level in 2008 (73%) but similar to that recorded in 2006 (66%). The proportion receiving a positive message from family and/or friends declined from 79%, in 2008, to 66% in 2013.

Public perceptions of mental health problems

Knowledge, understanding and awareness

There was a great deal of consensus around the statement that 'anyone can suffer from mental health problems'. Between 2002 and 2013 this figure has fluctuated between 93%-98%. People also agreed to a very large extent that people with mental health problems are not to blame for their condition. In 2013 nine out of ten people (89%) disagreed that 'people with mental health problems are largely to blame for their own condition'; this has been fairly stable since 2002.

In 2013, 33% agreed that ‘the majority of people with mental health problems recover’. This has fallen from 50% who agreed with this statement in 2002. In 2013, the proportion agreeing with this statement was substantially higher for those with personal experience of a mental health problem (44% of this group compared with 30% who had no personal experience).

Stigmatisation of people with mental health problems

Almost half (47%) said that if they were suffering from mental health problems, they ‘wouldn’t want people knowing about it’. This figure has ranged between 41% and 50% since 2002 but there has been no consistent trend over time.

Around one in six (17%) said that they ‘would find it hard to talk to someone with mental health problems’, a figure which has been fairly stable since 2002. Those who were more likely to say they would find this difficult included men, those aged 65 or above, the self-employed, those with no educational qualifications, and those who did not know anyone who had experienced a mental health problem.

Individual and public rights of people with mental health problems

Around 1 in 5 people (19%) agreed that ‘people with mental health problems are often dangerous’. This figure was much higher in 2002 (32%) but since then has fluctuated between 15%-19%. Over a quarter (27%) of those who did not know anyone with a mental health problem held this view, compared with around one in seven (15%) who knew someone.

Over a quarter (28%) agreed that ‘the public should be better protected from people with mental health problems’. This figure has fluctuated between 24% and 35% between 2002-2013, with the highest figure in 2002. Again, knowing someone with a mental health problem reduced the likelihood of agreeing that the public should be better protected (24% of those who knew someone with a mental health problem, compared with 36% who did not).

More than 4 in 5 people (82%) agreed that ‘people with mental health problems should have the same rights as anyone else’. This is lower than in both 2002 (88%) and 2008 (86%), however it would require further evidence to establish whether this is a firm downward trend.

Public attitudes to people with schizophrenia and depression

Two scenarios, one describing someone with schizophrenia and one describing someone with depression, were given to respondents. Respondents were then asked a range of questions: what would be the best sources of help for the individuals described, how likely would each individual be to harm themselves or other people, and how willing the respondent would be to interact with each of these individuals in different situations.

Sources of help

The most commonly mentioned source of help for someone with symptoms of schizophrenia was a specialist mental health professional (86%), followed by a family doctor (70%) and a family member (62%). The same three categories were also chosen most frequently for someone with symptoms of depression, but the ranking was different with the family doctor chosen most often (77%) followed by the specialist mental health professional (67%) and a family member (65%). Around twice as many people mentioned help from a friend or neighbour for the person with depression (21% compared with 11%).

Likelihood of harming self or others

Almost three-quarters of people (73%) thought that the person with symptoms of schizophrenia was likely to harm themselves. This compared with 37% who thought the same of the person with symptoms of depression.

In relation to harming others, more than two-fifths (43%) thought that the person with schizophrenia was likely to do something harmful or violent to others, compared with 10% who thought the person with depression would. Those who knew someone with schizophrenia were more likely than those who did not to think someone with schizophrenia would harm someone else (55% compared with 42%).

Willingness to interact with someone with schizophrenia or depression

Respondents were asked about their willingness to interact with someone with schizophrenia or depression in six situations including: making friends; having them as a work colleague; having them as a neighbour; or them marrying into the family. Twenty-two percent were not willing to interact with someone with schizophrenia in any of the ways mentioned compared with 15% who said this of someone with

depression. Eight percent said they were willing to interact with the person with schizophrenia in all six ways, and 20% with the person with depression.

Between three-fifths and two-thirds of people were willing to make friends with someone with schizophrenia (66%), have them as a work colleague (64%), or socialise with them (59%). However, less than half (49%) were willing to have someone with schizophrenia as a neighbour and 34% to have them marry into the family.

In relation to the description of someone with depression, around three-quarters (73%-76%) were willing to make friends with this person, have them as a work colleague, socialise with them, or have them as a neighbour. However, less than half (45%) were willing to have someone with depression marry into the family.

Women were more willing than men to interact both with someone with schizophrenia and with someone with depression, as were those who knew someone who had experienced a mental health problem. Those aged 65 or above were less willing to interact both with someone with schizophrenia and someone with depression than those aged under 65.

Conclusion

Overall, the evidence from this current analysis is that attitudes towards those with mental health problems have been fairly stable in Scotland over the last decade. No clear trends towards either an overall reduction or increase in stigmatising attitudes have been detected, although there have been a few notable changes in relation to individual questions.

Methodology

The Scottish Social Attitudes survey involves c. 1,200 to 1,500 interviews annually, with respondents selected using random probability sampling to ensure that the results are robust and representative of the Scottish population. The 2013 survey, which was conducted between June and October 2013, involved 1,497 face-to-face interviews.

This document, along with full research report of the project, and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Internet at: <http://www.scotland.gov.uk/socialresearch>. If you have any further queries about social research, please contact us at socialresearch@scotland.gsi.gov.uk or on 0131-244 2111.