



Mental Health Literacy and Stigma Associated with Depression in the Alberta Working Population

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Outline

- Background information about mental health literacy and measurement
- Results from a newly completed mental health literacy study in Alberta





OUT OF THE SHADOWS AT LAST
Transforming Mental Health, Mental Illness and Addiction Services in Canada

Final Report of
The Working Group on Mental Health, Addictive and Forensic
The Honourable Michael J. O'Flaherty, C.M.P.
The Honourable Wilton Daniel Philips, P.C.
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•National efforts to improve mental health literacy at the population level


•The Canadian Mental Health Commission undertakes a ten – year campaign to combat stigma associated with mental illness



What is mental health literacy?

“Knowledge and beliefs about mental disorders which aid their recognition, management or prevention.”

Jorm AF. Mental health literacy. Public knowledge and beliefs about mental disorders. *Br J Psychiatry*. 2000; 177:396-401.



What is mental health literacy?

Mental health literacy consists of several components, including:


- the ability to recognize specific disorders
- knowledge and beliefs about risk factors and causes
- knowledge and beliefs about professional help and self-help interventions
- attitudes which facilitate recognition and appropriate help-seeking
- knowledge of how to seek mental health information.

Jorm AF. Mental health literacy. Public knowledge and beliefs about mental disorders. *Br J Psychiatry*. 2000; 177:396-401.



Background of mental health literacy

- It was developed by Jorm in Australia
- The first Australian national mental health literacy survey was conducted in August, 1995
- The second national mental health literacy survey was conducted in the year of 2003 – 2004



How is mental health literacy measured?


A case vignette

John is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. John also doesn't feel like eating and has lost weight. He cannot keep his mind on his work and puts off making any decision. Even day-to-day tasks seem too much for him. This has come to the attention of John's boss who is concerned about his lowered productivity.

Questions:


What would you say, if anything is wrong with John/Mary?

How do you think John could best be helped?




How is mental health literacy measured?

- A case vignette
- "what would you say, if anything is wrong with John/Mary?"
"How do you think John could best be helped?"
- Rating the likely helpfulness of various interventions (rated likely to be helpful, harmful, neither, or depends, for the person in the vignette).




Possible Interventions

- People (GP/family doctors, pharmacists, psychiatrists, psychologists, social workers, counselors, a telephone hotline, close family and friends, the John/Mary tried to deal it alone)
- Medications (vitamins or minerals, pain relievers, antidepressants, sleeping pills, antibiotics and antipsychotics)
- Treatments (physical activity, read books about persons with similar problems, get out more, learn relaxation and meditation, cutting down alcohol drinks, psychotherapy, hypnosis, admission to a psychiatric ward, undergoing electroconvulsive therapy (ECT), being an occasional drinker, and special diet)




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- rating the likely helpfulness of various interventions (rated likely to be helpful, harmful, neither, or depends for the person in the vignette)
- risk factors for depression




Possible causes for depression

viral infection
 allergic reaction
 chemical imbalance
 day-to-day problems
 death of a close friend
 traumatic events
 childhood abuse
 genetics or inherited
 being a nervous person
 weakness of character




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- a case vignette
- "what would you say, if anything is wrong with John?" "How do you think John could best be helped?"
- rating the likely helpfulness of various interventions (rated likely to be helpful, harmful, neither, or depends for the person in the vignette)
- risk factors for depression
- possible prognosis for depression with and without help




Possible Prognosis

Full recovery with no further problem	1
Full recovery, but problems would likely re-occur	2
Partial recovery	3
Partial recovery, but problems would likely re-occur	4
No improvement	5
Get worse	6
Don't know	7



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- rating the likely helpfulness of various interventions (rated likely to be helpful, harmful, neither, or depends for the person in the vignette)
- risk factors for depression
- possible prognosis for depression with and without help
- stigma towards depression



Stigma

Stigma is, for those who are stigmatized, "a feeling of being negatively differentiated owing to a particular condition or state" (Arboleda-Florez, 2003)

- Self-stigma – reactions of stigmatized individuals towards themselves
- Perceived stigma – perception of discrimination by individuals with mental illness
- Personal stigma – personal attitudes towards mental illness



Stigma Measurements

- Social Distance - 7 items (*Link & Cullen, 1983*)
- Discrimination Questionnaire – 26 items (*Corrigan et al., 2003*)
- Self-stigma (*Corrigan, 2004*)
- Depression stigma scale – 18 items (*Griffiths et al., 2004*)
- The Stigma Scale – 28 items (*King, et al., 2007*)



Stigma Measurements

Table 1 Item-total correlations for the personal and perceived depression stigma scales for the trial group prior to randomisation (n=321)

Item	Personal stigma	Correlation ^a	Item	Perceived stigma	Correlation ^a
1	People with depression could snap out of it if they wanted	0.40	10	Most people believe that people with depression could snap out of it if they wanted	0.58
2	Depression is a sign of personal weakness	0.47	11	Most people believe that depression is a sign of personal weakness	0.42
3	Depression is not a real medical illness	0.50	12	Most people believe that depression is not a real medical illness	0.43
4	People with depression are dangerous	0.44	13	Most people believe that people with depression are dangerous	0.52
5	It is best to avoid people with depression so you don't become depressed yourself	0.48	14	Most people believe that it is best to avoid people with depression so you don't become depressed yourself	0.49
6	People with depression are unpredictable	0.29	15	Most people believe that people with depression are unpredictable	0.45
7	If I had depression I would not tell anyone	0.29	16	If they had depression, most people would not tell anyone	0.38
8	I would not employ someone if I knew they had been depressed	0.39	17	Most people would not employ someone they knew had been depressed	0.55
9	I would not vote for a politician if I knew they had been depressed	0.56	18	Most people would not vote for a politician they knew had been depressed	0.51

^a Correlation measured by the item subscale.



Findings from the Australian Studies

Table 1. Percentage of respondents mentioning each category to describe the problem shown in the vignette

Category mentioned	Depression vignette		Schizophrenia vignette	
	1996	2003-2004	1996	2003-2004
Depression	39.0	67.3†	26.3	36.2†
Schizophrenia/psychosis	0.1	0.0	26.8	42.5†
Nervous breakdown	2.2	0.7	3.2	1.4
Psychological/mental/emotional problems	8.6	4.4	15.2	12.5
Mental illness	1.5	2.8	15.6	23.7†
Stress	22.1	17.6	5.9	2.9

†Change over 8 years involves a 'medium' effect size or greater; ‡change over 8 years involves a 'small' effect size or greater.



Findings from the Australian Studies

Table 2. Percentage of respondents naming specific types of help as being the best for the person described in the vignette

Help mentioned	Depression vignette		Schizophrenia vignette	
	1996	2003-2004	1996	2003-2004
Family/friends	19.9	23.4	20.1	22.4
Doctor/GP	35.2	56.9†	26.5	32.7
Psychiatrist	18.5	11.8	28.3	32.1
Medication	2.8	6.5	3.5	7.7
Counselor/counseling	27.0	28.9	31.0	30.2
Person must first recognize problem	5.2	4.8	6.0	5.5
Don't know	4.7	1.5	4.3	1.7

†Change over 8 years involves a 'small' effect size or greater. GP, general practitioner.



Findings from the Australian Studies

Table 3. Percentage of respondents rating each intervention as helpful for the person described in the vignette


Types of help	Depression vignette		Schizophrenia vignette	
	1996	2003-2004	1996	2003-2004
People who could help	82.0	87.0	74.1	76.4
GP/psychiatrist	29.2	26.6	14.1	23.0
Counselor	7.4	8.0	8.7	8.8
Specialist worker	42.0	62.0†	52.0	52.0
Psychiatrist	50.0	68.0†	70.0	61.7†
Medication	46.7	68.0†	61.0	66.0
Close family	70.1	66.4	60.0	63.0
Close friends	72.6	78.8	64.0	72.0
Relatives/friends/colleagues	25.0	25.0	15.0	24.0
Change	43.8	40.0	41.0	36.0
Don't know/abuse	28.0	15.4†	22.0	10.8†
Medication	56.8	50.4	34.3	31.7
Vitamin, minerals	10.0	13.0	8.0	6.7
Acupuncture	28.7	10.1	8.0	10.0
Herbs	12.9	23.0	12.0	17.0
Allopathy/TCM	5.1	12.0†	23.0	34.4†
Herbs/TCM	7.6	13.0	13.0	16.0
Physical activity	81.0	80.0†	80.0	87.4
Practical problem solving	87.0	80.1†	74.7	80.4
Get out more	80.0	86.6	83.4	87.1
Learn independence	82.0	86.8	74.0	82.4
Get out more	56.0	64.0	64.0	64.0
Psychotherapy	33.7	44.4†	54.7	60.1
Medication	14.7	22.4	21.0	20.8†
ECT	5.0	10.9	18.0	16.0
Don't know/abuse	20.0	45.0†	25.0	20.4
Specialist	40.0	48.7	50.0	42.2†

†Change over 8 years involves a 'small' effect size or greater. ECT, electroconvulsive therapy; GP, general practitioner.




Anti-Stigma Initiatives

- The WPA's Global Program to Fight Against Stigma and Discrimination Because of Schizophrenia
- The Royal College of Psychiatrists' "Changing Minds: Every Family in the Land" (UK)




Mental Health Literacy and Stigma

- Endorsing biogenetic explanations decreases the likelihood of social acceptance of people with schizophrenia and major depression (Dietrich, et al., 2006).
- Recommending pharmacological therapies for individuals with schizophrenia was related to greater social distance (Lauber, et al., 2005).
- Recognizing major depression depicted in a case vignette has no effect on public attitudes towards people with major depression (Angermeyer and Matschinger, 2003).
- A film portraying the experience of a young man with schizophrenia actually strengthened audience's negative stereotypes and increase social distance (Baebel and Baumann, 2003).
- Improving mental health literacy could also increase stigma against depression (Dietrich, et al., 2006).




But ...

- Mental health literacy interventions have a small impact on reducing social distance and stigma associated with depression (Kitchener and Jorm, 2004; Christensen, et al., 2004; Griffiths, et al., 2004).
- The "Changing Minds" campaign demonstrated that different disorders are not stigmatized in the same way (Crisp, et al., 2005).



What do the Canadian general public know about depression?

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UNIVERSITY OF CALGARY
ALBERTA HERITAGE FOUNDATION FOR MEDICAL RESEARCH
ALBERTA MENTAL HEALTH BOARD
... Advancing Mental Health



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The Alberta Depression Literacy Study

- conducted between February and June, 2006
- targeted sample size – 3000 (1500 from Calgary and Edmonton; 1500 from other areas)
- the target population consists of Alberta household residents, 18 – 75 years of age.
- Random Digit Dialing method was used to recruit participants
- interviews were conducted through telephone using the CATI method
- the Australian questionnaire was used
- the data were weighted by number of eligible participants in each household, number of telephone lines in the household and gender-age distributions in Alberta



Results


- 18,134 calls were made
- most were indeterminate or disqualified calls (14,032). The reasons included answering machine, callback failure, no answer, business phone, fax machine, no one between the ages 18 and 75 in the household, language barrier, could not contact the eligible participant, the number was not in service
- 4,102 calls successfully contacted eligible participants
- 969 refused to participate in the study; 49 completed part of the interviews
- 3084 completed the interviews (75.2%)
- 2162 were working at the time of interview.



Results

What would you say, if anything, is wrong with John/Mary?

<u>Answers</u>	<u>Weighted Percentages</u>
Depression	75.8
Mental Illness	0.7
Psychological Problems	0.3
Mental Problems	---
Emotional Problems	0.3
Stress	6.8
Cancer	0.4
Nothing	0.3
Other	16.5
Don't know	7.0






Results

What would you say, if anything, is wrong with John/Mary?

Weighted percentages




Answers	Depression	Don't know
Men	66.9	9.4
Women	87.4	3.8
High school or less	69.7	10.0
High school+	76.2	6.7
University	80.9	4.6
Health professionals	85.7	6.3
Others	74.8	7.1

Results

How do you think John/Mary could best be helped?




Interventions	Weighted Percentages
Family/friends	5.5
Family doctor/GP	45.0
Psychiatrist	7.9
Medication	9.8
Counselor	18.3
Person must first recognize problem	1.8
Others	35.3
Don't know	7.9

Results

Percentages of Participants Rating Each Intervention as Helpful for the Person Described in the Vignette


Type of people who could help	Weighted Percentages
GP/family doctor	90.1
Pharmacist	53.8
Counselor	90.1
Social worker	59.4
Phone counselling	75.8
Psychiatrist	84.3
Psychologist	80.5
Close family	71.5
Close friends	74.1
Deal with it alone	28.4

Results

Percentages of Participants Rating Each Intervention as Helpful for the Person Described in the Vignette


Type of medications that could help	Weighted Percentages
Vitamins, minerals	62.2
Pain relievers	11.0
Antidepressants	61.6
Antibiotics	11.1
Sleeping pills	24.5
Antipsychotics	18.7



Results

Percentages of Participants Rating Each Intervention as Helpful for the Person Described in the Vignette


Type of treatments that could help	Weighted Percentages
Physical Activity	97.0
Read about problem	88.0
Get out more	94.6
Learn relaxation techniques	91.1
Cut out alcohol	81.2
Psychotherapy	59.7
Hypnosis	27.7
Psychiatric ward	31.7
ECT	6.8
Occasional drink	21.6
Special diet	65.0



Results

Percentages of Participants considered each factor a likely causal factor for depression

Factors	Weighted Percentages
Virus infection	41.0
Allergy reaction	33.5
Chemical imbalance	94.8
Day-to-day problems	98.5
Death of a close friend	96.8
Traumatic events	96.0
Childhood abuse	90.2
Genetics or inherited	74.0
Being a nervous person	63.5
Weakness of character	42.6




Results

The reliability of the 9 – item stigma scale: $\alpha = 0.715$

Grouping participants by quartile values

Percentages of stigma in the working population


<u>Score</u>	<u>Group</u>	<u>Percentage</u>
0	no stigma	26.3
1	moderate	26.1
2-3	moderate	33.1
4-9	severe	14.6



Results

Percentages of severe stigma in the working population by job grade

<u>Job Grade</u>	<u>Percentages</u>
Managers	16.5
Supervisors	10.9
Others	13.9




Results

Percentages of severe stigma in the working population by depression status


<u>Major depression</u>	<u>Percentages</u>
Yes	6.1
No	15.4

P < 0.001




Discussion

- The proportion of case recognition in Alberta was 8% higher than that of the recent Australian study
- Over 28% considered that John/Mary should deal with the problem alone
- Over 42% reported that "weakness of character" was the cause of depression
- Correctly recognize depression was associated with less stigma



Discussion

- Mental health education and promotion at the managerial level is the key for promoting mental health workplace and for stigma reduction
- Men and individuals with less education should be the target for mental health education
- Mental health education should focus on not only symptom recognition, but also disseminating information about evidence – based treatments and risk factors



Thank you very much!

