

Mental Health in Ireland: Awareness and Attitudes



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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“If mental health becomes more of an everyday issue, that matters to us all, then the stigma attached to getting help can be reduced. While Irish society will continue to experience considerable change and face new challenges ahead, a mentally healthier Irish society will be much better able to cope.”

Foreword

What do we think of when we hear the words *mental health*? The research presented in this report suggests that all too often our reactions can be negative, uninformed and disinterested. This is despite the fact that our mental health is a vital part of all of us, in our day to day lives and across our entire lifetime. Nevertheless, the research also suggests that there are positive attitudes out there as well, that there is something to build on in terms of improving the way in which we all think about mental health.

The HSE National Office for Suicide Prevention (NOSP), in conjunction with voluntary and statutory sector partners, commissioned this research into mental health in Ireland in order to inform a national mental health awareness campaign. This campaign, in turn, will be a key part of the implementation of the General Population level actions in *Reach Out*, the National Strategy for Action on Suicide Prevention.

Some important findings are presented in this report, including, for example, the fact that 95% of Irish people agree that 'talking to a friend or family member' is helpful for looking after your mental health. This finding is backed up by the strong association between social support and quality of life which is also reported here.

However, the report also shows that there are a significant number of people who are socially isolated, don't have many people to count on and don't get out and about socially very often. These findings further underline the importance of improving attitudes to mental health across the whole population so that people are encouraged to not only look after their own mental health but to look out for others too.

In planning this research the NOSP applied for, and was granted, ethical approval to carry out the survey by the Public Health Research Ethics Committee of the Royal College of Physicians of Ireland. Some of the issues researched and reported on are extremely serious and sensitive, but they are of relevance to all of us. Guided by this report, the NOSP looks forward to working with others to tackle these issues in the coming months and years in our efforts to improve mental health and well-being in Ireland.

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Acknowledgements

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A Note on Key Terms

- Awareness
- Attitude
- Behaviour
- Mental Health
- Mental Well-Being
- Mental Health Problems
- Social Support
- Professional Support.

Awareness

Having knowledge about the fundamentals of something and about current developments in a particular area.

Attitude

A relatively stable system of beliefs in relation to a particular object, or the way a person views something or tends to behave towards it, often in an evaluative way.

Behaviour

To act or function in a particular and usual way, especially in relation to something.

Mental Health

- Mental health describes how we think and feel about ourselves and others and how we interpret events in everyday life. It also relates to our ability to cope with change, transition, significant life events and the stress that often comes our way.
- Mental health refers to the emotional resilience to be able to enjoy life and to survive pain, disappointment and sadness, and to the level of belief in your own and others' dignity and worth.
- Most experts consider mental health as a continuum. Thus, the quality of an individual's mental health may have many different possible levels.
- There are many different definitions and descriptions of mental health. Concepts of mental health include, for example, the ideas of subjective well-being, personal autonomy, and the ability to realise one's potential in life (A Vision for Change, 2006).
- (An understanding of) mental health...includes the awareness that mental health is broader than an absence of mental disorders; that poor mental health affects our ability to cope with and manage our lives, particularly during personal change and through key life events, and decreases our ability to participate fully in life; and that mental health is an essential component of general health, which it underpins (A Vision for Change, 2006).

- Mental health and mental well-being are therefore part of everyday life, in that mental well-being is influenced, both positively and negatively, in every area of life; in families, schools, the workplace and in social interactions. (A Vision for Change, 2006).

Mental Well-Being

One way to think about mental well-being is by looking at how effectively and successfully a person functions. Feeling capable and competent; being able to handle normal levels of stress, maintaining satisfying relationships, and leading an independent life; and being able to 'bounce back', or recover from difficult situations, are all signs of mental well-being.

Positive attributes such as sleeping well, eating well, exercise, having a positive outlook and a good social life characterise mental well-being, in a similar way to how they characterise physical well-being.

Mental Health Problems

The term *mental health problems* describes the full range of mental health difficulties that might be encountered, from the psychological distress experienced by many people, to serious mental disorders and illnesses that affect a smaller population (A Vision for Change, 2006).

Social Support

Social support refers to any and all non-professional support potentially available to each of us and can include:

- Family
- Friends
- Work colleagues / school friends
- Voluntary agencies
- Community groups
- 'Gatekeepers' (such as football coaches, clergy, teachers).

Professional Support

Professional support typically refers to the health services. In relation to mental health issues, support and / or referral can be available from:

- General Practitioners (GPs)
- Accident and Emergency Departments
- GP Out-of-hours co-op services
- Mental health services (referral to mental health services is typically through the GP).

Introduction

“Mental health is a most important, maybe the most important, public health issue, which even the poorest society must afford to promote, to protect and to invest in.”

(World Health Organisation, 2003)

The Context

A recent World Health Organisation fact sheet (Euro/03/03) reports the following information in relation to mental health in Europe:

- In Europe, one in five persons will develop a depressive episode during their lifetime
- Mental health problems account for up to 30% of consultations with general practitioners in Europe
- Depression is a condition that shows a genuine increase. It is also increasingly affecting adolescents.

While such statistics based on large population groups across many countries can be problematic, they are indicative of the central importance of mental health in the context of the wider public health arena.

In recognition of the importance of mental health in Europe, a Ministerial Conference was held in early 2005 to address the challenges and put forward solutions in relation to mental health. Arising out of this conference a Mental Health Action Plan for Europe was published (2005). One of the five priorities identified for the next ten years is to “foster awareness of the importance of mental well-being.” The Action Plan itself details 12 areas of action in member countries and specific actions recommended include the following:

- Promote community based multi-level interventions involving public awareness campaigns
- Make mental health an inseparable part of public health.

In Ireland, recent years have seen the development of important policy documents on mental health – *A Vision for Change*, 2006, and on suicide prevention – *Reach Out*, 2005. A fundamental principle underlying both these policies is the development of whole population approaches to mental health. If these policies are to be successfully implemented in full, then ongoing improvement at every level of Irish society is needed in relation to awareness of, and attitudes to, mental health. This will require a change in the way we think about mental health in Ireland. In 2003 Amnesty International’s Irish section rightly pointed out that “mental health promotion and prevention in Ireland is given little attention.”

The mental health awareness campaign being developed by the National Office for Suicide Prevention of the HSE will aim to raise the level of awareness and improve attitudes to mental health in a fundamental way so that recent mental health and suicide prevention policies are afforded the priority to allow full implementation.

Suicide Prevention and Mental Health

Ireland has a serious self-harm and suicide problem, with around 11,000 episodes of deliberate self-harm presenting at hospital A&E departments each year (National Suicide Research Foundation) and up to 500 suicide deaths reported (see Figure 1).

Suicidal behaviour, including suicide and deliberate self-harm, often occurs when there has been little or no contact with health services. For example, in a 2001 Public Health Study it was reported that the most recent health service contact was either 'unknown' or took place over one year before a death by suicide for 51% of the study population (Public Health Departments, 2001). Elsewhere it has been reported that only 11% of teenagers who had engaged in deliberate self-harm had received any health service intervention or support following self-harm and a lifetime history of self-harm was quite common at around 9% (CASE Study, NSRF, 2004). Furthermore, a lifetime history of suicide related thoughts in certain general population groups can be as high as 49% (Young Men's Outlook on Life and Living, HSE Mid West, NSRF and NSRG, 2004).

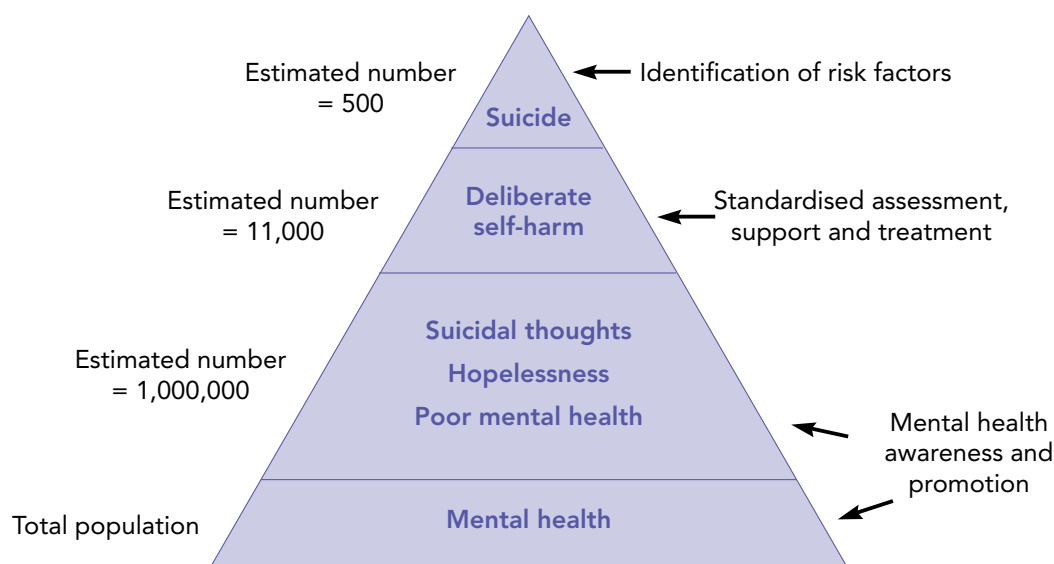


Figure 1 – Suicide Prevention and Mental Health

Therefore, the suicide problem in Ireland must be addressed at a number of fundamental and basic levels across the whole of Irish society – not only to encourage people to get support if they are experiencing a crisis but also to encourage a primary level of prevention whereby people become better able to deal with difficulties in their own lives and in the lives of those around them.

Purpose of the Research

This research was conducted to inform the development of a national mental health awareness campaign in Ireland. Based on learning from this research, the campaign will aim to improve awareness and understanding of mental health and well-being. The objectives of the campaign are that:

- Individuals will have a greater understanding of personal mental health
- The public's knowledge of mental health and mental health problems will be increased so as to positively influence attitudes and behaviour
- Individuals will be encouraged to seek social / professional support
- Individuals will be encouraged to recognise the importance of social / professional support.

Learning from Others

There have been many local, regional, national and international efforts in recent years to promote positive attitudes towards mental health issues. These efforts have been developed in the context of anti-stigma campaigns, health promotion strategies and mental health awareness campaigns. Some examples of these efforts are overviewed in the report *Preliminary scoping exercise on strategies and programmes in the area of promoting positive attitudes to mental health* (prepared by Emer McCarthy on behalf of the NDA, May 2003), including:

Ireland

- Mental Health Matters – Mental Health Ireland
- Beat the Blues – Aware.

International

- See Me – Scotland
- Like Minds Like Mine – New Zealand
- Stigma Watch (SANE) – Australia.

From the perspective of *Reach Out*, the National Strategy for Action on Suicide Prevention, the learning from previous and current initiatives has provided guidance on the shape and nature of the campaign to be developed. It will be an awareness building campaign aimed at changing negative or neutral attitudes to mental health issues into positive attitudes, and in doing so, reduce the stigma attached to having mental health problems. At the same time, the campaign will contribute to the broader mental health promotion objectives of *Reach Out*.

The Research

In January 2007, the National Office for Suicide Prevention of the Health Service Executive (HSE) commissioned research on public attitudes to mental health. The research questionnaire was developed with the support and advice of colleagues in Northern Ireland and Scotland where similar public attitudes research has recently been conducted (in 2006 and 2002 respectively). This report presents the key findings of this research.

The overall objective of the research was to obtain a comprehensive view of attitudes to mental health among the Irish adult population.

The research methodology used is outlined below (Figure 2).

Research Methodology	
Why?	To obtain a comprehensive view of attitudes to mental health among the Irish adult population, ultimately to inform a mental health awareness campaign.
Who?	Adults aged 18+, nationally representative. Quotas on demographics.
How Many?	Sample size 1,000.
Where?	62 sampling points nationwide, urban and rural.
How?	Face-to-face interviews in respondents' own homes.
When?	January and February 2007.

Figure 2 – Research Methodology

Key Findings

- A reported 11% of people said they had personally experienced a mental health problem.
- Samaritans and Aware are the best known organisations which help people with mental health problems.
- 85% of people agree that “anyone can experience a mental health problem”, but, 62% would not want others knowing if they themselves had a mental health problem.
- Talking is regarded as the most effective means of looking after your own mental health – to friends, to family members, to people who have had similar experiences and to counsellors or psychotherapists.
- Suicide, alcoholism and depression are said to be the most important mental health / mental health-related problems we need to tackle in Ireland.
- The vast majority of adults would turn to their GP as their first point of professional contact if they thought they had a mental health problem.
- 86% of Irish adults rate their own quality of life as good or very good, but this falls to 64% among those who have personal experience of mental health problems.
- There was some discontent reported, with more people agreeing than disagreeing that “nowadays people don’t know who they can count on” and that “we were better off in the old days”.
- For people who experienced mental health problems, reported quality of life is significantly better if the person has good levels of social contact.
- Most Irish adults can correctly identify the symptoms of depression, but have more difficulty recognising the symptoms of schizophrenia.

1. Awareness and Experience of Mental Health

Personal Experience

Just over one in ten adults in this survey report a lifetime personal experience of mental health problems. While it is widely reported internationally that up to one in four people experience mental health problems (at some point in their lifetime), the figure of one in ten reported here could be an inevitable understatement due to the sensitivity of asking such a personal question in a face-to-face interview.

However, a substantial one in five people stated that they care for or are related to someone with a mental health problem. Six in every ten claim to have no experience of mental health problems – either directly or indirectly.

As a general rule, women and those aged over 35 years tend to have greater levels of experience (be it direct or indirect) as outlined below (see Figure 3). Presumably, this can be attributed to the older age groups having more ‘life experience’ and, in the case of the gender difference, we could infer that women are perhaps more likely to admit to having experienced difficulties, and that their traditional caring role might expose them to more opportunities to come into contact with those who have mental health problems. Those working in the home and those who are separated, divorced or widowed tend to also have more direct experience of mental health problems (17% and 19% respectively).

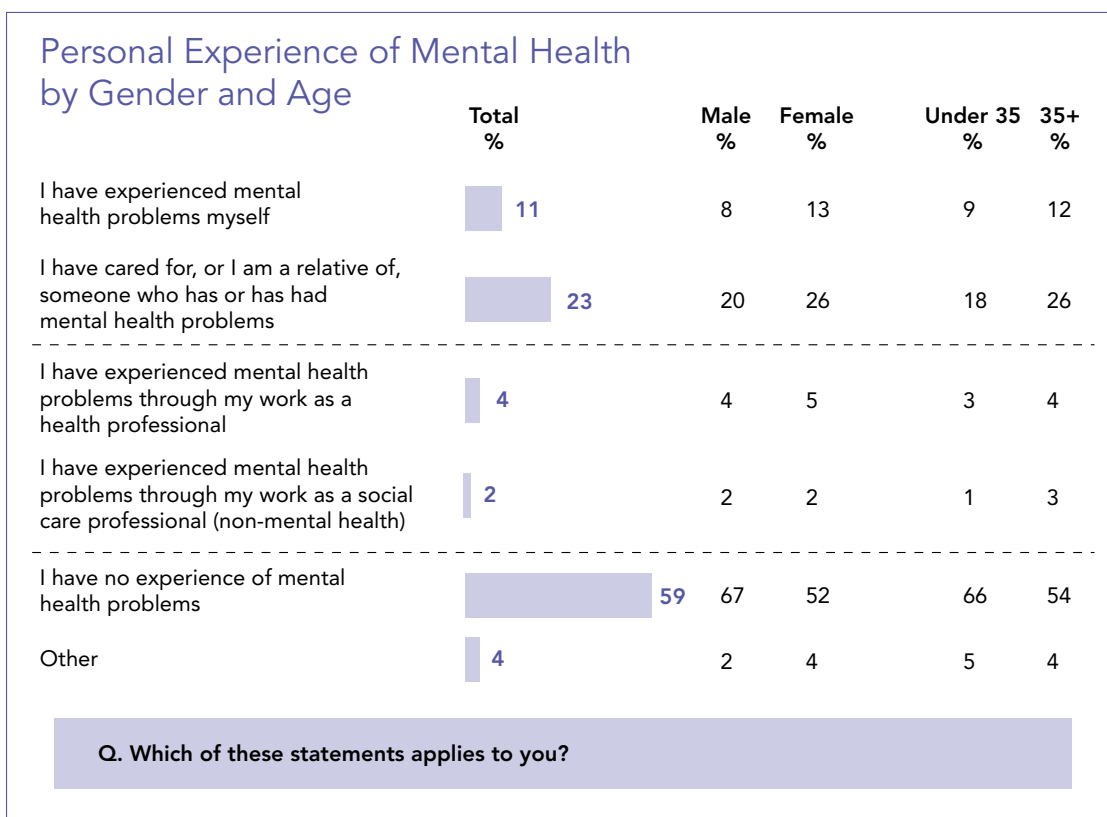


Figure 3 – Personal Experience of Mental Health by Gender and Age

Seen or Heard about Mental Health?

Given that there has been more discussion around mental health recently, it is not surprising that three quarters of all adults (76%) recall seeing or hearing something recently about mental health or mental illness. Higher levels of recall are noted among women, among the over 35s and among those with either direct personal or professional experience of mental health problems.

The most frequently cited sources of information are:

- Newspapers – 36%
- Leaflets at doctors’ surgeries – 27%
- Adverts on TV / cinema – 27%
- Magazines – 23%
- Radio adverts – 20%.

Awareness of Organisations

Samaritans and Aware are by far the best known organisations which help people with mental health issues. Samaritans were mentioned by over half of the adult population, with overall awareness standing at seven in ten, followed closely by Aware at six in ten. Awareness levels for these and other less well known organisations are shown below (see Figure 4).

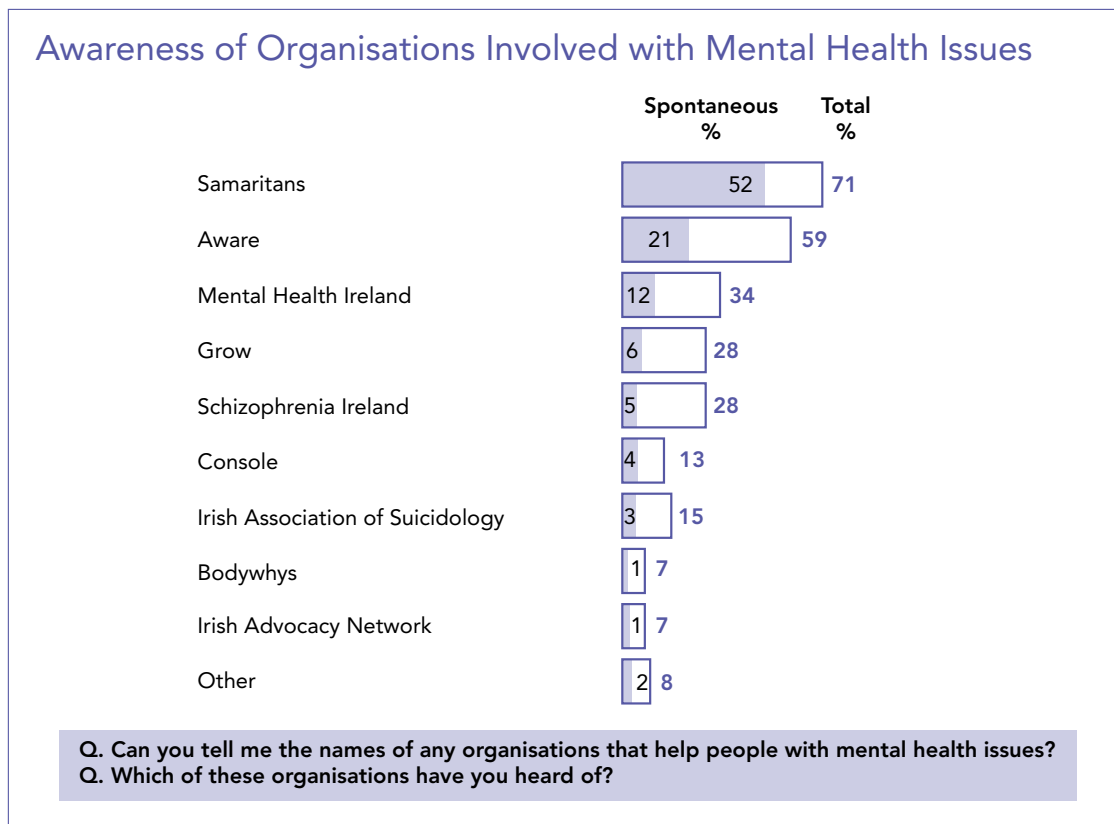


Figure 4 – Awareness of Organisations Involved with Mental Health Issues

2. Attitudes to Mental Health

This research is encouraging from the point of view that 85% of people interviewed agreed that 'Anyone can experience a mental health problem'. However, this research also shows that stigma stills exists in relation to mental health in Ireland. A substantial six in ten adults would not want people knowing about it if they themselves were experiencing mental health problems and a similar proportion do not believe that people with mental health problems should do important jobs such as being a doctor or a nurse. There is also a perception that the outlook for recovery is poor (as cited by one respondent in every five). The range of opinion expressed regarding these issues is detailed below (Figures 5 and 6).

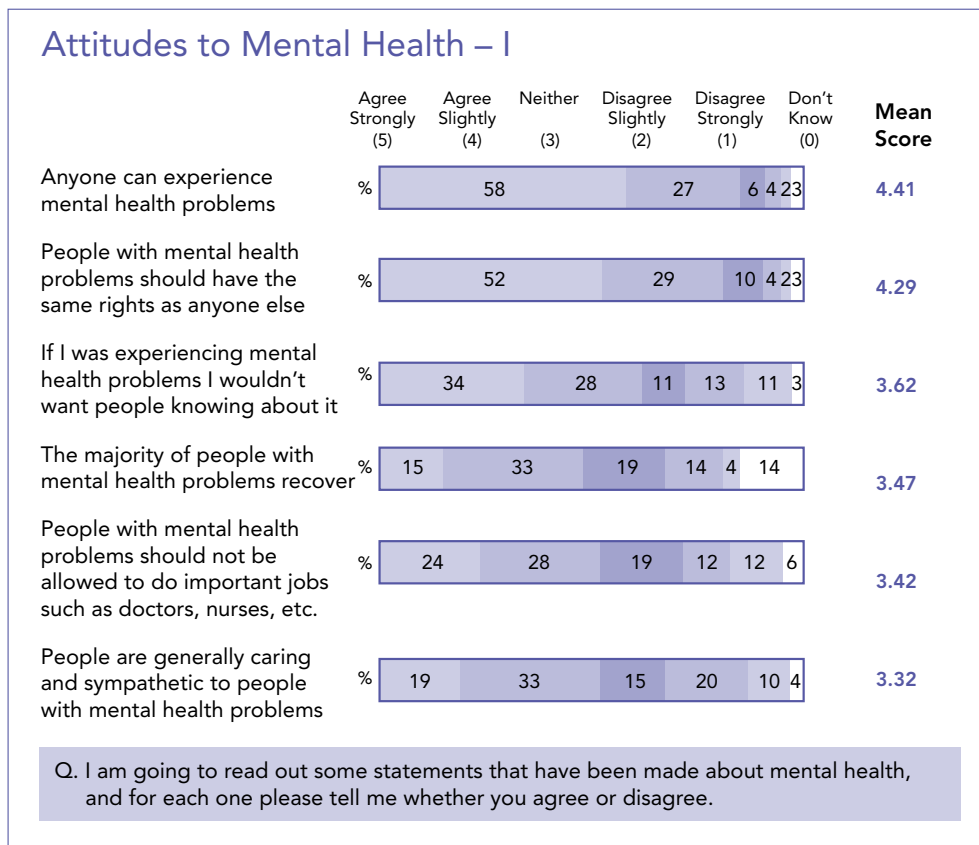


Figure 5 – Attitudes to Mental Health (i)

Opinion is quite polarised on some issues regarding mental health as shown below (Figure 6). The notions that we need to be protected from people with mental health problems and that people with mental health problems are in fact dangerous have generated strongly divergent views. Fear of the unknown could be influencing these fears and could also underly the admission by one third of adults that they would find it difficult to talk to someone with mental health problems.

However, two thirds agree that people with mental health problems are not to blame for their own circumstances and a substantial four in ten fear that they themselves will suffer from mental health problems. There therefore appears to be an inherent acceptance that we are all potentially vulnerable to mental health problems.

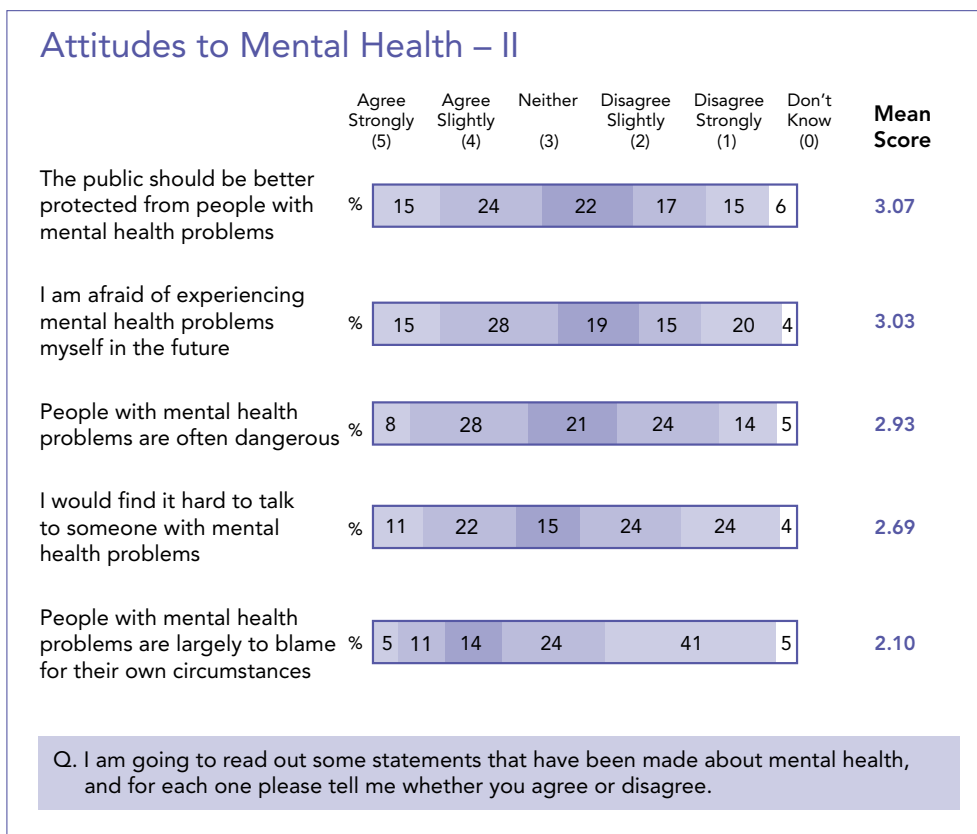


Figure 6 – Attitudes to Mental Health (ii)

3. Mental Health and Well-Being

What’s Positive?

In order to best cultivate a positive state of mental health and well-being, it is important to know which aspects of life are perceived as having a positive effect on mental health and which aspects are perceived as having a detrimental effect. Having a supportive family appears to be the most important positive influence, and the converse, not having a supportive family is perceived as having the most negative effect.

Examining the positives in more detail, being physically healthy and having good friends are the next most important influences, followed by having a good job and having time to relax and rest. Some interesting demographic differences are apparent, such as women and younger people attaching more importance to having good friends and being loved, and men attaching more importance to ‘having a good job’.

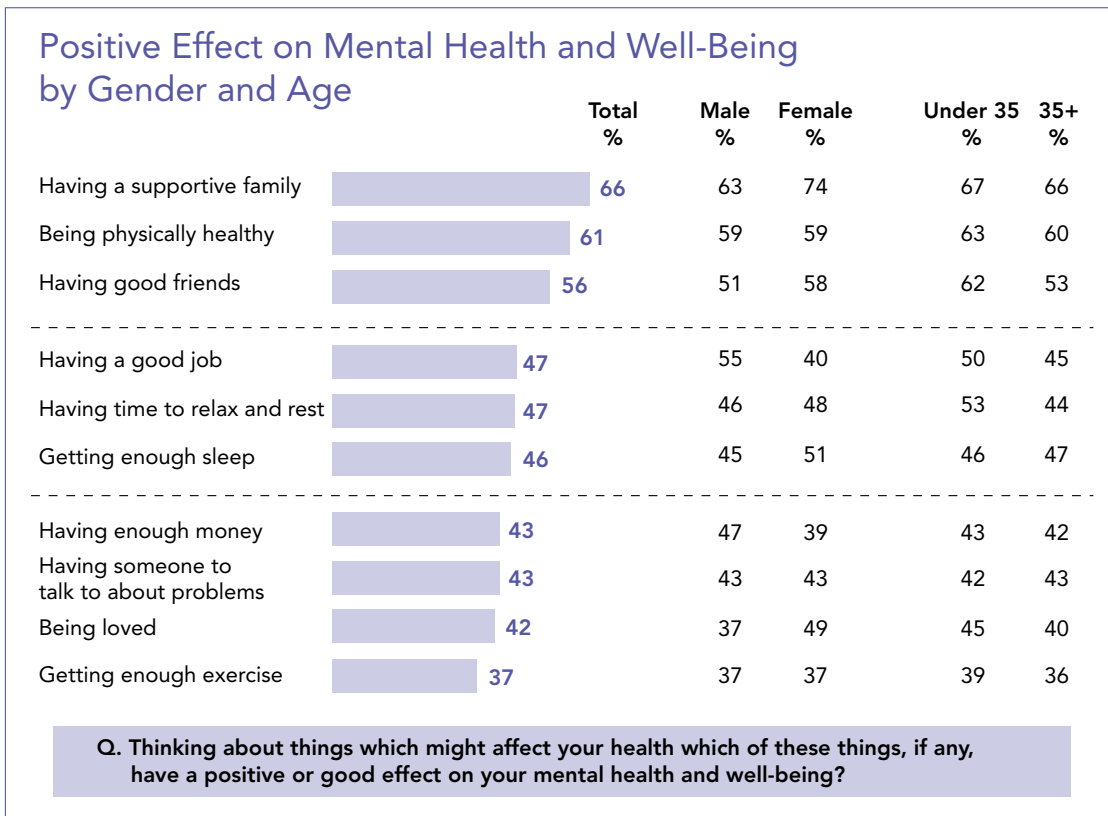


Figure 7 – Positive Factors for Mental Health (i)

More materialistic concerns, such as having enough money, having holidays, and living in a nice neighbourhood feature somewhat further down the list of positive factors for mental health.

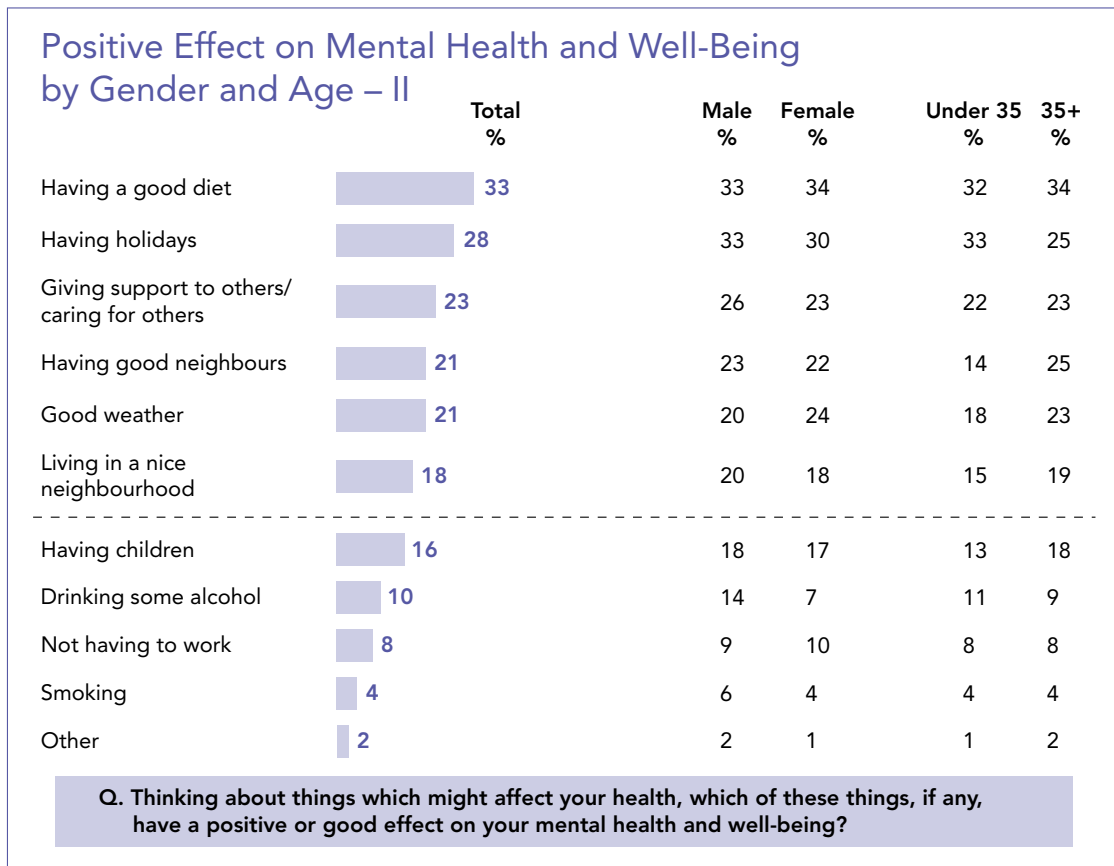


Figure 8 – Positive Factors for Mental Health (ii)

What’s Negative?

Given the link between grief and the onset of depression, it is perhaps not surprising that the death of a loved one is perceived as being as detrimental to mental health as not having a supportive family. Being physically sick is acknowledged as the next most important factor that puts a strain on mental health. Not having enough money and not having someone to talk to about problems are equally rated by one in every four as having a negative impact on mental health. Demographic differences here are consistent with those noted earlier – problems at work and not having a good job are primarily male concerns and the fear of ‘not being loved’ is felt more acutely by women and by the under 35s (see Figures 9 and 10 below).

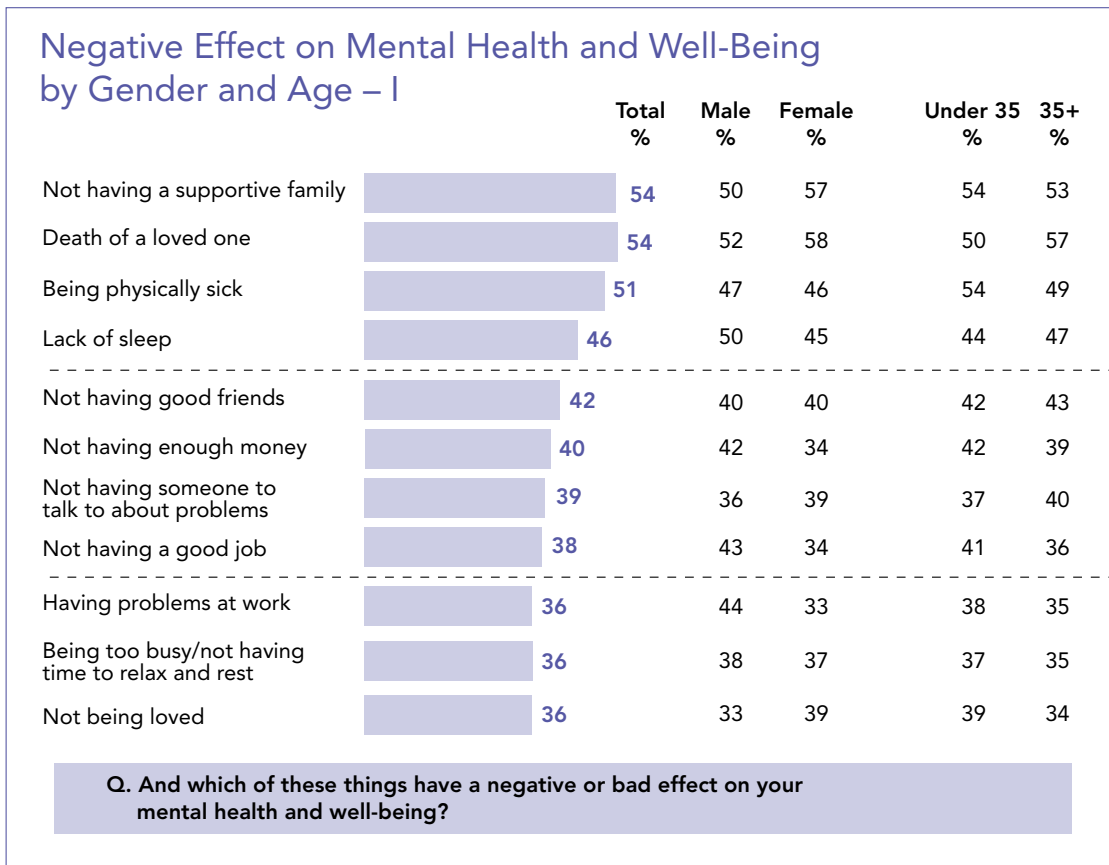


Figure 9 – Negative Factors for Mental Health (i)

It appears that the public has a good understanding of the link between a healthy lifestyle and positive mental health. Drinking alcohol is recognised by one in three adults as having a negative effect on mental health, followed by not getting enough exercise and having a poor diet.

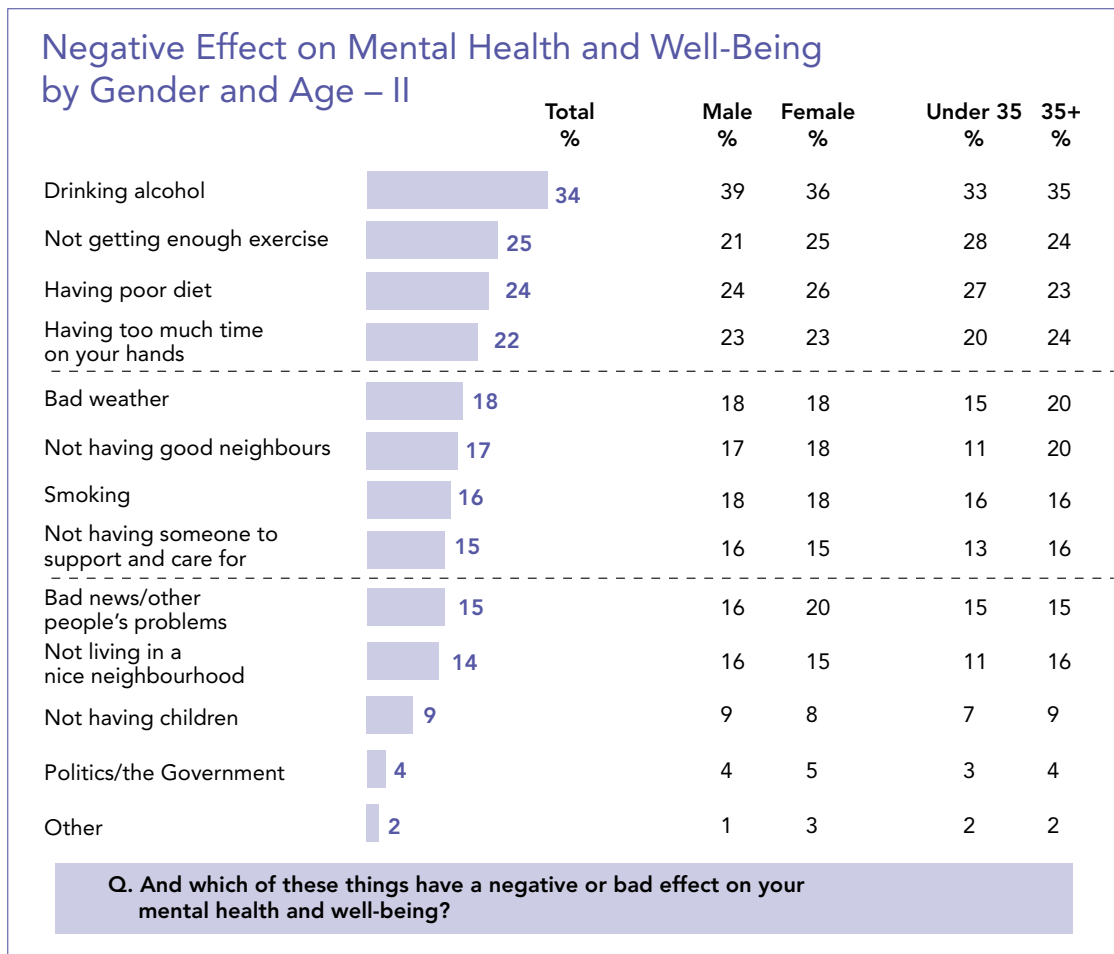


Figure 10 – Negative Factors for Mental Health (ii)

Lifestyle Changes

People are more likely to feel they can control their physical health than their mental health. Seven in ten believe that people can have a lot of influence on their physical health by the way they choose to live their lives, whereas only 55% believe that they have the same level of influence over their mental health. Figure 11 shows some of the positive lifestyle changes that people have made in the last year in a conscious effort to improve their mental health. One in four took up regular physical activity, a further one in four tried to get out and see friends more, one in five started walking and one in seven reduced their alcohol intake.

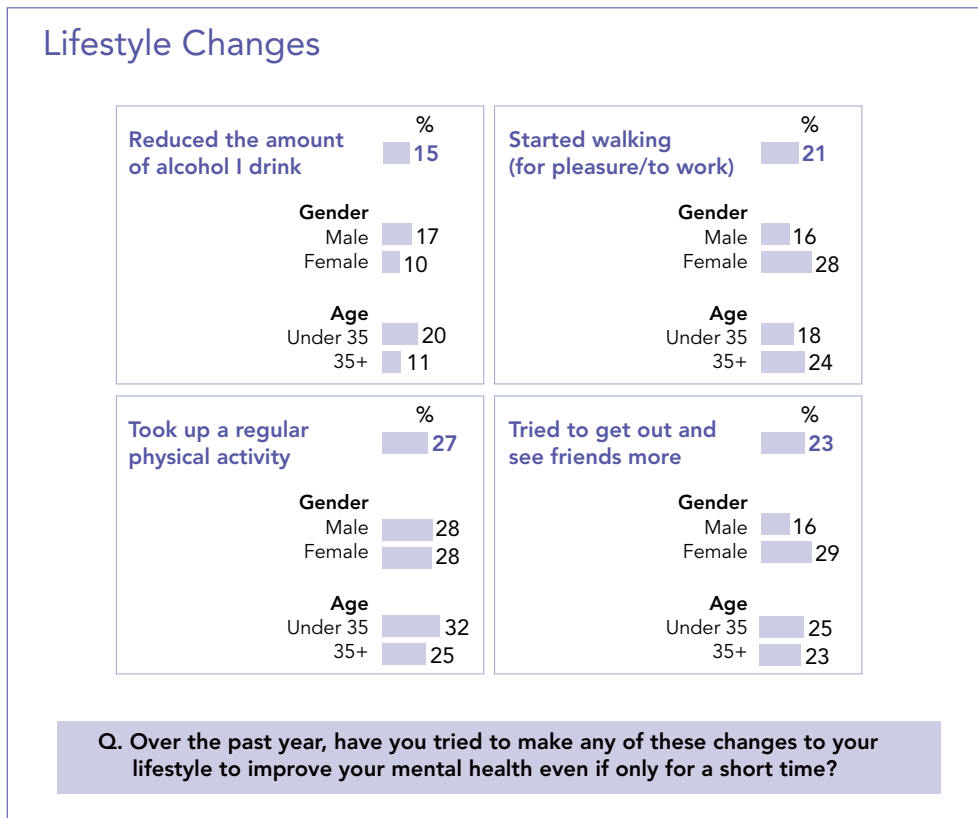


Figure 11 – Lifestyle Changes

What's Helpful?

There is an acknowledgement that there is a wide range of factors that are helpful in looking after mental health. Of most value are behaviours that involve talking to and connecting with people such as talking to a friend or family member, getting out and about more, speaking with people who have had similar experience and counselling / psychotherapy. Antidepressant medication features to a lesser, albeit significant, extent (see Figure 12).

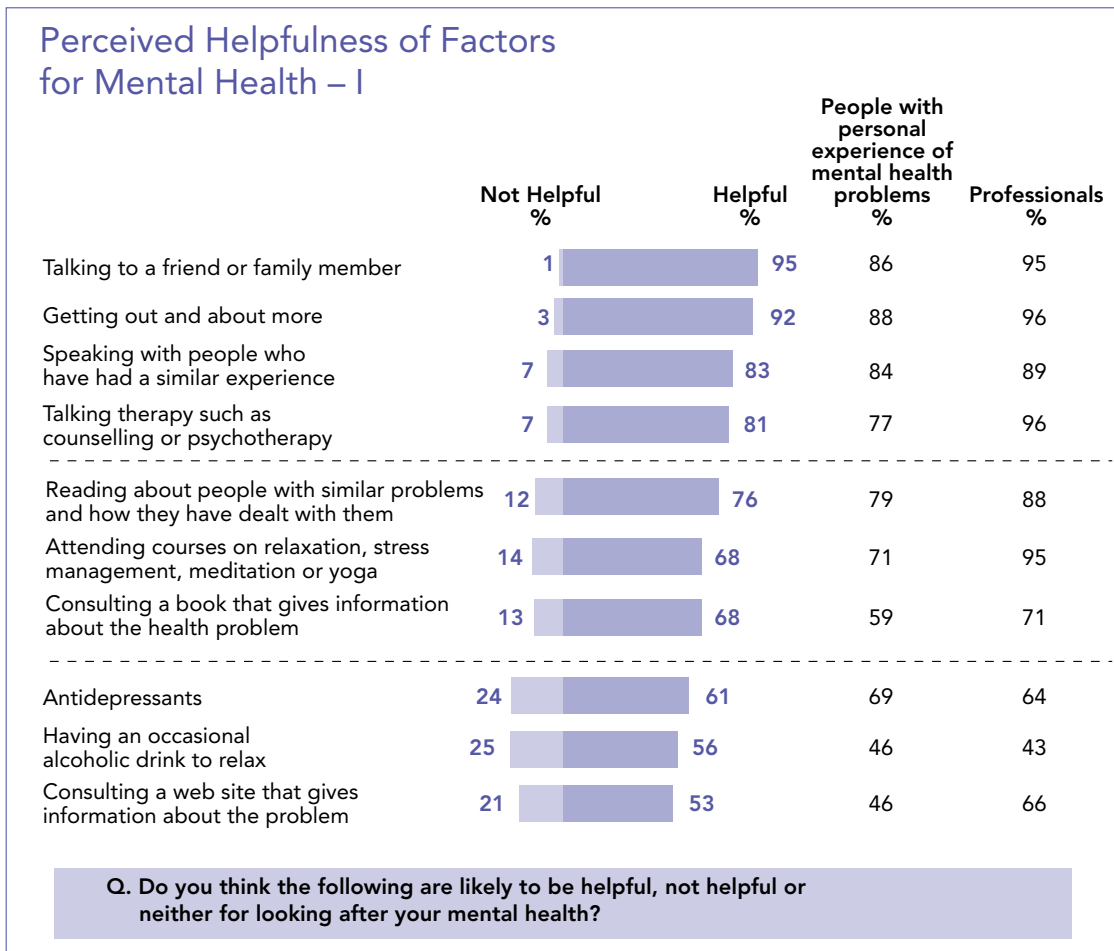


Figure 12 – Perceived Helpfulness of Factors for Mental Health (i)

Other factors which generate more polarised opinion are shown below, such as the use of anti-psychotic medication and admission to a psychiatric hospital. While one in three adults see sleeping pills and tranquilisers as helpful, a higher proportion see them as unhelpful overall.

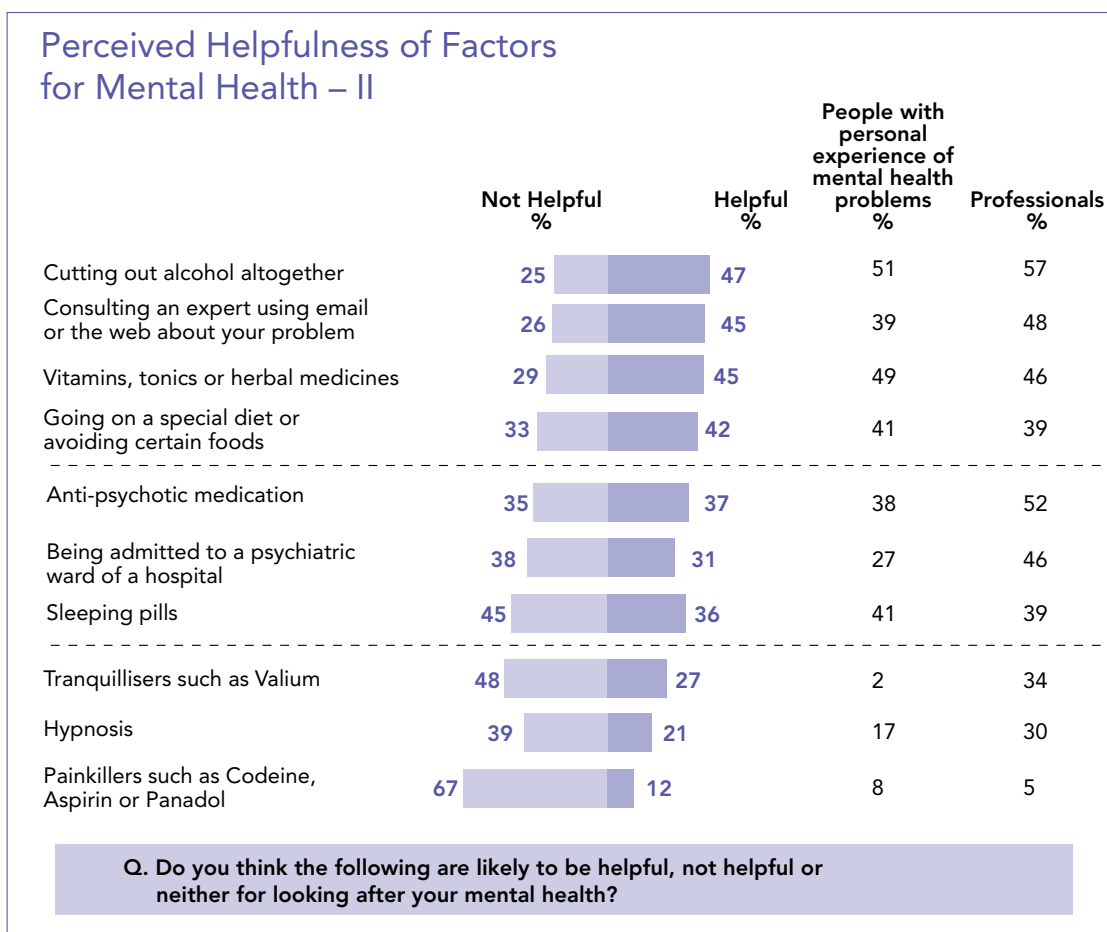


Figure 13 – Perceived Helpfulness of Factors for Mental Health (ii)

4. Dealing with Mental Health Problems

Incidence of Mental Health Problems

There appears to be a significant underestimation of the prevalence of mental health problems among the Irish population, with only 5% of respondents in this survey stating that one in four people may have a mental health problem at some point in their life. Two thirds estimate a prevalence of one in ten or less.

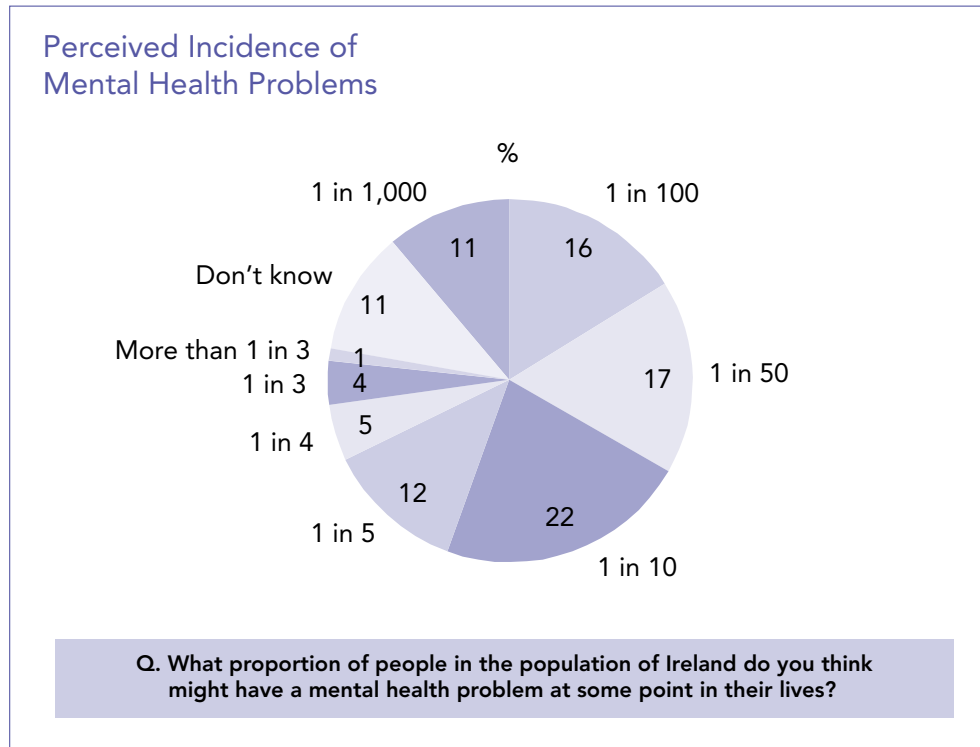


Figure 14 – Perceived Incidence of Mental Health Problems

Most Important Problems

Alcoholism, depression and suicide were identified as the three most important mental health problems by Irish adults. Drug dependence and stress are also deemed to be significant issues, albeit to a lesser extent (see Figure 15 below).



Figure 15 – Top Three Most Important Mental Health Problems

Suicide is perceived to be the single most important mental health / mental health related problem in Ireland, followed by alcoholism and depression. Some interesting demographic differences are noted below, where, for example, women and the under 35s see suicide as more of a problem compared to men, who are in turn more likely to mention alcoholism and drug dependence (Figure 16).

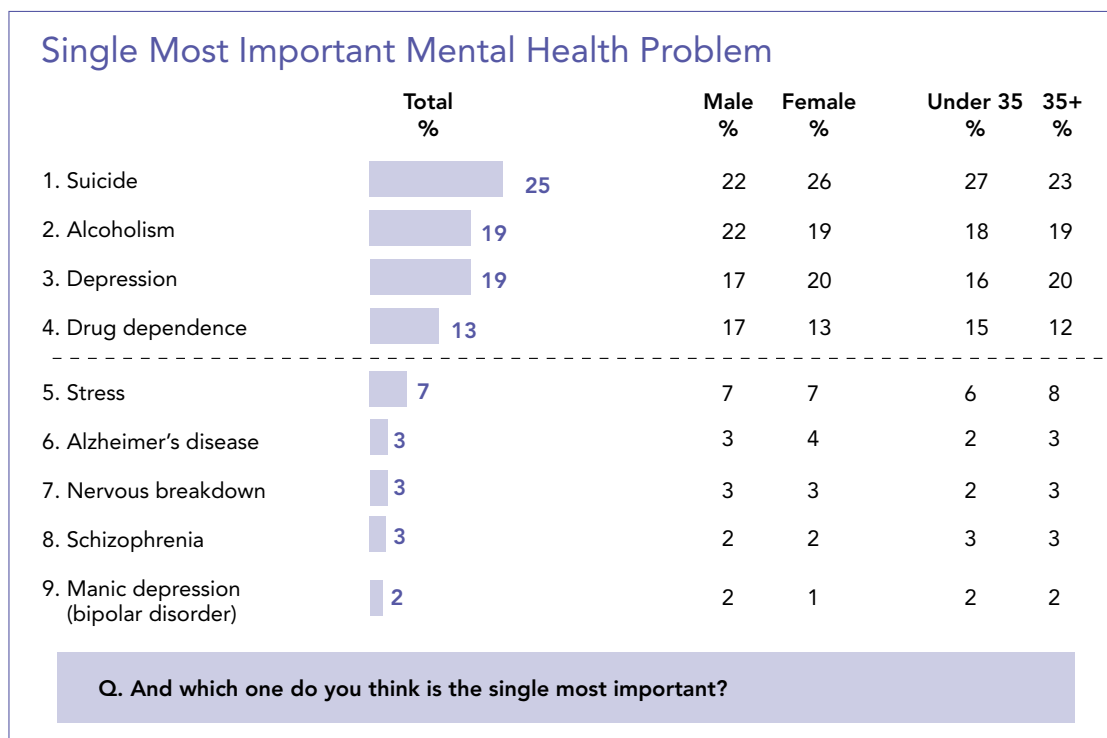
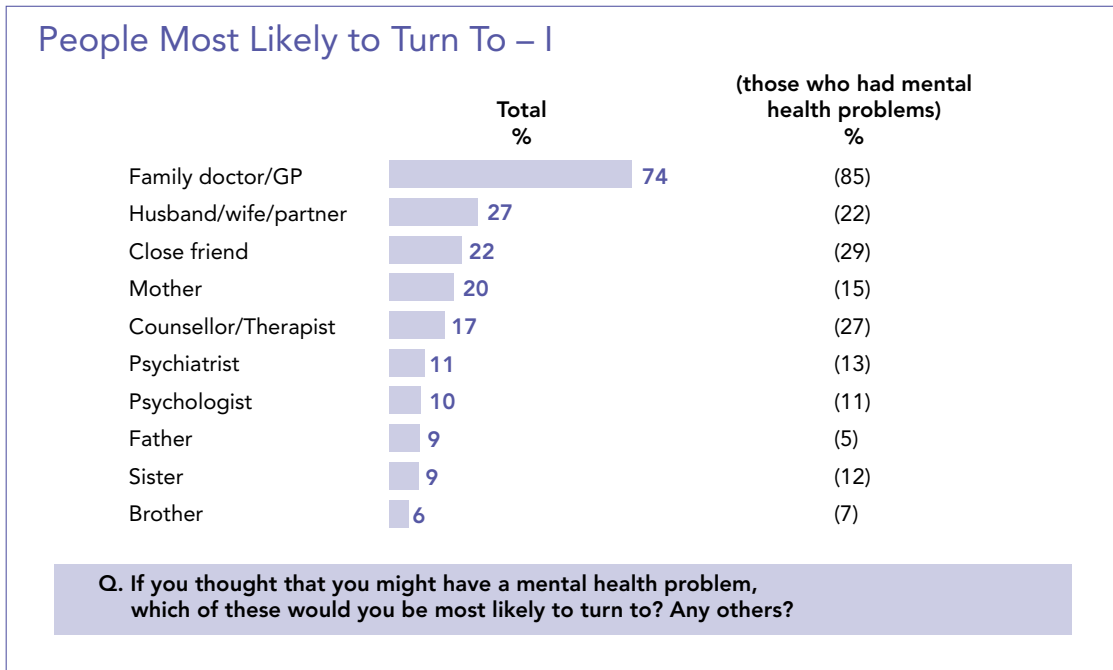


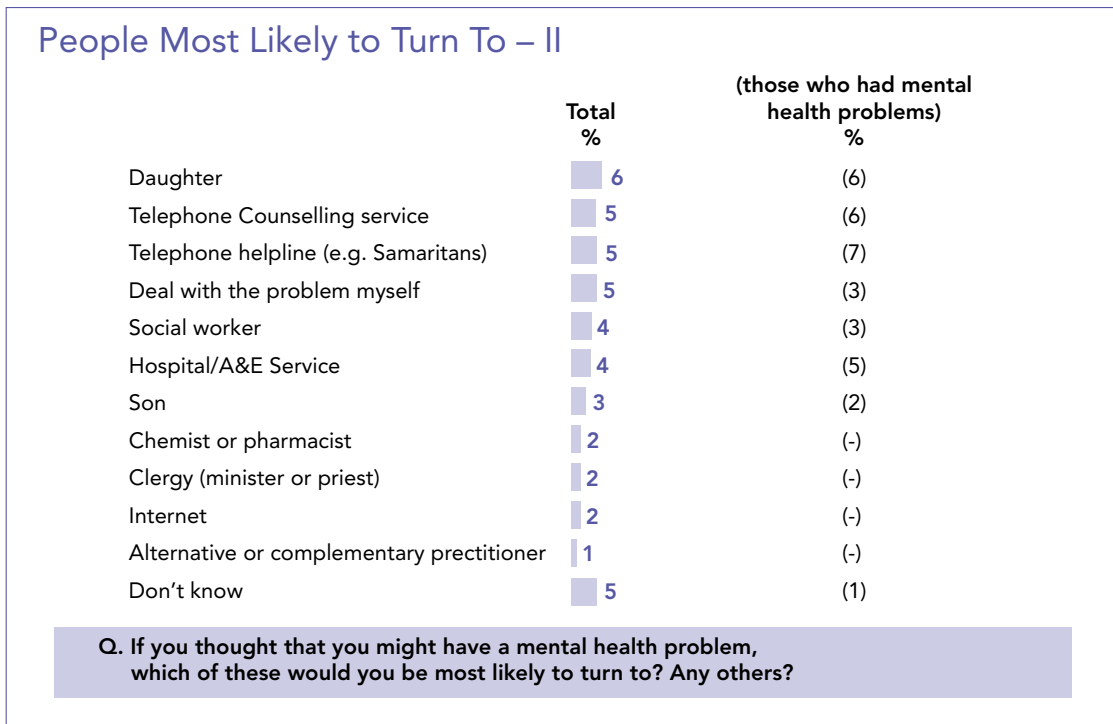
Figure 16 – Single Most Most Important Mental Health Problem

Who Would You Turn To?

Three quarters of Irish adults would consult their family doctor or GP if they thought they had a mental health problem, but many would also turn to close friends or family for support. Specialist medical services, such as counsellors, therapists, psychiatrists and psychologists are seen as less obvious sources of support.



Figures 17 – People Most Likely to Turn To (i)



Figures 18 – People Most Likely to Turn To (ii)

Those who have had mental health problems also nominate a wide range of possible sources of support, but they are more likely to mention their family doctor or GP, counsellors / therapists and close friends.

The role of the family doctor or GP appears to be hugely important in dealing with the early stages of mental health problems, as the vast majority (79%) of people see their family doctor / GP as their first point of professional contact if they thought they had a mental health problem.

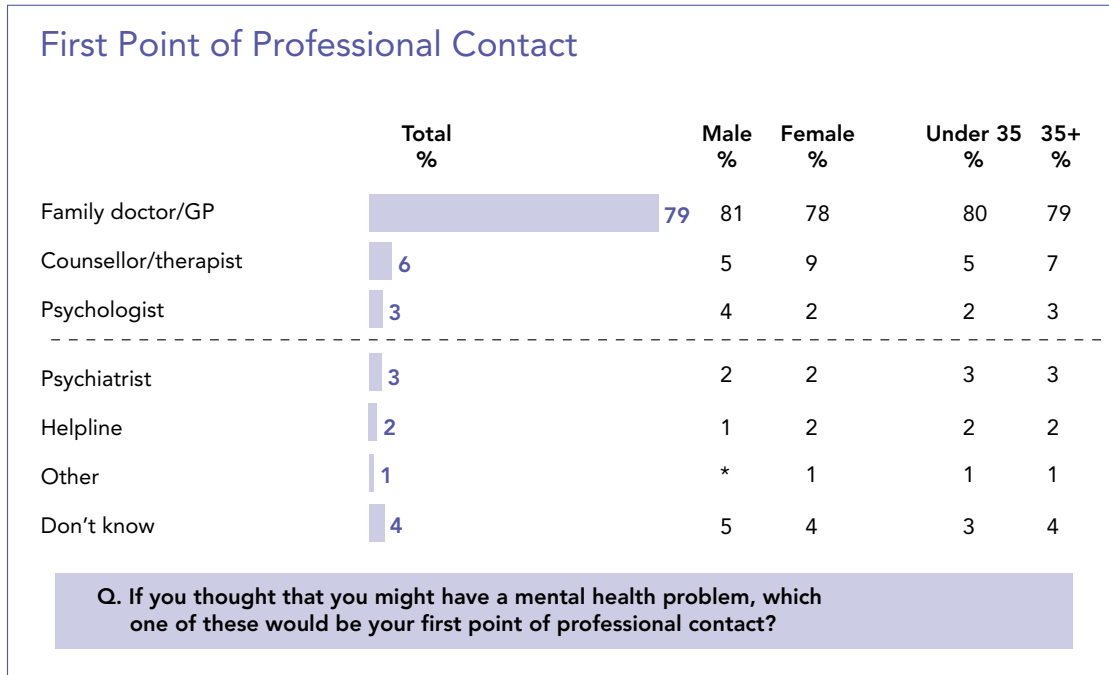


Figure 19 – First Point of Professional Contact

5. Quality of Life and Social Support

Quality of Life

Over eight in ten Irish adults (86%) rate their quality of life overall as being either very good or good, most probably an indicator of the high standard of living that is now achievable for most. It may also be the case that people living in more individual societies with high levels of expectation regarding achievement and attainment are more likely to say that they, too, are doing well.

Significantly, the lowest quality of life reported (64%) was by those who have experienced mental health problems themselves. It is possible that the negative experience of having a mental health problem is confounded by stigma and poor access to the best possible services.

High levels of reported satisfaction with quality of life contrast with the response to statements about what it's like to live in Ireland today. Considerably more people agree with the statement "These days people don't really know who they can count on" (62% agree, 23% disagree). Similarly, more people tend to agree that "People were better off in the old days when everyone knew how they were expected to act". These statements can be described as indicators of anomie – a social condition

characterised by a breakdown in social regulation of individual behaviour when the normal “rules for living” become blurred and unclear (Durkheim 1892, Srole 1956).

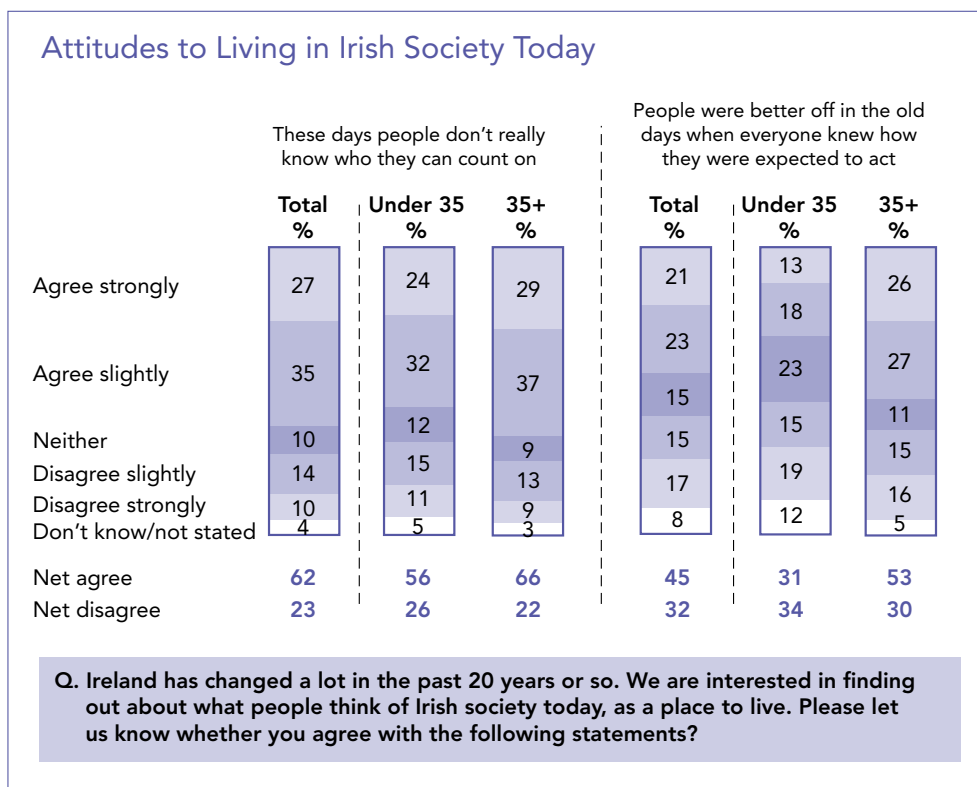


Figure 20 – Attitudes to Living in Irish Society Today

Social Support

The vast majority appear to be very integrated in society having a strong sense of connection with other people through the activities they engage in. However, there is a small minority of vulnerable people who seem to be socially isolated:

- 20% indicated that they saw friends or family less than once a week
- 40% attended social or leisure events or facilities less than once a month
- 36% felt that they had fewer than three people close to them that they could count on if they had serious personal problems.

Quality of Life and Social Support

This section examines whether good social support can protect against the negative effect mental health problems have on quality of life. In particular, comparison is made between the 11% of those surveyed who reported having personally experienced mental health problems themselves and the 58% who reported having no experience of mental health problems at all.

Overall, 86% rated their quality of life as good or very good. However, this rose to 91% for those with no experience of mental health problems but fell to just 64% for those with personal mental health problems.

As outlined above, one in five of those surveyed (20%) indicated that they saw friends or family less than once a week, 40% attended social or leisure events or facilities less than once a month and 36% felt that they had fewer than three people close to them that they could count on if they had serious personal problems. Taking these results as an indication of poor social support, the relationship between social support and good quality of life is indicated below (see Figure 21).

Quality of life was rated good or very good by 90-92% of those who saw friends or family at least weekly, those who attended social or leisure events or facilities at least monthly and those who felt they had at least three people that they could count on. In contrast, 72-79% of those with poorer social support rated their quality of life as high.

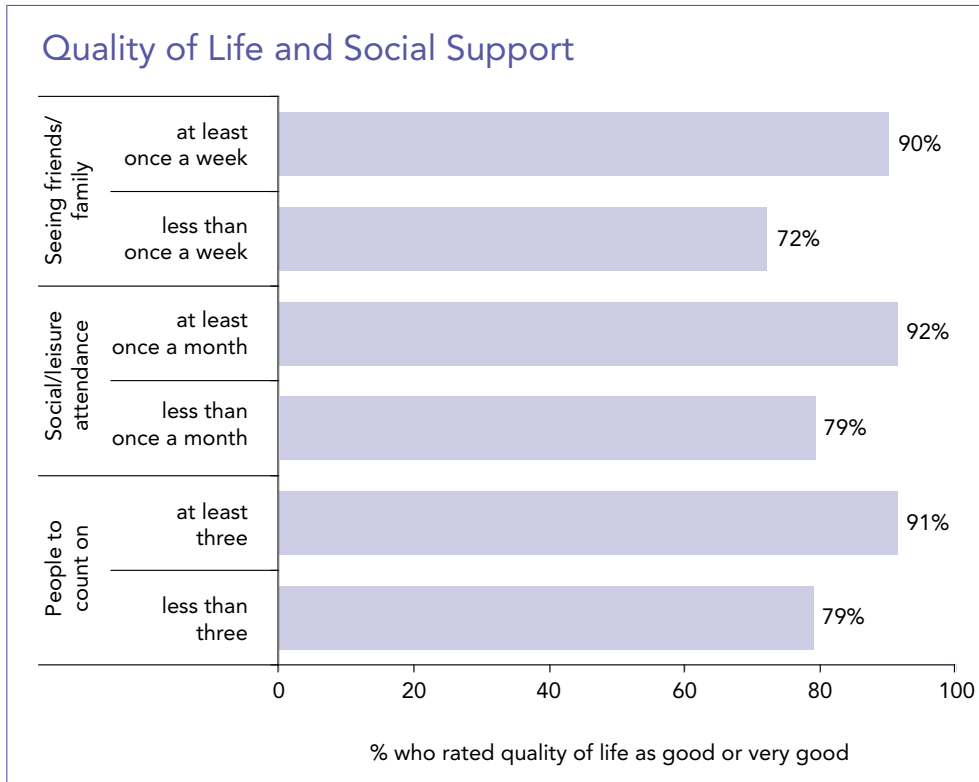


Figure 21 – Quality of Life By Level of Social Support

Quality of Life, Social Support and Mental Health Problems

Quality of life was also examined at each level of experience of mental health problems for those with and without good social support.

At each level of experience of mental health problems (from no problems to personal experience), good social support increased the proportion of people rating their quality of life as good or very good.

However, the extent to which this happened varied. Among those with no experience of mental health problems, good social support was associated with a small increase in the percentage who rated their quality of life as good:

- An increase from 84% to 93% if seeing friends and family at least once a week
- An increase from 89% to 93% if attending social or leisure events or facilities at least once a month
- An increase from 87% to 95% if able to count on at least three people.

However, good social support had a far stronger positive effect on the quality of life of people with personal experience of mental health problems. The proportion with a high quality of life improved as follows:

- An increase from 40% to 72% if seeing friends and family at least once a week
- An increase from 52% to 80% if attending social or leisure events or facilities at least once a month
- An increase from 31% to 80% if able to count on at least three people.

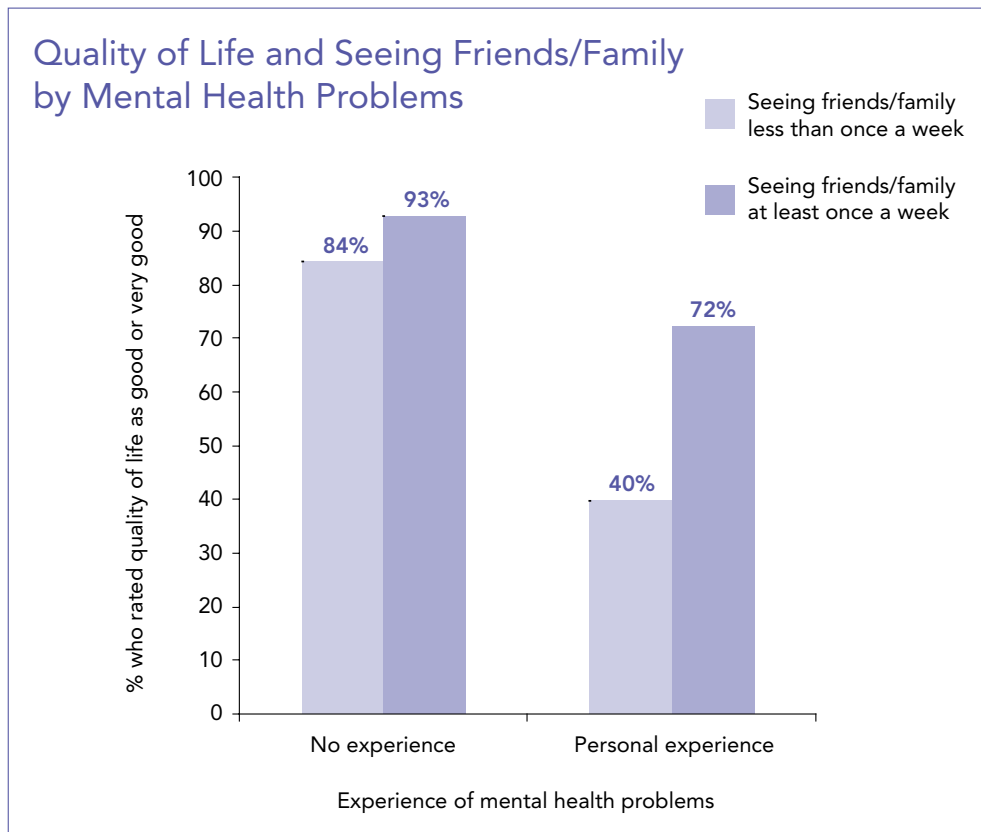


Figure 22a – Quality of life by experience of mental health problems for those seeing friends and family less than once a week and at least once a week

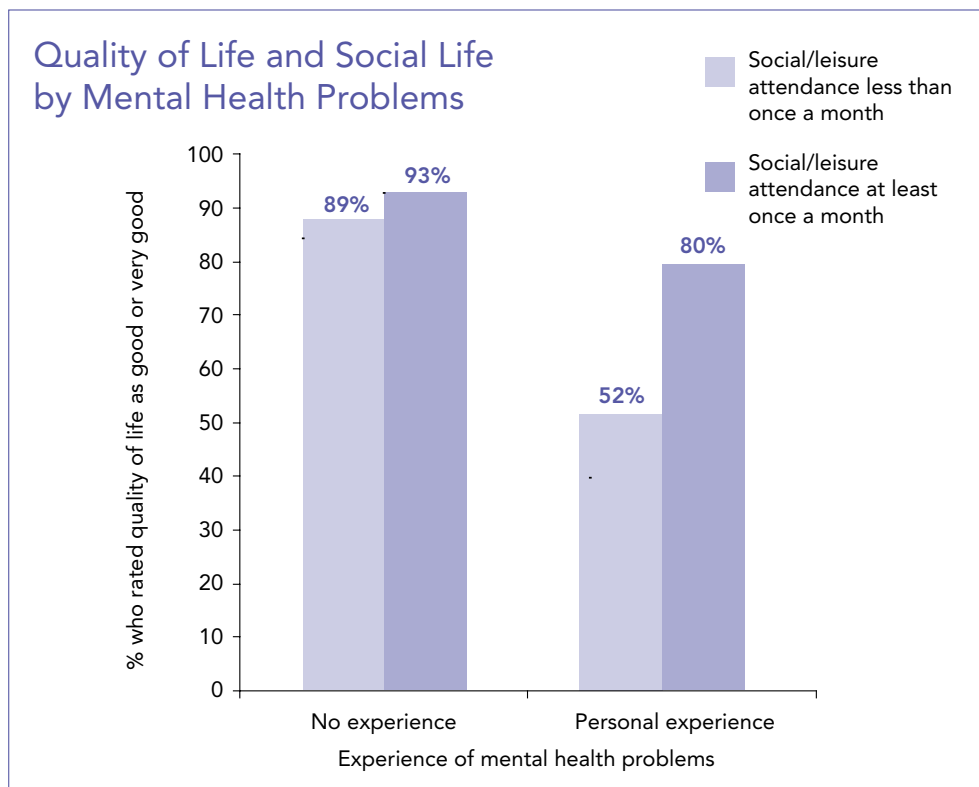


Figure 22b – Quality of life by experience of mental health problems for those attending social or leisure events or facilities at least once a month or less than once a month

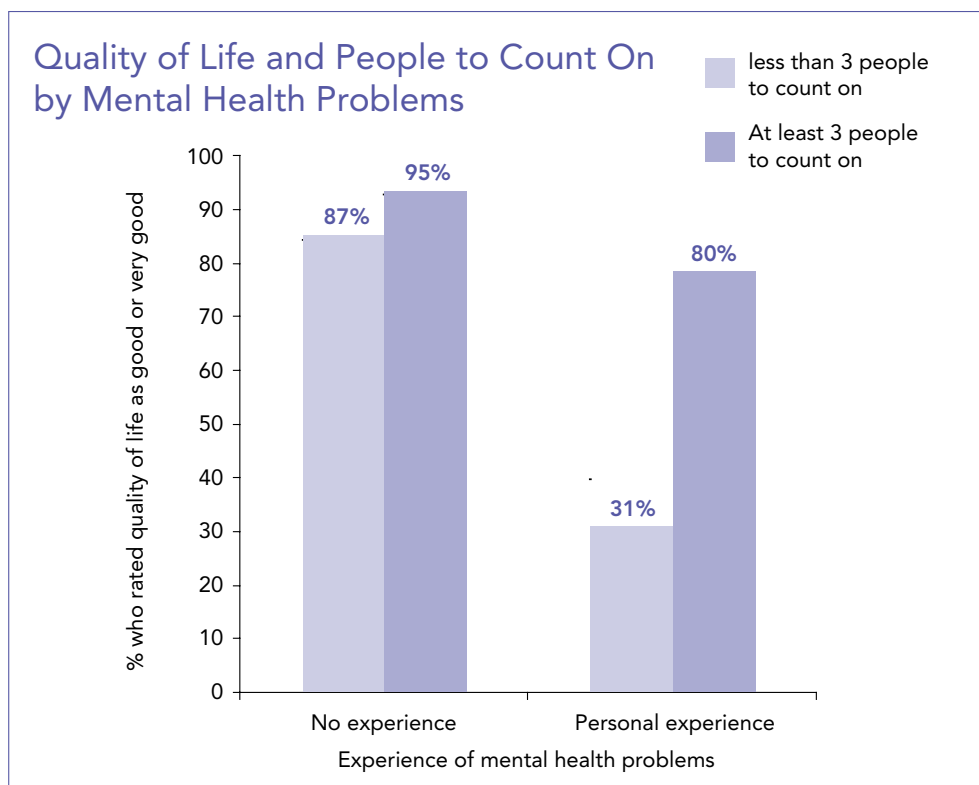


Figure 22c – Quality of life by experience of mental health problems for those with three or more people to count on and those with fewer than three people to count on

6. Understanding Mental Illness

Case study analysis was an important part of this research. During the course of each interview, respondents were presented with a case study - a pen picture of 'Ann' or 'Jane's' recent experiences - and were asked a number of questions. The objective of this exercise was to understand to what extent people could correctly identify the mental illness presented in each scenario and to gain an insight into opinions regarding the outlook for Ann or Jane in terms of life plans, recovery and treatment. Each case study is described below.

Case Studies Presented

Note: Each case study was presented to half of the total sample i.e. half of the sample answered questions about Ann, half about Jane

Ann is a woman who was doing pretty well until about a year ago. But then things started to change. She thought that people around her were criticising her and talking behind her back. Ann was convinced that people were spying on her and that they could hear what she was thinking. Ann couldn't work anymore and she stopped joining in with family activities. She retreated from everything, until she eventually spent most of her day in her room. Ann heard voices even though no one else was around. These voices told her what to do and what to think. She has been living this way for six months.

Jane is 30 years old. She has been feeling unusually sad or miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Jane doesn't feel like eating and has lost weight. She can't keep her mind on her work and puts off making any decisions. Even day to day tasks seem too much for her. This has come to the attention of Jane's boss, who is concerned about her lowered productivity.

Recognising Symptoms

While three quarters of adults correctly identified Jane’s experience of depression, there are lower recognition levels of the symptoms Ann is experiencing (schizophrenia) as shown below, and a relatively high proportion who believe that Ann suffers from depression (Figure 23).

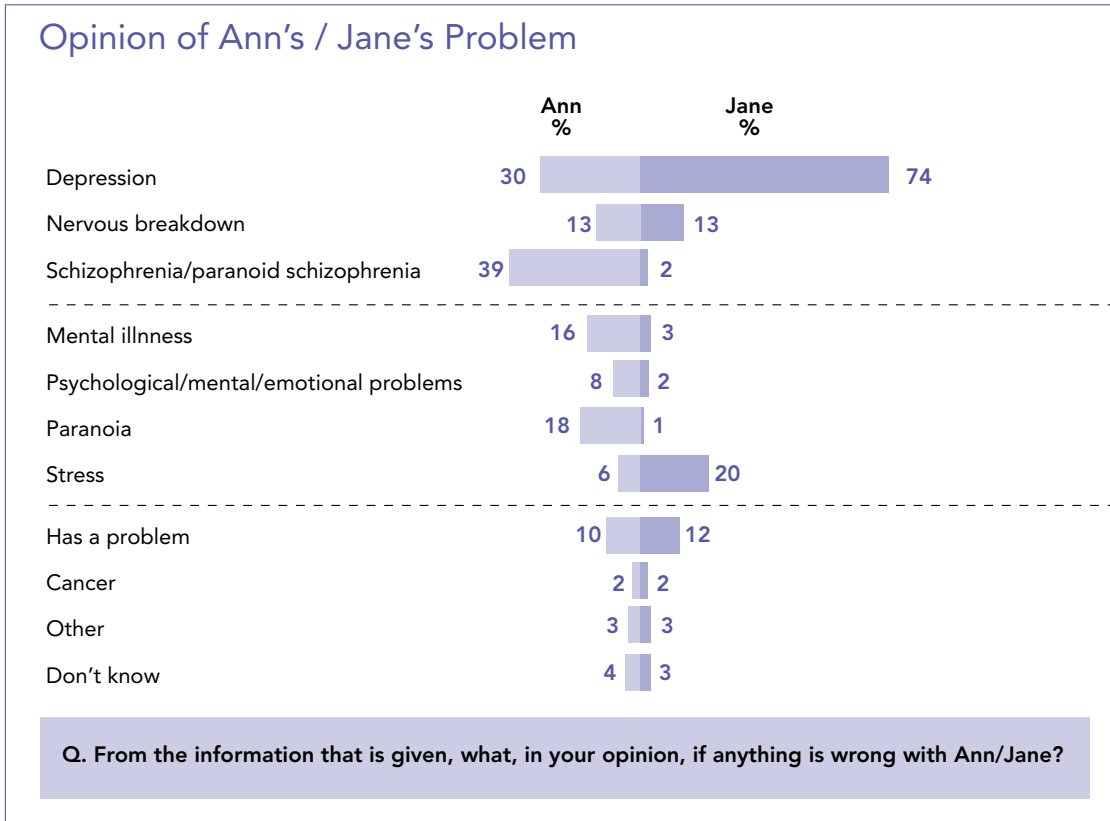


Figure 23 – Opinion of Ann’s / Jane’s Problem

Outlook

The research reveals that Irish people are well aware that mental illness can have a serious impact on participation in everyday life. The outlook for Ann is perceived as more negative than for Jane, with over half believing that it is unlikely that Ann will participate in family life next Christmas, go back to work within a year or develop close relationships. A diagnosis of depression would appear to be more likely to have a positive outcome in terms of recovery and better functioning in society (see Figure 24 and 25).

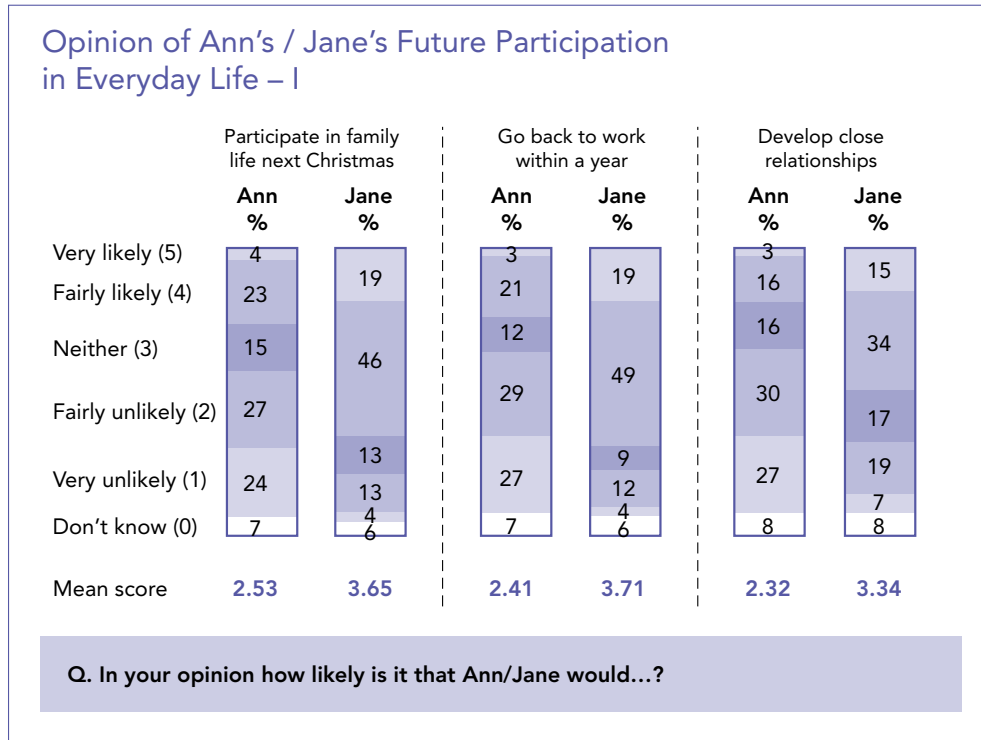


Figure 24 – Opinion of Future Everyday Life (i)

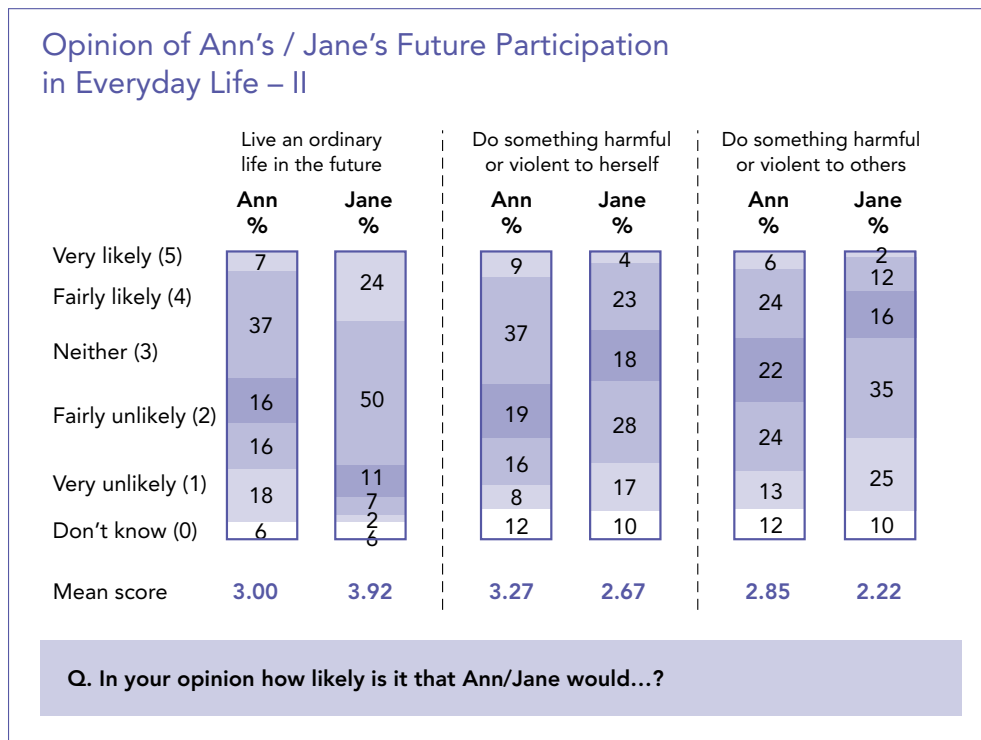


Figure 25 – Opinion of Future Everyday Life (ii)

Three quarters of adults feel that Jane can potentially live an ordinary life in the future, whereas less than half believe this is possible for Ann. Almost half believe that Ann is likely to self-harm and this falls to a significant one in four for Jane. The likelihood of violence towards others also appears to be more associated with the symptoms of schizophrenia than with depression.

People Who Could Help

There is almost universal agreement that Ann needs professional help (97% agree) and also very strong agreement that Jane needs professional help (88%). This again underlines the perception that Ann's schizophrenia is of a more serious nature than Jane's depression.

There are few differences in perceptions regarding the helpfulness of various people – professional and non-professional – for Ann and Jane. Psychiatrists and psychologists are seen to be slightly more relevant for the treatment of schizophrenia, and close friends and family are seen to have a greater role to play in providing support to cope with depression.

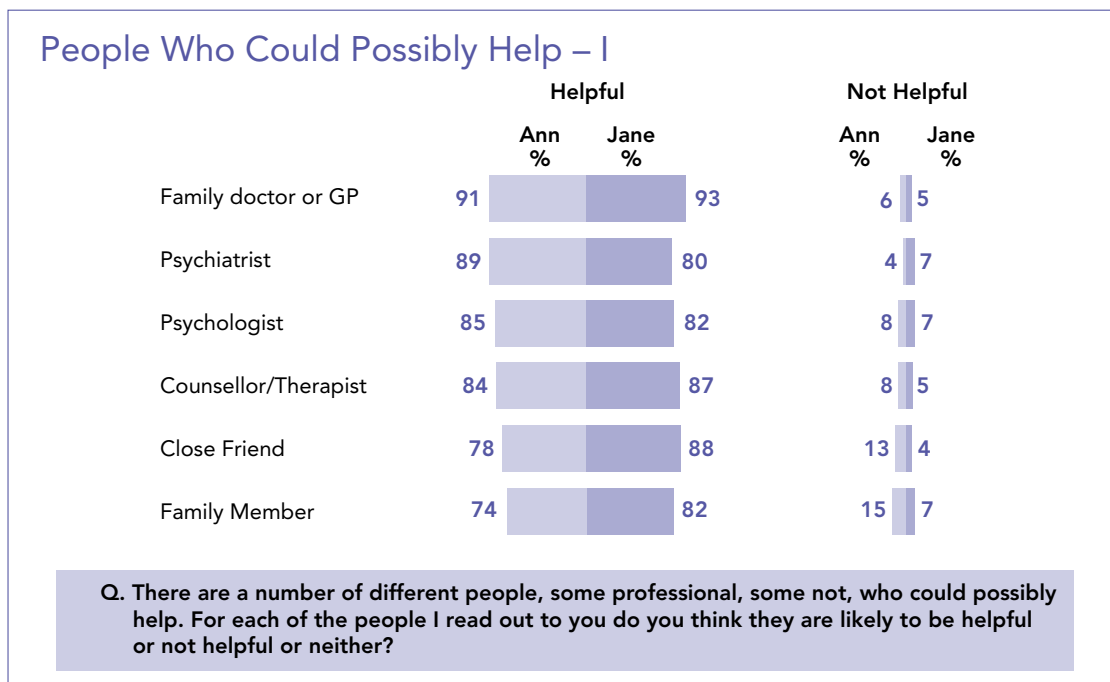


Figure 26 – People Who Could Help (i)

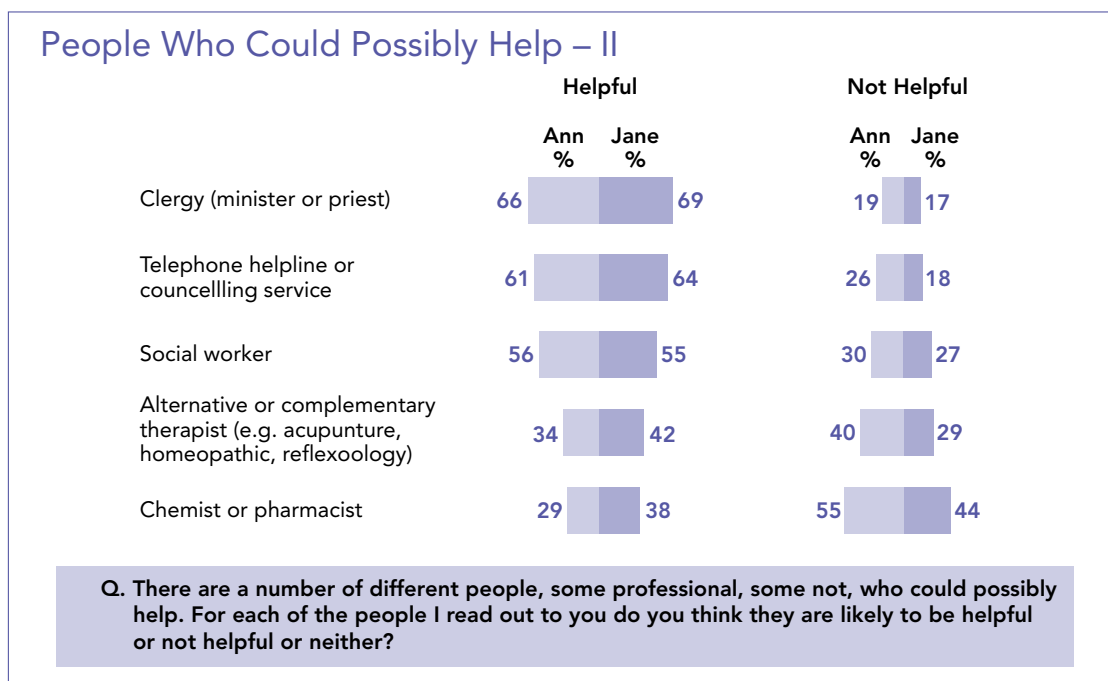


Figure 27 – People Who Could Help (ii)

Others who could help (albeit to a lesser extent) include clergy, telephone helplines, social workers, alternative or complementary therapists and chemists / pharmacists. Again, for the most part, these seem roughly equally valuable for both situations, with the exception of pharmacists and complementary therapists who are perceived to be more helpful for depression (see Figure 28).

The majority of people acknowledge that drug therapy is important for the treatment of both illnesses. Antidepressants are rated as most helpful for both depression and for schizophrenia. Over half feel that anti-psychotic medication would be of value in treating Ann, and one in four indicate that this would also be helpful to Jane.

Sleeping pills, tranquilisers and vitamins, minerals and tonics are also seen to have a role to play, albeit to a lesser extent.

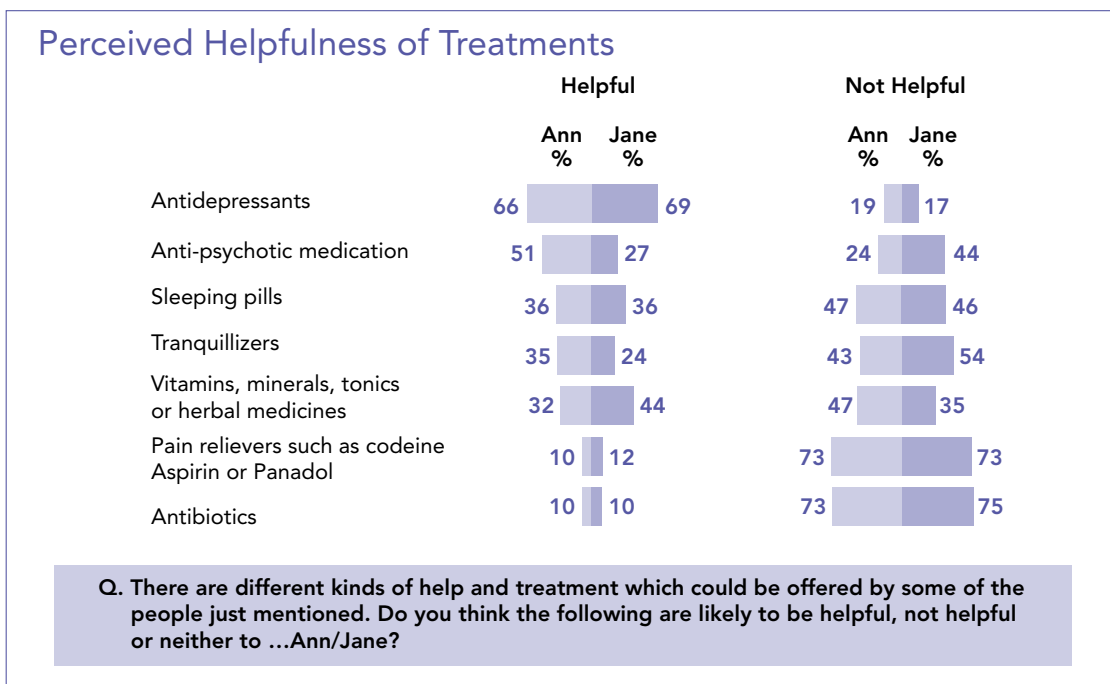


Figure 28 – Perceived Helpfulness of Treatments

7. Overview and Conclusions

This report provides an overview of how we view mental health in Ireland today. The research was conducted to provide insight into the general public's awareness and attitudes around mental health so that an effective public information campaign could be planned. The results are encouraging on one level but they also serve to underline the extent of the challenge ahead. That challenge is to change negative perceptions of mental health and to make mental health matter to more people.

The planned mental health awareness campaign will look to reinforce the many positive attitudes reported in the research. Not least of these is the importance of, and value of, social support.

Overall, three key areas for action have been highlighted:

1. Education around Mental Health and Mental Health Problems

A certain level of stigma exists in Ireland in relation to mental health. An important strategy in reducing stigma is education – the more people know about something, the less likely they are to hold negative attitudes. While the research highlighted a reasonable level of 'mental health literacy' it also showed that Irish people seriously underestimated the prevalence of mental health problems. Educating people about the prevalence of mental health problems in Ireland will be a key step in making mental health more relevant and important for people, while contributing to an improvement in attitudes.

2. Awareness and Understanding of Personal Mental Health

People feel they have more control over their physical health than their mental health, but this might be because people are more aware of their physical health and feel more comfortable talking about physical rather than mental health. Irish people need to believe that it is normal to experience problems and that problems should be talked about. The message that it is good to 'check in' with your mental health the way you might with your physical health is an important one.

3. Recognising the Importance of Social and Professional Support

The vast majority of respondents recognised the importance of professional support for mental health problems and the value in talking to family and friends about problems. This is encouraging and is something worth building on. However, a considerable amount of social isolation has been identified. At the same time, a strong connection between social isolation and quality of life has been established. In order to improve awareness and attitudes in relation to mental health in Ireland we need to promote the things that can help to protect mental health, including the support to be gained by engaging and interacting with other people.

On the whole, as a nation, it would seem that we have a lot going for us in terms of a high standard of living and good quality of life. Yet there is increased concern about many problems, negative symptoms of social and economic growth, that are causing considerable anxiety such as alcohol abuse, suicide, and reckless, antisocial behaviour.

In the context of this anxiety in Irish society, many people recognise the vital importance of being socially integrated and connected – of having good friends and family. People also recognise that anyone can experience mental health problems. In many ways, the biggest challenge in the development of future mental health awareness campaigns will be to establish the relevance of social support to mental health.

While it is far too simplistic to think that encouraging people to talk more will resolve mental health problems in Ireland, there is no doubt that it will help. If mental health becomes more of an everyday issue, that matters to us all, then the stigma attached to getting help can be reduced. While Irish society will continue to experience considerable change and face new challenges ahead, a mentally healthier Irish society will be much better able to cope.

Appendix

Need Help?

If you, or someone you know, is in crisis and need someone to talk to:

- Contact Samaritans on 1850 609090 (Republic of Ireland) or 08457 909090 (UK including Northern Ireland)
- Contact your local doctor, listed under 'General Practitioners' in the Golden Pages
- Go to, or contact, the Accident and Emergency Department of your nearest general hospital
- Contact the emergency services by dialing 999 or 112.

Voluntary Support Services

Note: This is not a comprehensive list of voluntary support services. Local HSE Health Offices will be able to provide a more detailed guide to support services available in each area.

- **Aware Defeat Depression**, 72, Lower Leeson Street, Dublin 2.
Website: www.aware.ie E-mail: info@aware.ie Office: 01-6617211
Helpline: 1890 303 302 (7 days from 10am to 10pm)
Providing support and assistance to people whose lives are affected by depression.
- **Barnardos**, Christchurch Square, Dublin 8.
Website: www.barnardos.ie E-mail: info@barnardos.ie
Office: 01-4549699 or Callsave: 1850 222 300
Committed to the best interests of children and young people in Ireland, promoting and respecting their rights.
- **GROW** in Ireland, Ormonde Home, Barrack Street, Kilkenny.
Website: www.grow.ie E-mail: info@grow.ie
Infoline: 1890 474 474
GROW is a mental health organisation which helps people who have suffered, or are suffering, from mental health problems.
- **Mental Health Ireland**, Mensana House, 6 Adelaide Street, Dun Laoghaire, Co. Dublin.
Website: www.mentalhealthireland.ie E-mail: information@mentalhealthireland.ie
Office: 01-2841166
Providing help to those who are mentally ill and promoting positive mental health.
- **Samaritans**. Website: www.samaritans.org E-mail: jo@samaritans.org
Helpline: 1850 609090 Office: 01-8781822
Providing befriending 24 hours a day, 365 days a year to those passing through personal crisis.
- **Bodywhys**, PO Box 105, Blackrock, Co. Dublin.
Website: www.bodywhys.ie E-mail: info@bodywhys.ie Support E-mail: alex@bodywhys.ie
Office: 01-2835126 LoCall Helpline: 1890 200 444
(see website or call the office for Helpline opening hours)
Providing help, support and understanding for people affected by eating disorders.
- **Schizophrenia Ireland**, 38 Blessington Street, Dublin 7.
Website: www.sirl.ie E-mail: info@sirl.ie
Office: 01-8601620 Helpline 1890 621 631 (Monday-Friday, 9am-4pm)
Dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness, including schizophrenia.

- **Console**, All Hallows College, Drumcondra, Dublin 9.
Website: www.console.ie E-mail info@console.ie
Office: 01-8574300 Helpline: 1800 201 890
Providing support to those bereaved by suicide.
- **Living Links**, McDonagh House, Dublin Road, Nenagh, Co. Tipperary.
Website: www.livinglinks.ie Phone: 087-9693021
Trained volunteers offer confidential, practical support and advice to families who have experienced a death by suicide. The service is available in a number of counties.

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Ph: (01) 635 2179
Email: info@nosp.ie
www.nosp.ie www.yourmentalhealth.ie