

Measuring stigma: Attitudes towards social inclusion of people with mental illness within the community

Background

People who experience mental illness and distress not only have to cope with the illness itself, but also with the public stigma and discrimination that is associated with these illnesses (Reavley & Jorm, 2012).

The Health Promotion Agency (HPA) contributes to the Like Minds, Like Mine programme to increase social inclusion and reduce stigma and discrimination for people who experience mental illness and distress (Ministry of Health & Health Promotion Agency, 2014). HPA's Health and Lifestyles Survey (HLS) monitors New Zealanders' behaviour and attitudes towards a range of health topics, including mental health. This fact sheet reports on attitudes towards social inclusion of people with mental illness and distress within the community.

Methodology

Respondents in the 2014 HLS were asked about their attitudes towards acceptance and inclusion of community members with mental illness and distress using the following statement:

A new community mental health centre is to open. It caters for people with a range of mental health problems, including depression, anxiety disorder and schizophrenia. It provides mental health assessment and treatment for people who are experiencing serious mental health problems.

Respondents were given a number of scenarios attached to the statement. They were asked if they would be comfortable (providing a yes/no answer) if the centre was: a) 'in your suburb?'; b) 'a couple of blocks away from you?'; c) 'on your street?'; and d) 'next door to you?'.

Responses were compared by gender, age, ethnicity, neighbourhood deprivation status, educational background and employment status. Only those group differences that were statistically significant ($p < .05$) are reported.

Social inclusion scenarios

Respondents were most comfortable with the least socially inclusive scenario, where three-quarters (76%, 74-79%) were comfortable having a new community mental health centre located in their suburb (see Table 1). The proportion comfortable with each scenario dropped with the scenario's relative social inclusiveness, where three in ten (30%, 27-32%) respondents were comfortable having the new centre located next door to them. Nearly one-half (46%, 43-49%) of respondents weren't comfortable with having the centre located next door, with a further one-fifth (19%, 17-21%) of respondents who didn't know if they would be comfortable. There was a high percentage of 'don't know' responses for all four scenarios.

Scenario A: In your suburb

Those respondents who were more likely to be comfortable with having a new community mental health centre open in their suburb (compared to those who weren't, didn't know or refused) were:

- 15 to 24-years-old (85%), compared with 25 to 44-years-old (76%), 45 to 64-years-old (74%) and over 65-years-old (73%)
- European/Other (80%), compared with Māori (70%) and Asian (62%)
- those with a secondary school qualification (79%), a trade certificate/professional/diploma (77%) or degree/postgraduate qualification (79%), compared to those with no formal qualification (68%).

Table 1: Responses to social inclusion scenarios

Scenario (from least to most socially inclusive)		% (95% CI)			
		Yes	No	Don't know	Refused
a	Comfortable if the community mental health centre was in their suburb	76 (74-79)	10 (8-12)	10 (9-12)	3 (2-5)
b	Comfortable if the community mental health centre was a couple of blocks away from them	69 (66-72)	14 (12-16)	13 (11-15)	4 (2-5)
c	Comfortable if the community mental health centre was on their street	49 (46-52)	29 (27-32)	17 (15-20)	4 (3-6)
d	Comfortable if the community mental health centre was next door to them	30 (27-32)	46 (43-49)	19 (17-21)	5 (3-7)

Note: 95% CI = 95% confidence interval

Scenario B: A couple of blocks away

Those respondents who were more likely to be comfortable with having a new community mental health centre open a couple of blocks away from them (compared to those who weren't, didn't know or refused) were:

- European/Other (72%), compared with Asian (52%)
- those with a secondary school qualification (70%), a trade certificate/professional/diploma (69%) or degree/postgraduate qualification (75%), compared to those with no formal qualification (60%).

Scenario C: On your street

Those respondents who were more likely to be comfortable with having a new community mental health

centre open up on their street (compared to those who weren't, didn't know or refused) were:

- European/Other (51%), compared with Asian (35%)
- those with a degree/postgraduate qualification (57%), compared to those with no formal qualification (48%).

Scenario D: Next door to you

Those respondents who were more likely to be comfortable with having a new community mental health centre open up next door to them (compared to those who weren't, didn't know or refused) were living in a high deprivation neighbourhood (36%), compared to those living in low deprivation neighbourhoods (25%).

Key points

- There was a decrease in the comfort level respondents expressed as the scenarios became more socially inclusive (ie, the closer the community mental health centre was located to respondents' homes).
- There was an increase in both the discomfort level of respondents and those who did not know if they would be comfortable or not, as the scenarios became more socially inclusive.
- Responses to the social inclusion scenarios generally differed by ethnicity and educational background.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2014 HLS consisted of a sample of 2,594 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, skin cancer prevention, healthy eating, gambling, alcohol, exercise, immunisation and mental health. The response rate was 73.2%.
- The 2014 HLS sample included 1,420 European/Other people, 564 Māori, 393 Pacific people and 217 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) according to 2013 Census data to ensure they are representative of the New Zealand population.
- For this analysis, jack-knife proportions and associated 95% confidence intervals were produced. Sub-group differences were tested using logistic regression.
- Comparison groups for these analyses were as follows:
 - Gender (males, compared with females).
 - Age (25 to 44 years, 45 to 64 years and 65 + years, compared with 15 to 24 years).
 - Ethnicity (Māori, Pacific and Asian, compared with European/Other).
 - Neighbourhood deprivation status (mid and high deprivation levels, compared with low deprivation level).
 - Educational background (secondary school, trade certificate/professional/diploma and degree/postgraduate, compared with no formal qualification).
 - Employment status (part-time employed, homemaker and other, compared with full-time employed).
- A full description of the HLS methodology and further HLS publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

References

- Reavley, N. J. & Jorm, A. F. (2012). Stigmatising attitudes towards people with mental disorders: Changes in Australia over 8 years. *Psychiatry Research*, 197(3), 302-306.
- Ministry of Health & Health Promotion Agency. (2014). *Like Minds, Like Mine national plan 2014-2019: Programme to increase social inclusion and reduce stigma and discrimination for people with experience of mental illness*. Wellington: Ministry of Health.

Citation

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About the HPA

HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury. HPA enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

Research and Evaluation Unit

Health Promotion Agency, PO Box 2142, Wellington 6140, New Zealand

<http://www.hpa.org.nz/research-library/research-publications>

research@hpa.org.nz

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