Time to Change Wales

time to change Wales
let's end mental health discrimination

amser i newid Cymru
rhown ddiwedd ar wahaniaethu ar sail iechyd meddwl

Mental Illness Attitudes Evaluation Report

Final Report

Opinion Research Services
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This study was conducted in accordance with ISO 20252:2012

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Introduction

Background

1. Time to Change Wales (TtCW) is Wales' national campaign to end the stigma and discrimination faced by people with mental health problems in Wales. The ultimate goal is to improve attitudes and change behaviour towards mental health.
2. The campaign is funded by Welsh Government, Comic Relief and the Big Lottery Fund and delivered by Hafal and Mind Cymru.
3. Time to Change England, has been conducting a Mental Illness Attitude Survey annually within England since 2007 enabling a full analysis of changing attitudes over time. This has provided valuable comprehensive data and TtCW have therefore decided to commission two waves of the Mental Illness Attitude Survey to be completed in Wales. By conducting a near identical survey to that undertaken in England, TtCW hopes to benefit from previous learnings in the development and interpretation of the survey.
4. The first phase of fieldwork was completed in December 2018 – January 2019 at the same time as corresponding research in England and used the same questionnaire – a copy of which can be seen in the Appendix 3.
5. This report covers the first phase of research and sets a baseline whilst the second survey in two years will allow an exploration of trends over time.
6. Time to Change England commissioned the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) at King's College London to undertake analysis and reporting.

Fieldwork

7. TtCW commissioned Kantar to conduct the fieldwork. The fieldwork methodology and quotas were agreed between Kantar and TtCW with the intention of providing a broadly representative sample of adults in Wales.
8. The fieldwork was completed by Kantar in December 2018 – January 2019 and consists of 511 interviews with adults (aged 16+) living in Wales.
9. Kantar processed the data and produced a complete set of data tables using the same processes and sub-group analysis as in previous years for Time to Change England. They provided TtCW and Opinion Research Services (ORS) with a cleaned SPSS dataset and crosstabulations.

Representativeness

10. In reviewing the information provided by Kantar the representativeness of the sample was explored. As a result it was decided to re-weight the sample using six weighting factors. This included Gender, Age, Welsh Index of Multiple Deprivation, Working Status, Ethnicity and Rural/Urban location. This weighting approach, particularly including WIMD as a factor, has improved the representativeness of the final dataset. A summary of the weighting can be seen in Appendix 2.

Executive summary

11. This was the first Wales-wide survey in this format exploring attitudes to mental illness and provides a valuable insight into the prevailing attitudes and experiences in 2019.

12. In setting the initial context for attitudes we included questions exploring personal experiences of, and exposure to mental health issues.

13. Overall around one in eight people (13%) stated that they had personally experienced a mental health issue, whilst nearly three in five (58%) had known someone with a mental health problem at some point. Almost a third stated that they either were currently or had previously lived with someone with a mental health problem. Just over a quarter (27%) of people claimed to have no exposure to mental health problems at all.

14. Importantly around a quarter of people knew someone who had experienced a mental health problem within the past twelve months and therefore have a recent experience to reflect on when considering their responses.

15. In reporting this data we have aimed to highlight sub-group differences where we feel this provides additional insight and understanding. However, these patterns are not always consistent across the full dataset, may not be statistically significant for smaller sub-groups or may only appear in the extremes of scales (e.g. strongly agree but not overall agreement with a statement).

16. There are some potential trends in the data such as women showing more awareness, or over 65s being less open. There is some evidence that higher social grades are better informed and more accepting and inclusive however the correlation with social grade is not always linear with several instances where C1s are the least positive group and Es closer to ABs.[1]

Attitudes, Knowledge and Behaviour

17. This project used the previously developed tools of a CAMI score to measure attitudes, a MAKS score to measure knowledge and a RIBS score to measure behaviour. These scores, and how they are calculated is discussed and reported in more depth in the body of the report with a section for each score.

18. The CAMI score is developed from peoples' responses to twenty-seven statements designed to understand levels of fear, understanding and tolerance alongside attitudes to exclusion, integration and the provision of support services. The higher the score the more positive an individual's attitude to mental illness is. The raw CAMI score in this benchmarking exercise was 113.

19. Sub-groups differences were explored which showed that those with personal experiences or knowledge of mental health problems tended to score more highly than those without such experiences. Socio-economic grade also had an impact with ABC1s receiving a significantly more positive score than C2DEs.

20. Overall attitudes are fairly understanding with 96% agreeing that virtually anyone can become mentally ill whilst nearly as many (93%) agree we have the responsibility to provide the best possible care. Conversely just 4% believe that people with a mental illness are a burden on society.

21. When considering the integration within the community there appeared to be a prevailingly positive attitude towards the right to live and work as an integrated part of the community however there was still

[1] There are potential explanations for this such as different age distributions in different social grades which may be the driver rather than social grade itself.
In addition, small sample sizes mean that some differences may not be statistically significant. Samples have been grouped as ABC1 and C2DE for much of the reporting to provide robustness although the data has also been reviewed in more detail and this is highlighted where it offered additional insights.

some reluctance to trust which is reflected in the lower level of agreement on being "trusted as a babysitter".

22. Just one in eight people consider that there are sufficient existing services for people with mental illness. This suggest a recognition that services can be over-stretched which is perhaps not surprising considering the wider discussion around mental health services in recent years.

23. Looking at the statements in more detail there were some notable differences by age group with those aged over 65 showing significantly higher levels of agreement with fear and exclusion statements.

24. The MAKS score is developed from people's responses to six statements and relates to knowledge about mental health. The higher the score the better knowledge an individual had demonstrated. The raw MAKS score for the total sample was 23.

25. When we explore MAKS scores by demographic groups it can be seen that those under 65 score significantly higher than those 65 or over. In addition, those in work were better informed than retirees; women better than men; and ABC1s better than C2DEs

26. One notable difference is that whilst 70% of women agreed that they would know how to advise a friend with a mental health problem for them to get profession help, only 55% of men agreed. This appears to be the key driver behind the differing MAKS scores by gender.

27. The RIBS score is based on agreements with four statements and relates to living with, working with, living nearby to or continuing a relationship with somebody with a mental health problem. The higher the RIBS score the more appropriate that person's behaviour is. The raw RIBS score was 17.

28. If we explore findings by other sub-groups, we can see that Welsh speakers and those in rural locations report the most positive behaviours particularly for friends and people living nearby. Women are also more comfortable than men with the idea of living nearby. Some differences by age were notable with under 65s being more likely to behave positively than those 65 or over. When considering social grade some differences emerged with C2DEs less willing to live with, or maintain a friendship with, someone who has developed a mental health problem.

Talking about mental health

29. Four out of five people would be likely to ask their GP for help if they felt they had a mental health issue, with women and over 35s more likely to do so.

30. Around two thirds are comfortable talking to friends and family about mental health, however there are still around one in five who would be uncomfortable with such a discussion and therefore still work to be done in helping to normalise the topic.

31. There was slightly less willingness to discuss the topic with an employer. Two in five said they would be comfortable doing so but nearly as many were uncomfortable. Those aged 35 – 64 were the most comfortable with having a discussion with their employer.

Treatment of those with mental health problems

32. Amongst those who knew somebody experiencing a mental health problem in the past twelve months the majority agrees they had been treated fairly or even more positively because of their illness. However around one in five felt that they had been unfairly treated in some way.

33. Amongst our sample only one person believed they had treated someone unfairly because of their mental health problem although ten did acknowledge avoiding an individual generally because of mood, unpredictability or aggression.

Campaign Awareness

34. Time to Change Wales, along with a number of other organisations, aims to educate people about mental health issues and has run a number of campaigns to raise awareness.

35. Respondents were shown some screen shots of recent mental-health related ads that have appeared on television, radio magazines or on the internet. Almost a fifth recalled the ads and this increased to more than a third when they were asked about recall of 'similar' ads. Recall was higher amongst younger people as well as those with a personal experience of, or exposure to, mental health problems.

Attitudes to mental illness

36. The survey included twenty-seven statements on a range of attitudes towards mental illness. The statements have been previously developed by the Department of Health and build on a number of previous studies[2].

37. For each of the twenty-seven statements respondents were asked to give their opinion using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

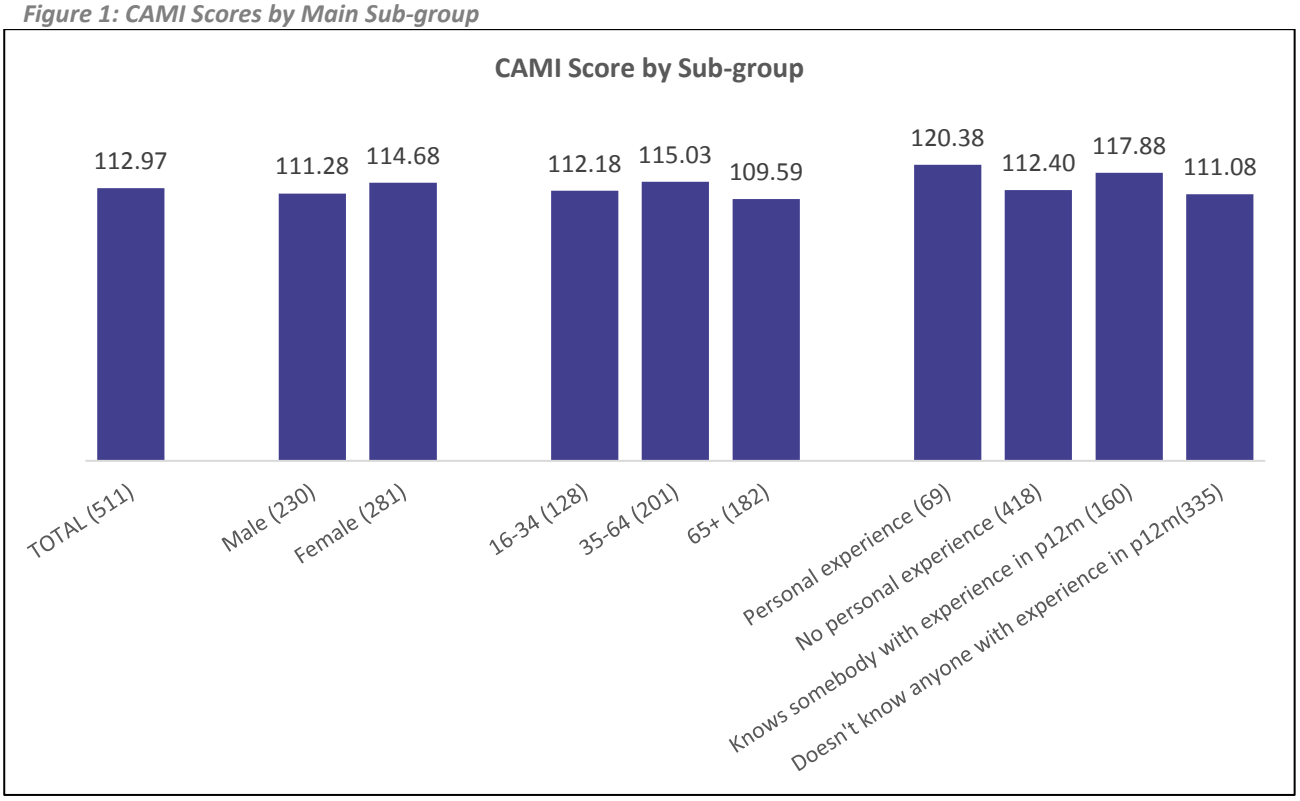
Community Attitudes to Mental Illness (CAMI) scores

38. An agreed approach to summarising and reporting this data has been developed which is referred to as the CAMI score. This is calculated by summing scores for each respondent across the various CAMI statements (by allocating a score of 5 to the most positive response, down to 1 for the least positive). More information on the process used to derive CAMI scores can be found in Appendix 4.

39. In this process, the higher the score the more positive the attitude of that person, or that sub-group of people is towards mental illness. The maximum score would be 135 (=27 x 5) and the minimum score would be 27 (=27 x 1).

40. Overall, the mean CAMI for Wales score was just under **113.** The lowest score observed across the sample was 68; the highest was 135. The table below summarises the CAMI scores for different subgroups.

Figure 1: CAMI Scores by Main Sub-group



Base: All Respondents (511)

[2] M. Taylor, M. Dear, "Scaling Community Attitudes Toward the Mentally Ill" Schizophrenia Bulletin, 7(2), 1981, 225‑240 (accessible via https://camiscale.com)

41. When we explored results by age, we saw that those aged 35 – 64 showed a more positive attitude than both younger and older people. This may suggest a combination of wider experiences compared with younger people alongside changing attitudes over time when compared with older people.

42. The importance of experience can be clearly seen to have an impact on attitudes. Those with a personal experience demonstrated a significantly more positive attitude than those with no personal experience. And exposure to somebody with a personal experience also resulted in a more positive attitude

43. We explored other sub-group factors which are shown in the table below. Those who were retired had a less positive attitude than other groups – this clearly correlates with the finding for those aged 65+. Perhaps less obviously, those classified as living in a rural area were more positive than those from urban areas whilst Welsh speakers were more positive than non-Welsh speakers. These findings may be inter-related with more Welsh speakers in rural areas however we have not interrogated this potential correlation in depth.

44. Socio-economic grade also had an impact with ABC1s receiving a significantly more positive score than C2DEs.

45. Black, Asian and Other Ethnic minority respondents had the lowest overall CAMI score of just 104.48, compared with 113.32 for white respondents. However, the non-white sample was small with just twenty-seven respondents (5% of the overall sample) and therefore findings should be considered indicative rather than robust.

Figure 2: CAMI scores by sub-groups

Factor	Sub-Group	CAMI Score
Working Status	Working	113.92
	Retired	109.80
	Non-working	114.55
Social Grade	ABC1	115.14
	C2DE	111.50
Location	Rural	114.85
	Urban	112.01
Welsh Speaking	Welsh speaking (fluent & non fluent)	115.27
	Not Welsh speaking (inc. learners)	112.40

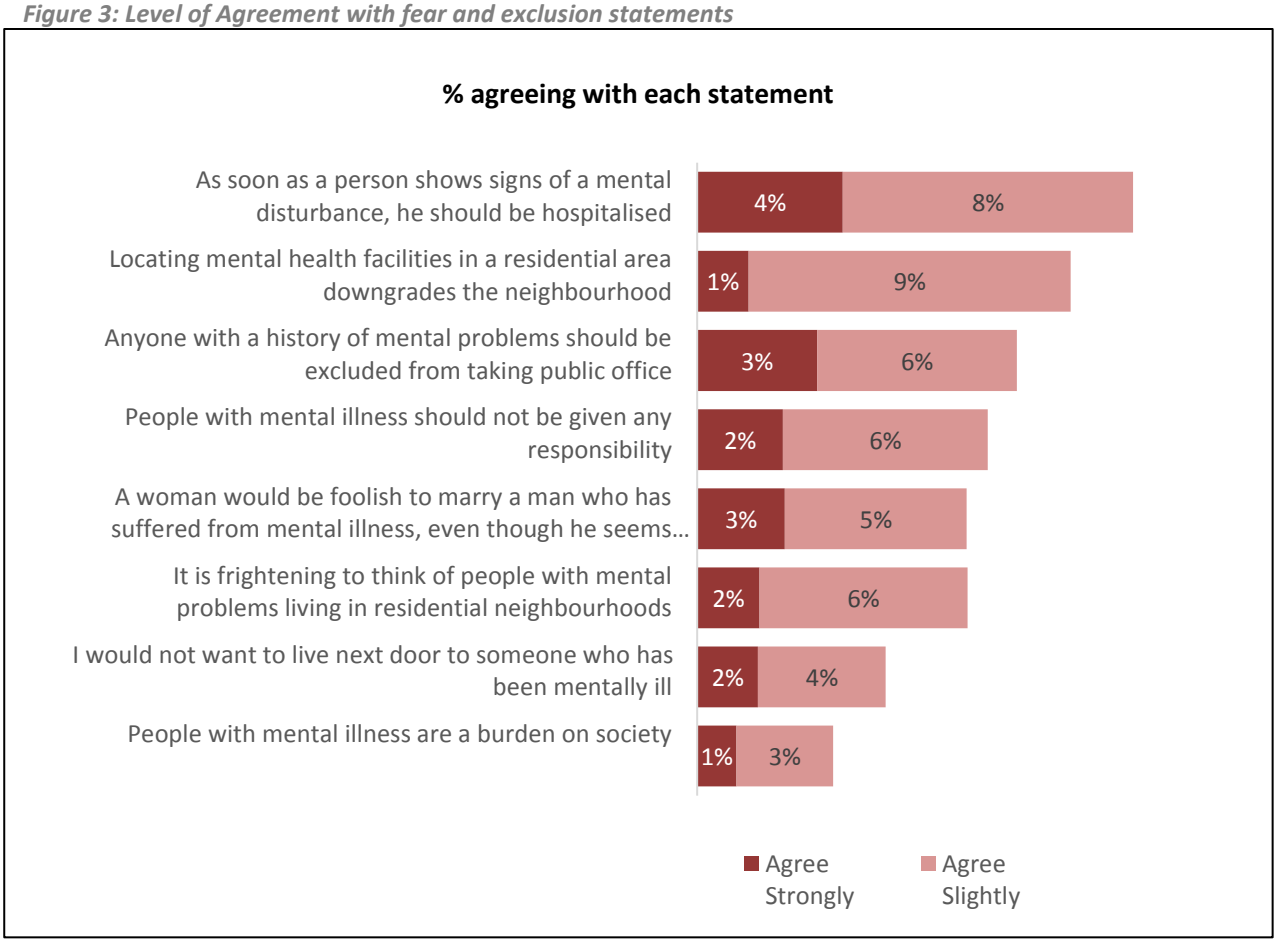
46. A fuller summary of scores by sub-groups can be seen in Appendix 5.

Fear and exclusion of people with mental illness

47. In addition to the overall CAMI score, the twenty-seven statements have been sub-divided into four categories which look at attitudes in more detail. The first group of eight statements focus on fear and exclusion and are listed below:
    - Locating mental health facilities in a residential area downgrades the neighbourhood
    - It is frightening to think of people with mental problems living in residential neighbourhoods
    - I would not want to live next door to someone who has been mentally ill
    - A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered
    - Anyone with a history of mental problems should be excluded from taking public office
    - People with mental illness should not be given any responsibility
    - People with mental illness are a burden on society
    - As soon as a person shows signs of a mental disturbance, he should be hospitalised.

48. As can be seen in the chart, the proportions agreeing with each statement are low, only exceeding one in ten for the first statement. Just four per cent of respondents agreed that people with a mental illness are a burden on society.

Figure 3: Level of Agreement with fear and exclusion statements



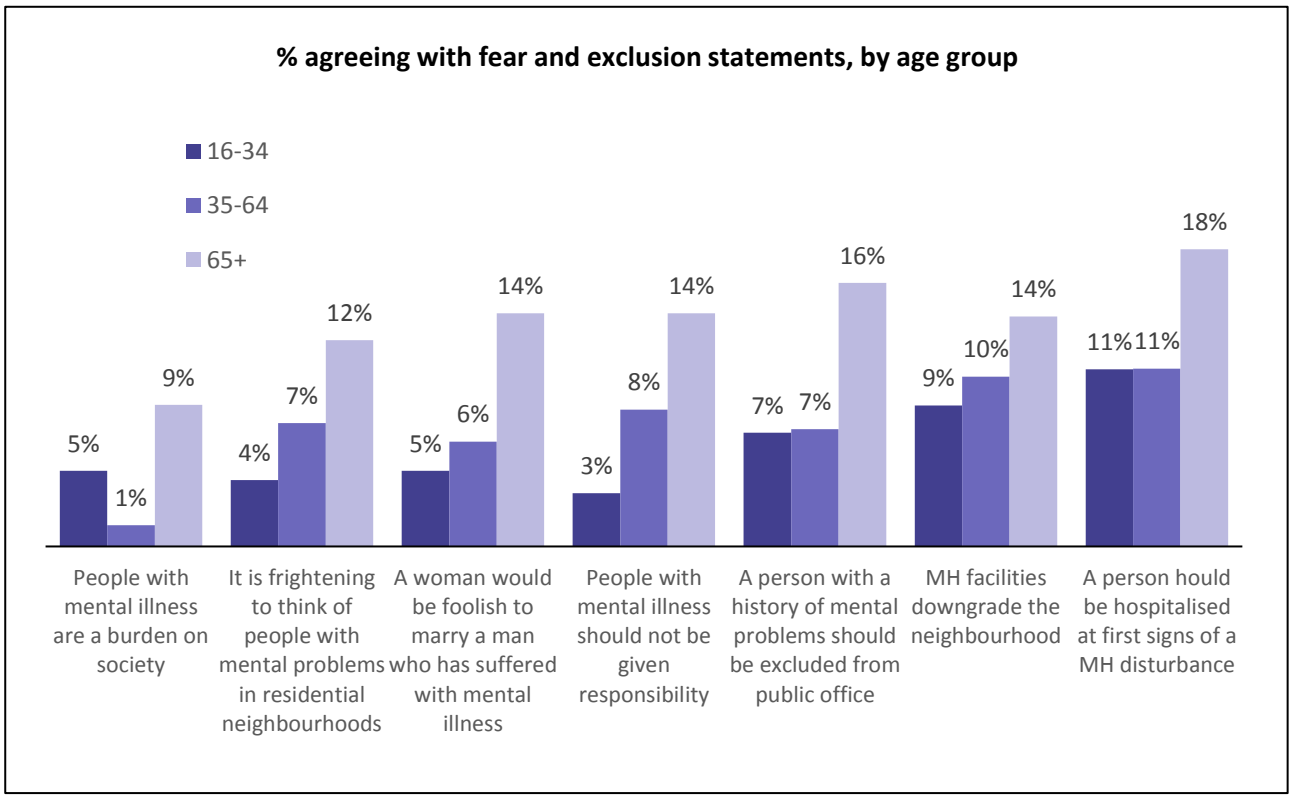
Base: All respondents (~511)

49. There were some sub-group differences with men significantly more likely than women to agree that those with a history of mental health problems should be excluded from taking public office.

50. When we compared those from ABC1 socio economic groups with those from C2DE there is some evidence that those from the higher group are less fearful and more inclusive. However, not all differences are significant and the pattern can vary. For example, only 2% of C1s agree that 'locating mental health facilities in a residential neighbourhood downgrades the area', significantly less than other groups (AB (9%), C2 (15%) and DE (14%).

51. There were also various significant differences by age group, with those over 65 more likely to agree with the statements compared with younger people.

Figure 4: Proportions agreeing with fear and exclusion statements, by age group



Base: All respondents (~128 aged 16 to 34, ~201 aged 35 to 64, ~182 aged 65+)

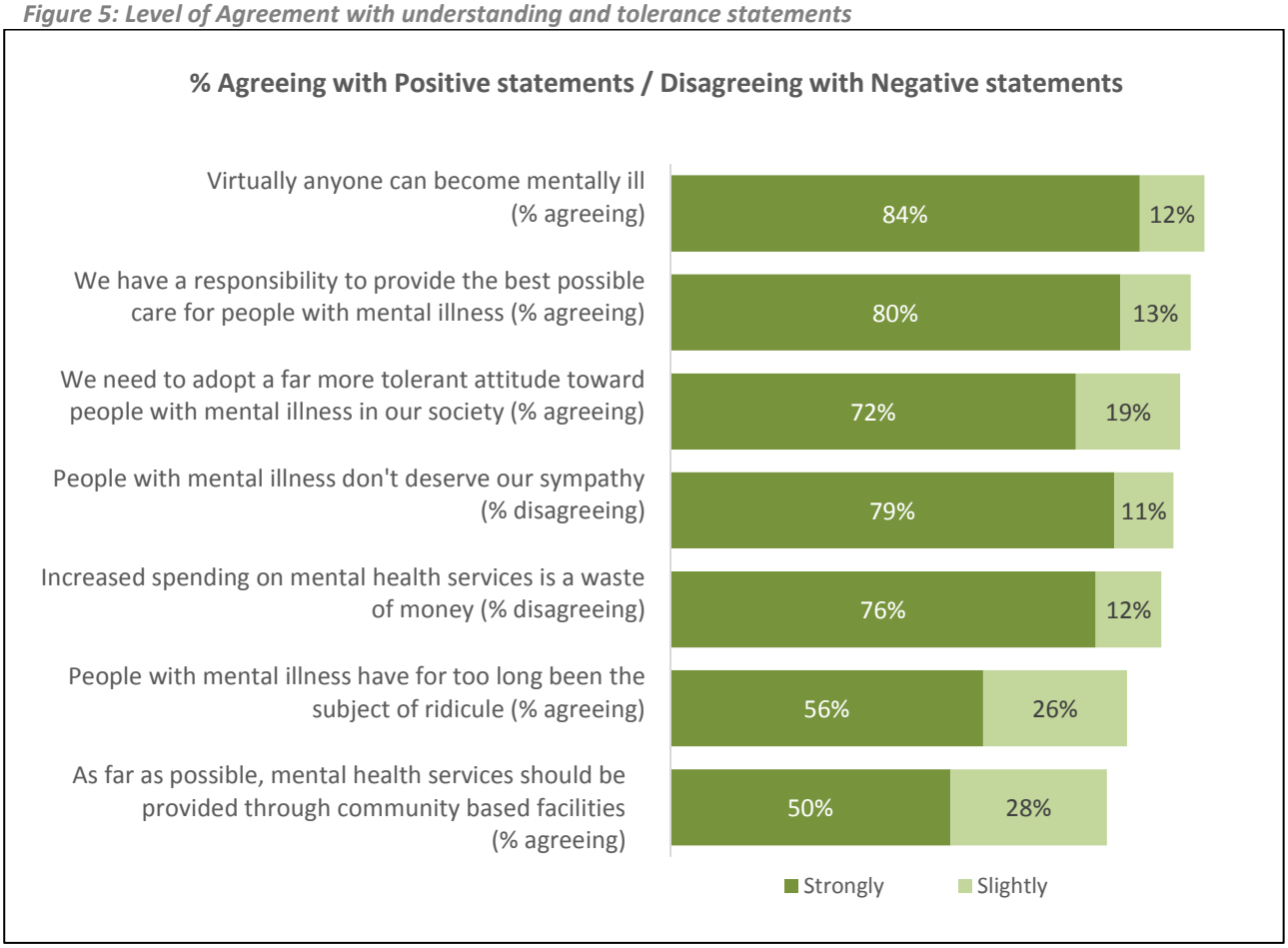
Understanding and tolerance of mental illness

52. The second group of statements focus on understanding and tolerance and relate to the seven statements listed below. Two of these statements were framed in a negative way and therefore analysis and reporting focuses on the proportion disagreeing rather than agreeing with the statement:
    - We have a responsibility to provide the best possible care for people with mental illness
    - Virtually anyone can become mentally ill
    - Increased spending on mental health services is a waste of money (% disagreeing)
    - People with mental illness don't deserve our sympathy (% disagreeing)
    - We need to adopt a far more tolerant attitude toward people with mental illness in our society
    - People with mental illness have for too long been the subject of ridicule
    - As far as possible, mental health services should be provided through community-based facilities.

53. Overall, attitudes are fairly understanding with 96% agreeing that virtually anyone can become mentally ill whilst nearly as many (93%) agree we have the responsibility to provide the best possible care.

54. Socio-economic differences in attitude were limited although there was a difference in attitudes to spending on mental health services. Almost all classified as AB (97%) disagreed that spending on mental health services was a waste of money compared with just 79% of DEs. (C1 (89%) and C2 (90%)).

Figure 5: Level of Agreement with understanding and tolerance statements



Base: All respondents (~511)

55. The least agreed with statement relates to providing mental health services through community-based facilities. Just over three quarters (78%), agreed with this statement. The reasons behind how people answer this question may warrant further exploration. It is possible that for some respondents, concern that such care is often under-funded or "care on the cheap" may have driven them to disagree rather than a lack of tolerance.

56. Similarly, 82% agreed that people have too long been the subject of ridicule. Interpretation of this statement and trends in responses may require some thought. A decline might reflect a sense that this has not been the prevailing attitude over recent years and thus could be considered a positive step whilst it would have a negative effect on the overall CAMI score.

Integration with the community

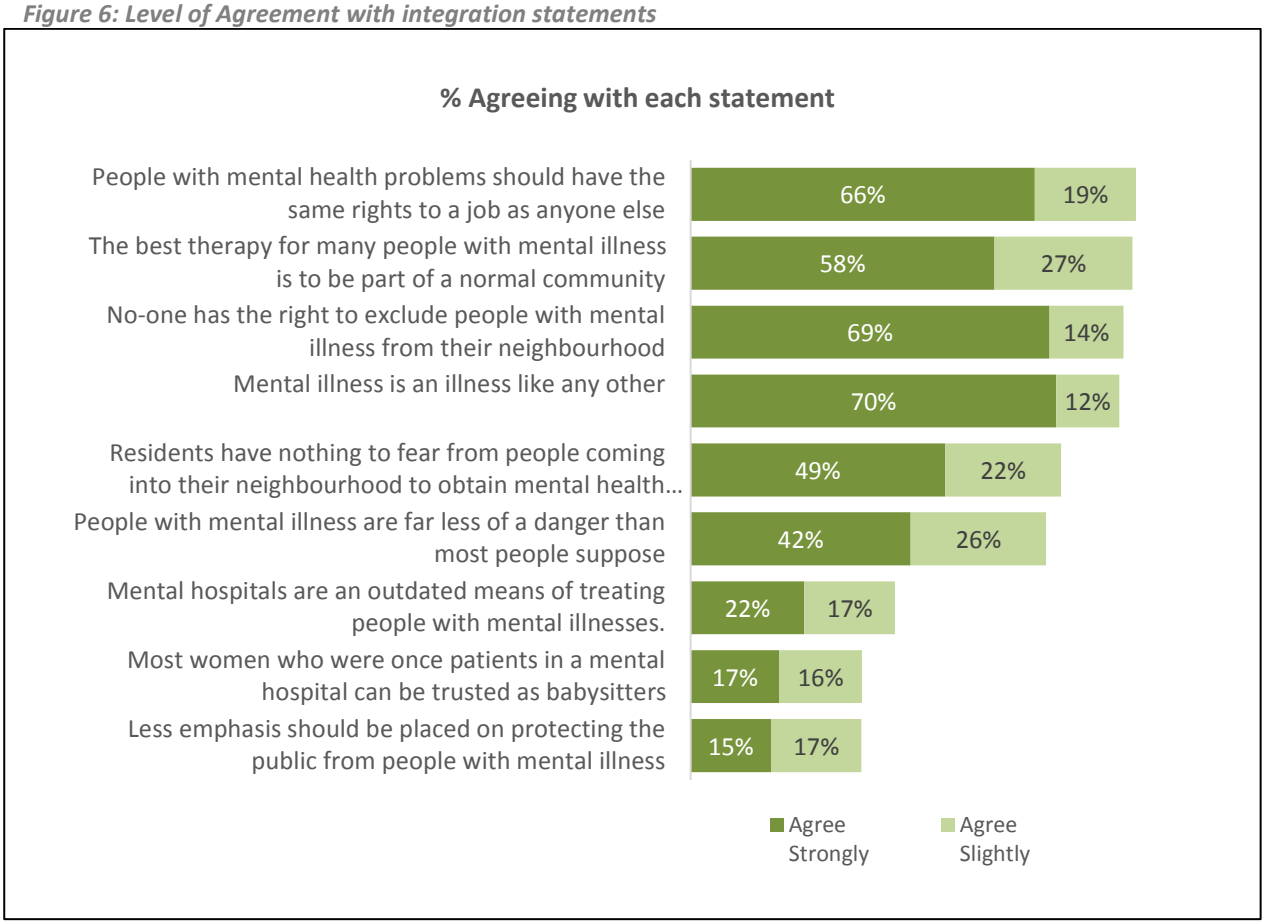
57. The next set of statements relate to integration within the community and includes the nine statements listed below:

- People with mental health problems should have the same rights to a job as anyone else
- The best therapy for many people with mental illness is to be part of a normal community
- No-one has the right to exclude people with mental illness from their neighbourhood
- Mental illness is an illness like any other
- Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services
- People with mental illness are far less of a danger than most people suppose
- Mental hospitals are an outdated means of treating people with mental illnesses.
- Most women who were once patients in a mental hospital can be trusted as babysitters

» Less emphasis should be placed on protecting the public from people with mental illness.

58. This group of statements attracted a wide range of attitudes. The first four statements were agreed with by more than 80% of respondents. This reflects a prevailingly positive attitude towards the right to live and work as an integrated part of the community.

Figure 6: Level of Agreement with integration statements



Base: All respondents (~511)

59. However, far fewer people agreed with the last three statements. Just one in three felt that most women who were once patients in a mental hospital could be trusted as babysitters or that less emphasis could be placed on protecting the public.

60. Just under two fifths (39%), agreed that mental hospitals are an outdated form of treatment.

61. There were some differences based on socio-economic groupings as well but, whilst broadly ABs were better informed and more supportive of integration than other groups there is no consistently linear correlation. For example, 90% of ABs agree that 'the best therapy is to be part of a normal community' compared with 85% of DEs. However, the lowest level of agreement came from C1s with just 76% agreeing. (89% of C2s agreed). With confidence intervals based on the various sample sizes only the C1 score is significantly different.

Causes of mental illness and the need for special services

62. Just three statements form the final group and these are focused on the causes of mental illness and the need for special services:

» There are sufficient existing services for people with mental illness

» One of the main causes of mental illness is a lack of self-discipline and willpower

» There is something about people with mental illness that makes it easy to tell them from normal people.

63. Just one in eight people (12.4%), consider that there are sufficient existing services for people with mental illness. This suggests there is a recognition that services can be over-stretched which is perhaps not surprising considering the wider discussions around mental health services in recent years.

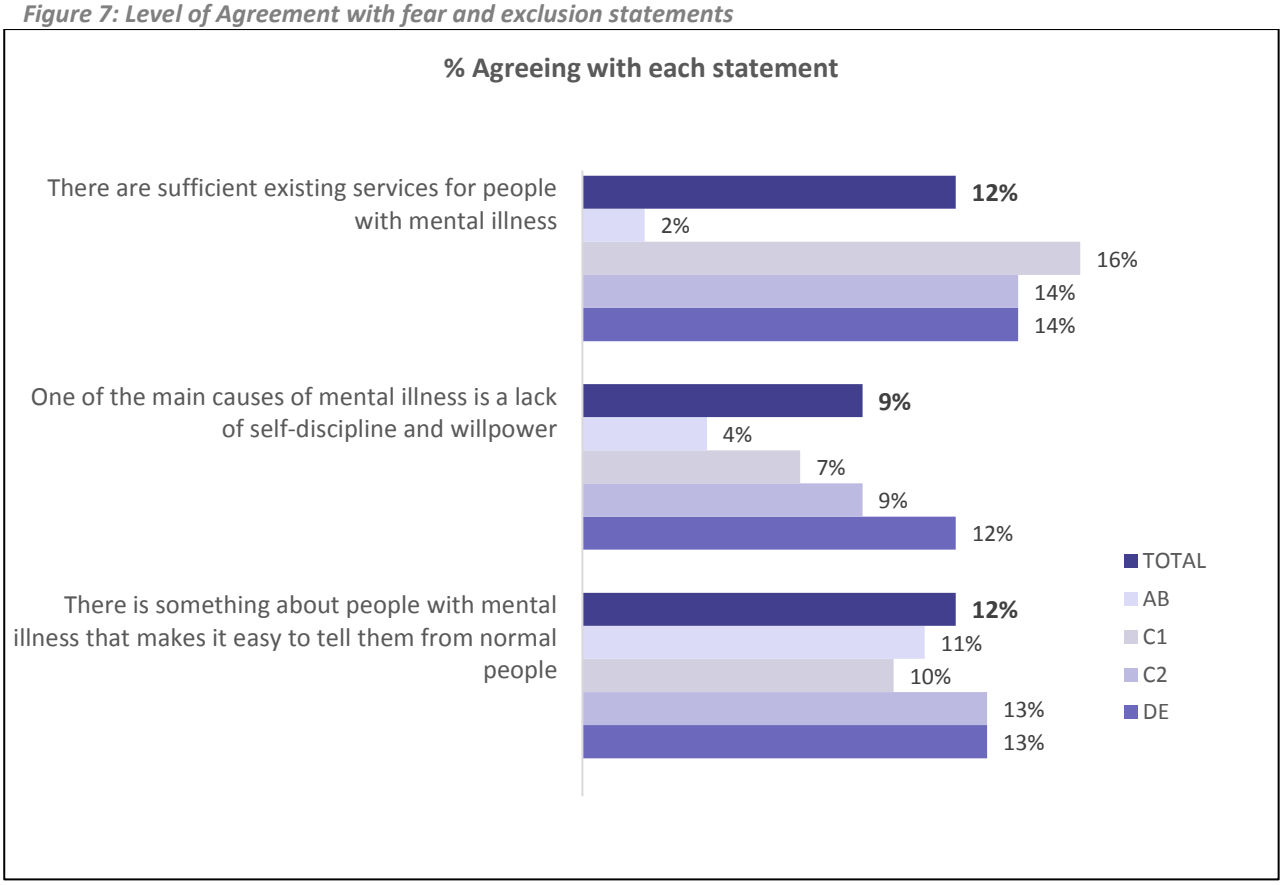
64. A relatively small proportion, less than one in ten, perceive mental illness as being related to a lack of discipline and willpower (although this rises to sixteen per cent among those aged 65 or above).

65. When we review this data by sub-groups AB's seem to be more aware of the shortage in services and thus less likely to agree with the first statement than any other group (2% compared with 16% (C1), 14% (C2) and 14% (DE).

66. There is also some evidence that those from a higher socio-economic group have a better understanding of causes. AB's are the least likely to agree that lack of self-discipline and willpower is a cause.

67. However, there are no significant differences by social grade on the final statement

Figure 7: Level of Agreement with fear and exclusion statements



Base: All respondents (~511)

Understanding of mental health

Mental health-related knowledge scale (MAKS)

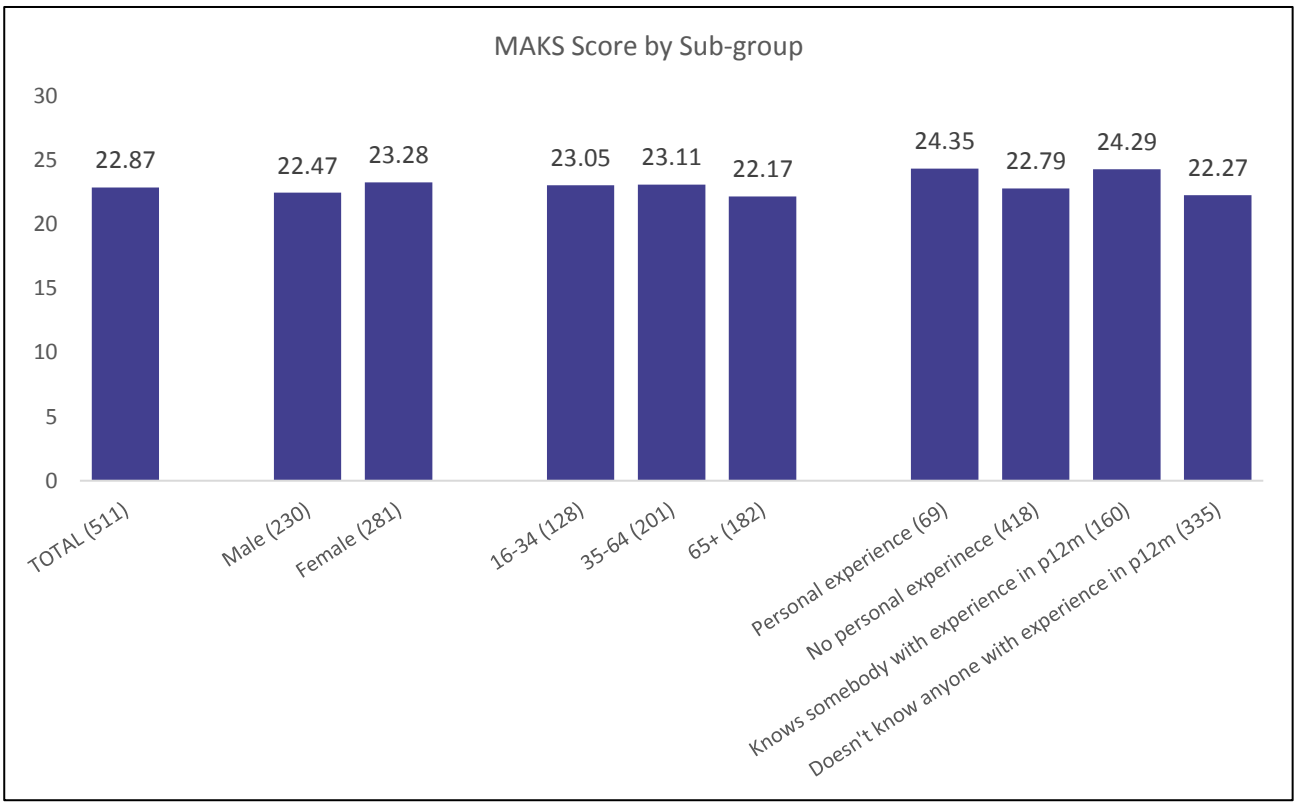
68. Respondents' knowledge of mental-health related issues was explored using a series of statements which have been developed by the Department of Health over recent years to provide a 'MAKS' score[3]. As with the CAMI score, respondents were asked to give their opinion on each statement using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

69. The MAKS score is calculated by summing scores for each respondent across six statements (relating to employment, advice-giving, treatment, support and recovery). More information on the process used to derive MAKS scores can be found in Appendix 4.

70. In this process, the higher the score the more knowledgeable the respondent, or sub-group of respondents are about mental illness. The maximum score would be 30 (=6 x 5) and the minimum score would be 6 (=6 x 1).

71. Overall, the mean MAKS score was **22.87**. The lowest score observed across the sample was 11; the highest was 30.

Figure 8: CAMI Scores by Sub-group



Base: All respondents (511)

[3] Evans-Lacko, S; Little K; Meltzer H; Rose D; Rhydderch D; Henderson C; Thornicroft G. Development and Psychometric Properties of the Mental Health Knowledge Schedule (MAKS) (Canadian Journal of Psychiatry 2010 Jul; 55, 440-448.)

72. When we explore MAKS scores by demographic groups, it can be seen that those under 65 score significantly higher than over 65s. In addition, those in work were better informed than retirees (23.23 v 22.12). Men score significantly lower than women and C2DEs lower than ABC1s

73. As before, exposure to mental health issues significantly increases knowledge whether that is through personal experience of mental health issues or knowing somebody else with issues.

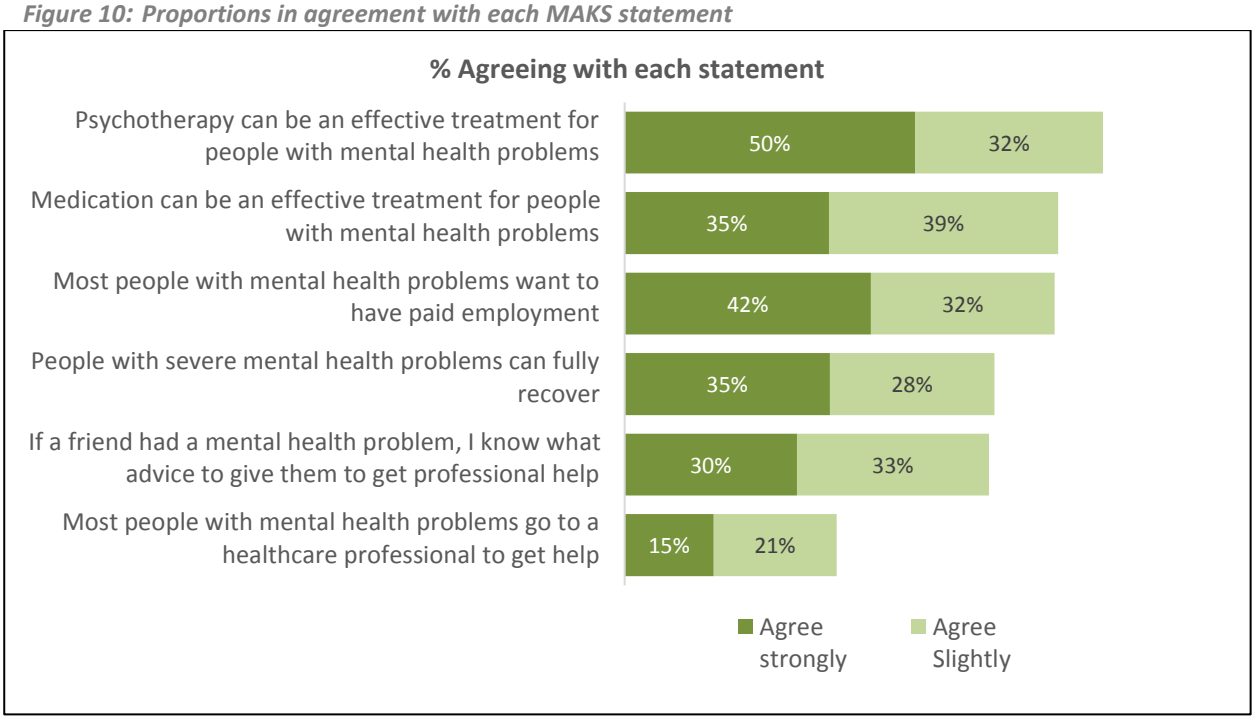
74. Those in a rural location also scored more highly than urban dwellers (23.33 v 22.64).

Figure 9: MAKS scores by sub-groups

Factor	Sub-Group	MAKS Score
Working Status	Working	23.23
	Retired	22.12
	Non-working	22.84
Social Grade	ABC1	23.41
	C2DE	22.51
Location	Rural	23.33
	Urban	22.64
Welsh Speaking	Welsh speaking (fluent & non fluent)	23.30
	Not Welsh speaking (inc. learners)	22.77

75. The statements included in the MAKS score were:
- Most people with mental health problems go to a healthcare professional to get help
- If a friend had a mental health problem, I know what advice to give them to get professional help
- People with severe mental health problems can fully recover
- Most people with mental health problems want to have paid employment
- Medication can be an effective treatment for people with mental health problems
- Psychotherapy can be an effective treatment for people with mental health problems.

Figure 10: Proportions in agreement with each MAKS statement



Base: All respondents (~511)

76. Over four in five (82%) agreed with the statement that psychotherapy could be an effective treatment, whilst around three quarters (74%) agreed that medication can be effective and that most people want employment.

77. There were a few notable differences between sub-groups. For example, while 70% of women agreed that they would know how to advise a friend with a mental health problem for them to get professional help, only 55% of men agreed. This appears to be the key driver behind the differing MAKS scores by gender.

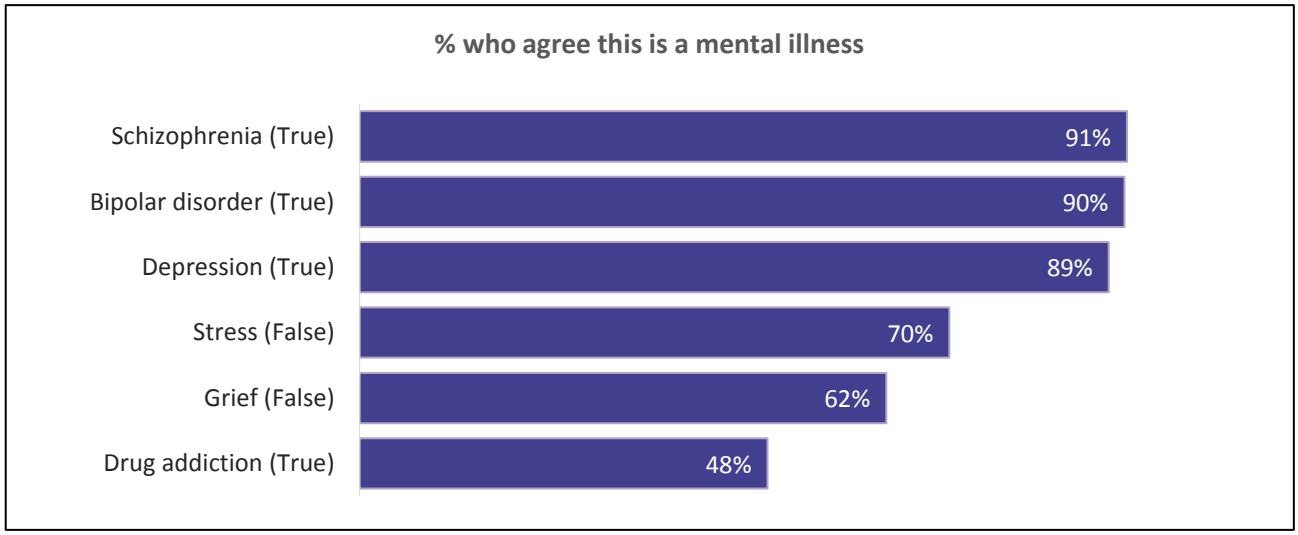
78. There were also some differences by social grade with 73% of ABC1s knowing how to advise a friend compared with 55% of C2DEs. In addition, ABs were significantly more likely to consider psychotherapy as an effective treatment than DEs (89% v 79%).

79. Overall only around a third (36%) agree that most people with mental health problems go to a healthcare professional to get help. Those from a higher social grade were more likely to disagree with this statement with over half (51%) of ABC1s disagreeing compared with only a third (35%) of C2DEs.

Identifying different types of mental illnesses

80. Respondents were asked whether they would agree that each of six named conditions were a type of mental illness. Around nine out of ten agree that schizophrenia, bipolar disorder (a.k.a. 'manic depression') and depression are mental illnesses. Fewer, but still a majority, feel this way about stress and grief – while around half agree that drug addiction is a mental illness.

Figure 11: Proportions agreeing that each problem is a mental illness.



Base: All respondents (~511)

81. These findings highlight a gap between public perception and professional opinion. Although only half of the public classified drug addiction as a mental illness many health care professionals would consider that it is. Conversely, grief was perceived as a mental illness by over three fifths but is not generally classified as such by professionals. This suggests a potential information gap which could be addressed in future public campaigns.

82. When we reviewed the data by social grade ABC1s are significantly more likely to see drug addiction as a mental illness compared with C2DEs (54% v 44%).

83. However, it is worth noting that C1s were less likely to recognise Schizophrenia (84%) and Bipolar Disorder (80%) as mental illnesses than any other group and any public campaign should not assume that these conditions are fully understood.

Behaviour around mental health issues

Reported and Intended Behaviour scale (RIBS)

84. Intended behaviour was measured using the 'RIBS' scores. As with the previous scales reported RIBS has been developed via previous academic research as providing a useful measurement tool. In this case, it relates to four statements relating to living with, working with, living nearby and continuing a relationship with somebody with a mental health problem.

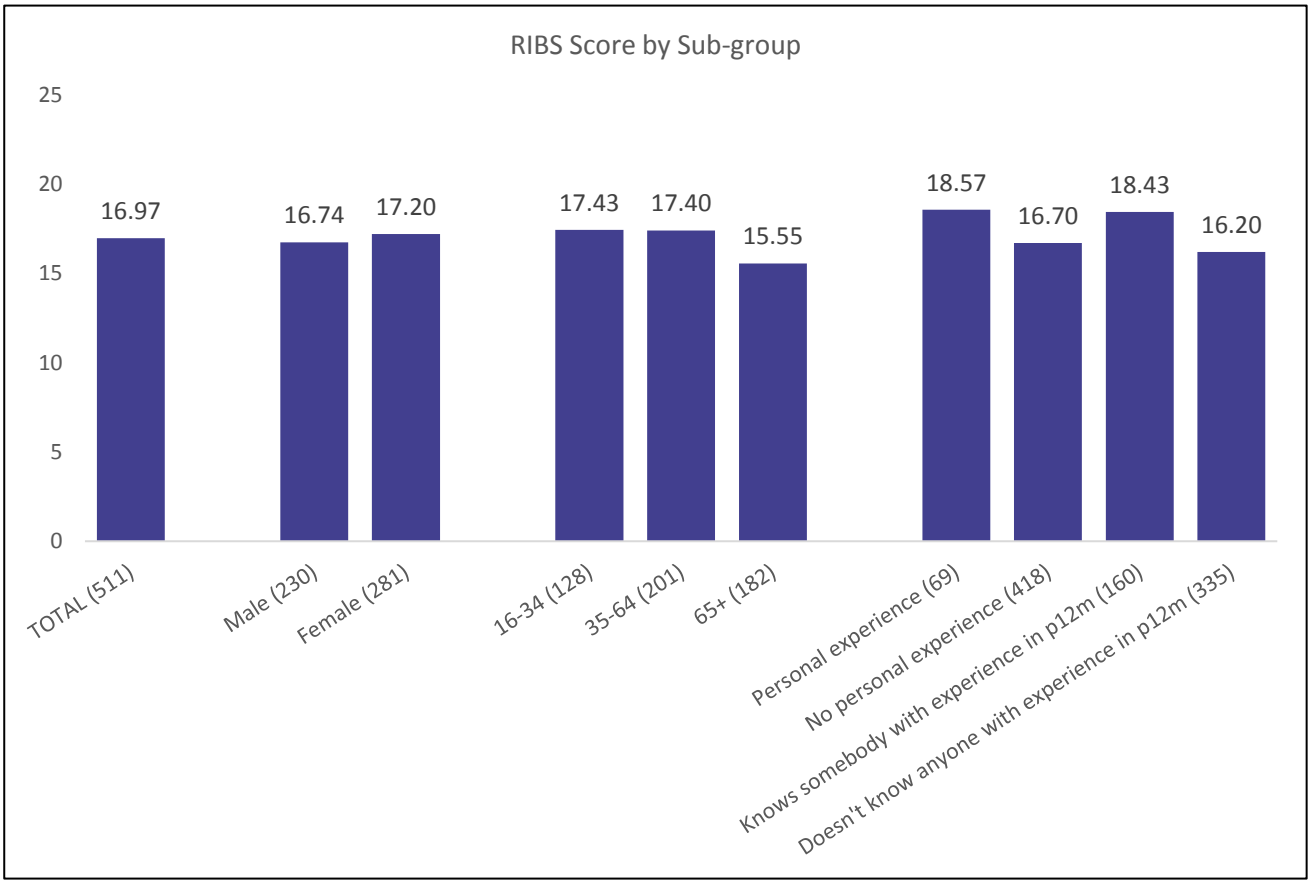
85. As before, for each of the respondents were asked to give their opinion using a five-point scale from 'Agree Strongly' to 'Disagree Strongly'. The order in which respondents saw the statements was rotated to ensure there was no order effect on agreement levels.

86. The overall score is calculated by adding the score for each question. A mean score for the total sample and various subgroups has been calculated. More information on the process used to derive RIBS scores can be found in Appendix 4.

87. In this process the higher the score the more appropriate the behaviour of the respondent, or sub-group of respondents would be. The maximum score would be 20 (=4 x 5) and the minimum score would be 4 (=4 x 1).

88. Overall, the mean RIBS score was **16.97**. The lowest score observed across the sample was 4; the highest was 20.

Figure 12: RIBS score by sub-group



Base: All respondents (511)

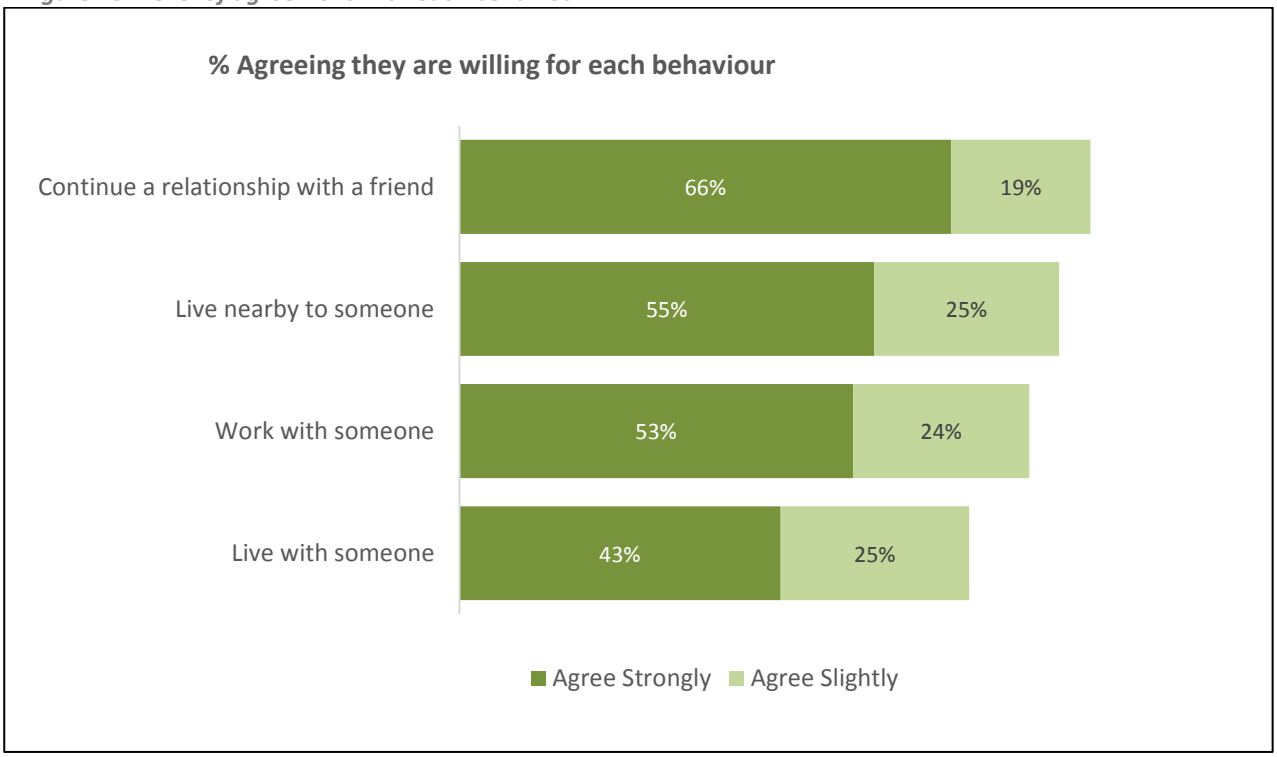
89. The differences by gender are not statistically significant but, as before, under 65s are more willing to behave positively and those with personal experience, or exposure, are also more likely to behave positively.

90. In addition, ABC1s are more willing to behave positively than C2DEs. (17.4 v 16.67).

91. The four questions used to calculate the RIBS score ask respondents whether "In the future they would be willing to…
    - …continue a relationship with a friend who had developed a mental health problem
    - …work with someone with a mental health problem
    - …live nearby to someone with a mental health problem
    - …live with someone with a mental health problem.

92. The majority would be willing to do each of the above with the lowest level of agreement being to live with someone with a mental health problem.

Figure 13: Level of agreement with each behaviour

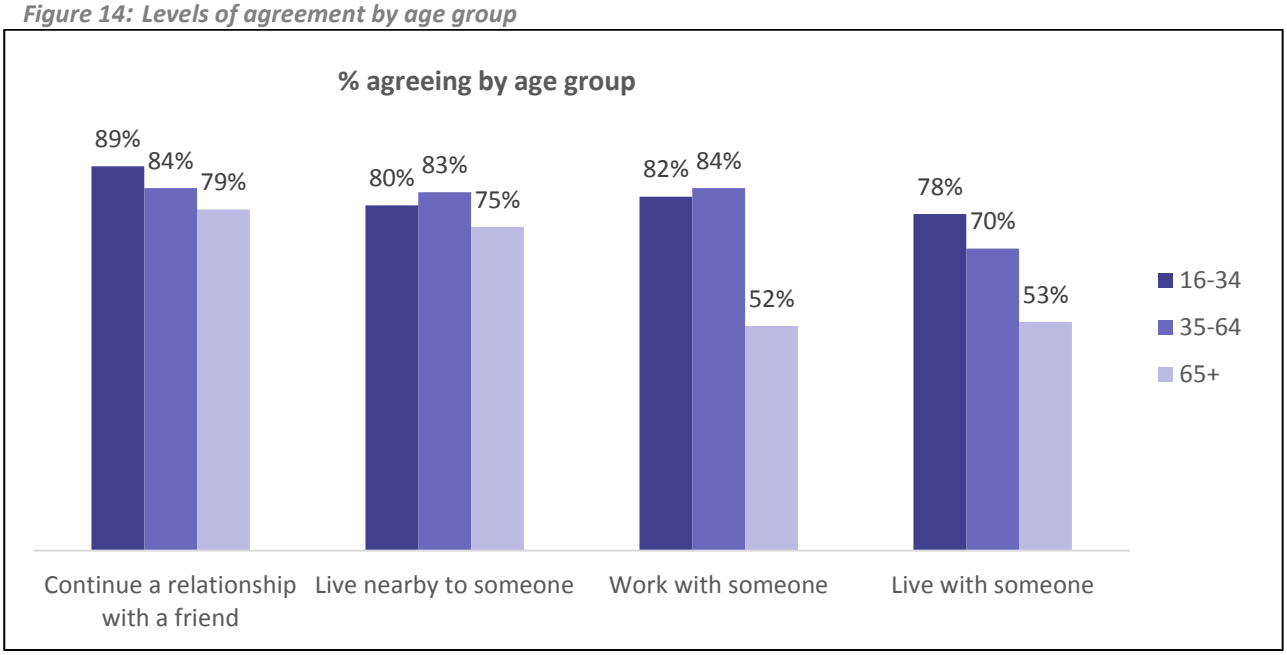


Base: All respondents (~511)

93. The differences by age are again notable. Only around half of those aged 65 or over would be willing to live, or work, with someone with a mental health problem and this is significantly less than those aged under 65.

94. In considering this finding, it is worth noting that asking people over the age of 65 who they would be willing to work with in the future could be considered confusing and a significantly higher proportion of this age group said "neither agree or disagree" or "don't know" in response to this question. We should therefore bear in mind that this age group could have interpreted the question slightly differently to younger people.

Figure 14: Levels of agreement by age group



Base: All respondents (~128 aged 16 to 34, ~201 aged 35 to 64, ~182 aged 65+)

95. If we explore the findings by other sub-groups, we can see that Welsh speakers and those in rural locations report the most positive behaviours particularly for friends and people living nearby. In addition, women are more comfortable than men with the idea of living nearby to people with mental health problems.

96. Retirees are one of the groups that are least willing to work or live with someone with a mental health problem and, as before this mirrors the scores by age group.

97. When considering social grade some differences emerged with C2DEs less willing to live with, or maintain a friendship with, someone who has developed a mental health problem.

Figure 15: Levels of agreement by various sub-group

Factor	Sub-Group	% Agree (Strongly / Slightly)			
		Friend	Live nearby	Work	Live with
TOTAL		84%	80%	76%	68%
Gender	Male	83%	77%	74%	67%
	Female	85%	**83%**	78%	70%
Working Status	Working	87%	82%	**84%**	72%
	Retired	81%	77%	**56%**	**55%**
	Non-working	81%	79%	79%	74%
Social Grade	ABC1	89%	80%	79%	72%
	C2DE	**81%**	80%	74%	**65%**
Location	Rural	**90%**	**86%**	77%	71%
	Urban	81%	77%	76%	66%
Welsh Speaking	Welsh speaking (fluent & non fluent)	**96%**	**89%**	**89%**	75%
	Not Welsh speaking (inc. learners)	81%	78%	73%	66%

Talking about mental health

98. The questionnaire included a series of questions which explored people's openness in discussing their own mental health with a health professional, employers and friends and family.

With a GP

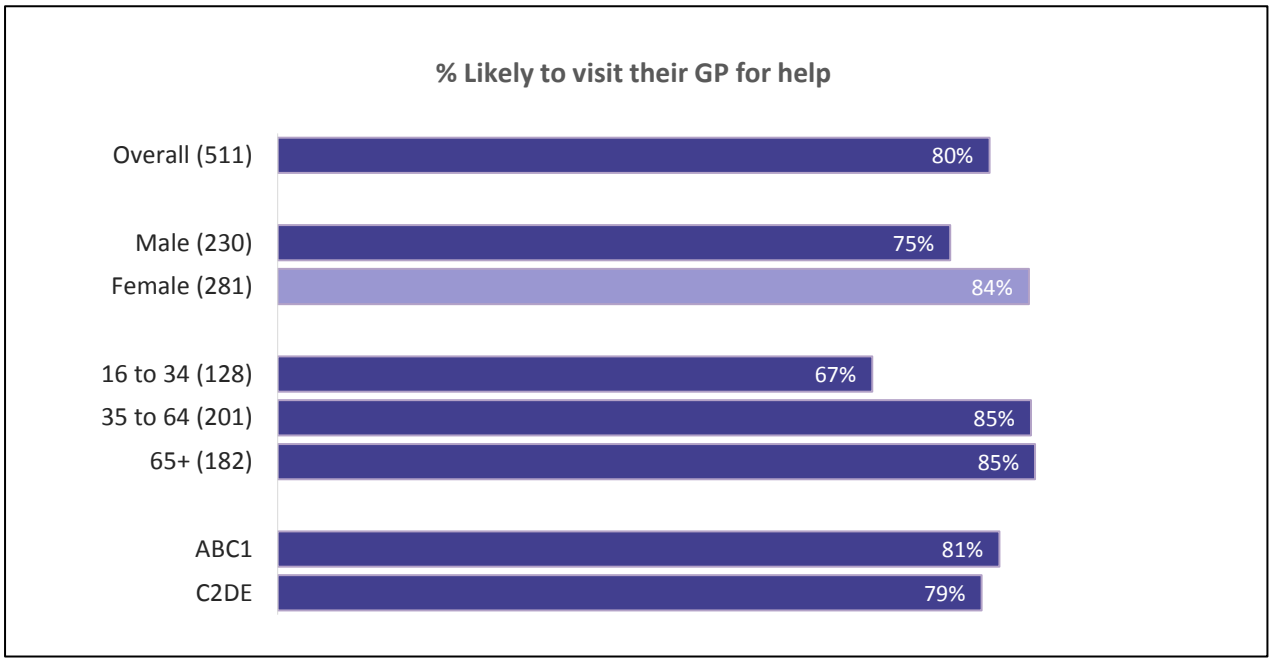
99. Four out of five would be likely to ask their GP for help if they felt they had a mental health problem. However, men are significantly less likely than women to do so (75% v 84%) and younger people (under 35) are significantly less likely than older people to do so.

100. These notable sub-group differences are interesting and warrant exploration. For example, does the gender difference reflect a wider difference in which women are more likely to visit their GP and discuss their physical health than men rather than being a difference related purely to mental health differences.

101. In general, younger people seem to demonstrate greater awareness and openness about mental health issues and so their reduced willingness to talk to their GP is slightly counter-intuitive and may perhaps suggest a different expectation of, or relationship with their GP.

102. Amongst those who had experienced a mental health problem approximately three fifths had spoken to a GP or family doctor in the past 12 months.

Figure 16: Proportion very/quite likely to ask GP for help if they felt they had a mental health problem



Base: All Respondents (511)

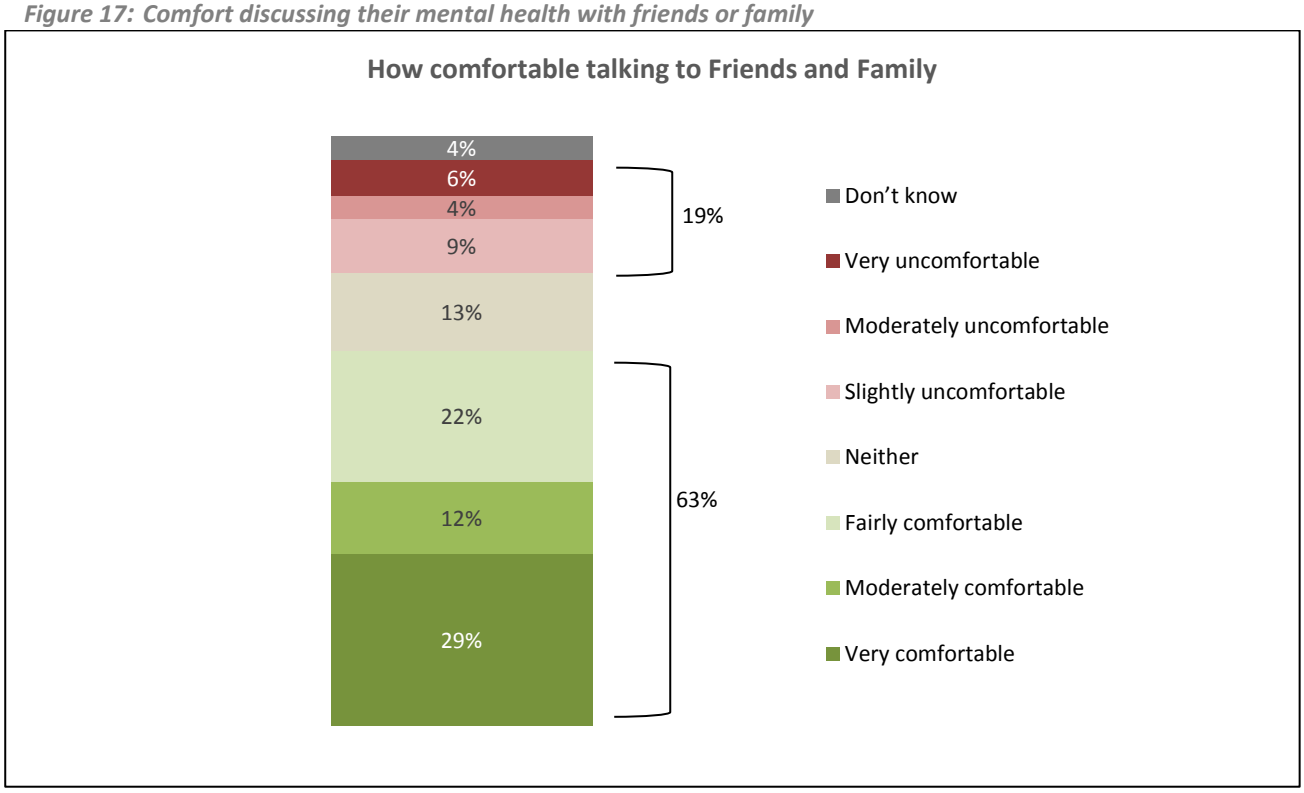
With friends and family

103. Respondents were asked how comfortable they would be talking to a friend or family member about their mental health. The chart below shows their answers using a 7-point scale from 'Very comfortable' to 'Very uncomfortable'.

104. Around two thirds (63%) would feel comfortable with almost three in ten (29%) saying they would be very comfortable doing so.

105. However, there are still around a one in five who would be uncomfortable with such a discussion and therefore still work to be done in helping people to normalise discussions around mental health.

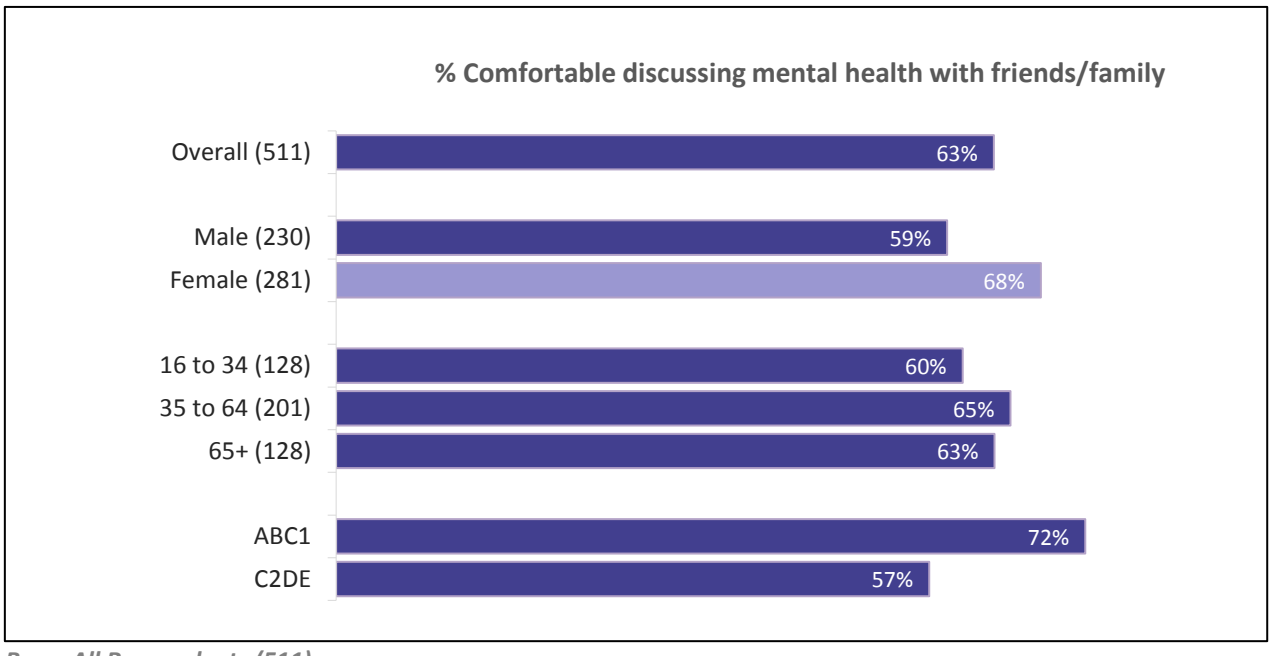
Figure 17: Comfort discussing their mental health with friends or family



Base: All Respondents (511)

106. Men are significantly less likely than women to feel comfortable talking about a mental health problem to a friend or family member (59% v. 68%). ABC1s are also significantly more likely to be comfortable than C2DEs.

Figure 18: Comfortable talking about mental health to a friend/family member



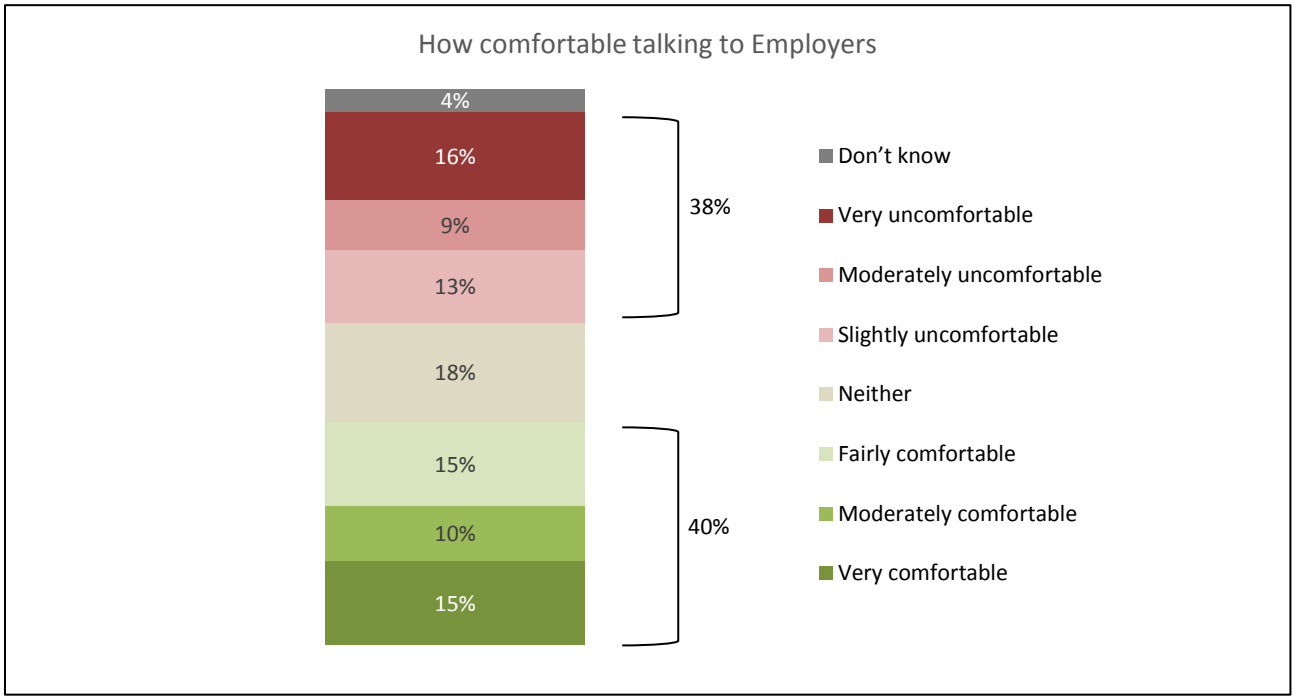
Base: All Respondents (511)

With a current or prospective employer

107. Respondents were also asked how comfortable they would be talking to a current or prospective employer about their mental health.

108. Two in five (40%) were comfortable whilst nearly as many (37%) would be uncomfortable. This is clearly an area which presents a challenge and where progress needs to be made.

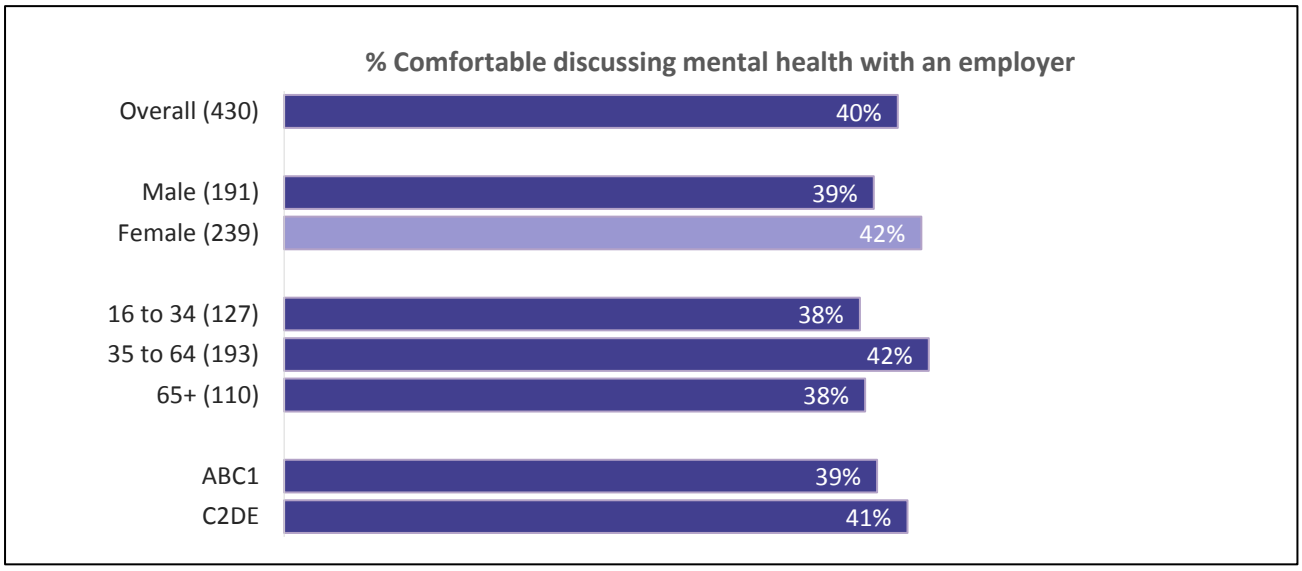
Figure 19: Comfortable discussing their mental health with Employer



Base: Excludes those who said "not applicable (430)

109. Those aged 35 – 64 were the most comfortable talking to an employer, perhaps because they feel more secure in their employment or have greater work experience making conversations easier than for younger people may feel less secure in the workplace.

Figure 20: Comfortable talking about mental health to an Employer



Base: Excludes those who said "not applicable (430)

Experience of mental health problems

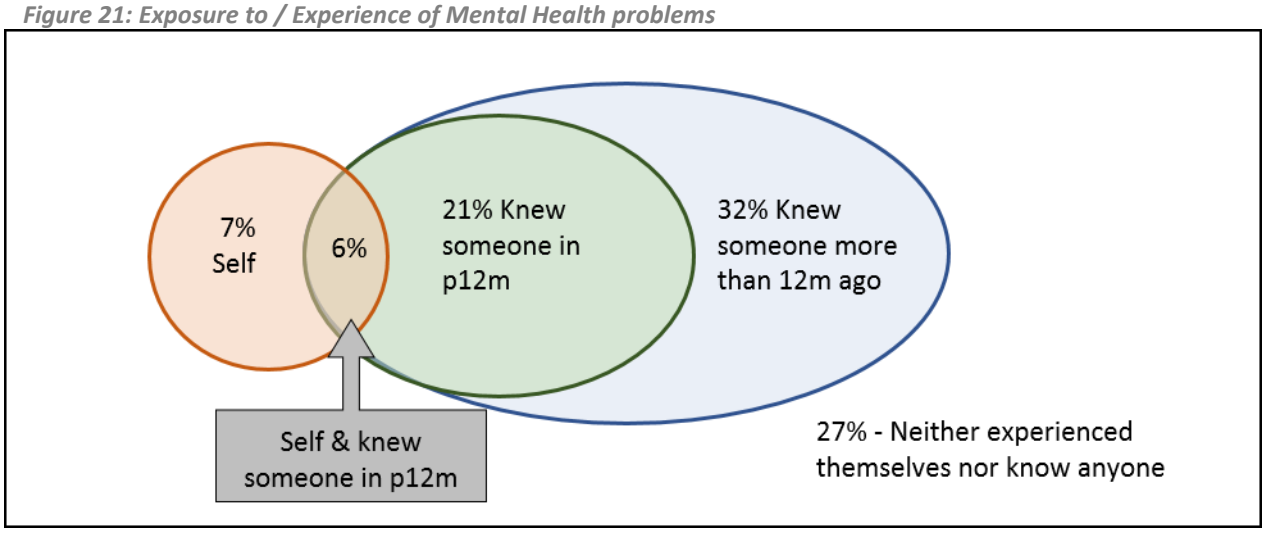
110. In order to better understand attitudes to mental health, the survey included a number of questions which explored personal experiences and the extent to which respondents had either experienced mental health problems or currently know people with a mental health problem.

111. The Venn diagram below aims to summarise the extent of exposure to, or experience of, mental health problems.

112. Overall, more than half (58%) of respondents knew of someone who had experienced a mental health issue at some point. Just over a quarter (26%) knew of someone with a recent experience whilst 5% both knew someone and had also had a personal experience.

113. Approximately, one in eight people (12%) said that they had personally experienced a mental health problem with just under half of these also knowing somebody else who had experienced a problem in the past year.

Figure 21: Exposure to / Experience of Mental Health problems



NOTE: 8% of respondents had refused some or all of these questions hence the % do not sum to 100%

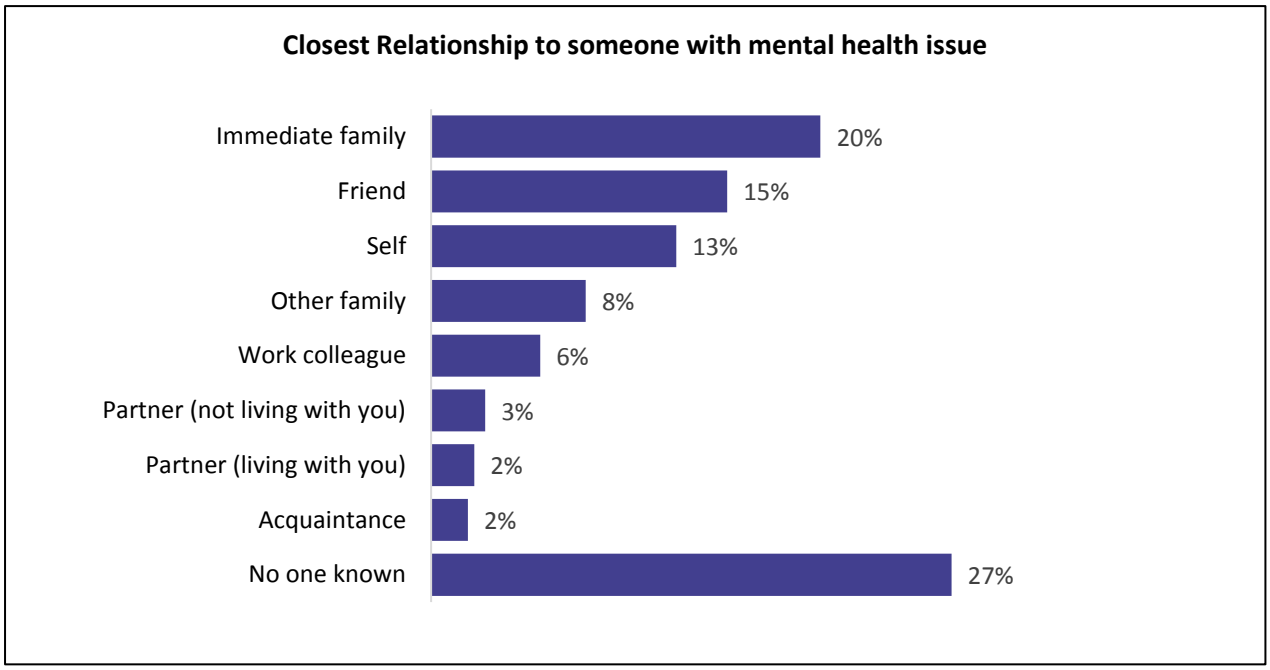
A quarter have had close personal experiences

114. Initially respondents were asked about their closest experience of some form of mental illness at any time in the past.

115. One in five (20%) reported that a member of their immediate family (spouse, child, sibling, parent) had experienced some kind of mental illness. A further 2% said it was a partner living with them and 3% a partner not living with them.

116. Just over a quarter (27%) said that they were not aware of any experiences, whilst a further 6% said they didn't know or refused to answer.

Figure 22: Proximity of relationship to person with mental health issue



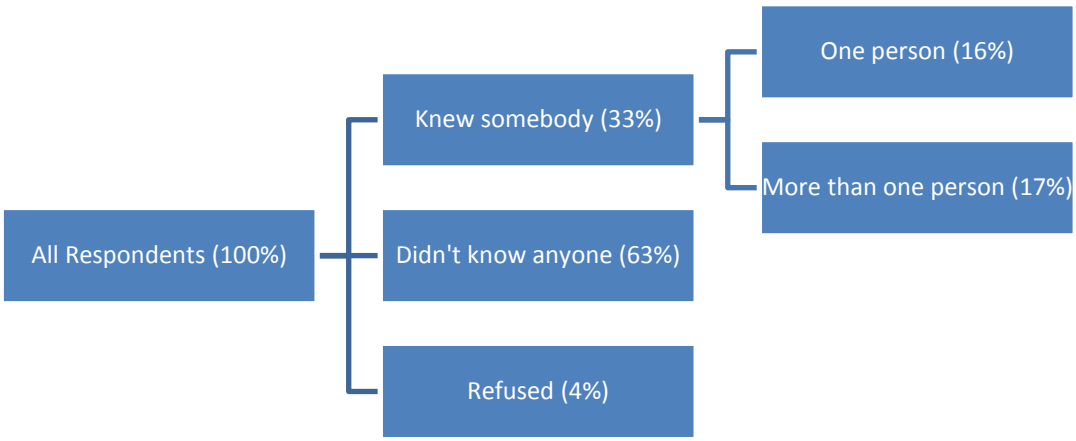
Base: All respondents (511)

A third have known someone with an issue during the last year

117. Respondents were then asked to think only about experiences during the past year.

118. One in three said that they know at least one adult aged 16 or over who has had a mental health problem in the last 12 months (excluding themselves). Half of these were aware of more than one person experiencing a problem.

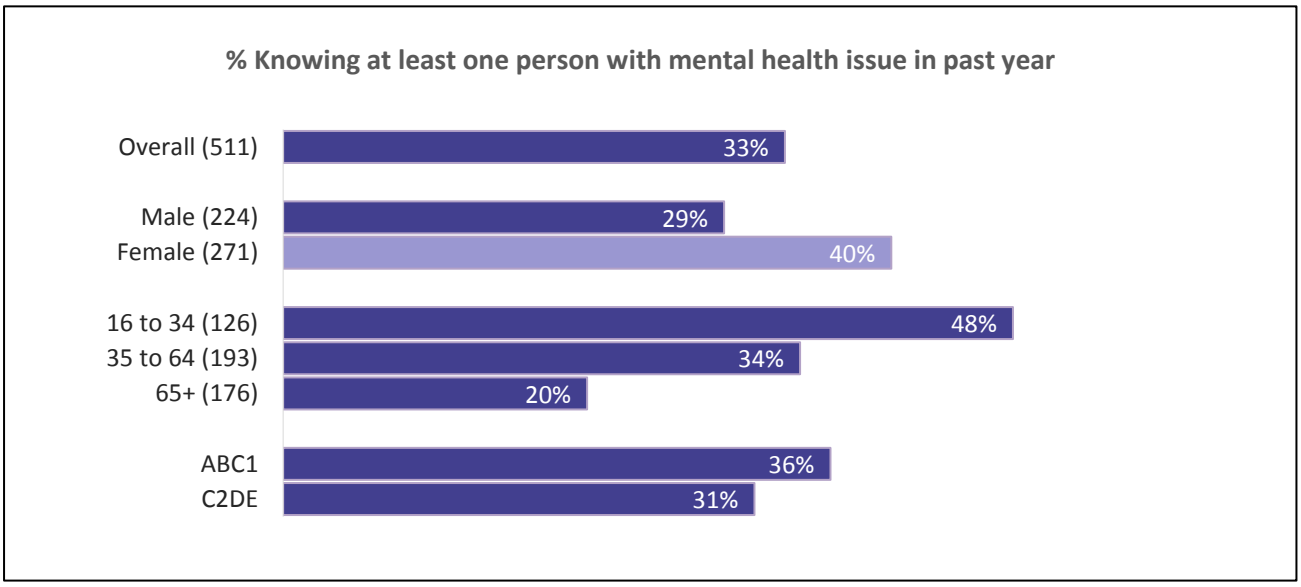
Figure 23: Levels of Experience during past year



119. Women are more likely than men (40% v 29%) to have known of somebody who has experienced a problem. It seems likely that this reflects women being more likely to be confided in, and aware of a problem rather than more likely to know people with a current issue.

120. There was also a correlation by age group, suggesting that younger people were more likely to have engaged with an experience during the past twelve months. This could be a consequence of younger people being more open about mental health issues and thus more likely to have shared experiences with a wider friendship group which an older generation might not be doing. It could though, also be a consequence of younger people having a higher rate of mental health issues resulting from their life stage

Figure 24: Levels of exposure by sub-group



Base: All Respondents (511)

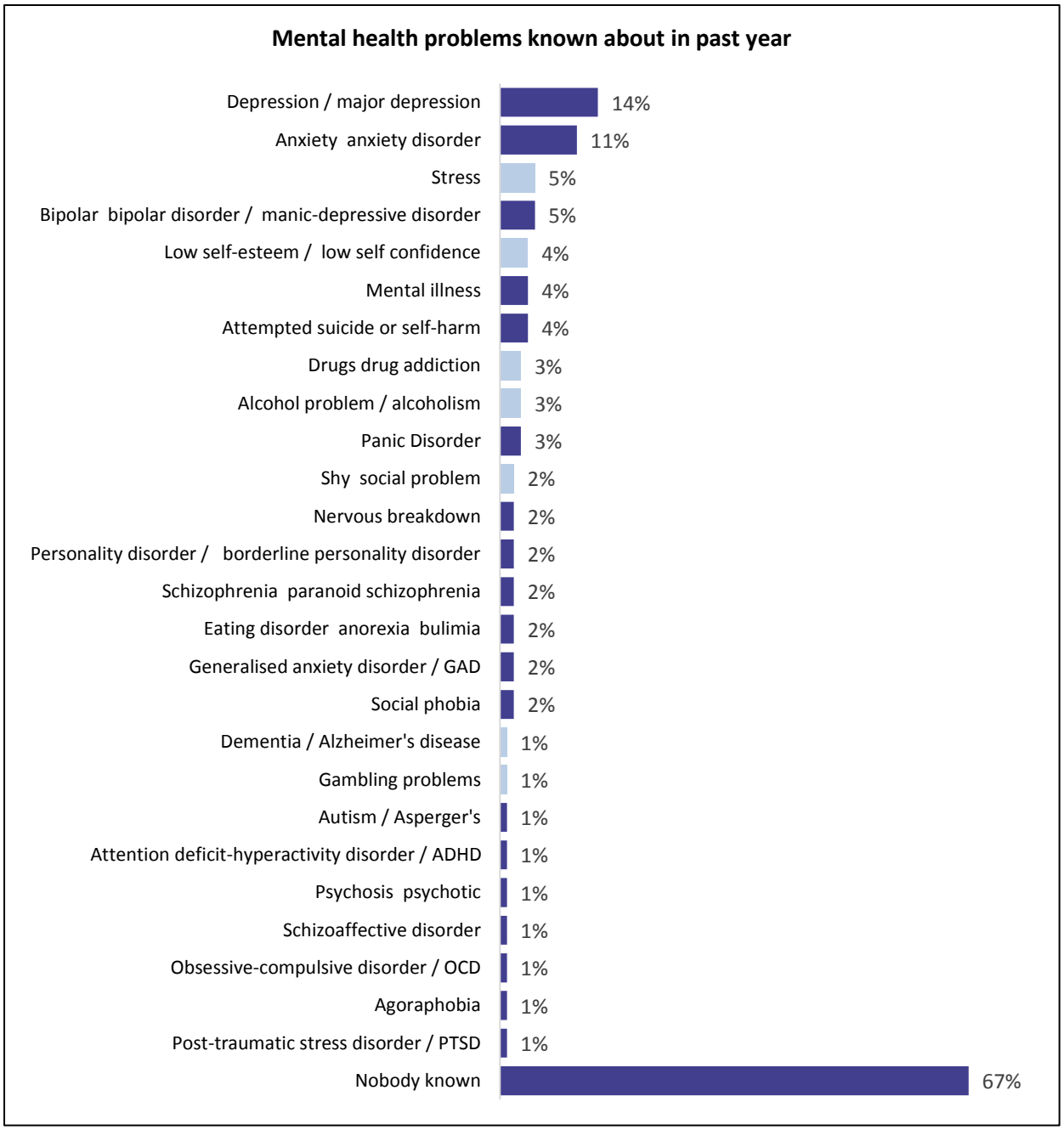
About that experience

121. Respondents were subsequently asked a number of questions about the mental health problems they had been aware of during the past year. Those respondents who knew of more than one person experiencing an issue were asked to focus on the person that they knew the best.

122. Initially, they were asked what the mental health problem they were aware of was and selected the closest fit from a list. The questionnaire was then designed to remove those from the list where the conditions is not generally considered as a valid mental health problem. (those in pale blue in chart below). Approximately thirty respondents were routed out of subsequent questions.

123. The overall list is fairly long but with a considerable concentration on depression and anxiety followed by a long tail of alternative conditions mentioned by a small number of people.

Figure 25: Type(s) of mental health issues experienced by those closest to them



Base: All respondents (511)

124. Further questions were asked to develop a profile of those known to be experiencing health issues during the past year.

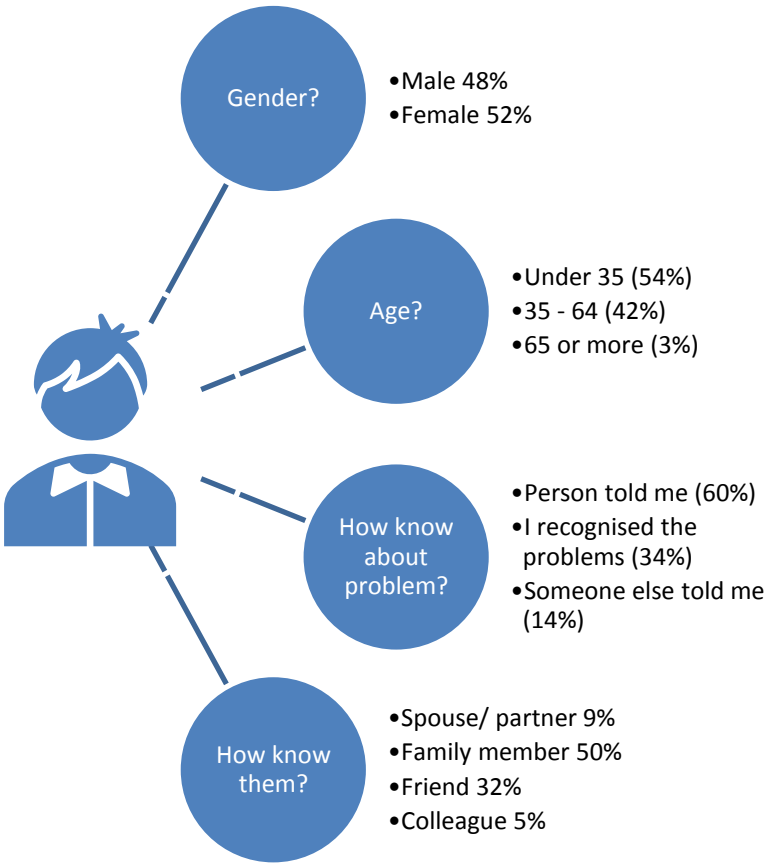
125. Although women were more likely to know *of* someone with a mental health individual the gender of the person experiencing a problem was fairly evenly split between men and women.

126. However, they were generally younger with just 3% being aged 65 or more. This continues to support a hypothesis that younger people may be more open about their experiences, although this could also be due to higher incidence levels.

127. Three in five had been told about the issue by the person themselves, whilst a third had recognised the problems.

128. As we encouraged people to provide a profile of the person they know best it is perhaps not surprising that the majority were family members with just 5% being work colleagues.

Figure 26: Profile of those known to have had a mental health episode in p12m



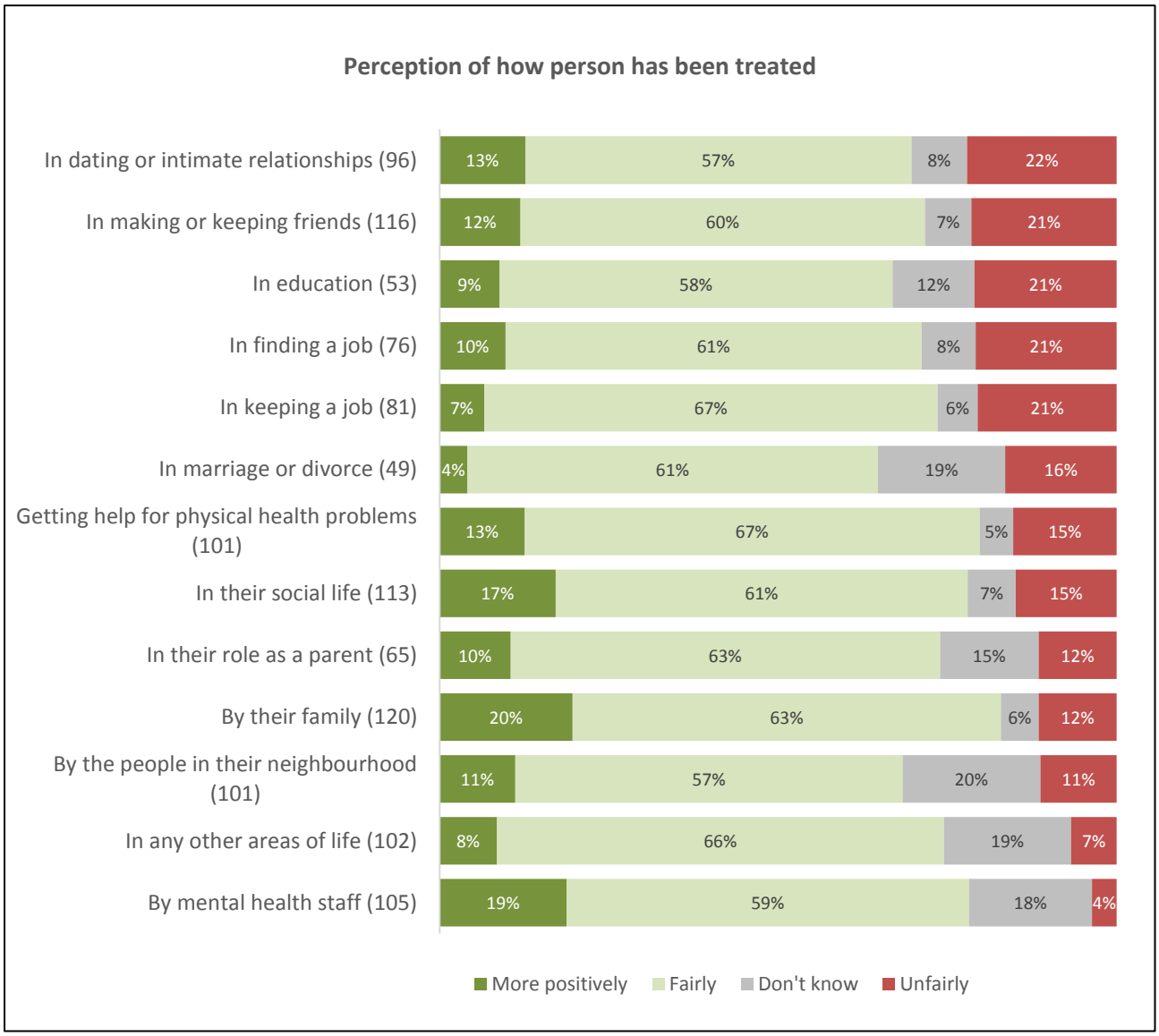
Perception of how person with mental health issue was treated

129. Those respondents who knew somebody who had experienced a mental health problem in the past twelve months were asked whether the person they knew has been treated fairly, unfairly or more positively in various scenarios, as a result of the problems they were experiencing.

130. Around one in five felt the person was treated unfairly in relation to dating or intimate relationships (22%), in making or keeping friends (21%), in education (21%) and in finding or keeping a job (both 21%).

131. Positively, most agreed that the person had been treated either fairly or in a more positive way, in each of the scenarios listed.

Figure 27: Perception of how person with a mental problem has been treated



Base: All respondents who know another adult who has had a mental health problem in the last 12 months (NB: Base sizes vary due to the exclusion of 'not applicable' categories)

Personal behaviour towards person

132. Respondents were asked to consider their own behaviour towards the person with a mental health problem and whether they had avoided them or treated them unfairly at any point during the past twelve months.

133. Only one respondent believe they had treated the person unfairly, although ten admitted they had avoided the person as a result of their mental health problem. The reasons for avoidance were generally given as being due to behaviour or mood, including being unpredictable or even aggressive. It's not entirely clear if the avoidance may have been on odd occasions or persistently during the year.

134. Almost half of those asked (54 respondents out of 128) believed that they had treated the person more positively because of their mental health problems. This generally took the form of offering more visits or contact, talking to the person more frequently, spending more time with them, or simply being more supportive in general.

Sharing experience

135. The next section of the questionnaire focused on the extent to which individuals who had personally experienced a mental health issue had tried to educate people or challenged the stigma which surrounds it.

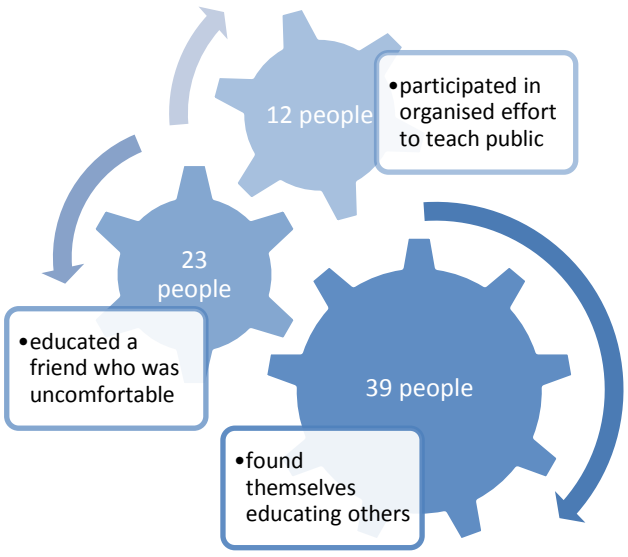
136. Of those interviewed, 13% had experienced some form of mental health problem. This amounts to sixty-nine people answering this section of the questionnaire. With such a small sample these results cannot be considered robust and should be seen as indicative rather than reliable.

Educating others

137. Respondents were asked the extent to which they agreed or disagreed with each of the following statements:
    - Since your mental illness, you have found yourself educating others about what it means to have a mental illness
    - Since your mental illness you have participated in an organised effort to teach the public more about mental health services and problems faced by people with mental illness
    - Since your mental illness, if you thought a friend was uncomfortable with you because you had a mental illness, have you taken it upon yourself to educate them about it.

138. Half agreed that they had educated others about what it means to have a mental illness, while around one in three agreed that they had educated a friend who felt uncomfortable. Fewer (a little over one in ten) had participated in an organised effort to teach the public about mental health services and problems.

Figure 28: Number of people educating others following their personal experiences



Challenging stigma

139. Respondents were then asked whether they had challenged any negative or uncomplimentary views or behaviours around mental illness that they have encountered in the last three months.

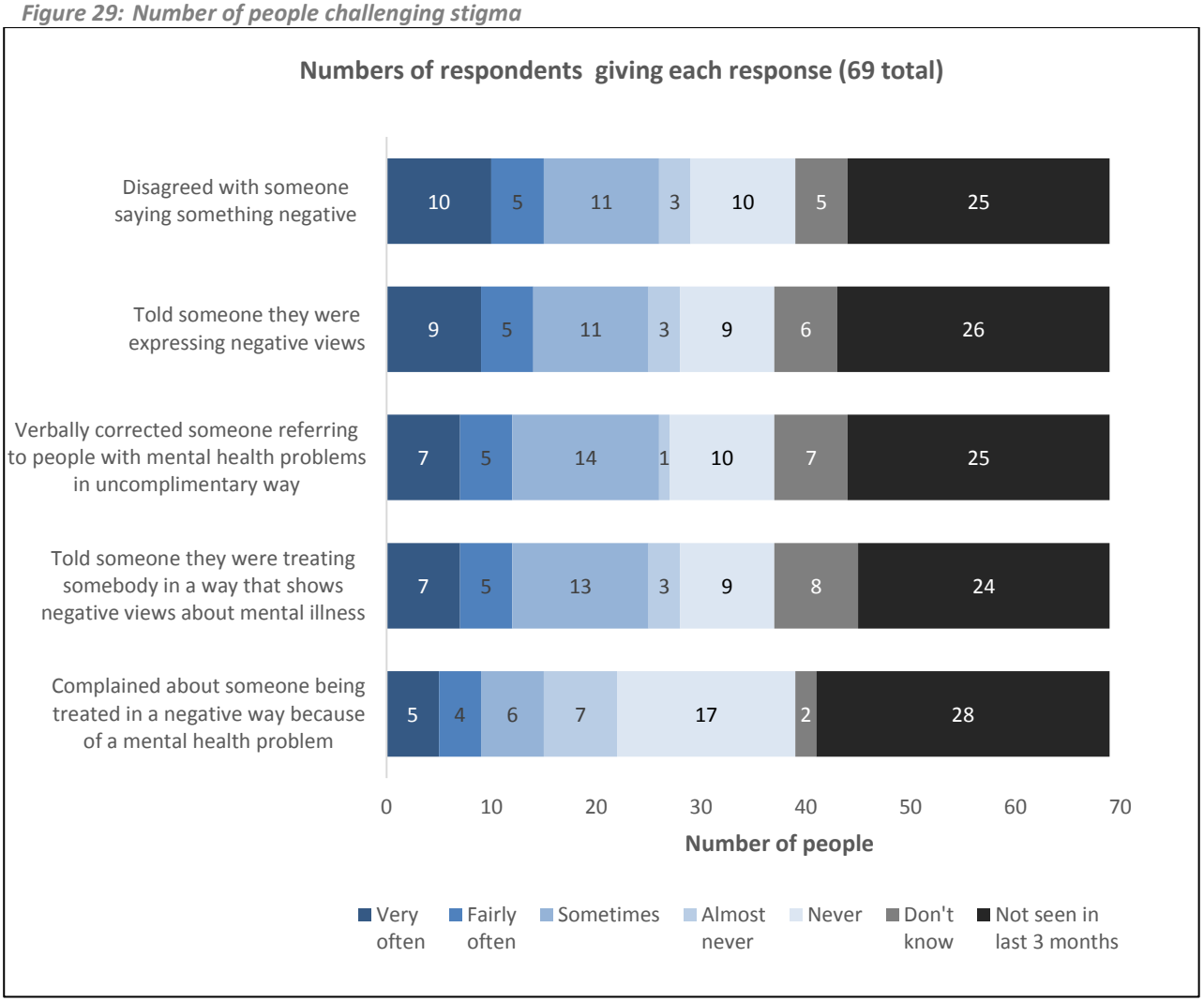
140. Specifically, they were asked “On occasions when you have observed…
    - someone saying something negative about people with mental health problems, how often have you disagreed?

- someone expressing negative views about mental illness have you told them [they are doing this]?
- someone treating somebody with mental illness in a way that shows negative views about mental illness, have you told them [they are doing this]?
- Someone being treated in a negative way because of a mental health problem, how often have you complained?
- Someone referring to people with mental health problems in an uncomplimentary way, [how often] have you verbally corrected them?

141. For each question, almost half either didn't know or hadn't encountered the described behaviour so couldn't respond. However, this implies that around half had encountered some stigmatizing behaviour.

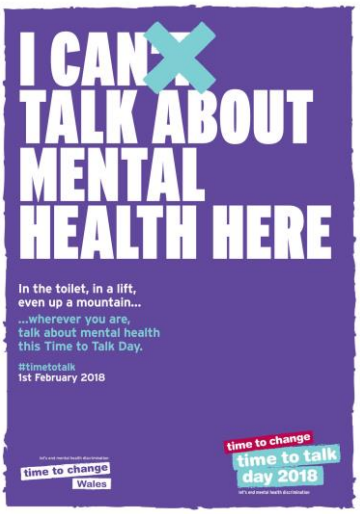
142. Although these figures should be considered as indicative, this suggests that fifteen people had found themselves often disagreeing with someone saying something negative in the past three months, whilst fourteen people had often told someone they were expressing negative views in the same period. This equates to one of five of those who have experienced a mental health problem.

Figure 29: Number of people challenging stigma



Base: Those who had experienced a mental health problem (69 people)

Campaign awareness



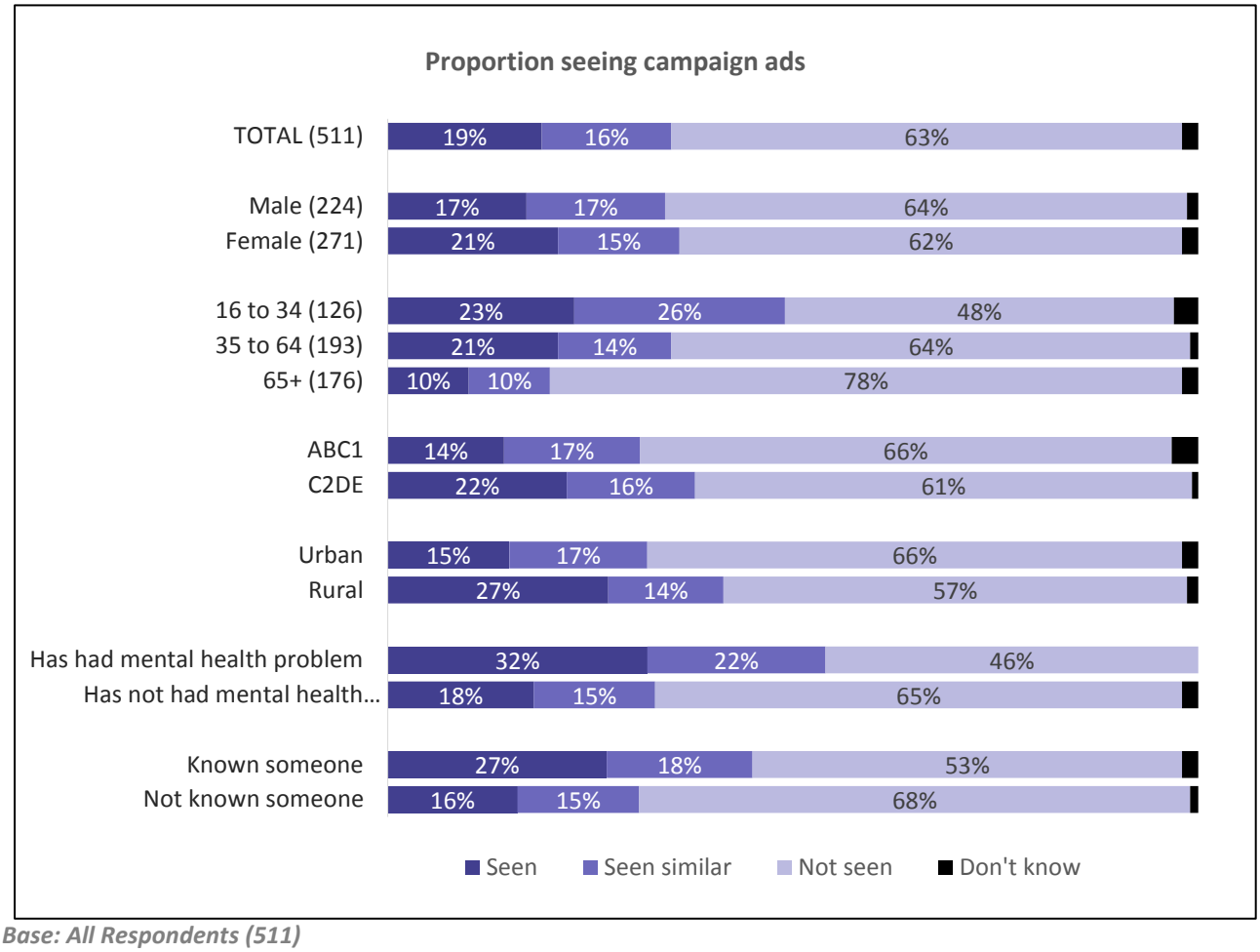
143. In order to explore the impact and recall of mental health-related campaigns respondents were shown some screen shots of mental health-related ads that have appeared on television, radio, magazines or on the web. These can be seen in Appendix 6.

144. Almost a fifth (19%) recalled the ads and this increased to more than a third when they were asked about recall of "similar" ads.

145. There were significant differences in recall by age groups with over 65s less likely to recall seeing ads. However, there were no differences by gender.

146. Those who had personally experienced mental health problems, or known somebody who had experienced them, were more likely to recall ads. This higher recall could be due to higher levels of exposure – for example seeking out information online – or could be due to a higher propensity to notice such campaigns because of personal relevance. In addition, we should consider an element of cause and effect – better awareness via a campaign – may have made them more likely to notice symptoms or more outwardly positive about mental health issues resulting in more people confiding in them.

Figure 30: Campaign awareness by sub-group



Base: All Respondents (511)

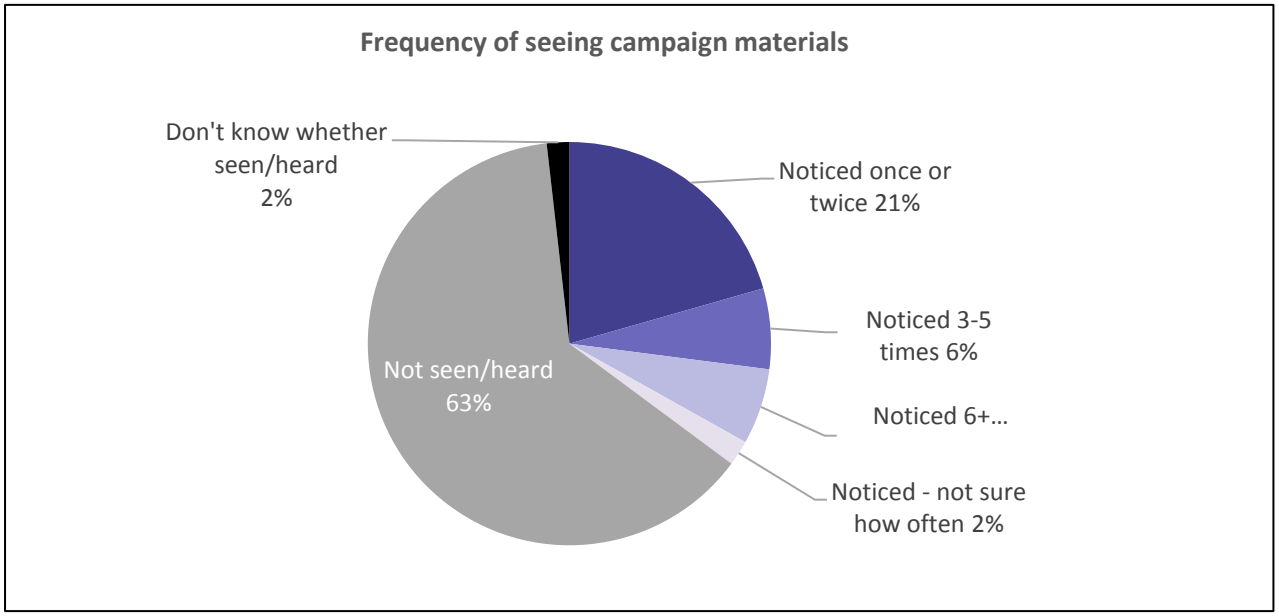
147. C2DEs were more likely to recall ads than ABC1s with ABs having the significantly lower recall at just 11%.

148. Those in rural areas were more likely to recall ads than those in urban areas.

149. Those that had seen campaign ads were asked how often they had seen it. The majority felt it was just once or twice although as many as a fifth thought they had seen ads six times or more.

150. The number of times (if any) that respondents have seen or heard relevant advertising is summarised below.

Figure 31: Frequency of seeing campaigns



Base: All respondents (511)

Appendices

Appendix 1 - Interpretation of the Data

Graphics are used in this report to support understanding of the data.

Charts show the proportions (percentages) of respondents making relevant responses. Where possible, the colours of the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses
- Beige and purple/blue shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder shades are used to highlight responses at the 'extremes', for example, very satisfied or very dissatisfied

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the volume an asterisk (*) denotes any value less than half a per cent.

Not all responses are necessarily included in charts.

Appendix 2 – Weighting and Respondent profile

Kantar conducted the interviewing and data processing aspects of this research combining the work with a similar project for Time to Change Wales.

Following some discussion with Time to Change Wales it was decided to re-weight the data to ensure a more representative sample by location and WIMD classification. The impact of weighting can be seen in the table below.

Sub-groups	Target Population (Wales)	Actual Interviews		Applying ORS Weighting	
	%	Count	%	n	%
Male 16-24	7.2%	29	5.7%	36.0	7.0%
Male 25-34	7.7%	30	5.9%	39.0	7.6%
Male 35-44	6.8%	24	4.7%	41.5	8.1%
Male 45-54	8.2%	26	5.1%	41.6	8.1%
Male 55-64	7.5%	40	7.8%	42.3	8.3%
Male 65-74	6.8%	45	8.8%	35.1	6.9%
Male 75+	4.8%	36	7.0%	20.9	4.1%
Female 16-24	6.6%	26	5.1%	28.9	5.7%
Female 25-34	7.5%	43	8.4%	32.9	6.4%
Female 35-44	7.0%	40	7.8%	34.9	6.8%
Female 45-54	8.6%	34	6.7%	50.9	10.0%
Female 55-64	7.9%	37	7.2%	41.6	8.1%
Female 65-74	7.1%	53	10.4%	35.9	7.0%
Female 75+	6.4%	48	9.4%	29.4	5.8%
TOTAL	**100.0%**	**511**	**100.0%**	**511.0**	**100.0%**
Working	56.6%	190	37.2%	286.9	56.1%
Retired	25.3%	193	37.8%	131.7	25.8%
Otherwise not working	18.1%	128	25.0%	92.3	18.1%
TOTAL	**100.0%**	**511**	**100.0%**	**511**	**100.0%**
White	96.1%	484	94.7%	490.8	96.0%
Non-white	3.9%	27	5.3%	20.2	4.0%
TOTAL	**100.0%**	**511**	**100.0%**	**511**	**100.0%**
Rural	33.1%	215	42.2%	168.9	33.1%
Urban	66.9%	295	57.8%	341.2	66.9%
TOTAL	**100.0%**	**510**	**100.0%**	**510**	**100.0%**
1 Most deprived	8.6%	80	15.7%	43.5	8.5%
2	9.7%	53	10.4%	50.3	9.9%
3	10.1%	58	11.4%	60.3	11.8%
4	10.1%	41	8.0%	56.2	11.0%
5	10.5%	63	12.4%	49.4	9.7%
6	10.0%	69	13.5%	42.9	8.4%
7	10.2%	47	9.2%	44.1	8.6%
8	10.3%	16	3.1%	35.5	7.0%
9	10.0%	40	7.8%	59.2	11.6%
10 Least deprived	10.6%	43	8.4%	68.8	13.5%
TOTAL	**100.0%**	**510**	**100.0%**	**510**	**100.0%**

Weighting factors are:
Gender Age interlocking
WIMD
Rural/Urban
Working Status
Ethnic Group

NOTE: weights were capped at 5 and reapportioned

Appendix 3 - Questionnaire

Attitudes to Mental Illness 2018 Questionnaire

Q.1 We have been asked by the Welsh Government to find out people's opinions on mental illness. I am going to read out some opinions which other people hold about mental illness and would like you to tell me how much you agree or disagree with each one...

(Order of statements rotated)

1. ...One of the main causes of mental illness is a lack of self-discipline and will-power
2. ...There is something about people with mental illness that makes it easy to tell them from normal people
3. ...As soon as a person shows signs of mental disturbance, he should be hospitalized
4. ...Mental illness is an illness like any other
5. ...Less emphasis should be placed on protecting the public from people with mental illness
6. ...Mental hospitals are an outdated means of treating people with mental illness
7. ...Virtually anyone can become mentally ill
8. ...People with mental illness have for too long been the subject of ridicule
9. ...We need to adopt a far more tolerant attitude toward people with mental illness in our society
10. ...We have a responsibility to provide the best possible care for people with mental illness
11. ...People with mental illness don't deserve our sympathy
12. ...People with mental illness are a burden on society
13. ...Increased spending on mental health services is a waste of money
14. ...There are sufficient existing services for people with mental illness
15. ...People with mental illness should not be given any responsibility
16. ...A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered
17. ...I would not want to live next door to someone who has been mentally ill
18. ...Anyone with a history of mental problems should be excluded from taking public office
19. ...No-one has the right to exclude people with mental illness from their neighbourhood
20. ...People with mental illness are far less of a danger than most people suppose
21. ...Most women who were once patients in a mental hospital can be trusted as babysitters
22. ...The best therapy for many people with mental illness is to be part of a normal community
23. ...As far as possible, mental health services should be provided through community-based facilities
24. ...Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services
25. ...It is frightening to think of people with mental problems living in residential neighbourhoods
26. ...Locating mental health facilities in a residential area downgrades the neighbourhood
27. ...People with mental health problems should have the same rights to a job as anyone else

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

The following questions ask about your experiences and views in relation to people who have mental health problems. By this I mean people who have been seen by healthcare staff for a mental health problem.

Q.3 Are you currently living with, or have you ever lived with, someone with a mental health problem?

- 01: Yes
- 02: No
- (DK)
- (R)

Q.4 Are you currently working, or have you ever worked, with someone with a mental health problem?

- 01: Yes
- 02: No
- (DK)
- (R)

Q.5 Do you currently, or have you ever, had a neighbour with a mental health problem?

01: Yes

- 02: No
- (DK)
- (R)

Q.6 Do you currently have, or have you ever had, a close friend with a mental health problem?

- 01: Yes
- 02: No
- (DK)
- (R)

Q.7 The following statements ask about any future relationships you may experience with people with mental health problems. Please tell me how much you agree or disagree with each one, taking your answer from the screen.

(Order of statements rotated)

» …In the future, I would be willing to live with someone with a mental health problem
» …In the future, I would be willing to work with someone with a mental health problem
» …In the future, I would be willing to live nearby to someone with a mental health problem
» …In the future, I would be willing to continue a relationship with a friend who developed a mental health problem

(Answer categories inverted on alternate interviews)

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

Q.8 I am now going to read out some more statements about mental health problems, again that is conditions for which an individual would be seen by healthcare staff. Please tell me how much you agree or disagree with each one.

- …Most people with mental health problems want to have paid employment
- …If a friend had a mental health problem, I know what advice to give them to get professional help
- …Medication can be an effective treatment for people with mental health problems
- …Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems
- …People with severe mental health problems can fully recover
- …Most people with mental health problems go to a healthcare professional to get help

(Answer categories inverted on alternate interviews)

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

Q.9 Please say to what extent you agree or disagree that each of the following conditions is a type of mental illness…

(Order of items rotated)

- …Depression
- …Stress
- …Schizophrenia
- …Bipolar disorder (manic-depression)
- …Drug addiction
- …Grief

(Answer categories inverted on alternate interviews)

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

Q.10 Who is the person closest to you who has or has had some kind of mental illness?

Please take your answer from this screen.

(Answer categories inverted on alternate interviews, 'Other' / 'No-one' fixed at bottom of list)

- 01: Immediate family (spouse\child\sister\brother\parent etc)
- 02: Partner (living with you)

- 03: Partner (not living with you)
- 04: Other family (uncle\aunt\cousin\grandparent etc)
- 05: Friend
- 06: Acquaintance
- 07: Work colleague
- 08: Self
- 09: Other (please specify)
- 10: No-one known
- (R)

Q.12 If you felt that you had a mental health problem, how likely would you be to go to your GP for help?

(Answer categories inverted on alternate interviews)

- 01: Very likely
- 02: Quite likely
- 03: Neither likely nor unlikely
- 04: Quite unlikely
- 05: Very unlikely
- (DK)

Q.13 In general, how comfortable would you feel talking to a friend or family member about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

(Answer categories inverted on alternate interviews)

- 01: Very uncomfortable
- 02: Moderately uncomfortable
- 03: Slightly uncomfortable
- 04: Neither comfortable nor uncomfortable
- 05: Fairly comfortable
- 06: Moderately comfortable
- 07: Very comfortable
- (DK)

Q.14 In general, how comfortable would you feel talking to a current or prospective employer about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

(Answer categories inverted on alternate interviews)

- 01: Very uncomfortable
- 02: Moderately uncomfortable
- 03: Slightly uncomfortable
- 04: Neither comfortable nor uncomfortable
- 05: Fairly comfortable
- 06: Moderately comfortable
- 07: Very comfortable
- (Not applicable)
- (DK)

Now please look the pictures on the next couple of screens. These are pictures from different adverts that have appeared on television, radio, magazines or on the web.

SHOW SCREEN

Q17 Do you think you have seen or heard any of this advertising, or similar during the last year?

(Answer categories inverted on alternate interviews)

- 01: Yes - seen or heard some of these ads
- 02: Yes - seen or heard similar ads
- 03: No - Not seen
- (DK)

IF 'Yes – seen or heard some of these ads' OR 'Yes – seen or heard similar ads' AT Q.17

Q.18 How many times, before this interview, have you seen or heard ANY of the advertising in the pictures?

INTERVIEWER ADD IF NECESSARY: Please answer as best you can even if it is just an estimate.

- 01: Once or twice
- 02: Three to five times
- 03: Six times or more
- (DK)

ASK IF Q10 NOT = 'No-one known'

Q.19 Has any adult aged 16 or over that you know had a mental health problem over the last twelve months, excluding yourself?

INTERVIEWER NOTE: this is only if they definitely know about someone else, not speculative.

- Yes
- No
- (DK)
- (R)

ASK IF Q19=1 – KNOWS SOMEONE WITH A MENTAL HEALTH PROBLEM

Q.20 Did just one person have a problem or was it more than one person?

- More than one
- Just one
- (DK)
- (R)

ASK IF Q19=1 – KNOWS SOMEONE WITH A MENTAL HEALTH PROBLEM

(PROGRAMMER NOTE: IF Q20=1 USE INSERT BRACKETS)

Q.21 (Because you know more than one person who had a mental health problem, for the next few questions, please think about the one you know BEST.)

What do you think the mental health problem they had was?
PROBE FOR ANYTHING ELSE / SHOW SCREEN CODES WILL BE RANDOMISED

CODE ALL THAT APPLY

1. Depression /major depression
2. Attempted suicide or self-harm
3. Anxiety / anxiety disorder
4. Post-traumatic stress disorder / PTSD
5. Agoraphobia
6. Panic Disorder
7. Obsessive-compulsive disorder / OCD
8. Social phobia
9. Generalised anxiety disorder / GAD
10. Eating disorder / anorexia / bulimia
11. Schizophrenia / paranoid schizophrenia
12. Schizoaffective disorder
13. Psychosis / psychotic
14. Bipolar / bipolar disorder / manic-depressive disorder
15. Mental illness
16. Personality disorder / borderline personality disorder
17. Attention deficit-hyperactivity disorder / ADHD
18. Autism / Asperger's
19. Nervous breakdown
20. Alcohol problem / alcoholism
21. Drugs / drug addiction
22. Gambling problems
23. Low self-esteem / low self confidence
24. Shy / social problem
25. Stress
26. Dementia / Alzheimer's disease
27. Other (specify)
28. (DK)
29. (R)

ALL

EDUM – PROGRAMMER NOTE: CREATE DUMMY VARIABLE 'EDUM'

Category	Qualifying criteria	Code
Knows someone with a valid mental health problem	Q21= 1 to 19	1
Does not know someone with a valid mental health problem	Else	2

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.22 How old is that person?

IF NECESSARY: If you don't know exactly, your best guess is fine.

1. 16-17
2. 18-19
3. 20-24
4. 25-29
5. 30-34
6. 35-39
7. 40-44
8. 45-49
9. 50-54
10. 55-59
11. 60-64
12. 65-69
13. 70-74
14. 75+
15. (DK)
16. (R)

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.23 Are they:

- Male
- Female
- Other
- (DK)
- (R)

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.24 Would you describe this person as being a….

CODE ALL THAT APPLY

- Family member
- Friend
- Spouse or intimate partner
- Work colleague
- Client or customer
- Acquaintance
- Neighbour
- Other (Specify)
- (DK)
- (R)

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.25 How do you know that the person had a mental health problem? Did the person tell you themselves, did someone else tell you, or did you recognise the person's mental health problems yourself without them telling you?

CODE ALL THAT APPLY

- The person told me
- I recognised the problems myself
- Someone else told me
- Other (specify)
- (DK)
- (R)

ALL

FINGROUP – PROGRAMMER NOTE: CREATE DUMMY VARIABLE 'FINAL GROUP'

Category	Qualifying criteria	Code
Has a mental health problem	Q10 = 8'self' AND EDUM=1	1
Has a mental health problem and does not know someone with a problem	Q10 = 8'self' AND EDUM=2	2
Does not have a mental health problem AND knows someone with a problem	Q10 ≠ 8'self' AND EDUM=1	3
Does not have a mental health problem AND does not know someone with a problem	Q10 ≠ 8'self' AND EDUM=2	4

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

In the next part of the survey I will ask you about whether people have treated this person unfairly because of their mental health problems, and also about whether they have been treated more positively because of them. We are interested in how people have reacted to this person as a result of their mental health problems.

I would like you to think about situations that have occurred in the last 12 months specifically. If you don't know whether this person was treated any differently in a particular situation, you have the option to say so.

Q.26 As a result of their mental health problem, how has this person been treated…

» in making or keeping friends?
» by the people in their neighbourhood?
» in dating or intimate relationships, including treatment by spouse or co- habiting partner?
» in education?
» in marriage or divorce?
» by their family?
» in finding a job?
» in keeping a job?
» in their social life?
» when getting help for physical health problems?
» by mental health staff?

» in their role as a parent?
» in any other areas of life?

CODE ALL THAT APPLY

- Unfairly
- Fairly
- More positively
- Not applicable
- (DK)
- (R)

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.27 In the past 12 months, have you yourself avoided this person or anyone else because of their mental health problems?

- Yes
- No
- (DK)
- (R)

ASK IF Q27=1 – RESPONDENT AVOIDED THEM

Q.28 Why did you avoid this person?
SPECIFY: FULL VERBATIM

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.29 Have you treated this person or anyone else unfairly because of their mental health problems in the past 12 months?

- Yes
- No
- (DK)
- (R)

ASK IF Q29=1 – RESPONDENT TREATED THEM UNFAIRLY

Q.30 Can you please describe what happened?
SPECIFY: FULL VERBATIM

ASK IF EDUM=1 – KNOWS SOMEONE WITH A VALID MENTAL HEALTH PROBLEM

Q.31 Have you treated this person or anyone else more positively because of their mental health problems in the past 12 months?

- Yes
- No
- (DK)
- (R)

ASK IF Q31=1 – RESPONDENT TREATED THEM POSITIVELY

Q.32 Can you please describe what happened?
SPECIFY: FULL VERBATIM

ASK IF Q10 = 8 (Self)

Q.45-47 For the next set of questions I would like to know if you have educated other people about mental health and the stigma that surrounds it. Can you tell me how much you agree or disagree with the following statements…?

- …. since your mental illness, you have found yourself educating others about what it means to have a mental illness
- …. since your mental illness, you have participated in an organized effort to teach the public more about mental health services and problems faced by people with mental illness.
- … since your mental illness, if you thought a friend was uncomfortable with you because you had a mental illness, have you taken it upon yourself to educate him or her about it.

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

ASK IF Q10 = 8 (Self)

For the next set of questions, I would like to know if you have challenged the sometimes-stigmatising views other people hold towards mental health problems. These questions refer to how many times you have challenged stigma **within the last three months**.

Q.48 On occasions when you have observed someone saying something negative about people with mental health problems, how often have you disagreed?

- 01: Never
- 02: Almost never
- 03: Sometimes
- 04: Fairly often
- 05: Very often
- 06: Have not observed someone saying something negative about people with mental health problems
- 07: Don't know

Q.49 On occasions when you have observed someone expressing negative views about mental illness have you told them?

- 01:Never
- 02:Almost never
- 03:Sometimes
- 04:Fairly often
- 05:Very often
- 06:Have not observed someone reinforcing negative views around mental illness
- 07:Don't know

Q.50 On occasions when you have observed someone treating somebody with mental illness in a way that shows negative views about mental illness have you told them?

- 01:Never
- 02:Almost never
- 03:Sometimes
- 04:Fairly often
- 05:Very often
- 06:Have not observed someone treating somebody with a mental illness in a way We that reinforces negative views around mental illness
- 07:Don't know

Q.51 On occasions when you have observed someone being treated in a negative way because of a mental health problem, how often have you complained?

- 01:Never
- 02:Almost never
- 03:Sometimes
- 04:Fairly often
- 05:Very often
- 06:Have not observed someone being treated in a negative way because of a mental health problem
- 07:Don't know

Q.52 On occasions when you have observed someone referring to people with mental health problems in an uncomplimentary way, have you verbally corrected them?

- 01:Never
- 02:Almost never
- 03:Sometimes
- 04:Fairly often
- 05:Very often
- 06:Have not observed someone referring to people with mental health problems in an uncomplimentary way
- 07:Don't know

If Q10 = 8 (self)

Q.33 In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or a mental, nervous or emotional problem?

DO NOT INCLUDE TELEPHONE CALLS TO THE NHS 111 SERVICE

- Yes
- No
- (DK)
- (R)

SHOW SCREEN [WELSH ONLY]

Q.Y How would you describe your ability to speak Welsh?

- 01: Speak Welsh fluently
- 02: Speak Welsh, but not fluent
- 03: Learning Welsh

- 04: Do not speak Welsh]

Q. Yi Are you the parent or guardian of any children aged under 18?

- 01: Yes parent
- 02: Yes guardian
- 03: No
- (R)]

[ALL]

ASK Q19 = 1 - YES PARENT OR 2 - YES GUARDIAN

Q. Yii and how many children are you a parent or guardian of aged under 18?

- 01: 1 child
- 02: 2 children
- 03: 3 children
- 04: 4 children
- 05: 5 children
- 06: 6 children
- 07: 7 children
- 08: 8 children
- 09: 9 children
- 10: 10 children
- 11: 11 children
- 12: 12 children
- 13: 13 children
- 14: 14 children
- 15: 15 or more

ASKED FOR EACH CHILD MENTIONED AT Q.20

Q.Z How old is the eldest child aged under 18? If you can't remember please just give me an estimate.

COLLECT AGE AND GENDER OF CHILD

And the next eldest? Etc.

- MALE
- 18: 11 months or under
- 1: 1 year old
- 2: 2 years old
- 3: 3 years old
- 4: 4 years old
- 5: 5 years old
- 6: 6 years old
- 7: 7 years old
- 8: 8 years old
- 9: 9 years old
- 10: 10 years old
- 11: 11 years old
- 12: 12 years old
- 13: 13 years old
- 14: 14 years old
- 15: 15 years old
- 16: 16 years old
- 17: 17 years old

- FEMALE
- 20: 11 months or under
- 21: 1 year old
- 22: 2 years old
- 23: 3 years old
- 24: 4 years old
- 25: 5 years old
- 26: 6 years old
- 27: 7 years old
- 28: 8 years old
- 29: 9 years old
- 30: 10 years old
- 31: 11 years old
- 32: 12 years old
- 33: 13 years old
- 34: 14 years old
- 35: 15 years old

- 36: 16 years old
- 37: 17 years old

Appendix 4 – Calculation of scores (CAMI, MAKS, RIBS)

To calculate CAMI Score

Twenty-seven questions are used
Q1_1 to Q1_27 are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
Some of the question scores were reverse coded to reflect direction of response

The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore, recoded into new variables and used these new variables to calculate a final MAKS score

To calculate RIBS Score

Four questions are used
Q7_1 to Q7_4
Are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore, recoded into new variables and used these new variables to calculate a final RIBS score

To calculate MAKS Score

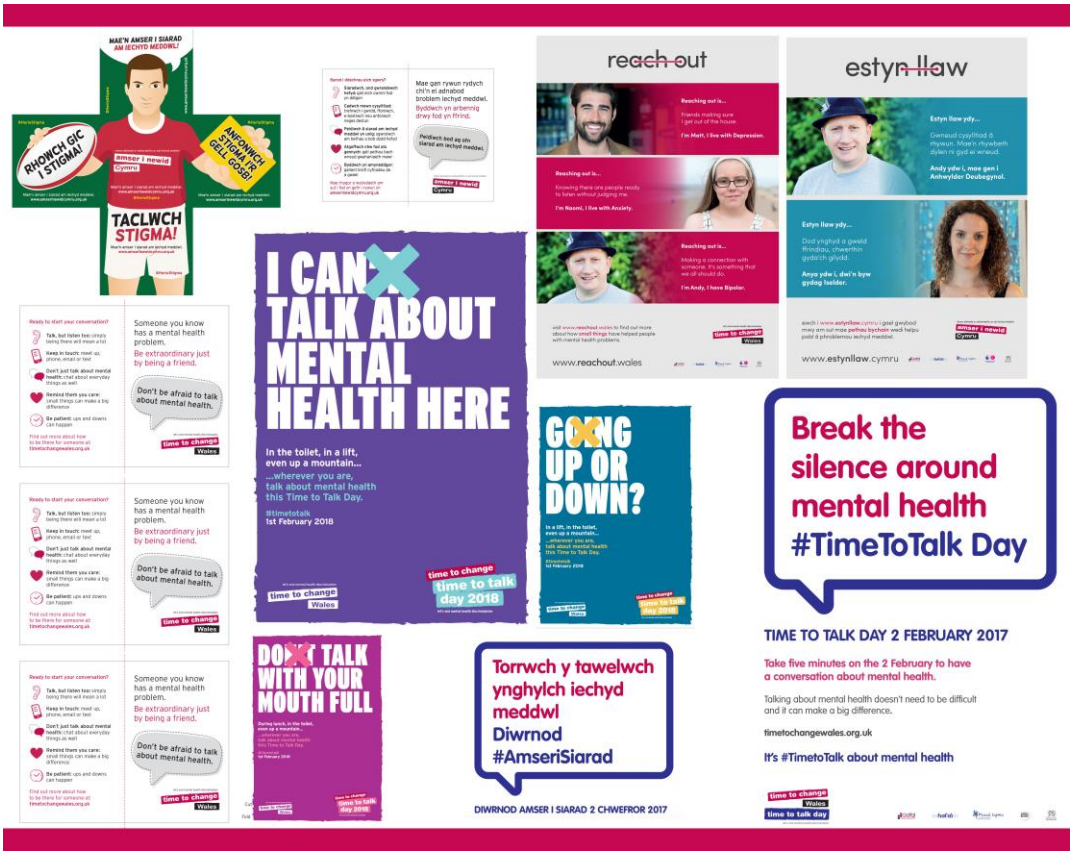
Six questions are used
Q8_1 to Q8_6
Are the source scores
Total score is calculated by adding response values for these questions.
Strongly agree should be given score of 5
Don't know was coded as neutral – score of 3
Q8_6 is reverse coded to reflect direction of response

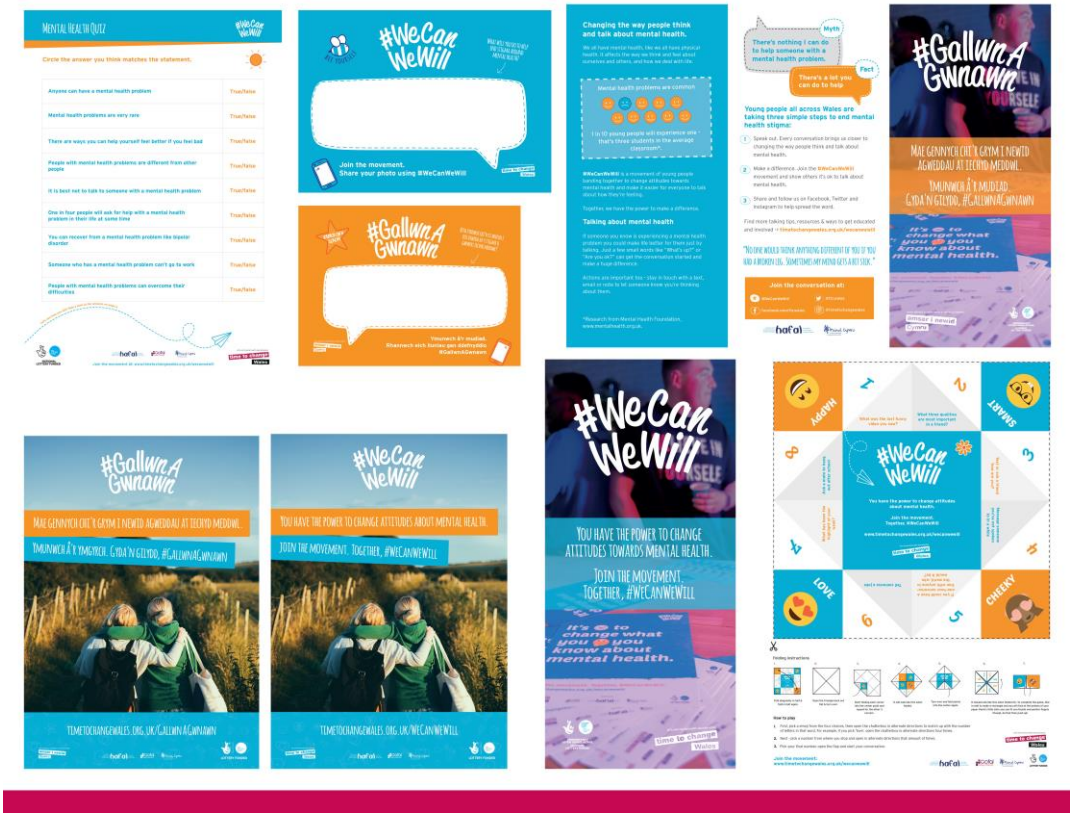
The SPSS file had coded these questions with strongly agree as "1" and Don't know as "6"
Therefore recoded into new variables and used these new variables to calculate a final MAKS score

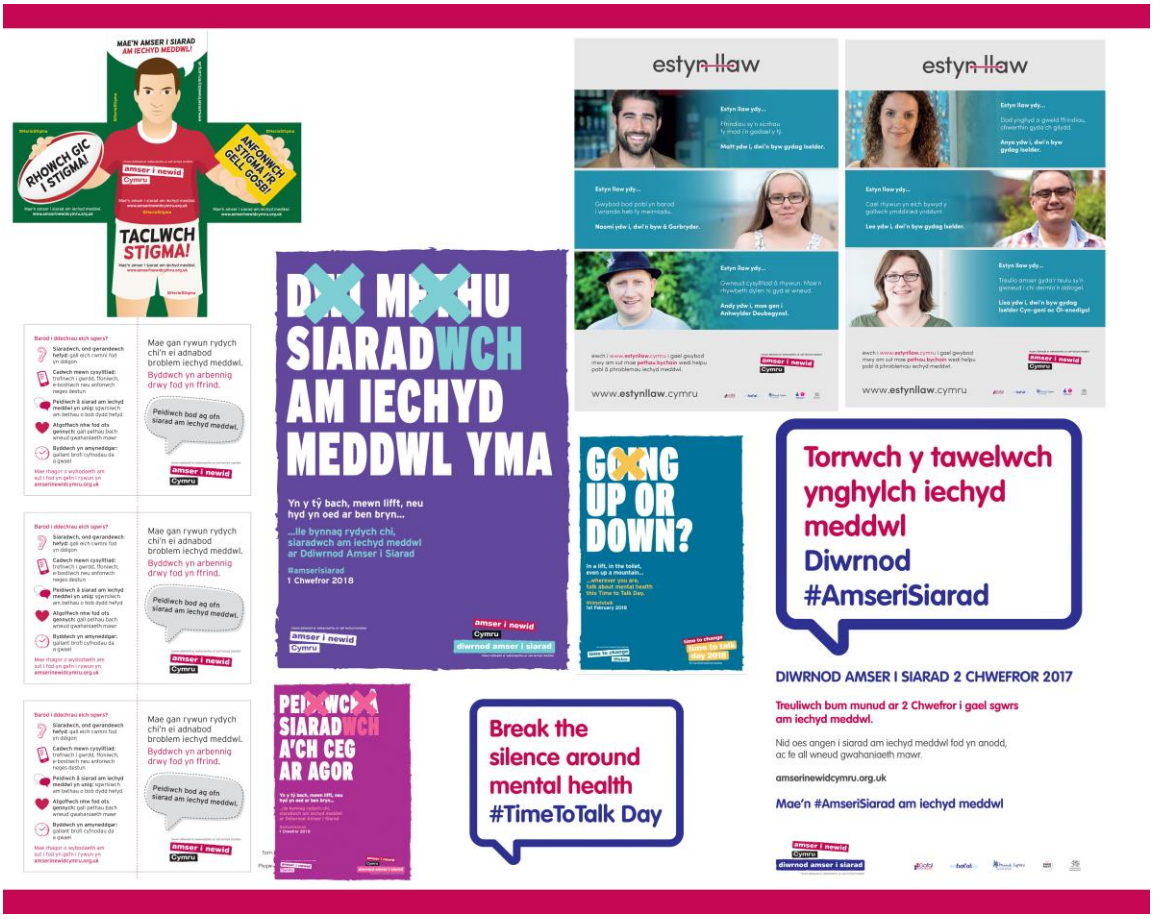
Appendix 5 – Summary of scores by sub-group

	Sub- Group	Base Size (Unweighted)	CAMI Score	MAKS Score	RIBS Score
TOTAL	Total	511	112.97	22.87	16.97
Gender	Male	230	111.28	22.47	16.74
	Female	281	114.68	23.28	17.20
Age (Grouped)	16-34	128	112.18	23.05	17.43
	35-64	201	115.03	23.11	17.40
	65+	182	109.59	22.17	15.55
Age	16-24	55	111.39	22.59	17.50
	25-34	73	112.89	23.47	17.38
	35-44	64	113.77	23.30	16.90
	45-54	60	116.37	23.32	18.07
	55-64	77	114.70	22.72	17.12
	65-74	98	112.52	23.02	16.13
	75+	84	105.45	20.97	14.73
Working Status	Working	190	113.92	23.23	17.36
	Retired	193	109.80	22.12	15.82
	Otherwise not working	128	114.55	22.84	17.40
Ethnicity	White	484	113.32	22.89	17.07
	Non-white	27	104.48	22.48	14.54
Location	Rural	215	114.85	23.33	17.18
	Urban	295	112.01	22.64	16.86
Welsh Speaking	Yes	109	115.27	23.30	18.04
	No	402	112.40	22.77	16.70
Marital Status	Married	243	113.44	23.16	17.22
	Sep/Wid/div	125	110.36	21.76	15.72
	Single	143	113.68	23.01	17.25
Welsh Index of Multiple Deprivation	Most deprived - 1	133	111.90	22.54	16.71
	2	99	110.96	22.53	16.92
	3	132	112.61	23.30	16.66
	4	63	113.75	22.48	16.75
	Least deprived - 5	83	115.28	23.35	17.54
Social Grade	AB	71	116.84	23.91	17.56
	C1	109	113.90	23.04	17.28
	C2	118	110.86	22.81	16.86
	D	87	110.30	21.97	15.95
	E	126	113.81	22.61	17.16
Social Grade (grouped)	ABC1	180	115.14	23.41	17.40
	C2DE	331	111.50	22.51	16.67
	DE	213	111.98	22.28	16.53
Personal Experience of mental health problem	Yes	69	120.38	24.35	18.57
	No	418	112.40	22.79	16.70
Known Someone with mental health problem in past year	Yes	160	117.88	24.29	18.43
	No	335	111.08	22.27	16.20
Parent / Guardian of child under 18	No	382	112.44	22.64	16.73
	Yes	129	114.26	23.43	17.54
Campaign Awareness	Yes - seen/heard ads	101	116.31	23.75	17.53
	Yes - seen/heard similar ads	75	112.96	23.71	17.33
	No - Not seen/heard	326	111.88	22.34	16.69

Appendix 6 – Campaign Materials






MAE'N AMSER I SIARAD AM IECHYD MEDDWL!
RHOWCH GIC I STIGMA!
ANFONWCH STIGMA I'R GELLIGOR!
TACLWCH STIGMA!
amser i newid Cymru
Mae gan rywun rydych chi'n ei adnabod broblem iechyd meddwl.
Byddwch yn arbennig drwy fod yn ffrind.
Peidiwch bod ag ofn siarad am iechyd meddwl.
DIM MWY SIARADWCH AM IECHYD MEDDWL YMA
Yn y tŷ bach, mewn lifft, neu hyd yn oed ar ben bryn...
...lle bynnag rydych chi, siaradwch am iechyd meddwl ar Ddiwrnod Amser i Siarad
#amserisiarad
1 Chwefror 2018
diwrnod amser i siarad
GOING UP OR DOWN?
estyn-llaw
www.estynllaw.cymru
PEIDWCH SIARADWCH A'CH CEG AR AGOR
Break the silence around mental health #TimeToTalk Day
Torrwch y tawelwch ynghylch iechyd meddwl Diwrnod #AmseriSiarad
DIWRNOD AMSER I SIARAD 2 CHWEFROR 2017
Treuliwch bum munud ar 2 Chwefror i gael sgwrs am iechyd meddwl.
Nid oes angen i siarad am iechyd meddwl fod yn anodd, ac fe all wneud gwahaniaeth mawr.
amserinewidcymru.org.uk
Mae'n #AmseriSiarad am iechyd meddwl

Appendix 7 – List of Tables and Figures