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The Australian public's beliefs about the harmfulness of antipsychotics: Associated factors and change over 16 years

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ABSTRACT

Negative views of psychiatric medications are common in many countries. Relatively little is known about beliefs about antipsychotic medications. A 2011 national survey of 2024 Australian adults assessed beliefs about their helpfulness or harmfulness for a person with either early or chronic schizophrenia and the associations with sociodemographic characteristics, exposure to schizophrenia, recognition of schizophrenia, and beliefs about other interventions, long-term outcomes, causes, and stigmatising attitudes. Changes since previous surveys (conducted in 1995 and 2003/4) were also assessed. Results showed that 19% of Australian adults believe that antipsychotics would be harmful for a person with early schizophrenia and 14% for chronic schizophrenia. This group was more likely to be male, born overseas, have less exposure to schizophrenia, show poorer schizophrenia recognition, have less positive views about other standard interventions, be less pessimistic about long-term outcomes and have greater stigmatising attitudes. Comparison with previous surveys showed that overall belief in the harmfulness of antipsychotics for schizophrenia decreased between 1995 and 2003/4 and between 1995 and 2011. The higher proportions of males and those from non-English speaking backgrounds believing in harmfulness suggest that education about the role of antipsychotics in the treatment of schizophrenia should focus on these groups.

1. Introduction

Antipsychotic drugs are widely acknowledged by health professionals as playing an important role in both acute and long-term treatment of schizophrenia and related disorders. However, when health professionals' beliefs about treatments for psychosis/schizophrenia are compared with those of the general public, one of the most notable differences is that regarding the harmfulness of antipsychotics (Caldwell and Jorm, 2000; Helbling et al., 2006). Surveys in a number of countries have revealed negative attitudes to psychiatric medications among the lay public, (Angermeyer et al., 1993; Lauber et al., 2001; Jorm and Wright, 2007) and such attitudes are of concern as they may contribute to poor treatment adherence and delays in treatment seeking (Donohoe et al., 2001; Kessler et al., 2001; Kampman et al., 2002; Norman et al., 2004). Long duration of untreated illness is common in psychosis, with one recent systematic review reporting a mean duration of untreated psychosis (DUP) of two years (Marshall et al., 2005). Due to the association of long DUP with poor outcomes for people with first episode psychosis, there is broad agreement about the need to reduce this period and there have been calls for community-wide education to ensure that the public has a better understanding of psychotic disorders and how to obtain effective advice, treatment and support (International Early Psychosis Association Writing Group, 2005; Perkins et al., 2005). While it is likely that a number of factors contribution to long DUP, the striking differences between professional and public beliefs about the helpfulness of antipsychotics suggest that there is a need for further examination of public perceptions about the benefits of these medications.

A recent review of studies designed to enhance identification and treatment of people with first-episode psychosis concluded that evidence for the reduction of DUP was most promising for intensive public awareness campaigns (Lloyd-Evans et al., 2011). While public mental health campaigns have been carried out in a number of countries, these have tended to focus on mental illness broadly, or specifically on depression, and generally aim to increase knowledge about symptoms and treatments, promote help seeking and reduce stigma (Dumesnil and Verger, 2009). Such campaigns might be expected to improve public attitudes to psychiatric medications and there is evidence from surveys in a number of countries that the general public's beliefs about the harmfulness of psychiatric medications have moved closer to those of health professionals in recent years (Angermeyer and Matschinger, 2004, 2005; Jorm et al., 2006).

Nevertheless, it is likely that a gap between public and professional beliefs still remains and there is a need to further

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explore public attitudes to antipsychotics, including changes over time. Examination of the factors associated with negative attitudes may assist in the design and targeting of campaigns to improve mental health literacy in regard to evidence-based treatments for psychosis/schizophrenia.

Analysis of data from an Australian national survey of mental health literacy conducted in 2003/4 showed that around 25% of Australians believed that antipsychotics were harmful for a person with either early or chronic schizophrenia (Jorm et al., 2005). The purpose of the current paper is to report data from the Australian 2011 National Survey of Mental Health Literacy and Stigma on factors associated with the belief that antipsychotics are harmful. These include sociodemographic factors, exposure to schizophrenia, recognition of schizophrenia, beliefs about other treatments, beliefs about long-term outcomes, beliefs about causes and stigmatising attitudes. It also reports on the changes in beliefs about harmfulness over time by comparing the results of the 2011 national survey with those that were carried out in 1995 and 2003/4.

2. Methods

2.1. The 1995 survey

The 1995 survey was carried out by the Australian Bureau of Statistics (see Jorm et al., 1997a, 1997b, 1997c for further details of the methods). Contact was made with 2531 households in both urban and rural areas. One person aged 18–75 years was randomly sampled per household and 2164 people (85%) agreed to participate.

The interview was based on a vignette of a person with depression or (early) schizophrenia. Participants were randomly assigned to receive either vignette and were also assigned to receive either male (‘John’) or female (‘Mary’) version of the vignette. Respondents were asked a series of questions about their recognition of the disorder described in the vignette and their beliefs about treatment. To assess recognition of the disorder described in the vignette, respondents were asked what, if anything, they thought was wrong with John or Mary. For the schizophrenia vignette, responses of ‘schizophrenia’ and ‘psychosis’ were counted as correct. Beliefs about treatments were assessed by asking respondents to rate the likely helpfulness of a range of interventions (rated as likely to be either helpful, harmful or neither for the person described in the vignette). While the survey asked questions about a wide range of interventions, the analyses reported here focus on those more likely to be supported by health professionals, namely a typical GP or family doctor, a counsellor, a psychologist, a psychiatrist, antipsychotics and psychotherapy (Jorm et al., 1997a, 1997b, 1997c; Caldwell and Jorm, 2000).

The rest of the interview involved questions on beliefs about long-term outcomes, knowledge of causes and risk factors, beliefs associated with stigma and discrimination, contact with people like those in the vignette and the health of the respondent. Only the questions relevant to the analyses in this paper are described in more detail here. To assess beliefs about long-term outcomes with and without treatment, respondents were asked about the likely result for the person in the vignette with and without the sort of professional help they thought most appropriate (Jorm et al., 1997a, 1997b, 1997c).

The questions to assess causal beliefs covered the following: virus or other infection, allergy or reaction, day-to-day problems, the recent death of a close friend or relative, some recent traumatic event, problems from childhood, inherited or genetic predisposition, being a nervous person, and weakness of character (Jorm et al., 1997a, 1997b, 1997c).

To assess contact with people like those in the vignette, respondents were asked the following: “Has anyone in your family or close circle of friends ever had problems similar to John’s?”; “Have they received any professional help or treatment for these problems?”; “Have you ever had problems similar to John’s?”; “Have you received any professional help or treatment for these problems?”; and “Have you ever had a job that involved providing treatment or services to a person with a problem like John’s?”.

Sociodemographic characteristics recorded included age group (coded in the present analyses as under 30, 30–59 and 60+ years), gender, and education (dichotomized in the present analyses as bachelor’s degree or higher versus lower-level qualifications).

2.2. The 2003/4 survey

The methods of the 2003/4 survey, which was carried out by the company AC Nielsen, aimed to replicate the methodology of the earlier survey as closely as possible (see Jorm et al., 2005 for further details of the methods). Households were sampled from 250 census districts covering all states and territories and metropolitan and rural areas. To achieve a target sample of 4000 interviews with adults aged 18 years or over, visits were made to 28,947 households. The achieved sample was 3998 respondents and the response rate was 34%.

In addition to the depression and schizophrenia vignettes used in the 1995 survey, the 2003/4 survey included two additional vignettes: depression with suicidal thoughts and chronic schizophrenia. It also incorporated all the questions of the earlier survey and some additional questions. To assess stigma, respondents were asked a series of nine questions designed to elicit their attitudes towards the person in the vignette (Griffiths et al., 2004).

2.3. The 2011 survey

The methods of the 2011 survey, which involved computer-assisted telephone interviews (CATI) with 6019 respondents aged 15+, are reported elsewhere (Reavley and Jorm, 2011). The survey was carried out by the company The Social Research Centre, Melbourne, Victoria, with the sample contacted by random-digit dialling of both landlines and mobile phones covering the whole country from January to May 2011. The response rate was 44.0%, defined as completed interviews (6019) out of sample members who could be contacted and were confirmed as in scope (13,636). The survey interview was based on those used in the 1995 and 2003/4 surveys and also included two additional vignettes: social phobia and post-traumatic stress disorder.

2.4. Ethics

Oral consent was obtained from all respondents before commencing the interview. Respondents aged below 18 could only commence their interviews after their parents provided oral consent. The study was approved by the University of Melbourne Human Research Ethics Committee.

2.5. Change over time

Change over time in different sociodemographic subgroups was examined. Change over time in relation to recognition of schizophrenia was also examined to assess whether change in beliefs about antipsychotics was mediated by the increase in recognition.

2.6. Statistical analyses

The data from the 2011 survey were initially analysed using per cent frequencies. Given the large number of comparisons, multivariate, multinomial logistic regression models were used to examine the characteristics associated with a belief in the helpfulness and harmfulness of antipsychotics relative to those who responded ‘Don’t know’, ‘Neither’ or ‘Depends’, and those who thought they were helpful relative to those who believed they were ‘Harmful’. The characteristics of interest were analysed separately for each vignette.

When comparing the results from different surveys, we focussed on the effect sizes of the differences between surveys, due to the fact that with large sample sizes, even very small differences between surveys can be statistically significant. The interpretations reported here are focussed on those effect sizes which equal or exceed Cohen’s definition of a ‘small’ ($h > 0.2$) effect size (Cohen, 1992). The 1995 and 2003/4 surveys only included adults aged 18+ and the 1995 survey only included those aged up to 75. To make the samples comparable, those aged 15–17 and those aged over 75 from the 2011 survey were dropped from the analyses reported here. This left a total of 1807 respondents: 892 people who received the early schizophrenia vignette and 915 who received the chronic schizophrenia vignette.

All analyses used sample weights to adjust for characteristics of the Australian population (i.e. the number of in scope persons in the household, telephone type (mobile or landline), age, gender and geographic location) and Taylor linearisation to estimate standard errors. Analyses were performed using Stata IC Release 12 (StataCorp LP, Texas, USA).

3. Results

3.1. 2011 Survey results

For the early schizophrenia vignette, 19.0% thought antipsychotics would be harmful, 47.8% thought they would be helpful, while 33.1% thought they would be neither harmful nor helpful. For the chronic schizophrenia vignette, these percentages were 14.4%, 52.5% and 33.1%. Factors associated with a belief in harmfulness or helpfulness of antipsychotics for early