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Psychiatric literacy and the conduct disorders☆

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ABSTRACT

Past research regarding mental health literacy has indicated that public knowledge is lamentably poor. This study aimed to examine the effect of demographics, experience and personality, as predictors for understanding conduct disorders. An opportunistic sample of 125 participants with a mean age of 24.29 years completed an online questionnaire in which they were asked to describe and evaluate vignettes of 4 conduct disorders. They were asked for their view of what the diagnosis may be: "What is the main problem", confidence in their diagnosis, and how the person could be helped. The correct diagnosis was given by 42% of the participants in one case but only 8% in another. A content analysis suggested that five types of diagnosis were given: psychological/psychiatric, behavioural, parenting, socio-emotional and lifestyle.

There were significant differences in what treatments were thought to be useful between the cases though psychotherapy was thought to be most useful. Limitations of this study are considered.

1. Introduction

This paper is concerned with psychiatric or mental health literacy which is essentially the "public understanding of psychiatry". This study focuses on the conduct disorders. Many studies have been carried out in the area (Angermeyer & Dietrich, 2006; Angermeyer & Matschinger, 1996a, 1996b, 1996c; Angermeyer, Matschinger, & Corrigan, 2004), but none concerning conduct disorders. More recent studies have concentrated specifically on the personality disorders (Furnham, Abajian, & McClelland, 2011; Furnham, Kirkby, & McClelland, 2011).

The term 'mental health literacy' was first coined by Jorm et al. (1997) meaning 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention' (p. 183). This comprises several components, including the ability to recognise specific mental disorders; knowledge and beliefs about risk factors; causes, self-help interventions and professional help available; attitudes which promote appropriate help-seeking; as well as the recognition and knowledge of ways to obtain mental health information. Jorm and colleagues have done a great deal of research (Chen, Parker, Kua, Jorm, & Loh, 2000; Jorm, 2000) and the concept seems to be spreading (Goldney, Fisher, Dal Grande, &Taylor, 2005; Mubbashar & Farooq, 2001).

In Jorm's (2000) early review, he noted that many lay people cannot correctly identify mental disorders and they have difficulties understanding psychiatric terms. For example, Jorm et al. (1997) found that only 39% of participants correctly labelled depression and whereas only 27% correctly identified schizophrenia. Typically, the methodology provides participants with vignettes which they have to label. For example, in a recent paper concerned with whether lay people could

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label a person as having psychopathy, Furnham, Daoud, & Swami (2009) used three vignettes and found 97% of participants could recognise depression; 61% schizophrenia but only 39% could correctly identify a psychopath (anti social personality disorder).

More recent studies have reported considerably higher recognition of schizophrenia and depression (Lauber, Nordt, Falcato, & Rossler, 2003; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999). However, this increase may not entirely reflect greater awareness; but may possibly be the result of methodological disparities in the way mental health literacy is measured.

In Jorm et al's (1997) early study, participants were asked "What would you say, if anything, is wrong with John/Mary?" (p. 184). Lauber et al. (2003), on the other hand, presented a close-ended question. They required participants to indicate whether the person described in the vignettes was suffering from an 'illness' or a 'crisis'. Link et al. (1999) asked participants to rate the likelihood of X experiencing a 'mental illness'. It can be noted that both Lauber et al. (2003) and Link et al. (1999) implied that there was something wrong with the person. This implied 'problem' may contribute to the discrepancy between Jorm et al. (1997) findings with the more recent studies.

Wang et al. (2007) found that in Canada, 75.6% of their participants were able to recognise depressive symptoms and use the correct label. The authors claimed that the higher recognition rate in their second study compared to the Australian survey by Jorm et al. (1997) may possibly be due to it being conducted more recently and the results reflecting more current knowledge. However, they also pointed out their use of an unrepresentative sample, consisting of more female and higher educated participants than in their Australian study. The unavailability of demographic and socio-economic details from the Australian study, render any comparison impossible.

This study is concerned specifically with lay understanding of conduct disorders. This is described in DSM-1V as a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated (p. 85) The behaviours associated with conduct disorders are aggressive conduct towards living things, property loss or damage; deceitfulness or theft as well as serious violations of rules. Conduct disorders include oppositional Defiant Disorder, Attention-Deficit/Hyperactivity Disorder, Adjustment Disorder and Child/adolescent Antisocial Behaviour Disorder.

There is an extensive academic literature on this topic (Arseneault, Kim-Cohen, Taylor, Caspi, & Moffitt, 2005; Kazdin, 1993; Kim-Cohen et al., 2005; Renk, 2008; Stewart, deBlois, & Cummings, 1980) though most appears to have been done on ADHD (McLeod, Fettes, Jensen, Pescosolido, & Martin, 2007). Excellent reviews of the understanding of the processes underlying conduct disorders have also appeared (Hill, 2002).

This study looks at lay people's ability to recognise conduct disorders. It uses the vignette technique to see what people make of those with the disorder. These were taken from textbooks, papers and websites and based on actual cases. The central question was what participants thought was the "main problem" for each case (and their confidence in their diagnosis) as well as how best they thought the individual could be helped.

2. Methods

2.1. Participants

A total of 125 participants took part in the study, of whom 78 were female and 47 were male aged between 18 and 59 years with a mean age of 24.39 years (SD = 9.71). The majority of participants were European Caucasian (62.4%), followed by Asian/British Asian descent (28%) and African descent (0.8%), with the remainder classified as 'Other' (8.8%). The majority of participants' highest educational qualification were A-Levels or equivalent (i.e. 12th grade) (67.2%), followed by BSc/BA or equivalent (24%), followed by MSc/MA or equivalent (4.0%), followed by GCSE or equivalent (i.e. 10th grade) (3.2%) with all other participants falling in the 'Other' category (1.6%). In all 55.6% of participants were single, 29.8% were in a relationship, 8.1% were married and 1.6% were divorced, leaving 3.2% in the 'Other' relationship category. The majority of participants did not have any sons or daughters (92.4% had no sons, 88.8% had no daughters). Participants were asked if they had some formal study (to degree level) in either Psychology, Psychiatry, Medicine, Psychoanalysis or Child Care (Total: 8.8%), with the majority of the total sample (33.6%) having studied Psychology. 36% reported having studied mental illness before. The majority of participants reported themselves as never being diagnosed with a mental illness (87.9%). However, 49.2% of participants knew someone who had been diagnosed with a mental illness. The most common diagnosis was depression or schizophrenia among a wide range of disorders. When participants were asked to rate their interest in mental illness on a 7-point scale (1 = Not at all to 7 = Very) the mean rating was 4.67 *(SD* = 1.77).

2.2. Materials

The questionnaire consisted of 4 vignettes, each of 150–200 words and written to be easily understandable. Each vignette was based upon a fictional case study of characters with a DSM-IV diagnosis of conduct disorders of different varieties. These were very lightly edited from the original sources to make them more understandable to the public. Cases 1 and 2 were obtained from a review by Searight, Rottnek, and Abby (2001), Case 3 was obtained from the National Mental Health Information Centre (in press) and Case 4, being specifically concerned with Attention Deficit Hyperactivity Disorder, was taken from Seligman, Walker, and Rosenhan (2007). Cases 1–3 were considered a "generic" rather than specific conduct