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Research paper

Public attitudes toward depression and help-seeking: Impact of the OSPI-Europe depression awareness campaign in four European regions

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ABSTRACT

Background: Public attitudes toward depression and help-seeking behaviour are important factors influencing depressed people to obtain professional help and adequate treatment. OSPI-Europe is a multi-level suicide prevention programme including a public awareness campaign. It was implemented in four regions of four European countries (Germany, Hungary, Ireland and Portugal). This paper reports the results of the evaluation of the campaign, including its visibility and effects of the campaign on stigma associated with depression and help-seeking behaviour.

Methods: A representative general population survey (N = 4004) including measures on personal stigma, perceived stigma, openness to help, perceived value of help, and socio-demographic variables was conducted in the four intervention and four control regions in a cross-sectional pre-post design.

Results: The public awareness campaign was considerably more visible in Germany and Portugal compared to Ireland and Hungary. Visibility was further affected by age and years of schooling. Personal stigma, perceived stigma and openness toward professional help varied significantly across the four countries. Respondents in the intervention regions showed significantly less personal depression stigma than respondents in the control regions after the campaign. Respondents of the intervention region who were aware of the campaign reported more openness toward seeking professional help than respondents who were unaware of it.

Conclusion: The OSPI-Europe awareness campaign was visible and produced some positive results. At the same time, it proved to be difficult to show strong, measurable and unambiguous effects, which is in line with previous studies. Public awareness campaigns as conducted within OSPI-Europe can contribute to improved attitudes and knowledge about depression in the general public and produce synergistic effects, in particular when the dissemination of awareness campaign materials is simultaneously reinforced by other intervention levels of a multi-level intervention programme.

Limitations: The survey was cross-sectional and based on self-report, so no causal inferences could be drawn.

1. Introduction

According to the World Health Organization (WHO), depression is the most prominent single cause of disability worldwide, accounting for 11% of all years lived with disability globally. Depression has high life time prevalence within the international range of 6.3–10.3%, a large comorbidity (Baumeister and Härter, 2007), mortality (Ustün et al., 2004; Thomson, 2011) and a considerable economic impact (Chisholm et al., 2016). Although adequate treatment is available (Anderson, 2000; DeRubeis et al., 2005; Cipriani et al., 2009; NICE, 2009), it is estimated that 56% of patients with major depression receive no treatment at all (Kohn et al., 2004; Fernández et al., 2007) Previous research has identified several factors contributing to this, including barriers to care or reach out for help. Stigmatization and fear of

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discrimination are amongst others seen as major barriers to perform help-seeking behaviour (Clement et al., 2015). There is evidence, that public stigma, which represents such opinions about personal beliefs of what most people think, is positively associated with self-stigma (Evans-Lacko et al., 2012) and negatively associated with help-seeking for mental health related problems (Griffiths et al., 2011; Clement et al., 2015).

Studies indicate that approximately half of the general public is convinced that people with depression are weak, responsible for their own condition and unpredictable; and nearly a quarter considers them to be dangerous (Wang and Lai, 2008; Aromaa et al., 2011).

The literature suggests that it is important to make a distinction between personal and perceived depression stigma (Griffiths et al., 2008; Eisenberg et al., 2009; Calear et al., 2011). Personal stigma is referred to as an individual's personal thoughts and beliefs about depression, while perceived depression stigma represents an individual's perception of what other people think and feel about depression (Griffiths et al., 2006; Calear et al., 2011). It is generally assumed that both stigmatizing concepts negatively affect an individual's decision to seek help for a mental health problem (Barney et al., 2006; Griffiths et al., 2008).

The baseline data from the first wave survey of OSPI-Europe showed a moderate degree of personal stigma toward depression and a strikingly higher degree of perceived stigma (Coppens et al., 2013). A significant association was found between personal stigma and attitudes toward help-seeking. Furthermore, personal stigma was related to less openness to search for help and lower perceived value of treatment. Socio-demographic characteristics such as male gender, older age and lower educational level were associated with more personal stigma and more negative attitudes toward help seeking. Finally, some significant country differences were found. Hungarian people showed the highest personal stigma, were least willing to look for professional help and were most likely to judge professional help as useless. Irish people, on the contrary, had the most positive attitudes toward depression and most frequently judged professional help to be valuable. Ultimately, German people scored the highest on perceived stigma and Portuguese people were most willing to seek professional help.

Numerous institutions, including the WHO, recommend education and public awareness campaigns aiming to counteract the stigma associated with mental illness, to prevent discrimination of people affected, to improve the mental health literacy of the public and to positively influence help-seeking behaviour (Dumesnil and Verger, 2009). Examples for such campaigns are: the Defeat Depression and the Changing Minds campaigns in the United Kingdom (Paykel et al., 1997; Crisp et al., 2005), the Community Awareness, the beyondblue and the Compass campaigns in Australia (Rosen et al., 2000; Jorm et al., 2005; Wright et al., 2006), the Like Minds, Like Mine campaign in New Zealand (Akroyd and Wyllie, 2003), the See Me campaign in Scotland (Braunholtz et al., 2004), as well as the Nuremberg Alliance Against Depression (Hegerl et al., 2003; Dietrich et al., 2010, 2014) and the recent Psychenet campaign in Germany (Makowski et al., 2016b). Most of these campaigns are rather expensive. Consequently, it is worthwhile to know whether they are effective, in particular in terms of behaviour change. Despite some evidence, the majority of campaigns resulted in only moderate improvements in knowledge of and attitudes toward depression and suicide (Dumesnil and Verger, 2009; Makowski et al., 2016b). While Jorm and colleagues found a positive impact on attitudes toward help seeking and treatment for the beyondblue campaign (Australia) (Jorm et al., 2005), in the majority of studies, the campaign did not produce a change in the tendency to seek professional help. Moreover, there are various methodological restrictions (Dumesnil and Verger, 2009): First, most studies, by using a repeated cross-sectional pre-post design without control groups, provided only a low level of evidence on effectiveness. The few existing studies that did include an unexposed control group were biased by several factors such as a nonrandomized sample selection, low response rates or small sample sizes. Second, most of the indicators and instruments used to measure the effect of a campaign on the population's knowledge and attitudes were not standardized, unreliable or invalidated (Dumesnil and Verger, 2009; Clement et al., 2015).

Although previous studies report heterogeneous and rather small effects and the evaluation of complex public campaigns is methodologically challenging, it is common practice and recommended standard in suicide prevention programmes to evaluate any intervention activities (World Health Organization (WHO), 2012, 2014). This paper focuses on a campaign evaluation study using a representative general population survey in four European countries in a pre-post design, which intended to not only follow this recommendation, but to address some of the limitations mentioned above. It forms part of the "Optimizing Suicide Prevention Programmes and their Implementation in Europe" project (OSPI-Europe,(Hegerl et al., 2009)). This large-scale project was funded by the European Commission within the seventh framework programme and ran from 2008 until 2013. It aimed at investigating the effectiveness of a multi-level community based suicide prevention programme in four culturally different European regions (in Germany, Hungary, Ireland, and Portugal), based on an optimised version of a 4-level community-based intervention concept implemented and evaluated in previous projects. One of the levels aimed to increase the population's knowledge about depression and its treatment as well as to decrease stigmatizing attitudes by means of a public media campaign. The other levels include: training primary care physicians, training community facilitators, supporting patients and their relatives, and restricting access to lethal means. The current study reports on the changes in depression stigma and attitudes towards help-seeking provoked by the public media campaign which was launched in four European countries. The aim of the study is threefold:

1) To examine whether the campaign activities were more visible in the intervention regions compared to the control regions in each of the four European countries
2) To determine the effect of the campaign activities on personal and perceived stigma toward depression and attitudes toward seeking professional help, and
3) To investigate whether effects differed between the respondents of the intervention regions who were aware of the campaign versus all subjects of the control regions who were not exposed to the campaign.

Additionally, a potential association of the results with certain socio-demographic characteristics was analysed.

2. Method

2.1. The OSPI-Europe Awareness campaign

Within the context of the OSPI-Europe intervention, a public depression awareness campaign was launched focusing on four key messages: *"Depression is a real disease"*, *"Depression can affect anyone"*, *"Depression has many faces"*, and *"Depression can be treated"*. The core campaign consisted of several activities, including: an opening ceremony, public informational events, the distribution of posters and flyers, and an intensified cooperation with the local press. The intensity of the campaign differed across regions. Table 1 provides an overview of the number of distributed flyers, put up posters, and organised public events per region. Several regions added optional activities to the core campaign such as brochures on depression distributed by general practitioners (GPs) and during public events (Leipzig), a movie spot on depression shown at a local cinema (Leipzig, Miskolc), a radio spot broadcasted several times a day (Miskolc), information on depression broadcasted via the teletext service of the local television (Miskolc), and key rings with an imprinted helpline number and slogan (e.g., "depression can be treated") distributed by GPs and local youth