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Research report

Public attitudes toward depression and help-seeking in four European countries baseline survey prior to the OSPI-Europe intervention

Evelien Coppens [a], Chantal Van Audenhove [a,(*)], Gert Scheerder [a], Ella Arensman [b], Claire Coffey [b], Susana Costa [c], Nicole Koburger [d], Katrin Gottlebe [d], Ricardo Gusmão [c], Rory O'Connor [e], Vita Postuvan [f], Marco Sarchiapone [g], Merike Sisask [h], András Székely [i], Christina van der Feltz - Cornelis [j], Ulrich Hegerl [d]

[a] LUCAS, Centre for Care Research and Consultancy, University of Leuven, Belgium
[b] National Suicide Research Foundation & Department of Epidemiology and Public Health, University College Cork, Ireland
[c] CEDOC, Departamento de Saúde Mental, Faculdade de Ciências Médicas da Universidade NOVA de Lisboa, Portugal
[d] Klinik und Poliklinik für Psychiatrie, Universität Leipzig, Germany
[e] School of Natural Sciences, University of Stirling, UK
[f] Slovene Center for Suicide Research, University of Primorska, Slovenia
[g] Health Sciences Department, University of Molise, Italy
[h] Estonian-Swedish Mental Health and Suicidology Institute (ERSI), Estonian Center for Behavioral and Health Sciences, Tallinn University, Estonia
[i] Institute of Behavioral Sciences, Semmelweis University Budapest, Hungary
[j] Faculty of Social Sciences, Tilburg University & GGz Breburg & Trimbos Instituut, the Netherlands

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ABSTRACT

Background: Stigmatizing attitudes toward depression and toward help-seeking are important barriers for people with mental health problems to obtain adequate professional help. This study aimed to examine: (1) population attitudes toward depression and toward seeking professional help in four European countries; (2) the relation between depression stigma and attitudes toward help-seeking; (3) the relation between both attitudes and socio-demographic characteristics; and (4) differences in attitudes across countries.
Methods: A representative general population survey ($n=4011$) was conducted in Germany, Hungary, Ireland, and Portugal, assessing attitudes toward depression and toward help-seeking, and a number of socio-demographic variables.
Results: Respondents showed a moderate degree of personal stigma toward depression and a strikingly higher degree of perceived stigma. Although a substantial majority showed openness to seek professional help, only half of the people perceived professional help as valuable. More negative attitudes were found in Hungary and were associated with male gender, older age, lower educational level and living alone. Also, personal stigma was related to less openness to and less perceived value of professional treatment.
Limitations: The survey was cross-sectional, so no causal inferences could be drawn.
Conclusions: Personal and perceived stigma toward depression deserves public health attention, since they impact upon the intention of people with depression to seek professional help. Public media campaigns should focus on the credibility of the mental health care sector, and target males, older people, and those with a lower educational level and living alone. The content of each campaign should be adapted to the cultural norms of the country for which it is intended.

1. Introduction

Depression is a major public health challenge in many Western countries, with a high prevalence (Baumeister and Härter, 2007) and a major impact on patients (Collins et al., 2011; Moussavi et al., 2007) and economic resources (Stewart et al., 2003). Effective treatment is available (Anderson, 2000; Cipriani et al., 2009; DeRubeis et al., 2005; NICE, 2009), yet depression care is hindered by barriers at several levels, such as under-recognition, stigmatization, inadequate treatment and poor treatment adherence (Goldman et al., 1999). National surveys in Europe indicate that less than half of the people with major depression receive any formal professional help (Demyttenaere et al., 2004;

(*) Corresponding author. Tel.: +32 16 33 69 10/32 16 33 69 11; Ćfax: +32 16 33 69 22.
E-mail address: Chantal.Vanaudenhove@med.kuleuven.be (C. Van Audenhove).

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Fernandez et al., 2007). Treatment seeking for depression is in particular lower in men, the oldest and youngest age groups, in those who have a lower educational or income level or who are married (Bramesfeld et al., 2007; Harman et al., 2004; Prins et al., 2010; Wang et al., 2007). Even when depression is diagnosed, only half of the individuals receive depression-specific treatment. Especially older men are at risk for not being treated (Boenisch et al., 2012).

The public's knowledge and attitudes toward mental health and mental health care are often described in terms of mental health literacy (Jorm et al., 1997, 2006). This refers to the knowledge and beliefs about mental illness and treatment options that aid their recognition, management or prevention (Goldney and Fisher, 2008; Jorm, 2000) and may be an important determinant of help-seeking (Goldney et al., 2001). Previous research commonly reports poor mental health literacy in the general population, including inadequate knowledge and stigmatizing attitudes with regard to depression and its treatment (Barney et al., 2006; Jorm et al., 2006).

Stigmatizing attitudes toward people with mental illness such as perceiving them as dangerous, unpredictable, untrustworthy, difficult to talk to, weak, themselves to blame for their condition and unlikely to fully cure are widespread (Angermeyer and Dietrich, 2006; Jorm et al., 2006; Thornicroft, 2006). This is especially the case for mental illnesses such as schizophrenia (Thornicroft et al., 2009). Public attitudes regarding depression tend to be somewhat more positive (Angermeyer and Dietrich, 2006; Mann and Himelein, 2004). For instance, it has been reported that about three quarters of the people agree that depression is a disease like any other (Priest et al., 1996). Also, depression is often recognized as a 'crisis' (Holzinger et al., 2011; Lauber et al., 2003) or a fluctuation of mood under the individual's control rather than as a disorder (Lauber et al., 2001; Schomerus et al., 2006). Nevertheless, nearly half of the general public perceives people with depression as weak, responsible for their own condition and unpredictable, and nearly a quarter considers them to be dangerous (Aromaa et al., 2011; Wang and Lai, 2008). Negative attitudes toward depression are mainly associated with older age, less literacy, less familiarity with mental illness, male gender and lower educational level (Aromaa et al., 2011; Connery and Davidson, 2006; Griffiths et al., 2008; Mann and Himelein, 2004). Recent longitudinal studies report that stigmatizing attitudes are increasing, which is a worrisome finding (Angermeyer et al., 2009; Mehta et al., 2009). Similarly, in a recent multisite cross-sectional survey conducted in 1082 participants with a diagnosis of major depression, 79% of the respondents reported to have experienced discrimination in at least one life domain (Lasalvia et al., 2012).

Although stigmatizing attitudes toward depression are often used in a broad sense, several studies demonstrate that it is important to make a distinction between personal and perceived stigma (Calear et al., 2011; Eisenberg et al., 2009; Griffiths et al., 2008). Personal stigma is generally referred to as an individual's personal thoughts and beliefs about depression, while perceived depression stigma is used to represent an individual's perception of what other people think and feel about depression (Calear et al., 2011; Griffiths et al., 2006). 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).

With regard to the attitude to seeking professional help in the case of mental health problems (e.g. mood disorders, anxiety disorders, and alcohol disorders), several European studies indicate that many people would not prefer formal professional help (Have et al., 2010). Rather they would deal with it themselves. Australian research further demonstrates that especially with regard to the treatment of depression, the use of informal support or self-help resources, such as self-help books and websites, are rated as helpful (Highet et al., 2002; Oh et al., 2009). In general, the public largely prefers and believes in the effectiveness of non-medical interventions for depression, especially lifestyle interventions, such as physical activity, social activities, stress management and relaxation (Jorm et al., 2005a, 2005b; Lauber et al., 2005). Medical treatment options such as antidepressants are far less supported (Jorm et al., 2005a, 2005b). If people would seek professional help, the general practitioner is generally preferred over specialist mental health care, especially in the elderly (Highet et al., 2002). More negative attitudes toward seeking professional help for depression are observed in men and the elderly, in those with lower mental health literacy and lower socioeconomic status, and in adolescents (Hernan et al., 2010; Jorm et al., 2005a, 2005b; ten Have et al., 2010). Men are also more likely to mention inadequate strategies to cope with depression, such as using alcohol (Lauber et al., 2001), while women are more likely to cite informal social support (Highet et al., 2002). In addition, psychiatric treatment is more frequently recommended by the general public for illnesses that are perceived as more severe and unrelated to a crisis, e.g. more so for schizophrenia than for depression (Lauber et al., 2001). However, recent studies indicate that public attitudes toward mental health service use are becoming more positive (Goldney et al., 2005; Mojtabai, 2007).

The current study draws upon data from Optimizing Suicide Prevention Programs and their Implementation in Europe (OSPI-Europe), a large scale European research project. The overall aim of the project is to evaluate the effectiveness of a multilevel suicide prevention program in four different regions in Europe (Germany, Hungary, Ireland, and Portugal), using a single group prospective design (Hegerl et al., 2009). One of these components is a public media campaign about depression and its treatment. Other levels of the OSPI-Europe intervention focus on initiatives for primary care providers, high-risk groups, and community facilitators as well as on restricting access to lethal means. The multilevel intervention was implemented in four intervention regions. Four other regions served as control regions. Prior to the implementation of the OSPI-Europe intervention a general population survey was conducted in all intervention and control regions. The current paper specifically focuses on the findings of this baseline survey. The goal of the study is fourfold. First, we aimed to describe personal and perceived stigma toward depression as well as attitudes toward seeking professional help in four European countries at baseline. The second purpose was to examine the association between the two types of stigma and attitudes toward help-seeking. Third, we investigated which socio-demographic characteristics were related to personal and perceived stigma and attitudes toward help-seeking. Finally, we explored differences in attitudes between countries in order to provide recommendations regarding cultural sensitivity in public awareness campaigns.

2. Method

2.1. Design and procedure

A representative general population survey by means of telephone interviews was conducted in the intervention and control regions of the four OSPI-Europe intervention countries (Germany, Hungary, Ireland and Portugal). The survey was carried out prior to the implementation of any of the multilevel OSPI-Europe intervention activities. Table 1 provides an overview of the intervention and control regions, the number of inhabitants and the survey period. The population size of the intervention regions varied