



Research report

The Australian public's beliefs about the causes of depression: Associated factors and changes over 16 years



Pamela D. Pilkington^{a,b,*}, Nicola J. Reavley^{a,b}, Anthony F. Jorm^{a,b}

^a Population Mental Health Group, Melbourne School of Population and Global Health, University of Melbourne, Victoria, 3010, Australia

^b Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Parkville, Victoria, 3052, Australia

ARTICLE INFO

Article history:

Received 16 January 2013

Received in revised form

22 April 2013

Accepted 22 April 2013

Available online 18 May 2013

Keywords:

Depression

Mental health literacy

Attitudes

Causal beliefs

ABSTRACT

Background: Biological conceptualisations of depression are increasingly prevalent. The current study aimed to investigate the current prevalence of causal beliefs about depression in the Australian public, the factors associated with these beliefs, and changes over time.

Method: A nationally representative sample of Australian adults was surveyed as part of the 2011 National Mental Health Literacy and Stigma Survey. Beliefs about the causes of depression were assessed based on responses to vignettes depicting a person with either depression ($n=893$) or depression with suicidal thoughts ($n=903$). Socio-demographic characteristics, personal and professional experience with depression, and correct recognition of depression were investigated as predictors of causal beliefs about depression using binary logistic regression. Comparisons were made between the Australian public's current causal beliefs and data obtained in national surveys conducted in 1995 and 2003/4.

Results: Over 80% of the Australian public attributed depression to day to day problems, death of a close friend or relative, a recent traumatic event, childhood problems, and a chemical imbalance in the brain. People who correctly labelled the disorder in the vignettes were more likely to attribute depression to psychosocial reasons and less likely to attribute it to an allergic reaction, a virus, or an infection. Belief in psychosocial and genetic causes has increased over time, whereas belief in infection, allergy and weakness of character has decreased.

Limitations: Comparisons between the 1995, 2003/4 and 2011 surveys were limited by the differences in the survey methodology at each time point, and by low response rates to the 2003/4 and 2011 surveys. The survey design prevented insight into the reasoning underlying individuals' responses, and lacked sufficient power to explore the beliefs of Australians from cultural minorities.

Conclusions: The majority of the Australian public believe that both psychosocial and biological factors cause depression.

© 2013 Elsevier B.V. All rights reserved.

1. Introduction

Mental health literacy refers to the beliefs and attitudes towards mental disorders that are central to their 'recognition, management and prevention' (Jorm et al., 1997a). It is important to monitor change over time in population-level mental health literacy so that the effectiveness of mental health promotion campaigns can be evaluated (Jorm et al., 2005b; Link, 1999). The current study examines a key aspect of mental health literacy: beliefs about the various causal pathways that lead to the experience of mental health problems. Causal beliefs may refer to factors in the social environment (e.g., problems during

childhood); be biologically based (e.g., a genetic predisposition); or allude to the personal characteristics of the person experiencing mental health problems (e.g., being a nervous person).

Studies have shown associations between perceptions about the causes of depression and help seeking (e.g., Chen and Mak, 2008; Goldstein and Rosselli, 2003), stigmatising attitudes (e.g., Cook, 2011; Dietrich et al., 2006; Jorm and Griffiths, 2008; Sher et al., 2005) and treatment preference (Iselin, 2003; Khalsa et al., 2011), adherence (Sher et al., 2005), and outcomes (Sullivan et al., 2003). However, there are differing views as to which explanations for mental disorders should be emphasised to the public in order to decrease stigma and promote help seeking. For example, organisations have aimed to decrease stigma and normalise depression and other mental disorders by calling them "brain diseases" (Corrigan and Watson, 2004). This approach has been criticised for being overly simplistic and potentially increasing stigma (Read et al., 2006). It has been argued that, alternatively,

* Corresponding author at: Population Mental Health Group, Melbourne School of Population and Global Health, 207 Bouverie Street, University of Melbourne, Parkville, Victoria, 3010, Australia. Tel.: +61 3 9035 7799.

E-mail address: pamelap@unimelb.edu.au (P.D. Pilkington).

public health messages should acknowledge the complex interaction between biological and psychosocial factors (Hinshaw and Cicchetti, 2000).

The purpose of the current study is to report the prevalence of causal beliefs about depression in the Australian public, the factors associated with these beliefs, and changes over time, using data generated as part of the National Mental Health Literacy and Stigma Survey (herein referred to as the National Survey). Past research indicates that causal beliefs about depression are endorsed to varying degrees depending on age, gender, exposure to mental disorders, cultural background, and level of education (Jorm et al., 1997c; Read and Harré, 2001). Improved understanding of the factors associated with causal explanations for depression may contribute to the development of targeted mental health literacy programmes (Read and Harré, 2001).

The most recent National Survey is the first to examine the extent to which the Australian public attribute depression to a chemical imbalance in the brain. In recent years, the notion that depression results from a chemical imbalance has become dominant in public health discourse (France, 2007; Griffiths, 2004; Jorm and Griffiths, 2008). The pharmaceutical industry in particular has promoted the idea that depression is caused by a chemical imbalance that can be corrected through the use of antidepressants (Deacon, 2009). Given that Cook (2011) found that more than 90% of the Canadian public perceived a chemical imbalance to be a likely cause of depression, it seems likely that this explanation is similarly prevalent in Australia (France, 2007; Griffiths, 2004; Jorm and Griffiths, 2008).

Studies conducted in Australia (Jorm et al., 2005b; Jorm et al., 1997c) and internationally (Goldstein and Rosselli, 2003; Hugo et al., 2003; Lauber et al., 2003; Read and Harré, 2001) show that depression is more frequently attributed to psychosocial factors than to genetic factors (Angermeyer and Dietrich, 2005). However, there is evidence that the public's perceptions of the causes of depression are changing: a recent systematic review of studies examining mental health literacy in national population samples confirmed an increasing emphasis on biological conceptualisations of mental disorders (Schomerus et al., 2012). Respondents often simultaneously endorse psychosocial and biological causes for mental disorders (Hansson et al., 2010; Jorm et al., 2005b; Link, 1999). For example, Jorm et al. (2005b) observed that although there was a significant increase in the Australian public's belief in genetic causes for depression between 1995 and 2003/4, there was no reciprocal decrease in belief in psychosocial reasons. The public's explanations for mental disorders appear to be becoming more similar to those of researchers and health professionals in taking a multifactorial perspective.

A key contributing factor to this shift may be the increasing number of public health campaigns targeting awareness of depression (Dumesnil and Verger, 2009) and the corresponding increase in the proportion of Australians who are able to recognise signs and symptoms indicative of depression (Reavley and Jorm, 2011). The 2011 National Survey showed that rates of recognition of depression in the Australian public have increased, with almost 75% of respondents using the correct label, compared to only 39% in 1995 (Jorm et al., 1997b). Studies have linked the improvements in the Australian public's depression literacy over the past 15 years to the establishment of *beyondblue*: the national depressive initiative in 2001 (e.g., Dunt et al., 2011; Highet et al., 2006; Jorm et al., 2005a; Jorm et al., 2006; Yap et al., 2012). *Beyondblue* promotes depression awareness through their website (<http://www.beyondblue.org.au>) in addition to print and screen media campaigns. This organisation cites increased public awareness of the causes of depression as one of its key objectives (Dunt et al., 2011) and emphasises multi-causal explanations for depression (beyondblue, 2012, p. 9). It is possible that the work of

beyondblue has contributed to the Australian public's shift towards conceptualising depression as the result of both psychosocial and biological factors.

The current study aimed to examine the prevalence of causal beliefs about depression and depression with suicidal thoughts, and the extent to which socio-demographic characteristics, exposure to depression, and ability to correctly recognise depression are associated with these beliefs. The 2011 National Survey data were compared to data from earlier Australian national surveys, carried out in 1995 and 2003/4, in order to document change over time. In keeping with a recent review by Schomerus et al. (2012), it was anticipated that the Australian population would more frequently endorse genetic causes of depression than in previous years, and the majority of respondents would perceive a chemical imbalance in the brain as a likely cause of depression.

2. Method

2.1. The 1995 and 2003/4 surveys

The methodologies of the 1995 and 2003/4 National Mental Health Literacy and Stigma surveys have been described in detail in Jorm et al. (1997a) and Jorm et al. (2005a). Briefly, the 1995 survey was carried out by the Australian Bureau of Statistics and achieved a national sample of 2 164 participants (85% response rate) from households in metropolitan and rural areas. Participants were randomly assigned to be presented with either a depression or schizophrenia vignette and asked a series of questions about their beliefs and attitudes toward the disorder described in the vignette. The 2003/4 survey aimed to replicate the methodology of the 1995 survey, with the addition of two new vignettes: depression with suicidal thoughts and chronic schizophrenia. The company AC Nielsen surveyed households in metropolitan and rural areas in all states and territories of Australia and achieved a sample of 3 998 adults (34% response rate).

2.2. The 2011 survey

2.2.1. Interview

A Melbourne-based survey company, the Social Research Centre, implemented Computer Assisted Telephone Interviews (CATI) with a sample of Australians aged 15 years or older between January and April 2011 (see Reavley and Jorm (2011) for a detailed description of the sample and methodology). The sample was contacted using a dual-frame approach of random-digit dialling both landline and mobile phone numbers. This approach is preferred to landline-only surveys as research has demonstrated socio-demographic differences between landline and mobile-only respondents (Holborn et al., 2012). Contact was made with 13 636 eligible members of the public, of whom 6 019 completed the interview (44% response rate). The sample was representative of the Australian population in terms of geographic distribution. However, males and younger adults were under-sampled, while university-educated individuals and individuals with an English-speaking background were over-represented.

Respondents were read a vignette depicting a person meeting *Diagnostic Statistical Manual IV Text Revision* (DSM-IV-TR; American Psychiatric Association, 2000) diagnostic criteria for a mental disorder. Respondents were randomly assigned to a vignette portraying either depression, depression with suicidal thoughts, early schizophrenia, chronic schizophrenia, social phobia or Post-Traumatic Stress Disorder (PTSD). The analyses reported here are restricted to respondents who were presented with the depression ($n=893$) or depression with suicidal thoughts

Download English Version:

<https://daneshyari.com/en/article/6234244>

Download Persian Version:

<https://daneshyari.com/article/6234244>

[Daneshyari.com](https://daneshyari.com)