

# Changes in mental health literacy about depression: South Australia, 1998 to 2004

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Depression remains a major public health concern,<sup>1-3</sup> and several studies have found shortcomings in its detection and management.<sup>4-7</sup> One of the impediments to better recognition and treatment of depression has been identified as mental health literacy (defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”).<sup>8-10</sup> It has been assumed that educational programs to enhance mental health literacy would improve health and social outcomes and reduce the overall health burden.

In the past few years, determined efforts have been made at government, professional, charitable and industry levels to enhance public knowledge about the ubiquity of mental disorders, particularly depression, and the effectiveness and availability of treatments. These have included the Better Outcomes in Mental Health Care program,<sup>11</sup> which is part of the National Mental Health Strategy;<sup>12</sup> the establishment of *beyondblue: the national depression initiative*,<sup>13</sup> a predominantly federally funded body with contributions from a number of states; continuing education programs of the Royal Australian College of General Practitioners (<http://www.racgp.org.au/>) and the Royal Australian and New Zealand College of Psychiatrists (<http://www.ranzcp.org/>); publicity from the Mental Health Foundation of Australia (<http://www.mhfa.org.au/main.htm>); and marketing via general practice and specialist educational programs sponsored by pharmaceutical companies (<http://www.spheregp.com.au/>).

Issues addressed have included not only publicising the symptoms of depression, but also providing information about appropriate management of depression and reducing the stigma associated with seeking help.

## ABSTRACT

**Objective:** To identify changes in mental health literacy in regard to depression between 1998 and 2004.

**Design and setting:** Face-to-face interviews with a random and representative sample of the South Australian population in 2004, compared with a similarly conducted survey in 1998 that used the same vignette, questions and methodology.

**Participants:** 3015 randomly selected participants, aged 15 years and over.

**Main outcome measures:** Responses to both open-ended and direct questions about symptoms and treatment options for depression.

**Results:** The 3015 interviews conducted represented a response rate of 65.9%. Compared with 1998, in 2004 there was a significant increase in the proportion of people recognising depression in the vignette, acknowledging personal experience of depression, and perceiving professional assistance to be more helpful and less harmful. However, although more people nominated psychiatrists or psychologists as therapists of choice, the difference between 1998 and 2004 was not significant.

**Conclusions:** There has been a significant increase in mental health literacy, at least as regards depression, in the South Australian community between 1998 and 2004. The lack of significant change in psychiatrists and/or psychologists being perceived as therapists of choice is of concern and suggests that community education about their expertise may be appropriate.

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We wanted to know whether there has been a change in mental health literacy in relation to depression and its management in the community. We report the findings of a mental health literacy survey in a random and representative sample of the South Australian community, using the same method as a 1998 survey,<sup>3,9</sup> from which baseline values were obtained.

## METHODS

Data were collected in 2004 in a Health Omnibus Survey of both metropolitan and rural South Australians of at least 15 years of age.<sup>3</sup> The Health Omnibus Survey is a user-pays survey for health organisations. The survey method, which is described in detail

in Goldney et al,<sup>3</sup> involves face-to-face interviews by experienced interviewers of one member of each of the randomly chosen households. The only difference in the 2004 survey, compared with that in 1998, was that more recent census data were used (2001 Census) to obtain the metropolitan and rural samples.<sup>14</sup> Data were weighted according to benchmarks derived from the 2001 Census and 2002 estimated resident population<sup>15</sup> to provide estimates representative of the South Australian population in terms of age, sex and region (metropolitan, non-metropolitan).

Mental health literacy was assessed using the questionnaire devised by Jorm et al<sup>8</sup> which includes a vignette depicting either a woman (Mary) or man (John) with classic features of depression (Box 1). The methodology was identical to that used in the 1998 survey.<sup>9</sup>

Respondents were asked what they thought was wrong with the person described in the vignette and about any personal contact they may have had with persons with similar symptoms to those described in the vignette. They were also asked whether or not they themselves had experienced such symptoms or had sought

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**1 Questionnaire vignette<sup>8</sup>**

Mary (John) is 30 years old. She (He) has been feeling unusually sad and miserable for the last few weeks. Even though she (he) is tired all the time, she (he) has trouble sleeping nearly every night.

Mary (John) doesn't feel like eating and has lost weight. She (He) can't keep her mind on her work and puts off making any decisions. Even day-to-day tasks seem too much for her (him). This has come to the attention of Mary's (John's) boss who is concerned about her (his) lowered productivity. ♦

and/or taken antidepressant medication for them. Open-ended questions (ie, more than one option could be selected) covered perception of the problem described in the vignette and what was the best form of help for a person with these problems. In forced-response questions, respondents were asked whether various professional or other interventions, as well as pharmacological interventions, would be helpful, neither helpful nor harmful, or harmful.

Ethical approval for the survey was provided by the Health Omnibus Steering Committee of the South Australian Health Commission.

Statistical analyses were undertaken using SPSS version 12.0.1 (SPSS Inc, Chicago, Ill, USA). For each mental health literacy variable, differences between the 2004 and 1998 weighted samples were examined using Pearson's  $\chi^2$  test.

**RESULTS**

From the 4700 households selected, 127 were found to be vacant dwellings. From the remaining dwellings, 3015 interviews were conducted (65.9% response rate, compared with 70.2% in the 1998 survey). Non-response was due to refusal (945), contact not being established after six visits (366), language barrier (82), the selected respondent being absent for the duration of the survey (58), illness (62), inability to gain access to the dwelling (39) and termination of the interview (6).

Respondents' experience of symptoms similar to those in the vignette is presented in Box 2. There was significantly greater identification with the person described in the vignette in 2004 compared with 1998, together with increased use of anti-depressants and treatment seeking.

Respondents' perceptions of the problem experienced by the person in the vignette, and how that person could best be helped,

**2 Respondents' experience of symptoms in the vignette**

	1998 (n = 3010)	2004 (n = 3015)	Percentage change	$\chi^2$	P
	No. (%; 95% CI)	No. (%; 95% CI)			
Has anyone in your family or close circle of friends ever had problems similar to that of Mary's (John's)?	1276 (42.4%; 40.6%–44.2%)	1529 (50.7%; 48.9%–52.5%)	19.6%	41.9	<0.001
Have you ever had problems similar to Mary's (John's)?	760 (25.2%; 23.6%–26.8%)	900 (29.9%; 28.3%–31.5%)	18.7%	16.0	<0.001
Have you received any professional help or treatment for these problems?	491 (16.3%; 15.0%–17.6%)	629 (20.9%; 19.4%–22.4%)	28.2%	20.6	<0.001
Have you ever taken anti-depressant medication?	404 (13.4%; 12.2%–14.6%)	584 (19.4%; 18.0%–20.8%)	44.8%	38.9	<0.001
Are you currently taking any antidepressant medication?	100 (3.3%; 2.7%–3.9%)	181 (6.0%; 5.2%–6.8%)	81.8%	24.4	<0.001

**3 Perception of problem described in the vignette (open-ended responses)**

	1998 (n = 3010)	2004 (n = 3015)	Percentage change	$\chi^2$	P
	No. (%)	No. (%)			
Depression	1489 (49.5%)	2053 (68.1%)	37.6%	215.7	<0.001
Stress	672 (22.3%)	321 (10.6%)	– 52.5%	149.3	<0.001
Psychological problems	481 (16.0%)	323 (10.7%)	– 33.1%	36.1	<0.001
Nervous breakdown	85 (2.8%)	23 (0.8%)	– 71.4%	36.4	<0.001
Work-related problem	256 (8.5%)	189 (6.3%)	– 25.9%	11.0	<0.001
Other responses (includes cancer and other physical illnesses)	1132 (37.6%)	960 (31.8%)	– 15.4%	22.1	<0.001
Don't know	306 (10.2%)	181 (6.0%)	– 41.2%	35.1	<0.001

**4 Choice of available help (open-ended responses)**

	1998 (n = 3010)	2004 (n = 3015)	Percentage change	$\chi^2$	P
	No. (%)	No. (%)			
See a doctor (GP)	1519 (50.5%)	1616 (53.6%)	6.1%	5.9	<0.05
See a counsellor or have counselling	647 (21.5%)	739 (24.5%)	14.0%	7.7	<0.01
Talk over problems with friends/family	561 (18.6%)	658 (21.8%)	17.2%	9.5	<0.01
Diversional activities (eg, take a holiday, do something enjoyable)	358 (11.9%)	273 (9.0%)	– 24.4%	13.0	<0.001
See a psychiatrist	252 (8.4%)	271 (9.0%)	7.1%	0.7	0.40
See a psychologist	187 (6.2%)	209 (6.9%)	11.3%	1.3	0.26
Take medication	121 (4.0%)	124 (4.1%)	2.5%	0.0	0.86
Don't know	192 (6.4%)	137 (4.5%)	– 29.7%	9.8	<0.01

are presented in Box 3 and Box 4. Significantly more respondents in the 2004 survey identified Mary (John) as having depression, and significantly fewer considered she (he) had suffered either psychological problems, a nervous breakdown, a work-related prob-

lem, stress, or a physical illness. There was also a significant reduction in the proportion of respondents who said they did not know what was wrong with the person described.

With regard to the choice of available help (Box 4), in 2004, there were significantly

more respondents who recommended Mary (John) “see a doctor (GP)”, “have counselling” or “talk over problems with friends or family”, but there was no significant difference in recommendations about seeing a psychiatrist or psychologist, or taking medication. However, significantly fewer recommended “diversional activities”, or said they didn’t know what help should be sought by the person described in the vignette.

Results of whether or not specific professional or other interventions as well as various pharmacological treatments were perceived as helpful or harmful are presented in Box 5 and Box 6. Compared with the 1998 survey, respondents in 2004 were more likely to consider a doctor (GP), chemist (pharmacist), counsellor or social worker, telephone counselling, psychiatrist, psychologist, naturopath or clergy as helpful (Box 5). There were also significant reductions in the proportion of respondents who viewed the chemist (pharmacist), counsellor or social worker, telephone counsellor, psychiatrist or psychologist as harmful.

Regarding pharmacological treatments (Box 6), significantly more of the 2004 sample considered antidepressants, sleeping pills and tranquillisers as helpful, and significantly fewer considered these as harmful compared with the 1998 survey. Furthermore, in 2004, vitamins and minerals were less likely to be considered helpful and pain relievers less likely to be considered harmful.

**DISCUSSION**

Our results indicate that mental health literacy in the South Australian community, at least as regards depression, has increased significantly since 1998. Not only was there greater recognition of depression in the vignette between 1998 and 2004, but there was greater recognition of depressive symptoms in others, as well as in the respondents themselves, with a corresponding increase in treatment seeking and medication use. Furthermore, there were fewer participants who thought they did not know what was wrong, or who used non-specific terms such as psychological problems, nervous breakdown, or work-related problems. Thus, there is no doubt that there is better community recognition of symptoms interpreted as depression by professionals.

It is reassuring that there was an increased perception of the helpfulness of professional people for symptoms of depression; that antidepressants were also seen as more helpful and less harmful; and that in the open-

5 Rating of potential assistance (forced responses)					
Type of help	1998 (n = 3010)		2004 (n = 3015)		P
	No. (%)	No. (%)	Percentage change	$\chi^2$	
<b>Typical GP or family doctor</b>					
Helpful	2598 (86.3%)	2669 (88.5%)	2.5%	6.7	< 0.01
Harmful	32 (1.1%)	24 (0.8%)	- 27.3%	1.2	0.28
<b>Typical chemist (pharmacist)</b>					
Helpful	982 (32.6%)	1109 (36.8%)	12.9%	11.5	< 0.001
Harmful	207 (6.9%)	159 (5.3%)	- 23.2%	6.8	< 0.01
<b>Counsellor or social worker</b>					
Helpful	2344 (77.9%)	2535 (84.1%)	8.0%	37.7	< 0.001
Harmful	247 (8.2%)	158 (5.2%)	- 36.6%	21.1	< 0.001
<b>Telephone counselling service (eg, "Lifeline")</b>					
Helpful	1528 (50.8%)	1968 (65.3%)	28.5%	130.2	< 0.001
Harmful	193 (6.4%)	104 (3.4%)	- 46.9%	28.2	< 0.001
<b>Psychiatrist</b>					
Helpful	1578 (52.4%)	2027 (67.2%)	28.2%	137.4	< 0.001
Harmful	275 (9.1%)	147 (4.9%)	- 46.2%	42.0	< 0.001
<b>Psychologist</b>					
Helpful	1569 (52.1%)	1920 (63.7%)	22.3%	82.5	< 0.001
Harmful	184 (6.1%)	105 (3.5%)	- 42.6%	22.8	< 0.001
<b>Help from close family or friends</b>					
Helpful	2447 (81.3%)	2508 (83.2%)	2.3%	3.7	0.06
Harmful	144 (4.8%)	134 (4.4%)	- 8.3%	0.4	0.53
<b>Naturopath or herbalist</b>					
Helpful	1087 (36.1%)	1208 (40.1%)	11.1%	10.0	< 0.01
Harmful	201 (6.7%)	226 (7.5%)	11.9%	1.5	0.22
<b>Clergy, minister, or priest</b>					
Helpful	1337 (44.4%)	1475 (48.9%)	10.1%	12.3	< 0.001
Harmful	174 (5.8%)	168 (5.6%)	- 63.5%	0.1	0.73

ended responses there was a corresponding increased perception of doctors (GPs), counsellors, and family or friends as helpful. However, the lack of significant change in psychiatrists and/or psychologists being perceived as therapists of choice is of concern. Although this may be related to practical issues, such as cost or lack of access, these results suggest that community education about their expertise may be appropriate.

While our findings of an increase in mental health literacy could simply be a reflection of changing community attitudes over time, it is unlikely that such changes could have occurred without the influence of the various initiatives to enhance public knowledge about mental disorders that we listed in the Introduction. However, we are unable

to pinpoint which initiative has been primarily responsible, as was also the case with a survey of changes in public attitudes to depression in Great Britain after the “Defeat Depression Campaign” of the Royal College of Psychiatrists.<sup>16</sup> However, Jorm et al<sup>17</sup> recently reported greater changes in mental health literacy in those Australian states (which included South Australia) that had contributed funding to *beyondblue: the national depression initiative*. Mental health literacy also increased in the other states.<sup>17</sup> Clearly, the increase in mental health literacy we found cannot be attributed to any one factor.

These mental health literacy improvements do not necessarily equate with better treatment outcomes for those suffering

6 Rating of pharmacological treatments (forced responses)					
Type of treatment	1998 (n = 3010)		2004 (n = 3015)		P
	No. (%)	No. (%)	Percentage change	$\chi^2$	
<b>Vitamins, minerals, and tonics</b>					
Helpful	1882 (62.5%)	1749 (58.0%)	- 7.2%	12.8	<0.001
Harmful	87 (2.9%)	94 (3.1%)	6.9%	0.3	0.61
<b>Herbal medicines</b>					
Helpful	1346 (44.7%)	1354 (44.9%)	0.5%	0.0	0.88
Harmful	111 (3.7%)	138 (4.6%)	24.3%	3.0	0.08
<b>Pain relievers (aspirin, codeine, panadol)</b>					
Helpful	632 (21.0%)	683 (22.7%)	8.1%	2.4	0.12
Harmful	1068 (35.5%)	993 (32.9%)	- 7.3%	4.3	<0.05
<b>Antidepressants</b>					
Helpful	940 (31.2%)	1555 (51.6%)	65.4%	257.0	<0.001
Harmful	1198 (39.8%)	747 (24.8%)	- 37.7%	155.5	<0.001
<b>Sleeping pills</b>					
Helpful	603 (20.0%)	937 (31.1%)	55.5%	96.6	<0.001
Harmful	1548 (51.4%)	1250 (41.5%)	- 19.3%	60.2	<0.001
<b>Tranquillisers</b>					
Helpful	248 (8.2%)	374 (12.4%)	51.2%	28.2	<0.001
Harmful	1899 (63.1%)	1725 (57.2%)	- 9.4%	21.7	<0.001

depression. However, there may be some association between these results and the findings of Hall et al — an increased use of antidepressants and fewer suicides in Australia.<sup>18</sup> Other possible associations would be better compliance with treatment and increased use of web sites with information about depression, but such analyses were beyond the scope of our study.

The limitations of our study are firstly the response rate (65.9%), which although acceptable for surveys of this nature, and not significantly different from that of the 1998 survey (70.2%), meant that those with poor mental health literacy may have been excluded, thereby contributing to our findings. Secondly, our findings may not be generalisable to the broader Australian population, although we believe there is no reason to consider otherwise.

Notwithstanding these limitations, it is reassuring that the mental health literacy of a random and representative sample of South Australians in 2004 was significantly better than that of a 1998 sample. Whether this necessarily translates into better treatment outcomes and lower depression mor-

bidity in the community is a matter for further research.

**COMPETING INTERESTS**

Robert Goldney has accepted honoraria from Eli Lilly Australia, Lundbeck Australia, Organon Australia, Sanofi-Synthelabo, and Wyeth Australia for participation on advisory boards and in educational programs.

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