



# Attitudes to Mental Illness - 2011 survey report

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# Executive Summary

In the past this report was published by the Department of Health. The 2011 survey report was produced by TNS BMRB and managed and published by the NHS Information Centre for Health and Social Care. Arrangements for 2012 and beyond are being discussed between DH and the NHS IC.

This report presents the findings of a survey of attitudes towards mental illness among adults in England. Questions on this topic have been asked since 1994, with questions added and removed over time. Surveys were initially carried out annually, then every three years from 1997-2003. Surveys have again been carried out annually since 2007. The aim of these surveys is to monitor changes in public attitudes towards mental illness over time. For this survey 1,741 adults (aged 16+) were interviewed in England in February/March 2011.

The survey questionnaire included a number of statements about mental illness. Respondents were asked to indicate how much they agreed or disagreed with each statement. Other questions covered a range of other topics including descriptions of people with mental illness, relationships with people with mental health problems, personal experience of mental illness, and perceptions of mental health-related stigma and discrimination.

It should be noted that, in common with results of other surveys, small fluctuations are likely to be due to statistical sampling variation rather than reflecting true change.

## Main findings

The report highlighted some significant changes over time. Some key changes include:

- The percentage of people agreeing that 'Mental illness is an illness like any other' increased from 71% in 1994 (the first year this question was asked) to 77% in 2011.
- The percentage saying they would be comfortable talking to a friend or family member about their mental health, for example telling them they had a mental health diagnosis and how it affects them, rose from 66% in 2009 (the first year the question was asked) to 70% in 2011.
- The percentage saying they would feel uncomfortable talking their employer about their mental health was 43%, compared to 50% in 2010 (the first year this question was asked).

In addition, other results for 2011 include:

- 25% of respondents agreed that 'Most women who were once patients in a mental hospital can be trusted as babysitters'.
- Agreement that one of the main causes of mental illness is a lack of self-discipline and will-power stands at 16%.
- The percentage of people saying that locating mental health facilities in a residential area downgrades the neighbourhood stood at 17%.

# Introduction

This report includes the findings of a survey into attitudes to mental illness conducted early in 2011. This is the eleventh such survey commissioned by the Department of Health.

Since March 1994 the Department of Health has placed a set of questions on TNS's face-to-face Omnibus<sup>1</sup>. From 1994 to 1997 the questions were asked annually, then every third year until 2003. The survey was been repeated annually from 2007 to 2010, under management of 'Shift', an initiative to tackle stigma and discrimination surrounding mental health issues in England, which was part of the National Mental Health Development Unit (NMH DU), funded by the Department of Health and the NHS. Shift and the NMH DU closed at the end of March 2011. The 2011 survey was managed by the NHS Information Centre for Health and Social Care. These surveys act as a tracking mechanism and in this report the most recent results are compared with those from previous years.

The sample size for each survey was approximately 1,700 adults, selected to be representative of adults in England, using a random location sampling methodology. The 1996 and 1997 surveys had larger samples of approximately 5,000 adults in each. For the 2011 survey, 1,741 adults in England were interviewed.

Interviews were carried out face-to-face by 150 fully trained interviewers using Computer-Assisted Personal Interviewing (CAPI), and were carried out in respondents' homes. Interviewing took place between February 25<sup>th</sup> and March 1<sup>st</sup> 2011 inclusive.

Data were weighted to be representative of the target population by age, gender and working status.

Respondents in these surveys were presented with a number of statements about mental illness. They covered a wide range of issues from attitudes towards people with mental illness, to opinions on services provided for people with mental health problems. The core of the questionnaire has remained the same for all surveys in this series. Over time a number of other questions have been added, including questions about personal experience of mental illness and descriptions of people with mental illness. Some new questions were added in 2009 to tie in with the evaluation of the 'Time to Change' anti-discrimination campaign, by the Institute of Psychiatry. Some additional questions, on perceptions of stigma and discrimination, were added in 2010. The 2011 questionnaire was the same as that used in 2010.

Where findings are reported as 'significant' in the following chapters in this report this always means that the findings were statistically significant at the 5% significance level. Commentary is made only on differences which were statistically significant. All the differences reported in the Summary were statistically significant at the 5% significance level. If a finding is statistically significant we can be 95% confident that differences reported are real rather than occurring just by chance. The whole percentages shown in the report are

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<sup>1</sup> An Omnibus survey combines questions on a variety of topics into a single survey.

usually rounded, but the significance tests have been carried out on the true percentage. This means that a difference in the report of say 3 percentage points may be significant in some cases but not in others, depending on the effect of rounding.

In addition to this commentary the Attitudes to Mental Illness 2011 release includes 21 reference data tables, a machine readable data file and appendices supporting that explain the methodology of the survey. These are available on the publication page available here: [www.ic.nhs.uk/pubs/attitudestomi11](http://www.ic.nhs.uk/pubs/attitudestomi11) . Full details of the survey methodology and a copy of the questionnaire are included in the Methodology Annexes which are available on the publication page.

# Attitudes to mental illness

## Grouping the statements

The 27 attitude statements are grouped into four categories for analysis purposes:

1. Fear and exclusion of people with mental illness
2. Understanding and tolerance of mental illness
3. Integrating people with mental illness into the community
4. Causes of mental illness and the need for special services.

## Fear and exclusion of people with mental illness

### Introduction

This section explores fear and exclusion of people with mental illness.

These statements have all been included in each wave of the survey since 1994.

The statements covered in this section are:

- 'Locating mental health facilities in a residential area downgrades the neighbourhood'
- 'It is frightening to think of people with mental problems living in residential neighbourhoods'
- 'I would not want to live next door to someone who has been mentally ill'
- 'A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered'
- 'Anyone with a history of mental problems should be excluded from taking public office'
- 'People with mental illness should not be given any responsibility'
- 'People with mental illness are a burden on society'
- 'As soon as a person shows signs of mental disturbance, he should be hospitalized'

The statements in this section all portray less favourable or 'negative' attitudes towards people with mental illness. Analysis in this section focuses on the percentage of respondents agreeing with each of these statements (that is, displaying a negative attitude).

### Trends over time

Figure 1 shows the levels of agreement with these statements from 1994 to 2011.

Overall, the levels of agreement with these negative statements about people with mental illness were low, ranging in 2011 from 6% to 21%. The highest levels of agreement in 2011 were with the statements 'Anyone with a history of mental illness should be excluded from taking public office' (21%) and 'As soon as a person shows signs of mental disturbance, he

should be hospitalized' (21%). The percentage of people saying that locating mental health facilities in a residential area downgrades the neighbourhood stood at 17% in 2011. (Figure 1).

Figure 1 Fear and exclusion of people with mental illness, 1994-2011

% agreeing	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011
Locating mental health facilities in a residential area downgrades the neighbourhood	22	24	24	29	26	24	21	20	21	18	17
It is frightening to think of people with mental problems living in residential neighbourhoods	15	19	19	26	19	20	17	16	15	13	12
I would not want to live next door to someone who has been mentally ill	8	12	10	11	9	13	11	12	11	9	11
A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered	12	15	14	13	14	13	13	12	14	12	13
Anyone with a history of mental problems should be excluded from taking public office	29	32	28	33	24	25	21	21	22	20	21
People with mental illness should not be given any responsibility	17	21	16	18	14	16	14	15	13	12	13
People with mental illness are a burden on society	10	11	10	9	7	10	7	7	7	8	6
As soon as a person shows signs of mental disturbance, he should be hospitalized	19	23	21	23	20	22	19	18	20	20	21

Data source: Table 1

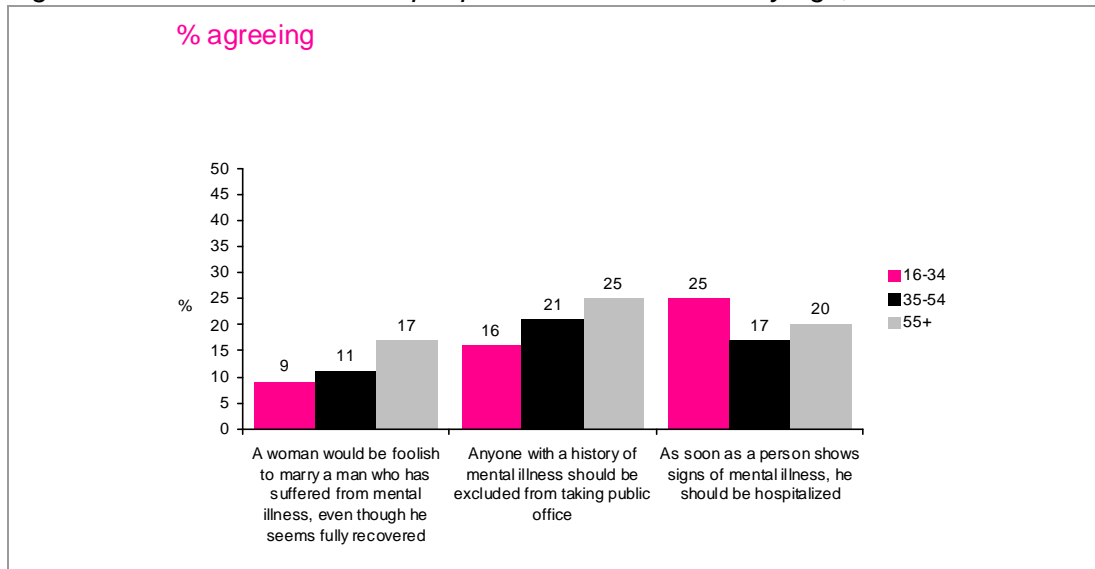
Levels of agreement with several of these statements have fallen since 1994. Acceptance of people with mental illness taking public office and being give responsibility has grown – the percentage agreeing that 'Anyone with a history of mental problems should be excluded from taking public office' decreased from 29% in 1994 to 21% in 2011, while the percentage agreeing that 'People with mental illness should not be given any responsibility' decreased from 17% to 13% over the same period.

There were no significant changes in levels of agreement with these statements between 2010 and 2011.

### Differences by age and sex

Looking at the three age groups 16-34, 35-54 and 55+, there were significant differences by age group in agreement with several of these statements in 2011 (Figure 2). Statements from this section where there were no significant differences by age group are not shown on the chart.

Figure 2 Fear and exclusion of people with mental illness by age, 2011



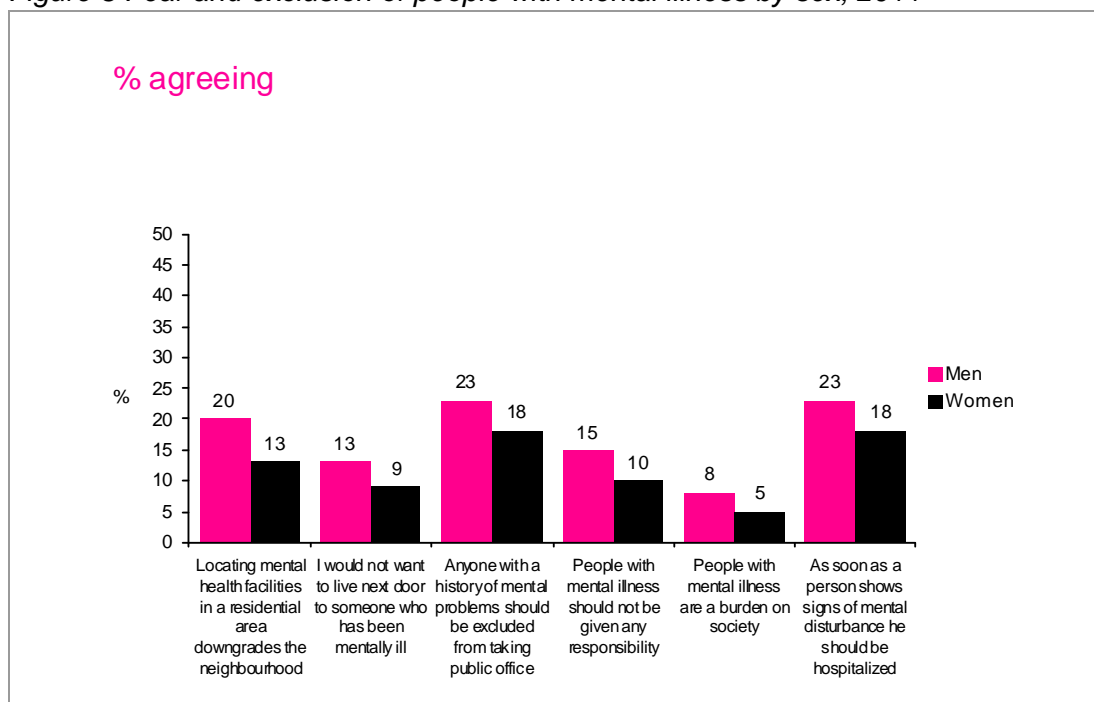
Data source: Table 2

In general the oldest group (age 55+) had the most negative attitudes towards people with mental illness, being significantly more likely than younger groups to agree that a woman would be foolish to marry a man who has suffered from mental illness. Those aged 55+ and 35-54 were more likely than the youngest group to agree that anyone with a history of mental illness should be excluded from public office.

Those aged 16-34 were more likely than the older groups to agree that as soon as a person shows signs of mental disturbance, he should be hospitalised.

Statements in this section where there was a significant difference in 2011 between men and women in the percentage agreeing are shown in Figure 3.

Figure 3 Fear and exclusion of people with mental illness by sex, 2011



Data source: Table 2

Where there was a difference between men and women, women were less negative towards people with mental illness.

## Understanding and tolerance of mental illness

### Introduction

This section explores understanding and tolerance of mental illness. These statements have all been included in each survey since 1994.

Analysis in this section focuses on the understanding/tolerance dimension of each statement. For some statements this is the percentage agreeing, for others it is the percentage disagreeing. This is indicated for each statement in the list below.

The statements included are:

- 'We have a responsibility to provide the best possible care for people with mental illness' (% agreeing)
- 'Virtually anyone can become mentally ill' (% agreeing)
- 'Increased spending on mental health services is a waste of money' (% disagreeing)
- 'People with mental illness don't deserve our sympathy' (% disagreeing)
- 'We need to adopt a far more tolerant attitude toward people with mental illness in our society' (% agreeing)
- 'People with mental illness have for too long been the subject of ridicule' (% agreeing)
- 'As far as possible, mental health services should be provided through community based facilities' (% agreeing)

## Trends over time

Levels of understanding and tolerance of mental illness were generally high. The percentage of respondents with understanding attitudes on these statements ranged in 2011 from 74% for 'As far as possible, mental health services should be provided through community-based facilities' to 91% for 'We have a responsibility to provide the best possible care' and 'Virtually anyone can become mentally ill' (Figure 4).

Figure 4 Understanding and tolerance of mental illness, 1994-2011

% agreeing/disagreeing	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011
We have a responsibility to provide the best possible care for people with mental illness (% agreeing)	95	94	95	95	95	88	90	89	92	93	91
Virtually anyone can become mentally ill (% agreeing)	91	89	91	93	92	88	89	89	91	93	91
Increased spending on mental health services is a waste of money (% disagreeing)	89	89	91	91	90	84	84	83	83	87	82
People with mental illness don't deserve our sympathy (% disagreeing)	92	90	91	91	90	85	87	85	86	86	88
We need to adopt a far more tolerant attitude toward people with mental illness in our society (% agreeing)	92	91	89	90	90	83	84	83	85	87	86
People with mental illness have for too long been the subject of ridicule (% agreeing)	82	81	83	86	85	78	72	75	76	78	77
As far as possible, mental health services should be provided through community based facilities (% agreeing)	75	76	72	72	76	73	74	72	79	79	74

Data source: Table 3

Since 1994, the percentage of respondents voicing more tolerant opinions on several of these statements has decreased. For example, the percentage disagreeing that 'Increased spending on mental health services is a waste of money' also fell, from 89% in 1994 to 82% in 2011. Agreement that 'We need to adopt a more tolerant attitude towards people with mental illness' fell from 92% in 1994 to 86% in 2011.

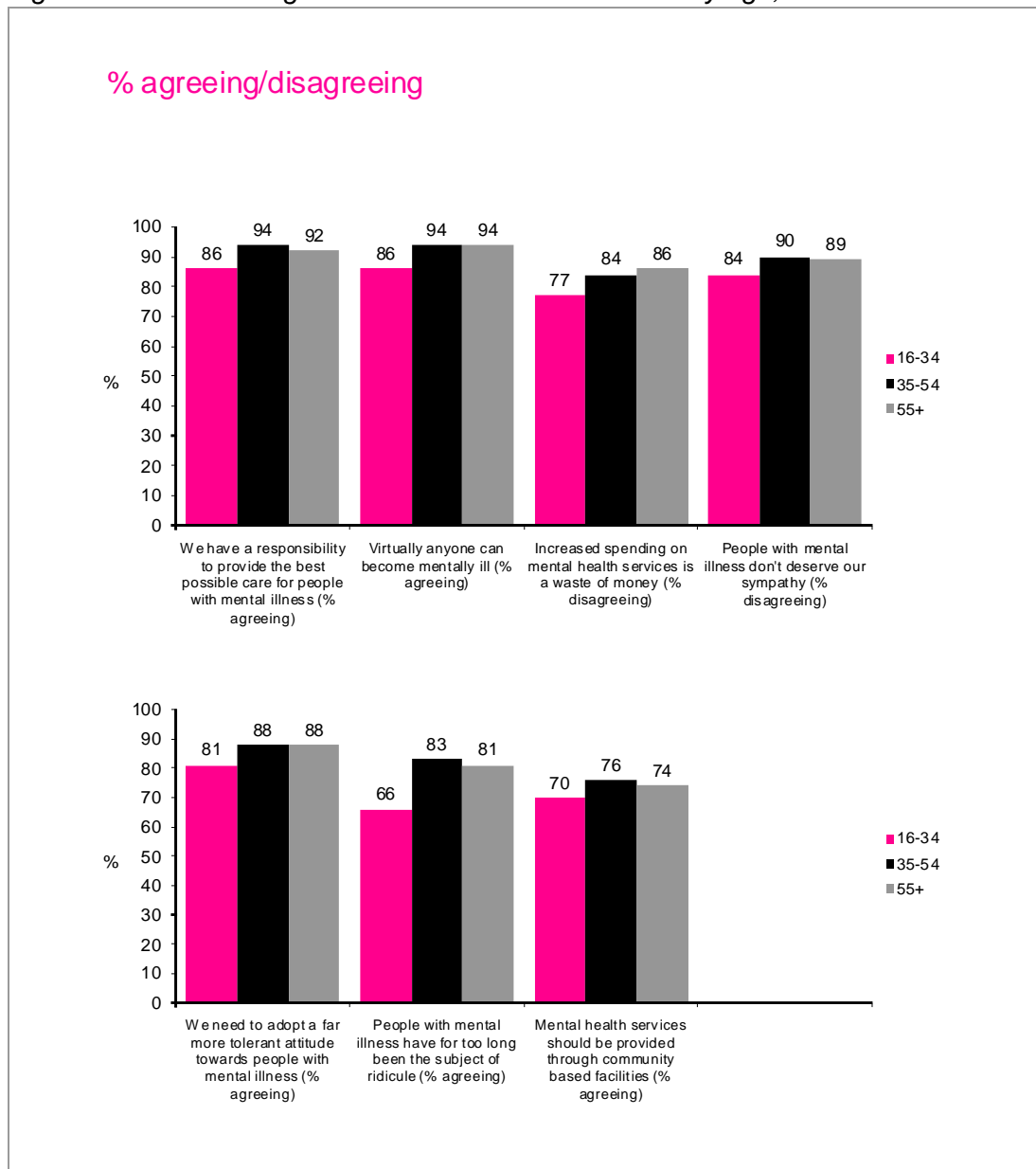
There has been a significant change in attitudes between 2010 and 2011 in two statements in this section – the percentage disagreeing with 'Increased spending on mental health services is a waste of money' fell from 87% in 2010 to 82% in 2011 (reversing a similar increase between 2009 and 2010), and the percentage agreeing that 'As far as possible,

mental health services should be provided through community-based facilities' fell from 79% in 2010 to 74% in 2011.

### Differences by age and sex

There were significant differences by age group in 2011 for all of the statements in this section (Figure 5).

Figure 5 Understanding and tolerance of mental illness by age, 2011

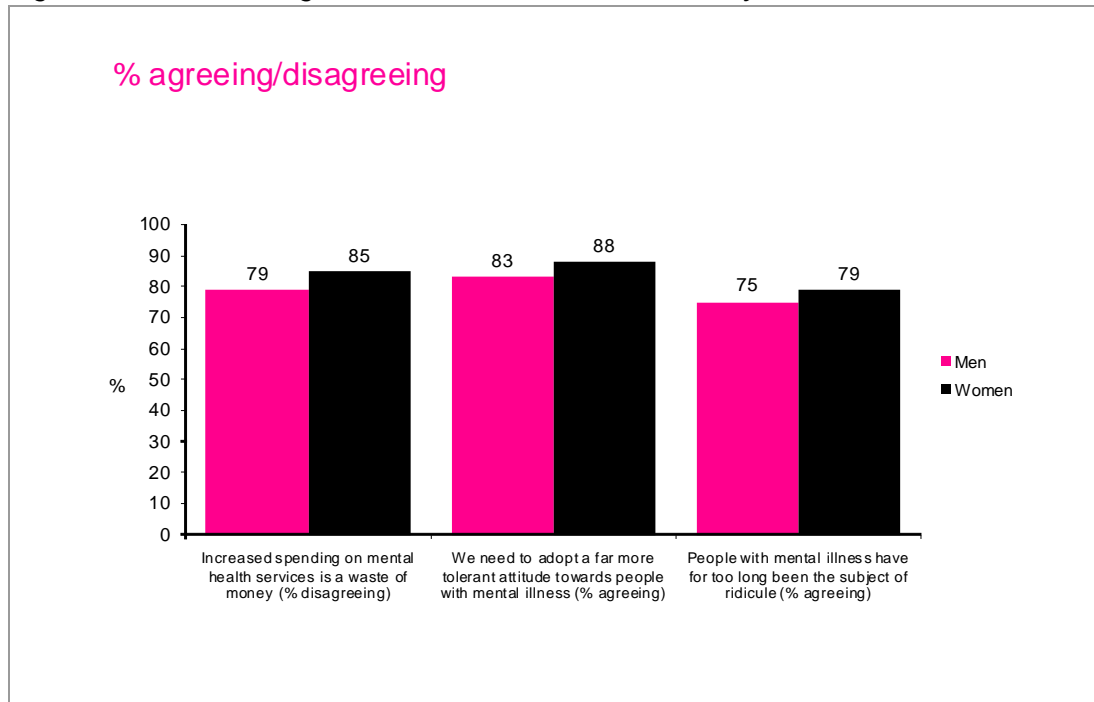


Data source: Table 4

As Figure 5 shows, the youngest age group (16-34) were significantly less likely than the 35-54 and 55+ groups to have understanding/tolerant attitudes on these seven statements. This is in contrast to the findings in Figure 2 above, that young people were less likely to hold negative attitudes around fear and exclusion than those aged 55+. There were no significant differences between the 34-54 and 55+ age groups.

There were differences between men and women in their attitudes to three statements in this section, shown in Figure 6, with women again displaying more tolerant attitudes (Figure 6).

Figure 6 Understanding and tolerance of mental illness by sex, 2011



Data source: Table 4

## Integrating people with mental illness into the community

### Introduction

This section explores the theme of integrating people with mental illness into the community.

The statements included are:

- 'People with mental illness are far less of a danger than most people suppose'
- 'Less emphasis should be placed on protecting the public from people with mental illness'
- 'The best therapy for many people with mental illness is to be part of a normal community'
- 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services'
- 'People with mental health problems should have the same rights to a job as anyone else'
- 'Most women who were once patients in a mental hospital can be trusted as babysitters'
- 'Mental illness is an illness like any other'
- 'No-one has the right to exclude people with mental illness from their neighbourhood'
- 'Mental hospitals are an outdated means of treating people with mental illnesses.'

Analysis of these statements is based on the percentage of respondents agreeing with each.

With the exception of 'People with mental health problems should have the same rights to a job as anyone else', which was first asked in 2003, the statements have been included in all years of the survey.

## Trends over time

Figure 7 shows the percentage of respondents agreeing with these statements since 1994.

Opinions on integrating people with mental illness into the community were mixed. Levels of agreement with several of the statements in this section were high, for example in 2011 81% agreed that 'No-one has the right to exclude people with mental illness from their neighbourhood' and 79% that 'The best therapy for many people with mental illness is to be part of a normal community'; 77% agreed that 'Mental illness is an illness like any other'; 72% agreed that 'People with mental health problems should have the same rights to a job as anyone else'.

However respondents were far less likely to agree that 'Most women who were once patients in a mental hospital can be trusted as babysitters' (25% agree), 'Less emphasis should be placed on protecting the public from people with mental illness' (36% agree) and 'Mental hospitals are an outdated means of treating people with mental illness' (34% agree).

The other two statements in this section fell between these two extremes, with 64% of respondents agreeing that 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services' and 62% that 'People with mental illness are far less of a danger than most people suppose'.

Attitudes towards mental illness were significantly less positive in 2011 than in 2010 for two statements in this section:

- 'Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services' - % agreeing decreased from 66% in 2010 to 64% in 2011 (partially reversing an increase from 62% in 2009)
- 'No-one has the right to exclude people with mental illness from their neighbourhood' - % agreeing decreased from 84% in 2010 to 81% in 2011 (although this was still higher than the 2009 level of 79%).

Figure 7 Integrating people with mental illness into the community, 1994-2011

% agreeing	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011
People with mental illness are far less of a danger than most people suppose	62	62	59	60	64	59	58	57	61	59	62
Less emphasis should be placed on protecting the public from people with mental illness	32	38	28	32	34	31	30	29	33	34	36
The best therapy for many people with mental illness is to be part of a normal community	76	77	73	71	74	72	73	70	78	80	79
Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	62	62	60	56	61	56	57	59	62	66	64
People with mental health problems should have the same rights to a job as anyone else	n/a	n/a	n/a	n/a	n/a	66	68	66	73	75	72
Most women who were once patients in a mental hospital can be trusted as babysitters	21	20	19	17	19	21	22	23	23	26	25
Mental illness is an illness like any other	71	70	72	76	76	74	72	74	77	78	77
No-one has the right to exclude people with mental illness from their neighbourhood	76	69	73	72	71	72	75	74	79	84	81
Mental hospitals are an outdated means of treating people with mental illness	42	37	33	35	40	38	33	31	37	33	34

Data source: Table 5

Looking at changes since 1994, attitudes to several of the statements in this section are significantly more positive in 2011 than they were in 1994:

- 'The best therapy for many people with mental illness is to be part of a normal community' – agreement has increased from 76% in 1994 to 79% in 2011
- 'Most women who were once patients in a mental hospital can be trusted as babysitters' – agreement has increased from 21% in 1994 to 25% in 2011
- 'Mental illness is an illness like any other' – agreement has increased from 71% in 1994 to 77% in 2011
- 'No-one has the right to exclude people with mental illness from their neighbourhood' – agreement increased from 76% in 1994 to 81% in 2011.

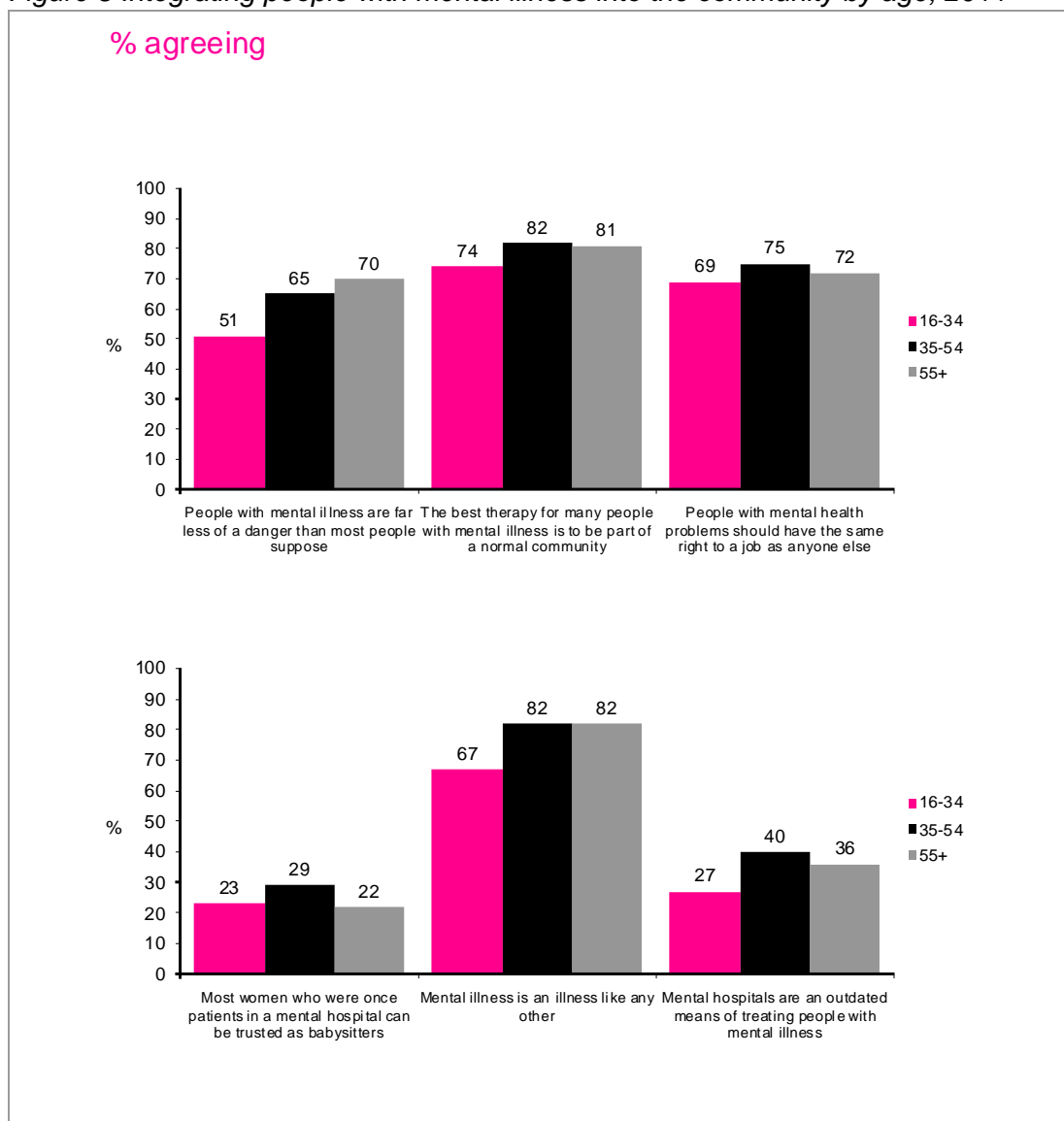
Agreement that 'People with mental health problems have the same rights to a job as anyone else' increased from 66% in 2003 (when this questions was first asked) to 72% in 2011.

On one statement, 'Mental hospitals are an outdated means of treating people with mental illness' – agreement decreased from 42% in 1994 to 34% in 2011.

### Differences by age and sex

The statements in this section for which there were significant differences by age group in 2011 are shown in Figure 8.

Figure 8 Integrating people with mental illness into the community by age, 2011



Data source: Table 6

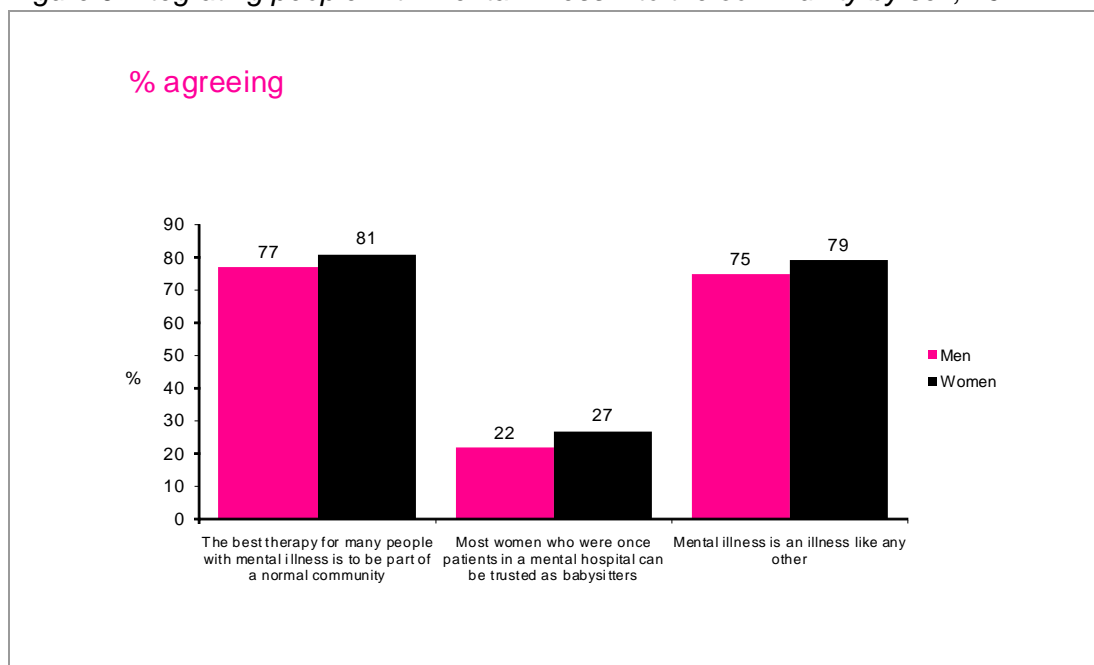
In general the youngest age group (16-34s) held less positive attitudes than the older groups, being less likely than the 35-54 and 55+ groups to agree that people with mental illness are less of a danger than most people suppose; that mental illness is an illness like

any other; that the best therapy for people with mental illness is to be part of a normal community; and that mental hospitals are an outdated means of treating people with mental illness.

Respondents aged 35-54 were more likely than those aged 16-34 to agree that people with mental health problems should have the same rights to a job as anyone else. The middle age group were also more likely than both the younger and older age groups to agree that most women who were once patients in a mental hospital can be trusted as babysitters.

Looking at differences by gender, women were more likely than men to agree that the best therapy for people with mental illness is to be part of a normal community, most women who were once patients in a mental hospital can be trusted as babysitters, and that mental illness is an illness like any other (Figure 9).

Figure 9 Integrating people with mental illness into the community by sex, 2011



Data source: Table 6

## Causes of mental illness and the need for special services

### Introduction

This section reports on statements about the causes of mental illness and the need for special services.

The statements reported here are:

- 'There are sufficient existing services for people with mental illness'
- 'One of the main causes of mental illness is a lack of self-discipline and will-power'
- 'There is something about people with mental illness that makes it easy to tell them from normal people'.

Analysis is based on the level of agreement with these statements, which have been included in all surveys since 1994.

## Trends over time

Figure 10 shows levels of agreement with these statements since 1994.

*Figure 10 Causes of mental illness and the need for special services, 1994-2011*

<i>% agreeing</i>	1994	1995	1996	1997	2000	2003	2007	2008	2009	2010	2011
There are sufficient existing services for people with mental illness	11	11	9	8	12	20	19	20	24	23	24
One of the main causes of mental illness is a lack of self- discipline and will-power	15	14	14	14	14	16	14	14	18	15	16
There is something about people with mental illness that makes it easy to tell them from normal people	29	30	26	21	20	21	21	17	21	19	22

*Data source: Table 7*

Since 1994, the percentage agreeing that there are sufficient existing services for people with mental illness has increased from 11% in 1994 to 24% in 2011, although there has been no significant change since 2009.

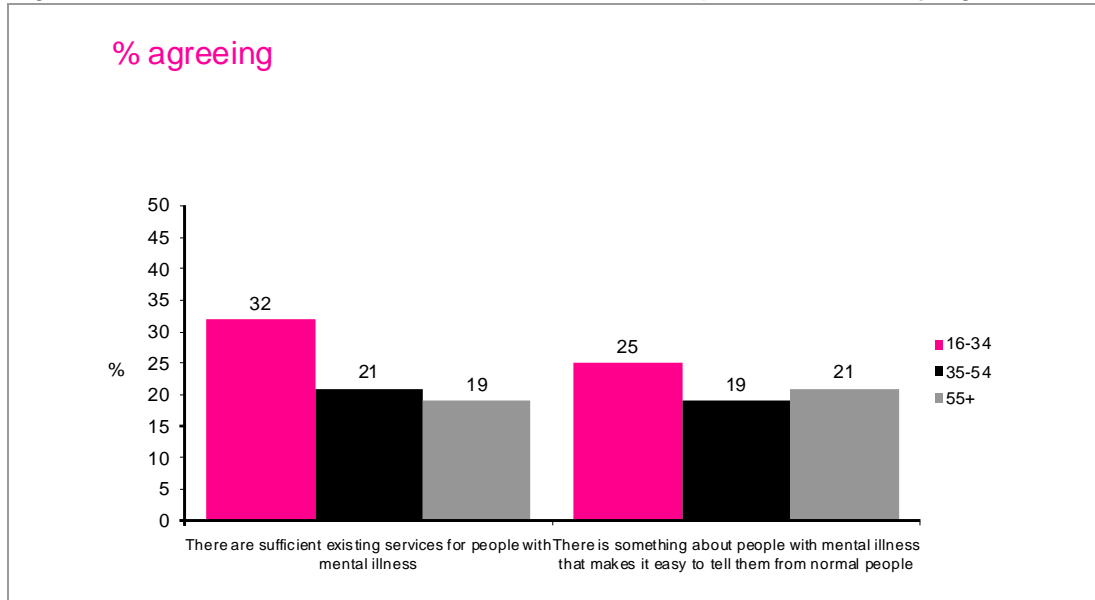
The percentage agreeing that ‘there is something about people with mental illness that makes it easy to tell them from normal people’ decreased from 29% in 1994 to 22% in 2011, although again there has been no significant change since 2009.

Agreement that one of the main causes of mental illness is a lack of self-discipline and will-power stands at 16% in 2011, not significantly different from the 1994 figure of 15%, and again with no significant change since 2009.

## Differences by age and sex

Differences in agreement by age group are shown in Figure 11.

Figure 11 Causes of mental illness and the need for special services by age, 2011

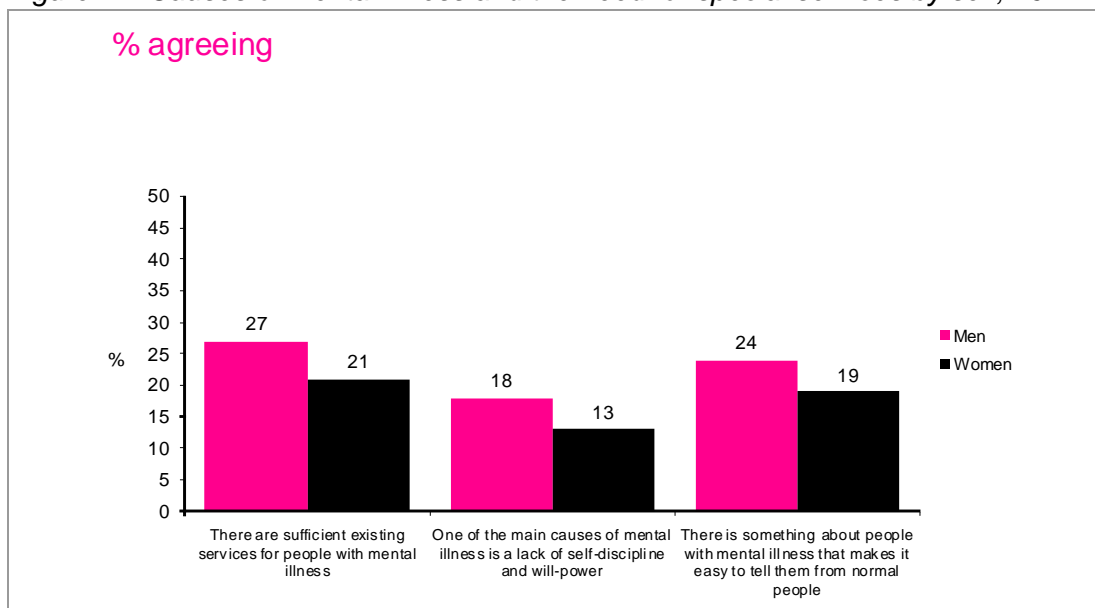


Data source: Table 8

The youngest age group (16-34s) had the most negative attitudes towards mental illness, being more likely than the 35-54 and 55+ groups to agree that there are sufficient existing services, and more likely than the 35-54s to agree that there is something about people with mental illness that makes it easy to tell them from normal people.

Significant differences by gender are shown in Figure 12.

Figure 12 Causes of mental illness and the need for special services by sex, 2011



Data source: Table 8

Women again held more positive views towards people with mental illness, being less likely than men to agree with these three statements.

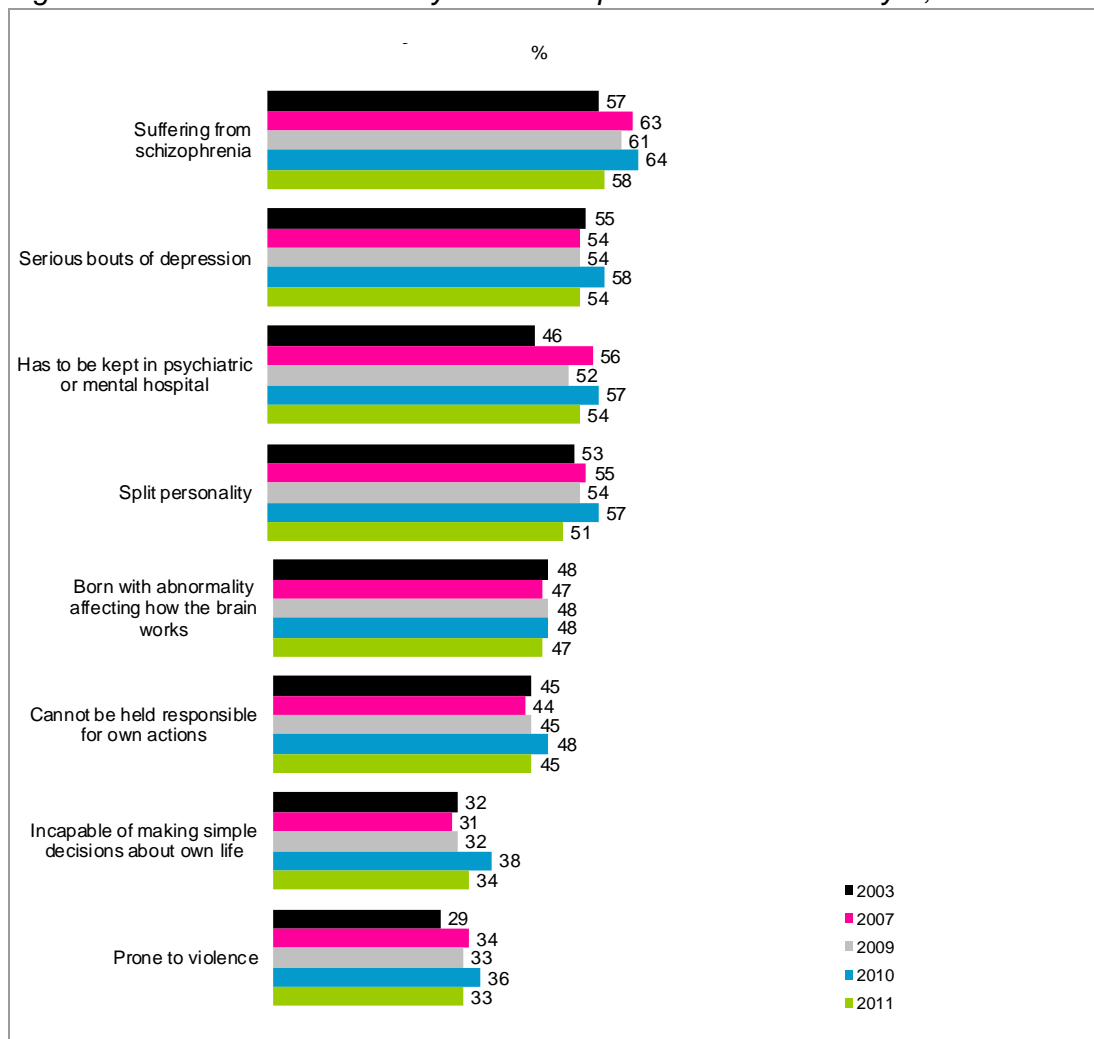
## Ways of describing someone who is mentally ill and types of mental illness

### Ways of describing someone who is mentally ill

Respondents were presented with a list of descriptions and were asked to indicate which they felt usually describes a person who is mentally ill.

The format of this question has changed since it was first asked in 1997, so comparisons are only possible from the 2003 survey onwards (see Figure 13) (data for 2008 is not shown to improve clarity).

Figure 13 Statements that usually describe a person who is mentally ill, 2003-2011



Data source: Table 9

The description most likely to be selected was 'someone who is suffering from schizophrenia' – 58% in 2011.

The next most often selected were 'someone who has serious bouts of depression' and 'someone who has to be kept in a psychiatric hospital', both of which were selected by 54%.

The descriptions least likely to be selected were 'someone who is prone to violence' at 33% and 'someone who is incapable of making simple decisions about his or her own life' at 34%.

There was a significant increase from 2003 to 2011 in the percentage of respondents who chose the following two measures:

- 'Someone who has to be kept in a psychiatric or mental hospital' – from 46% to 54%
- 'Someone prone to violence' – from 29% to 33%.

There was a significant decrease from 2010 to 2011 in the percentage of respondents who chose the following measures:

- 'Someone who has serious bouts of depression' – from 58% to 54% (reversing an increase seen between 2009 and 2010)
- 'Someone with a split personality' – from 57% to 51%
- 'Someone who is incapable of making simple decisions about his or her own life' – from 38% to 34% (back towards the 2009 level).

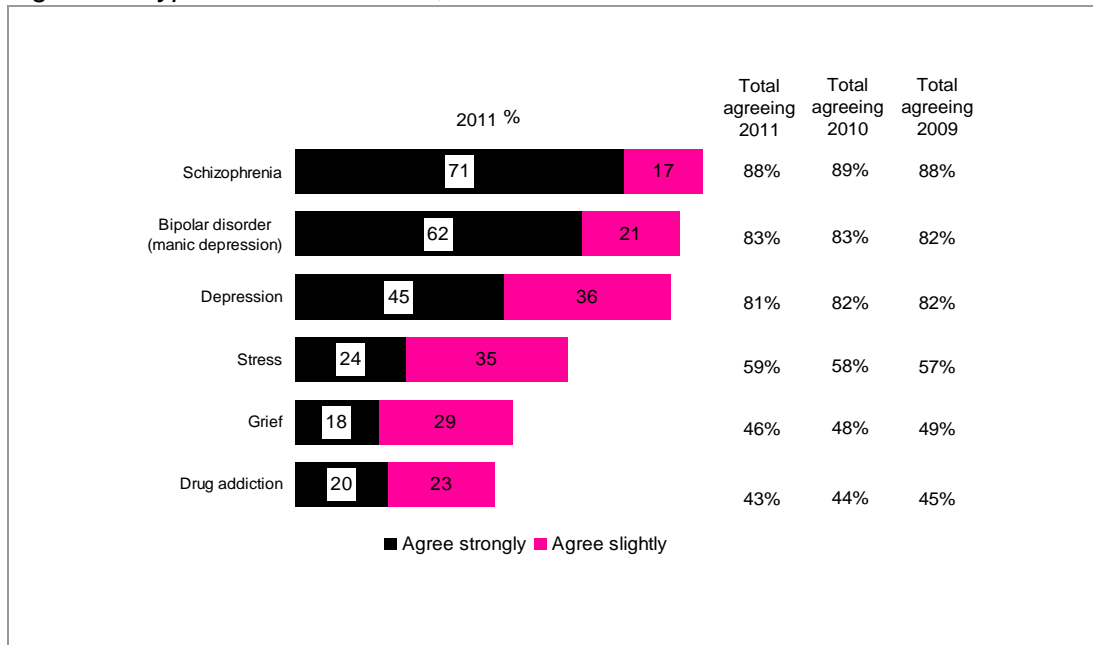
## Types of mental illness

Respondents were asked to say to what extent they agreed or disagreed that each of the following conditions is a type of mental illness:

- Depression
- Stress
- Schizophrenia
- Bipolar disorder (manic depression)
- Drug addiction
- Grief

These questions, which form part of the Mental Health Knowledge Schedule (MAKS), were asked for the first time in 2009.

Figure 14 Types of mental illness, 2009-2011



Data source: Table 10

Respondents were most likely to agree that schizophrenia was a type of mental illness – 71% agreed strongly, with nearly nine out of ten agreeing in total. The pattern was similar for bipolar disorder, with 62% agreeing strongly and 83% agreeing overall (Figure 21).

The percentage agreeing that depression was a type of mental illness was 81%, however the percentage strongly agreeing was lower (45%) and slightly agree higher (36%) than for bipolar disorder and schizophrenia.

The lowest percentage was for drug addiction, although more than two out of five respondents (43%) agreed that this was a type of mental illness.

There were no significant differences between 2010 and 2011 in responses to these questions.

## Attitudes to people with mental health problems

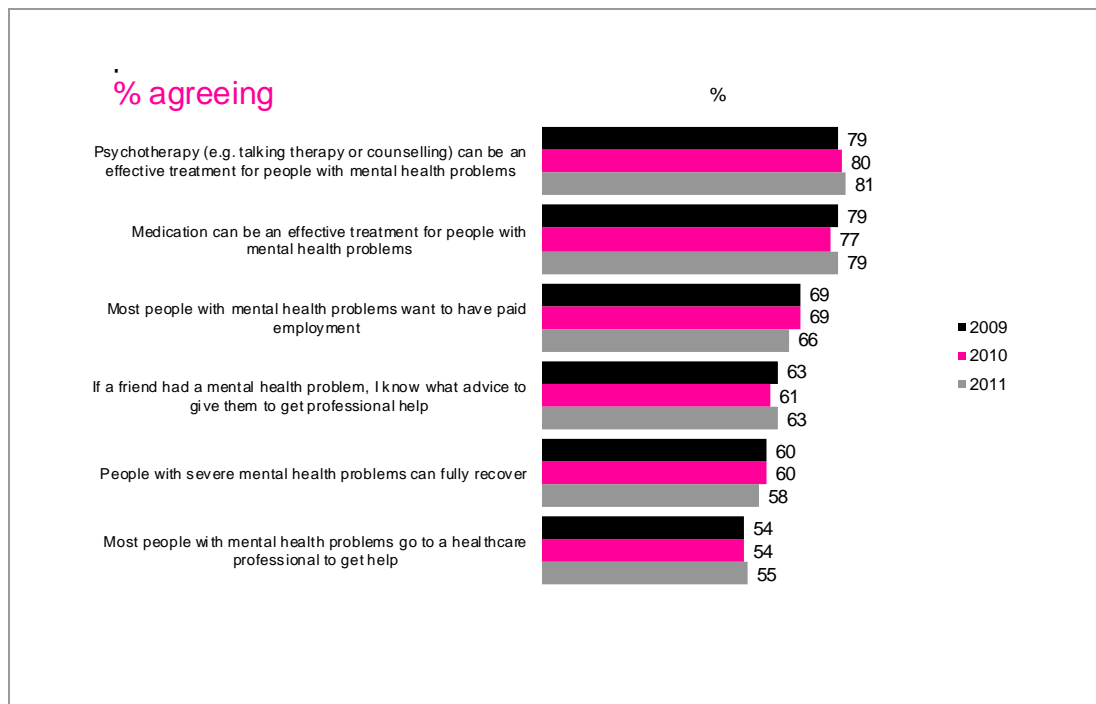
### Introduction

A new set of questions in 2009 covered attitudes towards people with mental health problems – ‘that is, conditions for which an individual would be seen by healthcare staff’. The questions covered employment, getting professional help, medication, treatment and recovery, and were repeated in 2010 and 2011. These items form part of the Mental Health Knowledge Schedule (MAKS).

### Trends over time

Figure 15 shows agreement with statements relating to treatment for mental health problems.

Figure 15 Attitudes towards treatment for people with mental health problems, 2009-2011



Data source: Table 11

There was a high level of agreement that mental health problems can be treated, with around eight out of ten respondents agreeing that psychotherapy (81%) and medication (79%) can be effective treatments for people with mental health problems.

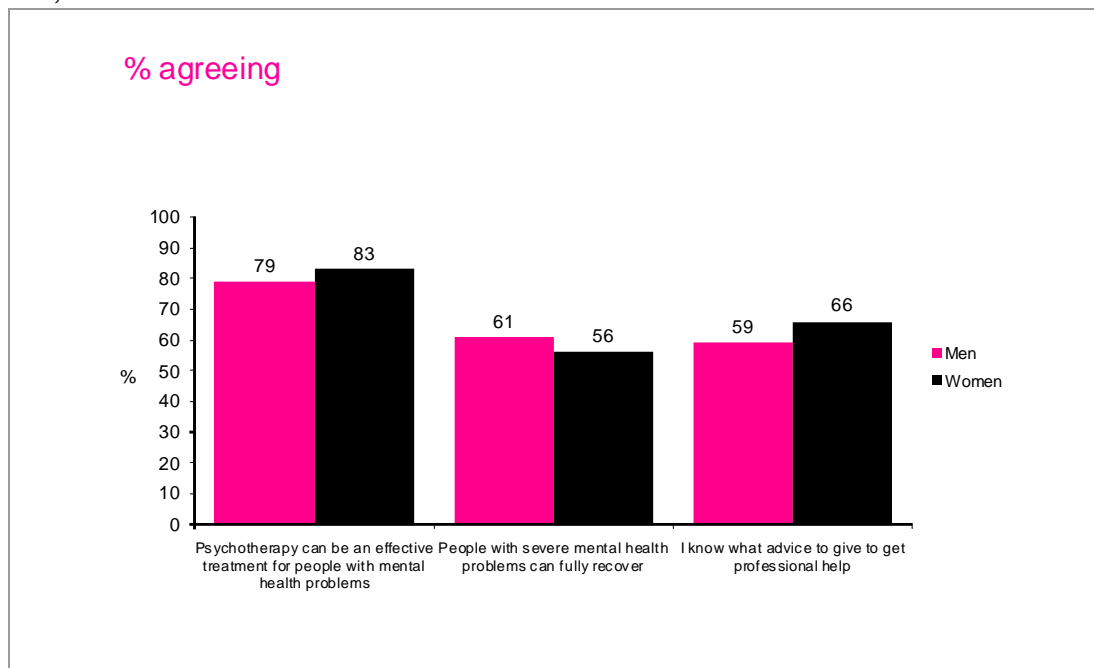
Opinion on whether people with severe mental health problems can fully recover was more mixed - 58% agreed, while 18% said they neither agreed nor disagreed, 13% disagreed and 12% did not know. Similarly, 55% agreed that most people with mental health problems go to a healthcare professional to get help, while 16% neither agreed nor disagreed, 20% disagreed and 9% did not know.

There were no significant differences between 2010 and 2011 in responses to these statements.

### Differences by age and sex

There were differences between men and women in responses to some of these items. Significant differences are shown in Figure 16.

Figure 16 Attitudes towards treatment for people with mental health problems by sex, 2011



Data source: Table 12

Women were more likely than men to agree that psychotherapy can be an effective treatment for people with mental health problems. Women were also more likely than men to say that, if a friend had a mental health problem, they would know what advice to give to get professional help. However, women were less likely than men to agree that people with severe mental health problems can fully recover.

There were some differences by age group:

- Respondents aged 16-34 were less likely than those aged 35-54 to agree that psychotherapy can be an effective treatment for people with mental health problems (16-34: 77%, 35-54: 85%), and that most people with mental health problems want to have paid employment (16-34: 62%, 35-54: 69%)
- Respondents aged 16-34 (74%) were less likely than those aged 35-54 (81%) and 55+ (83%) to agree that medication can be an effective treatment for people with mental health problems
- Respondents aged 16-34 (58%) were also less likely than those aged 35-54 (66%) and 55+ (64%) to agree that if a friend had a mental health problem, they would know what advice to give them to get professional help
- Respondents aged 55+ (52%) were less likely than those aged 16-34 (61%) and 35-54 (62%) to agree that people with severe mental health problems can fully recover.

# Personal experience of mental illness

## Relationships with people with mental health problems

Respondents were asked about their experiences of people who have mental health problems, that is, 'people who have been seen by healthcare staff for a mental health problem'. Respondents were asked whether they currently, or ever had:

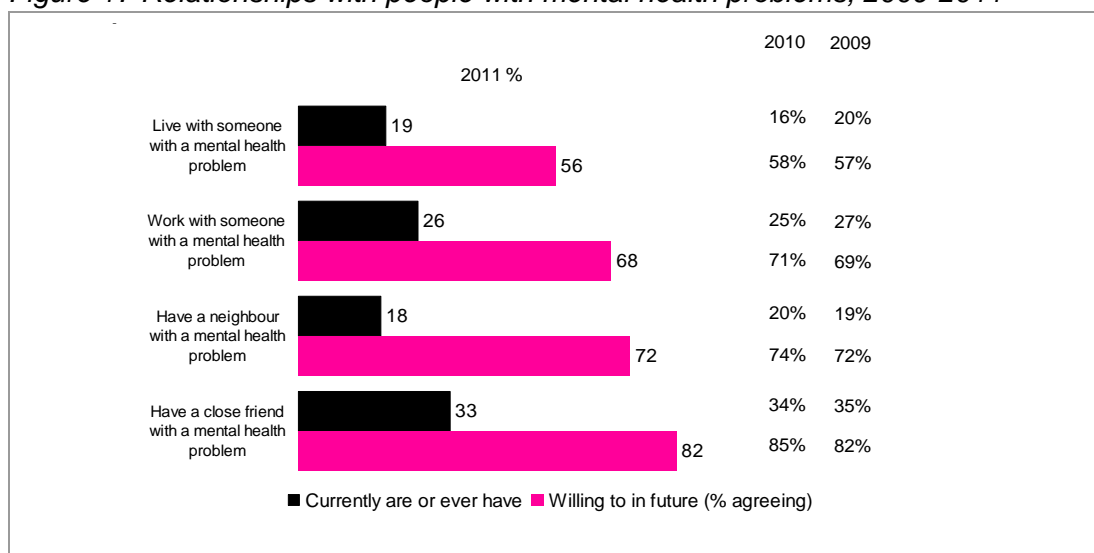
- lived with someone with a mental health problem;
- worked with someone with a mental health problem;
- had a neighbour with a mental health problem;
- or had a close friend with a mental health problem.

They were then asked to agree or disagree (on a 5-point scale) with the following statements – 'In the future, I would be willing to...'

- ... live with someone with a mental health problem
- ... work with someone with a mental health problem
- ... live nearby to someone with a mental health problem
- ... continue a relationship with a friend who developed a mental health problem.

These questions, which form the Reported and Intended Behaviour Scale (RIBS), were asked for the first time in 2009 and repeated in 2010 and 2011. Results are shown in Figure 17.

Figure 17 Relationships with people with mental health problems, 2009-2011



Data source: Table 13, 14

The most common experience of someone with a mental health problem was with a close friend – 33% of respondents said they currently or ever had a close friend with a mental health problem.

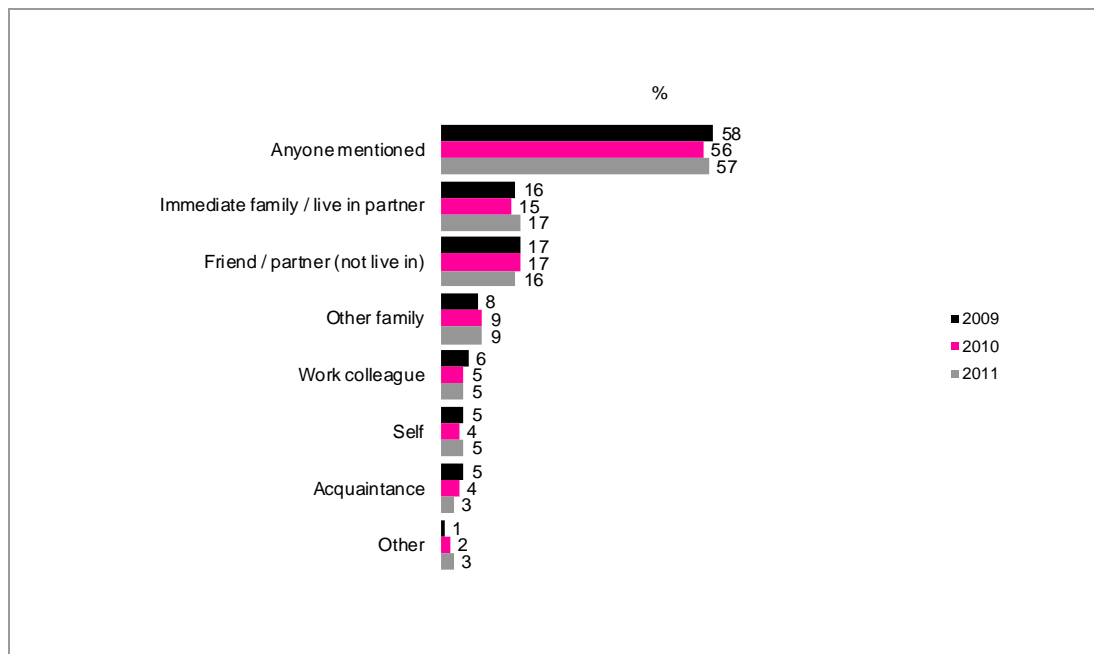
Around eight out of ten respondents (82%) agreed that in future they would be willing to continue a relationship with a friend who developed a mental health problem. Around seven out of ten would be willing either to live nearby to (72%) or work with (68%) someone with a mental health problem. Future willingness to live with someone with a mental health problem was lower at 56%.

There were no significant changes on these measures between 2010 and 2011.

## Friends and family who have had mental illness

Respondents were asked who, if anyone, close to them has had some kind of mental illness. These questions have been asked in this format since 2009 (Figure 18).

Figure 18 Person closest to respondent who has had some kind of mental illness, 2009-2011



Data source: Table 15

Note: 'Immediate family/live in partner' combines the categories 'Immediate family (spouse/child/sister/brother/parent etc)' and 'Partner (living with you)'; 'Friend/partner (not live in)' combines the categories 'Friend' and 'Partner (not living with you)'.

The majority of respondents reported that someone close to them had some kind of mental illness (57% in 2011).

The most commonly selected answer in 2011 was immediate family/live-in partner, with 17% of respondents selecting this. Next most common was a friend/partner (not living with you) (16%). 9% of respondents mentioned other family. 5% of respondents said that they themselves had experienced some kind of mental illness.

There were no significant differences in responses to this question between 2010 and 2011.

## Percentage of people who might have a mental health problem

Respondents were asked what percentage of people in the UK they think might have a mental health problem at some point in their lives, and were given a list of options to choose from, ranging from 1 in 3 to 1 in 1000. This question has been included in the survey since 2003.

The largest group of respondents in 2011 (28%) thought the percentage of people who would have a mental health problem at some point in their lives was 1 in 10, with 36% of respondents thinking it was less than this. 14% thought it was 1 in 4, and 6% that it was 1 in 3. It is worth noting that 16% of respondents said that they did not know (Table 16).

## Consulting a GP about a mental health problem

Respondents were asked how likely they would be to go to their GP for help, if they felt that they had a mental health problem. This question was asked for the first time in 2009, and repeated in 2010 and 2011.

The vast majority of respondents in 2011 (85%) said they would be likely to go to their GP for help (Table 17). These figures have not changed significantly since 2010.

## Talking to friends and family about mental health

Respondents were asked in general how comfortable they would feel talking to a friend or family member about their mental health, for example, telling them they had a mental health diagnosis and how it affects them. This question was first asked in 2009, and repeated in 2010 and 2011.

The majority of respondents in 2011 would be comfortable with this, with over two-thirds of respondents (70%) saying they would be comfortable, and around a fifth (19%) uncomfortable, with the rest saying 'neither' or 'don't know' (Table 18).

The percentage of respondents saying they would be comfortable talking to a friend or family member about their mental health, for example telling them they had a mental health diagnosis and how it affects them, rose from 66% in 2009 to 70% in 2011 (Table 18).

## Talking to an employer about mental health

A new question in 2010 asked respondents how comfortable they would feel talking to a current or prospective employer about their mental health, for example telling them they have a mental health diagnosis and how it affects them. This was repeated in 2011. Responses are included in Table 19, percentages are calculated excluding the 11%-13% of respondents who said this was not applicable to them.

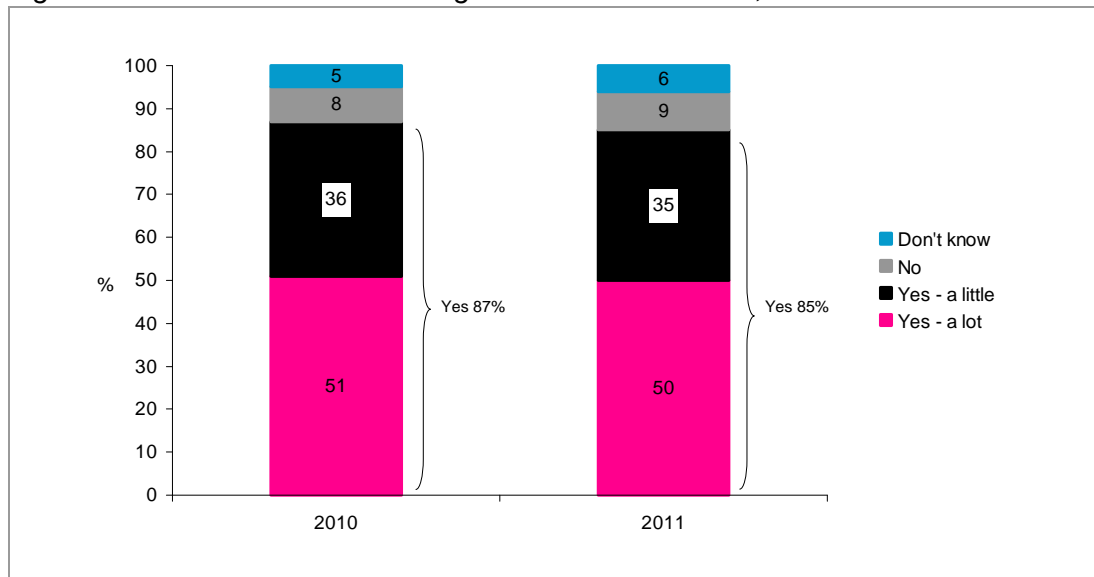
Respondents were far less likely to say they would feel comfortable talking to an employer than to friends and family – 42% in 2011 would feel comfortable talking to an employer, compared with 70% who would feel comfortable talking to friends and family (Table 19).

The percentage saying they would feel uncomfortable talking their employer about their mental health was 43%, compared to 50% in 2010 (Table 19).

## Mental health-related stigma and discrimination

Two new questions around stigma and discrimination were asked in 2010: whether people with mental illness experience stigma and discrimination nowadays, because of their mental health problems; and whether mental health-related stigma and discrimination has changed in the past year. These were repeated in 2011. Responses are shown in Figures 19 and 20.

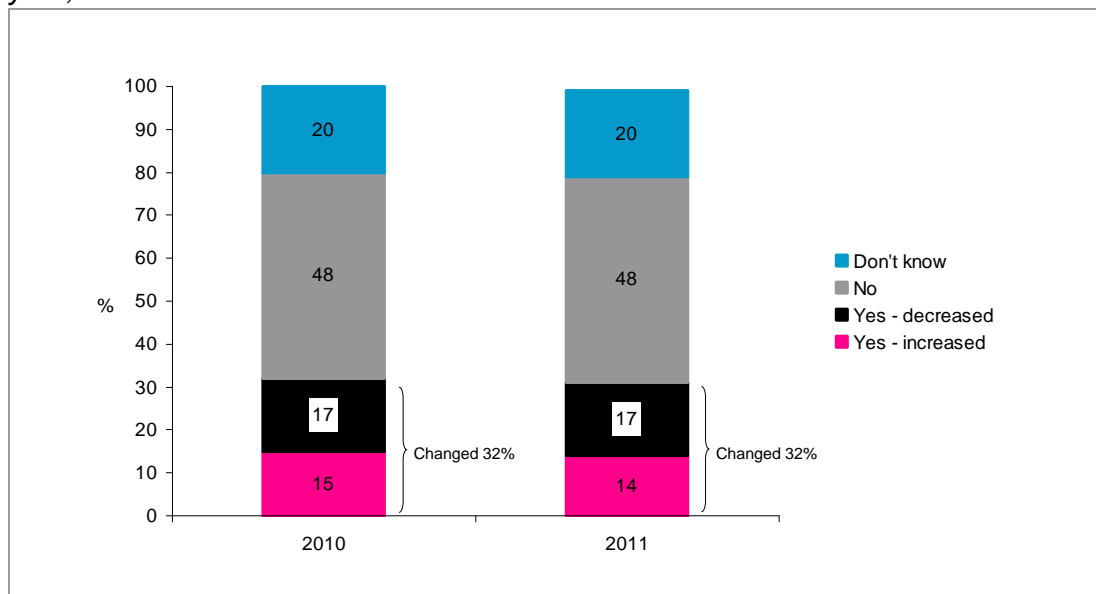
Figure 19 Mental health-related stigma and discrimination, 2010-2011



Data source: Table 20

Overall, 85% respondents in 2011 said that people with mental illness experience stigma and discrimination. Half (50%) said they experience a lot of discrimination, and a further 35% that they experience a little discrimination. There was no significant change in responses to this question from 2010 to 2011.

Figure 20 Changes in mental health-related stigma and discrimination in the past year, 2010-2011



Data source: Table 21

Around a half of respondents (48%) in 2011 said that mental health-related stigma and discrimination has not changed in the past year. Again there were no significant changes in responses to this question between 2010 and 2011.

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These tables together with a machine readable data file can be downloaded here:

[www.ic.nhs.uk/pubs/attitudestomi11](http://www.ic.nhs.uk/pubs/attitudestomi11)

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