

Attitudes to Mental Illness 2014 Technical Annexes

Prepared for Time to Change

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time to change
let's end mental health discrimination

mind
for better mental health

**Rethink
Mental
Illness.**

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1. Appendix– Survey methodology

1.1 Population

The Attitudes to Mental Illness surveys have been carried out in England as part of TNS's Omnibus survey. The Omnibus survey aims to cover adults aged 16+, living in private households. This report relates to the 2014 survey, although the methodology followed was the same for the earlier surveys.

1.2 Interview mode

Interviews were carried out by face-to-face interviewing in-home, using Computer Assisted Personal Interviewing (CAPI).

1.3 Sample selection

Sample frame

The TNS Omnibus is carried out using a quota sample, with sample points selected by a random location methodology.

The sample points were selected from those determined by TNS's own sampling system. 2001 Census small area statistics and the Postcode Address File (PAF) were used to define sample points. The sample points are areas of similar population sizes formed by the combination of electoral Wards, with the constraint that each sample point must be contained within a single Government Office Region (GOR). Geographic systems were used to minimise the travelling time that would be needed by an interviewer to cover each area.

TNS have defined 600 points south of the Caledonian Canal in Great Britain.

Selection of sampling points

278 TNS sample points were selected south of the Caledonian Canal for use by the Omnibus, after stratification by GOR and Social Grade. Sample points were checked to ensure that they are representative by an urban and rural classification. These points were divided into two replicates, and each set of points is used in alternative weeks of Omnibus fieldwork. Sequential waves of fieldwork are issued systematically across the sampling frame to provide maximum geographical dispersion. For this survey, 176 sampling points were selected in England.

Selection of clusters within sampling points

All the sample points in the sampling frame have been divided into two geographically distinct segments each containing, as far as possible, equal populations. The segments comprise aggregations of complete wards. For the Omnibus, alternate A and B halves are worked each wave of fieldwork. Each week different wards are selected in the required half and Census Output Areas selected

within those wards. Then, blocks containing an average of 150 addresses are sampled from PAF in the selected Output Areas, and are issued to interviewers.

Interviewing and quota controls

Assignments are conducted over two days of fieldwork and are carried out on weekdays from 2pm-8pm and at the weekend. Quotas are set by sex (male, female 'housewife', female non-'housewife', where a 'housewife/househusband' is the person (male or female) responsible for carrying out more than half of the weekly shopping); within female 'housewife', presence of children and working status, and within men, working status, to ensure a balanced sample of adults within contacted addresses. Interviewers are instructed to leave 3 doors between each successful interview.

Response rates

As this is a quota sample it is not possible to quote response rates for achieved interviews. Approximately 13 interviews were achieved on average per sample point.

1.4 Fieldwork

Interviews were carried out by fully trained interviewers from TNS's field department. Interviewing took place between December 3rd and December 7th 2014 inclusive.

1.5 The questionnaire

The Attitudes to Mental Illness questionnaire was developed by the Department of Health for this series of surveys, based on previous research in Toronto, Canada and the West Midlands, UK. It included 26 items based on the 40-item Community Attitudes toward the Mentally Ill (CAMI) scale¹ and the Opinions about Mental Illness scale², and an added item on employment-related attitudes. The questions covered a wide range of issues, from attitudes towards people with mental illness, to opinions on services provided for people with mental health problems. There have been minor changes to the questionnaire over the course of the surveys, but the core has remained the same. Some new questions were added in 2009 and 2010 to tie in with the evaluation of the 'Time to Change' anti-discrimination campaign, by the Institute of Psychiatry. The 2014 questionnaire consisted of:

- 27 attitude statements using a five-point Likert scale (Agree strongly/Agree slightly/Neither agree nor disagree/Disagree slightly/Disagree strongly), covering a wide range of issues including attitudes towards people with mental illness, to opinions on services provided for people with mental health problems.
- Descriptions of people with mental illness.
- Relationships with people with mental health problems.
- Attitudes towards people with mental health problems.
- Types of mental illness.

¹ Taylor SM, Dear MJ, 'Scaling community attitudes toward the mentally ill', *Schizophr Bull* 1981, 7: 225-40.

² Cohen J, Struening EL, 'Opinions about mental illness in the personnel of two large mental hospitals', *J Abnorm Soc Psychol* 1962, 64: 349-60

- Personal experience of mental illness.
- Proportions of people who may have a mental health problem.
- Likelihood of going to a GP with a mental health problem.
- Talking to friends and family about a mental health problem.
- Talking to employers about a mental health problem.
- Perceptions of mental health-related stigma and discrimination.
- Awareness of mental health advertising
- Whether employee or self-employed.

In addition a range of demographic measures are included on the Omnibus:

- Sex
- Age
- Social Grade, using the Market Research Society's classification system (AB/C1/C2/DE), based on the occupation of the Highest Income Householder (chief income earner). A description of the social grades is as follows:
 - AB – professional/managerial occupations
 - C1 – other non-manual occupations
 - C2 – skilled manual occupations
 - DE – semi-/unskilled manual occupations and people dependent on state benefits
- Marital status
- Presence of children aged under 16 in the household
- Ethnicity of respondent (White British, White Irish, Any other white background, Mixed white & Black Caribbean, Mixed white & Black African, Mixed white & Asian, Other mixed background, Indian, Pakistani, Bangladeshi, Other Asian background, Black Caribbean, Black African, Other Black background, Chinese, Other)
- Government Office Region (North East, North West, Yorkshire and Humberside, East Midlands, West Midlands, East of England, London, South East, South West)
- Working status.

A copy of the 2013 survey questionnaire is included in Section 2.

1.6 Validation, editing and imputation

As the interviews are carried out using CAPI, validation is carried out at the point of interview. The CAPI program ensures that the correct questionnaire routing is followed, and checks for valid ranges on numerical variables such as age. Range and consistency checks are then validated in the post-interview editing process.

Following the fieldwork, data were converted from CAPI into the Quantum data processing package. A set of tabulations of questions by demographic variables was created. A dataset in SPSS format was exported from Quantum. The tabulations and dataset were checked against the source data by the research staff.

A problem inherent in all surveys is item non-response, where respondents agree to give an interview but either do not know the answer to certain questions or refuse to answer them. In the 2014 Attitudes to Mental Illness survey, the level of item non-response was generally around 1% to 5% of respondents, but on two measures it was higher than 10%³. These 'don't know' responses have been

³ ³ Q11 – What proportion of people in the UK do you think might have a mental health problem at some point in their lives? (10%) Q16 – Q.16 Do you think mental health-related stigma and discrimination has changed in the past year? (16%)

counted as valid responses in the data analysis, so that the base for analysis for each question is the whole sample who were asked the question, *not* those who gave a substantive response. There has been no attempt made to impute missing data.

1.7 Weighting

Data were weighted to match the population profile by region. The weighting matrix used is shown in Figure 1.

Figure 1 Weighting matrix - weights, 2014

	Total	North	Midlands	South
Total	1.08	1.37	0.97	0.96
Men ABC1 : 16-24	1.31	2.63	1.11	0.99
Men ABC1 : 25-44	1.53	2.01	1.34	1.43
Men ABC1 : 45-64	1.64	2.05	1.08	2.01
Men ABC1 : 65+	0.67	0.58	0.49	0.99
Men C2 : 16-24	1.05	1.36	3.37	0.60
Men C2 : 25-44	1.45	2.20	1.72	1.00
Men C2 : 45-64	1.23	1.48	1.01	1.17
Men C2 : 65+	0.62	1.22	0.54	0.43
Men DE : 16-24	0.93	1.19	0.91	0.74
Men DE : 25-44	1.11	1.16	1.47	0.92
Men DE : 45-64	0.88	1.38	0.75	0.64
Men DE : 65+	0.72	0.84	0.76	0.58
Female ABC1 : 16-24	1.41	2.66	1.16	1.16
Female ABC1 : 25-44	1.57	1.67	1.20	1.81
Female ABC1 : 45-64	1.16	1.66	0.86	1.18
Female ABC1 : 65+	0.71	0.83	0.58	0.73
Female C2 : 16-24	1.54	1.65	1.85	1.23
Female C2 : 25-44	1.02	1.23	0.99	0.89
Female C2 : 45-64	1.08	1.78	1.05	0.76
Female C2 : 65+	0.91	1.09	2.01	0.55
Female DE : 16-24	0.65	0.87	0.76	0.45
Female DE : 25-44	0.77	1.25	0.72	0.54
Female DE : 45-64	1.26	1.92	1.13	0.90
Female DE : 65+	0.89	1.03	0.99	0.71

The profile of the samples before and after application of the weighting is shown in Figure 2.

Figure 2 Weighted and unweighted sample profiles, 2013

	Weighted		Unweighted	
	N	%	N	%
Sex				
Men	907	48	817	47
Women	968	52	919	53
Age				
16-24	265	14	242	14
25-34	342	18	275	16
35-44	320	17	253	15
45-54	308	16	255	15
55+	639	34	711	41
Social Grade				
AB	416	22	335	19
C1	532	28	432	25
C2	382	20	354	20
DE	545	29	615	35
Working status				
Full time	736	39	568	33
Part time (8-29 hrs)	257	14	221	19
Part time (under 8 hrs)	8	-	9	1
Retired	444	24	530	31
Region				
North East	104	6	74	4
North West	385	21	280	16
Yorkshire & Humber	181	10	131	8
East Midlands	136	7	139	8
West Midlands	161	9	167	10
East of England	197	11	202	12
London	276	15	290	17
South East	300	16	305	18
South West	136	7	146	8
Total	1875	100	1736	100

1.8 Reliability of estimates

All survey estimates have a sampling error attached to them, calculated from the variability of the observations in the sample. From this, a margin of error (confidence interval) is derived. It is this confidence interval, rather than the estimate itself, that is used to make statements about the likely 'true' value in the population; specifically, to state the probability that the true value will be found between the upper and lower limits of the confidence interval. In general, a confidence interval of twice the standard error is used to state, with 95 per cent confidence, that the true value falls within that interval. A small margin of error will result in a narrow interval, and hence a more precise estimate of where the true value lies.

The technical calculation of sampling errors (and thus confidence intervals) is based on an assumption of a simple random sampling method. This survey did not use a simple random sample; however it is common practice in such surveys to use the formulae applicable to simple random samples to estimate confidence intervals.

In addition to sampling errors, consideration should also be given to non-sampling errors. Sampling errors generally arise through the process of sampling and the influence of chance. Non-sampling errors arise from the introduction of some systematic bias in the sample as compared to the population it is supposed to represent. Perhaps the most important of these is non-response bias.

As this survey used a quota sample there is no measure available of the level of unit non-response to the survey. However, comparison of the achieved sample with the population profile (see Figure 2 above) indicates that the achieved sample contained fewer full-time workers and more aged 55+ and from social grades DE, than would be expected if it were fully representative of the population. These discrepancies have been corrected by weighting, to remove this potential source of bias from survey estimates.

There are many other potential sources of error in surveys, including misleading questions, data input errors or data handling problems. There is no simple control or measurement for such non-sampling errors, although the risk can be minimised through careful application of the appropriate survey techniques from questionnaire and sample design through to analysis of results.

1.9 Statistical disclosure control

Respondents were assured that any information they provided would be confidential and that personal details would not be disclosed at an identifiable level. Respondents' contact details were collected for quality control purposes but this information was detached from the survey responses and the records anonymised during the processing stage. Data are published in aggregated tabulations only so as to minimise the risk that a combination of responses will lead to a respondent being identifiable. Data processing was carried out in accordance with the Data Protection Act and the Market Research Society Code of Conduct.

1.10 Statistical significance

Where findings are reported as 'significant' in this report this always means that the findings are statistically significant at the 95% confidence level or higher. If a finding is statistically significant we can be 95% confident that differences reported are real rather than occurring just by chance. Significance of differences has been tested using the two-tailed t-test for independent samples.

1.11 Sample numbers, 1994-2014

Figure 3 shows the sample sizes for all surveys in this series since 1994.

Figure 3 Sample numbers, 1994-2014

	Sample size (unweighted)
Survey	n
1994	1682
1995	1554
1996	5071
1997	4900
2000	1707
2003	1632
2007	1729
2008	1703
2009	1751
2010	1745
2011 Feb	1741
2011 Dec	1717
2012	1727
2013	1714
2014	1736

2. Appendix – Questionnaire

SHOW SCREEN

Q.1 We have been asked by the Department of Health to find out people's opinions on mental illness. I am going to read out some opinions which other people hold about mental illness and would like you to tell me how much you agree or disagree with each one...

(Order of statements rotated)

...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
...As soon as a person shows signs of mental disturbance, he should be hospitalized
...Mental illness is an illness like any other
...Less emphasis should be placed on protecting the public from people with mental illness
...Mental hospitals are an outdated means of treating people with mental illness
...Virtually anyone can become mentally ill
...People with mental illness have for too long been the subject of ridicule
...We need to adopt a far more tolerant attitude toward people with mental illness in our society
...We have a responsibility to provide the best possible care for people with mental illness
...People with mental illness don't deserve our sympathy
...People with mental illness are a burden on society
...Increased spending on mental health services is a waste of money
...There are sufficient existing services for people with mental illness
...People with mental illness should not be given any responsibility
...A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered
...I would not want to live next door to someone who has been mentally ill
...Anyone with a history of mental problems should be excluded from taking public office
...No-one has the right to exclude people with mental illness from their neighbourhood
...People with mental illness are far less of a danger than most people suppose
...Most women who were once patients in a mental hospital can be trusted as babysitters
...The best therapy for many people with mental illness is to be part of a normal community
...As far as possible, mental health services should be provided through community based facilities
...Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services

...It is frightening to think of people with mental problems living in residential neighbourhoods
...Locating mental health facilities in a residential area downgrades the neighbourhood
...People with mental health problems should have the same rights to a job as anyone else

- 01: Agree strongly
- 02: Agree slightly
- 03: Neither agree nor disagree
- 04: Disagree slightly
- 05: Disagree strongly
- (DK)

SHOW SCREEN - MULTI CHOICE

Q.2 And which of these do you feel usually describes a person who is mentally ill?

- 01: Someone who has serious bouts of depression
- 03: Someone who is incapable of making simple decisions about his or her own life
- 05: Someone who has a split personality
- 06: Someone who is born with some abnormality affecting the way the brain works
- 07: Someone who cannot be held responsible for his or her own actions
- 09: Someone prone to violence
- 10: Someone who is suffering from schizophrenia
- 11: Someone who has to be kept in a psychiatric or mental hospital
- 12: Other (specify)
- None\dk

SHOW SCREEN

The following questions ask about your experiences and views in relation to people who have mental health problems. By this I mean people who have been seen by healthcare staff for a mental health problem.

Q.3 Are you currently living with, or have you ever lived with, someone with a mental health problem?

- 01: Yes
- 02: No
- (DK)
- (R)

Q.4 Are you currently working, or have you ever worked, with someone with a mental health problem?

- 01: Yes
- 02: No
- (DK)
- (R)

Q.5 Do you currently, or have you ever, had a neighbour with a mental health problem?

01: Yes

02: No

(DK)

(R)

Q.6 Do you currently have, or have you ever had, a close friend with a mental health problem?

01: Yes

02: No

(DK)

(R)

Q.7 The following statements ask about any future relationships you may experience with people with mental health problems. Please tell me how much you agree or disagree with each one, taking your answer from the screen.

SHOW SCREEN

(Order of statements rotated)

...In the future, I would be willing to live with someone with a mental health problem

...In the future, I would be willing to work with someone with a mental health problem

...In the future, I would be willing to live nearby to someone with a mental health problem

...In the future, I would be willing to continue a relationship with a friend who developed a mental health problem

(Answer categories inverted on alternate interviews)

01: Agree strongly

02: Agree slightly

03: Neither agree nor disagree

04: Disagree slightly

05: Disagree strongly

(DK)

Q.8 I am now going to read out some more statements about mental health problems, again that is conditions for which an individual would be seen by healthcare staff. Please tell me how much you agree or disagree with each one.

SHOW SCREEN

(Order of statements rotated)

...Most people with mental health problems want to have paid employment

...If a friend had a mental health problem, I know what advice to give them to get professional help

...Medication can be an effective treatment for people with mental health problems

...Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems
...People with severe mental health problems can fully recover
...Most people with mental health problems go to a healthcare professional to get help

(Answer categories inverted on alternate interviews)

01: Agree strongly
02: Agree slightly
03: Neither agree nor disagree
04: Disagree slightly
05: Disagree strongly
(DK)

Q.9 Please say to what extent you agree or disagree that each of the following conditions is a type of mental illness...

SHOW SCREEN

(Order of items rotated)

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

(Answer categories inverted on alternate interviews)

01: Agree strongly
02: Agree slightly
03: Neither agree nor disagree
04: Disagree slightly
05: Disagree strongly
(DK)

SHOW SCREEN

Q.10 Who is the person closest to you who has or has had some kind of mental illness ?

Please take your answer from this screen.

(Answer categories inverted on alternate interviews, 'Other' / 'No-one' fixed at bottom of list)

01: Immediate family (spouse\child\sister\brother\parent etc)
02: Partner (living with you)
03: Partner (not living with you)
04: Other family (uncle\aunt\cousin\grand parent etc)
05: Friend

06: Acquaintance
07: Work colleague
08: Self
09: Other (please specify)
10: No-one known
(R)
SHOW SCREEN

Q.11 What proportion of people in the UK do you think might have a mental health problem at some point in their lives?

01: 1 in 1000
02: 1 in 100
03: 1 in 50
04: 1 in 10
05: 1 in 4
06: 1 in 3
(DK)

SHOW SCREEN

Q.12 If you felt that you had a mental health problem, how likely would you be to go to your GP for help?

(Answer categories inverted on alternate interviews)

01: Very likely
02: Quite likely
03: Neither likely nor unlikely
04: Quite unlikely
05: Very unlikely
(DK)

SHOW SCREEN

Q.13 In general, how comfortable would you feel talking to a friend or family member about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

(Answer categories inverted on alternate interviews)

01: Very uncomfortable
02: Moderately uncomfortable
03: Slightly uncomfortable
04: Neither comfortable nor uncomfortable
05: Fairly comfortable
06: Moderately comfortable
07: Very comfortable
(DK)

SHOW SCREEN

Q.14 In general, how comfortable would you feel talking to a current or prospective employer about your mental health, for example telling them you have a mental health diagnosis and how it affects you?

(Answer categories inverted on alternate interviews)

- 01: Very uncomfortable
- 02: Moderately uncomfortable
- 03: Slightly uncomfortable
- 04: Neither comfortable nor uncomfortable
- 05: Fairly comfortable
- 06: Moderately comfortable
- 07: Very comfortable
- (Not applicable)
- (DK)

SHOW SCREEN

Q.15 Do you think that people with mental illness experience stigma and discrimination nowadays, because of their mental health problems?

(Answer categories inverted on alternate interviews)

- 01: Yes- a lot of stigma and discrimination
- 02: Yes- a little stigma and discrimination
- 03: No
- (DK)

SHOW SCREEN

Q.16 Do you think mental health-related stigma and discrimination has changed in the past year?

(Answer categories inverted on alternate interviews)

- 01: Yes - increased
- 02: Yes – decreased
- 03: No
- (DK)

Q.17 Now please look the pictures on the next couple of screens. These are pictures from different adverts that have appeared on television, radio, magazines or on the web.

SHOW SCREEN

INTERVIEWER: PLEASE ALLOW THE RESPONDENT PLENTY OF TIME TO LOOK AT EACH PICTURE BEFORE CLICKING TO THE NEXT SCREEN

SHOW SCREEN

Do you think you have seen or heard any of this advertising, or similar during the last year?

(Answer categories inverted on alternate interviews)

01: Yes - seen or heard some of these ads

02: Yes - seen or heard similar ads

03: No - Not seen

(DK)

SHOW SCREEN

IF 'Yes – seen or heard some of these ads' OR 'Yes – seen or heard similar ads' AT Q.17

Q.18 How many times, before this interview, have you seen or heard ANY of the advertising in the pictures?

INTERVIEWER ADD IF NECESSARY: Please answer as best you can even if it is just an estimate.

01: Once or twice

02: Three to five times

03: Six times or more

(DK)