HSC Public Health Agency

Mental ill health and help-seeking

Report 4: Mental Health Survey 2023/24

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Improving your health and wellbeing

Executive summary

The Public Health Agency developed the Mental Health Survey 2023/24 to support work undertaken for the Mental Health Strategy [1] and the Protect Life 2 strategy [2]. The strategies aim to promote mental wellbeing and reduce suicide prevalence in Northern Ireland (NI), respectively. This paper presents findings relating to the prevention of mental ill health among the NI general population.

A telephone survey was conducted in Spring 2023 with a nationally representative sample of 1,009 adults aged 18 years and above in the Northern Ireland general population. Participants were surveyed about a range of issues relating to the topics of mental health and suicide prevention. Findings included in this paper focus on attitudes to mental wellbeing and ill health, experience of mental ill health, behaviours that promote wellbeing, and coping with challenges to mental wellbeing.

Key findings:

- 24% participants had sought help for an emotional or mental health problem for either themselves or someone else;
- 31% of those who reported having mental ill health at some point had sought help.
- Participants approached a doctor/GP, a mental health professional or a friend for support with emotional or mental health problems.
- Support received typically involved someone listening to them, receiving professional or practical help to solve a problem;
- 77% of those who sought help for themselves or someone else would do so again in the future if needed.
- Finally, while help-seeking stigma was higher among those who reported having a mental health problem at some point, there was no difference between those who did or did not seek help for their mental ill health. This suggests that stigma did not hinder help-seeking among those who reported experiencing mental ill health.

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1. Background

The Mental Health Survey 2023/24 was undertaken to support the work conducted by the Public Health Agency to address Actions 1 and 2 of the Mental Health Strategy and the Protect Life 2 strategy. The survey aims to further understanding of the knowledge, attitudes and behaviours of the general population in Northern Ireland in relation to mental health and suicide. This paper presents findings on the prevention of mental ill health.

1.1. Mental health in Northern Ireland

Everyone has mental health and your mental health can be either good or poor, just like your physical health. Mental health influences how we think and feel about ourselves and others, and how we interpret and react to events. It affects our capacity to learn, communicate, manage interpersonal relationships, and influences our ability to cope with life events and transition periods.

Good mental health is referred to as mental wellbeing which the World Health Organization (WHO) define as 'a state of wellbeing in which an individual can realise his or her own potential, cope with the normal stresses of life, work productively and make a contribution to the community" [3].

When mental health declines, mental ill health can occur. Mental ill health occurs when an individual feels they cannot cope with the challenges they face and this impacts their cognitive, emotional and/or social abilities. Mental ill health may resolve in time or as a person's situation changes but mental ill health can also progress to mental illness. Mental illnesses refer to conditions that are clinically diagnosed by a medical professional and are defined by WHO [3] as:

> *"a broad range of problems with different symptoms. They are generally characterised by some combination of disturbed thoughts, emotions, behaviour and relationships with others. Examples are depression, anxiety, conduct disorders in children, bipolar disorders and schizophrenia".*

Mental ill health and illness affects our society as a whole and no individual or group is immune to experiencing mental ill health and/or illness. However, the risk of mental ill health and/or illness is increased with other factors such as inequality, poverty, chronic physical ill health, minority group status, exposure to war, conflict and violence etc. Individuals who experience mental ill health are also vulnerable to disability, mortality, stigma and discrimination, and social exclusion [4].

It is important to understand that recovery from mental ill health and/or illness is possible, as is emphasised by the WHO [3]. Furthermore, an individual can have a diagnosed mental illness and also have good mental wellbeing. For example, an individual can be diagnosed with schizophrenia which is successfully treated with medication which means they are able to continue with their normal routines and are able to cope with challenges they face.

Understanding among the general population has increased with regards to mental health ill health and illness. However, negative attitudes prevail based on embarrassment, fear and stigma. This can impact a person's willingness to open up about their experience of mental ill health and/or illness and often prevents people from accessing help which ultimately can hinder recovery.

Whilst there is a scarcity of robust mental health statistics available in Northern Ireland [5], the Health Survey Northern Ireland [6] has consistently indicated that approximately 20%[a] of the general population have potential psychiatric morbidity based on symptoms reported in the

[a] This trend has remained stable over time with the exception of an increase in 2020/21 to 27% of the population. However, caution is advised in interpreting this change as there were methodological changes implemented due to COVID-19 restrictions that may have impacted this.

preceding four weeks. Although, the trend increased in 2020/21 to 27%. Potential psychiatric morbidity is higher among females compared to males (22% vs 18%, respectively for 2023/24). Furthermore, Bunting et al (2012) estimated the lifetime prevalence of a mental disorder among the NI general population was 39.1% [7].

The Health Survey NI also provided an indication on the population's mental wellbeing with the latest survey data being available for 2018/19. As with potential psychiatric morbidity, a consistent trend was observed from 2020/11 to 2018/19 with mental wellbeing scores on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBs) [8] averaging approximately 51 out of a total score of 70. This indicates good mental wellbeing on average. Since the latest date of available data for the NI population, cut offs have since been established for WEMWBs which provide more detailed interpretation of findings. Therefore, in future population-based surveys, we may have a better understanding of mental wellbeing among the NI population and this will be re-established via the NI Heath Survey from 2024/25.

1.1.1. Suicide in Northern Ireland

Suicide results from a complex interplay between biological, psychological, social and environmental factors. Globally, suicide rates have increased over the last 45 years by 60% with approximately 10.6 suicide deaths per 100,000 population in 2016 [9]. Suicide represents 1.5% of the total global burden of disease. When someone takes their own life, their friends, families and communities are affected. This means that suicide has a wide impact with substantial human and financial cost. It is important to remember that suicide is not inevitable – it is preventable and this makes suicide prevention a key priority for public health. The Government's over-arching message continues to be that one death by suicide is one too many and there is a firm commitment to reduce death by suicide.

Crude suicide rates in Northern Ireland were 12.3 deaths per 100,000 population in 2022 with the rate of death three times higher for males than females (19.2 vs 5.7 deaths per 100,000 population, respectively) [10]. Why individuals take their own lives is unknown. However, there are a wide range of factors at the individual, community and societal level that are associated with increased risk of suicide. Risk factors include (but are not limited to) age, gender, history of suicidal behaviour, suicide bereavement, chronic illness, mental disorders, alcohol and substance misuse, hopelessness, financial instability, stressful life events, interpersonal conflict, war and conflict, violence, trauma, abuse, sexuality, personality traits, high risk occupations, discrimination, criminality, deprivation and inequality, access to means etc. However, there are also a wide range of protective factors which include (but are not limited to) effective coping strategies, resilience, self-esteem, financial stability, strong interpersonal connections, religiosity and cultural beliefs, conflict resolution skills, help-seeking, access to services, effective clinical care etc.

It is estimated that suicide impacts on at least six other individuals and for 2022, this would equate to approximately 1,218 individuals bereaved by suicide [11]. The impact of suicide on those bereaved is vast and can impact on individuals' physical, psychological and social lives. These impacts include confusion, loss of sleep/insomnia, lack of energy, numbness, nightmares, feelings of unreality, loss of control, fear, blame, anger, guilt, social isolation, stigma, unemployment, anxiety, depression, homelessness etc [12, 13, 14].

1.1.2. Policy context

There are a number of policies focussed on improving the mental health and wellbeing of people in Northern Ireland which also contribute to reductions in suicide and self-harm [15, 16, 17].

Protect Life 2 [2] is Northern Ireland's strategy for preventing suicide and self-harm. Launched in 2019, the Strategy aims to reduce deaths by suicide by 10% by 2024 and to ensure support and prevention services for suicide are delivered to communities most at risk. PL2 includes a ten-point action plan including objective 4 which aims to *"enhance community capacity to prevent and respond to suicidal behaviour within local communities"*.

The Mental Health Strategy [1] for Northern Ireland was launched in 2021 and has 35 actions that aim to improve mental wellbeing for the whole population. The PHA has been tasked with Actions 1 and 2 of the Strategy which centre around improving the publics' awareness and understanding of mental health, mental ill health, reducing stigma, and mental health promotion across the life course.

Suicide prevention also features in a range of other policies, including:

- Making Life Better – A Whole System Framework for Public Health 2013-2023;
- Health and Wellbeing 2026: Delivering Together;
- New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 2011-2016;
- Health and Social Care Commissioning Plan and Indicators of Performance Direction 2019–20;
- PHA Corporate Plan 2017-2021;
- Bamford Action Plan 2012-2015; and the Interdepartmental Action Plan[b].

1.2. The Mental Health Survey 2023/24

The Mental Health Survey 2023/24 was undertaken to gain insight into the knowledge, attitudes and behaviours of the general population in Northern Ireland in relation to mental health and suicide. The objectives are:

1. To assess current mental health literacy and attitudes among the NI general population;
2. To provide an indication of mental wellbeing and ill health among the general population that does not duplicate measures collected via other means (eg Health Survey NI);
3. To determine the steps taken by the general population in Northern Ireland to prevention mental ill health;
4. To examine attitudes and behaviours regarding help-seeking for mental ill health and suicide and evaluate satisfaction with help received, where relevant;
5. To explore mental health-related stigma among the general population;
6. To ascertain readiness to intervene with individuals experiencing mental health problems and/or suicidal crisis.

This paper focuses on the stigma in relation to mental ill health among the general population and therefore addresses objective 5. Furthermore, objective 6 is addressed via the psychosocial assessment of the Self-Stigma of Mental Illness and Self-Stigma of Seeking Help scales.

[b] NB: these are the most up-to-date policies that are currently in place.

2. Evaluation approach

A telephone survey was conducted of the general population in Northern Ireland between May and June 2023, with 1,009 adults (aged 18+ years) participating. The sample was statistically representative of the general population based on Census 2011 data for gender, age, socioeconomic status, and local government district. Fifty-one percent of the sample were female (n=517). The survey took approximately 20 minutes to complete and topics were guided by the Mental Health and Protect Life 2 strategies which included the following:

- Attitudes to mental health, mental ill health and suicide
- Stigma against help-seeking
- Self-stigma
- General help-seeking behaviours
- Personal experience of mental ill health
- Looking after one's own mental health and coping
- Intervening when concerned about someone
- Awareness of mental health and suicide prevention training.

2.1. Measures

The Mental Health Survey 2023/24 incorporated a number of standardised scales to measure the topics identified. All scales have been psychometrically tested and are shown to be reliable and valid.

Attitudes Towards Suicide (ATTS) [18] is a 20-item 5-point Likert scale used to measure attitudes towards suicide and has been validated for use among the general population. The scale is widely used and has been used by the European Alliance Against Depression [19]. While the scale includes ten subscales, the psychometric properties of the scale do not replicate across studies [20]. The Public Health Agency included the scale in a survey conducted in 2022/23 examining attitudes towards suicide. The psychometric properties of the scale were tested for use among the general population in Northern Ireland. Subscales identified in this analysis were included in this survey which were *Suicide Prevention* (2-items) and *Suicidal behaviour as attention-seeking* (2-items).

The Brief COPE [21] is a 28-item 4-point Likert scale designed to measure the ways in which people respond to stress. The scale includes 14 subscales of which five were included in this survey: active coping (2-items), self-distraction (2-items), instrumental social support (2-items), substance use (2-items) and emotional support (2-items).

The Self-Stigma of Seeking Help Scale (SSOSH) [22] is a 10-item 5-point Likert scale designed to measure self-stigma of seeking psychological help. This is a potentially important barrier to seeking help. This is the first of two stigma-related scales that were used in this survey.

The Self-Stigma of Mental Illness Scale Short Form (SSMIS-SF) [23] is a 20-item Likert scale that measures internalised stigma and self-stigma against mental illness. It consists of four subscales: awareness, agreement, application and harm to self-esteem and is designed for use among people living with mental illness. However, the Awareness subscale measures awareness of public stigma and items are similar to public stigma scales. Items are phrased '*I think the public believes that most people with mental illness are…to blame for their problems/are unpredictable/will not recover or get better/are dangerous/are unable to take care of themselves*'. Given the brevity of the awareness subscale, the current survey tested the use of the subscale among the general population.

The Five Ways to Wellbeing scale was developed for inclusion in the European Social Survey 2012[3] and includes: connect, be active, take notice, keep learning and give. Responses to items on the scale can indicate participation in each of the measures and cumulative participation calculated.

The General Help-Seeking Questionnaire [24] was developed to measure help-seeking intentions. The original scale consisted of 20-items asking who you would seek help from if you and a personal or emotional problem (10-items) or if experiencing suicidal thoughts (10-items). Responses are rated on a 7-point Likert scale ranging 1 ‘extremely unlikely’ to 7 ‘extremely likely’. As the scale measures help-seeking intentions, it was adapted for the current survey as a measure of help-seeking behaviour.

In addition to the standardised scales, the Mental Health Survey 2023/24 asked participants about their experience of mental ill health, intervening when concerned about someone, and awareness of mental health and/or suicide prevention training programmes.

NB: The findings from the survey will be addressed through a series of papers that focus on topics. Therefore, not all measures are discussed in one paper.

[3] See Home | European Social Survey

3. Findings

3.1. Help-seeking

Just under a quarter (24%) of participants said they had sought help for an emotional or mental health problem **for themselves or someone else** in the three months preceding the survey.

Seeking help for themselves or someone else was significantly higher among (see Table 1 in Appendix for more detail):

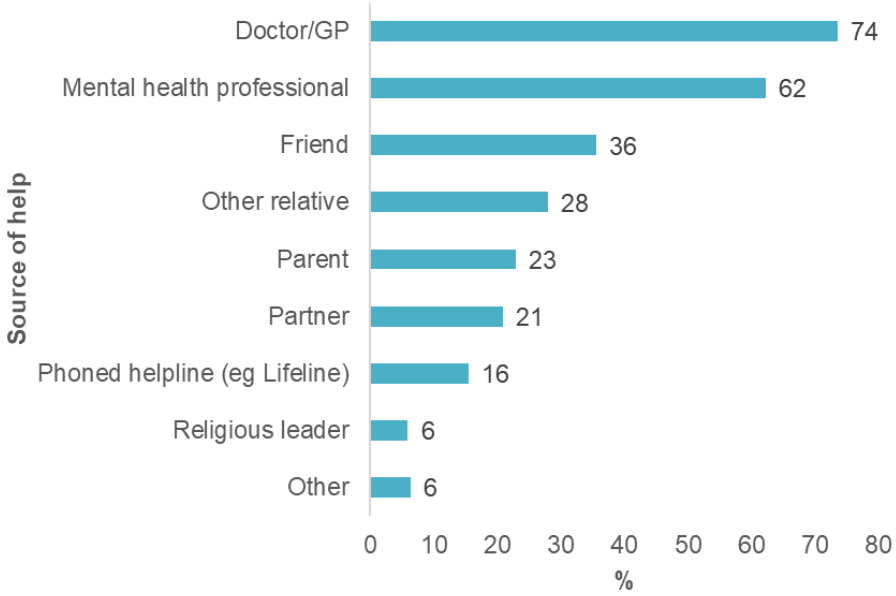
- Females compared to males (27% vs 19%; p≤.001);
- Those with a disability (39% vs 20%; p≤.001);
- Those working in HSC (32% vs 23%; p≤.05); and
- Those working in mental health and/or suicide prevention (44% vs 23%; p≤.01).

And significantly lower among those aged 65 years and above compared to all other age groups (10% vs 18–29, 26%; 30–44, 35%; 45–64, 20%; p≤.001).

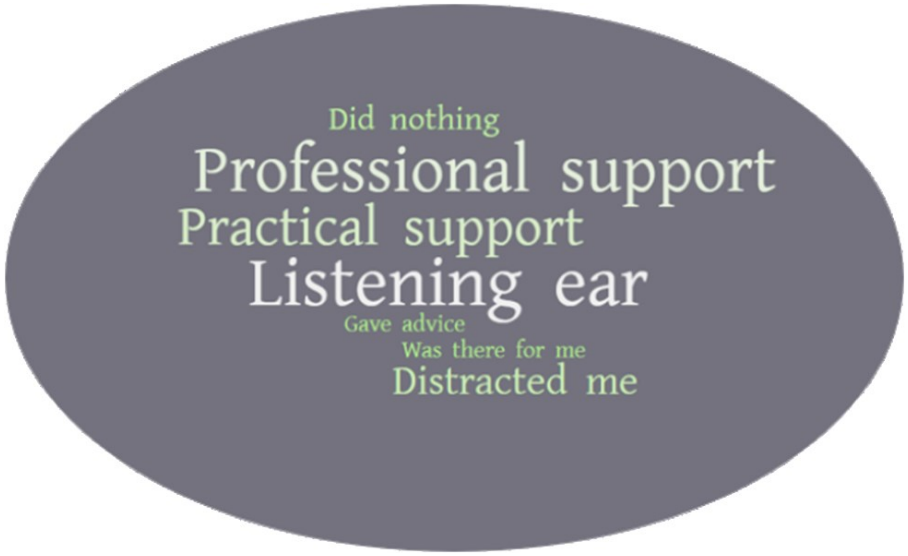
Seeking help for self or someone else was not significantly associated with socioeconomic group, living in an urban or rural area, or deprivation.

Nearly three quarters (74%) of those who sought help from themselves or someone else approached a doctor/GP for help (Figure 1). The next most frequent sources of help included a mental health professional (62%), followed by a friend (36%).

Figure 1: Who participants sought help from (n=239)[4]

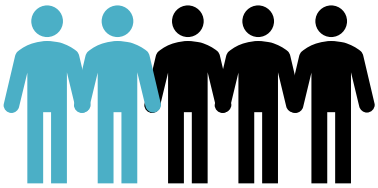


The types of support that participants (n=239) typically reported receiving included someone providing a listening ear (62%), being helped to seek professional support (46%), receiving practical support (41%), and being distracted from a problem (23%). More than three quarters (77%) said they would approach this person/organisation again for support in the future if needed.



[4] Other responses typically included mental health professionals and work colleagues.

3.3. Experiencing mental ill health and help-seeking



Two in five (40%) participants said they had experienced mental ill health at some point. Out of these (n=401), just under a third (31%) had sought help and more than three quarters (77%) of those who sought help would do so again in the future if they needed to.

Stigma towards help-seeking was also higher among those who had experienced mental ill health at some point (M=25 vs M=24; p≤.01). However, among those who had experienced mental ill health, there was no significant difference between those who had sought help for an emotional or mental health problem and those who had not (M=25 vs M=24).

4. Conclusions

Approximately a quarter of participants (24%) had sought help for an emotional or mental health problem for either themselves or someone else. Furthermore, just under a third (31%) of those who reported having mental ill health at some point had sought help. Typically, participants approached a doctor/GP, a mental health professional or a friend for support with emotional or mental health problems. Support received typically involved someone listening to them, receiving professional or practical help to solve a problem. It is encouraging that three quarters (77%) of those who sought help for themselves or someone else would do so again in the future if needed. Finally, while help-seeking stigma was higher among those who reported having a mental health problem at some point, there was no difference between those who did or did not seek help for their mental ill health. This suggests that stigma did not hinder help-seeking among those who reported experiencing mental ill health.

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All images used in infographics in this report were taken from www.flaticon.com

Appendix

Table 1: Help-seeking within last 3 months for self or someone else

			% yes
		Base	%
Overall		1009	24
Gender* **	Male	487	19
	Female	517	27
Age* **	18–29	152	26
	30–44	325	35
	45–64	297	20
	65+	208	10
Socioeconomic group	ABC1	478	23
	C2DE	478	25
HSCT	Belfast	200	24
	Northern	283	25
	South Eastern	197	22
	Southern	172	21
	Western	157	25
Disability* **	Yes	202	39
	No	797	20
Settlement	Urban	606	26
	Rural	403	21
Deprivation	Most deprived	190	25
	Quintile 2	200	27
	Quintile 3	212	26
	Quintile 4	208	23
	Least deprived	199	19
Work in HSC*	Yes	124	32
	No	885	23
Work in mental health area**	Yes	45	44
	No	964	23
***p≤.001; **p≤.01; *p≤.05.			