



Attitudes to mental health and suicide in Northern Ireland

Siobhan O'Neill, Margaret McLafferty and Paula Devine

Mental health stigma

Stigma refers to a range of negative attitudes and misperceptions about mental illness. Self-stigma is when a person's beliefs about mental illness impacts upon how they view themselves and their own mental health. Stigma can negatively affect a person's self-esteem, and so contributes to poor mental health, and can also be a barrier to accessing support and treatment. Stigma towards people with a mental illness or mental health difficulty results from misperceptions about the nature and cause of poor mental health, and about whether mental illness can be prevented or treated. It can include the view that people with a mental illness are weak or dangerous, or the belief that it is wrong to ask for help for an emotional or mental health problem.

As a result of stigma, people with mental illness can be excluded and treated differently. It means that they can face discrimination in everyday life and in their interactions with their friends and family. Mental health stigma can also be experienced in education settings, in the workplace and in interactions with health service providers. This can lead to isolation, and difficulty in accessing jobs, housing, and services; all of which can prove detrimental to mental health. Many of those who are at highest risk of having poor mental health are also members of marginalised groups who experience discrimination due to their race, ethnicity, religion, age, disability, gender, or sexual orientation. Mental illness stigma intersects with, and reinforces, these other forms of stigma and discrimination, resulting in lower treatment uptake and poorer outcomes (Stangl et al., 2019).

Myths about suicide

Stigma is also an important issue in relation to suicide prevention. Misperceptions about suicide can impact on how people who are suicidal are treated by services and can reduce the likelihood of a person disclosing suicidal thoughts and accessing support. Suicide stigma also intersects with mental health stigma, and the belief that people who think about suicide have a mental illness can stop people from getting support in times of crisis. A series of particular myths about suicide are known to affect whether people who are suicidal receive vital compassionate support, and how they are treated in mental health and other services. These include the belief that it is harmful to discuss suicide, that people who discuss or attempt suicide will never end their life by suicide; and beliefs about whether suicide is preventable (Nicholas et al., 2020). Stigma is an important public health issue and as a result, there have been a range of programmes to improve attitudes to mental illness.

Early intervention, helpseeking and emotional literacy

There is an increasing body of evidence indicating that mental illness is preventable. In Northern Ireland high proportions of mental illness are attributable to childhood adversities, including parental mental illness and substance use, and economic adversity (McLafferty et al., 2018). Mental illness costs the Northern Ireland economy £3.4 billion annually. The evidence points to early intervention, such as parenting programmes, programmes in schools, brief psychological interventions, and

promoting physical activity, as cost effective ways of reducing the economic burden (McDaid and Park, 2022).

Emotional literacy, the extent to which someone can identify and understand their emotional states, is the foundation of empathy and good mental health. Our behavioural responses to feelings have an important influence on our wellbeing, and can contribute to the development of mental health difficulties. Our ability to identify and express our feelings is key to emotional regulation, to gaining control over our mental processes and ultimately to adapting our emotions to problem solve and achieve our goals (Fusar-Poli et al., 2020).

Public mental health policy

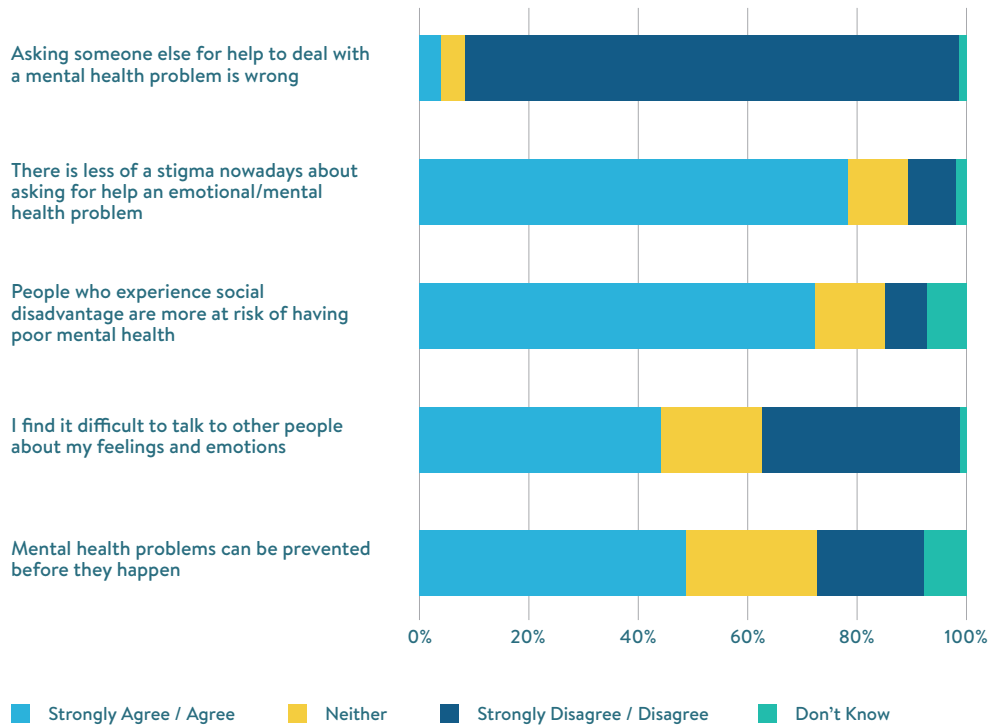
Northern Ireland's ten-year Mental Health Strategy, which was launched in June 2021, is an ambitious plan to transform mental health services. It includes a commitment to increasing public awareness and understanding of mental health and wellbeing, and the encouragement of public discourse and dialogue to reduce stigma. Stigma is also referred to in Action 2, a plan to promote mental health through early intervention and prevention, which will consider the groups disproportionately impacted by poor mental health; and seek to reduce mental health stigma.

Given that mental health, suicide and associated stigma are of increasing public and policy concern, a set of relevant questions were developed for the 2021 *Northern Ireland Life and Times (NILT) survey*. This Research Update examines mental health policy priorities, and attitudes to mental health and suicide in Northern Ireland using data from the 1,397 respondents.

Attitudes to mental illness

Figure 1 shows the responses to questions on attitudes to mental illness. The vast majority of respondents (91%) disagreed or strongly disagreed that asking someone else for help for a mental health problem is wrong. 78 per cent agreed or strongly agreed that there is less of a stigma nowadays about asking for help for an emotional/mental health problem. Both figures are higher than in a similar population survey in 2015 (SMR, 2015) which asked the same question (81% and 61% respectively). Three quarters of NILT respondents (74%) agreed or strongly agreed that social disadvantage was associated with a risk of poor mental health, and one half agreed or strongly agreed that mental health problems could be prevented before they happen (49%). Half of males (49%) and 40 per cent of females reported having difficulty talking to other people about their own feelings and emotions. The overall proportion who found it difficult to talk about their feelings (44%) was higher in the 2021 NILT survey than in the 2015 survey (38%).

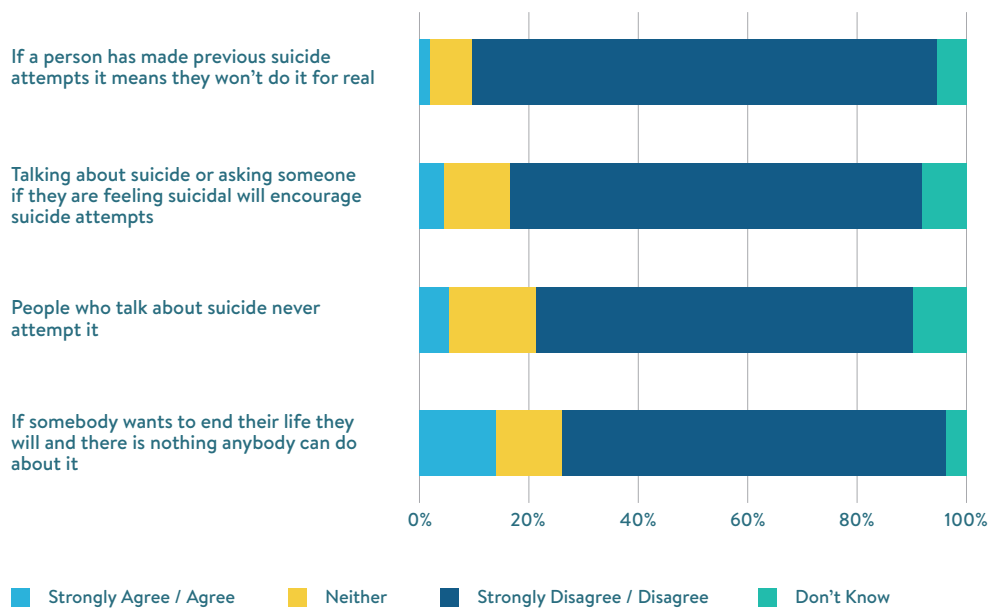
Figure 1: Attitudes to mental health and mental illness



Beliefs about suicide

Responses to the questions examining beliefs about suicide are shown on Figure 2. Only a small minority (2%) agreed or strongly agreed that if a person has made a previous suicide attempt then they would not do it for real; again this compares favourably with the 2015 figure (16%). The proportion of people who agreed or strongly agreed that talking about or asking about suicide would encourage suicidal behaviour decreased from 21 per cent in 2015 to four per cent of NILT respondents in 2021 (3% of females and 6% of males). In the current survey 69 per cent disagreed or strongly disagreed that people who talk about suicide never attempt it. In 2015 a quarter of those surveyed agreed or strongly agreed that people who talk about suicide never attempt it; the proportion fell to 5 per cent of NILT respondents in 2021. In the NILT survey, 14 per cent agreed or strongly agreed that if a person wanted to end their life they will and there is nothing anybody can do about it. This proportion was again substantially lower than the 48 per cent who agreed or strongly agreed with this statement in the 2015 survey.

Figure 2: Beliefs about suicide



Sources of support

Almost four in ten (39%) NILT respondents reported that they had not had any emotional or mental health problems in the past three years, and this response was identified by a higher proportion of males than females (47%, compared with 33%). Among those respondents who had experienced such problems, one in three (34%) had not sought support from any source. This figure was higher among males (46%) than females (25%). Nearly one half of people (47%) had accessed help from a professional source, and the proportion was higher in women (53%) than men (40%). One third (32%) of respondents had accessed support from within their informal social networks, and again, this was higher among women (37%) than men (25%). 13 per cent of respondents had accessed help from both professional and informal sources of support.

Respondents were also asked to identify three sources of help and support they would turn to if they were stressed, anxious or depressed. As shown in Figure 3, the most frequently endorsed option was the General Practitioner, with half choosing this as one of their top three options. Informal sources of support were also popular, including friend (46%), spouse or partner (45%), and other family member (30%). One in ten would consult the internet and one in 20 would use a mental health online programme or app. A quarter reported that they would deal with the problem themselves, and 8% said that they would not seek help.

What should Government do?

Respondents were asked to identify two Government policies they would prioritise in order to improve the mental health of people in Northern Ireland. As Figure 4 shows, the need for quicker access to mental health services was supported by almost four in ten respondents. Employment and income were also recognised as being important to mental health, with just over a quarter believing that better support to help people get jobs and stay in work was a mental health priority. A basic income for everyone was endorsed by one in five people, and 17 per cent identified the need to promote and sustain children's mental health and wellbeing in schools.

Figure 3: Most likely sources of help and support

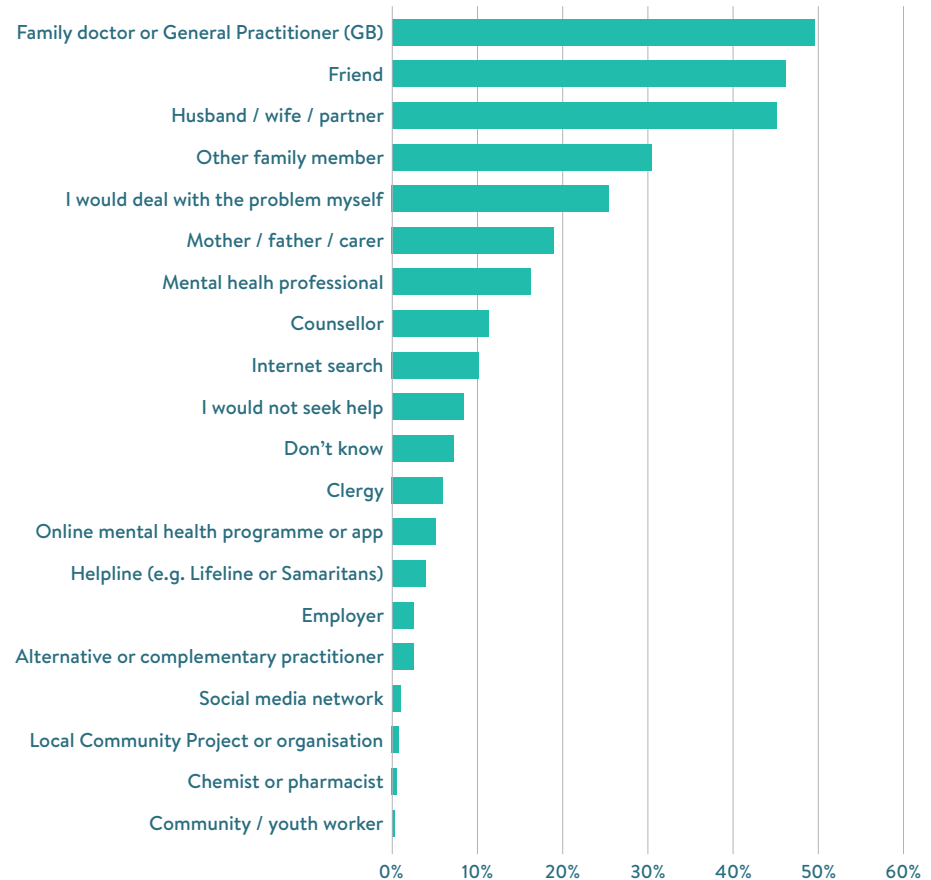
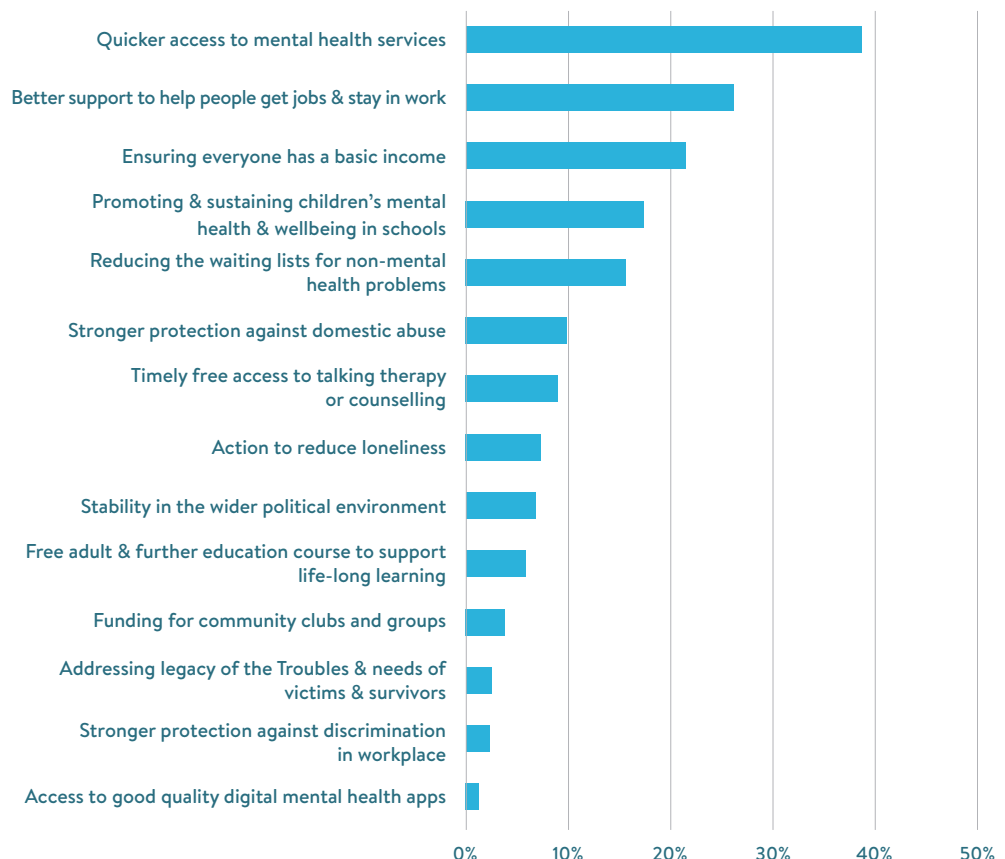


Figure 4: Which government policies should be prioritised?



Discussion

The NILT data provide useful and timely evidence of public attitudes to mental health and suicide, and an indication of appropriate policy responses. The reduction in stigma surrounding asking for help for a mental health problem from 2015 to 2021 is welcome. However, the fact that almost half of those surveyed had difficulty talking about feelings and emotions (and the increase in this proportion from 2015 to 2021) suggests that many people in Northern Ireland may have low levels of emotional literacy, or emotional intelligence. Poor emotional literacy is linked with poor emotional regulation and an increased risk of poor mental health and suicidal behaviour. It can also impact on help seeking behaviour and treatment efficacy. Studies show that emotional literacy is shaped in childhood through positive caregiver attachments. However, interventions, particularly in early years settings, can lead to increased emotional literacy and better mental health (Fusar-Poli et al., 2020).

There has been a striking change in relation to attitudes to suicide in 2021 compared with the 2015 survey, with a

dramatic decrease in the proportions of the population holding negative and inaccurate beliefs. This positive change may reflect the impact of policies such as the Protect Life and Protect Life 2 Suicide Prevention Strategies, as well as an increased emphasis on suicide prevention by local charities and groups in response to reports about an increase in deaths by suicide during this period. Nevertheless, there are significant proportions who agreed with the negative statements, or who gave “Neither” or “Don’t know” responses. This suggests that further work is required to ensure that everyone with suicidal thoughts and behaviours can access suicide prevention interventions and experience a compassionate response.

The findings show high levels of demand for professional mental health support and services, particularly among females, in the three years prior to the 2021 survey. This is perhaps unsurprising given that the COVID-19 pandemic has been a defining feature of life since March 2020, with some studies highlighting a rise in levels of stress and poor mental health,

especially among women. The 2021 NILT data also highlight gender differences in help seeking, with a quarter of males reporting having not accessed support. Whilst informal sources of mental health support were used, General Practitioners were viewed as a main source of professional support or point of access to mental health services. The results also indicate a demand for quicker access to mental health services.

There was some recognition of the importance of social and economic factors as being relevant to mental health, with employment and income among the most frequently endorsed priority areas. Given the evidence supporting early intervention in school settings it is perhaps disappointing that fewer than one in five respondents selected this as a priority area. High proportions agreed that social disadvantage is a risk factor for mental illness; however, despite evidence to the contrary, under half of those surveyed agreed that mental health problems could be prevented.

Key Points:

- Stigma surrounding mental ill-health has decreased since 2015, and asking for help is now perceived as more socially acceptable.
- There has been a notable reduction in the proportions of people holding negative and inaccurate beliefs about suicide.
- Many people still find it difficult to talk about their feelings, and many who may benefit from help have not accessed support from any source.
- People in Northern Ireland want accessible professional mental health services, and the General Practitioner remains the most important source of help for mental health problems.
- Spouses, partners, friends and family members were identified as key providers of mental health support.

References

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Siobhan O'Neill is a Professor of Mental Health Sciences at Ulster University (UU) and Mental Health Champion for Northern Ireland.

Margaret McLafferty is a Research Fellow at UU.

Paula Devine directs the Northern Ireland Life and Times survey, and is based at Queen's University Belfast.

The Northern Ireland Life and Times (NILT) survey is carried out annually and documents public opinion on a wide range of social issues. In 2021, 1,397 people aged 18 years or over took part. NILT is a joint project of the two Northern Ireland universities and provides an independent source of information on what the public thinks. For more information, visit the survey website at www.ark.ac.uk/nilt



In collaboration with Queen's University Belfast and Ulster University

School of Applied Social and Policy Sciences
Jordanstown campus, Ulster University
Shore Road, Newtownabbey BT37 0QB

Tel: 028 9036 6339 E-mail: info@ark.ac.uk

School of Social Sciences, Education and Social Work
Queen's University Belfast
Belfast BT7 1NN

Tel: 028 9097 3034 E-mail: info@ark.ac.uk