

Public Beliefs About Mental Disorder and Attitudes Towards the Mentally Ill – An International Comparison

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Determinants of Public Beliefs about Mental Illness and Attitudes towards the Mentally Ill

Society

Political context

Cultural values

Actual social problems

Mental health care

Science

Beliefs about mental illness and attitudes towards the mentally ill

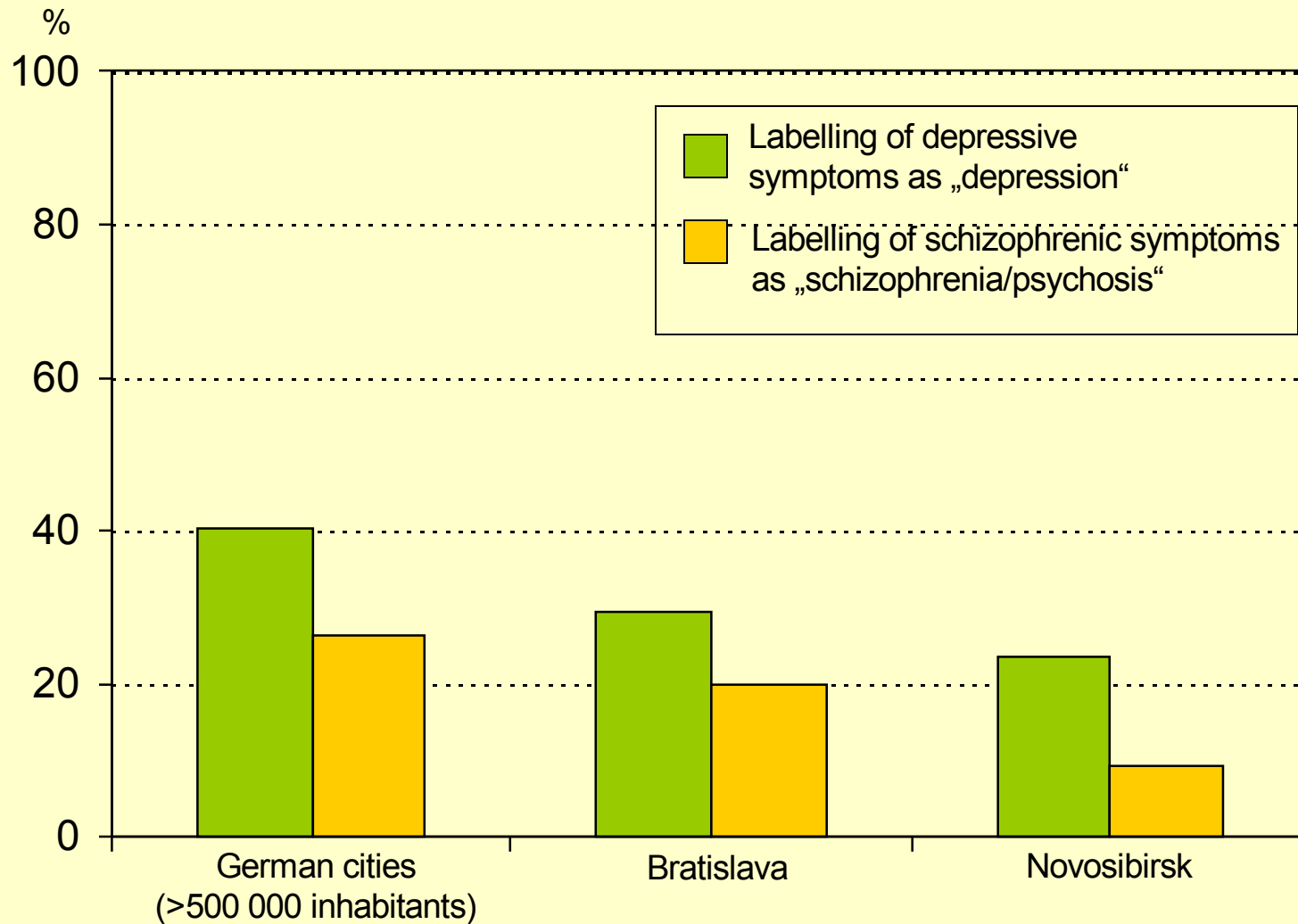
Sociodemographic characteristics

Familiarity with mental illness

Individual

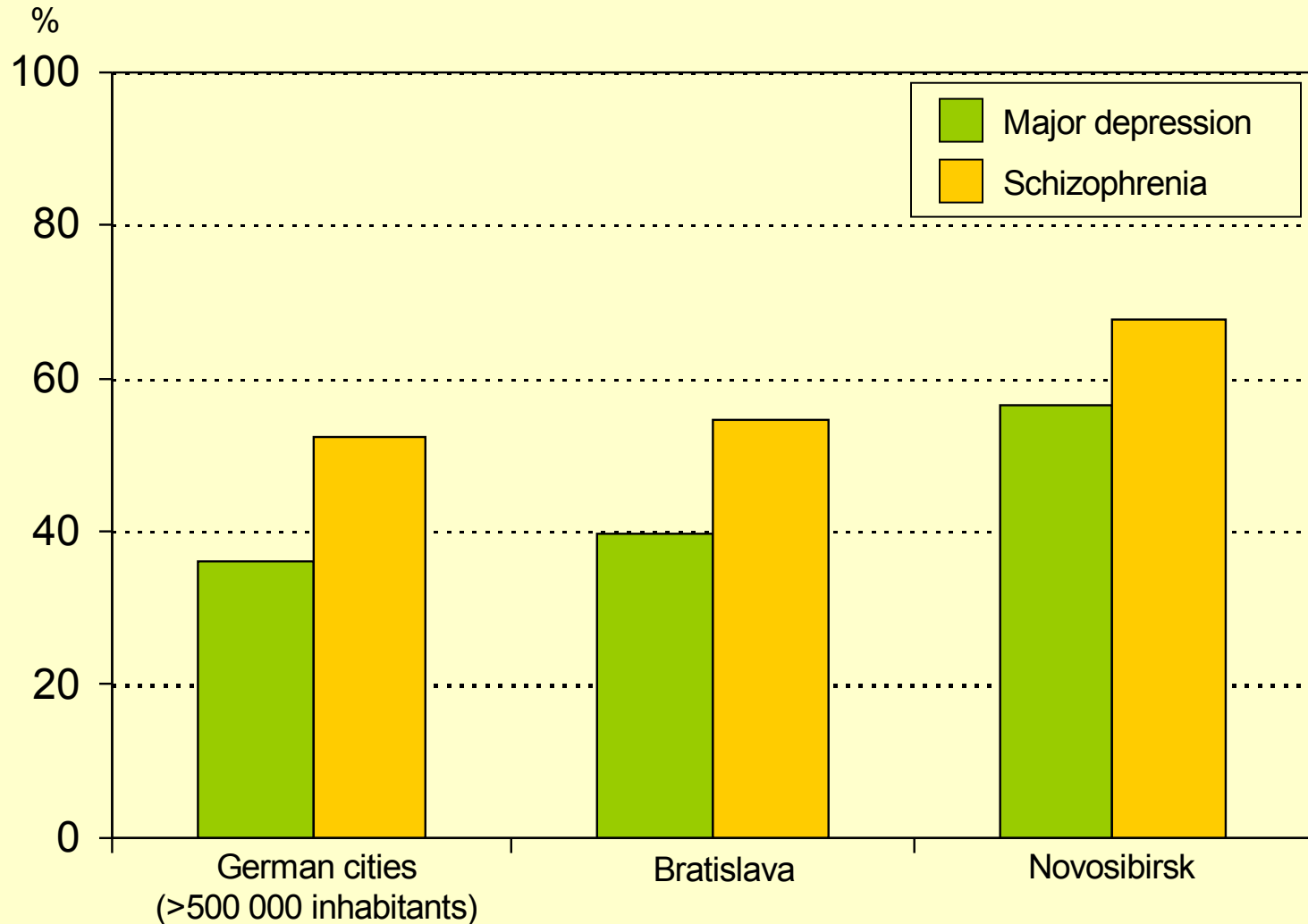
Labelling of Symptoms of Mental Disorders

Results from Population Surveys in Germany (2001), Bratislava (2003) and Novosibirsk (2002)



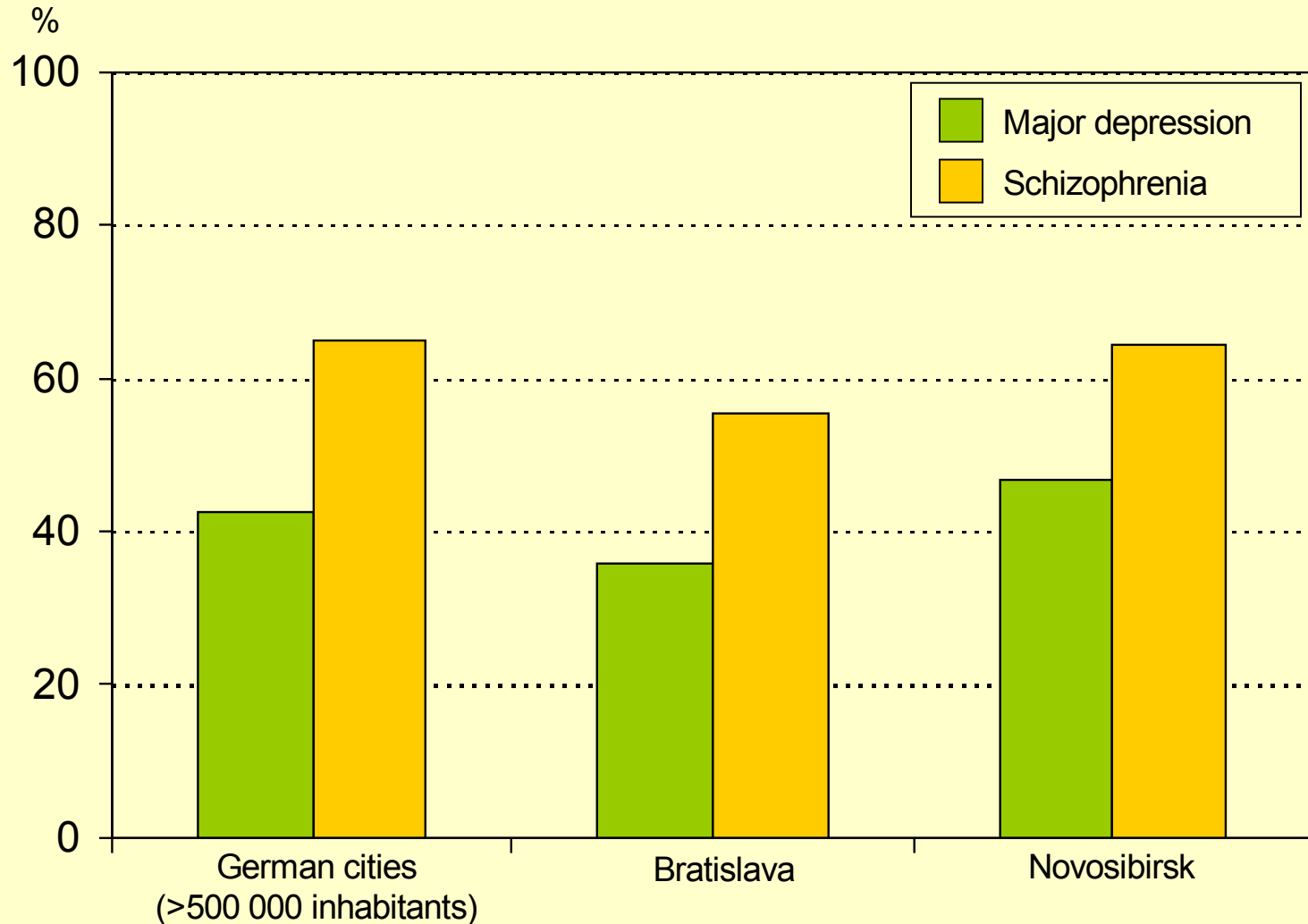
Endorsement of Hereditary Factors as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



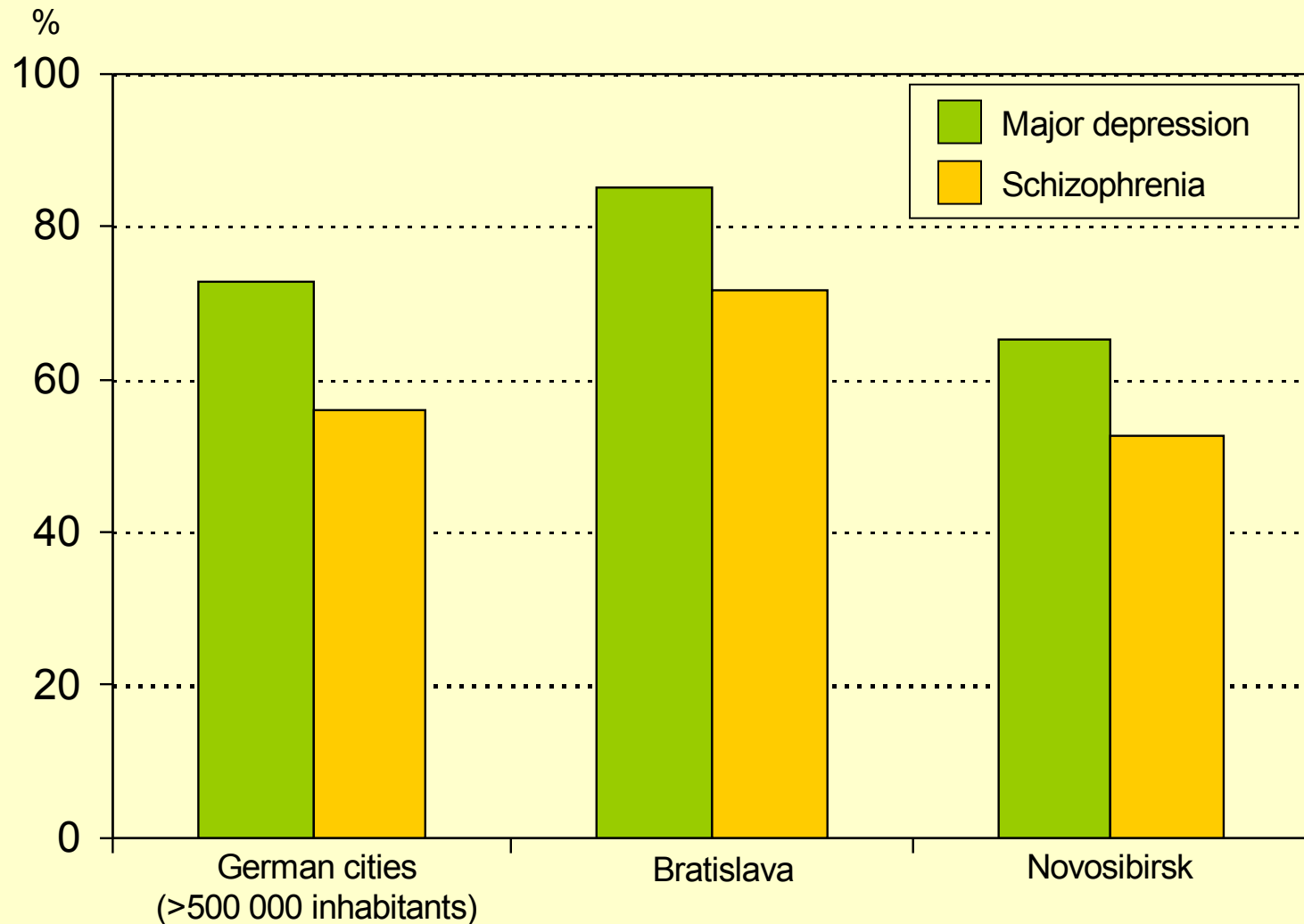
Endorsement of Brain Disease as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



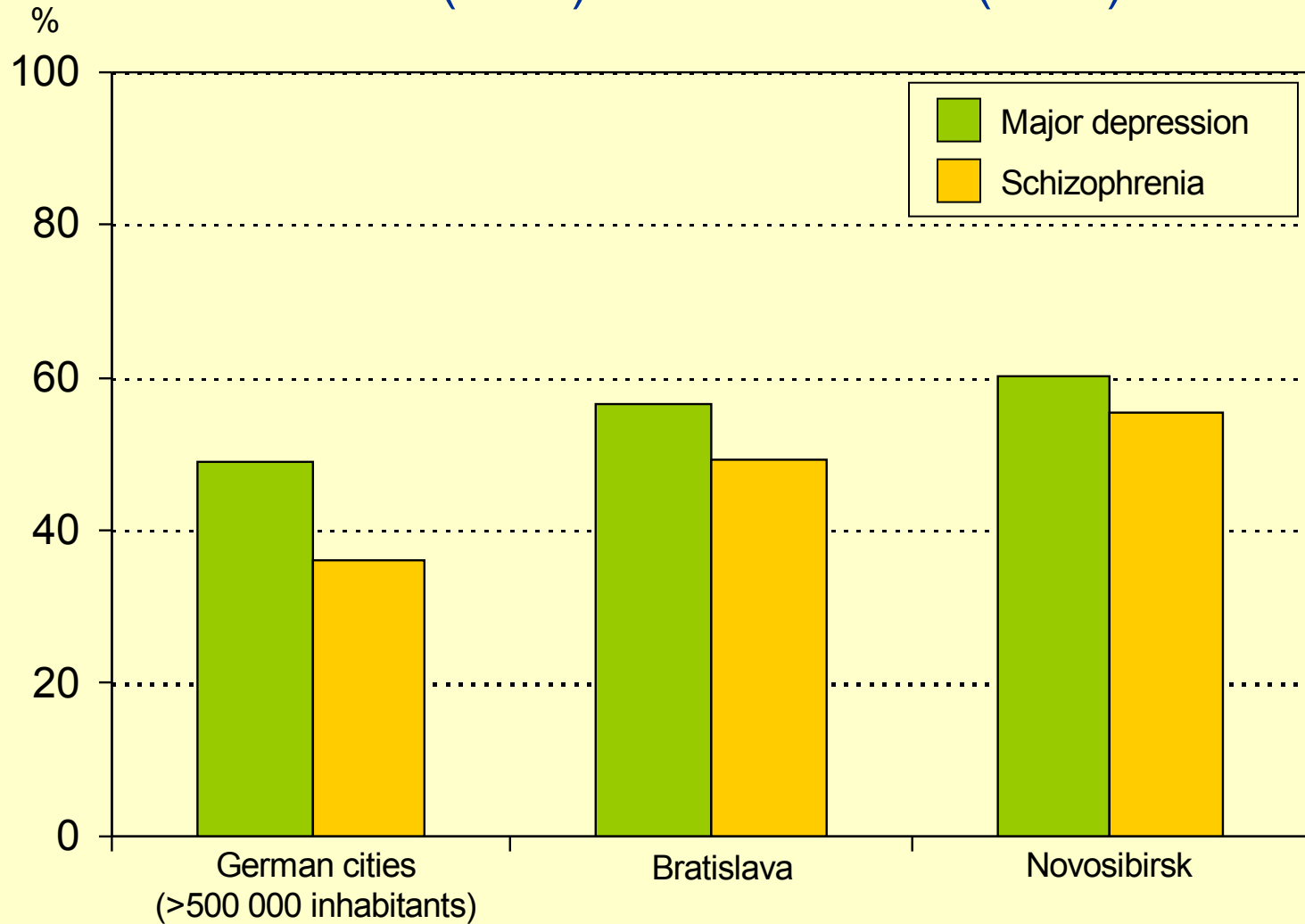
Endorsement of Stress at Work as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



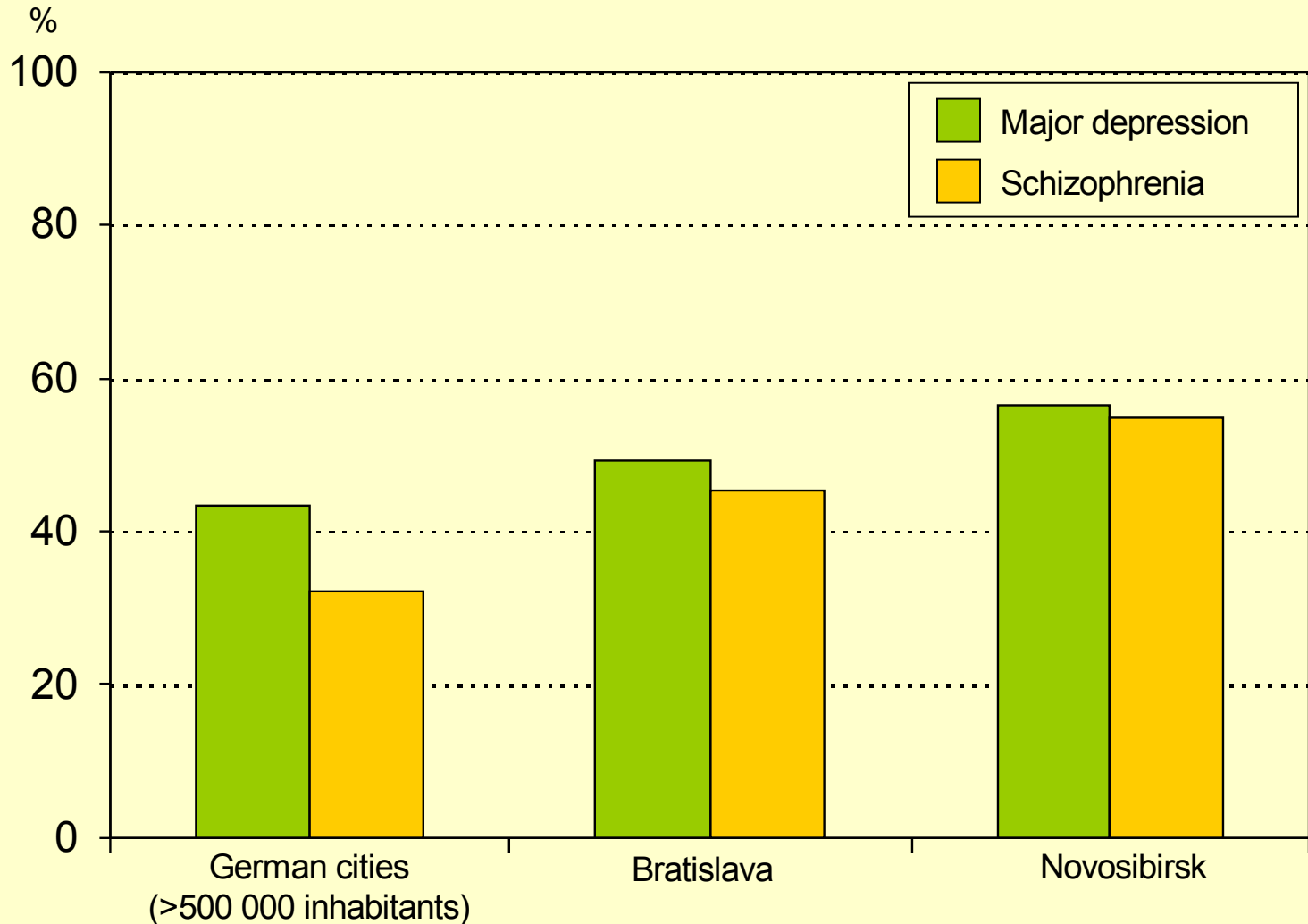
Endorsement of Lack of Social Support as Cause of Mental Disorders

Results from Population Surveys in Germany (2001), Bratislava (2003) and Novosibirsk (2002)



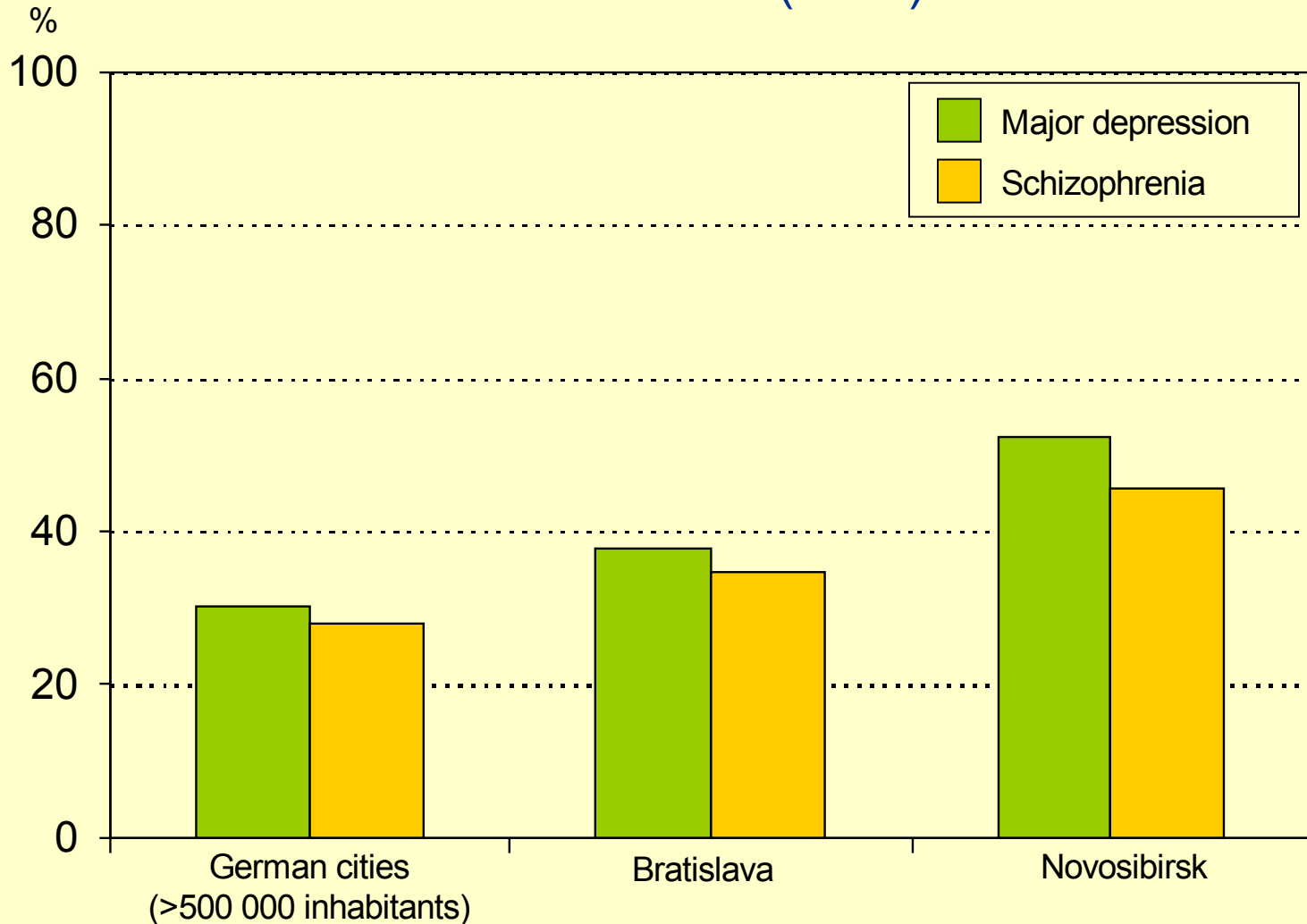
Endorsement of Broken Home as Cause of Mental Disorders

Results from Population Surveys in Germany (2001), Bratislava (2003), and Novosibirsk (2002)



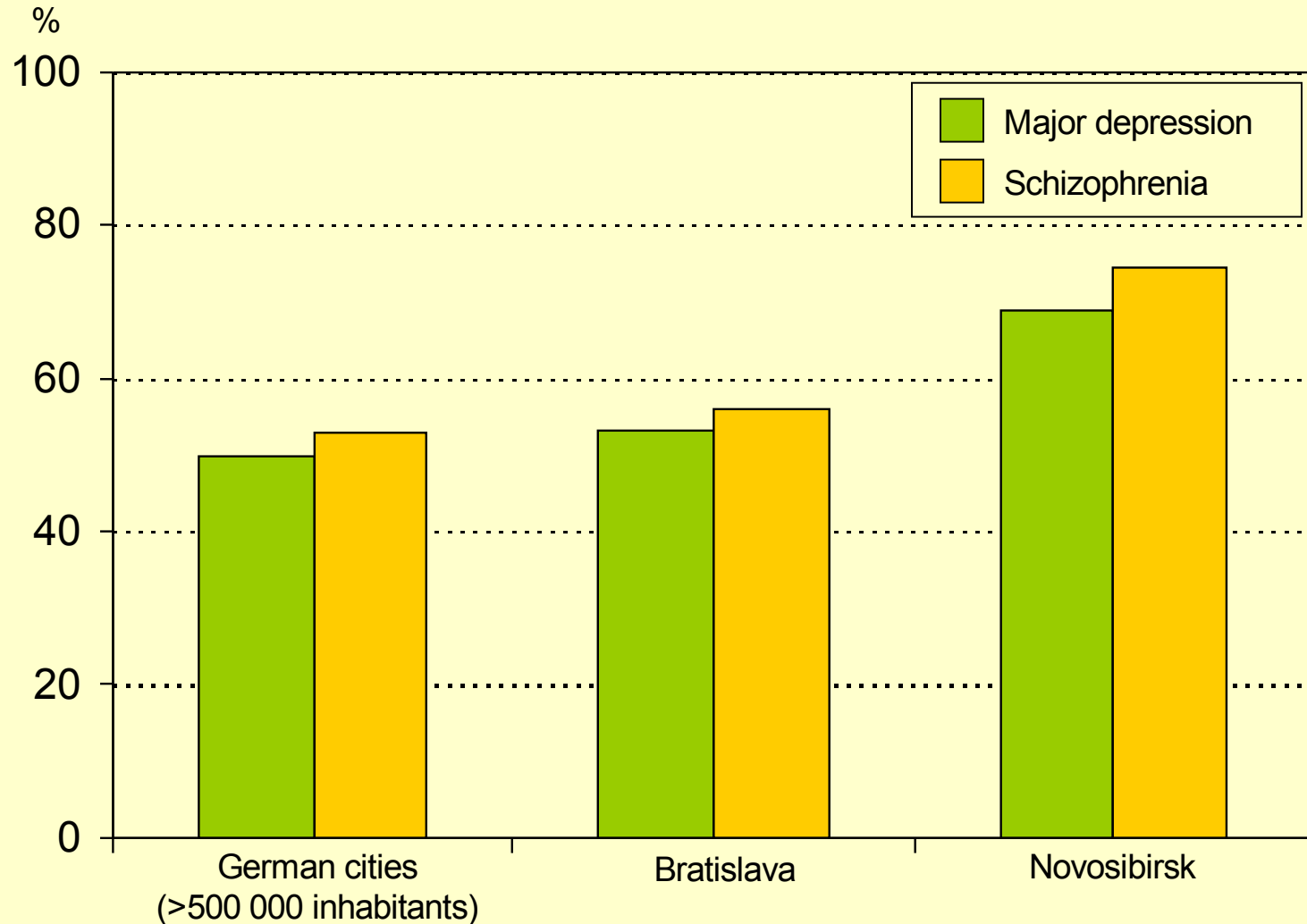
Endorsement of Lack of Parental Affection as Cause of Mental Disorders

Results from Population Surveys in Germany (2001), Bratislava (2003), and Novosibirsk (2002)



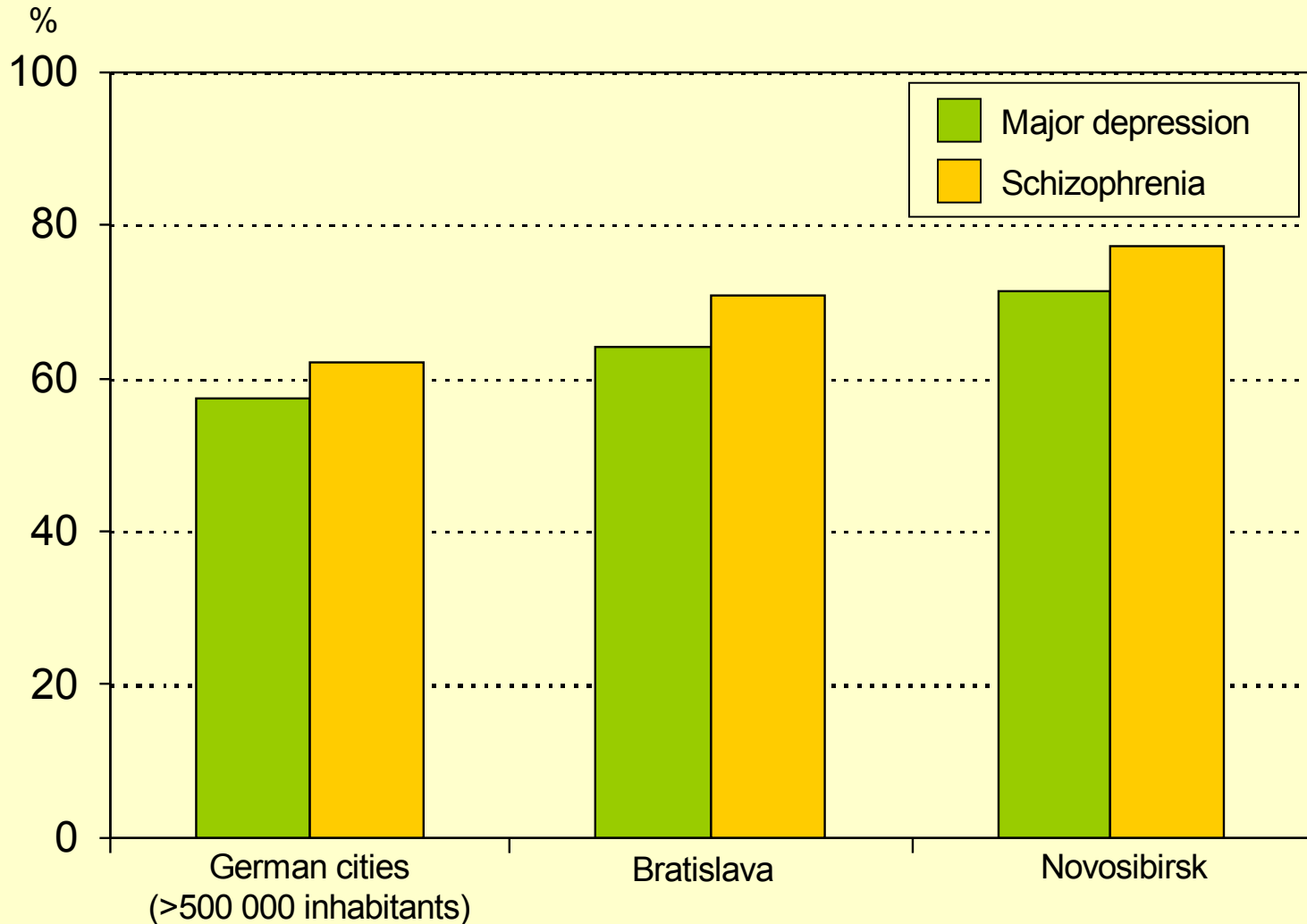
Endorsement of Alcohol Abuse as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



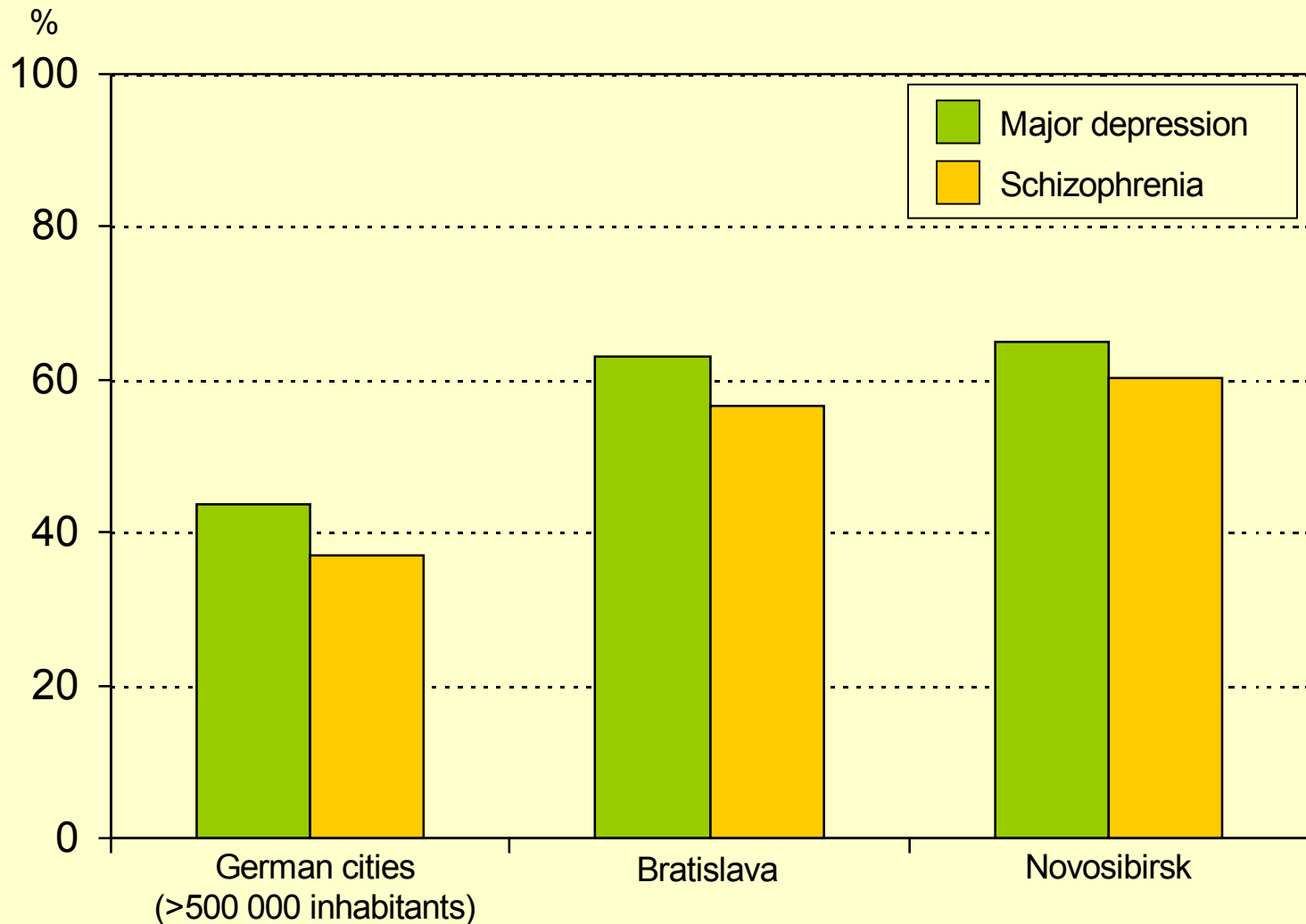
Endorsement of Drug Abuse as Cause of Mental Disorders

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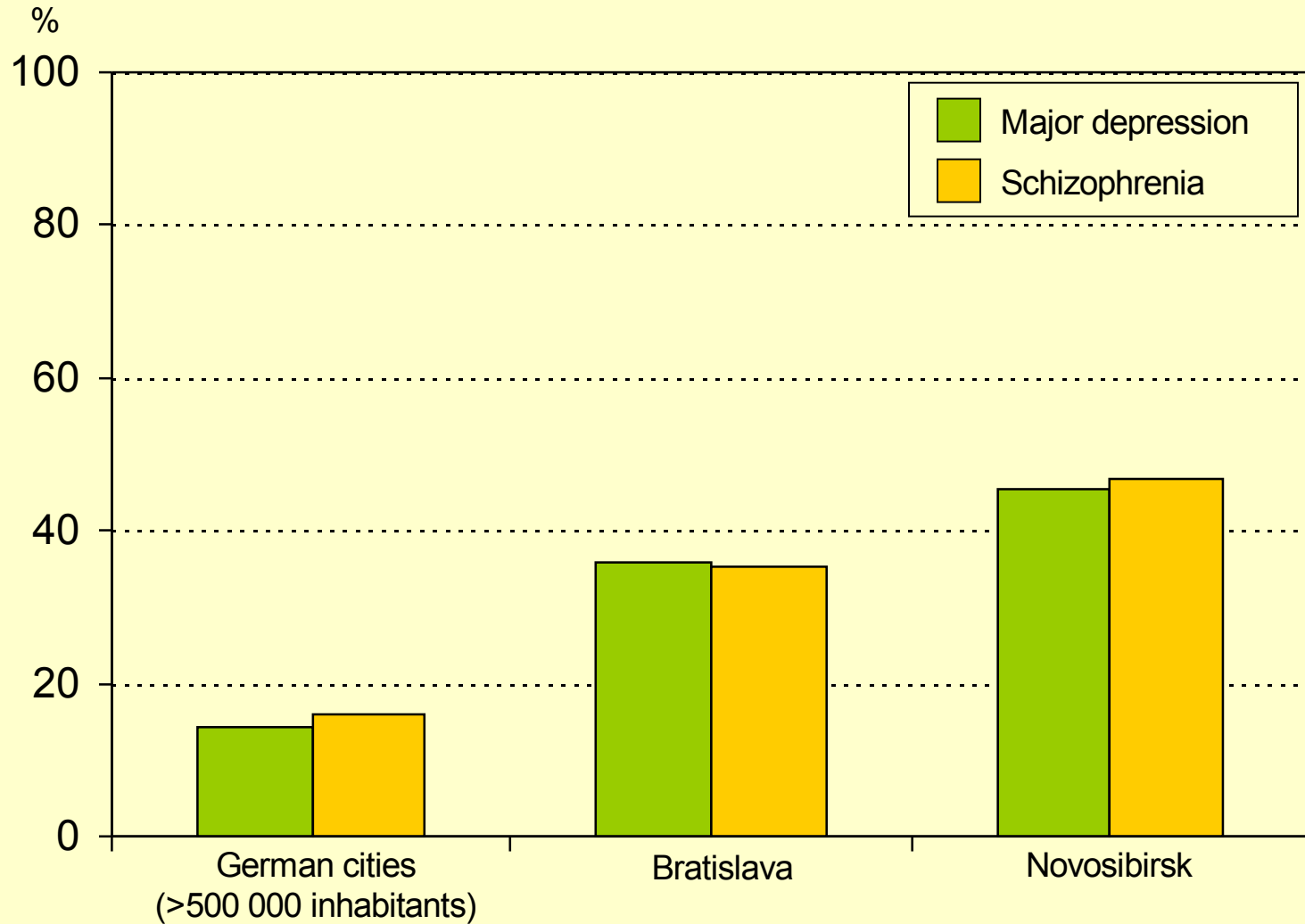
Stereotypes of Mental Illness: Lack of Will Power

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



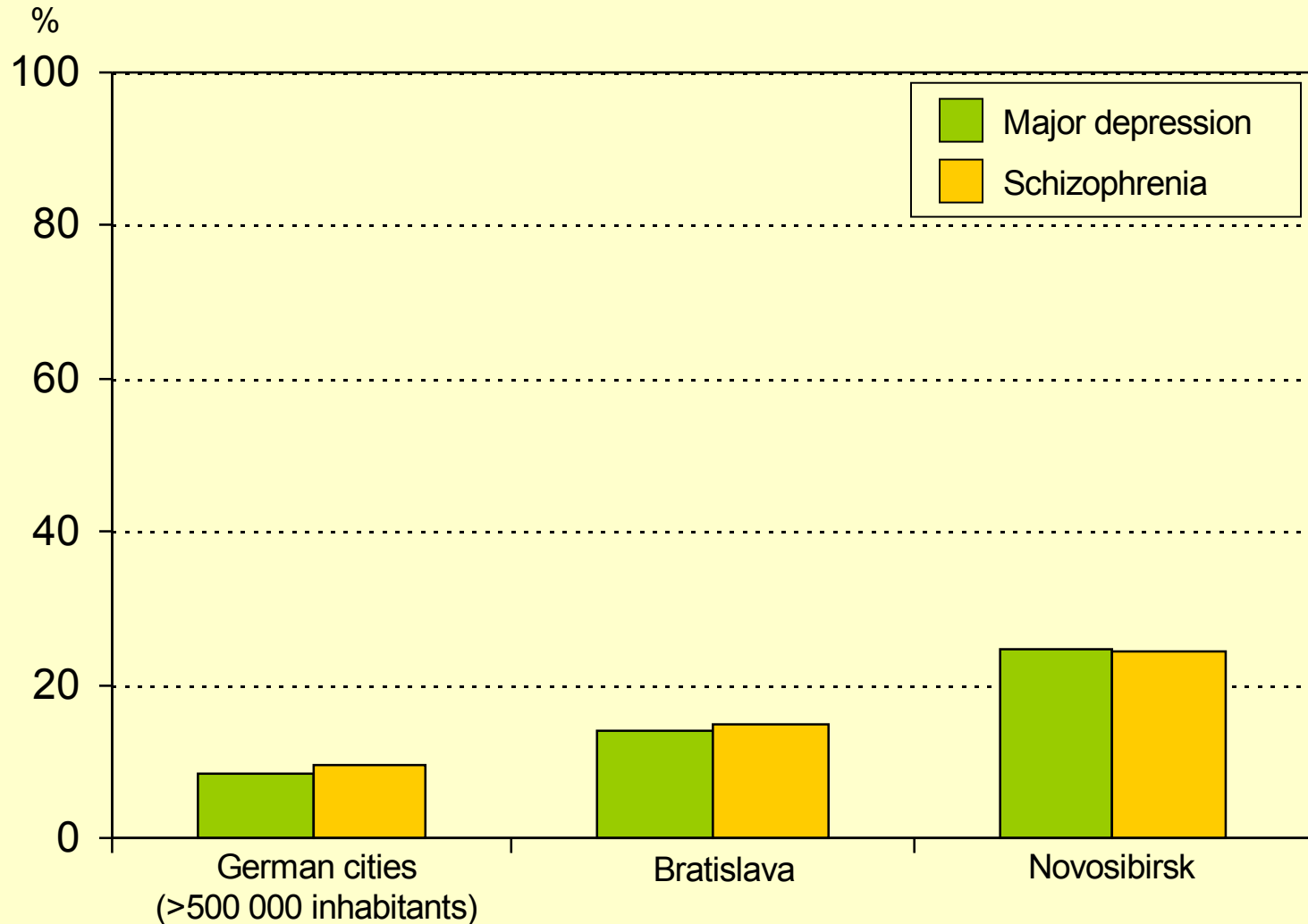
Endorsement of Immoral Life Style as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



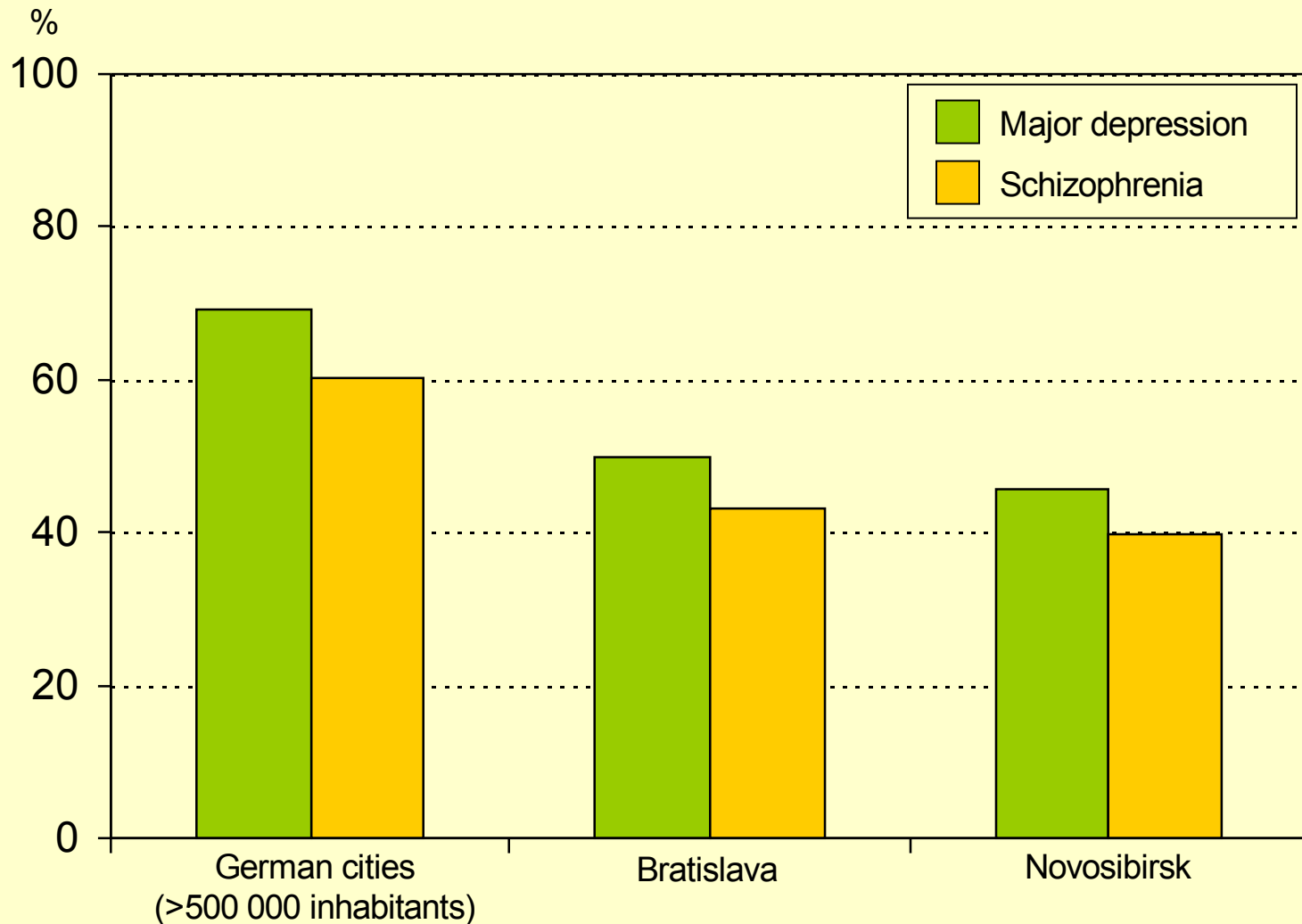
Endorsement of God's Will as Cause of Mental Disorders

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



Endorsement of Unconscious Conflict as Cause of Mental Disorders

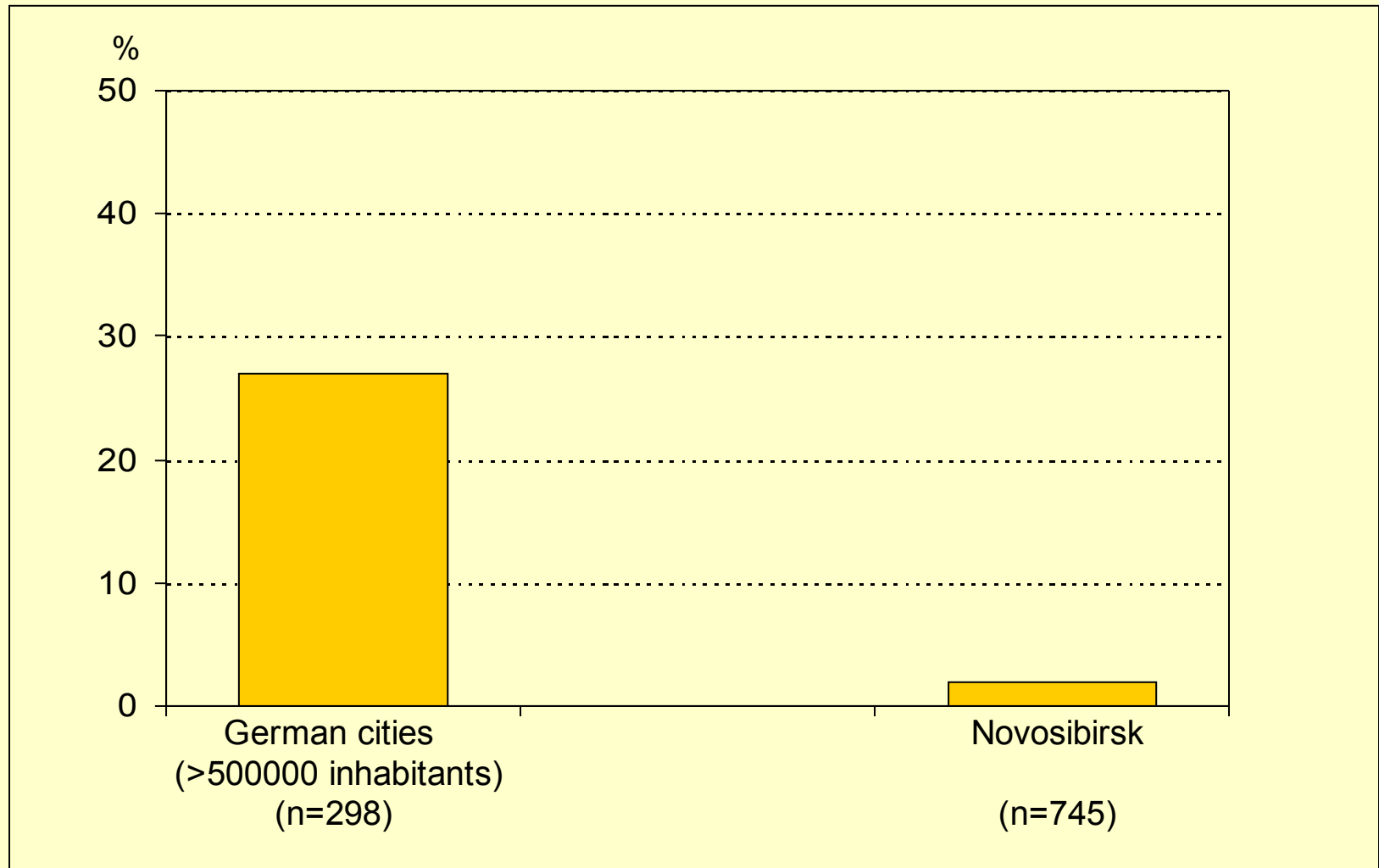
Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



Association of Schizophrenia With Split Personality

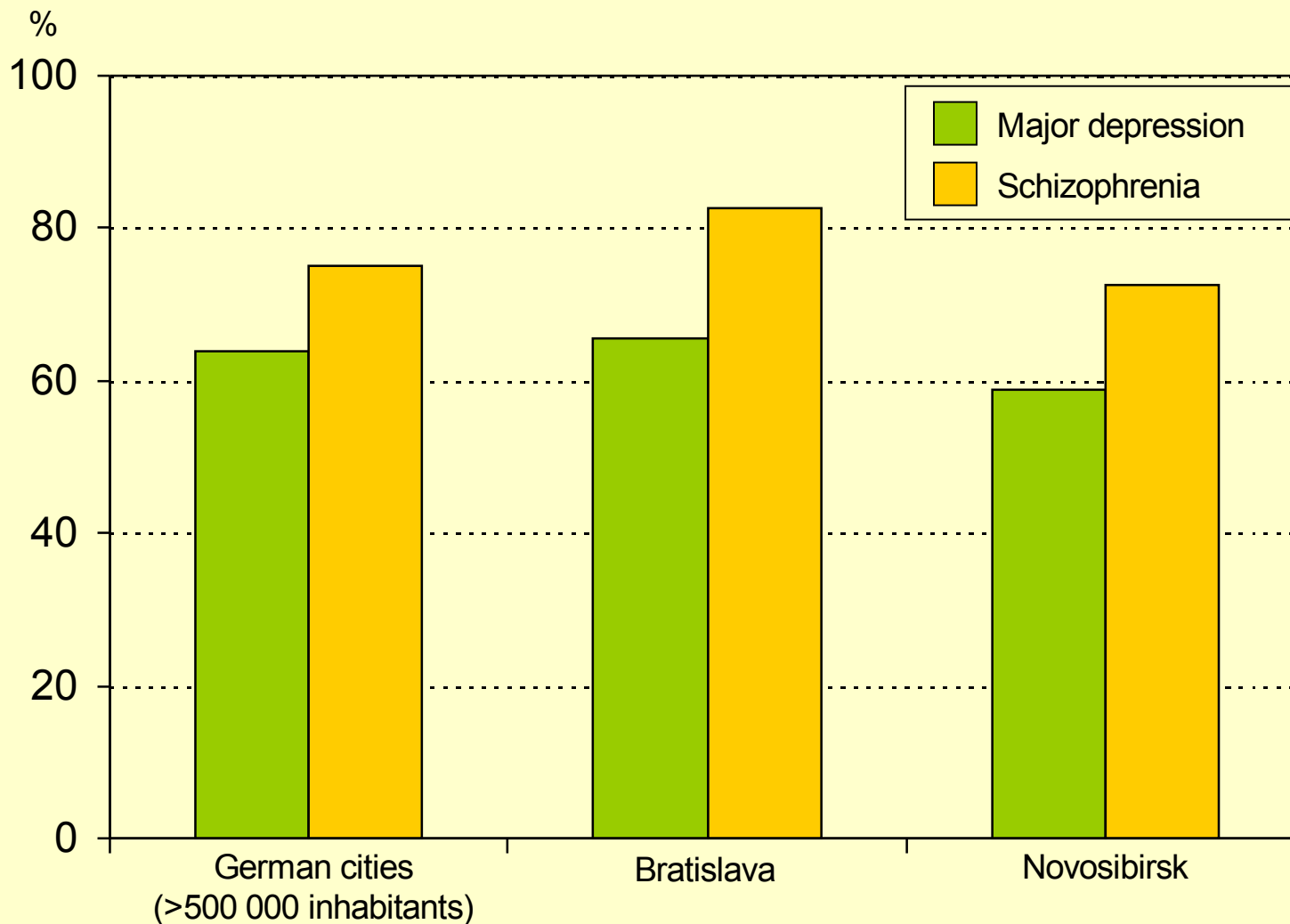
Responses to Open-Ended Question

Results from Population Surveys in Germany (2001) and
Novosibirsk (2002)



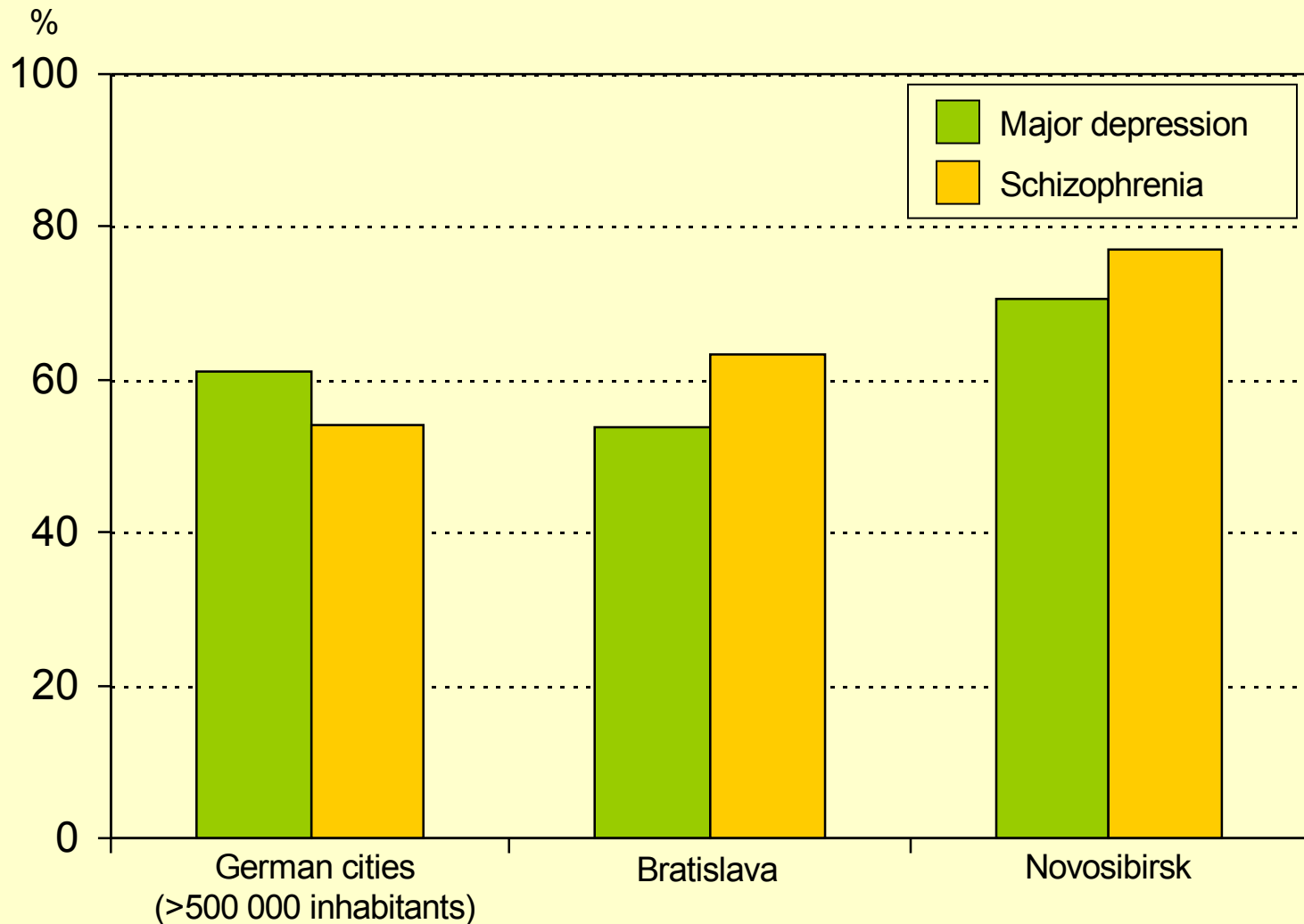
Help-Seeking Recommendations in Case of Mental Disorders: Psychiatrist

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



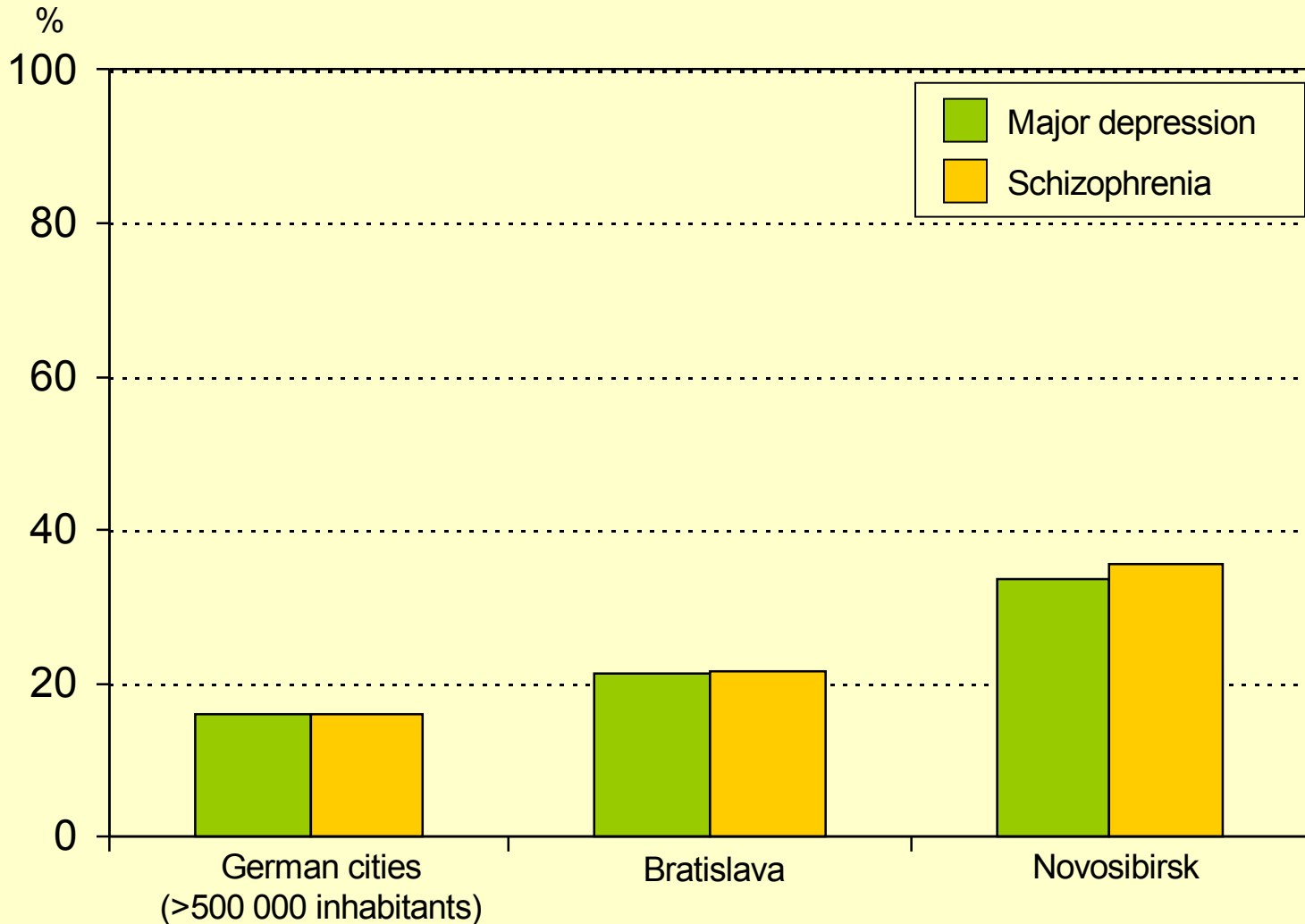
Help-Seeking Recommendations in Case of Mental Disorders: General Practitioner

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



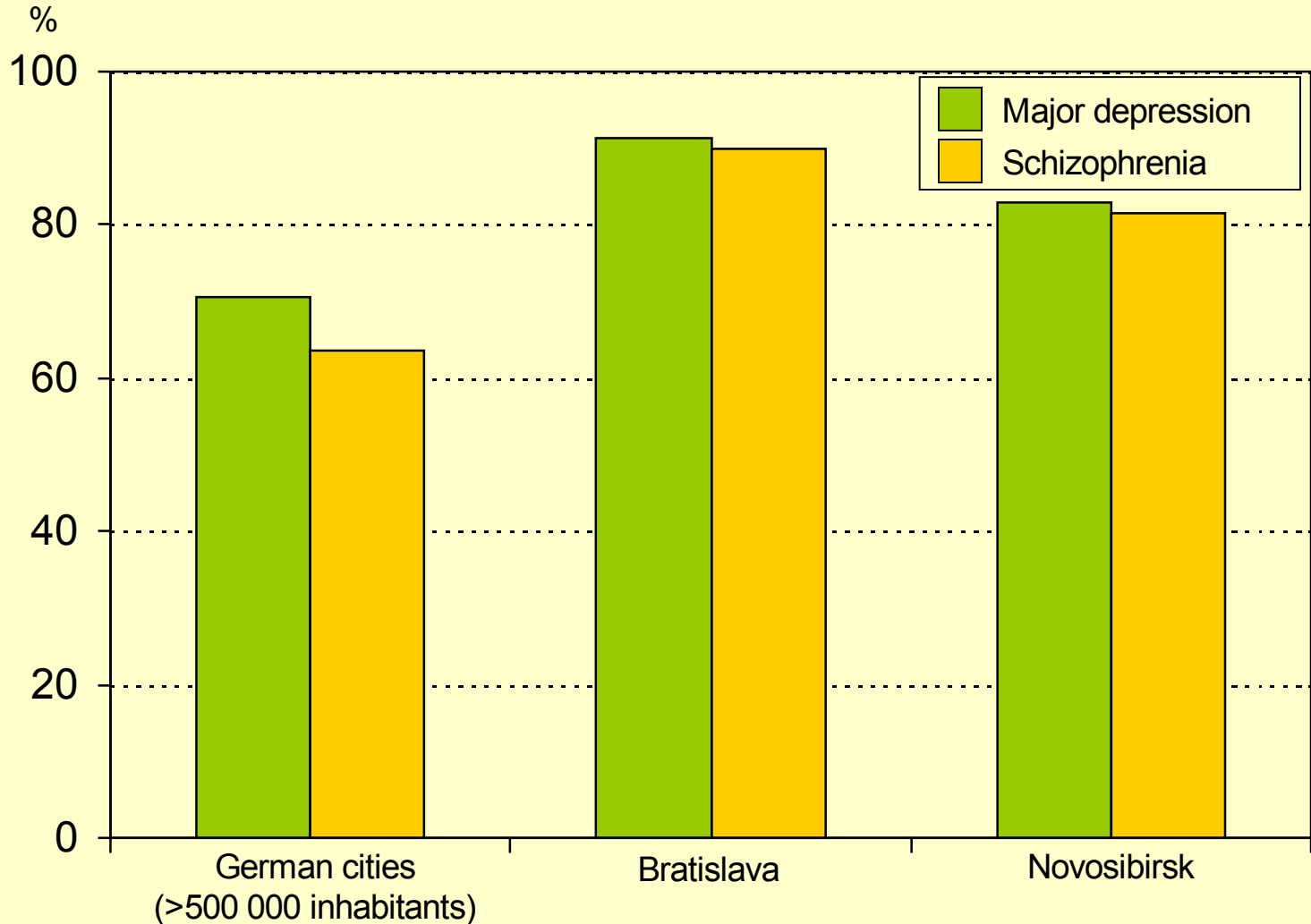
Help-Seeking Recommendations in Case of Mental Disorders: Priest

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



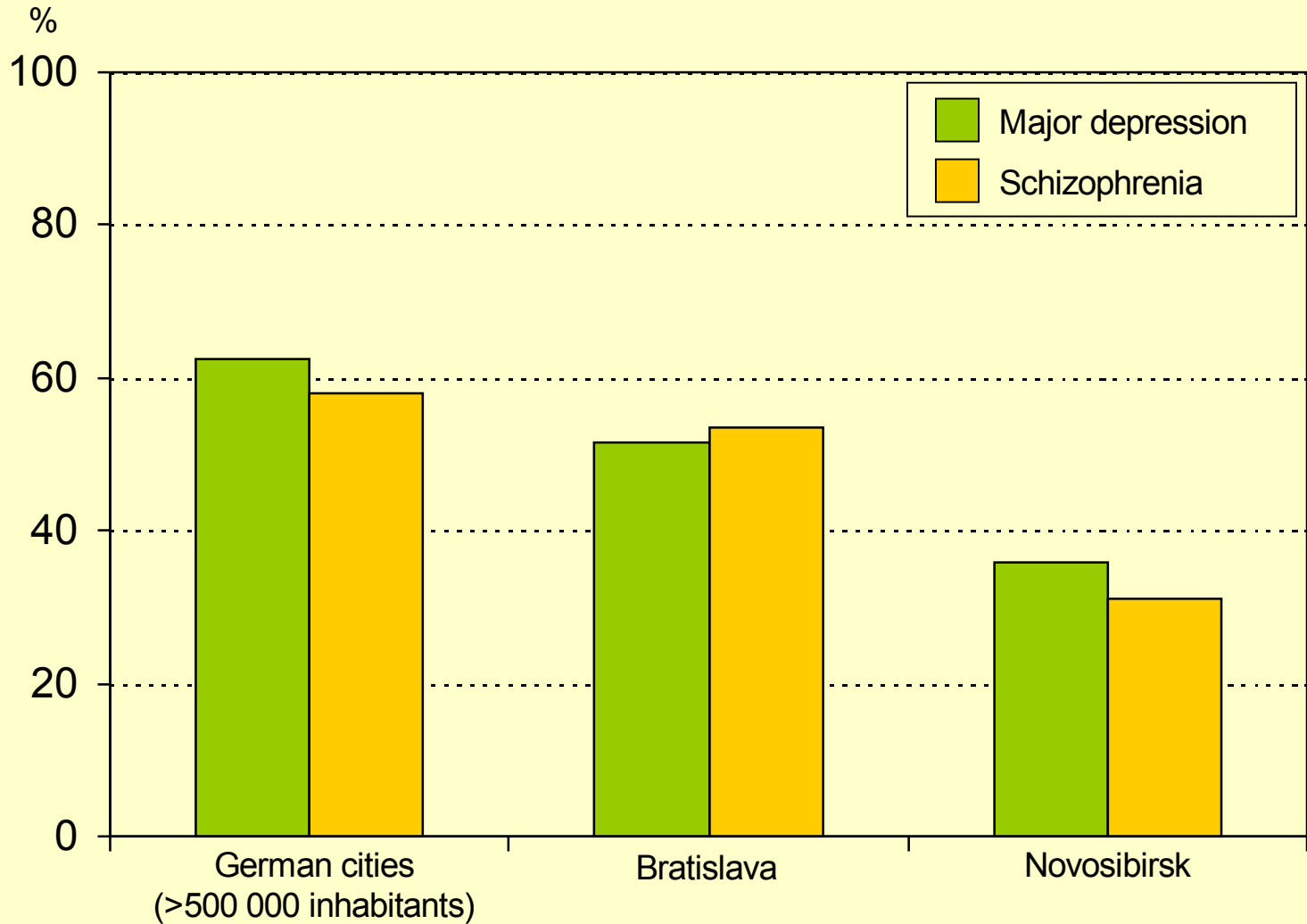
Help-Seeking Recommendations in Case of Mental Disorders: Confidant

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



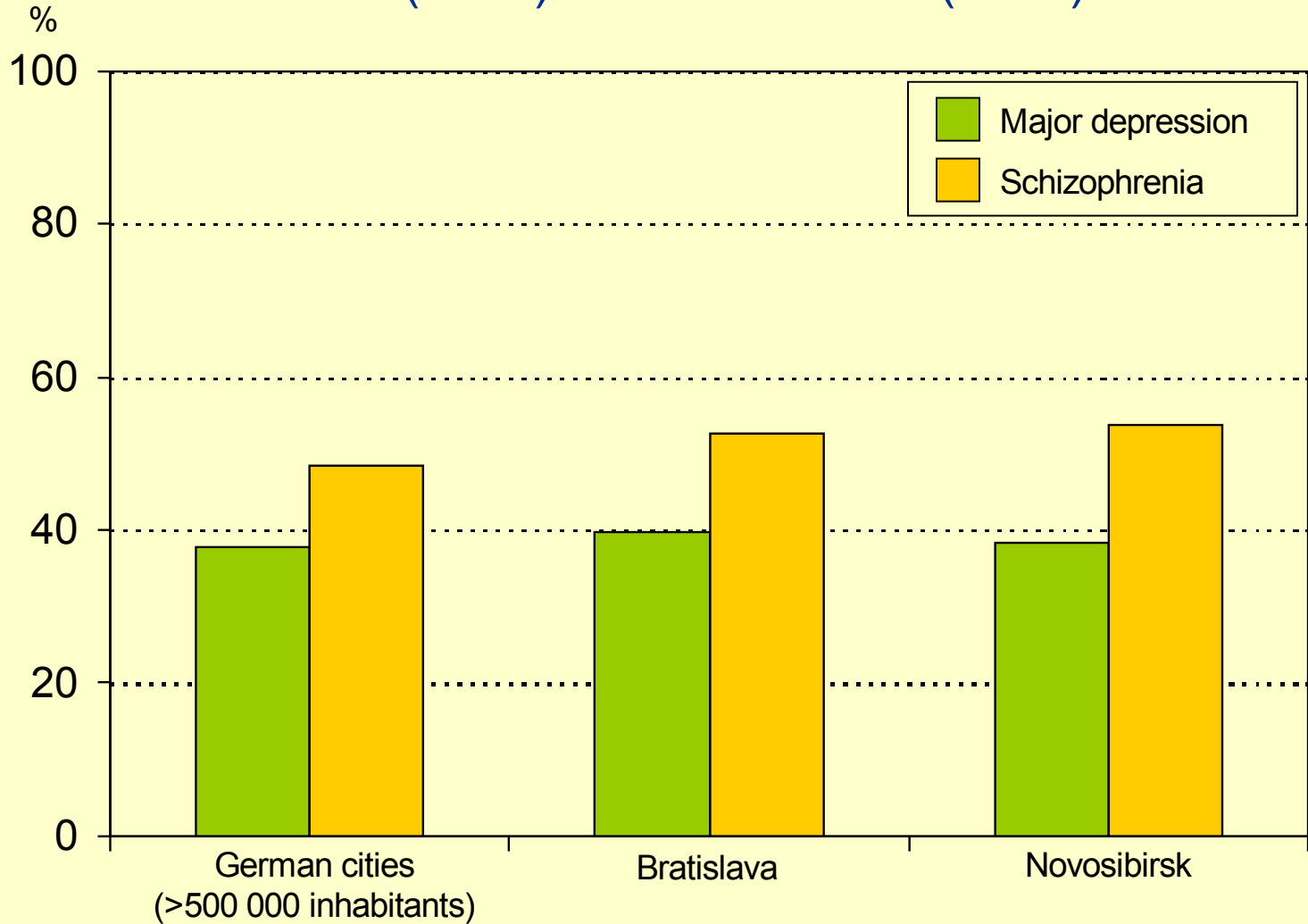
Help-Seeking Recommendations in Case of Mental Disorders: Self-Help Group

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



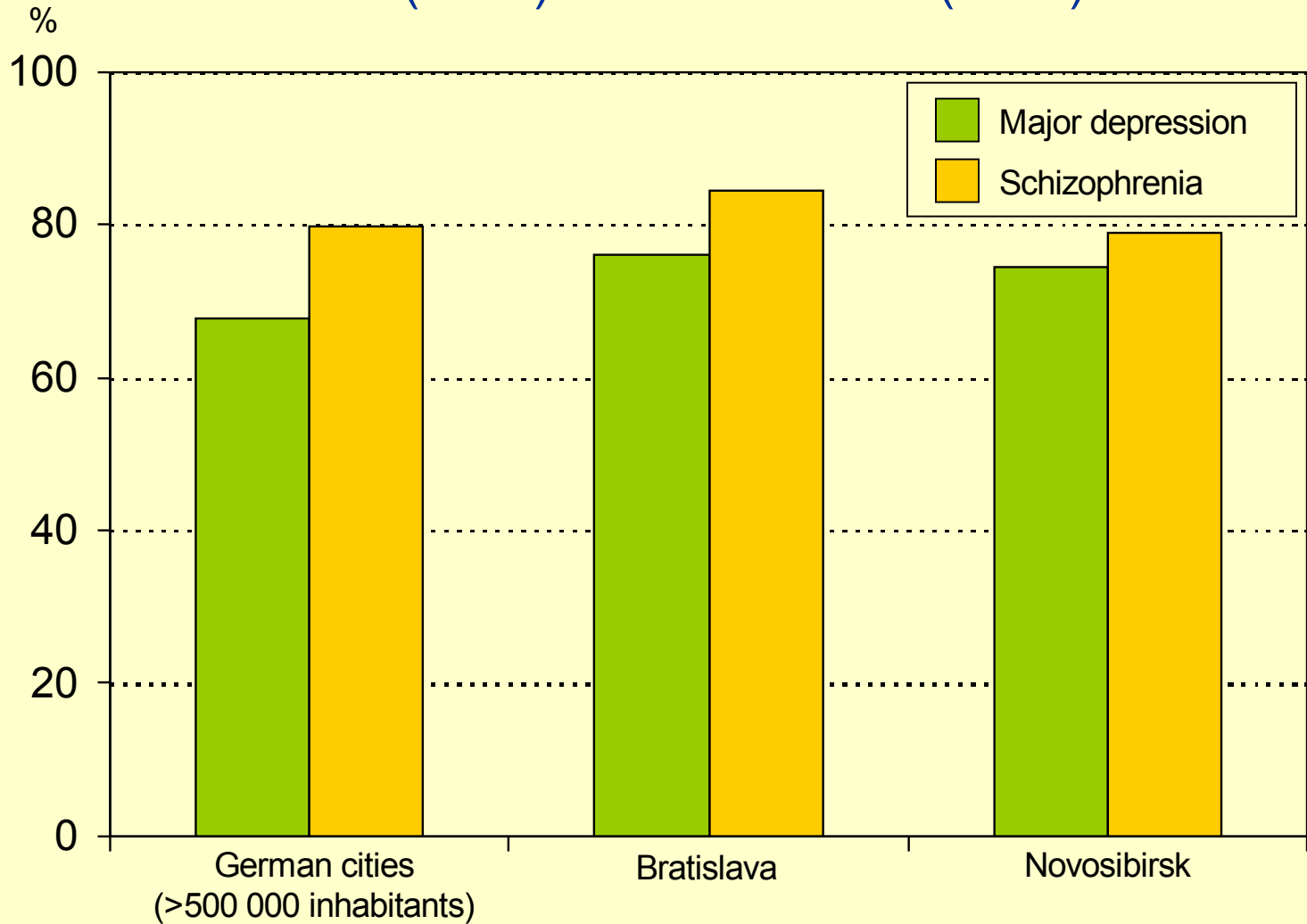
Recommendations for the Treatment of Mental Disorders: Psychotropic Drugs

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



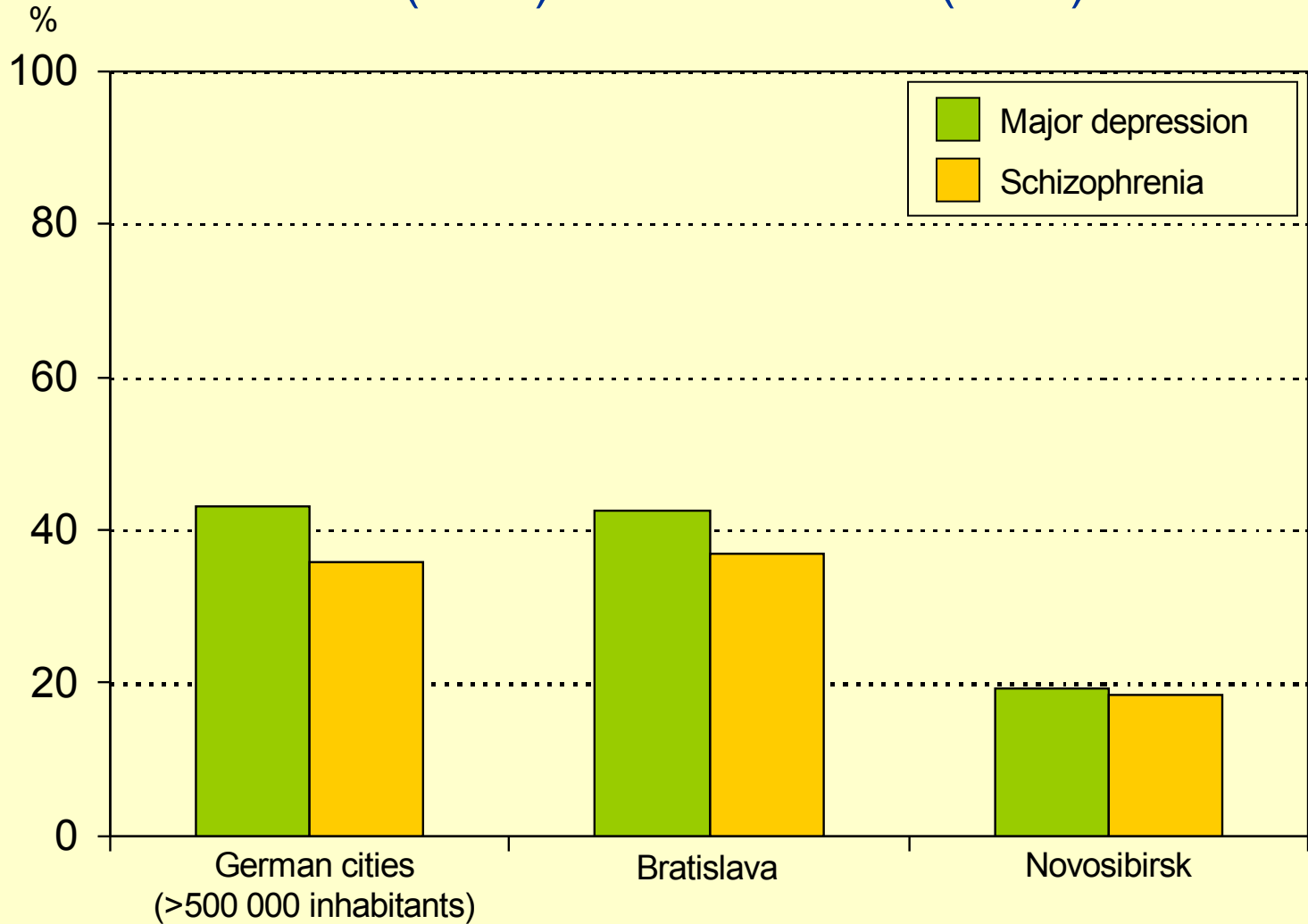
Recommendations for the Treatment of Mental Disorders: Psychotherapy

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



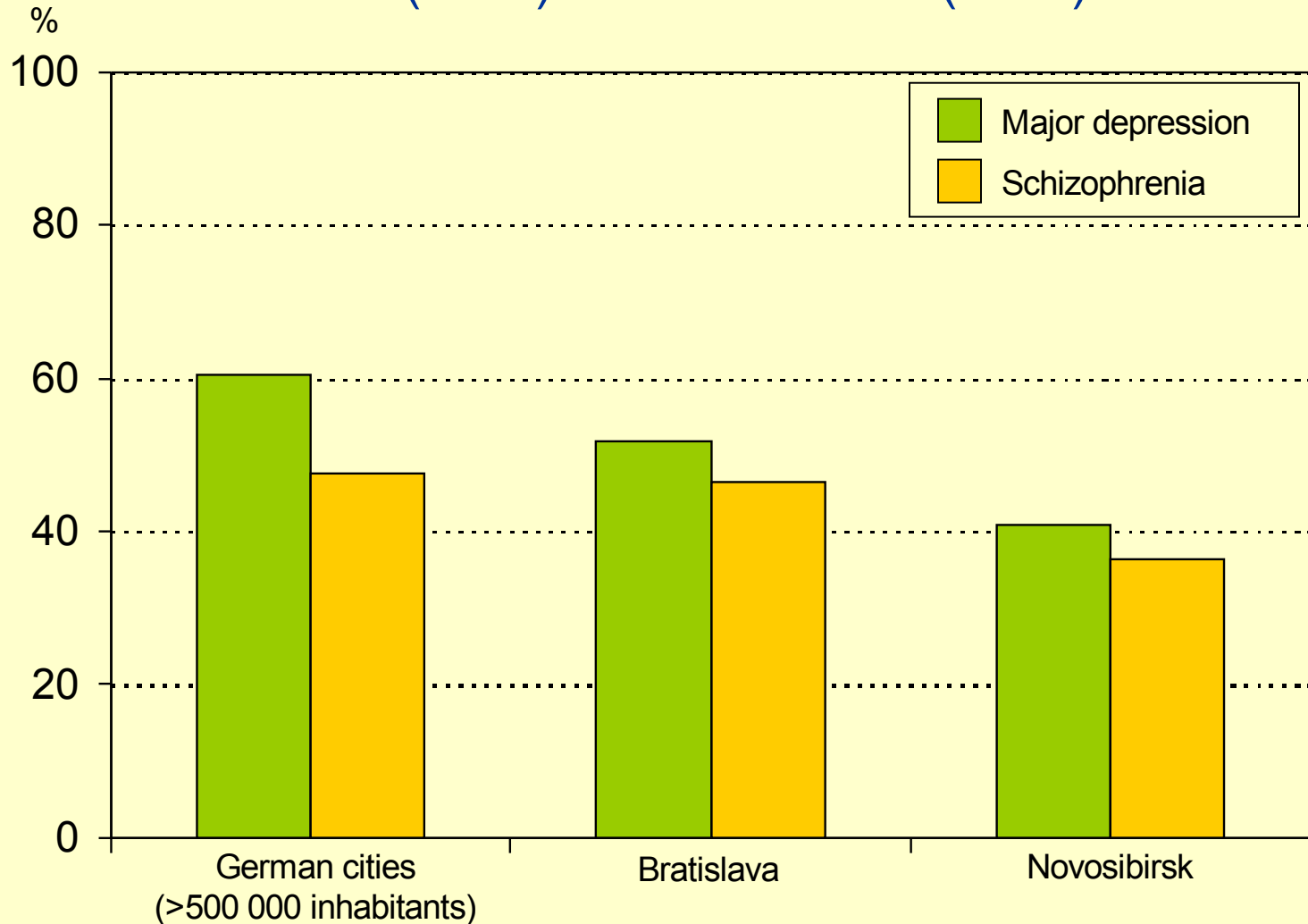
Recommendations for the Treatment of Mental Disorders: Meditation/Yoga

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



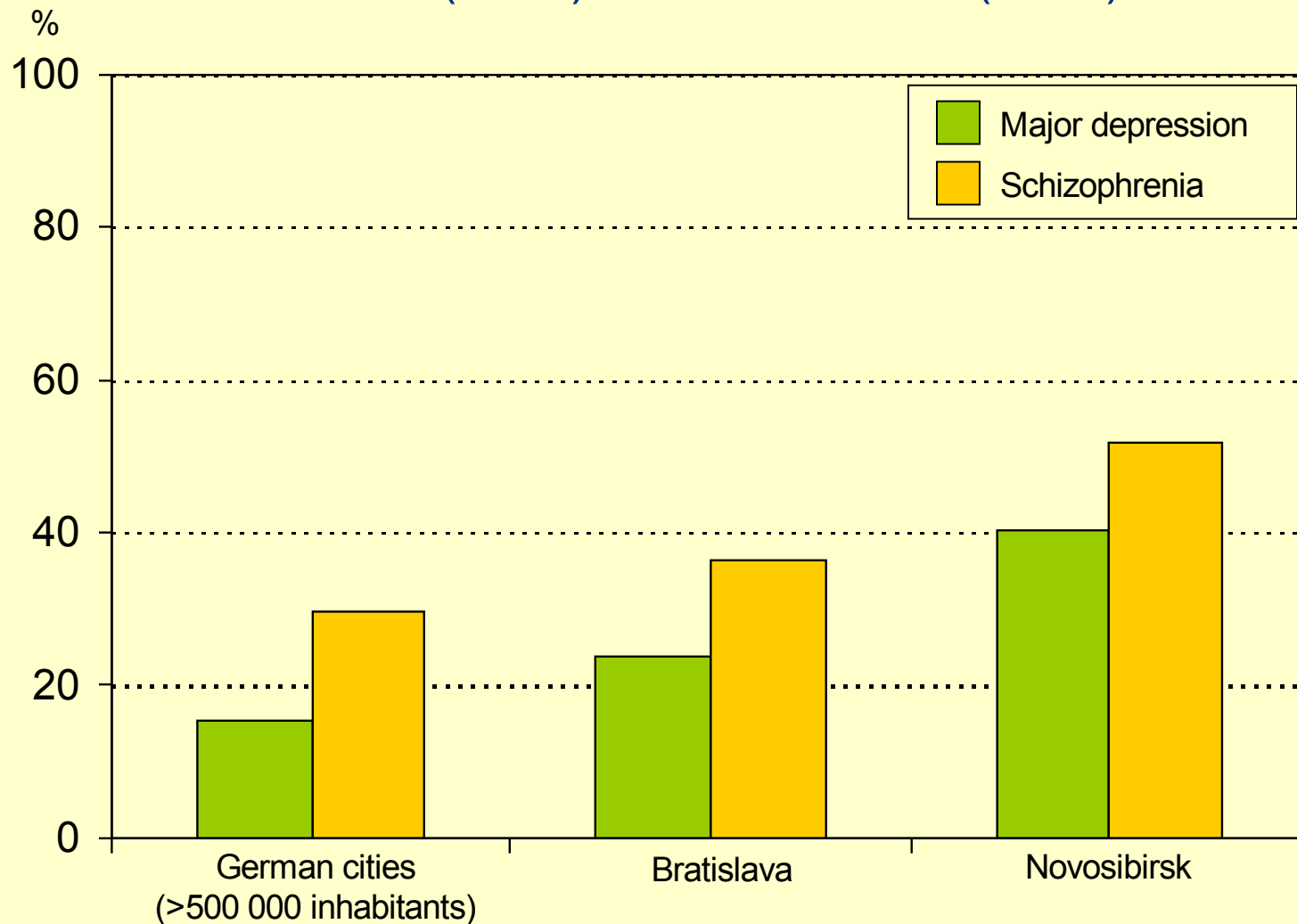
Recommendations for the Treatment of Mental Disorders: Relaxation Techniques

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



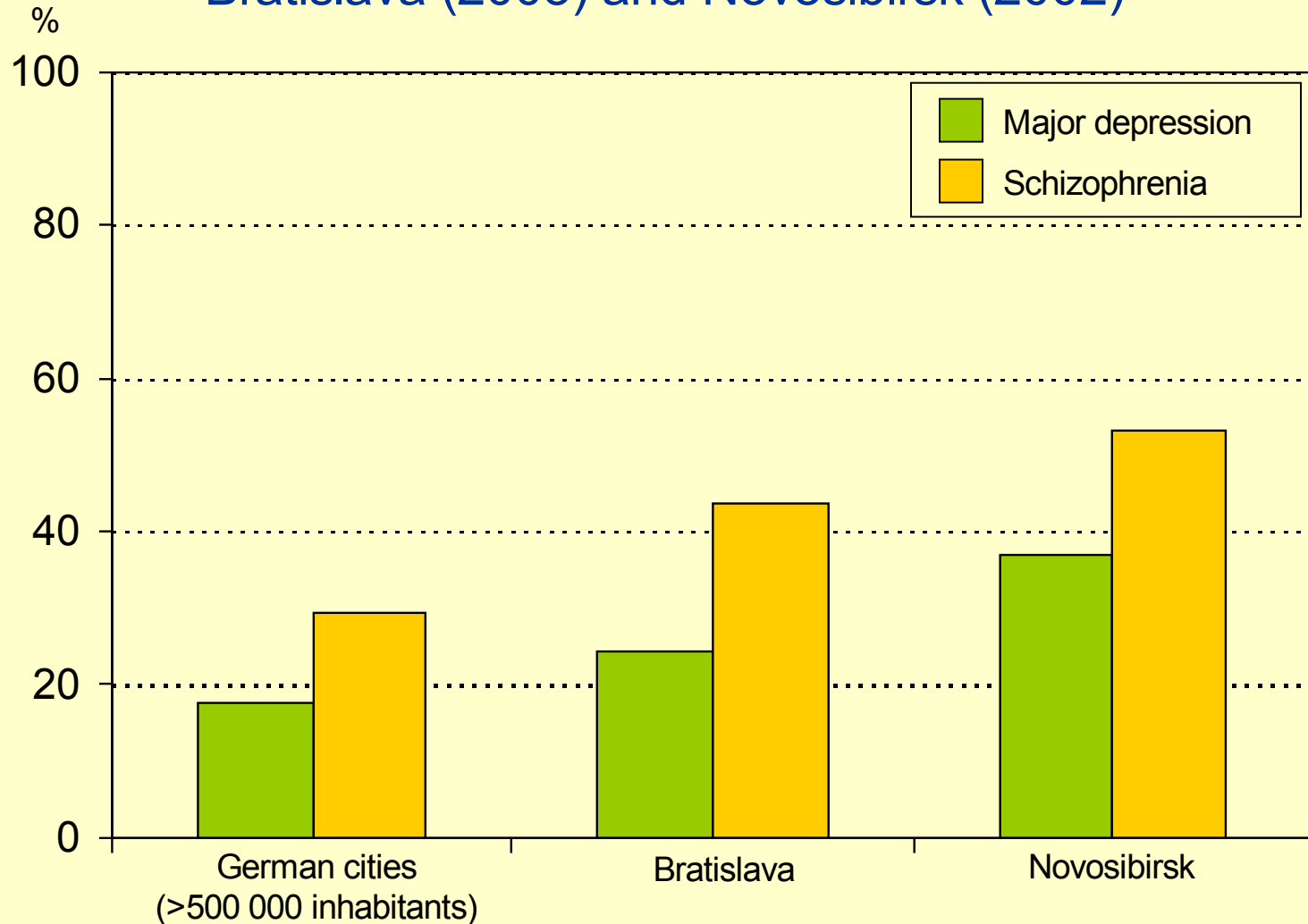
Desire for Social Distance Towards People with Mental Disorders: Rejection as Co-Worker

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



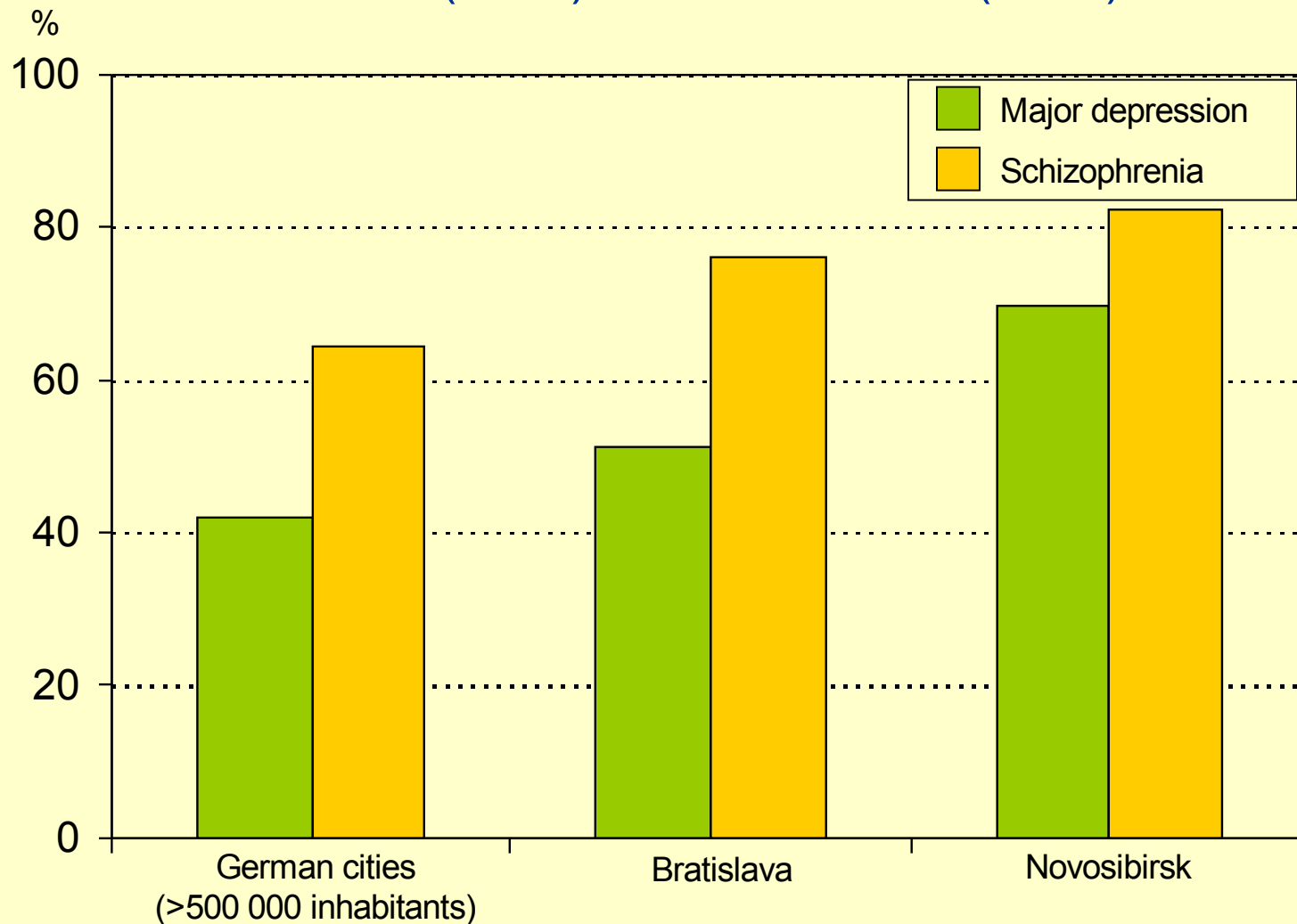
Desire for Social Distance Towards People with Mental Disorders: Rejection as Neighbour

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



Desire for Social Distance Towards People with Mental Disorders: Rejection as Tenant

Results from Population Surveys in Germany (2001),
Bratislava (2003) and Novosibirsk (2002)



Summary (1)

- A comparison between results from Germany, Slovakia and Russia reveals similarities and differences with regard to public beliefs about major depression and schizophrenia as well as public attitudes towards people suffering from these disorders.
- Similarities mainly refer to the endorsement of established concepts of the aetiology of the two mental disorders, the acceptance of psychiatrists as helping source and the recommendation of established treatment modalities.
- Differences between the three countries - usually as a gradient from Germany over Slovakia to Russia, or vice versa – were found as concerns

Summary (2)

- The labelling of symptoms of the two disorders as expression of either depression or psychosis/schizophrenia (most frequently in Germany)
- The endorsement of more traditional etiological concepts (lack of will power, immoral life style, God's will) as well as the attribution to problematic social relationships and to substance abuse (most frequently in Russia)
- The endorsement of an unconscious conflict as cause (most frequently in Germany)
- The recommendations to seek help from a GP, a priest or a confidant (least frequently in Germany), and the recommendation to join a self-help group (most frequently in Germany)
- The recommendation of meditation/yoga and relaxation techniques (most frequently in Germany)
- The desire for social distance (highest in Russia)

Conclusion

- There are clear indications of social-cultural influences on beliefs about mental disorders and attitudes towards people with mental illness.
- Based on experiences made in Germany our prognosis is that the differences between the three countries will diminish over the coming years.