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ROCHESTOWN PARK HOTEL, CORK
THURSDAY OCTOBER 25th 2012



Slan Study, 2007. Prof. Mgt Barry, NUIG





NUI Galway
OÉ Gaillimh



SLÁN 2007: Findings from the Mental Health and Social Well-being Report

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SLÁN 2007

Survey of Lifestyle, Attitudes and Nutrition in Ireland Mental Health and Social Well-being Report



Mental Health and Social Well-being: Results from SLÁN 2007

SLÁN²⁰⁰⁷

Survey of Lifestyle, Attitudes and Nutrition in Ireland
Mental Health and Social Well-being Report

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on behalf of SLÁN 2007 team members
at RCSI, ESRI and UCC



SLÁN 2007 Research Team

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Rationale

- Mental health is fundamental to good health and quality of life
 - 'there is no health without mental health'*
- Limited information on positive mental health and social well-being in the Irish population
 - 'positive mental health is more than the absence of mental disorder'*
- Prevalence of mental health problems
- Social and economic costs of poor mental health
- Comprehensive public health approach
 - 'treatment approaches alone are not enough'*



Mental Health and Wellbeing

- Mental Health Action Plan for Europe (WHO, 2005)
“mental health is an essential component of social cohesion, productivity and peace and stability in the living environment, contributing to social capital and economic development in societies”
- UK Foresight Project on Mental Capital and Wellbeing (2008)
“ A key message is that if we are to prosper and thrive in our changing society and in an increasingly connected and competitive world, both our mental and material resources will be vital. Encouraging and enabling everyone to realise their potential throughout their lives will be crucial for our future prosperity and wellbeing” (www.foresight.gov.uk)

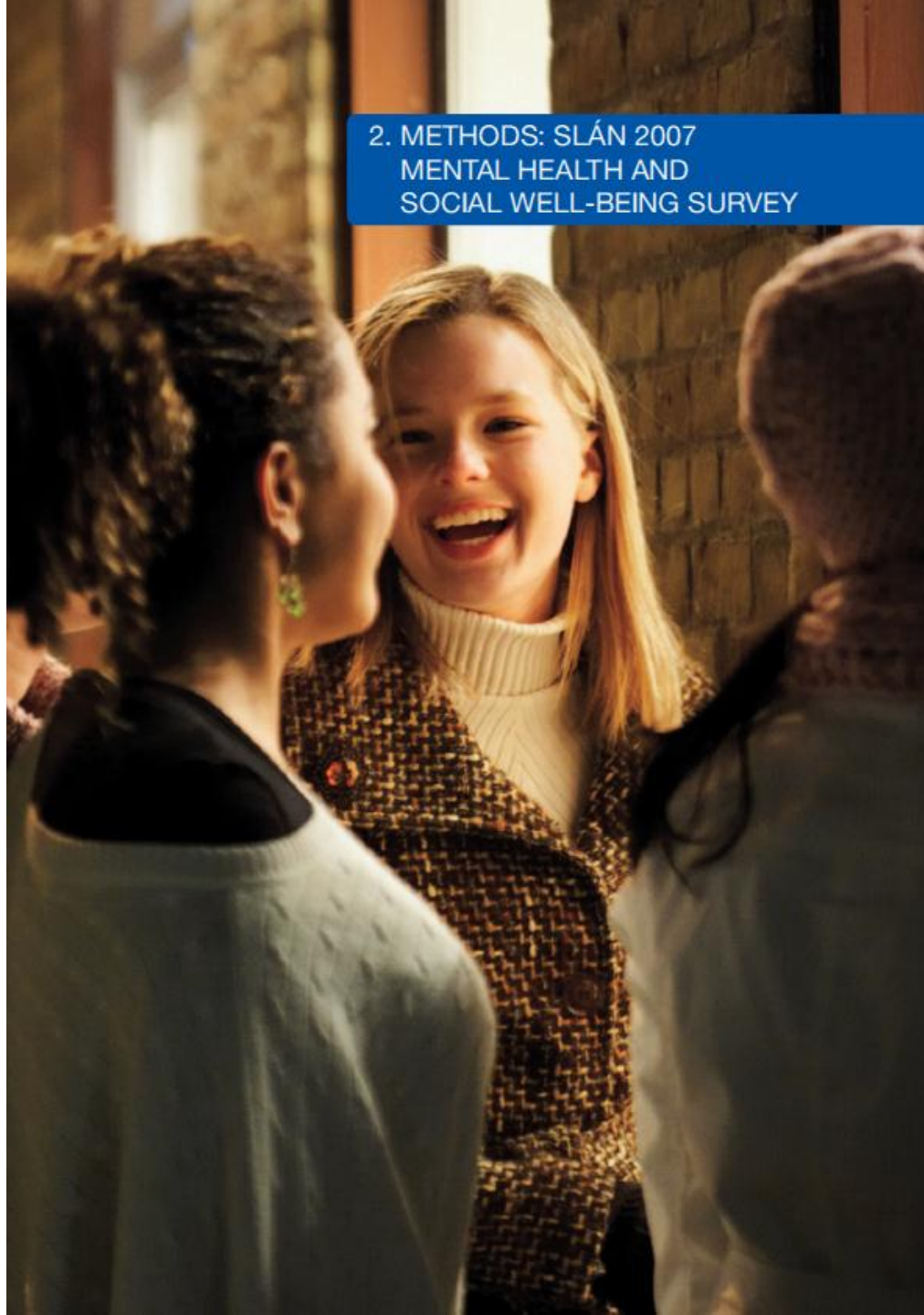


Aims of the Study

- To determine the levels of mental health and social well-being in the Irish adult population
 - positive mental health and mental health problems
 - social support and social well-being
- To consider the influence of socio-demographic variables
- To explore the relationships between mental health, social well-being, physical health and selected health behaviours
- To consider the policy and practice implications of the study's findings



2. METHODS: SLÁN 2007
MENTAL HEALTH AND
SOCIAL WELL-BEING SURVEY

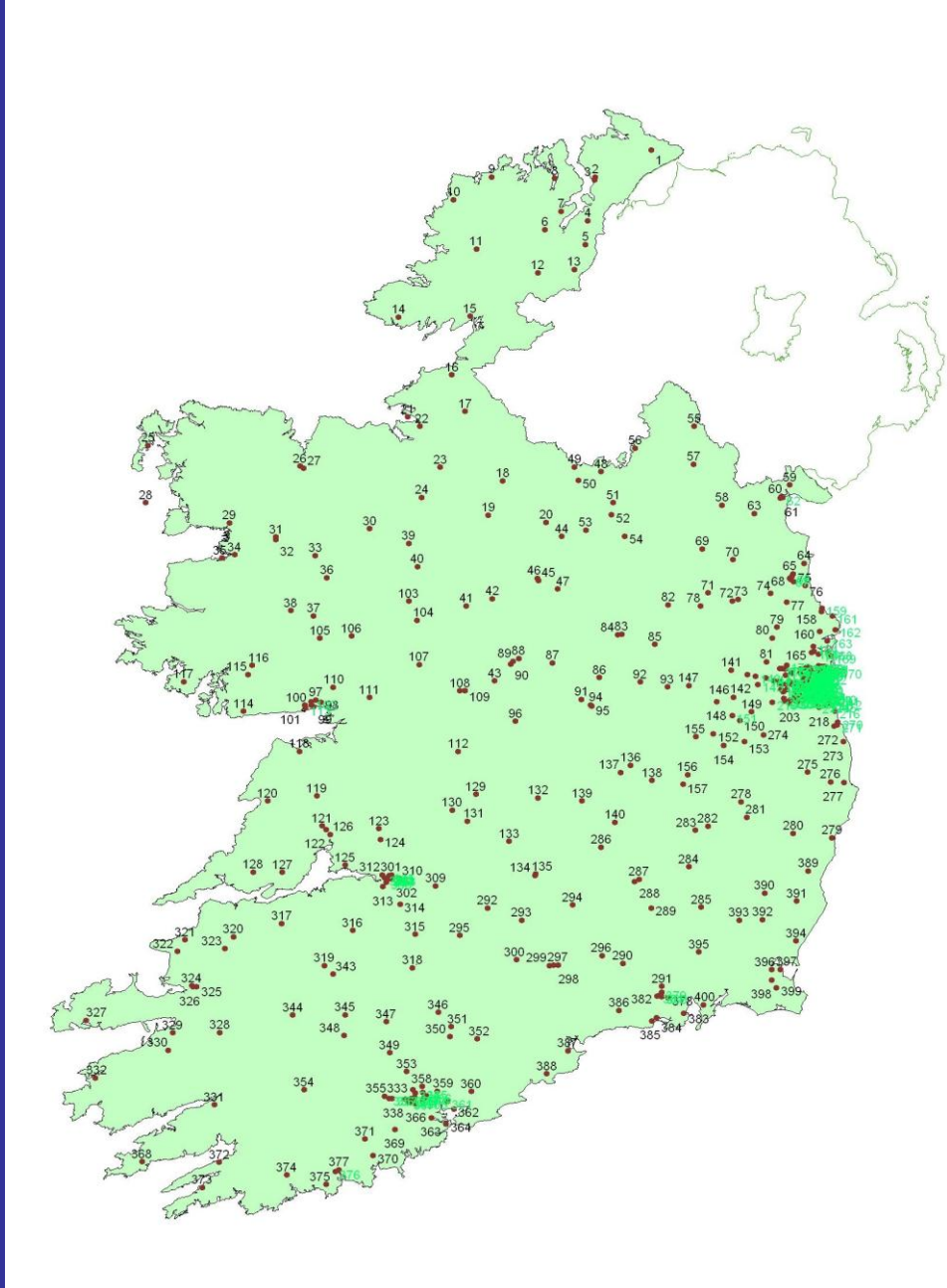


SLÁN 2007 Methods

- 10,364 randomly selected participants (62% response rate)
- Face-to-face interviews at home (+18 years)
- Irish version available
- Shortened translated self-completion questionnaire for non-English speakers [Russian, Polish, Lithuanian and Chinese]
- Interviews - Nov 2006 to Oct 2007



SLÁN – SAMPLING (400 clusters)



Mental Health Measures

Three aspects of mental health were assessed using the recommended mental health indicators for Europe (Lavikainen et al., 2006)

- **Positive mental health: SF-36 Energy & Vitality Index (EVI)**
- **Psychological distress: SF-36 Mental Health Index (MHI-5)**
- **Diagnosed mental health problems: CIDI-SF Major Depressive Disorder; CIDI-SF Generalised Anxiety Disorder**



Mental Health Measures

- **Self-harm reported in past year: item from the CASE Lifestyle and Coping Questionnaire**

“In the last 12 months have you deliberately taken and overdose (e.g. of pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?”

- **Perceived stigma of mental health problems : item from the Mental Health Association of Ireland survey**

“If I was experiencing mental health problems, I wouldn’t want people knowing about it”



Social Well-being Measures

- Perceived social support:
Oslo Social Support Scale; items cover:
 - 1) people you can count on
 - 2) people who take an interest in what you do
 - 3) ease of getting practical help
- Loneliness: RCSI Loneliness item
“Have you often felt lonely in the last 4 weeks?”
- Involvement in community activities: items from the West of Scotland Twenty-07 Study



Socio-Demographic Variables

- Gender and age (4 categories)
- Social Class (3 categories): Central Statistics Office classification
- Education (3 categories);
- Marital status (3 categories);
- Residential Location (2 categories): urban vs. rural
- Income level (equivalised household); Medical Card Status
- Employment Status: paid /not paid employment



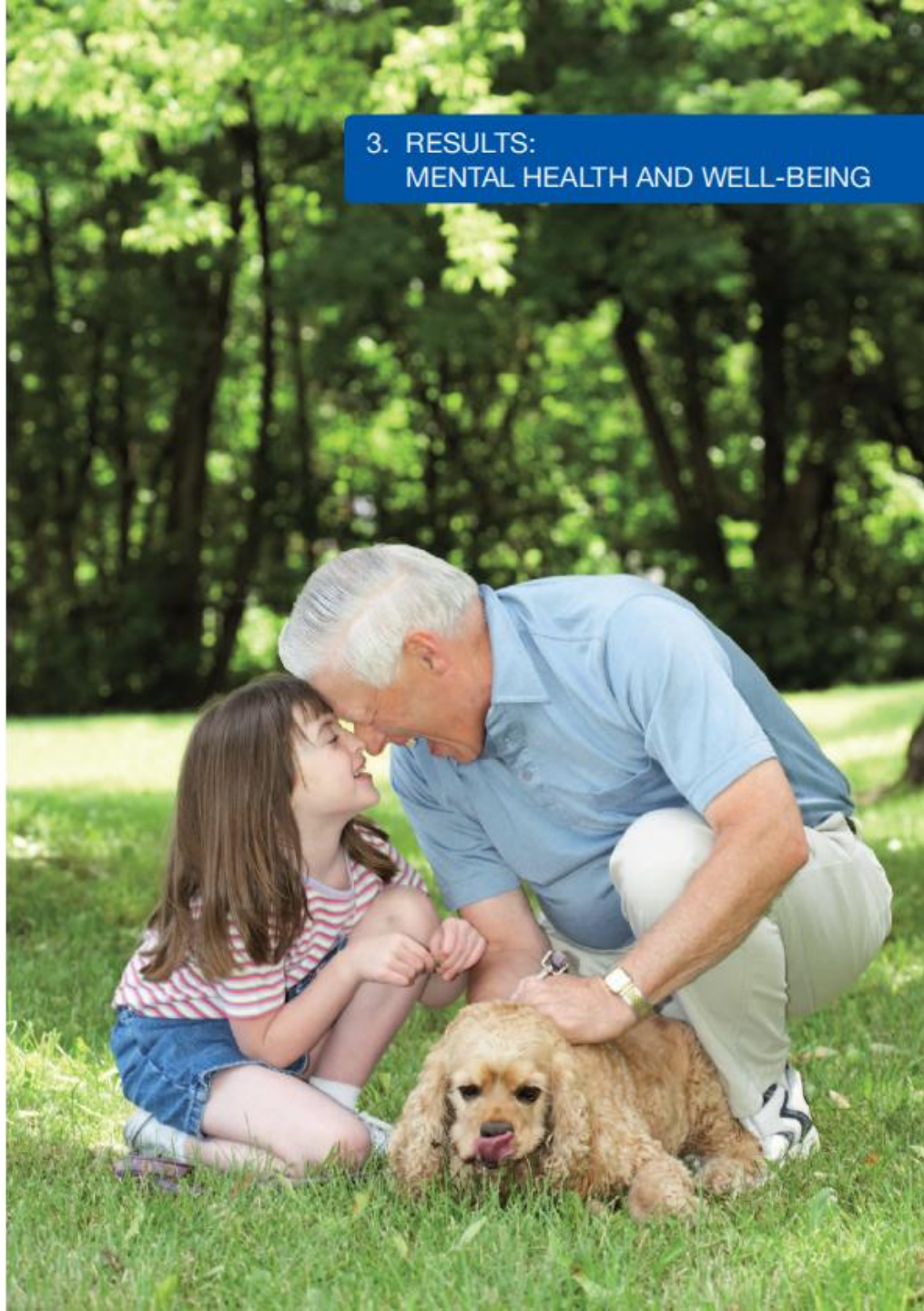
Health Behaviours

Measures of four health behaviors:

- Self-rated health: single-item self-rated health question from the CDC HRQOL-4
- Physical Activity: IPAQ International Physical Activity Questionnaire short form
- Alcohol Consumption: AUDIT-C Alcohol Consumption Screen
- Smoking: items from the Behavioral Risk Factor Surveillance System

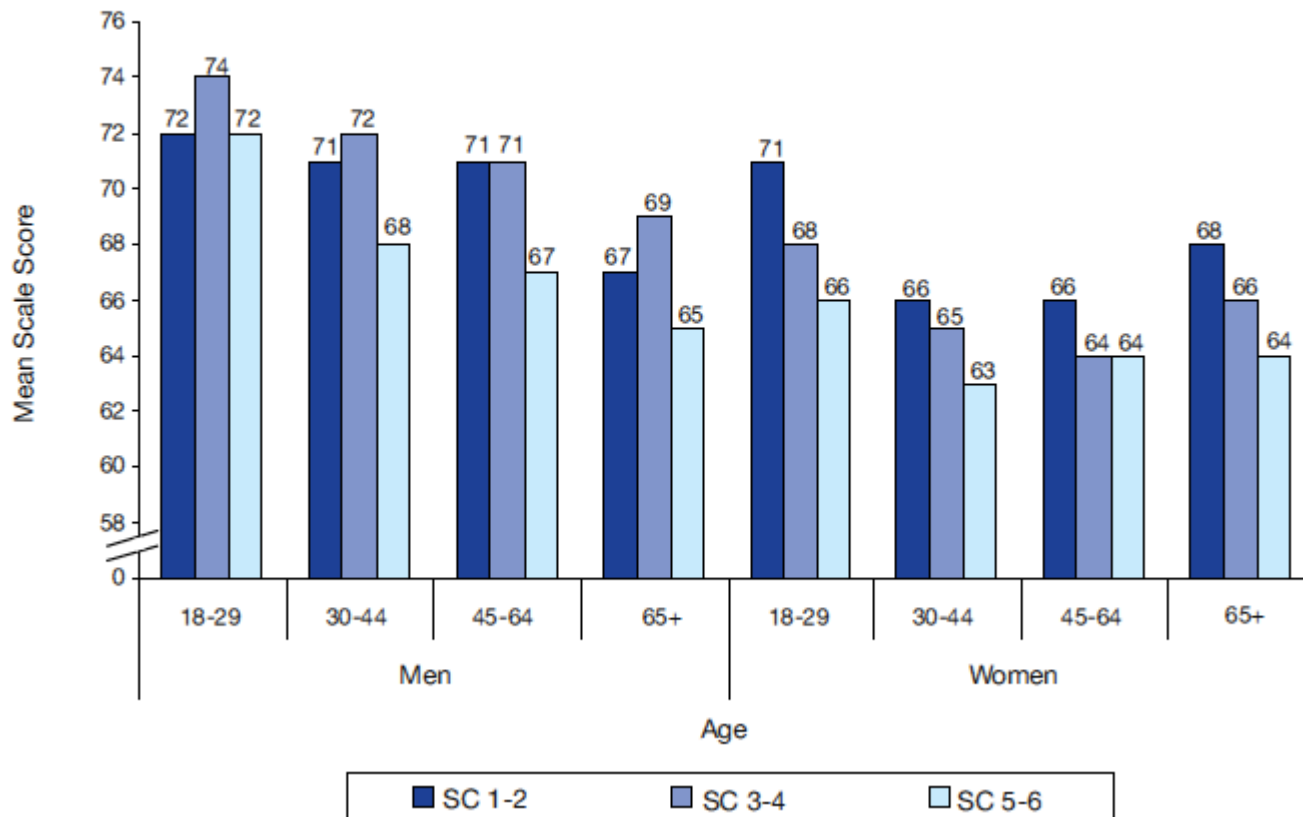


3. RESULTS:
MENTAL HEALTH AND WELL-BEING



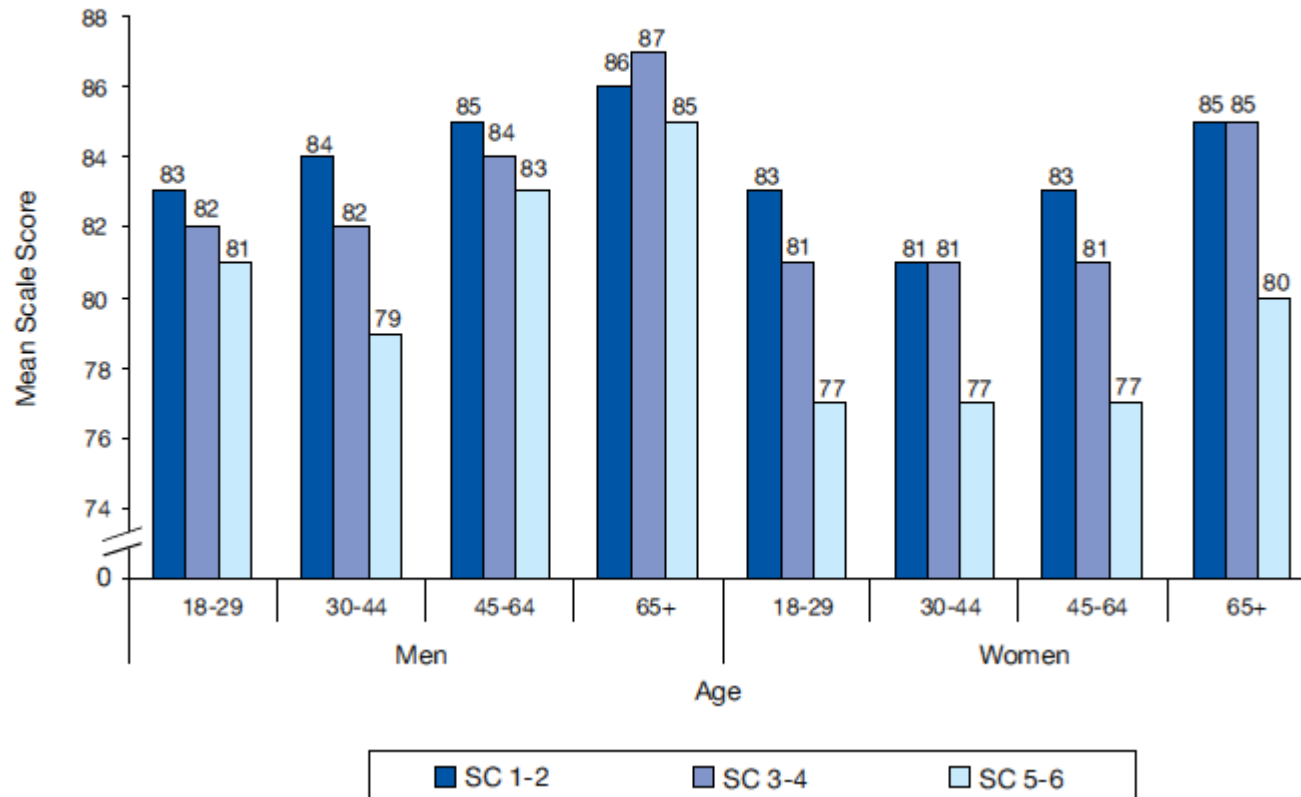
Positive Mental Health

Figure 1: Mean score on SF-36 Energy and Vitality Index, by gender, age and social class
(higher scores indicate more energy and vitality)



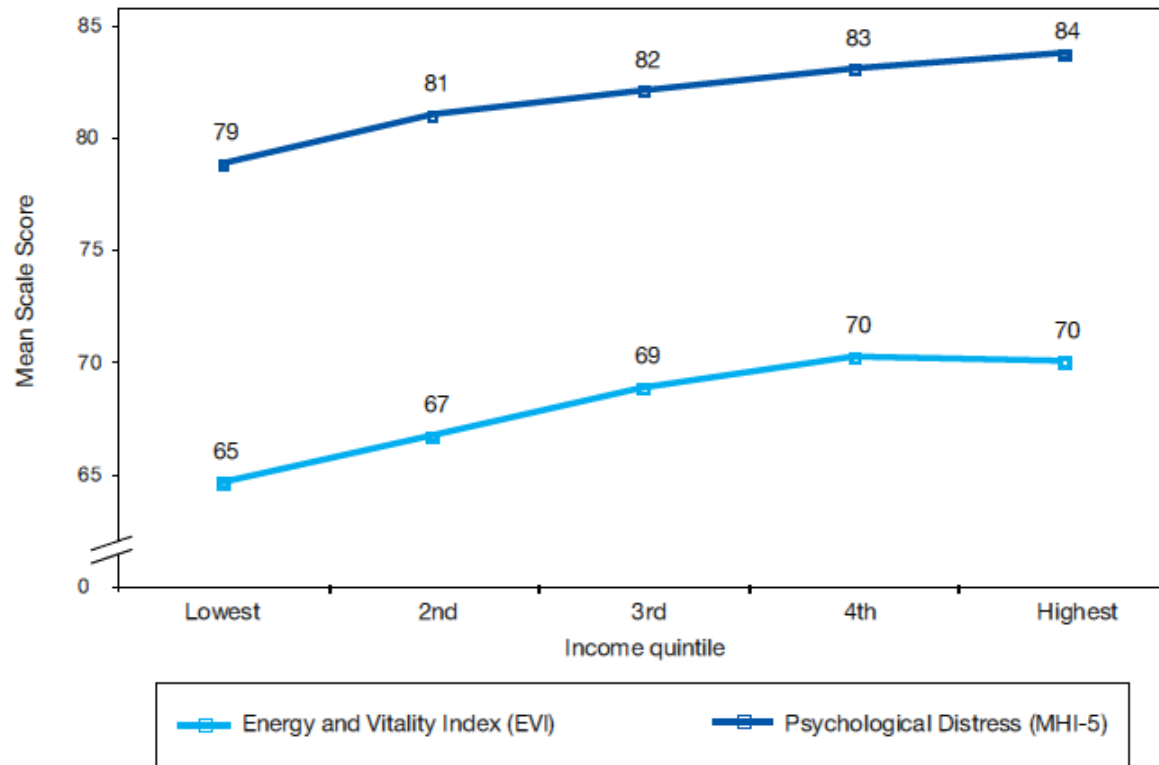
Psychological Distress

Figure 7: Mean score on psychological distress (MHI-5), by gender, age and social class
(higher scores indicate less psychological distress)

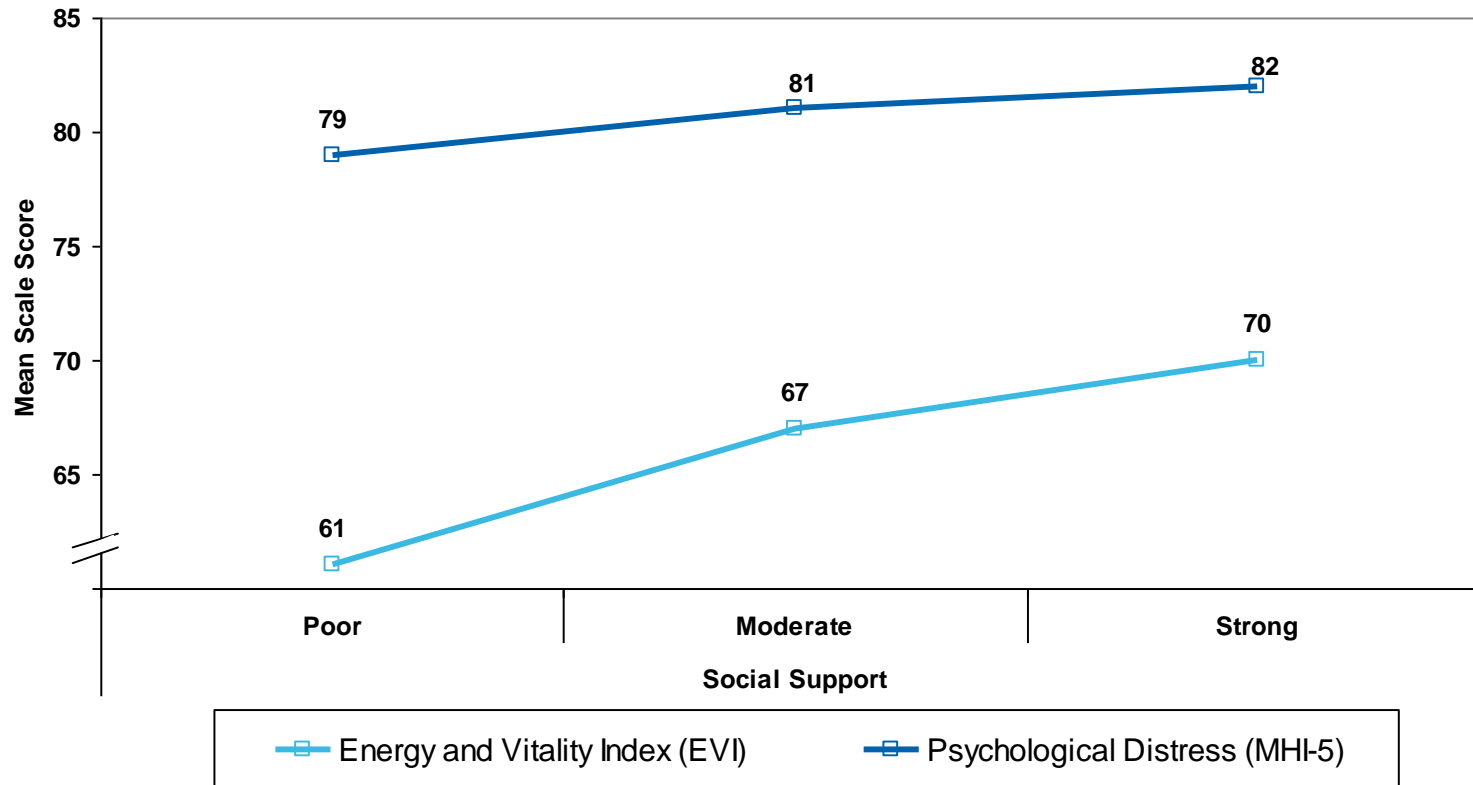


Psychological Distress and Energy and Vitality by Income

Figure 2: Mean score on SF-36 Energy and Vitality Index and psychological distress (MHI-5), by equivalised income quintiles
(higher scores indicate more energy and vitality and less psychological distress)

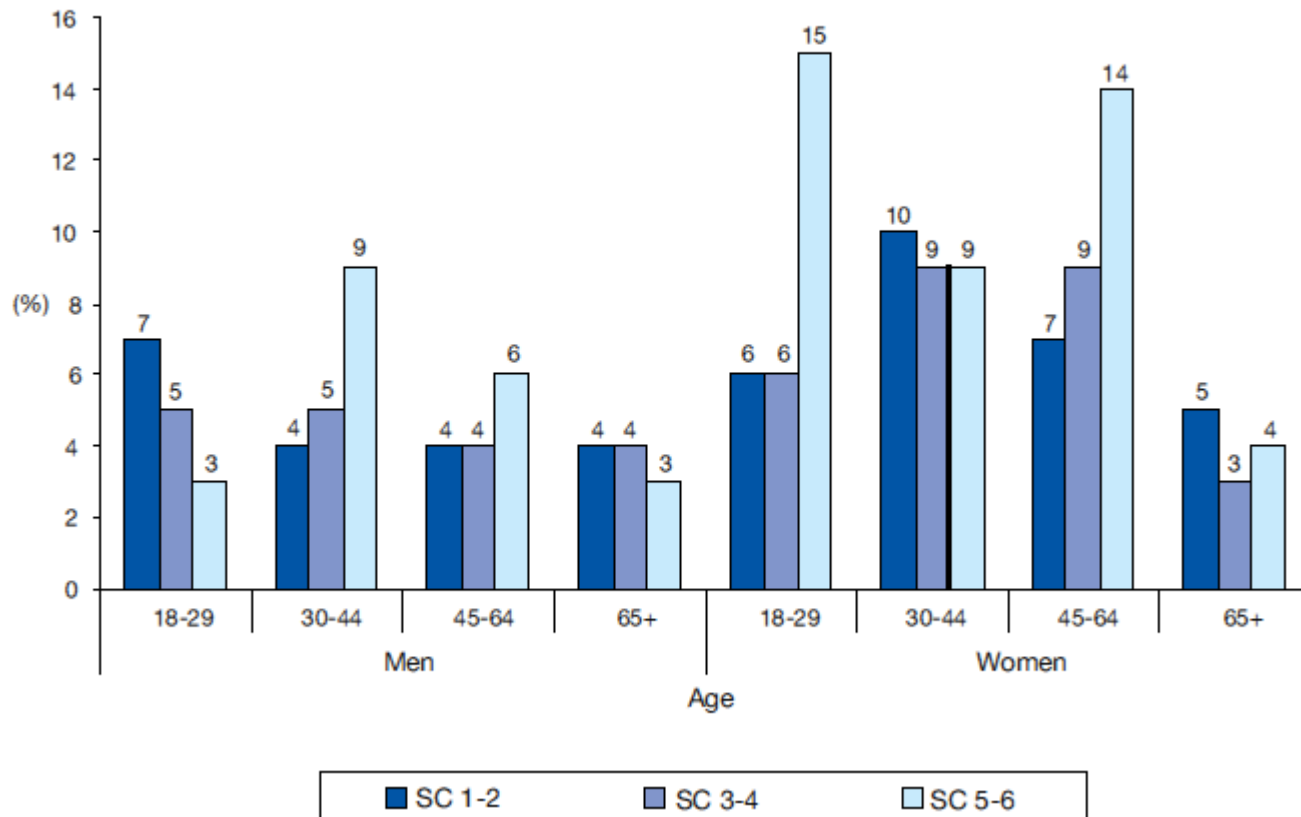


Psychological Distress and Energy and Vitality by Social Support



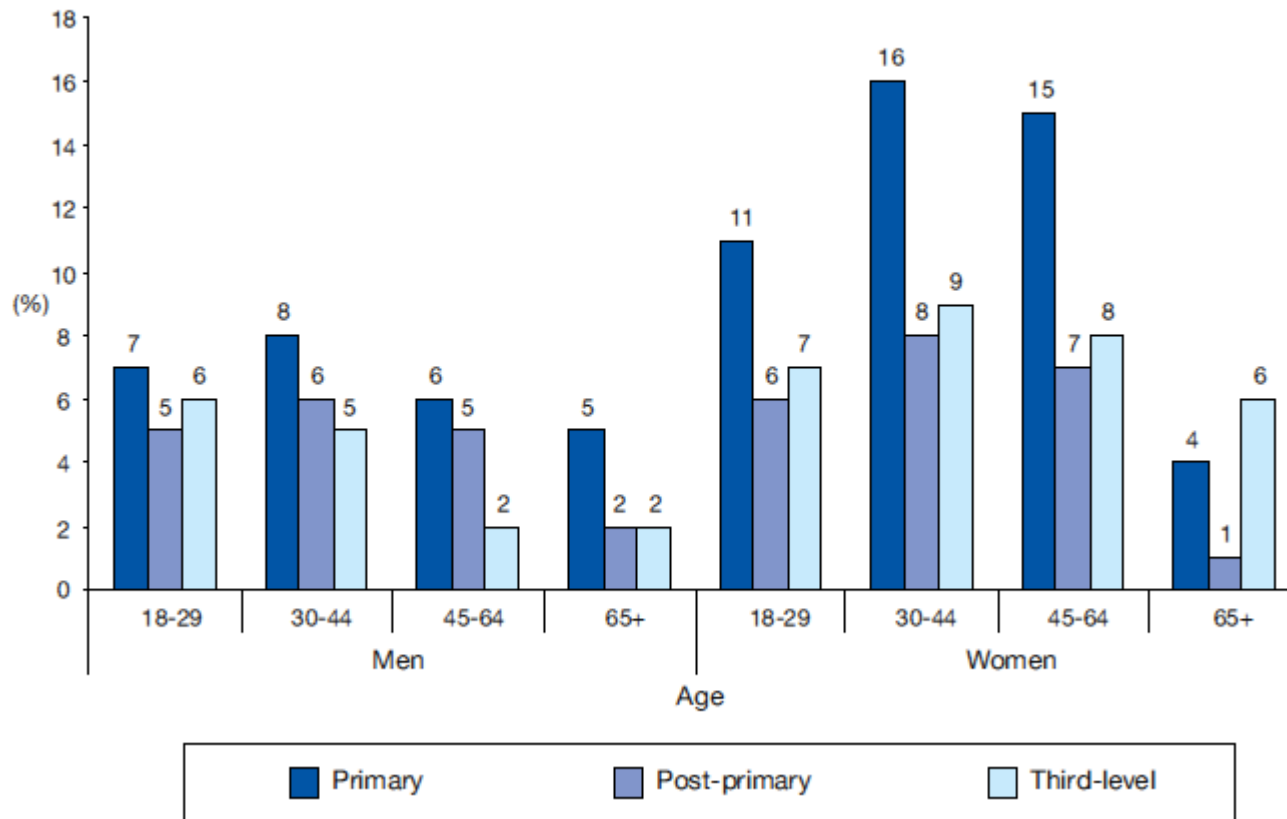
Depression by Age and Social Class

Figure 14: Percentage of respondents reporting probable major depressive disorder (CIDI-SF) in the previous year, by gender, age and social class



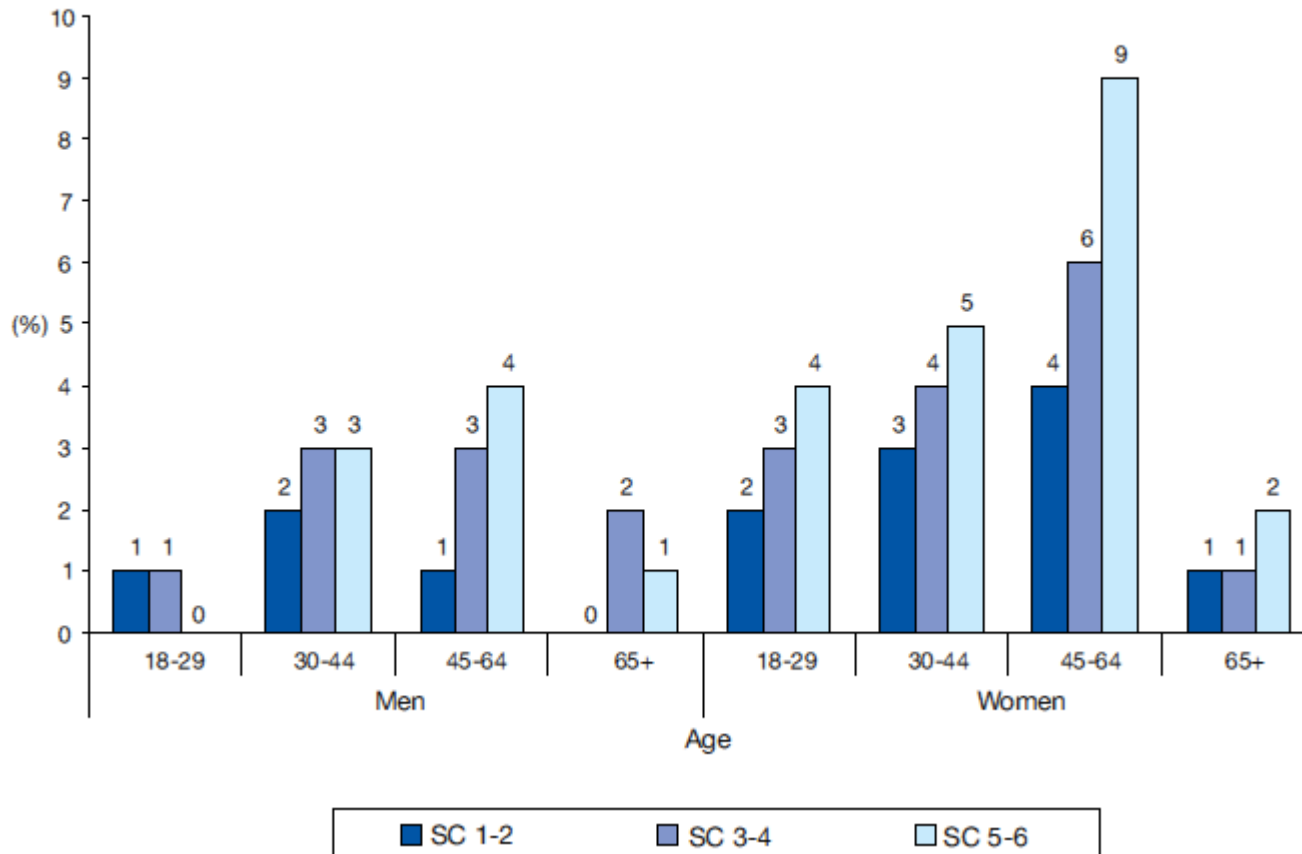
Depression by Age and Education

Figure 15: Percentage of respondents reporting probable major depressive disorder (CIDI-SF) in the previous year, by gender, age and level of education



Generalised Anxiety Disorder

Figure 17: Percentage of respondents diagnosed as having generalised anxiety disorder (CIDI-SF) in the previous year, by gender, age and social class



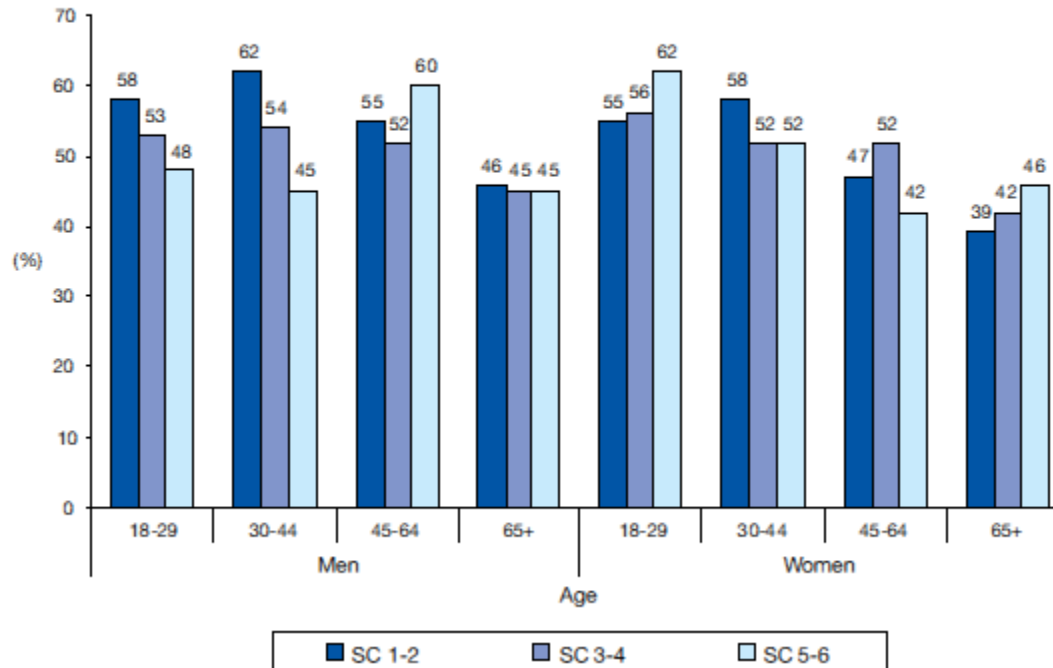
Mental Health: Self-Harm

- 47 (0.4%) of respondents self-harmed in the last 12 months
 - more likely to be from an urban area, single, unemployed
- This rate is twice as high as the rate of presentation to A&E departments in 2005 (NSRF, 2007), which was ~20 per 10,000
- However, this rate is lower than some anonymous self-report studies, perhaps because face-to-face data collection was employed
- Of the 47 respondents, 22 went to hospital because of their most recent self-harm attempt and 22 did not go (3 didn't answer)

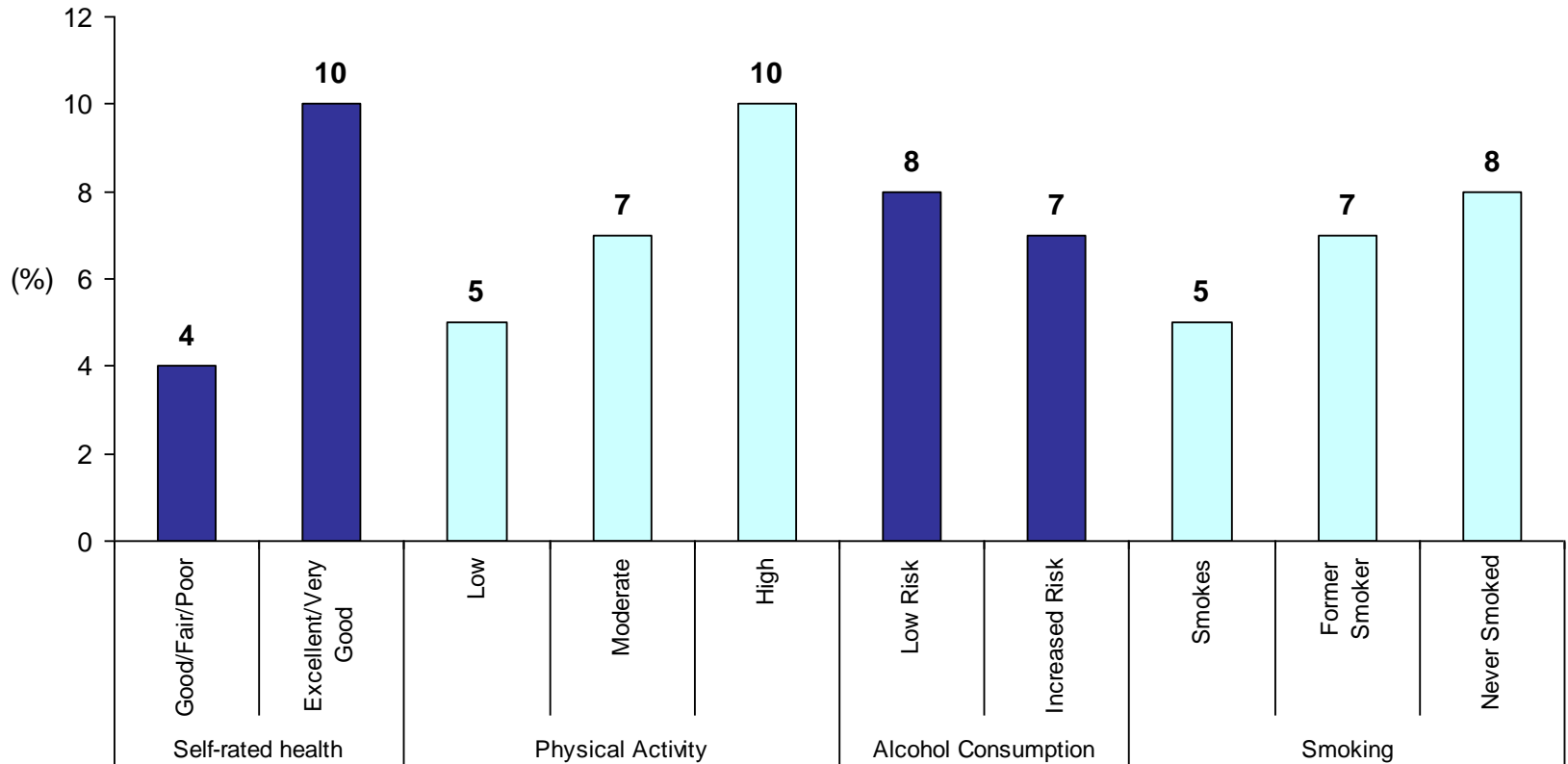


Perceived Stigma

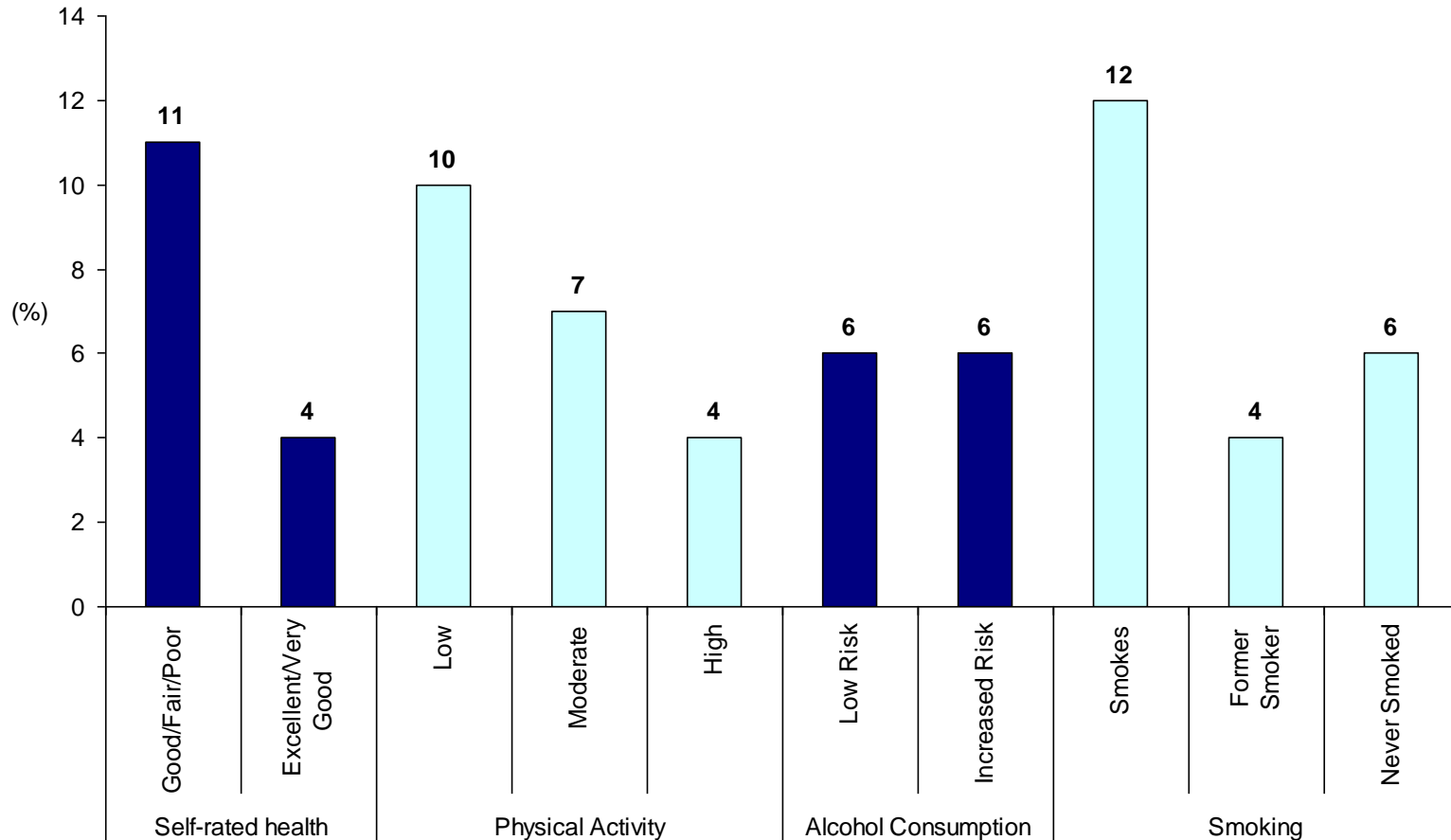
Figure 19: Percentage of respondents agreeing with the statement 'If I was experiencing mental health problems, I wouldn't want people knowing about it', by gender, age and social class*



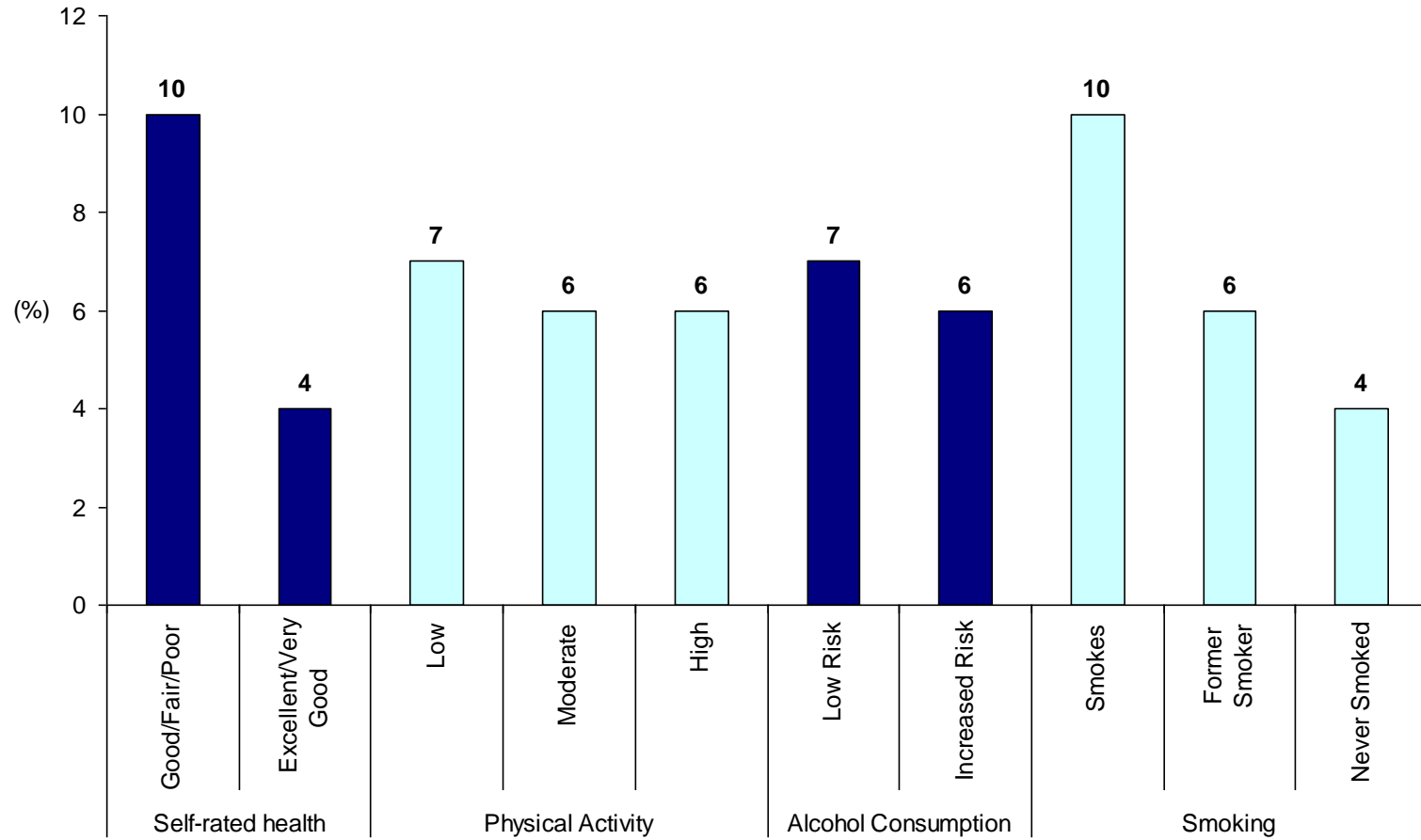
Flourishing by Health Behaviour



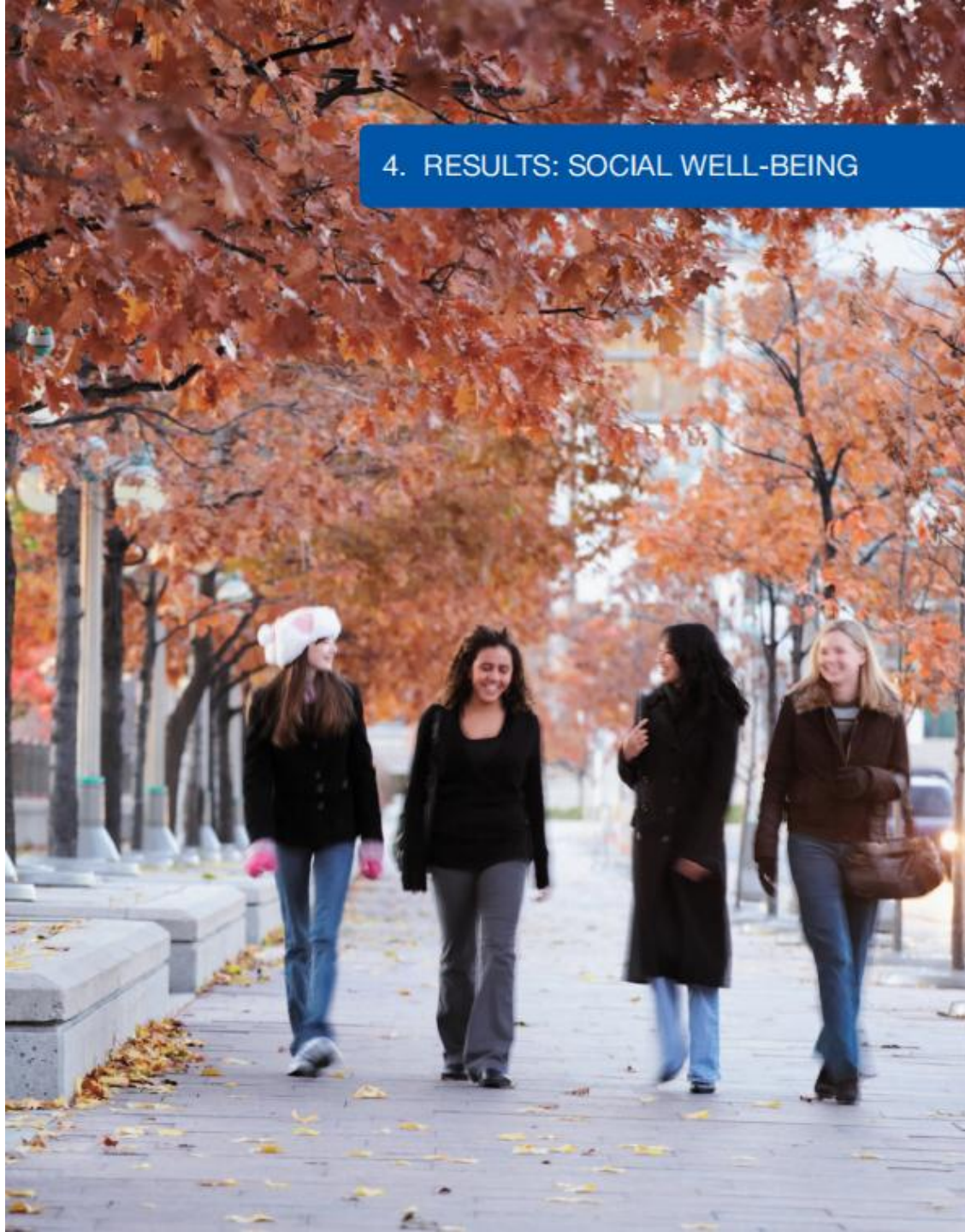
Psychological Distress by Health Behaviour



Probable Major Depressive Disorder by Health Behaviour

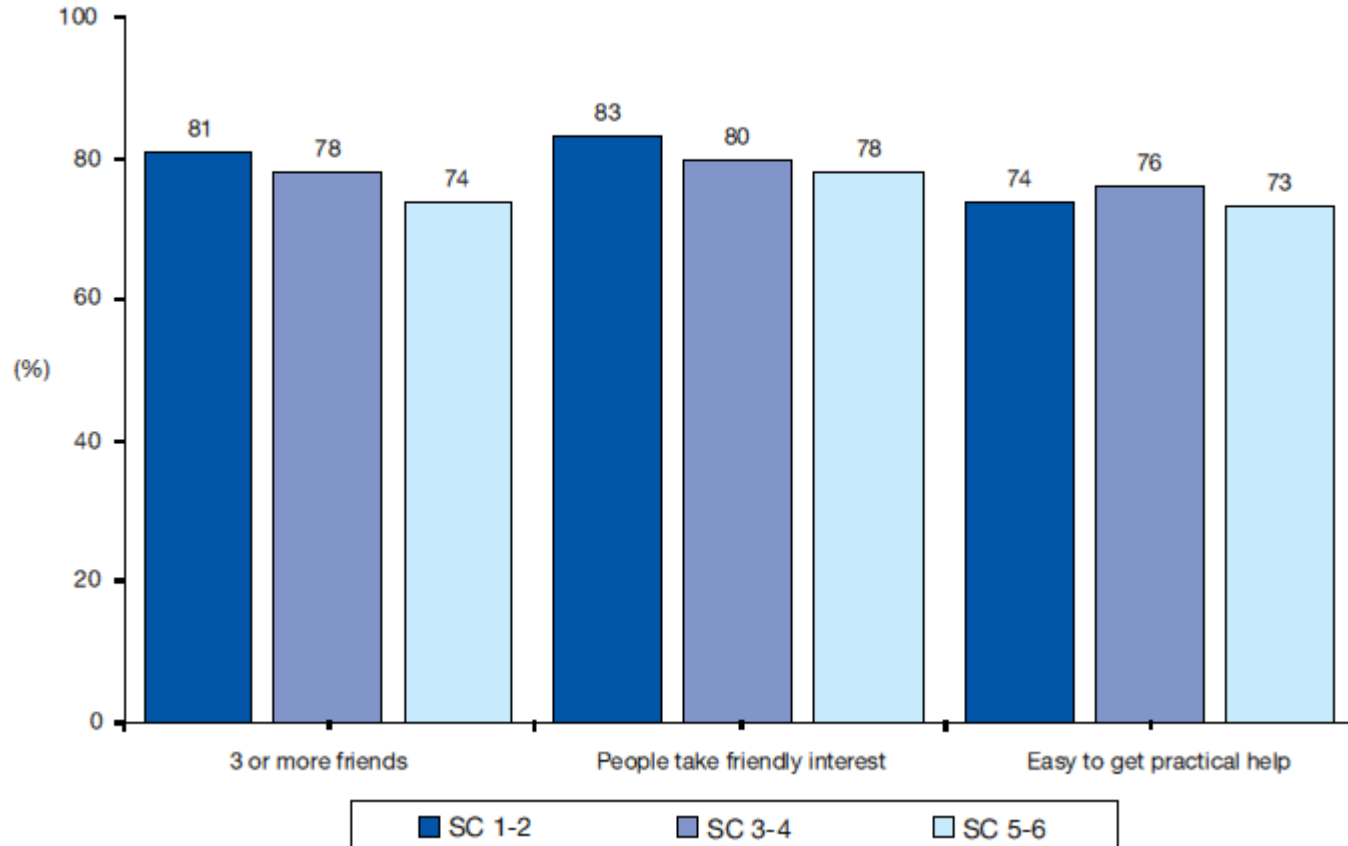


4. RESULTS: SOCIAL WELL-BEING



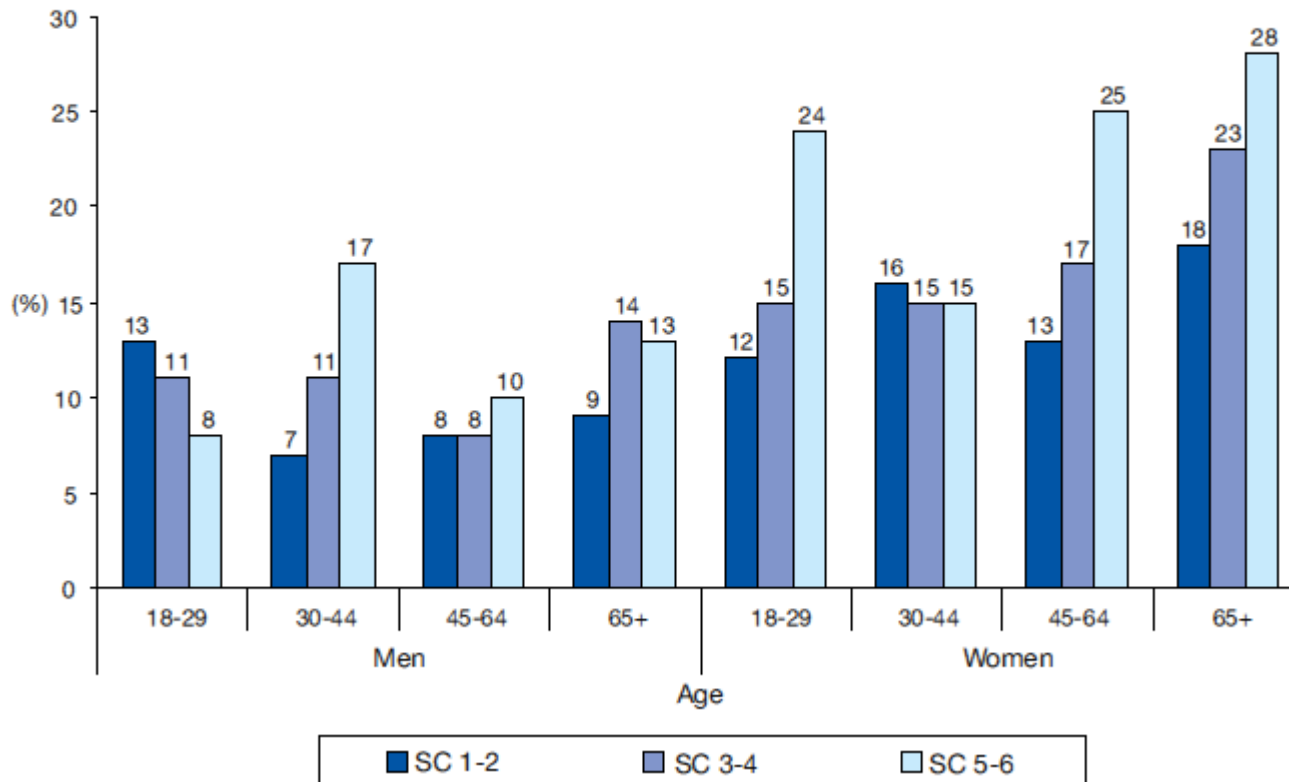
Social Support

Figure 22: Perceptions of social support, by type of support and social class



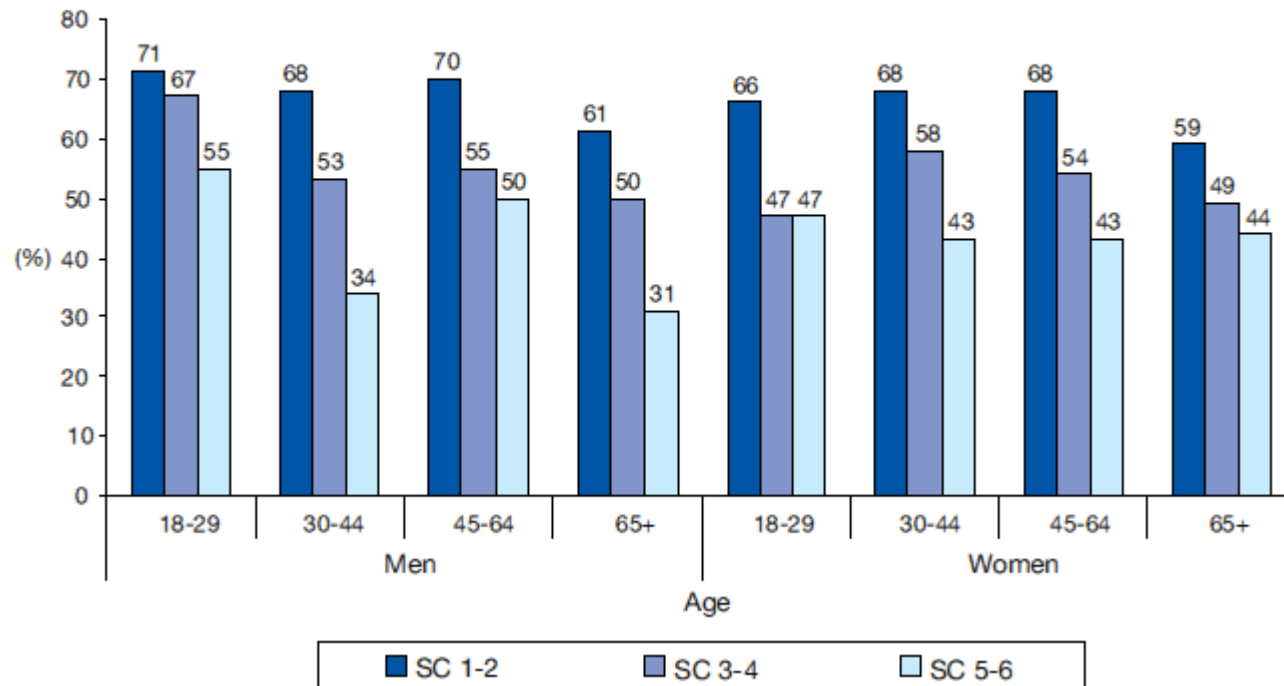
Loneliness

Figure 24: Percentage of respondents replying 'Yes' to the question 'Have you often felt lonely in the last 4 weeks?', by gender, age and social class



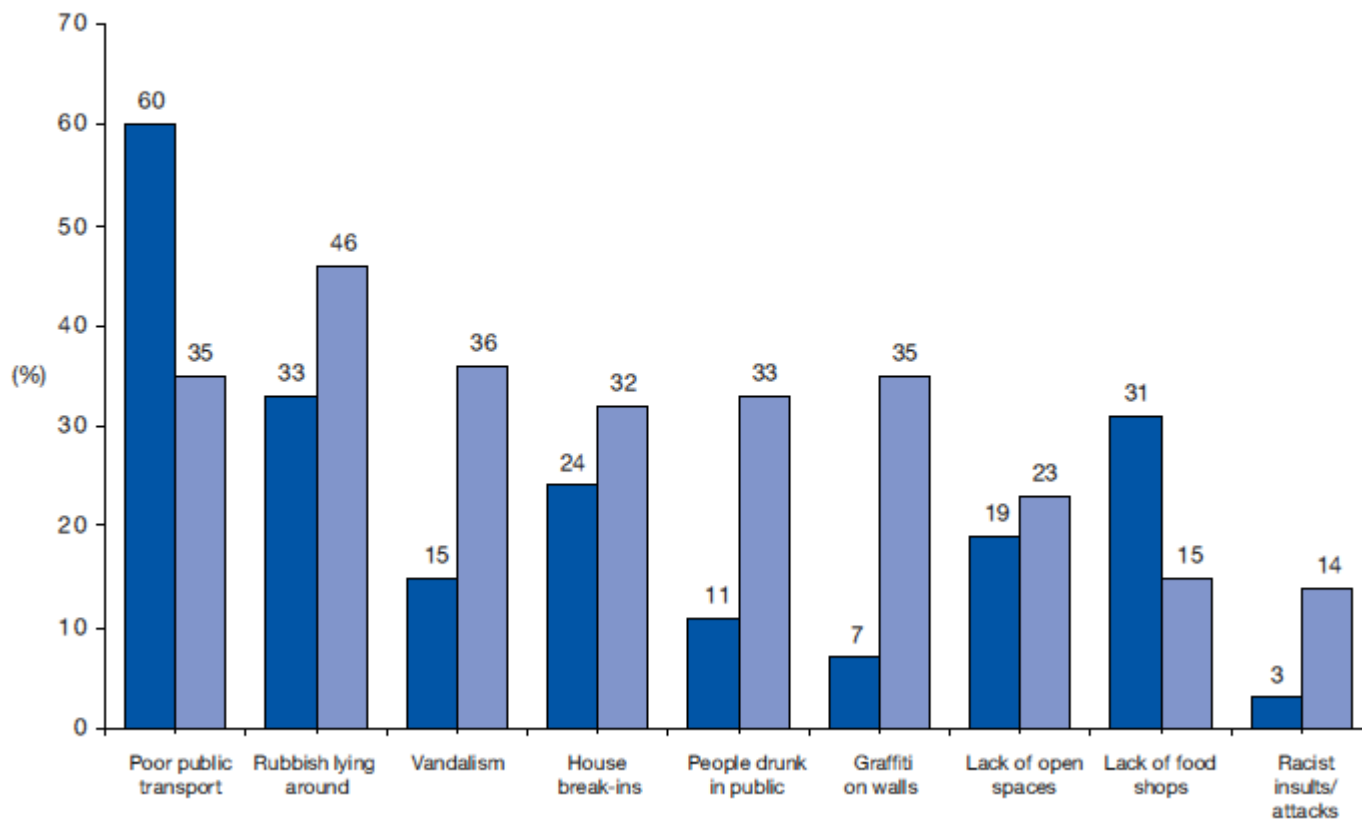
Community Involvement

Figure 26: Percentage of respondents reporting regularly attending one or more community activities, by gender, age and social class



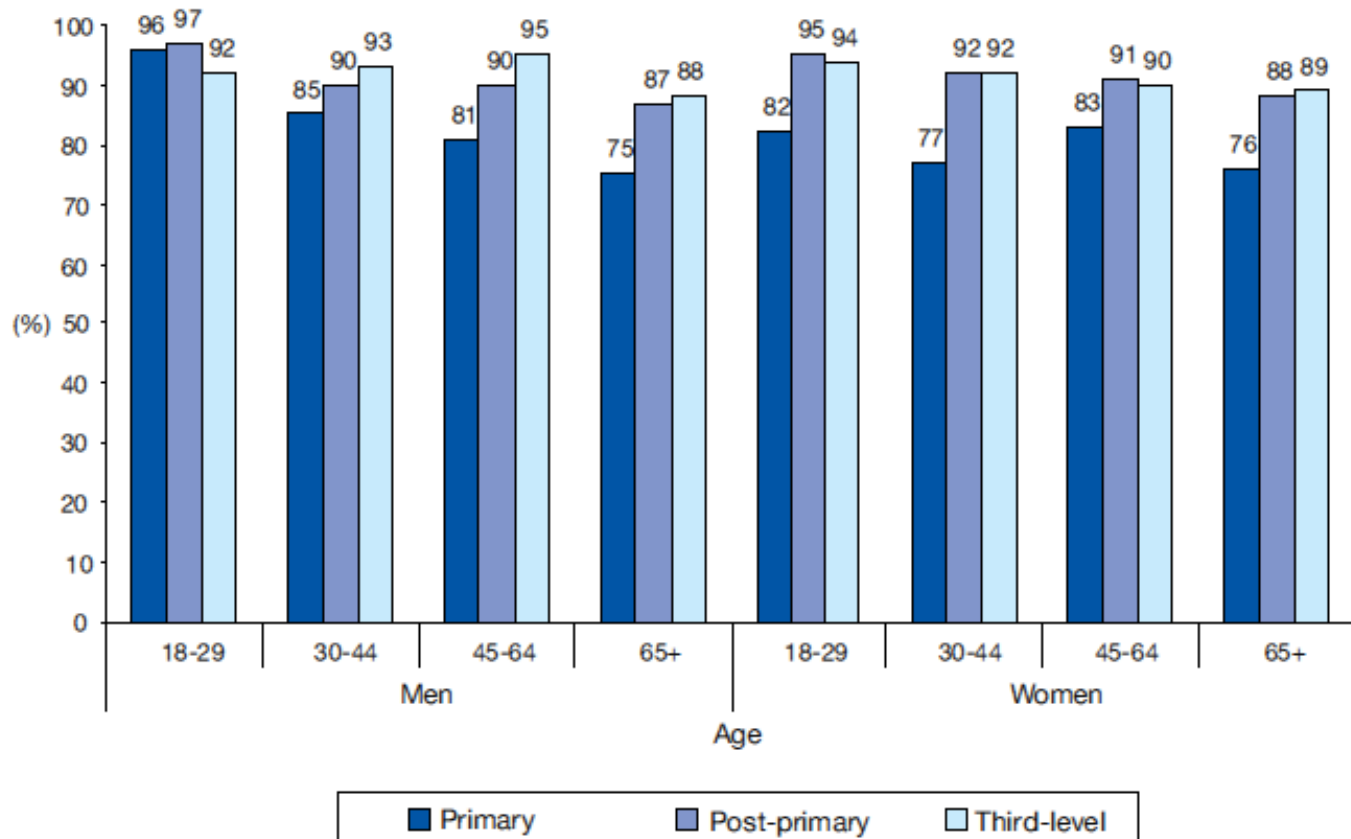
Neighbourhood Perceptions

Figure 30: Percentage of respondents reporting specific problems in their neighbourhood, by potential problem and residential location



Quality of Life

Figure 31: Percentage of respondents reporting their quality of life as 'good' or 'very good', by gender, age and level of education



6. CONCLUSIONS
AND POLICY IMPLICATIONS



Conclusions

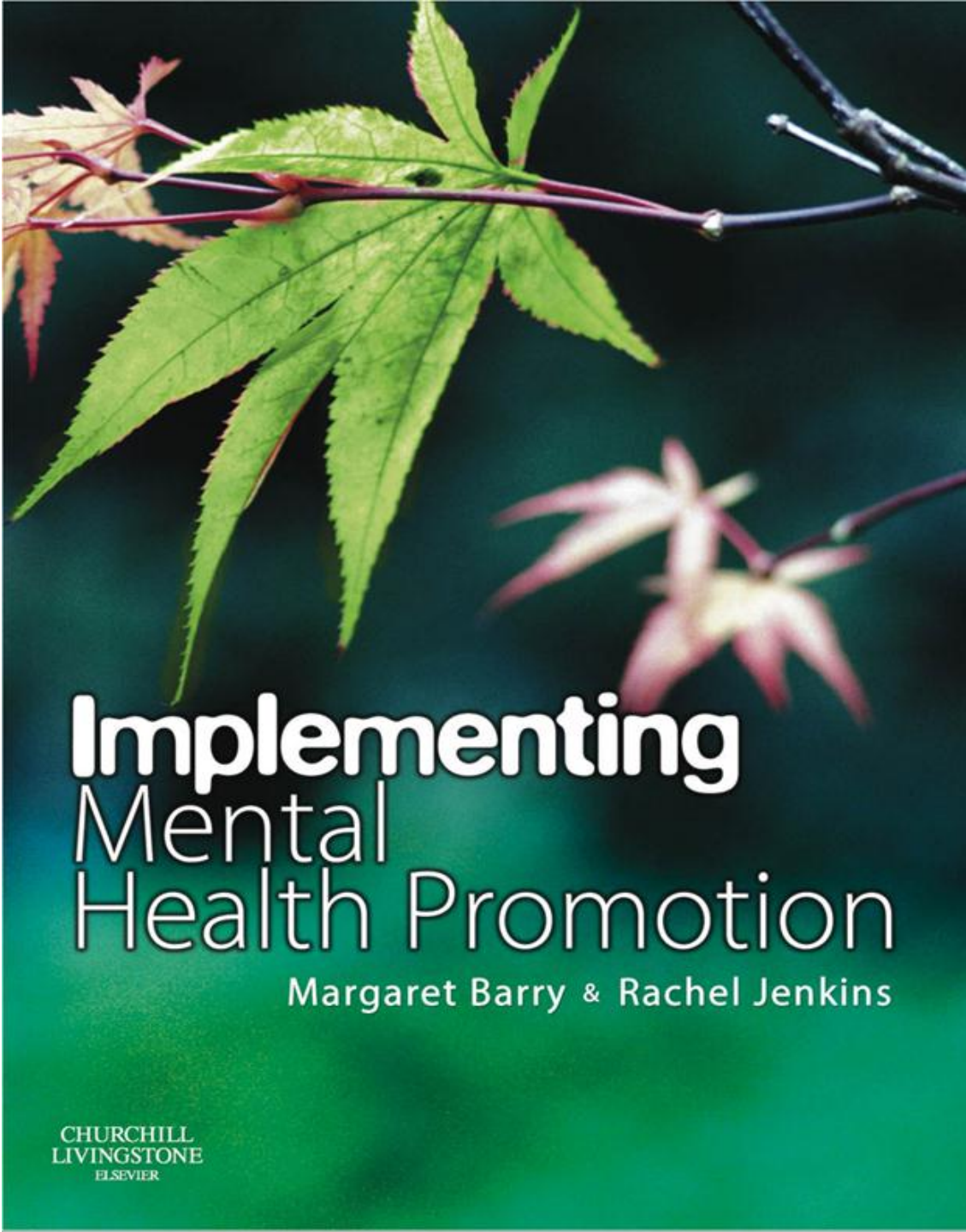
- Positive mental health - close supportive relationships, having access to a job, income and good education
- Socio-economic determinants of mental health
 - *markers of social disadvantage are all associated with poorer mental health and social well-being in this study*
- Relationship between mental health, health behaviours and social well-being
 - *mental health is central to population health improvement*



Address the Social Determinants of Mental Health

- Strengthening individuals - cognitive and emotional resources, social relationships, life skills
 - Strengthening communities - social networks, social support, social inclusion, civic engagement, leisure, membership of clubs etc., volunteering, neighbourhoods, physical environment
 - Removing structural barriers to mental health at the societal level - role in wider society, education, work, citizenship, democratic participation
- *Access to resources and opportunities*
- supportive relationships, education, employment, opportunities for social inclusion
- *Multilevel action – intersectoral policy initiatives*





Implementing Mental Health Promotion

Margaret Barry & Rachel Jenkins

CHURCHILL
LIVINGSTONE
ELSEVIER



Conclusions

- Implement the recommendations of *A Vision for Change*
 - population level mental health promotion and prevention
- Accessible community-based mental health services
 - comprehensive range of services and supports e.g. social prescribing
- Address stigma and public awareness
- Future health and well-being of the Irish population - mentally health society
 - *integrated cross-sectoral policies*



Questionnaires, reports and
slides available to download at
www.slan07.ie

