Public Health Scotland Adult Mental Health Indicator Set

Developing a Mental Health Stigma Indicator

August 2023

Mental Health Foundation Scotland

Background

Public Health Scotland identified a need to develop an indicator about mental health stigma for its **Adult Mental Health Indicator Set**, which was published in March 2022. Within the indicator set, indicators are grouped by type:

- **Mental health outcomes** – mental wellbeing and common mental health problems.
- **Contextual factors** – the determinants (risk factors and protective factors) of these outcomes at the individual, community, and structural level.

The indicator set shows the wide range of factors that influence public mental health. While work to develop the majority of indicators in the framework is complete, aspirational indicators were included that would require **developmental work** before they could be operationalised. These included an indicator for stigma around mental health.

The Mental Health Foundation (MHF) had been a member of the Adult Mental Health Indicator Expert Group, facilitated by Public Health Scotland, to help prioritise indicators and identify potential new indicators for the Adult Mental Health Indicator Set. In late 2022, MHF connected with Public Health Scotland to offer support to develop the mental health stigma indicator(s) for the indicator framework. MHF and Public Health Scotland met to discuss the requirements of the work and to develop an approach to moving this work forward.

It was agreed that MHF would facilitate discussions with a network of professionals with experience of working in the area of mental health stigma to identify what would be most suitable for a mental health stigma indicator(s) and what survey question(s) or alternative routine data source could be used to obtain the required data.[1]

1. It was envisaged that the data for the indicator would likely need to come from a national survey, although this was open for debate as some administrative data might be appropriate for contributing to the measurement of certain types of stigma, e.g., structural stigma.

What did we do?

The purpose of the facilitated discussion with experts in mental health stigma was to share and debate ideas for mental health stigma population indicators. The desired outcome was one indicator and one or two related survey questions to capture this data in population level surveys, although if an alternative routine data source was identified as suitable this would have been considered.

The process involved one three-hour virtual session facilitated by MHF and Public Health Scotland on Microsoft Teams with experts with planned follow up. In planning the process, it was decided that one facilitated session would be enough with follow up by email to complete the work.

Some development work was undertaken before the expert session, by MHF and Public Health Scotland, to help focus the discussion and maximise the time together as a group. This included identifying appropriate facets of mental health stigma – such as self-stigma, public stigma and structural stigma – that might work best within the context of a national population level survey and sourcing some examples of mental health stigma indicators and survey items that are used in other research studies and scales. MHF researchers who specialise in stigma arranged discussions with colleagues and partners in advance of the expert discussion to identify single item mental health stigma indicators that are more likely to be used in national surveys. Prior to the session, materials were developed including presentation slides and a session plan with agenda, which can be found in Appendix 1.

The learning outcomes for the session were:

- To learn about the background to and development of Public Health Scotland's Adult Mental Health Indicator Set.
- To discuss the criteria for developing good indicators for population level surveys.
- To decide what type(s) of stigma are most appropriate to assess through a population mental health indicator(s).
- To develop indicator(s) and identify related survey question(s) to measure population level mental health stigma.
- To identify supporting literature that creates the evidence base for selected mental health stigma indicator(s).

The session was developed to:

- Present background information about the Public Health Scotland Mental Health Indicator project and outline the criteria for population indicators.
- Introduce participants to the process of developing a mental health stigma indicator, through a presentation delivered by MHF.
- Facilitate small group discussions with participants to share ideas and agree relevant types of stigma for an indicator(s), and identify a related draft survey question(s) and indicator to gather the evidence required to measure mental health stigma at population level.
- Identify supporting literature to evidence the choice of survey question(s) and indicator(s) and create space for participants to discuss, debate, and share their views.

It was anticipated that the data for the stigma indicator(s) would likely have to be collected in a survey and that there was therefore a requirement for future work to influence the questionnaire content of a national survey. Experts were therefore briefed by MHF and Public Health Scotland before and at the start of the session, to emphasise that single item questions for mental health stigma would be preferred to, for example, measurement scales, due to the competition for space in national surveys. A further important point emphasised to participants throughout the session was that the indicator(s) is intended as a population level indicator, not focusing solely on people with mental health problems and who may have direct experience of stigma around mental health.

The online facilitated discussion with 13 experts (see Appendix 2) was delivered on 8 March 2023 with three breakout groups of 3-4 participants each (see Appendix 3 for the presentations). MHF shared a summary of the discussions with professionals who could not attend the session, to collect their comments and perspectives, and these were incorporated into a final document that was shared with the wider group for consensus.

Expert discussions

Early one-to-one conversations with experts to prepare for the facilitated session on 8 March were useful to lay the groundwork for the session and get a sense of the expert's views before they all met as a group. A significant finding from these initial conversations was that there was strong consensus that one indicator with a related survey question would be unlikely to measure population level mental health stigma adequately by itself. While the session was delivered with a single indicator in mind, facilitators were aware that this might prove challenging.

Discussion: Thinking about different types of stigma and developing indicators

All three small discussion groups felt that public attitudes towards mental health stigma, as a measure of public stigma, would be important to assess in a population indicator(s). Most also thought that self-stigma and perceived public stigma would be useful to know more about, although participants acknowledged that this might be challenging to implement in a population level survey completed by respondents with and without lived experience of mental health problems.

Given that public stigma was identified as being most important facet for a population indicator(s) it was agreed that the appropriate means of collecting the data for this indicator(s) would be via a survey. Participants also felt that a survey question(s) that was timebound – e.g., that assessed mental health stigma over a 30-day period – could be considered, depending on the types of survey questions agreed upon.

In terms of types of questions that might measure different types of stigma, the majority of participants felt that social distance style questions would work better as they provide more accurate attitudes than broad non-situational questions, for example, the Social Distance Scale[2] that is used for measuring intended avoidance behaviour towards people with mental illness. Participants believed that these question types would be meaningful as they would generate knowledge about whether survey respondents would live with / work with / be neighbours with / marry someone etc. with a mental illness.

However, a few participants had hesitations that social distance scale questions were more of a proxy measure of behaviour towards people with mental illness, rather than being a direct measure of mental health stigma itself.

Self-stigma was also discussed as an important concept to measure, although it was highlighted that self-stigma is internalised public stigma, therefore it might make sense to measure public stigma first; and also self-stigma might not feel relevant to all. Likewise, structural stigma was raised in the discussion, but it was felt by some that structural stigma and public attitudes closely align and therefore collecting data on public stigma could provide an indication of related structural stigma.

While most participants felt that attitudinal questions might be most suited to a population level survey for measuring public stigma, there was a minority view that experiential questions could also work.

2. https://www.voxco.com/blog/bogardus-social-distance-scale/.

However there was majority consensus that asking respondents about stigma they may have experienced could be off putting for those with no lived experience or who do not wish to disclose lived experience of mental health problems.

Some groups talked about domains in which mental health stigma might be experienced and considering stigma within relationships with family and friends emerged as a theme. The related theme of 'shame' surfaced which was discussed as a potential measure of stigma, although all groups agreed that this would be difficult to frame in a population level survey.

The conclusion of this round of discussions was that measuring public stigma would be most suitable for a population indicator(s) assessing stigma around mental health with the data coming from a population survey. Groups did not develop the specific details for the indicator(s) at this stage as it was felt more intuitive to identify survey question(s) first, which would inform the wording of the indicator(s).

Discussion: Identifying survey questions

The second round of discussions also organised participants into the same three small groups to focus on identifying potential survey questions, which had been touched on in the first set of discussions, to gather data from respondents about mental health stigma.

Participants reiterated that questions about self-stigma might not feel relevant to all responding to a population level survey and it was raised that very general questions about attitudes toward mental illness – e.g., *'People are generally caring and sympathetic to people with mental illness'* – are most likely to be skewed towards positive attitudes; therefore situational questions where respondents think about a specific context in which they might interact with someone with a mental illness could yield more accurate responses. Some felt that the data from social distance questions might be useful to inform policy responses.

Discussions focused further on social distance style questions that have been used successfully in a number of surveys and campaigns including **Public Attitudes to Disability in Ireland** and the **Time To Change England** programme.

Specific stigma scales of interest were discussed, although this task was intended to identify a single indicator and question. These included the **Peer Mental Health Stigmatization Scale** and the **Self-Stigma of Mental Illness Scale**.

Participants discussed the style and tone of potential survey questions, for example direct versus hypothetical questions; and it was felt that the latter might not receive as good a response rate as the former. On the whole the group agreed that questions should be posed as first-person statements using a Likert scale.

It became clear during the expert session, and through follow up work with experts, that different types of questions would be appropriate for national surveys with a specific focus, and may not be a best-fit for certain surveys. Experts questioned whether the Scottish Health Survey is the best place for attitudinal questions and broadly agreed that measuring public stigma through attitudinal questions might be most appropriate for the Scottish Social Attitudes Survey, while experiential questions would work better for the Scottish Health Survey.

It was highlighted that the Scottish Social Attitudes survey (2013) included questions about mental health stigma and it might use useful to run these again to compare any changes over the last ten years.

Conclusions from group discussions

There was general agreement that measuring public stigma for the Adult Mental Health Indicators Framework was most important. Most leaned towards measuring public attitudes about people living with mental illness as a useful mechanism through which to measure stigma around mental health at population level.

Social distance questions were the preferred measures of the majority of the group by which to measure public attitudes towards people with mental illness. Using social distance questions would link directly with relationships which some participants had identified as an important area to explore. Although, a few participants were not convinced by social distance as an accurate measure of stigma and there was debate about whether they capture the essence of stigma.

Limitations of the task

There was agreement among the group that identifying a mental health stigma indicator(s) and survey question(s) would undoubtedly be a compromise. There were varying views among the group about measuring public and/or self-stigma, and attitudinal and/or experiential stigma. It was conceded that it would not be possible to develop a concise solution that would measure all facets of stigma as the concept is so complex. While the majority of participants favoured a public attitudes approach it was acknowledged that there are many measures available to measure this.

Participants found it more intuitive to think about types of stigma and related measures or survey questions, before developing details of the indicator(s). As such, the session did not generate a tangible defined indicator(s) around mental health – it was felt best to do this after survey question(s) had been agreed, which would need to be completed after the session.

Proposal for potential indicator

The general, although not absolute consensus, on types of stigma to measure and question types was for assessing public stigma using social distance questions. Based on these discussions, Public Health Scotland and MHF have suggested an option for what we believe to be the most appropriate scale that would be best suited to a national survey.

Contrary to what we initially hoped to gain from the session – a single mental health stigma indicator and survey question by which to measure stigma at population level – discussions with the expert group made it clear that a scale would be the preferred method to achieve this, due to the complex nature of mental health stigma and existing question validation issues whereby stigma scales, rather than single items, are validated for use. Therefore, our primary proposal for measuring population level mental health stigma is to use the Reported and Intended Behaviour Scale (RIBS) . However, should the RIBS scale be considered too large for inclusion in a national survey, we list some single item questions that were noted by the experts in the workshop, and which could be alternatively considered (Appendix 4).

Proposed mental health stigma scale

RIBS is a measure of mental health stigma related behaviour, based on **The Social Distance Scale** (SDS),[3] which can be used with the general public and is feasible to use with large populations.[4]

RIBS is considered more methodologically advanced than SDS as a scale to measure mental health stigma because unlike the SDS, RIBS provides the ability to explore how trends in intended behaviour may affect the actual prevalence of such behaviours over time. It is claimed that RIBS improves on previous instruments, such as the SDS, which has not been updated for more than 50 years.[5]

We cannot propose single items for use from this scale as they are intended to be used collectively for best results. It can be used in conjunction with attitude and behaviour-related measures with the general public. The scale has eight items and has an average self-completion time of around one minute. It has been found to be a brief, feasible and psychometrically robust measure.

3. Reported and Intended Behaviour Scale RIBS 10 © 2009 Health Service and Population Research Department, Institute of Psychiatry, King's College London. Contact: Professor Graham Thornicroft. Email: graham.thornicroft@kcl.ac.uk.
4. For additional detail on the instrument development and psychometric properties please refer to: Evans-Lacko S; Rose D; Little K, Flach C, Rhydderch D; Henderson C; Thornicroft G. Development and Psychometric Properties of the Reported and Intended Behaviour Scale (RIBS): A Stigma Related Behaviour Measure. Epidemiology and Psychiatric Sciences. 2011; 20: 263-271.
5. Star, S.A., 1952. *What the public thinks about mental health and mental illness: A paper.* National Opinion Research Center.
6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4149249/.

Items are:

1. **Are you currently living with, or have you ever lived with, someone with a mental health problem?**
2. **Are you currently working with, or have you ever worked with, someone with a mental health problem?**
3. **Do you currently have, or have you ever had, a neighbour with a mental health problem?**
4. **Do you currently have, or have you ever had, a close friend with a mental health problem?**
5. **In the future, I would be willing to live with someone with a mental health problem.**
6. **In the future, I would be willing to work with someone with a mental health problem.**
7. **In the future, I would be willing to live nearby to someone with a mental health problem.**
8. **In the future, I would be willing to continue a relationship with a friend who developed a mental health problem.**

RIBS items 5-8 are scored on an ordinal scale (1-5). Items in which the respondent strongly agrees with engaging in the stated behaviour have a value of 5 while individuals who strongly disagree that they could engage in the stated behaviour receive 1 point.

As items 1-4 only calculate the prevalence of behaviours and respondents may or may not have engaged in those behaviours, they are not given a score value.

Both reported and intended behaviour are important to include, however, as it is important to understand how reported behaviour may be associated with future (intended) behaviour.[6]

Future steps

Once the scale or question(s) on which the indicator(s) will be based are decided, the next phase for Public Health Scotland's adult mental health indicator project will be to get these included in a national survey.

As noted above, the question(s) on which the indicator(s) will be based will dictate which will be the most appropriate survey to approach.

6. https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit/resource/instructions-for-using-the-reported-and-intended-behaviour-scale-ribs

Appendicies

Appendix 1: Expert discussion session plan

The session plan included structured time for:

- A background presentation from Public Health Scotland about the Mental Health Indicator project and to outline the criteria for population indicators.[7]
- An introductory presentation from MHF about the task of developing a mental health stigma indicator(s).
- Small group facilitated discussions to allow experts to share ideas about and try to agree on types of stigma important for a population survey and to develop draft indicators which were followed by whole group feedback and discussion.
- Small group facilitated discussions for participants to identify survey questions that would effectively gather the information required to evidence identified indicators which were followed by whole group feedback and discussion.
- A discussion among all experts about relevant literature to share with Public Health Scotland to support the rationale for the inclusion of mental health indicators in the Adult Mental Health Indicator Framework.

7. Criteria for population indicators are that they need to be important and relevant for the whole Scottish population; measurable; sensitive to change; easy to understand and interpret; and valid and reliable. An additional criteria was that there was an intervention (primary prevention).

Timings	Content	Lead
10:00	Welcome, introductions and overview of session (10 minutes)	Jo Finlay (MHF)
10:10	Background to PHS Mental Health Indicators (20 minutes)	Jane Parkinson (PHS)
10:30	Introduction to developing a mental health stigma indicator (20 minutes)	Jo Finlay (MHF)
10.50	Break (10 minutes)	
11:00	Break out room 1: Agreeing type(s) of stigma and developing an indicator(s) (30 minutes) 1. To decide which type(s) of stigma are most appropriate to assess through a population mental health stigma indicator(s). 2. To identify an indicator (or maybe two if deemed essential) for mental health stigma.	Jo Finlay (MHF) Jane Parkinson (PHS) Bridey Rudd (MHF)
11:30	Whole group feedback and discussion (20 minutes)	Jo Finlay (MHF)
11:50	Break out room 2: Identifying survey questions (30 minutes) 1. To take selected indicator(s) and identify related existing survey question(s) to measure population level mental health stigma.	Jo Finlay (MHF) Jane Parkinson (PHS) Bridey Rudd (MHF)
12:20	Whole group feedback and discussion (20 minutes)	Jo Finlay (MHF)
12:40	Whole group discussion: supporting evidence and literature (15 minutes)	Jo Finlay (MHF)
12:55	Next steps and close (5 minutes)	Jo Finlay (MHF)
13:00	FINISH	

Appendix 2: Experts

There were 13 experts involved in the discussion session representing a range of partners, including:

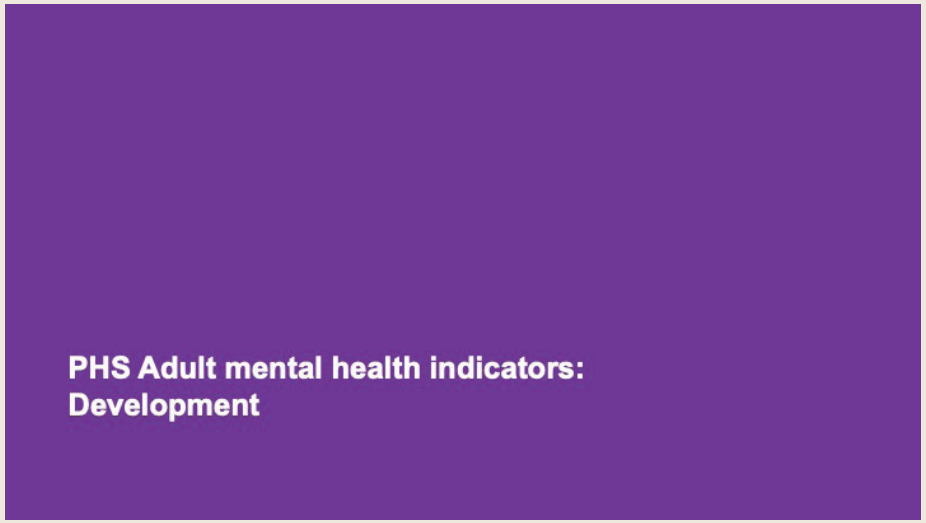
- Public Health Scotland.
- Mental Health Foundation.
- Scottish Government (Mental Health Directorate).
- Glasgow Caledonian University.
- University of Glasgow.
- See Me.
- Voices of Experience (VOX).

Some of the experts in the group came to the discussion with lived experience. We had a wider network of experts who fed into the process by email, after the session was facilitated due to workload pressures and time zone restrictions. A summary of the session and materials were circulated to the wider network so that they could be part of the debate and offer their ideas and insights. The wider network included colleagues from the University of Illinois and the University of Strathclyde.

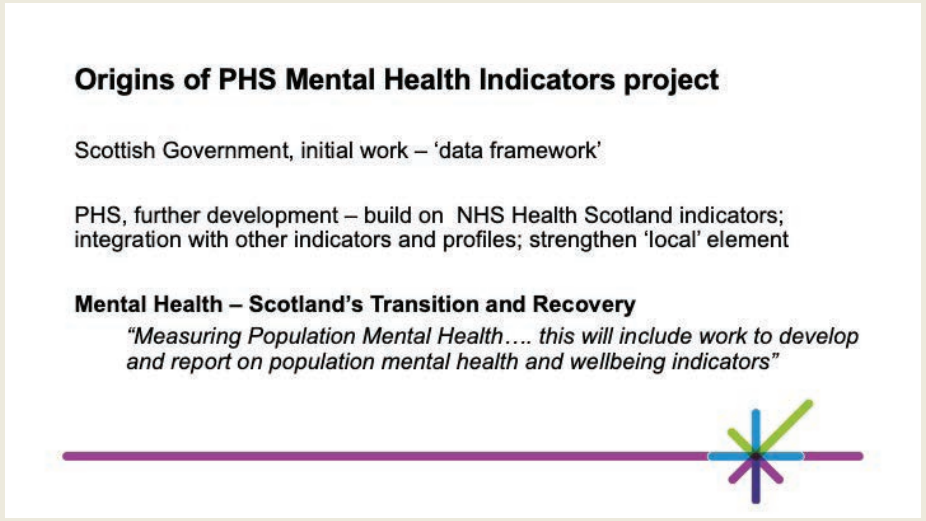
Appendix 3: Session PowerPoint slides

PHS Presentation

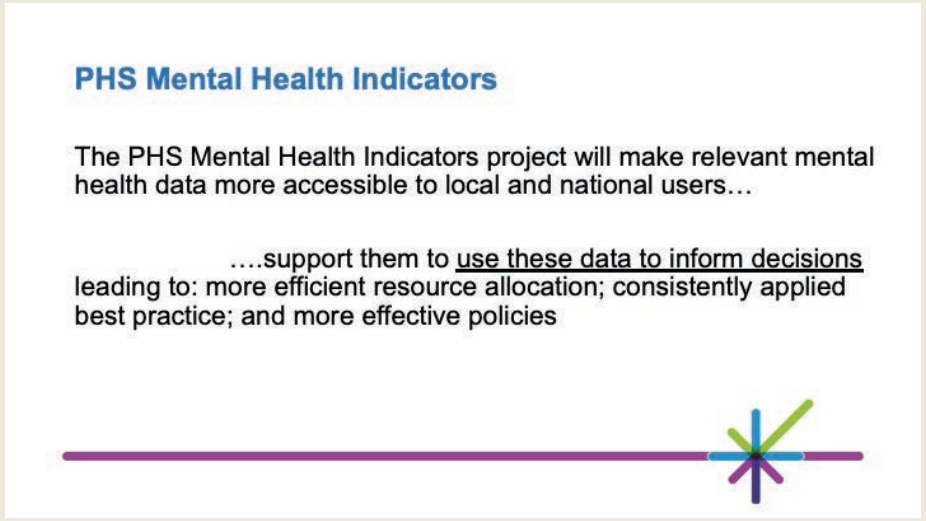
1.



2.



3.



4.

Scope and Focus

- Understanding and monitoring mental health in the Scottish population

- Indicators of…
  i. mental health outcomes (mental wellbeing and mental health problems)
  ii. the (social) determinants of those outcomes

- Not indicators of service use

Consistent with:
- a public mental health and preventative approach to addressing the outcomes of interest
- maximising opportunities to take action to improve outcomes
- reducing inequalities

5.

What do we mean by mental health 'indicators'?

- A single measurement that tells us something about mental health
- It has a definition that specifies exactly how the data are collected, e.g. by asking a specific survey question
- It has a specified data source, e.g. Scottish Heath Survey, although…
  - some indicators can be "data-less"
- Indicators can be grouped in various ways; we describe a group of related indicators as a "construct" (e.g. physical environment)

6.

Mental health outcomes

Construct	Indicator	Measure	Data source
Mental wellbeing	Adult mental wellbeing score	Mean adult score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) **Definition**	Scottish Health Survey NPF – Mental wellbeing[1]
Mental wellbeing	Adult life satisfaction score	Mean adult score of how satisfied individuals are with their life as a whole nowadays	Scottish Health Survey
Mental health problems	Adults with a possible common mental health problem	Percentage of adults who scored 4 or more on the General Health Questionnaire-12 (GHQ-12) (a score of 4 or more indicates a possible mental health problem over the past few weeks)	Scottish Health Survey
Mental health problems	Adult alcohol-related hospitalisation from mental and behavioural disorders due to alcohol use	Hospital patients per 100,000 adults in the past year for mental and behavioural disorders due to alcohol use (general acute and psychiatric hospitals)	Public Health Scotland, SMR01/04[2]

7.

Main criteria behind a good indicator

Two key essential criteria
- Importance and relevance
- Validity of the indicator

Then consider
- Possibility to populate, with meaningful data
- Meaning
- Implications
- Interventions

8.

Development Process, step 1 – Candidate indicators

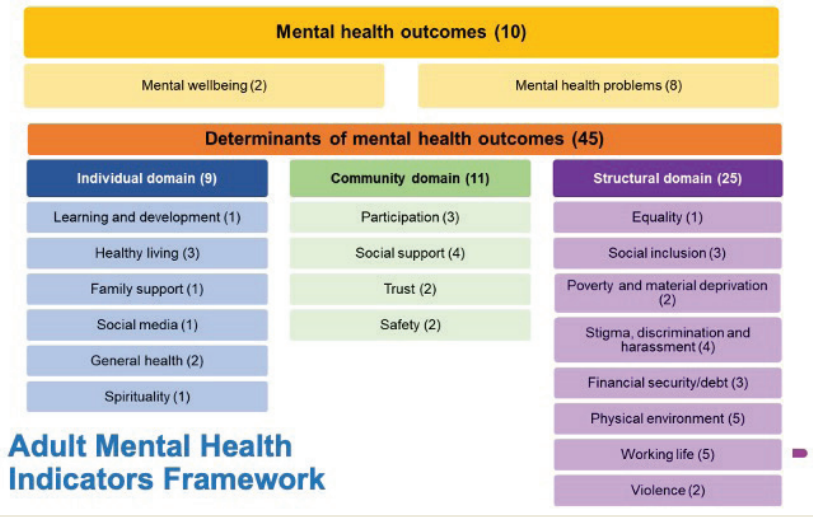
- 2007 Adult mental health indicator set as starting point
  - mental health outcomes
  - determinants - individual, community, structural
- Ambition to update/streamline
- Key data sources & high-level evidence reviews
  - to identify new potential indicators & prioritise
- Existing national indicators
  - National Performance Framework indicators
  - ScotPHO profile indicators

9.

Development Process, step 2 – Prioritisation

- Expert workshops (13 topic experts)
  - strong evidence-base or expert opinion
  - size of influence on mental health
  - avoiding overlap/duplication
  - avoiding indicators unlikely to be targets for primary prevention
- Community engagement session (6 local volunteers)
  - what do you think is important for mental health?
  - feedback on draft framework for the determinants of mental health
- Also refined on basis of
  - reportability
  - data-driven approach
  - desired format/size of indicator set (local users/advisory group)

10.



11.

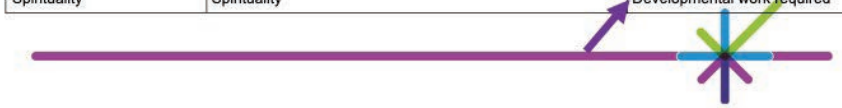
Mental Health Outcome Indicators

Construct	Indicator	Data source
Mental wellbeing	Adult mental wellbeing score	Scottish Health Survey - NPF
Mental wellbeing	Adult life satisfaction score	Scottish Health Survey
Mental health problems	Adults with a possible common mental health problem	Scottish Health Survey
Mental health problems	Adults with moderate or high severity symptoms of depression	Scottish Health Survey
Mental health problems	Adults with moderate or high severity symptoms of anxiety	Scottish Health Survey
Mental health problems	Adult alcohol-related hospitalisation from mental and behavioural disorders due to alcohol use	Public Health Scotland, SMR01/04
Mental health problems	Adult drug use disorders	In development
Mental health problems	Deaths of adults from suicide	National Records of Scotland
Mental health problems	Adult attempted suicide	Scottish Health Survey
Mental health problems	Adult deliberate self-harm	Scottish Health Survey

12.

Mental Health Determinant Indicators – Individual Domain

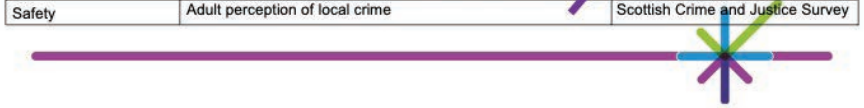
Construct	Indicator	Data source
Learning and development	Adult participation in learning	Annual Population Survey
Healthy living	Adults meeting the physical activity recommendation	Scottish Health Survey - NPF
Healthy living	Adults meeting the daily fruit and vegetable consumption recommendation	Scottish Health Survey
Healthy living	Sleep behaviour	Developmental work required
Family support	Supportive family unit/relationships	Developmental work required
Social media	Social media	Developmental work required
General health	Adult self-assessed health	Scottish Health Survey (SSCQ)
General health	Adults with a limiting long-standing physical condition or disability	Scottish Health Survey (SSCQ)
Spirituality	Spirituality	Developmental work required



13.

Mental Health Determinant Indicators – Community Domain

Construct	Indicator	Data source
Participation	Adult participation in informal volunteering	Scottish Household Survey - NPF
Participation	Adult involvement in their local community	Scottish Health Survey
Participation	Adult influencing decisions affecting their local area	Scottish Household Survey - NPF
Social support	Adult social support group	Scottish Health Survey
Social support	Adult belonging to their neighbourhood	Scottish Household Survey - NPF
Social support	Adult loneliness	Scottish Household Survey -NPF
Social support	Adult unpaid caring for others	Scottish Health Survey (SSCQ)
Trust	Adult trust of people in their neighbourhood	Scottish Household Survey - NPF
Trust	Institutional trust	Developmental work required
Safety	Adult victims of local non-violent neighbourhood crime	Scottish Crime and Justice Survey
Safety	Adult perception of local crime	Scottish Crime and Justice Survey



14.

Mental Health Determinant Indicators – Structural Domain

Construct	Indicator	Data source
Equality	Adults in households in relative poverty	Family Resources Survey - NPF
Social Inclusion	Adult worklessness	Annual Population Survey
Social Inclusion	Adult underemployment	Annual Population Survey
Social Inclusion	Adult homelessness	Homelessness data capture system
Poverty and Material Deprivation	Adults in households in absolute poverty	Family Resources Survey
Poverty and Material Deprivation	Adults in persistent poverty	Understanding Society Survey - NPF
Stigma, Discrimination, Harassment	Adult experience of discrimination	Scottish Health Survey
Stigma, Discrimination, Harassment	Racism	Developmental work required
Stigma, Discrimination, Harassment	Adult experience of harassment or abuse due to discrimination	Scottish Health Survey
Stigma, Discrimination, Harassment	Stigma around mental health	Developmental work required

15.

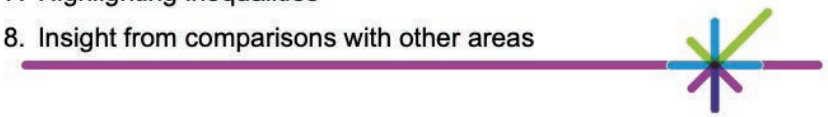
Mental Health Determinant Indicators – Structural Domain

Construct	Indicator	Data source
Financial Security/Debt	Households managing well financially	Scottish Household Survey
Financial Security/Debt	Households with liquidity or solvency problems	Wealth and Assets Survey -NPF
Financial Security/Debt	Adult use of high risk loans	Scottish Household Survey
Physical Environment	Adult neighbourhood rating	Scottish Household Survey - NPF
Physical Environment	Adult use of public local green, blue or open space	Scottish Household Survey
Physical Environment	Households with urgent or extensive disrepair to critical elements to their dwelling	Scottish House Condition Survey
Physical Environment	Adult experience of noisy neighbours or regular loud parties	Scottish House Condition Survey
Physical Environment	Climate change	Developmental work required
Working Life	Adult job stress	Scottish Health Survey
Working Life	Adult work-life balance satisfaction score	Scottish Health Survey
Working Life	Adult choice at work	Scottish Health Survey
Working Life	Adult line manager encouragement	Scottish Health Survey
Working Life	Adult job security	Understanding Society Survey
Violence	Adult experience of abuse by a partner or ex-partner	Scottish Crime and Justice Survey
Violence	Adult experience of violent crime	Scottish Crime and Justice Survey

16.

Types of intelligence

1. A narrative / illustration of a public health approach to mental health
2. Data showing current 'levels' for mental health outcomes
3. Data showing current 'levels' for determinants
4. Data showing trends for mental health outcomes
5. Data showing trends for determinants
6. Insight from comparing trends in different indicators
7. Highlighting inequalities
8. Insight from comparisons with other areas



17.

Ways in which the intelligence can be used

- Better conversations
- Better connections
- Better understanding
- Better advocacy

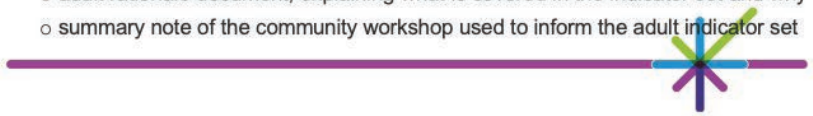
- Better priority setting
- Better planning
- Better resource allocation

- Better monitoring and evaluation
- Better intelligence

18.

Resources – mental health indicators

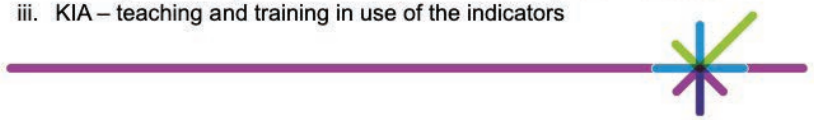
- Public Health Scotland
  - overview https://publichealthscotland.scot/our-areas-of-work/improving-our-health-and-wellbeing/mental-health-indicators/overview/
  - process paper https://publichealthscotland.scot/publications/mental-health-indicator-process-paper/
  - adult mhi specific resources https://publichealthscotland.scot/our-areas-of-work/improving-our-health-and-wellbeing/mental-health-indicators/adult-mental-health-indicators/
    - adult Mental Health Indicator set, including notes on data sources
    - adult rationale document, explaining what is covered in the indicator set and why
    - summary note of the community workshop used to inform the adult indicator set



19.

Further outputs

- A set of indicators for children & young people – available https://publichealthscotland.scot/our-areas-of-work/improving-our-health-and-wellbeing/mental-health-indicators/overview/
- Analyses and interpretation of data, including by population group
  - dashboard
- Ongoing programmes of work to:
  i. influence and improve data collection
  ii. develop the theory and evidence base to add / improve indicators
  iii. KIA – teaching and training in use of the indicators



20.

Stigma around mental health – developing an indicator

21.

Mental Health Determinant Indicators – Structural Domain

Construct	Indicator	Data source
Stigma, Discrimination, Harassment	Adult experience of discrimination	Scottish Health Survey
Stigma, Discrimination, Harassment	Racism	Developmental work required
Stigma, Discrimination, Harassment	Adult experience of harassment or abuse due to discrimination	Scottish Health Survey
Stigma, Discrimination, Harassment	Stigma around mental health	Developmental work required

22.

Mental health around stigma indicator requirements

- Population indicators – so needs to be relevant to ask all
- Identify what specifically should be asked
  - what aspect(s) of stigma would be most important to assess?
- Ideally identify a single suitable existing question for data collection
  - Single questions ideal – limited capacity for new questions in national surveys
- Influence national surveys

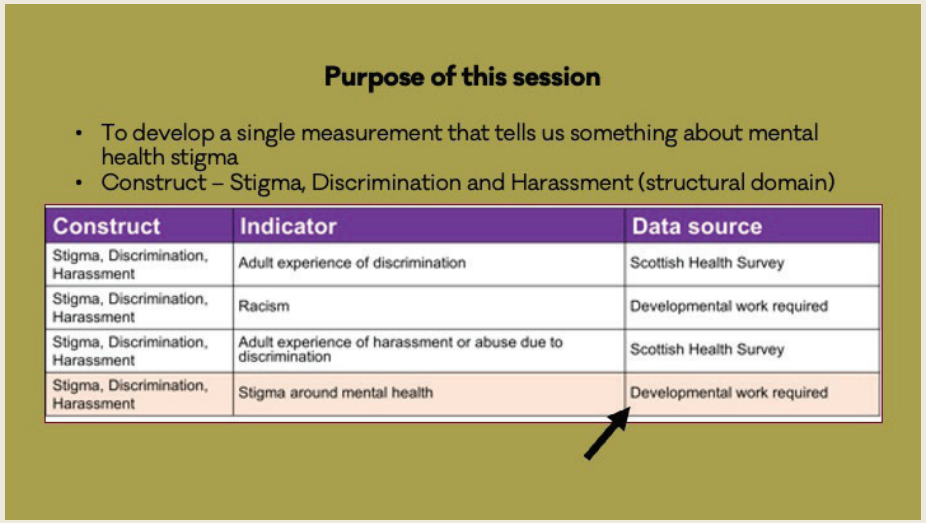
23.

Any questions?

24.

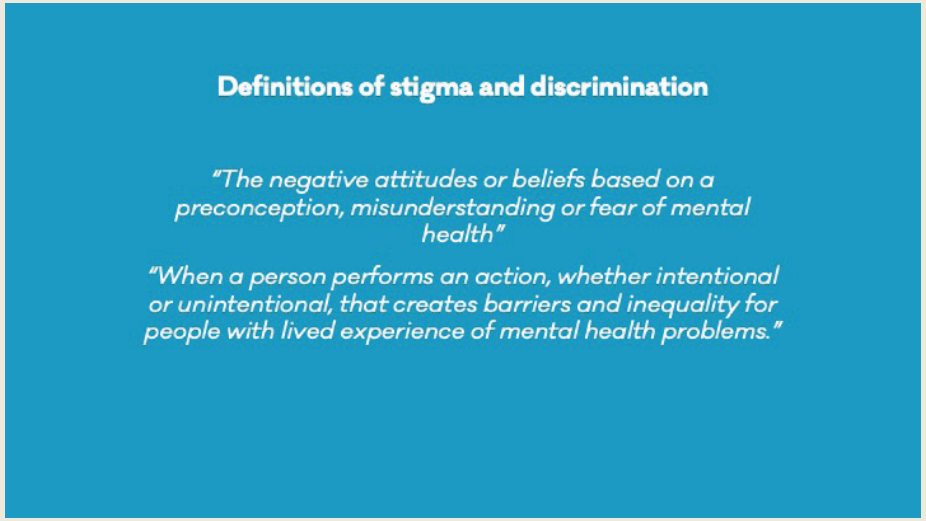
MHF Presentation

1.



2.

3.



4.

Types of stigma

Self-stigma (internalised)
Self-stigma is the judgement people put on themselves, which has often come from hearing and seeing external stigma and discrimination (See Me).

Public stigma (attitudes)
A set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid and discriminate against people with mental illness (Corrigan and Penn, 1999).

Structural stigma
When the rules, policies, and practices of social institutions restrict the rights of, and opportunities for, people with mental health problems.

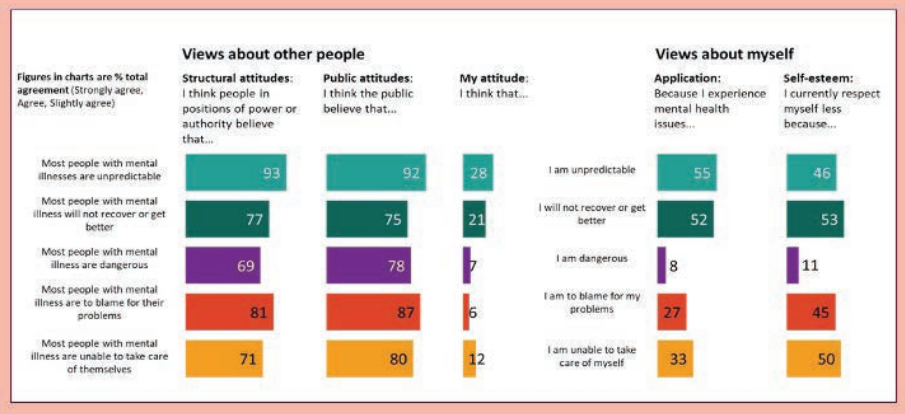
Courtesy stigma (Stigma by association)
Someone connected to people with mental health problems, e.g., family member or friend who experience stigma as a result of this association.

5.

Stigma mechanisms

6.

Self-stigma of Mental Illness Scale (short form)



7.

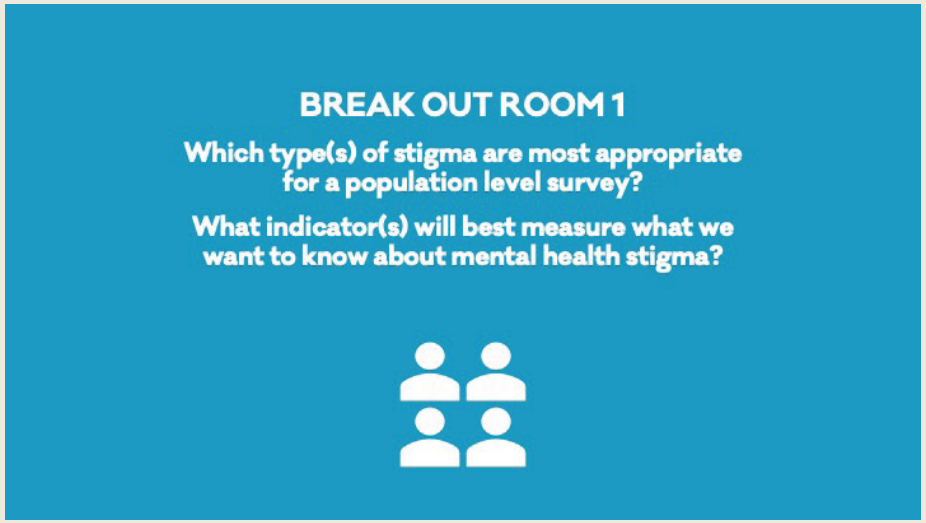
Mental Illness Stigma Items from National and International Surveys

National or International Survey	Description	Stigma Mechanism
WHODAS-II World Mental Health Survey	1. How much embarrassment did you experience because of your health problems during the past 30 days? 2. How much discrimination or unfair treatment did you experience because of your heath problems during the past 30 days?	Perceived stigma
Behavioral Risk Factor Surveillance System's Mental Illness and Stigma Module	1. People are generally caring and sympathetic to people with mental illness	Attitudes
National Mental Health Survey, Singapore	1. I feel embarrassed or ashamed about mental illness 2. I feel comfortable talking about mental problems	Self-stigma
Edmonton Health Attitude Study (World Psychiatric Association Stigma Project)	1. Social distance (placing a person with Schizophrenia in your neighborhood, work, or home) 2. How often are people with Schizophrenia violent 3. Are people with mental illness more dangerous than the average person	Discrimination, Stereotypes
Eurobarometer	1. People with psychological or emotional health problems constitute a danger to others 2. People with psychological or emotional health problems are unpredictable 3. People with psychological or emotional health problems have themselves to blame 4. People with psychological or emotional health problems never recover	Stereotypes
Pat Corrigan, 2023	1. Do you feel ashamed because of your mental illness?	Self-stigma

8.


BREAK

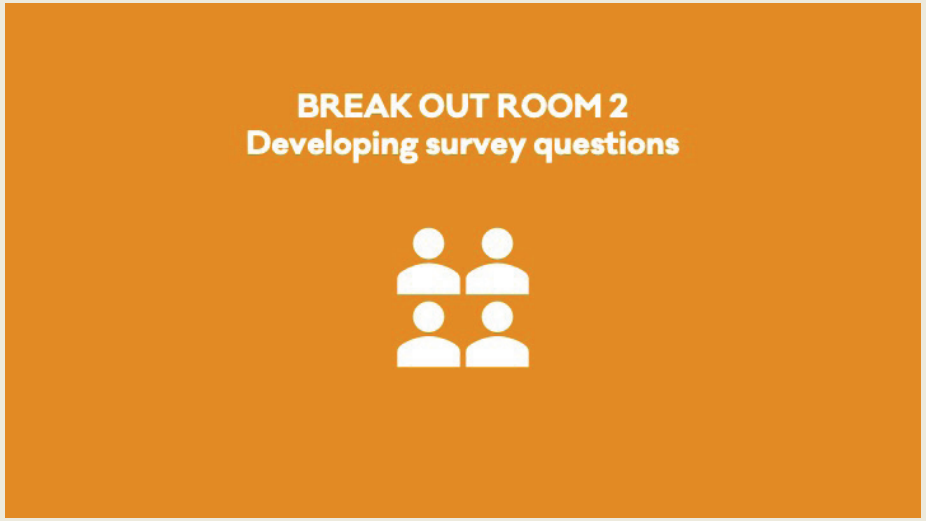
9.


BREAK OUT ROOM 1
Which type(s) of stigma are most appropriate for a population level survey?
What indicator(s) will best measure what we want to know about mental health stigma?

10.


BREAK OUT ROOM 1
Feedback and discussion

11.


BREAK OUT ROOM 2
Developing survey questions

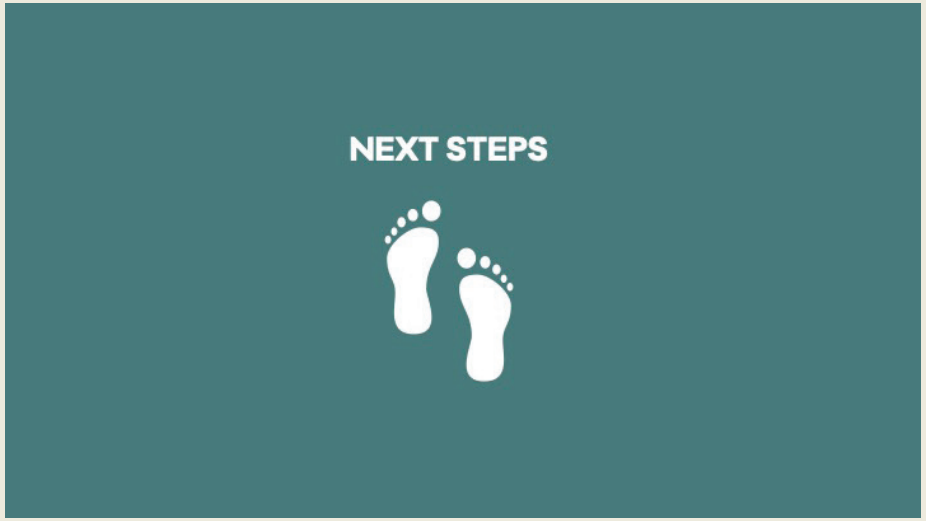
12.


BREAK OUT ROOM 2
Feedback and discussion

13.


SUPPORTING EVIDENCE

14.


NEXT STEPS

15.


Mental Health Foundation
Twitter: @Mentalhealth
Facebook & Instagram: @mentalhealthfoundation
Mentalhealth.org.uk

16.

Appendix 4: Single item measures suggested by experts

The following single item measures of mental health stigma were suggested by the expert group as possible options for assessing population level perspectives on mental health problems. These are unrelated items and not extracted from validated stigma scales. They could therefore be used in isolation as single items in a national survey if required:

- Do you feel comfortable discussing mental health problems with others? (Self-stigma/ perceived public stigma).
- I feel comfortable / uncomfortable talking about mental problems (Self-stigma/perceived public stigma).
- In the last 30 days, I felt embarrassed to talk about mental health issues (Self-stigma).
- If I had mental health issues I would not tell anyone (Self stigma).
- It makes me feel inferior to ask for help for mental health issues (Self stigma).
- I have concealed or hidden mental health problems from others (Self stigma).

Mental Health Foundation
Scotland

0141 572 0125

scotland@mentalhealth.org.uk

@MHFScot

mentalhealth.org.uk

Registered with FUNDRAISING REGULATOR

Registered Charity No. England 801130 Scotland SC039714.
Company Registration No. 2350846.