

New Zealand Attitudes to Mental Health*

Dianne E. Green, Frank H. Walkey
and
Antony J. W. Taylor
Victoria University of Wellington
Iain A. McCormick
Touche Ross & Co., Wellington

Three propositions about stereotyped attitudes towards the mentally ill were examined in an analysis of the responses of a group of 328 New Zealand university students, and the results were compared with those of similar New Zealand students carried out by the present authors some three and six years previously, and with a U.S.A. study carried out nine years previously. The purpose was both to check the stability of the results and to see if public attitudes had been changed by publicity on the topic. The results showed that the samples retained their negative stereotypes of the mentally ill, and the positive stereotypes of psychiatrists and doctors. They left little doubt that social attitudes do not change easily, and the authors suggest that they need to be changed before community oriented mental health care policies can have much hope of long-term success.

In recent years there has been a revolutionary movement in the care and treatment for the mentally ill that has been away from institutional care and towards greater involvement of the community (Copland, 1979). Worldwide, professionals and administrators have been challenged with evidence of the lack of success of many of their traditional methods (Barton, 1959; Blatt, 1970; Braginsky & Braginsky, 1971), and it became clear that fresh approaches to the treatment of psychiatric patients had to be made.

The revolutionary movement had professional, public and intellectual levels of discourse. At a professional and public level it began in the 1940's in the United States, and culminated with a Presidential address to Congress in 1961 after a comprehensive study by the Joint Commission on Mental Illness and Health (Action for Mental Health, 1961). In Britain it was initiated in the 1950's by Jones (1953), and Clark (1974), and was spurred by reports of various Committees of Inquiry into patient neglect that led eventually to the cre-

ation of a special mental hospital advisory service (National Health Service Hospital Advisory Service, 1971). In Australia, at about the same time, Stoller and Arscott (1955) publicised deficiencies in the mental health services of that country, and a number of remedies followed, no doubt hastened by the Callan Park Hospital inquiry of 1961 (Bates, 1977). In New Zealand, a widespread Department of Health inquiry into all hospital services was already underway in 1971 when the Government established a special Commission of Inquiry to investigate certain allegations about the treatment of patients at Oakley Mental Hospital (Commission of Inquiry, 1971). The Commission was abandoned by the new Government after the election, but the evidence it collected was later used in the reorganisation and decentralisation of the national mental health service.

In every country mentioned, there were proposals introduced for the community to be more deeply involved in the care and treatment of the mentally ill, for a diversity of fresh therapeutic treatment and management styles within different types of institution to be initiated, and for the adoption of safeguards to prevent the oppressive control of patients.

At an intellectual level, the revolution was initiated by Szasz (1962) and Laing (1961), and was maintained by the clinical reflections, evidence, and arguments of Price and Denner (1973), Clare, (1976), and Wing (1978). Yet, although they all had a widespread commit-

*This research was supported in part by grants from Victoria University of Wellington (118/83, 170/83) the Department of Psychology and the N.Z. Nursing Education and Research Foundation to the senior author. Special thanks are due to Data Entry Personnel, Registry; Mr J. Gellen, C.S.C., and Ngarie Lavery, Typist, V.U.W. for their valuable assistance.

Address correspondence to Dianne E. Green, Department of Psychology, Victoria University of Wellington, Private Bag, Wellington, New Zealand.

ment to a programme of change which would shift the basis of care from the hospital to the community, few apparently considered the readiness of the community itself to respond to the change. Evidently they assumed that the amorphous community had a moral and political responsibility to accept the various proposals for change, and that it was ready, eager, and able to do so. It did not occur to them that unless such assumptions were checked, and re-checked after an elapse of time, the results of any change in mental health policy and practices might be no better than before. The assumption to be queried again in this paper is whether the community cares enough about the mentally ill to be given responsibility for looking after the mentally ill.

Attitude Measurement

In order to throw some light on the validity of the foregoing assumptions, the present researchers examined attitudes of one section of the New Zealand community towards the mentally ill. The rationale was that, subject to social and situational pressures, attitudes are generally a precursor to behaviour, and that attitudes to the mentally ill might indicate the readiness with which people could be expected to respond personally to the specific demands for community mental health care. In measuring those attitudes it was thought appropriate to approach a fresh intake of university students because they formed an articulate, concerned, and energetic group in the community, one likely to reflect the frontier movement of any social change. Following Blizard (1968, 1970) and Maxwell (1972), the possibility that the restricted age range and disproportionate sexual representation of the University students might distort the results was discounted.

The theoretical and methodological bases for the present research were taken from the studies of attitudes of the community towards the mentally ill and their associated professional groups that were initiated by Nunnally (1961) and carried out by Olmsted and Durham (1976) in the U.S.A., and by Walkey, Green, and Taylor (1981a, 1981b) in New Zealand. The first of the latter was undertaken in 1971 with a group of 319 American university students, and it showed strong negative attitudes towards the mentally ill, only mild positive attitudes towards psychiatrists, but very positive ratings for doctors (Olmsted & Durham, 1976). The second study was conducted in 1978 with a

group of 215 New Zealand university students, (Walkey et al., 1981a), and the third study was conducted in 1981 with a group of 232 New Zealand university students (Walkey et al., 1981b). Both studies showed a striking similarity between the American attitudes and those of the New Zealand university students. Those results raised important questions about the need to consider improving such attitudes towards the mentally ill before setting psychiatric patients adrift in the community. It so happened that a number of public events occurred that were geared towards improving such attitudes. They consisted of Mental Health Foundation programmes and Health Department pronouncements, as well as news media and documentary items.

It therefore seemed appropriate for the reliability and stability of the earlier New Zealand study to be checked yet again. If the outcome were to confirm the findings of the earlier New Zealand studies it should leave no doubt that the attitudes of the community to the mentally ill could no longer be taken for granted.

Method

The aim of the present research which was conducted in 1984 was to examine Nunnally's (1961) three classical propositions:

Proposition 1: People attach a stigma to the mentally ill.

Proposition 2: The public holds moderately favourable attitudes towards mental health professionals, such as psychiatrists and psychologists.

Proposition 3: In general, mental health attitudes are not strongly related to such standard variables as age, sex and education.

Procedure

Following Olmsted and Durham (1976), a sample of 328 first and second year N.Z. university students rated the eight concepts of "doctor", "average man", "psychiatrist", "most people", "mental patient", "me", "insane people", and "ex-mental" patient on the 12 semantic differential bipolar scales (Osgood, Suci & Tannenbaum, 1957) of wise-foolish, sincere-insincere, predictable-unpredictable, strong-weak, fast-slow, rugged-delicate, warm-cold, clean-dirty, safe-dangerous, relaxed-tense, valuable-worthless, and complicated-simple. The direction of the scales was varied to minimise response sets. The subjects also provided information about their age, sex and occupational background.

Analysis

The first two propositions were examined by computing the mean ratings obtained from all

MENTAL HEALTH ATTITUDES

subjects on each of the 12 scales for each of the eight concepts, and the third by a chi-square analysis.

1. *Semantic Differential Data.* The mean ratings for the five concepts "mental patient", "insane people", "ex-mental patient", "psychiatrist", and "doctor" were compared with those for the anchor concept "average man". As before, they were regarded as positive if they indicated that the concept in question was more valuable, clean, sincere, safe, warm, wise, fast, strong, rugged, predictable, relaxed or complicated than that of the anchor concept, and the alternative, the negative, was taken from indicating that a concept was more worthless, dirty, insincere, dangerous, cold, foolish, slow, weak, delicate, unpredictable, tense or simple than that of the anchor concept. Ratings on the two concepts "most people" and "me", were included to provide a broader frame of reference for the raters and were not used in the present analyses.

2. *Background Variables.* A chi-square analysis was made of the relationship between the three background variables of age, sex and occupational background or socio-economic status (SES), and the 60 ratings of the five concepts. The data for the entire group were considered first and then split into three approximately equal sized SES groups using Elley and Irving's socio-economic Index (1976).

Results

Proposition 1, that people attach a stigma to the mentally ill, was confirmed. Ratings of the three relevant concepts (a) "mental patient", (b) "insane people", and (c) "ex-mental patient" were examined as follows:

(a) "mental patient". The stereotype had a

highly negative rating of -0.77. It did not differ significantly from the 1981 negative stereotype of -0.61 ($SD = 0.82$), or the earlier negative stereotypes in 1978 of -0.77 ($SD = 0.88$) and in 1971 of -0.93 ($SD = 0.67$). The "mental patient" remains unpredictable, tense and dangerous, and to a lesser extent is also worthless, delicate, slow, weak and foolish.

(b) "insane people". In the present study the mean rating of the concept was -0.97. It was even more negative than that for mental patient in 1984, and in 1981 ($M = -0.79$, $SD = 1.01$), and 1978 ($M = -0.94$, $SD = 1.07$) but not in 1971 ($M = -1.05$, $SD = 0.79$). Again, the concept included the attributes unpredictable, dangerous and tense as distinguishing "insane people" most clearly from "average man".

(c) "ex-mental patient". The mean rating for this concept in the present study at -0.12 was still negative, but better than that for both "mental patient" and "insane people". It had also been slightly negative in the earlier studies in 1981 ($M = -0.04$, $SD = 0.47$), in 1978 ($M = -0.14$, $SD = 0.42$), and in 1971 ($M = 0.31$, $SD = 0.66$). The concept included the attributes of wise, sincere and more complicated than "average man".

Proposition 2, that the public holds moderately favourable attitudes towards mental health professionals, was confirmed. Ratings of the two concepts (a) "psychiatrist" and (b) "doctor" were examined as follows:

(a) "psychiatrist". The mean rating of this mental health professional at 0.45 was moderately positive, as it was in 1981 ($M = 0.39$,

Table 1: Attitudes towards Five Health Related Concepts Compared with "average man" for 1984. (N = 328)

Descriptive Trait	Concepts				
	Insane People	Mental Patient	Ex-mental Patient	Psychiatrist	Doctor
Unpredictable	-2.78	-2.44	-0.74	-0.77	0.50
Dangerous	-2.47	-1.67	-0.34	0.26	1.21
Tense	-2.10	-1.90	-0.65	1.28	0.98
Worthless	-1.38	-0.96	-0.13	0.39	1.04
Cold	-1.26	-0.49	-0.13	0.19	0.18
Foolish	-0.93	-0.56	0.45	1.38	1.53
Insincere	-0.89	0.09	0.28	0.78	0.96
Dirty	-0.86	-0.47	0.13	0.99	1.76
Delicate	-0.34	-0.83	-0.88	-1.13	-1.16
Weak	-0.33	-0.66	-0.03	0.63	0.82
Slow	-0.13	-0.81	-0.20	0.02	0.34
Complicated	1.81	1.46	0.86	1.37	0.86
Mean	-0.97	-0.77	-0.12	0.45	0.75
SD	1.22	0.99	0.51	0.80	0.75

$SD = 0.69$), 1978 ($M = 0.35$, $SD = 0.64$) and 1971 ($M = 0.35$, $SD = 0.55$). The attributes which most clearly distinguished "psychiatrist" from "average man" were wise, relaxed and clean.

(b) "doctor". The rating for the "doctor" at 0.75 was more positive than for the psychiatrist, as it was in 1981 ($M = 0.83$, $SD = 0.75$); 1978 ($M = 0.85$, $SD = 0.71$) and 1971 ($M = 0.82$, $SD = 0.39$). "Doctor" was regarded as clean, wise, safe, valuable and sincere.

Proposition 3, that mental health attitudes were not strongly related to such standard variables as age, sex and education, was confirmed. Of the 75 chi-square analyses made between the age, sex and SES of the subjects, and attitudes towards "mental patient", "insane people", "ex-mental patient", "psychiatrist" and "doctor", not one showed a significant difference.

Overall, there was a remarkable consistency between the results of the semantic differential data of the present study and those previously reported. Of the thirty correlations calculated only three were around .66, and the remainder were all above .81. Table 1 shows the results of the present study, and for reasons of economy of space, the tables showing comparisons with other studies are not presented but are available on request from the senior author.

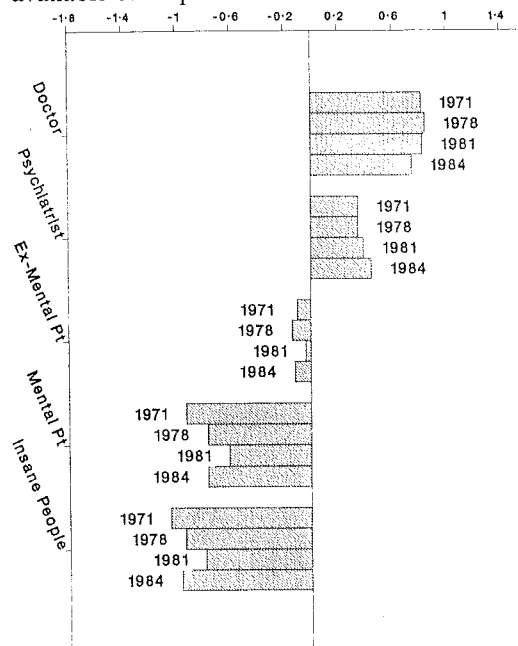


Figure 1. Mean difference between the health related concepts and "average man" over all twelve scales.

A summary of the results (Figure 1), comparing the present study with the two other studies by the present researchers, and the Olmsted and Durham study (1976), shows the consistency of rank order of "doctor", "psychiatrist", "ex-mental patient", "mental patient" and "insane people". It also shows the proximity of the "ex-mental patient" to the "average man".

Discussion

Nunnally's (1961) general description of public attitudes towards the mentally ill is still substantially the same as it was 20 years ago. The New Zealand sample today is only a little less conservative, fearful and rejecting of "mental patients", and almost as dependent on "doctors" and "psychiatrists", as it was before. It is almost as if the recent intellectual, social, political and professional revolutions in psychiatry had not occurred, and as though community mental health programmes had fallen on deaf ears. Disheartening as these conclusions are, they do at least indicate the entrenchment of traditional attitudes that educators cannot afford to ignore. Obviously such attitudes, once implanted, are highly resistant to change, except perhaps over a long period of time, and by means that have yet to be developed.

The results leave little doubt that social attitudes towards the mentally ill need to be changed before community-oriented mental health care policies can have much hope of long-term success. The problem now is to consider the basis of those social attitudes and to devise and to check various schemes for bringing the desired changes of attitude about. On the basis of the data now presented, the present researchers cannot but urge further caution before any shift of responsibility for the care of the mentally ill is made to the community at large.

References

- Action for Mental Health. (1961). Digest of final report. *Modern Hospital*, 96, 109-121.
- Barton, R. (1959). *Institutional neurosis*. London: Wright.
- Bates, E. M. (1977). *Models of madness*. Saint Lucia: University of Queensland Press.
- Blatt, B. (1970). *Exodus from pandemonium*. Boston: Allyn and Bacon.
- Blizard, P. J. (1968). Public images of the mentally ill in New Zealand. *New Zealand Medical Journal*, 68, 297-303.
- Blizard, P. J. (1970). The social rejection of the alcoholic

MENTAL HEALTH ATTITUDES

- and the mentally ill in New Zealand. *Social Science and Medicine*, 4, 513-526.
- Braginsky, D. D., & Braginsky, B. M. (1971). *Hansels and Gretels: Studies of children in institutions for the mentally retarded*. New York: Holt, Rinehart and Winston.
- Clare, A. (1976). *Psychiatry in dissent*. London: Tavistock Publications.
- Clark, D. K. (1974). *Social therapy in psychiatry*. Harmondsworth: Penguin Books.
- Commission of Inquiry. (1971). *Report of the Commission of Inquiry into psychiatric services at Oakley Hospital*. Wellington: Government Printer.
- Copland, M. (1979). Crisis intervention in psychiatric community health nursing. *The New Zealand Nursing Journal*, 72, 27.
- Elley, W. B., & Irving, J. C. (1976). Revised socio-economic index for New Zealand. *New Zealand Journal of Educational Studies*, 11, 25-36.
- Jones, M. (1953). *The therapeutic community*. New York: Basic Books.
- Laing, R. D. (1961). *Self and others*. London: Tavistock Publications.
- Maxwell, G. M. (1972). Community attitudes to mental health. *Research Monograph No. 1*. Dunedin: University of Otago, Psychology Department.
- National Health Service Hospital Advisory Service. (1971). *Annual report for 1960-1970*. London: HMSO.
- Nunnally, J. C. (1961). *Popular conceptions of mental health*. New York: Holt, Rinehart and Winston.
- Olmsted, D. W., & Durham, K. (1976). Stability of mental health attitudes: A semantic differential study. *Journal of Health and Social Behaviour*, 17, 35-44.
- Osgood, C. E., Suci, G. J., & Tannenbaum, P. M. (1957). *The measurement of meaning*. Illinois: University of Illinois Press.
- Price, R. H., & Denner, B. (Eds.). (1973). *The making of a mental patient*. New York: Holt, Rinehart and Winston.
- Stoller, A., & Arscott, K. W. (1955). *Mental health facilities and the needs of Australia*. Sydney: Government Printer.
- Szasz, T. S. (1962). *The myth of mental illness*. London: Secker and Warburg.
- Walkey, F. H., Green, D. E., & Taylor, A. J. W. (1981a). Community attitudes to mental health: A comparative study. *Social Science and Medicine*, 15, 139-144.
- Walkey, F. H., Green, D. E., & Taylor, A. J. W. (1981b). *Community attitudes to mental health — who cares?* Unpublished manuscript, V.U.W. New Zealand.
- Wing, J. K. (1978). *Reasoning about madness*. London: Oxford University Press.