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Mental health literacy about schizophrenia: a survey of Portuguese youth

Running title: **Mental Health Literacy**

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ABSTRACT

Aim: Mental health literacy about psychotic disorders, specifically schizophrenia, may assist in appropriate help seeking and early intervention, preventing the exacerbation of symptoms and improving health outcomes in the medium and long term. The aim of this study was to characterize the level of mental health literacy of Portuguese youth concerning schizophrenia.

Methods: A mental health literacy questionnaire was administered to a random sample of Portuguese youth aged 14-24 years. This questionnaire evaluated the following components: recognition of disorders, knowledge about professionals and treatments available, knowledge about the effectiveness of self-help strategies, knowledge and skills to support and providing first-aid to others, and knowledge of how to prevent mental disorders.

Results: 4938 youths participated in the study. Schizophrenia or psychosis was recognized by ??%. Most young people recognized the potential helpfulness of family doctors, psychologists, psychiatrists, and mental health services. There was also widespread belief in the potential helpfulness of family and friends, and lifestyle changes. However, teachers were not generally seen as a source of help. Appropriate mental health first aid strategies were commonly endorsed, but there was a reluctance to ask about suicidal feelings and many endorsed speaking to the person firmly. Lifestyle factors were also commonly believed to be preventative.

Conclusions: While many Portuguese youth have beliefs that may assist early intervention, there was a substantial minority who did not. Given the central role of teachers in the lives of young people, it is notable that they were not seen as a potential source of help. Mental health first aid skills of young people also need improvement.

Key Words: adolescents, mental health literacy, schizophrenia, psychosis, survey, youth

INTRODUCTION

Mental health literacy involves knowledge and beliefs about mental disorders that aid their recognition, prevention or management. Such knowledge allows a person to take action to improve their own or others mental health.³ This concept involves a set of interrelated components which are: the ability to recognize disorders in order to facilitate help seeking; knowledge of professional help and treatments available; knowledge of effective self-help strategies: knowledge and skills to give first aid and support to others: and knowledge of how to prevent mental disorders.³ It is an important concept for the planning of community interventions which aim to promote early intervention and prevention of mental disorders, especially among youth.^{1,2}

Adolescents and young people have a high prevalence of mental disorders, estimated between 15 and 20%. In the case of psychoses such as schizophrenia, it is estimated to be 0.1% between 9 and 13 years, increasing to 1% by the end of adolescence.^{4,5}

Adolescence is also the peak age of onset of mental disorders, with half of the people who will suffer from mental disorder evidencing the first signs before 18 years.^{6,7} For psychosis, about 1 in 3 have their first episode by the age of 19 years. Moreover, adolescence and youth are periods of transition and significant change in the lives of young people, and in this context the onset of a mental disorder may compromise their personal and professional future.^{2,3}

It is also notable that young people have less contact with health services. In the case of psychosis it is important to minimize the duration of untreated illness, because this is associated with better outcome.⁸ Minimizing the duration of untreated psychosis

requires early recognition of the signs of disorder is essential to give first aid and support to others and to seek professional help.^{3, 4, 9}

From the many studies in this area, we highlight several consistent findings. Firstly, public recognition of schizophrenia/psychosis is low, ranging between 25 and 33%. Secondly, public beliefs about what are appropriate treatments often diverge from professional views. Finally, schizophrenia/psychosis is often stigmatized and the subject of myths and stereotypes.^{10, 11} Such stereotypes include dangerousness, unpredictability and incurability, and are associated with discrimination and social exclusion of people affected.^{12, 13} Naturally, these views can potentially delay early intervention.

In Portugal the data on the mental health literacy of young people are limited, specifically concerning schizophrenia.² Recently the need for studies in this area has been pointed out, since the data are particularly useful in the design of intervention programs aimed at young people.¹⁴ The aim of the current study was to investigate mental health literacy about schizophrenia in a sample of Portuguese youth. We sought specifically to evaluate the different components of the concept of mental health literacy: a) recognition of schizophrenia; b) knowledge of professional help and treatments available; c) knowledge of effective self-help strategies; d) knowledge and skills to give first aid and support to others; and e) knowledge of how to prevent schizophrenia.

METHODS

Sample

This descriptive study is based on a questionnaire administered to a representative sample of 4938 adolescents and young adults, aged between 14 and 24 years with a

mean age of 16.75 years and standard deviation of 1.62 years, who were residing in the central region of mainland Portugal and were attending schools between 7th and 12th degree and which are circumscribed in the Regional Direction of Education – Center (DREC), belonging to NUTS III - Center of Territorial Statistics Units of Portugal.

The sample size was calculated from the population of resident youth, according to the statistics of residents in the NUTS III - Center (Territorial Statistics Units of Portugal, in 2010 in the region covered by the study).¹⁵

Multi-stage clustered-stratified sampling was used. From the list of all 271 management units in the DREC, 50 schools were randomly selected, using the Research Randomizer Software, and respecting the strata. From each selected school, 3 or 4 classes were randomly selected from the existing classes, using the software mentioned above, and in each class all students were selected.

Procedures

The survey questionnaire was approved by the General Directorate for Innovation and Curriculum Development of the Ministry of Education of the Portuguese Government and the Committee of Ethics of UICISA-E of ESEnfC. The questionnaire was accompanied by a consent form to be signed by parents/guardians where the participants were minors, or, in cases where the participants were aged 18 years or more, they signed their own consent.

Measures

To assess mental health literacy about schizophrenia, the Questionnaire of Assessment of Mental Health Literacy - QuALiSMental, was used, after being translated, adapted and validated for the Portuguese population.¹⁴

This questionnaire is composed of different sections, each one consisting of several questions concerning the evaluation of a component of mental health literacy. The

questionnaire begins with instructions for completion and socio-demographic questions (gender, age, residence, district and parents' qualifications). Then there is a vignette (Table 1) describing a case of schizophrenia in a 16-year-old boy named Miguel which serves as the target for all the questions in the sections that follow. The case satisfies the diagnostic criteria for Schizophrenia in DSM-IV-TR.¹⁷

Insert Table 1

To assess recognition of schizophrenia from the vignette presented, the following question was asked: "In your opinion, what is going on with Miguel?". The response format was multiple choice and the possible answers were: "I do not know", "There is nothing wrong with him", "He has a problem", "Depression", "Schizophrenia", "Psychosis", "Mental Illness", "Bulimia", "Stress", "Nervous Breakdown", "Substance Abuse (e.g.: alcohol)", "Age crisis", "Psychological/Mental/Emotional Problems", "Anorexia", "Alcoholism", "Cancer" and "Other (specify which)".

The answers were considered correct if the participant marked schizophrenia or psychosis, either alone or in combination with one of the following options: psychosis, mental illness, has a problem.

To assess the knowledge of professional help and treatments available, the respondents were asked: "There are different people and health professionals who can help Miguel", respectively: General Practitioner; teacher; psychologist; nurse; social worker; psychiatrist; telephone helpline; close family member; and close friend. For each item, participants could check one of the following response options: helpful, harmful and neither or do not know. Concerning treatments/products available, the following were listed: vitamins, tea, tranquillizers, antidepressants, antipsychotics and sleeping pills. Again, participants could choose from the options: helpful, harmful and neither or do not know.

To assess knowledge of interventions, the following statement was presented: "There are different activities that could help Miguel. Point out for each of them your opinion" and then the following list: becoming more physically active; getting relaxation training; practicing meditation; getting acupuncture; getting up early each morning and getting out in the sunlight; receiving therapy with a specialized professional; looking up a website giving information about his problem; reading a self-help book on his problem; joining a support group of people with similar problems; going to a specialized mental health service; using alcohol to relax; smoking cigarettes to relax. For each option, the participants had to mark one of the following choices: helpful, harmful and neither or don't know.

To assess knowledge and skills to give first aid and support to others, the following actions were presented: listen to his problems in an understanding way; talk to him firmly about getting his act together; suggest he seek professional help; make an appointment for him to see a GP with her knowledge; ask him whether he is feeling suicidal; suggest he have a few drinks to forget his troubles; rally friends to cheer him up; not acknowledge his problem, ignoring him until he gets over it; keep him busy to keep his mind off problems; encourage him to become more physically active. The response format was: helpful, harmful and neither or don't know.

Finally, to assess knowledge of how to prevent mental disorders, the following items were presented: keeping physically active; avoiding situations that might be stressful; keeping regular contact with friends; keeping regular contact with family; not using drugs; never drinking alcohol; making regular time for relaxing activities; having a religious or spiritual belief. The response options were: yes, no and I don't know.

Statistical analysis

Data were analyzed using the software IBM-SPSS 20.0. Since this is a descriptive exploratory study, we calculated the appropriated summary statistics and the absolute and percentage frequencies in order to meet the objectives of the study, using the procedure Multiple Response Table. We also calculated the 95% confidence interval for the percentage giving a correct response to the question on the recognition of schizophrenia.

RESULTS:

Recognition of schizophrenia

Table 2 shows the responses marked by participants to the question “In your opinion, what is going on with Miguel?”. The most frequently mentioned responses were: psychological/mental/emotional problems (57.91%), mental illness (57.15%), schizophrenia (42.17%) and nervous breakdown (28.97%). On the other hand, 6.84% stated that they did not know what is going on with Miguel and 0.6% stated that nothing is going on.

A post-hoc analysis on the combinations of items that reflect a correct identification of the problem, found that only 26.16% (95% CI: 24.94-27.39) identified schizophrenia alone.

Insert Table 2

Knowledge about professional help and treatments available

Table 3 shows the findings on beliefs about the different people, including professionals, who could help Miguel. Young people generally considered psychologists (88.10%), psychiatrists (78.10%) and general practitioners (71.40%) as likely to be helpful. Furthermore, informal sources of help, such as friends (72.70%) and family members (68.80%), were frequently rated as likely to be helpful.

A considerable majority of the respondents either did not know or did not consider teachers (66.80%), social workers (68.30%) or a telephone helpline (62.30%) as likely to be helpful.

Concerning medications and other products that might help, the ones most frequently rated as likely to be helpful were tranquilizers (54.00%), followed by antipsychotics (47.10%), antidepressants (40.80%) and also teas (39.90%).

Insert Table 3

Knowledge of effective interventions

When asked about the likely helpfulness of interventions, the participants gave the highest endorsement to *receiving therapy with a specialized professional* (81.30%), followed by *going to a specialized mental health service* (79.30%), *getting relaxation training* (73.10%) and *becoming more physically active* (67.00%). *Practicing meditation* was also considered potentially helpful (59.80%), as was *joining a support group of people with similar problems* (56.50%). On the other hand, many respondents were uncertain about *getting acupuncture* (67.20%), *reading a self-help book on his problem* (45.80%) and *looking up a website giving information about his problem* (44.40%).

Knowledge and skills to give first aid and support to others

The behavior that respondents most frequently considered useful was *listen to his problems in an understanding way* (90.80%), followed by *suggest he seek professional help* (79.70%) and *rally friends to cheer him up* (64.50%) or *make an appointment for him to see a GP with his knowledge* (63.90%). *Keep him busy to keep his mind of problems* and *encourage him to become more physically active* were seen as potentially helpful by around 60.00% of the participants, while 44.3% thought that it would be

helpful to *talk to him firmly about getting his act together*. With the action *ask him whether he is feeling suicidal*, 47.30% of the sample thought this would be harmful.

Knowledge about prevention of mental disorders

Table 4 shows the beliefs about prevention. Most participants considered that the activities presented would reduce the risk of suffering from a problem like Miguel's, except for the item on having a religious belief (36.60%).

Insert Table 4

DISCUSSION

The ability of youth to identify and value a set of signs and symptoms is recognized as a help seeking and early intervention facilitator in most mental disorders.³ In the case of psychosis, such as schizophrenia, this recognition is fundamental in provide help and support to others, since help seeking in psychosis is diminished as the main feature of psychosis relates to the denial or rejection of reality by the ill individual.

The results of this study suggest that young people are able to assign meaning to the signs and symptoms described although the percentage of recognition is modest, in line with other studies.^{9, 11} More than the ability to correctly identify the disorder in question, it should be valued the ability of young people to give it a meaning standing out the references to schizophrenia, mental illness, mental/psychological/emotional problems and psychosis that are in line with those signs and symptoms mentioned by the vignette. However, the mentions of depression and nervous breakdown deserve a comment.

Since the manifestation of psychosis may have different levels of gravity, resulting in a greater or lesser change in the person's relationship with itself, in the development of their abilities and in the relationships with people nearby, these changes may initially be confused with regular behaviors in adolescence, or confused with other disorders such as anxiety and depression. At the level of nervous breakdown it indicates a lack of knowledge, since this is an imprecise term that the general population uses, including youth, to characterize any type of changes in mental health.

As the recognition is modest, youth would hardly provide first aid and support to others. However, young people have the perception that the problem is serious, because a significant majority considers useful health professionals such as psychologist, psychiatrist and GP compared with other professionals.

Informal help, as close relatives and friends, are valued by young people with a percentage slightly below those of the professionals and this is relevant because the changes caused by psychosis can lead family and friends to ask for help.

Family and friends, as the first to identify the changes, might be privileged vehicles in seeking appropriate health care. In Portugal, a specialized medical evaluation is recommended, existing, for example, an expert team to accompany in the first psychotic episode that include psychiatrists and mental health nurses in the central region where the study developed.²¹

Although school is the place where teenagers and young adults spend most of their time, they do not know or consider useful the help of teachers and nurses, but in Portugal it is proposed the coordination with schools at interventions level. These data may reflect some fear on the part of young people, because they can characterize the help of professionals from the perception of the relationship between youth and teachers, with possible implications for academic success. The school in this case can be perceived as an obstacle when it is proposed as a facilitator of recovery along with family.²¹

In most studies, psychopharmacology is seen by young people as negative.³ It is true also in this study, although there is a considerable percentage stating that antipsychotics are useful, it appears that most seem to not know the medicines/products mentioned.

Perhaps this ignorance and doubts may be associated with the public perception of the side effects of medications or accompany the modest ability to recognize schizophrenia.

Products like tea and vitamins are considered useful, even though in few number than in other disorders such as depression and alcohol abuse²⁰, however the overall studies show that both the general population and youth these products are many times referred to as useful, and that can be explained by the accessibility, by the fact that it does not require a prescription, does not develop dependence and also because they are

recommended by most adults. However, schizophrenia is a serious disorder for which these products don't have effect and this tendency of the public can delay the help seeking and treatment.

In terms of self-help strategies and interventions, young people consider that both alcohol and tobacco are harmful, which is a good indicator in terms of adoption of healthy lifestyles, electing simultaneously as useful seeking a professional or mental health service. At the same time it is observed that young people give emphasis to relaxation training and physical activity, which may be consistent with the utility attributed to vitamins and teas.

Internet and self-help books are considered useful strategies, as well as young people are unaware of its utility. In part, many of these young people may not have sought such content on the web, suggesting these results a field of promising intervention.

On knowledge and skills to provide first aid to others, the results suggest that young people are predisposed to listen to peers and that this availability is useful. Similarly, professional help seeking, rally friends to cheer him up and make an appointment at the GP are considered useful by more than 60% of young people, which is positive.

However the values obtained under "keep him busy to keep his mind of problems," considered useful by 3/5 of the participants, should be seen not as a way to seek help, but a delay in help seeking. The mental health professionals do not see this strategy as useful.²²

We emphasize the results obtained for the strategy of questioning the individual about suicidal thoughts. As in other studies involving, for example, depression, this strategy is considered harmful by about half of young people, which is worrying. The evidence shows that this is a myth, since the simple question does not trigger the action, or gets the idea in the head.²³ For example, there are several theories of psychotherapeutic

technique that recommends exactly the opposite as a preventive strategy: if this is addressed, even vaguely, people should be available to hear about it and make the subject think about the idea, very simply, because the more the individual mentally elaborates about it, less will act impulsively with suicidal behavior.

On beliefs about prevention of schizophrenia, except for the item on having a religious belief, all consider the activities as appropriate, with values above 60%, however this is one of the most complex areas of mental health literacy, as these perturbations have genes and courses different from other diseases such as cancer, coronary heart disease or diabetes.³ Nevertheless studies warn, for example, for the possible link between the consumption of drugs such as cannabis, able to favor the occurrence of a psychotic crisis but that may also cover their full expression, favoring the interpretation of psychosis disruptive unease as a result of consumption momentary and can thus mask the emotional reality. It is therefore necessary to educate about risk behaviors.

It is noteworthy in this context of mental health literacy about schizophrenia, that this disorder is always accompanied by an intense mental suffering, that is difficult to express and understand by the own, and that can trigger reactions in close people, intense reactions of awkwardness, confusion and even detachment.

The results from this study suggest the need to develop programs with the aim of increasing mental health literacy about schizophrenia in all its components. Increasing literacy levels about schizophrenia may contribute to the reduction of health problems and to the well-being of individuals, reducing the impact of the disease on their lives and helping to reduce the stigma associated with psychotic disorders.

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TABLE 1: Case vignette used in the questionnaire

Miguel is a 16 years old boy who lives with his parents. He has attended school irregularly over the last year and recently dropped out. In the last six months he pulled away his friends, and at home, he locks himself in his room, does not want to eat with his family and does not care for his hygiene (stopped showering). His parents hear him wandering in the room all night. Even though he is alone, they hear him shouting and arguing as if someone else was in his room. When they try to encourage him to do other things, he whispers that will not leave home because he is being spied by the neighbor. They know that he does not

consume drugs because he never sees anyone or exits the house.

TABLE 2: Frequency and percentage of respondents endorsing each category to describe the problem shown in the vignette (N=4938)

	n	%
Psychological/mental/emotional problems	2811	57.91
Mental illness	2774	57.15
Schizophrenia	2047	42.17
Nervous breakdown	1406	28.97
Has a problem	1368	28.18
Depression	1312	27.03
Psychosis	1078	22.21
Stress	720	14.83
I don't know	332	6.84
Substance abuse	249	5.13
Age crisis	191	3.93
Alcoholism	95	1.96
Bulimia	53	1.09
Nothing	29	.60
Cancer	27	.56
Anorexia	23	.47

TABLE 3: Percentage of respondents endorsing each item of mental health literacy about schizophrenia (N=4938)

	Helpful	Harmful	Neither or don't know
<i>Different people who could possibly help</i>			
A family doctor	71.4	2.8	25.8
A teacher	19.4	13.8	66.8
A psychologist	88.1	2.3	9.6
A nurse	45.1	6.1	48.8
A social worker	16.9	14.8	68.3
A psychiatrist	78.1	4.4	17.5
A telephone helpline	16.2	21.5	62.3
A close family member	68.8	3.9	27.4
A close friend	72.7	2.8	24.5
<i>Medicines</i>			
Vitamins	35.8	6.8	57.4
Tea	39.9	5	55.1
Tranquillizers	54	12.4	33.6
Antidepressants	40.8	17.5	41.7
Antipsychotics	47.1	15.5	37.4
Sleeping pills	31.1	19.5	49.5
<i>Interventions</i>			
Becoming more physically active	67	2	31
Getting relaxation training	73.1	1.8	25.1
Practicing meditation	59.8	3.2	37
Getting acupuncture	25.9	7	67.2
Getting up early each morning and getting out in the sunlight	35.3	6.7	58
Receiving therapy from a specialized professional	81.3	2.6	16.1
Looking up a web site giving information about his problem	43.3	12.3	44.4
Reading a self-help book on his problem	45.3	8.8	45.8
Joining a support group of people with similar problems	56.5	8.3	35.2
Going to a specialized mental health service	79.3	3.3	17.4
Using alcohol to relax	3.3	83.1	13.6
Smoking cigarettes to relax	4.4	82	13.7
<i>Knowledge and skills to give first aid and support to others</i>			
Listen to his problems in an understanding way	90.8	1	8.2
Talk to him firmly about getting his act together	44.3	20.3	35.4
Suggest he seek professional help	79.7	6	14.3
Make an appointment for him to see a GP with his knowledge	63.9	7.5	28.5
Ask him whether he is feeling suicidal	22.7	47.3	30
Suggest she have a few drinks to forget her troubles	4.4	82.2	13.4
Rally friends to cheer him up	64.5	9.1	26.4
Not acknowledge his problem, ignore him until he gets over it	4.6	81.7	13.7
Keep him busy to keep his mind of problems	60.1	10.4	29.4
Encourage him to become more physically active	59.4	4	36.6

TABLE 4: Percentage of respondents endorsing each item of beliefs about prevention (N=4938)

Beliefs about prevention	Yes	No	I don't know
Keeping physically active	61.2	14.3	24.5
Avoiding situations that might be stressful	79.2	7.9	12.9
Keeping regular contact with friends	85	4.8	10.2
Keeping regular contact with family	85.1	4.8	10.2
Not using drugs	78.5	9.9	11.5
Never drinking alcohol	73.4	12.5	14.1
Making regular time for relaxing activities	68.2	8.5	23.2
Having a religious or spiritual belief	19.3	36.6	44.1