



VERSITI

Non-Conscious Public Attitudes Towards Depression in the UK:

A study of implicit beliefs about depression and people living with mental illness

Author: Dr Marie-Claude Gervais – Research Director



Overview

Versiti led research on the attitudes of the general public about depression. Combining an online research community with a purposive sample of 42 UK adults and implicit association tests with a representative sample of 1,000 UK adults, the study reveals troubling implicit attitudes towards depression and people living with mental illness. The headline findings are as follows:

1. Depression is the condition perceived most negatively by the general public, compared with asthma, autism, blindness, deafness, diabetes and multiple sclerosis.
2. People affected by depression are considered more negatively than people affected by other conditions on the vast majority of the 44 traits tested.
3. Depression is believed to disqualify people from being capable of intimate relationships.
4. Depression is negatively associated with all sorts of work roles. Of the work roles tested, people living with depression were only positively associated with being 'cleaners'.
5. On five key personality factors (openness, agreeableness, neuroticism, extraversion and conscientiousness), the public consider people living with depression to be fundamentally different from themselves. This provides fresh evidence on the dimensions of 'Otherness'.

The paper briefly discusses the implications of the research for people living with depression as well as for the charities that work to support them.



Background

Versiti led a programme of research to explore the general public's attitudes to a number of physical and mental health conditions or disabilities: depression, autism, deafness, multiple sclerosis, asthma and diabetes, as well as blindness and partial sight. The research generated powerful fresh evidence about how the public think and feel about depression, at an implicit, nonconscious level. The findings provide a necessary complement for traditional research on attitudes, which is more open to social desirability.

We share the findings from this study to provide relevant parties with information about the stigmatisation of depression, in order to suggest new ways of countering damaging public attitudes.

What we did

To overcome biases linked to social desirability in how the general public express their attitudes towards depression and people affected by mental illness, we combined two approaches, sequentially:

- **Phase 1:**
Qualitative research, led by Versiti, generated insights from 42 people over a period of ten days, and identified key topics to explore at scale in the second phase.
- **Phase 2:**
Quantitative research, led by Mindlab, involved implicit association tests with a sample of 1,000 UK adults, to explore subconscious beliefs and validate earlier insights.

The research was designed so that these approaches would be truly integrated. For example, the online qualitative phase revealed assumptions about perceptions of people affected by certain conditions, what they can and cannot do, and where they are seen to 'fit' or not. To explore further and validate these insights, we tasked people in the second phase with sorting various adjectives, social roles and public places against each of the seven conditions. This exercise was done at speed, preventing research participants from thinking deeply about the topic, thus reducing the likelihood of getting socially desirable answers. This revealed deep-rooted, non-conscious beliefs and attitudes.

What we found

In the first phase, after giving the topic greater consideration, participants were more likely to choose blindness as the condition that they least wanted to have. However, in the implicit association test, depression was the condition perceived the most negatively.

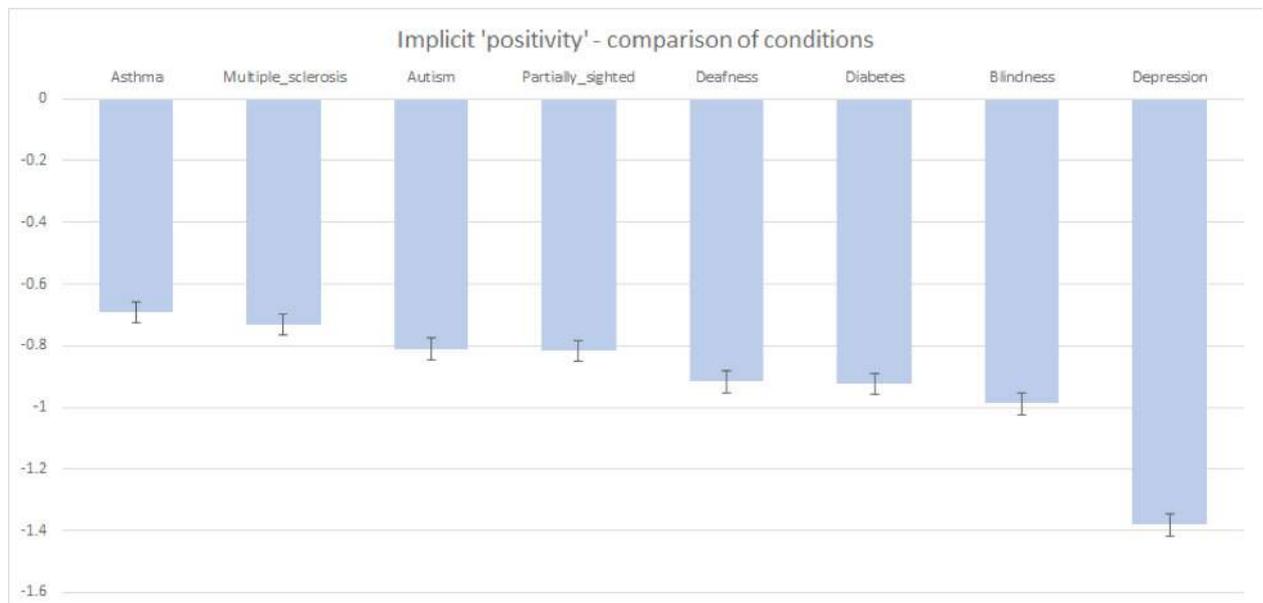


Figure 1: Graph showing IAT results for 8 health conditions studied.

While this was a puzzling difference, the findings began to make sense once we revealed the subconscious beliefs the public associate with depression.

Depression, personality and exclusion

For instance, when tasked with sorting at speed 44 different attributes in relation to eight different conditions, participants associated **people living with depression with being significantly less capable, independent, resourceful, strong, skilled, calm, sociable, positive, motivated and happy** than people affected by any of the other conditions.

Members of the public also believed that **people living with depression were more likely to be 'loners', angry, sad, quiet, scared, anxious and 'a burden'**.

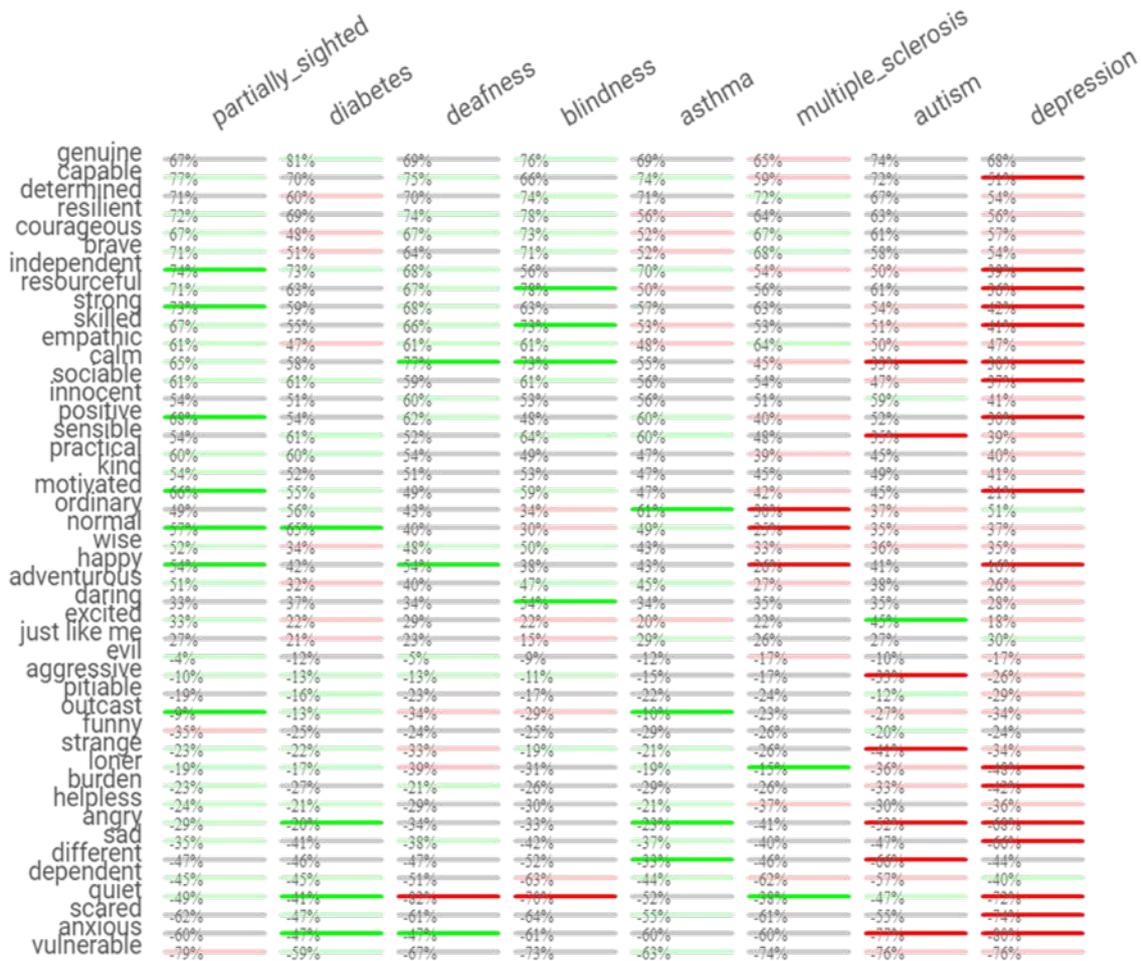


Figure 2: Association grid showing strength of associations between health conditions and various emotional words. NOTE - results for negative words are inverted, so a green rectangle indicates a lower than average score for the negative words.

This overwhelmingly negative result regarding nonconscious associations of depression strongly suggest that mental illness is a stigma that marks people out as fundamentally 'Other'.

Depression, social roles and exclusion

Exclusion was also apparent when we asked participants to sort various personal and work roles and to determine which they associated with each condition. The results showed that **depression is assumed to disqualify someone from intimate relationships: people affected by depression are negatively associated with most family roles, whether siblings, partners or lovers, parents, children, or children-in-law.** Depression scored average only in relation to husband or wife. The profile was not dissimilar to that of autism and significantly more negative than for all the other conditions.



Figure 3: Association grid depicting strength of associations between various conditions and roles in society.

When it came to work, **depression scored negatively on most roles (i.e. scientist, office worker, counsellor, politician, teacher, receptionist, nurse, police officer, and so on).** The only positive association was with ‘cleaner’.

Depression and ‘Otherness’

Such negative findings prompted us to further explore whether this ‘exclusion’ amounts to ‘Otherness’. Otherness is highly consequential for people whose identity may be entirely spoiled because they are stigmatised by a diagnosis of mental illness. Methodologically, we investigated this by asking participants to rate their own personality based on McCrae and Costa’¹ s ‘Big Five’ personality factors: openness, conscientiousness, extraversion, agreeableness and neuroticism. We then asked them to rate the assumed personality of people affected by depression (and all the other conditions tested) on the same five dimensions, to measure the difference, or the perceived psychological distance, between the personality of the participants and that attributed to people living with depression.

The results showed that, on every one of these personality factors, people living with depression were deemed very significantly different from self. They were thought to be much less agreeable (i.e. warm, friendly and tactful), much less conscientious (i.e. careful, organised and self-disciplined), much more neurotic (i.e. less emotionally stable), much less extroverted (i.e. enthusiastic, talkative and assertive) and much less open (i.e. imaginative, curious and willing to try out new things) than oneself. Moreover, the gap between the participants’ own personalities and that of people with depression was by far the greatest of all the conditions tested, except autism, where the gap still existed but was of a lesser magnitude.

¹ McCrae, R. R., & Costa, P. T., Jr. (1999). A Five-Factor theory of personality. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (pp. 139-153). New York, NY, US: Guilford Press.

What does this mean for people living with mental illness?

Depression is (mostly) invisible, which means that those affected have to make crucial decisions (decisions that are repeated time and time again) about whether or not to disclose this to a whole array of people. As long as current attitudes prevail, this will remain a painful and stressful decision, with far reaching negative consequences for the affected individual.

However, concealing the condition, being 'discrete' or seeking to 'pass' for someone who does not suffer from mental illness all lead to inadequate provisions and support to tackle this issue, since secrecy can hinder much needed change. This compounds the individual's vulnerability and decreases the opportunities for effective help. Thus, refusing to tackle these stigmas does not serve the best long-term interests of people affected by mental illness as a whole.

In the workplace, more specifically, the failure to disclose the condition can put considerable additional pressures on the person, leading to greater absenteeism, lower workplace satisfaction, failure to progress, higher turnover and other negative outcomes for both the employee affected and the business as a whole.

The better strategy would clearly be to reveal one's mental health difficulties, with the aim of normalising what is, in fact, a 'normal' condition (depression is estimated to affect up to 10% of the UK population over an individual's lifetime). But for this to occur without serious damaging consequences, people who experience mental health difficulties need to know that they can access adequate support from colleagues, employers and charities, among other parties.

What does that mean for mental health charities?

Each charity will have its own remit and focus, as well as its own capacity and budget constraints, so there is no 'one-size-fits-all' solution. There is a clear role for charities to provide direct mental health support for people affected by mental illness, as well as their loved ones, and to facilitate peer support. Besides this, mental health charities have a role to play in changing the social norms that shape the lives of people affected by mental illness. Tools to effect this change include research and policy, public education, legislative changes, and partnering with organisations to help them foster a climate that is conducive to disclosure without retribution and to put support structures in place. However, all of this requires a grounded understanding of the public attitudes and wider factors that shape the experiences of people affected by mental illness, as well as of the experiences and unmet needs of people living with depression.



How Versiti can help

Versiti specialises in strategic research with people from minority groups, including people living with chronic physical and mental health conditions. Our work yields insights that help:

- Understand the experiences and unmet support needs of people affected by different types of mental health problems;
- Understand the current practices, ambitions and constraints of organisations to develop the right support for their employees and to ‘humanise’ the workplace;
- Develop effective, evidence-based strategies;
- Provide evidence to create successful marketing and communications campaigns;
- Ideate new fundraising initiatives for charities.

Our charity client experience spans Unicef, Macmillan Cancer Support, RNIB, Guide Dogs, Stroke Association, Fawcett Society, British Heart Foundation and more. We’ve also worked with government departments and many global corporations.

If you would like to find out more, please contact Dr Marie-Claude Gervais or Stephen Cribbett at info@versiti.co or look at the case studies on our website: www.versiti.co

About the author

Marie-Claude is Co-Founder and Director at Versiti, a leading agency specialising in strategic research on diversity and inclusion. She was a Lecturer in Social Psychology at the London School of Economics for seven years before co-founding one of the UK's most successful agencies specialising in research with people from minority ethnic backgrounds. Marie-Claude has led research programmes in a range of areas including education, employment and business, housing, healthcare, policing, community cohesion and the environment. Her clients include government departments, large charities and some of the world's biggest brands.

