

‘Can we talk... about mental health and suicide?’

Research findings highlight community attitudes to mental health

Research released by the National Mental Health Commission has found that Australians feel they lack the most basic knowledge of mental illness, and that many ‘don’t know a single sign to look out for’.

The report, titled *‘Can we talk... about mental health and suicide’*, is based on informal group discussions around Australia which set out to recreate the conversations Australians are having about mental health and suicide at home, at work and with their friends.

National Mental Health Commissioner Janet Meagher says the study reinforces that while we have stories to tell, we are still struggling to make sense of mental illness and suicide.

“Around one in three Australians will experience a mental health difficulty at some stage in their lives, and when alcohol and drug-use disorders are included, this rises to close to one in two. However, we know that less than half of those Australians who experienced symptoms of mental illness in the past year actually consulted a health service.

“This study highlights that the stigma associated with accessing the mental health system is still one of the biggest barriers to treatment. We need to do better as a society to support people who need help. We can start by making mental health services a much higher priority for governments, and in the community,” she said.

No single culture deals with mental illness and suicide well, according to the people who participated in the study. However, Australian culture is singled out for criticism for discouraging open and forthright communication and for a loss of community connectedness. Respondents of both sexes also agreed that there is a gender divide when it comes to talking about and seeking treatment for mental health difficulties (that is, men are less likely to talk about their problems or to seek help).

According to the study, suicide provokes strong, sometimes contradictory, emotions and reactions – and judgmental phrases permeate the language of many Australians. The research also found that whether someone is forgiving or judgmental in their outlook seems to turn on the degree to which they hold the individual, or their family, responsible for their condition (i.e. as a result of their genetic tree, mistreatment or neglect; or whether they contributed to its onset through their own folly due to drugs or other risky behaviour).

“We need to talk more about mental illness and suicide, and treat it as we would any other illness – as something that can affect anyone at any time. We need to make it okay for people to ask for help, and make it easier for people to talk to friends, family members or colleagues about how they are feeling,” Commissioner Jackie Crowe said.

A number of participants in the study said they felt that Australia is in the midst of an epidemic of mental illness and suicide, while highlighting that if a health issue isn’t in the media, it can feel as if it doesn’t exist.

“This research was commissioned to provide insight into how we perceive and deal with mental health issues. Hopefully it can contribute to a more informed discussion on mental health difficulties and suicide prevention, that helps make these issues a priority for all Australians,” Commissioner Crowe said.

Other key findings from the research:

- We don't know how to respond to mental health difficulties – we're at a loss for how to help. Our knowledge of 'the system' and treatments available is also out of date and stuck in cliché.
- There are strong cultural forces which discourage us from discussing and disclosing mental illness and suicide (e.g. traditions, social norms, workplace culture etc), and families are tending to keep mental health difficulties and suicide 'in the closet'.
- Several participants said, 'it's easier to talk to a stranger'. While helplines can fulfil one aspect of this important function by providing information and advice, people are reluctant to use them as they don't want to divert resources from people in real crisis.
- To suspend judgment, we need to walk in another's shoes. The stories of people who have experienced mental illness can go a long way toward demystifying how mental health difficulties arise, and changing attitudes.

Resources:

- Commissioners Janet Meagher and Jackie Crowe are available for interview.
- A full copy of the report ('*Can we talk... about mental health suicide – A sampling of community opinion*') has been provided, and will be available for download from the National Mental Health Commission website at: www.mentalhealthcommission.gov.au
- [Mindframe-media](#), an online companion to the publication 'Reporting Suicide and Mental Illness'. This resource was developed with the assistance of media professionals, suicide and mental health experts and consumer organisations to inform appropriate reporting of suicide and mental illness.

About the Commission

The National Mental Health Commission is the first mental health Commission to be created at the national level. The Commission was established on 1 January 2012 to report independently to the Prime Minister on what's working and what's not. Our vision is that all people in Australia achieve the best possible mental health and wellbeing. The Commission released Australia's first national Report Card on Mental Health and Suicide Prevention in November 2012. For more information please visit www.mentalhealthcommission.gov.au.

About the research

Think: Insight and Advice Pty Ltd were commissioned to conduct qualitative research into the attitudes and opinions of Australians on mental health and suicide. The study is based on eighteen group discussions with members of the public, in Darwin, Cairns, Brisbane, Sydney, Ourimbah, Gosford, Melbourne, Ballarat, Adelaide and Perth between 9 and 13 July 2012.

The groups used for the research were affinity groups (pre-existing groups of friends, colleagues or neighbours) and all discussions were held in the natural environment of the participants in order to maximise the comfort of the group (i.e. workplaces and homes). In addition, a non-directive technique was used to moderate the conversations (i.e. thought-starters were read out which suggested areas that might be covered through the course of the discussion, and direct questions were generally avoided).

Please note: The findings and implications of this research do not necessarily represent the views of the National Mental Health Commission.

For more information, or to arrange an interview please contact:
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