Changing opinion —optimism for the future

Dr. Arthur Willcocks, Senior Lecturer in Social Science at Nottingham University, interprets the results of an attitude survey on mental illness.

The growing importance of home care for the mentally ill is well known to the readers of this magazine. The burdens imposed on the community, and even more on the families involved in this care, are less well known and rarely studied. However, one study has been made in Nottingham.* The results are now being analysed. Families were interviewed, the use of services recorded and changes plotted. It seemed an ideal opportunity also to fill in part of the background against which the services operate and within which the families live. In this article I want to discuss a key element of this background—the attitudes of the public to mental illness and the mental health services. The conclusions are only tentative and will have to be seen alongside all the other data which the survey will eventually present.

Is mental illness a serious illness? Well over two-thirds of the women interviewed regarded mental illness as serious—whereas fewer than 50% considered T.B. as serious. The figure almost reached the five-sixths who regarded heart disease as serious. In broad terms, it is clear that mental illness is generally regarded as serious, but is it something to be feared? For many people the first answer is a qualified 'no', but there are signs of fear emerging, sometimes directly and sometimes indirectly, in the other answers given.

Next hospital bed

As one of the indications of attitudes to mental patients in hospital, people were asked whether they would object to having a person suffering from certain listed diseases (including mental disease) in a hospital bed next to themselves. Fewer than 1 in 30 objected to a heart disease case in the next bed, 27% objected to a T.B. patient. The highest level of objections were recorded against having a mental patient as hospital neighbour—one in three objected. All the diseases listed were non-infectious except T.B., but in no cases were the objections so numerous as against the mental patient. This reaction may be significant bearing in mind the trend to introduce psychiatric wards into general hospitals. The signs of fear can perhaps be read into these answers.

One aim of the surveys was to discover the extent of past mental illness in households where an interview took place. The scale of this illness is not relevant here—but one surprising difference emerges—of the members of the interviewed households who were reported as having suffered from mental illness, only one-third had been in hospital as part of their treatment. But when friends outside the households known to have suffered similarly were listed, 80% had been hospitalized.

Concealed illness

Several interesting speculations arise: do people use different standards when assessing mental illness within and outside the family? Is going to hospital the public admission of mental illness, which would otherwise be concealed even from friends?

To go one stage further, but with less factual support from the findings: among the households where mental illness among members was admitted, nearly two-thirds of the people involved were the respondent housewives and of these, few had been hospitalized. Could it be, therefore, that there are three (not two) sets of differing criteria for assessing mental illness—personal, within the family and outside the family?

To establish reactions and attitudes to the mentally ill person a series of statements were read, with which people had to agree or disagree, with little time in which to do so—on the assumption that the first, fast reaction is more likely to be the true one. This probably represents firm attitudes, rather than the reflective answer, when the virtues of various possibilities can be carefully weighed in the interview situation.

Using this method, the answers on the whole are comforting. Almost all feel sorry for those who suffer mental illness, only a few see it as their faults, only 1 in 6 admitted to feeling some fear, only a third to

* Nottingham's mental hospital, Mapperley, and particularly its recently retired physician superintendent, Dr. D. MacMillan, have been co-operating with the Applied Social Science Department of the University in a study of the families of the mentally ill. The surveys on which this article is based are two—one, covering 606 households in a Nottingham suburb and the other covering 799 households in Nottingham. In each case the respondent was the housewife and the attitudes are hers.

***Table**

Supposing you knew someone who had been in a mental hospital and had been discharged as cured:

	Yes	*No*	*Don't know*
would you be willing to mix with him/her in the street or shops?	591	2	2
would you be willing to work next to him/her?	567	10	13
would you be willing to introduce him/her to your family?	554	18	18
would you be willing to see him/her in authority over other people?	320	175	75
would you be willing to have him/her marry your child?	205	209	101
would you be willing to have him/her teach your child?	368	145	53
would you be willing to have him/her act as a baby sitter for you?	182	307	68

(* The total number of respondents was 606 but not all of them answered each question. The order of the questions is as asked.)

some embarrassment and a similar proportion to not liking being in the company of a mentally ill person. Only a third felt that the mental patient would be better kept in hospital.

Social responses

Responses like that show that the propaganda efforts of bodies like the National Association for Mental Health are clearly having an effect, but when we examine the answers there are still causes for concern. The feeling of fear and the objection to being left alone with a mental patient were more common among manual worker households than among non-manual and were most frequent among the households of unskilled manual workers. Although this 'social scale' of responses is not apparent in all answers, it is consistent enough to suggest that the attitudes towards mental illness and the mental patient are more liberal and rational among the middle classes than they are among the working classes—the new image of mental illness has not percolated right through the social structure yet.

Attitude questions are inevitably hypothetical and too much can too easily be read into the answers. Despite this, one such question is worth repeating in full. Few tables make such a clear and dramatic point.

Ex-mental patients are all right in their place, provided they don't come too close. Where do all these objections come from? Surprisingly, the number of objections is much higher among the childless households (although they may have had children) than among those with children. The expected social class differences also emerge quite strongly—the objections are most frequent at the lower end of the social scale. In much the same way as latent racial prejudice is often only revealed in answer to such hypothetical questions as 'would you let a coloured man marry your daughter', so too perhaps with mental illness—*it is around imaginary children that real prejudice reveals itself.*

Concept of cure

Great sophistication and depth in the questioning was not possible. In a sense, therefore, the survey raised more questions than it tried to answer. The question referred to in the Table talked of people 'cured' of mental illness and the responses raise the question: how valid is the concept of 'cure' in the minds of the public? It could be that mental illness is never cured or that, like the disabled, the 'cured' can do some things but cannot be trusted with others.

On the other hand, it could be that, deep down, the public feels mental illness is never completely eradicated and that even among the 'cured' there is the seed of a relapse which limits the jobs they can be allowed to do. We are cured of appendicitis and after convalescence, never expect a relapse, safe in the knowledge that it cannot happen. With mental illness a cure may be achieved and apparently be complete, but the certainty of never having a relapse is missing. The concept of 'cure' for patient and public alike (both in physical and psychological medicine) is a fascinating area demanding investigation.

Finally, the survey gives a brief glimpse of attitudes towards the social services. The image of a mental hospital is clearly changing—although again, there is still some way to go. Over 50% in one sample

had no idea of the proportions of voluntary to compulsory patients. Of those who had some idea, 45% said that a quarter or less of the patients were compulsory whilst, at the other extreme, 18% believed these patients to be three-quarters or more of the total in hospital. In the other sample, in answer to a differently worded question, more than one in four of the interviewees believed the majority of patients to be compulsorily detained. The old image still lingers on.

The public (or that part of it interviewed in and around Nottingham) is not as strongly opposed to mental illness and mental patients as once they allegedly were. On the whole, the reactions were surprisingly liberal and sympathetic, but clearly there are limits and conflicts within this general impression. The services, on the other hand, seemed to operate in a greater area of ignorance—but this is perhaps better than overt opposition or distrust.