ORAL PRESENTATION Open Access

Mind Your Health: A Comparative Exploration of Mental Health Attitudes in the U.S. and Spain

Athena Genise

Presented on Senior Projects Day, Dr. H. Island, Pacific University, Forest Grove, OR. April 26, 2023

Background/Problem

Ninety percent of polled Americans in 2022 believe the world is in the midst of a mental health crisis (McPhillips, 2022). In the 2021 National Survey on Drug Use and Health, approximately 22.8% (n = 57.8 million) of surveyed American adults reported a diagnosed mental illness. Less than half of those individuals said they sought treatment. According to Mental Health America in 2021, 5.4 million took a mental health screen, a 500% increase since 2019 and a 103% from 2020. The percent of Americans taking psychiatric drugs also increased by 6% to roughly 1 in 5 Americans (24%) (Admin, 2021). In 2020, approximately 22% of the Spanish population surveyed said they have at least one mental illness and only 18.3% of those individuals say they have used mental health resources (Mendoza, 2021). In comparison, 99% of the Spanish population use the general mental health system (Estevez, 2020). Spain has become the largest global consumer of anti-anxiety medications and the European Union's (EU) largest consumer of psychotropic medications overall (The Local, 2022) but generally enjoyed the greatest life expectancy in the EU. The purpose of this study is to compare and contrast university students' experiences of mental health and mental health resources offered by their university and their country by analyzing their cultural stigma, knowledge and understanding of mental health and use of the mental health resources provided in their university and country.

Empirical Question

Is there a significant difference between the mental health systems of the United States and Spain as well as differences in the experiences of a Pacific university student and a Seville university student in regards to their cultural stigma, knowledge and understanding of mental health and use of the mental health resources provided in their university and country?

Method

Participants

Convenience sampled undergraduate university students 18 years or older from Seville University (n = 16) and Pacific University (n = 40) for a total of 56 participants. Ages ranged from 18-36 (M = 20). Gender categories were dichotomized into gender-normative (n = 7) and nonbinary (n = 49). Sexuality categories were also dichotomized into heteronormative (n = 30) and LGBTQIA (n = 26). Health insurance for Spanish students was split between public (n = 9) ad private (n = 7) and for American students, between private (n = 29), public (n = 8), and none (n = 3). Religion categories were collapsed into three groups: Atheist/Agnostic (n = 32), Spiritual (n = 4), and Judeo-Christian (n = 19).

Materials

The materials for this study included a standard demographic measure and personal questions written by the researcher, as well as the following published, cited measures:

Cut down, Annoyed, Guilty, Eye-opener (CAGE, Ewing, 1984), which analyzes substance abuse relating to alcohol.

Mental Health Knowledge Schedule (MAKS, Evans-Lacko et al., 2010) , which analyzes the knowledge of the mentally ill and mental health issues

Community Attitudes Towards the Mentally Ill (CAMI, Taylor, & Dear, 1981), which analyzes the attitudes about mentally ill people in regards to authoritarianism, social restrictiveness, benevolence, and community mental health ideology.

Design and Procedure

This study is a descriptive qualitative study using an online survey software for administration of the questionnaire and the implicit informed consent procedure.

Results

In order to assess the first prediction that Spanish (M = 13.62; SD = 2.94) and American (M = 14.93; SD = 2.49) students' self-perception of problem drinking would differ, we conducted an independent samples t-test. This hypothesis was confirmed, $t(56)$ = -1.67, p = 0.05-level, d = 0.09. The second prediction asserted that Spanish and American student scores would differ significantly across all subscales on the Community Attitudes toward the Mentally Ill (i.e., CAMI) measures including Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. The third prediction stated that student scores on the total score for the Mental Health Knowledge Schedule (MAKS), as well as the mental health resource history and utilization frequency would also vary across cultures (Spanish and American). These predictions were analyzed with an independent samples t-test, but it was unsupported by the data, likely as a result of inadequate sample size, since there was a trend, Community Mental Health Ideology subscale, t(56) = -1.22, p = 0.09. We predicted that differences in attitudes toward Mental Healthcare and wellness resource utilization, as well as CAMI, MAKS, and CAGE, may be the result of spiritual differences between the two cultures, Spanish and Americans. To assess this prediction, we conducted a one way ANOVA. This prediction was supported, as there was a significant main effect for religion with wellness resource utilization, Atheist/Agnostic ((M = 8.57; SD = .53), Spiritual (M = 6.00; SD = 0.0), and Judeo-Christian (M = 8.60; SD = .55), $F(2, 12)$ = 10.57, p = 0.03, d = 0.68. We also assessed the confounds of gender and sexuality by covariang it against the CAGE, MAKS, and CAMI. Gender-normative students reported lower scores on the CAMI (M= 28.77; SD= 2.42) than the gender nonbinary students (M= 29.83; SD= 0.98), this was significant at the p = 0.05-level, $t(50)$ = 1.05, with a d = 0.05. No other confounds were found.

Conclusion

Overall, Spanish and American university students are more similar than different relative to mental health knowledge, stigma, and resource utilization, which in this time of disconnect it is important to focus on our similarities rather than our differences. Some of the sample sizes were too small (e.g., Spanish, gender non-binary, etc) but in certain cases, this could be a good thing because it means we do not have to separate groups even further during such a divided time in the world. Spain created a mental health action plan in 2021. Future studies could analyze the effectiveness of the action plan. We also recommend increasing education not just among specialized individuals but for the general population since previous literature has shown a correlation between knowledge and stigma (Parcesepe & Cabassa, 2013).

*Pacific University, Department of Psychology,
Forest Grove, OR 97116, Email: geni6816@pacificu.edu

References

Admin. (2021, April 23). *Mental health drug prescriptions on the rise*. Insurance Journal. Retrieved March 14, 2023, from https://www.insurancejournal.com/news/national/2021/04/22/610924.htm

Estevez, K. (2020, August 26). *5 facts about healthcare in Spain*. The Borgen Project. Retrieved January 28, 2022, from https://borgenproject.org/facts-healthcare-in-spain/#:~:text=According%20to%20HealthManagement.org%2C%2099.7,go%20with%20the%20private%20sector

Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., &; Thornicroft, G. (2010). Development and psychometric properties of the mental health knowledge schedule. *The Canadian Journal of Psychiatry*, 55(7), 440–448. https://doi.org/10.1177/070674371005500707

Ewing, J.A. (1984). Detecting alcoholism: The CAGE questionnaire. *Journal of the American Medical Association*, 252, 1905-1907.

McPhillips, D. (2022, October 5). *90% of U.S. adults say the United States is experiencing a mental health crisis, CNN/KFF poll finds*. CNN. Retrieved November 6, 2022, from https://www.cnn.com/2022/10/05/health/cnn-kff-mental-health-poll-wellness

Mendoza, J. (2021, July 2). *Number of individuals that consulted a mental health professional by gender and age in Spain*. Statista. Retrieved January 28, 2022, from https://www.statista.com/statistics/1239094/number-of-people-who-consulted-a-psychologist-in-spain/

Mendoza, J. (2021, August 2). *Topic: Mental health in Spain*. Statista. Retrieved January 28, 2022, from https://www.statista.com/topics/8060/mental-health-in-spain/#dossierKeyfigures

Mental Health America. (2022, April). *Mental health and covid-19: Two years after the pandemic, mental health concerns continue to increase*. Mental Health America. Retrieved March 14, 2023, from https://mhanational.org/mental-health-and-covid-19-two-years-after-pandemic

Parcesepe & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(5), 384–399. https://doi.org/10.1007/s10488-012-0430-z

U.S. Department of Health and Human Services. (2022, January). *Mental illness*. National Institute of Mental Health. Retrieved November 6, 2022, from https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539

Taylor, & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, 7(2), 225–240. https://doi.org/10.1093/schbul/7.2.225

The Local. (2021, October 11). *Explained: Spain's new €100 million mental health plan*. The Local Spain. Retrieved March 14, 2023, from https://www.thelocal.es/20211011/explained-spains-new-e100-million-mental-health-plan

The Local. (2022, October 10). *Mental health: Why Spain has become a nation of self-medicators*. The Local Spain. Retrieved March 14, 2023, from https://www.thelocal.es/20221010/mental-health-why-spain-has-become-a-nation-of-self-medicators

*Pacific University, Department of Psychology,
Forest Grove, OR 97116, Email: geni6816@pacificu.edu