# COMMUNITY VIEWS ON MENTAL HEALTH

Falkland Islands Survey Results 2024

March 2025
Mental Health Anti- Stigma Campaign

Background - what is stigma?

Stigma is the devaluation and discrimination expressed towards or experienced by people affected by mental health conditions. Stigma and discrimination have severe effects on people with a mental health condition that exacerbate marginalisation and social exclusion, reduce access to health care for both physical and mental health conditions and diminish opportunities for education and employment. Reducing stigma across societies is vital to ensure successful delivery of health care, improving quality of life and protecting human rights.

Stigma can arise from a variety of sources (see Figure 1) and tackling it requires societal change.
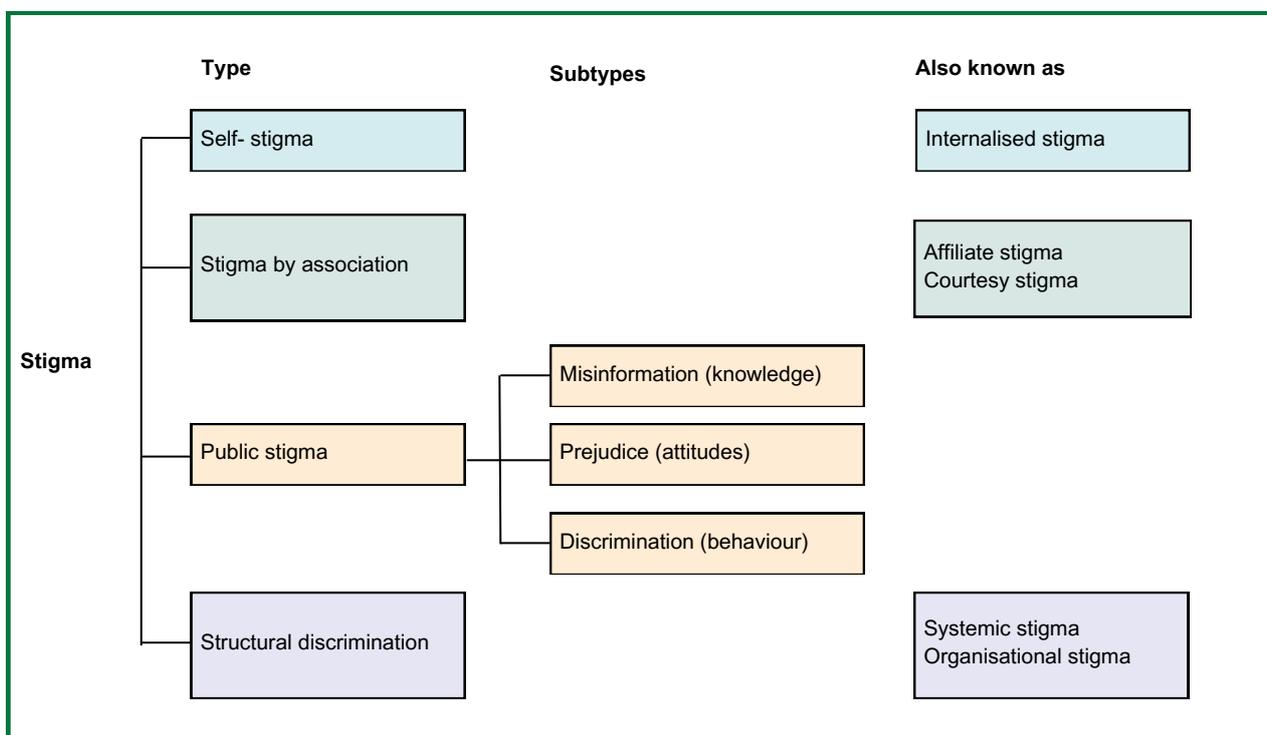
Figure 1: (Source) Lancet Commission on Ending Stigma and Discrimination in Mental Health (2022)

Introduction

In April 2024 a new project was launched with multiple aims including to gather baseline evidence through surveys and focus groups from across the community around stigma related to mental health within the community of the Falkland Islands. This evidence and engagement could then be utilised to inform a social marketing campaign. Other core methods include recruiting and training individuals with their experience living with a mental health condition, to talk openly about mental health at public events and building local capacity for community action to reduce stigma related to mental health.

The project is part of a wider pilot initiative, The UKOT Anti-stigma Capacity Building Programme which is running across several of the UK Overseas Territories (UKOTs).

The research team on this survey comprised of Carol Morrison, Head of Public Health, Falkland Islands Government; Karen Rimicans, a founding member of Team Tranquil and an experienced mental health nurse practitioner with experience in mental health research; technical support provided by Implemental CIC, a UK-based not for profit social enterprise organisation who aim to improve mental health and well-being globally and support from the UK Health Security Agency (UKHSA).

This report focuses on the results from the *"Community Views on Mental Health Survey"* which aimed to gather baseline evidence around stigma present in the Falkland Islands community.

A separate report which documents the results from the *"Developing a mental health anti-stigma campaign for the Falkland Islands"* Survey which surveyed those with lived experience of mental health challenges is also available and can be downloaded from [Research and Data (falklands.gov.fk)](falklands.gov.fk).

Materials and Methods

Survey design, period and setting

The self-administered questionnaires ran from 29th April 2024 to 9th June 2024 and were available to complete as an online survey via a link on the Government website or alternatively paper questionnaires were available to the public in community settings e.g. Stanley Post Office. Additionally, hard copies for the questionnaires were distributed in Camp communities in East and West Falkland, as well as direct email links via local businesses, charities and community groups in at attempt to reach all corners of our community.

In the lead up to the launch of the questionnaire engagement had been made across the community and via the media with articles in the Penguin News, appearances on FITV and radio interviews on FIRS and via the earlier public presentations of the project and focus group work hosted by Carol Morrison, Karen Rimicans and Sue Baker, anti-stigma in mental health global consultant.

Adverts to encourage uptake appeared in all forms of media including on social media and via the Government intranet in additional to regular Facebook posts and Public Health Unit website. The launch of the survey was also advised to the public via a wider Government press release.

The questionnaire comprised three globally validated tools, described as follows to assess different aspects of stigma in the community towards mental illness.

1. Reported and intended behaviour scale (RIBS); consisting of eight questions, split into two groups of four. The first group, questions 1-4, focused on past or current experiences in the following areas: live with, work with, live nearby, or have a relationship with a person with a mental health condition. These questions are not scored. The second group focus on future intentionality to establish contact with people with a mental health condition in the same areas as described in the first group. Each answer is scored from 1 (strongly disagree) to 5 (strongly agree) on a Likert scale, "I don't know" was coded as neutral (3). The total score was calculated by adding the response values for questions 5-8. Higher scores indicate more favourable intended future behaviours.

2. Mental health knowledge scale (MAKS); is a twelve-item scale which is used to measure mental health related knowledge. Split into two groups of 6, 1-6 cover items that are stigma related mental health knowledge areas: seeking help, recognition, support, employment, treatment and recovery. Items 7-12 assess the classification of various conditions as mental illness. Each item is scored on a Likert scale from 1 (strongly disagree) to 5 (strongly agree) and "don't know" coded as neutral (3). Items 6, 8 and 12 were reverse coded to reflect the direction of the correct response. The total score was calculated by adding the points scored for each of the 12 items. A higher score indicated better knowledge.

3. Community attitudes toward the mentally ill (CAMI); this 27-item questionnaire measures social stigma towards those with mental illness. It compromises four subscales: Authoritarianism (items 1-7), which evaluates opinions about people with mental illness being of a lower subclass than healthy individuals; Benevolence (items 8-14), which evaluates acceptance attitudes towards patients; Social Restriction (items 15-21), which assesses the perceptions that people with mental illness pose a danger to society; Community Mental Health Ideology (items 22-27), which evaluates attitudes and beliefs related to inclusion of people with mental illness in the community and society in general.

   The 27-item CAMI contains 13 unfavourably and 14 favourably oriented items which are scored on a Likert scale from 1 (strongly agree) to 5 (strongly disagree). Positive items were reverse scored so that a higher scored indicated less stigmatising attitudes.

   We adjusted the language in items 16 and 21 to be gender neutral, changing "woman/women" to "person/people" from the original questionnaire.

Along side the above three tools, questions related to demographics were also included; gender, gender identity, age, place of residence, national identity, self-description for ethnic background, sexual orientation. A space for free comments for any other information that respondents wished to share related to the questionnaire was available.

The questionnaire was open to all people resident in the Falkland Islands and aged 16 years or over.

Participation was voluntary, no identifying information was collected and the data management policy was described for participants on the opening page and if answering this was taken to be consent to participate in the survey. No incentives were offered for participation.

Results

In total, 273 respondents participated in the Community Views on Mental Health survey.

Sex

Most respondents answered this question, 72% identified as female, 27% as male, while 1% identified as non-binary or preferred not to disclose. 13 respondents skipped this question.

Age

Participants were asked to identify their age group out of seven age ranges. Of the 273 respondents 15 respondents skipped this question. 3% reported being between the ages of 16 years and 24 years of age. While, 18% were between the ages of 25 years to 34 years, 26% were between the ages of 35 years and 44 years of age, 27% were between the ages of 45 years and 54 years of age, 16% of participants were between the ages of 55 years and 64 years of age, 8% were between the ages of 65 years and 74 years of age, and 2% were over the age of 75 years.

Where you live

Survey participants predominately (94%) lived in Stanley and 6% living in Camp. 16 respondents skipped this question.

National identity

Participants were asked to identify their national identity. 257 respondents answered this question with 46% of participants describing their national identity as Falkland Islander, while 42% described their national identity as British. Thereafter, 2% of respondents described their national identity as European, 2% Filipino, 1% Chilean. Other national identities reported in the survey at less than 1%, i.e. one or two participants only, were St Helenian, Swiss, South African, New Zealander, and Canadian.

In addition, 17 respondents reported having more than one national identity, with 8 respondents reporting as British/Falkland Islander, 3 respondents reporting as British/ Chilean, the remaining respondents reporting multiple national identities as Falkland Islander/ British/ St Helenian, Falkland Islander/ Irish, and Falkland Islander/Chilean.

Ethnicity

87% of respondents self reported their ethnicity as white, 4.8% as mixed ethnicity, 3% as Asian, 2% as other (not specified), 1% as Hispanic, while the remaining respondents less than 1% in each category reported their ethnicity as black, coloured, and European.
50 participants skipped this question.

Sexual orientation

256 respondents answered this question, where 87% of survey respondents reported their sexual orientation as being straight or heterosexual, 5% as bisexual, 2% as gay or lesbian, 5% preferred not to say. Sexual orientations described by less than 1% of respondents as demisexual (they/ them pronouns), queer and pansexual.

Gender Identity

255 respondents answered this question with 97% reporting to identify as the same sex registered at birth. 2% of respondents identified as having a different sex than registered at birth. Gender identities noted were transwoman, non-binary, agender and AFAB non-binary.

Reported and Intended Behaviour Scale (RIBS)

RIBS are interpreted within two sub-sections. Questions 1-4, focused on past or current experiences in the following areas: live with, work with, live nearby, or have a relationship with a person with a mental health condition. The responses are reported, not scored.
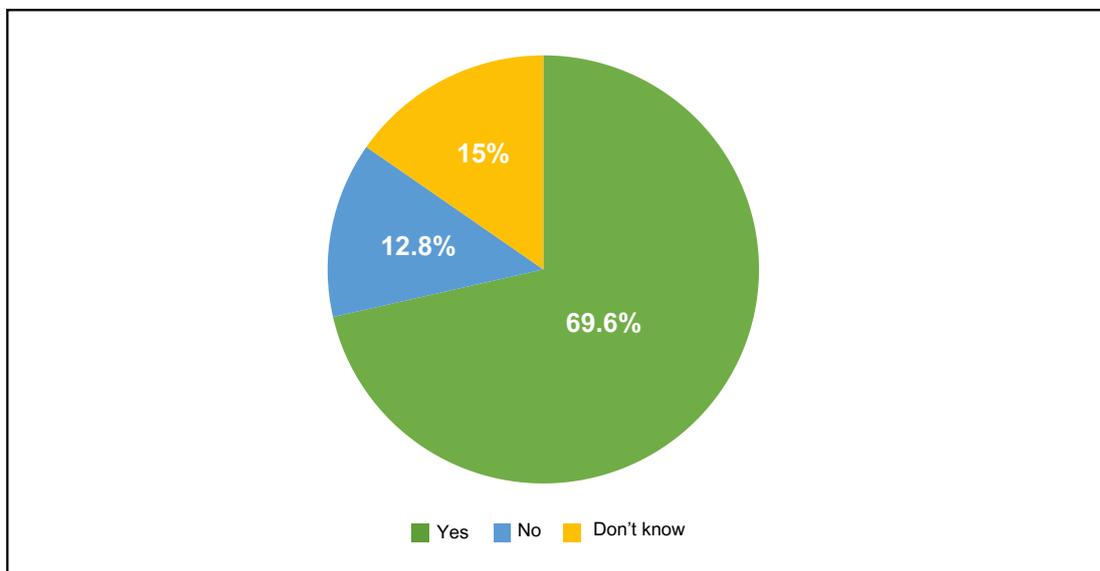
Figure 2: RIBS Question 1 - Are you currently living with, or have lived with, someone with a mental health problem?

Yes   No   Don't know
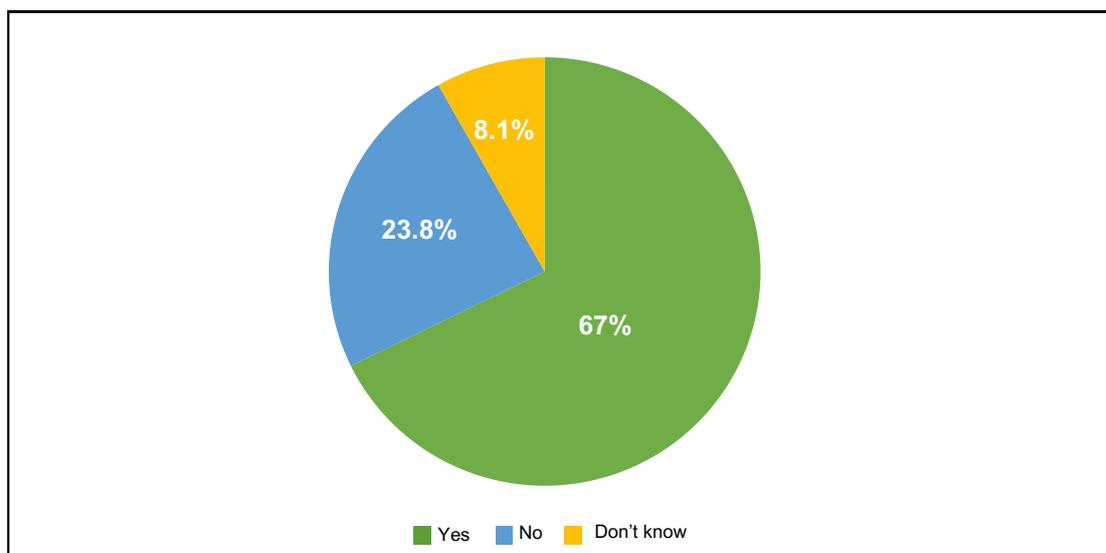
In total, 270 survey respondents completed this question, of which 183 respondents, or 67% identified as living or having lived with someone with a mental health problem.
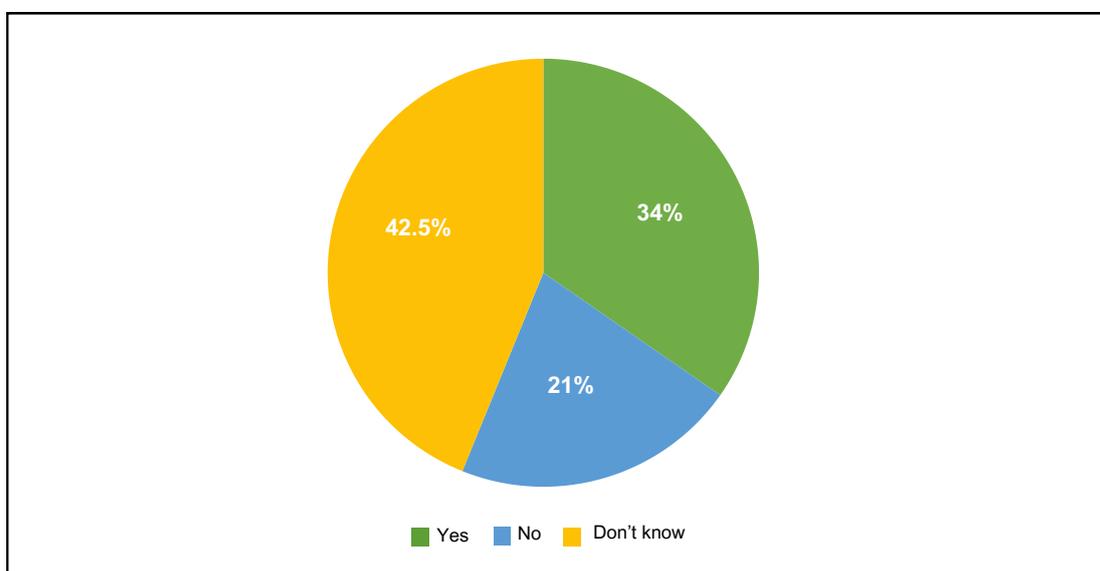
Meanwhile, 65 respondents, or 23.8% reported that they did not live, or had not lived with someone with a mental health problem. Finally, 22 respondents reported that they did not know if they had or had not lived with someone with a mental health problem. While, 3 respondents, or 1.1% skipped this question.

Figure 3: RIBS Question 2 - Are you currently working with, or have you ever worked with someone with a mental health problem?
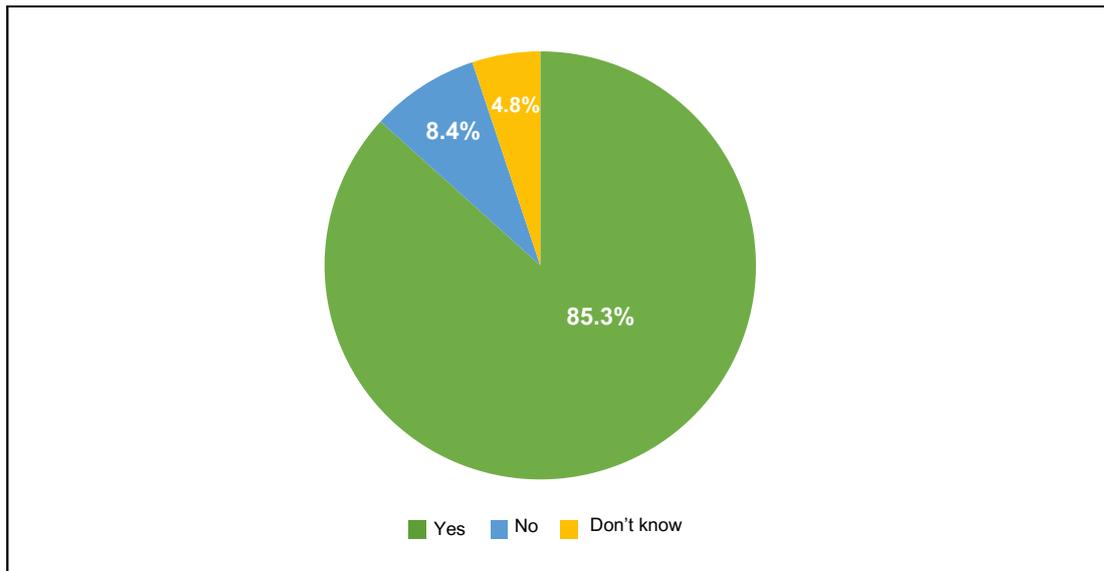

In total, 266 respondents completed this question, of which 190 survey respondents, or 69.6% identified as working with or having worked with someone with a mental health problem. Meanwhile, 35 respondents, or 12.8% reported that they did not work with, or had not worked with someone with a mental health problem. Finally, 41 respondents, or 15% reported that they did not know if they had or had not worked with someone with a mental health problem. While, 7 respondents, or 2.6% skipped this question.

Figure 4: RIBS Question 3 - Do you currently have, or have had, a neighbour with a mental health problem?

In total, 267 respondents completed this question, of which 94 survey respondents, or 34.4% identified as having, or having had a neighbour with a mental health problem. Meanwhile, 57 respondents, or 20.9% reported that they did not, or had not had a neighbour with a mental health problem. Finally, 116 respondents, or 42.5% reported that they did not know if a neighbour had a mental health problem. While, 6 or 2.5% respondents skipped this question.

Figure 5: RIBS Question 4 - Do you currently have, or have had, a close friend with a mental health problem?

In total, 269 respondents completed this question, of which 233 survey respondents, or 85.3% identified as currently having, or having had a close friend with a mental health problem. Meanwhile, 23 respondents, or 8.4% reported that they did not have, or had not had a close friend with a mental health problem. Finally, 13 respondents, or 4.8% reported that they did not know if close friend had a mental health problem. While, 3 respondents, or 1.5% skipped this question.

Future intentionality

RIBS questions 5 to 8 focus on future intentionality to establish contact with people who have lived experience of a mental disorder. The range of possible scores for RIBS are between 0 to 20. There is no cut off score within the RIBS. A higher score of 3 'neutral' or above in responses is applied to assist in interpretation of the RIBS, therefore, a score of 12 or above is applied to interpret a positive score.

In total, 271 respondents completed the RIBS questions 5 to 8. The average score or mean score across all respondents was 16.6, while the middle value within the range of scores or median value was 18, reported by 10% of respondents. The most frequent score or mode was 20, reported by 37.7%, or 103 respondents. (SD= 4.179). These scores indicate a positive future intentionality to establish contact with people who have lived experience of mental illness, however there is a wider variation within the scores.

Mental Health Knowledge Scale (MAKS)

MAKS is used to measure mental health related knowledge. The range of the total MAKS score is between 0 – 60. In total, 272 respondents completed the MAKS questions. To assist in interpretation of the MAKS a score above 36, scoring 3 'neither agree or disagree', or above across the range is viewed a positive score. The average or mean total score was 44.9, while the middle or median value within the range of responses was 47. Meanwhile, the mode or most frequent value reported by 10% of respondents was 49 (SD 7.45). A higher score across the range indicates better mental health related knowledge, although a wide variation in scores is noted.
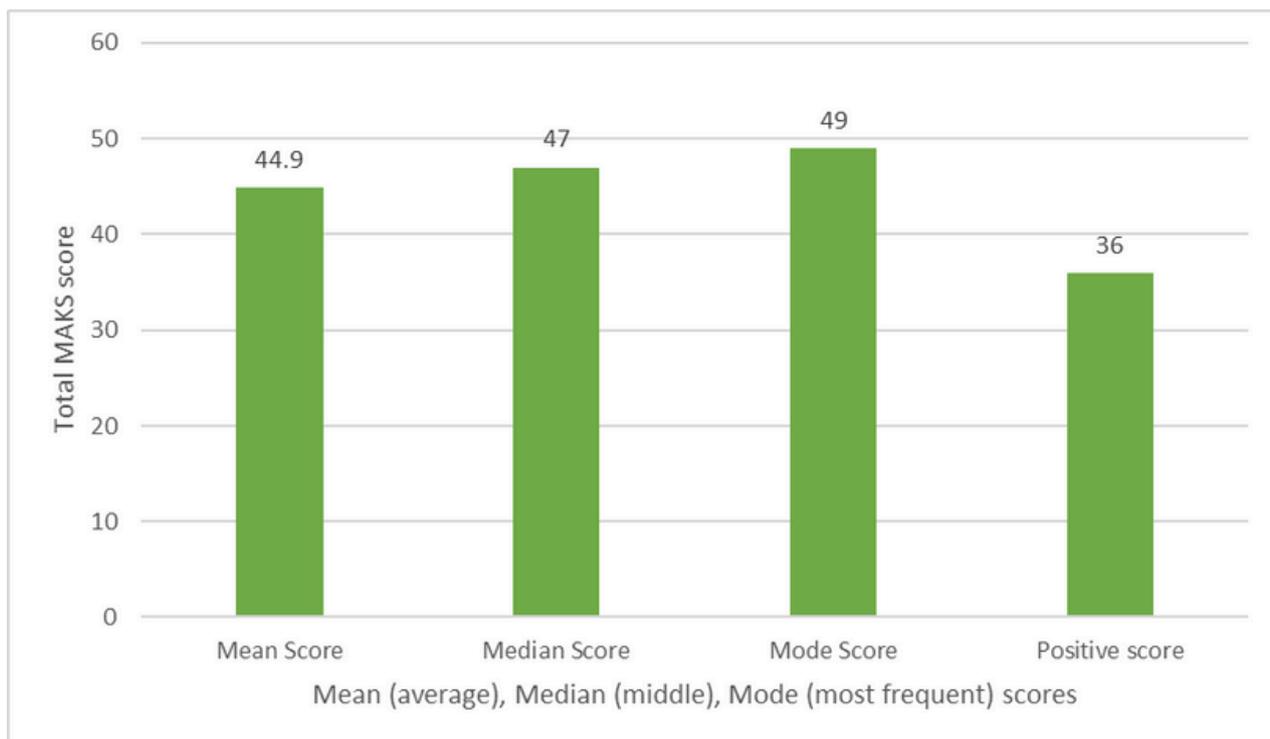
Figure 6: MAKS – Mean, median, mode compared to number for positive score

A higher score across the range indicates better mental health related knowledge, although a wider variation in scores was noted. 89% of respondents scores were above 36.

The total MAKS scores can be subdivided into two sections namely, stigma related mental health knowledge and the classification of various conditions as mental illnesses.

Stigma related mental health knowledge

The range of possible scores for the MAKS questions 1-6 are between 0 -30.The average score or mean score was 22.8, while the median score or middle value reported within the range was 24 and the mode or most frequent value reported was 26 (SD 5.51). This range of scores indicates a high score for mental health knowledge, but there is a wider range of variation within the range of scores.

The classification of various conditions as mental illness

The range of possible scores for the MAKS questions 7 - 12 are between 0 -30.The average score or mean score was 22.1, while the median score reported within the range and mode score or most frequently reported score by 35% of respondents was 22 (SD 3.5). This range of scores indicates a high score for classification of various conditions as mental illness, with a narrower range within this consistently high score.

Community attitudes toward the mentally ill (CAMI)

CAMI is used to identify social stigma towards those within the community living with mental illness. In total, 273 respondents completed the CAMI. There is no cut off scores for the CAMI. The range of possible scores within the 27 CAMI questions is between 0 to 135. As previous, a score above 3, 'neither agree or disagree', was applied to assist in interpretation of the CAMI, therefore, a score of 81 out of 135 or above, is used to represent a less stigmatising attitude towards mental illness.

The CAMI total reported by respondents indicate that the average or mean score was 115 indicating a positive attitude. While the middle value within the range of scores or median score was 118, and the most frequent score reported by 5% of respondents was 121 (SD: 14.5) indicating a wide degree of variance within the scores reported, although 98% of respondents reported a positive score above 81.

 The CAMI can be further divided into four subscales:

Authoritarianism

Authoritarianism reports respondents opinions about people with mental illness as being of a lower subclass than so called healthy individuals. The range of CAMI scores within this subscale for questions 1 to 7 are between 0 to 35. To assist in interpretation of the score the same score of 3, or 'neither disagree or disagree' is applied, so a score of 21 or above out of 35 indicates a positive less stigmatising attitude. The range CAMI Authoritarian scores reported in the survey were between 18 and 25.

Responses to the authoritarian subscale indicates that the average score or mean score was 29, while the median or middle value and most frequent value or mode was also 29. (SD 3.7) This score indicates a consistent positive attitude towards those with lived experience of mental illness, with 96% of respondents scoring above 21.

Benevolence

Benevolence reports on community attitudes of acceptance towards people who require treatment for mental illness.

The range of CAMI scores within this subscale for questions 8 to 14 are between 0 to 35. To assist in interpretation of the score the same score of 3, or 'neither disagree or disagree' is applied, so a score of 21 or above out of 35 indicates a positive less stigmatising attitude. The range of CAMI Benevolence scores reported in the survey were between 18 and 35.

Responses to the benevolence subscale indicates that the average score or mean score was 31.4, while the median or middle score within the range of scores was 32. Finally, and most frequent score or mode reported by 21% of respondents was 35. (SD 3.34) This score indicates a consistent positive attitude towards those with who require treatment for mental illness, with 99% of respondents scoring above 21.

Social Restriction

Social Restriction reports on respondents perceptions that people with mental illness pose a danger to society. The range of CAMI scores within this subscale for questions 15 to 21 are between 0 to 35. To assist in interpretation of the score the same score of 3, or 'neither disagree or disagree' is applied, so a score of 21 or above out of 35 indicates a positive less stigmatising attitude. The range of CAMI Social Restriction scores reported in the survey were between 5 and 35.

The average score or mean score was 29.5, while the median or middle of the range of scores reported and the most frequent score reported by 14% or mode was 31 and 33 (SD 4.5). This range of high scores indicates a less stigmatising attitude, that people with a mental illness do not pose a danger to society, 93% of respondents scoring above 21.

Community Mental Health Ideology

Community Mental Health Ideology reports respondents attitudes and beliefs related to inclusion of people with mental illness in the community and society in general. The range of CAMI scores within this subsection for questions 22 to 27 are between 0 to 30. The range of CAMI Ideology scores reported in the survey range from 0 to 30.

To assist in interpretation of the score the score of 3, or 'neither disagree or disagree' is applied, so a score of 18 or above out of 30 indicates a less stigmatising attitude to inclusion for people with mental illness in the community or society in general.

The average score or mean score was 25, while the median or middle of the range of scores reported was 26, and the most frequent score reported by 20% of respondents or mode was 30 (SD 4.1). This range of scores indicates a less stigmatising attitude towards the inclusion of people with a mental illness within the community and society in general, with 83% of respondents scoring above 21.

Summary of results – want we have learned so far

Reported and Intended Behaviour Scale (RIBS)

The first subsection of the RIBS reports that the majority of survey respondents had an awareness of living with someone with a mental health problem, working with someone with a mental health problem, or having a close friendship with someone with a mental health problem. Survey respondents have less awareness of neighbours with a mental health problem.

The second subsection of the RIBS indicates positive future intentionality to establish contact with people who have lived experience of mental illness, however there is variation within the scores.

Mental health knowledge scale (MAKS)

A higher score across the total MAKS total score indicates better mental health related knowledge, although variation in the scores is noted. The first subsection of the MAKS reports on stigma related mental health knowledge, and although a positive score is reported there is a range of variation within the scores.

The MAKS second subsection reports knowledge on the classification of various conditions as mental illnesses. A consistently high score indicates positive awareness and knowledge of conditions by respondents.

Community attitudes toward the mentally ill (CAMI)

The CAMI identifies social stigma towards those within the community living with mental illness. Although most respondents report a positive score, there is a wide degree of variance in the scores.

The first subsection of the CAMI is authoritarianism, viewing people with mental illness less favourably than those deemed mentally healthy. There is a consistent positive attitude towards those with lived experience of mental illness.

This second subsection of the CAMI is benevolence which reports stigma towards those who seek treatment for mental illness. A consistent positive attitude towards those who require treatment for mental illness was found.

The third subsection of the CAMI is social restriction which reports on stigma in the perception that people with mental illness pose a risk of danger to the community and society. Consistently high scores indicate a positive attitude towards people with a mental illness, that they do not pose a danger to society.

Finally, the fourth subsection indicates a less stigmatising attitude towards people with a mental illness, that they should be included in the community and society in general. A range of high scores indicates a less stigmatising attitude, that people with a mental illness should be included in the community and society in general.

Feedback from respondents about the Community Views on Mental Health Survey

The survey tools (MAKS, CAMI, RIBS) utilised are globally validated and as such we opted to use them with minimal change as noted in the materials and methods section.

A number of respondents included further narrative and many of the comments as seen below were focused on the tools themselves, in terms of how they are structured and worded.

i. Unpacking the questions: lack of discussion, lack of background and circumstances

Some respondents felt that the questions lacked detail, such as background or circumstances and that the categories were too narrow with no distinctions between the type and severity of mental illness. For example, distinguishing between conditions such as depression or bipolar disorder. A lot of respondents opted for 3, or 'neither agree or disagree', as a way to manage this uncertainty/ lack of clarity.

Comments included: 'certain types of jobs may not be appropriate for some people with a severe mental health condition'

'mental illness … not to put into one box'

'questions are too simplistic'

ii. Stigmatising language in the questionnaires

The language used in the questionnaires was raised as a concern by some respondents as it was seen to be stigmatising and to perpetuate negative attitudes.

Comments included:

'some of the language is not appropriate or correct….. such as normal'

'I am unsure what defines 'normal community' or 'normal people' for this survey'

'this questionnaire does not make any sense, some of the questions are bad'

'more contemporaneous wording may help'.

'the survey could be less biased'

Response to respondents feedback on the survey

The structure and stigmatising language used within the survey questionnaires is fully acknowledged. The rationale for using these global tools, RIBS, MAKS and CAMI is that they can provide a benchmark for the understanding of stigma in the Falkland Islands, but also allow comparison with other national studies. The CAMI for example has been used for over 40 years as the gold standard measurement of social stigma in countries across the world, including Austria, New Zealand, Denmark, Canada, Italy, Poland, Sweden, the United States, Taiwan, Spain, China, Lebanon and the UK in the Time to Change campaign in England which started in 2007.

The RIBS, MAKS and CAMI in the Falklands mental health anti-stigma campaign are following an established evaluation process and these questionnaires would be used again to help evaluate the impact of the anti-stigma campaign in the Falklands.

Next Steps

The findings from the survey have contributed to understanding the level of stigma present within the community and combined with the Developing a mental health anti-stigma campaign findings will enable us to shape and evaluate the anti-stigma campaign effectively. The next steps also include a social marketing campaign and offering Champions Trainings.

Ideally surveys such as this need to be repeated post campaign to be able to evaluate the impact of any initiatives delivered in the community and we recommend that this occurs.

Acknowledgements

Staying in touch

If you would like more information on the anti-stigma in mental health campaign for the Falkland Islands or to find out how to get involved please visit:

https://www.falklands.gov.fk/publichealth/projects

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