



Overview of the Better Future study

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The Methods

World Mental Health Survey Initiative

- International study run by the World Health Organisation.
- Random sample of 4340 representing the whole population.
- Questions about mental health **symptoms** and **experiences**.
- We used the answers to establish whether a person **met the criteria** for a disorder.
- Questions on suicide thoughts plans and attempts.
- Used a person-centred statistical technique to detect co-occurrences of disorders, life experiences and risk factors.
- Identified “latent” sub groups who share certain characteristics.

Rates of Mental Disorders in NI

LIFETIME

12-MONTH

Any mental disorder	39.1%, joint 3 rd	23.1%
Any anxiety disorder	22.6%, 4 th highest	14.6%
Any mood disorder	18.8%, 4 th highest	9.6%
Any substance disorder	14.1%, 3 rd highest	3.5%
Post Traumatic Stress Disorder	8.8%, highest	5.1%

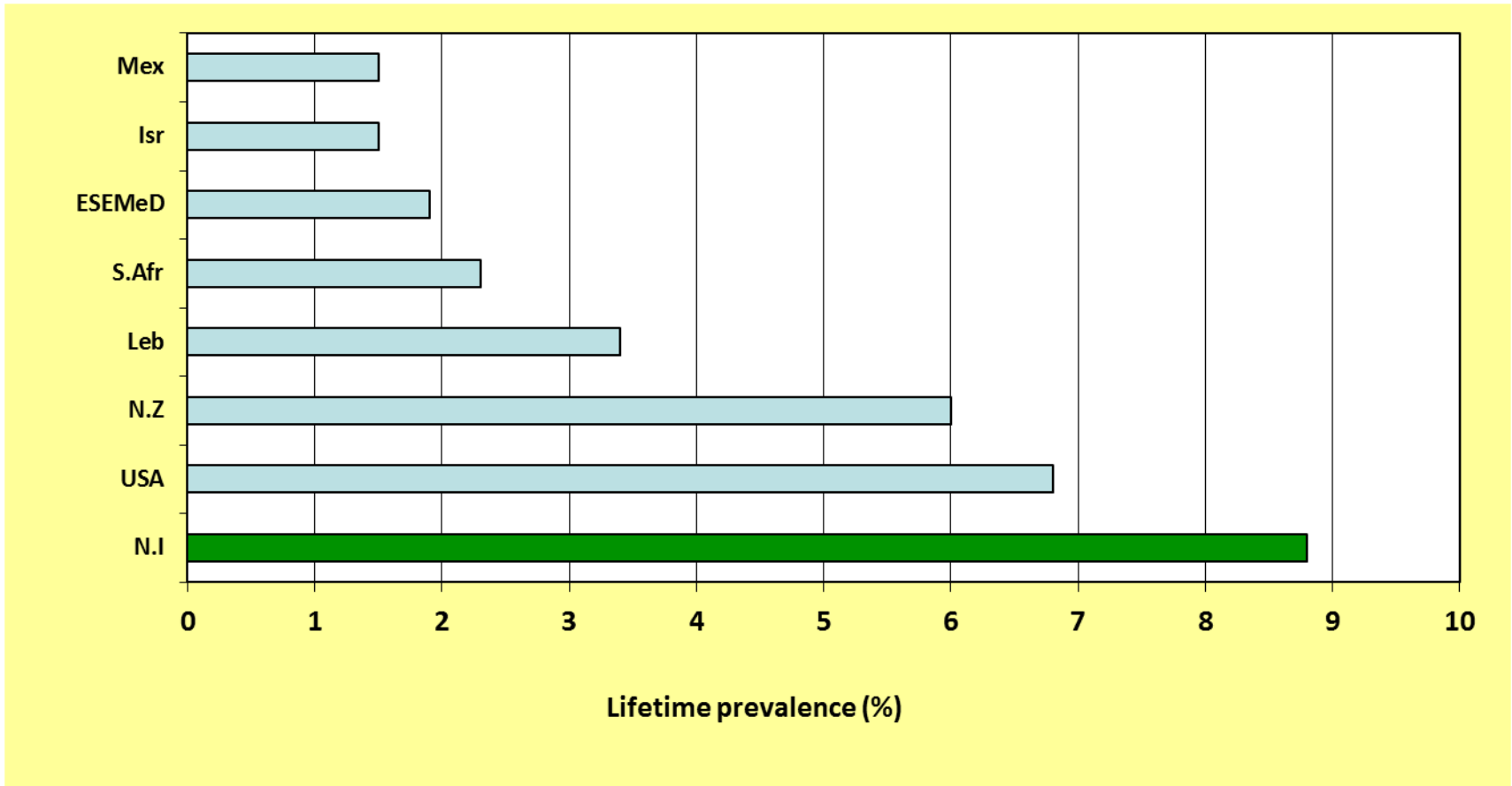
Females: anxiety & mood disorders (internalising disorders)

Males: impulse-control & substance disorders (externalising disorders).

Traumatic Events in the NI Population

- PTSD section asks about 29 event types.
- 60.6% had at least one trauma.
- 39% of the population have had a conflict related trauma (combat experience, civilian in region of terror, manmade disaster, threatened with a weapon, witnessed death or serious injury, saw atrocities).
- 17% (524,000) witnessed someone killed or seriously injured.
- 26% of PTSD is conflict related.
- Conflict is associated with more severe & enduring PTSD.

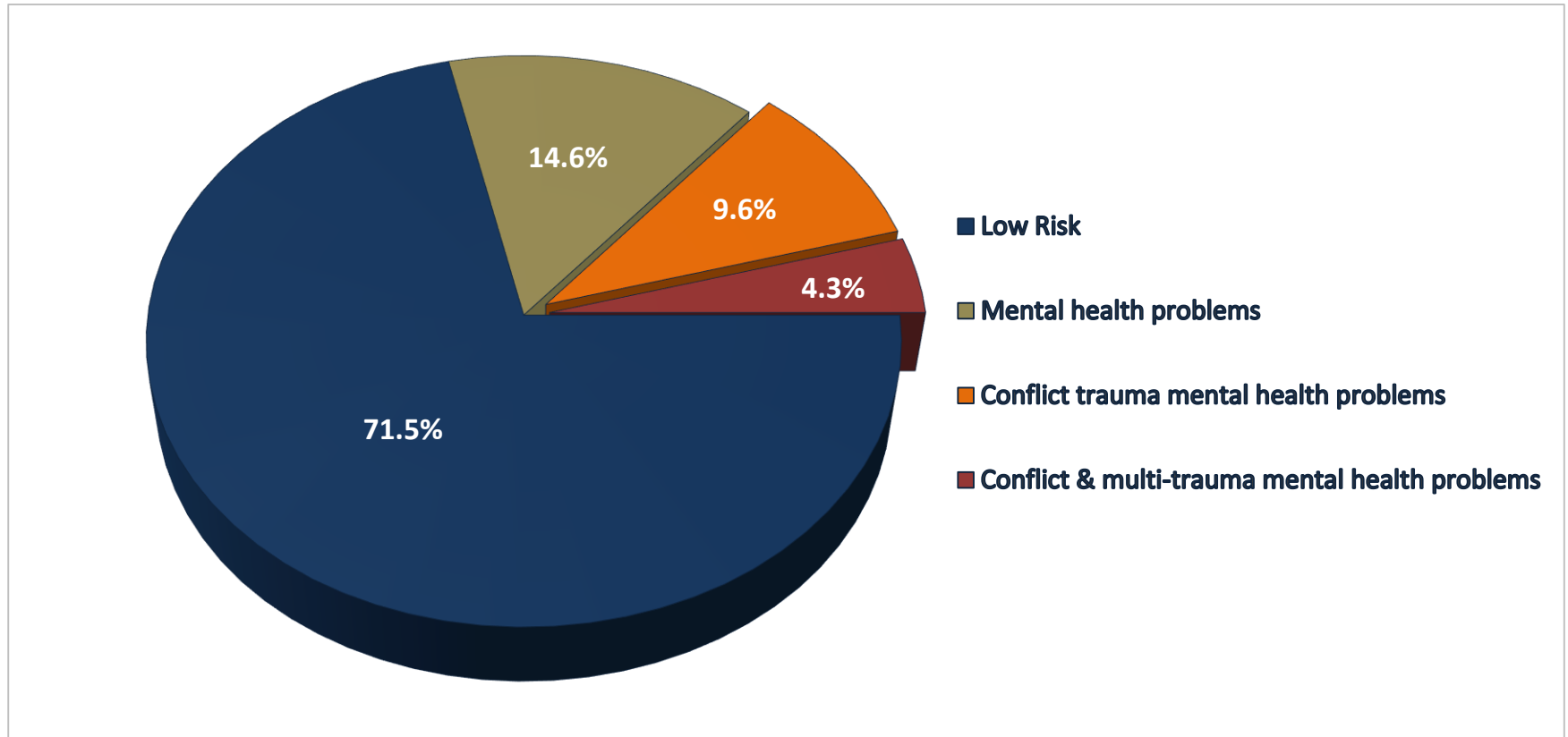
Comparison of NI lifetime figures with other countries



Service Use

- Among those meeting the criteria for lifetime PTSD, 61% said that they had spoken to a medical doctor or other health professional about their problems.
- Among those who spoke to a health professional 59% got help they considered to be effective. In other words, just 36% of those with lifetime PTSD received effective professional help.
- Individuals with any anxiety disorder (which incorporates PTSD) wait on average 22 years from disorder onset before seeking treatment.

Four Population Groups: Mental Health & Conflict Related Traumas



The High Risk Groups

	Mental Health Problems (14.6%)	Conflict-Trauma Mental Health Problems (9.6%)	Conflict Multi-Trauma Mental Health Problems (4.3%)
Exposure to Conflict	LOW	HIGH	MODERATE
Childhood Adversity	HIGH	MODERATE	HIGH
Mental Health Problems	HIGH	MODERATE	HIGH
Substance Use Problems	MODERATE	HIGH	HIGH

Suicide and the NI Troubles

- Increased risk of suicidal thoughts and plans among those with conflict exposure (in addition to the risk already conferred by mental illness).
- No increased risk of attempt (more likely to die on first attempt?)
- Conflict increases connectedness.
- Post conflict: reduced connectedness.
- Experiences have different meanings → increased risk.
- Exposure to pain → habituation (less fear/ more expertise).
- Cognitive access to means: Information.