

PART TWO : RESULTS

XII. DESCRIPTION OF THE SAMPLE

TABLE 3 : NUMBER OF QUESTIONNAIRES COLLECTED IN EACH SITE

Site	Site cover	Number of questionnaires collected
Grande Comores (Comoro Islands)	Comoro Islands	918
Antananarivo (Madagascar)	Antananarivo province	899
Mahajanga (Madagascar)	Mahajanga province	900
Mauritius	The island	899
Guadeloupe (DOM)	Guadeloupe + Les saintes + Marie Galante	855
Réunion (DOM)	The island	909
Marseille (France)	Les quartiers Nord de Marseille	893
Pyrénées Orientales (France)	The department	885
Nantes (France)	Nantes city	413
Sud Hauts de Seine (France)	Meudon, Chaville, Malakoff et Montrouge	900
Vallée de la Lys (France)	Armentières, Nieppe, Houplines Bondues, Bousbecque, Comines, Deulemont, Halluin, Linselles, Quesnoy sur Deule, Roncq, Warneton et Wervicq sud	902
Lille-Hellemmes (France)	Hellemmes, Faches-Thuménil, Ronchin, Lesquin Mons en Baroeul et Lezennes	608
Tourcoing (France)	Tourcoing city	901
TOTAL		10.882

The various sites can correspond to the geographical area of a psychiatric sector (in metropolitan France for instance), to a particular geographical region (Antananarivo region, city of Nantes, département of Pyrénées orientales for example) or an island territory (Mauritius, Guadeloupe, Comoros).

Fourteen sites implemented the survey :

- Twelve sites collected between 855 and 918 questionnaires
- the Hellemmes site only obtained 608, following withdrawal of one team of interviewers in Lille CRHU
- the Nantes site collected only 413 for lack of local resources (CHU St. Jacques) to collect a full sample
- it should be noted the Evry site was unable to complete the survey on account of institutional problems.

In all 10 882 subjects agreed to take part in the survey and responded in full to all three questionnaires.

1. ANALYSIS OF REFUSALS

The analysis of refusals should make it possible to obtain information on non-respondents, so as to determine whether they present any particular characteristics as compared to respondents. The survey methodology provided for data collection on a certain number of characteristics so as to qualify non-respondents (gender, age, socio-professional characteristics, and reason for refusal) by way of a refusal sheet to be completed on the spot for any subject refusing to collaborate, after explanations had been provided by the interviewer.

Table 4 provides some information on refusal rates :

- for some sites, all the refusal sheets are missing (they were not completed by the interviewers, or not collected by the organisers, or not forwarded to the international co-ordination for capture). This is the case in the Comoros sites, Mahajanga, Antananarivo, Lille-Hellemmes and Nantes. This can but be regretted.
- Analysis of available data shows that 13% (59/322) of the interviewers handed in refusal sheets. The percentages of refusals recorded per site varies from 0.1 to 10%.
- The reasons given for refusal are mainly a lack of time (44%). Refusals relating to the subject matter of the survey (mental health) are not frequent (4% of refusals).

The second phase of data collection should put particular emphasis, in the training of interviewers and organising staff, on the fact that refusal sheets must be scrupulously completed. Further to this, a count of subjects "approached" should also be carried out (individuals approached but who refused immediately). However, the question of refusals remains rather paradoxical in this type of survey. Indeed, the task is to collect people's opinions on a markedly taboo subject, involving a degree of fear or suspicion, and refusals may be attributed to lack of time when in fact the refusal is related to the

very theme of the survey ("A survey on mental health? But I am not insane!").

TABLE 4 : SUMMARY OF THE REFUSAL SHEETS

SITES	Number of quest. collected	Number of interviewers	Number of interviewers meeting refusals	% of interviewers meeting refusals	Number of refusals per site	Refusal rates per site	REASONS FOR REFUSAL					
							Lack of time	Refused each survey	Refused "mental health" theme	Not interested	Gave no explanation	Gave up during the survey
Comoros	918	11	NA	NA	NA	NA	-	-	-	-	-	-
Antananarivo	899	30	NA	NA	NA	NA	-	-	-	-	-	-
Mahajanga	900	30	NA	NA	NA	NA	-	-	-	-	-	-
Mauritius	899	20	NA	NA	50	5,3%	-	-	-	-	-	-
Réunion	909	37	18	49%	81	8%	29	20	6	15	19	4
Guadeloupe	855	27	6	22%	9	1%	4	1	-	1	-	5
Marseille	893	61	4	6,6%	10	1%	3	-	-	1	2	4
Pyrénées-orientales	885	63	9	14%	26	2,8%	15	6	3	2	2	1
Nantes	413	17	NA	NA	NA	NA	-	-	-	-	-	-
Sud hauts de Seine	900	19	4	21%	4	0,4%	2	1	-	-	-	1
Vallée de la Lys	902	32	17	53%	110	10%	76	11	3	5	12	4
Lille-Hellemmes	608	49	NA	-	-	-	-	-	-	-	-	-
Tourcoing	901	63	1	1,5%	1	0,1%	-	-	-	-	-	1
Usable TOTAL	7 144	322	59	13%	291	0,1-10%	129	39	12	24	35	20
GENERAL TOTALS	10 882	459										

2. SAMPLE DESCRIPTION

TABLE 5 : SAMPLE DESCRIPTION

	Gender		Average age	Married / Cohabiting	High education level	Is in employment	Monthly household income <840€
	M	F					
Comoros	52	48	33,3	55%	7%	52%	-*
Antananarivo	50	50	37,5	72%	18%	80%	-*
Mahajanga	50	50	35,6	69%	12%	77%	-*
Mauritius	50	50	37,9	63%	20%	53%	-*
Réunion	48	52	39,6	62%	38%	35%	43%
Guadeloupe	47	53	40,8	44%	50%	56%	34%
Marseille	48	52	44,6	54%	46%	48%	20%
Pyrénées Orientales	46	54	49,3	60%	45%	48%	18%
Nantes	50	50	41,9	50%	64%	59%	23%
Sud hauts de Seine	93	107	45	56%	64,5%	71%	9,5%
Vallée de la Lys	48	52	44,7	62%	42%	62%	18%
Lille-Hellemmes	49	51	42,2	52%	61%	57%	17%
Tourcoing	47	53	42,4	49%	50%	56%	23%

TABLE 5 (continuation): SAMPLE DESCRIPTION

	Religious / believers	Engaged in a religious practice	Moved from another country	Have ever had psychotherapy	Have ever taken medication for the nerves	Have ever been in a psychiatric ward*
Comoros	100%	99%	1%	0%	6%	4%
Antananarivo	97%	67%	0%	1%	12%	9%
Mahajanga	87%	67%	0%	3%	9%	20%
Mauritius	98%	96%	0,5%	5%	10%	37%
Réunion	80%	51%	8%	8%	27%	36%
Guadeloupe	90%	57%	7%	6%	26%	38%
Marseille	66%	24%	10%	11%	35%	36%
Pyrénées Orientales	55%	20%	6%	5%	32%	35%
Nantes	61%	22%	2%	11%	34%	43%
Sud hauts de Seine	60%	29,5%	9%	14,5%	35,5%	39,5%
Vallée de la Lys	72%	28%	3%	8%	36%	47%
Lille-Hellemmes	60%	28%	6%	11%	39%	44%
Tourcoing	65%	25%	4%	8,5%	34%	36%

* Visit, hospitalisation, work...

TABLE 6 : SITES DESCRIPTION

	Surface area [†]	Population [‡] (half-1999)	Birthrate	Mortality rate	Life expectancy at birth (years)		GNP per capita	GDP per capita,1998
	(in thousands of km ²)	(in million)	(per 1000)	(per1000)	Males	Females	(in US dollars)	(in billion US dollars)
Comoros	2	0,56	38	10	57	62	400	
Madagascar	587	14,4	44	14	51	53	250	11,3
Maurice	2	1,17	17	7	66	74	3 870	16,5
Réunion	2,5	0,71	20	5	70	79		6,4
Guadeloupe	1,7	0,44	17	6	73	80		5,4
Martinique	1,1	0,4	15	6	75	82		5
France (métropolitaine)	552	59,1	12	9	74	82	26 300	1 133,2

[†]This refers to land surface areas, ie. excluding main rivers and lakes

[‡]Estimates based on recent census, on official national data, or on UNO census bureau projections, etc.

A. GENDER

- The male/female ratio is balanced in Mauritius, Madagascar and the Nantes site. It is slightly unbalanced in favour of male subjects for the Comoros site and in favour of women in the French metropolitan and overseas *département* (DOM) sites. It can be noted that Western countries show a greater life expectancy for women than for men.

B. AGE

- Average age is greater in metropolitan France sites (41.9 yrs in Nantes, 49.3 in Pyrénées orientales) than in the French DOM (39.6 in Réunion, 40.8 in Guadeloupe) and greater again than in Indian Ocean sites (Mauritius 37.9, Madagascar 35.6 and Comoros 33.3).
- The classic life expectancy differences between developing countries and industrialised countries are found here.

C. EDUCATIONAL STATUS

WHAT LEVEL OF SCHOOLING DID YOU REACH ?

With regard to the educational status of the individuals who took part in the survey, the same gradient as for age is found among the different sites

- Thus, 43% of the subjects interviewed in the Comoros had never been to school, and the same is true for 11.25% in Mahajanga, 5% in Antananarivo, 4.2% in Réunion and 3.7% in Mauritius.
- In metropolitan France this proportion varies from 2.5% in Marseille and 0.24% in the southern Hauts-de-Seine site.
- The proportion of subjects interviewed having reached higher education level varies from 2% in the Comoros to 42% in the southern Hauts-de-Seine site.

D. ACTIVITY

ARE YOU AT PRESENT IN EMPLOYMENT ?

IF SO WHAT IS YOUR JOB ? IF NOT WHAT IS YOUR PRESENT SITUATION ?

Here the individuals taken into account are those with a professional activity at the time of the survey. It should be noted that for methodological reasons unemployed subjects are not considered to be "active" (working population), and hence are classified with retired subjects, students, and housewives or other subjects staying in their homes.

There are considerable differences between sites concerning levels of activity.

- Farmers and artisans account for 60% of the active population in Madagascar, and 30% in the Comoros site.
- Senior executives and middle-ranking professionals are strongly represented in the southern Hauts-de-Seine site (30%)
- Employed workers account for 25% in the Vallée de la Lys site, and 27% in the Mauritius site.

- The number of unemployed in Guadeloupe site should be received with some reservations, as a number of the islanders receive the RMI (minimum allowance) and work illegally ("djobeurs" / jobbers).
- Retired individuals form the largest group (28.4% in the Pyrénées orientales site, and they are virtually absent in the Indian Ocean sites (where there is no retirement pension).

E. MARITAL STATUS

WHAT IS YOUR MARITAL STATUS ?

- Over the sites as a whole, a little more than half the subjects were living in some form of marital arrangement (married or cohabiting), with two extremes :
 - ✓ in Madagascar 70% of the subjects interviewed were married or cohabiting
 - ✓ in Guadeloupe 44% were in this situation. This lower proportion could be explained by the common practice in the island known as "concubinage de nuit" (night-time cohabitation).
 - ✓ Among respondents, the proportion of single individuals is between 18 and 38%. This is in line, for the majority of sites, with the proportion of 18-29 year old subjects, except for Guadeloupe site (43%) and Madagascar site (Antananarivo 19.24%), which is coherent with the preceding data
- The proportion of individuals who had separated or divorced is between 5 and 9% with the exception of :
 - ✓ Marseille (11.5%) and southern Hauts de Seine sites (12.6%) on the one hand,
 - ✓ Mauritius (2.7%) on the other.
 - ✓ Widows and widowers are not numerous in the Comoros and Madagascar sites (1.5%). They are a little more numerous in the DOM (5%) while the rate reaches 7 to 15% in metropolitan sites. This requires correlating with life expectancy and the differential mortality rate between men and women.

F. STANDARD OF LIVING (AVAILABLE ONLY FOR THE FRENCH SITES)

WHAT IS, ROUGHLY, YOUR MONTHLY HOUSEHOLD INCOME ?

- ✓ The monthly household income for the Comoros, Madagascar and Mauritius sites is particularly difficult to assess because the subjects interviewed included all the household income, the household sometimes including 10 members. Hence the comparison with the other sites is as yet not relevant.

Standards of living vary considerable from one site to another.

- It is low in the DOM sites, where 42% of the interviewees gave a monthly income (MHI) below 840 euros
- 60-65% of respondents in metropolitan sites declared a MHI between 840 and 2515 euros
- It is much higher in the Southern Hauts de Seine where 25-42% of survey respondents gave a monthly household income above 2515 euros, a proportion that is only 13 to 17% in the other French sites.

G. RELIGIOUS BELIEF AND PRACTICE

ARE YOU RELIGIOUS?.....

DO YOU ENGAGE IN ANY FORM OF RELIGIOUS PRACTICE ?.....

- Between 80% (Réunion) and 100% (Comoros) of respondents stated they were religious/believers in the Indian Ocean sites. If the proportion in the DOM is considered, we find 80% in Réunion and 90% in Guadeloupe.
- In French metropolitan sites this proportion falls to 60%, with the exception of :
 - ✓ Pyrénées Orientales where it concerns 55% of respondents
 - ✓ Vallée de la Lys where it is 72%
- If religious practice remains widespread in the Comoros, Madagascar and Mauritius (67-99%) around 55% of interviewees in the DOM and about a quarter (20-30%) in metropolitan France stated that they engage in some sort of religious practice.

H. MIGRATION

HAVE YOU MOVED FROM ANOTHER COUNTRY ?.....

- In Guadeloupe, Réunion, of the southern Hauts de Seine and Marseille, a large proportion of migrants was observed (respectively 7, 8, 9 and 10%)
- Conversely, in the Comoros, Madagascar and Mauritius migration was virtually absent.
- In France one person out of 4 is of one-generation foreign origin (national statistics).

Other data relating more specifically to the survey provides information on respondents.

I. STATED CONSUMPTION OF MEDICATION FOR NERVOUS CONDITIONS

HAVE YOU EVERY TAKEN MEDICATION FOR YOUR NERVES OR YOUR HEAD (TRANQUILLISERS, SLEEPING TABLETS, ANTI-DEPRESSANTS, ETC) ?

IF SO, WHAT WAS THE PROBLEM?

WHAT MEDICATION DID YOU TAKE ?

- In metropolitan France 32 to 40% of respondents stated they had already taken medication "for nervous problems" (tranquillisers, sleeping tablets, anti-depressants, etc), and 26% in Guadeloupe and Réunion (DOM).
- This proportion is lower in the Indian Ocean sites :
 - ✓ around 10% in Madagascar and Mauritius
 - ✓ 6% in the Comoros.
- In more than 80% of these cases, respondents explain they took these medication for "psychological problems".
- In Mauritius, 11% of interviewees stated they had taken the medication on account of addiction problems
- The medication used consisted mainly in anxiolytic drugs :
 - ✓ in 30% of cases for Indian Ocean sites (Comoros, Réunion, Madagascar)
 - ✓ between 43% (Lille-Hellemmes) and 56% (Guadeloupe) for French metropolitan and DOM sites
- second to anxiolytics come antidepressants in French metropolitan sites
 - ✓ from 14.7% in Pyrénées Orientales to 29% in Nantes,
- In the Indian ocean sites and Guadeloupe, anxiolytics are followed by hypnotics :
 - ✓ from 15% in Réunion to 25% in the Comoros, with the exception of Antananarivo where anti-epileptics come second
- Traditional remedies and homeopathy are mentioned in only a marginal manner. This can be expected, since it can be thought that the response to a question on "medication" or "drugs", which are more strongly associated with the biomedical field, is not likely to be in terms of "traditional remedies".

J. PSYCHOTHERAPY

HAVE YOU EVER HAD PSYCHOTHERAPY ?.....

- In French sites, 5 to 13% of respondents stated they had had psychotherapy at some time
- 5.3% of respondents in Mauritius stated they had had psychotherapy
- Less than 3% of subjects in the Comoros and Madagascar gave a positive response to this question.

K. PERSONAL ACQUAINTANCE WITH PSYCHIATRIC HOSPITAL FACILITIES

HAVE YOU EVER BEEN IN A PSYCHIATRIC HOSPITAL OR A PSYCHIATRIC WARD ?

- In all the French sites and in Maurice, more than a third of the subjects interviewed stated they had at some time been in a psychiatric hospital or clinic.
- In the Comoros, where there is no psychiatric facility in the whole territory, this proportion falls to 4%.
- In Madagascar, where the number of facilities is small, (only one psychiatric hospital in Antananarivo) the number of subjects stating they had at some time been in a psychiatric hospital or ward reached 8% in Mahajanga and 20% in Antananarivo.

XII. REVIEW OF THE SAMPLE CHARACTERISTICS

1. SOCIO-DEMOGRAPHIC CRITERIA

Among these countries which differ so widely in terms of mortality, life expectancy, standard of living and medicalisation, differences are of course significant from one site to another.

- Women are proportionally more numerous in France and the DOM, equal in number to men in Indian Ocean countries, and proportionally less numerous in the Comoros.
- Average ages show a graduation from Indian Ocean countries to France. Marriage and cohabitation are very marked characteristics in Madagascar, marked in Mauritius and Réunion.
- Educational status is directly correlated with standard of living and the existence of universities and higher education
- Employment differs markedly according to countries. In Madagascar a large number work because there is no retirement pension. In Chaville-Meudon, there is little unemployment, while unemployment is higher in the Pyrénées Orientales, Guadeloupe and Réunion.
- Household income is linked to employment and educational status.
- Religious beliefs and practice are strong in the Indian Ocean, less so in the DOM, and even less in metropolitan France. However, having a belief applies to a majority overall.
- Subjects that have moved from one country to another (migrants) are numerous in Marseille and southern Hauts de Seine, less so in Réunion and Guadeloupe, and very few in the Indian Ocean sites (emigration was not assessed).
- Having at some time had "psychotherapy" or taken "medication for nervous disturbances", and also whether or not the subjects had already been in a psychiatric hospital, are inversely proportional to belief and religious practice, but also to the standard of living of the country.
- Finally, the psychiatric hospital appears to be a "popular" and universally known concept, even where little psychiatry is available.
- It is also surprising that all the respondents had an opinion on mental health, and this is easily understood from the tables that follow. Subsequently socio-demographic data will be crossed with representations and disturbances identified by the MINI, in order to ascertain whether these factors are involved or interfere in the disturbances, representations of insanity, mental illness, depression, and the care that is required.

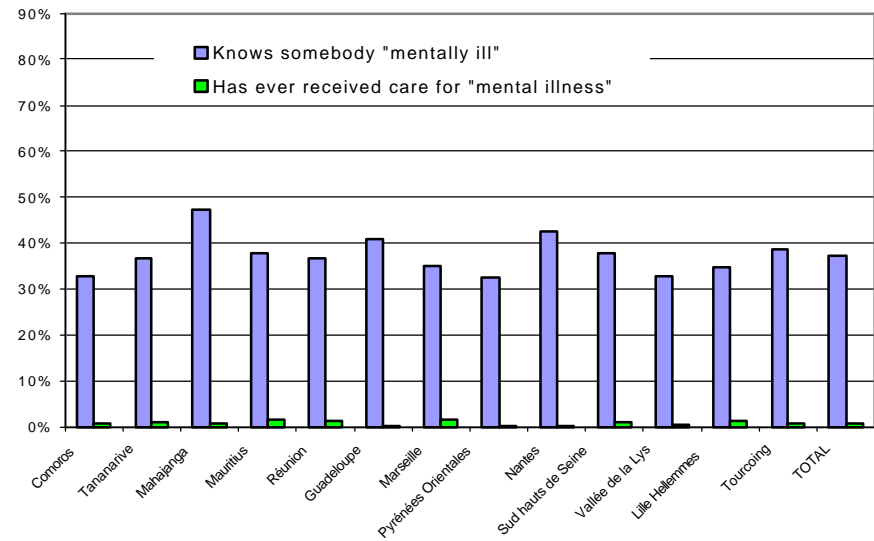
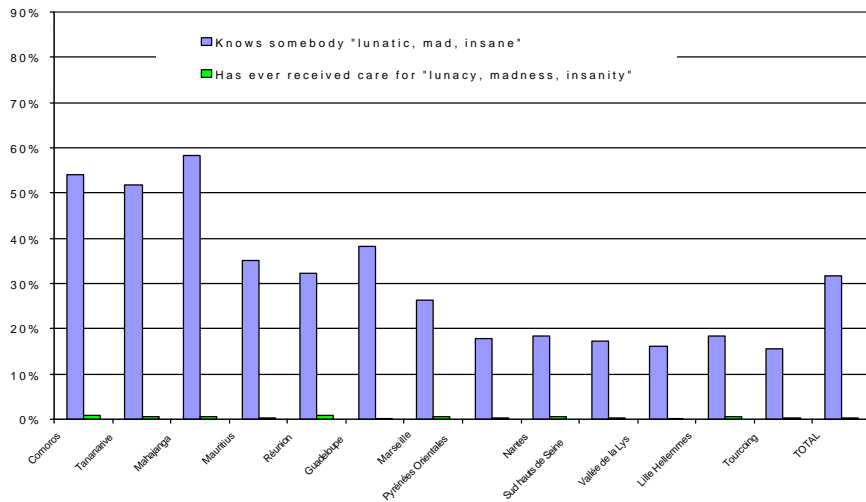
2. FIRST INDICATIONS CONCERNING REPRESENTATIONS

- These populations have a certain empirical knowledge of mental disturbances, and they feel concerned by the subject in one way or another (cf. declared consumption of medication for nervous disorders or psychological causes).
- **If among the respondents none considered him/herself to be "insane"**, 56 to 58% in the Comoros and Madagascar know a "lunatic", "madman" or an "insane" person among the people close to them. This is the figure or profile most commonly described in the Comoros and Madagascar, well before the "mentally ill" or the "depressive". It is also the case for 32 to 38% of respondents in Mauritius and the DOM, and for 25 to 29% in metropolitan France. Thus it can be said that there is a gradient for subjects who know a "lunatic" or someone "insane" from the Indian Ocean countries towards metropolitan France. In most cases, the person is close (family or friend, rather than a neighbour or colleague).
- Likewise, among respondents extremely few stated they were "mentally ill" (0.25 to 1.7%) However, in France and the DOM interviewees more frequently (32 to 42%) stated that they knew a person who was "mentally ill" than that they knew a "lunatic". In Mauritius subjects indicating they knew someone who was "mentally ill" were as numerous as those stating they knew a "lunatic" or someone "insane". Conversely in the Comoros and Madagascar sites people resorting to the term "mentally ill" were less numerous. Here the person was more likely to be a neighbour or colleague than was the case for "someone insane" or a "lunatic"
- Among subjects in the sample the following proportions stated they had received care for "depression" :
 - ✓ 11 to 23% of subjects in metropolitan France
 - ✓ 8 to 11% in the French DOM
 - ✓ less than 4% of respondents in the Indian Ocean sites.
- A larger number of interviewees in France and the DOM (75-84% and 55-57% respectively) knew someone suffering from "depression" among people close to them, than those citing people who were "insane" or "mentally ill".

This proportion is reversed in the Comoros, Madagascar, and Mauritius, where only 31 to 36% know someone suffering from "depression". *Here the people concerned were above all close (family and friends) rather than neighbours or colleagues.*
- All through this survey it will be seen that the notions of the "insane", the "mentally ill", and people who are "depressed" are markedly analogous in the Comoros. The notions of "mental illness" and "depression" are not well known in Madagascar. In France it would appear that the notion of "depression" has come to replace that of "madness" or "insanity". The concept of "depression" has not yet taken hold in the Indian Ocean sites.

The following analysis could be put forward : the more "western" one becomes, the more madness or insanity converts into mental illness (in relationship with the development of care systems) and/or depression, via a sort of "internalisation" or "intimisation". It is quite impossible to

represent oneself as being "mad" or "insane". However, medicalisation (mental illness) and internalisation (depression) are becoming acceptable profiles for people, especially in westernised sites.



GRAPHS 1- 2 - 3
REPRESENTATION OF ONESELF AND OF THE OTHERS

- ➔ Representation of oneself differs from representation of the others
- ➔ "Insanity" concept is more "widespread" in the Comoros and Madagascar sites than in the French sites.
- ➔ "Depression" concept is more operating in the French sites than in the Indian Ocean sites.

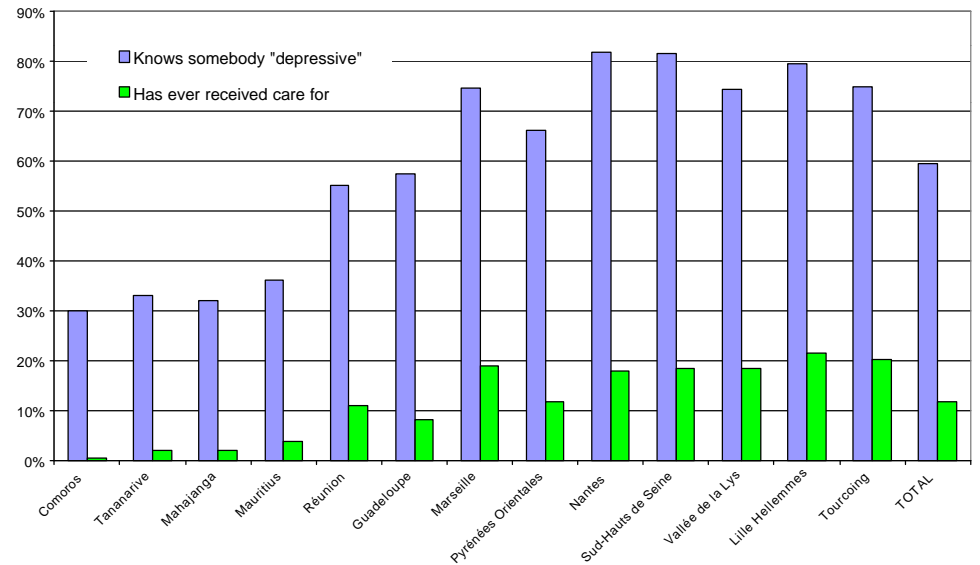


CHART 4 : REPRESENTATION OF ONESELF AND OF THE OTHERS - ROLLUP

