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## Attitudes towards depression and symptoms of depression among Polish and British adults

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### ABSTRACT

**Introduction.** Depression is a mental illness widespread in the population and is the most common mental disorder. There has been an increase in number of depression diagnoses among the wider population in the past few years.

**Aim.** The aim of the study was to gain knowledge regarding the attitudes towards depression and to measure the occurrence of depression symptoms among open populations of Polish and British people.

**Materials and methods.** The study was conducted from March to May 2015 by posting an electronic survey on a social network in Polish and English language. 143 completed questionnaires were obtained. The method of diagnostic survey was used in this study. The research tools was a survey created by the authors and the Beck Depression Inventory (BDI).

**Results.** Every third respondent acknowledged that they have a sufficient knowledge of depression. Based on BDI results, 75% of Poles and 39% of British did not show any signs of depression.

**Conclusions.** The British understand the term “depression” correctly more often than Poles. The inhabitants of Poland and Great Britain take a positive attitude towards people with depression. The British have depressive symptoms more frequently than Poles. Nationality and age do not affect the severity of depressive symptoms in both groups.

**Keywords.** attitudes, depression, Poland, United Kingdom

### Introduction

According to the WHO (World Health Organization), depression is a common mental disorder characterized by sadness, loss of interest or pleasure, guilt or reduced self-esteem, sleep and eating disorders; feeling of tiredness and decreased concentration.<sup>1</sup> The following description of depression is provided from a clinical psychology manual: “This disease is dominated by depressed mood, deep sadness, despair, a sense of emp-

teness and hopelessness and helplessness; the feeling of pleasure and joy disappears, and mood disorders are accompanied by loss of interest, apathy and inhibition of activity. Depression and anxiety may also accompany depressive mood.”<sup>2</sup>

The term depression is used to describe general well-being or mood, e.g. as a temporary state of dysphoria (the opposite of euphoria), which can last from a few moments to several days. The words depression is also

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used in colloquial language to refer to reactions to difficult life situations. According to Hammen, depression is “a set of experiences, including not only the mood, but also physical, psychological and behavioral experiences that define a more long-lasting, harmful and serious condition that can be clinically diagnosed as a depressive syndrome.”<sup>3</sup>

Recently, an increased incidence of depression has been observed in wider populations.<sup>5</sup> According to WHO data from 2013, 27% of the general adult population (18–65 yrs) in Europe (EU + Iceland, Norway, Switzerland) experienced at least one psychological problem (psychosis, anxiety, depression, substance dependence, eating disorders) within last year. The scale of the problem is enormous, as it is estimated to affect approximately 83 million people. The report also confirms greater prevalence of such disorders among women (33.2%) than in men (21.7%). WHO data on depression indicate that currently depression is the fourth most common health issue worldwide, and estimates that in 2020 it will be the second only to cancer.<sup>6,7</sup>

According to the US *Healthline* health website based on various data, it is estimated that around 121 million people in the world are struggling with depression. Most cases are recorded in India (> 36%), followed by the Netherlands, France and the United States (> 30%), followed by European countries (including Poland), Australia and Canada (> 20–30%). In the United States, one in ten people has depression, and the number of patients increases by 20% each year, and 80% of the patients do not receive any treatment. Risk factors include unemployment and divorce, age (45–64 years), and sex as depression affects women more often than men. According to this data, the symptoms of baby blues affect 1 in 10 mothers up to seven days after birth.<sup>8</sup>

## Aim

The aim of the study was to gain knowledge regarding attitudes towards depression and measure depression symptoms among a open population of Polish and British people.

## Material and method

Anonymous surveys were conducted between March and May 2015 by posting an electronic survey in Polish and English on one of the social networking sites. 143 correctly completed questionnaires were obtained. The research tool was a survey designed by the authors and Beck Depression Inventory (BDI).

The characteristics of the studied group were based on the data contained in the author's part of the questionnaire including: country of residence, sex, age, occupational and housing status, family and material status, perception of the most important values in life and problem solving, and self-assessment of knowl-

edge and attitudes towards people with depression. 76 Poles (53.1%) and 67 Britons (46.9%) participated in the study.

The mean age of the respondents was 34 (19–63), 35 years for respondents from Poland and 29 years from Great Britain. Almost 40% own a flat, 35% rent a flat, and 27% live in a family home. Over half of the respondents are professionally active (56%); an equal percentage of the respondents of both nationalities (21%) study or work and study simultaneously. Most participants (62%) are in relationship, and 38% are single. The general financial situation of the respondents is quite good; 64% earn enough to manage their needs, and 36% earn less than their needs.

**Table 1.** Socio-demographic characteristics of the studied population

Variables	Poland	Great Britain	p
<b>Country</b>	76 53.1%	67 46.9	
<b>Sex</b>			0.7157
Man	26 34.2%	21 31.3%	
Woman	50 65.8%	46 68.7%	
<b>Housing situation</b>			<b>0.0250*</b>
Lives with parents	22 28.9%	16 23.9%	
Rents a flat	19 25.0%	31 46.3%	
Owens a flat	35 46.1%	20 29.9%	
<b>Professional status</b>			<b>0.0017**</b>
Studies	22 28.9%	8 11.9%	
Works	31 40.8%	49 73.1%	
Studies and works	21 27.6%	9 13.4%	
Does not study or work	2 2.6%	1 1.5%	
<b>Family status</b>			<b>0.6530</b>
Single	30 39,5%	24 35,8%	
In relations	46 60,5%	43 64,2%	
<b>Material status</b>			<b>0.3294</b>
Income lower than expenses	31 40.8%	20 29.9%	
Income equal to expenses	35 46.1%	34 50.7%	
Income higher than expenses	10 13.2%	13 19.4%	
<b>The most important value in life</b>			<b>0.0005***</b>
Family	49 64.5%	57 85.1%	
Health	24 31.6%	4 6.0%	
Friends	3 3.9%	6 9.0%	
<b>Problem solving</b>			<b>0.6015</b>
Manage independently	46 60.5%	44 65.7%	
Family suport	15 19.7%	14 20.9%	
Parents, siblings support	15 19.7%	9 13.4%	

Family is the greatest value in life, as declared by 74% of the participants, and 20% of people put health first in the hierarchy of values. In the face of difficult life situations, 63% of the respondents manage independently, other respondents need family support (17%) or friends (20%) (Table 1). As in the case of research agency PBS (Partner in Business Strategies) study, the most important value for Poles is their family (51%). In the CBOS (Centre for Public Opinion Research) study “Values and norms in Polish lives” from 2005, respondent indications confirmed that the most important values are family life (84%), and health (69%), and in the 2010 study, health was ranked first (97%) before family life (95%). These two values always rank highest in the hierarchy of Polish values. Interestingly, in our research only 20% of the respondents put health first in the hierarchy of values.<sup>9</sup>

The method of diagnostic survey was used in the study, the research tools were a questionnaire developed by the author and the Beck Depression Inventory (BDI). The author’s questionnaire contained 12 questions, of which 5 were related to the socio-demographic characteristics of the surveyed group. Another 7 questions allowed for determining the attitude of the respondents towards depression and the sources of knowledge about this disease.

The Beck Depression Inventory (BDI) by Aaron Temkin Beck (1961) is one of the most popular auxiliary tools to measure the symptom severity of depressive syndrome, and the Polish version of the scale was developed in 1977 by Parnowski and Jernajczyk.<sup>10</sup> The scale consists of 21 questions with 4 variants of the answers. The respondent could score from 0 to 3 points for each answer. The sum of points obtained in the assessment of individual symptoms is the numerical value - the so-called depression level indicator ranging from 0 to 63 points. The following interpretation of the results of BDI was adopted in the study: up to 10 points - no depression, lowered mood, between 11-27 points moderate depression, from 28 points severe depression.<sup>11</sup> The chi-square independence test, the Mann-Whitney test and the Spearman rank correlation coefficient were used in the statistical analysis. The level of significance was assumed at  $p = 0.05$ , and the strength of dependence was marked in the text respectively: \* weak dependence, \*\* moderate dependence, \*\*\* strong dependence. It should be added that BDI is not a recognized tool in the diagnosis of depression and can only serve as an auxiliary tool in determining the severity of symptoms considered depressive.

## Results

Depression is the most widespread mental illness and depressive mood is treated as a predisposition and tendency to depression which may turn into this disease in

the future. Taking into account statistical data and scientific reports pointing to the growing scale of the problem of depression in the world population, a study was undertaken to learn about attitudes towards depression and the incidence of depressive symptoms in the open population of Poles and British. 143 people, including 96 women and 47 men, participated in anonymous online questionnaire.

The majority of the respondents stated that they did not have sufficient knowledge about depression (68.5%), only every third respondent recognized that they had such knowledge (31.5%). The British assessed their knowledge better ( $p = 0.0043$  \*\*).

When asked about depression, most respondents said it was a disease (45%), 30% of the respondents think that it was low mood, 19% believe it was a temporary breakdown and 6% claim it was an excuse in difficult situations. The correct answer that depression is a disease was more often provided by the British - 59.7% and by 31.5% of Poles ( $p = 0.0048$  \*\*).

Among the sources of knowledge, the respondents most often indicated the Internet - 65.3%, books 24.5%, and TV and radio 10.2% ( $p = 0.0030$  \*\*).

People with depression or other mental illness are often stigmatized socially. In our study, these tendencies are more optimistic. Most respondents would accept a person with depression in the closest neighborhood (93%), at work (85.3%), among friends (93.7%) or in a family (95.8). Regarding the neighborhood, the highest tolerance was shown by Poles ( $p = 0.0005$  \*\*\*) (Table 2).

The tendency to depression based on the results of Beck Depression Inventory occurs at various levels in Poles and Britons. Surveyed British definitely show more depressive symptoms. The mean results in Beck Depression Inventory for Poland was 8.2 points and 15 points for Great Britain. Also the median value is twice as high for the British as for the Poles ( $p = 0.0000$  \*\*\*) (Table 3).

A descriptive depression scale based on BDI confirmed that the symptoms described as “severe depression” are reported by 11.9% of Britons. Almost half of the respondents from Great Britain and every fourth Pole showed signs of moderate depression. The majority of investigated Poles (75%) recognize that they do not struggle with symptoms of depression. In the case of the British, this percentage was 39%. According to our analysis, Poles are in a better mental condition. This dependence is statistically significant ( $p = 0.0000$  \*\*\*) (Table 4).

In the latter part, an analysis of the impact of sex and age on the symptoms of depression was made. The analysis was conducted independently for the Polish and British communities, the results are presented in summary tables.

**Table 2.** Depression in the opinion of the respondents

	Poland		Great Britain		<i>p</i>
<b>Self-assessment of knowledge about depression</b>					<b>0.0043**</b>
I have knowledge about depression	16	21.1%	29	43.3%	
I don't have knowledge about depression	60	78.9%	38	56.7%	
<b>What is depression?</b>					<b>0.0048**</b>
A state of lowered mood	31	40.8%	12	17.9%	
State of temporary breakdown	16	21.1%	11	16.4%	
Disease	24	31.6%	40	59.7%	
An excuse in difficult situations	5	6.6%	4	6.0%	
<b>Sources of knowledge about depression</b>					<b>0.0030**</b>
Internet	32	53.3%	32	84.2%	
Books	18	30.0%	6	15.8%	
TV, radio	10	16.7%	0	0.0%	
<b>Would you accept a person with depression?</b>					
In neighborhood	76	100%	57	85.1%	<b>0.0005***</b>
At work	65	85.5%	57	85.1%	0.9393
Among friends	71	93.4%	63	94.0%	0.8811
In a family	72	94.7%	65	97.0%	0.4978

**Table 3.** Results for BDI

Country	Beck Depression Inventory (pts.)				
	$\bar{x}$	Me	s	min	max
Poland	8.2	7.5	5.7	0	26
Great Britain	15.0	14	9.3	0	41
<i>p</i>			<b>0.0000***</b>		

*p* – test probability value calculated using the Mann-Whitney test

**Table 4.** Results for BDI

Level of depression	Country				Total
	Poland		Great Britain		
no	57	75.0%	26	38.8%	83
moderate	19	25.0%	33	49.3%	52
severe	0	0.0%	8	11.9%	8
<i>p</i>			<b>0.0000***</b>		

Comparing the results in the group of women and men, it turns out that 80.8% of Polish men and only 23.8% of British men and 72% of Polish women and 45.7% of British women did not show any symptoms of depression. Moderate depression was reported by 19.2% of Polish men and 71.4% of British men and 28.0% of Polish women and 39.1% of British women. The score corresponding to severe depression was obtained by 15.2% of women and 4.8% of men from Great Britain. Both Polish men and Polish women did not receive a score corresponding to severe depression.

As can be seen from the tables below, there is no basis for finding a statistically significant effect of sex on the level of depression determined by Beck's point scale. Both in the Polish and British communities, the mean level of depression for women and men is almost

identical. The lack of statistical significance of differences is evidenced by the high probability *p* values calculated using the Mann-Whitney test (Table 5).

Regarding the Beck Depression Inventory, an adjective evaluation of the level of depression was also used, presenting the results in the form of a contingency table and assessing differences in the percentage structure using the chi-square independence test. After categorizing up to three levels of depression, the differences in their distribution in the group of women and men in the British population are statistically significant ( $p=0.0463$  \*). Although the nature of this relationship is quite complicated - among women there are more cases of lack of depression and severe depression, and less of moderate depression. Comparing the results in the group of women and men, it turns out that the features of depression did not occur in 80.8% of Polish men and in only 23.8% of British men and 72% of Polish women and 45.7% of British women. Moderate depression was reported by 19.2% of Polish men and 71.4% of British men and 28.0% of Polish women and 39.1% of British women. The score corresponding to severe depression was obtained by 15.2% of women and 4.8% of men from Great Britain. Both Polish men and Polish women did not obtain a score corresponding to severe depression (Table 6).

**Table 5.** Results for Beck Depression Inventory

Sex	Beck Depression Inventory (pts.)									
	Poland					Great Britain				
	$\bar{x}$	Me	s	min	max	$\bar{x}$	Me	s	min	max
man	7.8	5.0	6.7	0	24	15.4	16.0	8.0	2	41
woman	8.4	8.0	5.2	1	26	14.8	13.5	10.0	0	41
p = 0.3459					p = 0.6340					

p – test probability value calculated using Mann-Whitney test

**Table 6.** Intensity of depression among the Polish and British

Depression intensity	Poland				Great Britain			
	man		woman		man		woman	
lack	21	80.8%	36	72.0%	5	23.8%	21	45.7%
moderate	5	19.2%	14	28.0%	15	71.4%	18	39.1%
severe	0	0.0%	0	0.0%	1	4.8%	7	15.2%
p = 0.7042				p = 0.0463*				

**Table 7.** Age of the respondents.

Country	Age				
	$\bar{x}$	Me	s	min	max
Poland	34.6	35	11.3	19	52
Great Britain	33.6	29	12.4	19	63
p = 0.5958					

p – test probability value calculated using Mann-Whitney test

The analysis confirmed that the age does not differentiate the level of depression in the studied groups, the probability value measured by the Mann-Whitney test is: p = 0.5958 (Table 7).

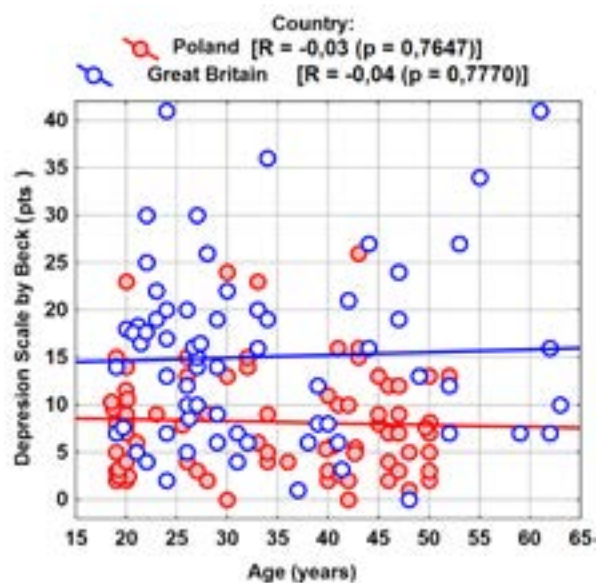
**Table 8.** Correlation coefficients between age and BDI

Beck Depression Inventory (pts.)	Age	
	Poland	Great Britain
	-0.03	-0.04
	p = 0.7647	p = 0.7770

In the case of the study of the influence of age on the level of depression, the Spearman rank correlation coefficient was also used. The table below presents the values of correlation coefficients between age and BDI in the Polish and British communities. Statements of statistical significance of the analyzed dependences are given in brackets. As a result of the analyzes, a model example of the lack of any dependencies was obtained, because the value of the age correlation coefficient is close to zero (statistically insignificant).

The result is illustrated in the scatterplot. Simple regressions, marked on the chart, have almost zero slope, which means that age does not differentiate the level of depression. This is somewhat understandable, because depression is not a disease for which age is a risk factor, as in many other diseases (cardiological diseases, cancer,

etc.). It is worth noting that the simple regressions for the Polish and British communities are almost parallel, which means that the difference between the mean values of the BDI scale in both compared countries is similar for different age groups.



**Fig. 1.** Age in years (18-63) and BDI points (0-40)

In summary, it can be stated that age does not condition the intensity of depression in the studied groups,

and the features that affect this in a significant way is nationality and sex. In the case of sex, it does not differ from the observed trends described in the introduction.

## Discussion

According to the research of the British Mental Health Foundation, between 8 and 12% of the population suffers from depression every year, and 2% experience a depressive episode without accompanying anxiety symptoms. It is estimated that more than half of people experiencing a depressive episode will experience another in the future, while those experiencing a second depressive episode will have 70% chance of relapse. After the third episode, the risk increases to 90%. Depression is chronic in 1 in 5 people. Worldwide, 5.8% of men and 9.5% of women will experience depression within 12 months, which gives about 121 million people. The World Health Organization believes that in 2020 depression will be the second most frequently occurring disease, coexisting with other disorders.<sup>12</sup>

According to NICE data in the United Kingdom, depression is more common in women than in men, where every fourth woman requires treatment for depression at some point in life, for men it is about one in ten. The reasons for this are unclear, this is due to both social and biological factors. It was also found that depression in men may be unrecognized because they present symptoms of the disease differently than women (National Institute For Clinical Excellence, 2003).<sup>13</sup> Further data confirm these trends. According to the official data of the ONS (Office for National Statistics) based on a study conducted in 2010-2011 in 40,000 British households, 1/5 adults in the UK experience anxiety or depression. Anxiety and depression were most common in people aged 50-54, and more often in women (21%) than men (16%). This study also confirms a greater tendency for depression among single persons (27%) than those living in formal and informal relationships (16%). A higher level of depression was also observed among the unemployed (23%) than in those with permanent employment (15%). The results also confirmed the relationship between overall satisfaction with health and the symptoms of depression. Symptoms of depression occur in 38% of those dissatisfied with their health and 11% of those who showed such satisfaction.<sup>14</sup>

Epidemiological research on mental disorders (EZOP) on a sample of 10,000 Poles aged 18-64 have estimated that symptoms such as anxiety, irritability and mood depression occur in 20-30% of the population. A dozen or so percent indicate such symptoms as: fits of anger, social anxiety or attacks of panic. Mood disorders (depression, dysthymia, mania) were confirmed in 3.5% of the respondents. Depression alone with varying intensity was reported by 3%

of the respondents. Sex was confirmed as the socio-demographic factor predisposing to this type of symptoms, - women were more vulnerable than men to the symptoms of this type of disorder, occupational situation, where the most vulnerable groups are the unemployed, pensioners, the retired and housewives, low social support, loneliness - people without a life partner, residents of big cities. All these symptoms may in the future manifest themselves with mental disorders (EZOP, 2007).<sup>15</sup> Another study on 445 inhabitants of the Wielkopolska rural areas with the use of BDI showed that symptoms of depression were observed in 30% of the respondents. The severity of symptoms was dependent on age, sex and quality of life.<sup>16</sup>

High social awareness, knowledge of mental diseases and knowledge of depression may contribute to better acceptance and tolerance of people affected by this disease. Polish CBOS research from 2007 entitled "Public opinion on mental disorders" shows that the best-known mental disorder is schizophrenia, as declared by 40% of the respondents. The second one in the list is depression, which was confirmed by every fifth respondent (22%). Nearly two-fifths of the respondents (40%) admitted that they could not point to any mental illness. The self-assessment of Polish society regarding knowledge about mental illness is not satisfactory. More than half of the respondents (52.7%) said they knew little about mental illness, and more than one third (36.5%) estimated that they knew practically nothing about them. This report also shows that mental illness in the opinion of Poles most often arouses sympathy (58%), and mentally ill are treated worse than others in many areas of social life.<sup>17</sup>

The level of knowledge on depression declared by the respondents in our research is also not satisfactory, because the majority of the respondents claimed not to have sufficient knowledge on this issue 68.5% and only every third respondent recognized having such knowledge (31.5%). In the study by Kužel, 73% rated their level of knowledge about depression as average.<sup>18</sup> In Podbrożna's research, only 5% of the respondents assessed their own knowledge about the mentally ill at a high level, 39% - at a moderate level, 38.5% - negligible, and 7.5% admitted that they did not have knowledge on this subject.<sup>19</sup>

When asked about what depression was, most respondents answered that it was a disease (45%), 30% of the respondents thought that it was a low mood, 19% of people believe it to be a temporary breakdown, and 6% - an excuse in difficult situations. The correct answer that depression is a disease was more often given by the British 59.7% than Poles (31.5%). To compare, in the study of Iwanicka-Maciura, over 89% of the surveyed students were able to correctly define depression as a disease, and in the study by Kužel et al. 77% of the respondents con-

sidered depression to be a serious disease impeding normal functioning.<sup>18,20</sup>

In the study we also asked to indicate the most important source of knowledge about depression. The respondents most often mentioned the Internet - 65.3%, books 24.5%, and TV and radio 10.2%. In other authors the Internet is also one of the most important sources of information, for example, in Iwanickia-Maciura study the Internet was indicated by 70.6 % of the respondents, similarly in Kuźel's, the respondents acquired the knowledge about depression mainly from the media (66.5%) and the Internet (60.5%).<sup>20,18</sup>

People with depression or other mental illness are often stigmatized socially. The conducted research confirms great acceptance for people with depression in the nearest environment, over 85% of the respondents declare acceptance of an ill person at work, in the neighborhood, in the family and among friends. In the Iwanicka-Maciura's study, over 90% of the respondents are able to accept the disease in the closest people, and about 40% declare friendship and create a relationship with a person after depressive episodes. In the studies of Kuźel et al. conducted in the group of nurses and teachers, 77% of the respondents accept people with depression.<sup>20,18</sup>

In 2015, social studies were conducted in Great Britain, which showed a higher level of social acceptance for people with depression than with schizophrenia. Over 70% of the respondents are willing to accept a friend or neighbor with depression. A relationship with a person suffering from depression is much less acceptable – 36%.<sup>21</sup> In research by Podbrożna, 60% of the respondents would agree to build a center dealing with mentally ill people in their neighborhood.<sup>19</sup>

In the CBOS report from 2012, almost two-thirds of the respondents (65%) declare that they have a sympathetic attitude towards the mentally ill, in which slightly more than half (52%) define their attitude as “rather benevolent.” Few respondents admit to dislike (5%), and every fourth (26%) - to indifference.<sup>22</sup>

## Conclusions

1. The British understand the term „depression” correctly more often than Poles.
2. The inhabitants of Poland and Great Britain take a positive attitude towards people with depression and declare high acceptance of people with depression in the closest environment.
3. Based on the results of Beck Depression Inventory, it can be concluded that the British have depressive symptoms more frequently than Poles.
4. Nationality and age do not affect the severity of depressive symptoms in both groups, while sex is a feature significantly influencing the level of depression only in the British population.

## References

1. Depression. World Health Organization Site. [www.who.int/topics/depression/en](http://www.who.int/topics/depression/en). Accessed April 04, 2018.
2. Sęk H. *Psychologia Kliniczna*. Warszawa: PWN; 2010;2:47.
3. Hammen C. *Depresja. Modele kliniczne i techniki terapeutyczne*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 2014:46.
4. Depresja a depresyjność u dorastających. Medforum 2009. [http://static.medforum.pl/edukacjamedyczna\\_pl\\_janas\\_kozik\\_depresyjnosc.pdf](http://static.medforum.pl/edukacjamedyczna_pl_janas_kozik_depresyjnosc.pdf) Accessed April 25, 2018.
5. Rosenthal MS. *Depresja*. Warszawa: KDC; 2002:72.
6. Mental health, Data and statistics. World Health Organization Website. <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>. Accessed April 20, 2018.
7. WHO: The World Health Report. World Health Organization, Geneva. 2001:1-177.
8. Depression and Mental Health by the Numbers: Facts, Statistics, and You. Newsletter Healthline. 2015. <http://www.healthline.com/health/depression/statistics-infographic>. Accessed April 18, 2018
9. Wartości i normy w życiu Polaków. Komunikat z badań CBOS. Warszawa; 2015: 65.
10. Lewicka M, Makara-Studzińska M, Wdowiak A, Sulima M, Kanadys K, Wiktor H. Poziom lęku i depresji w okresie okołoperacyjnym a kategoria zabiegu operacyjnego w grupie kobiet leczonych z powodów ginekologicznych. *Med Og Nauk Zdr*. 2012;18(2):107-111.
11. Kurowska K, Celmer-Ozdowska I. Depresyjność a jakość życia u osób z rozpoznaną zaćmą. *Hygeia Public Health*. 2014;49(3):554-559.
12. Depression. Mental Health Foundation. [http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental\\_facts\\_2007.pdf?view=Standard](http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard). Accessed April 25, 2018.
13. National Institute for Clinical Excellence: Clinical guidelines. United Kingdom: 2003.
14. Office of national statistics. [www.ons.gov.uk](http://www.ons.gov.uk). Accessed April 26, 2018.
15. Kiejna A, Adamowski T, Piotrowski P, et al. Epidemiologia zaburzeń psychiatrycznych i dostępność psychiatrycznej opieki zdrowotnej. EZOP – Polska – metodologia badania. *Psych Pol*. 2015;49(1):5-13.
16. Łojko D, Czajkowska A, Suwalska A, et al. Symptoms of depression among adults in rural areas of western Poland. *Ann Agric Environ Med*. 2015;22(1):152–155. Doi: doi.org/10.5604/12321966.1141386
17. Opinia publiczna o chorobach psychicznych. Raport z badania typu Omnibus. CBOS. <http://lekarze.slask.pl/dok/opinia.pdf>. Accessed April 25, 2018.
18. Kuźel A, Krajewska-Kula E, Śmigielka-Kuzia J. Percepcja depresji w wybranych grupach społecznych. *Med Og Nauk Zdr*. 2015;21(3):295–302. doi: 10.5604/20834543.1165356
19. Podbrożna S. Postawy społeczne wobec chorych psychicznie. *Puls Uczelni*. 2012;4: 10-15.

20. Iwanicka-Maciura A, Szewerniak P. *Wiedza i postawy studentów wobec chorych z depresją*. Binkowska-Bury M, Marć M ed. *Badania w pielęgniarstwie XXI wieku*. Rzeszów: Wydawnictwo Uniwersytetu Rzeszowskiego; 2012:97-108.
21. British Social Attitudes. Attitudes to mental health problems and mental wellbeing. Findings from the 2015 British Social Attitudes survey. Nat Cen Social Research. <http://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-33/mental-health.aspx>. Accessed April 25, 2018.
22. Omyła-Rudzka M. *Stosunek do osób chorych psychicznie*. Komunikat z badań CBOS. Warszawa; 2012:34.