









# Public Perception of Mental Health and Suicide Prevention Survey Results

August 2020



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## **Background & Objectives**

The National Action Alliance for Suicide Prevention (Action Alliance), the Suicide Prevention Resource Center, the Education Development Center, and the American Foundation for Suicide Prevention (AFSP) commissioned The Harris Poll to conduct a nationally representative sample of U.S. adults in order to....

Assess the public's knowledge about suicide and the role they may play in being there for someone who is struggling or in crisis.

Understand the impacts the COVID-19 pandemic has had on America's mental health and desire for care reform.

Uncover the public's perception of barriers that may prevent individuals from trying to help someone at risk for suicide.

Explore changes in knowledge and attitudes and assess the impact of unified suicide prevention messaging efforts over time since the baseline research was conducted in 2018.



## **Research Method**

Mode:

Online survey



Length:

22 questions



**Qualification Criteria:** 





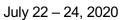


Sample Size:





Field Dates:





Weighting:

Data weighted to ensure results are projectable to U.S. adults ages 18+



**Method Statement** (first paragraph must be included in all press materials):

This survey was conducted online within the United States by The Harris Poll on behalf of EDC and AFSP from July 22 - 24, 2020 among 2,072 U.S. adults ages 18 and older. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated

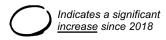
Figures for age within gender, region, race/ethnicity, household income, education, marital status, and size of household were weighted where necessary to align them with their actual proportions in the population. Propensity score weighting was used to adjust for respondents' propensity to be online.

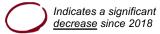
All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and postsurvey weighting and adjustments. Therefore, The Harris Poll avoids the words "margin of error" as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal.

Respondents for this survey were selected from among those who have agreed to participate in Harris Poll surveys. The data have been weighted to reflect the composition of the adult population. Because the sample is based on those who agreed to participate in panels, no estimates of theoretical sampling error can be calculated.

The 2018 research was conducted utilizing the same research method among n=2,015 US Adults between August 28 -30, 2018. No edits were made to the trended questions between 2018 and 2020.

Statistically significant year-over-year differences are indicated with black and red circles throughout:







# **Executive Summary**



## **Mental Health Beliefs & Experiences**

Personal mental and physical health are seen as equally important...

78% think that mental health and physical health are equally important. For those who don't, mental health (15% vs 8% for physical) is nearly 2Xs more likely to be seen as important and has even grown in priority since 2018 (11% mental health; 9% physical health).

...but aren't treated that way in the health care system.

However, half (51%) believe that physical health is treated as more important than mental health in our current health care system. Majority of adults selfreport personal experiences with mental health conditions

60% have thought they had a mental health condition.

Most commonly anxiety (37%) and depression (35%).

Many adults personally touched by suicide

Over half (55%) know someone who has had suicidal thoughts or behaviors.

As in 2018, approximately 1 in 4 U.S. adults (24%) has personally thought about or attempted suicide.



## **Mental Health Services and Support**

Top places Americans would turn to obtain helpful resources/tips about coping with thoughts of suicide or helping a loved one who might be struggling:







#### **Attitudes Towards Suicide**

Suicide is not seen as inevitable; most adults believe there are indications ahead of time and something can be done to try to help.

- 93% feel suicide is preventable at least sometimes
- 78% would be interested in learning how to play a role in helping someone who may be suicidal

#### Nearly all think something could help reduce the number of people who die by suicide

 Predominantly access to care, education, jobs, or housing (76%\*), training for providers and leaders (69%\*), and training for individuals or the public (67%\*).









#### While a majority feel people show signs before dying by suicide, relatively few feel they can identify those signs

- 7 in 10 feel suicidal people show signs
- Only 1 in 5 believe that if someone wants to die by suicide, there is nothing anyone can do to help them.
- 1 in 3 feel they can tell when someone is suicidal

## Many identify barriers that prevent people who are thinking about suicide from seeking help:

- Feeling like nothing will help (67%)
- Lack of hope (63%)
- Not knowing how to get help (55%)
- Embarrassment (55%, down sharply from 2018 at 63%).

<sup>\*</sup> Represents a net of individual responses. Details can be found on page 29



## **Conversations Around Suicide**

Though only 34% are *very* comfortable

3 in 4 are comfortable being there for a loved one who might be struggling Most feel comfortable talking to others if they are struggling with suicide

More than 3 in 5 comfortable talking about struggles with a clinician (68%) or loved one (61%)

58% are comfortable talking openly about mental health in public

49% are comfortable talking openly about suicide in public

Adults show greater comfort levels talking about mental health than suicide

Majority say there are barriers that prevent them from discussing suicide with others

Not knowing the right words (31%) and not having enough knowledge (28%) are top barriers, on the rise from 2018



## **Coping With Suicide**

When faced with a specific situation of someone they know dealing with mental health or suicidal issues, a vast majority say they would do something

- 90% would do something if they were worried about someone's mental health
- 95% would do something if someone close to them was thinking about suicide

However, about 6 in 10 do say there are barriers to helping someone with suicidal thoughts

- 30% fear they would make them feel worse
- 24% worry talking about it would increase the likelihood of action
- 22% would not know what to say/do

Half feel that seeing a mental health professional is a sign of strength

- However, like in 2018, around one-third think it's something most people cannot afford (34%),
- something that people do not know where to find (32%) or not accessible for most (26%).

2 in 5 (40%) feel only clinical professionals can help someone who is suicidal, on the raise since 2018 (36%).

If personally dealing with suicidal thoughts, nearly three quarters would tell someone

But there is little consensus on who that person would be, split between:

- Mental health provider (34%)
- Family member (33%)
- Spouse (32%)
- Friend (30%)



## **Personal Steps to Support Mental Health During COVID-19**

The best way that the people or groups U.S. adults interact with most right now can show them support during COVID-19 is by:





Most are doing *something* right now to support their mental health and well-being during COVID-19



41% Exercising



38%
Getting enough sleep



37% Eating healthy Almost **9 in 10** feel the media should have *some* role in mental health and suicide prevention

2 in 3

Say COVID-19 has made them more empathetic



Are more open to talking about mental health since COVID-19

3/4

Are more aware of the importance of taking care of their mental health



## **Mental Health Considerations Nationally**

81% say that, as a result of the pandemic, it's more important than ever to make suicide prevention a national priority

A majority offer a great deal/a lot of support for initiatives to help promote mental health and suicide prevention during the COVID-19 pandemic:

Continuing to offer covered telehealth therapy services as a permanent option 58%





Providing increased services for individuals in settings that most affected by COVID-19 56%



Asking patients about their mental health as a regular part of every primary care visit 54%



Increasing investment in approaches to prevent or intervene, before a mental health crisis occurs

51%



Increasing specialized crisis response teams to respond to mental health crises vs. sending police 53%



Efforts that encourage people to talk more openly about challenges related to mental health and suicide 51%

Providing mental health care where patients already receive their health care 57%

Providing access to mental health services tailored to needs of communities that have experienced higher rates of COVID-19 55%





# **Experiences by Age**



## Personal Experience with Mental Health Challenges and Suicide

In general, younger adults have greater familiarity and experience with mental health and suicide.

	18-24 B	25-34 C	35-44 D	45-54 E	55-64 F	65-74 G	75+ H	
More younger adults report having struggled with depression or anxiety.								
Anxiety	53% <sup>EFGH</sup>	53% <sup>EFGH</sup>	43% <sup>FGH</sup>	38% <sup>FGH</sup>	26% <sup>G</sup>	18%	21%	
Depression	49% <sup>FGH</sup>	43% <sup>FGH</sup>	39% <sup>FGH</sup>	41% <sup>FGH</sup>	27% <sup>H</sup>	23% <sup>H</sup>	12%	
Younger adults are more likely to have attempted suic	ide.							
Have made a suicide attempt	14% <sup>FGH</sup>	16% <sup>FGH</sup>	12% <sup>FGH</sup>	10% <sup>GH</sup>	5%	4%	1%	
And are more likely to have worried about a loved one suicide:	considering	suicide or k	nown some	one who has	thought ab	out or attem	pted	
Have worried that someone I know might be thinking about suicide	33% <sup>EFGH</sup>	23% <sup>GH</sup>	28% <sup>FGH</sup>	21% <sup>GH</sup>	16%	11%	11%	
Someone I know has talked to me about thoughts of suicide	40% <sup>DEFGH</sup>	34% <sup>EFGH</sup>	27% <sup>FGH</sup>	23% <sup>FGH</sup>	12%	10%	8%	
Someone I know has attempted suicide but didn't die	37% <sup>CDEFGH</sup>	25% <sup>FGH</sup>	23% <sup>FH</sup>	18% <sup>H</sup>	13%	15%	10%	

Mental health provider



## **Mental Health Support and Resources**

Younger adults place a larger priority on mental health than their older counterparts but are somewhat more critical of seeking out professional help and more likely to turn to intimate connections like family, friends, or colleagues.

	18-24 B	25-34 C	35-44 D	45-54 E	55-64 F	65-74 G	75+ H
ounger adults are more likely to describe their mentander 55 are more likely to feel mental health is being						till a minority	, adult
Own mental health more important than physical	34% <sup>DEFGH</sup>	26% <sup>DEFGH</sup>	17% <sup>FGH</sup>	13% <sup>FGH</sup>	5%	3%	2%
In health care system, mental health treated more important	9% <sup>FGH</sup>	18% <sup>BEFGH</sup>	14% <sup>FGH</sup>	8% <sup>FGH</sup>	3%	2%	_
than physical		10,0					
than physical respite seeing it as a bigger priority and having greate ome negative characteristics of visiting a mental heal	•	to mental hea	alth issues,	younger adu	ılts are still ı	more likely to	flag
espite seeing it as a bigger priority and having greate	•	to mental hea	alth issues,	younger adu	ilts are still i	more likely to	flag 1%
espite seeing it as a bigger priority and having greate ome negative characteristics of visiting a mental heal	th professio	to mental hea				•	

Werital fleatili provider	30 /0	39 /0	40 /0	J1/0	JU /0	J9 /0	01/0	
Doctor or primary care health professional	29%	35%	36%	43% <sup>B</sup>	49% <sup>BCD</sup>	59% <sup>BCDEF</sup>	63% <sup>BCDEF</sup>	
Friend	29% <sup>FH</sup>	27% <sup>FH</sup>	$30\%^{\text{FGH}}$	29% <sup>FGH</sup>	14%	19%	12%	
Social Media	23% <sup>CEFGH</sup>	12% <sup>FGH</sup>	14% <sup>FGH</sup>	13% <sup>FGH</sup>	4%	3%	1%	
Coworker	11% <sup>FGH</sup>	9% <sup>FGH</sup>	14% <sup>FGH</sup>	7% <sup>GH</sup>	4% <sup>H</sup>	2%	*	

30%

100/

38%

560/BC

510/BC

500/BCD

610/BCD



## **Conversations Surrounding Mental Health**

For the most part, younger adults are more at ease talking about suicide, but are also more likely to see barriers to having open conversation.

	18-24 B	25-34 C	35-44 D	45-54 E	55-64 F	65-74 G	75+ H	
Younger adults ages 25-44 are the most comfortable d comfortable talking openly about suicide and mental h	_		riends and lo	oved ones. T	his cohort is	s also the m	ost	
Comfortable talking to a friend or loved one if struggling with thoughts of suicide	62% <sup>H</sup>	69% <sup>FGH</sup>	71% <sup>FGH</sup>	62% <sup>H</sup>	55% <sup>H</sup>	54%	44%	
Comfortable talking openly in public about mental health	60%	65% <sup>FGH</sup>	62% <sup>F</sup>	59%	52%	54%	52%	
Comfortable talking openly in public about suicide	45%	54% <sup>FGH</sup>	56% <sup>FGH</sup>	53% <sup>FH</sup>	44%	44%	33%	
If they were personally having thoughts of suicide, you network. Older ages 65+, on the other hand, are more I Friend	_			_			15%	
Social media	12% <sup>FGH</sup>	11% <sup>FGH</sup>	12% <sup>FGH</sup>	8% <sup>FGH</sup>	3%	1%	1%	
Primary care doctor	11%	22% <sup>B</sup>	24% <sup>B</sup>	20% <sup>B</sup>	27% <sup>B</sup>	34% <sup>BCDE</sup>	43% <sup>BCDE</sup>	
That said, younger adults are more inclined to see barriers in talking about suicide publicly – especially not knowing the right words to say or fearing a negative impact on their reputation. Adults ages 75+ are by far the most likely to say they don't have enough knowledge.								
Cite any barriers (NET)	83% <sup>DEFGH</sup>	79% <sup>DEFGH</sup>	70% <sup>G</sup>	65% <sup>G</sup>	63%	55%	64%	
I don't know the right words to say	39% <sup>EFG</sup>	37% <sup>EFG</sup>	31%	26%	28%	25%	35%	
Fear of negative impact on reputation	$30\%^{EFGH}$	27% <sup>EFGH</sup>	25% <sup>EFGH</sup>	16% <sup>H</sup>	13%	10%	6%	
Don't feel I have enough knowledge	26%	32%	23%	25%	29%	28%	42%BDEF	



## **Preventability of Suicide and Actions in Crisis**

Older adults ages 55+ are more likely to take concrete action if someone they know is contemplating suicide. Their younger peers are more likely to feel that nothing can be done to help and see barriers to getting personally involved.

peers are more likely to reer triat nothing can be done to neip and see partiers to getting personally involved.								
	18-24 B	25-34 C	35-44 D	45-54 E	55-64 F	65-74 G	75+ H	
Younger adults ages 18-24 are more likely than other age cohorts to think that suicide can often/always be prevented. Older adults ages 55+ are also least likely to feel they can tell when someone is suicidal.								
Feel suicide can be prevented often/ all the time (NET)	58% <sup>EFGH</sup>	50%	49%	44%	40%	46%	43%	
"I can tell when someone is suicidal" Agree (NET)	47% <sup>EFGH</sup>	42% <sup>FGH</sup>	46% <sup>EFGH</sup>	35% <sup>FGH</sup>	24% <sup>GH</sup>	15%	14%	
That said, adults under age 55 are more likely to feel the Likewise, the younger cohorts are more likely to see b			-				help.	
"If someone wants to die by suicide, there is nothing anyone can do to help them" Agree (NET)	26% <sup>FGH</sup>	28% <sup>FGH</sup>	33% <sup>EFGH</sup>	21% <sup>FG</sup>	11%	12%	13%	
Cite any barriers to helping someone (NET)	81% <sup>DEFGH</sup>	78% <sup>DEFGH</sup>	65% <sup>FGH</sup>	56% <sup>G</sup>	56% <sup>G</sup>	46%	46%	
Afraid would make them feel worse	49% <sup>CDEFGH</sup>	36% <sup>EFGH</sup>	29%	23%	27%	24%	25%	
Afraid talking about it would increase the likelihood of attempting suicide.	35% <sup>EFGH</sup>	30% <sup>FGH</sup>	26% <sup>F</sup>	24% <sup>F</sup>	15%	20%	19%	
Nearly everyone would take action if a loved one were thinking about suicide, but those 55+ are more likely to rely on professional care:								
Encourage to seek help from a mental health professional	57% <sup>C</sup>	44%	55% <sup>C</sup>	56% <sup>C</sup>	67% <sup>CDE</sup>	77%BCDEF	69% <sup>CD</sup>	
Encourage them to seek help from a Dr. or PCP	34%	43%	39%	46%	55% <sup>BCDE</sup>	60% <sup>BCDE</sup>	54% <sup>BI</sup>	
Help them make/take them to an appointment	35%	36%	37%	41%	48% <sup>BCD</sup>	55%BCDE	51% <sup>BC</sup>	



## **Mental Health Experiences During COVID-19**

Older adults are more likely to have taken various steps to keep their mental health strong since the start of the COVID-19 pandemic. Their younger peers have found it more difficult to access the care they need.

	18-24 B	25-34 C	35-44 D	45-54 E	55-64 F	65-74 G	75+ H
To support mental health and well-being during the Conges 18-24 are the most likely, by far, to have increase		•		_	be taking h	ealthy steps	s. Adults
Exercising	34%	39%	35%	37%	51% <sup>BCDE</sup>	50%BCDE	41%
Getting enough sleep	30%	37%	30%	33%	44% <sup>BDE</sup>	45% <sup>BDE</sup>	52%BCDE
Eating healthy	25%	36%	39% <sup>B</sup>	34%	35%	48% <sup>BCEF</sup>	48% <sup>BCEF</sup>
Staying in touch virtually with family and friends	32%	26%	29%	27%	36% <sup>C</sup>	43% <sup>CDE</sup>	52%BCDE
Sticking to a routine	23%	25%	20%	29% <sup>D</sup>	38%BCDE	34% <sup>BCD</sup>	46%BCDE
Increasing screen time	37% <sup>CDEFG</sup>	22%	20%	25%	19%	23%	25%
Sleeping too much	31% <sup>CDEFGH</sup>	16% <sup>EFGH</sup>	11% <sup>FGH</sup>	8%	6%	4%	3%
ounger adults are more inclined to say it is difficult to access the mental health care they need in the wake of the pandemic. Those ages 5-44 are also the most likely to say that, since the start of the pandemic, they are more open to talking about mental health.							
"It is more difficult to access the mental health care I need in the wake of the pandemic." Agree (NET)	61% <sup>FGH</sup>	65% <sup>EFGH</sup>	62% <sup>EFGH</sup>	51% <sup>FGH</sup>	42% <sup>H</sup>	36% <sup>H</sup>	24%
"Since the start of the COVID-19 pandemic, I have become more open to talking about mental health." Agree (NET)	48% <sup>H</sup>	61% <sup>BFGH</sup>	70% <sup>BEFGH</sup>	56% <sup>FGH</sup>	40%	45% <sup>H</sup>	31%



# **Detailed Findings**



# Mental Health Beliefs & Experiences



## 8 In 10 Say Physical And Mental Health Are Equally Important To Own Health

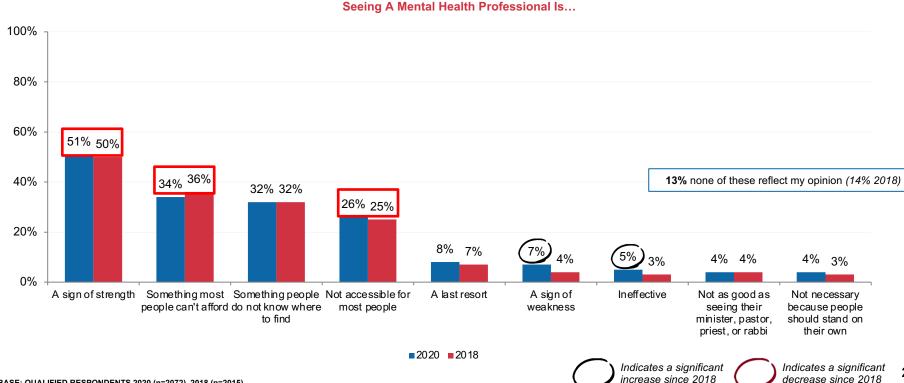
However, less than a third feel they are treated as equally important by our current health care system, similar to 2018.

#### Importance of Physical and Mental Health to Own Health Importance of Physical and Mental Health in Current Health Care System 2020 78% 8% 2020 9% 31% 51% 10% not sure 2018 11% 80% 9% 2018 27% 55% 11% not sure ■ Mental health is more important than physical health. ■ Mental health is treated as more important than physical health. ■ They are equally important. ■ Physical and mental health are treated as equally important. ■ Physical health is more important than mental health. ■ Physical health is treated as more important than mental health.



## Seeing Mental Health Professional Is Sign Of Strength, But Inaccessible

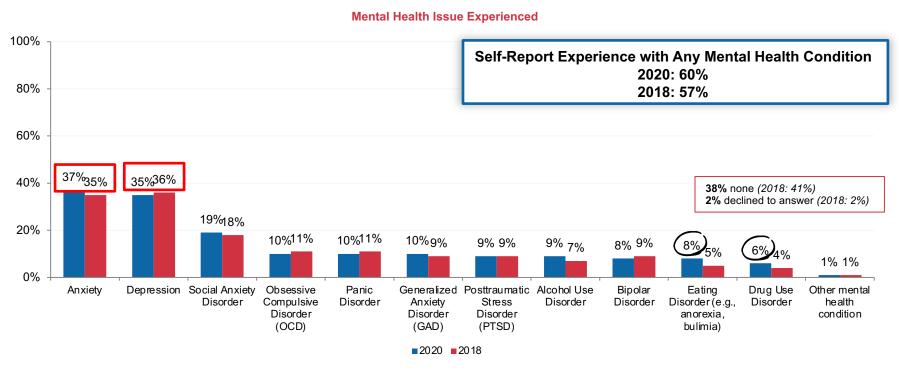
While half see it as sign of strength, more than one in three feel it is something most people cannot afford and one quarter say it is not accessible for most people.





## **Depression And Anxiety Are Most Common Mental Health Issues**

6 in 10 have thought they have a mental health condition, on par with 2018.

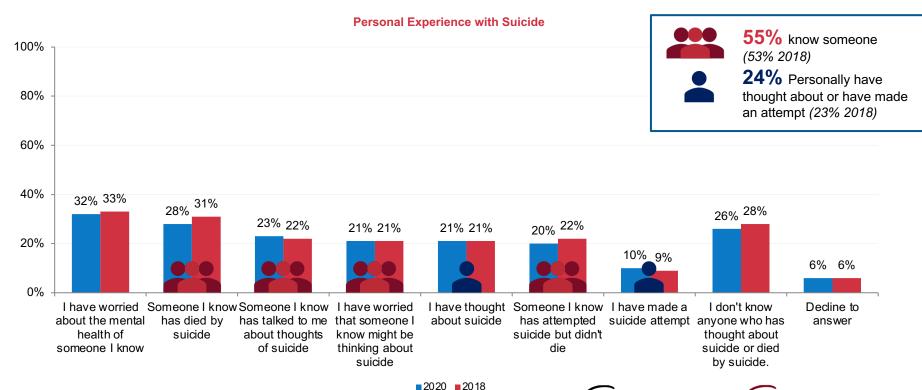


23



## More than Half of Americans Know Someone who Has Thought About Suicide

And nearly a guarter have personally thought about or made a suicide attempt.



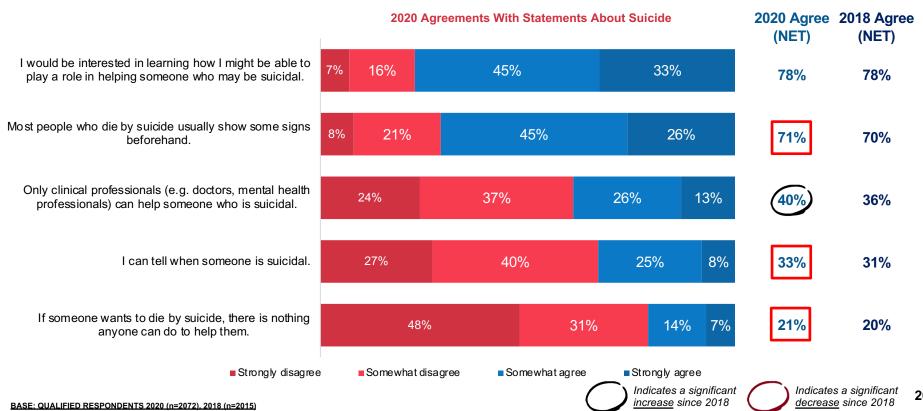


## **Attitude Towards Suicide**



## Eight In 10 Disagree That If Someone Wants To Die, Nothing Can Be Done

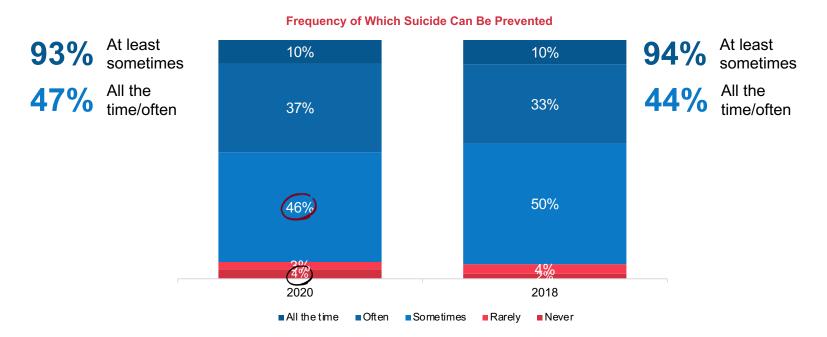
About seven in 10 feel most suicidal people usually show signs beforehand, but only a third feel they can tell.





## Vast Majorities Believe Suicide Can Be Prevented at Least Sometimes

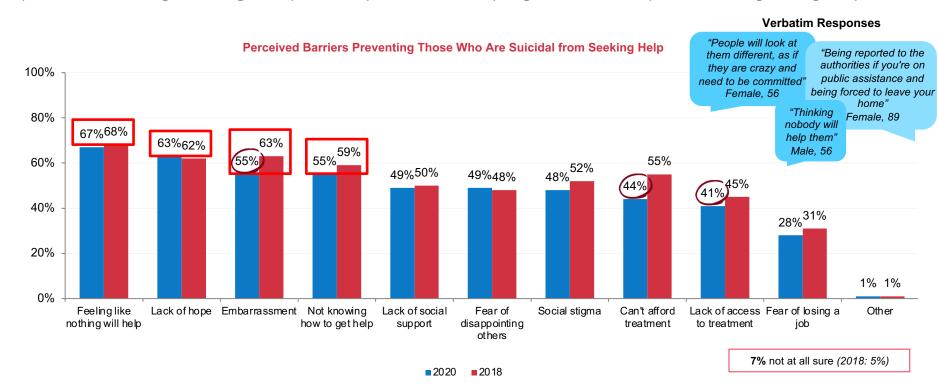
Nearly half (47%) feel it can be prevented all the time or often.





## Adults See Many Barriers Keeping Suicidal People From Seeking Help

Top factors include feeling like nothing will help, lack of hope, embarrassment (though less than in 2018), and not knowing how to get help.





## Americans Point to Many Ways to Help Reduce Number of Deaths by Suicide

Most commonly educating the public about suicide prevention, providing better access to mental health care, or educating first responders.

#### Actions to Help Reduce the Number of People who Die by Suicide

ACCESS (NET)	76%
MEDICAL ACCESS (SUB-NET)	69%
Providing better access to mental health care	52%
Providing better access to health care in general	45%
Providing better access to medication	43%
Providing better access to education	33%
Providing better access to jobs	29%
Providing better access to housing	_26%_
TRAINING/EDUCATION FOR PROFESSIONALS (NET)	69%
Educating first responders to identify and help people who are suicidal	47%
Providing better training for health care providers on how to identify and help someone who is thinking about suicide	44%
Educating community leaders such as teachers and clergy about how to identify and help people	44%
Educating the media	28%
TRAINING FOR INDIVIDUALS/PUBLIC (NET)	67%
Educating the public about suicide prevention	53%
Teaching problem-solving skills as a way to prevent suicide	38%
Training in life skills and resilience	33%
RESEARCH (NET)	41%
Conducting or funding research into how to help people who are thinking about suicide or have made a suicide attempt	36%
Conducting or funding research into why people die by suicide	27%
Improving the ability to identify at-risk populations	37%
Providing programs to assist those impacted by COVID-19	29%
Sharing stories of people who have thought about or attempted suicide	28%
Other	1%
Nothing would help	1%
Not at all sure	8%

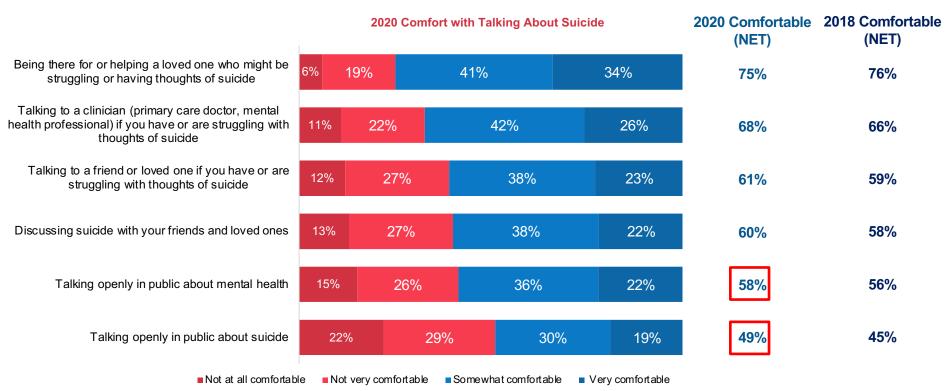


# Conversations Around Suicide



## Americans Display Relatively Low Comfort Levels With Talking About Suicide

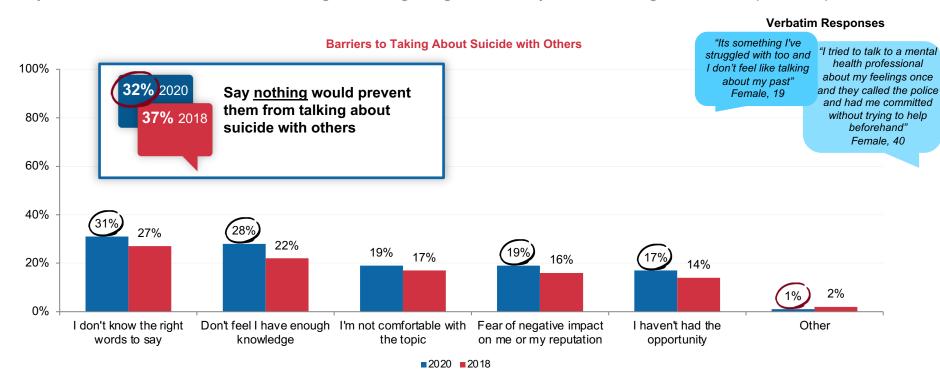
Greater comfort levels exist for talking about mental health publicly, compared to suicide specifically.





## Nearly 7 In 10 Say Something Would Keep Them From Talking About Suicide

Many barriers have increased since 2018, including not knowing the right words to say, lack of knowledge, and fear of reputation impacts.





# Coping with Suicide



## Nine in 10 Would Take Action If Worried About Someone's Mental Health

Though many actions less commonly selected in 2020 compared to 2018.

90%



Would do something if they were worried about someone's mental health (91% 2018)

#### Top Actions for When Worried About Someone's Mental Health

Encourage them to seek help from a mental health professional (58% 2018)

47% Offer to listen to their concerns

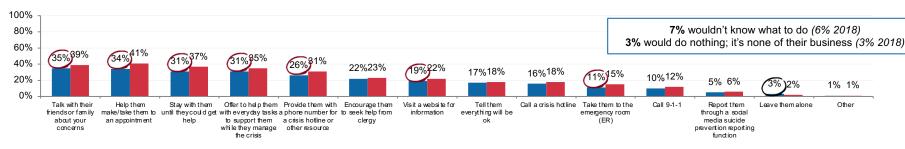
(52% 2018)

46%
Encourage them to seek help from a doctor or primary care health professional (47% 2018)

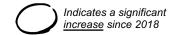
40%
Tell them I am
worried about
them

(45% 2018)

#### **Additional Actions Taken**



**■**2020 **■**2018





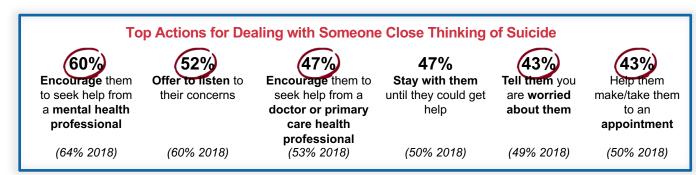
## Most Would Encourage Seeking Help or Offer to Listen to Someone Suicidal

Though many actions less commonly selected in 2020 compared to 2018.

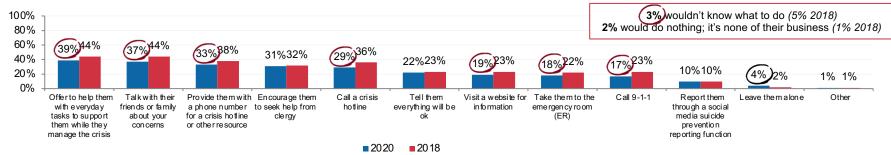
95%



Would do something if someone close was thinking about suicide (94% 2018)









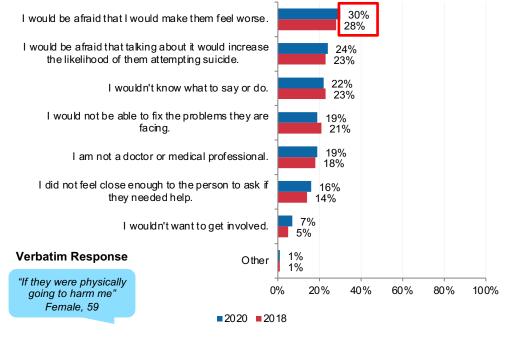
## Six in 10 Say Something Might Stop Them From Helping Someone Close

Three in 10 adults would be afraid they would make their friend/loved one feel worse.





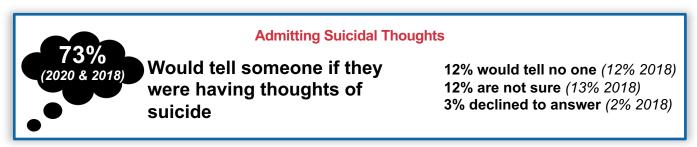
#### **Barriers to Trying to Help Someone Close with Suicidal Thoughts**



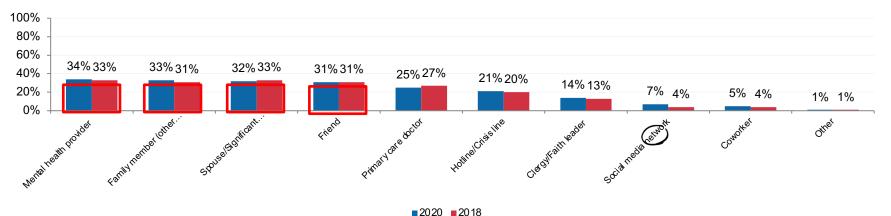


## **Nearly Three Quarters Say They Would Talk About Suicidal Thoughts**

Most commonly, adults would talk to their mental health provider, family member, spouse/significant other, or friend.



## Person to Whom Adults Would Tell about Thoughts of Suicide





## Where Specific Groups May Turn if Experiencing Thoughts of Suicide

These groups had notable differences from their peers to turn to various sources if they were having thoughts of suicide.

## South



Clergy/Faith Leader (17%)

## West



Friend (35%)



Hotline/ Crisis Line (26%)

## Midwest



Family Member (38%)

## **Lower Income**



PCP (24% <\$50K. 31% \$50K-<\$75K)

## Unemployed



### **Parents**



Spouse/ Partner (38%)



## **Hispanic**







Coworker (9%)

## Age 18-24



Friend



Social Media (12%)



Coworker

## Age 25-34



Friend (35%)



Social Media (11%)



Coworker (9%)

## Age 35-44



Friend (35%)



PCP (24%)



Social Media (12%)

## Age 45-54



Friend



(20%)



Clergy/Faith Leader (16%)

## Age 55-64



Spouse/ Partner (37%)





Clergy/Faith Leader (18%)

## Age 65-74



PCP (34%)



Hotline/ Crisis Line (26%)



Clergy/Faith Leader (18%)

## Age 75+







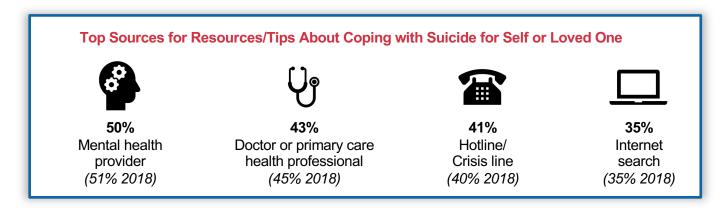


Clergy/Faith Leader (17%)

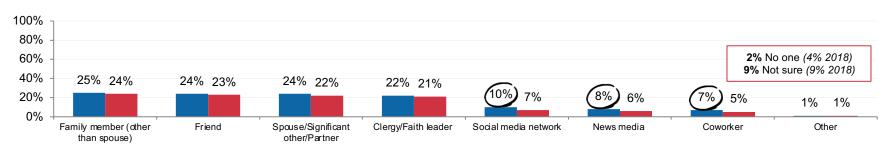


## Adults Would Seek Resources From Mental Health or Primary Care Provider

Additional sources for coping tips are a hotline/crisis line and internet searches.



### **Additional Sources**



2020 2018



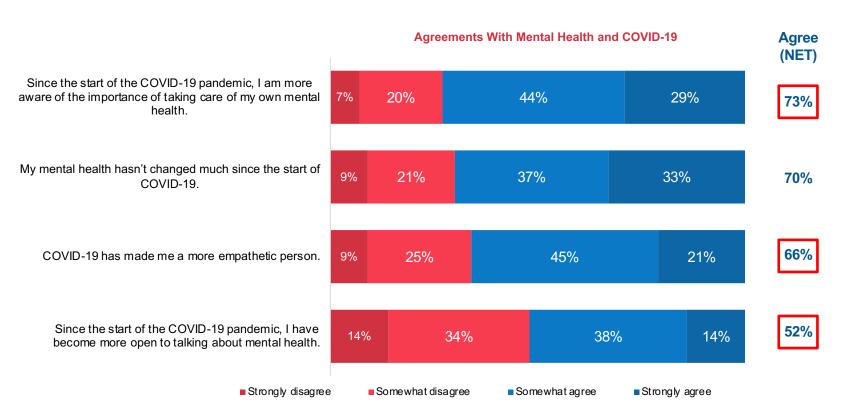


## Mental Health Impacts of the COVID-19 Pandemic



## Since COVID, Greater Awareness of Importance of Taking Care of Mental Health

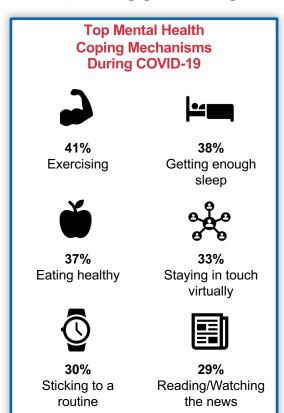
Two-thirds say COVID-19 has made them more empathetic and half say they are more open to discussing mental health.

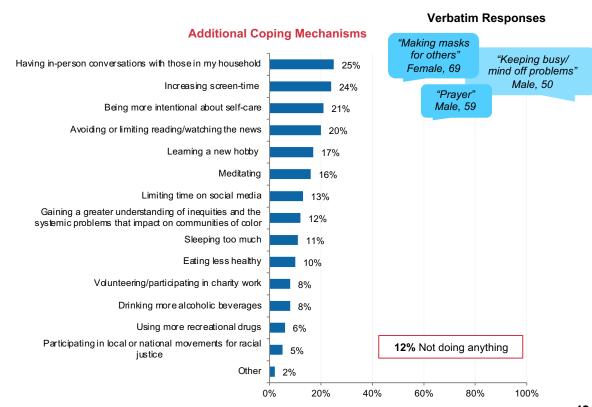




## Many Rely on Positive Coping Mechanisms During COVID-19

However, some engage in more negative activities including sleeping too much, eating less healthy, drinking more, or using recreational drugs.

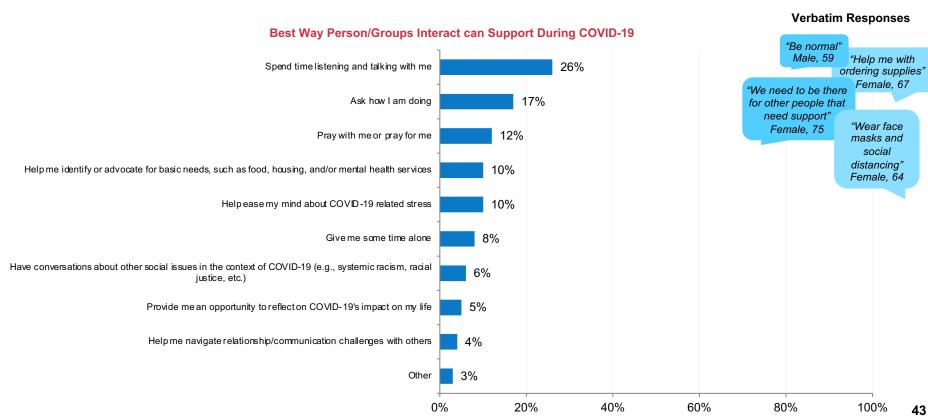






## **Americans Most Commonly Seek Conversation as Support During COVID-19**

Others would like to be asked how they are doing or offers of prayer.



BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q205 Thinking about a person or group you interact with most right now, what would be the best way that they can show you support during COVID-19? Please select only one.

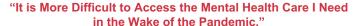


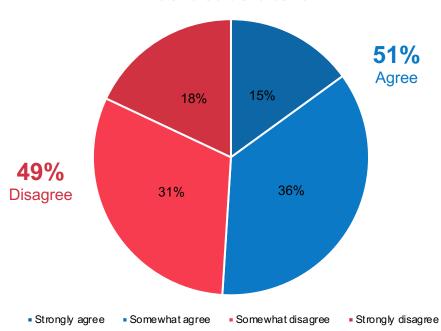
# Accessing Necessary Health Care During the COVID-19 Pandemic



## Half of Americans Find it More Difficult to Access Needed Mental Health Care

At the same time nearly half disagree.

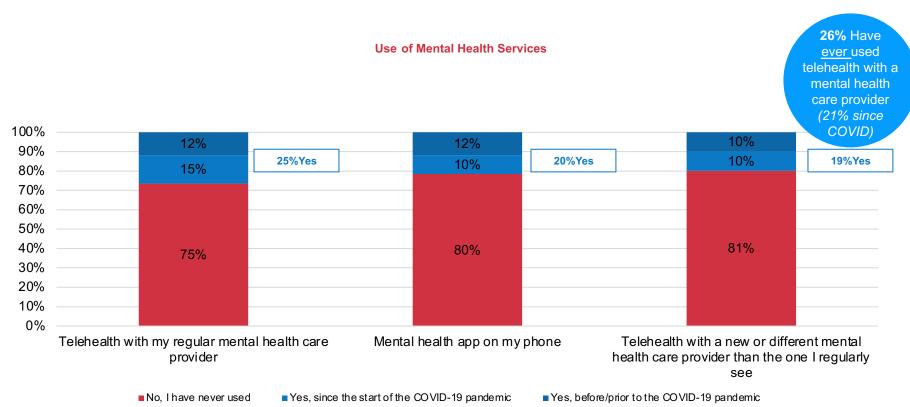






## A Quarter Have Used Telehealth With Regular Mental Health Provider

About 1 in 5 have used with another mental health provider or have used a mental health app.





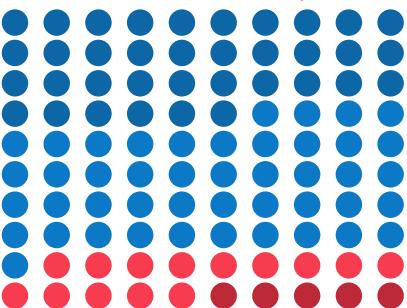
# National Health Care Policies During the COVID-19 Pandemic



## 4 in 5 Feel it is More Important than Ever to Make Suicide Prevention a National Priority

More than a third strongly agree.





**81%** Agree (36% strongly; 45% somewhat)

**19%** Disagree (14% strongly; 5% somewhat)



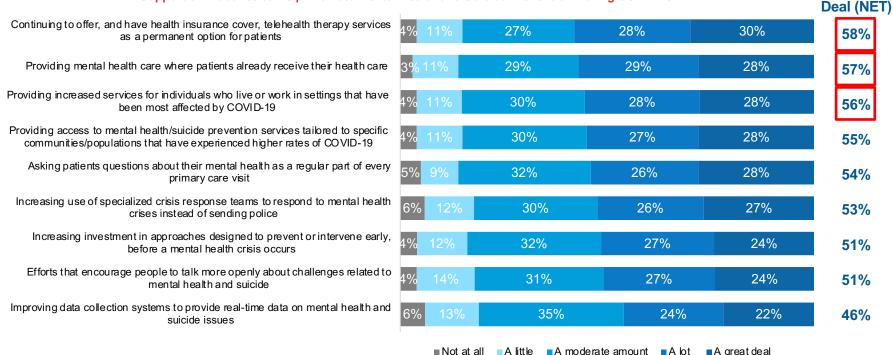
Lot/ A Great

## Majorities Support Initiatives to Promote Mental Health and Suicide Prevention

Americans most commonly show a lot/great deal of support for telehealth therapy, mental health care where patients already receive care, and increased services for those who live/work in highly affected areas.

Support A

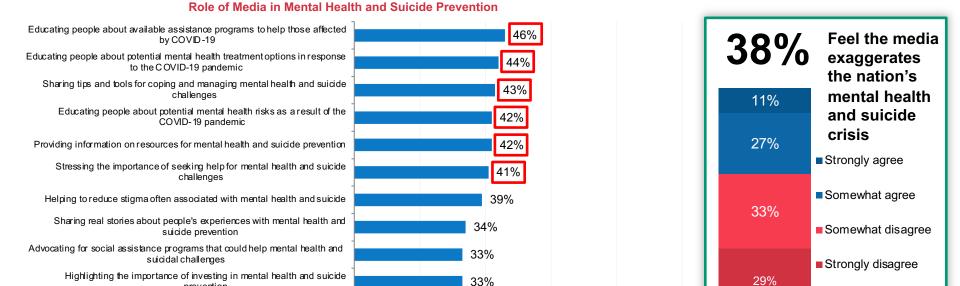
## Support of Initiatives to Help Promote Mental Health and Suicide Prevention During COVID-19





## Nearly 2 in 5 Feel Media Exaggerates Mental Health and Suicide Crisis

Yet, many see a role for media in mental health and suicide prevention, most commonly educating people about assistance programs or treatments related to COVID-19, education about risks as a result of COVID-19, providing information/resources, or stressing importance of seeking help.



31%

40%

1%

20%

0%

Other

14% Do not think the media should

have any role in mental health and

suicide prevention

80%

100%

60%

prevention

Following best practices about how to effectively cover mental health and

suicide prevention

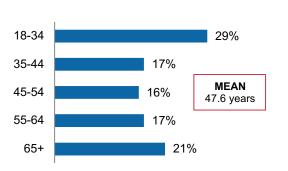


## **Demographics**

## **Demographics**







## Race

- 68% White
- 12% Black or African American
- 7% Asian or Pacific Islander
- 3% Native American/Alaskan Native
- 8% Other race
- 1% Decline to answer

## **Hispanic Ethnicity**

- **16%** Yes, of Hispanic origin
- No, not of Hispanic origin
- 2% Decline to answer

## Gender





## 63% 0 kids 32% 1 to 2 kids 5% 3+ kids



urban

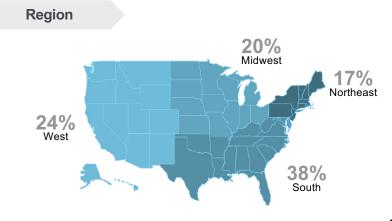
Locale



suburban





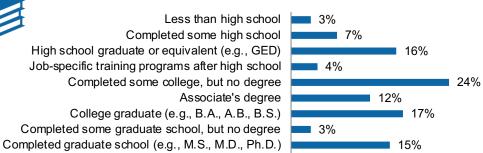


## **Demographics**



## Education

Less than high school Completed some high school High school graduate or equivalent (e.g., GED) Job-specific training programs after high school Completed some college, but no degree Associate's degree College graduate (e.g., B.A., A.B., B.S.) Completed some graduate school, but no degree



### Income



7%	Less than \$15,000
7%	\$15,000-\$24,999
7%	\$25,000-\$34,999
11%	\$35,000-\$49,999
17%	\$50,000-\$74,999
13%	\$75,000-\$99,999
12%	\$100,000-\$124,999
24%	\$125,000 or more
2%	Decline to answer

## **Marital Status**



Single, never married

Married or civil union / living with partner

Divorced / separated / widowed

## **Employment**



Employed full time 42%

8% Employed part time

7% Self-employed full time

6% Not employed, but looking for work

2% Not employed and not looking for work

4% Not employed, unable to work

22% Retired

6% Student

7% Homemaker