



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, the Suicide Prevention Resource Center, the Education Development Center, and the American Foundation for Suicide Prevention 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 mental health, and the role they may play in being there for someone who is struggling or in crisis.

Uncover the public's perception of barriers that may prevent individuals from trying to help themselves or others.

Understand the impacts the COVID-19 pandemic has had on America's mental health and desire for care reform. Explore changes in knowledge and attitudes about mental health and suicide since the baseline research was <u>conducted in 2018</u>.

Research Method

Mode:

Online survey

Length: 22 questions

Qualification Criteria:

- US residents
- Adults Ages 18+

Sample Size: n=2.072

Field Dates:

July 22 – 24, 2020

Weighting:

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



ΔΙΔ

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 the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, the Education Development Center, and the American Foundation for Suicide Prevention 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.

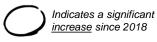
Figures for age within gender, region, race/ethnicity, household income, education, marital status, and size of household were weighted where necessary to align them with their actual proportions in the population. Propensity score weighting was used to adjust for respondents' propensity to be online.

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-related 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. Majority of adults selfreport personal experiences with mental health conditions

Many adults personally touched by suicide

However, half (51%) believe that physical health is treated as more important than mental health in our current health care system. 60% have thought they had a mental health condition.

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

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.

EXECUTIVE SUMMARY

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:





EXECUTIVE SUMMARY

Attitudes Towards Suicide & Suicide Prevention

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%).

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

Majority say there are

barriers that prevent

them from discussing

suicide with others

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

Adults show greater comfort levels talking about mental health than suicide

58% are comfortable talking openly about mental health in public

49% are comfortable talking openly about suicide in public

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 26% Spending time listening Asking how they are support during COVID-19 is by: or talking with them Most are doing *something* right now to support their mental health and well-being during COVID-19 38% 37% 41% Getting enough Eating healthy Exercisinc sleep Are more open Say COVID-19 to talking about has made them 2 in 3 mental health more since empathetic COVID-19

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

Are more aware

of the importance

of taking care of

their mental

health

17%

doing

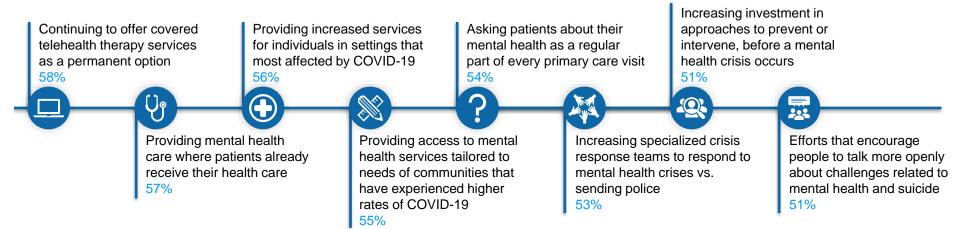


Mental Health and Suicide Prevention Considerations Nationally



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:



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% ^{EFGH}	53% ^{efgh}	43% ^{FGH}	38% ^{FGH}	26% ^G	18%	21%		
Depression	49% ^{FGH}	43% ^{FGH}	39% ^{fgh}	41% ^{FGH}	27% ^H	23% ^H	12%		
Younger adults are more likely to have attempted suicide.									
Have made a suicide attempt	14% ^{FGH}	16% ^{FGH}	12% ^{FGH}	10% ^{GH}	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% ^{efgh}	23% ^{GH}	28% ^{FGH}	21% ^{GH}	16%	11%	11%		
Someone I know has talked to me about thoughts of suicide	40%DEFGH	34% ^{efgh}	27% ^{FGH}	23% ^{FGH}	12%	10%	8%		
Someone I know has attempted suicide but didn't die	37% ^{CDEFGH}	25% ^{FGH}	23% ^{fh}	18% ^H	13%	15%	10%		

Experiences by Age

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	
Younger adults are more likely to describe their mental health as more important than physical health. And while still a minority, adults under 55 are more likely to feel mental health is being treated like a bigger priority in the health care system.								
Own mental health more important than physical	34% ^{DEFGH}	26%DEFGH	17% ^{FGH}	13% ^{FGH}	5%	3%	2%	
In health care system, mental health treated more important than physical	9% ^{FGH}	18% ^{BEFGH}	14% ^{FGH}	8% ^{FGH}	3%	2%	-	
Despite seeing it as a bigger priority and having greater exposure to mental health issues, younger adults are still more likely to flag some negative characteristics of visiting a mental health professional:								
A sign of weakness	17%DEFGH	10% ^{FGH}	7% ^{FGH}	6% ^{GH}	3%	2%	1%	
A last resort	13% ^{EGH}	14% ^{DEFGH}	8%	5%	8%	5%	4%	
Ineffective	9% ^{EGH}	5% ^{GH}	7% ^{GH}	3%	4% ^{GH}	1%	*	
Older adults ages 55+ are most inclined to rely on prof Younger adults also prioritize mental health providers								
Mental health provider	38%	39%	48%	51% ^{BC}	56% ^{BC}	59% ^{BCD}	61% ^{BCD}	
Doctor or primary care health professional	29%	35%	36%	43% ^B	49% ^{BCD}	59% ^{BCDEF}	63% ^{BCDEF}	
Friend	29% ^{FH}	27% ^{FH}	30% ^{FGH}	29% ^{FGH}	14%	19%	12%	
Social Media	23% ^{CEFGH}	12% ^{FGH}	14% ^{FGH}	13% ^{FGH}	4%	3%	1%	
Coworker	11% ^{FGH}	9% ^{FGH}	14% ^{FGH}	7% ^{GH}	4% ^H	2%	*	

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Experiences by Age

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 discussing suicide with friends and loved ones. This cohort is also the most comfortable talking openly about suicide and mental health in public.								
Comfortable talking to a friend or loved one if struggling with thoughts of suicide	62% ^H	69% ^{FGH}	71% ^{FGH}	62% ^H	55% ^H	54%	44%	
Comfortable talking openly in public about mental health	60%	65% ^{FGH}	62%F	59%	52%	54%	52%	
Comfortable talking openly in public about suicide	45%	54% ^{FGH}	56% ^{FGH}	53% ^{FH}	44%	44%	33%	
If they were personally having thoughts of suicide, younger adults would also be more likely to reach out to tell a friend or social media network. Older ages 65+, on the other hand, are more likely to rely on a primary care doctor than their younger peers.								
Friend	44% ^{EFGH}	35% ^{FGH}	35% ^{FGH}	30% ^H	24% ^H	25% ^H	15%	
Social media	12% ^{FGH}	11% ^{FGH}	12% ^{FGH}	8% ^{FGH}	3%	1%	1%	
Primary care doctor	11%	22% ^B	24% ^B	20% ^B	27% ^B	34% ^{BCDE}	43% ^{BCDEF}	

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% ^{defgh}	79%DEFGH	70% ^G	65% ^G	63%	55%	64%
I don't know the right words to say	39% ^{efg}	37% ^{efg}	31%	26%	28%	25%	35%
Fear of negative impact on reputation	30% ^{efgh}	27% ^{EFGH}	25% ^{EFGH}	16% ^H	13%	10%	6%
Don't feel I have enough knowledge	26%	32%	23%	25%	29%	28%	42% ^{BDEFG}

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.

	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 a 55+ are also least likely to feel they can tell when some	-		suicide can	often/always	s be prevent	ed. Older ad	ults ages
Feel suicide can be prevented often/ all the time (NET)	58% ^{EFGH}	50%	49%	44%	40%	46%	43%
"I can tell when someone is suicidal" Agree (NET)	47% ^{EFGH}	42% ^{FGH}	46% ^{EFGH}	35% ^{FGH}	24% ^{GH}	15%	14%
That said, adults under age 55 are more likely to feel that if someone wants to die by suicide, there is nothing anyone can do to help. Likewise, the younger cohorts are more likely to see barriers to helping someone close to them who is thinking about suicide.							
"If someone wants to die by suicide, there is nothing anyone can do to help them" Agree (NET)	26% ^{FGH}	28% ^{FGH}	33% ^{efgh}	21% ^{FG}	11%	12%	13%
Cite any barriers to helping someone (NET)	81% ^{DEFGH}	78%DEFGH	65% ^{FGH}	56% ^G	56% ^G	46%	46%
Afraid would make them feel worse	49% ^{CDEFGH}	36% ^{efgh}	29%	23%	27%	24%	25%
Afraid talking about it would increase the likelihood of attempting suicide.	35% ^{efgh}	30% ^{FGH}	26%F	24% ^F	15%	20%	19%
Nearly everyone would take action if a loved one were	thinking abo	out suicide, k	out those 55	+ are more li	kely to rely	on professio	onal care:
Encourage to seek help from a mental health professional	57% ^c	44%	55% ^c	56% ^C	67% ^{CDE}	77% ^{BCDEF}	69% ^{CDE}
Encourage them to seek help from a Dr. or PCP	34%	43%	39%	46%	55% ^{BCDE}	60% ^{BCDE}	54% ^{BD}
Help them make/take them to an appointment	35%	36%	37%	41%	48% ^{BCD}	55% ^{BCDE}	51% ^{BCD}

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 COVID-19 pandemic, older adults are more likely to be taking healthy steps. Adults ages 18-24 are the most likely, by far, to have increased screen time and to be sleeping too much.							
Exercising	34%	39%	35%	37%	51% ^{BCDE}	50% ^{BCDE}	41%
Getting enough sleep	30%	37%	30%	33%	44% ^{BDE}	45% ^{BDE}	52% ^{BCDE}
Eating healthy	25%	36%	39% ^B	34%	35%	48% ^{BCEF}	48% ^{BCEF}
Staying in touch virtually with family and friends	32%	26%	29%	27%	36% ^C	43% ^{CDE}	52% ^{BCDEF}
Sticking to a routine	23%	25%	20%	29% ^D	38% ^{BCDE}	34% ^{BCD}	46% ^{BCDEG}
Increasing screen time	37% ^{CDEFG}	22%	20%	25%	19%	23%	25%
Sleeping too much	31% ^{CDEFGH}	16% ^{EFGH}	11% ^{FGH}	8%	6%	4%	3%

Younger 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 35-44 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% ^{FGH}	65% ^{EFGH}	62% ^{EFGH}	51% ^{FGH}	42% ^H	36% ^H	24%
"Since the start of the COVID-19 pandemic, I have become more open to talking about mental health." Agree (NET)	48% ^H	61% ^{BFGH}	70% ^{BEFGH}	56% ^{FGH}	40%	45% ^H	31%

Detailed Findings



Mental Health Beliefs & Experiences

MENTAL HEALTH BELIEFS & EXPERIENCES

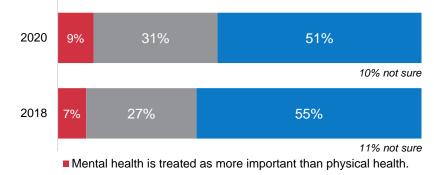
8 In 10 Say Physical And Mental Health Are Equally Important To Own Health

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 2020 15% 78% 8% 2018 11% 80% 9%

- Mental health is more important than physical health.
- They are equally important.
- Physical health is more important than mental health.

Importance of Physical and Mental Health in Current Health Care System



Physical and mental health are treated as equally important.

Physical health is treated as more important than mental health.

BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015)

Q10 Considering your own health, do you think that mental health or physical health is more important, or are they equally important? Q15 Which of the following best describes how you think the importance of mental health and physical health are treated in our current health care system? Indicates a significant <u>increase</u> since 2018

Indicates a significant <u>decrease</u> since 2018 **21**



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.

100% 80% 60% 51% 50% 34% 36% 40% 13% none of these reflect my opinion (14% 2018) 32% 32% 26% 25% 20% 8% 7% 7% 4% 4% 3% 4% 4% 0% Something most Something people Not accessible for Ineffective A sign of strength A last resort A sign of Not as good as Not necessary people can't afford do not know where weakness seeing their most people because people should stand on to find minister, pastor. priest, or rabbi their own 2020 2018 Indicates a significant Indicates a significant 22

increase since 2018

decrease since 2018

Seeing A Mental Health Professional Is...

MENTAL HEALTH BELIEFS & EXPERIENCES



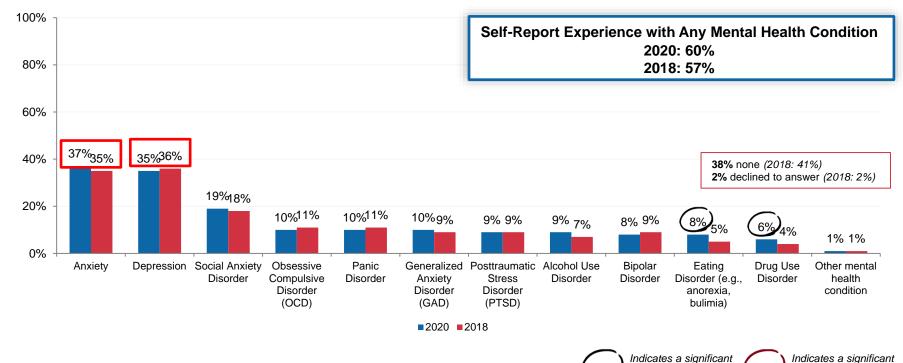
23

decrease since 2018

increase since 2018

Depression And Anxiety Are Most Common Mental Health Issues

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



Mental Health Issue Experienced

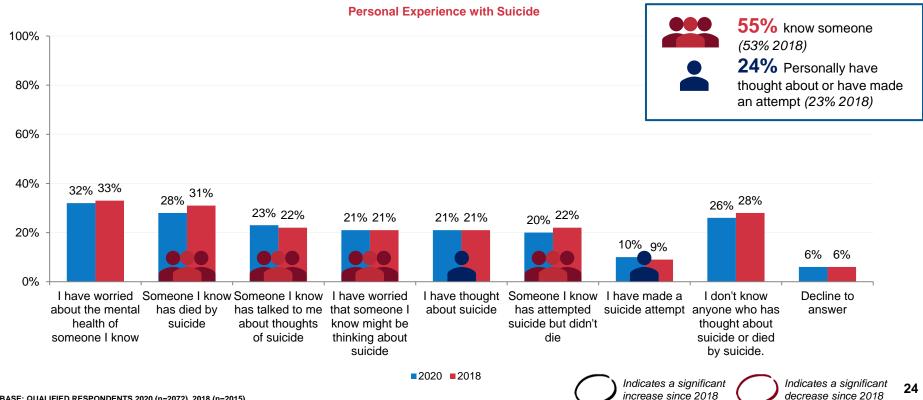
BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015) Q30 Have you ever thought that you have any of the following? Please select all that apply.

MENTAL HEALTH BELIEFS & EXPERIENCES



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

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



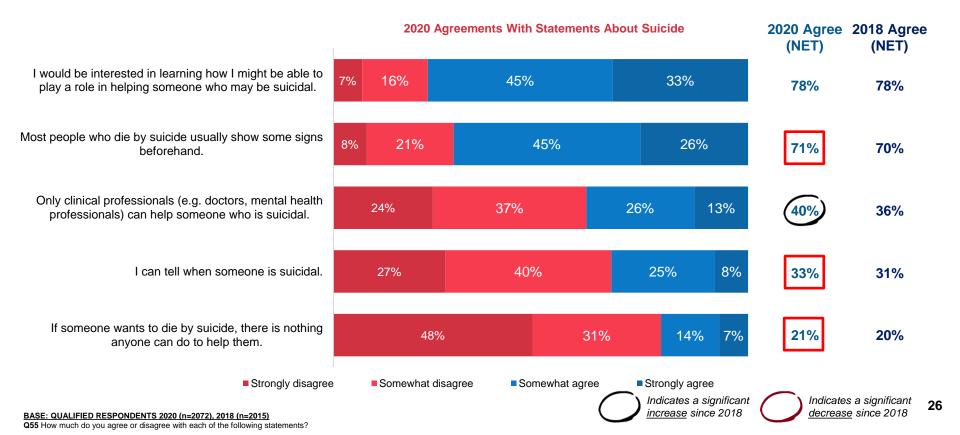
Attitude Towards Suicide

BELIEFS AROUND SUICIDE

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

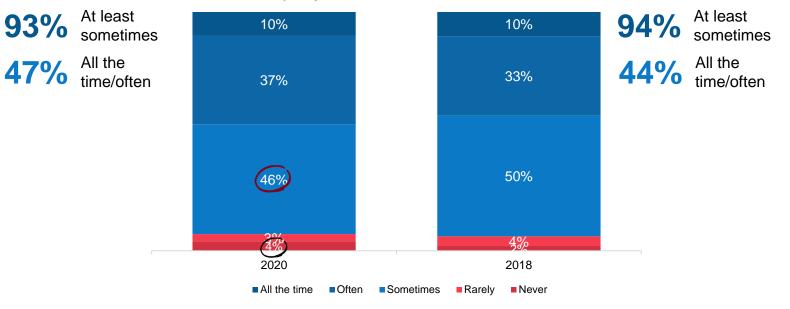
-

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.

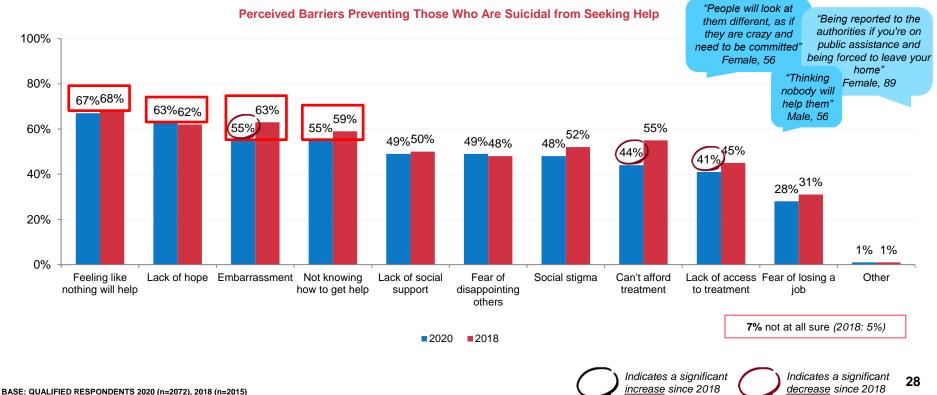


Frequency of Which Suicide Can Be Prevented

BELIEFS AROUND SUICIDE

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.



Verbatim Responses

G70 What do you think are some of the barriers that prevent people who are thinking about suicide from seeking help? Please select all that apply.

BASE: QL

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%
	8%

Q76 Which of the following do you think would help reduce the number of people who die by suicide? Please select all that apply.

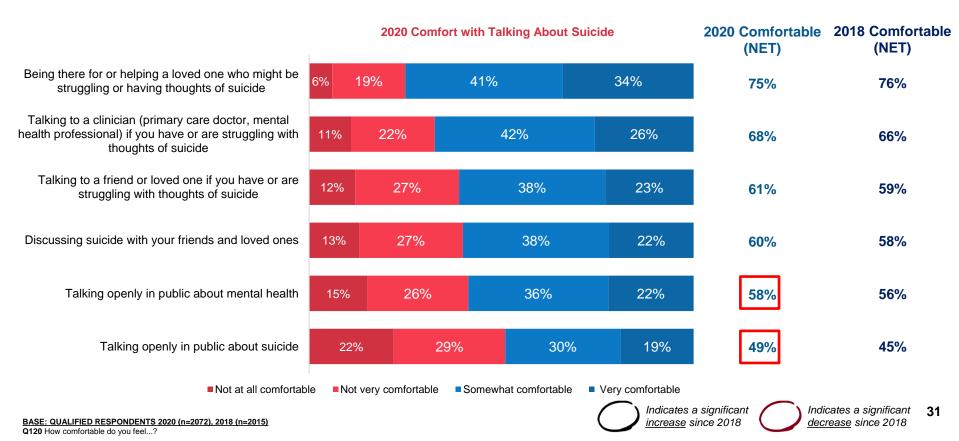


Conversations Around Suicide

CONVERSATIONS AROUND SUICIDE

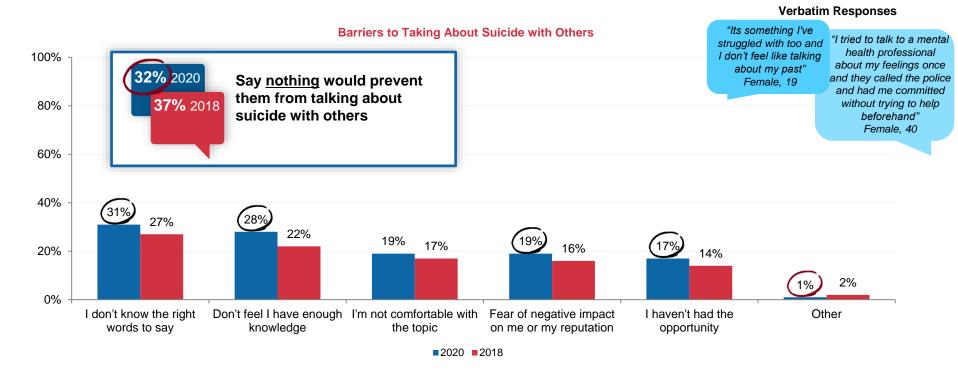
Americans Display Relatively Low Comfort Levels With Talking About Suicide

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.



BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015) Q140 Which of the following would prevent you from talking about suicide with others? Please select all that apply.

Indicates a significant increase since 2018

32

Coping with Suicide

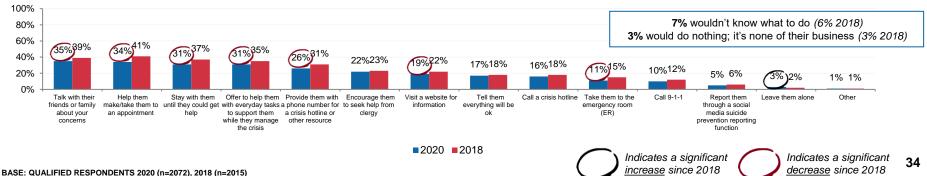
DEALING WITH SUICIDE

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

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







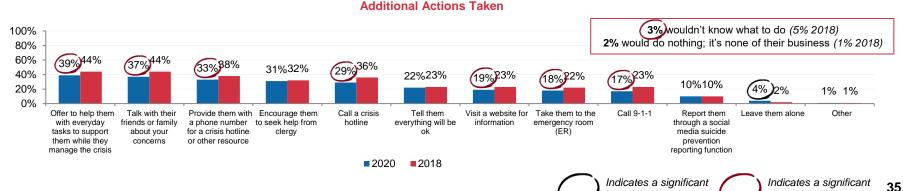
Q105 Which of the following describe what you would do if you were worried about the mental health of someone you know? Please select all that apply.

DEALING WITH SUICIDE

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

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





increase since 2018

decrease since 2018

BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015)

Q80 Which of the following describe what you would do if someone close to you was thinking about suicide? Please select all that apply.

DEALING WITH SUICIDE

38%

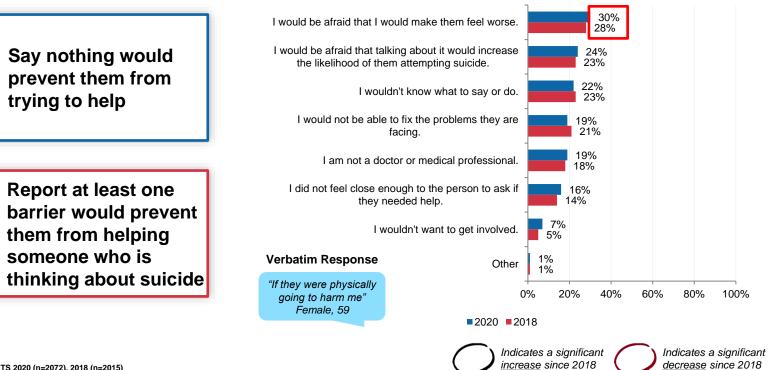
39%

62%

61%

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

-

36

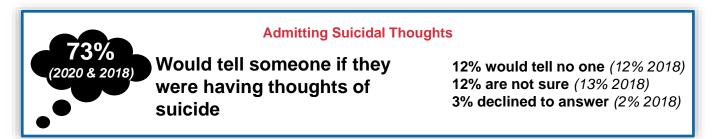
BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015)

Q85 Which of the following might stop you from trying to help someone close to you who was thinking about suicide? Please select all that apply.

DEALING WITH SUICIDE

Nearly Three Quarters Say They Would Talk About Suicidal Thoughts

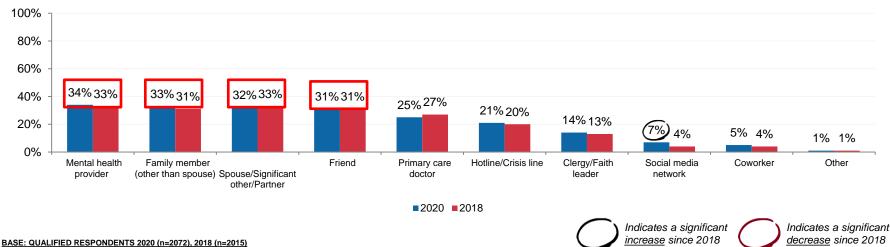
Most commonly, adults would talk to their mental health provider, family member, spouse/significant other, or friend.



-

37

Person to Whom Adults Would Tell about Thoughts of Suicide

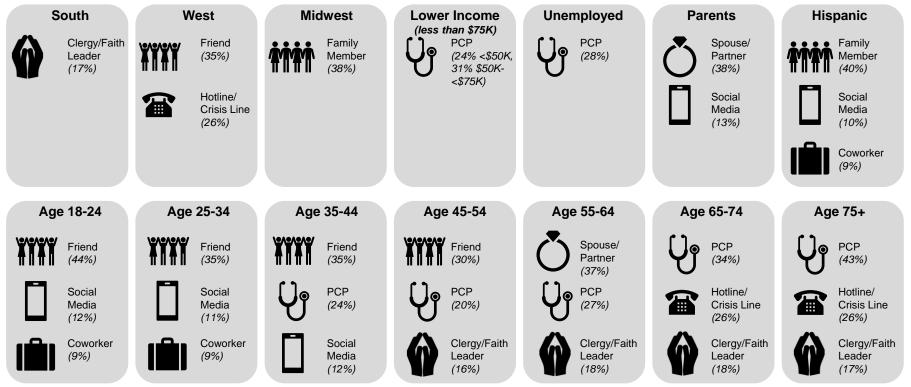


Q95 If you were having thoughts of suicide, who would you tell? Please select all that apply.

DEALING WITH 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.



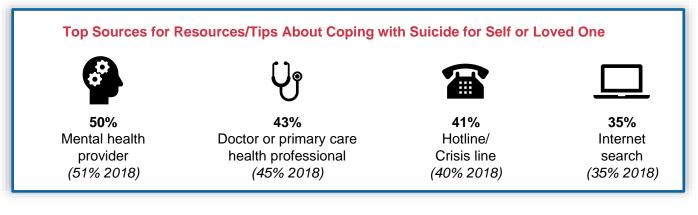
BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q95 If you were having thoughts of suicide, who would you tell? Please select all that apply.

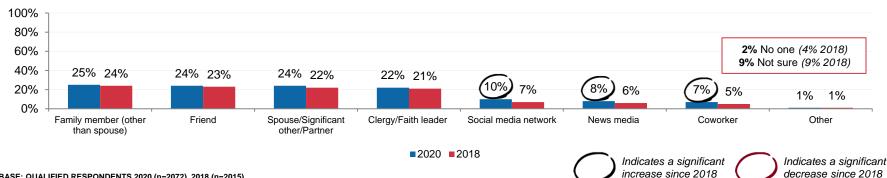
DEALING WITH SUICIDE

Adults Would Seek Resources From Mental Health or Primary Care Provider

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







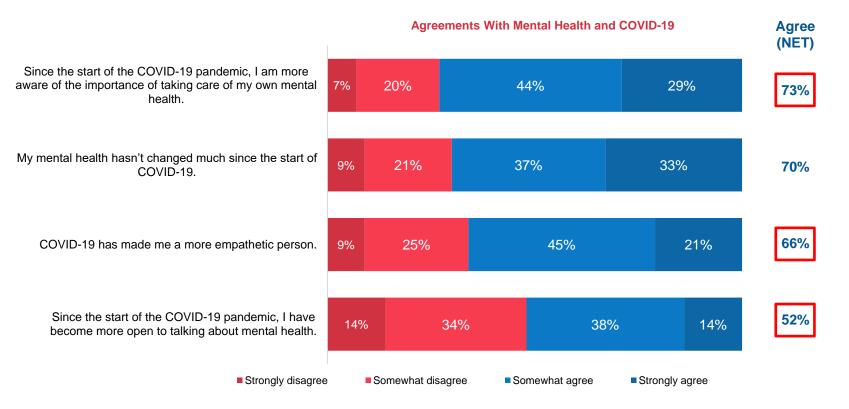
BASE: QUALIFIED RESPONDENTS 2020 (n=2072), 2018 (n=2015)

Q150 Where would you go to obtain helpful resources or tips about coping with thoughts of suicide or helping a loved one who might be struggling with thoughts of suicide? Please select all that apply.

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.



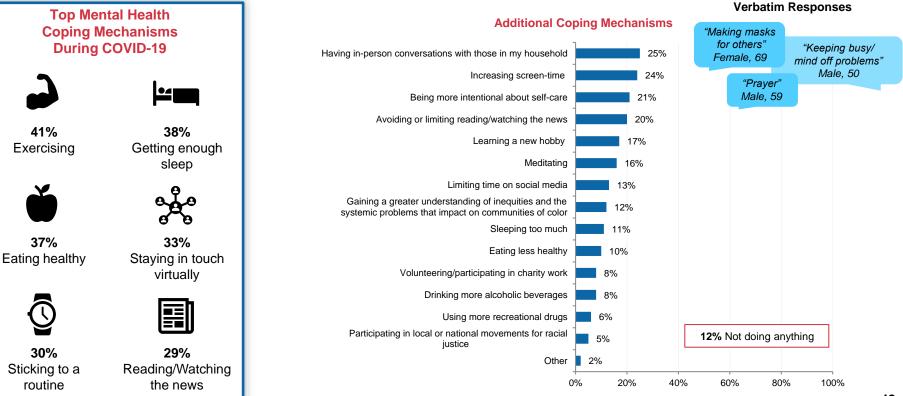
BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q215 How much do you agree or disagree with each of the following statements?

MENTAL HEALTH IMPACTS OF THE COVID-19 PANDEMIC

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.

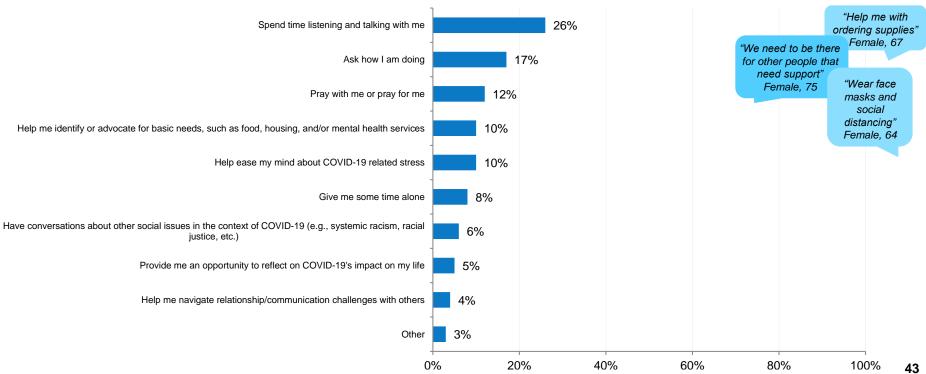


-BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q210 For better or worse, which of the following, if any, are you doing to cope with or support your own mental health and well-being during the COVID-19 pandemic? Please select all that apply.

Americans Most Commonly Seek Conversation as Support During COVID-19

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



Best Way Person/Groups Interact can Support During COVID-19

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.

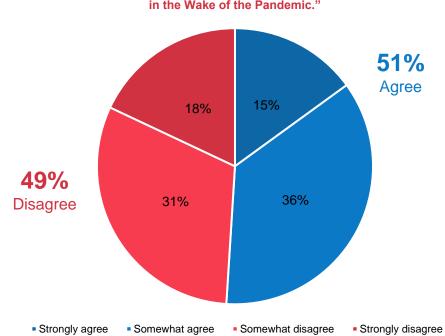
Verbatim Responses



Accessing Necessary Health Care During the COVID-19 Pandemic

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

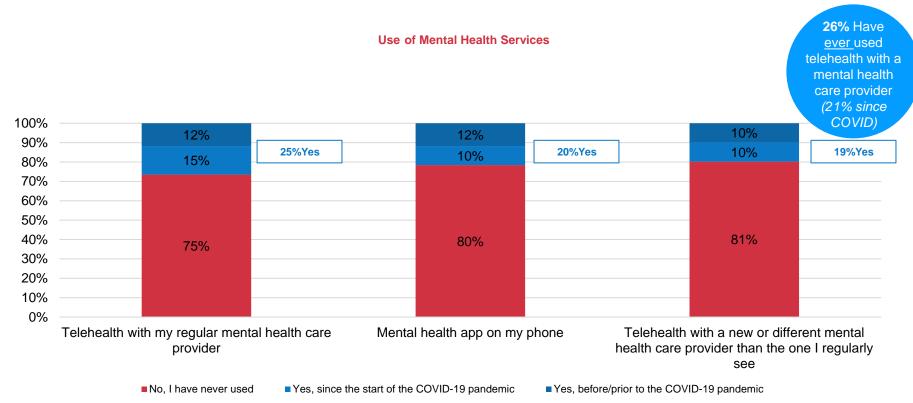
At the same time nearly half disagree.



"It is More Difficult to Access the Mental Health Care I Need in the Wake of the Pandemic."

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.



BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

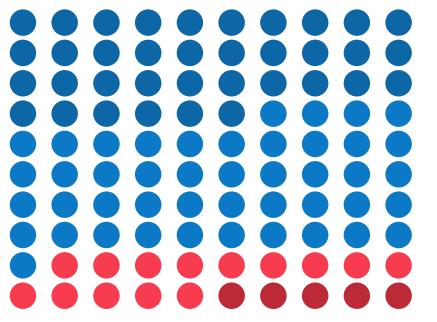
Q200 Have you used each of the following mental health services?

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.

"As a Result of the Pandemic, it's More Important Than Ever to Make Suicide Prevention a National Priority."



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

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

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

Support of initiatives to Help Promote Mental Health and Suicide Prevention During COVID-19						Deal (NET)
Continuing to offer, and have health insurance cover, telehealth therapy services as a permanent option for patients	4% 1	1%	27%	28%	30%	58%
Providing mental health care where patients already receive their health care	3 <mark>% 1</mark> 1	1%	29%	29%	28%	57%
Providing increased services for individuals who live or work in settings that have been most affected by COVID-19	4% 1	1%	30%	28%	28%	56%
Providing access to mental health/suicide prevention services tailored to specific communities/populations that have experienced higher rates of COVID-19	4% 1	1%	30%	27%	28%	55%
Asking patients questions about their mental health as a regular part of every primary care visit	5%	9%	32%	26%	28%	54%
Increasing use of specialized crisis response teams to respond to mental health crises instead of sending police	6%	12%	30%	26%	27%	53%
Increasing investment in approaches designed to prevent or intervene early, before a mental health crisis occurs	4% 1	2%	32%	27%	24%	51%
Efforts that encourage people to talk more openly about challenges related to mental health and suicide	4%	14%	31%	27%	24%	51%
Improving data collection systems to provide real-time data on mental health and suicide issues	6%	13%	35%	24%	22%	46%
		■Not at al	I A little A mode	rate amount ■A lot	A great deal	

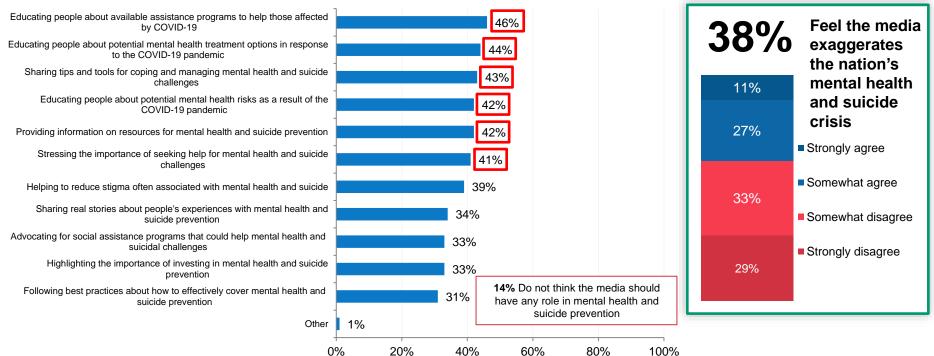
BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q225 How much, if at all, do you support each of the following initiatives to help promote mental health and suicide prevention during the COVID-19 pandemic?

Lot/ A Great

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.



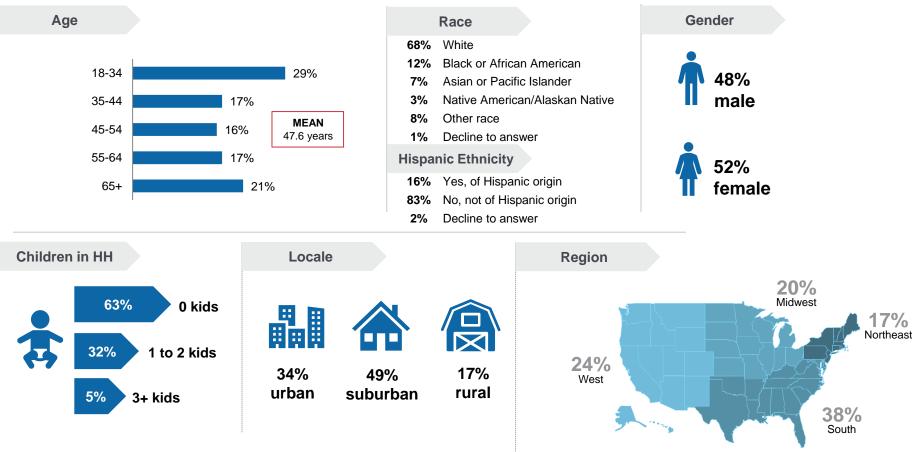
Role of Media in Mental Health and Suicide Prevention

BASE: QUALIFIED RESPONDENTS 2020 (n=2072)

Q220 What role, if any, should the media have in mental health and suicide prevention? Please select all that apply. Q215 How much do you agree or disagree with each of the following statements?

Demographics

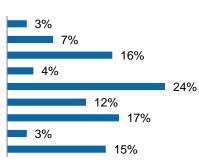
Demographics



Demographics

Education 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 Completed graduate school (e.g., M.S., M.D., Ph.D.)



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 28% Married or civil union / living with partner 54% Divorced / separated / widowed 18%

Less than high school

Employment

- 42% Employed full time
- 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

