

ATTITUDES TOWARD MENTAL ILLNESS

Results From the Behavioral Risk Factor
Surveillance System



Suggested Citation

Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, The Carter Center Mental Health Program. *Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System*. Atlanta (GA); Centers for Disease Control and Prevention; 2012.

Contributing Authors

Rosemarie Kobau, MPH, MAPP¹
Public Health Advisor
Centers for Disease Control and Prevention

Matthew M. Zack, MD, MPH¹
Medical Epidemiologist
Centers for Disease Control and Prevention

Cecily Luncheon, MD, DrPH, MPH¹
ORISE Fellow
Centers for Disease Control and Prevention

John P. Barile, PhD¹
ORISE Fellow
Centers for Disease Control and Prevention

Chris Marshall⁴
Special Assistant to the Director
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration

Thomas Bornemann, PhD⁵
Director, The Carter Center Mental Health Program

Emeline Otey, PhD⁷
Office of Research Training and Career Development
Division of Services and Intervention Research
National Institute of Mental Health

Robin K. Davis, PhD²
ICF Macro

Lucas Godoy Garraza, MS²
ICF Macro

Christine Walrath, PhD²
ICF Macro

Ron Manderscheid, PhD³
Executive Director, National Association of
County Behavioral Health & Developmental
Disability Directors

Rebecca G. Palpant, MS⁵
Assistant Director, The Rosalynn Carter
Fellowships for Mental Health Journalism
The Carter Center Mental Health Program

Diana S. Morales, MPH⁶
Public Health Analyst
Office of Constituency Relations and Public
Liaison
National Institute of Mental Health

Acknowledgments

Kurt Greenlund, PhD¹
Acting Director, Prevention Research Centers Program
Centers for Disease Control and Prevention

Susan L. Jernick, DPM, MPH¹
Contractor, DB Consulting Group
Centers for Disease Control and Prevention

Deborah Leiter⁸
Vice President, Campaign Director
The Advertising Council

Adrienne Ziluca⁸
Campaign Manager
The Advertising Council

¹ Division of Population Health, 4770 Buford Highway NE, Atlanta, GA 30341

² ICF Macro, 3 Corporate Square, NE, Suite 370, Atlanta, GA 30329

³ National Association of County Behavioral Health & Developmental Disability Directors,
25 Massachusetts Ave, NW, Suite 500, Washington, DC 20001

⁴ Center for Mental Health Services, Substance Abuse and Mental Health Services Administration,
1 Choke Cherry Road, 6-1059, Rockville, MD 20857

⁵ One Copenhill, 453 Freedom Parkway, Atlanta, GA 30307

⁶ 6001 Executive Boulevard, Bethesda, MD 20892-9629

⁷ 6001 Executive Boulevard, Bethesda, MD 20892-9669

⁸ The Advertising Council, 1707 L Street, NW, Suite 600, Washington, DC 20036

CONTENTS

- Executive Summary 1
 - Introduction to Using This Report 2
- Background..... 3
 - Attitudes Toward Mental Illness and Stigma 3
 - What Are the Consequences of Negative Attitudes Toward Mental Illness and Stigma? 4
 - Why Is It Important to Track Attitudes Toward Mental Illness? 5
- Methodology 6
 - BRFSS 6
 - Measures 6
 - Individual Level Predictors..... 7
 - State-level Predictors 7
 - What a Difference a Friend Makes Campaign Overview 8
 - Analysis 8
- Key Findings in Surveyed States 10
 - Overall Study Results 10
 - Treatment Effectiveness 10
 - People Are Generally Caring and Sympathetic to People With Mental Illness 10
 - Discussion 53
 - Strategies for Combating Stigma 54
 - Limitations 54
 - Acknowledgment 55
- Resources for States to Address Mental Illness Stigma 55
 - Federal Resources 55
 - Nonfederal Resources 55
- References 56
- Appendix A: Mental Health-related and BRFSS Indicators 59
- Appendix B: State-specific Data Tables 64



EXECUTIVE SUMMARY

In 2005, the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated to track state-level attitudes toward mental illness. Following recommendations from the 2002 President's New Freedom Commission on Mental Health, these agencies sought to examine public perceptions regarding treatment effectiveness and perceptions regarding people being caring and sympathetic to people with mental illness. This collaboration paralleled the release of a SAMHSA national anti-stigma campaign, *What a Difference a Friend Makes*, designed to help young adults support friends with a mental health problem. Two questions that asked about attitudes toward mental illness, along with other questions about mental illness symptoms, were included on the CDC-supported Behavioral Risk Factor Surveillance System (BRFSS). These questions comprised the BRFSS Mental Illness and Stigma Module. In 2007, 35 states, the District of Columbia, and Puerto Rico received SAMHSA support to collect data using the BRFSS Mental Illness and Stigma Module, and, in 2009, 16 states received support to do so. While a 2010 CDC study published in the *Morbidity and Mortality Weekly Report* (CDC, 2010) described some limited findings, the goals of this study were to expand on the previous analysis to (1) provide state-level estimates of attitudes toward mental illness by select socio-demographic factors, mental illness symptoms, and mental health treatment; (2) examine individual (e.g., age, race/ethnicity) and state-level predictors (e.g., per capita expenditures on mental health services; the average annual unemployment rate; and exposure to the *What a Difference a Friend Makes* campaign) on attitudes toward mental illness; (3) highlight population subgroups who strongly disagree with the statements (i.e., a vulnerable group) for each state; and (4) provide resources and strategies for targeting these groups, and combating stigma in general.

As more individuals seek help and share their stories with friends and relatives, compassion will be the response, not ridicule (President's New Freedom Commission on Mental Health, p. 7, 2003).

This study found that most adults (>80%) in the states surveyed agreed that mental illness treatment is effective, but substantially fewer adults (35%–67%) agreed that people are caring and sympathetic to people with mental illness. Some population subgroups (e.g., black, non-Hispanic adults, Hispanic adults, those with less than a high school education) were more likely to strongly disagree that treatment is effective. Women, adults with chronic disease (e.g., arthritis, heart disease), and adults who were unemployed or unable to work were more likely to strongly disagree that people are caring and sympathetic to people with mental illness. In general, adults with mental illness symptoms, including those receiving treatment for a mental health problem were less likely to agree that people are caring and sympathetic to people with mental illness.

Adults who lived in states with higher per capita expenditures on mental health services were more likely to agree that treatment is effective, and were more likely to report receiving treatment. Adults who lived in areas with more mental health professionals were more likely to agree that other people are caring and sympathetic to people with mental illness. Young adults (ages 18–24) who lived in states with greater donated media time for SAMHSA's *What a Difference a Friend Makes* campaign were more likely to agree that people are caring and sympathetic to people with mental illness.

These BRFSS data demonstrate the feasibility and usefulness of tracking attitudes toward mental illness at the state level as well as for assessment, program development, and evaluation of public health anti-stigma activities.

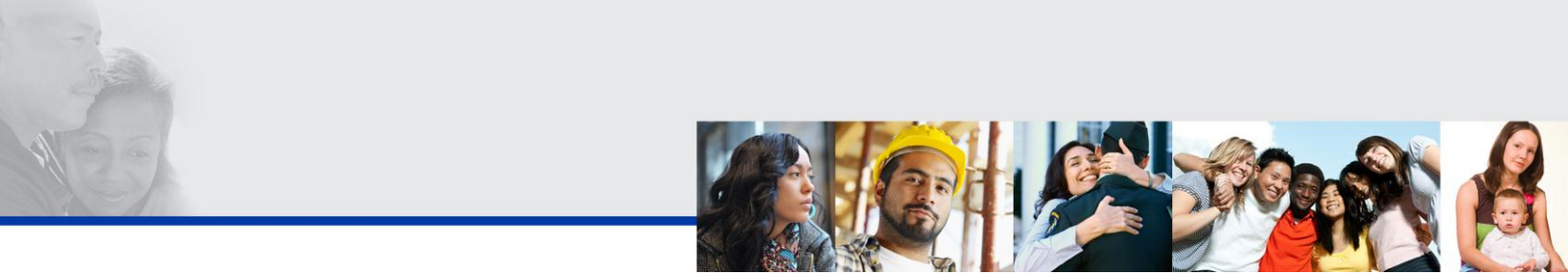


Introduction to Using This Report

This report examines individual and state-level predictors of attitudes toward mental illness to highlight subgroups that disagreed with the attitudinal statements and, therefore, might benefit from educational programs and services. The report's eight sections include the following:

- 1) **Background:** This section provides information about stigma as it interferes with public health prevention efforts and the rationale for the selection of study questions.
- 2) **Study Methodology:** This section describes the source of questions used for this study, participating states, data collection methods, individual-level predictors, and state-level predictors (Appendix A) used in the analysis as well as analytical strategies used.
- 3) **Key Findings:** This section briefly summarizes the main study findings.
- 4) **State-Specific Findings (Graphs):** This section provides a one-page graphical overview of key findings on total disagreement for each attitudinal question by the state overall and by age, sex, race/ethnicity, serious psychological distress (SPD), frequent mental distress (FMD), and receipt of mental health treatment for each state participating in this study. This section also includes a *Call to Action* subsection that highlights groups found to significantly differ in their responses from the state average. Additionally, this section provides resources targeting these groups.
- 5) **Discussion:** This section compares and contrasts these findings in relation to other research, reviews the implications of these findings, and describes study limitations.
- 6) **Resources:** This section provides links to resources for those interested in strategies to combat mental illness stigma.
- 7) **References:** This section cites other published studies and resources for those who wish to delve further.
- 8) **State-Specific Findings (Tables [Appendix B]):** This section tabulates detailed results by state for attitudes toward mental illness by age, sex, race/ethnicity, educational level, household income, employment status, veteran status, diabetes, cardiovascular disease, asthma, arthritis, FMD, SPD, and receipt of mental health treatment (adjusted for sex, age, racial/ethnic group, education, and household income).

Understanding attitudes toward mental illness at the state level can help identify and inform priorities that support the efforts of mental health state agencies, providers, policymakers, educators, and others to reduce stigma. The collection and the analysis of state-level data can provide valuable insight into the unique needs of various subgroups, such as racial and ethnic minorities as well as people living with chronic disease and co-occurring mental illness. It is our hope that this information can help shape initiatives effective in reducing stigma and removing barriers for those seeking or receiving treatment for mental illness.



BACKGROUND

Attitudes Toward Mental Illness and Stigma

People’s beliefs and attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness. People’s beliefs and attitudes toward mental illness also frame how they experience and express their own emotional problems and psychological distress and whether they disclose these symptoms and seek care. About one in four U.S. adults (26.2%) age 18 and older, in any given year, has a mental disorder (e.g., mood disorder, anxiety disorder, impulse control disorder, or substance abuse disorder) (Kessler, Chiu, Demler, & Walters, 2005), meaning that mental disorders are common and can affect anyone. Many adults with common chronic conditions such as arthritis, cancer, diabetes, heart disease, and epilepsy experience concurrent depression and anxiety—further complicating self-management of these disorders and adversely affecting quality of life (Chapman et al., 2005; El-Gabalawy et al., 2010; IOM, 2012).

Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions (e.g., health insurance restrictions, employment restrictions; adoption restrictions) (Corrigan et al., 2004; Wahl, 2003). When such attitudes and beliefs are expressed positively, they can result in supportive and inclusive behaviors (e.g., willingness to date a person with mental illness or to hire a person with mental illness). When such attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination.

Stigma has been described as “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses” (President’s New Freedom Commission on Mental Health, p. 4, 2003). When stigma leads to social exclusion or discrimination (“experienced” stigma), it results in unequal access to resources that all people need to function well: educational opportunities, employment, a supportive community, including friends and family, and access to quality health care (Link & Phelan, 2001; Corrigan et al., 2004). These types of disparities in education, employment, and access to care can have cumulative long-term negative consequences.

The prevailing view of health-related stigma is that it refers to perceived, enacted, or anticipated avoidance or social exclusion, and not to an individual blemish or mark
(Weiss, Ramakrishna & Somma 2006; Goffman 1963).

For example, a young adult with untreated mental illness who is unable to graduate from high school is less likely to find a good paying job that can support his or her basic needs, including access to health care. These disadvantages can cause a person to experience more negative outcomes. Being unemployed, living at or below the poverty line, being socially isolated, and living with other social disadvantages can further deflate self-esteem, compounding mental illness symptoms, and add to the burden of stigma (Sartorius, 2005). Sometimes stigma is simply “felt” in the absence of being discriminated against and results from internalizing perceived negative attitudes associated with a characteristic (e.g., age), a disorder (e.g., HIV-AIDS), a behavior (e.g., smoking), or other factor (e.g., place of birth).



Whether stigma is experienced as social exclusion or discrimination or felt as a pervasive and underlying sense of being different from others, it can be debilitating for people and poses a challenge for public health prevention efforts. Different opinions exist regarding the implications of different labels associated with describing mental illness (e.g., brain disease) and felt or experienced stigma (Sayce, 1998; Corrigan & Watson 2004; Corrigan, Markowitz, & Watson, 2004; Pescosolido et al., 2010). However, the prevailing view of health-related stigma is that it refers to perceived, enacted, or anticipated avoidance or social exclusion, and not to an individual blemish or mark (Weiss, Ramakrishna, & Somma, 2006; Goffman, 1963). Different methods exist for measuring health-related stigma, and challenges and limitations associated with distinguishing between felt versus experienced stigma in attitudinal research have been described (Link et al., 2004; Green, 1995).

What Are the Consequences of Negative Attitudes Toward Mental Illness and Stigma?

Only about 20% of adults with a diagnosable mental disorder (Wang et al., 2005) or with a self-reported mental health condition (Hennessy et al., 2012) saw a mental health provider in the previous year. Embarrassment associated with accessing mental health services is one of the many barriers that cause people to hide their symptoms and to prevent them from getting necessary treatment for their mental illness symptoms (U.S. Department of Health and Human Services, 1999; 2001; Greene-Shortridge et al., 2007; Nadeem et al., 2007). Stigma poses a barrier for public health primary prevention efforts designed to minimize the onset of mental illness, as well as with secondary prevention efforts aimed at promoting early treatment to prevent worsening of symptoms over time (Weiss, Ramakrishna, & Somma, 2006).

Stigma can also interfere with self-management of mental disorders (tertiary prevention) (Sirey et al., 2001). Untreated symptoms can have grave consequences for people living with mental illness and negatively impact families affected by these disorders. For example, most people with serious and persistent mental illness (mental disorders that interfere with some area of social functioning) are unemployed and live below the poverty line, and many face major barriers to obtaining decent, affordable housing (U.S. Department of Health and Human Services, 1999). These individuals may need a number of additional social supports (e.g., job training, peer-support networks) to live successfully in the community, but such supports may not be available. Other individuals with depression and anxiety might avoid disclosing their symptoms and instead adopt unhealthy behaviors to help them cope with their distress (e.g., smoking, excessive alcohol use, binge-eating). These behaviors can increase their risk for developing chronic diseases, worsening their overall health over time. Recent studies have found an increased risk of death at younger ages for people with mental illness (Colton & Manderscheid, 2006).

- **Stigma about mental illness can lead people to fear disclosing that they have mental health problems, which may prevent treatment and recovery.**
- **Stigma can result in limited life opportunities.**
- **Stigma poses barriers for public health prevention efforts designed to minimize onset of mental illness and the prevention or worsening of symptoms over time.**
- **Stigma can result in lower prioritization for public resources allocated to mental health services and poorer quality of care delivered to people with mental illness.**



Attitudes toward mental illness can also influence how policymakers allocate public resources to mental health services, pose challenges for staff retention in mental health settings, result in poorer quality of medical care administered to people with mental illness, and create fundraising challenges for organizations who serve people with mental illness and their families (Kadri & Sartorius, 2005; Pescosolido et al., 2010; Stuart, 2005). State-level factors such as unemployment levels and access to mental health services, and the presence or absence of other state resources may affect public attitudes and merit study.

Why Is It Important to Track Attitudes Toward Mental Illness?

People's attitudes and beliefs predict their behavior (Ajzen & Fishbein, 1980). People's beliefs and attitudes about mental illness might predict whether they disclose their symptoms and seek treatment and support. Knowledge and beliefs that can aid in the recognition, management, or prevention of mental health disorders are defined as mental health literacy (Jorm et al., 1997). Tracking attitudes toward mental illness can serve as an indicator of the public's mental health literacy. For example, in a 1996 study, 54% of the U.S. public attributed major depression to neurobiological causes, and this increased to 67% in 2006 (Pescosolido et al., 2010). Similarly, a larger percentage of people endorsed the benefits of treatment by a physician for people with major depression in 2006 (91%) than in 1996 (78%) (Pescosolido et al., 2010). However, improvements in neurobiological understanding of mental illness were unrelated to negative attitudes and, in some cases, increased the odds of negative attitudes (e.g., need for social distance, perceived dangerousness) (Pescosolido et al., 2010). In another study of U.S. adults, only about one fourth agreed that people are caring and sympathetic to people with mental illness (Kobau, DiIorio, Chapman, & Delvecchio, 2010). When asked about how much it would be worth to avoid mental illness compared to general medical illnesses, the public was less willing to pay to avoid mental health treatment than they were to pay to avoid physical health treatment (Smith et al., 2012). These studies provide important snapshots of attitudes toward mental illness across the country; however, studies that examine attitudes in depth such as distinguishing between attitudes relative to perceived or experienced stigma, studies that link attitudes to actual behavior, or studies that track attitudes toward mental illness at the state level do not occur routinely. These limited, cross-sectional studies tell us little about how attitudes shift in relation to historical events (e.g., media over-sensationalization of the rare violence associated with a person with mental illness), how attitudes shift over time in the same people, and how these attitudes differ within a state relative to characteristics of the state such as the average unemployment rate or per capita expenditures on state mental health agencies.



METHODOLOGY

This section describes the source of questions used in this study, data collection methods, individual and state-level predictors used in the analysis, and the analytical strategy.

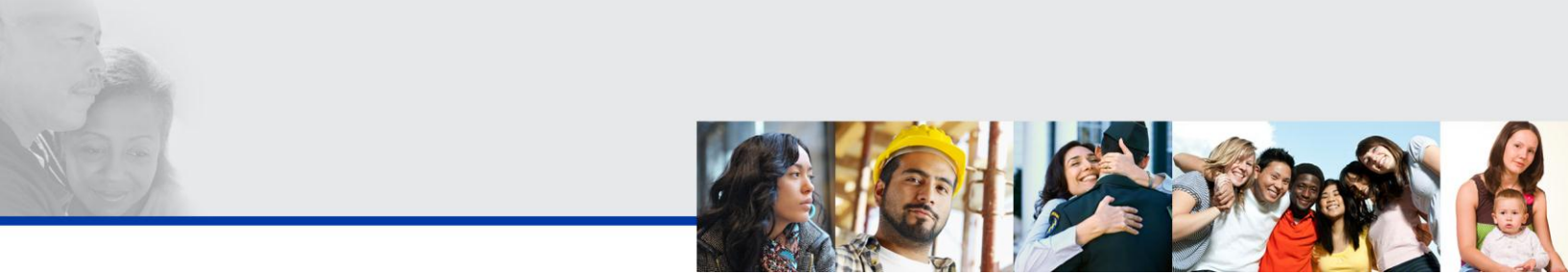
BRFSS

The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury (CDC, 2012). BRFSS was established in 1984 by the CDC; currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam (<http://www.cdc.gov/brfss/>). The BRFSS Mental Illness and Stigma Module was developed by CDC and SAMHSA to track the prevalence of serious psychological distress, mental health treatment in past 12 months, and attitudes toward mental illness in U.S. states. In 2007, 35 states, the District of Columbia, and Puerto Rico included the Mental Illness and Stigma Module on the BRFSS. In 2009, 16 states did so. Fourteen states supported the Mental Illness and Stigma Module in both 2007 and 2009. The latest data available for each state were used for analysis (21 states, the District of Columbia, and Puerto Rico with data from 2007 and 16 states with data from 2009); (Tables 1-4). In both years, BRFSS sampled adults by landline telephone. Among the 35 states, the District of Columbia, and Puerto Rico surveyed in 2007, the median Council of American Survey Research Organization (CASRO) response rate was 51% and the CASRO cooperation rate was 71.4% (CDC, 2008). In 2009, among the 16 states surveyed, the CASRO median response rate was 55.3% and the CASRO cooperation rate was 77% (CDC, 2011).

Measures

Attitudes Toward Mental Illness

Attitudes were assessed by asking respondents to indicate their level of agreement with two statements. The first statement assessed attitudes toward the effectiveness of treatment: “Treatment can help people with mental illness lead normal lives.” The second statement assessed the respondent’s perception of public attitudes toward persons with mental illness: “People are generally caring and sympathetic to people with mental illness” (The Scottish Government, 2009). This method of asking respondents to indicate what other people think about a health condition has been previously used in assessing other health-related stigma (Green, 1995). For the two statements, participants were asked to answer whether they agreed strongly, agreed slightly, neither agreed nor disagreed, disagreed slightly, or disagreed strongly. Before inclusion in BRFSS, cognitive testing confirmed that adults understood these questions as intended. The question about attitudes toward treatment also demonstrated acceptable construct validity with expectations regarding mental illness recovery (Kobau, 2010). In this study, *total disagreement* (seen in graphs, Section 4) was defined with responses including either slightly or strongly disagree.



Serious Psychological Distress

The Kessler 6-scale asks respondents how often in the past 30 days they felt six symptoms of mental illness (i.e., feeling nervous, depressed, hopeless, restless, like a failure, like everything was an effort). Each item is scored on a 5-point scale indicating frequency, ranging from 0 (none of the time) to 4 (all of the time), and summed (score range: 0–24). Respondents scoring 13 or more on this scale were classified as having serious psychological distress (SPD) (Kessler et al., 2003). The K6 is a valid screen for serious mental illness in the general population (Kessler et al., 2003).

Mental Health Treatment

Another question was asked of respondents: “Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?” Response options included yes, no, don’t know, and refused. Adults who responded yes were classified as currently receiving treatment for a mental health or emotional problem.

Frequent Mental Distress (FMD)

FMD was measured with the question, “For how many days in the past 30 days was your mental health (due to stress, depression, or problems with emotions) not good?” Respondents reporting 14 or more not good mental health days were identified as having frequent mental distress (Zahran et al., 2004).

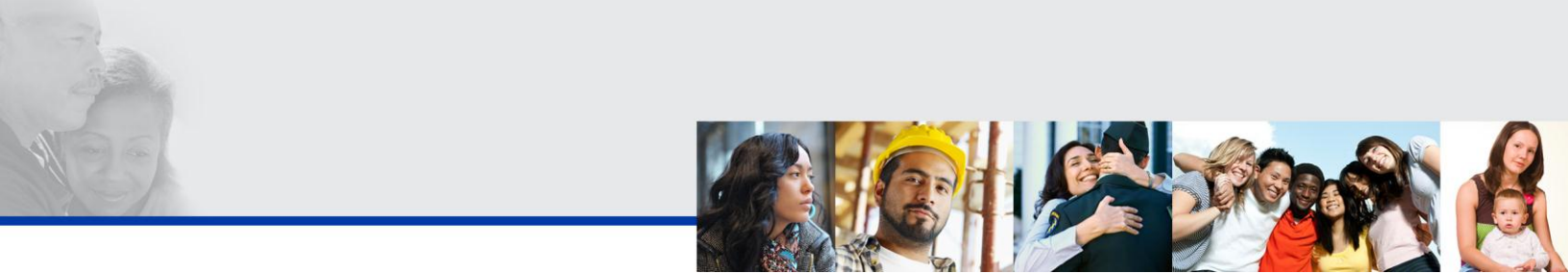
Individual Level Predictors

The BRFSS is the source of all the individual-level predictors, which includes sociodemographic characteristics (sex, age, racial/ethnic group, education, income, and veteran status); self-reported doctor-diagnosed chronic disease (diabetes mellitus, cardiovascular disease [including myocardial infarction, stroke, coronary heart disease], asthma, and arthritis); and self-reported mental health symptoms (frequent mental distress [FMD], serious psychological distress [SPD], and being under medical care for an emotional issue).

State-level Predictors

State-level predictors were obtained from different sources: (1) State mental health agency expenditures per capita for fiscal year 2004 (latest data available) from the National Association of State Mental Health Program Directors Research Institute (NRI); (2) the percentage of the population living in mental health professionals shortage areas from the Health Resources and Services Administration (as of December 2010); (3) the annual average unemployment rate from the Bureau of Labor Statistics; (4) health insurance coverage for each year from the U.S. Census Bureau; (5) the percentage of youth aged 18–24 for each year from the BRFSS; (6) per capita values of donated media (local broadcast TV) from 210 media markets across the U.S. for the What a Difference a Friend Makes campaign (cumulative since its inception in 2006 throughout the end of each year) provided by SAMHSA and the Ad Council. (Appendix A, Table A).¹

¹ State-level data were not available for Puerto Rico for all predictors (e.g., donated media) and, thus, are not presented in Table A.



What a Difference a Friend Makes Campaign Overview

In December 2006, the Ad Council, in partnership with SAMHSA, launched a national public service advertising campaign that asked 18- to 25-year-olds to step up and support friends they know are experiencing a mental health problem by demonstrating the roles they can play in their friend's recovery. The public service announcement (PSA) campaign includes television, Web videos, radio, outdoor, print and Web elements, as well as an online community that young adults can join to share their stories and experiences with recovery and support. Viewers and listeners are encouraged to continue to support their friends who are living with mental health problems and to visit the campaign website to learn more (<http://www.whatadifference.samhsa.gov/>).

Analysis

All the analyses excluded persons who responded “did not know” or refused to answer these questions.²

Raw and Adjusted Percentages

For each jurisdiction, the proportions of responses in each attitude category were estimated by a set of subpopulations or domains of interest (defined by sociodemographic characteristics, self-reporting chronic disease, and mental health symptoms). Both point estimates and standard errors were computed taking into account the complex sample design (sample weights, stratification, and clustering). Adjusted proportions, or predictive marginals (Korn & Graubard, 1999), were obtained with SUDAAN multinomial logistic regression models. Level of agreement with each attitude statement served as dependent variables controlling for sex, age, racial/ethnic group, education, and household income. The analysis was performed using SUDAAN 10 (Research Triangle Institute, 2008). Within each subgroup of sex, age, and race/ethnicity, we examined all possible comparisons to identify groups that differed significantly from each other (e.g., State-Specific Findings overview paragraph).

Multilevel Models

To explore predictors (e.g., per capita expenditures on state mental health agencies) of differences in attitudes across states,³ a multilevel logistic regression model was fitted to the combined sample. A random intercept was used to account for clustering of observations within each jurisdiction year. Additional clustering within each jurisdiction across years was taken into account in the computation of standard errors. The multilevel models were fitted by pseudo-maximum likelihood to incorporate sample weights (Pfeffermann & Sverchkov, 2009). Ordinal and binary logistic regressions were used, the latter arising as a result of dichotomizing the attitudes variables depending on whether the respondent indicated agreement (either slight or strong). The analysis was performed using Mplus 6 (Muthén & Muthén, 1998–2011).

² For each question, about 2% of respondents answered “did not know,” and about 0.3% of respondents refused to answer each question.

³ Puerto Rico was omitted from multilevel analysis because not all state-level predictors examined (e.g., donated media) were available.

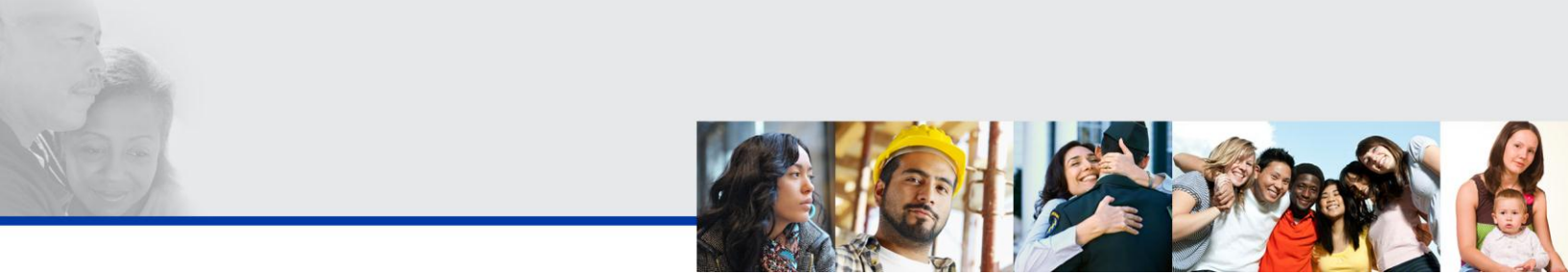


Multilevel model parameter estimates were examined to determine statistically significant associations. Figures 1 through 3 in Appendix A depict how much the percent disagreement that treatment can help those with mental illness, the percent disagreement that people are caring and sympathetic to people with mental illness, and the percent of adults receiving mental health treatment vary with the quantity of each state-level predictor (e.g., per capita expenditures, percentage of population living in mental health professional shortage areas), from lowest value to highest value. The three horizontal bars in each figure represent the average level of agreement for these three outcomes at the 25th, 50th, and the 75th percentile of the values of these state-level predictors. Each figure depicts the statistically significant associations found between each state-level predictor and the outcome.

Additional Analyses

Estimates for the “Overall” category in the state-specific results (i.e., graphs) were obtained by age and race standardization of the BRFSS datasets to the 2007 U.S. population distribution. The estimates are provided for comparison purposes. All of the states in the sample are used in the estimation, and sample weights are taken into account in the estimation.

Calls to Action boxes highlight significant differences ($p \leq 0.05$) between subgroups compared to the average state percent in the “**strongly disagree**” categories (potentially a high risk group) for each question on attitudes. (Supporting data are provided in Appendix B.)



KEY FINDINGS IN SURVEYED STATES⁴

This section briefly summarizes the main findings. Readers can refer to the sections that follow for supporting data.

Overall Study Results

Across states surveyed, most adults (>80%) agreed (slightly or strongly) that treatment can help people living with mental illness lead normal lives (Tables 1-2). Yet, fewer adults (35–67%) agreed that other people are caring and sympathetic to people living with mental illness (Tables 3-4). While no regional differences were identified in the analysis, states differed in overall level of agreement with both statements after controlling for individual level differences.⁵

Treatment Effectiveness

- ▶ The vast majority of adults (>80%) in the states surveyed agreed that treatment is effective (Tables 1-2).
- ▶ Adults who reported receiving mental health treatment were generally more likely to strongly agree that treatment is effective (e.g., CO, HI, KS, NH, TX; see Appendix B tables).
- ▶ The probability of adults receiving mental health treatment increased when states provided more funding for their state mental health agencies (see Appendix A, Figure 3).
- ▶ Some population subgroups (e.g., non-Hispanic blacks, Hispanics, those with less than a high school education,) in some states were more likely to strongly disagree that treatment is effective (e.g., GA, CA, MA, WA; see Appendix B tables).
- ▶ Higher per capita expenditure on state mental health agencies was associated with less disagreement with “Treatment can help people with mental illness lead normal lives.” (See Appendix A, Figure 1.)

People Are Generally Caring and Sympathetic to People With Mental Illness

In general, smaller percentages of people in the states surveyed agreed that people are generally caring and sympathetic to people with mental illness (range 35%–67%) [Tables 3-4] than that treatment is effective (Tables 1-2).

- ▶ Adults with mental illness symptoms (i.e., serious psychological distress [SPD], frequent mental distress [FMD]) and those reporting that they are currently receiving treatment for a mental illness or an emotional problem more often strongly disagreed that people are generally caring and sympathetic to people with mental illness (Appendix B, tables).
- ▶ Adults living with existing chronic conditions (e.g., arthritis, heart disease, asthma) were also more likely to strongly disagree that people are generally caring and sympathetic to those with mental illness than adults living without these conditions (Appendix B, tables).

⁴ Key findings reflect results from the surveyed states and are not national estimates.

⁵ Estimates may differ slightly from the CDC 2010 MMWR report due to the inclusion of additional control variables in this study.



- ▶ In some states, population subgroups such as women, adults who were unable to work or were out of work, adults living in households earning <\$20,000/year), and adults with less than a high school education were more likely to strongly disagree that people are caring and sympathetic to people with mental illness (e.g., CO, KS, NE, MT, WI; see Appendix B tables).
- ▶ Adults who lived in areas with fewer mental health professionals were more likely to disagree that “People are caring and sympathetic to people with mental illness.” (See Appendix A, Figure 2.)
- ▶ Higher values of donated media for the What a Difference a Friend Makes campaign were associated with less disagreement with “People are caring and sympathetic to people with mental illness,” in states with greater percentages of younger adults (ages 18–24). (See Appendix A, Figure 2.)

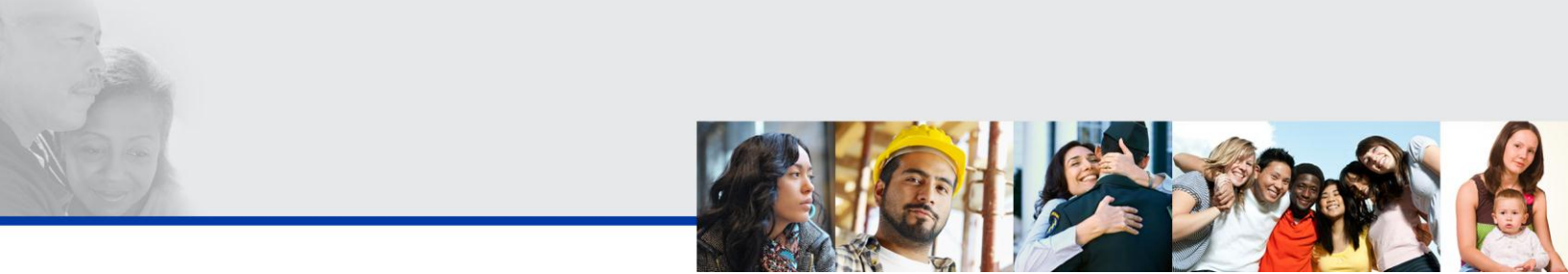


Table 1. Level of Agreement* with the Statement, *Treatment Can Help People with Mental Illness Lead Normal Lives*, by State and Territory—2007 BRFSS.

State	Unweighted Sample Size	Disagree Strongly	Disagree Slightly	Neither Agree Nor Disagree	Agree Slightly	Agree Strongly
Alaska	2,224	1.5%	4.0%	1.5%	26.6%	66.5%
Arkansas	5,119	2.1%	3.4%	0.6%	23.9%	70.0%
Colorado	5,241	1.4%	4.2%	0.8%	27.0%	66.5%
Connecticut	6,416	1.5%	3.0%	2.1%	23.8%	69.6%
District of Columbia	3,336	1.4%	2.8%	1.4%	20.2%	74.2%
Illinois	4,947	1.5%	4.2%	0.9%	27.9%	65.4%
Indiana	5,254	1.6%	3.6%	1.3%	26.8%	66.7%
Iowa	4,804	1.7%	3.5%	0.6%	26.3%	67.9%
Kentucky	5,916	2.0%	1.5%	5.3%	25.1%	66.1%
Louisiana	5,837	2.1%	3.4%	1.8%	17.1%	75.6%
Maine	3,734	1.8%	3.4%	1.0%	23.8%	70.0%
Minnesota	4,669	1.3%	3.5%	3.3%	28.7%	63.1%
Montana	5,233	2.0%	3.8%	3.4%	26.4%	64.3%
New Hampshire	5,310	1.3%	3.7%	2.1%	25.9%	67.0%
New Mexico	5,672	1.6%	3.9%	2.5%	25.1%	67.0%
Ohio	4,853	1.4%	3.9%	1.4%	23.9%	69.3%
Oklahoma	6,487	1.2%	3.0%	0.8%	24.1%	70.8%
Oregon	1,833	1.1%	2.5%	1.4%	22.1%	72.8%
Puerto Rico	3,717	0.8%	3.7%	8.9%	57.2%	29.4%
Rhode Island	3,820	1.7%	4.1%	3.0%	29.9%	61.3%
Texas	7,045	1.5%	4.2%	4.3%	26.4%	63.6%
Virginia	5,159	2.7%	3.2%	1.9%	22.0%	70.3%
Wisconsin	4,241	1.7%	4.4%	0.7%	30.3%	62.9%

*Adjusted for sex, age group, racial/ethnic group, education and household income level. Estimates are weighted; sample size is unweighted.

Table 2. Level of Agreement* with the Statement, *Treatment Can Help People with Mental Illness Lead Normal Lives*, by State and Territory—2009 BRFSS.

State	Unweighted Sample Size	Disagree Strongly	Disagree Slightly	Neither Agree Nor Disagree	Agree Slightly	Agree Strongly
California	3,627	1.4%	4.8%	0.9%	29.3%	63.5%
Georgia	5,181	1.3%	3.7%	2.0%	23.7%	69.3%
Hawaii	6,026	1.4%	3.4%	1.8%	27.5%	66.0%
Kansas	8,410	0.9%	3.1%	3.8%	27.1%	65.0%
Massachusetts	4,552	1.2%	3.4%	2.8%	23.7%	68.9%
Michigan	2,722	1.8%	3.8%	1.3%	23.5%	69.5%
Mississippi	9,911	1.9%	3.3%	1.3%	23.0%	70.4%
Missouri	4,499	1.4%	2.7%	1.4%	24.0%	70.5%
Nebraska	4,730	1.6%	5.7%	1.8%	29.5%	61.4%
Nevada	3,421	1.9%	4.3%	1.8%	27.2%	64.8%
South Carolina	8,761	1.4%	3.8%	1.1%	25.6%	68.1%
Tennessee	2,124	1.3%	2.9%	3.0%	17.2%	75.5%
Utah	2,363	1.2%	4.1%	1.0%	26.9%	66.8%
Vermont	6,096	1.2%	3.1%	1.5%	25.2%	69.0%
Washington	6,883	1.8%	3.5%	1.3%	22.8%	70.6%
Wyoming	5,482	2.1%	4.9%	0.9%	27.1%	65.1%

*Adjusted for sex, age group, racial/ethnic group, education and household income level. Estimates are weighted; sample size is unweighted.

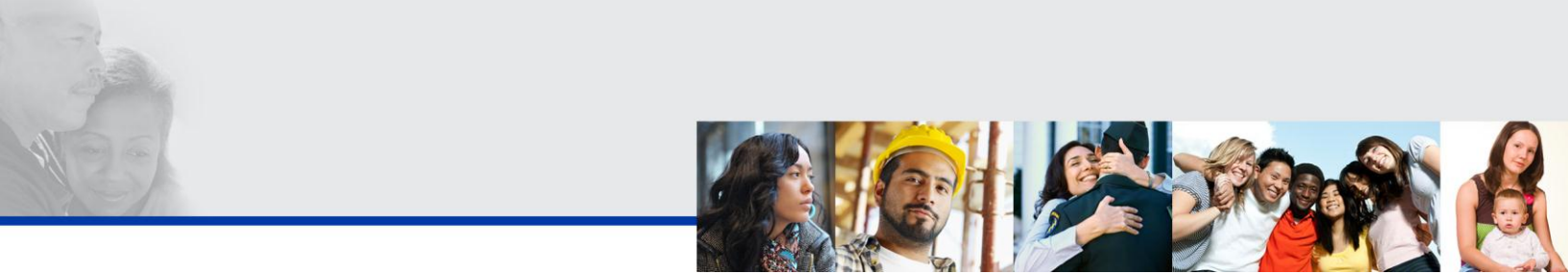


Table 3. Level of Agreement* with the Statement, *People are Generally Caring and Sympathetic to People with Mental Illness*, by State and Territory—2007 BRFSS.

State	Unweighted Sample Size	Disagree Strongly	Disagree Slightly	Neither Agree Nor Disagree	Agree Slightly	Agree Strongly
Alaska	2,227	10.0%	26.4%	2.4%	38.7%	22.5%
Arkansas	5,083	12.9%	28.1%	1.4%	34.8%	22.8%
Colorado	5,234	9.1%	28.7%	1.2%	37.5%	23.5%
Connecticut	6,393	11.7%	28.0%	4.0%	34.0%	22.4%
District of Columbia	3,308	13.3%	28.8%	3.1%	33.3%	21.5%
Illinois	4,940	10.1%	26.6%	1.1%	38.6%	23.5%
Indiana	5,262	10.4%	25.5%	2.0%	38.1%	23.9%
Iowa	4,779	10.9%	24.9%	1.5%	40.0%	22.7%
Kentucky	5,899	16.4%	19.3%	10.6%	28.5%	25.2%
Louisiana	5,712	13.5%	20.1%	3.7%	27.8%	34.8%
Maine	3,734	9.2%	26.7%	2.1%	38.1%	23.9%
Minnesota	4,669	8.3%	23.8%	5.1%	40.8%	21.9%
Montana	5,247	9.4%	26.2%	4.8%	39.8%	19.8%
New Hampshire	5,296	10.6%	26.1%	3.6%	38.2%	21.5%
New Mexico	5,723	11.4%	28.8%	2.6%	33.4%	23.7%
Ohio	4,866	10.8%	27.7%	3.3%	38.0%	20.1%
Oklahoma	6,558	11.7%	25.1%	1.2%	34.7%	27.3%
Oregon	1,822	16.1%	31.4%	2.1%	32.8%	17.7%
Puerto Rico	3,684	6.6%	40.8%	17.3%	30.9%	4.4%
Rhode Island	3,823	9.7%	22.4%	4.4%	38.6%	24.9%
Texas	7,032	11.2%	21.9%	5.8%	35.9%	25.1%
Virginia	5,130	11.2%	27.3%	4.2%	35.9%	21.5%
Wisconsin	4,266	9.7%	28.0%	0.5%	39.5%	22.3%

*Adjusted for sex, age group, racial/ethnic group, education and household income level. Estimates are weighted; sample size is unweighted.

Table 4. Level of Agreement* with the Statement, *People are Generally Caring and Sympathetic to People with Mental Illness*, by State and Territory—2009 BRFSS.

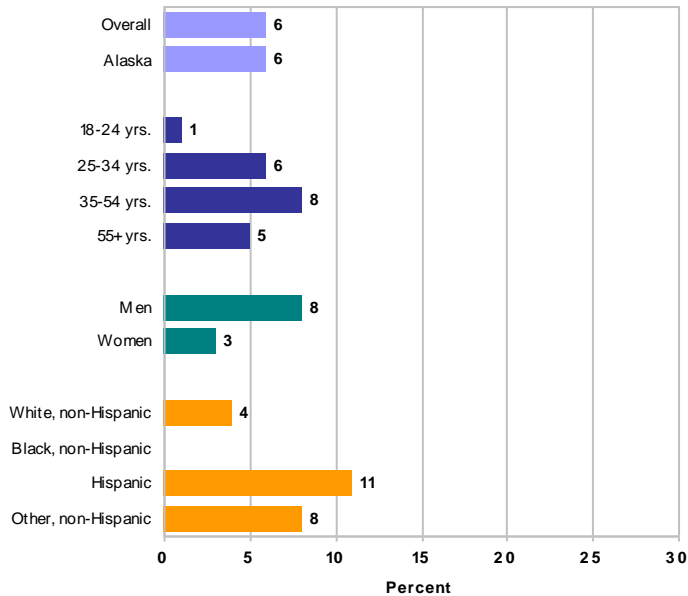
State	Unweighted Sample Size	Disagree Strongly	Disagree Slightly	Neither Agree Nor Disagree	Agree Slightly	Agree Strongly
California	3,621	9.8%	25.3%	0.8%	43.6%	20.5%
Georgia	5,122	13.5%	23.5%	4.7%	33.7%	24.6%
Hawaii	6,010	8.5%	24.1%	2.5%	39.7%	25.2%
Kansas	8,414	9.2%	24.3%	6.1%	38.2%	22.2%
Massachusetts	4,535	10.0%	24.1%	4.3%	36.4%	25.1%
Michigan	2,736	10.9%	27.7%	1.4%	36.9%	23.0%
Mississippi	9,964	17.8%	25.2%	2.5%	29.0%	25.5%
Missouri	4,522	11.7%	28.5%	2.9%	35.3%	21.6%
Nebraska	4,745	7.6%	23.7%	2.2%	41.4%	25.1%
Nevada	3,420	12.2%	28.9%	2.3%	34.6%	22.0%
South Carolina	8,775	10.4%	26.4%	1.1%	37.2%	24.9%
Tennessee	2,100	7.7%	21.4%	7.1%	27.9%	35.9%
Utah	2,366	7.0%	26.2%	0.9%	42.7%	23.2%
Vermont	6,094	8.3%	25.5%	2.7%	38.9%	24.5%
Washington	6,853	16.9%	28.3%	2.3%	33.7%	18.9%
Wyoming	5,476	9.2%	26.5%	1.6%	39.3%	23.5%

*Adjusted for sex, age group, racial/ethnic group, education and household income level. Estimates are weighted; sample size is unweighted.

ALASKA, 2007

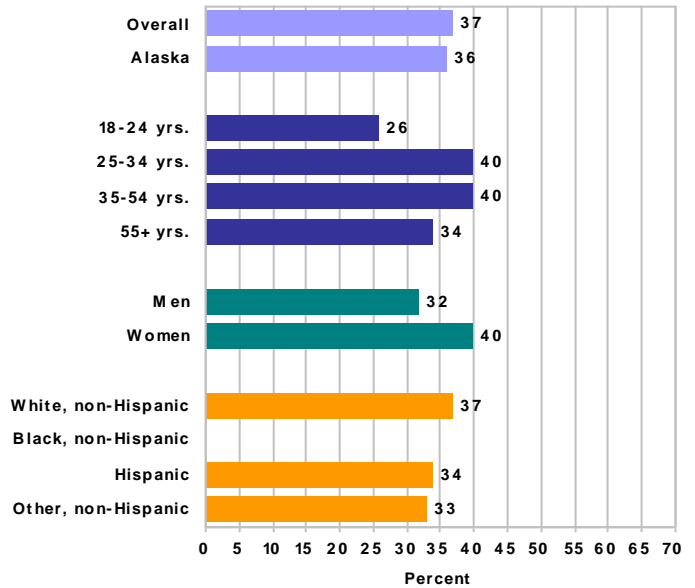
On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than adults 18-24 years old and more women than men disagreed that people are caring and sympathetic to people with mental illness (Figure 2). About 59% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 47% of adults with frequent mental distress and 51% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



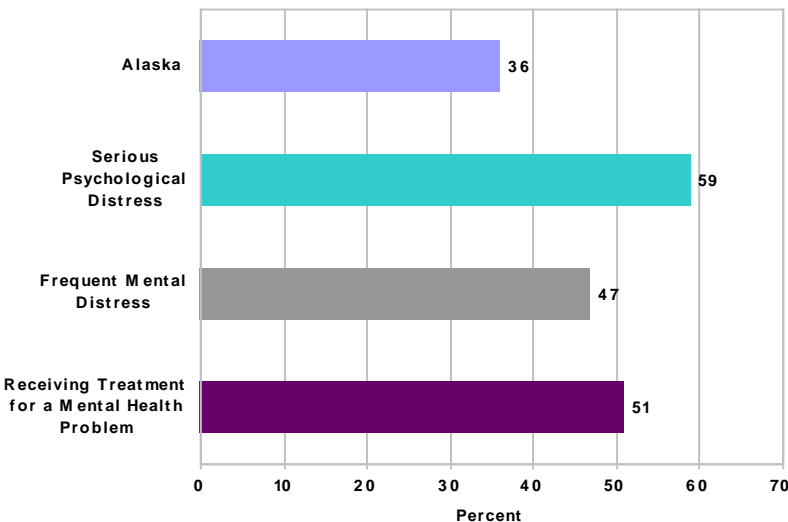
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, or Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 27% of adults with diabetes **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 17% of adults with cardiovascular disease **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The American Diabetes Association offers tips for coping with stress for individuals living with diabetes. <http://www.diabetes.org/living-with-diabetes/complications/stress.html>
- ▶ The American Heart Association offers tips for coping with feelings associated with cardiovascular disease. http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Coping-with-Feelings_UCM_307092_Article.jsp

See Appendix B for supporting data for highlighted groups

ARKANSAS, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 41% disagreed that people are caring and sympathetic to people with mental illness. More younger adults between 18 and 24 years old than adults 55 years old or older and more men than women disagreed that treatment helps (Figure 1). More women than men; and more white, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 63% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 54% of adults with frequent mental distress and just over 50% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

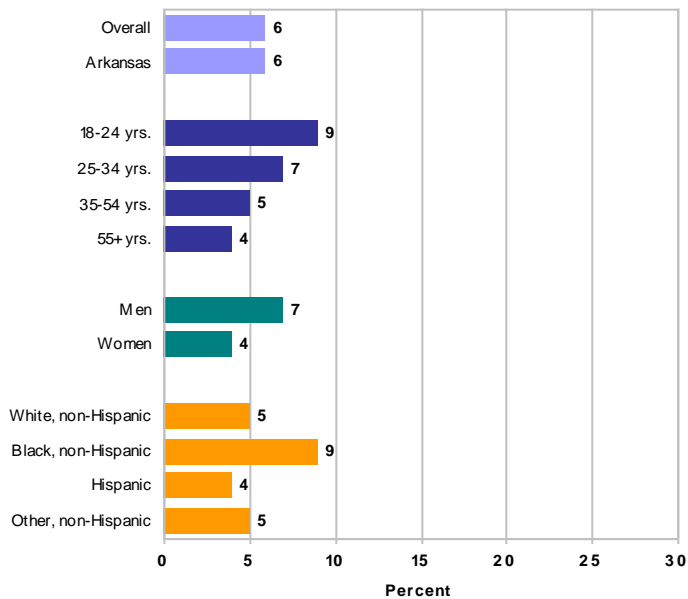


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

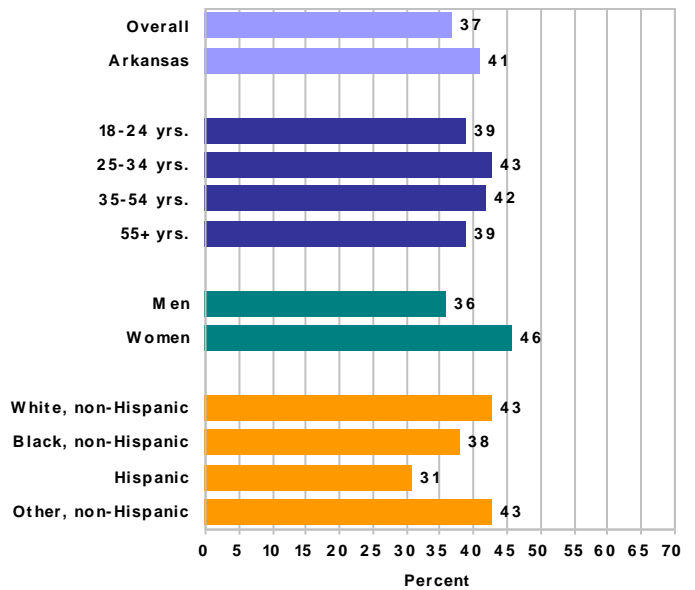
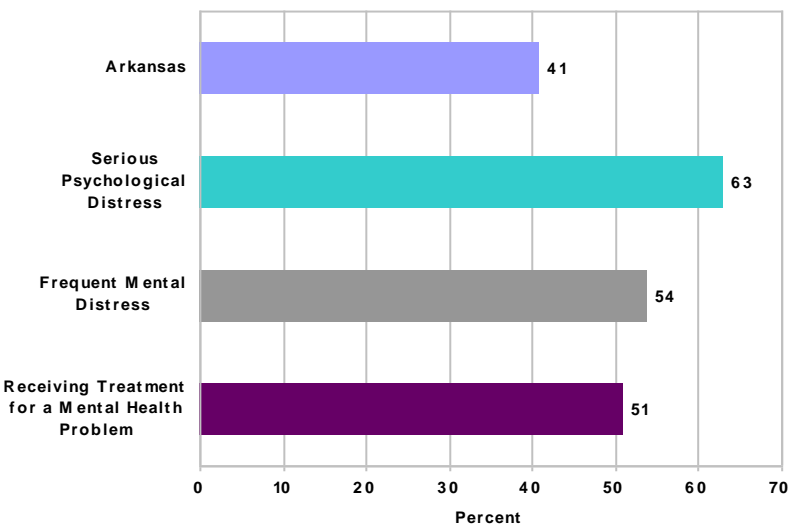


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 8% of adults with less than a high school education **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- About 17% of adults living in households earning less than \$20,000 annually **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>

See Appendix B for supporting data for highlighted groups

CALIFORNIA, 2009

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 35% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more black, non-Hispanic and Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 25 and 34 years old than adults between 35 and 54 years old and more white, non-Hispanic adults than other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 51% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 40% of adults with frequent mental distress and 43% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

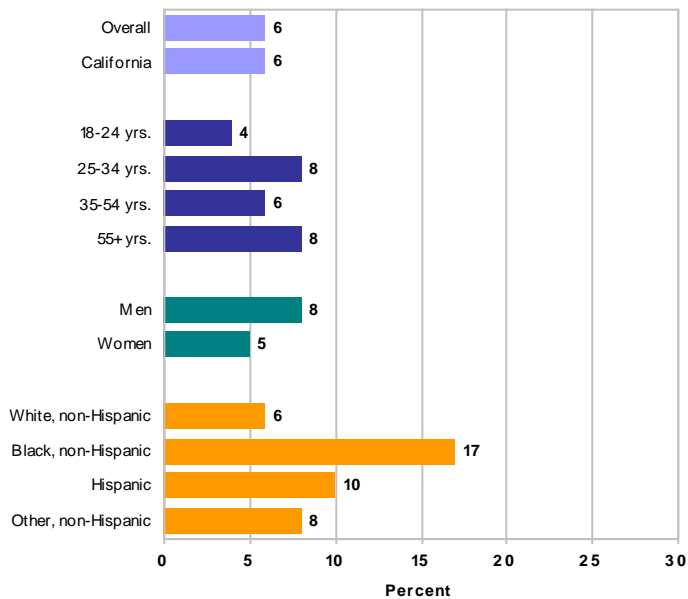


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

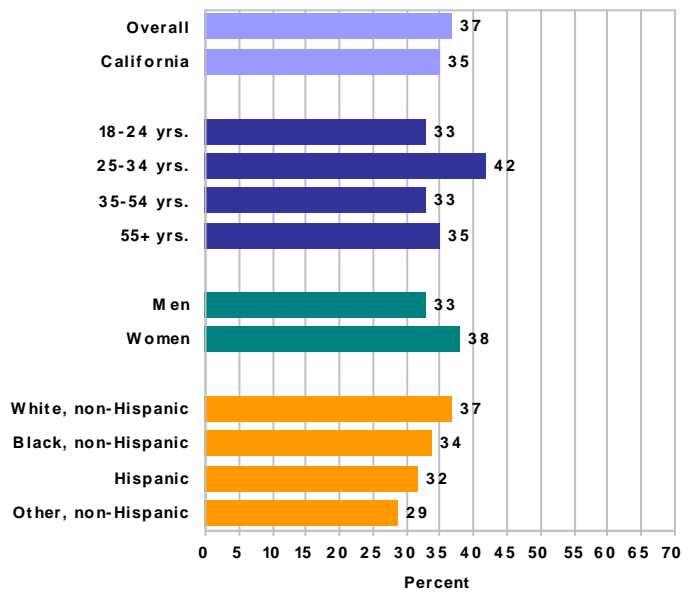
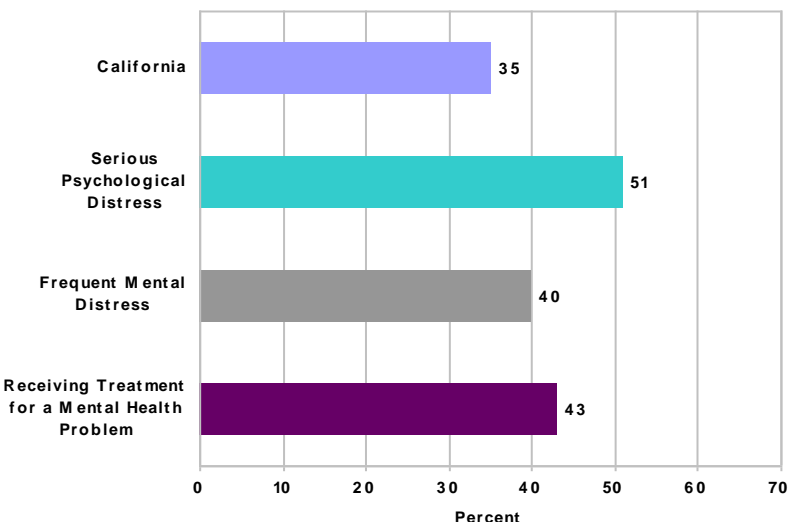


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 8% of black, non-Hispanic adults strongly disagreed that treatment can help people with mental illness lead normal lives.
- About 14% of adults with arthritis strongly disagreed that people are caring and sympathetic to people with mental illness.
- ▶ **Stories that Heal** aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov
- ▶ The **Arthritis Foundation** offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

COLORADO, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 38% disagreed that people are caring and sympathetic to people with mental illness. More adults between 18 and 24 years old than adults 35-54 years old and more men than women disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults; more women than men; and more white, non-Hispanic and black, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 61% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 51% of adults with frequent mental distress and 46% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

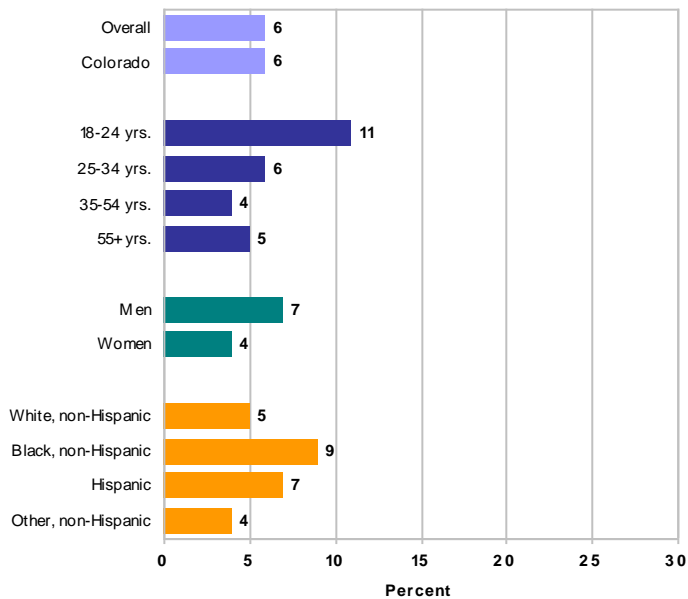


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

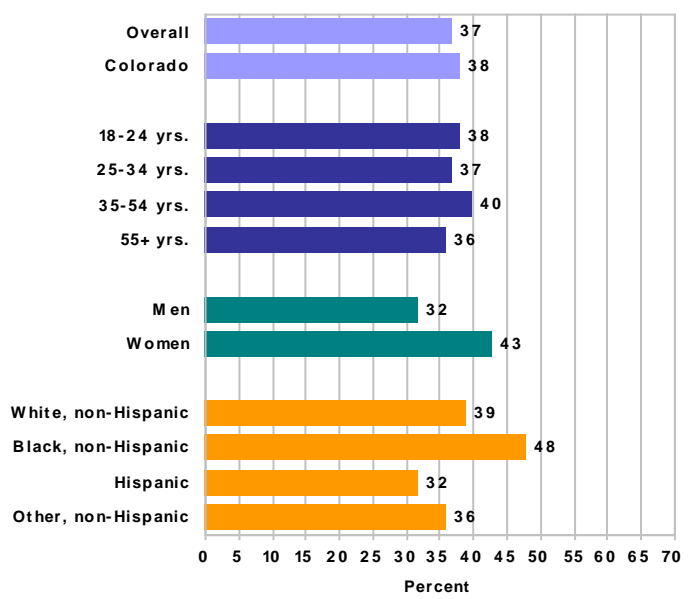
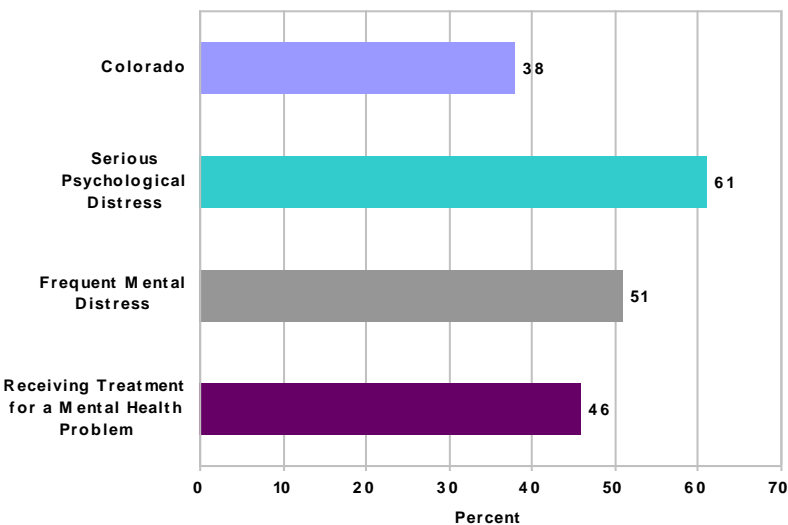


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 15% of adults with cardiovascular disease **strongly disagreed** that people are caring and sympathetic to people with mental illness.
 - About 24% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The American Heart Association offers tips for coping with feelings associated with cardiovascular disease. http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Coping-with-Feelings_UCM_307092_Article.jsp
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

CONNECTICUT, 2007

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 40% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults; more women than men; and more white, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 59% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 54% of adults with frequent mental distress and 49% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

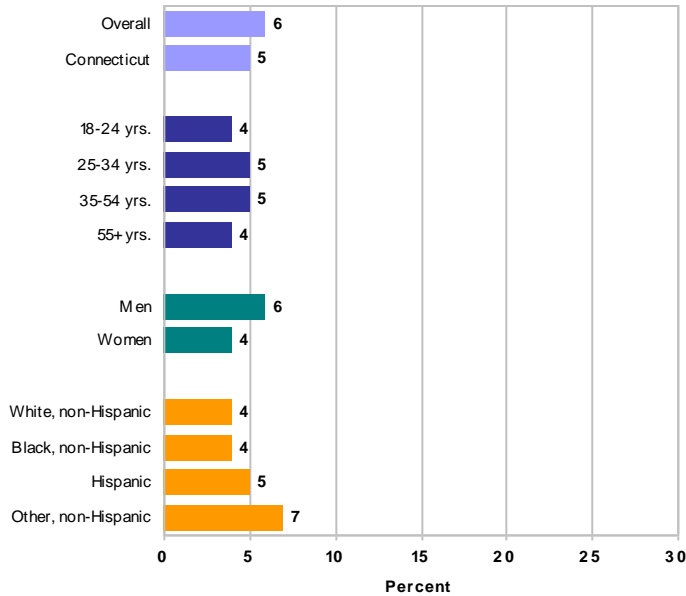


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

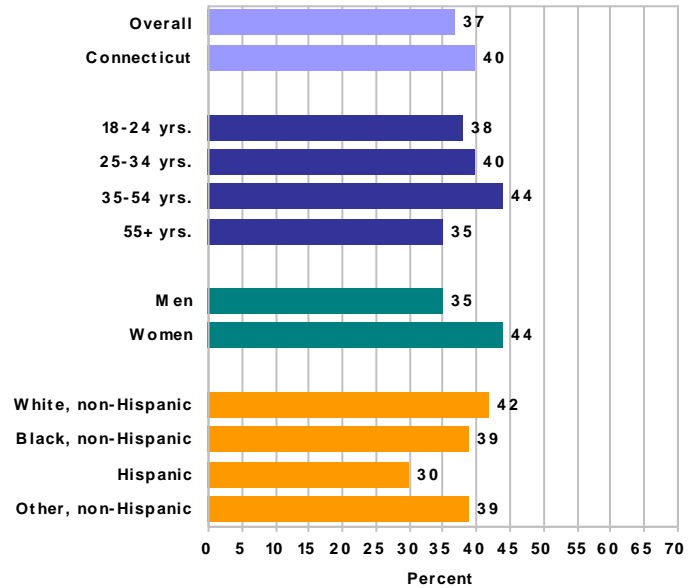
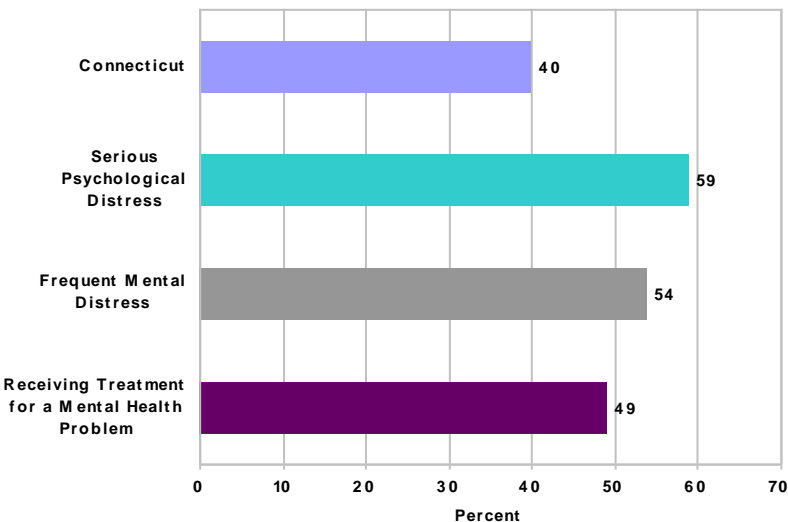


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 18% of adults with asthma **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 20% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The American Lung Association offers programs for individuals living with asthma to help manage symptoms of the disease, to manage stress, and to facilitate relaxation. <http://www.lungusa.org/>
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

DISTRICT OF COLUMBIA, 2007

On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 42% disagreed that people are caring and sympathetic to people with mental illness. More black, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults aged 25–54 years old than older adults; more women than men; and more white, non-Hispanic and black, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 49% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic, as did 49% of adults with frequent mental distress and 51% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

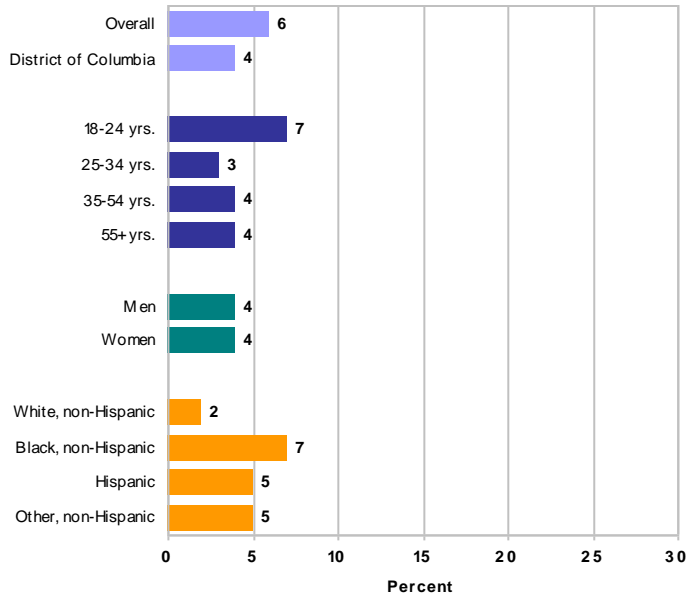


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

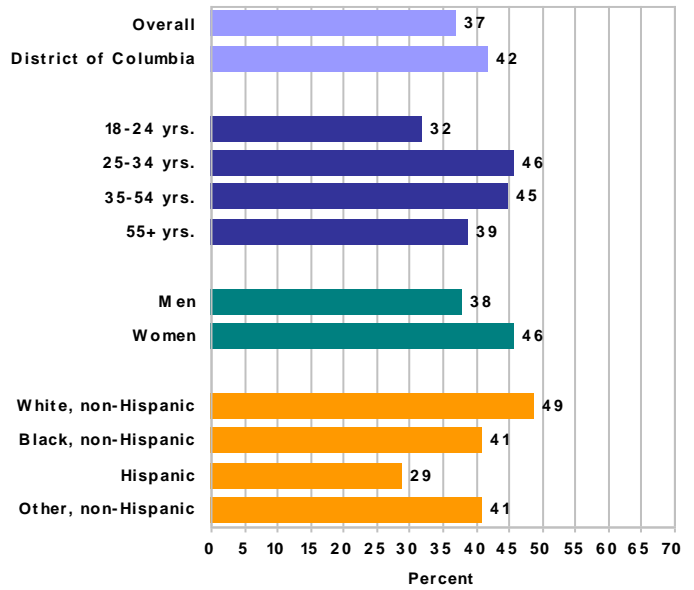
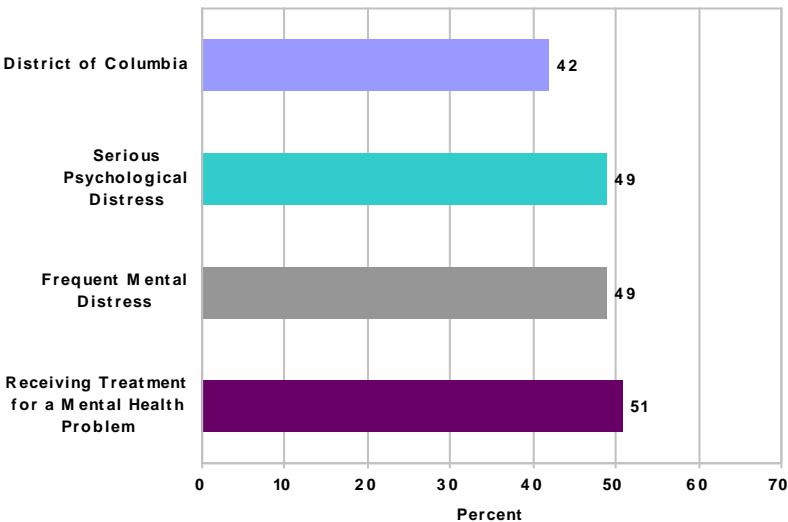


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 25% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 25% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

GEORGIA, 2009

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 37% disagreed that people are caring and sympathetic to people with mental illness. More men than women; and more Hispanic adults than adults in any other racial/ethnic groups, and more black, non-Hispanics than white, non-Hispanics disagreed that treatment helps (Figure 1). More adults 25–34 years old than adults 55 years old or older and more women than men disagreed that people are caring and sympathetic (Figure 2). About 59% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 47% of adults with frequent mental distress and 52% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

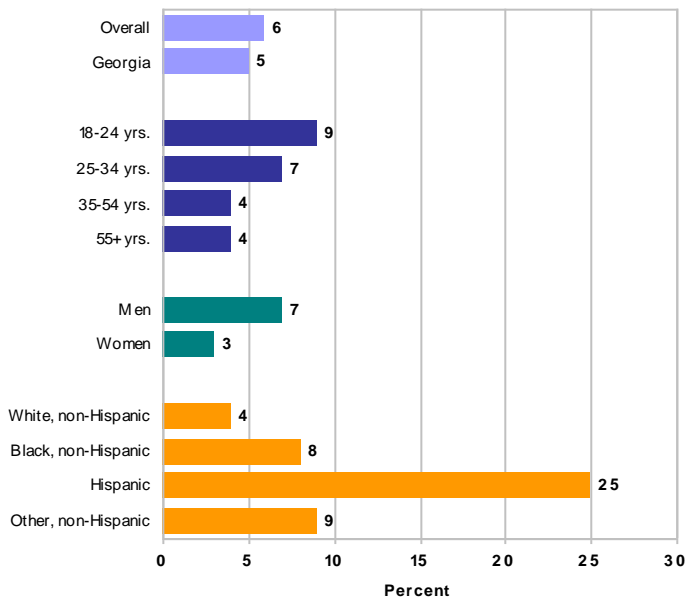


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

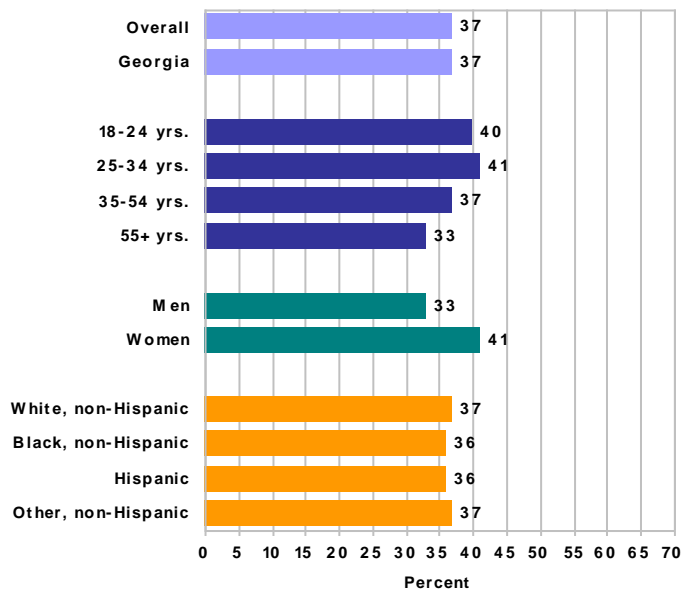
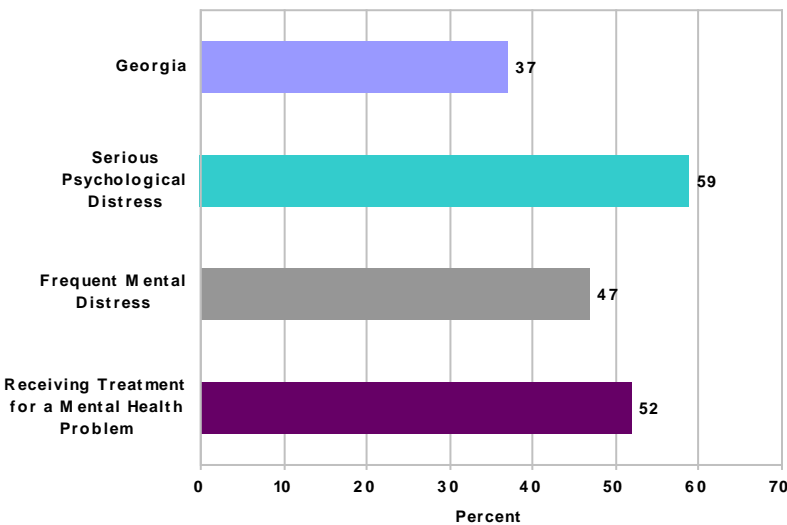


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

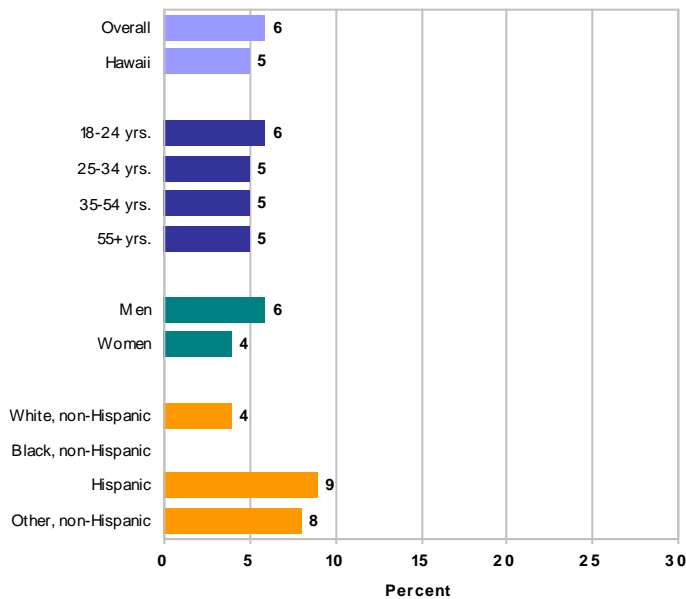
- About 17% of Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
 - ▶ The SAMHSA ADS Center provides resources for implementing culturally sensitive anti-stigma activities. <http://promoteacceptance.samhsa.gov/topic/culture/brochures.aspx>
 - ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements (PSAs) in Spanish. <http://www.aceptariignorar.samhsa.gov/>

See Appendix B for supporting data for highlighted groups

HAWAII, 2009

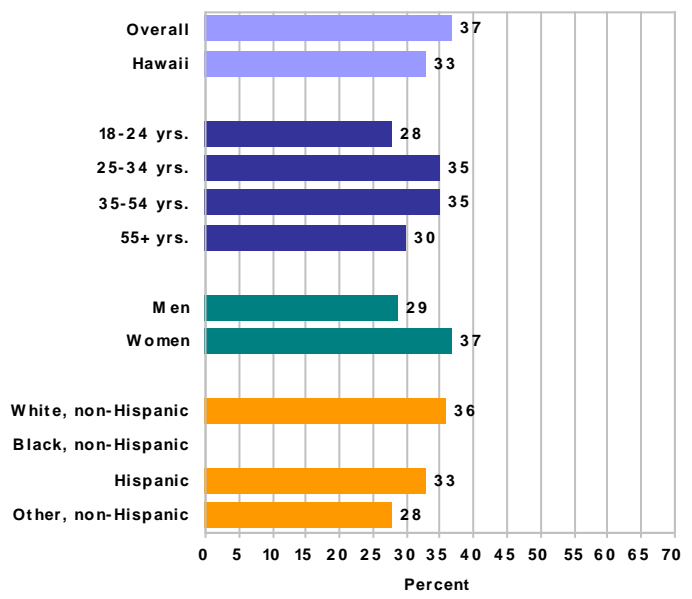
On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 33% disagreed that people are caring and sympathetic to people with mental illness. More Hispanic and other, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults; more women than men; and more white, non-Hispanic adults than other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 49% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 45% of adults with frequent mental distress and 48% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



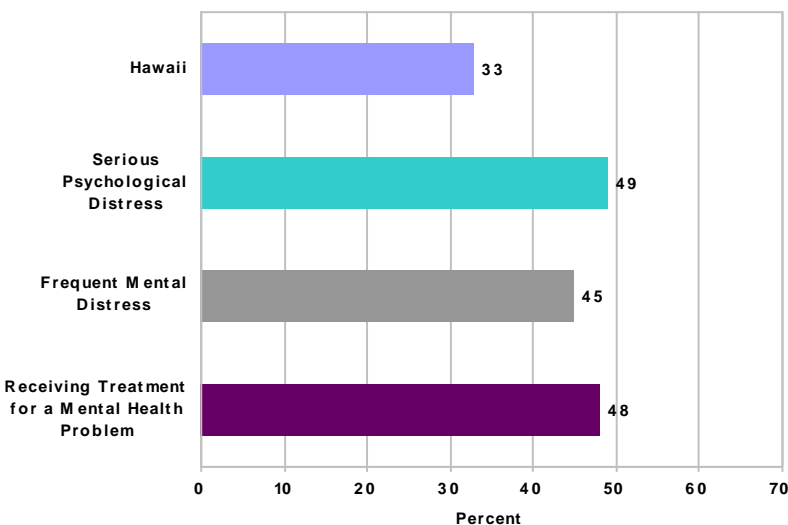
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 5% of Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- ▶ The SAMHSA ADS Center provides resources for implementing culturally sensitive anti-stigma activities. <http://promoteacceptance.samhsa.gov/topic/culture/brochures.aspx>
- ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements (PSAs) in Spanish. <http://www.aceptarignorar.samhsa.gov/>

See Appendix B for supporting data for highlighted groups

ILLINOIS, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 37% disagreed that people are caring and sympathetic to people with mental illness. Adults in different age groups, both sexes, and different racial/ethnic groups disagreed to the same extent that treatment helps (Figure 1). More women than men and more white, non-Hispanic and black, non-Hispanic adults than adults in other racial/ethnic groups disagreed that people are caring and sympathetic (Figure 2). About 67% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 50% of adults with frequent mental distress and 46% of those receiving treatment for a mental health or emotional problem.

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

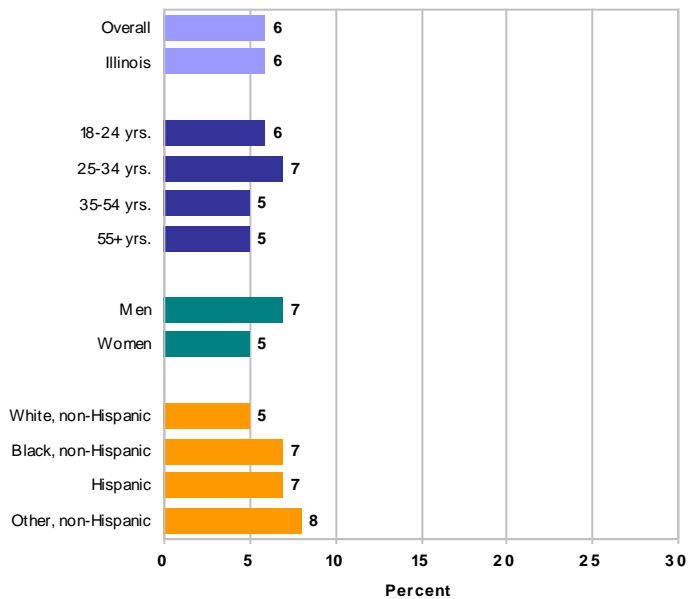


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

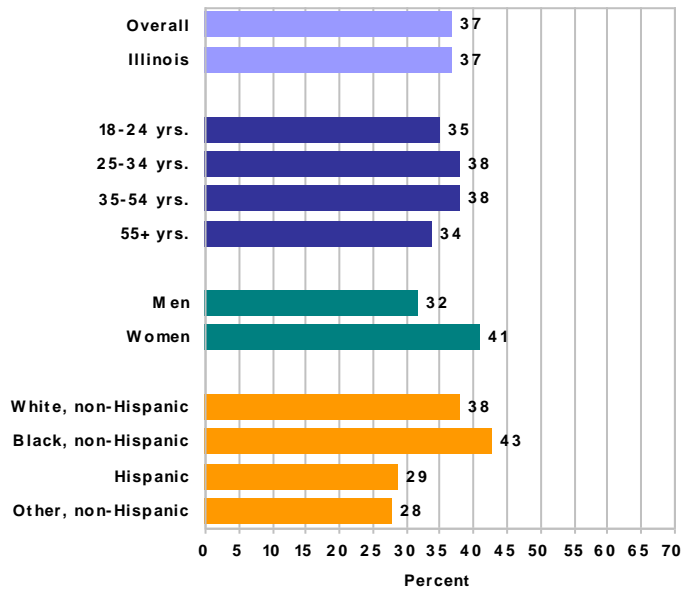
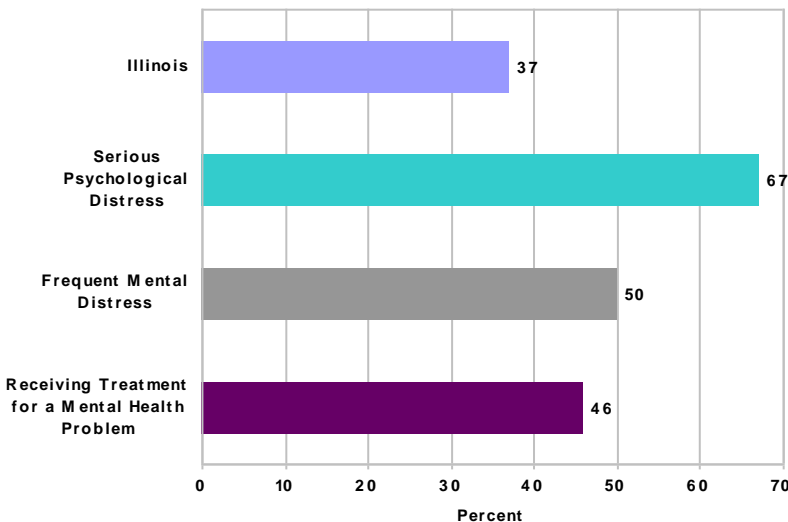


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 17% of adults who are unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
 - About 31% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health.
<http://www.samhsa.gov/economy>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress.
<http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtm>

See Appendix B for supporting data for highlighted groups

INDIANA, 2007

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than adults 18-24 years old and 55 years old or older; more women than men; and more black, non-Hispanic adults than white, non-Hispanic and Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 59% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 48% of adults with frequent mental distress and 45% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

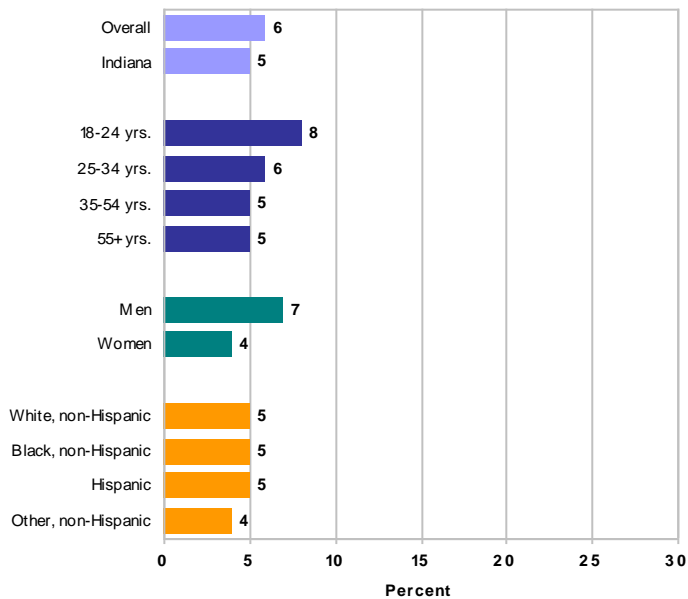


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

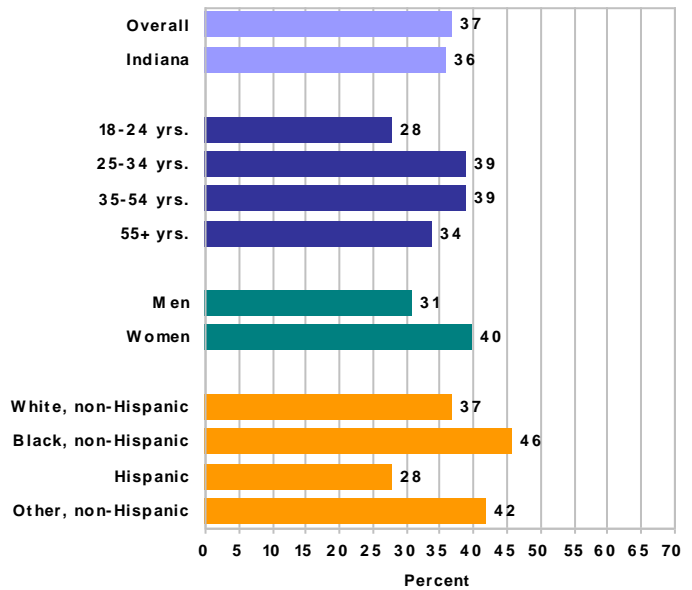
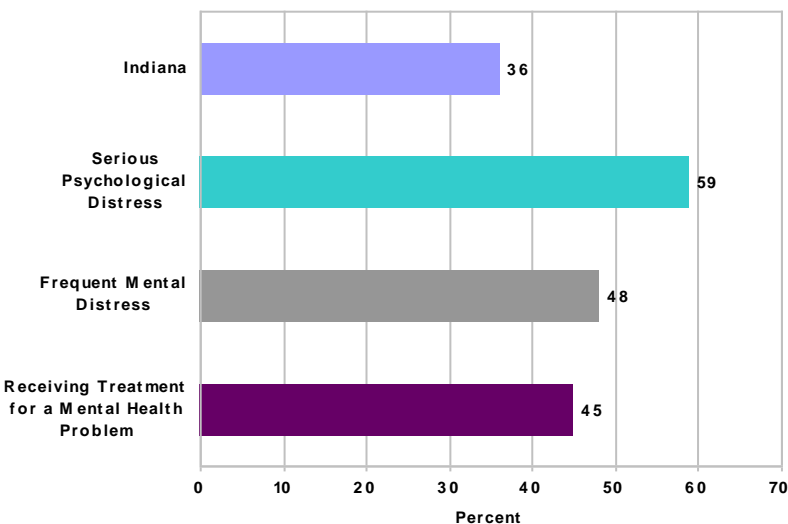


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 5% of adults with less than a high school education **strongly disagreed** that treatment can help people with mental illness lead normal lives.
 - About 17% of non-Hispanic black adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov

See Appendix B for supporting data for highlighted groups

IOWA, 2007

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 45% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 49% of adults with frequent mental distress and 47% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

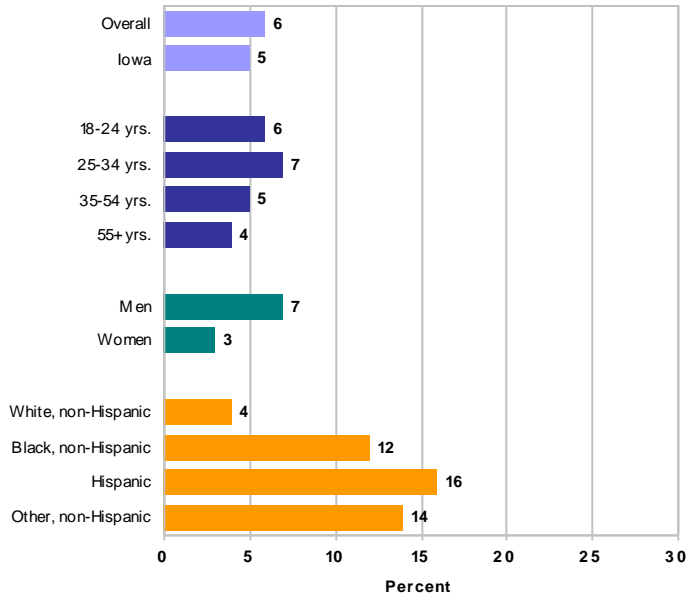


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

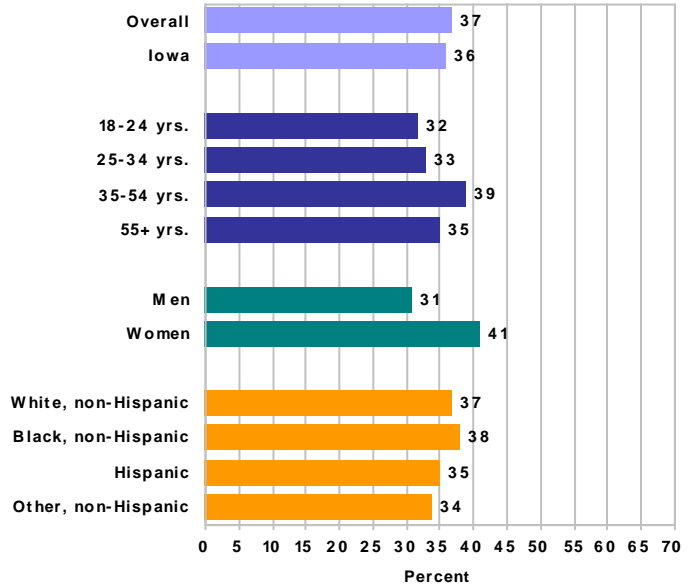
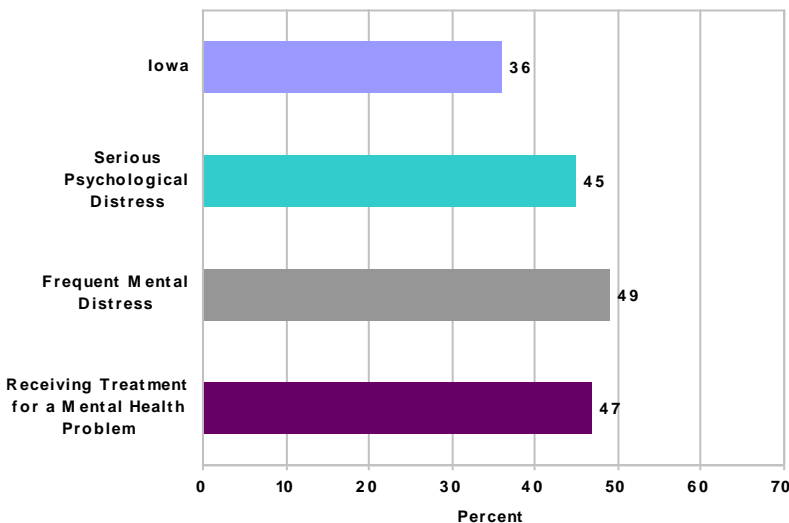


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 20% of adults who were out of work **strongly disagreed** that treatment can help people with mental illness lead normal lives.
 - About 16% of adults living with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ **Getting Through Tough Economic Times** provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

KANSAS, 2009

On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 34% disagreed that people are caring and sympathetic to people with mental illness. More adults 55 years old or older than adults 35 to 54 years old and more men than women disagreed that treatment helps (Figure 1). More adults between 25 and 34 years old than younger adults or adults 55 years old or older; more women than men; and more white, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 56% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 46% of adults with frequent mental distress and 43% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

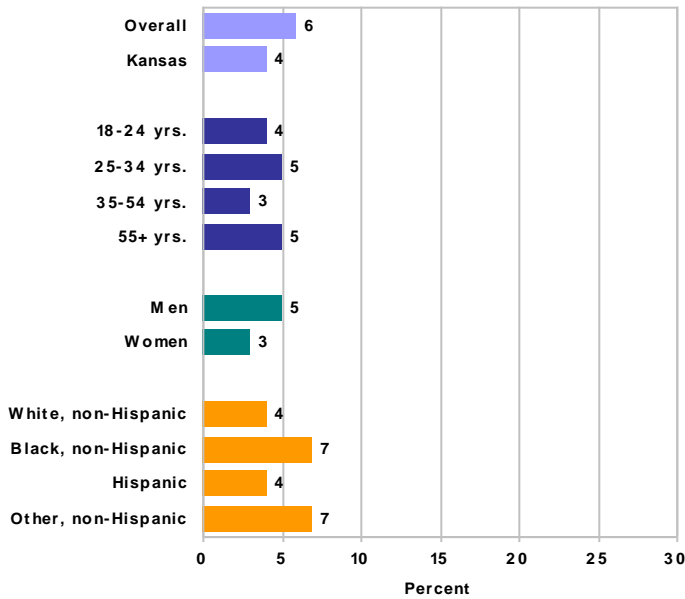


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

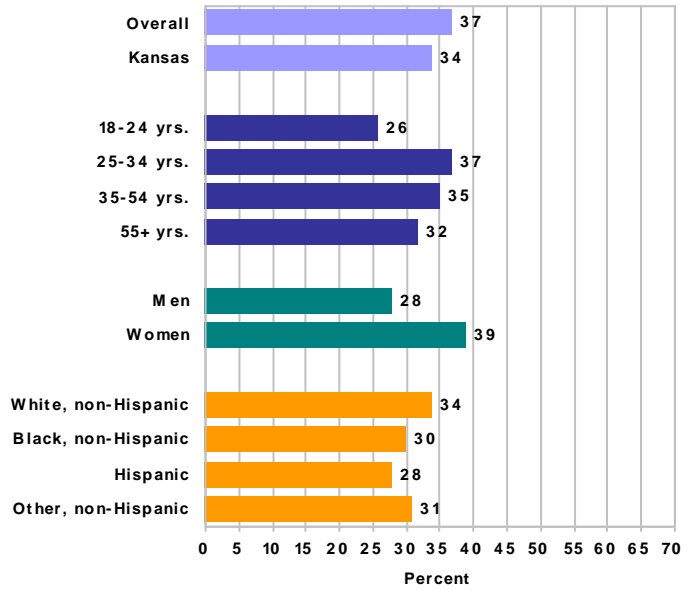
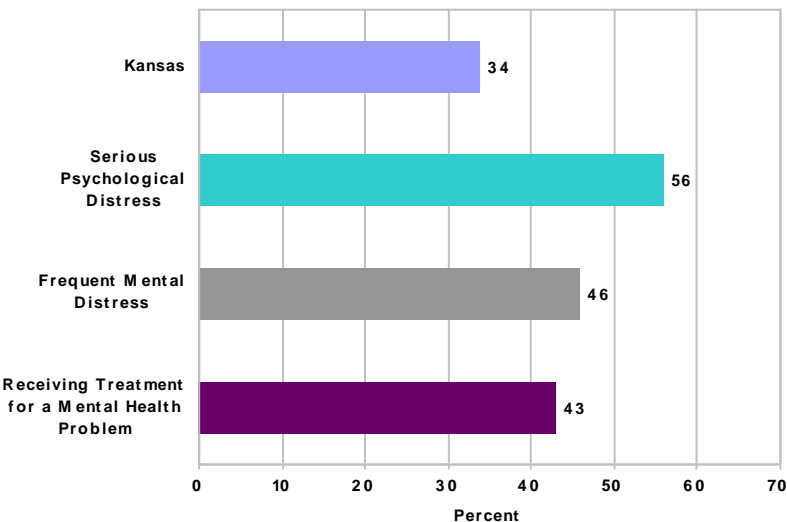


Figure 3. Percent Total Disagreement That People are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 14% of adults living in households earning <\$20,000 a year **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 12% of adults with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

KENTUCKY, 2007

On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More other, non-Hispanic adults than adults in any other racial/ethnic groups disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 55% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 49% of adults with frequent mental distress and 50% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

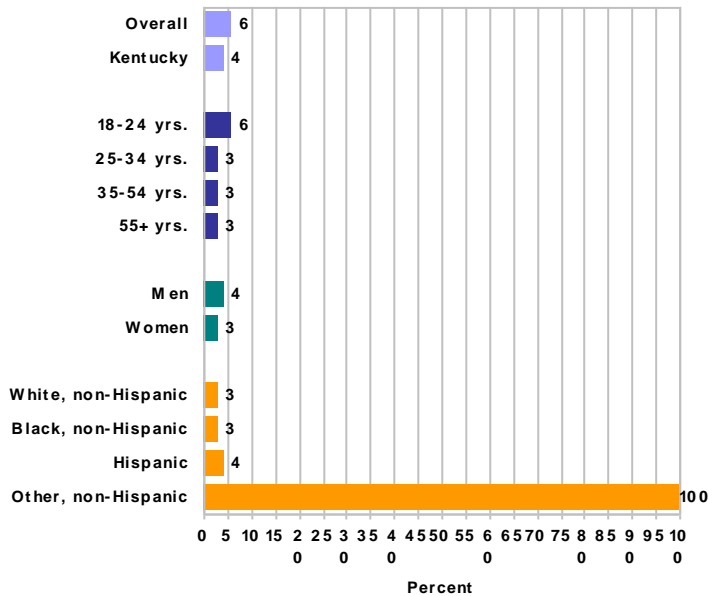


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

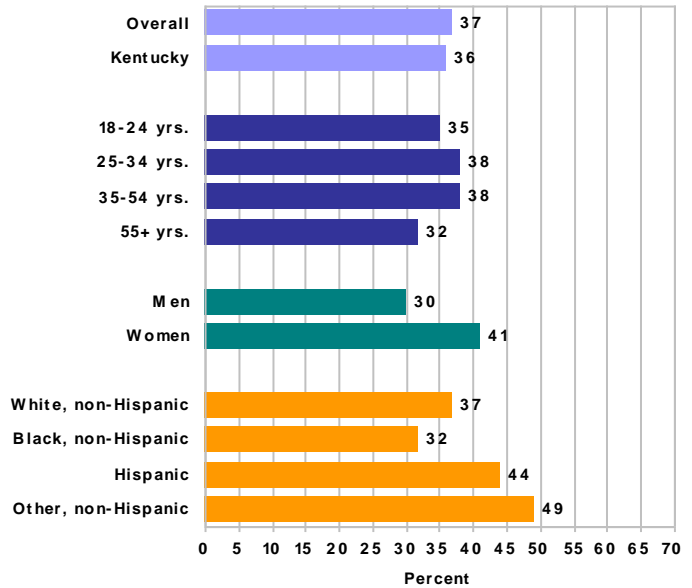
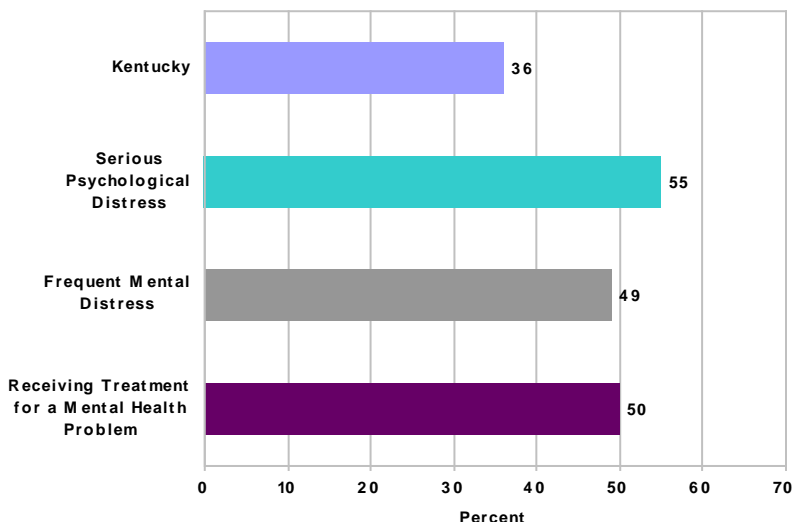


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 21% of women **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 31% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Womenshealth.gov provides resources and information to women about mental health and mental illnesses.
<http://www.womenshealth.gov/mental-health/index.cfm>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress.
<http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtm>

See Appendix B for supporting data for highlighted groups

LOUISIANA, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 34% disagreed that people are caring and sympathetic to people with mental illness. More younger adults between 18 and 34 years old than older adults; more men than women; and more black, non-Hispanic than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 25 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 36% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 41% of adults with frequent mental distress and 37% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

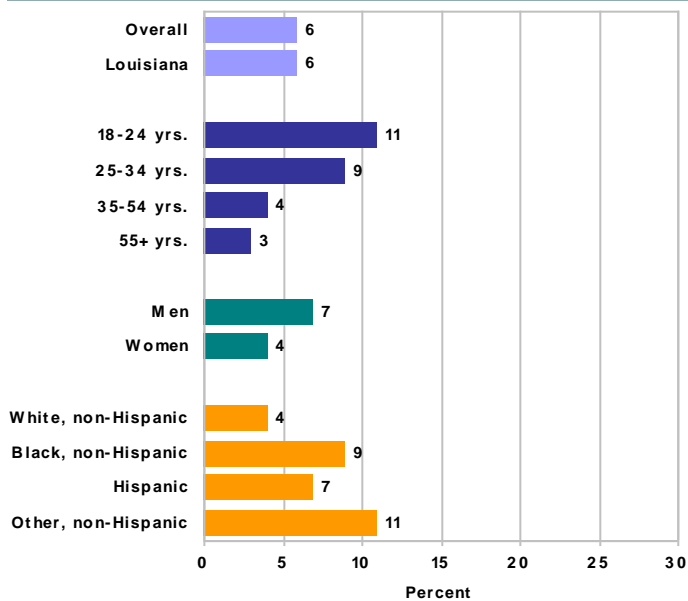


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

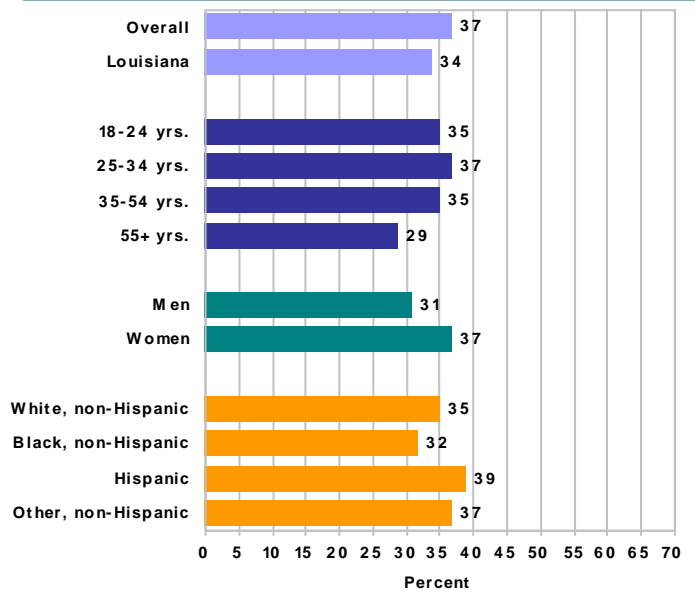
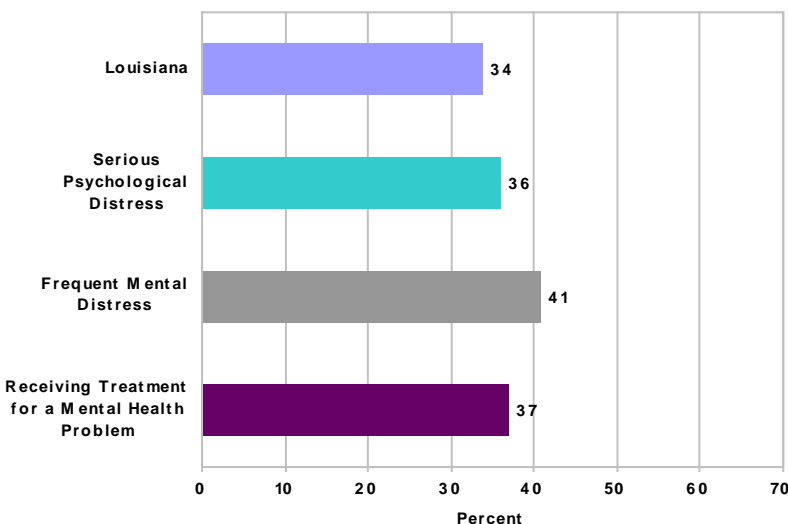


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

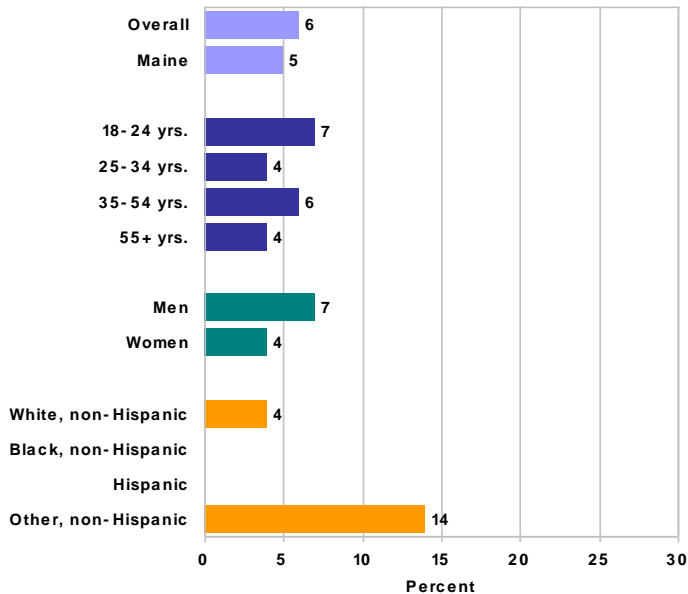
- About 23% of adults with frequent mental distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 21% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress:
<http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

MAINE, 2007

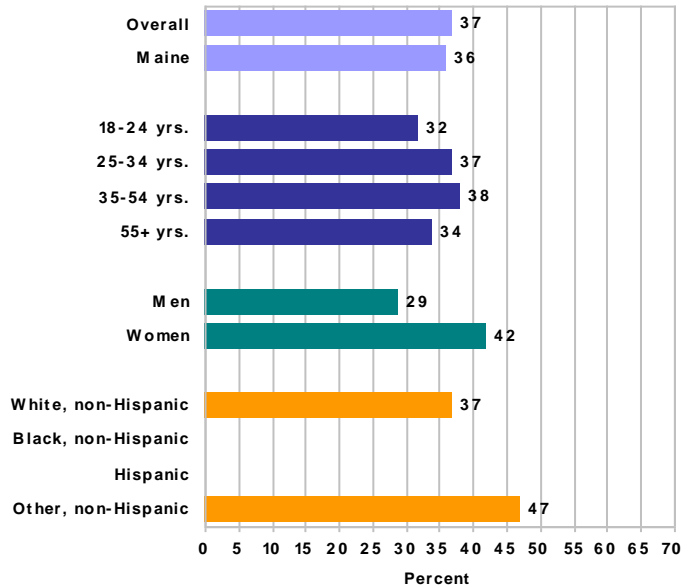
On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more other, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 64% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 53% of adults with frequent mental distress and 48% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



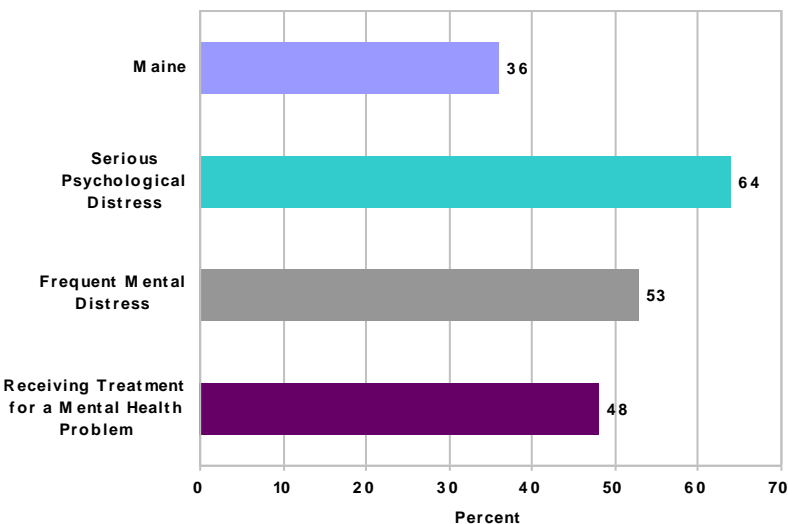
*Results for Black, non-Hispanics and Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics and Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 16% of adults living in households earning <\$20,000 a year **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 29% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

MASSACHUSETTS, 2009

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 34% disagreed that people are caring and sympathetic to people with mental illness. More Hispanic adults than adults in any other racial/ethnic group disagreed that treatment helps (Figure 1). More women than men and more white, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 46% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 52% of adults with frequent mental distress and 42% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

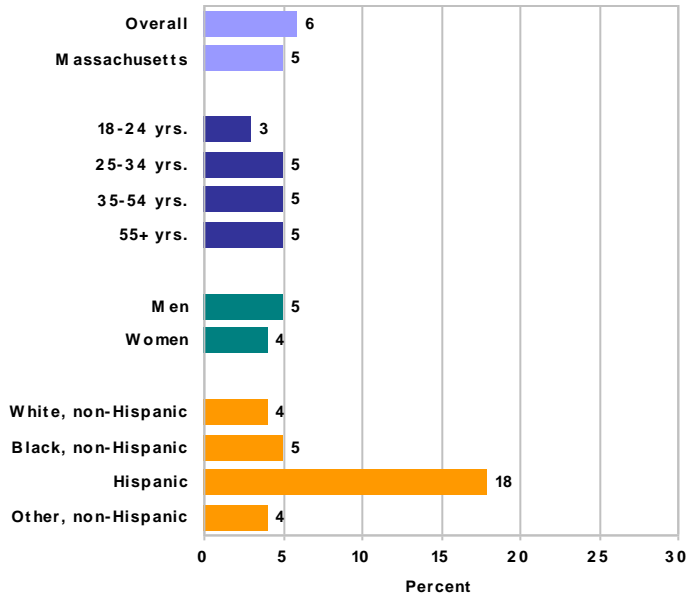


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

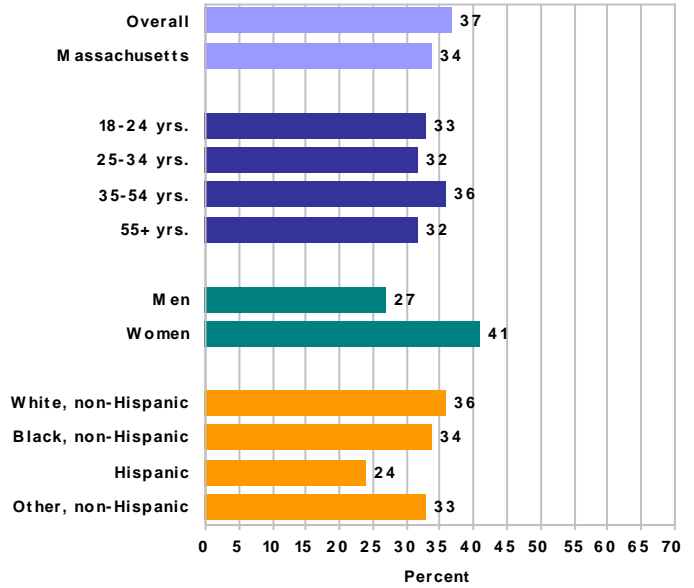
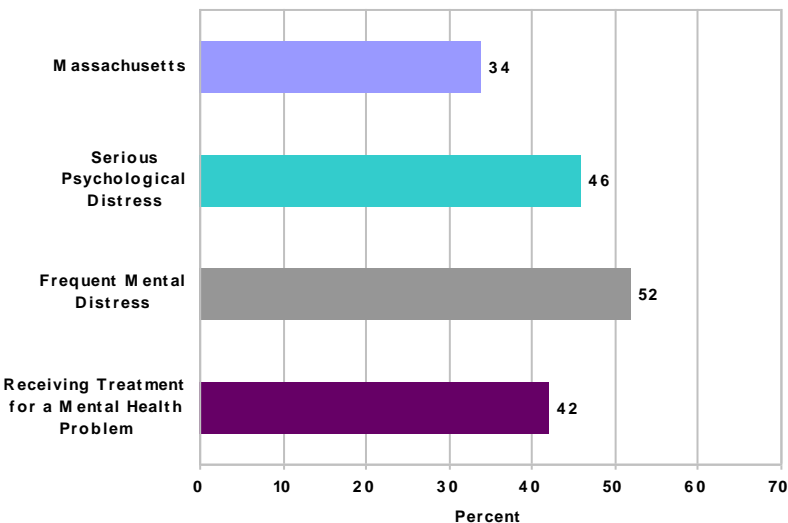


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

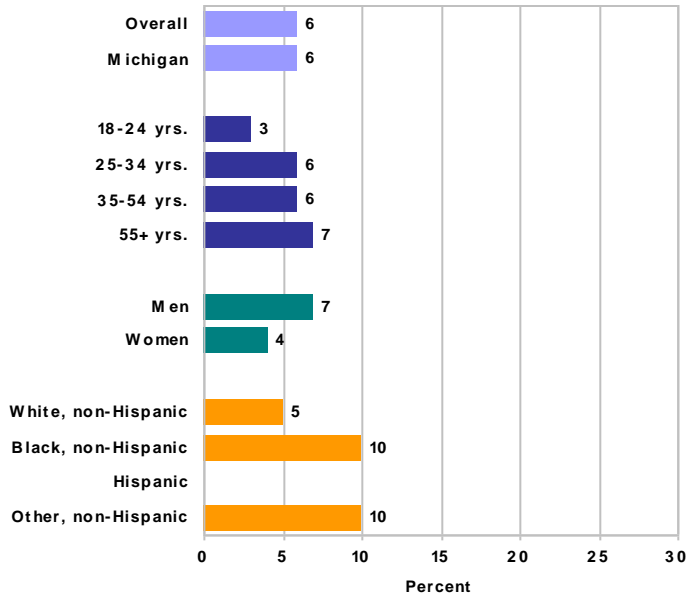
- About 6% of Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- About 3% of adults earning <\$20,000 a year **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements in Spanish. <http://www.aceptarignorar.samhsa.gov/>
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>

See Appendix B for supporting data for highlighted groups

MICHIGAN, 2009

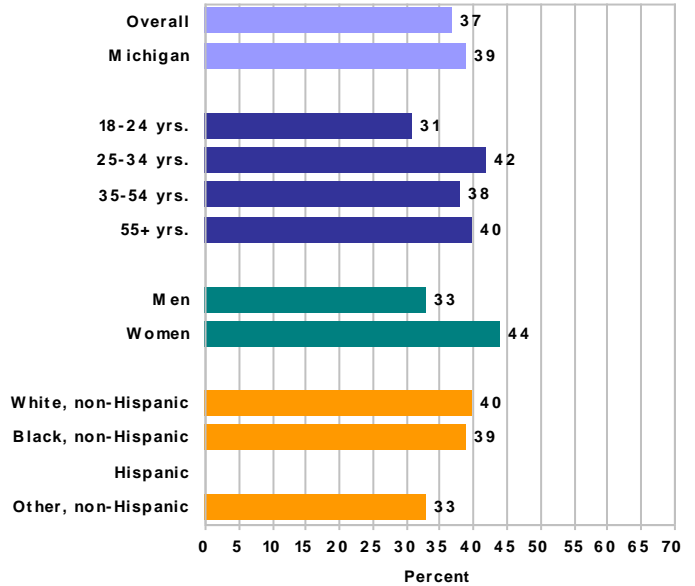
On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 39% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more black, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 48% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic, as did 46% of adults with frequent mental distress and 44% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



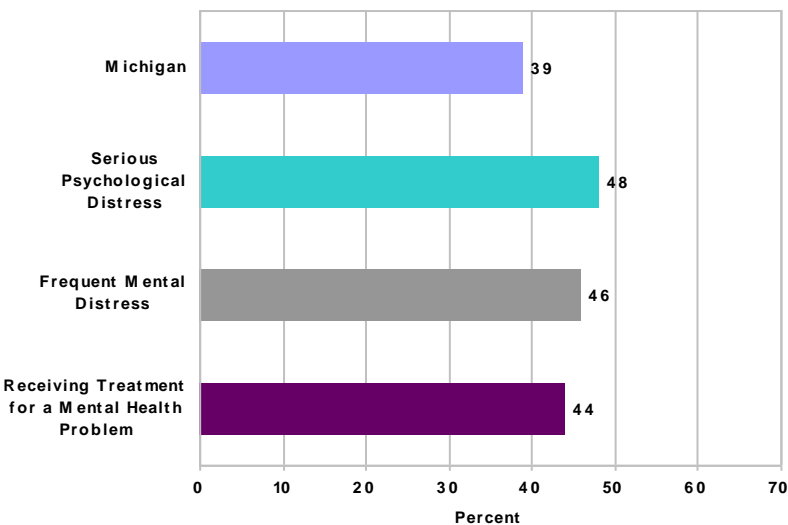
*Results for Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 6% of black, non-Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- About 19% of black, non-Hispanic adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community www.storiesthatheal.samhsa.gov
- ▶ The SAMHSA ADS Center provides guidance and toolkits for culturally sensitive anti-stigma activities. <http://promoteacceptance.samhsa.gov/topic/culture/brochures.aspx>

See Appendix B for supporting data for highlighted groups

MINNESOTA, 2007

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 32% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 63% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 53% of adults with frequent mental distress and 45% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

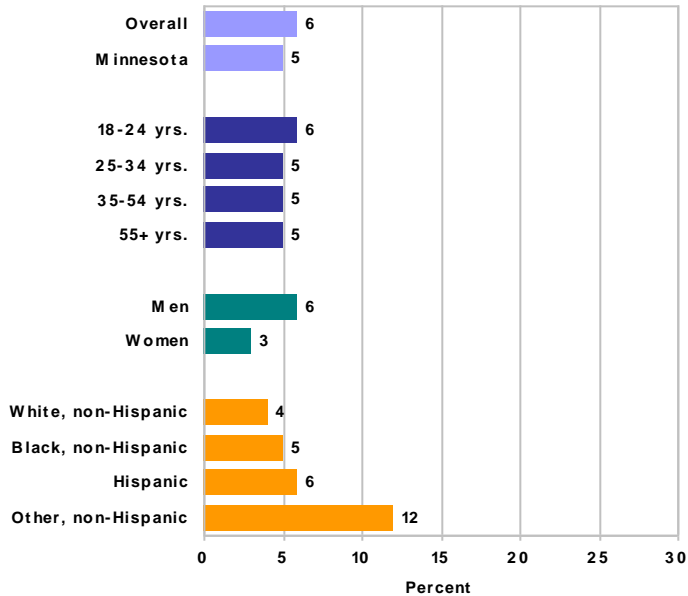


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

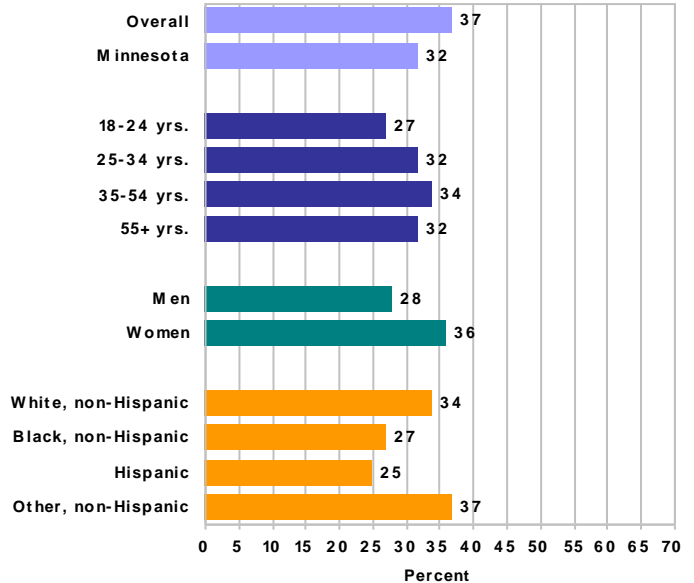
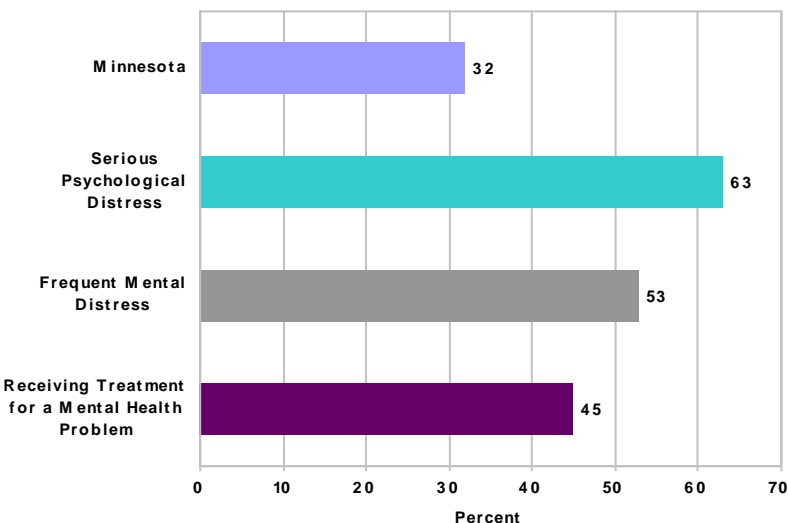


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 13% of adults with cardiovascular disease **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 11% of adults with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The American Heart Association offers resources for managing depression and anxiety in people with cardiovascular disease. <http://www.heart.org/HEARTORG/>
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

MISSISSIPPI, 2009

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 43% disagreed that people are caring and sympathetic to people with mental illness. More adults between 25 and 54 years old than older adults; more men than women; and more black, non-Hispanic than white and other non-Hispanic adults disagreed that treatment helps (Figure 1). More younger adults between 18 and 54 years old than older adults; more women than men; and more other, non-Hispanic adults than adults in other racial/ethnic groups disagreed that people are caring and sympathetic (Figure 2). About 56% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic, as did 56% of adults with frequent mental distress and 58% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

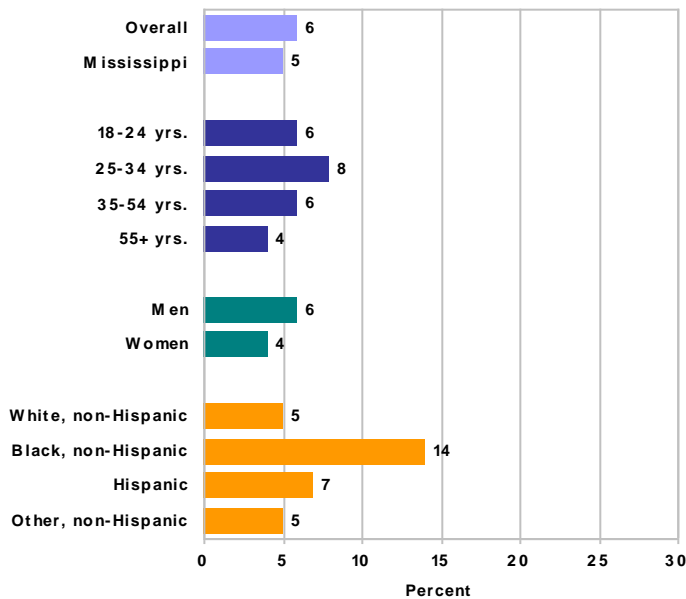


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

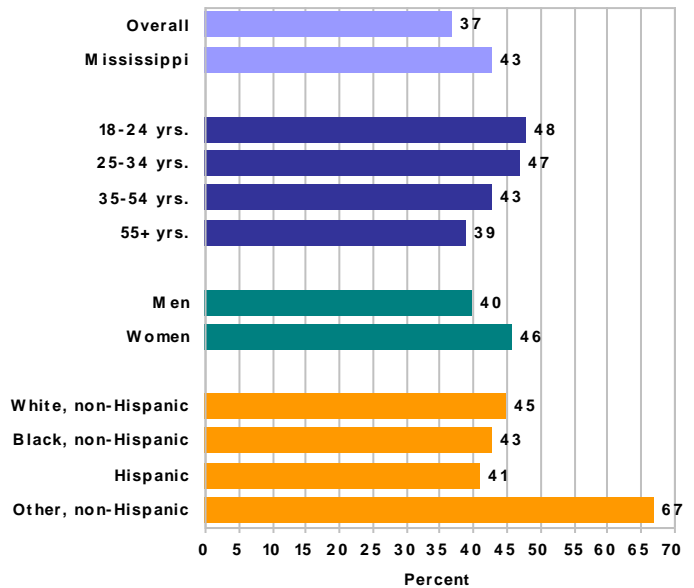
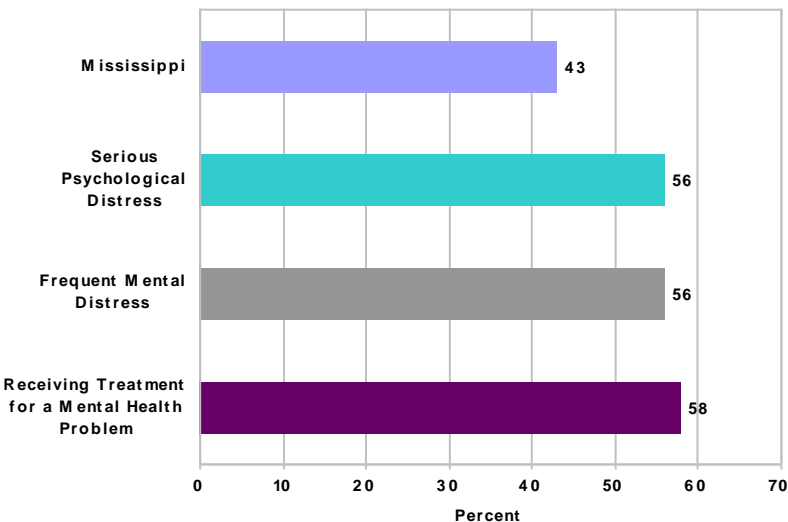


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 8% of black, non-Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
 - About 54% of other, non-Hispanic adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community www.storiesthatheal.samhsa.gov
- ▶ The SAMHSA ADS Center provides guidance and toolkits for culturally sensitive anti-stigma activities. <http://promoteacceptance.samhsa.gov/topic/culture/brochures.aspx>

See Appendix B for supporting data for highlighted groups

MISSOURI, 2009

On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 40% disagreed that people are caring and sympathetic to people with mental illness. More black, non-Hispanic adults than adults in any other racial/ethnic groups disagreed that treatment helps (Figure 1). More adults between 25 and 54 years old than older adults; more women than men; and more other, non-Hispanic adults than adults in other racial/ethnic groups disagreed that people are caring and sympathetic (Figure 2). About 60% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 57% of adults with frequent mental distress and 53% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

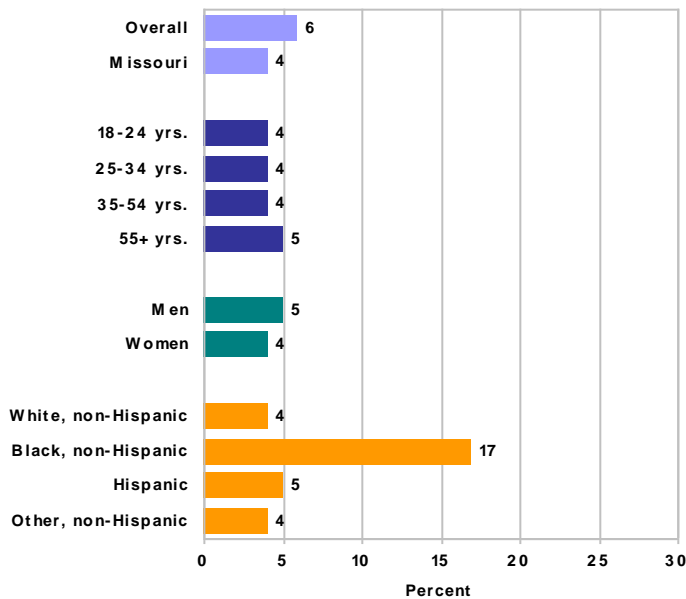


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

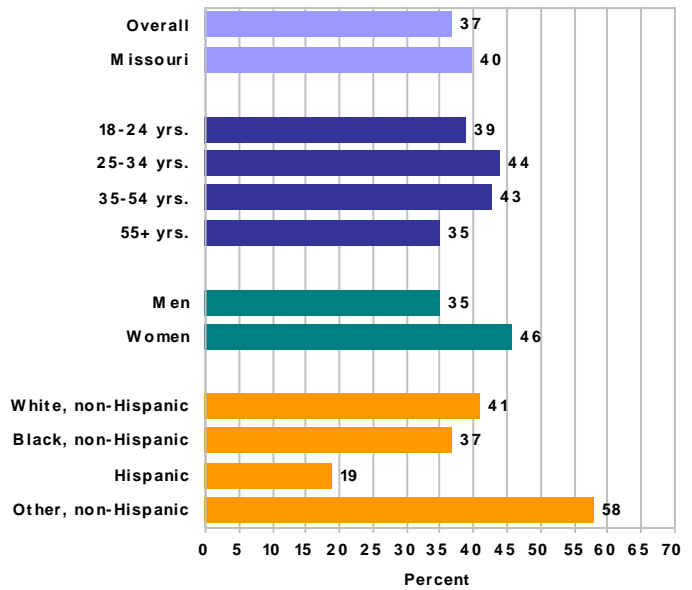
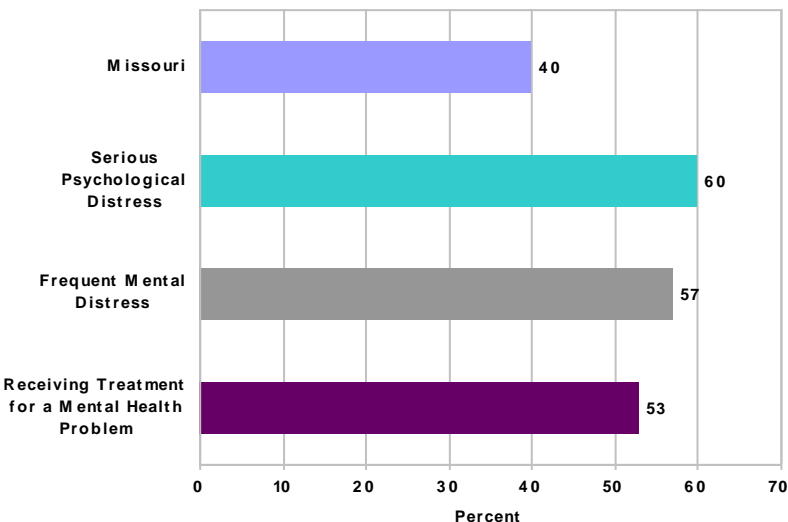


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

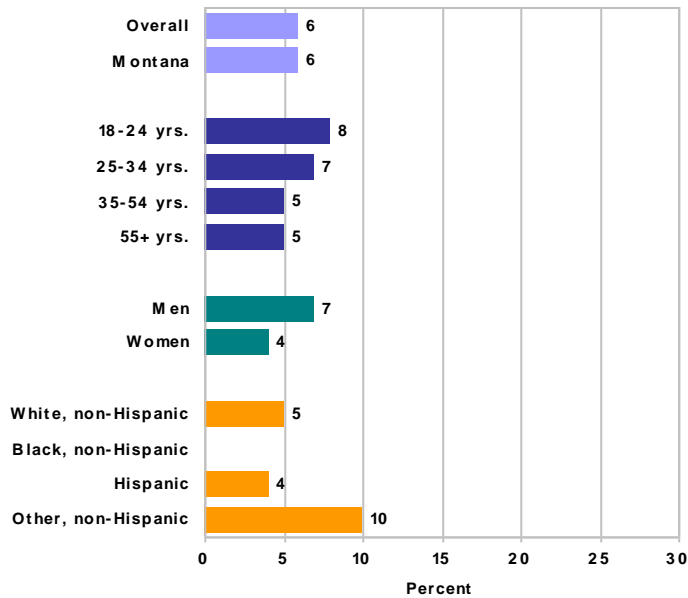
- About 13% of black, non-Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
 - About 18% of adults living in households earning <\$20,000 a year **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>

See Appendix B for supporting data for highlighted groups

MONTANA, 2007

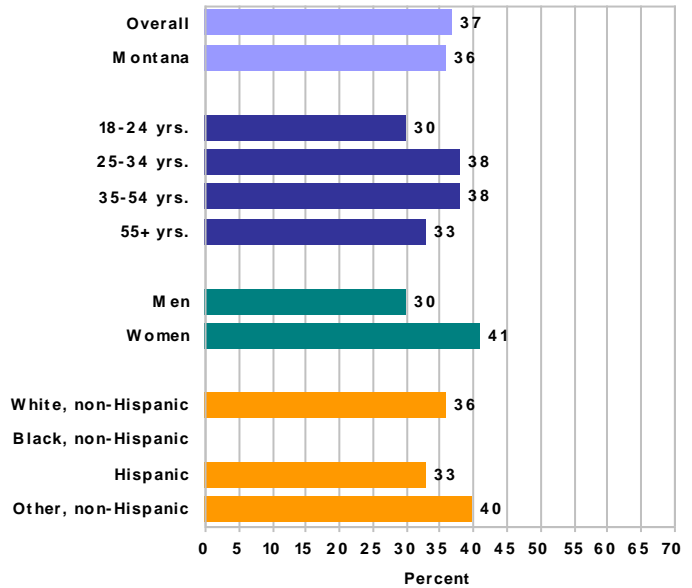
On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more other, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 58% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 48% of adults with frequent mental distress and 44% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



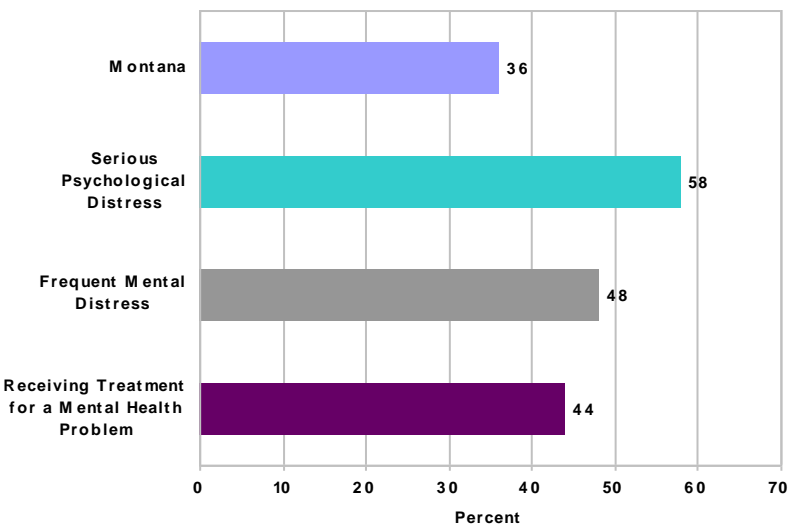
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 12% of women **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 25% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Womenshealth.gov provides resources and information to women about mental health and mental illnesses. <http://www.womenshealth.gov/mental-health/index.cfm>
- ▶ Getting Through Tough Economic Times™ provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

NEBRASKA, 2009

On average, about 7% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 31% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more other, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 47% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to mental illness, as did 46% of adults with frequent mental distress and 45% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

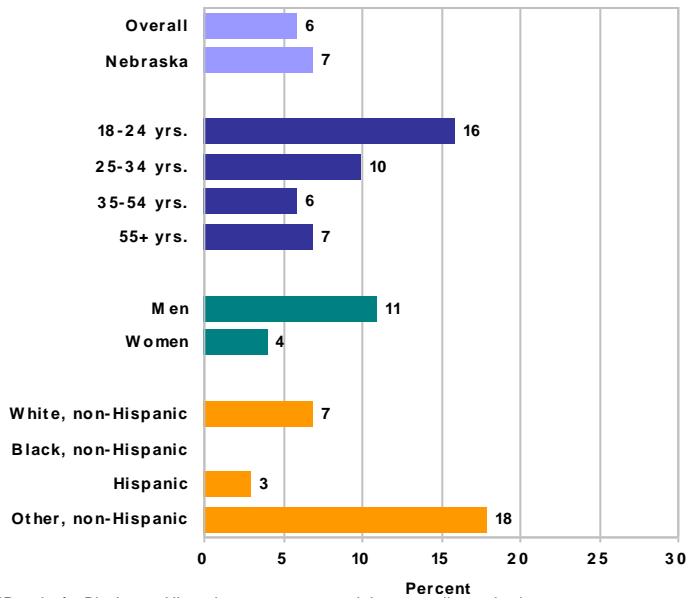
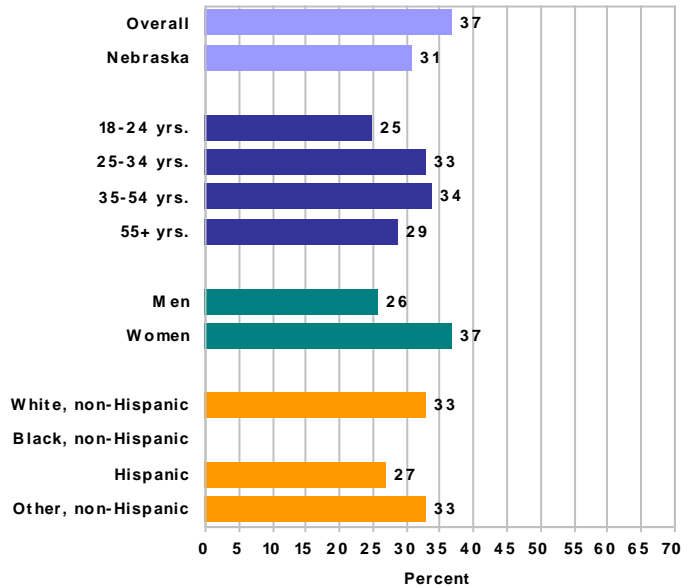
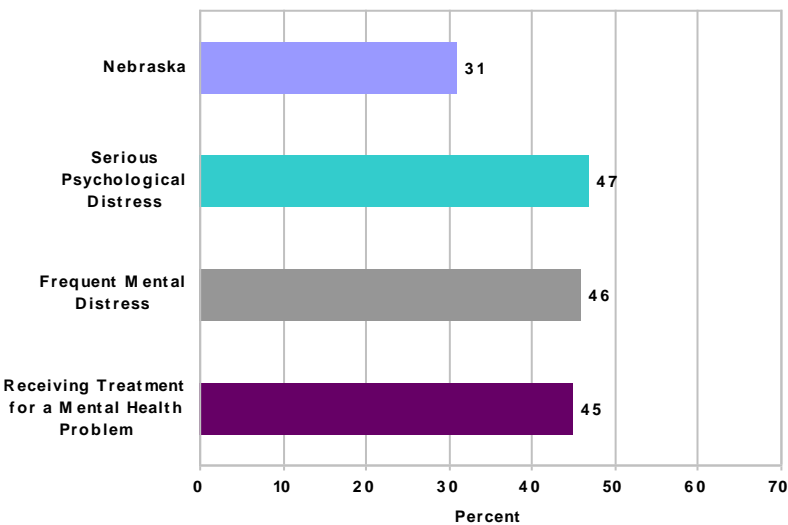


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 24% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 18% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

NEVADA, 2009

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 41% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more Hispanic adults than white, non-Hispanic and black, non-Hispanic adults disagreed that treatment helps (Figure 1). More women than men and more white, non-Hispanic adults than Hispanic adults or other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 64% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 47% of adults with frequent mental distress and 65% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

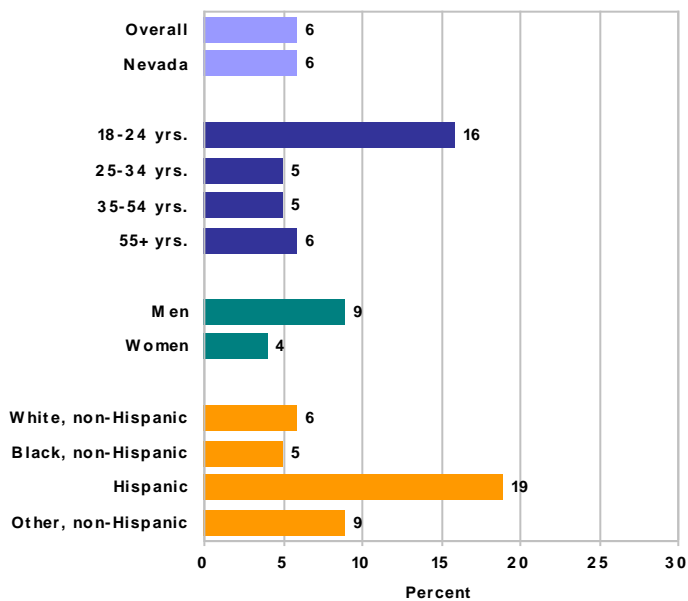


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

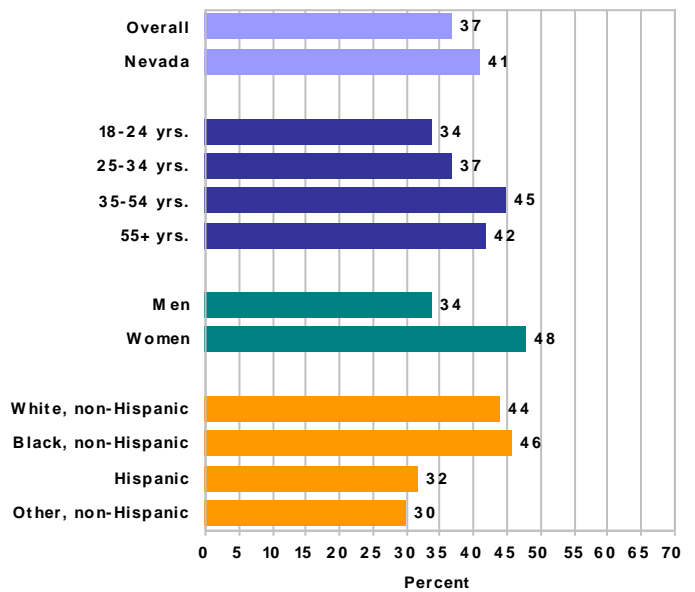
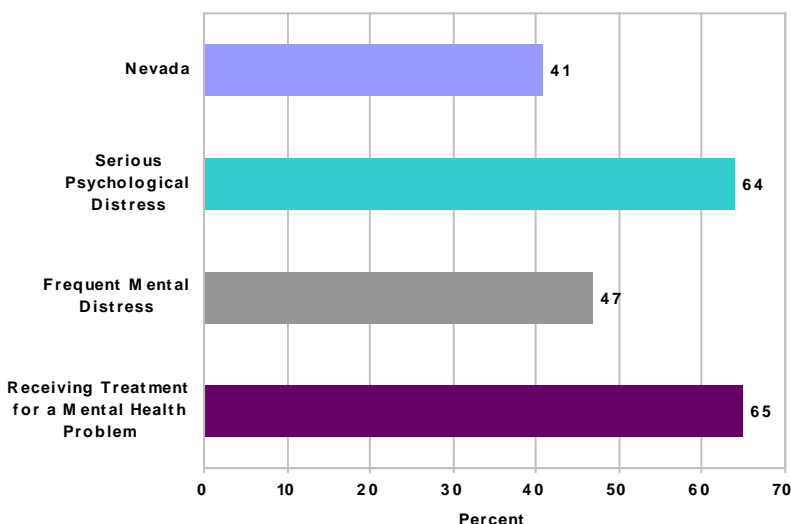


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

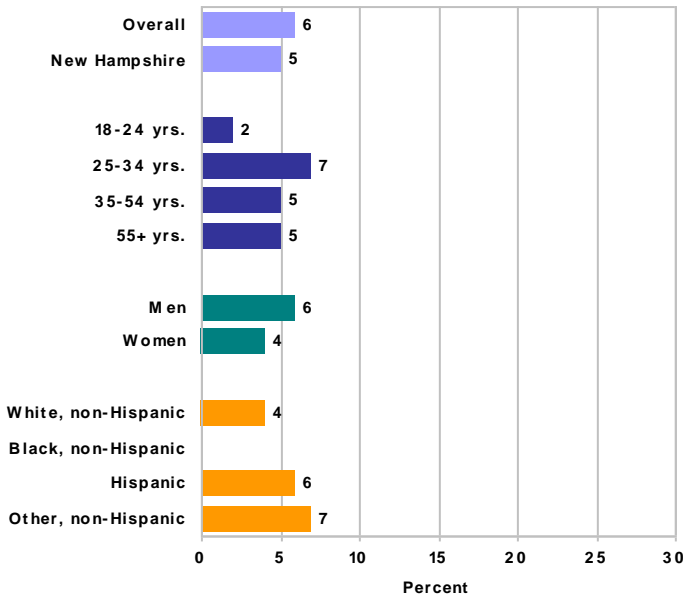
- About 11% of Hispanic adults **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- About 28% of black, non-Hispanic adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements in Spanish. <http://www.aceptarignorar.samhsa.gov/>
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov

See Appendix B for supporting data for highlighted groups

NEW HAMPSHIRE, 2007

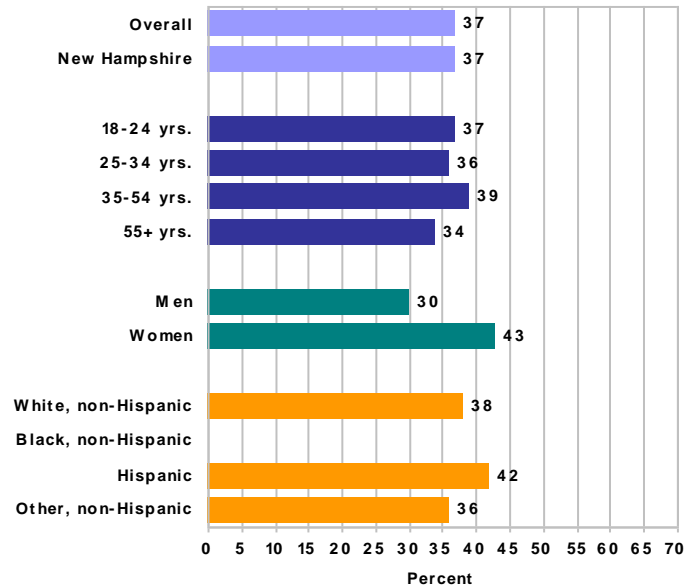
On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 37% disagreed that people are caring and sympathetic to people with mental illness. Adults in different age groups, both sexes, and different racial/ethnic groups disagreed to the same extent that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 64% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 54% of adults with frequent mental distress and 46% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



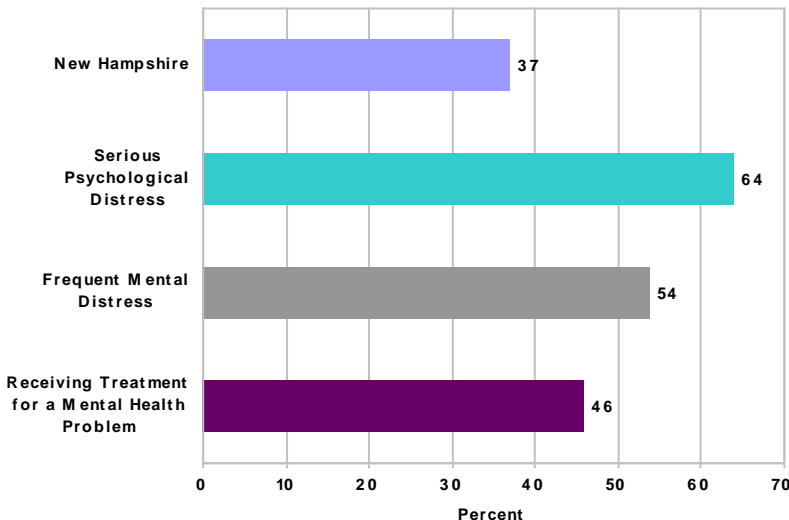
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 25% of Hispanic adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 21% of out-of-work adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.

▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements in Spanish.

<http://www.aceptariignorar.samhsa.gov/>

▶ *Getting Through Tough Economic Times* provides guidance on coping with financial difficulties. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

NEW MEXICO, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 40% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More women than men and more white, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 56% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 50% of adults with frequent mental distress and 54% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

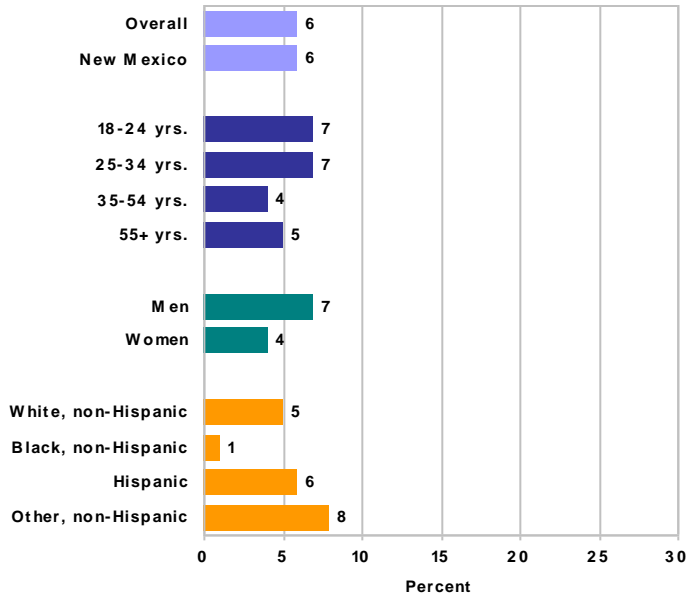


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

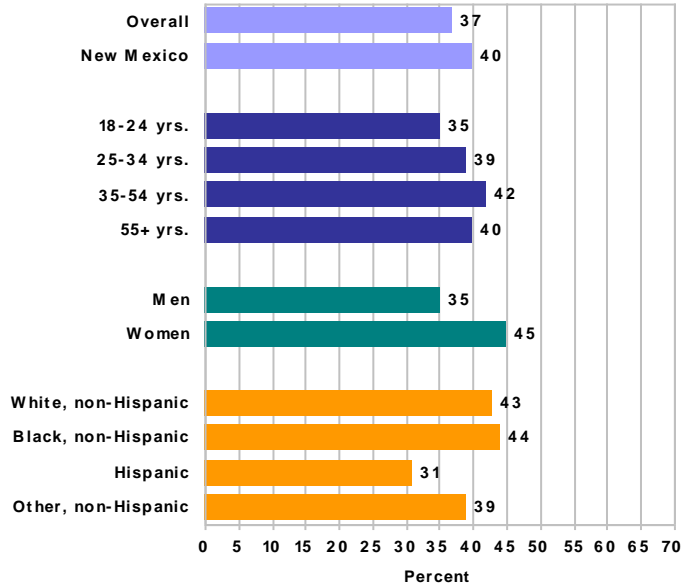
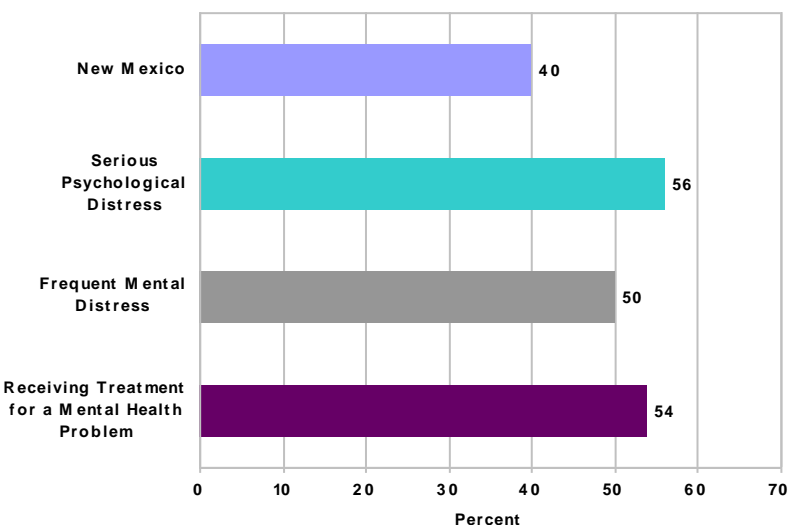


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 14% of women **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 15% of adults with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Womenshealth.gov provides resources and information to women about mental health and mental illnesses. <http://www.womenshealth.gov/mental-health/index.cfm>
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

OHIO, 2007

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 39% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than adults 18-24 years old; more women than men; and more white, non-Hispanic adults and black, non-Hispanic adults than other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 64% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 52% of adults with frequent mental distress and 50% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

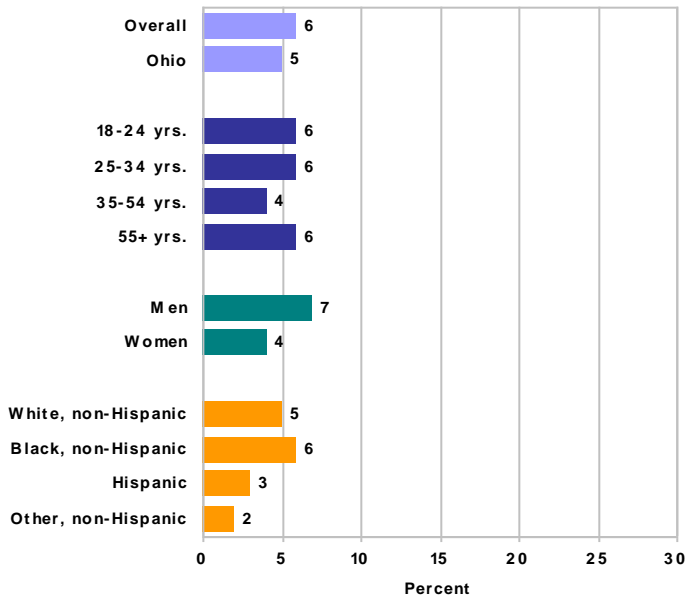


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

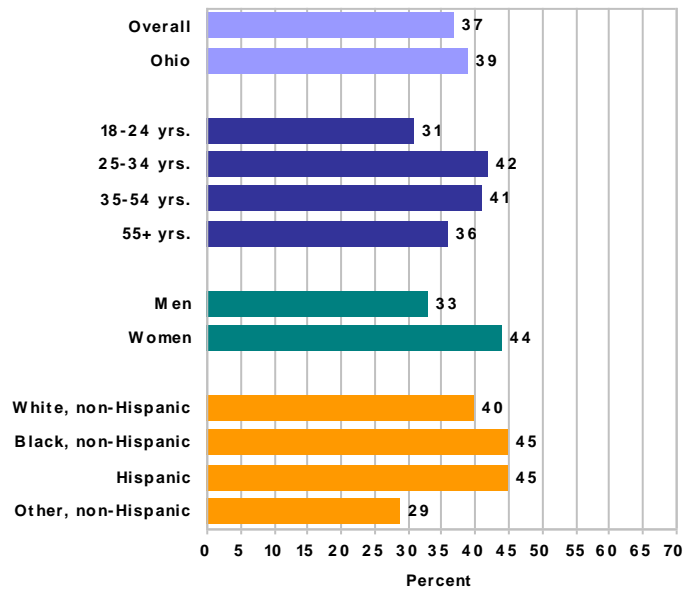
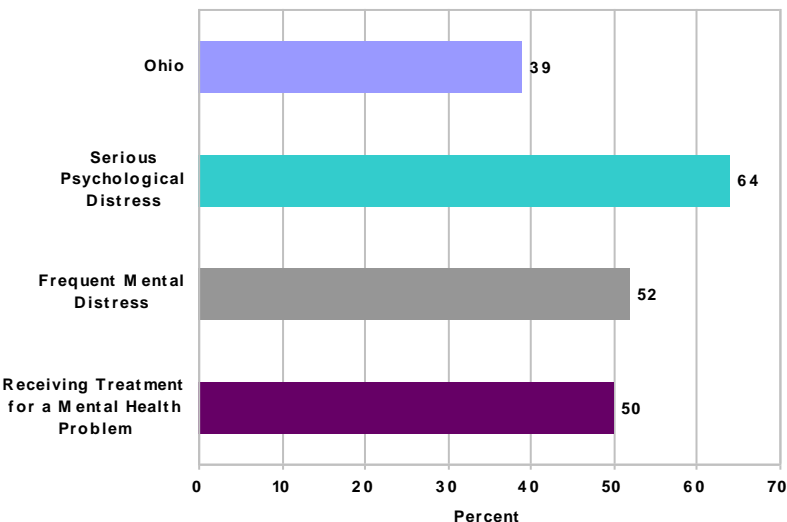


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 18% of black, non-Hispanic adults **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 16% of adults living in households earning <\$20,000 a year **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>

See Appendix B for supporting data for highlighted groups

OKLAHOMA, 2007

On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 37% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more black, non-Hispanic and Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 25 and 54 years old than adults in other age groups; more women than men; and more white, non-Hispanic adults and other, non-Hispanic adults than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 52% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 47% of adults with frequent mental distress and 52% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

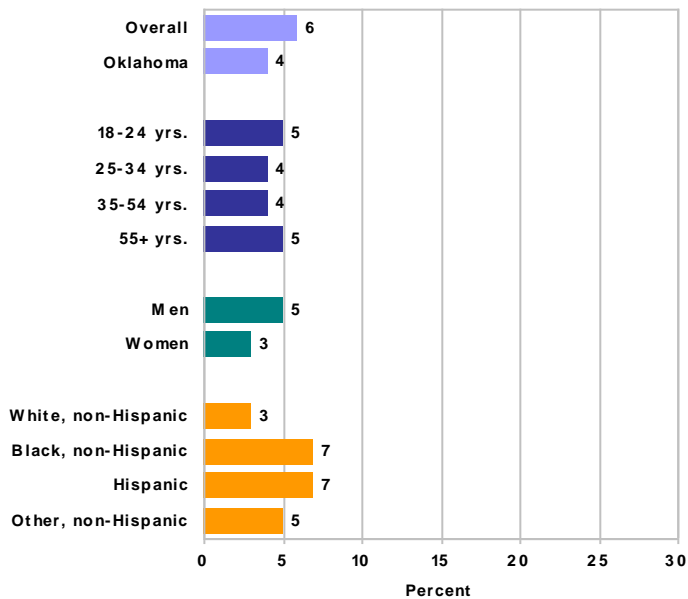


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

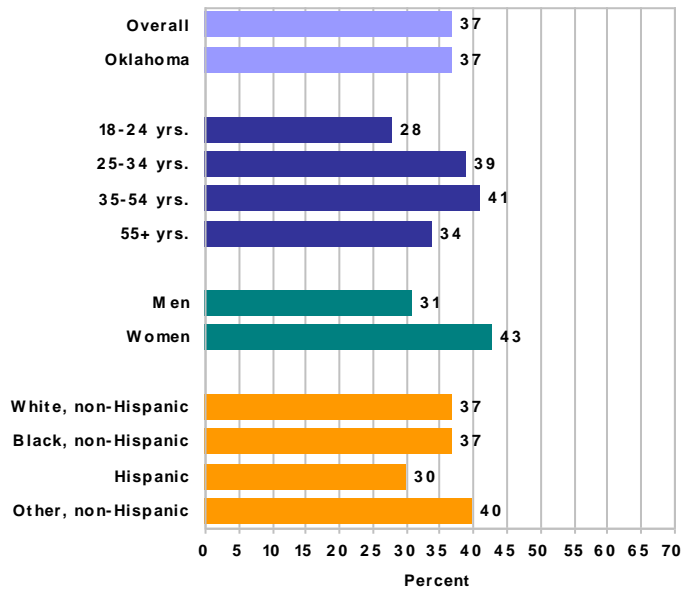
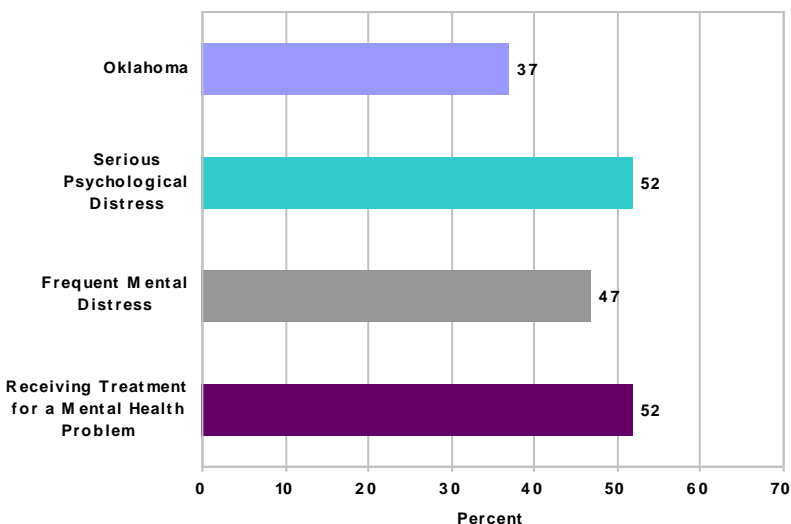


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

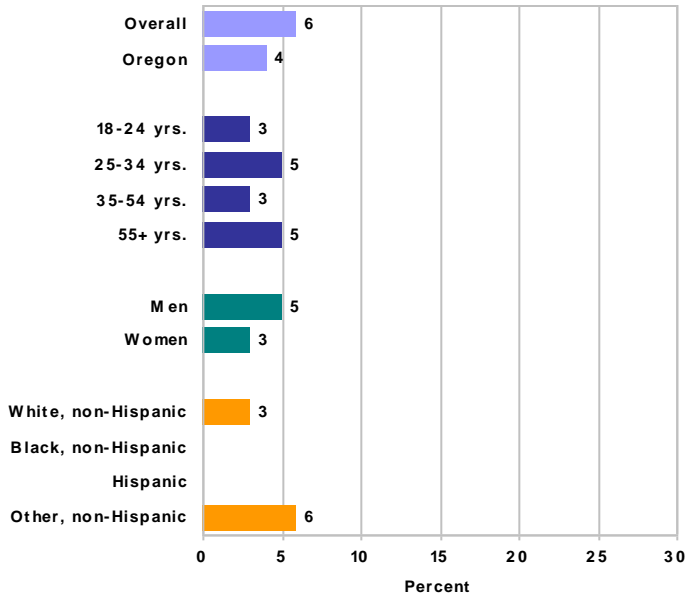
- About 14% of women **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 16% of adults with asthma **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Womenshealth.gov provides resources and information to women about mental health and mental illness.
- ▶ The American Lung Association offers programs for individuals living with asthma to help manage symptoms of the disease, to manage stress, and to facilitate relaxation. <http://www.lungusa.org/>

See Appendix B for supporting data for highlighted groups

OREGON, 2007

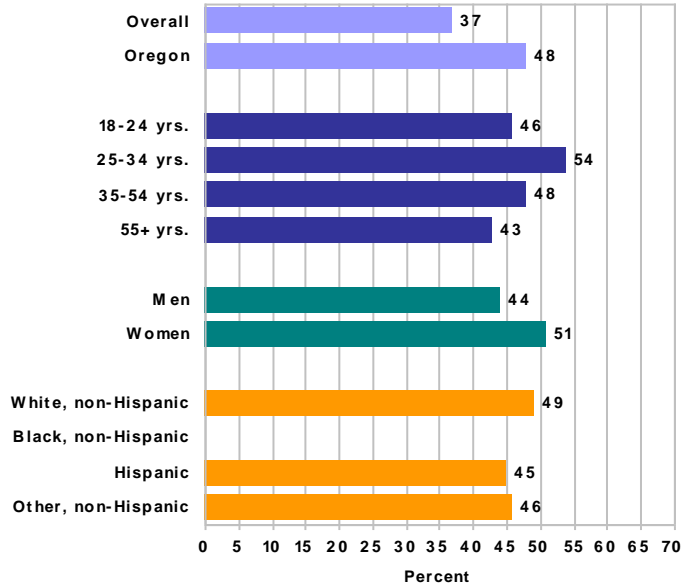
On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 48% disagreed that people are caring and sympathetic to people with mental illness. Adults in different age groups, both sexes, and different racial/ethnic groups disagreed to the same extent that treatment helps (Figure 1). More adults between 25 and 34 years old than adults 55 years old or older disagreed that people are caring and sympathetic (Figure 2). About 61% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 62% of adults with frequent mental distress and 51% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



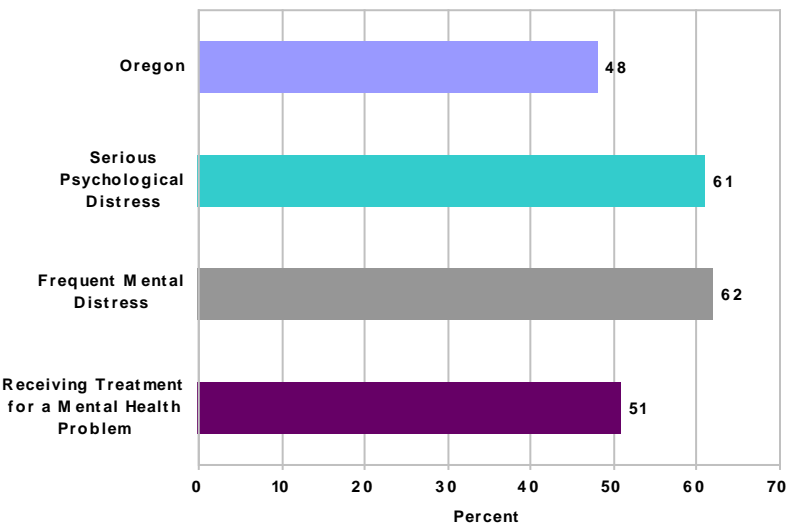
*Results for Black, non-Hispanics and Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

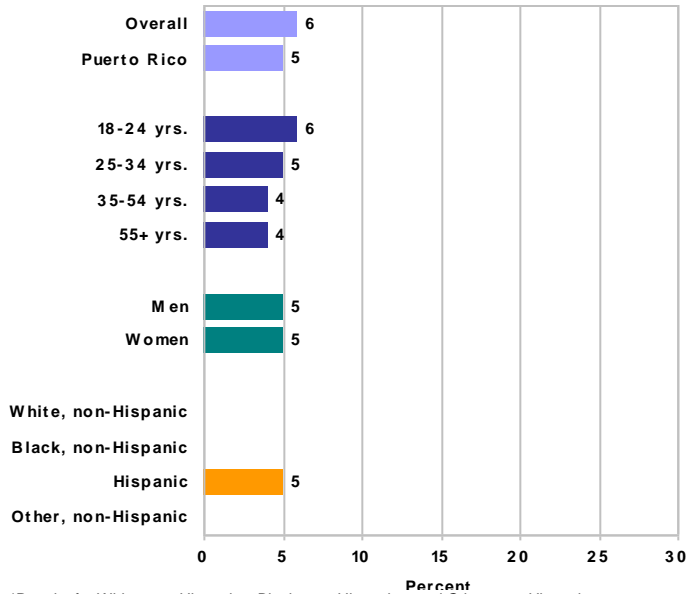
- About 32% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 41% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

PUERTO RICO, 2007

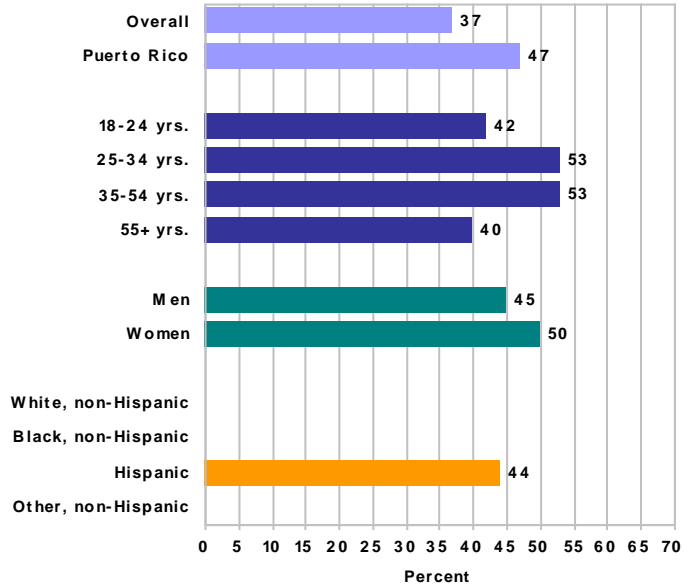
On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 47% disagreed that people are caring and sympathetic to people with mental illness. Adults in different age groups and both sexes disagreed to the same extent that treatment helps (Figure 1). More adults between 25 and 54 years old than older adults disagreed that people are caring and sympathetic (Figure 2). About 57% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 62% of adults with frequent mental distress, and 49% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



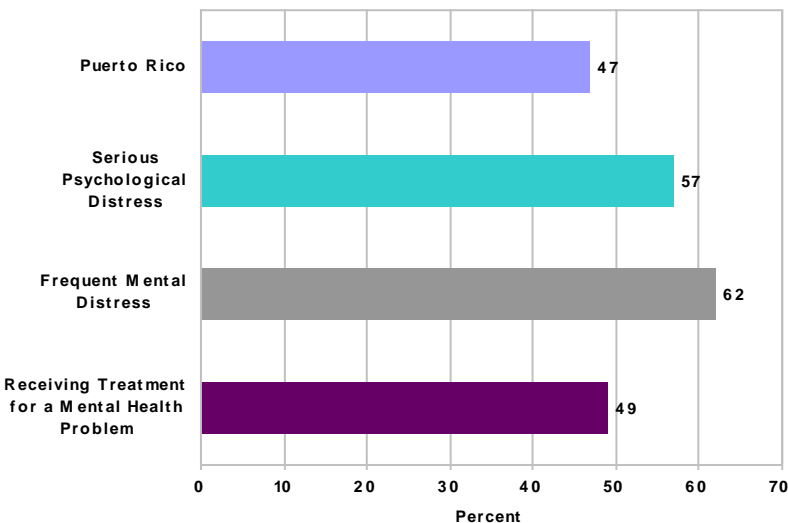
*Results for White, non-Hispanics, Black, non-Hispanics, and Other, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for White, non-Hispanics, Black, non-Hispanics, and Other, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 16% of adults with frequent mental distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements in Spanish. <http://www.aceptariqnorar.samhsa.gov/>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtm>

See Appendix B for supporting data for highlighted groups

RHODE ISLAND, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 32% disagreed that people are caring and sympathetic to people with mental illness. More adults between 25 and 34 years old than adults 55 years old or older; more men than women; and more Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 58% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 44% of adults with frequent mental distress, and 39% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

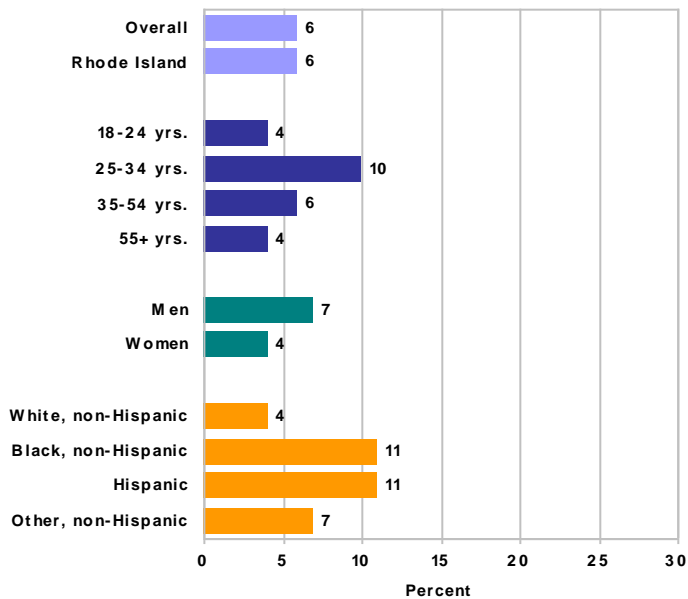


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

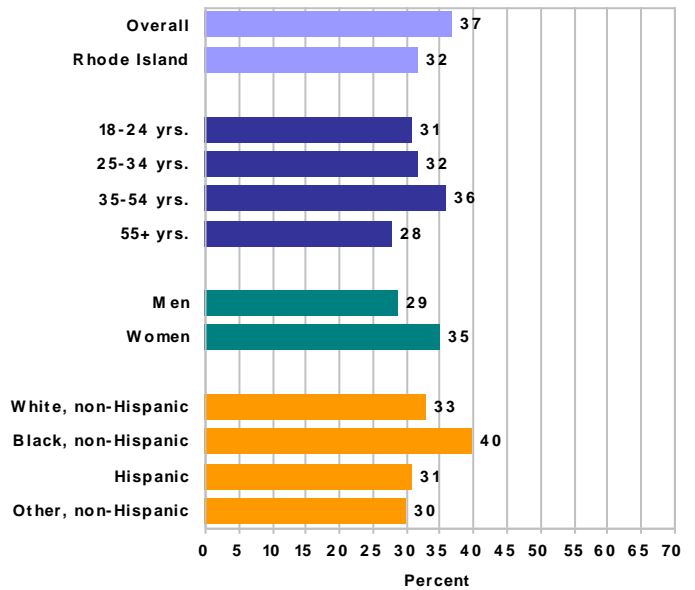
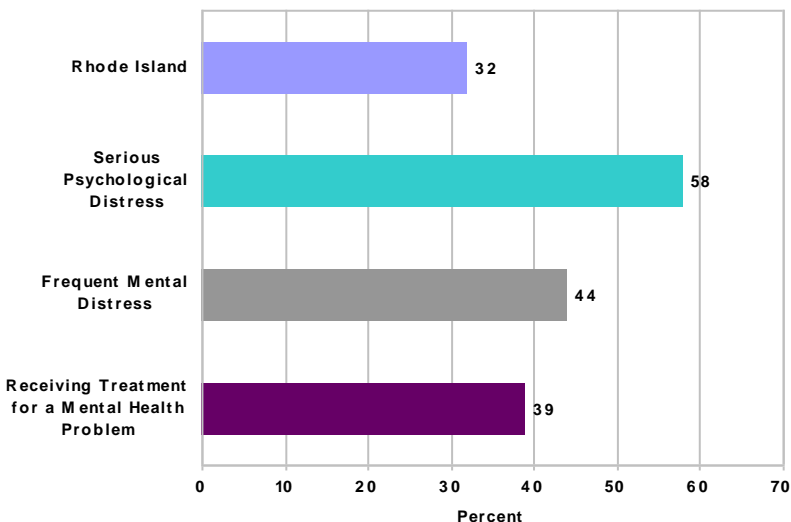


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 16% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 13% of adults with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups

SOUTH CAROLINA, 2009

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 37% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more black, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 58% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 51% of adults with frequent mental distress and 52% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

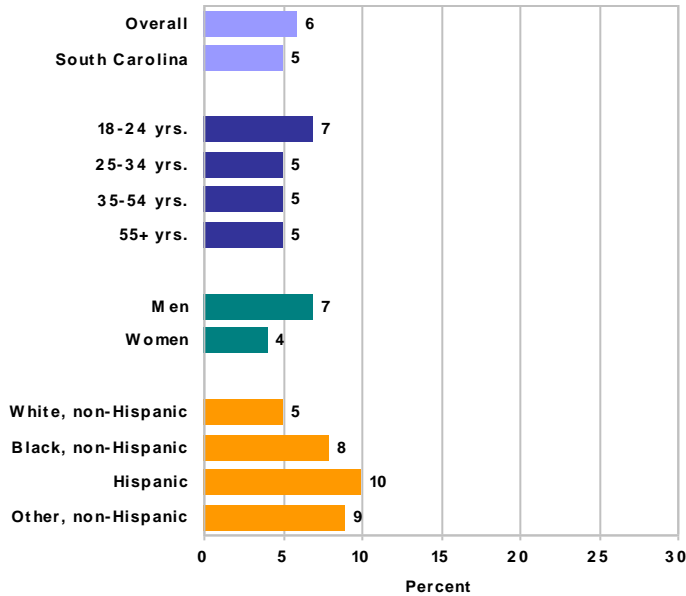


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

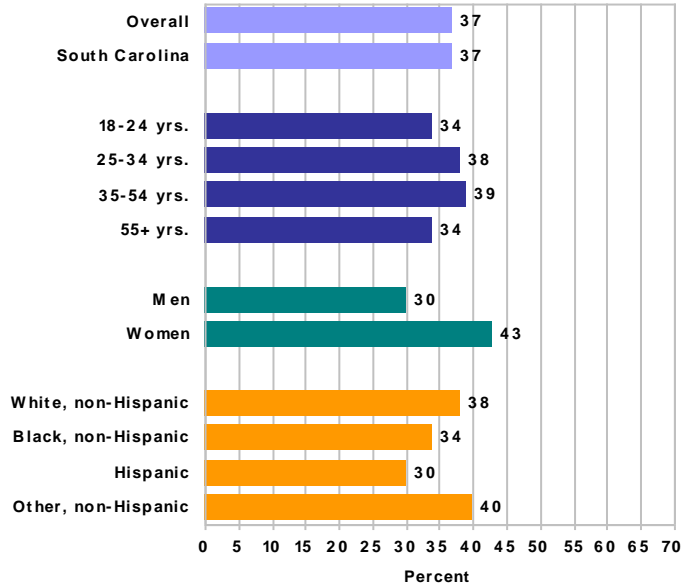
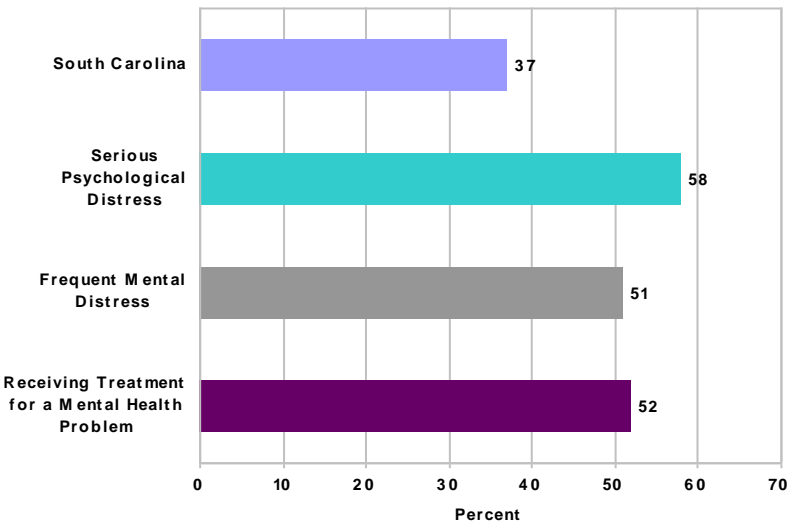


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 16% of adults with cardiovascular disease **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 24% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.

▶ The American Heart Association offers resources for managing depression and anxiety in people with cardiovascular disease. <http://www.heart.org/HEARTORG>

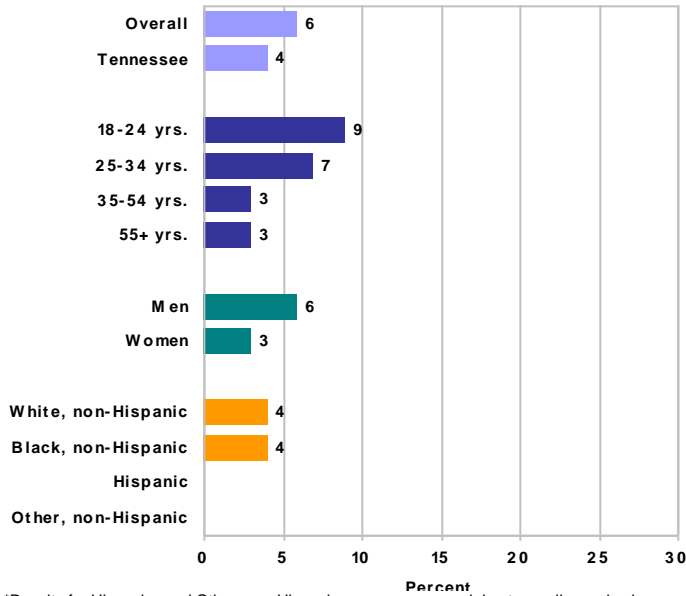
▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

TENNESSEE, 2009

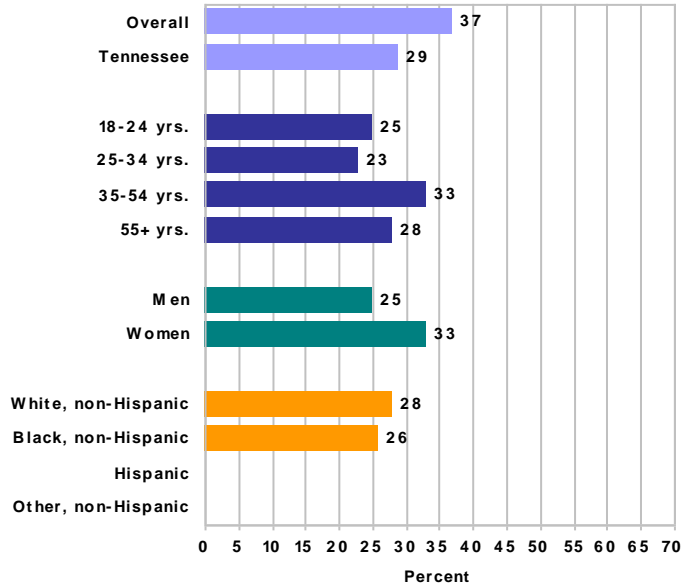
On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 29% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 50% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 46% of adults with frequent mental distress and 38% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



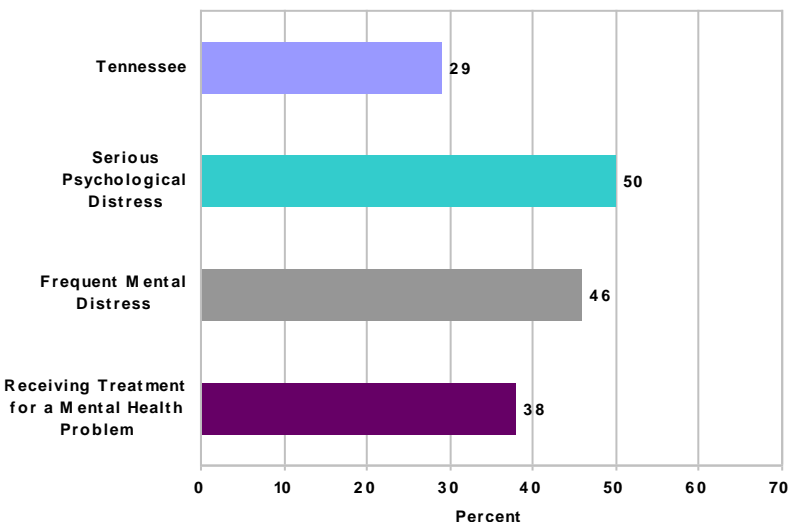
*Results for Hispanics and Other, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Hispanics and Other, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 19% of adults with frequent mental distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 22% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.html>

See Appendix B for supporting data for highlighted groups

TEXAS, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 33% disagreed that people are caring and sympathetic to people with mental illness. More non-Hispanic black, and Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults; more women than men; and more white, non-Hispanic adults than Hispanic adults and other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 52% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 46% of adults with frequent mental distress and 46% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

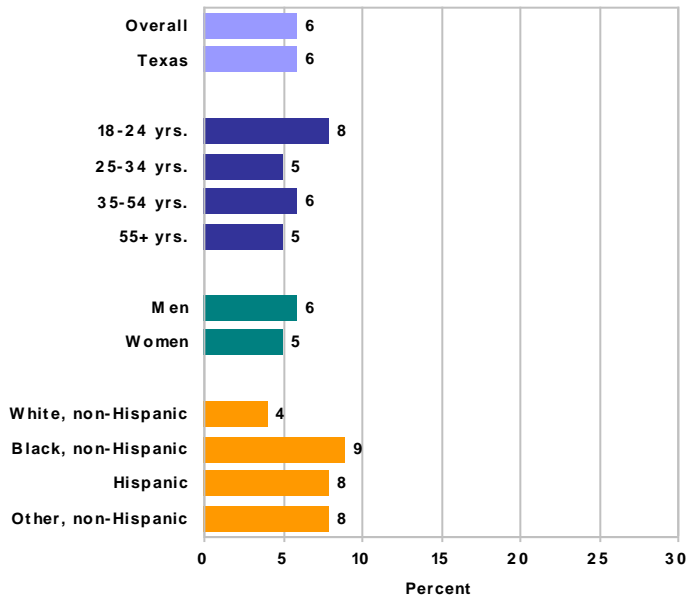


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

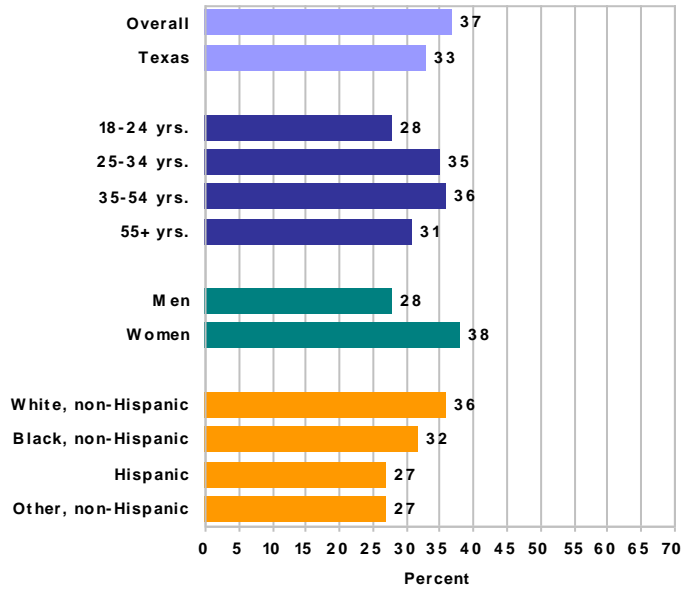
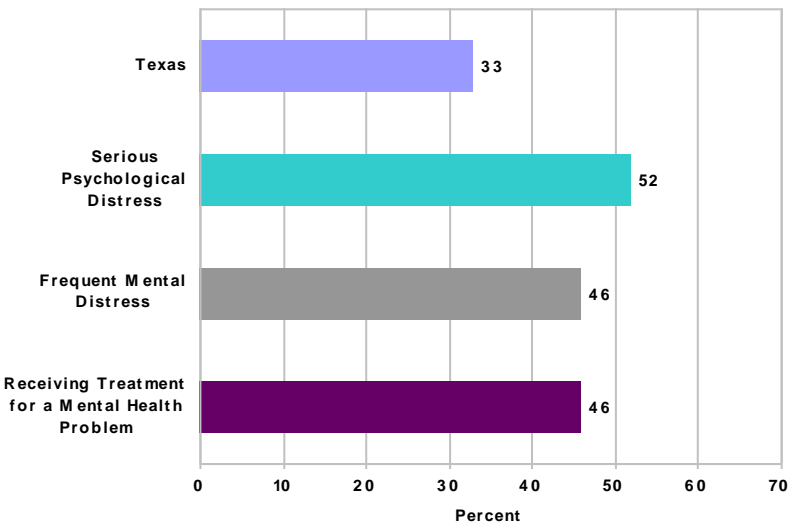


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

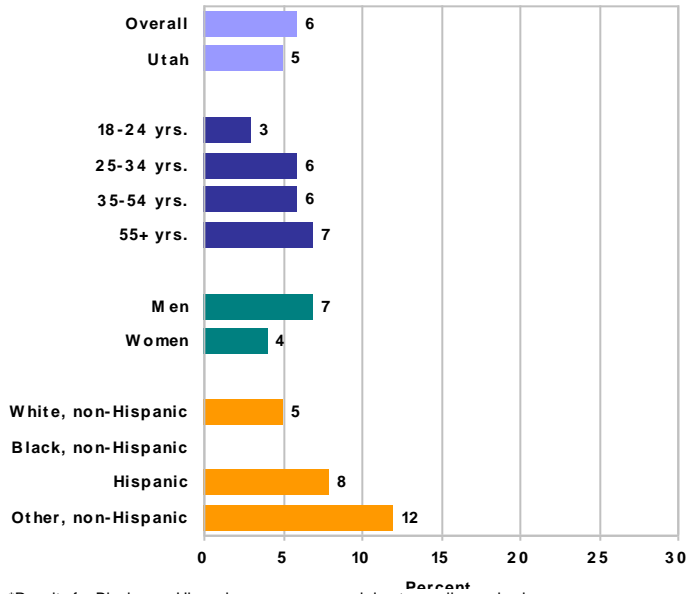
- About 15% of adults with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 21% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

UTAH, 2009

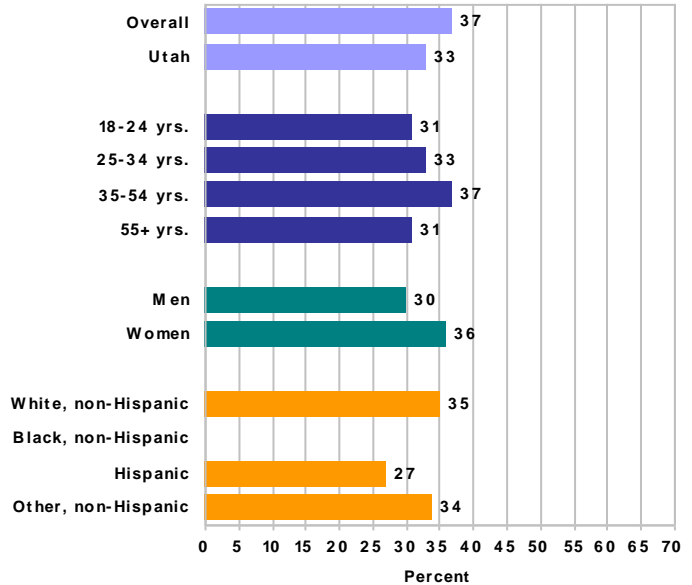
On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 33% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 52% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 44% of adults with frequent mental distress and 46% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



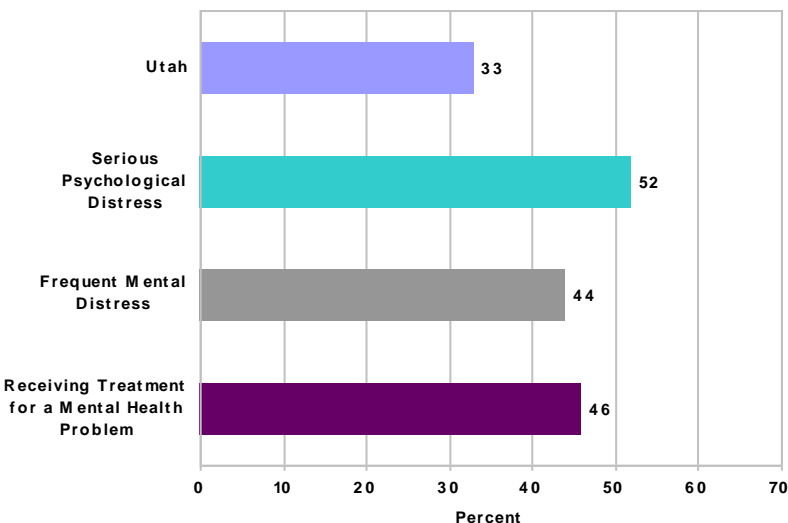
*Results for Black, non-Hispanic were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanic were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

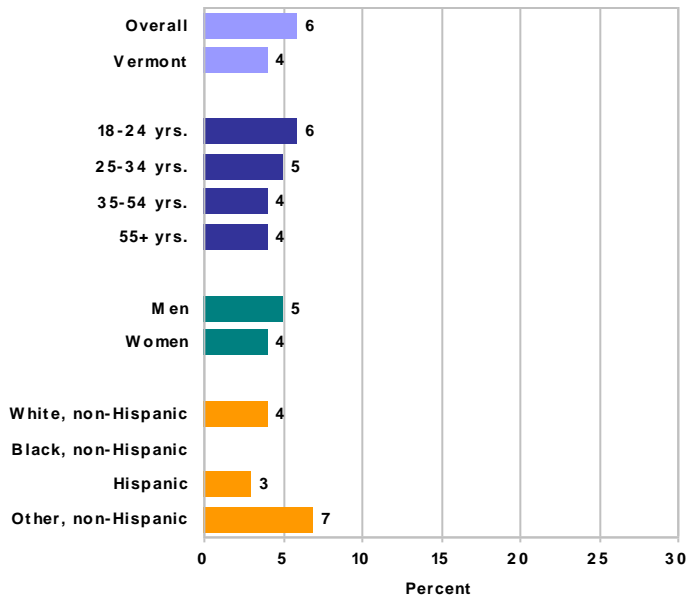
- About 11% of adults living with arthritis **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 20% of adults with serious psychological distress **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

VERMONT, 2009

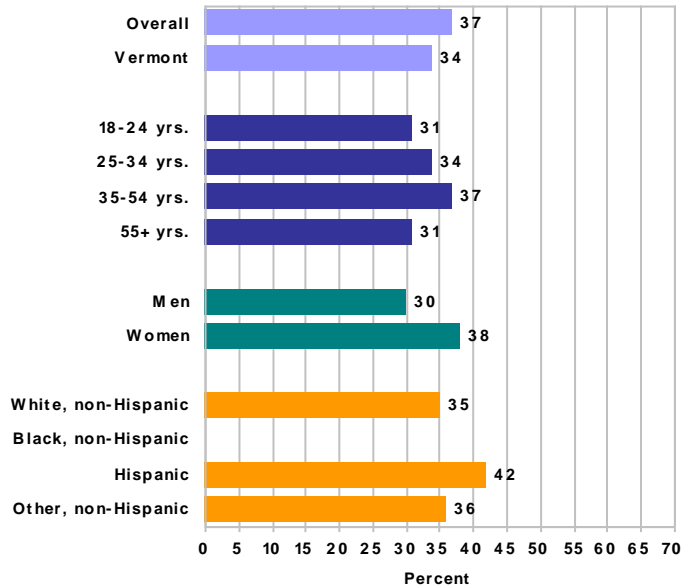
On average, about 4% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 34% disagreed that people are caring and sympathetic to people with mental illness. Adults in different age groups, both sexes, and different racial/ethnic groups disagreed to the same extent that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults and more women than men disagreed that people are caring and sympathetic (Figure 2). About 62% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 53% of adults with frequent mental distress and 43% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



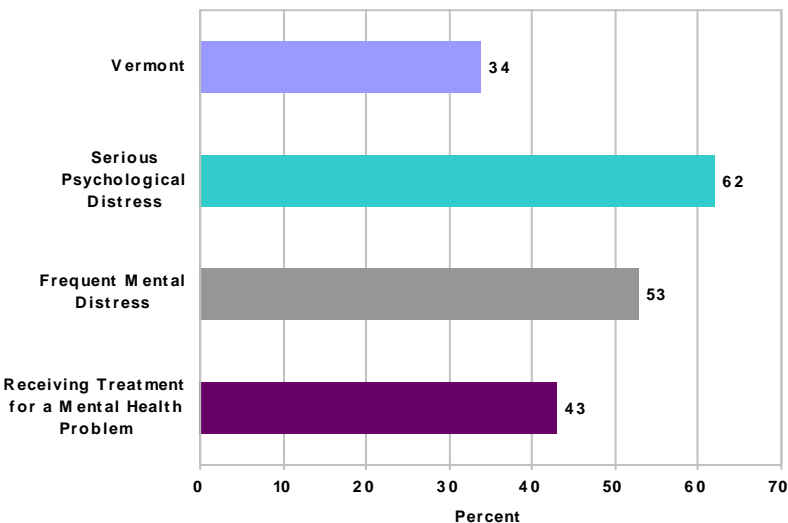
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 14% of adults out of work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- About 13% of adults with cardiovascular disease **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>
- ▶ The American Heart Association offers resources for managing depression and anxiety in people with cardiovascular disease. <http://www.heart.org/HEARTORG>

See Appendix B for supporting data for highlighted groups

VIRGINIA, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 39% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more other, non-Hispanic adults than white, non-Hispanic and black, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults in other age groups; more women than men; and more white, non-Hispanic adults and black, non-Hispanic adults than other, non-Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 52% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 49% of adults with frequent mental distress and 44% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

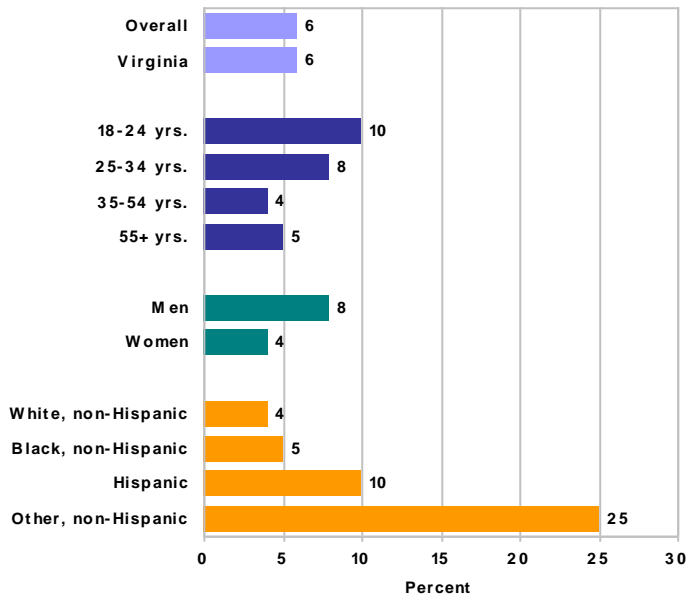


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

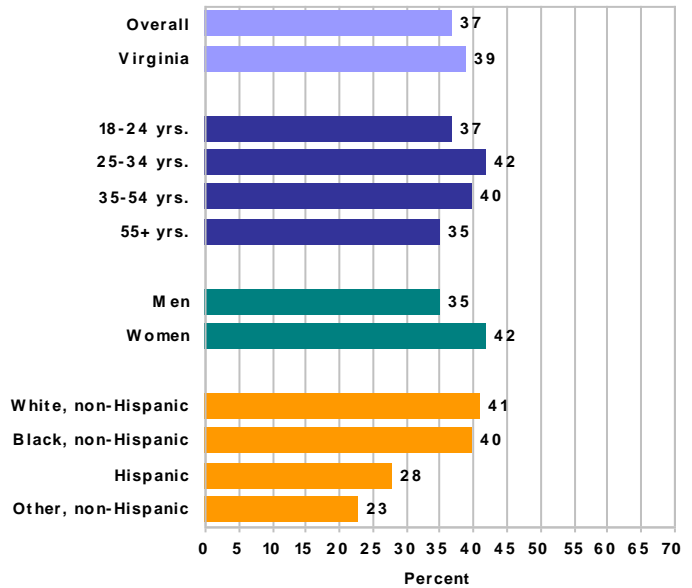
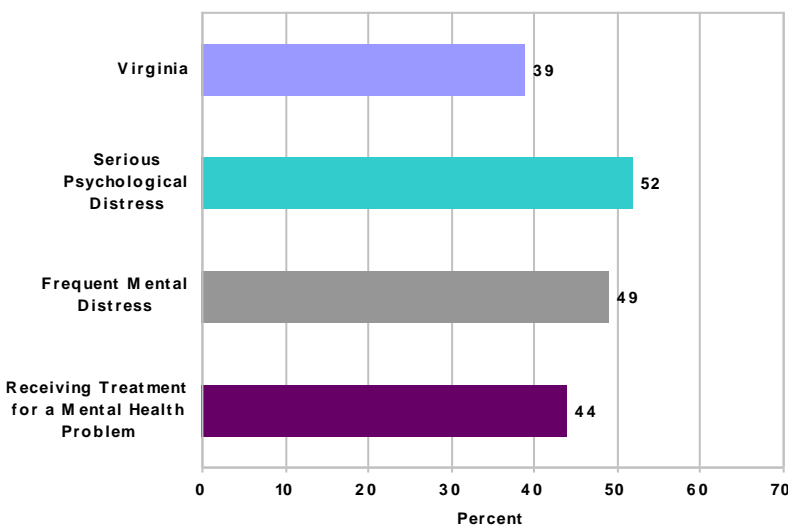


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 19% of adults with frequent mental distress and 19% of adults with serious psychological distress **strongly disagreed** people are caring and sympathetic to people with mental illness
- ▶ The National Institute of Mental Health provides tips on how to recognize and deal with stress: <http://www.nimh.nih.gov/health/publications/stress/fact-sheet-on-stress.shtml>

See Appendix B for supporting data for highlighted groups

WASHINGTON, 2009

On average, about 5% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 45% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more Hispanic than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than adults 18-24 years old or adults 55 years old or older; more women than men; and more white, non-Hispanic than Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 60% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 56% of adults with frequent mental distress and 52% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

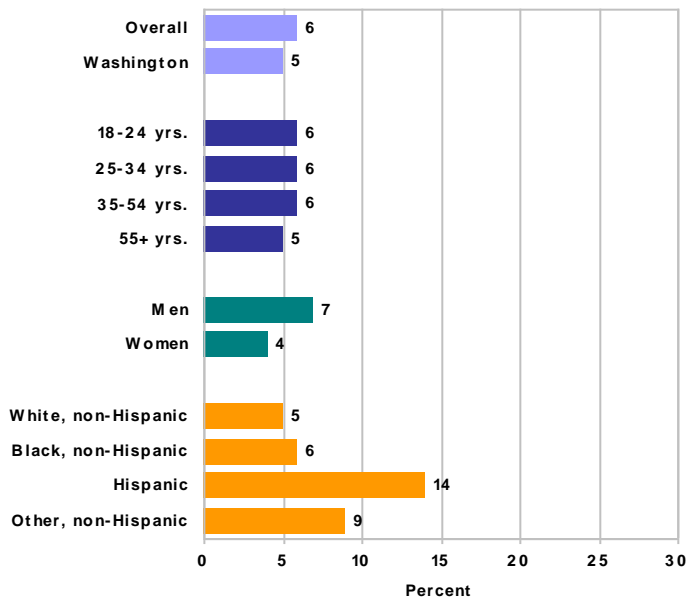


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

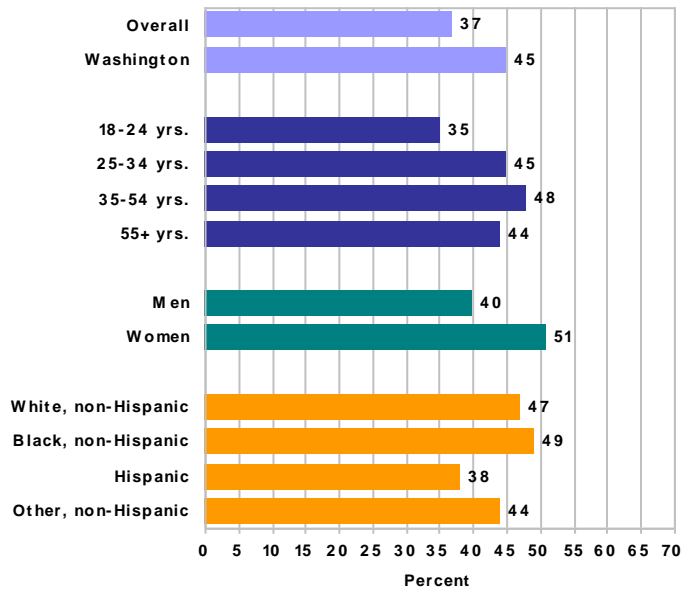
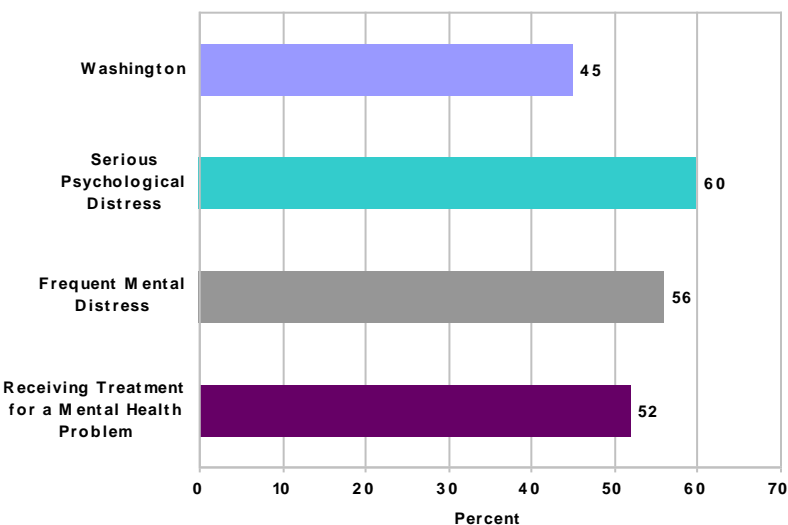


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 11% of Hispanic adults in Washington **strongly disagreed** that treatment can help people with mental illness lead normal lives.
- About 37% of black, non-Hispanic adults in Washington **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ The Campaign for Social Inclusion uses proven social marketing strategies and public education methods to disseminate TV, radio, and print public service advertisements in Spanish. <http://www.aceptariqnorar.samhsa.gov>
- ▶ Stories that Heal aims to promote acceptance of mental health problems within the African American community. www.storiesthatheal.samhsa.gov

See Appendix B for supporting data for highlighted groups

WISCONSIN, 2007

On average, about 6% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 38% disagreed that people are caring and sympathetic to people with mental illness. More men than women disagreed that treatment helps (Figure 1). More women than men disagreed that people are caring and sympathetic (Figure 2). About 54% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 53% of adults with frequent mental distress and 49% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives

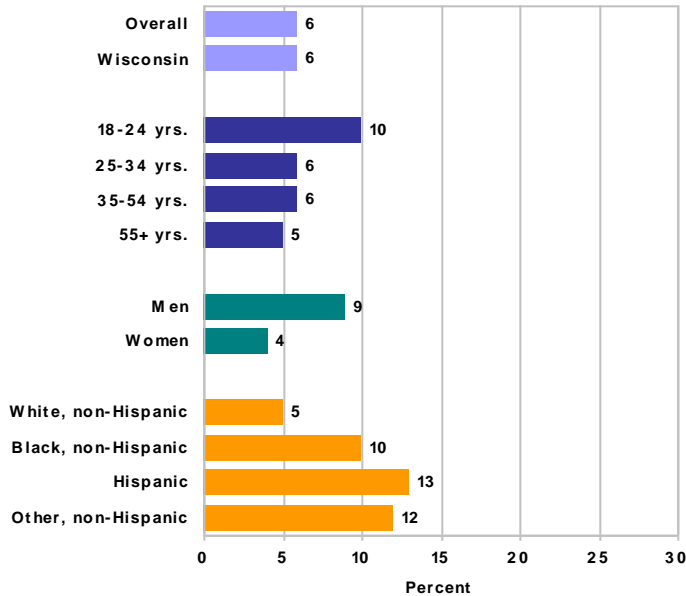


Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness

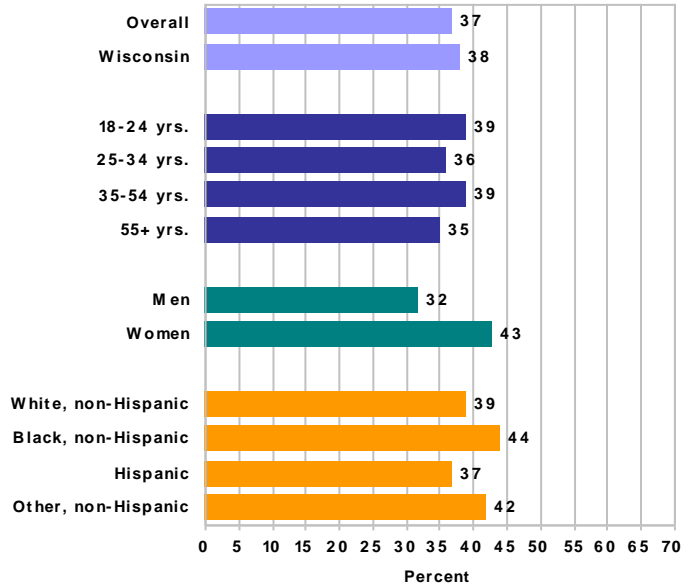
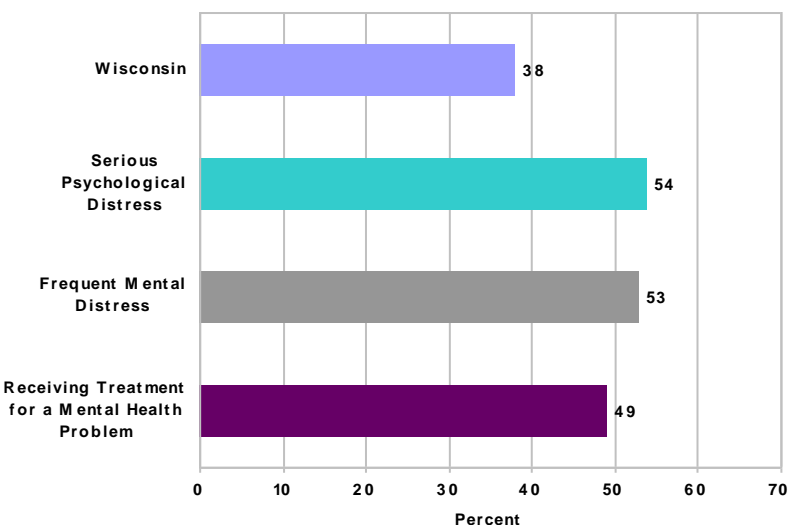


Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

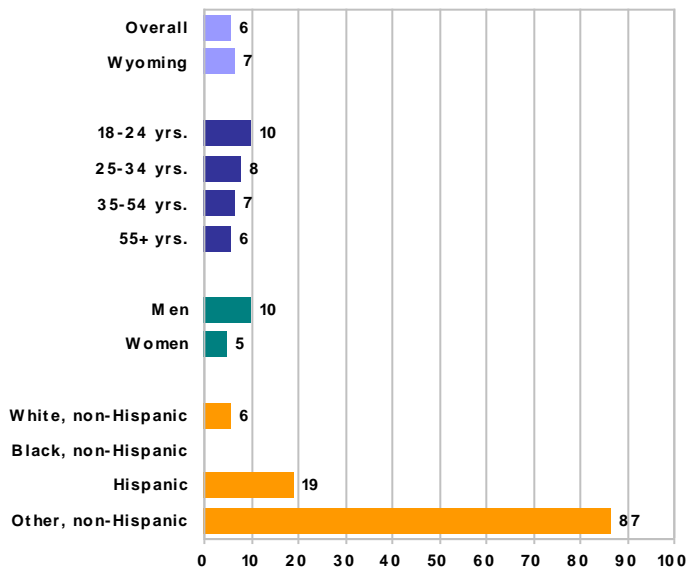
- About 19% of adults with household incomes <\$20,000 **strongly disagreed** that people are caring and sympathetic to people with mental illness.
 - About 19% of adults unable to work **strongly disagreed** that people are caring and sympathetic to people with mental illness.
- ▶ Information regarding access to low-cost health care, including mental health treatment, is available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=18>
- ▶ *Getting Through Tough Economic Times* provides practical advice on how to deal with the effects of financial difficulties on physical and mental health. <http://www.samhsa.gov/economy>

See Appendix B for supporting data for highlighted groups

WYOMING, 2009

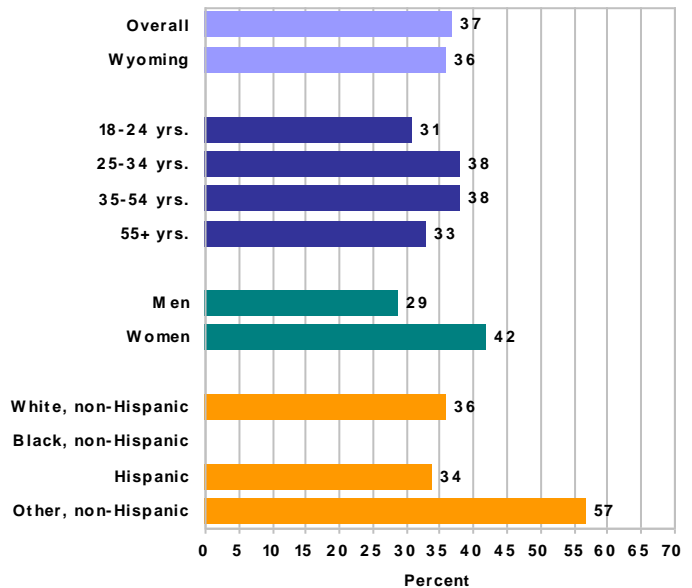
On average, about 7% of survey respondents disagreed that treatment can help people with mental illness lead normal lives, while 36% disagreed that people are caring and sympathetic to people with mental illness. More men than women and more Hispanic and other, non-Hispanic adults than white, non-Hispanic adults disagreed that treatment helps (Figure 1). More adults between 35 and 54 years old than older adults; more women than men; and more other, non-Hispanic adults than white, non-Hispanic adults and Hispanic adults disagreed that people are caring and sympathetic (Figure 2). About 60% of adults experiencing serious psychological distress disagreed that people are caring and sympathetic to people with mental illness, as did 51% of adults with frequent mental distress and 50% of those receiving treatment for a mental health or emotional problem (Figure 3).

Figure 1. Percent Total Disagreement That Treatment Can Help People With Mental Illness Lead Normal Lives



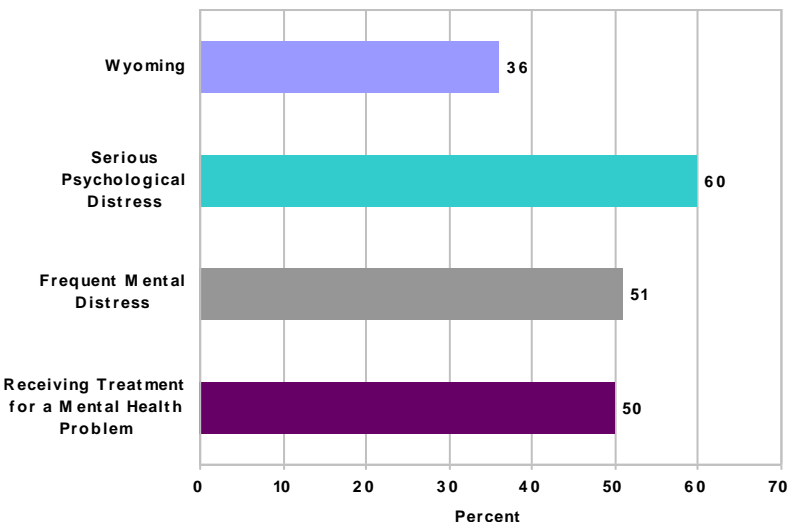
*Results for Black, non-Hispanics were suppressed due to small sample size

Figure 2. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness



*Results for Black, non-Hispanics were suppressed due to small sample size

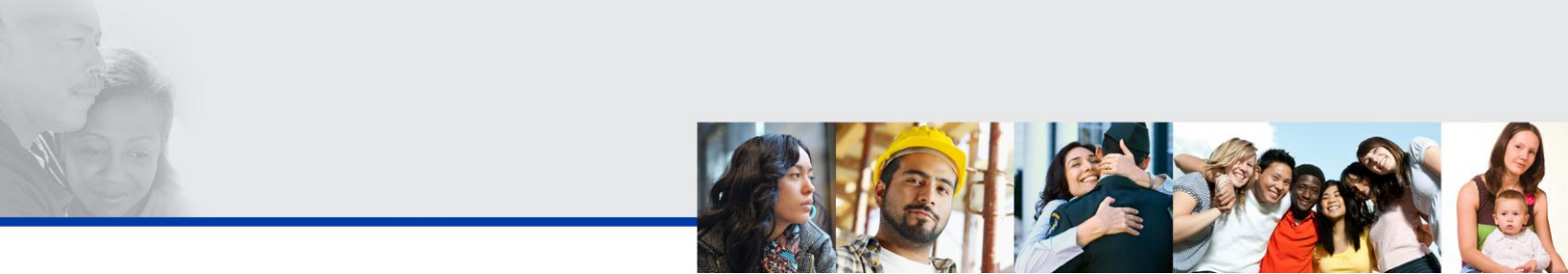
Figure 3. Percent Total Disagreement That People Are Caring and Sympathetic To People With Mental Illness by Serious Psychological Distress, Frequent Mental Distress, and Receiving Treatment for a Mental Health or Emotional Problem



CALLS TO ACTION

- About 20% of adults with cardiovascular disease strongly disagreed that people are caring and sympathetic to people with mental illness
- About 12% of adults with arthritis strongly disagreed that people are caring and sympathetic to people with mental illness.
- ▶ The American Heart Association offers tips for coping with feelings associated with cardiovascular disease. http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Coping-with-Feelings_UCM_307092_Article.jsp
- ▶ The Arthritis Foundation offers programs to improve the quality of life for individuals with arthritis, including how to manage pain and get support for dealing with the emotional impact of living with arthritis. <http://www.arthritis.org/programs.php>

See Appendix B for supporting data for highlighted groups



Discussion

Most adults in the 37 states and territories surveyed in 2007 and 2009 believe that mental illness treatment is effective, consistent with recent findings (Croghan et al., 2003; Pescosolido et al., 2010), but substantially fewer adults believe that people are caring and sympathetic to people with mental illness.

Adults with mental illness symptoms appear to perceive a less friendly social environment for people with mental illness. Adults who lived in states that had more resources allocated for mental health services had more positive attitudes regarding the effectiveness of mental illness treatment: They were more willing to seek treatment and more likely to perceive that others were caring and sympathetic to people with mental illness. Young adults who lived in states that had more resources to market the What a Difference a Friend Makes campaign—designed to show how to support a friend with mental illness—were more likely to believe that other people are caring and sympathetic to people with mental disorders, suggesting that the campaign had a positive effect in these states⁶ and contributes to evidence for such campaigns (Corrigan, 2012).

The findings regarding favorable attitudes toward treatment effectiveness might result from the multiple efforts of previous mental health public awareness campaigns and widespread marketing of medicines for common mental disorders (Rosenthal et al., 2002; Frosch, Grand, Tarn, & Kravitz, 2010). Although smaller percentages of adults disagreed that treatment is effective, even small percentages at the population level (e.g., 5%) can represent thousands of people possibly at risk of not seeking treatment. The state-specific findings also highlight some subgroups who strongly disagreed with statements about treatment effectiveness (e.g., blacks, Hispanics, adults with less education). Individuals in these subgroups with mental illness symptoms might be at increased risk of a number of negative individual and social outcomes if they choose not to seek treatment because they do not believe treatment is effective. States can use these findings to target these population groups to improve their mental health literacy and to reduce negative attitudes toward mental illness. Despite belief in treatment effectiveness, some people remain unwilling to take psychiatric medications (Croghan, et al., 2003). Reasons for not taking medications might include concerns about unwanted side effects and preferences for nonpharmacologic treatments such as cognitive behavioral therapy (Schnittker 2003; Riedel-Heller, 2005). Public education about the effectiveness of different types of treatment, including alternatives to psychiatric medications and the chronic nature of untreated mental illness for some individuals, may be beneficial for some groups.

That substantial percentages of adults, particularly those with mental illness symptoms, and those with chronic conditions did not believe that other people are caring and sympathetic to people with mental illness is of concern. These individuals might not be getting the emotional support they need for their own conditions. Some people respond negatively when confronted with a friend or family member's mental illness, contributing to avoidance and isolation—potentially interfering with recovery. The emotional and psychological aspects of mental illness make supportive friends and family even more important to a person's recovery. By offering reassurance, companionship, emotional strength, and acceptance, a friend, family member, or co-worker can help a person with mental illness through his or her treatment and recovery.

⁶ A concurrent (2007–2009) campaign targeting college students was supported by the Jed Foundation.



Strategies for Combating Stigma

Attitudes toward mental illness collected through the BRFSS identify areas for further study and population groups for intervention to reduce negative attitudes toward mental illness and promote social inclusion of those with mental illness symptoms. The cumulative findings in this report offer federal and state decision makers and other key stakeholders' insights about the public's attitudes toward persons living with mental illness as well as the relative impact of anti-stigma efforts on public attitudes toward mental illness.

The current data indicate the following strategies be considered by mental illness stakeholders and the general public to improve attitudes and behaviors toward persons with mental illness and promote social inclusion.

- ▶ Continue to explore how to monitor attitudes toward mental illness and evaluate innovative anti-stigma interventions.
- ▶ Implement culturally competent stigma reduction initiatives at local, regional, and state-wide levels. Guidance on event planning, partnership development, outreach to schools and businesses, mental health resources, and marketing to the general public is provided in SAMHSA's Developing a Stigma Reduction Initiative. (See <http://store.samhsa.gov/shin/content/SMA06-4176/SMA06-4176.pdf>.)
- ▶ Implement evidence-based mental health literacy programs such as Mental Health First-Aid USA in states and local communities. (See http://www.mentalhealthfirstaid.org/cs/program_overview/.)
- ▶ Offer technical assistance to local media regarding how they can reduce stigma by avoiding sensationalism about mental illness and ensure balance in broadcasting by encouraging stories about recovery, accomplishment, and contributions by people with mental illness.
- ▶ Support people with mental health problems by helping to develop community resources and by referring them to available community resources.
- ▶ Don't label people by their illness. Instead of saying, "she's bipolar," say, "she has bipolar disorder."
- ▶ Learn how to offer reassurance, companionship, emotional strength, and acceptance to a friend, family member, neighbor, or others with mental health problems.

Limitations

The findings in this report are subject to several limitations. First, because BRFSS surveys in 2007 and 2009 included only noninstitutionalized adults with landline telephones, persons in institutions and in households without telephones (which might include those with more serious mental illness) or with cell phones only are excluded, perhaps reducing the differences observed among groups. Second, because states commonly use only English- or Spanish-language surveys, persons who speak other primary languages are excluded. Findings from Puerto Rico did not closely match the distribution of responses in other states surveyed. This may be due to survey language or cultural factors that influence attitudes and response styles. The relatively small number of participants from Puerto Rico is unlikely to skew overall findings related to trends or media impact. Third, factors other than the sociodemographic characteristics studied here (e.g., cultural, social, environmental) also might account for a portion of differences in attitudes. Fourth, this study examined attitudes as indicators of stigma, but could not assess experienced stigma (e.g., exclusion) or its consequences (e.g., social isolation, lost employment) or differentiate between felt and experienced stigma in some groups (e.g., unemployed, people receiving treatment). Fifth, participants' responses to a public survey may be influenced by social-desirability biases or social comparison effects whereby respondents respond more favorably or believe they are more open-minded than the public (Green,



further examination regarding its interpretation and associations with other attitudes (The Scottish Government, 2009). Other state-level factors (e.g., average unemployment rate) were not statistically significant predictors of attitudes in this study, but future studies using additional data from other states and other attitudinal items might find associations between these variables and attitudes toward mental illness.

Acknowledgment

This report is based, in part, on data contributed by BRFSS state coordinators and state mental health services data infrastructure coordinators.

RESOURCES FOR STATES TO ADDRESS MENTAL ILLNESS STIGMA

Federal Resources

- ▶ The SAMHSA Resource Center to Promote Acceptance, Dignity and Social (ADS) Inclusion Associated with Mental Health: <http://www.stopstigma.samhsa.gov/>.
- ▶ Substance Abuse and Mental Health Services Administration. (2006). *Developing a Stigma Reduction Initiative*. SAMHSA Pub No. SMA-4176. Rockville, MD: Center for Mental Health Services, U.S. Department of Health and Human Services. From <http://store.samhsa.gov/shin/content/SMA06-4176/SMA06-4176.pdf> (accessed July 9, 2012).
- ▶ SAMHSA: What a Difference a Friend Makes: <http://www.whatadifference.samhsa.gov/>.
- ▶ The National Institute on Mental Health (NIMH): <http://www.nimh.nih.gov/index.shtml>.
- ▶ Office on Women's Health: <http://www.womenshealth.gov/mental-health/>.
- ▶ U.S. Department of Veterans Affairs: <http://www.mentalhealth.va.gov/>.
- ▶ CDC Mental Health Work Group: <http://www.cdc.gov/mentalhealth/>.

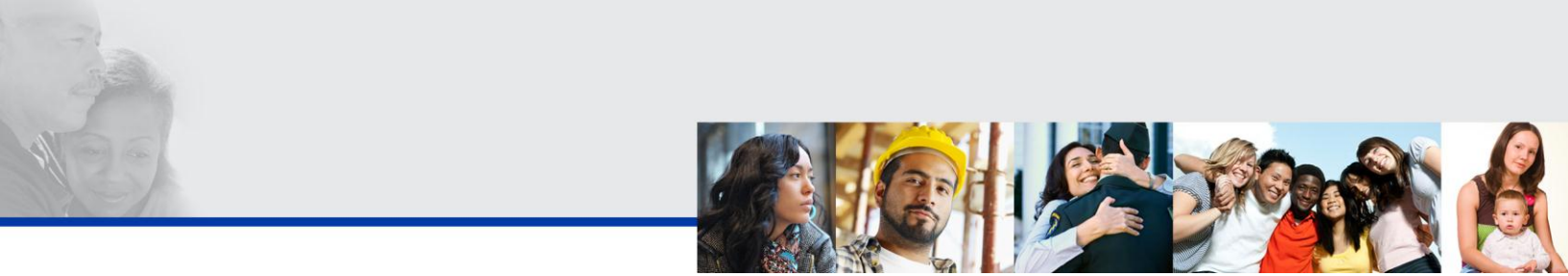
Nonfederal Resources

- ▶ Mental Health America: <http://www.mentalhealthamerica.net/>.
- ▶ The Rosalynn Carter Fellowships For Mental Health Journalism: http://www.cartercenter.org/health/mental_health/fellowships/index.html.



REFERENCES

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, New Jersey. Prentice Hall.
- Centers for Disease Control and Prevention. (2010). Attitudes toward Mental Illness—35 States, District of Columbia, and Puerto Rico, 2007. *Morbidity and Mortality Weekly Report*, May 28, 2010. 59(20); 619-625. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a3.htm>. (accessed July 9, 2012).
- Centers for Disease Control and Prevention. (2012). *Behavioral Risk Factor Surveillance System*. Atlanta, GA: Author. Available from <http://www.cdc.gov/BRFSS> (accessed July 9, 2012).
- Centers for Disease Control and Prevention. (2008). *2007 Behavioral Risk Factor Surveillance System summary data quality report*. Atlanta, GA: Author. Available from <ftp://ftp.cdc.gov/pub/data/brfss/2007SummaryDataQualityReport.pdf> (accessed July 9, 2012).
- Centers for Disease Control and Prevention. (2011). *2009 Behavioral Risk Factor Surveillance System Summary Data Quality Report*. Atlanta, GA: Author. Retrieved February 28, 2012 Available from ftp://ftp.cdc.gov/pub/data/brfss/2009_Summary_Data_Quality_Report.pdf (accessed July 9, 2012).
- Chapman, D.P., Perry, G.S., & Strine, T.W. (2005). The vital link between chronic disease and depressive disorders. *Preventing Chronic Disease*, 2(1). Available from http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm (accessed July 9, 2012).
- Colton, C.W., & Manderscheid, R.W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, 3(2). Available from http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm (accessed July 9, 2012).
- Corrigan, P.W. (2012). Where is the evidence supporting public service announcements to eliminate mental illness stigma? *Psychiatric Services*, 63(1), 79–82.
- Corrigan, P.W., Markowitz, F.E., & Watson, A.C. (2004). Structural levels of mental illness: Stigma and discrimination. *Schizophrenia Bulletin*, 20(3), 481–491.
- Croghan, T.W., Tomlin, M., Pescosolido, B.A., Schnittker, J., Martin, J.K., Lubell, K. et al. (2003). American attitudes toward and willingness to use psychiatric medications. *The Journal of Nervous and Mental Disease*, 191(3), 166–174.
- El-Gabalawy, R., Cox, B., Clara, I., & Mackenzie, C. (2010). Assessing the validity of social anxiety disorder subtypes using a nationally representative sample. *Journal of Anxiety Disorders*, 24(2), 244-249.
- Frosch, D.L., Grande, D., Tarn, D.M., & Kravitz, R.L. (2010). A decade of controversy: Balancing policy with evidence in the regulation of prescription drug advertising. *American Journal of Public Health*, 100(1), 24–32.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York: Simon & Schuster, Inc.
- Green, G. (1995). Attitudes toward people with HIV: Are they as stigmatizing as people with HIV perceive them to be? *Social Science & Medicine*, 41(4), 557–568.
- Greene-Shortridge, T.M., Britt, T.W., & Castro, C.A. (2007). The stigma of mental health problems in the military. *Military Medicine*, 172(2), 157–161.



Hennessy, K.D., Green-Hennessy, S., Marshall, C. (2012). Datapoints: Receipt of reported mental health specialty care in the 2010 HealthStyles Survey. *Psychiatric Services*, 63(4), 306.

Institute of Medicine (IOM). (2012). *Living well with chronic illness: A call for public health action*. Washington, DC: The National Academies Press.

Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166(4), 182–186.

Kadri, N. & Sartorius, N. (2005). The global fight against the stigma of schizophrenia. *PLoS Medicine*, 2(7), 597–599.

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Norman, S.T., Manderscheid, R.W., Walters, E.E., & Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184–189.

Kessler, R.C., Chiu, W.T., Demler, O., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 617–627.

Kobau, R., DiIorio, C., Chapman, D., & Delvecchio, P. (2010). Substance Abuse and Mental Health Services Administration/CDC Mental Illness Stigma Panel Members. Attitudes about mental illness and its treatment: validation of a generic scale for public health surveillance of mental illness associated stigma. *Community Mental Health Journal*, 46(2), 164–176.

Korn, E.L. & Graubard, B.I. (1999). Predictive margins for survey data. *Biometrics*, 55(2), 652–659.

Link, B.G. & Phelan, J.C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.

Link, B.G., Yang, L.H., Phelan, J.C., & Collins, P.Y. (2004). Measuring mental illness stigma. *Schizophrenia Bulletin*, 30(3), 512–541.

Link, B.G. & Phelan, J.C. (2006). Stigma and its public health implications. *The Lancet*, 367(9509), 528–529.

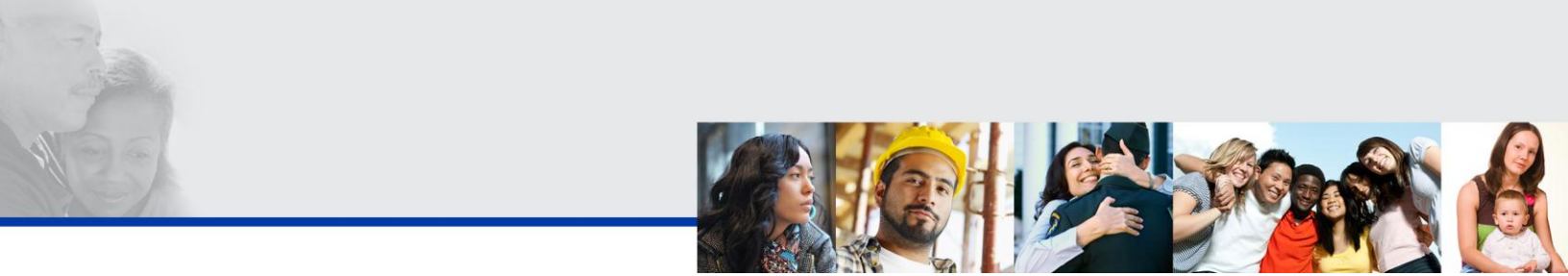
Muthén, L.K. & Muthén, B.O. (1998–2011). *Mplus User's Guide. Sixth Edition*. Los Angeles, CA: Authors.

Nadeem, E., Lange, J.M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S. born black and Latina women from seeking mental health care? *Psychiatric Services*, 58(12), 1547–1554.

Pescosolido, B.A., Martin, J.K., Long, J.S., Medina, T.R., Phelan, J.C., & Link, B.G. (2010). "A disease like any other?" A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *American Journal of Psychiatry*, 16(11), 1321–1330.

Pfeffermann, D. & Sverchkov, M. (2009). Inference under informative sampling. In *Sample Surveys: Inference and Analysis. Handbook of Statistics 29B* (D. Pfeffermann and C. R. Rao, eds.) 455–487. North-Holland: Amsterdam.

President's New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America*. Rockville, MD: Author. Available from <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf> (accessed July 9, 2012).



- Riedel-Heller, S.G., Matschinger, H., & Angermeyer, M.C. (2005). Mental disorders—who and what might help? Help-seeking and treatment preferences of the lay public. *Social Psychiatry and Psychiatric Epidemiology*, *40*(2), 167–174.
- Research Triangle Institute. (2008). *SUDAAN language manual, release 10.0*. Research Triangle Park, NC: Author.
- Rosenthal, M.B., Berndt, E.R., Frank, R.G., Donohue, J.M., & Epstein, A.M. (2002). Promotion of prescription drugs to consumers. *New England Journal of Medicine*, *346*(7), 498–505.
- The Scottish Government. (2009). *Well what do you think? The fourth National Scottish Survey of public attitudes to mental wellbeing and mental health problems*. Scotland, UK: Author.
- Sayce, L. (1998). Stigma, discrimination and social exclusion: What's in a word? *Journal of Mental Health*, *7*(4), 331–343.
- Sartorius, N. (2005). Stigma and discrimination because of schizophrenia: A summary of the WPA Global Programme Against Stigma and Discrimination because of Schizophrenia. *World Psychiatry*, *4*(S1), 11–15.
- Schnittker, J. (2003). Misgivings of medicine?: African-Americans' skepticism of psychiatric medication. *Journal of Health and Social Behavior*, *44*(4), 506–523.
- Sirey, J., Bruce, M.L., Alexopoulos, G.S., Perlick, D.A., Raue, P., Friedman, S.J., & Meyers, B.S. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *American Journal of Psychiatry*, *158*(3), 479–481.
- Sirey, J.A., Bruce, M.L., Alexopoulos, G.S., Perlick, D.A., Friedman, S.J., & Meyers, B.S. (2001). Stigma as a barrier to recovery: Perceived stigma and patient-rated severity of illness as predictors of antidepressant drug adherence. *Psychiatric Services*, *53*(9), 1179.
- Smith, D.M., Damschroder, L.J., Kim, S.Y., & Ubel, P.A. (2012). What's it worth? Public willingness to pay to avoid mental illnesses compared with general illnesses. *Psychiatric Services*, *63*(4), 319–324.
- Stuart, H. (2005). Why stigma matters and why it should be beaten. *World Psychiatry*, *4* (Supplement 1), 4–5.
- Substance Abuse and Mental Health Services Administration. (2006). *Developing a stigma reduction initiative*. SAMHSA Pub No. SMA-4176. Rockville, MD: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: Author.
- Wahl, O.F. (2003). News media portrayal of mental illness. *American Behavioral Scientist*, *46*, 1594–1600.
- Wang, P.S., Lane, M., Olfson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 629–640.
- Weiss, M.G., Ramakrishna, J., & Somma, D. (2006). Health-related stigma: Rethinking concepts and interventions. *Psychological Health Medicine*, *11*(3), 277–287.
- Zahran, H.S., Kobau, R., Moriarty, D.G., Zack, M.M., Giles, W.H., & Lando, J. (2004). Self-reported frequent mental distress among adults—United States, 1993–2001. *Morbidity and Mortality Weekly Report*, *54*(41), 963–966.