

America's Mental Health Survey 2001

Prepared for The National Mental Health Association

May 2001

Roper Number: CNT505

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Introduction and Methodology

The findings presented in this report are based on telephone interviews with 3,239 adults, 18 years of age and older. A total of 1,319 interviews were conducted in depth; 999 with symptoms of generalized anxiety disorder and/or clinical depression and 320 who did not (every 7th adult who was asymptomatic of either illness was interviewed in depth). Of those who reported having experienced the symptoms, 204 were doctor diagnosed as having either illness and 795 were not.

To be considered as being symptomatic clinically depressed adults, respondents must have experienced throughout the same two-week period at least 5 of 10 listed symptoms (refer to question 1b). To be considered as being symptomatic generalized anxiety adults, respondents must have experienced at least one of three symptoms for a period of 6 months (refer to questions 2a, 2b, and 2c).

The findings within each of the three populations segments are projectable to their respective universe with a margin of sampling error of ± 3 percentage points for the largest segment and ± 7 points for the smallest segment.

Interviewing was conducted during April 2001.

The study was conducted on behalf of The National Mental Health Association.

To help develop educational materials on mental health, the research sought to ascertain the following:

- The prevalence of clinical depression and generalized anxiety disorder among adults in the United States
- Among adults who have experienced symptoms, the proportion that has not been doctor diagnosed as having either illness
- The adult public's awareness of, and satisfaction with, available treatments and their expectations for treatment outcomes
- Adults' perspectives on their ability to recover from depression or generalized anxiety disorder
- Adults' perspectives on the role of primary care physicians in mental health

Executive Summary

Awareness of Mental Health Disorders

In general, there has been a decline in awareness of mental health disorders such as general anxiety disorder and clinical depression within the past 12 months.

- Currently 65% of the general public have heard of clinical depression compared to 73% in 2000 while 14% have heard of generalized anxiety disorder compared to 26% in 2000
- Among doctor diagnosed symptomatics, currently 98% have heard of clinical depression (comparable to 99% to 2000) while 24% have heard of GAD – a significant decrease from 44% in 2000.
- Among undiagnosed symptomatics, 59% have heard of clinical depression, compared to 68% in 2000 while 15% have heard of GAD, compared to 27% in 2000.

Certain demographic segments have higher levels of awareness of clinical depression than others.

- Middle-aged Americans, females, and those with some college education or more are more aware than their counterparts.

Prevalence of Mental Health Disorders Among Americans

Many Americans have experienced symptoms of mental health disorders such as clinical depression and generalized anxiety disorder although few who are symptomatic have been diagnosed with either illness.

- Although nearly a third (32%) of adult Americans experience symptoms related to mental health disorders, only 18% of the symptomatics have ever been doctor diagnosed as having either clinical depression or generalized anxiety disorder.

Doctor diagnosed symptomatics differ demographically from those symptomatics who remain undiagnosed.

- Younger Americans (ages 18-34), males, and less educated Americans are more likely to go undiagnosed.
- Middle-aged Americans (45-54), females, and those with some college education or more are more likely to have been doctor diagnosed.

Doctor diagnosed sufferers are more likely than those who go undiagnosed to say their symptoms interfere with their routine activities and to admit to taking more sick days for mental health reasons than they do for physical health reasons.

- Almost three-quarters (74%) of doctor diagnosed sufferers say their symptoms interfere with their routine activities compared to 44% of those undiagnosed.
- 17% of those doctor diagnosed admit to taking more sick days for mental health reasons than they do for physical health reasons compared to only 7% of undiagnosed.

Stigma is more of an issue for those who are doctor diagnosed than those who have gone undiagnosed. Those who are doctor diagnosed are much more apt than those who have not been diagnosed to feel embarrassed by their symptoms or to be afraid to talk to their friends about the problems they have been experiencing.

- 42% of doctor diagnosed symptomatics say they are embarrassed or ashamed by their symptoms compared to 17% of those who are undiagnosed.
- 16% of doctor diagnosed symptomatics say they are afraid to talk to their friends about the problems they have been experiencing, compared to 8% of those who are undiagnosed.

Undiagnosed symptomatics do not associate the symptoms that they are feeling with a mental disorder. They are inclined to consider what they are feeling to be self-manageable and would prefer to rely on family, friends, prayer, and various physical lifestyle changes instead of seeking professional treatment.

- 7% of undiagnosed symptomatics consider their symptoms to mean they have a mental disorder compared to 41% of doctor diagnosed symptomatics.
- 44% of undiagnosed symptomatics feel they can handle their symptoms on their own
- For those who choose to not seek professional treatment, the belief seems to be that the cure for their symptoms lies in prayer (41%), rest (38%), exercise (37%), sleep (31%), or emotional support (31%).

Expectations and Satisfaction Regarding Treatment and Recovery

Generally, expectations for recovery *without* treatment are limited. Those who have been doctor diagnosed are much more skeptical than undiagnosed symptomatics that recovery can be achieved without treatment – they tend to believe that without treatment, recovery is unlikely.

- 51% of symptomatic Americans believe that without treatment, there will be little or no improvement of a mental health illness.
- 62% of doctor diagnosed symptomatics expect little or no recovery without treatment compared to 46% of undiagnosed symptomatics.

More optimism is expressed when evaluating expectations for recovery when treatment *is* administered – though it is important to note that significant numbers of symptomatic Americans, including doctor diagnosed, do not have high expectations for recovery.

- 47% of symptomatic Americans believe that with treatment, they will experience an absence of symptoms.
- 55% of doctor diagnosed symptomatics expect relief of symptoms with treatment compared to 45% of undiagnosed symptomatics

Interestingly, when comparing expectations for recovery from mental illnesses to those for physical illnesses, those who are doctor diagnosed with mental illnesses express much more optimism for recovery of their diseases when treated by a doctor than they expect for recovery of physical conditions such as asthma or arthritis.

- 39% of doctor diagnosed symptomatics expect absence of symptoms for chronic physical ailments when treated compared to 55% who expect absence of symptoms for mental health ailments when treated.
- Undiagnosed symptomatics express roughly the same expectations for mental and physical ailments with treatment (45% say will be an absence of mental health ailments compared to 42% for physical health ailments).

Symptomatics are of split opinion when it comes to expectations regarding the length of time one would need to undergo treatment for clinical depression or generalized anxiety disorder.

- Almost half (47%) are aware that sufferers would have to be treated for the duration of their lives compared to 46% who say they will not. 14% say they do not know.

Among doctor diagnosed symptomatics there is a lack of knowledge of the terms associated with the treatment and treatment expectations for mental health disorders.

- 44% believe the terms relapse and recurrence to have different meanings while 30% say they mean the same thing. A quarter (26%) say they do not know if there is a difference between these terms.
- Roughly six in 10 have not heard of either term - response or remission - being associated with mental illness treatment.
- 74% of those who have been doctor diagnosed say their doctors have not explained the difference to them between response and remission.
- While 82% correctly identify the term response with some degree of symptom relief, only 40% are clear that remission means the patient is symptom-free and functioning normally.

Doctor diagnosed symptomatics do not give their current treatments highly favorable evaluations. Although the majority rate each area of evaluation of “A” or “B” standards, there are significant sufferers of generalized anxiety disorder and clinical depression who rate the different aspects of their treatment with a “C” or below.

- 55% gave their treatment for clinical depression and 50% gave their treatment for GAD an ‘A’ or ‘B’ for its effectiveness in

eliminating persistent anxiety that lasted for six months or more.

- 64% gave their treatment for clinical depression and 57% gave their treatment for GAD an 'A' or 'B' for its effectiveness in eliminating depression or suicidal thoughts.
- 59% gave their treatment for clinical depression and 52% gave their treatment for GAD an 'A' or 'B' for its effectiveness in enabling them to be functional and carry out their daily responsibilities.
- 48% gave their treatment for clinical depression and 43% gave their treatment for GAD an 'A' or 'B' for its effectiveness in eliminating all symptoms and allowing them to return to the activities participated in and enjoyed prior to onset of the illness.

Sufferers of clinical depression realize faster results from their treatment than those having generalized anxiety disorder.

- 37% of clinically depressed experienced improvement of their illness within a few weeks after treatment compared to 25% of GAD sufferers.
- 48% of those with GAD either waited over two months to feel results or have yet to realize improvement compared to 30% of those who are clinically depressed.

Over half of doctor diagnosed symptomatics are not where they want to be on the road to recovery.

- 51% say they are not where they want to be as to their remission.

Diagnosed sufferers rely on other sources to help maintain their progression to recovery.

- Over four in ten rely on family and friends (41%) and prayer (43%).
- Other techniques include exercising (42%), resting (39%), and getting good sleep (28%).

Treatment of Mental Health Disorders

Both undiagnosed and doctor diagnosed symptomatics profess a willingness to be treated for their symptoms. At this time, none of those who are undiagnosed and under half of those who are diagnosed are currently undergoing treatment.

- 84% of doctor diagnosed and 72% of undiagnosed say they would go to a doctor for treatment if they were experiencing specific symptoms of mental health disorders.
- 79% of undiagnosed and 85% of doctor diagnosed say they would be comfortable participating in counseling or psychotherapy if it relieved all of their symptoms.
- 47% of diagnosed symptomatics are currently undergoing treatment –for initial relief of symptoms (45%) or to prevent a relapse (47%).

If facing a mental health issue, adults, whether symptomatic or not, are just as likely to turn to a friend/family for help as a doctor.

- 33% of Americans would first turn to a primary care physician and 32% would turn to friends or family for help with mental health issues.

Those who are doctor diagnosed are more inclined to turn to physicians while their undiagnosed counterparts are most apt to turn to family and friends.

- 40% of doctor diagnosed symptomatics would first turn to a PCP while 16% would go to family and friends.
- 28% of undiagnosed symptomatics would first turn to a PCP while 36% would go to family and friends.

Mental health professionals are considered the best source for improving clinical depression or GAD, however, primary care/family physicians are more likely to be the first one to diagnose a mental health disorder.

- 46% of those who are doctor diagnosed say that psychiatrists would be the best type of medical professional to provide them with relief from their disorders followed by 32% who say psychologists. 29% say primary care physicians would be the

best type of medical professional to help improve their disorders.

- 48% say primary care/family physicians were the first to diagnose their mental health disorder, however, two in five were first diagnosed by a mental health professional such as a psychiatrist (25%), psychologist (12%), or therapist (1%).

The majority credit managed care for its help in access to referrals, treatment, and medication, though not all have a managed care program.

- 49% of doctor diagnosed and 36% of undiagnosed are currently in a managed healthcare program.
- 28% of those who are undiagnosed say they will not go to a doctor because of limited or no insurance coverage.
- 70% of symptomatics say managed care would help in access to a referral, 64% say they would help in access to continued treatment, and 58% say they would help in access to medication of choice.
- 29% of undiagnosed symptomatics would be reluctant to accept a referral from their PCP to a mental health professional compared to 14% of doctor diagnosed.

The majority of undiagnosed symptomatics are comfortable taking medication for relief of symptoms and staying on it for long-term prevention of recurrence.

- 74% of undiagnosed symptomatics express comfort with the notion of taking medication for relief of all symptoms compared 89% of doctor diagnosed.
- 69% of undiagnosed symptomatics express comfort with staying on medication to prevent recurrence compared to 86% of doctor diagnosed.

The majority of the symptomatic population believe mental health medication to be as effective as antibiotics.

- 52% of undiagnosed symptomatics and 67% of those who are doctor diagnosed believe mental health drugs are equally as effective as physical health drugs.

Over eight in 10 doctor diagnosed symptomatics have taken medication for their illnesses at some point in their lives. Most have been on medication long term.

- 85% of those diagnosed with GAD and 83% of those diagnosed with clinical depression have taken medication for treatment of their illness.
- 54% have taken medication for over two years while one in ten have been on medication for over 10 years.

Most patients have had an easy time finding the correct dosage for their medication, however, roughly three-quarters have had to change the type of medication at least once. In the later case, patients report responsive doctors who change the medication upon request.

- 58% say they had an easy time finding the right dosage of medication while 37% had difficulty.
- 75% had to find an entirely new medication with 50% trying two or more different types.
- 54% asked to be switched to a different medication due to side effects (50%) and ineffectiveness (28%).
- 92% of doctors responded to these patients' requests and changed their medication.

I. Population Parameters

Profile Of Americans Suffering From Mental Health Disorders

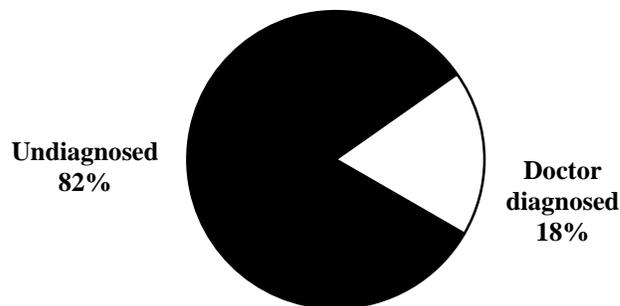
Although nearly a third (32%) of adult Americans experience symptoms related to mental health disorders, only 18% of them (or 6% of all adults) have been doctor diagnosed as having either generalized anxiety disorder (GAD) or clinical depression (CD).

Profile Of Americans Suffering From Mental Health Disorders

Base: all adult Americans

<u>Asymptomatic</u>	<u>68%</u>
<u>Symptomatic</u>	<u>32%</u>
Undiagnosed	27%
Doctor diagnosed	6%

Base: 32% of population who are symptomatic



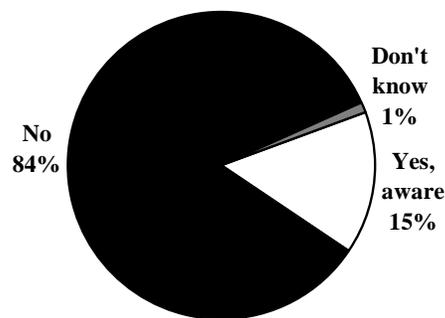
Public Awareness Of Mental Health Disorders

Four in ten adults who are symptomatic, but undiagnosed, have *never* heard of clinical depression while 84% have not heard of generalized anxiety disorder.

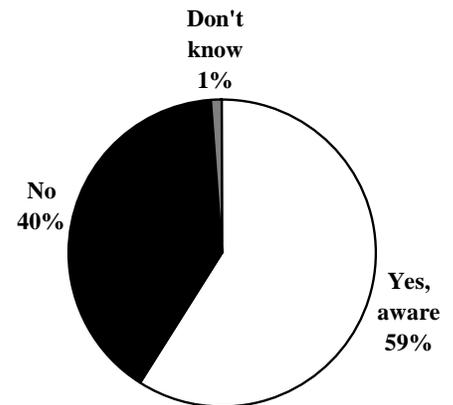
Public Awareness Of Mental Health Disorders

Base: symptomatic, but undiagnosed

Aware of GAD



Aware of CD



Q8. Significant numbers of the adult U.S. population experience what is called GAD, which is excessive anxiety and worry occurring more days than not, over a period of at least 6 months or more. Have you ever heard of this condition, or not?

Q9. Significant numbers of the adult U.S. population experience what is called clinical depression, with symptoms that include sadness, withdrawal and changes in eating or sleeping habits that last more than a few weeks, or that are severe enough to interfere with a person's daily routine. Have you ever heard of this condition, or not?

Awareness of Mental Health Disorders By Demographic Factors

Certain segments of the population have higher levels of awareness than others when it comes to mental health disorders – particularly clinical depression. Middle-aged Americans (35-54), women and those with some college education or more express more awareness of clinical depression than their counterparts. Awareness of clinical depression is particularly low among African-Americans, the oldest segment of the population, and the less educated. There is less discrepancy among segments when it comes to awareness of generalized anxiety disorder, which is low among all segments.

Awareness By Demographic Factors

Base: Aware of Clinical Depression and/or GAD

	<u>Clinical Depression</u>	<u>GAD</u>
	%	%
<u>Age</u>		
18-34	65	13
35-44	74	17
45-54	71	13
55-64	57	20
65+	52	12
<u>Sex</u>		
Male	60	16
Female	69	13
<u>Education</u>		
HS grad or less	57	10
Some college	73	21
College grad or more	74	19
<u>Race</u>		
White	67	15
African American	53	15
Hispanic	61	8
Other	74	18
Asian	44	8

Demographics Of Sufferers

When comparing symptomatic Americans who go undiagnosed to those who have been doctor diagnosed, demographic patterns emerge. Interestingly, younger Americans (ages 18-34), males, and less educated Americans are more likely to go undiagnosed. On the other hand, middle-aged Americans (ages 45-54), females, and those with some college education are more likely to have been doctor diagnosed.

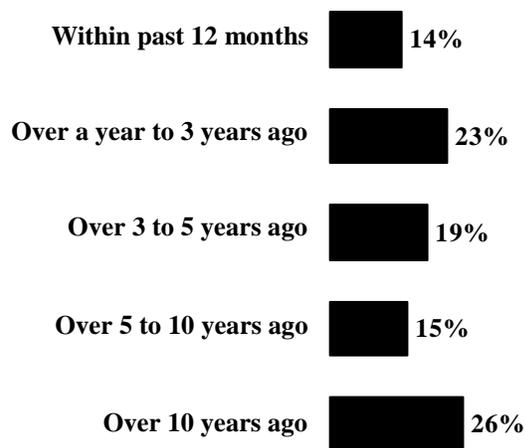
Demographic Profile Of Those Suffering Mental Health Disorders		
	<u>Undiagnosed</u>	<u>Doctor diagnosed</u>
	%	%
<u>Age</u>		
18-34	36	26
35-44	19	21
45-54	19	32
55-64	11	12
65+	14	9
<u>Sex</u>		
Male	49	30
Female	51	70
<u>Education</u>		
HS grad or less	62	47
Some college	22	31
College grad or more	14	23
<u>Race</u>		
White	64	89
African American	16	5
Hispanic	9	2
Other	7	3
Asian	3	*

Length Of Time Since First Diagnosis

Those who have been doctor diagnosed as having a mental health disorder have been dealing with their illnesses over a long term. Nearly a quarter (23%) were first diagnosed in the past one to three years. Six in ten were diagnosed over 3 years ago including 26% who were diagnosed over a decade ago.

Length Of Time Since First Diagnosis

Base: Doctor diagnosed with GAD/CD



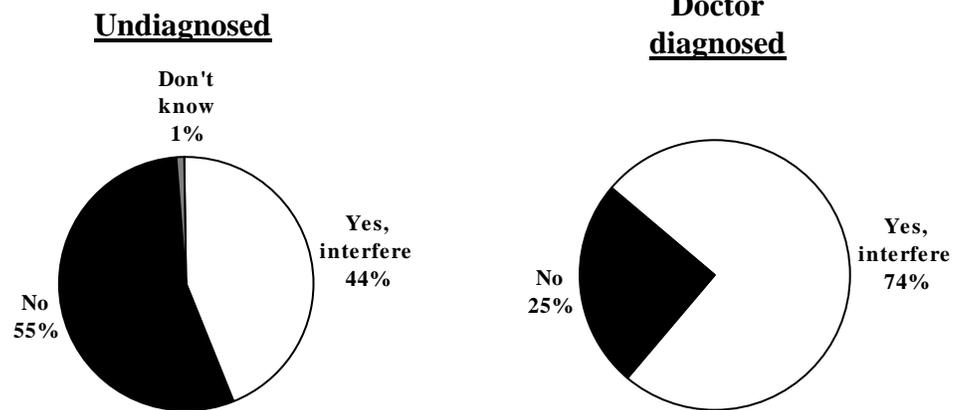
Q15b. When were you first diagnosed as having GAD/CD?

Impact of Symptoms On Daily Lives

Almost three-quarters of doctor diagnosed sufferers (74%) say their symptoms interfere with their routine activities compared to 44% of those undiagnosed. In addition, 17% of those doctor diagnosed admit to taking more sick days for mental health reasons than they do for physical health reasons compared to only 7% of undiagnosed.

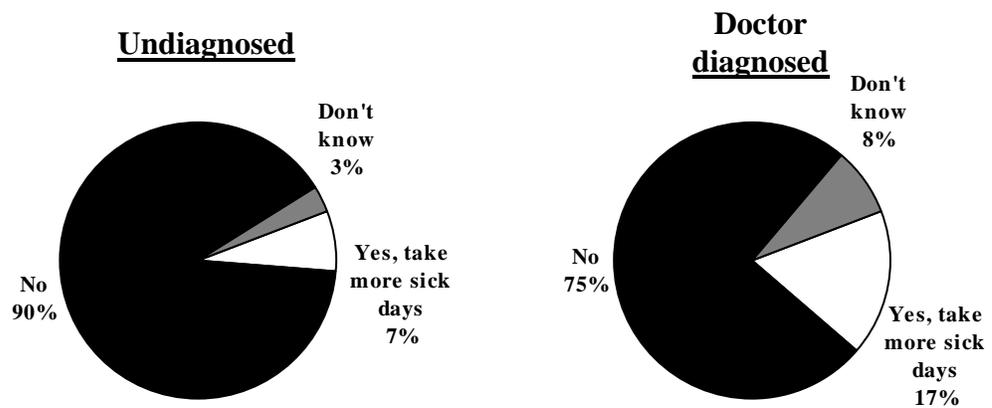
Interference With Routine Activities

Base: Experienced symptoms



Q5a. Do the symptoms you mentioned as having interfere with your normal daily routine or the things you do for enjoyment?

Interference With Work



Q7. Do you take more sick days for mental/emotional reasons than you do for physical reasons, or not?

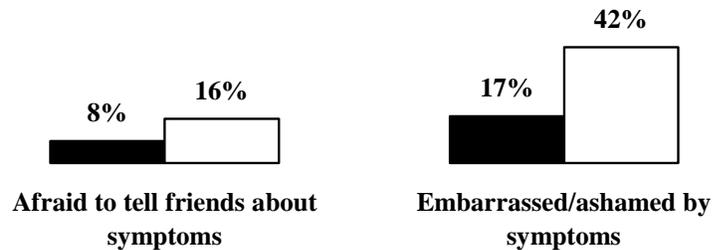
Perception Of Stigma Attached To Symptoms

Stigma is more an issue for those who are doctor diagnosed than those who have gone undiagnosed.

Those who are doctor diagnosed are much more apt than those who have not been diagnosed to feel embarrassed by their symptoms (42% vs. 17%) or to be afraid to talk to their friends about the problems they have been experiencing (16% vs. 8%).

Stigma Not An Issue For Undiagnosed

■ Undiagnosed □ Doctor diagnosed



Q3. Would you be afraid to tell friends about such symptoms?

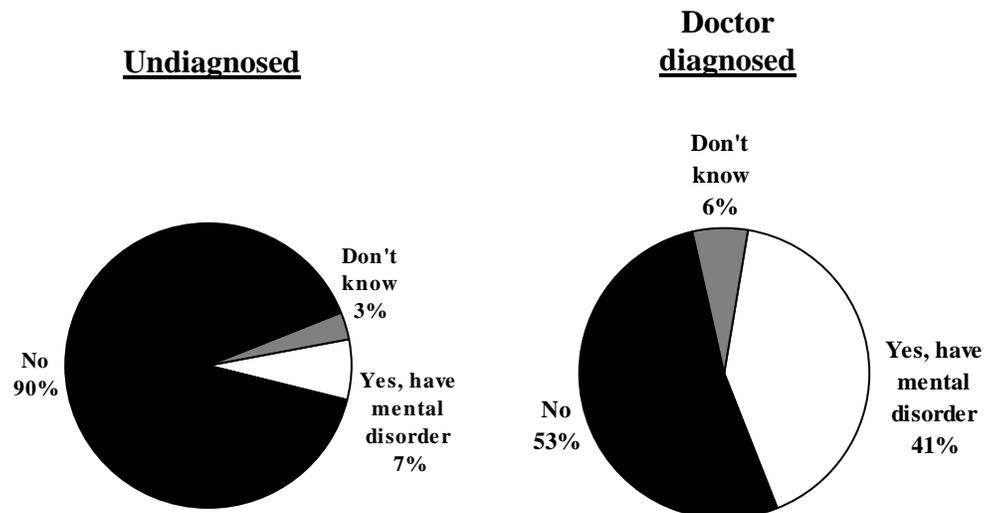
Q5b. Do the symptoms you feel cause you to feel ashamed or embarrassed at any time?

Symptoms Not Perceived To Be Linked To Mental Disorder

Americans who are symptomatic but go undiagnosed do not associate their symptoms with a mental disorder. Even over half of those doctor diagnosed do not make the connection.

Undiagnosed Don't Recognize Symptoms As Real Issue

Base: Experienced symptoms



Q5c. Do you believe that these symptoms mean that you have a mental disorder?

Perception That Symptoms Can Be Managed On Own

The undiagnosed symptomatics are not seeking care primarily because they feel they can handle their symptoms on their own (44%). They also claim they are too busy to go to a doctor (18%), or they don't know of a doctor to go to (11%).

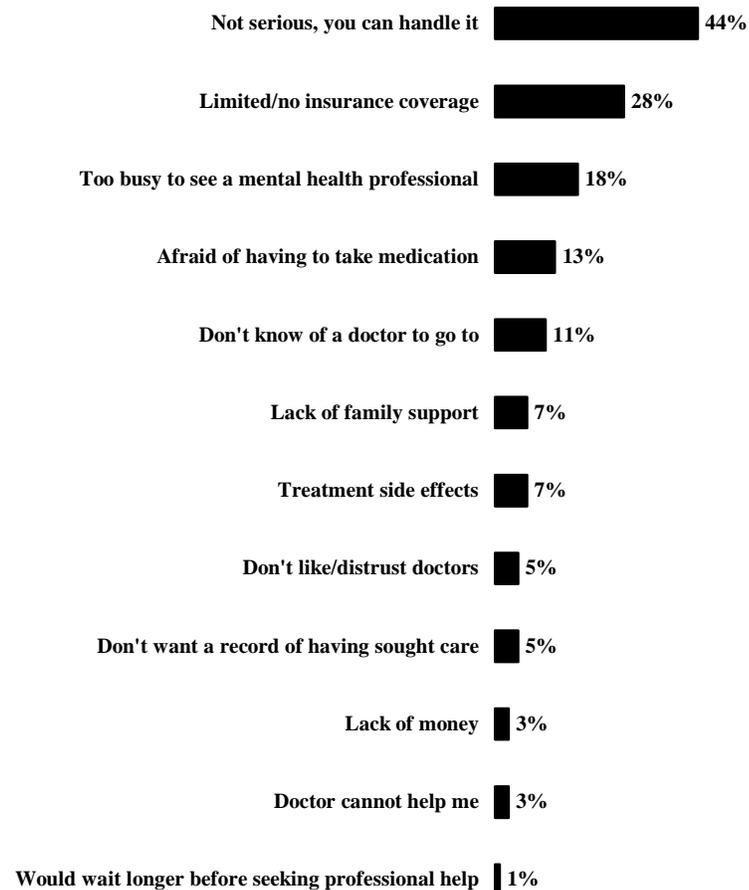
However, nearly three in 10 (28%) will not see a doctor regarding their symptoms because of insurance related reasons.

Alternatives To Professional Treatment

For those who choose to not seek professional treatment, the cures used for their symptoms include prayer (41%), rest (38%), exercise (37%), sleep (31%), or emotional support (31%).

Perception That Symptoms Can Be Managed On Own

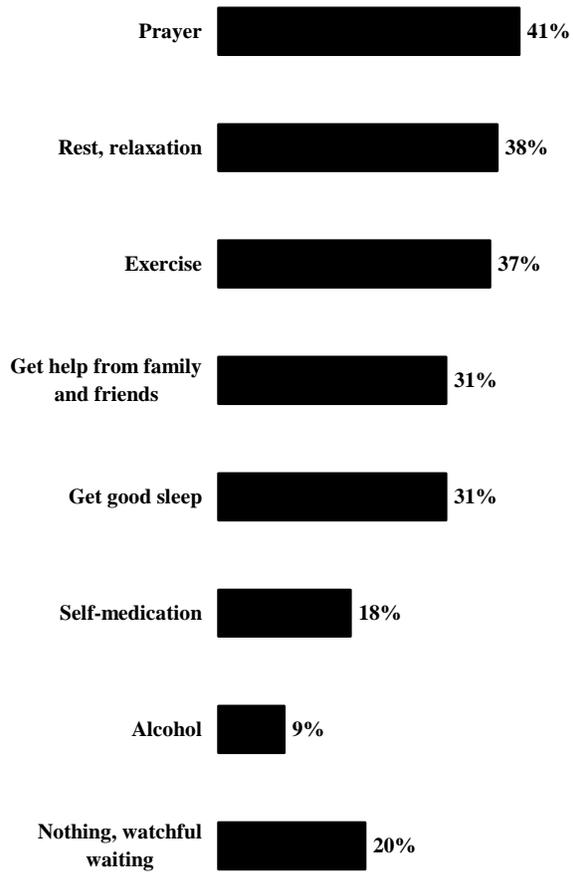
Base: Symptomatic, but undiagnosed and would not go to a doctor for treatment



Q2e. Which of the following reasons, if any, explain why you would not go to a doctor?

Alternatives To Professional Treatment

Base: Symptomatic, but undiagnosed and would not go to a doctor for treatment



Q2f. By not seeking professional treatment, what would you do to help yourself?

II. Expectations And Satisfaction

Expectations For Recovery

Generally, expectations for recovery *without* treatment are limited. Those who have been doctor diagnosed are much more skeptical than undiagnosed symptomatics that recovery can be achieved without treatment largely because those who are undiagnosed are more likely to say they don't know what to expect from treatment. Doctor diagnosed symptomatics tend to believe that without treatment, recovery is unlikely.

When gauging expectations for recovery *with* treatment, there is more optimism for recovery with over half of doctor diagnosed (55%) and almost half of undiagnosed (45%) anticipating relief of all symptoms. However, one-third of symptomatics do not expect to be rid of all of their symptoms.

When comparing expectations for recovery from mental illnesses to those for physical illnesses, those who are doctor diagnosed with mental illnesses express much more optimism for recovery of their diseases when treated by a doctor than they expect for recovery of physical conditions such as asthma or arthritis. Again, those who are undiagnosed are not as convinced and express similar expectations for recovery from physical conditions as they do for mental conditions.

Limited Expectations For Recovery Without Treatment

Base: Aware of GAD and/or CD

	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u>	<u>Symptomatic</u>	<u>Undiagnosed</u>	<u>Doctor diagnosed</u>
	%	%	%	%
No improvement at all	18	26	24	31
Improvement, but not an absence of all symptoms	19	25	22	31
Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill	8	9	9	9
Absence of all symptoms and able to return to all activities enjoyed prior to becoming ill	23	17	17	17
Don't know	32	23	27	12

Q13a. Which one of the following can be expected without treatment for mental illness such as clinical depression or generalized anxiety disorder?

Higher Expectations For Recovery With Treatment

Base: Aware of GAD and/or CD

	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u> %	<u>Symptomatic</u> %	<u>Undiagnosed</u> %	Doctor <u>diagnosed</u> %
No improvement at all	5	4	5	3
Improvement, but not an absence of all symptoms	16	29	28	31
Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill	14	14	14	16
Absence of all symptoms and able to return to all activities enjoyed prior to becoming ill	41	33	31	39
Don't know	24	19	22	11

Q13b. Which one of the following can be expected with treatment for mental illness such as clinical depression or generalized anxiety disorder?

Doctor Diagnosed Expect Less From Treatment For Physical Conditions

Base: Aware of GAD and/or CD

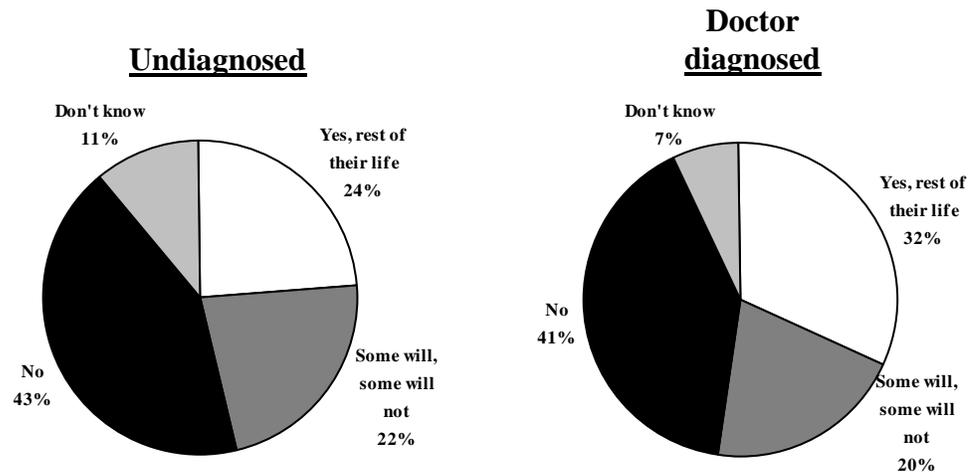
	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u> %	<u>Symptomatic</u> %	<u>Undiagnosed</u> %	<u>Doctor diagnosed</u> %
No improvement at all	5	4	4	5
Improvement, but not an absence of all symptoms	27	37	35	42
Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill	20	15	15	16
Absence of all symptoms and able to return to all activities enjoyed prior to becoming ill	30	26	27	23
Don't know	18	18	20	14

Q14d. Which one of the following can be expected with treatment for continual physical illnesses such as asthma, anemia, or arthritis?

Treatment For Life?

When it comes to expectations regarding the required length of treatment, symptomatics are of split opinion. Almost half are aware that someone having these illnesses will have to be treated for the duration of their lives. Opinion does not vary by doctor diagnosed symptomatics and undiagnosed symptomatics.

Split Opinion Regarding Duration Of Treatment



Q13c. To the best of your knowledge, will someone having clinical depression or generalized anxiety disorder require treatment for the rest of their life, or not?

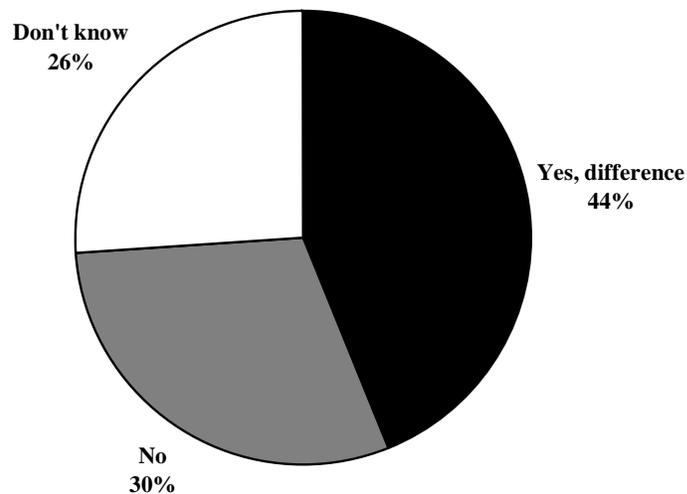
Understanding The Terminology

Understanding Relapse Vs. Recurrence

The majority of those diagnosed with either generalized anxiety disorder or clinical depression do not comprehend the difference between relapse and recurrence. Only 44% believe these terms have different meanings.

No Consensus In Understanding Relapse And Remission

Base: Diagnosed with GAD and/or CD



Q16b. To the best of your knowledge, is there a difference with these mental illnesses between a relapse and a recurrence, or not?

Understanding Response Vs. Remission

Awareness of both terms - response and remission – being associated with mental illness treatment is low among key population segments – whether symptomatic or not, doctor diagnosed or not. Seventy-four percent say their doctors did not explain the difference between the terms.

Neither General Public Nor Symptomatic Have Heard Of Terms

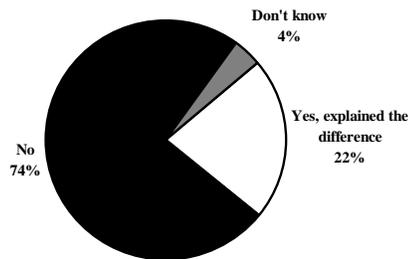
Base: Aware of GAD and/or CD

	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u>	<u>Symptomatic</u>	<u>Undiagnosed</u>	<u>Doctor diagnosed</u>
	%	%	%	%
Yes, heard of response only	6	6	6	7
Yes, heard of remission only	4	5	5	3
Yes, heard of both	22	27	25	31
Have heard of neither	61	60	60	58

Q12a. Have you heard of the terms 'response' and 'remission' being associated with mental illness treatment?

Doctors Aren't Explaining The Terms

Base: Diagnosed with GAD and/or CD



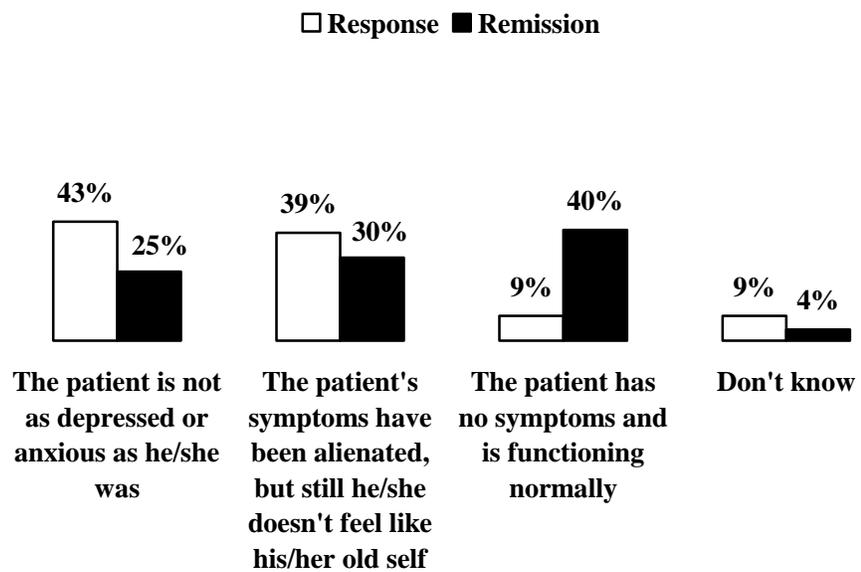
Q18b. When your doctor discussed treatment results, did they ever explain to you the difference between response from the treatment, versus remission, or not?

Understanding Response Vs. Remission

The term response is better understood than the term remission. Over eight in 10 (82%) correctly identify response with some degree of symptom-relief whereas it appears that many confuse the meaning of remission with the meaning of response. Only 40% are clear that remission means the patient is symptom-free and functioning normally.

Remission Is Least Understood

Base: Aware of GAD and/or CD; aware of term 'response,' aware of term 'remission'



Q12b. What does the term 'response' mean to you? Does it mean that...

Q12c. What does the term 'remission' mean to you? Does it mean that...

Satisfaction With Road To Recovery

Grading Treatment

Doctor diagnosed symptomatics do not give their current treatments high evaluations. Although the majority rate each area of evaluation of "A" or "B" standards, there are significant sufferers of generalized anxiety disorder and clinical depression who rate the different aspects of their treatment with a "C" or below.

Mixed Evaluations Of Treatment

Base: Diagnosed with GAD and/or CD

% grading each with an "A" or "B"

	<u>GAD*</u> %	<u>CD</u> %
Eliminating persistent anxiety that lasted for six months or more	50	55
Eliminating depression or suicidal thoughts	57	64
Enabling you to be functional, that is, to be able to carry out your daily responsibilities	52	59
Eliminating all symptoms of depression/generalized anxiety disorder thus enabling you to return to the activities you participated in and enjoyed before the onset of your illness	43	48

Q20. How would you grade the effect of your treatment for GAD/CD on _____? Would you give your treatment a letter grade of A, B, C, D, or F?

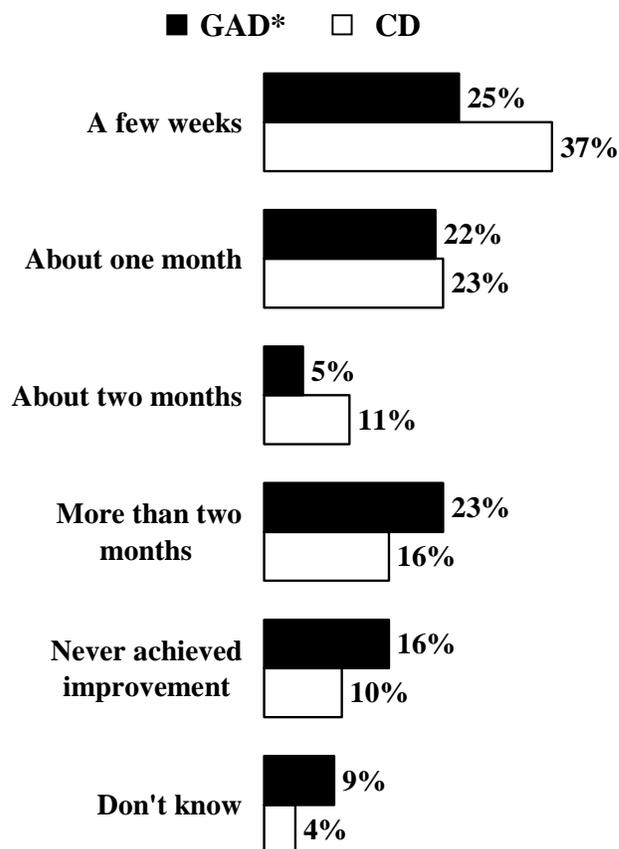
*small base size-the margin of sampling error at the 50% confidence level is ± 15 percentage points

Improvement

Sufferers of clinical depression realized faster results of their treatment than did those suffering generalized anxiety disorder. Just over a third (37%) of the clinically depressed experienced improvement of their illness within a few weeks after treatment commenced compared to only a quarter of generalized anxiety sufferers. In contrast, nearly half (48%) of those with generalized anxiety disorder either waited over two months to feel results or have yet to realize improvement (compared to 30% of clinically depressed).

Faster Results Realized In Treatment For Clinical Depression

Base: Diagnosed with GAD and/or CD



Q21a. How long did it take after treatment started that you first noticed improvement of your GAD/CD?

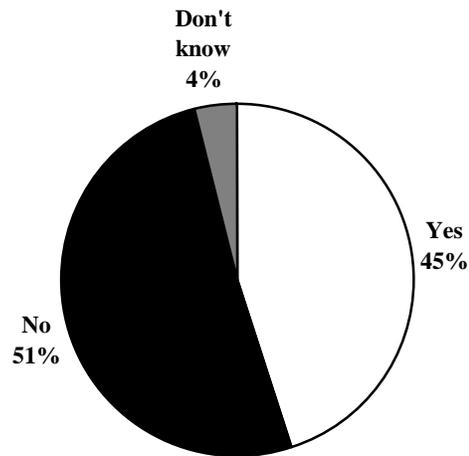
*small base size-the margin of sampling error at the 50% confidence level is ±15 percentage points

On Road To Recovery?

Over half of doctor diagnosed symptomatics are not where they want to be on the road to recovery.

Over Half Not Where They Want To Be On Road To Recovery

Base: Diagnosed with GAD and/or CD



Q21b. Are you where you want to be as to your remission, or not?

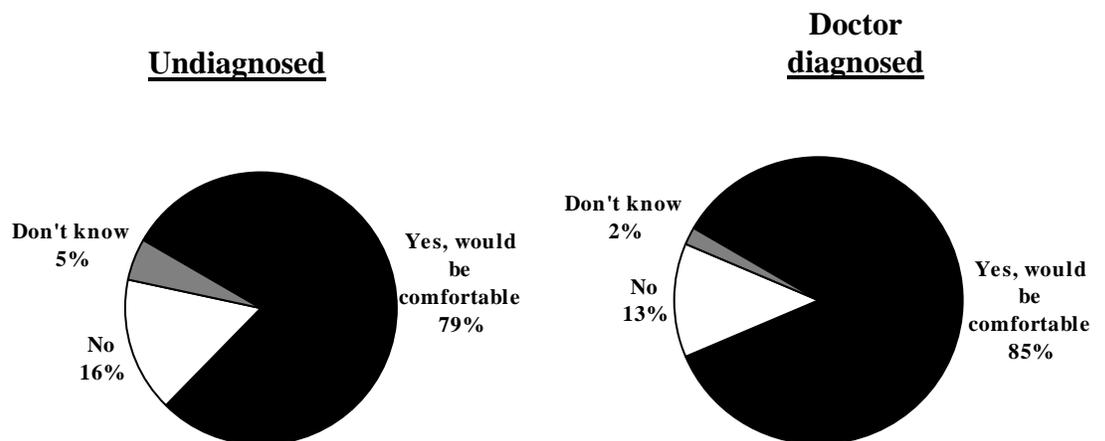
III. Seeking Treatment

Comfort With Seeking Therapy

Both undiagnosed (79%) and doctor diagnosed (85%) symptomatics profess a willingness to participate in talk therapy if it relieved all of their symptoms and enabled them to fully return to all the activities enjoyed prior to becoming ill.

Majority Claim To Be Comfortable Seeking Treatment

Base: Aware of GAD and/or CD



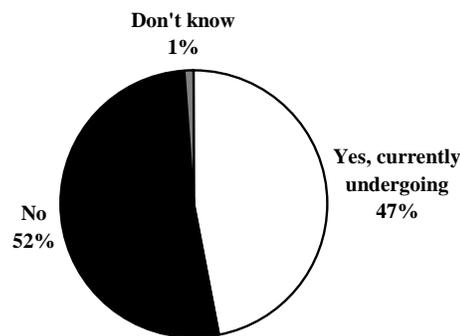
Q14b. Would you be comfortable participating in counseling or psychotherapy if it relieved all of your symptoms and enable you to fully return to all activities enjoyed prior to becoming ill, or not?

Current Treatment

Only about half (47%) of those who have been doctor diagnosed are currently being treated for these chronic illnesses. Those who are currently getting professional help cite a variety of purposes for their treatment. First and foremost they are seeking initial relief of symptoms (45%). The other half (47%) are getting treatment which will prevent a relapse or recurrence of symptoms.

Only Half Currently Being Treated

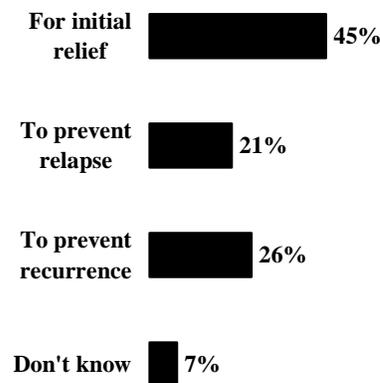
Base: Diagnosed with GAD and/or CD



Q16a. Are you currently undergoing treatment for GAD/clinical depression or not?

Purpose Of Current Treatment

Base: Diagnosed and currently undergoing treatment for GAD and/or CD



Q16c. What is the purpose of your current treatment? Is it...

Types Of Treatment

The most popular type of treatment for generalized anxiety disorder and clinical depression involves a combination of talk therapy and medication, which has been utilized by roughly half of both those diagnosed with generalized anxiety disorder (46%) and clinical depression (49%).

Medication alone is also a widely used treatment. While the plurality (38%) of those diagnosed with clinical depression have taken one medication, nearly one in five (17%) have taken two. Those with generalized anxiety disorder are more likely than those with clinical depression to have taken two medications (33% vs. 17%).

Most On At Least One Medication

Base: Diagnosed with GAD/CD

	<u>GAD*</u> %	<u>CD</u> %
Combination of talk therapy and medication	46	49
One prescription medication	39	38
Two prescription medications	33	17
Psychotherapy, talk therapy	23	31
Alternative medicine	8	9
Three prescription medications	3	1
Other	3	3
None	5	3

Q18a. What types of treatments(s) have you ever undergone for GAD/CD?

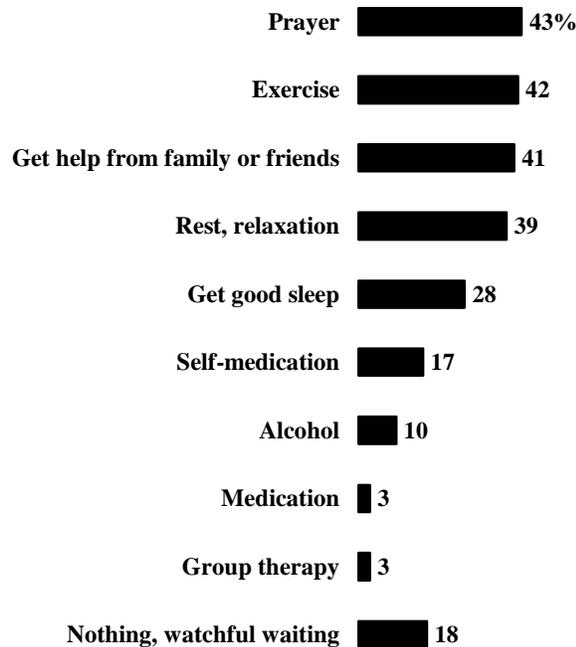
*small base size-the margin of sampling error at the 50% confidence level is ± 15 percentage points

Maintaining Progress

In addition to getting a doctor's help, doctor diagnosed symptomatics also seek other sources of symptom-relief and help in maintaining their progression to recovery. Over four in ten rely on family and friends (41%) and prayer (43%). Other techniques include exercising (42%), resting (39%), and getting good sleep (28%).

Emotional Support & Physical Health Important To Maintaining Progress

Base: Diagnosed with GAD and/or CD



Q18c. What other things, if any, are you doing to help maintain the progress you have made?

IV. Medication

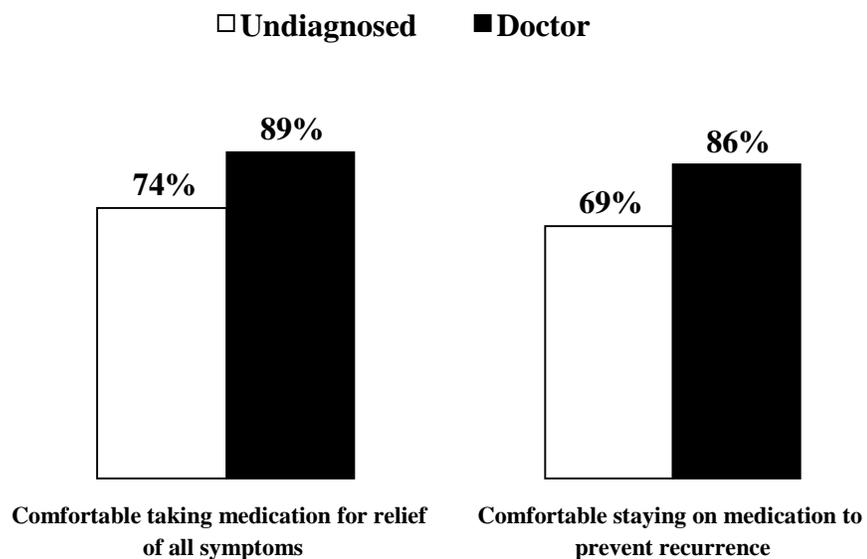
Comfort With Taking Medication And Staying On It

The majority of diagnosed and undiagnosed symptomatics would be comfortable taking medication if it relieved all symptoms and they could fully return to all activities enjoyed prior to becoming ill. They would also be comfortable staying on it to prevent curtailment of such activities.

Compared to diagnosed symptomatics, undiagnosed symptomatics would be less comfortable taking medication for either purpose.

Professed Comfort With Taking Medication

Base: Aware of GAD and/or CD



Q14a. Would you be comfortable taking a medication if it relieved all your symptoms and enabled you to fully return to all activities enjoyed prior to becoming ill, or not?

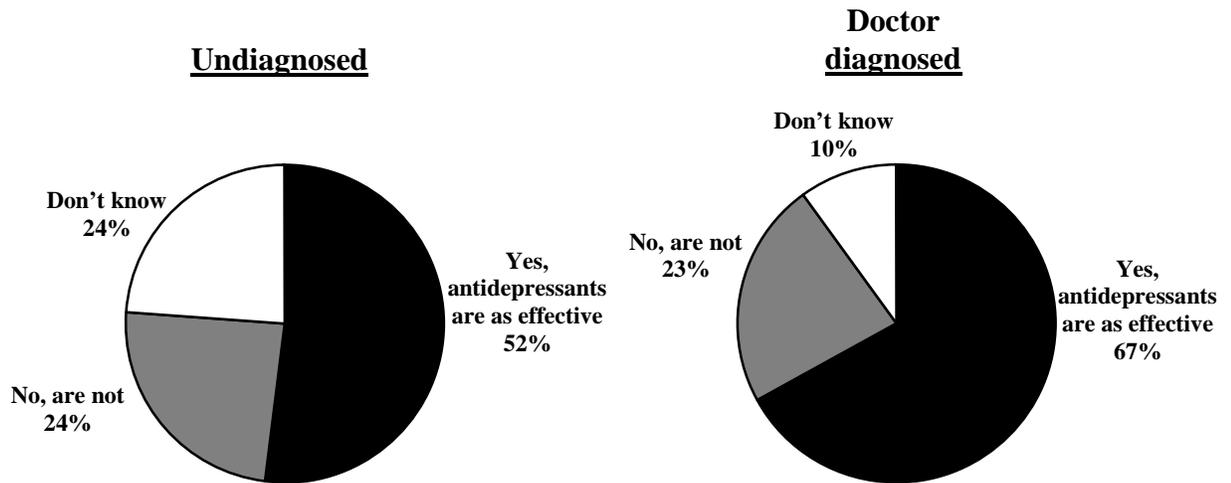
Q14c. If all your symptoms were relieved and you were able to fully return to all the activities enjoyed prior to becoming ill, would you be comfortable staying on medication to prevent recurrence of symptoms and curtailment of the activities you enjoy?

Effectiveness Of Antidepressants

Significant proportions of the symptomatic population express doubts as to the effectiveness of mental health medication when comparing it to physical health medication. Undiagnosed symptomatics are less likely than those who are doctor diagnosed to believe that mental health drugs are equally effective as physical health drugs (52% vs. 67%).

Antidepressants As Effective As Antibiotics?

Base: Aware of GAD and/or CD



Q11. Do you believe that antidepressants are as effective in the treatment of mental illness as antibiotics or other medications are in the treatment of physical illnesses?

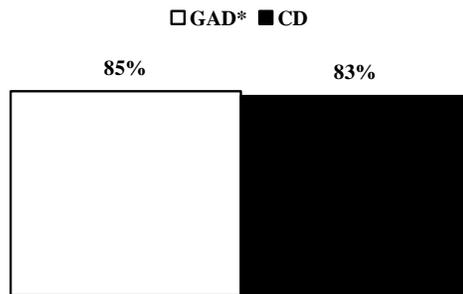
Use Of Medication

Over eight in 10 doctor diagnosed symptomatics have taken medication for their illness at some point in their lives. Most have been on medication long-term with over half (54%) taking it for over two years, including nearly one in ten who have been on medication for over 10 years.

Majority Of Doctor Diagnosed Symptomatics Have Been On Medication

Base: Diagnosed with GAD and/or CD

Ever taken medication

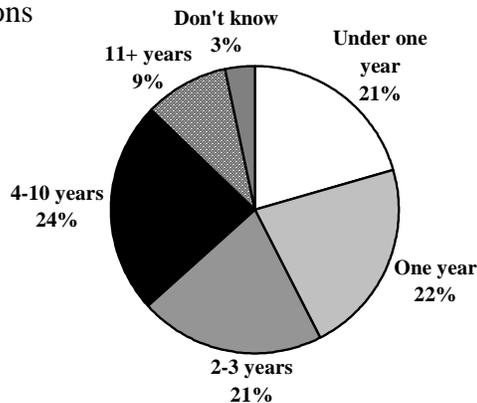


Q18a. What types of treatment(s) have you ever undergone for GAD/CD?

*small base size-the margin of sampling error at the 50% confidence level is ±15 percentage points

Length Of Time On Medication

Base: Diagnosed with GAD and/or CD and have taken prescription medications



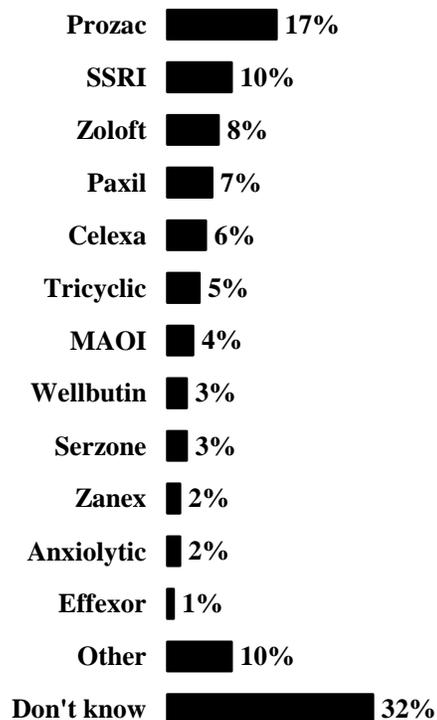
Q18d. How long have you been, or were you, on medication for GAD/CD?

Type Of Medication

A wide variety of medications have been ingested by those diagnosed with generalized anxiety disorder and clinical depression including Prozac (17%), SSRI (10%), Zoloft (8%), and Paxil (7%). However, perhaps most striking is that nearly one-third claim to not know which types of medication they either are currently taking, or had taken in the past.

Wide Variety Of Medications Taken

Base: Diagnosed with GAD/CD and have taken prescription medications



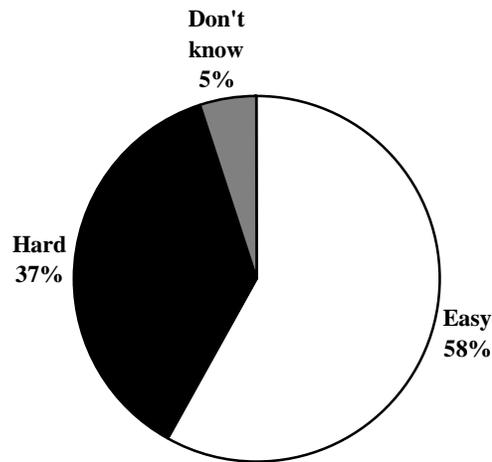
Q18e. Which of the following types of medication are, or were, you taking? Is it...

Finding The Appropriate Medication & Dosage

For the majority of those on medication, finding the right dosage was easy (58%). However, over a third (37%) had difficulty. Three-quarters, at one point, needed to find an entirely new medication with 50% trying two or more different brands.

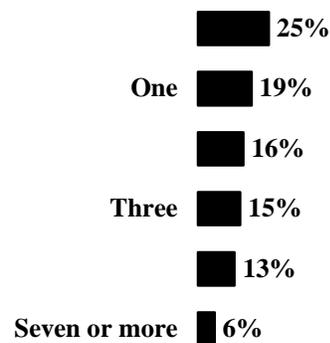
Most Had Easy Time Of Finding Correct Dosage

Base: Diagnosed with GAD/CD and have taken prescription medications



Q18f. Has it been easy or hard for you to find a dose level for the medication you are, or were, taking that works well for you?

Number Of Medications Tried Before Worked



Q18g. How many medications were you on before finding one that worked?

Requesting A Change Of Medication

Over half of those who have taken medication requested to be changed to a new drug, most often citing side effects (50%) or ineffectiveness (28%) as the instigators of that request. In nearly every case (92%), the doctor responded to the request and changed the patient's medication.

Changing Medications At Patient's Request

Base: Diagnosed with GAD/CD and have taken prescription medications

Asked doctor to switch to another medication 54%

Because:

Side effects 50%

Was not effective 28%

Made you feel worse 18%

Only partially effective 15%

Too expensive 10%

Saw ad for other medication 3%

Other 4%

Doctor responded to request and changed medication 92%

Q19a. From the time you first started taking medication for GAD/CD have you ever asked your doctor to switch to another medication, or not?

Q19b. Why did you ask to be switched to another medication?

Q19c. As a result of your request, did your doctor prescribe a new medication, or not?

V. Role Of Doctors

Who First Turn To For Help

Roughly the same proportion of the general public, whether symptomatic or not, would first turn to a primary care physician as would turn to family or friends.

The difference lies in comparing undiagnosed symptomatics with their doctor diagnosed counterparts. Those who are doctor diagnosed are more inclined to turn to physicians be it PCPs or psychiatrists while the undiagnosed are most apt to turn to family and friends.

	First Sources Of Help			
	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u> %	<u>Symptomatic</u> %	<u>Undiagnosed</u> %	<u>Doctor diagnosed</u> %
Primary Care Physician	35	31	28	40
Family/friends	32	32	36	16
Psychiatrist/psychologist /therapist/social worker/other mental health professional	11	14	12	25
Clergy	7	5	5	5
Health organization	2	2	2	1
Advocacy organization such as National Mental Health Association	1	3	3	4

Q6. Where would you first turn for help on a mental health issue?

Willingness To Go To Doctor

Despite their inclination to turn to family and friends, over three-quarters of the general public say they would turn to a doctor for treatment of symptoms such as fatigue, anxiety, exaggerated worry, or feelings of tension, sadness, withdrawal and noticed changes in eating or sleeping habits lasting longer than six weeks.

Seeking Doctor's Treatment

	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u> %	<u>Symptomatic</u> %	<u>Undiagnosed</u> %	Doctor <u>diagnosed</u> %
Yes, would go	78	74	72	84
No	18	24	26	15
Don't know	4	2	2	1

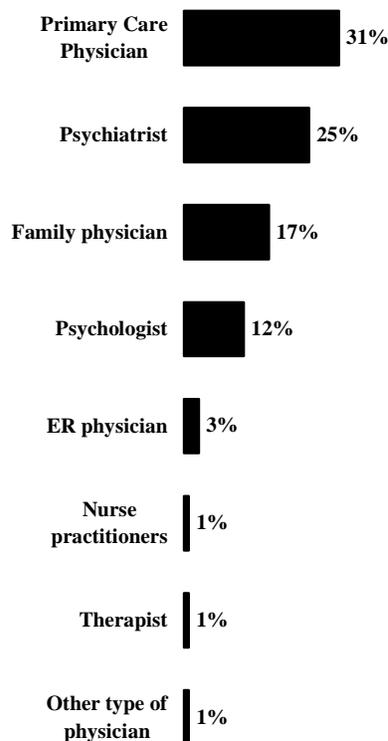
Q2d. If you were experiencing symptoms of fatigue, anxiety, exaggerated worry or feelings of tension, sadness, withdrawal, and noticed changes in sleeping and eating habits lasting longer than six weeks, would you go to a doctor for treatment, or not?

Type Of Doctor Who First Diagnosed Condition

For those who actually did go to a doctor, the primary care/family physician (48%) was the first to diagnose their symptoms as either generalized anxiety disorder or clinical depression. Nearly two in five (38%) were diagnosed by a mental health professional such as a psychiatrist, psychologist, or therapist.

PCP's Top Diagnostic

Base: Diagnosed with GAD/CD



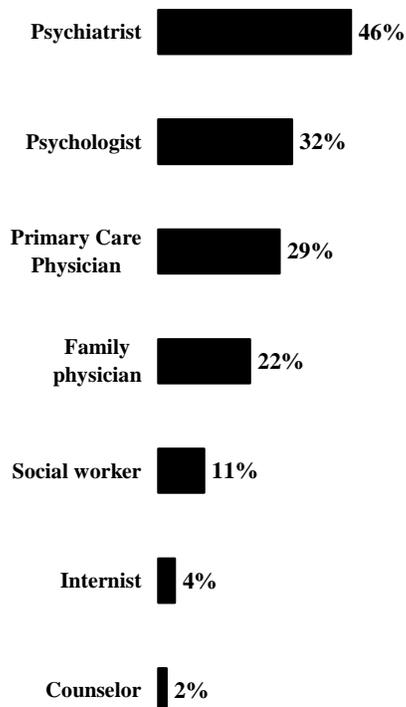
Q15a. What type of doctor or other health care professional first diagnosed your condition as GAD/CD? Was the doctor...

Type Of Medical Professional Who Would Best Improve Disorder

There is not much question in the minds of doctor diagnosed symptomatics regarding which type of medical professionals are best capable of improving mental health disorders. Mental health specialists such as psychiatrists and psychologists are considered the best sources of relief.

Mental Health Professional Considered Best Source

Base: Diagnosed with GAD/CD



Q17. Which of the following types of medical professionals do you believe would provide you with a good opportunity for improvement from GAD/CD? Would it be...

Role Of PCPs In Mental Health Issues

Currently, fewer than half (46%) of undiagnosed symptomatics say that their primary care physicians are involving themselves in their patient's mental health issues. The majority says that their mental health is either brought up by the patients themselves or is never discussed when they see their PCP. However, the majority say there is enough time to discuss these issues.

Many PCPs Are Not Involving Themselves In Mental Health Issues

	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u>	<u>Symptomatic</u>	<u>Undiagnosed</u>	<u>Doctor diagnosed</u>
<u>Primary Care Physician is:</u>	%	%	%	%
Very involved	18	24	20	39
Somewhat involved	25	26	26	28
Not involved at all	43	42	45	31
Don't know	14	8	9	2
<u>Discussion About Mental Health:</u>				
Physician asks	26	29	26	46
Patient brings it up	43	42	41	45
Each just as often	1	2	2	2
Never discussed	22	20	23	6
<u>Have enough time to discuss your mental health</u>	74	65	63	74

Q22b. How involved is your primary care physician with your mental health?

Q22c. When you see your primary care physician, does he/she usually ask about your mental health or is it discussed only if you bring it up?

Q22d. When you visit your primary care physician, do you have enough time to discuss your mental health, or not?

Role Of HMOs

The majority give credit to managed care for its help in access to referrals, treatment, and medication of choice. Currently, about one-third of undiagnosed symptomatics are enrolled in a managed healthcare program. The majority of symptomatics, including those undiagnosed, would not be reluctant to accept a referral.

HMOs Playing Some Role				
	<u>General Public</u>		<u>Symptomatic</u>	
	<u>Asymptomatic</u> %	<u>Symptomatic</u> %	<u>Undiagnosed</u> %	Doctor <u>diagnosed</u> %
<u>Currently in managed healthcare program:</u>	42	39	36	49
<u>Access to referral:</u>				
Help	69	70	70	70
Hinder	5	14	12	18
Don't know	26	17	18	12
<u>Access to continued treatment:</u>				
Help	62	64	63	66
Hinder	11	19	18	22
Don't know	27	18	19	13
<u>Access to medication of choice:</u>				
Help	64	58	58	60
Hinder	13	22	22	23
Don't know	23	19	20	17
<u>Would not be reluctant to accept referral:</u>	80	70	66	85

Q4a. Are you in a managed healthcare program?

Q4b. Would your managed care system help or hinder access to a referral, to continue treatment, or to medication of choice?

Q4c. Would you be reluctant to accept a referral from your primary care physician to a mental health professional, or not?

Role Of Insurance

Three in ten (28%) of those who have not been diagnosed will not go to a doctor for treatment because of either limited or no insurance coverage, the second most listed reason for avoiding professional treatment.

Insurance Is Playing A Role

Base: Would not go to a doctor for treatments

	<u>Asymptomatic</u> %	<u>Symptomatic, but undiagnosed</u> %
Not serious, you can handle it	37	44
Limited/no insurance coverage	14	28
Too busy	9	18
Afraid of medication	6	11
Don't know a doctor to go to	4	13
Lack of family support	7	7
Treatment side effects	6	7
Only go to doctor when sick	7	1
Don't like/trust doctors	4	5

Q2e. Which of the following reasons, if any, explain why you would not go to a doctor?

VI. Changes In Past 12 Months

Profile Of Americans Suffering From Mental Health Disorders Has Not Changed

The overall incidence of those who are symptomatic of mental health disorders has not changed over the past year. Both this year and last approximately a third (32%) have symptoms with about a quarter going undiagnosed and 6% having been doctor diagnosed. Demographically, those suffering symptoms has not changed either with the exception of educational attainment levels. Both undiagnosed and doctor diagnosed symptomatics fall into the same age, sex, and ethnic breaks as they did in last year's study. However, in the 2001 study, undiagnosed symptomatics are less educated than last year with 14% having a college degree or more compared to 26% in 2000.

Interestingly, however, lower levels of educational attainment is not a function in the drop in awareness levels of mental disorders this year. Across all educational levels, awareness levels dropped. Among undiagnosed symptomatics, only 15% were aware of generalized anxiety disorder, compared to 27% in 2000 while 59% were aware of clinical depression compared to 68% in 2000.

Demographic Profile Of Those Suffering Mental Health Disorders

	<u>Undiagnosed</u>		<u>Doctor Diagnosed</u>	
	<u>2000</u> %	<u>2001</u> %	<u>2000</u> %	<u>2001</u> %
<u>Age</u>				
18-34	35	36	31	26
35-44	21	19	25	21
45-54	16	19	29	32
55+	26	25	14	21
<u>Sex</u>				
Male	47	49	32	30
Female	53	51	68	70
<u>Education</u>				
HS grad or less	48	62	52	47
Some college	26	22	23	31
College grad or more	26	14	25	23
<u>Race</u>				
White	60	64	78	89
African American	15	16	4	5
Hispanic	11	9	7	2
Other	11	7	10	3
Asian	3	3	1	*

Lower Evaluations of Treatments – More Skepticism Regarding Effectiveness of Antidepressants

Across the board for both those with generalized anxiety disorder and clinical depression, lower evaluations were expressed this year. Fewer sufferers rated their treatments with an “A” or “B” for their effectiveness on various symptoms than did in 2000. Similarly, fewer doctor diagnosed believe in the effectiveness of antidepressants when compared to treatments for physical ailments than did last year – 67% say they are as effective in 2001 compared to 76% in 2000 (undiagnosed symptomatics gave responses similar to last year – 52% in 2001 vs. 57% in 2000).

Lower Evaluations Of Treatment

Base: Diagnosed with GAD and/or CD

% grading each with an “A” or “B”

	<u>GAD*</u>		<u>CD</u>	
	<u>2000</u>	<u>2001</u>	<u>2000</u>	<u>2001</u>
	%	%	%	%
Eliminating persistent anxiety that lasted for six months or more	54	50	65	55
Eliminating depression or suicidal thoughts	67	57	72	64
Enabling you to be functional, that is, to be able to carry out your daily responsibilities	65	52	72	59
Eliminating all symptoms of depression generalized anxiety disorder thus enabling you to return to the activities you participated in and enjoyed before the onset of your illness	65	43	58	48

*small base size-the margin of sampling error at the 50% confidence level is ± 15 percentage points

Same Sources For Seeking Help – Same Professed Comfort With Taking Meds

The same trend emerges as to who symptomatics are most likely to first turn to for help (whether they are undiagnosed or doctor diagnosed). However, undiagnosed symptomatics are turning to friends and family now more than a year ago (36% vs. 24%).

Both undiagnosed and doctor diagnosed symptomatics profess the same comfort levels with taking medication today as they did just twelve months ago.

	First Sources Of Help			
	<u>Undiagnosed</u>		<u>Doctor Diagnosed</u>	
	<u>2000</u> %	<u>2001</u> %	<u>2000</u> %	<u>2001</u> %
Primary Care Physician	31	28	36	40
Family/friends	24	36	18	16
Psychiatrist/psychologist /therapist/social worker/other mental health professional	14	12	27	25
Clergy	6	5	4	5
Health organization	4	2	4	1
Advocacy organization such as National Mental Health Association	4	3	3	4

VII. Definitions

Symptoms Experienced By The Population

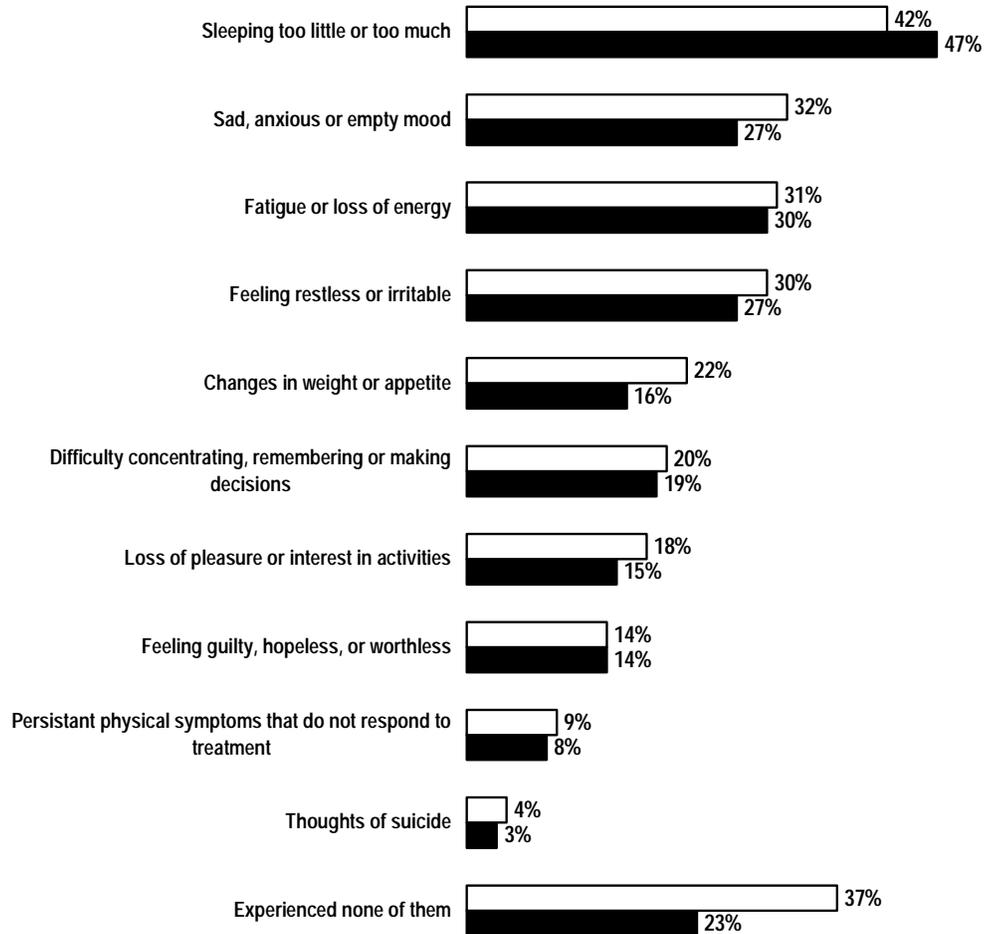
Millions of Americans have experienced symptoms associated with mental health disorders from affectations of mood and physical well-being to contemplation of suicide.

In order to be classified as having clinical depression, respondents need to have experienced five of ten symptoms associated with the disease which have occurred throughout the same two week period. These symptoms include sleeping too much or too little; sad, anxious or empty mood; fatigue or loss of energy; feeling restless or irritable; changes in weight or appetite; difficulty concentrating, remembering, or making decisions; loss of pleasure or interest in activities; feeling guilty, hopeless or worthless; persistent physical symptoms that do not respond to treatment; and thoughts of suicide.

To be classified as having generalized anxiety disorder, respondents must experience at least one of three symptoms for a period of six months or more including physical symptoms such as fatigue, trembling, muscle tension or headaches; inability to relax or suffering from insomnia; and exaggerated worry or tension that is more severe than normal anxiety even when there are no signs of trouble.

Symptoms Of Clinical Depression Experienced By Population

☐ Ever experienced ■ Occurred throughout same 2 week period



Q1a. With regard to your own personal well-being, which, if any, of the following have you personally experienced?

Q1b. Which of them, if any, have ever occurred throughout the same two-week period?

Symptoms Of GAD Experienced By Population

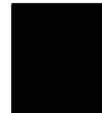
Base: Experienced symptoms for a period of six months or more

Physical symptoms such as fatigue,
trembling, muscle tension or headaches



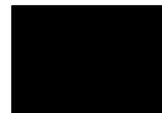
17%

Unable to relax or suffered from insomnia



11%

Exaggerated worry or tension or fatigue that
is more severe than the normal anxiety most
people experience such as worrying
excessively about money, health, family, or
work even when there are no signs of trouble



18%

Q2a. Have you personally ever experienced for a period of six months or more continual, exaggerated worry, tension, or fatigue that is more severe than the normal anxiety most people experience such as worrying excessively about money, health, family or work even when there are no signs of trouble?

Q2b. Have you ever been unable to relax or have suffered from insomnia for a period of six months or more?

Q2c. Have you ever experienced physical symptoms such as fatigue, trembling, muscle tension or headaches for a period of six months or more?

Appendix

Hello. I am ___ of Roper Starch Worldwide, a national survey research company. We are conducting a study about the general public's health and well-being. We are not selling anything and your responses will be held in the strictest confidence. The study findings are reported in aggregate form only.

1a. With regard to your own personal well-being, which, if any, of the following have you personally experienced? (READ LIST)

1b. Which of them, if any, have ever occurred throughout the same two-week period? (READ ONES CIRCLED IN Q. 1a)

- Sad, anxious or "empty" mood
- Sleeping too little or too much
- Changes in weight or appetite
- Loss of pleasure or interest in activities
- Feeling restless or irritable
- Persistent physical symptoms that do not respond to treatment

- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of suicide
- Experienced none of them (vol.)
- Don't know (vol.)

2a. Have you personally ever experienced for a period of 6 months or more continual, exaggerated worry, tension or fatigue that is more severe than the normal anxiety most people experience such as worrying excessively about money, health, family or work even when there are no signs of trouble?

- Yes, have experienced
- No
- Don't know (vol.)

2b. Have you ever been unable to relax or have suffered from insomnia for a period of 6 months or more?

- Yes, unable to
- No
- Don't know (vol.)

2c. Have you ever experienced physical symptoms such as fatigue, trembling, muscle tension or headaches for a period of 6 months or more?

- Yes, have experienced
- No
- Don't know (vol.)

IF 5 OR MORE CONDITIONS CIRCLED IN Q. 1b, CONTINUE WITH Q. 2d

IF 'YES' TO EITHER Q. 2a, 2b, OR 2c, CONTINUE WITH Q. 2d

EVERY 7TH ONE NOT MEETING ONE OF THE ABOVE TWO CRITERIA WILL CONTINUE WITH Q. 2d, THE OTHERS TERMINATE

2d. If you were experiencing symptoms of fatigue, anxiety, exaggerated worry or feelings of tension, sadness, withdrawal, and noticed changes in sleeping and eating habits lasting longer than 6 weeks, would you go to a doctor for treatment, or not?
(READ LIST)

- | | |
|-------------------|---------------------|
| Yes, would go | (GO TO Q. 3) |
| No | (ASK Q. 2e) |
| Don't know (vol.) | (GO TO Q. 3) |

2e. Which of the following reasons, if any, explain why you would not go to a doctor?
(READ LIST. ROTATE)

- Limited/no insurance coverage
- Don't want a record of having sought care
- Religious belief
- Lack of family support
- Don't know of a doctor to go to
- Afraid of having to take medication
- Treatment side effects
- Not serious, you can handle it
- Too busy to see a mental health professional
- Afraid someone would find out and think negatively of you
- Some other reason (SPECIFY)
- Don't know (vol.)

2f. By not seeking professional treatment, what would you do to help yourself?
(ROTATE)

- Exercise
- Self-medication
- Prayer
- Alcohol
- Get good sleep
- Get help from family or friends
- Rest, relaxation
- Nothing, watchful waiting
- Other (SPECIFY)
- Don't know

3. Would you be afraid to tell friends about such symptoms?

- Yes, afraid
- No

4a. Are you in a managed healthcare program?

- Yes, in one **(ASK Q. 4b)**
- No **(GO TO INSTRUCTION BEFORE Q. 5a)**

4b. Would your managed care system help or hinder access to **(READ LIST)**

- A referral
- Continued treatment
- Medication of choice

4c. Would you be reluctant to accept a referral from your primary care physician to a mental health professional, or not?

- Yes, reluctant
- No
- Don't know

IF NO SYMPTOMS EXPERIENCED (RESPONDENT ANSWERED NONE TO Q1a, 2a, 2b, AND 2c), GO TO Q. 6

5a. Do the symptoms you mentioned as having interfere with your normal daily routine or the things you do for enjoyment?

- Yes, interfere
- No

5b. Do the symptoms cause you to feel ashamed or embarrassed at any time?

- Yes, ashamed/embarrassed
- No

5c. Do you believe that these symptoms mean that you have a mental disorder?

- Yes, have mental disorder
- No
- Don't know

6. Where would you first turn for help on a mental health issue? (READ LIST)

- Advocacy organizations for mental health issues such as the National Mental Health Association
- Clergy
- Community outreach programs, non-profit agencies
- Family, friends
- Health organizations
- Internet
- Media such as TV, radio, newspapers, magazines
- Psychiatrist/psychologist/therapist/social worker/other mental health professional
- People who have experienced mental illness
- Pharmacist
- Primary care physician
- Other (SPECIFY)
- Don't know (vol.)
- No place/no one (vol.)

7. Do you take more sick days for mental/emotional reasons than you do for physical reasons, or not?

- Yes, take more for mental/emotional reasons
- No, do not
- Don't know

8. Significant numbers of the adult U.S. population experience what is called GAD, which is excessive anxiety and worry occurring more days than not, over a period of at least 6 months or more. Have you ever heard of this condition, or not?

- Yes, aware
- No
- Don't know

9. Also, significant numbers of the adult U.S. population experience what is called clinical depression with symptoms that include sadness, withdrawal and changes in eating or sleeping habits that last more than a few weeks, or that are severe enough to interfere with a person's daily routine. Have you ever heard of this condition, or not?

- Yes, aware
- No
- Don't know

**IF AWARE OF EITHER GAD OR CLINICAL DEPRESSION
CONTINUE, ALL OTHERS GO TO Q. 22b**

10a. Which, if any, of the following health problems has a doctor or some other healthcare professional ever diagnosed you as having? (**READ LIST**)

10b. For which ones, if any, have you ever undergone treatment? (**READ LIST**)

Diabetes
Clinical depression
Generalized anxiety disorder (GAD)
Heart disease
Bipolar disorder
Stroke
Alcoholism
Cancer of any kind
None (vol.)
Don't know (vol.)

11. Do you believe that antidepressants are as effective in the treatment of mental illness as antibiotics or other medications are in the treatment of physical illnesses?

Yes, antidepressants are as effective
No, are not
Don't know (vol.)

12a. Have you heard of the terms 'response' and 'remission' being associated with mental illness treatment?

Yes, have heard of response <u>only</u>	(ASK 12b)
Yes, have heard of remission <u>only</u>	(ASK 12c)
Yes, have heard of both	(ASK 12b and 12c)
Have heard of neither	(SKIP TO Q13a)
Don't know	(SKIP TO 13a)

12b. What does the term response mean to you? Does it mean that... **(READ AND ROTATE ITEMS)**?

- The patient is not as depressed or anxious as he/she was;
- or
- The patient's symptoms have been alleviated, but still he/she doesn't feel like his or her old self;
- or
- The patient has no symptoms and is functioning normally

- Don't know (vol.)

12c. What does the term remission mean to you? Does it mean that ... **(READ AND ROTATE ITEMS)**?

- The patient is not as depressed or anxious as he/she was;
- or
- The patient's symptoms have been alleviated, but still he/she doesn't feel like his or her old self;
- or
- The patient has no symptoms and is functioning normally

- Don't know (vol.)

13a. Which one of the following can be expected without treatment for a mental illness such as clinical depression or generalized anxiety disorder?**(READ LIST)**

- No improvement at all
- Improvement, but not an absence of all symptoms
- Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill
- Absence of all symptoms and able to fully return to all activities enjoyed prior to becoming ill

- Don't know (vol.)

13b. Which one of the following can be expected with treatment for a mental illness such as clinical depression or generalized anxiety disorder? **(READ LIST)**

- No improvement at all
- Improvement, but not an absence of all symptoms
- Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill
- Absence of all symptoms and able to fully return to all activities enjoyed prior to becoming ill

- Don't know (vol.)

13c. To the best of your knowledge, will someone having clinical depression or generalized anxiety disorder require treatment for the rest of their life, or not?

- Yes, rest of their life
- Some will, some will not
- No
- Don't know

14a. Would you be comfortable taking a medication if it relieved all of your symptoms and enabled you to fully return to all activities enjoyed prior to becoming ill, or not?

- Yes, would be comfortable
- No
- Don't know

14b. Would you be comfortable participating in counseling or psychotherapy if it relieved all of your symptoms and enabled you to fully return to all activities enjoyed prior to becoming ill, or not?

- Yes, would be comfortable
- No
- Don't know

14c. If all your symptoms were relieved and you were able to fully return to all the activities enjoyed prior to becoming ill, would you be comfortable staying on medication to prevent reoccurrence of symptoms and curtailment of the activities you enjoy?

- Yes, would be comfortable
- No
- Don't know

14d. Which one of the following do you think can be expected with treatment for continual physical illnesses such as asthma, anemia or arthritis? (READ LIST)

- No improvement at all
- Improvement, but not an absence of all symptoms
- Absence of all symptoms, but not able to fully return to all activities enjoyed prior to becoming ill
- Absence of all symptoms and able to fully return to all activities enjoyed prior to becoming ill
- Don't know (vol.)

IF EITHER GAD OR CLINICAL DEPRESSION CIRCLED IN 10a CONTINUE,

ALL OTHERS SKIP TO Q.22a

15a. What type of doctor or other healthcare professional first diagnosed your condition as **(TYPE DIAGNOSED)**? Was the doctor a **(READ LIST)**

GADCD

Primary care physician
 Family physician
 Psychiatrist
 Internist
 Psychologist
 Emergency room physician
 Other mental health professional (SPECIFY)
 Other type of physician (SPECIFY)
 Don't know (vol.)

15b. When were you first diagnosed as having **(TYPE DIAGNOSED)**?

GADCD

Within the past 12 months
 Over a year to 3 years ago
 Over 3 to 5 years ago
 Over 5 to 10 years ago
 Over 10 years ago
 Don't know (vol.)

16a. Are you currently undergoing treatment for **(TYPE DIAGNOSED)**, or not?

GADCD

Yes, currently undergoing
 No
 Don't know (vol.)

16b. To the best of your knowledge, is there a difference with these mental illnesses between a relapse and a reoccurrence, or not?

Yes, a difference
 No
 Don't know (vol.)

ASK Q16c ONLY TO THOSE WHO ANSWERED "YES" TO Q16a

16c. What is the purpose of your current treatment? Is it...**(READ LIST)**

For initial symptom relief
 To prevent relapse
 To prevent reoccurrence
 Don't know (vol.)

17. Which of the following types of medical professionals do you believe would provide you with a good opportunity for improvement from (**TYPE(S) DIAGNOSED**)? Would it be (**READ LIST**)

GADCD

- Primary care physician
- Family physician
- Psychiatrist
- Internist
- Psychologist
- Emergency room physician
- Social worker
- Nurse practitioner
- Other mental health professional (SPECIFY)
- Other type of physician (SPECIFY)
- Don't know (vol.)

18a. What types of treatment(s) have you ever undergone for (**TYPE DIAGNOSED**)? (**CIRCLE ALL THAT APPLY**) (**READ LIST**)

GADCD

- Psychotherapy, talk therapy
- One prescription medication
- Two prescription medications
- Combination of talk therapy and medication
- Alternative medicine (e.g., herbal, acupuncture, vitamin supplements)
- Other (SPECIFY)
- None
- Don't know (vol.)

18b. When your doctor discussed treatment results, did he ever explain to you the difference between 'response' from the treatment versus remission, or not?

- Yes, explained the difference
- No
- Don't know

18c. What other things, if any, are you doing to help maintain the progress you have made?

Rotate

- Exercise
- Self-medication
- Prayer
- Alcohol
- Get good sleep
- Get help from family or friends
- Rest, relaxation
- Nothing, watchful waiting
- Other (SPECIFY)
- Don't know

<p>IF PRESCRIPTION MEDICATION NEVER TAKEN – Q. 18a, GO TO Q. 20</p>
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18d. How long have you been – or were you - on medication for (**TYPE(S) DIAGNOSED**)?

Less than one year # ___ years Don't know

18e. Which of the following types of medication are - or were - you taking? Is it (**READ LIST) Rotate**

Tricyclic
SSRI
SNRI
MAOI
Anxiolytic
Other (SPECIFY)
Don't know (vol.)

18f. Has it been easy or hard for you to find a dose level for the medication you are – or were - taking that works well for you?

Hard
Easy
Don't know (vol.)

18g. How many medications were you on before finding one that worked?

None 0 ___ previous ones

19a. From the time you first started taking medication for (**TYPE(S) DIAGNOSED**), have you ever asked your doctor to switch to another medication, or not?

Yes, have asked (**ASK Q. 19b**)
No, have not asked (**GO TO Q. 20**)
Don't know (vol.) (**GO TO Q. 20**)

19b. Why did you ask to be switched to another medication? (**DO NOT READ LIST**)

Saw advertising for the other medication
Too expensive
Medication taken made you feel worse
Side-effects of the medication being taken
Medication was only partially effective
Medication was not effective at all
Other (SPECIFY)
Don't know (vol.)

19c. As a result of your request, did your doctor prescribe a new medication, or not?

- Yes, prescribed a new medication
- No, did not
- Don't know (vol.)

20. **(FOR EACH LISTED RESULT, ASK)** How would you grade the effect of your treatment for **(TYPE DIAGNOSED)** on **(RESULT)**? Would you give your treatment a letter grade of A, B, C, D, or F?

	<u>GAD</u>	<u>CD</u>
Eliminating persistent anxiety that lasted for 6 months or more	___	___
Eliminating depression or suicidal thoughts	___	___
Enabling you to be functional, that is to be able to carry out your daily responsibilities	___	___
Eliminated all symptoms of depression/generalized anxiety disorder thus enabling you to return to the activities you participated in and enjoyed before the onset of your illness	___	___

21a. How long did it take after treatment started that you first noticed improvement of your **(TYPE(S) DIAGNOSED)**?

	<u>GAD</u>	<u>CD</u>
A few weeks		
About one month		
About two months		
More than two months		
Never achieved improvement (vol.)		
Don't know (vol.)		

21b. Are you where you want to be as to your remission, or not?

- Yes
- No
- Don't know

22a. Is your primary care physician a **(READ LIST)**

- Family physician
- Doctor of internal medicine
- OB/GYN
- Osteopath
- Other (SPECIFY)
- Don't know (vol.)

22b. How involved is your primary care physician with your mental health? (**READ LIST**)? Would you say (**READ LIST**)

Very involved
Somewhat involved
Not involved at all

22c. When you see your primary care physician, does he/she usually ask about your mental health or is it discussed only if you bring it up?

Physician asks
Patient brings it up
Each just as often (vol.)
Never discussed
Don't know

22d. When you visit your primary care physician do you have enough time to discuss your mental health, or not?

Yes, have time
No
Don't know (vol.)

23a. Are you employed either full time or part time?

Yes (ASK Q. 23b)
No (GO TO Q. 24)

IF NO SYMPTOMS (RESPONDENT ANSWERED NONE TO Q1a, 2a, 2b, AND 2c), GO TO Q. 23d

23b. Are any of your fellow workers aware of the symptoms you suffer?

Yes, aware
No
Don't know

23c. Do you think your fellow workers would think less of you if they knew you had these symptoms, or not?

Yes, think less of you
No
Don't know

23d. Are you aware of any co-workers who suffer from anxiety or depression, or not?

Yes, aware of others (ASK Q. 23e)
No (GO TO Q. 24a)
Don't know (GO TO Q. 24a)

23e. Do you feel uncomfortable with them because of their mental problems, or not?

- Yes, uncomfortable
- No
- Don't know

24a. Would you vote for a presidential candidate, who stood for the things you believe in, if you knew he/she was currently being treated for depression or generalized anxiety disorder?

- Yes, would vote
- No
- Don't know

24b. Would you vote for a presidential candidate, who stood for the things you believe in, if you knew he/she had been treated for depression or generalized anxiety disorder in the past?

- Yes, would vote
- No
- Don't know

D1. How old are you? _____ years old

D2. What was the last grade of school you completed?

- Less than high school
- High school graduate
- Some college
- College graduate
- Post graduate work

D3. With which of the following do you identify yourself? (READ LIST)

- African-American
- Hispanic
- Other white
- Asian
- Other

D4. Sex:
Male
Female

READ

If interested, you can obtain more information about mental illness by calling 1-800-969-NMHA or visiting the National Mental Health Association web site which is www.nmha.org