



# Ohio adults' opinions, reactions about mental health issues

According to the National Institute of Mental Health, in 2014 18% of U.S. adults, or about 43.6 million people, had a mental illness.<sup>1</sup> This is double the 21.9 million adults who had diabetes in 2014.<sup>2</sup>

Despite the prevalence of mental illness, stigma about it remains. That stigma can make it hard to acknowledge and discuss, and may prevent patients from getting the mental health diagnosis and treatment they need.<sup>3</sup> In fact, it is estimated that nearly two-thirds of people with a mental illness do not seek treatment, in part because of stigma.<sup>4</sup>

One way to address this issue is to talk about mental health and mental illness. It is important to acknowledge that, like physical

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<sup>1</sup> National Institute of Mental Health. (n.d.). *Any Mental Illness (AMI) Among U.S. Adults*. Retrieved from <http://1.usa.gov/1QVcggx>.

<sup>2</sup> Centers for Disease Control and Prevention. (2015). *Number (in Millions) of Civilian, Non-institutionalized Adults with Diagnosed Diabetes, United States, 1980-2014*. Retrieved from <http://1.usa.gov/1prwLqJ>.

<sup>3</sup> Centers for Disease Control and Prevention. (2015). *Stigma and Mental Illness*. Retrieved from <http://1.usa.gov/1JloM0G>.

<sup>4</sup> National Alliance on Mental Illness. (n.d.) *Facts about Stigma and Mental Illness in Diverse Communities*. Retrieved from <http://bit.ly/1MSxZBq>.

**What do you immediately think of when you hear the term **MENTAL HEALTH** (problem or challenge)?**

- I have a mental health problem
- More help should be available for people
- People who deserve our sympathy
- Depression
- Suicide
- Not enough treatment options

These findings unless otherwise noted are from Interact for Health's Ohio Health Issues Poll (OHIP) conducted July 15-28, 2015, by the Institute for Policy Research at the University of Cincinnati. A random sample of 811 adults throughout Ohio was interviewed by telephone. This included 448 landline telephone interviews and 363 cell phone interviews. In 95 of 100 cases, statewide estimates will be accurate to  $\pm 3.4\%$ . There are other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias. For more information about OHIP, please visit [www.interactforhealth.org/ohio-health-issues-poll](http://www.interactforhealth.org/ohio-health-issues-poll). If you have questions about the data in this document, please contact Jennifer Chubinski, Director of Community Research, at 513-458-6608 or [jchubinski@interactforhealth.org](mailto:jchubinski@interactforhealth.org).

health, good mental health also requires people to take action. People can exercise and eat well to maintain their physical health. If they become ill, they should seek treatment. Likewise, people can support their mental health through strong relationships, community involvement and healthy coping skills such as mindfulness. If they become mentally ill, they should seek treatment.

The **Ohio Health Issues Poll (OHIP)** asked several questions about mental health and mental illness. To better understand issues of language and stigma, OHIP asked the questions two ways. One group was asked these questions about mental health *problems*. The other group was asked about mental health *challenges*.

### Nearly all adults willing to be friends, neighbors with person with mental health issue

OHIP asked Ohio adults if they would be willing to continue a relationship with a friend who developed a mental health problem or challenge. More than 9 in 10 adults agreed that they would. OHIP also asked if they would be willing to live nearby someone with a mental health problem or challenge. Nearly 9 in 10 adults agreed in both cases.

About 8 in 10 Ohio adults agreed that they would be willing to work with someone with a mental health problem or challenge. Fewer than 7 in 10 adults agreed that they would be willing to live with a person with a mental health problem or challenge.

For these four questions, there was no difference between those who were asked about a mental health challenge or a mental health problem.

### Responses more negative when mental health issue called a problem

OHIP also asked, “Thinking about *mental health (problem or challenge)*, what do you immediately think of when you hear this term?”

Responses to this question varied widely. However, most answers could be placed in several broad categories. Many people responded by naming a specific diagnosis, such as depression, schizophrenia or suicide. Another frequent response was to acknowledge that mental health problems/challenges are illnesses that can be diagnosed, and that people who are diagnosed need treatment.

Some indicated that adults with a mental health condition

needed help or sympathy because they were in distress. Others commented about the lack of resources available to diagnose and treat mental health conditions. On the other hand, a small group first thought of very negative stereotypes – “people with defects” or “mass murderers.”

Responses to this question varied between those who were asked about a mental health *problem* versus those who were asked about a mental health *challenge*.

Ohio adults asked about a mental health *problem* were more likely to identify a specific diagnosis, to indicate that this was a group needing sympathy or to name a negative stereotype.

Ohio adults asked about a mental health *challenge* were more likely to indicate that these are illnesses that need diagnosis or treatment, or to identify that either the respondent, a friend or family member had a mental health challenge.

While firm conclusions cannot be drawn from an open-ended question such as this one, the answers do point to the continued need to examine societal attitudes toward mental health and mental illness, and the language used in the conversation.