



# Mood Disorder Survey

June 2021



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# Background and Objectives

The National Alliance on Mental Illness (NAMI) is dedicated to building better lives for those affected by mental illness through providing advocacy, education, support, and public awareness. To inform these efforts, NAMI commissioned a survey to gain insight to the lives of people who are diagnosed with a mood disorder and their caregivers, as well as to understand how the general population of U.S. adults is managing and thinking about mental health.

The main objectives of this report are to:



Observe the experience of living with a mood disorder and quantify their broad effects on life.



Assess perceptions and use of resources, tools, and treatments in the recovery process for a mood disorder.



Explore what the general population thinks and knows about mood disorders.



Gauge the state of mental health in the United States and what has changed during the COVID-19 pandemic.



# Research Method

**Mode:**  
Online survey



**Qualification Criteria:**  
*Diagnosed With a Mood Disorder*

- U.S. residents, 18+
- Diagnosed with a mood disorder
  - Bipolar Disorder, Dysthymia, Major Depressive Disorder, Post-Partum Depression, Seasonal Affective Disorder, Other mood disorder



Sample Size: n=2,093  
Survey Length: 20 Minutes

*Caregivers*

- U.S. residents, 18+
- Currently the caregiver to someone who has been diagnosed with a mood disorder



Sample Size: n=507  
Survey Length: 20 Minutes

*No Mood Disorder Experience*

- U.S. residents, 18+
- Not diagnosed with a mood disorder
- Not currently the caregiver to someone who has been diagnosed with a mood disorder



Sample Size: n=1,589  
Survey Length: 10 Minutes

**Weighting:**

- Data were weighted to ensure results are projectable to the U.S. population



All three audiences were combined to a total sample of 2,308 U.S. adults. The data for this aggregate group were weighted to be representative of the population.





## Research Method

### **Abbreviated (to be included in all public release materials)**

This survey was conducted online within the United States by The Harris Poll on behalf of NAMI from April 13 through May 10, 2021. The survey included three audiences: those who have been diagnosed with a mood disorder (n=2,093), caregivers to those who have been diagnosed with a mood disorder (n=507), and those with no mood disorder experience who are not diagnosed or a caregiver (n=1,589). Data for each audience were weighted individually and then combined to a total general population sample of 2,308 U.S. adults. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated. For complete survey methodology, including weighting variables and subgroup sample sizes, please contact [*insert client media contact here*].

### **Complete (to be provided upon request)**

This survey was conducted online within the United States by The Harris Poll on behalf of NAMI from April 13 through May 10, 2021. The survey included three audiences: those who have been diagnosed with a mood disorder (n=2,093), caregivers to those who have been diagnosed with a mood disorder (n=507), and those with no mood disorder experience who are not diagnosed or a caregiver (n=1,589). Data for each audience were weighted and then combined to a total general population sample of 2,308 U.S. adults. Figures for age by sex, race/ethnicity, education, region, household income, size of household, and marital status were weighted where necessary to bring them into line with their actual proportions in the population. Adults diagnosed with a mood disorder were also weighted by caregiver and frontline worker status. Propensity score weighting was used to adjust for respondents' propensity to be online.

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

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





# Reading the Report

## Audience Differentiation:

- ✓ Throughout the report, the data for each audience is shown in a different color:
  - ✓ Diagnosed with a mood disorder: Green
  - ✓ Caregivers: Purple
  - ✓ No mood disorder experience or the general population: Blue
- ✓ Icons in the upper right corner of each slide indicate which audience is included on the slide.



## Subgroup Differences:

- ✓ Statistical significance tests were conducted using the Student's t-test at the 95% level of confidence. All comparative claims in this report are statistically significant.
- ✓ Due to space limitations, not every significant difference among groups is displayed.
- ✓ Subgroup differences are shown in the "Subgroup Profiles" section of the report as well as on individual slides in this format:

Subgroup differences are shown here.

## Trended Data:

- ✓ There are comparisons to the NAMI 2009 Depression Survey throughout this report. Loose comparisons have been made, but no direct comparisons are included due to differences in the survey audiences.

## In Tables and Charts:

- ✓ Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.
- ✓ Results based on small samples ( $n < 100$ ) should be interpreted as directional only.

The notes section of each slide includes the full question text for the data on the slide as well as the number of respondents who answered each question, for reference.



# Executive Summary

## Key Findings

Despite an overall sentiment of understanding, agreement that mental health has become more of a health care priority in recent years, and that many U.S. adults have been more open about mental health since the pandemic started, the need to expand access to treatment, educate about mood disorders, reduce stigma, and close gaps within our society when it comes to mental health care persists.

- **Most U.S. adults understand that mood disorders have significant economic and social impacts when left untreated, but access and cost are still major barriers to treatment. This is particularly true for those who do not have insurance and who come from low-income households as they are more likely to struggle with access and cost.**
- **While the vast majority of adults in the U.S. understand that mental health challenges can affect anyone, a misunderstanding that mood disorders are associated with extreme mood changes may be leading to a fear that is unfounded. Education around the more common symptoms – things that adults without a mood disorder diagnosis may even be struggling with themselves – may reduce stigma.**
- **The misperception of mood disorders may cause those with a mood disorder to struggle opening up to others about their disorder. Continuing to address the stigma around mood disorders may have a real impact on those with a mood disorder – especially when it comes to men and younger adults who tend to struggle more with stigma – as supportive personal relationships are viewed as a top resource that aids in recovery.**
- **While many say the pandemic has led them to be more open with others about their mental health, white adults are more likely than people of color to have coped well during the pandemic. Representation matters though – in public as well as in the health care setting – and may help to close these gaps.**





## Living With a Mood Disorder

**People diagnosed with a mood disorder experience daily symptoms and impacts of their mood disorder; their relationships are particularly affected and their mood disorder diagnosis at times dictates how they are treated, which may be leading them to feel misunderstood.**

- **The most commonly reported symptoms that have an impact on their daily life are changes in sleeping habits or feeling tired and low energy (51%) followed by feeling excessively sad or low (42%) and excessive worrying or fear (39%).**
- **Half of those with a mood disorder (50%) say they have experienced negative impacts on relationships with family or friends.**
- **Slightly more than three in five (61%) agree people treat them differently after they learn they have been diagnosed with a mood disorder.**
- **Further, around three-quarters of adults with a mood disorder (76%) say people around them do not understand what it's like to live with a mood disorder on a daily basis.**



## Treatment and Support

Psychiatric and non-psychiatric treatments alike are seen as helpful, though most say trying to find the right treatment is frustrating. Lack of information about eligibility, as well as cost, prevent access to treatments and supports that many view as helpful. However, supportive personal relationships are seen as key to the recovery process.

- **Non-psychiatric treatments like complimentary health approaches (83%), psychotherapy (80%), and guidance and support from other people with lived experience (80%) are seen as just as helpful as routine/maintenance psychiatric medication (81%) by those who have used them, even though routine/maintenance psychiatric medication is by far the most common treatment used (48% currently using and 75% ever used).**
- **That said, most adults with a mood disorder (78%) say it is frustrating trying to find the right treatment for their mood disorder.**
- **Financial support from the government (24% currently receive and 37% ever received) and financial or practical support from family or friends (21% currently receive and 45% ever received) are the most commonly received services and supports.**
- **The top barriers to receiving services or supports they feel would be helpful are being unsure of eligibility (48%), cost (41%), and being unsure about how to access the service (39%).**
- **However, the most commonly reported thing seen as helpful in the management of mood disorders and the recovery process - supportive personal relationships - are free.**



## General Perceptions of Mood Disorders

The general public understands some of the impacts of living with a mood disorder and the long recovery process, but a misunderstanding about symptoms may be leading to an unfounded fear.

- Most of the general public (86%) knows mood disorders can significantly interfere with thoughts, behavior, activity, and physical health, but the majority (73%) think that extreme mood changes are a symptom of a mood disorder.
- Most adults (70%) understand that treatment for mood disorders may be slow and not always work, but it can be very helpful for many people. They are even more likely to say most people diagnosed with a mood disorder could be helped if they received proper treatment (92%).
- The same proportion of the general public (70%) know mood disorders can affect a person for their whole life even if they get treatment.
- **Despite a general sentiment of understanding, 37% of U.S. adults agree they feel fearful of being around people with mood disorders.**



# Mental Health Today

The COVID-19 pandemic posed new challenges to existing and expansive mental health struggles, but it has also increased openness about the topic. It also spurred the rise of telehealth which may help to mitigate access issues and close the gap in support.

- **Nearly half of the general public (47%) have experienced symptoms of a mood disorder within the last 2 weeks.**
- **A minority (39%) say they coped *very* well with changes to everyday life during the COVID-19 pandemic.**
- **However, slightly more than half (52%) say they have been more open with others about their mental health since the COVID-19 pandemic started.**
- **Nearly one in three adults (30%) say they are unable to get the support they need for their mental health during the COVID-19 pandemic.**
- **Around three in five people diagnosed with a mood disorder (61%) say they have ever used telehealth for treatment for their mood disorder. Of those, 83% say they are satisfied using telehealth and 79% say it has made it easier for them to access mental health care.**



# Detailed Findings

# Living With a Mood Disorder



# Despite experiencing symptoms that impact their energy, mood, and behaviors each day, more than 3 in 4 adults with a mood disorder feel their symptoms are well-managed

## Current Management of Mood Disorder Symptoms

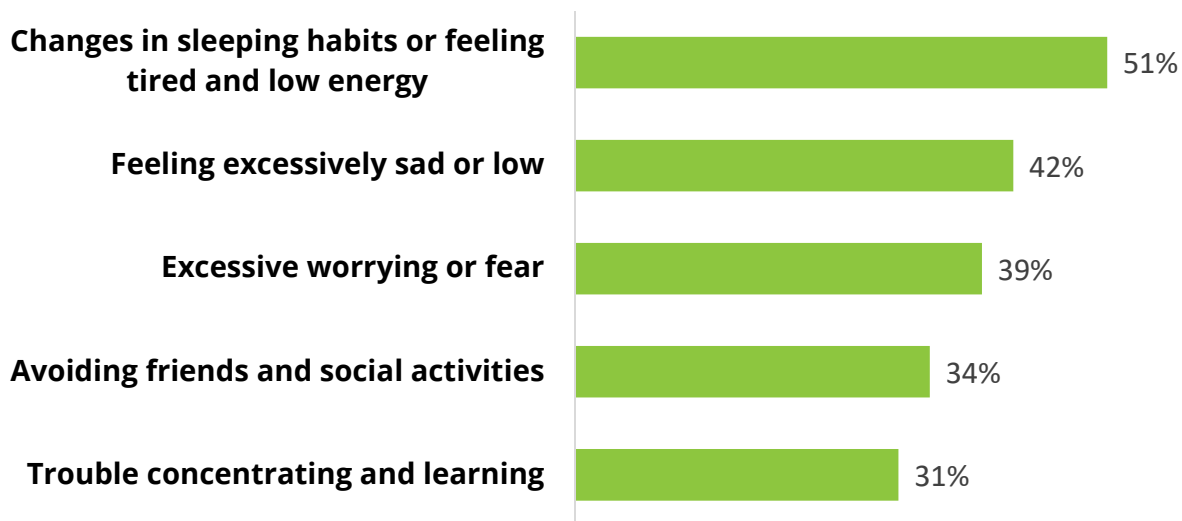


**77%**

Report their symptoms are **well-managed**.

- 30% very well-managed
- 48% somewhat well-managed

## Top 5 Mood Disorder Symptoms With Greatest Impact on Daily Life\*

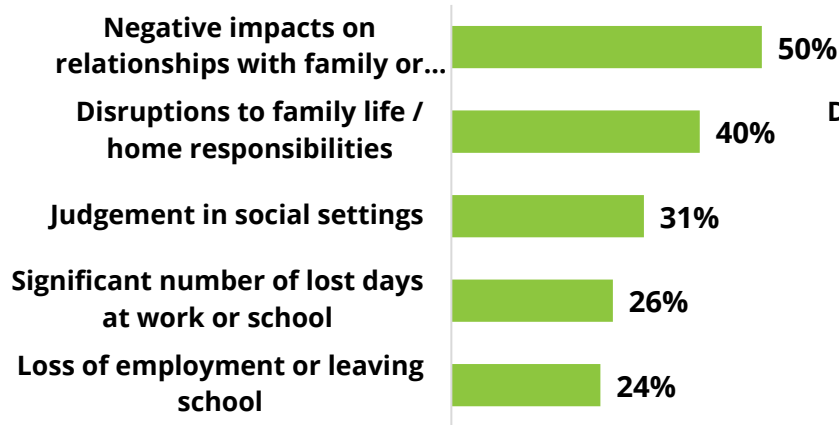




# The impacts of living with a mood disorder almost always persist beyond the individual person touching relationships, home life, social life, work, and school

## Top 5 Actual and Perceived Negative Experiences as a Result of Living With a Mood Disorder

*Actual: Diagnosed With a Mood Disorder*



*Perceived: No Mood Disorder Experience*



Those who have experienced a time when they wanted mental health treatment but did not receive it are more likely than their counterparts to have had each negative experience.

In 2009 when those with no mood disorder experience were asked about the consequences of not adequately receiving treatment for depression, the same five responses rose to the top.

These expansive impacts are acknowledged by the general population.

**87%** agree mood disorders have significant economic and social impacts when left untreated.

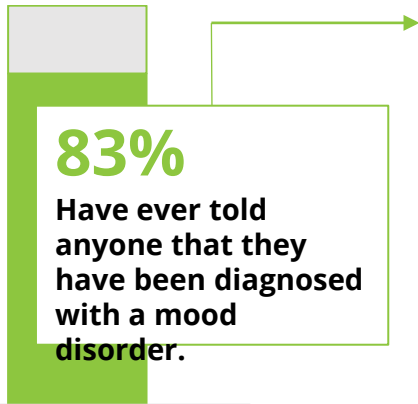




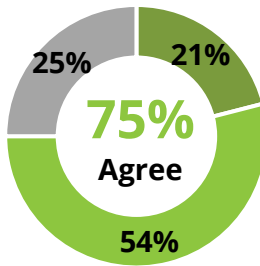


# Most adults with a mood disorder have told others about their diagnosis which can be difficult and sometimes results in a lukewarm reception

## Openness About Mood Disorder Diagnosis

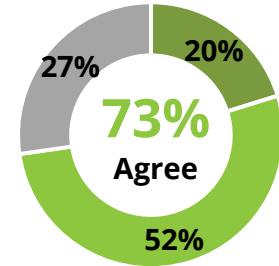


“When I tell others about my mood disorder, they share their own mental health experiences.”



- Strongly agree
- Somewhat agree
- Disagree

“When I tell others about my mood disorder, they are interested and supportive.”



Despite these seemingly positive experiences, stigma persists and at times there are negative interactions.

It is hard for me to open up to others about my mood disorder.



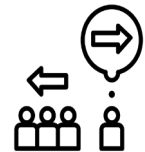
I don't tell others about my mood disorder because they would think I am weak.



- Somewhat agree
- Strongly agree

**61%**

Agree people treat them *differently* after they learn they have been diagnosed with a mood disorder.

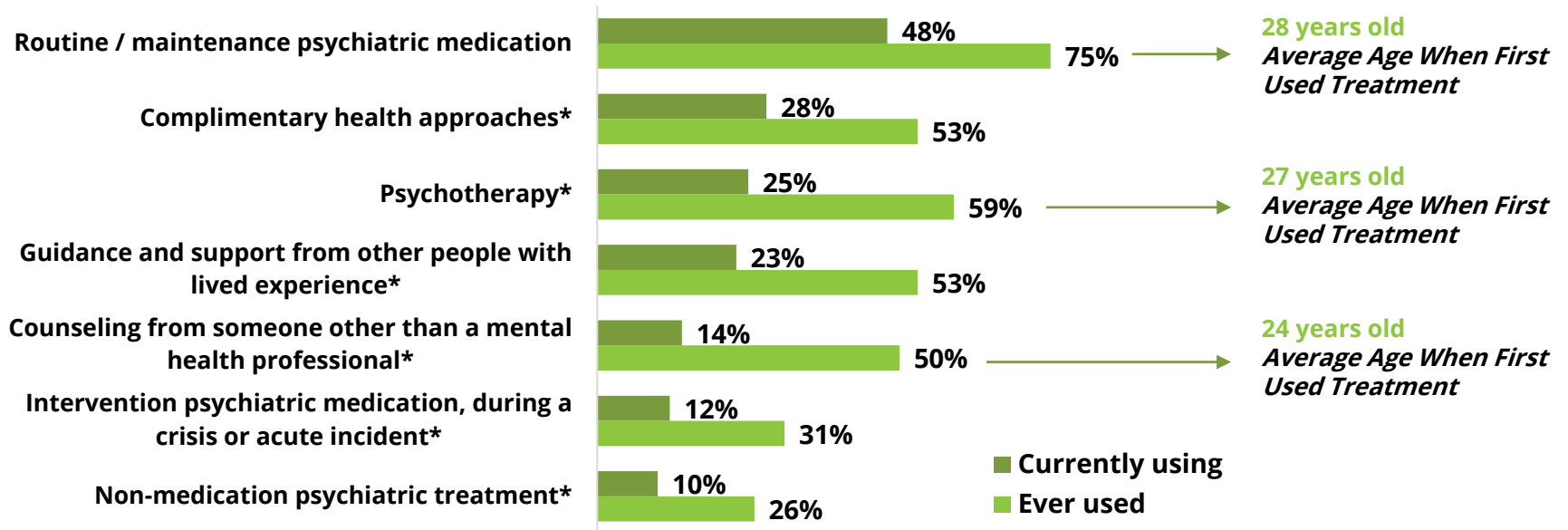


# Treatment and Support

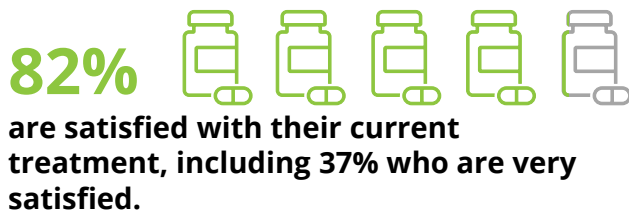


# Nearly half are using routine/maintenance psychiatric medication, but the gap between those who have *ever* used and *currently* use each treatment reveals discontinuation is common

## Use of Various Mood Disorder Treatments



## Satisfaction With Current Mood Disorder Treatment (Among those who currently use treatment)



## Experience With Health Care Professionals



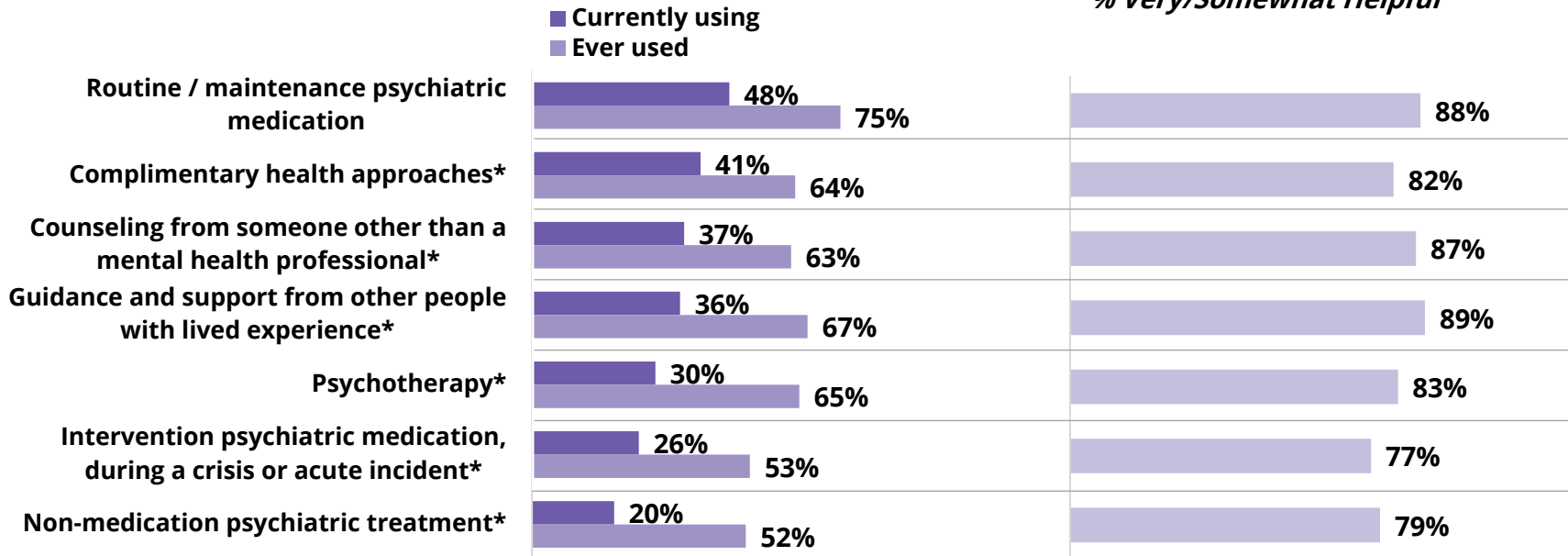


# Caregivers report high treatment usage, helpfulness, and satisfaction

Care Recipients' Use of Various Mood Disorder Treatments

Caregivers' Perceptions of Helpfulness of Treatments

(Among those whose care recipient has used each)  
% Very/Somewhat Helpful



**Treatment Satisfaction**

(Among those whose care recipient currently uses treatment)

**89%** report their care recipient is **satisfied** with their current treatment, including 50% who say very satisfied.

**Top Helpful Resources in Management of Care Recipients' Mood Disorders**

- 44% Access to primary health care
- 38% Supportive personal relationships
- 35% Family education and support resources
- 35% Education about mood disorders and treatment options

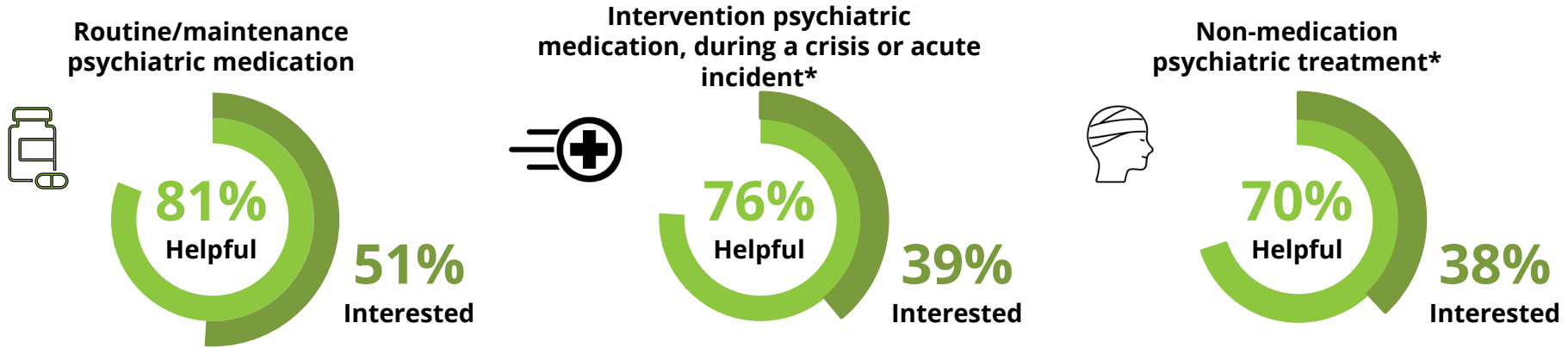




# At least 7 in 10 adults with a mood disorder say various psychiatric treatments have been helpful, but there is not overwhelming interest among those who haven't tried them

## Helpfulness Versus Interest in Psychiatric Treatments

**Helpful** (Among those who have used each)  
**Interested** (Among those who have not used each)



Among U.S. adults, some confusion exists surrounding effective treatments beyond medication.

“Medication is the only way to effectively treat a mood disorder.”



Correct [False]    
  Incorrect [True]    
  Not at all sure





# Complimentary health approaches outpace other mood disorder treatments in both helpfulness and interest

## Helpfulness Versus Interest in Non-Psychiatric Treatments

**Helpful** (Among those who have used each)  
**Interested** (Among those who have not used each)



Many U.S. adults know psychotherapy and counseling are effective, but some are not sure about these.

“Psychotherapy and counseling are not effective treatments for people with serious mental health conditions.”



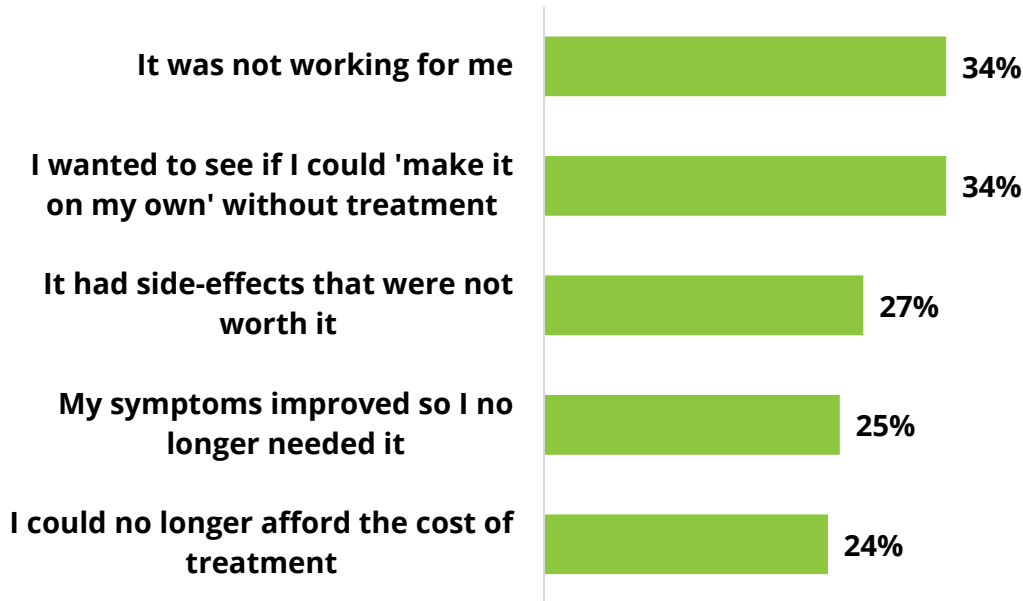
Correct [False]    
  Incorrect [True]    
  Not at all sure





# The process to finding the right treatment for a mood disorder is hard – which even the general population in the U.S. acknowledges

## Top 5 Reasons for Stopping a Treatment for Their Mood Disorder *(Among those not currently using all treatments they ever have)*

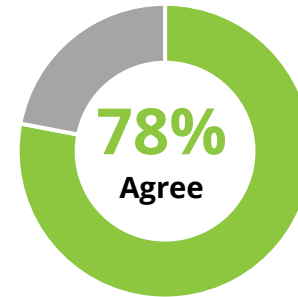


**66%**



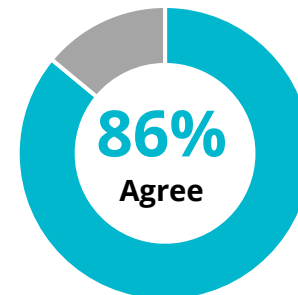
of those who have ever used **routine/maintenance psychiatric medication** have used **more than 3 different medications** throughout their experience.

## Many experience difficulties in the process to find the right treatment.



**“It is frustrating trying to find the right treatment for my mood disorder.”**

**This experience is recognized by U.S. adults, regardless if they have been diagnosed with a mood disorder.**



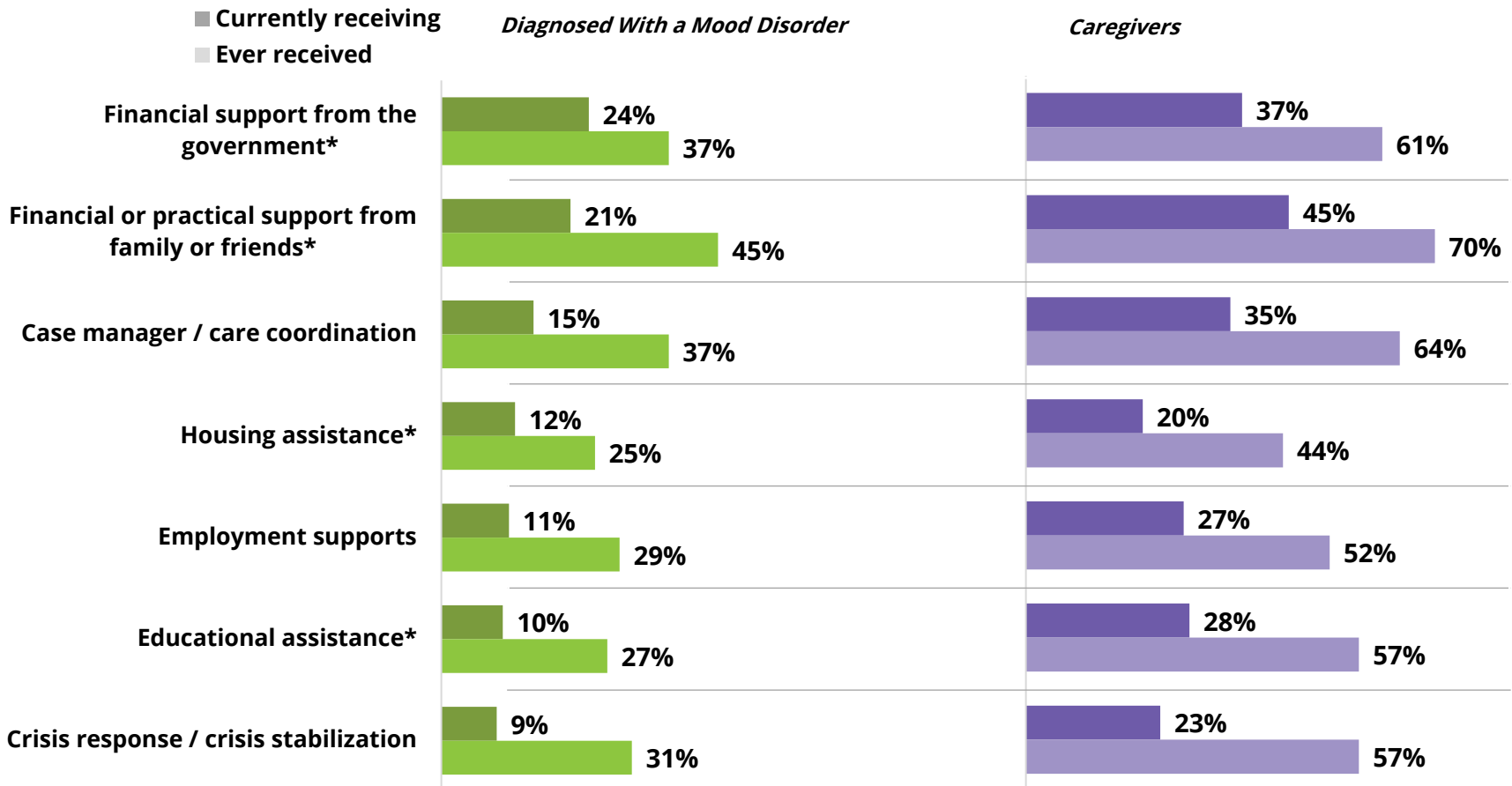
**“It can be a long and difficult process to find the right treatment for a mood disorder.”**





# Financial or practical support and care coordination are the most commonly received services and supports. Caregivers are about twice as likely to say their care recipient has received each.

Supports and Services Received as a Result of Living With a Mood Disorder





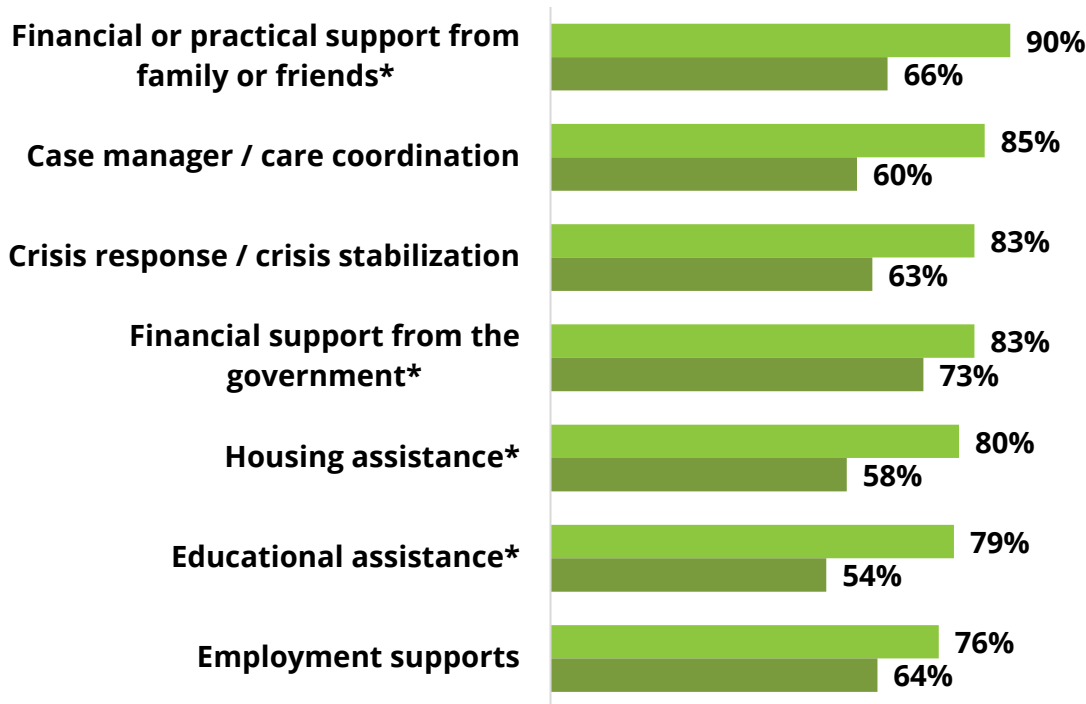


# Many believe services and supports would be helpful, but lack of information about eligibility, as well as cost, prevent their access

## Helpfulness of Services and Supports While Dealing With Symptoms of Their Mood Disorder

**Helpful** (Among those who have received each)

**Would be helpful** (Among those who have not received each)



**Top 3 Reasons for Not Receiving Services/Supports Perceived as Helpful**

- 48%** Unsure if I am eligible
- 41%** Cost
- 39%** Unsure about how to access the service

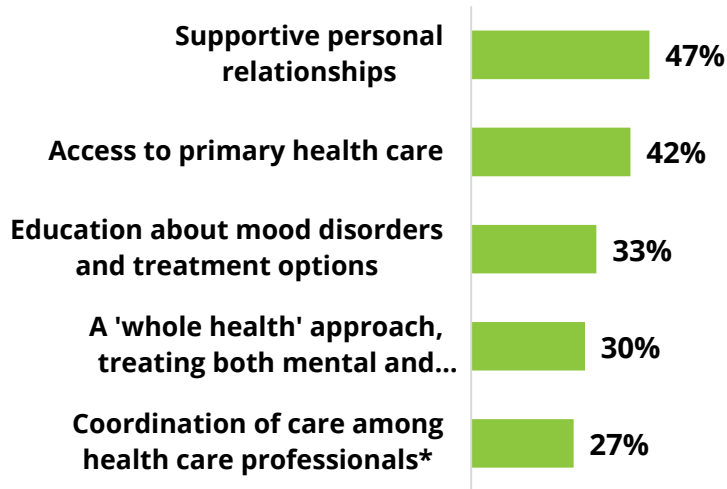
Caregivers share similar views of which services and supports are or would be helpful to their care recipient.



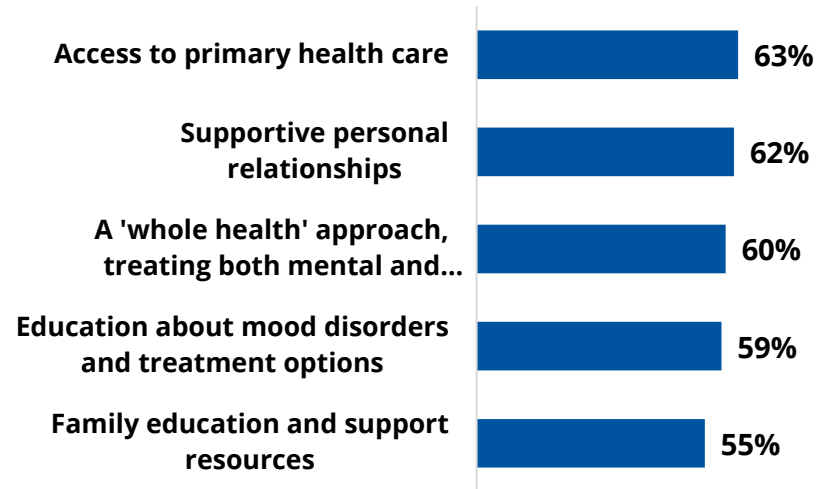


# Supportive personal relationships and access to primary health care rise to the top as helpful during the recovery process, even for those with no mood disorder experience

Top 5 Resources That Are Helpful in the Management of Their Mood Disorder and Their Recovery Process



The resources those with no mood disorder experience believe enhance recovery outcomes generally align.



Caregivers are less likely to say supportive personal relationships have been helpful to the person they care for (38%).

Peer support also shines among the general population.



90%

Agree peer support is a valuable tool for helping people manage mood disorder symptoms.

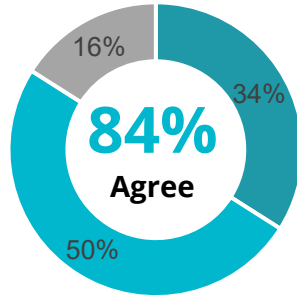




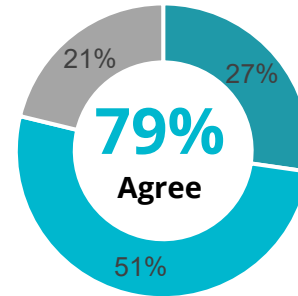
# Access to treatment is an issue for those diagnosed with a mood disorder, particularly because of cost, but stigma is also a barrier

## U.S. Adults' Thoughts About Treatment Access for Those Diagnosed With a Mood Disorder

"Stigma is a major barrier to people accessing treatment for mood disorders."



"Many people diagnosed with a mood disorder lack access to quality care."

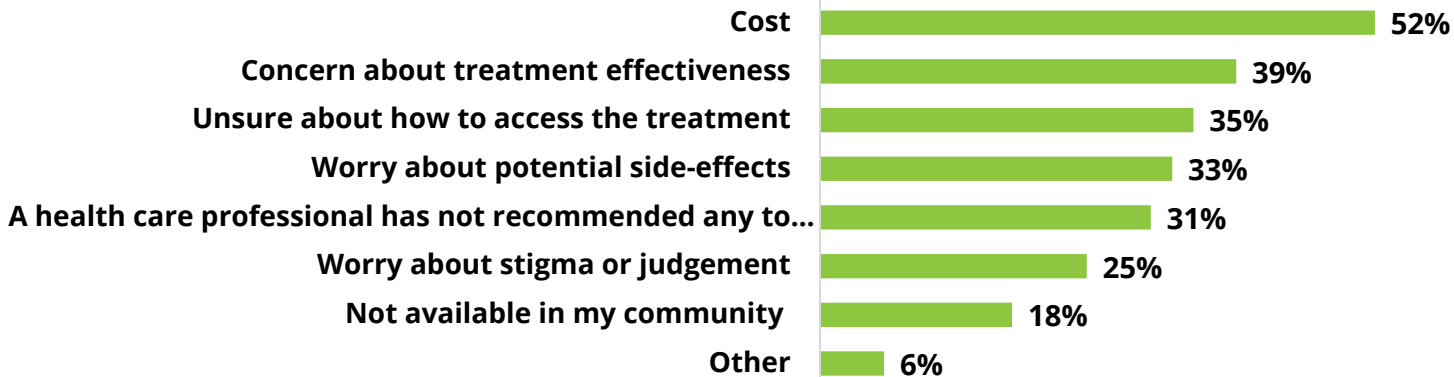


■ Strongly agree  
■ Somewhat agree  
■ Disagree

More than 2 in 5 adults diagnosed with a mood disorder (43%) and caregivers (43%) **strongly agree**.

This has increased significantly from 2009 when 72% agreed that stigma is a major barrier to people accessing treatment for depression.

### Barriers to Trying a Treatment They Are Interested in (Among those with a mood disorder who are interested in a treatment they have not tried)

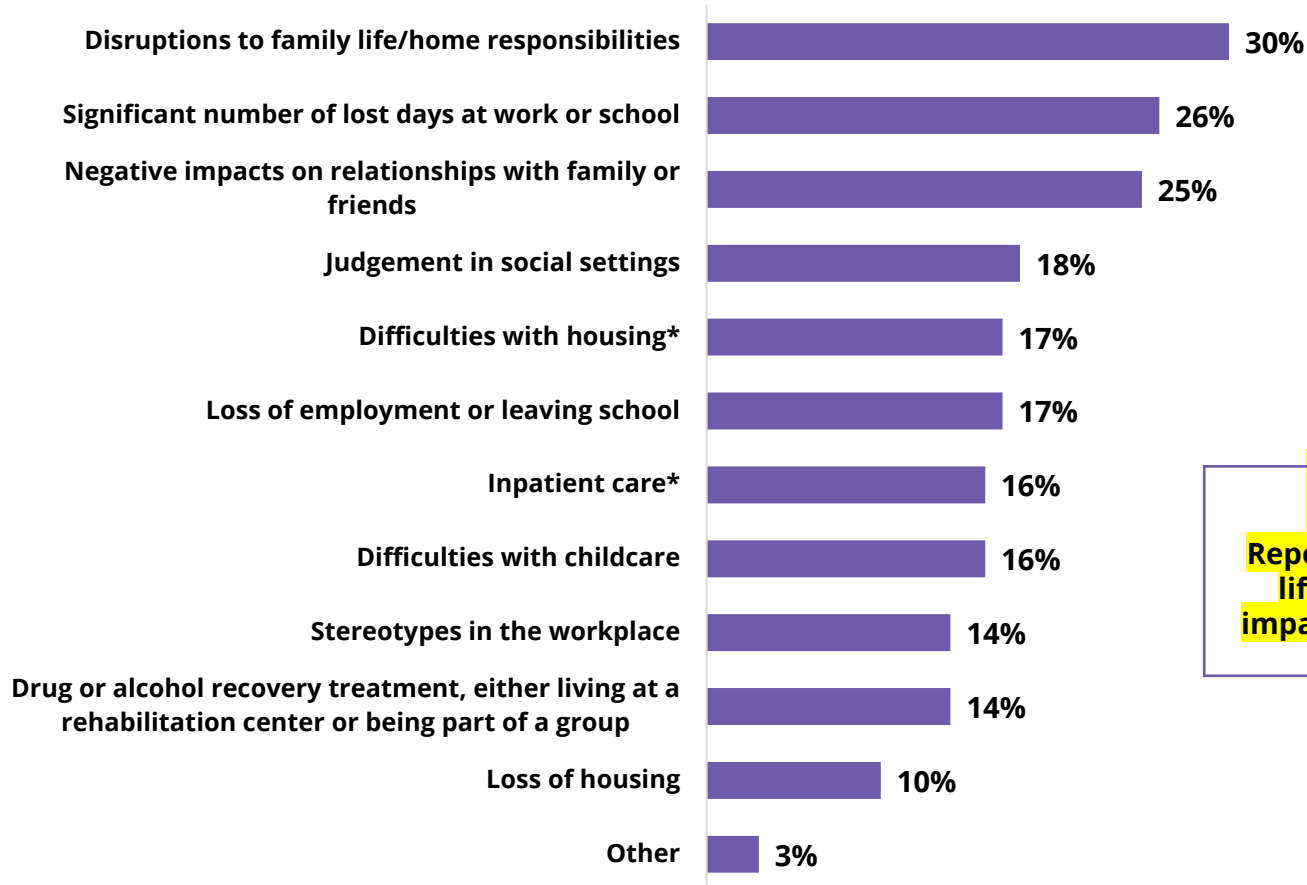


# The Caregiver Experience



# Caregivers report impacts on their own lives as a result of providing care for someone diagnosed with a mood disorder, most commonly to their home lives, work or school, and social lives

Impacts on Caregivers' Own Lives as a Result of Providing Care



Those who provide care for someone ages 65+ are twice as likely as those whose care recipient is under the age of 24 to report this (43% vs. 21%).<sup>^</sup>

**83%**  
Report their own life has been impacted in some way.





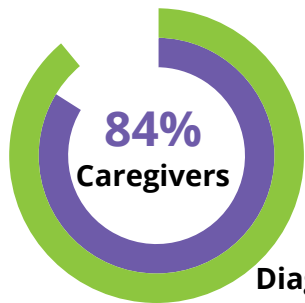
# Caregivers do not understand the recovery process and show signs of care-fatigue

Caregivers' views diverge from those of people diagnosed with a mood disorder.

*% Strongly/Somewhat Agree*

"It can be a long and difficult process to find the right treatment for a mood disorder."

"People diagnosed with a mood disorder could just 'snap out of it' if they tried."

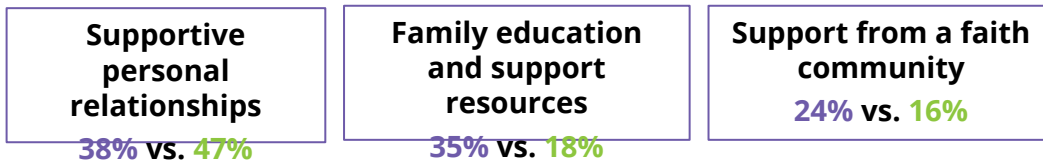


89%  
Diagnosed with a mood disorder



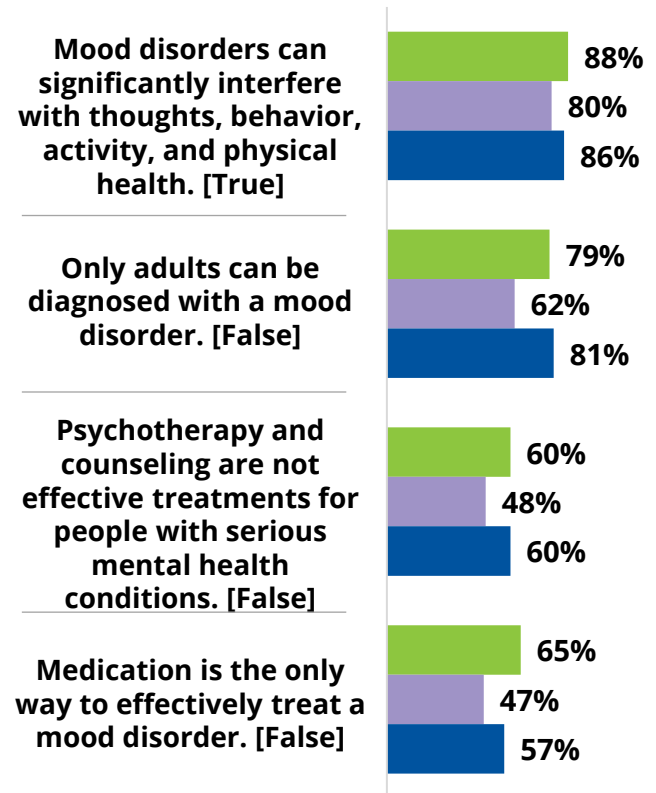
27%  
Diagnosed with a mood disorder

Significant differences emerge between what caregivers and those diagnosed believe has been helpful in the management of their mood disorder and recovery process.



Caregivers vs. Diagnosed with a mood disorder

Caregivers are the least likely to identify various facts and myths about mood disorders correctly.



■ Diagnosed with a mood disorder  
■ Caregivers  
■ No mood disorder experience





# Caregivers are struggling themselves, especially during the COVID-19 pandemic, but they are also starting to seek treatment more and are increasingly open about mental health

Experienced Symptoms of a Mood Disorder Within the Last Two Weeks



Caregivers are the most likely to agree with statements regarding opening up about their experiences.

"I have been more open with others about my mental health since the COVID-19 pandemic started."

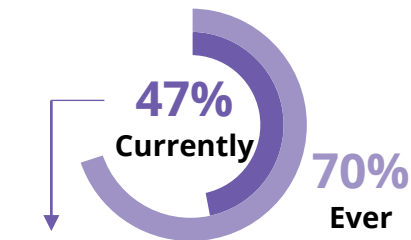


"I am more open about my mental health after hearing celebrities and other high-profile people talk about their mental health."



Mental health treatment is increasingly common, but many face barriers to care.

70% have ever received mental health treatment.



73% started receiving it within the past year.

56% have ever experienced a time when they wanted but did not receive mental health treatment.

**Top 3 Reasons For Not Receiving Treatment:**

- 49% Cost
- 45% Worry about treatment
- 38% Unable to find provider/ get appointment

54% agree they are unable to get the support they need for their mental health during the COVID-19 pandemic.





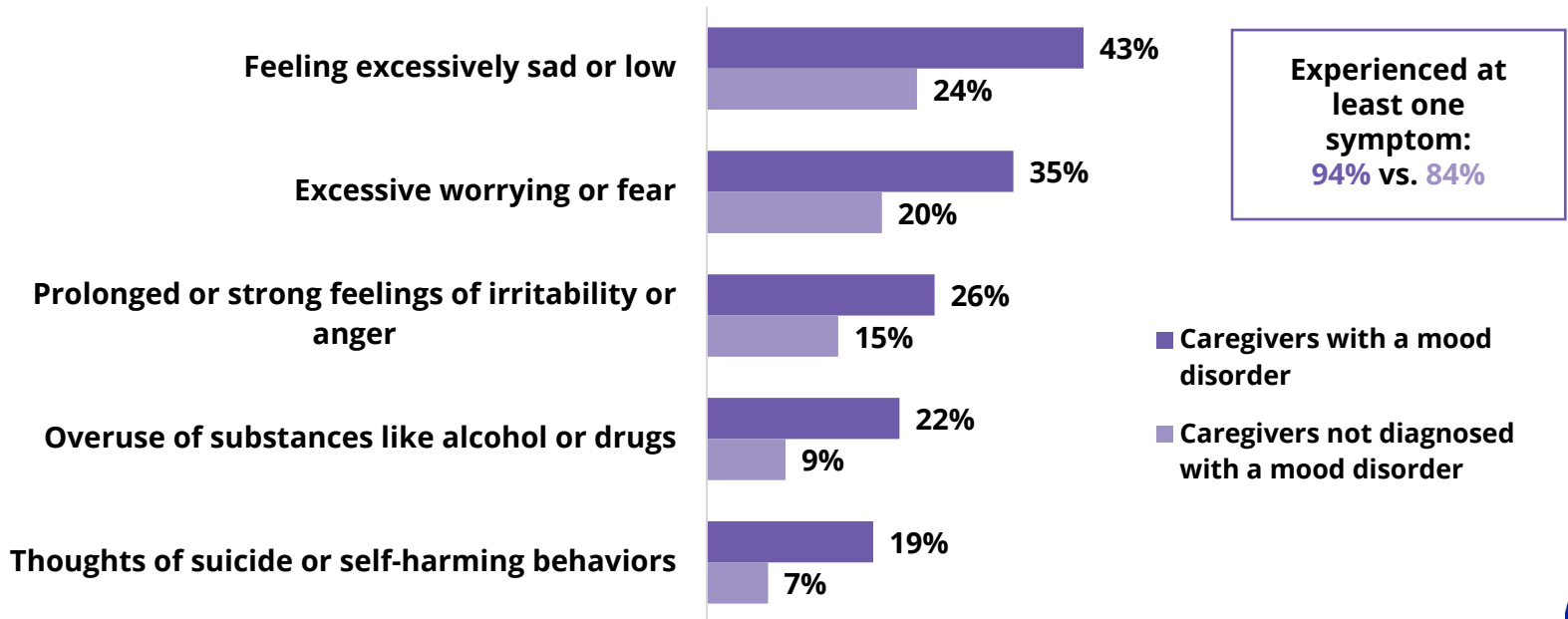
# More than one-quarter of caregivers have also been diagnosed with a mood disorder

## Mood Disorder Diagnosis



## Mood Disorder Symptoms Experienced In the Last Two Weeks

*Only those with significant differences are shown*

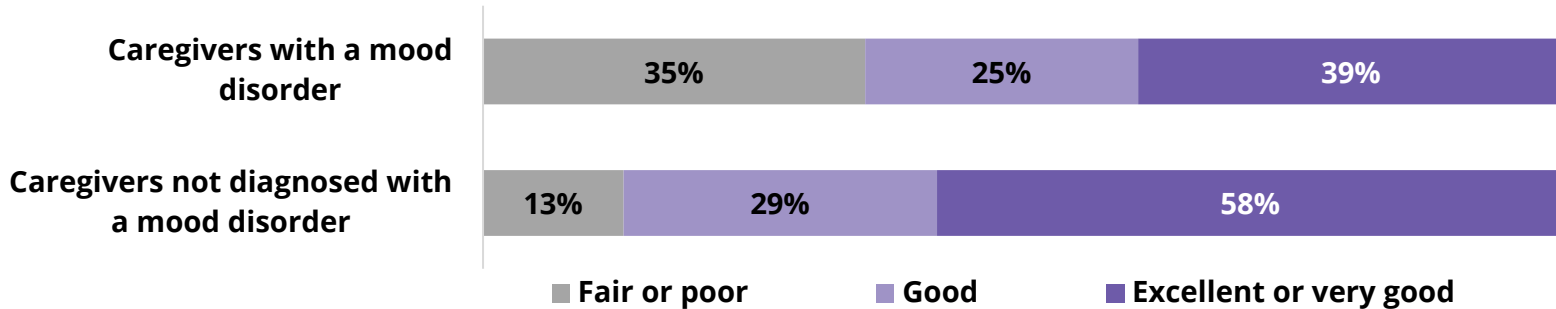






# Caregivers with a mood disorder particularly report mental health challenges, as it may be tougher to manage their own mental health when trying to wear multiple hats

Description of Mental Health



How Well They Coped With Changes to Everyday Life During the COVID-19 Pandemic



# General Perceptions of Mood Disorders

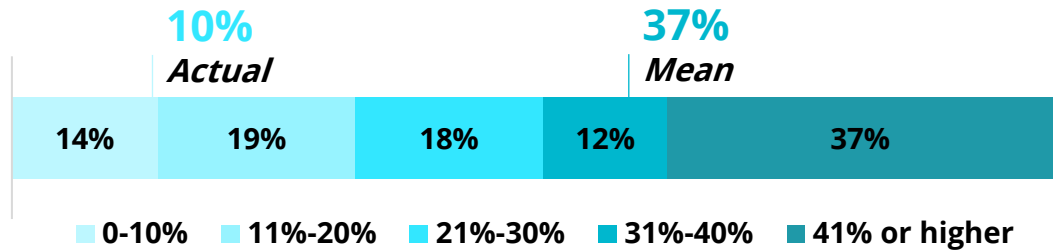


# Knowledge of mood disorders among the general public is mediocre; more than 3 in 5 correctly identify various facts and myths about them, but many overestimate their prevalence

Those with no mood disorder experience are modest in their self-reported knowledge of mood disorders.

- 13% *very* knowledgeable
- 48% *somewhat* knowledgeable
- 27% *not very* knowledgeable
- 12% *not at all* knowledgeable

The general public overestimates the percentage of U.S. adults currently experiencing a mood disorder.

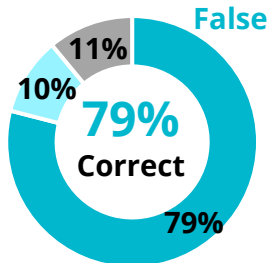


Those diagnosed with a mood disorder, on average, estimate the highest proportion (48%), followed by caregivers (43%) and those with no mood disorder experience (33%).

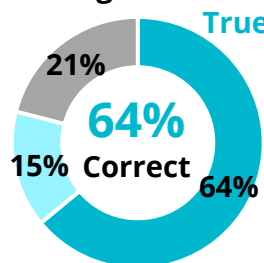
Many adults correctly identify facts and myths about mood disorders, but some are not at all sure.

■ Correct ■ Incorrect ■ Not at all sure

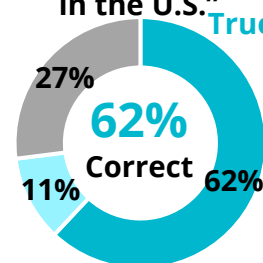
“Only adults can be diagnosed with a mood disorder.”



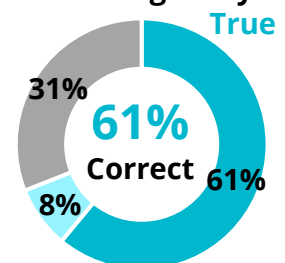
“Mood disorders can be acute (one-time) or chronic recurring conditions.”



“Mood disorders are a serious medical illness and a leading cause of disability in the U.S.”



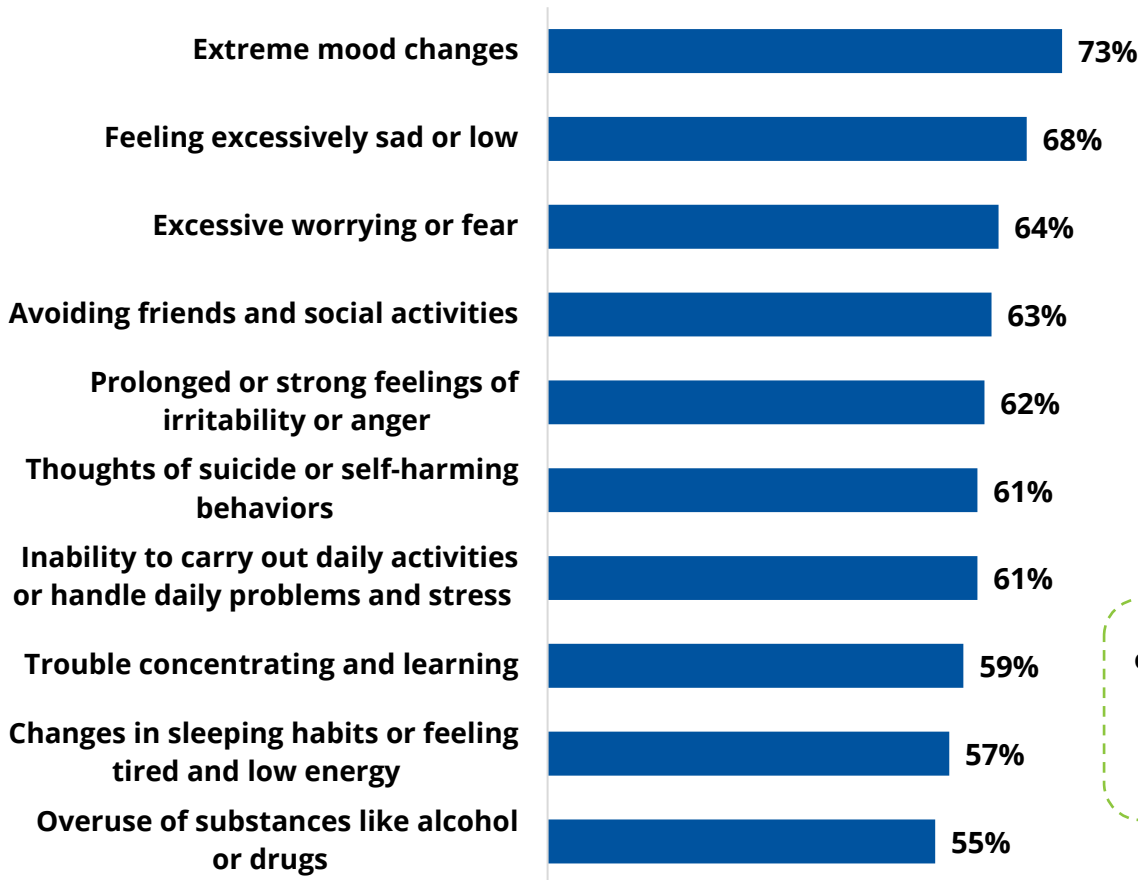
“Over 20 million adults in the U.S. experience a mood disorder in a given year.”





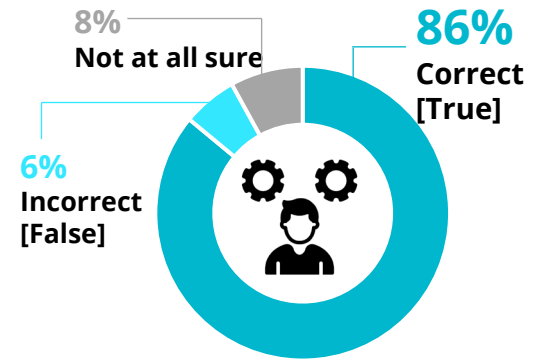
# The general public acknowledges the personal experience and symptoms of living with a mood disorder

**Symptoms of a Mood Disorder Among Those With no Mood Disorder Experience**  
*Only Top 10 Shown*



Most U.S. adults understand how a mood disorder can impact one's life.

"Mood disorders can significantly interfere with thoughts, behavior, activity, and physical health."



These symptoms generally align with the top ones impacting the daily life of those who have been diagnosed. However, for those diagnosed "changes in sleeping habits" rises to the top while "extreme mood changes" falls lower on the list.

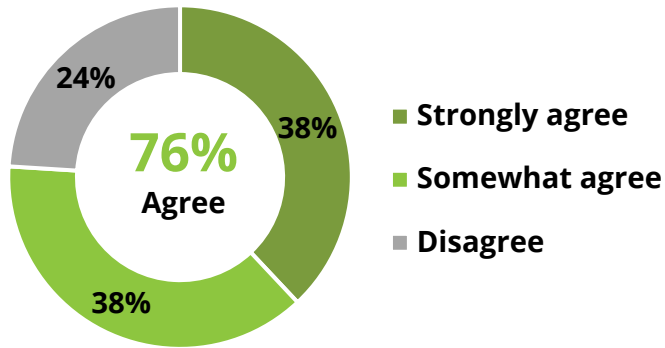




# Those diagnosed with a mood disorder feel misunderstood, and the general public may not recognize the compounding effects of living with a mood disorder

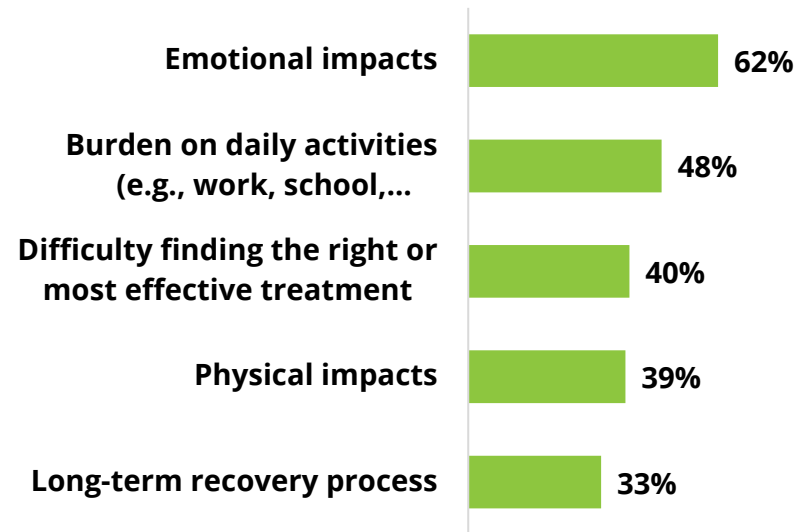
Those with a mood disorder generally feel misunderstood.

“People around me do not understand what it’s like to live with a mood disorder on a daily basis.”



Specific aspects of their mood disorder are perceived as least understood by those around them.

*Only Top 5 Shown*



U.S. adults particularly struggle with the idea of comorbidities.

“Having a mood disorder does not increase risk for other illnesses.”



Correct [False]



Incorrect [True]



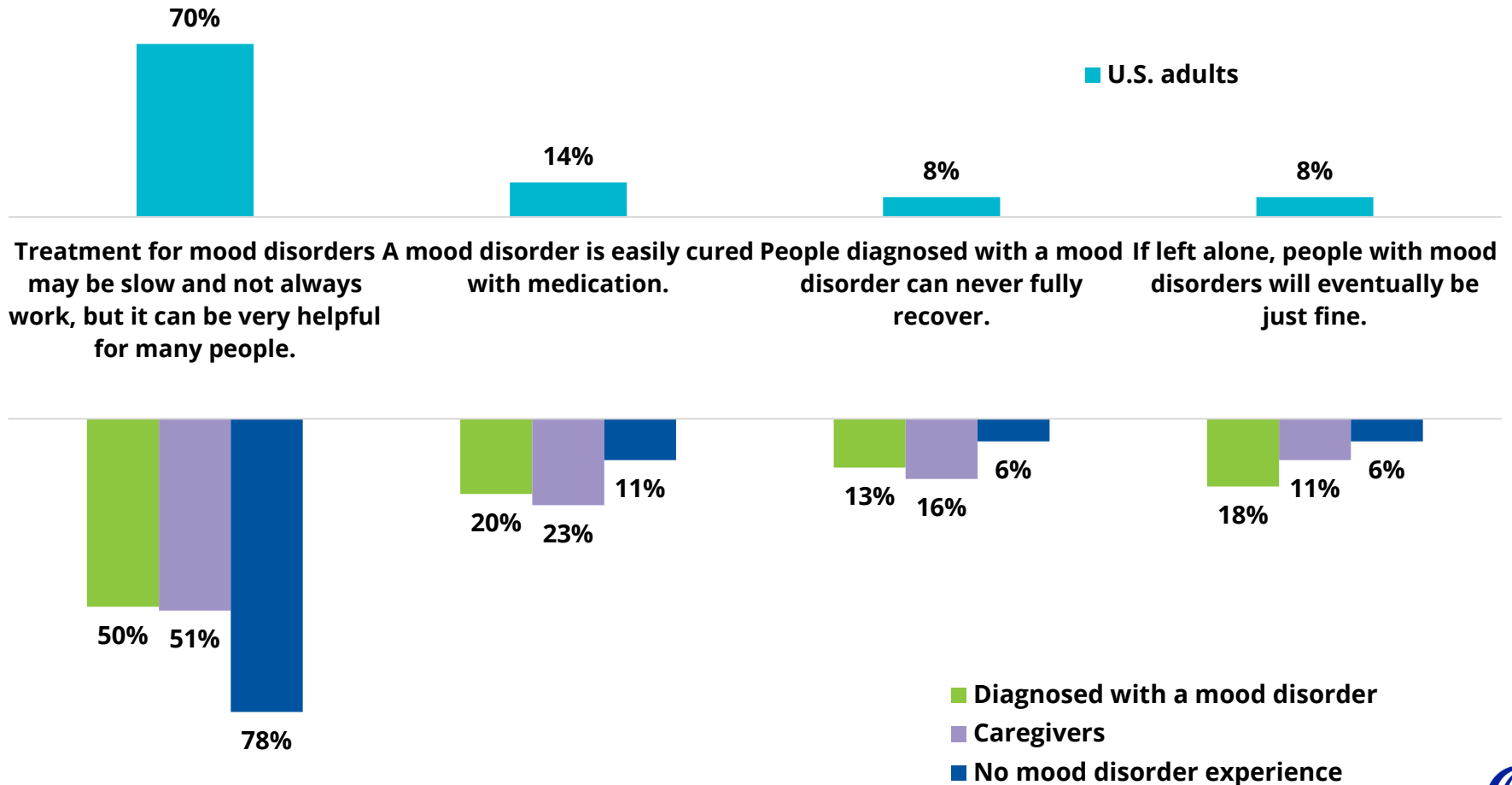
Not at all sure





# U.S. adults generally acknowledge that treatment is a process, but those diagnosed with a mood disorder and caregivers underestimate the general public's acceptance of this

The General Public's Views on Treatment for Mood Disorders and Perceptions of the General Public's Views

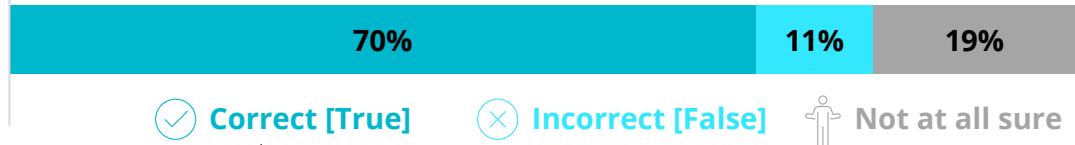




# Despite an understanding of the recovery process, there is a persisting stigma that you can “snap out of” a mood disorder

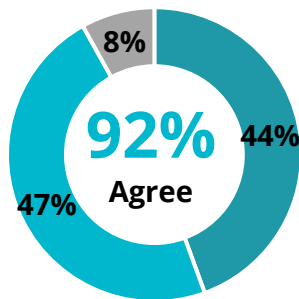
U.S. adults know a mood disorder can be a chronic experience.

“Mood disorders can affect a person for their whole life even if they get treatment.”



82% of mood disorder patients know this is true  
 68% of those with no mood disorder experience  
 67% of caregivers

“Most people diagnosed with a mood disorder could be helped if they received proper treatment.”



However, some do not understand.



“I feel fearful of being around people with mood disorders.”

37%  
Agree



“People diagnosed with a mood disorder could just ‘snap out of it’ if they tried.”

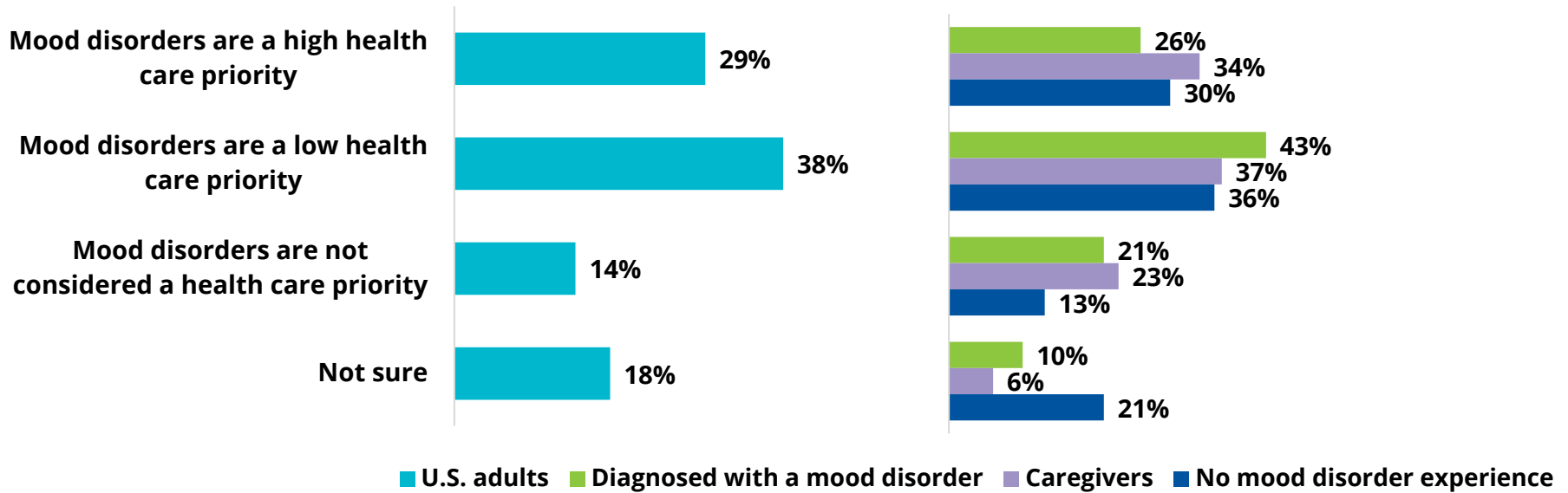
27%  
Agree





# Mood disorders are not seen by many as a high health care priority, but mental health in general is an increasing priority

Perceptions of Mood Disorders as a Health Care Priority



“Mental health has become more of a health care priority in recent years.”





# Mental Health Today

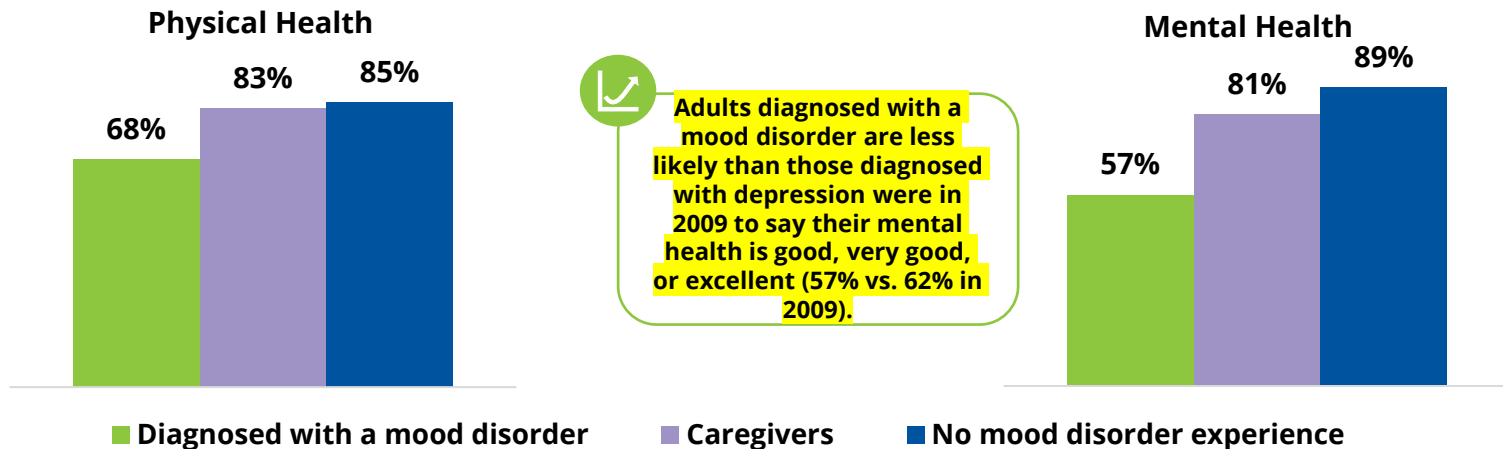


# Only slight differences exist in how U.S. adults describe their physical versus mental health, but those diagnosed with a mood disorder are much less likely to say their mental health is good

## Description of Mental and Physical Health



## Describe Physical and Mental Health as Excellent, Very Good, or Good

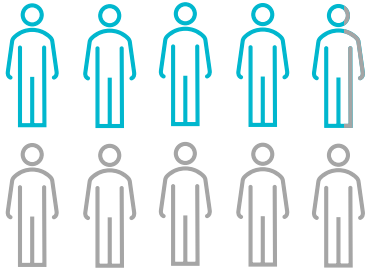




# Mental health challenges touch many lives

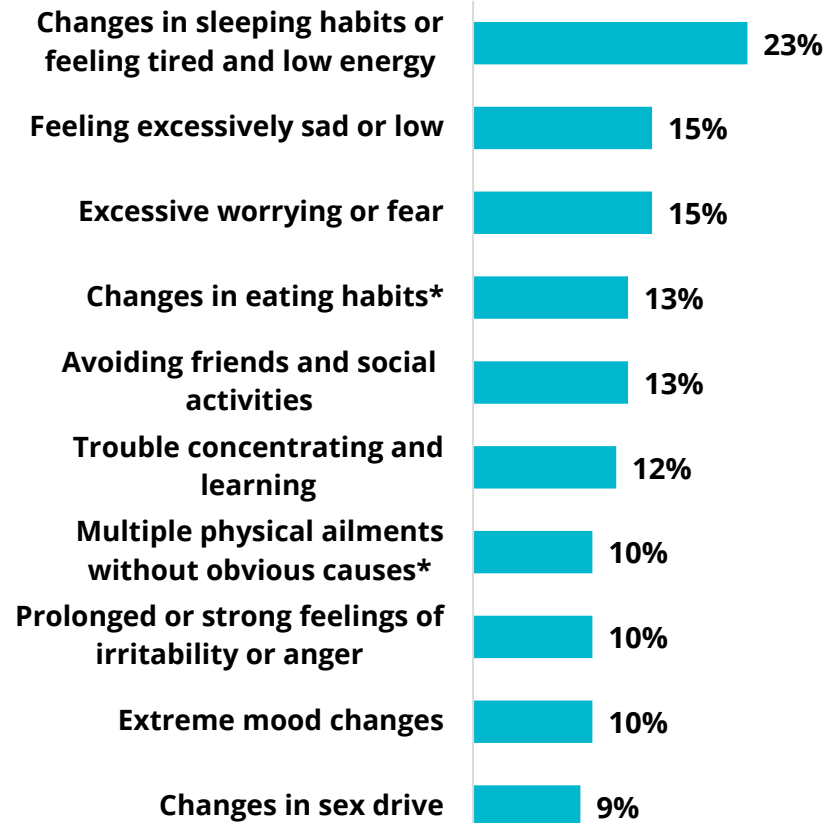
**47%**

have experienced symptoms of a mood disorder within the last 2 weeks.



## Mood Disorder Symptoms Experienced Within the Last Two Weeks

*Only Top 10 Shown*

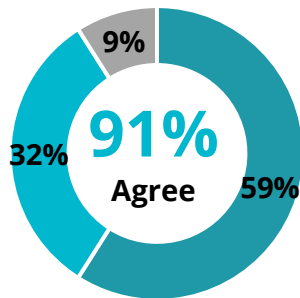




# Hearing high-profile people discuss mental health may be key to increasing openness about mental health challenges and expanding treatment usage

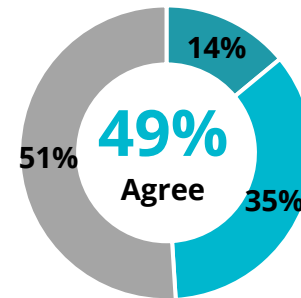
**There is acknowledgement of mental health challenges.**

“Mental health challenges can affect anyone.”



- Strongly agree
- Somewhat agree
- Disagree

“I am more open about my mental health after hearing celebrities and other high-profile people talk about their mental health.”



**Despite this, use of mental health treatment could be expanded.**

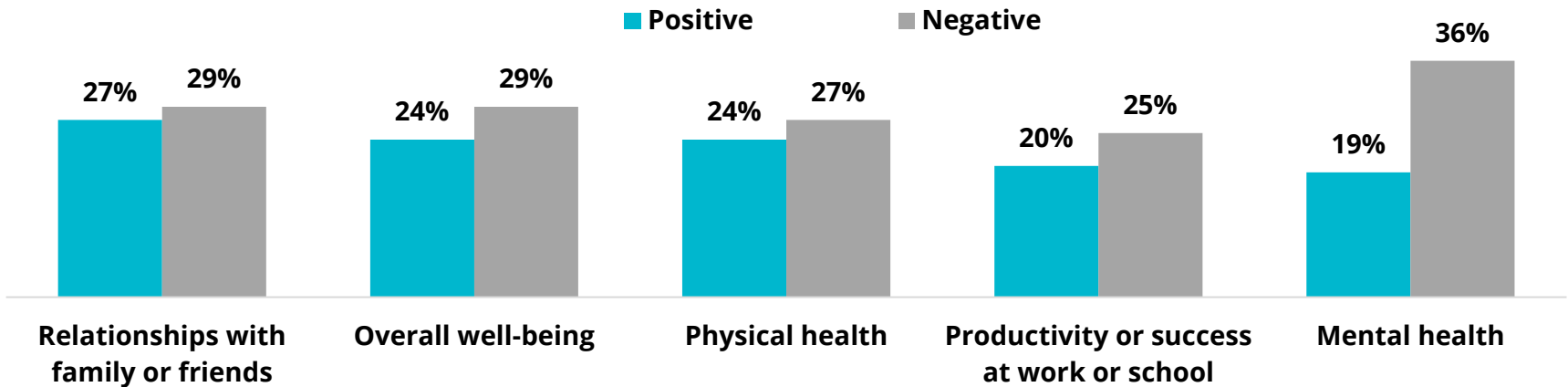
**40%** have ever received mental health treatment.



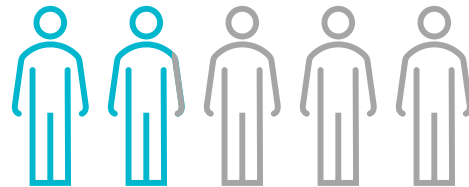


# There have been new struggles during the COVID-19 pandemic

Impact of the COVID-19 Pandemic on Various Aspects of Life



Only **39%** say they **coped very well** with changes to everyday life during the COVID-19 pandemic.

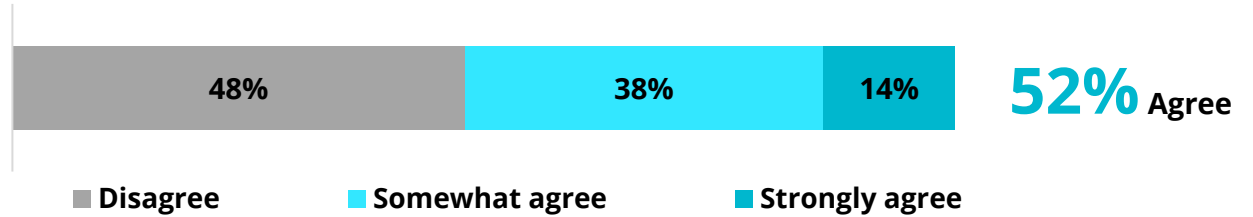




# Mental health is becoming a mainstream topic – many have been more open about their mental health and started treatment during the COVID-19 pandemic

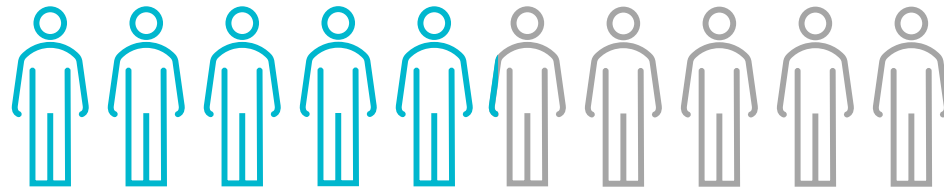
There have been changes in openness and treatment.

“I have been more open with others about my mental health since the COVID-19 pandemic started.”



Among those who currently receive mental health treatment (20%):

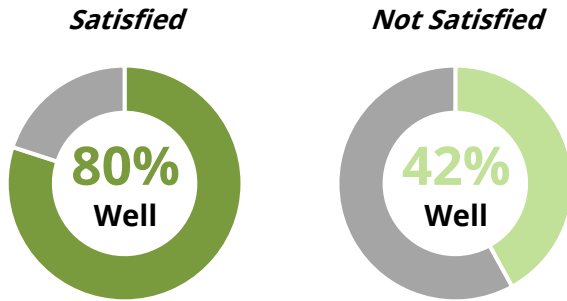
**51%** started receiving treatment within the past year.



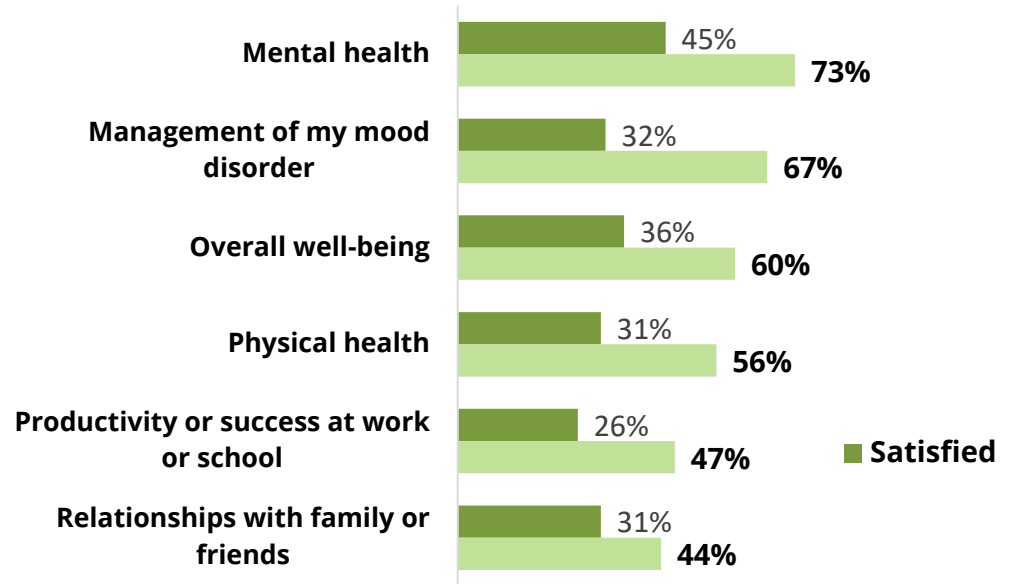


# Existing treatment helped people diagnosed with a mood disorder cope with changes during the COVID-19 pandemic

**How They Coped With Changes to Everyday Life During the COVID-19 Pandemic**  
*(By satisfaction with current treatment for their mood disorder)*



**COVID-19 Pandemic Had Negative Impact on Various Aspects of Life**  
*(By satisfaction with current treatment for their mood disorder)*



**“Having an existing treatment plan helped me manage my mood disorder during the COVID-19 pandemic.”**



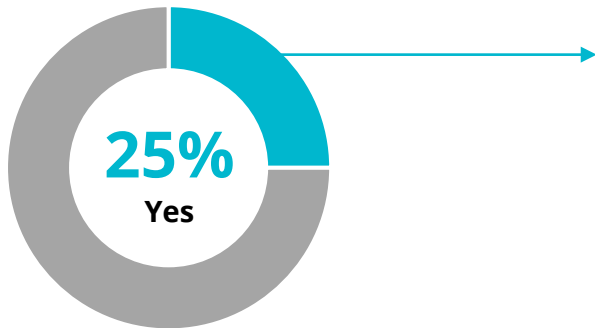
**78%** of those satisfied with their current treatment agree.





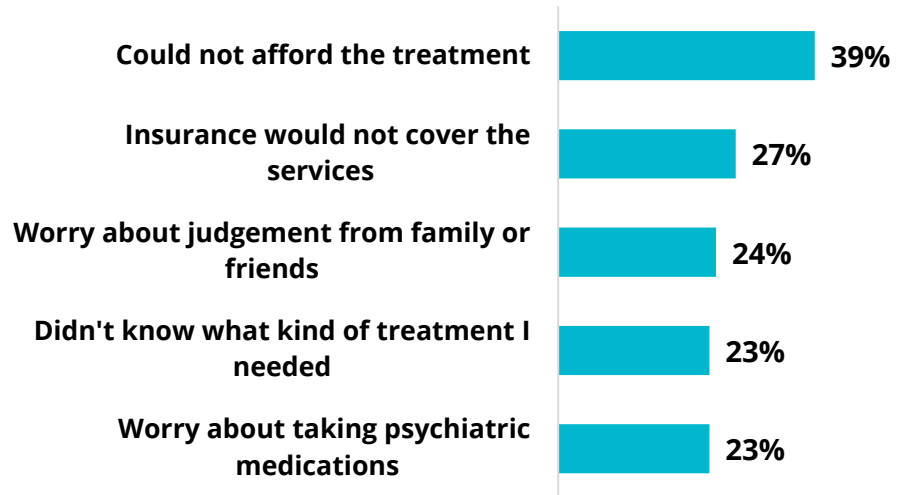
# One-quarter of adults have not received mental health treatment even when they wanted it, most often due to cost

Ever Been a Time When They Wanted Mental Health Treatment, but Did Not Receive It



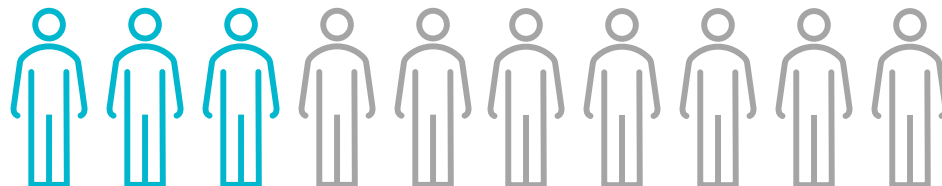
Top 5 Reasons for Not Receiving Mental Health Treatment When They Wanted It

*(Among those who ever wanted it but did not receive it)*



The COVID-19 pandemic may be exacerbating access issues.

**"I am unable to get the support I need for my mental health during the COVID-19 pandemic."**



**30%** Agree

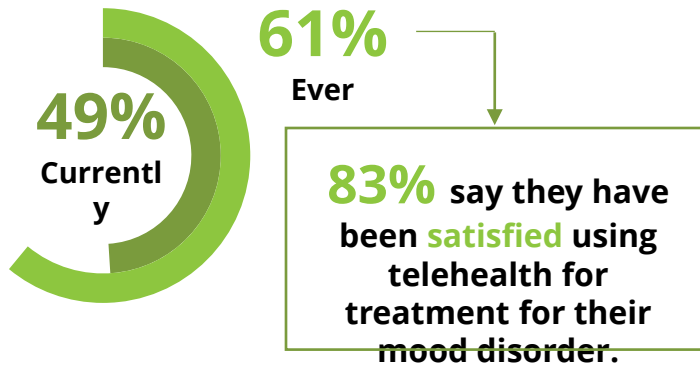




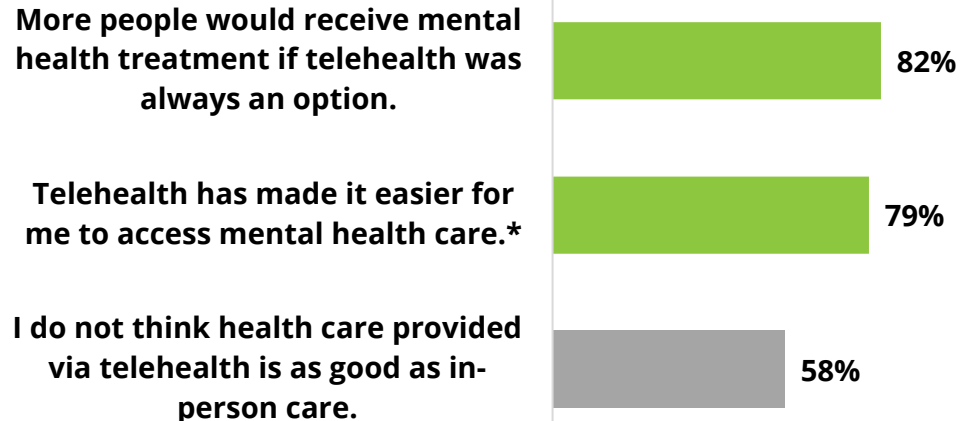


# Telehealth can improve access to mental health care and may increase treatment use, but in-person health care is generally still preferred

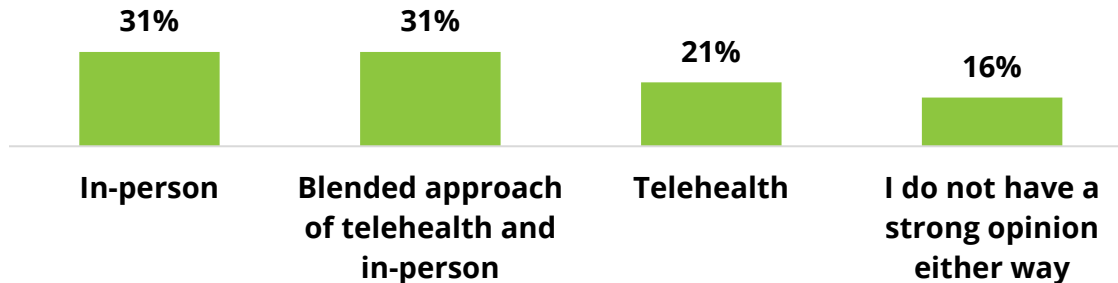
## Use of Telehealth for Treatment for Their Mood Disorder



## Perceptions of Telehealth % Strongly/Somewhat Agree



## Preferred Way to Receive Health Care, Assuming All Options Are Available



Among the general population, in-person care (37%) is preferred over a blended approach (31%) or telehealth (13%).

Definition provided: By telehealth, we mean health-related services provided by a licensed health care professional via technology (e.g., phone call, video call) as opposed to an in-person visit.

\*Among those who ever used telehealth for treatment for their mood disorder.



# Subgroup Profiles

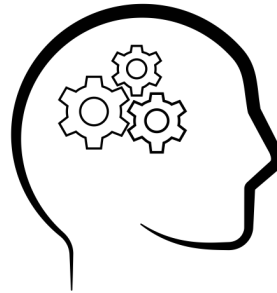
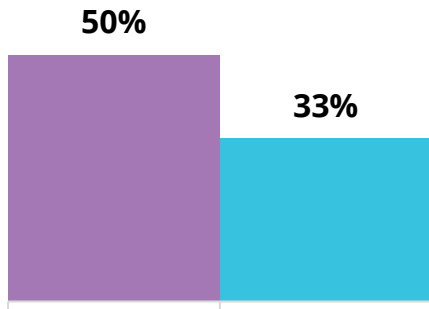


# Women are more likely to report struggles and are more open about their mood disorder than men

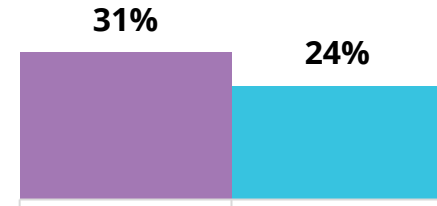
Women are more likely to be struggling.

Describe Mental Health as Fair/Poor

■ Women ■ Men



Did Not Cope Well With Changes During COVID-19



Women are also more likely to have told someone about their diagnosis.

85%  
Women



80%  
Men



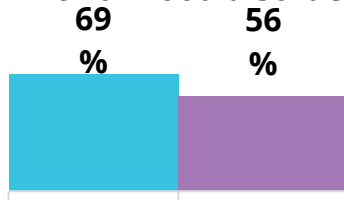


# Men are more impacted by stigma surrounding mental health than women are, but there have been positive changes during the COVID-19 pandemic

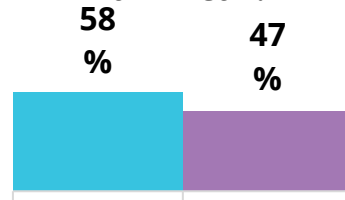
Stigma is an issue for men.  
% Strongly/Somewhat Agree

Men Women

“People treat me differently after they learn I have been diagnosed with a mood disorder.”



“I don’t tell others about my mood disorder because they would think I am weak.”



“People diagnosed with a mood disorder could just ‘snap out of it’ if they tried.”



There have been improvements for men during the COVID-19 pandemic.

Started Receiving Mental Health Treatment Within the Past Year



Currently Use Telehealth for Treatment for Their Mood Disorder



“I have been more open with others about my mental health since the COVID-19 pandemic started”

Gender	%
Women	47%
Men	58%





## Younger adults who are diagnosed with a mood disorder, especially those ages 18-24, are particularly facing mental health challenges, worrying about stigma, and facing barriers to care

*Younger adults: 18-34; Middle-aged adults: 35-64; Older adults: 65+*

### Younger adults report worse experiences with a mood disorder.

Younger adults are **more** likely than middle-aged and older adults to:

- Describe their **mental health as fair or poor** (49% vs. 40% and 37%).
- Say the symptoms of their mood disorder are **not well-managed** (29% vs. 20% and 13%).
- Have **not coped well with changes** to everyday life during the COVID-19 pandemic (35% vs. 25% and 19%).

The youngest adults (18-24) are **particularly likely** to\*:

- Describe their **mental health as fair or poor** (55% vs. 37%-44%).
- Report **negative impacts** as a result of living with a mood disorder (93% vs. 66%-83%).
- Say they did **not cope well** during the COVID-19 pandemic (40% vs. 19%-30%).

### They are also disproportionately afflicted by stigma.

Younger adults are **most** likely to:

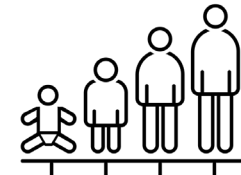
- Say **worry about stigma or judgement** has prevented them from:
  - Trying a treatment they are interested in (33% vs. 21% and 7%).
  - Receiving a service/support they think would be helpful (31% and 25% vs. 11%).
- Say worry about judgement from family or friends is the reason they did not receive treatment when they wanted it (32% vs. 23% and 19%).

Younger and middle-aged adults are **more** likely than older adults to agree:

- People **treat me differently** after they learn I have been diagnosed with a mood disorder (65% and 62% vs. 37%).
- I don't tell others about my mood disorder because they would think I **am weak** (56% and 51% vs. 35%).

### The experiences of younger adults reveal mental health care may not be keeping up with demand.

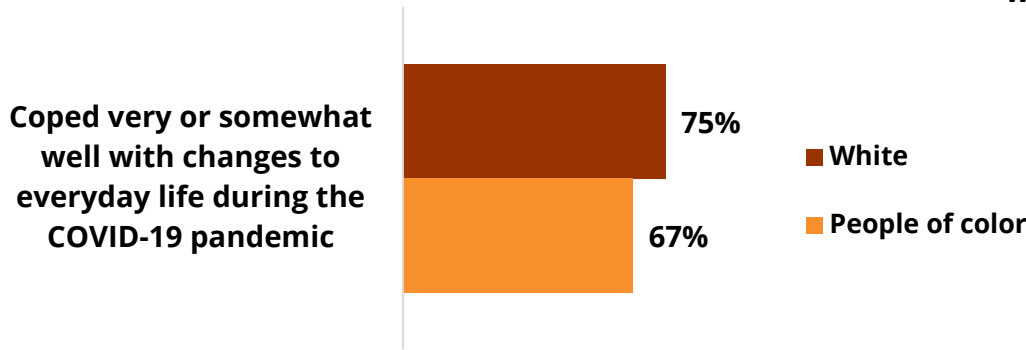
- As age increases, adults are **less** likely to say there has ever been a time when they **wanted mental health treatment but did not receive it** (18-34: 68% vs. 35-64: 54% vs. 65+: 37%).
  - This rises to 70% for those ages 18-24 and their top barrier to receiving treatment is worry about being hospitalized (44%).
- Younger adults are more likely to say they are **unable to get the support** they need for their mental health during the COVID-19 pandemic (57% vs. 41% and 19%).



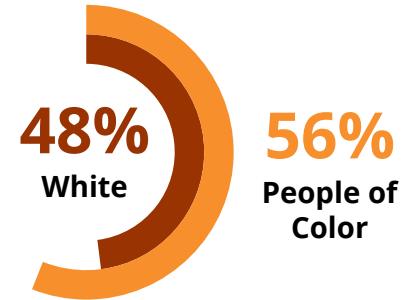


# During the COVID-19 pandemic, white adults were more likely to cope well while people of color continued facing barriers to mental health care

White adults are more likely than people of color to have coped well during the pandemic.

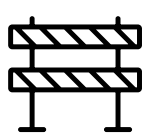


People of color are more likely to be opening up: % Strongly/somewhat agree "I have been more open with others about my mental health since the COVID-19 pandemic started."



However, people of color are more likely to continue to face barriers to treatment.

Ever Experienced a Time When They Wanted Mental Health Treatment but Did Not Receive It



64% of people of color.  
54% of white adults.

"I am unable to get the support I need for my mental health during the COVID-19 pandemic."



49% of people of color agree.  
43% of white adults agree.

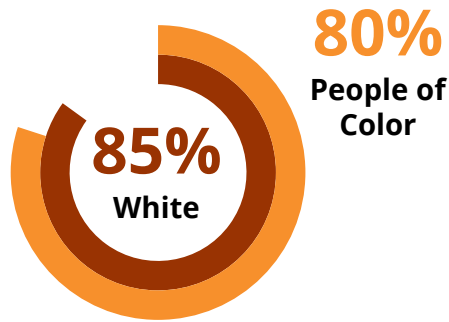
Hispanic adults are the most likely to report this experience (70%).





# Minority representation – in public and in practice – may be key to reducing stigma

White adults are more likely to have told someone about their mood disorder diagnosis.

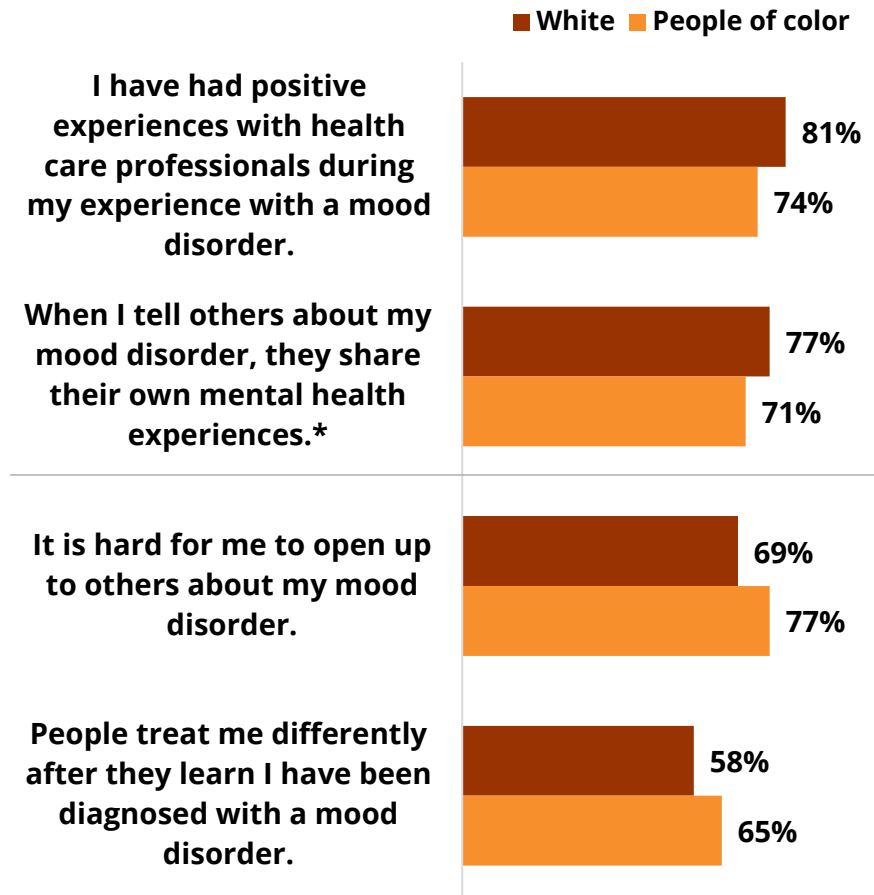


Positive media representations, including celebrity advocates have been helpful in the management of their mood disorder and their recovery process.



People of color are slightly more likely than white adults to agree they are more open about their mental health after hearing celebrities and other high-profile people talk about their mental health (53% vs. 49%).

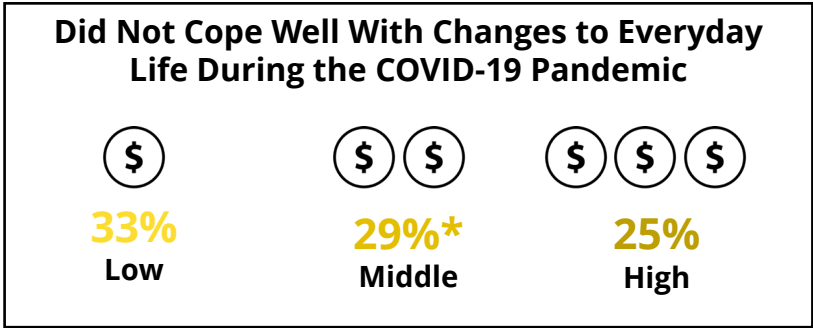
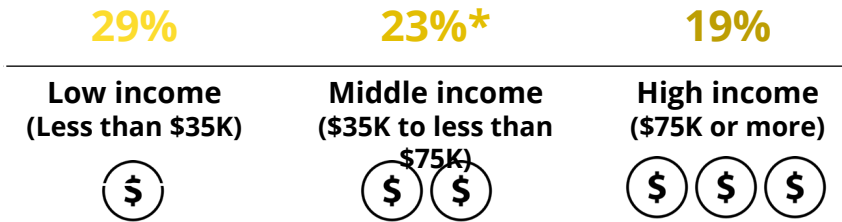
People of color are less likely to have positive experiences.  
% Strongly/Somewhat Agree



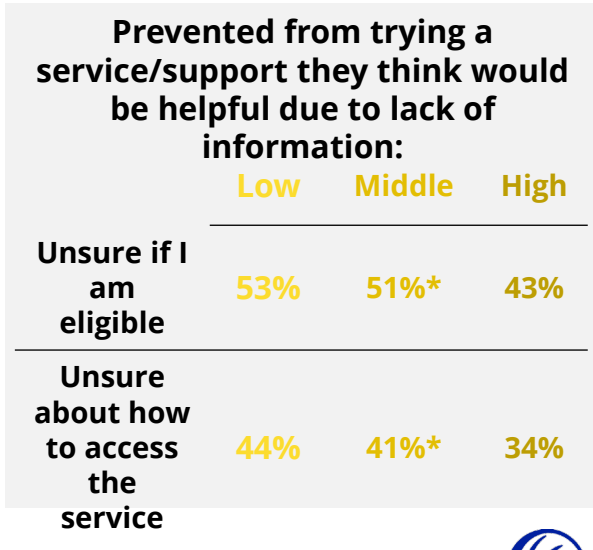
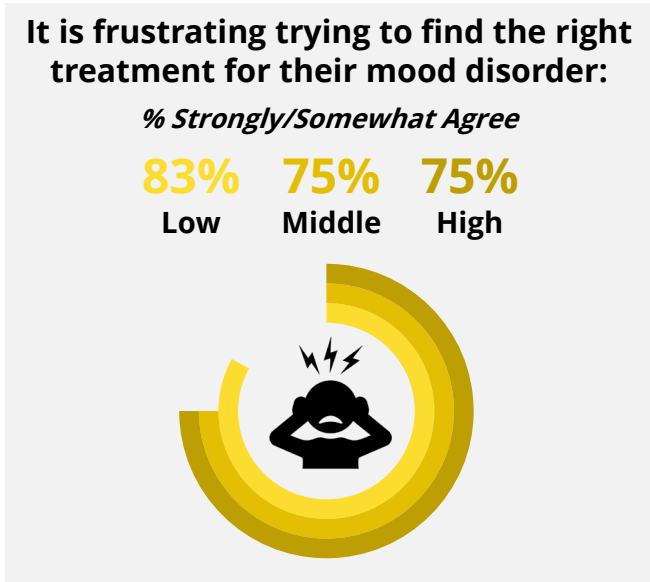
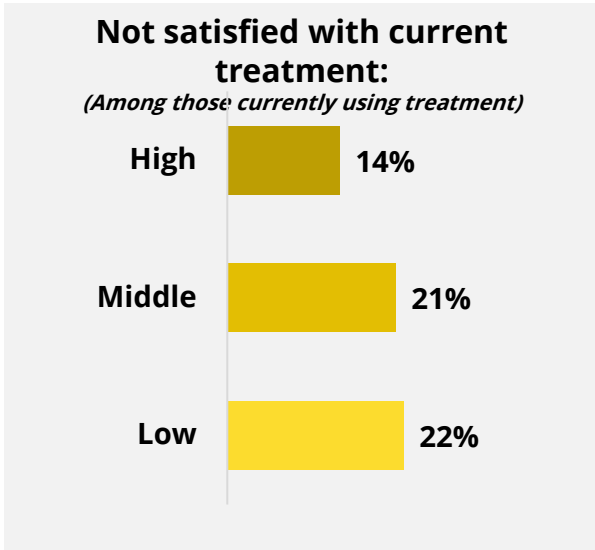


# Low household income is associated with challenges to dealing with one's mood disorder, particularly when accessing care, finding the right treatment, and receiving services/supports

## Symptoms of Their Mood Disorder Are Not Well-Managed



## Difficulties With the Treatment Journey



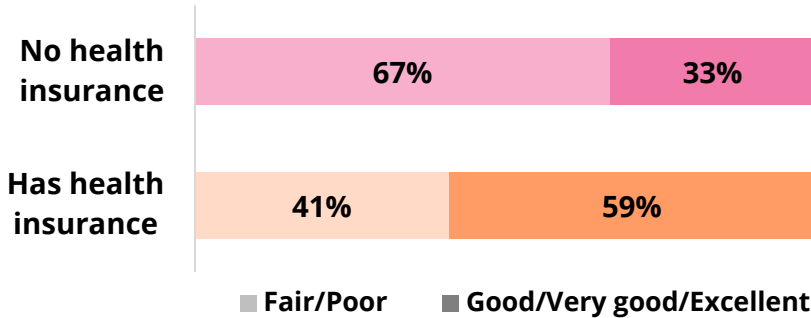




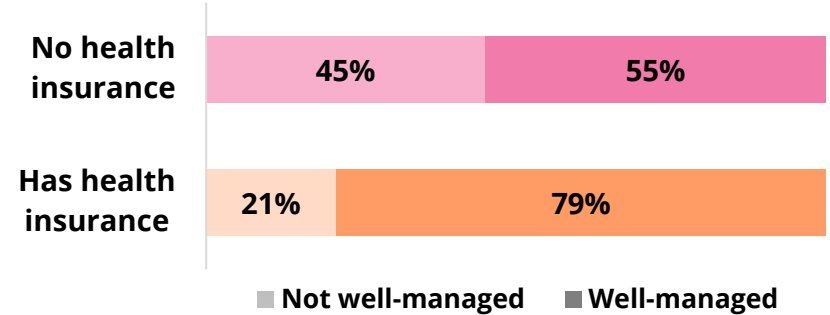
# Health insurance status is an indicator of mental health and for those without insurance, cost is a top barrier to treatment

Adults without health insurance are more likely to report worse mental health.

Description of Mental Health



Management of Mood Disorder Symptoms



They are also more likely to face a key barrier to mental health treatment: cost.

## Reason For Not Receiving Mental Health Treatment When They Wanted It

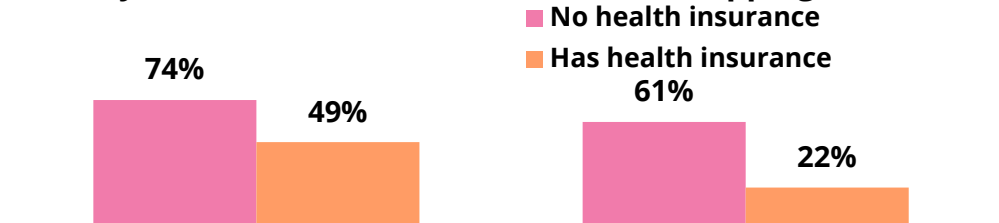
*(Among those who ever wanted but did not receive treatment)*

“Could not afford the treatment”

No health insurance: 81%

Has insurance: 40%

When it comes to specific treatments, cost is a top barrier to trying one they are interested in and a driver for stopping treatment.



Cost prevented them from trying a treatment they are interested in

The reason for stopping a treatment is that they could no longer afford it





# Frontline workers show signs of needing more information about mood disorders and support when accessing treatment

*Definition of frontline worker: Frontline health care or public safety professional (e.g., first responder, medical professional, law enforcement, or other public safety professional)*

Frontline workers' self-reported knowledge of mood disorders is high, but there is misinformation.

80% say they are **very or somewhat knowledgeable** about mood disorders (compared with 59% of those who are not frontline workers).

Frontline workers are **less** likely to:

- Know mood disorders can significantly interfere with thoughts, behavior, activity, and physical health (78% vs. 87%).

More likely to:

- Agree people diagnosed with a mood disorder could just **"snap out of it"** if they tried (50% vs. 24%).
- Think a mood disorder is **easily cured** with medication (25% vs. 12%).
- Say people diagnosed with a mood disorder can **never fully recover** (14% vs. 7%).

There are signs that frontline workers are struggling.

Frontline workers are **more** likely to:

- Be diagnosed with a **mental health condition** (43% vs. 28%), including a mood disorder (26% vs. 17%).
- Have experienced at least one **symptom of a mood disorder** within the last two weeks (72% vs. 43%).

Among those diagnosed with a mood disorder:

- Frontline workers are more likely to have experienced **negative impacts** as a result of living with a mood disorder (95% vs. 81%), particularly housing problems (39% vs. 15%).

Frontline workers are seeking help, but they need more support.

Frontline workers are **more** likely to:

- Currently **receive mental health treatment** (46% vs. 15%).
  - Have started receiving it within the past year (84% vs. 34%).
- Have ever wanted mental health treatment but **not received it** (58% vs. 19%).
  - Not receive treatment because they are **worried about treatment** (42% vs. 30%) or **unable to find a treatment provider** accepting new patients (28% vs. 12%).
- Agree they are **unable to get the support** they need for their mental health during the COVID-19 pandemic (52% vs. 27%).

Among frontline workers who are diagnosed with a mood disorder, the same storylines emerge: there is misinformation, they are not as open about their diagnosis, and they face barriers to care.



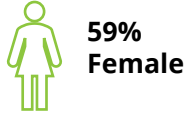
# Demographics



# Demographics

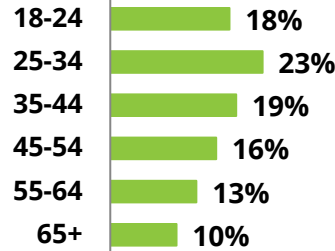
Sample size: 2,093

## Gender



Non-binary/Gender Non-conforming: 2%  
 Transgender: 1%  
 Prefer not to answer: <.05%

## Age



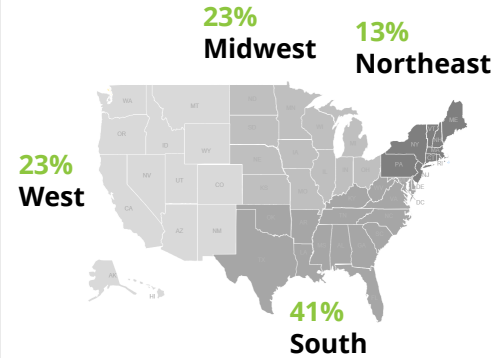
Mean: 41.1

## Race/Ethnicity

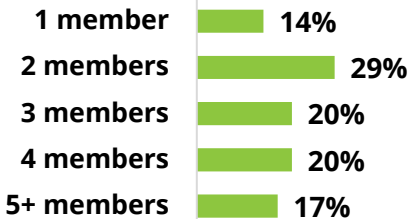


- 60% White
- 19% Hispanic
- 11% Black or African American
- 3% Asian
- 1% Native American or Alaskan Native
- <.05% Pacific Islander
- 5% More than one race
- <.05% Some other race

## Region



## Household Size



## Living Situation

- 39% With spouse/s.o.
- 29% With family
- 19% By themselves
- 7% With friends/roommates
- 3% Supported housing/hospital
- 2% Other

## Employment



- 57% Employed (NET)
- 43% Not employed (NET)

In an essential position:  
 Frontline worker: 42%

## Education



- 12% Less than high school
- 60% High school to less than 4-year degree
- 28% 4-year degree or more

## Urbanicity



36% Urban



44% Suburban



20% Rural

## Parental Status



- Has children: 58%
- No children: 41%

## Marital Status

- 35% Never married
- 43% Married/Living with partner
- 22% Divorced/Separated/Widowed

## Household Income



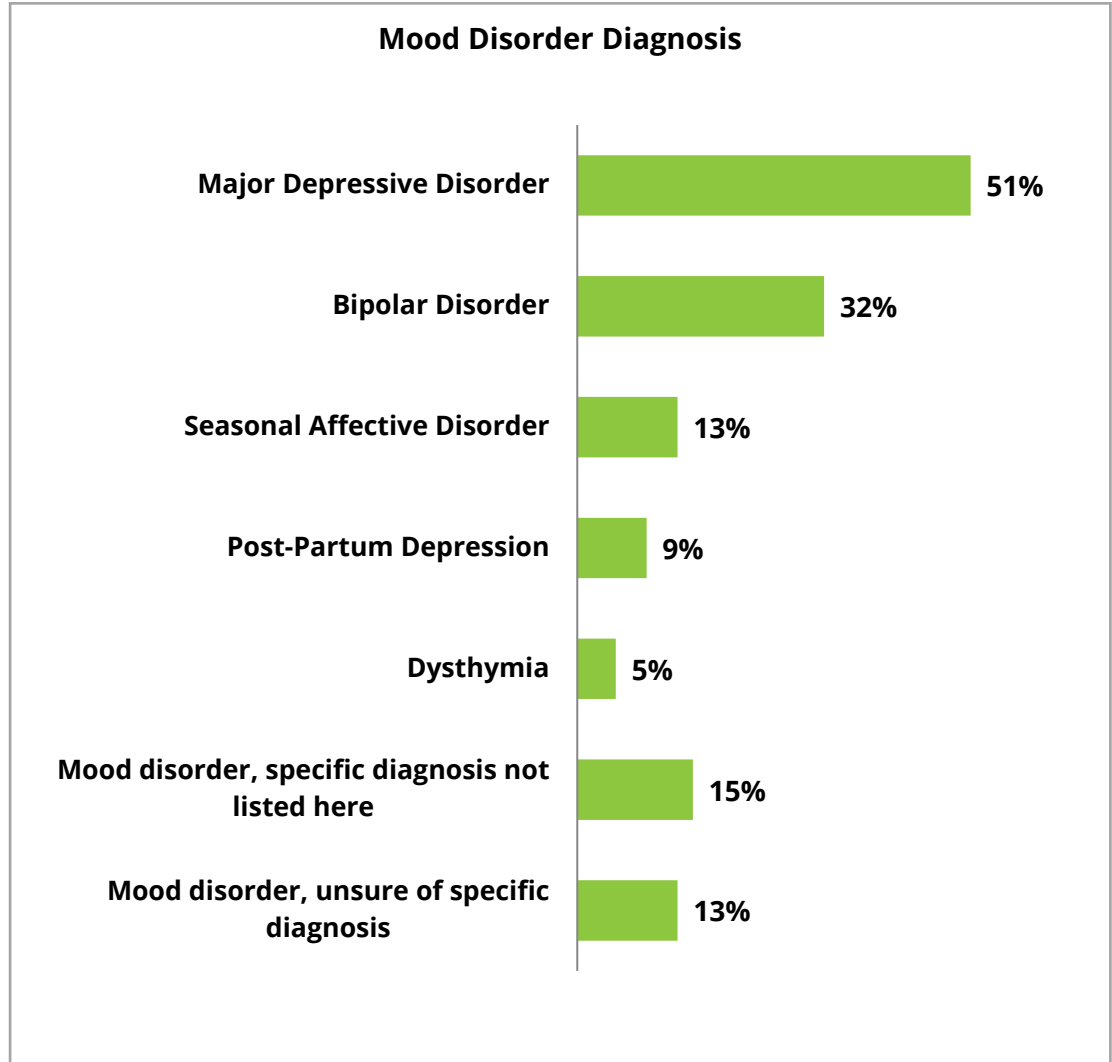
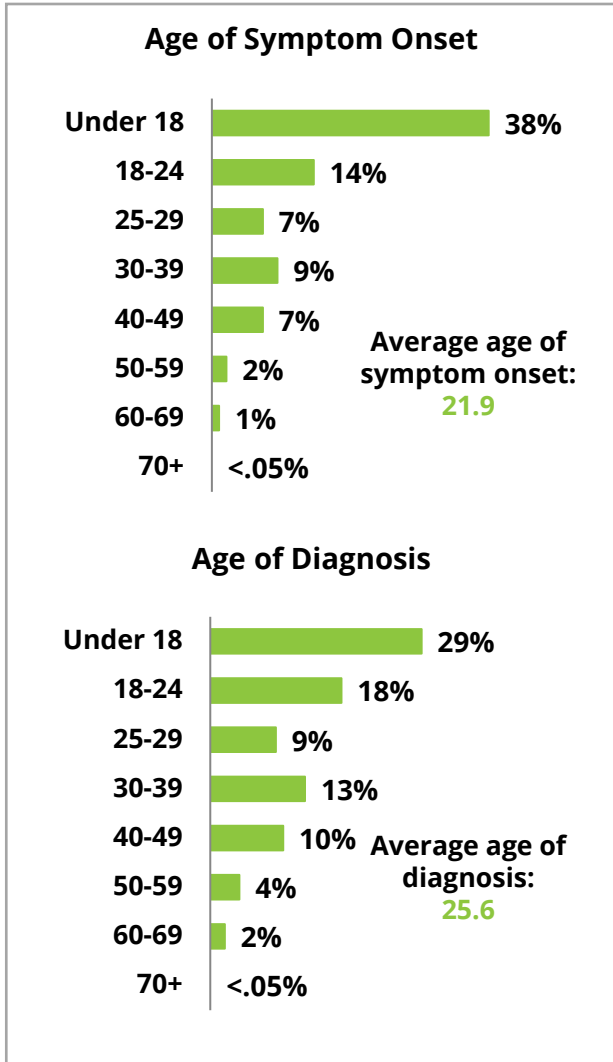
- 11% Less than \$15,000
- 11% \$15K - \$24,999
- 9% \$25K - \$34,999
- 12% \$35K - \$49,999
- 16% \$50K - \$74,999
- 11% \$75K - \$99,999
- 30% \$100K or more





# Demographics

Sample size: 2,093

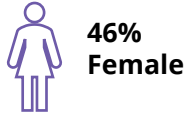




# Demographics

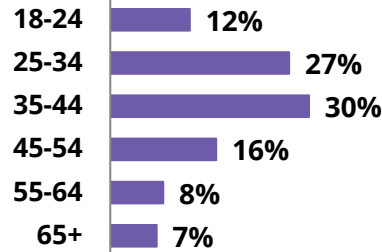
Sample size: 507

## Gender



Non-binary/Gender Non-conforming: <.05%  
 Transgender: <.05%  
 Prefer not to answer: 1%

## Age



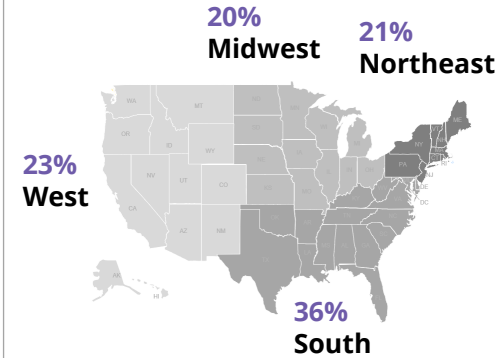
Mean: 39.7

## Race/Ethnicity

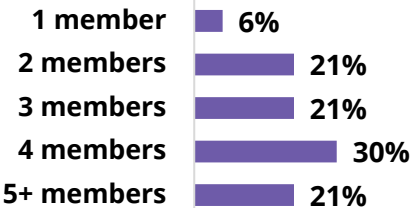


- 57% White
- 20% Hispanic
- 15% Black or African American
- 4% Asian
- <.05% Native American or Alaskan Native
- Pacific Islander
- 4% More than one race
- <.05% Some other race

## Region



## Household Size



## Living Situation

- 55% With spouse/s.o.
- 21% With family
- 14% By themselves
- 7% With friends/roommates
- 2% Supported housing/hospital
- 1% Other

## Employment



- 82% Employed (NET)
- 18% Not employed (NET)

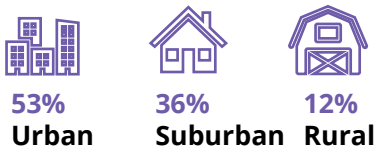
In an essential position: 78%  
 Frontline worker: 59%

## Education



- 6% Less than high school
- 43% High school to less than 4-year degree
- 51% 4-year degree or more

## Urbanicity



## Parental Status



- Has children: 75%
- No children: 24%

## Marital Status

- 24% Never married
- 65% Married/Living with partner
- 11% Divorced/Separated/Widowed

## Household Income



- 5% Less than \$15,000
- 6% \$15K - \$24,999
- 6% \$25K - \$34,999
- 8% \$35K - \$49,999
- 11% \$50K - \$74,999
- 15% \$75K - \$99,999
- 49% \$100K or more

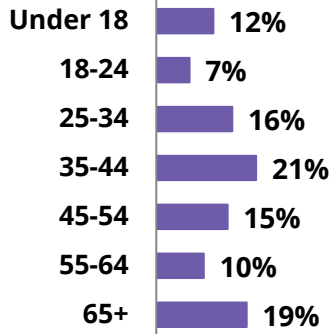




# Demographics

Sample size: 507

## Care Recipient's Age



Mean: 42.8

Average age of symptom onset: 28.9

Average age of diagnosis: 31.8

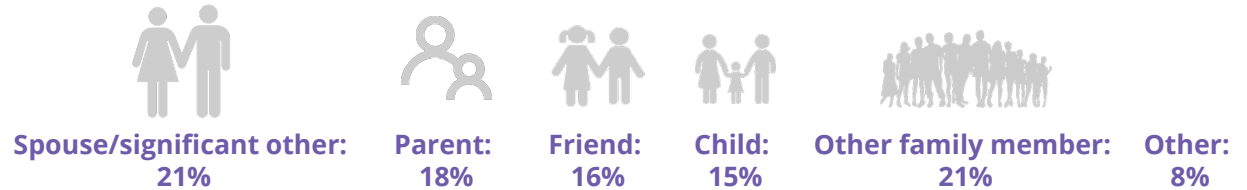
## Time Providing Care



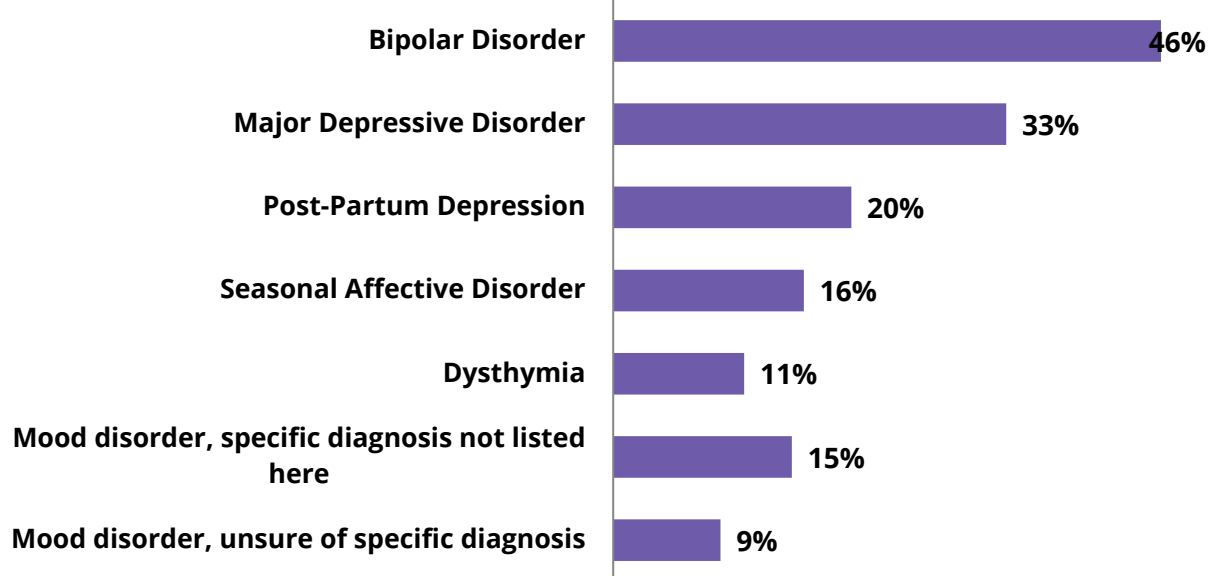
Average length of time as a caregiver: 7 years

Average number of hours per week providing care: 23 hours

## Relationship to Care Recipient



## Care Recipient's Mood Disorder Diagnosis

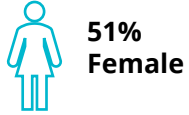




# Demographics

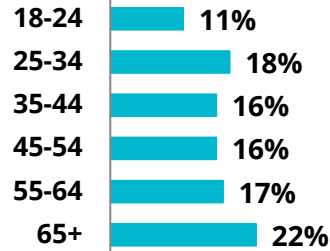
Sample size: 2,308

## Gender



Non-binary/Gender Non-conforming: <.05%  
 Transgender: <.05%  
 Prefer not to answer: <.05%

## Age



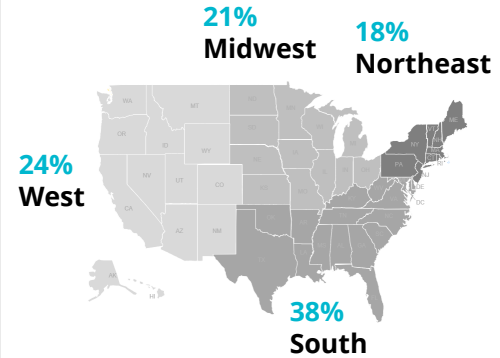
Mean: 47.8

## Race/Ethnicity

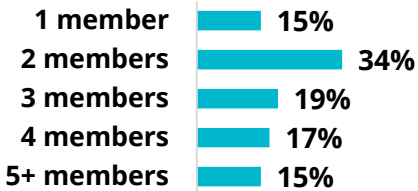


- 61% White
- 16% Hispanic
- 12% Black or African American
- 6% Asian
- 1% Native American or Alaskan Native
- <.05% Pacific Islander
- 3% More than one race
- 1% Some other race

## Region



## Household Size



## Living Situation

- 52% With spouse/s.o.
- 22% With family
- 19% By themselves
- 4% With friends/roommates
- 1% Supported housing/hospital
- 1% Other

## Employment



- 58% Employed (NET)
- 42% Not employed (NET)

In an essential position: 59%  
 Frontline worker: 25%

## Education



- 9% Less than high school
- 56% High school to less than 4-year degree
- 35% 4-year degree or more

## Urbanicity



34% Urban



46% Suburban



21% Rural

## Parental Status



- Has children: 57%
- No children: 42%

## Marital Status

- 29% Never married
- 53% Married/Living with partner
- 17% Divorced/Separated/Widowed

## Household Income



- 6% Less than \$15,000
- 6% \$15K - \$24,999
- 7% \$25K - \$34,999
- 11% \$35K - \$49,999
- 16% \$50K - \$74,999
- 14% \$75K - \$99,999
- 40% \$100K or more

