

20431

THERAPY IN AMERICA 2004

Conducted by

Harris Interactive

on Behalf of

Psychology Today and PacifiCare Behavioral Health

April 2004

Executive Summary

Psychology Today and PacifiCare Behavioral Health commissioned Harris Interactive to conduct a survey of the public to explore their experiences with and attitudes toward mental-health treatment. The main objectives of the study were to: 1) measure the share of the general public that has needed or received mental-health treatment within the past two years; 2) examine the personal experiences with mental health services among those in treatment or with a recent history of treatment; and 3) assess the views and attitudes of the general public concerning mental-health treatment.

Two surveys were conducted as part of this study: 1) a telephone survey of a nationally representative cross-section of 500 adults ages 18 and over, and 2) an online survey of 1,730 members of the Harris Poll Online Panel who have needed or received treatment for a mental health problem within the past two years. The telephone data were weighted to ensure that the data accurately represent the national population of adults ages 18 and over. The data from the online survey were weighted to ensure that the data are representative of all adults who have needed or received mental-health treatment at some point within the past two years. All survey interviews were conducted between February 16 and March 5, 2004.

Key findings from this study include:

Mental-health treatment has become an important part of American life. More than one in four adults, or an estimated 59 million people, have received treatment in the past two years. Of these, the large majority reports high levels of efficacy and satisfaction, regardless of the type of treatment they have received.

There is a gap in meeting the needs of those who have needed mental-health treatment. More than one in three who need treatment are not getting it. The leading barriers to receiving care include cost, the belief that treatment would not help, and lack of health insurance.

Prescription medication is the predominant form of mental health treatment. More than eight in ten adults with a treatment history report having taken prescription medication within the past two years. Nearly half have used medication alone, more than one-third have used drugs and psychotherapy, and fewer than one in five has received psychotherapy alone.

Consumers lack key information for selecting a therapist. Adults seeking a therapist make their choice based on physician recommendations, their health plan's network and geographic considerations, with little opportunity to learn in advance about the therapist's personal style or listening skills—the factors that they identify as being most associated with successful therapy.

Detailed Summary of Findings

Need for Treatment and Barriers to Care

One in three adults who appear to have needed treatment within the past two years has not gotten it. Top barriers are cost and lack of coverage, as well as the beliefs that treatment would not help and that one's problems are not serious enough. Stigma, while not a top barrier, presents a problem to some who may need help.

- Almost one-third (30%) of all Americans appear to have needed mental-health treatment at some point within the past two years and, among those who have needed it recently, almost two-thirds (63%) have received it.
 - Women, younger respondents, and single respondents are disproportionately likely to have needed treatment within this two-year period.
- Those who have needed treatment, but not received it are most likely to cite cost as a reason for not having done so, with 39% of this group saying that they have not received care because it is too expensive. The second and third most common explanations for having gone without care among this group are that their problems have not been serious enough (35%) and that they haven't thought it would help (32%). Just over one-quarter (26%) of respondents haven't gotten treatment because they lacked insurance coverage.
 - These findings suggest that, while insufficient insurance coverage is one barrier to access, there is also a need for education and outreach to raise awareness about need for treatment and the benefits of treatment itself.
- Stigma is also cited by a significant share of those who have needed, but not gotten mental-health treatment as a reason for not having done so. More than one-fifth (22%) of those in this group report that they have not gotten treatment due to concern that it would go on their record, almost one-fifth (19%) are concerned that a friend or family member would find out, 15% say that they do not trust therapists, and 14% claim they do not want to be associated with the types of people who need therapy.
 - Men are more likely than women to claim that they don't want to be associated with the types of people who need therapy (21% vs. 9%) and to say that they don't trust therapists (22% vs. 11%).

Experiences with Mental-Health Treatment

Mental-health treatment has become an important part of American life. More than one in four adults, or an estimated 59 million people, have received treatment in the past two years. Of these, the large majority has received prescription medication—either alone or in combination with therapy.

- More than a quarter (27%) of all adults have received mental-health treatment of some kind.
 - Women are more likely to have received treatment—with 63% of this group female and 37% male—with only slight variations in the likelihood of having received treatment across other demographic characteristics.
- Medication—either alone or in combination with psychotherapy—has been the predominant form of mental-health treatment over the past two years. Among those who have received some type of mental-health treatment at some point within this period, almost half (47%) report a history of medication, but no therapy; more than a third (34%) report a history of both medication and therapy; and 19% report a history of therapy, but no medication.
 - Among those in treatment, older adults (those ages 50+) are more likely than younger adults to have taken medication.
 - Married adults are more likely to have taken medication as well.
- Among those with a treatment history, those who have experienced an especially high level of distress within the previous two years according to the criteria used in this study are more likely to have a history of both therapy and medication use (39% vs. 20%) than are those who appear to have been less distressed. (See Methodology for a detailed explanation of these criteria.)
- About one-third (30%) of those who have received treatment at some point in the past two years have not met the criteria for needing treatment used in this study.
- Looking at the reasons for having sought treatment in the first place, more than half (55%) cite a difficult event or set of personal circumstances, almost half (46%) report that they decided on their own that they needed treatment, 18% report that someone suggested they seek treatment, and 17% say they have received a mental-health diagnosis.
- Among those with a history of prescription medication use, but not therapy, almost a quarter (24%) report that their physician recommended at some point that they seek therapy as well, with younger respondents especially likely to have received such a recommendation. However, about half (49%) of those with a history of only medication use feel that their problems have not been sufficiently serious to warrant therapy.

Satisfaction with Treatment and Selecting a Mental Health Professional

While the large majority of those with a treatment history are satisfied with the care they have received, people tend to select their mental health professionals on the basis of factors that are substantially different from those they cite as important in making therapy successful.

- A large majority (80%) of those with a history of either therapy or medication use report that their treatment was effective—with 42% of those with a history of therapy and 49% of those with a history of medication describing their treatment as having been either very or extremely effective.
- Perceived effectiveness generally translates into high levels of satisfaction with treatment. Among all those with a history of treatment of some kind, 85% have been at least somewhat satisfied with the treatment they have received, and more than half (54%) have been either very or extremely satisfied.
- When it comes to selecting a mental-health professional, people tend to rely on recommendations from doctors (cited by 28%), their health plan’s list of providers (26%), and geographic location (22%) more than other factors.
 - Older respondents ages 50+ are more likely than younger respondents to have followed a recommendation from a doctor. Non-elderly respondents, on the other hand, are more likely than those over age 65 to rely on their health plan’s network, to choose based on the provider’s proximity to their home or work or based on how much it would cost them to see the professional. The youngest respondents (ages 18-34) are more likely than all other age groups to have listened to the recommendation of a friend or family member and to have chosen a professional based on what it would cost them out-of-pocket.
 - Women are significantly more likely than men to have followed the recommendation of a friend or family member and to care about the professional’s particular expertise or specialty or out-of-pocket costs.
- When it comes to views on what makes mental-health treatment successful, those with a history of treatment tend to mention factors that are very different from those cited as important in selecting a mental health professional. More specifically, the therapist’s listening skills (cited by 68%) and personality (50%) and the patient’s personal connection with the therapist (50%) are the most commonly named factors in making therapy successful.
- Of those no longer in treatment, the most commonly cited reasons for having ended it are the sense that one’s problems got better—cited by 43% of this group overall—and the fact that the therapist told them they no longer needed treatment (23%).

Insurance Coverage and Mental-Health Treatment

A large share of the public is unfamiliar with the mental-health coverage their own source of insurance includes.

- While more than half (56%) of insured respondents claim that their insurance does cover mental-health treatment, more than a third (37%) admit that they are not sure.
- Just over a quarter (27%) of insured respondents with a history of mental-health treatment have had their care paid for entirely by their insurance. While only 16% have paid for all of it out-of-pocket, almost half (44%) have paid for at least part of it themselves.

Stigma and Public Attitudes Toward Mental-Health Treatment

An apparent lack of stigma among the general public notwithstanding, as stated earlier, skepticism and negative attitudes appear to play some role in the decision not to get treatment among those who have needed it, but gone without it at some point in the past two years.

- Stigma appears to play a larger role among men than among women—in terms of both general attitudes and personal reasons for not having received treatment. While 21% of men who have needed treatment say they have not gotten it because they do not want to be associated with the types of people who need therapy, only 9% of women cite this concern as a reason for not having received care.
- About half (49%) of all respondents know someone personally who has been in mental-health treatment, with half of this group having a friend who has been in treatment and a slightly smaller share (38%) naming a family member other than a spouse or partner.
 - Among those who know someone personally who has been in treatment, more than two-thirds (67%) perceive that the treatment was successful.
- Only small shares of the public believe that being in therapy is a sign of serious mental-health problems or instability (32%), character weakness (17%), or excessive self-indulgence or selfishness (14%).
- Almost four out of five (79%) respondents believe that, if a co-worker were in therapy, it would make no difference in his/her ability to do the job—with 7% saying it would actually make them more confident in their ability to do their job.
- Of those without a treatment history, one-third could imagine seeking treatment themselves at some point, particularly those ages 35-49 and those who are married with children under age 18.

- Women are more likely than men to say they would seek treatment if they were struggling with alcohol problems, eating disorders, or the death of a close friend or family member.
- Of those with children, two-thirds report being likely to send their child for treatment if he/she were feeling depressed or exhibiting behavioral problems.
- A substantial share (40%) of the public thinks that their parents would have benefited from therapy.
- More than half of all respondents feel that mental-health treatment can help people deal with serious physical illnesses such as heart disease (55%) and diabetes (54%).
- More than half (53%) of the public believes that it is at least somewhat difficult for people to get mental-health treatment when they need it.

Sources of Mental-Health Treatment and Alternatives

Psychologists are viewed as the most helpful among mental-health professionals and, while most adults have no strong preference when it comes to male versus female therapists, a larger share says they would prefer a woman as a therapist. There is some interest in alternatives to traditional modes of treatment, such as services provided over the phone or internet.

- More people (29%) believe that psychologists are generally most helpful in resolving personal, emotional, and mental-health problems than feel this way about other mental-health professionals such as psychiatrists (cited by 19%), marriage and family therapists (8%), and other types of professionals. These preferences do not vary by either treatment history or demographic group.
- More than half (58%) of those with a history of treatment have no preference in terms of therapist's gender, while almost a third (31%) would prefer to see a female therapist and only 11% would prefer a male therapist.
 - Although men are more likely than women to think men make better therapists, they are also more likely than women to think gender makes no difference at all.
- Although almost half of the general public reports that access to therapy over either the phone or the internet would make no difference in their likelihood of seeking help, women and younger respondents report being more likely to do so.

- Among those with a need for treatment, 41% of respondents say they would be likely to get treatment from a professional over the telephone if it were available, although fewer than 1 in 10 (8%) says they would be very or extremely likely to do so.
- Similarly, only modest shares of respondents report being either very or extremely likely to use online sources of treatment or information about mental-health issues, with no significant differences in attitudes toward these alternatives between those with and without a history of treatment. Only one-third of respondents say they would be very or extremely like to use online libraries and just over a quarter (27%) that they would be as likely to use online “tools” to help them assess their own mental-health needs.
 - Interest in actual therapy online is even lower, with only 10% saying they would be very or extremely likely to use such a resource. When those who claim they are only “somewhat likely” to use internet-based resources are included in these totals (along with those “very” or “extremely likely” to use them), the share of those “likely” to use these resources increases substantially—to more than 70% for online libraries, about 65% for online diagnostic tools, and 38% for actual online therapy.
 - There is significantly more interest in selected internet-based mental-health resources among women than among men.
- Cost alone does not appear to be a major incentive for phone- or internet-based alternatives to therapy. Even when presented as a less-expensive alternative to traditional therapy, only 22% of those with a history of treatment report that they would consider treatment over the telephone or the Internet, whereas almost half (47%) of respondents say they would not and another 30% say they are not sure if they would.

Familiarity with Sources of Mental-Health Advice in the Popular Media

The general public is on the whole very familiar with figures in popular media who provide advice on personal, emotional, and mental-health problems such as Oprah Winfrey, Dr. Phil McGraw, Dr. Ruth Westheimer, and Dr. Laura Schlessinger.

- Of these four, Dr. Phil is considered the most trustworthy source of this type of information and advice, particularly among women.

METHODOLOGY AND DEFINITION OF TERMS

METHODOLOGY

THERAPY IN AMERICA 2004 was conducted by Harris Interactive on behalf of *Psychology Today* and PacifiCare Behavioral Health. Two surveys were conducted as part of this study:

- A 15-minute telephone survey was conducted with a nationally representative cross-section of 500 adults ages 18 and over. The telephone data were weighted to ensure that the data accurately represent the national population of adults ages 18 and over.
- A 15-minute, self-administered online survey was conducted with 1,730 members of the Harris Poll Online Panel who have needed or received treatment for a mental health problem within the past two years. The data from this survey were weighted to ensure that the data are representative of all adults who have needed or received mental-health treatment at some point within the past two years.

All interviews were conducted between February 16 and March 5, 2004.

Definition of Terms

- **Need for Treatment:** Respondents are classified as having needed mental-health treatment at some point within the past two years if they meet either of the following criteria: 1) Received a score of 16 or above on the clinically validated Life Status Questionnaire (LSQ), or 2) Felt that they had needed mental-health treatment at some point within the past two years and had spoken with a primary-care doctor about a personal, emotional, or mental-health problem.
- **Treatment History:** Respondents are classified as having a treatment history if they meet either or both of the following criteria: 1) Having seen a psychologist, psychiatrist, clinical social worker, or marital or family therapist at some point in the past two years to address a personal, emotional, or mental-health problem; and/or 2) Having taken a prescription medication at any point within the past two years to address a personal, emotional, or mental-health problem.
- **Treatment Groups:** Respondents are grouped into three treatment groups, defined as follows:
 - **Therapy, but no medication:** Those who have seen a psychologist, psychiatrist, clinical social worker, or marital or family therapist at some point in the past two years, but who have not taken a prescription medication within this period to address a personal, emotional, or mental-health problem.
 - **Medication, but no therapy:** Those who have taken a prescription medication within the past two years to address a personal, emotional, or mental-health problem, but who have not seen a mental-health professional for traditional talk therapy.

- **Both therapy and medication:** Those who have **both** taken a prescription medication within the past two years to address a personal, emotional, or mental-health problem **and** seen a mental-health professional for traditional talk therapy.

Telephone Survey- Detailed Methodology

The telephone study relied upon a stratified sampling process to produce representative samples of persons in telephone households in the continental United States (excluding Alaska and Hawaii). Households were selected through computerized random digit dialing (RDD). This assured that the number of households assigned to each exchange in the “community” was based on the proportion of households in that exchange. The Harris Interactive sample makes use of random-digit selection procedures to assure sample representation of persons in households with telephone numbers “listed” in telephone directories, as well as persons in households with telephone numbers that are “unlisted.”¹ The sample design also ensured proper representation of households in different regions of the country and in central city, suburban, and rural areas.

Weighting of the Data

The survey data were weighted by age, race, and education to reflect the demographic composition of the U.S. population using the *March 2002 Current Population Survey* from the U.S. Census Bureau.

Use of Computer Assisted Telephone Interviewing (CATI)

The Harris computer assisted telephone interviewing system (CATI) permits on-line data entry and editing of telephone interviews. Questionnaires are programmed into the system with the following checks:

- 1) Question and response series
- 2) Skip patterns
- 3) Question rotation
- 4) Range checks
- 5) Mathematical checks
- 6) Consistency checks
- 7) Special edit procedures

The CATI system reduces clerical error by eliminating the need for keypunching, since interviewers enter the respondents' answers directly into a computer during the interview itself. For questions with pre-coded responses, the system only permits answers within a specified range; for example, if a question has three possible answer choices (e.g., "Provides", "Does not provide", "Not sure"), the CATI system will only accept coded responses corresponding to these choices. All data are tabulated, checked for internal

¹ Some households are “unlisted” as the result of a request for an unlisted phone number by the telephone subscriber. Other households are “unlisted” in the published directory because the telephone number was assigned after the publication date of the directory. Samples that are restricted to directory-listed numbers only may contain serious sample biases because of the exclusion of various types of unlisted households.

consistency and processed by computer. A series of computer-generated tables is then produced for each sample group showing the results of each survey question, both by the total number of respondents and by important subgroups.

Telephone Interviewing Procedures

All survey data collection was conducted from Harris' telephone research centers in Rochester, New York. Interviewing for this study was conducted by Harris' professional interviewing staff and was continuously quality monitored by the supervisory staff. Through direct supervision of the interviewing staff and continuous monitoring of the interviews, a uniformity of responses was achieved that could not have been obtained by other interviewing methods.

Editing and Cleaning the Data

The data processing staff performed computerized edits and additional cleaning for the entire data set. Our edit programs act as a verification of the skip instructions and other data checks that are written into the CATI program. The edit programs list any errors by case number, question number and type. These are then resolved by senior electronic data processing personnel, who inspect the original file and make appropriate corrections. Complete records are kept of all such procedures.

Online Survey- Detailed Methodology

The online sample was drawn from the Harris Poll Online database of several million individuals who are registered as participants in Harris' online database and screened for those who have needed or received mental-health treatment within the past two years, according to the criteria and definitions detailed above.

Weighting the Data

The survey data were weighted in a two-stage process: first the data were weighted by demographics; then by propensity weighting which compensates for differences between online and telephone samples. Using data from the telephone sample, the online sample was weighted by age, race, and education to reflect the demographic composition of the population that has needed or received mental health treatment within the past two years. Additionally, a proprietary "propensity weighting" method was used to adjust for the probability to use the Internet in order to properly represent all adults ages 18 and over meeting the eligibility criteria described above.

Harris Interactive has developed "propensity weighting" to balance all characteristics (e.g., demographic, attitudinal, and behavioral) of online respondents. In other words, it is no surprise that certain kinds of people have a greater or lesser likelihood of being online and therefore of replying to surveys. Some of these online respondents actually have characteristics (e.g., demographic, attitudinal, and behavioral) that are very similar to people who do not use the Internet. Harris uses these people as proxies to help compensate for the non-online population. Typical propensity weights used include measures of activity (online respondents tend to do more things), knowledge (online

samples are better informed), and attitudes (online samples are more apt to be skeptical or cynical).

Harris' online methodology has been used successfully in other types of well-publicized studies, most importantly in accurately predicting the 2000 presidential and state elections through the Harris Interactive Election 2000 study, the largest survey research program of its kind ever conducted. Harris Interactive conducted national polling on the presidential race from January through November 2000 and, in the fall of 2000, conducted statewide polling in 38 states for the Presidential race as well as for 26 Senate and 7 Governorship races.

Using this online methodology, the Election 2000 surveys were the most accurate publicly reported surveys, either telephone or online. Overall, Harris predicted the winner correctly in 67 out of 72 races (93%), with the results either correct or within a two percentage point margin of error in 71 out of 72 races (99%) – specifically, 37 out of 38 Presidential races in the states, 26 out of 26 Senate races, and 7 out of 7 Governorship races.

Online Interviewing Procedures

Interviews were conducted using a self-administered, online questionnaire, via Harris' proprietary, web-assisted interviewing software. The Harris Online interviewing system permits online data entry of interviews by the respondents. Questionnaires are programmed into the system with the following checks:

- 1) Question and response series
- 2) Skip patterns
- 3) Question rotation
- 4) Range checks
- 5) Mathematical checks
- 6) Consistency checks
- 7) Special edit procedures

For questions with pre-coded responses, the system only permits answers within a specified range; for example, if a question has three possible answer choices (e.g., "Agree", "Disagree", "Not sure"), the system will only accept coded responses corresponding to these choices. All data is tabulated, checked for internal consistency and processed by computer. A series of computer-generated tables is then produced for each sample group showing the results of each survey question, both by the total number of respondents and by important subgroups.

Control of the Online Sample

In order to maintain the reliability and integrity in the sample, the following procedures are used:

- 1) Password protection: Each invitation contains a password that is uniquely assigned to that e-mail address. A respondent is required to enter the password at the beginning

of the survey in order to gain access into the survey. Password protection ensures that a respondent completes the survey only one time and that any other non-invited respondent cannot use the URL.

- 2) Summary of the survey findings: In order to increase the number of respondents and to improve overall response rates, respondents are provided with a summary of some of the survey responses. This too is done via the Internet. Respondents are sent an email that provides them access to a web site that contains the survey findings. As with the survey itself this is a password-protected site, accessible only for a limited period (1-2 weeks).

Editing and Cleaning Data Collected Online

The data processing staff perform machine edits and additional cleaning for the entire data set. Our edit programs act as a verification of the skip instructions and other data checks that are written into the online program. The edit programs list any errors by case number, question number and type. These are then resolved by senior EDP personnel, who inspect the original file and make appropriate corrections. Complete records are kept of all such procedures.

Reliability of Survey Percentages

The results from any survey are subject to sampling variation. The magnitude of this variation is measurable and is affected both by the number of interviews involved and by the level of the percentages expressed in the results.

Table A-1 shows the range of sampling variation that applies to percentage results for this survey. The chances are 95 in 100 that the survey results do not vary, plus or minus, by more than the indicated number of percentage points from the results that would have been obtained had interviews been conducted with all persons in the universe represented by the sample. For example, if the response for a sample size of 200 were 30%, then in 95 out of 100 cases the response of the total population would be between 24% and 36%. Note that survey results based on subgroups of a small size can be subject to large sampling error.

Sampling tolerances are also involved in the comparison of results from different surveys or from different parts of a sample (subgroup analysis). Table A-2 shows the percentage difference that must be obtained before a difference can be considered statistically significant. These figures, too, represent the 95% confidence level. For example, suppose one group of 100 has a response of 34% "yes" to a question, and an independent group of 50 has a response of 28% "yes" to the same question, for an observed difference of 6 percentage points. According to the table, this difference is subject to a potential sampling error of 16 percentage points. Since the observed difference is smaller than the sampling error, the observed difference is not significant.

Sampling error is only one type of error encountered in survey research. Survey research is also susceptible to other types of error, such as data handling error and interviewer recording error. The procedures followed by Harris Interactive, however, keep errors of these kinds to a minimum.

Table A-1

**Approximate Sampling Tolerances (at 95% Confidence) to
Use in Evaluating Percentage Results Appearing in This Report**

Number of People Asked Question on Which Survey Result is Based	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
2,000	1	2	2	2	2
1,000	2	2	3	3	3
900	2	3	3	3	3
800	2	3	3	3	3
700	2	3	3	4	4
600	2	3	4	4	4
500	3	4	4	4	4
400	3	4	4	5	5
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

Table A-2

Approximate Sampling Tolerances (At 95% Confidence) To Use in Evaluating Differences between Two Percentage Results Appearing in This Report

Approximate Sample Size of Two Groups Asked Question on Which Survey Result is Based	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
2,000 vs. 2,000	2	2	3	3	3
1,000	2	3	3	4	4
500	3	4	4	5	5
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	5	6	6	6
200	5	7	8	8	8
100	6	9	10	11	11
50	9	12	13	14	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

APPENDIX I:
TELEPHONE QUESTIONNAIRE-
TOPLINE DATA

HARRIS INTERACTIVE
111 Fifth Avenue
New York, NY 10003

April 28, 2004

Public Attitudes Toward Mental-Health Treatment – Telephone Survey

Field Period: February 16-March 5, 2004

SUBJECTS FOR QUESTIONNAIRE

Section 300: Respondent's Mental-Health Profile
Section 400: Attitudes Toward Mental Health and Treatment
Section 500: Perceptions of Therapy and Stigma
Section 1000: Demographics

SECTION 300: RESPONDENT'S MENTAL-HEALTH PROFILE

BASE: ALL RESPONDENTS

Q335 Thinking back over the past two years, particularly if there was a time in your life when things were especially difficult, how often have you [REACH EACH ITEM]? Would you say you have felt this way almost always, frequently, sometimes, rarely, or never?

Q336

[RANDOMIZE ITEMS]	01 Almost Always/Frequently/times/	02	03 Some- times/	04 Rarely/	05 Never	06 Not Sure	07 Decline to Answer
() 1 Felt no interest in things	6	5	22	31	33	2	-
() 2 Felt weak	3	5	24	34	32	1	*
() 3 Felt fearful	2	3	19	31	43	*	*
() 4 Felt worthless	2	4	11	23	60	*	-
() 5 Felt lonely	5	8	24	30	33	-	-
() 6 Had difficulty concentrating	5	10	33	33	19	*	*
() 7 Felt hopeless about the future	4	7	15	31	43	1	*
() 8 Felt nervous	6	12	34	29	18	*	-
() 9 Felt that you were not doing well at work, school, or in other daily activities	2	6	27	37	28	1	-
() 10 Felt blue	3	12	33	30	21	1	-

BASE: ALL RESPONDENTS

Q345 In the past two years, have you ever felt that you needed help or treatment from a health-care professional for a **personal, emotional, or mental-health problem**?

1	Yes	27
2	No	72
8	Not sure (v)	*
9	Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q350 In the past two years, have you seen or used any of the following resources to address a **personal, emotional, or mental-health problem?**

[MULTIPLE RESPONSE]

	1	2	8	9
Q351			Not	Decline to
[RANDOMIZE ITEMS]	<u>Yes</u>	<u>No</u>	<u>Sure</u>	<u>Answer</u>
() 01 A psychiatrist	8	91	1	-
() 02 A psychologist	7	93	1	-
() 03 A clinical social worker or other mental-health counselor or therapist	10	90	-	-
() 04 A marriage and family therapist	4	96	-	-
() 05 A primary care doctor	22	78	*	-
() 06 An insurance plan	10	90	*	-
() 07 An Employee Assistance Program or "EAP"		5	95	*
() 08 An online directory or research	8	92	*	-
() 09 A minister, priest, rabbi, or other spiritual advisor	13	87	*	-
() 10 A friend or family member	47	53	-	-
() 11 A court or legal system	5	95	-	-
() 12 A book	25	75	*	-
() 13 A magazine	15	85	*	-
() 96 Anything else (please specify at Q355)				
Bible/prayer/religion	4	96	-	-
Medication	1	99	-	-
Music	1	99	-	-
Pet	*	100	*	-
Television	1	99	-	-
Yoga/meditation/exercise	1	99	-	-
Anything else	2	98	-	-
Support group	*	100	-	-

BASE: RESPONDENTS CITING OTHER RESOURCES (Q350/96 & Q351/1)

Q355 Please describe any other resources you may have used to address a **personal, emotional, or mental-health problem.**

BASE: ALL RESPONDENTS

Q360 In the past two years, have you taken any prescription medications to help you with a **personal, emotional, or mental-health problem?**

1	Yes	18	
2	No	82	
8	Not sure (v)		-
9	Decline to answer (v)		-

BASE: ALL RESPONDENTS
Q365 GROUP ASSIGNMENT

1	<u>GROUP A:</u> NEEDED BUT DID NOT REEIVE TREATMENT	19
2	<u>GROUP B:</u> RECEIVED TREATMENT	27
3	<u>GROUP C:</u> DID NOT NEED OR RECEIVE TREATMENT	53

BASE: RESPONDENTS WHO HAVE SEEN EITHER A PSYCHOLOGIST OR PSYCHIATRIST (BUT NOT BOTH) AND TAKE MEDICATION [(Q350/1 & Q351/1 AND Q350/2 & Q351/2, 8, 9 OR Q350/1 & Q351/2, 8, 9 AND Q350/2 & Q351/1) AND Q360/1]
Q370 When you see your [PSYCHIATRIST/PSYCHOLOGIST], do you talk about your prescription medication or do you have more traditional therapy and talk about things that are troubling you?

[MULTIPLE RESPONSE]

()	1	Talk about my prescription medication	31
()	2	Have therapy and talk about things that are troubling me	66
	8	Not sure (v)	5
	9	Declined to answer (v)	-

SECTION 400: ATTITUDES TOWARD MENTAL ILLNESS AND TREATMENT
--

BASE: ALL RESPONDENTS

Q400 When you are having personal problems or things are troubling you, is there generally one person you rely on to talk to?

1	Yes	68
2	No	31
8	Not sure (v)	*
9	Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q405 [IF Q400/1 INSERT: "What is your relationship to that person or how do you know them?"; IF Q400/2, 8, 9 INSERT "Who do you usually talk to when you are having personal problems or things are troubling you?"]

[MULTIPLE RESPONSE]

01	Friend	26
02	Spouse or partner	34
03	Other family member	28
04	Minister, priest, rabbi, or other spiritual advisor	2
05	Boss or co-worker	2
06	Mental-health professional	3
96	Somebody else (PLEASE SPECIFY IN Q406)	1
98	Not sure (v) E	4
99	Decline to answer (v) E	2
	God	6
	No one/myself	2
	Doctor	1

BASE: PERSON IS SOMEONE ELSE (Q405/96)

Q406 Record other mention

BASE: ALL RESPONDENTS

Q410 Before we continue, when we use the word 'therapy', we mean talking to a mental-health professional—such as a psychiatrist, psychologist, social worker, or marriage and family therapist—on a regular basis about problems or things that are bothering you. This can be either alone on a one-on-one basis or in a group setting.

BASE: ALL RESPONDENTS

Q415 Do you know anyone personally who has been in therapy?

1	Yes	49
2	No	51
8	Not sure (v)	*
9	Decline to answer (v)	-

BASE: ALL RESPONDENTS WHO KNOW SOMEONE WHO HAS BEEN IN THERAPY (Q415/1)

Q420 What is your relationship to that person or how do you know them?

()		
01	Friend	50
02	Spouse or partner	7
03	One or both of your parents	5
04	Other family member	38
05	Boss or co-worker	4
06	Somebody else (PLEASE SPECIFY AT Q421)	4
98	Not sure (v)	E 1
99	Decline to answer (v)	E *

BASE: PERSON IS SOMEONE ELSE (Q421/06)

Q421 Record other mention

BASE: RESPONDENTS WHO KNOW SOMEONE WHO HAS BEEN IN THERAPY (Q415/1)

Q425 And, as far as you know, did their therapy help them with whatever was troubling them?

()		
1	Yes	67
2	No	19
8	Not sure (v)	15
9	Decline to answer (v)	-

BASE: ALL RESPONDENTS IN GROUPS A OR C (Q365/1 OR 3)

Q430 Thinking about how things are going in your own life these days, can you imagine a situation in which you would seek help or treatment from a therapist?

1	Yes	33
2	No	65
8	Not sure (v)	1
9	Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q435 Would you be extremely likely, very likely, somewhat likely, very unlikely, or extremely unlikely to seek help or treatment if you were experiencing [PN: INSERT EACH ITEM]?

Q436

[RANDOMIZE ITEMS]	01 Extremely Likely	02 Very Likely	03 Somewhat Likely	04 Very Unlikely	05 Extremely Unlikely	06 Not Sure	07 Decline to Answer
() 1 Problems in a relationship with your spouse or partner	10	23	25	25	12	2	2
() 2 Problems in relationships with people other than your spouse or partner	6	14	19	42	17	1	1
() 3 Job-related problems	5	13	21	36	17	7	3
() 4 Thoughts or emotions that made you feel like you weren't yourself	10	29	25	25	9	2	*
() 5 Problems controlling your temper	11	30	24	22	12	1	1
() 6 The death of a close friend or family member	11	19	24	33	11	2	*
() 7 Difficulties falling asleep or staying asleep at night	10	22	23	31	13	1	*
() 8 Low energy or feeling sluggish on a regular basis	11	23	30	24	11	3	-
() 9 Problems with alcohol	17	30	20	15	13	4	1
() 10 Sexual problems	9	21	24	30	12	3	1
() 11 An eating disorder	13	25	22	23	14	2	*
() 12 [IF Q315/1]A serious medical condition or event such as heart disease, cancer, childbirth, or menopause	28	37	14	14	6	2	-
() 13 [IF Q315/2]A serious medical condition or event such as heart disease or cancer							
() 14 Your spouse or a family member's illness	15	23	26	26	8	2	-

BASE: ALL RESPONDENTS

Q440 Do you think that treatment from a mental-health professional could help people with (READ EACH ITEM) manage their physical-health problems?

Q441

[RANDOMIZE ITEMS]	Yes	No	Not Sure	Decline to Answer
()1 Heart disease	55	34	11	*
()2 Asthma	45	40	15	-
()3 Diabetes or high blood sugar	54	33	13	-

BASE: ALL RESPONDENTS

Q445 How many children under the age of 18 live in your household?

BASE: RESPONDENTS WITH CHILDREN UNDER 18 (Q445 > 0)

Q455 How likely would you be to send your child to a mental-health professional if he or she seemed depressed or was having behavior problems, like being hyperactive or violent around others?

(
1	Extremely likely	33
2	Very likely	33
3	Somewhat likely	23
4	Very unlikely	7
5	Extremely unlikely	3
8	Not sure (v)	-
9	Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q460 Have you ever heard of (READ EACH ITEM) or seen [PN: IF Q460/1, 3, OR 4: “HER”; IF Q460/2: “HIM”] on television?

Q461				Not	Decline
[RANDOMIZE ITEMS]		Yes	No	Sure	to Answer
01	Dr. Laura Schlessinger	54	45	1	-
02	Dr. Phil McGraw	74	25	1	-
03	Oprah Winfrey	99	1	-	-
04	Dr. Ruth Westheimer	68	31	1	-

BASE: RESPONDENTS WHO ANSWERED “YES” FOR ANY ITEM IN Q460 (Q460/01-04 & Q461/1)

Q465 To what extent do you trust [INSERT FROM Q460] as a source of information on **personal, emotional, and mental-health issues?**

			01	02	03	04	05	06
			Very		Not Too	Not	Not	Decline to
			<u>Much</u>	<u>Somewhat</u>	<u>Much</u>	<u>At All</u>	<u>Sure</u>	<u>Answer</u>
(	1	Dr. Laura Schlessinger	11	37	20	25	7	*
(	2	Dr. Phil McGraw	21	38	17	21	2	*
(	3	Oprah Winfrey	14	35	25	23	3	1
(	4	Dr. Ruth Westheimer	8	38	21	28	5	*

BASE: ALL RESPONDENTS

Q480 In your opinion, do the benefits of therapy generally outweigh the costs, do the costs usually outweigh the benefits, or do you think the costs are usually about right for what people get?

()		
1	Benefits generally outweigh the costs	11
2	Costs generally outweigh the benefits	43
3	Usually about right	29
8	Not sure (v)	16
9	Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q485 When you think about therapy, do you think it involves talking mainly about your childhood and your past, talking mainly about things that are troubling you today, or neither - that is, simply talking about whatever seems most important at the time?

()		
1	Talking mainly about your childhood and your past	11
2	Talking mainly about things that are troubling you today	23
3	Neither, talking about whatever seems most important	58
8	Not sure (v)	7
9	Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q490 Which of the following best describes your image of therapy:

()		
1	Patients talk about their problems and then the therapist tells them what causes the problems and how to solve them.	10
2	Therapists and patients talk to each other and then work together on addressing the patient's problems.	42
3	Therapists act primarily as supportive listeners who help patients arrive at their own solutions.	45
7	None of these (v)	1
8	Not sure (v)	3
9	Decline to answer (v)	-

BASE: ALL RESPONDENTS

Q495 Generally speaking, do you think male or female mental-health professionals are generally most helpful in resolving **personal, emotional, or mental-health problems**?

()		
1	Male	12
2	Female	29
3	Gender doesn't make a difference (v)	36
8	Not sure (v)	23
9	Decline to answer (v)	*

SECTION 500: PERCEPTIONS OF THERAPY AND STIGMA
--

BASE: ALL RESPONDENTS

Q500 Generally speaking, do you think therapists have their clients' best interests at heart?

()	
1 Yes	81
2 No	11
8 Not sure (v)	8
9 Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q505 As far as you know, how long does the average person stay in therapy?

()	
01 Less than a month	3
02 1 month to less than 3 months	11
03 3 months to less than 6 months	26
04 6 months to less than a year	27
05 1 to 2 years	10
06 More than 2 years	8
98 Not sure (v)	15
99 Decline to answer (v)	-

BASE: RESPONDENTS WHOSE PARENTS WERE NOT IN THERAPY (Q420/NE 3)

Q510 Do you think your parents would have benefited from therapy?

1 Yes	40
2 No	53
8 Not sure (v)	6
9 Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q515 Generally speaking, would you say it is very easy, somewhat easy, somewhat difficult, or very difficult for people to get mental-health treatment or therapy when they need it?

1 Very easy	21
2 Somewhat easy	22
3 Somewhat difficult	33
4 Very difficult	19
8 Not sure (v)	4
9 Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q520 If you heard that someone you knew was in therapy, to what extent would you consider it a sign of (READ EACH ITEM)? Would you say very much, somewhat, not too much, or not at all?

	01	02	03	04	05	06
Q521	Very		Not Too	Not	Not	Decline to
[RANDOMIZE ITEMS]	<u>Much</u>	<u>Somewhat</u>	<u>Much</u>	<u>At All</u>	<u>Sure</u>	<u>Answer</u>
1 Character weakness	3	14	20	61	2	-
2 Excessive self-indulgence or selfishness	3	11	17	66	3	*
3 Serious mental health problems or instability	5	27	26	37	4	*

BASE: ALL RESPONDENTS

Q525 If you heard that a co-worker of yours was in therapy, would that make you more confident in their ability to do their job, less confident, or wouldn't it make a difference?

1 More confident in their ability to do their job	7
2 Less confident in their ability to do their job	9
3 It wouldn't make a difference in their ability to do their job.	79
8 Not sure (v)	5
9 Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q530 When you think about therapists, do you think they are generally in need of therapy themselves?

1 Yes	38
2 No	52
8 Not sure (v)	10
9 Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q535 What percentage of the U.S. population do you think has a real need for therapy?

1 Less than 1%	4
2 1 – 4%	11
3 5-10%	15
4 11-25%	27
5 26-50%	18
6 More than 50%	22
8 Not sure (v)	4
9 Decline to answer (v)	*

BASE: ALL RESPONDENTS

Q540 If you were able to get help or treatment for a **personal, emotional, or mental-health problem** by talking to a professional over the telephone, would this make you more likely or less likely to seek such help, or wouldn't it make much difference?

(
1	More likely	23
2	Less likely	26
3	Wouldn't make much difference	49
8	Not sure (v)	2
9	Decline to answer (v)	-

BASE: ALL RESPONDENTS

Q545 If you were able to get mental-health treatment by talking to or e-mailing with a professional over the Internet, would this make you more likely or less likely to seek such help, or wouldn't it make much difference?

(
1	More likely	16
2	Less likely	37
3	Wouldn't make much difference	45
8	Not sure (v)	2
9	Decline to answer (v)	*

SECTION 1000: DEMOGRAPHICS

BASE: ALL RESPONDENTS

Q1000 Are you now covered by any form of health insurance or health plan, such as private insurance through your employer or that you purchased yourself, as well as government programs like Medicare or Medicaid, or don't you have any health insurance at this time?

1	Yes, insured	81
2	No, not insured	18
8	Not sure (v)	*
9	Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q1050 What is the highest level of education you have completed or the highest degree you have received?

1	Less than high school	1
2	Completed some high school	7
3	High school graduate or equivalent (e.g., GED)	39
4	Completed some college, but no degree	27
5	College graduate (e.g., B.A., A.B., B.S.)	17
6	Completed some graduate school, but no degree	1
7	Completed graduate school (e.g., M.S., M.D., Ph.D.)	7
8	Not sure (v)	-
9	Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q1055 Which of the following income categories best describes your total 2003 household income before taxes? (READ LIST UNTIL REACH CATEGORY)

01	Less than \$15,000	10
02	\$15,000 to \$24,999	10
03	\$25,000 to \$34,999	10
04	\$35,000 to \$49,999	14
05	\$50,000 to \$74,999	19
06	\$75,000 to \$99,999	11
07	\$100,000 to \$124,999	9
08	\$125,000 to \$149,999	3
09	\$150,000 to \$199,999	1
10	\$200,000 to \$249,999	*
11	\$250,000 or more	*
98	Not Sure (v)	2
99	Decline to answer (v)	10

BASE: ALL RESPONDENTS

Q1060 Are you of Hispanic origin, such as Spanish American, Mexican American, Latin American, Puerto Rican, or Cuban?

1	Yes, of Hispanic origin	12
2	No, not of Hispanic origin	88
8	Not sure (v)	-
9	Decline to answer (v)	1

BASE: ALL RESPONDENTS

Q1065 Do you consider yourself (READ LIST)?

01	White	JUMP TO Q1078	74
02	Black	JUMP TO Q1078	4
03	African American	JUMP TO Q1078	5
04	Asian or Pacific Islander	JUMP TO Q1078	2
05	Native American or Alaskan native	JUMP TO Q1078	2
06	Mixed racial background	JUMP TO Q1075	6
96	Other race [SPECIFY AT Q1070]	ASK Q1070	2
98	Not Sure (v)	JUMP TO Q1078	-
99	Decline to answer (v)	JUMP TO Q1078	1

BASE: OTHER RACE (Q1065/96)

Q1070 What race do you consider yourself?

BASE: MIXED RACIAL BACKGROUND RESPONDENTS (Q1065/06)

Q1075 You indicated that you consider yourself of a mixed racial background. With which of the following racial groups do you most closely identify?

[MULTIPLE RESPONSE]

01	White	52
02	Black	11
03	African American	-
04	Asian or Pacific Islander	10
05	Native American or Alaskan native	4
96	Other race	20
98	Not sure (v)	E 1
99	Decline to answer (v)	E 3

BASE: ALL RESPONDENTS

Q1078 Which of these best describes your marital status?

1	Married	54
2	Living with a partner	6
3	Divorced	9
4	Separated	2
5	Widowed	7
6	Single, never married	22
9	Declined to answer (v)	*

APPENDIX II:
ONLINE QUESTIONNAIRE-
TOPLINE DATA

HARRIS INTERACTIVE
111 Fifth Avenue
New York, NY 10003

April 28, 2004

Public Attitudes Toward Mental-Health Treatment – Online Survey

Field Period: February 23-March 1, 2004

SUBJECTS FOR QUESTIONNAIRE

Section 300: Screening Questions
Section 400: Barriers to Mental-Health Treatment
Section 500: Experiences with Treatment
Section 800: Alternative Treatment Approaches
Section 100: Demographics

300: SCREENING QUESTIONS

BASE: ALL RESPONDENTS WHO ARE NOT MENTAL-HEALTH CARE PROFESSIONALS (Q315/2)

Q335 Thinking back over the past two years, particularly if there was a time in your life when things were especially difficult, how often have you experienced each of the following?

Q336	1	2	3	4	5
[RANDOMIZE ITEMS]	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Frequently</u>	<u>Almost Always</u>
(548) 1 Feeling no interest in things	6	18	48	21	7
(549) 2 Feeling weak	8	27	39	20	6
(550) 3 Feeling fearful	10	26	41	18	5
(551) 4 Feeling worthless	14	24	34	21	8
(552) 5 Feeling lonely	6	16	38	29	11
(553) 6 Having difficulty concentrating	3	17	44	27	9
(554) 7 Feeling hopeless about the future	9	19	37	27	9
(555) 8 Feeling nervous	4	17	44	27	9
(556) 9 Feeling that I was not doing well at work, school, or in other daily activities	8	20	43	22	7
(557) 10 Feeling blue	3	10	45	33	9

BASE: ALL RESPONDENTS WHO ARE NOT MENTAL-HEALTH CARE PROFESSIONALS (Q315/2)**Q341**

Greater than or equal to 16	84
Less than 16	16

BASE: ALL RESPONDENTS WHO ARE NOT MENTAL-HEALTH CARE PROFESSIONALS (Q315/2)

Q345 In the past two years, have you ever felt that you needed help or treatment from a health-care professional for a **personal, emotional, or mental-health problem**?

1 Yes	54
2 No	46

BASE: ALL RESPONDENTS WHO ARE NOT MENTAL-HEALTH CARE PROFESSIONALS (Q315/2)

Q350 In the past two years, have you seen or used any of the following resources to address a personal, emotional, or mental-health problem? *Please select all that apply.*

Q351	1	2
[RANDOMIZE ITEMS]	<u>Yes</u>	<u>No</u>
(559) 1 A psychiatrist	12	88
(560) 2 A psychologist	12	88
(561) 3 A clinical social worker or other mental-health counselor or therapist	13	87
(562) 4 A marriage and family therapist	7	93
(563) 5 A primary-care doctor	44	56
(564) 6 An insurance plan	17	83
(565) 7 An Employee Assistance Program or "EAP"	5	95
(566) 8 An online directory or research	21	79
(567) 9 A minister, priest, rabbi, or other spiritual advisor	15	85
(568) 10 A friend or family member	59	41
(569) 11 A court or legal system	6	94
(570) 12 A book	31	69
(571) 13 A magazine	21	79
(710) 96 Other	2	98
Other medical professional or facility	1	99
Support group	1	99
Group Therapy	*	100
Bible/prayer/religion	2	98
Medication	1	99
Yoga/meditation/exercise	1	99
Television/radio	*	100
Myself	*	100
Journal	*	100
CDs/tapes/music	*	100
Self-help tapes/cds/materials	*	100

BASE: RESPONDENTS CITING OTHER RESOURCES (Q350/96 AND Q351/1)

Q355 Please describe any other resources you have used to address a personal, emotional, or mental-health problem.

BASE: ALL RESPONDENTS WHO ARE NOT MENTAL-HEALTH CARE PROFESSIONALS (Q315/2)

Q360 In the past two years, have you taken any prescription medications to help you with a **personal, emotional, or mental-health problem?**

1	Yes	41
2	No	59

BASE: ALL RESPONDENTS
Q365 GROUP ASSIGNMENT

1	NEEDED BUT DID NOT RECEIVE TREATMENT	50
2	RECEIVED TREATMENT	50

BASE: RESPONDENTS NOT SEEING A SOCIAL WORKER OR MARRIAGE AND FAMILY THERAPIST (Q350/3 AND 4 & 351/2) WHO ARE SEEING EITHER A PSYCHIATRIST (Q350/1 & 351/1) OR PSYCHOLOGIST (Q350/2 & 351/1) BUT NOT BOTH AND WHO ARE ALSO TAKING MEDICATION (Q360/1)

Q370 When seeing your [PSYCHIATRIST/PSYCHOLOGIST], have you talked about your prescription medication or have you had more traditional therapy where you talked about things that were troubling you? *Please select all that apply.*

1	Talk about my prescription medication	63
2	Have therapy and talk about things that are troubling me	84

BASE: RESPONDENTS IN GROUP B (Q365/2)
Q375 TREATMENT GROUP ASSIGNMENT

1	THERAPY, NO DRUGS	19
2	DRUGS, NO THERAPY	47
3	BOTH DRUGS AND THERAPY IF: ALL OTHERS IN GROUP B	34

SECTION 400: BARRIERS TO TREATMENT (AMONG THOSE WHO HAVE NOT RECEIVED TREATMENT)
--

BASE: GROUP A RESPONDENTS WHO FELT THEY NEEDED HELP AND/OR WHO HAD TALKED TO A PCP [Q365/1 AND Q345/1 AND/OR (Q350/5 & Q351/1)]:

Q1035 You mentioned earlier that you have [IF Q345/1 **OR BOTH** Q345/1 AND (Q350/5 & Q351/1): felt you needed help from a professional for a **personal, emotional, or mental-health problem**; IF (Q350/5 & Q351/1) AND Q345/2: spoken to a primary-care doctor about a **personal, emotional, or mental-health problem** you were having]. How long ago was it that you were [IF Q345/1 **OR BOTH** Q345/1 AND (Q350/5 & Q351/1): feeling this way?; IF (Q350/5 & Q351/1) AND Q345/2: having these problems?]

1	Less than a month ago	22
2	1-3 months ago	24
3	4-6 months ago	9
4	6 months to 1 year ago	13
5	1-2 years ago	31
6	Other	-

BASE: RESPONDENTS CITING OTHER TIME FRAME

Q1036 How long ago have you [IF Q345/1 **OR BOTH** Q345/1 AND (Q350/5 & Q351/1): felt you needed help from a professional for a **personal, emotional, or mental-health problem**; IF (Q350/5 & Q351/1) AND Q345/2: spoken to a primary-care doctor about a **personal, emotional, or mental-health problem** you were having]. How long ago was it that you were [IF Q345/1 **OR BOTH** Q345/1 AND (Q350/5 & Q351/1): feeling this way?; IF (Q350/5 & Q351/1) AND Q345/2: having these problems?]

BASE: GROUP A RESPONDENTS WHO SCORED HIGH ON THE LSQ AND HAVE NOT FELT THEY NEEDED HELP AND HAVE NOT TALKED TO A PCP [Q365/1 AND Q340/GE 16 AND Q345/2 AND (Q350/5 & Q351/2)]:

Q1040 Thinking back over the last two years to a time that was particularly difficult for you, how long ago were you having these difficulties?

1	Less than a month ago	14
2	1-3 months ago	13
3	4-6 months ago	10
4	6 months to 1 year ago	20
5	1-2 years ago	39
6	Other	*

BASE: RESPONDENTS CITING OTHER TIME FRAME**Q1041** How long ago were you having these difficulties?**BASE: QUALIFIED RESPONDENTS IN GROUP A (Q365/1)****Q400** In the past two years, has anybody ever suggested that you get help or treatment from a health-care professional for a **personal, emotional, or mental-health problem**?

1 Yes	18
2 No	82

BASE: QUALIFIED RESPONDENTS WHO ANSWERED “YES” (Q400/1)**Q405** Who suggested that you seek help or treatment from a professional of some kind? *Please select all that apply.*

01 My spouse or partner	29
02 Other family member	41
03 Friend	47
04 Primary-care doctor	6
05 Someone with my Employee Assistance Plan (“EAP”)	2
06 Priest, minister, rabbi, or other spiritual advisor	3
07 Colleague or co-worker	9
96 Someone else	5

BASE: RESPONDENTS CITING OTHER PERSON (Q405/96)**Q410** Who else suggested that you seek help or treatment from a professional of some kind?

BASE: RESPONDENTS WHO ANSWERED "YES" ON (Q400/1)

Q415 Which of the following did [PN: insert response from Q405] recommend? *Please select all that apply.*

01 Therapy

02 A prescription medication

96 Other

98 Not sure

	1	2	3	4	8
			See a		Not
[RANDOMIZE ITEMS]	<u>Therapy</u>	<u>Rx</u>	<u>Physician</u>	<u>Other</u>	<u>Sure</u>
01 Friend	75	40	-	1	1
02 Other family member	68	37	-	2	17
03 My spouse or partner	63	39	-	7	11
04 Colleague or co-worker	55	30	-	3	31
05 Primary care doctor	70	68	7	-	7
06 Priest, minister, rabbi or other spiritual advisor	80	20	-	-	-
07 Someone with my employee assistance plan	86	-	-	14	-
08 Other medical personnel	64	-	36	-	-
09 Someone else	78	15	-	7	8

SUMMARY OF Q415 (AGGREGATED ACROSS RESPONSES TO Q405):

Therapy	71
A prescription medication	38
Other	14

BASE: RESPONDENTS CITING OTHER RECOMMENDATION (Q415/96)

Q420 What else did [PN: insert response from Q405] recommend?

BASE: RESPONDENTS WHO FELT THEY NEEDED HELP OR WHO WERE TOLD THEY SHOULD GET IT (Q365/1) AND (Q345/1 AND/OR Q400/1)

Q425 Which of the following would you say are reasons why you have not gotten help or treatment from a professional for a **personal, emotional, or mental-health problem** in the past two years?

Please select all that apply.

01	Didn't think it would help	32
02	Too expensive	39
03	No insurance coverage	26
04	Not worth the money	16
05	My insurance wouldn't cover it.	8
06	Figuring out my insurance was too much of a hassle.	5
07	Couldn't get a referral from my doctor	1
08	Concerned it would go on my "record"	22
09	Concerned my family or friends would find out	19
10	Don't want to be associated with the types of people who need therapy	14
11	Don't like the idea for moral/spiritual reasons	9
12	Don't trust therapists	15
13	No help available in my area	5
14	Couldn't get an appointment at a convenient time	3
15	Couldn't figure out how to get help or treatment	10
16	Didn't know help was available	3
17	Didn't think I needed it. My problems aren't serious enough.	35
18	Problem/Worries went away	20
19	Got help somewhere else [ANCHOR]	23
20	Haven't had the time or energy to arrange it	10
21	Prefer to work things out myself	1
96	Other reason [ANCHOR] [GO TO Q430]	4

BASE: ANSWERED "OTHER" (Q425/96)**Q430** What other reason kept you from getting help in the past two years?**BASE: RESPONDENTS WHO CITED MORE THAN ONE REASON IN Q425****Q435** Of all the reasons you cited, which would you say is the most important reason why you didn't seek help or treatment?

01 Didn't think it would help	17
02 Too expensive	19
03 No insurance coverage	10
04 Not worth the money	3
05 My insurance wouldn't cover it.	1
06 Figuring out my insurance was too much of a hassle.	*
07 Couldn't get a referral from my doctor	-
08 Concerned it would go on my "record"	4
09 Concerned my family or friends would find out	5
10 Don't want to be associated with the types of people who need therapy	4
11 Don't like the idea for moral/spiritual reasons	1
12 Don't trust therapists	3
13 No help available in my area	*
14 Couldn't get an appointment at a convenient time	-
15 Couldn't figure out how to get help or treatment	2
16 Didn't know help was available	-
17 Didn't think I needed it. My problems aren't serious enough.	15
18 Problem/Worries went away	10
19 Got help somewhere else [ANCHOR]	3
20 Haven't had the time or energy to arrange it	2
96 Other reason [ANCHOR]	3

BASE: ALL QUALIFIED GROUP A RESPONDENTS (Q365/1)

Q440 Would you be extremely unlikely, very unlikely, somewhat likely, very likely, or extremely likely to seek help or treatment if you were experiencing each of the following?

	1	2	3	4	5
	Extremely	Very	Somewhat	Very	Extremely
	<u>Unlikely</u>	<u>Unlikely</u>	<u>Likely</u>	<u>Likely</u>	<u>Likely</u>
Q441					
[PN: RANDOMIZE ITEMS]					
01 Problems in a relationship with your spouse or partner	20	32	30	11	7
02 Problems in relationships with people other than your spouse or partner	27	40	25	5	3
03 Job-related problems	27	37	25	7	4
04 Thoughts or emotions that made you feel like you weren't yourself	17	32	36	10	5
05 Problems controlling your temper	16	29	29	16	10
06 The death of a close friend or family member	20	34	27	13	6
07 Difficulties falling asleep or staying asleep at night	17	30	34	13	6
08 Low energy or feeling sluggish on a regular basis	15	29	36	13	6
09 Problems with alcohol	22	16	25	22	16
10 Sexual problems	23	35	24	12	6
11 An eating disorder	19	24	31	18	8
12 A serious medical condition or event such as heart disease, cancer, childbirth, or menopause	9	12	16	21	42

SECTION 500: EXPERIENCES WITH TREATMENT (AMONG THOSE WHO RECEIVED TREATMENT)
--

BASE: ALL GROUP B RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q500 [PROGRAMMER NOTE: INSERT THE FOLLOWING: “Before we continue, when we use the word ‘therapy’, we mean talking to a mental-health professional—such as a psychiatrist, psychologist, social worker, or marriage-and-family therapist—on a regular basis about problems or things that are bothering you. This can be either alone, on a one-on-one basis, or in a group setting.”]

BASE: ALL GROUP B RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q510 Are you currently seeing a mental-health professional for therapy?

1	Currently in therapy	35
2	No longer in therapy	60
9	Decline to answer	4

BASE: GROUP B RESPONDENTS WITH A HISTORY OF THERAPY AND NOT CURRENTLY IN THERAPY (Q375/1 OR 3 AND Q510/2 OR 9):

Q1045 How long ago was it that you were seeing a professional for therapy due to a **personal, emotional, or mental-health problem?**

1	Less than a month ago	3
2	1-3 months ago	10
3	4-6 months ago	12
4	6 months to 1 year ago	27
5	1-2 years ago	46
6	Other	2

BASE: GROUP B RESPONDENTS WITH A HISTORY OF THERAPY AND NOT CURRENTLY IN THERAPY WHO CITED “OTHER” TIMEFRAME

Q1046 How long ago were you seeing a professional for therapy due to a **personal, emotional, or mental-health problem?**

BASE: GROUP B RESPONDENTS WITH A HISTORY OF MEDICATION USE (Q375/2 OR 3)

Q1050 Are you currently taking prescription medication for a **personal, emotional, or mental-health problem?**

1	Yes	69
2	No	31
9	Decline to answer	*

BASE: GROUP B RESPONDENTS NO LONGER TAKING MEDICATION (Q1050/2 OR 9)

Q1055 How long ago was it that you were taking prescription medication for a **personal, emotional, or mental-health problem**?

1	Less than a month ago	5
2	1-3 months ago	16
3	4-6 months ago	17
4	6 months to 1 year ago	27
5	1-2 years ago	34
6	Other	*

BASE: GROUP B RESPONDENTS NO LONGER TAKING MEDICATION WHO CITED "OTHER" TIMEFRAME

Q1056 How long ago were you taking prescription medication for a **personal, emotional, or mental-health problem**?

BASE: ALL GROUP B RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q515 In the past two years, have you ever switched from one therapist to another because you were dissatisfied with the treatment you were getting?

1	Yes	14
2	No	86

BASE: ALL GROUP B RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q520 All in all, how many different therapists have you seen in the past two years?

1	1	62
2	2	24
3	3-4	13
4	5 or more	1

BASE: ALL GROUP B RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q525 About how many times [PN: IF CURRENTLY IN THERAPY (Q510/1): “have you seen the professional you are currently seeing in therapy so far?”; IF NO LONGER IN THERAPY (Q510/2) AND HAVE SEEN ONLY ONE THERAPIST (Q520/1): “did you see your therapist before you stopped going?”; IF NO LONGER IN THERAPY AND HAVE SEEN MORE THAN ONE THERAPIST (Q510/2 AND Q520/NE1): “did you see the therapist you saw most recently before you stopped going?” IF DECLINE TO ANSWER (Q510/9): “have you seen a mental-health professional for therapy?”]

1	1 time	13
2	2-4 times	21
3	5-9 times	19
4	10 times or more	47

BASE: RESPONDENTS WITH DRUG HISTORY AND NO HISTORY OF THERAPY (Q375/2)

Q543 [PROGRAMMER NOTE: INSERT THE FOLLOWING: “Before we continue, when we use the word ‘therapy’, we mean talking to a mental-health professional—such as a psychiatrist, psychologist, social worker, or marriage-and-family therapist—on a regular basis about problems or things that are bothering you. This can be either alone, on a one-on-one basis, or in a group setting.”]

BASE: RESPONDENTS WITH DRUG HISTORY AND NO HISTORY OF THERAPY (Q375/2)

Q545 Has a doctor ever suggested that you seek therapy as well as prescription medication to help you deal with a **personal, emotional, or mental-health problem**?

1	Yes	24
2	No	76

BASE: RESPONDENTS WITH DRUG HISTORY AND NO HISTORY OF THERAPY (Q375/2)

Q550 Which of the following would you say are reasons why you have not had therapy in addition to a prescription medication for help with a **personal, emotional, or mental-health problem** in the past two years? *Please select all that apply.*

[MULTIPLE RESPONSE]

01	Didn't think it would help	20
02	Too expensive	28
03	No insurance coverage	16
04	Not worth the money	14
05	My insurance wouldn't cover it.	9
06	Figuring out my insurance was too much of a hassle.	3

07	Couldn't get a referral from my doctor	1
08	Concerned it would go on my "record"	9
09	Concerned my family or friends would find out	6
10	Don't want to be associated with the types of people who need therapy	4
11	Don't like the idea for moral/spiritual reasons	2
12	Don't trust therapists	13
13	No help available in my area	5
14	Couldn't get an appointment at a convenient time	3
15	Couldn't figure out how to get it	3
16	Didn't know help was available	*
17	Didn't think I needed it. My problems aren't serious enough.	49
18	Problem/Worries went away	16
19	Got help somewhere else [ANCHOR]	12
96	Other (PN: GO TO Q555) [ANCHOR]	9

BASE: RESPONDENTS CITING OTHER REASON IN Q550 (Q550/96)**Q555** What was the other reason?**BASE: RESPONDENTS WHO GAVE MORE THAN ONE REASON IN Q550****Q560** Of all the reasons you cited, which would you say is the most important reason why you have not gotten therapy?

01	Didn't think it would help	12
02	Too expensive	11
03	No coverage	11
04	Not worth the money	3
05	My insurance wouldn't cover it.	5
06	Figuring out my insurance was too much of a hassle.	*
07	Couldn't get a referral from my doctor	1
08	Concerned it would go on my "record"	1
09	Concerned my family or friends would find out	2
10	Don't want to be associated with the types of people who need therapy	2
11	Don't like the idea for moral/spiritual reasons	1
12	Don't trust therapists	1
13	No help available in my area	*
14	Couldn't get an appointment at a convenient time	*
15	Couldn't figure out how to get it	3
16	Didn't know help was available	*
17	Didn't think I needed it. My problems aren't serious enough.	26
18	Problem/Worries went away	8
19	Got help somewhere else	8
96	Other	5

BASE: ALL GROUP B RESPONDENTS (Q365/2)

Q580 Which of the following made you decide to seek treatment from a professional for a **personal, emotional, or mental-health problem**? *Please select all that apply.*

1	Someone suggested it.	18
2	A difficult event or set of personal circumstances	55
3	I was diagnosed with a mental-health problem.	17
4	I decided I needed it on my own.	46

BASE: MORE THAN ONE REASON IN Q580

Q585 Which would you say was the most important factor in deciding to seek treatment from a professional?

1	Someone suggested it.	9
2	A difficult event or set of personal circumstances	44
3	I was diagnosed with a mental-health problem.	10
4	I decided I needed it on my own.	36

BASE: RESPONDENTS WHO GOT SUGGESTION FROM A PERSON (Q580/1)

Q590 Who suggested that you seek help or treatment from a professional of some kind? *Please select all that apply.*

[MULTIPLE RESPONSE]

01	My spouse or partner	30
02	Other family member	39
03	Friend	26
04	Primary-care doctor	36
05	Someone with my Employee Assistance Plan (“EAP”)	5
06	Priest, minister, rabbi, or other spiritual advisor	4
07	Colleague or co-worker	6
96	Someone else	10
	Other medical personnel	9

BASE: RESPONDENTS WHO ANSWERED “SOMEONE ELSE” (Q590/96)**Q595** What other person suggested you seek professional treatment?**BASE: RESPONDENTS WHO GOT SUGGESTIONS FROM A PERSON (Q580/1)****Q600** Which of the following did your [PN: INSERT RESPONSE TO Q590; IF MORE THAN ONE RESPONSE, INSERT “AND/OR YOUR” BETWEEN RESPONSES. IF Q590/01, USE “SPOUSE OR PARTNER”, IF Q590/05, USE “EAP CONTACT”] recommend? *Please select all that apply.*

[MULTIPLE RESPONSE]

1	Therapy	69
2	A prescription medication	59
	Hospitalization/surgery/other medical intervention	2
	Visit with doctor	1
96	Other	1

BASE: RESPONDENTS WHO ANSWERED OTHER RECOMMENDATION (Q600/96)**Q605** What else did the [PN: INSERT RESPONSE/S TO Q590; IF MORE THAN ONE RESPONSE, INSERT “AND/OR YOUR” BETWEEN RESPONSES. IF Q590/01, USE “SPOUSE OR PARTNER”, IF Q590/05, USE “EAP CONTACT”] recommend?

BASE: RESPONDENTS WHO ANSWERED “A DIFFICULT EVENT” (Q580/2)

Q610 Were any of the following events or circumstances related to your decision to get help or treatment? *Please select all that apply.*

[MULTIPLE RESPONSE]

01 Divorce	15
02 The death of a close friend or family member	28
03 The loss of a job	16
04 Problems in relationship with spouse or partner	42
05 Problems in relationships with people other than spouse or partner	35
06 Childhood abuse	11
07 Trauma from military service	2
08 Trauma from being a victim of a natural disaster, such as a fire or flood	2
09 Trauma from being a victim of a terrorist attack or violent crime	3
10 Concern/Worries about things going on in the world	12
11 A serious medical condition or event, such as heart disease, cancer, childbirth or menopause	31
12 Spouse, partner, or family member’s illness	22
Have anxiety/panic attacks/manic depression/eating disorder, etc.	12
Work-related (stress, poor treatment, bad boss, etc.)	2
Problems in school	2
Alcoholism/drug addiction	2
Suicide attempt	1
Trauma from an accident	1
Financial problems	1
Moving/just moved	1
96 Something else	5

BASE: RESPONDENTS WHO ANSWERED “SOMETHING ELSE” (Q610/96)

Q615 What other event or circumstance was related to your decision to get help or treatment?

BASE: RESPONDENTS WHO GAVE MORE THAN ONE REASON IN Q610

Q620 Of all the reasons you cited, which would you say was the most important event or circumstance related to your decision to get help or treatment?

01 Divorce	5
02 The death of a close friend or family member	15
03 The loss of a job	3
04 Problems in relationship with spouse or partner	20
05 Problems in relationships with people other than spouse or partner	7
06 Childhood abuse	4
07 Trauma from military service	1
08 Trauma from being a victim of a natural disaster, such as a fire or flood	*
09 Trauma from being a victim of a terrorist attack or violent crime	2
10 Concern/Worries about things going on in the world	3
11 A serious medical condition or event, such as heart disease, cancer, childbirth or menopause	14
12 Spouse, partner, or family member's illness	8
96 Something else	14

BASE: ALL GROUP B RESPONDENTS (Q365/2)

Q625 How did you select the particular professional [PN: IF CURRENTLY IN THERAPY (Q510/1): "you are seeing"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): you saw"] for treatment? <I> Please select all that apply.</I>

01 Recommendation from a medical doctor or other health-care provider	44
02 Yellow pages	3
03 Online directory or research	3
04 Recommendation from a minister, priest, rabbi, or other spiritual advisor	3
05 Recommendation from a friend or family member	18
06 Insurance company's list of providers	17
07 Legal system referral or mandate	3
08 Referral from other mental-health provider	7
09 Advertisement	1
EAP Recommendation	2
Prior experience	1
School	1
Personal research/inquiries	*
Price	*
96 Other	5

BASE: ANSWERED “OTHER” IN Q625/96

Q630 What other method did you use to select the professional [PN: IF CURRENTLY IN THERAPY (Q510/1): “you are seeing”; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): you saw”] for treatment?

BASE: ALL GROUP B RESPONDENTS (Q365/2)

Q635 Which of the following were important to you in **selecting** the professional you chose? *Please select all that apply.*

[MULTIPLE RESPONSE]

01 Convenient office hours	15
02 Therapist’s physical appearance	1
03 Price/Out-of-pocket costs of therapy	17
04 Common background with therapist	7
05 Therapist’s gender	9
06 Therapist’s race	1
07 Therapist’s religion	4
08 Therapist’s sexual orientation	2
09 Therapist’s success in treating others with similar problems	12
10 Close to home or work	22
11 Particular specialty or expertise (e.g., anxiety problems, marriage therapy)	18
12 Therapeutic approach (e.g., cognitive behavior therapy, psychoanalysis)	10
13 Type of therapist (e.g., a physician trained in psychiatry, a psychologist, social worker, etc.)	17
14 My health plan’s network	26
15 Recommendation from friend or family member	18
16 Published quality ratings or evaluations	1
17 Recommendation from doctor	28
18 Recommendation from another mental-health provider [ANCHOR]	10
Trustworthiness/comfort level	2
Didn’t have a choice	2
Court recommendation	*
96 Other [ANCHOR]	3

BASE: ANSWERED “OTHER” IN Q635/96

Q640 What other thing was important to you in deciding which professional to choose?

BASE: RESPONDENTS WHO GAVE MORE THAN ONE REASON IN Q635

Q645 Of all the things you cited, which would you say was most important to you in deciding which professional to choose?

01	Convenient office hours	3
02	Therapist's physical appearance	-
03	Price/Out-of-pocket costs of therapy	8
04	Common background with therapist	3
05	Therapist's gender	3
06	Therapist's race	-
07	Therapist's religion	1
08	Therapist's sexual orientation	1
09	Therapist's success in treating others with similar problems	6
10	Close to home or work	4
11	Particular specialty or expertise (e.g., anxiety problems, marriage therapy)	11
12	Therapeutic approach (e.g., cognitive behavior therapy, psychoanalysis)	7
13	Type of therapist (e.g., a physician trained in psychiatry, a psychologist, social worker, etc.)	7
14	My health plan's network	18
15	Recommendation from friend or family member	8
16	Published quality ratings or evaluations	*
17	Recommendation from doctor	13
18	Recommendation from another mental-health provider [ANCHOR]	5
	Trustworthiness/comfort level	-
	Didn't have a choice	-
	Court recommendation	-
96	Other [ANCHOR]	2

BASE: ALL GROUP B RESPONDENTS (Q365/2)

Q650 Would you prefer to see a male or a female professional for help with **personal, emotional, or mental-health problems**?

1	Male	11
2	Female	31
3	Gender does not make a difference.	58

BASE: ALL RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q680 How effective was the therapy you [PN: IF CURRENTLY IN THERAPY (Q510/1): “are receiving?”; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): “received?”]

1	Extremely ineffective	6
2	Very ineffective	7
3	Somewhat ineffective	8
4	Somewhat effective	38
5	Very effective	31
6	Extremely effective	11

BASE: ALL RESPONDENTS WITH HISTORY OF THERAPY (Q375/1 OR 3)

Q685 If you were told that therapy either by phone or over the Internet were available and less expensive than traditional therapy, would you consider this as an alternative?

01	Yes	22
02	No	47
98	Not sure	30

BASE: RESPONDENTS REPORTING USE OF MEDICATION (Q360/1)

Q690 How effective was the prescription medication you took or are taking? If you have taken more than one medication, please respond in terms of how effective they were **on average**?

1	Extremely ineffective	5
2	Very ineffective	7
3	Somewhat ineffective	7
4	Somewhat effective	31
5	Very effective	37
6	Extremely effective	12

BASE: ALL GROUP B RESPONDENTS (Q365/2)

Q695 On the whole, how satisfied are you with the treatment you [PN: IF CURRENTLY IN THERAPY (Q510/1): “are receiving?”; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): “received?”]

1	Extremely dissatisfied	3
2	Very dissatisfied	4
3	Somewhat dissatisfied	8
4	Somewhat satisfied	31
5	Very satisfied	39
6	Extremely satisfied	15

BASE: RESPONDENTS WHO ARE DISSATISFIED ON Q695 (Q695/1, 2, OR 3)**Q700** Which of the following are reasons why you were not satisfied? *Please select all that apply.*

01	Therapy wasn't working.	21
02	It cost too much.	14
03	Therapist's office was inconveniently located.	5
04	Not a good match between the therapist and myself	16
05	Therapist didn't set clear goals.	11
06	Therapist didn't provide enough feedback.	16
07	I didn't stay in treatment long enough.	12
08	Didn't have access to therapy on the Web or over the phone	3
09	Sessions were too short.	6
10	Office hours didn't work with my schedule.	3
11	Didn't like therapist's physical appearance	2
12	Therapist didn't have enough experience.	5
13	Therapist didn't have expertise with my particular type of problem.	11
14	Wanted to see a different type of therapist (e.g., a psychologist instead of a psychiatrist)	2
15	Therapist wasn't always on time.	6
16	Didn't like therapist's office	4
17	Didn't feel like therapist listened to me	16
18	Wasn't taking medication as well	*
19	Side effects were too bad.	25
20	Cost too much to fill prescriptions	22
21	Didn't switch to a better medication	18
22	Wasn't in therapy as well	6
96	Other (PN: JUMP TO Q702)	3

BASE: ANSWERED "OTHER" IN Q700/96**Q702** What was the other reason why you were not satisfied?

BASE: RESPONDENTS WHO GAVE MORE THAN ONE REASON IN Q700

Q703 Of all the things you cited, which would you say was the most important reason why you were not satisfied?

01	Therapy wasn't working.	8
02	It cost too much.	13
03	Therapist's office was inconveniently located.	*
04	Not a good match between the therapist and myself	9
05	Therapist didn't set clear goals.	4
06	Therapist didn't provide enough feedback.	3
07	I didn't stay in treatment long enough.	-
08	Didn't have access to therapy on the Web or over the phone	-
09	Sessions were too short.	-
10	Office hours didn't work with my schedule.	-
11	Didn't like therapist's physical appearance	-
12	Therapist didn't have enough experience.	3
13	Therapist didn't have expertise with my particular type of problem.	16
14	Wanted to see a different type of therapist (e.g., a psychologist instead of a psychiatrist)	-
15	Therapist wasn't always on time.	-
16	Didn't like therapist's office	-
17	Didn't feel like therapist listened to me	16
18	Wasn't taking medication as well	-
19	Side effects were too bad.	15
20	Cost too much to fill prescriptions	6
21	Didn't switch to a better medication	1
22	Wasn't in therapy as well	-
96	Other	3

BASE: ALL GROUP B RESPONDENTS NO LONGER IN THERAPY (Q510/2)**Q530** Which of the following are reasons why you ended your therapy? *Please select all that apply.*

[MULTIPLE RESPONSE]

01	Therapy wasn't working.	19
02	It cost too much.	17
03	Therapist's office was inconveniently located.	6
04	Not a good match between the therapist and myself	8
05	Therapist didn't set clear goals.	8
06	Therapist didn't provide enough feedback.	10
07	Office hours didn't work with my schedule.	5
08	Didn't like therapist's physical appearance	*
09	Therapist didn't have enough experience.	1
10	Therapist didn't have expertise with my particular type of problem.	3
11	Wanted to see a different type of therapist (e.g., a psychologist instead of a psychiatrist)	*
12	Therapist wasn't always on time.	2
13	Didn't like therapist's office	2
14	Didn't feel like therapist listened to me	9
15	I felt that my problems got better.	43
16	My therapist said I didn't need to go anymore.	23
17	Was afraid someone would find out I was going	1
18	Didn't have the time	7
19	My insurance coverage ran out.	7
20	I moved away.	8
21	My therapist moved away.	2
22	My insurance coverage changed.	5
	Person I was going with stopped	3
	Problems with my physical health	*
96	Other	7

BASE: RESPONDENTS CITING OTHER REASON IN Q530 (Q530/96)**Q535** What was the other reason why you ended your therapy?

BASE: RESPONDENTS WHO CITED MORE THAN ONE REASON IN Q530

Q540 Of all the things you cited, which would you say was the most important reason why you ended your therapy?

01	Therapy wasn't working.	12
02	It cost too much.	7
03	Therapist's office was inconveniently located.	1
04	Not a good match between the therapist and myself	5
05	Therapist didn't set clear goals.	2
06	Therapist didn't provide enough feedback.	7
07	Office hours didn't work with my schedule.	1
08	Didn't like therapist's physical appearance	-
09	Therapist didn't have enough experience.	1
10	Therapist didn't have expertise with my particular type of problem.	4
11	Wanted to see a different type of therapist (e.g., a psychologist instead of a psychiatrist)	*
12	Therapist wasn't always on time.	-
13	Didn't like therapist's office	-
14	Didn't feel like therapist listened to me	7
15	I felt that my problems got better.	27
16	My therapist said I didn't need to go anymore.	8
17	Was afraid someone would find out I was going	-
18	Didn't have the time	*
19	My insurance coverage ran out.	2
20	I moved away.	5
21	My therapist moved away.	-
22	My insurance coverage changed.	7
96	Other	3

BASE: ALL QUALIFIED RESPONDENTS

Q705 Please indicate whether you are covered by any of the following sources of health insurance or not.

	1	2	3
	<u>Covered</u>	<u>Not Covered</u>	<u>Not Sure</u>
Q706 [RANDOMIZE ITEMS]			
1 Health insurance or an HMO through my work or union or someone else's work or union	55	39	6
2 Health insurance or an HMO bought directly by me or another member of my family	18	76	6
3 Medicare or a Medicare HMO, which is a government plan that pays health-care bills for people ages 65 and over and for some people with disabilities	13	80	7
4 Medicaid, a Medicaid HMO, or Medical Assistance	8	83	9
5 Health insurance from some other source	8	83	9

BASE: ALL RESPONDENTS NOT INSURED BY ANY SOURCE (Q705/1-5 AND Q706/02 OR 98)

Q710 Are you currently covered by any form of health insurance?

1 Yes	25
2 No	75

BASE: INSURED RESPONDENTS (Q705/ANY 1-5 & Q706/01 OR Q710/1)

Q715 Does your health insurance pay for mental-health services?

01 Yes	56
02 No	7
98 Not sure	37

BASE: ALL INSURED GROUP B RESPONDENTS [Q365/2 AND (Q705/ANY 1-5 & Q706/01 OR Q710/1)]

Q720 [PN: IF CURRENTLY IN THERAPY (Q510/1): "Do"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "Did"] you use health insurance to pay for your mental-health treatment or [PN: IF CURRENTLY IN THERAPY (Q510/1): "do"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "did"] you pay for it out of your own pocket?

01 [PN: IF CURRENTLY IN THERAPY (Q510/1): "Use"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "Used"] health insurance to pay for all of it

27

02 [PN: IF CURRENTLY IN THERAPY (Q510/1): "Use"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "Used"] health insurance, but still [PN: IF CURRENTLY IN THERAPY (Q510/1): "have to"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "had to"] pay for part of it myself

44

03 [PN: IF CURRENTLY IN THERAPY (Q510/1): "Pay"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "Paid"] for all of it out of my own pocket

16

98 Not sure

13

BASE: THOSE WHO PAID OUT OF OWN POCKET (Q720/3)

Q725 Why [PN: IF CURRENTLY IN THERAPY (Q510/1): "do"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "did"] you pay for your treatment yourself?

- | | |
|--|----|
| 01 My health insurance doesn't cover mental-health treatment. | 42 |
| 02 I had already used up my benefits. | 1 |
| 03 The professional I [PN: IF CURRENTLY IN THERAPY (Q510/1): "see"; IF NO LONGER IN THERAPY (Q510/2) OR DECLINE TO ANSWER (Q510/9): "saw"] wasn't in my insurance company's network. | 23 |
| 04 I didn't want my treatment to go on my record. | 7 |
| 05 Too much of a hassle to use insurance | 12 |
| 96 Some other reason | 11 |

BASE: THOSE WHO PAID OUT OF OWN POCKET FOR SOME OTHER REASON (Q725/96)

Q730 Why was that?

SECTION 800: ALTERNATIVE TREATMENT APPROACHES

BASE: ALL QUALIFIED RESPONDENTS

Q800 Which of the following do you think [PN: IF GROUP A (Q365/1): “would be”; IF GROUP B (Q365/2): “are”] especially important in making therapy successful? *Please select up to seven responses.*

[RANDOMIZE]	Needed but Didn't Get Treatment	Needed and Got Treatment
01 Convenient office hours	37	26
02 Therapist's physical appearance	6	4
03 Price/Out-of-pocket costs of therapy	48	27
04 Common background with therapist	12	10
05 Therapist's gender	11	7
06 Therapist's race	3	1
07 Therapist's religion	8	7
08 Therapist's sexual orientation	5	2
09 Therapist's success in treating others with similar problems	39	27
10 Close to home or work	34	24
11 Particular specialty or expertise (e.g., anxiety problems, marriage therapy)	36	34
12 Therapeutic approach (e.g., cognitive behavior therapy, psychoanalysis)	25	32
13 Type of therapist (e.g., a physician trained in psychiatry, a psychologist, social worker, etc.)	39	30
14 Therapist being on time	19	15
15 Therapist's personality	54	50
16 Therapist's office appearance	11	7
17 Therapist's listening skills	58	68
18 Therapist being active in session	37	40
19 Therapist setting clear goals	32	32
20 Personal connection with the therapist	39	50
21 Noticeable progress early on in treatment	39	27
Patient's willingness to work	*	*
If spouse/other person involved went too	*	-
96 Other	1	*

BASE: RESPONDENTS CITING OTHER REASON IN Q800 (Q800/96)

Q805 What else is it that you think [PN: IF GROUP A (Q365/1): “would be”; IF GROUP B (Q365/2): “is”] especially important?

BASE: RESPONDENTS WHO CITED MORE THAN ONE REASON IN Q800

Q810 Now, please bear with us, we are almost done. But, of all the things you cited, which would you say [PN: IF GROUP A (Q365/1): “would be”; IF GROUP B (Q365/2): “is”] most important in making therapy successful?

[RANDOMIZE]	Needed but Didn't Get Treatment	Needed and Got Treatment
01 Convenient office hours	1	*
02 Therapist's physical appearance	*	-
03 Price/Out-of-pocket costs of therapy	9	5
04 Common background with therapist	*	1
05 Therapist's gender	1	1
06 Therapist's race	*	-
07 Therapist's religion	3	2
08 Therapist's sexual orientation	*	*
09 Therapist's success in treating others with similar problems	8	6
10 Close to home or work	1	1
11 Particular specialty or expertise (e.g., anxiety problems, marriage therapy)	6	8
12 Therapeutic approach (e.g., cognitive behavior therapy, psychoanalysis)	7	6
13 Type of therapist (e.g., a physician trained in psychiatry, a psychologist, social worker, etc.)	4	3
14 Therapist's being on time	1	-
15 Therapist's personality	8	6
16 Therapist's office appearance	*	*
17 Therapist's listening skills	13	16
18 Therapist being active in session	4	6
19 Therapist setting clear goals	4	5
20 Personal connection with the therapist	18	25
21 Noticeable progress early on in treatment	11	9
96 Other	1	*

BASE: ALL QUALIFIED RESPONDENTS

Q815 Which of the following health-care professionals do you think is generally most helpful in resolving **personal, emotional, or mental-health problems**?

	Needed but Didn't Get Treatment	Needed and Got Treatment
01 A physician trained in psychiatry	19	19
02 A psychologist	31	27
03 A social worker	1	3
04 A marriage and family therapist	5	10
05 Some other type of counselor with a master's degree	1	3
Pastor/minister/priest/spiritual counselor	1	1
Other doctor	*	*
96 Other	1	1
98 Not sure	41	36

BASE: ANSWERED "OTHER" Q815/96

Q820 What other type of health-care professional do you think is most helpful?

BASE: ALL QUALIFIED RESPONDENTS

Q825 If you were able to get help or treatment from a mental-health professional over the telephone, how likely would you be to do so?

[RANDOMIZE]	Needed but Didn't Get Treatment	Needed and Got Treatment
1 Extremely unlikely	26	30
2 Very unlikely	32	30
3 Somewhat likely	34	33
4 Very likely	5	5
5 Extremely likely	3	2

BASE: ALL QUALIFIED RESPONDENTS

Q830 If you were able to get help, treatment, or information from the Internet in any of the following ways, how likely would you be to use each of them?

	1	2	3	4	5
	Extremely	Very	Somewhat	Very	Extremely
	<u>Unlikely</u>	<u>Unlikely</u>	<u>Likely</u>	<u>Likely</u>	<u>Likely</u>
Q831					
[RANDOMIZE ITEMS]					
01 Online therapy sessions					
Needed but didn't get treatment	34	28	27	7	3
Needed and got treatment	36	26	28	6	4
02 A "coach" who could help me work through problems by email					
Needed but didn't get treatment	27	28	31	9	5
Needed and got treatment	31	24	31	11	4
03 An online library with information about mental-health and emotional problems					
Needed but didn't get treatment	14	13	39	25	8
Needed and got treatment	14	15	37	22	11
04 Online tools or questionnaires to help me decide whether I need help from a mental-health professional					
Needed but didn't get treatment	16	18	40	19	8
Needed and got treatment	19	17	37	18	10

BASE: ALL QUALIFIED RESPONDENTS

Q835 If you were able to get help or treatment from "workbooks" that you could order through the mail, how likely would you be to do so?

	1	2	3	4	5
	Extremely unlikely	Very unlikely	Somewhat likely	Very likely	Extremely likely
			Needed but	Needed	
			Didn't Get	and Got	
			Treatment	Treatment	
1	Extremely unlikely		25	27	
2	Very unlikely		38	34	
3	Somewhat likely		31	29	
4	Very likely		4	8	
5	Extremely likely		2	1	

SECTION 900: SOFT EXITS/RESULTS

BASE: ALL RESPONDENTS**Q900** How comfortable do you feel talking about emotional issues with your closest friends?

		Needed but Didn't Get Treatment	Needed and Got Treatment
1	Not at all comfortable	21	15
2	Somewhat comfortable	37	31
3	Comfortable	20	24
4	Very comfortable	15	21
5	Extremely comfortable	7	9

BASE: ALL RESPONDENTS**Q905** How comfortable do you think people are around people with mental-health problems?

		Needed but Didn't Get Treatment	Needed and Got Treatment
1	Not at all comfortable	38	31
2	Somewhat comfortable	44	48
3	Comfortable	14	16
4	Very comfortable	4	4
5	Extremely comfortable	1	1

BASE: ALL RESPONDENTS**Q910** Do you think exercise is one method of combating depression?

		Needed but Didn't Get Treatment	Needed and Got Treatment
01	Yes	77	76
02	No	6	6
98	Not sure	17	19

BASE: ALL RESPONDENTS**Q915** How educated do you think the general public is about depression?

		Needed but Didn't Get Treatment	Needed and Got Treatment
01	Not at all educated	31	34
02	Somewhat educated	61	59
03	Educated	5	5
04	Very educated	1	1
05	Extremely educated	*	-
98	Not sure	2	2