

MHA Survey Shows Progress in Public Knowledge About Mental Disorders, but Stigma Remains a Problem

Mental Health America (MHA) has released the results of a survey that indicate significant progress in Americans' attitudes about mental health problems but also continued shame and discomfort. A similar survey ten years ago by Mental Health America (then called the National Mental Health Association) showed that only 38% of Americans viewed depression as a health problem rather than as a sign of a personal weakness. The current survey found that 72% know that depression is a health problem.

Although Americans are more knowledgeable about the seriousness of mental illnesses, public acceptance of mental health problems, such as suicide attempts, alcohol and drug problems, bipolar disorder, and schizophrenia, still lags behind that of other health issues, such as diabetes and cancer. Fifty-seven percent of the respondents viewed alcohol or drug problems as personal weaknesses, whereas many fewer viewed bipolar disorder and schizophrenia in this way (7%). Nearly all respondents stated that cancer (97%) and diabetes (96%) are health problems, not weaknesses.

Americans appear to be split on their views of suicide: 46% saw it as a personal or emotional weakness, and 46% saw it as a health problem. Even though suicide deaths—more than 30,000 each year—consistently outnumber deaths attributable to homicide (about 18,000), 63% of the respondents believed that homicides vastly outnumber suicides.

Americans' comfort level with discussing personal mental health issues and interacting with people with mental illnesses still lags behind their comfort levels with diabetes and cancer. Most respondents said that they would feel comfortable sharing with friends or coworkers the fact that they or someone close to them had diabetes (85%) or cancer (82%). In comparison, about two-thirds (67%) felt the same way about sharing experiences with depression, followed by alcohol and drug problems (62%), a

suicide attempt (60%), and bipolar disorder or schizophrenia (58%).

Sixty-three percent of survey respondents said that they would feel comfortable interacting with someone with depression, although fewer than half of respondents felt similarly about someone with alcohol or drug problems (43%), bipolar disorder or schizophrenia (45%), or a person who attempted suicide (48%). In regard to depression, respondents reported feeling comfortable having a friend with the disorder (91%), a next-door neighbor (91%), or a coworker (68%). However, comfort levels declined in regard to a teacher with depression (39%), a romantic partner (47%), or an elected official (51%). For bipolar disorder and schizophrenia, many fewer felt comfortable having a teacher (20%), a romantic partner (23%), or an elected official (29%). Americans are similarly uncomfortable with the idea of having a teacher who is receiving treatment for an alcohol or drug problem or a suicide attempt (19% and 21%, respectively), a romantic partner (27% and 30%), or an elected official (26% and 32%). Comparatively, most re-

spondents felt comfortable about having a relationship with a person with cancer or diabetes. Comfort levels for having a friend with cancer or diabetes (98% for both), a next-door neighbor (98% for both), or coworker (93% and 95%, respectively) were very similar to having a teacher (92% and 94%), a date (78% and 87%), or an elected official (90% and 93%).

"The discomfort Americans continue to feel towards people with mental illnesses is disconcerting," said David L. Shern, Ph.D., chief executive officer of MHA. "Societal acceptance and support is instrumental in helping individuals and families facing mental health issues recover and enjoy healthy, fulfilling lives in their community."

The Mental Health America Attitudinal Survey was conducted by International Communications Research, an independent research company. Interviews were administered via telephone and the Internet from October 10 to November 1, 2006, to a nationally representative sample of 3,040 respondents age 18 and older. The poll has a margin of error of $\pm 1.75\%$. The executive summary of the survey is available on the MHA Web site at www.mentalhealthamerica.net/go/surveys.

Bazelon Center's Model Policy for Addressing Student Mental Health Issues

The Bazelon Center for Mental Health Law has released a model policy to help colleges and universities develop a nondiscriminatory, nonpunitive approach to students in crisis because of mental health problems. The document is a response to increasing evidence of serious mental health problems among college and university students and schools' lack of consensus on what to do when such students are in crisis.

In the 2006 National College Health Assessment, 44% of the 94,806 students surveyed reported that during the past year they "felt so depressed it was difficult to function" and 9% said that they had "seriously considered

suicide." Students also named depression as one of the top ten impediments to academic performance.

"Supporting Students: A Model Policy for Colleges and Universities" was developed by Bazelon Center attorneys after consultation with mental health experts, higher education administrators, counselors, and students. It is a collection of best practices that all colleges and universities can adopt.

Most campuses have counseling services that are confidential and free of charge. However, when students are in crisis, particularly if they manifest self-injurious thoughts or behavior, colleges and universities often are unsure of how to address these issues.

Some are concerned about potential harm and legal liability. Some respond in punitive ways, requiring students to leave or evicting them from school-sponsored housing. Such measures discourage students from seeking help during a crisis.

The Bazelon Center policy offers guiding principles for how to deal fairly and nonpunitively with students in crisis and how to support those whose mental health problems may be interfering with their academic, extracurricular, or social lives. It also lists potential approaches to several situations and examples of accommodations, such as permitting a reduced course load or allowing the student to work from home or change roommates or rooms, that can enable students to continue their education successfully. Confidentiality guidelines as well as procedures for voluntary and involuntary leaves of absence—and for returning from leaves of absence—are spelled out.

The ten-page policy is available on the Bazelon Web site at www.bazelon.org/pdf/supportingstudents.pdf.

NEWS BRIEFS

SAMHSA's state-level data on depression: Approximately 9% of youths aged 12 to 17 and 7.6% of adults aged 18 or older experienced at least one major depressive episode in the past year, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA). Analyses of data from SAMHSA's National Survey on Drug Use and Health (NSDUH) for 2004 and 2005 show that rates of past-year major depression for youths were among the highest in Idaho (10.4%) and Nevada (10.3%) and among the lowest in Louisiana (7.2%) and South Dakota (7.4%). Rates for adults were highest in Utah (10.1%) and Rhode Island (9.9%) and lowest in Hawaii and New Jersey (6.7% and 6.8%, respectively). The survey found few statistically significant differences across states. The prevalence of major depression in each state is based on standard definitions and survey methods

applied uniformly across states. *State Estimates of Depression: 2004 and 2005 National Surveys on Drug Use and Health* is available at oas.samhsa.gov/2k7/states/depression.cfm.

Weekly podcasts on depression:

The Depression Is Real Coalition has created a weekly podcast—"The Down & Up Show"—hosted by Ellen Frank, Ph.D. Each show focuses on a specific topic, and Dr. Frank interviews one or more experts in that area. Previous podcasts have examined depression in the African-American community, in families, and in military service. The Depression Is Real Coalition is concerned about messages in popular culture suggesting that depression is "just the blues" or "a made-up disease." Members include the American Psychiatric Foundation, Depression and Bipolar Support Alliance, League of United Latin American Citizens, Mental Health America, National Alliance on Mental Illness, National Medical Association, and National Urban League. The goal of the coalition is to help people with depression, their families and friends, and the general public to understand essential facts about the disorder. Each podcast is about 15 minutes long. Both downloads and transcripts are available, and listeners can post comments on the show's site at podcast.depressionisreal.org.

NAMI partnership promotes Network of Care:

The National Alliance on Mental Illness (NAMI) has joined with Trilogy Integrated Resources, creators of the Network of Care community Web sites, to familiarize NAMI members with the online resources provided by the network and to promote its adoption by state and local government agencies. "The Network of Care has specific tools in each of our mission areas," said NAMI executive director Michael J. Fitzpatrick: "research and education in the form of a library of over 30,000 current health articles, support in the form of a local directory of services, a secure area to keep personal records, and access to local legislative information." The Network of Care Web site was recognized as a model program by the Pres-

ident's New Freedom Commission. More than 300 mental health Web sites have been launched across the country, including 45 sites serving 77 counties in the Transformation Grant state of Ohio. SAMHSA recently approved the use of Transformation Grant funds for the statewide implementation of the Network of Care. Network resources can be reviewed at www.networkofcare.org.

New NIDA tools for drug abuse treatment:

Two new products designed to speed the adoption of science-based interventions are available from the National Institute on Drug Abuse (NIDA). The new "Blending Team" products are part of an expanding portfolio that includes the latest research findings on drug abuse interventions. Blending Teams are composed of NIDA researchers, substance abuse treatment practitioners, and trainers from SAMHSA's Addiction Technology Transfer Center Network. The first new product is *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency* (MIA: STEP), designed for clinical supervisors to train frontline treatment providers to improve their motivational interviewing skills. It also includes new tools to enhance patient engagement and retention. The second product, *Promoting Awareness of Motivational Incentives* (PAMI), is a set of tools that provide information about motivational incentives (low- or no-cost reinforcements such as vouchers, prizes, and privileges). PAMI includes PowerPoint presentations for both clinicians and policy makers and an introductory video. The products are available at www.drugabuse.gov/blending.

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