Mood Disorder Survey

June 2021

The Harris Poll
Harris Insights & Analytics LLC, A Stagwell Company
<table>
<thead>
<tr>
<th>Section</th>
<th>Slide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background and Objectives</td>
<td>3</td>
</tr>
<tr>
<td>Research Method</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>7</td>
</tr>
<tr>
<td>Detailed Findings</td>
<td>13</td>
</tr>
<tr>
<td>Living With a Mood Disorder</td>
<td>14</td>
</tr>
<tr>
<td>Treatment and Support</td>
<td>18</td>
</tr>
<tr>
<td>The Caregiver Experience</td>
<td>28</td>
</tr>
<tr>
<td>General Perceptions of Mood Disorders</td>
<td>34</td>
</tr>
<tr>
<td>Mental Health Today</td>
<td>41</td>
</tr>
<tr>
<td>Subgroup Profiles</td>
<td>50</td>
</tr>
<tr>
<td>Demographics</td>
<td>59</td>
</tr>
</tbody>
</table>
The National Alliance on Mental Illness (NAMI) is dedicated to building better lives for those affected by mental illness through providing advocacy, education, support, and public awareness. To inform these efforts, NAMI commissioned a survey to gain insight to the lives of people who are diagnosed with a mood disorder and their caregivers, as well as to understand how the general population of U.S. adults is managing and thinking about mental health.

The main objectives of this report are to:

- Observe the experience of living with a mood disorder and quantify their broad effects on life.
- Assess perceptions and use of resources, tools, and treatments in the recovery process for a mood disorder.
- Explore what the general population thinks and knows about mood disorders.
- Gauge the state of mental health in the United States and what has changed during the COVID-19 pandemic.
INTRODUCTION

Research Method

Mode:
Online survey

Qualification Criteria:

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

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

*No Mood Disorder Experience*
- U.S. residents, 18+
- Not diagnosed with a mood disorder
- Not currently the caregiver to someone who has been diagnosed with a mood disorder

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

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

Sample Size:
- n=507
- Survey Length: 20 Minutes

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

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

Research Method

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

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

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

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

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

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

Reading the Report

Audience Differentiation:

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

Subgroup Differences:

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

  ![Subgroup differences are shown here.](image)

Trended Data:

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

In Tables and Charts:

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

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

Key Findings

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

• Most U.S. adults understand that mood disorders have significant economic and social impacts when left untreated, but access and cost are still major barriers to treatment. This is particularly true for those who do not have insurance and who come from low-income households as they are more likely to struggle with access and cost.

• While the vast majority of adults in the U.S. understand that mental health challenges can affect anyone, a misunderstanding that mood disorders are associated with extreme mood changes may be leading to a fear that is unfounded. Education around the more common symptoms – things that adults without a mood disorder diagnosis may even be struggling with themselves – may reduce stigma.

• The misperception of mood disorders may cause those with a mood disorder to struggle opening up to others about their disorder. Continuing to address the stigma around mood disorders may have a real impact on those with a mood disorder – especially when it comes to men and younger adults who tend to struggle more with stigma – as supportive personal relationships are viewed as a top resource that aids in recovery.

• While many say the pandemic has led them to be more open with others about their mental health, white adults are more likely than people of color to have coped well during the pandemic. Representation matters though – in public as well as in the health care setting – and may help to close these gaps.
EXECUTIVE SUMMARY

Living With a Mood Disorder

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

• The most commonly reported symptoms that have an impact on their daily life are changes in sleeping habits or feeling tired and low energy (51%) followed by feeling excessively sad or low (42%) and excessive worrying or fear (39%).

• Half of those with a mood disorder (50%) say they have experienced negative impacts on relationships with family or friends.

• Slightly more than three in five (61%) agree people treat them differently after they learn they have been diagnosed with a mood disorder.

• Further, around three-quarters of adults with a mood disorder (76%) say people around them do not understand what it’s like to live with a mood disorder on a daily basis.
EXECUTIVE SUMMARY

Treatment and Support

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

• Non-psychiatric treatments like complimentary health approaches (83%), psychotherapy (80%), and guidance and support from other people with lived experience (80%) are seen as just as helpful as routine/maintenance psychiatric medication (81%) by those who have used them, even though routine/maintenance psychiatric medication is by far the most common treatment used (48% currently using and 75% ever used).

• That said, most adults with a mood disorder (78%) say it is frustrating trying to find the right treatment for their mood disorder.

• Financial support from the government (24% currently receive and 37% ever received) and financial or practical support from family or friends (21% currently receive and 45% ever received) are the most commonly received services and supports.

• The top barriers to receiving services or supports they feel would be helpful are being unsure of eligibility (48%), cost (41%), and being unsure about how to access the service (39%).

• However, the most commonly reported thing seen as helpful in the management of mood disorders and the recovery process – supportive personal relationships – are free.
General Perceptions of Mood Disorders

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

- Most of the general public (86%) knows mood disorders can significantly interfere with thoughts, behavior, activity, and physical health, but the majority (73%) think that extreme mood changes are a symptom of a mood disorder.

- Most adults (70%) understand that treatment for mood disorders may be slow and not always work, but it can be very helpful for many people. They are even more likely to say most people diagnosed with a mood disorder could be helped if they received proper treatment (92%).

- The same proportion of the general public (70%) know mood disorders can affect a person for their whole life even if they get treatment.

- Despite a general sentiment of understanding, 37% of U.S. adults agree they feel fearful of being around people with mood disorders.
The COVID-19 pandemic posed new challenges to existing and expansive mental health struggles, but it has also increased openness about the topic. It also spurred the rise of telehealth which may help to mitigate access issues and close the gap in support.

- Nearly half of the general public (47%) have experienced symptoms of a mood disorder within the last 2 weeks.
- A minority (39%) say they coped *very* well with changes to everyday life during the COVID-19 pandemic.
- However, slightly more than half (52%) say they have been more open with others about their mental health since the COVID-19 pandemic started.
- Nearly one in three adults (30%) say they are unable to get the support they need for their mental health during the COVID-19 pandemic.
- Around three in five people diagnosed with a mood disorder (61%) say they have ever used telehealth for treatment for their mood disorder. Of those, 83% say they are satisfied using telehealth and 79% say it has made it easier for them to access mental health care.
Detailed Findings
Living With a Mood Disorder
Despite experiencing symptoms that impact their energy, mood, and behaviors each day, more than 3 in 4 adults with a mood disorder feel their symptoms are well-managed.

Current Management of Mood Disorder Symptoms

77% Report their symptoms are well-managed.
- 30% very well-managed
- 48% somewhat well-managed

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in sleeping habits or feeling</td>
<td>51%</td>
</tr>
<tr>
<td>tired and low energy</td>
<td></td>
</tr>
<tr>
<td>Feeling excessively sad or low</td>
<td>42%</td>
</tr>
<tr>
<td>Excessive worrying or fear</td>
<td>39%</td>
</tr>
<tr>
<td>Avoiding friends and social activities</td>
<td>34%</td>
</tr>
<tr>
<td>Trouble concentrating and learning</td>
<td>31%</td>
</tr>
</tbody>
</table>

*Respondents could select up to 5.
The impacts of living with a mood disorder almost always persist beyond the individual person touching relationships, home life, social life, work, and school.

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

**Actual: Diagnosed With a Mood Disorder**
- Negative impacts on relationships with family or... 50%
- Disruptions to family life / home responsibilities 40%
- Judgement in social settings 31%
- Significant number of lost days at work or school 26%
- Loss of employment or leaving school 24%

**Perceived: No Mood Disorder Experience**
- Increased risk of suicide 65%
- Decreased quality of life and personal well-being 65%
- Deterioration of relationships (e.g., family, friends, co-workers) 65%
- Emotional pain felt by loved ones or friends 61%
- Economic loss due to lost workdays 59%

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

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

These expansive impacts are acknowledged by the general population.

87% agree mood disorders have significant economic and social impacts when left untreated.
Most adults with a mood disorder have told others about their diagnosis which can be difficult and sometimes results in a lukewarm reception.

Openness About Mood Disorder Diagnosis

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

- Strongly agree: 25%
- Somewhat agree: 21%
- Disagree: 54%

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

- Strongly agree: 27%
- Somewhat agree: 20%
- Disagree: 52%

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

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

- Agree: 39%
- Disagree: 33%
- Strongly agree: 72%

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

- Somewhat agree: 31%
- Strongly agree: 20%
- Agree: 52%

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

- Agree: 61%
Treatment and Support
Nearly half are using routine/maintenance psychiatric medication, but the gap between those who have *ever* used and *currently* use each treatment reveals discontinuation is common.

### Use of Various Mood Disorder Treatments

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Currently using</th>
<th>Ever used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine / maintenance psychiatric medication</td>
<td>48%</td>
<td>75%</td>
</tr>
<tr>
<td>Complimentary health approaches*</td>
<td>28%</td>
<td>53%</td>
</tr>
<tr>
<td>Psychotherapy*</td>
<td>25%</td>
<td>59%</td>
</tr>
<tr>
<td>Guidance and support from other people with lived experience*</td>
<td>23%</td>
<td>53%</td>
</tr>
<tr>
<td>Counseling from someone other than a mental health professional*</td>
<td>14%</td>
<td>50%</td>
</tr>
<tr>
<td>Intervention psychiatric medication, during a crisis or acute incident*</td>
<td>12%</td>
<td>31%</td>
</tr>
<tr>
<td>Non-medication psychiatric treatment*</td>
<td>10%</td>
<td>26%</td>
</tr>
</tbody>
</table>

*Examples were provided to respondents.

### Satisfaction With Current Mood Disorder Treatment

Among those who currently use treatment, 82% are satisfied with their current treatment, including 37% who are very satisfied.

### Experience With Health Care Professionals

78% agree they have had positive experiences with health care professionals during their experience with a mood disorder.
Caregivers report high treatment usage, helpfulness, and satisfaction

<table>
<thead>
<tr>
<th>Care Recipients’ Use of Various Mood Disorder Treatments</th>
<th>Caregivers’ Perceptions of Helpfulness of Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Currently using</strong></td>
<td><strong>Ever used</strong></td>
</tr>
<tr>
<td>Routine / maintenance psychiatric medication</td>
<td>48%</td>
</tr>
<tr>
<td>Complimentary health approaches*</td>
<td>41%</td>
</tr>
<tr>
<td>Counseling from someone other than a mental health professional*</td>
<td>37%</td>
</tr>
<tr>
<td>Guidance and support from other people with lived experience*</td>
<td>36%</td>
</tr>
<tr>
<td>Psychotherapy*</td>
<td>30%</td>
</tr>
<tr>
<td>Intervention psychiatric medication, during a crisis or acute incident*</td>
<td>26%</td>
</tr>
<tr>
<td>Non-medication psychiatric treatment*</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Treatment Satisfaction**
(Among those whose care recipient currently uses treatment)

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

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

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

*Examples were provided to respondents.
At least 7 in 10 adults with a mood disorder say various psychiatric treatments have been helpful, but there is not overwhelming interest among those who haven’t tried them.

Helpfulness Versus Interest in Psychiatric Treatments

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Helpful (Among those who have used each)</th>
<th>Interested (Among those who have not used each)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine/maintenance psychiatric medication</td>
<td>81%</td>
<td>51%</td>
</tr>
<tr>
<td>Intervention psychiatric medication, during a crisis or acute incident*</td>
<td>76%</td>
<td>39%</td>
</tr>
<tr>
<td>Non-medication psychiatric treatment*</td>
<td>70%</td>
<td>38%</td>
</tr>
</tbody>
</table>

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

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

| | 57% | 18% | 25% |
|----------------|----------------|----------------|
| Correct [False] | Incorrect [True] | Not at all sure |

*Examples were provided to respondents.
Complimentary health approaches outpace other mood disorder treatments in both helpfulness and interest

Helpfulness Versus Interest in Non-Psychiatric Treatments

- Complimentary health approaches*
  - Helpful: 83%
  - Interested: 61%

- Psychotherapy*
  - Helpful: 80%
  - Interested: 58%

- Guidance and support from other people with lived experience*
  - Helpful: 80%
  - Interested: 52%

- Counseling from someone other than a mental health professional*
  - Helpful: 74%
  - Interested: 31%

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

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

- 58% Correct [False]
- 19% Incorrect [True]
- 23% Not at all sure

*Examples were provided to respondents.
The process to finding the right treatment for a mood disorder is hard – which even the general population in the U.S. acknowledges

<table>
<thead>
<tr>
<th>Top 5 Reasons for Stopping a Treatment for Their Mood Disorder</th>
<th>Many experience difficulties in the process to find the right treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was not working for me</td>
<td>78% Agree</td>
</tr>
<tr>
<td>I wanted to see if I could 'make it on my own' without treatment</td>
<td>ód e frst trng fr nd the rt r t mnt</td>
</tr>
<tr>
<td>It had side-effects that were not worth it</td>
<td></td>
</tr>
<tr>
<td>My symptoms improved so I no longer needed it</td>
<td>86% Agree</td>
</tr>
<tr>
<td>I could no longer afford the cost of treatment</td>
<td></td>
</tr>
</tbody>
</table>

66% of those who have ever used routine/maintenance psychiatric medication have used more than 3 different medications throughout their experience.
**Supports and Services Received as a Result of Living With a Mood Disorder**

<table>
<thead>
<tr>
<th>Currently receiving</th>
<th>Ever received</th>
<th>Diagnosed With a Mood Disorder</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial support from the government*</td>
<td>24%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Financial or practical support from family or friends*</td>
<td>21%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Case manager / care coordination</td>
<td>15%</td>
<td>37%</td>
<td>35%</td>
</tr>
<tr>
<td>Housing assistance*</td>
<td>12%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Employment supports</td>
<td>11%</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Educational assistance*</td>
<td>10%</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Crisis response / crisis stabilization</td>
<td>9%</td>
<td>31%</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Examples were provided to respondents.*
Many believe services and supports would be helpful, but lack of information about eligibility, as well as cost, prevent their access.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Helpful (Among those who have received each)</th>
<th>Would be helpful (Among those who have not received each)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial or practical support from family or friends*</td>
<td>90%</td>
<td>66%</td>
</tr>
<tr>
<td>Case manager / care coordination</td>
<td>85%</td>
<td>60%</td>
</tr>
<tr>
<td>Crisis response / crisis stabilization</td>
<td>83%</td>
<td>63%</td>
</tr>
<tr>
<td>Financial support from the government*</td>
<td>83%</td>
<td>73%</td>
</tr>
<tr>
<td>Housing assistance*</td>
<td>80%</td>
<td>58%</td>
</tr>
<tr>
<td>Educational assistance*</td>
<td>79%</td>
<td>54%</td>
</tr>
<tr>
<td>Employment supports</td>
<td>76%</td>
<td>64%</td>
</tr>
</tbody>
</table>

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

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

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

*Examples were provided to respondents.
Supportive personal relationships and access to primary health care rise to the top as helpful during the recovery process, even for those with no mood disorder experience.

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

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive personal relationships</td>
<td>47%</td>
</tr>
<tr>
<td>Access to primary health care</td>
<td>42%</td>
</tr>
<tr>
<td>Education about mood disorders and treatment options</td>
<td>33%</td>
</tr>
<tr>
<td>A ‘whole health’ approach, treating both mental and...</td>
<td>30%</td>
</tr>
<tr>
<td>Coordination of care among health care professionals*</td>
<td>27%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to primary health care</td>
<td>63%</td>
</tr>
<tr>
<td>Supportive personal relationships</td>
<td>62%</td>
</tr>
<tr>
<td>A ‘whole health’ approach, treating both mental and...</td>
<td>60%</td>
</tr>
<tr>
<td>Education about mood disorders and treatment options</td>
<td>59%</td>
</tr>
<tr>
<td>Family education and support resources</td>
<td>55%</td>
</tr>
</tbody>
</table>

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

Peer support also shines among the general population.

90% Agree peer support is a valuable tool for helping people manage mood disorder symptoms.

*Examples were provided to respondents.
Access to treatment is an issue for those diagnosed with a mood disorder, particularly because of cost, but stigma is also a barrier.

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

- **84%** Agree: “Stigma is a major barrier to people accessing treatment for mood disorders.”
- **79%** Agree: “Many people diagnosed with a mood disorder lack access to quality care.”

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

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

- Cost: 52%
- Concern about treatment effectiveness: 39%
- Unsure about how to access the treatment: 35%
- Worry about potential side-effects: 33%
- A health care professional has not recommended any to...: 31%
- Worry about stigma or judgement: 25%
- Not available in my community: 18%
- Other: 6%
The Caregiver Experience
Caregivers report impacts on their own lives as a result of providing care for someone diagnosed with a mood disorder, most commonly to their home lives, work or school, and social lives.

### Impacts on Caregivers’ Own Lives as a Result of Providing Care

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruptions to family life/home responsibilities</td>
<td>30%</td>
</tr>
<tr>
<td>Significant number of lost days at work or school</td>
<td>26%</td>
</tr>
<tr>
<td>Negative impacts on relationships with family or friends</td>
<td>25%</td>
</tr>
<tr>
<td>Judgement in social settings</td>
<td>18%</td>
</tr>
<tr>
<td>Difficulties with housing*</td>
<td>17%</td>
</tr>
<tr>
<td>Loss of employment or leaving school</td>
<td>17%</td>
</tr>
<tr>
<td>Inpatient care*</td>
<td>16%</td>
</tr>
<tr>
<td>Difficulties with childcare</td>
<td>16%</td>
</tr>
<tr>
<td>Stereotypes in the workplace</td>
<td>14%</td>
</tr>
<tr>
<td>Drug or alcohol recovery treatment, either living at a rehabilitation center or being part of a group</td>
<td>14%</td>
</tr>
<tr>
<td>Loss of housing</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Examples were provided to respondents.

^Small sample sizes (n<100). Results should be interpreted directionally.

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

83% Report their own life has been impacted in some way.
Mood disorders can significantly interfere with thoughts, behavior, activity, and physical health. [True]

Only adults can be diagnosed with a mood disorder. [False]

Psychotherapy and counseling are not effective treatments for people with serious mental health conditions. [False]

Medication is the only way to effectively treat a mood disorder. [False]

THE CAREGIVER EXPERIENCE

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

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

% Strongly/Somewhat Agree

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

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

84% Caregivers

89% Diagnosed with a mood disorder

53% Caregivers

27% Diagnosed with a mood disorder

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

Mood disorders can significantly interfere with thoughts, behavior, activity, and physical health. [True]

88% Caregivers

80% Caregivers

86% Diagnosed with a mood disorder

Only adults can be diagnosed with a mood disorder. [False]

79% Caregivers

62% Caregivers

81% Diagnosed with a mood disorder

Psychotherapy and counseling are not effective treatments for people with serious mental health conditions. [False]

60% Caregivers

48% Caregivers

60% Diagnosed with a mood disorder

Medication is the only way to effectively treat a mood disorder. [False]

65% Caregivers

47% Caregivers

57% Diagnosed with a mood disorder

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

Supportive personal relationships

38% vs. 47%

Family education and support resources

35% vs. 18%

Support from a faith community

24% vs. 16%
Caregivers are struggling themselves, especially during the COVID-19 pandemic, but they are also starting to seek treatment more and are increasingly open about mental health

**Experienced Symptoms of a Mood Disorder Within the Last Two Weeks**

| Caregivers: 87% | Diagnosed with a mood disorder: 89% | U.S. adults: 47% |

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

- “I have been more open with others about my mental health since the COVID-19 pandemic started.” [73% Agree]
- “I am more open about my mental health after hearing celebrities and other high-profile people talk about their mental health.” [73% Agree]

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

- 70% have ever received mental health treatment.
- 47% currently receive it, and 70% have ever received it.
- 73% started receiving it within the past year.
- 56% have ever experienced a time when they wanted but did not receive mental health treatment.

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

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

54% agree they are unable to get the support they need for their mental health during the COVID-19 pandemic.
More than one-quarter of caregivers have also been diagnosed with a mood disorder.

**Mood Disorder Diagnosis**

28% of caregivers have been diagnosed with a mood disorder.

**Mood Disorder Symptoms Experienced In the Last Two Weeks**

*Only those with significant differences are shown*

- Feeling excessively sad or low: 43% (Caregivers with a mood disorder: 24% vs. Caregivers not diagnosed with a mood disorder: 20%)
- Excessive worrying or fear: 20% (Caregivers with a mood disorder: 35% vs. Caregivers not diagnosed with a mood disorder: 20%)
- Prolonged or strong feelings of irritability or anger: 15% (Caregivers with a mood disorder: 26% vs. Caregivers not diagnosed with a mood disorder: 15%)
- Overuse of substances like alcohol or drugs: 9% (Caregivers with a mood disorder: 22% vs. Caregivers not diagnosed with a mood disorder: 9%)
- Thoughts of suicide or self-harming behaviors: 7% (Caregivers with a mood disorder: 19% vs. Caregivers not diagnosed with a mood disorder: 7%)

Experienced at least one symptom: 94% vs. 84%
The Caregiver Experience

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

**Description of Mental Health**

<table>
<thead>
<tr>
<th></th>
<th>Caregivers with a mood disorder</th>
<th>Caregivers not diagnosed with a mood disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or poor</td>
<td>35%</td>
<td>13%</td>
</tr>
<tr>
<td>Good</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Excellent or very good</td>
<td>39%</td>
<td>58%</td>
</tr>
</tbody>
</table>

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

Caregivers with a mood disorder: 69% Well, 31% Not well

Caregivers not diagnosed with a mood disorder: 84% Well, 16% Not well
General Perceptions of Mood Disorders
Knowledge of mood disorders among the general public is mediocre; more than 3 in 5 correctly identify various facts and myths about them, but many overestimate their prevalence.

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

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

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

<table>
<thead>
<tr>
<th>Actual</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>37%</td>
</tr>
<tr>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>37%</td>
<td></td>
</tr>
</tbody>
</table>

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

- **“Only adults can be diagnosed with a mood disorder.”**
  - 79% Correct
  - 11% False

- **“Mood disorders can be acute (one-time) or chronic recurring conditions.”**
  - 64% Correct
  - 21% True
  - 15% False

- **“Mood disorders are a serious medical illness and a leading cause of disability in the U.S.”**
  - 62% Correct
  - 27% True
  - 11% False

- **“Over 20 million adults in the U.S. experience a mood disorder in a given year.”**
  - 61% Correct
  - 31% True
  - 8% False
The general public acknowledges the personal experience and symptoms of living with a mood disorder.

**Symptoms of a Mood Disorder Among Those With no Mood Disorder Experience**

*Only Top 10 Shown*

- Extreme mood changes: 73%
- Feeling excessively sad or low: 68%
- Excessive worrying or fear: 64%
- Avoiding friends and social activities: 63%
- Prolonged or strong feelings of irritability or anger: 62%
- Thoughts of suicide or self-harming behaviors: 61%
- Inability to carry out daily activities or handle daily problems and stress: 61%
- Trouble concentrating and learning: 59%
- Changes in sleeping habits or feeling tired and low energy: 57%
- Overuse of substances like alcohol or drugs: 55%

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

*“Mood disorders can significantly interfere with thoughts, behavior, activity, and physical health.”*

- Correct: 86%
- Not at all sure: 36%
- Incorrect: 6%

These symptoms generally align with the top ones impacting the daily life of those who have been diagnosed. However, for those diagnosed “changes in sleeping habits” rises to the top while “extreme mood changes” falls lower on the list.
Those diagnosed with a mood disorder feel misunderstood, and the general public may not recognize the compounding effects of living with a mood disorder.

Those with a mood disorder generally feel misunderstood.

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

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

- Emotional impacts: 62%
- Burden on daily activities (e.g., work, school,...): 48%
- Difficulty finding the right or most effective treatment: 40%
- Physical impacts: 39%
- Long-term recovery process: 33%

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

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

- 53% Agree
- 20% Somewhat agree
- 27% Disagree
U.S. adults generally acknowledge that treatment is a process, but those diagnosed with a mood disorder and caregivers underestimate the general public’s acceptance of this.
GENERAL PERCEPTIONS OF MOOD DISORDERS

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

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

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

- 70% Correct [True]
- 11% Incorrect [False]
- 19% Not at all sure

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

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

- 92% Agree
- 8% Not at all sure
- 44% Agree

However, some do not understand.

- “I feel fearful of being around people with mood disorders.” 37% Agree
- “People diagnosed with a mood disorder could just ‘snap out of it’ if they tried.” 27% Agree
**GENERAL PERCEPTIONS OF MOOD DISORDERS**

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

### Perceptions of Mood Disorders as a Health Care Priority

<table>
<thead>
<tr>
<th>Perception</th>
<th>U.S. adults</th>
<th>Diagnosed with a mood disorder</th>
<th>Caregivers</th>
<th>No mood disorder experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood disorders are a high health care priority</td>
<td>29%</td>
<td>26%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Mood disorders are a low health care priority</td>
<td>38%</td>
<td>43%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>Mood disorders are not considered a health care priority</td>
<td>14%</td>
<td>21%</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>Not sure</td>
<td>18%</td>
<td>10%</td>
<td>6%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>81% Agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40
Mental Health Today
Only slight differences exist in how U.S. adults describe their physical versus mental health, but those diagnosed with a mood disorder are much less likely to say their mental health is good.

**Description of Mental and Physical Health**

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. adults</strong></td>
<td><strong>Diagnosed with a mood disorder</strong></td>
</tr>
<tr>
<td>82% Good or Better</td>
<td>83% Good or Better</td>
</tr>
<tr>
<td>47% Good</td>
<td>55% Good</td>
</tr>
<tr>
<td>35% Fair or Poor</td>
<td>17% Fair or Poor</td>
</tr>
</tbody>
</table>

Adults diagnosed with a mood disorder are less likely than those diagnosed with depression were in 2009 to say their mental health is good, very good, or excellent (57% vs. 62% in 2009).
Mental health challenges touch many lives

47% have experienced symptoms of a mood disorder within the last 2 weeks.

Mood Disorder Symptoms Experienced Within the Last Two Weeks

*Examples were provided to respondents.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in sleeping habits or feeling tired and low energy</td>
<td>23%</td>
</tr>
<tr>
<td>Feeling excessively sad or low</td>
<td>15%</td>
</tr>
<tr>
<td>Excessive worrying or fear</td>
<td>15%</td>
</tr>
<tr>
<td>Changes in eating habits*</td>
<td>13%</td>
</tr>
<tr>
<td>Avoiding friends and social activities</td>
<td>13%</td>
</tr>
<tr>
<td>Trouble concentrating and learning</td>
<td>12%</td>
</tr>
<tr>
<td>Multiple physical ailments without obvious causes*</td>
<td>10%</td>
</tr>
<tr>
<td>Prolonged or strong feelings of irritability or anger</td>
<td>10%</td>
</tr>
<tr>
<td>Extreme mood changes</td>
<td>10%</td>
</tr>
<tr>
<td>Changes in sex drive</td>
<td>9%</td>
</tr>
</tbody>
</table>
Hearing high-profile people discuss mental health may be key to increasing openness about mental health challenges and expanding treatment usage.

There is acknowledgement of mental health challenges.

“Mental health challenges can affect anyone.”

- Strongly agree: 91%
- Somewhat agree: 32%
- Disagree: 9%

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

- Strongly agree: 49%
- Somewhat agree: 51%
- Disagree: 35%

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

40% have ever received mental health treatment.

20% 20% 60%
- Currently
- Previously
- Never
There have been new struggles during the COVID-19 pandemic.

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

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships with family or friends</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Overall well-being</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Physical health</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Productivity or success at work or school</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Mental health</td>
<td>19%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Only **39%** say they coped very well with changes to everyday life during the COVID-19 pandemic.
Mental health is becoming a mainstream topic – many have been more open about their mental health and started treatment during the COVID-19 pandemic.

There have been changes in openness and treatment.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have been more open with others about my mental health since the COVID-19 pandemic started.”</td>
<td>48%</td>
<td>38%</td>
<td>14%</td>
<td>52%</td>
</tr>
</tbody>
</table>

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

- 51% started receiving treatment within the past year.
Existing treatment helped people diagnosed with a mood disorder cope with changes during the COVID-19 pandemic

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

Satisfied
- 80% Well

Not Satisfied
- 42% Well

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

- Mental health: 45% Satisfied
- Management of my mood disorder: 32% Satisfied
- Overall well-being: 36% Satisfied
- Physical health: 31% Satisfied
- Productivity or success at work or school: 26% Satisfied
- Relationships with family or friends: 31% Satisfied

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

64% Agree

78% of those satisfied with their current treatment agree.
One-quarter of adults have not received mental health treatment even when they wanted it, most often due to cost.

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

25% Yes

Top 5 Reasons for Not Receiving Mental Health Treatment When They Wanted It
(Among those who ever wanted it but did not receive it)

- Could not afford the treatment: 39%
- Insurance would not cover the services: 27%
- Worry about judgement from family or friends: 24%
- Didn't know what kind of treatment I needed: 23%
- Worry about taking psychiatric medications: 23%

The COVID-19 pandemic may be exacerbating access issues.

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

30% Agree
Telehealth can improve access to mental health care and may increase treatment use, but in-person health care is generally still preferred.

**Use of Telehealth for Treatment for Their Mood Disorder**

- **61%** say they have been satisfied using telehealth for treatment for their mood disorder.
- **83%** say they have been satisfied using telehealth for treatment for their mood disorder.
- **49%** currently use telehealth.
- **49%** ever used telehealth.

**Perceptions of Telehealth**

- More people would receive mental health treatment if telehealth was always an option.
- Telehealth has made it easier for me to access mental health care.*
- I do not think health care provided via telehealth is as good as in-person care.

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

- **31%** prefer in-person care.
- **31%** prefer a blended approach of telehealth and in-person care.
- **21%** prefer telehealth.
- **16%** do not have a strong opinion either way.

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

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

Among the general population, in-person care (37%) is preferred over a blended approach (31%) or telehealth (13%).
Subgroup Profiles
Women are more likely to report struggles and are more open about their mood disorder than men.

Women are more likely to be struggling.

Describe Mental Health as Fair/Poor

- Women: 50%
- Men: 33%

Did Not Cope Well With Changes During COVID-19

- Women: 31%
- Men: 24%

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

- Women: 85%
- Men: 80%
Men are more impacted by stigma surrounding mental health than women are, but there have been positive changes during the COVID-19 pandemic.

Stigma is an issue for men.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>People treat me differently after they learn I have been diagnosed with a mood disorder.</td>
<td>69%</td>
<td>56%</td>
</tr>
<tr>
<td>I don’t tell others about my mood disorder because they would think I am weak.</td>
<td>58%</td>
<td>47%</td>
</tr>
<tr>
<td>People diagnosed with a mood disorder could just ‘snap out of it’ if they tried.</td>
<td>4...</td>
<td>1...</td>
</tr>
</tbody>
</table>

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

Started Receiving Mental Health Treatment Within the Past Year

- Men: 49%
- Women: 34%

Currently Use Telehealth for Treatment for Their Mood Disorder

- 55% Men
- 45% Women

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

- 47% Women
- 58% Men
Younger adults who are diagnosed with a mood disorder, especially those ages 18-24, are particularly facing mental health challenges, worrying about stigma, and facing barriers to care.

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

Younger adults report worse experiences with a mood disorder.

They are also disproportionately afflicted by stigma.

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

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

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

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

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

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

Younger adults are most likely to:

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

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

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

*Compared to adults ages 25-34, 35-64, and 65+.

All data are among those diagnosed with a mood disorder.

SUBGROUP PROFILES: AGE
SUBGROUP PROFILES: RACE/ETHNICITY

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

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

![Bar chart showing 75% of white adults and 67% of people of color coped very or somewhat well with changes to everyday life during the COVID-19 pandemic.]

People of color are more likely to be opening up:

- % Strongly/somewhat agree “I have been more open with others about my mental health since the COVID-19 pandemic started.”
  - 48% of white adults
  - 56% of people of color

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

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

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

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

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

Hispanic adults are the most likely to report this experience (70%).
### Minority representation – in public and in practice – may be key to reducing stigma

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

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>People of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive experiences</td>
<td>80%</td>
<td>85%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>People of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had positive</td>
<td>81%</td>
<td>74%</td>
</tr>
<tr>
<td>experiences with health care professionals during my experience with a mood disorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I tell others</td>
<td>77%</td>
<td>71%</td>
</tr>
<tr>
<td>about my mood disorder, they share their own mental health experiences.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is hard for me to</td>
<td>69%</td>
<td>77%</td>
</tr>
<tr>
<td>open up to others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>about my mood disorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People treat me</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>differently after</td>
<td></td>
<td></td>
</tr>
<tr>
<td>they learn I have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>been diagnosed with a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mood disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Among those who have ever told someone about their diagnosis.

All data are among those diagnosed with a mood disorder.
Low household income is associated with challenges to dealing with one’s mood disorder, particularly when accessing care, finding the right treatment, and receiving services/supports.

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

<table>
<thead>
<tr>
<th></th>
<th>Low income (Less than $35K)</th>
<th>Middle income ($35K to less than $75K)</th>
<th>High income ($75K or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23%*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Did Not Cope Well With Changes to Everyday Life During the COVID-19 Pandemic

- Low: 33%
- Middle: 29%*
- High: 25%

### Difficulties With the Treatment Journey

#### Not satisfied with current treatment:

- Among those currently using treatment

|        | High 14% | Middle 21% | Low 22% |

#### It is frustrating trying to find the right treatment for their mood disorder:

- % Strongly/Somewhat Agree
  - Low: 83%
  - Middle: 75%
  - High: 75%

#### Prevented from trying a service/support they think would be helpful due to lack of information:

<table>
<thead>
<tr>
<th></th>
<th>Low 53%</th>
<th>Middle 51%*</th>
<th>High 43%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure if I am eligible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure about how to access the service</td>
<td>44%</td>
<td>41%*</td>
<td>34%</td>
</tr>
</tbody>
</table>

*Not a significant difference.
SUBGROUP PROFILES: HEALTH INSURANCE

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

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

<table>
<thead>
<tr>
<th>Description of Mental Health</th>
<th>Management of Mood Disorder Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance</td>
<td>No health insurance</td>
</tr>
<tr>
<td>67%</td>
<td>45%</td>
</tr>
<tr>
<td>33%</td>
<td>55%</td>
</tr>
<tr>
<td>Has health insurance</td>
<td>Has health insurance</td>
</tr>
<tr>
<td>41%</td>
<td>21%</td>
</tr>
<tr>
<td>59%</td>
<td>79%</td>
</tr>
</tbody>
</table>

- Fair/Poor
- Good/Very good/Excellent
- Not well-managed
- Well-managed

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

Reason For Not Receiving Mental Health Treatment When They Wanted It
(Among those who ever wanted but did not receive treatment)

“Could not afford the treatment”

No health insurance: 81%

Has insurance: 40%

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

<table>
<thead>
<tr>
<th>Cost prevented them from trying a treatment they are interested in</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance: 74%</td>
</tr>
<tr>
<td>Has health insurance: 49%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The reason for stopping a treatment is that they could no longer afford it</th>
</tr>
</thead>
<tbody>
<tr>
<td>No health insurance: 61%</td>
</tr>
<tr>
<td>Has health insurance: 22%</td>
</tr>
</tbody>
</table>
80% say they are very or somewhat knowledgeable about mood disorders (compared with 59% of those who are not frontline workers).

Frontline workers are less likely to:
- Know mood disorders can significantly interfere with thoughts, behavior, activity, and physical health (78% vs. 87%).

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

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

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

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

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

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

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

There are signs that frontline workers are struggling.
Demographics
DEMOGRAPHICS: DIAGNOSED WITH A MOOD DISORDER

Demographics
Sample size: 2,093

Gender
- 59% Female
- 39% Male

Non-binary/Gender Non-conforming: 2%
Transgender: 1%
PREFER NOT TO ANSWER: <.05%

Age
- 18-24: 18%
- 25-34: 23%
- 35-44: 19%
- 45-54: 16%
- 55-64: 13%
- 65+: 10%
Mean: 41.1

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

Region
- 23% Midwest
- 13% Northeast
- 23% West
- 41% South

Household Size
- 1 member: 14%
- 2 members: 29%
- 3 members: 20%
- 4 members: 20%
- 5+ members: 17%

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

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

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

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

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

Urbanicity
- 36% Urban
- 44% Suburban
- 20% Rural

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

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

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

**Sample size: 2,093**

#### Age of Symptom Onset

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>38%</td>
</tr>
<tr>
<td>18-24</td>
<td>14%</td>
</tr>
<tr>
<td>25-29</td>
<td>7%</td>
</tr>
<tr>
<td>30-39</td>
<td>9%</td>
</tr>
<tr>
<td>40-49</td>
<td>7%</td>
</tr>
<tr>
<td>50-59</td>
<td>2%</td>
</tr>
<tr>
<td>60-69</td>
<td>1%</td>
</tr>
<tr>
<td>70+</td>
<td>&lt;.05%</td>
</tr>
</tbody>
</table>

Average age of symptom onset: **21.9**

#### Mood Disorder Diagnosis

- **Major Depressive Disorder**: 51%
- **Bipolar Disorder**: 32%
- **Seasonal Affective Disorder**: 13%
- **Post-Partum Depression**: 9%
- **Dysthymia**: 5%
- **Mood disorder, specific diagnosis not listed here**: 15%
- **Mood disorder, unsure of specific diagnosis**: 13%

#### Age of Diagnosis

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>29%</td>
</tr>
<tr>
<td>18-24</td>
<td>18%</td>
</tr>
<tr>
<td>25-29</td>
<td>9%</td>
</tr>
<tr>
<td>30-39</td>
<td>13%</td>
</tr>
<tr>
<td>40-49</td>
<td>10%</td>
</tr>
<tr>
<td>50-59</td>
<td>4%</td>
</tr>
<tr>
<td>60-69</td>
<td>2%</td>
</tr>
<tr>
<td>70+</td>
<td>&lt;.05%</td>
</tr>
</tbody>
</table>

Average age of diagnosis: **25.6**
Demographics

Sample size: 507

Gender

- 46% Female
- 53% Male

Race/Ethnicity

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

Age

- 18-24: 12%
- 25-34: 27%
- 35-44: 30%
- 45-54: 16%
- 55-64: 8%
- 65+: 7%
- Mean: 39.7

Region

- 20% Midwest
- 21% Northeast
- 23% West
- 36% South

Household Size

- 1 member: 6%
- 2 members: 21%
- 3 members: 21%
- 4 members: 30%
- 5+ members: 21%

Living Situation

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

Employment

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

Education

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

Household Income

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

Parental Status

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

Marital Status

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

Urbanicity

- 53% Urban
- 36% Suburban
- 12% Rural

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

Sample size: 507

Care Recipient’s Age
- Under 18: 12%
- 18-24: 7%
- 25-34: 16%
- 35-44: 21%
- 45-54: 15%
- 55-64: 10%
- 65+: 19%

Mean: 42.8

Average age of symptom onset: 28.9
Average age of diagnosis: 31.8

Relationship to Care Recipient
- Spouse/significant other: 21%
- Parent: 18%
- Friend: 16%
- Child: 15%
- Other family member: 21%
- Other: 8%

Care Recipient’s Mood Disorder Diagnosis
- Bipolar Disorder: 46%
- Major Depressive Disorder: 33%
- Post-Partum Depression: 20%
- Seasonal Affective Disorder: 16%
- Dysthymia: 11%
- Mood disorder, specific diagnosis not listed here: 15%
- Mood disorder, unsure of specific diagnosis: 9%

Time Providing Care
- Average length of time as a caregiver: 7 years
- Average number of hours per week providing care: 23 hours