Two-thirds of Americans recognize depression, but many don’t know what to do about it.

Approximately 16 million US adults (6.7%) reported a major depressive episode in 2015.¹

The ability to correctly identify mental disorders can help people seek out professional help earlier on. In the United States, more people associate mental illness with biological causes, and are supportive of professional help, but stigma is still common. We conducted a national study to examine public knowledge about depression.² Our key findings are highlighted in this document, which can be used to strengthen educational efforts around mental health.

**RECOGNIZING DEPRESSION IN THE UNITED STATES**

After reading a short description of someone experiencing symptoms of depression, respondents were asked to identify what they believed to be wrong with the person in the story.

31% were NOT able to identify depression³

69% were able to identify depression

**HOW TO HELP INDIVIDUALS EXPERIENCING DEPRESSION**

Respondents were asked how they thought the person in the story could BEST be helped. Individuals who recognize depression are much more likely to recommend professional help than self-help strategies.

<table>
<thead>
<tr>
<th>People who did NOT identify depression:</th>
<th>People who DID identify depression:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24% recommended self-help strategies</td>
<td>36% recommended self-help strategies</td>
</tr>
<tr>
<td>50% recommended professional help⁴</td>
<td>61% recommended professional help</td>
</tr>
</tbody>
</table>

**STIGMA TOWARDS INDIVIDUALS EXPERIENCING DEPRESSION**

Stigma is a negative and unfair belief towards a particular behavior or person.

In our survey, we asked people a series of questions to determine if they had negative attitudes towards others who demonstrated symptoms of depression, or if they saw these negative attitudes in their community. Stigma toward people with depression is a huge barrier to treatment, as individuals do not discuss their depressive symptoms, and are therefore unable to get the help they need. Almost 60% of individuals who experience depressive symptoms do not seek out treatment.⁵

<table>
<thead>
<tr>
<th>People who did NOT identify depression:</th>
<th>People who DID identify depression:</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% reported no stigma</td>
<td>42% reported no stigma</td>
</tr>
<tr>
<td>70% reported some stigma</td>
<td>58% reported some stigma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People who did NOT identify depression:</th>
<th>People who DID identify depression:</th>
</tr>
</thead>
<tbody>
<tr>
<td>29% reported no community stigma</td>
<td>29% reported no community stigma</td>
</tr>
<tr>
<td>71% reported some community stigma</td>
<td>71% reported some community stigma</td>
</tr>
</tbody>
</table>

Individuals who recognize depression report similar rates of stigma in their community as individuals who do not recognize depression.
Individuals report fewer negative attitudes towards depression than others in their community.

62% of respondents expressed some level of stigma towards depression

71% of respondents reported stigma in their community around depression

Although great strides have been made in the area of mental health literacy in recent decades, the discrepancies in mental health knowledge, helping behaviors, and stigma show the importance of continuing to educate the public about mental health issues.

This document contains information that can be used to help target mental health literacy efforts. Please access www.healthbench.info for more information on current trends, trainings, and toolkits that you can use to strengthen mental health literacy in your community.

A pdf version of this document is available at healthbench.info/mh-literacy-survey.html

**RECOGNITION AND STIGMA ACROSS KEY DEMOGRAPHICS**

**Men**
- are less likely to recognize depression and more likely to report stigma.
  - 77% of women identified depression
  - 55% of women expressed stigma
  - 58% of men identified depression
  - 71% of men expressed stigma

**Urban respondents**
- are less likely to recognize depression and more likely to report stigma.
  - 78% of rural people identified depression
  - 73% of suburban people identified depression
  - 54% of urban people identified depression
  - 72% of urban people expressed stigma

**Younger respondents**
- are less likely to recognize depression and more likely to report stigma.
  - 56% of 18-34 year olds recognized depression
  - 68% of 35-54 year olds recognized depression
  - 81% of 55+ year olds recognized depression
  - 71% of 18-34 year olds expressed stigma
  - 63% of 35-54 year olds expressed stigma
  - 53% of 55+ year olds expressed stigma

**Households with higher incomes**
- are less likely to recognize depression and more likely to report stigma.
  - 73% of households recognized depression
  - 74% of households recognized depression
  - 60% of households recognized depression
  - Less than $34,999 annual income
  - $35,000 - $74,999 annual income
  - $75,000+ annual income
  - 58% of households expressed stigma
  - 61% of households expressed stigma
  - 67% of households expressed stigma

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Our survey was conducted under the Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE) program, which is dedicated to identifying and sharing best practices for benchmarking community behavioral health. To learn more about the CAPE program, contact Dr. Mark Skidmore from Michigan State University at mskidm@msu.edu, or go to www.healthbench.info. We can also be found on Twitter (@HealthBench) and Facebook (facebook.com/healthbench.info). CAPE is supported by the National Institute of Food and Agriculture, under Agreement No. 2013-48765-21544, using funding from the Substance Abuse and Mental Health Services Administration.

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2. The data presented in this document are based on a nationally representative web-based survey of 4,577 respondents, including 2,622 who were surveyed about depression, 647 who were surveyed about anxiety, 650 who were surveyed about alcohol abuse, and 658 who were surveyed about prescription drug misuse. The survey design is based on the work of A.F. Jorm., A.E. Korten, P .A. Jacomb, H. Christensen, B. Rodgers, and P . Pollitt. 1997. “Mental health literacy: a survey of the public’s ability to recognize mental disorders and their beliefs about the effectiveness of treatment.” The Medical Journal of Australia 166(4):182 and the work of K.M. Griffiths, H. Christensen, A.F. Jorm, K. Evans, and C. Groves. “Effect of web-based depression literacy and cognitive–behavioural therapy interventions on stigmatising attitudes to depression.” The British Journal of Psychiatry 185, no. 4(2004): 342-349. Our survey was administered by Survey Sampling International from July 16, 2016, and was balanced based on income, gender, race, and region to match national distributions.
3. Of respondents who identified depression alone or in combination with something else, respondents who did not correctly identify depression chose things like anxiety, psychological/emotional problems, and nothing.
4. Professional help includes medicine, seeing a physician, counseling, or psychiatric care. Self help includes recognizing the problem, and talking to friends and family.