Approximately 18% of US adults reported experiencing symptoms of anxiety in the 2005.¹ 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 anxiety.² Our key findings are highlighted in this document, which can be used to strengthen educational efforts around mental health.

RECOGNIZING ANXIETY IN THE UNITED STATES

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

<table>
<thead>
<tr>
<th>Identification Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>54% were NOT able to identify anxiety</td>
<td>46% were able to correctly identify anxiety</td>
</tr>
</tbody>
</table>

HOW TO HELP INDIVIDUALS EXPERIENCING ANXIETY

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

<table>
<thead>
<tr>
<th>Identification Status</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who did NOT identify anxiety:</td>
<td>People who DID identify anxiety:</td>
</tr>
<tr>
<td>34% recommended self-help strategies</td>
<td>42% recommended self-help strategies</td>
</tr>
<tr>
<td>50% recommended professional help³</td>
<td>57% recommended professional help</td>
</tr>
</tbody>
</table>

STIGMA TOWARDS INDIVIDUALS EXPERIENCING ANXIETY

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 anxiety, or if they saw these negative attitudes in their community. Stigma toward people with anxiety is a huge barrier to treatment, as individuals do not discuss their symptoms, and are therefore unable to get the help they need.

<table>
<thead>
<tr>
<th>Stigma Status</th>
<th>Community Stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who did NOT identify anxiety:</td>
<td>People who DID identify anxiety:</td>
</tr>
<tr>
<td>31% reported no stigma</td>
<td>45% reported no stigma</td>
</tr>
<tr>
<td>69% reported some stigma</td>
<td>55% reported some stigma</td>
</tr>
<tr>
<td>People who did NOT identify anxiety:</td>
<td>People who DID identify anxiety:</td>
</tr>
<tr>
<td>28% reported no community stigma</td>
<td>26% reported no community stigma</td>
</tr>
<tr>
<td>72% reported some community stigma</td>
<td>75% reported some community stigma</td>
</tr>
</tbody>
</table>

Individuals who recognize anxiety are less likely to report stigma.

Individuals who recognize anxiety are more likely to report stigma in their community.
Individuals report fewer negative attitudes towards anxiety than others in their community.

63% of respondents expressed some level of stigma towards anxiety

73% of respondents reported stigma in their community around anxiety

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 anxiety and more likely to report stigma.

- 55% of women identified anxiety
- 54% of women expressed stigma
- 61% of rural people identified anxiety
- 57% of suburban people expressed stigma
- 71% of 18-34 year olds expressed stigma
- 71% of 35-54 year olds expressed stigma
- 55% of 55+ year olds expressed stigma

Urban respondents are less likely to recognize anxiety and more likely to report stigma.

- 61% of rural people identified anxiety
- 56% of rural people expressed stigma
- 49% of suburban people identified anxiety
- 73% of suburban people expressed stigma
- 31% of urban people identified anxiety
- 75% of urban people expressed stigma

Younger respondents are less likely to recognize anxiety and more likely to report stigma.

- 37% of 18-34 year olds recognized anxiety
- 46% of 35-54 year olds recognized anxiety
- 54% of 55+ year olds recognized anxiety

Households with higher incomes are less likely to recognize anxiety and more likely to report stigma.

- 53% of households recognized anxiety
- 51% of households expressed stigma
- 34% of households recognized anxiety
- 65% of households expressed stigma

CAPE | Community Assessment and Education to Promote Behavioral Health Planning and Evaluation

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 mskidmor@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.


2The 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 use, 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

3The British Journal of Psychiatry 185, no. 4 (2004): 342-349. Our survey was administered by Survey Sampling International from July 6-16, 2016, and was balanced based on income, gender, race, and region to match national distributions.

4Of respondents who identified anxiety alone or in combination with something else, respondents who did not correctly identify depression chose things like depression, psychological/emotional problems, and nothing.

5Professional help includes medicine, seeing a physician, counseling, or psychiatric care. Self-help includes recognizing the problem, and talking to friends and family.