



AMERICAN FOUNDATION FOR
Suicide Prevention



A Survey about Mental Health and Suicide in the United States

Prepared For:

ADAA/AFSP/NAASP

Prepared By:

Harris Poll



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MENTAL HEALTH AND SUICIDE SURVEY: Research Method and Note about the Report

Research Method

The Mental Health and Suicide Survey was conducted online within the United States by Harris Poll on behalf of ADAA, AFSP, and NAASP between August 10th and 12th, 2015 among 2,020 adults ages 18+.

Results were weighted for age within gender, region, race/ethnicity, income, and education where necessary to align them with their actual proportions in the population. Propensity score weighting was also 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 post-survey weighting and adjustments. Therefore, 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 Harris Poll surveys. The data have been weighted to reflect the composition of U.S. adults. Because the sample is based on those who agreed to participate in the Harris Poll panel, no estimates of theoretical sampling error can be calculated.

A Note about Reading the Report

The percentage of respondents has been included for each item.

- An asterisk (*) signifies a value of less than one-half percent.
- A dash represents a value of zero.
- Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple responses.

For the purposes of this summary, adults refers to U.S. adults aged 18+



HOW TO READ THE DATA TABLES: Key Terms and Statistical Significance Testing

Tab(s) or Cross-tab(s): This is short for cross-tabulations, or data tables. Raw survey data are tabulated to depict the results based on aggregate groups of respondents, typically, the “Total” sample, as well as subgroups that can be compared against one another to see if there are statistically significant differences among them (e.g., men vs. women).

Banner: A banner is essentially a set of cross-tabs.

Banner point: A banner point is a column in the data tables – a single banner, or page of cross-tabs, can typically include about 20 columns, or banner points (depends partly on the banner point titles/labels). Banner points enable us to compare two or more groups to one another to see if there are statistically significant differences among them (e.g., the data for “men” would be contained in one banner point and “women” in another, with the two columns stat-tested against one another to determine if the differences are statistically significant).

Statistical significance testing: Two or more banner points can be tested for significant differences based on a statistical formula called a t-test – whether or not a difference between 2 or more groups is significant depends not only on the magnitude of the difference, but also on the sizes of the samples being compared (i.e., the smaller the samples, the larger a difference would have to be in order to be considered statistically significant).

Significance testing is done at the 95% confidence level, and the test is performed on percentages as well as means. Each subgroup is contained in a banner point and assigned a letter. When the percentage of one subgroup is significantly different from the percentage of another subgroup, the letter representing one of the two samples appears next to the percentage (or mean) of the other sample.

For example, the proportion of males answering “yes” to a particular question may be compared to the percentage of females answering “yes” to the same question, as follows:

- In the table below, the male sample is assigned the letter B and the female sample is assigned the letter C.
- 67% of women said “yes” – a proportion that is significantly greater than the 57% of males who said “yes.”
- To indicate that women are significantly more likely to say “yes” than are men, the letter B (i.e., the letter assigned to the male subgroup) appears next to the “67%” in the female column.
- Similarly, the 37% of men who said “no” is significantly greater than the 29% of women who said “no,” so the letter C (i.e., the letter assigned to the female subgroup) appears next to the “37%” in the male column.
- It is these letters that indicate statistically significant differences among two or more subgroups – if there are no letters next to a percentage, then the differences are not statistically significant and may not be described as true differences in attitude or behavior among subgroups.

	Gender		
	Total	Male	Female
	(A)	(B)	(C)
Unweighted Total	977	488	489
Weighted Total	967	464	503
Yes	611 63%	274 57%	337 67%B
No	319 33%	171 37%C	148 29%
Don't Know	37 4%	18 4%	19 4%



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MENTAL HEALTH AND SUICIDE SURVEY: Executive Summary

Opinions of Mental Health

A majority (65%) of U.S. adults have seen a PCP within the past 12 months, yet only 12% have seen a mental health counselor or therapist. Despite this, about 9 in 10 adults (89%) feel that mental health and physical health are equally important for their own health. However, over half (56%) say that, in our current healthcare system, physical health is treated as more important than mental health, and less than one third (28%) feel that mental and physical health are treated equally. It is not surprising then that the overwhelming majority (92%) of adults feel that health services that address mental health, such as treatment for depression and suicide prevention, are fundamental to overall health and should be part of any basic health care plan.

While nearly two in five adults (38%) believe that seeing a mental health professional is a sign of strength, over four in ten (43%) believe it is something that most people can't afford. Similarly, three in ten feel it is not accessible for most (31%) or something people do not know where to find (30%).

Interesting, nearly half (47%) of adults think they can tell when someone has a mental health condition or anxiety.

Experience with Mental Health

Overall, one third of adults have ever been diagnosed with a mental health condition by a doctor/health care professional, with the most common diagnoses being depression (21%) and anxiety/panic disorder (20%). While only a third of adults have ever been officially diagnosed, nearly half (47%) admit that they have thought they may have had a mental health condition at some point. Nearly a third (31%) presumed they had anxiety/panic disorder (31%), while over a quarter (28%) considered that they may have depression.

- Women (37%) are significantly more likely than men (28%) to admit they have ever been diagnosed with a mental health condition, and to have self-diagnosed with a mental health condition (51% vs. 43%).

Among adults who have been employed in the past 12 months, over 1 in 10 have missed work days because they were too anxious (14%) or too depressed (16%) to go to work.

Nearly two in five (38%) adults have ever received treatment for a mental health condition. Talk therapy (29%) is the most commonly used treatment resource, followed by prescription medication (25%).

- 92% of those professionally diagnosed and 70% of those self-diagnosed with a mental health condition have ever received treatment for a mental health condition.

Among those who ever used prescription medication to treat a mental health condition, two in five (41%) found it very helpful, while a third (34%) found it somewhat helpful. For those who used in-person psychotherapy, 45% found it very helpful, while over a third (37%) found it somewhat helpful. Similarly, among those who received treatment via peer support groups, 41% found it very helpful, while 37% found it somewhat helpful.



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Attitudes Toward, and Knowledge About, Suicide

While about half (48%) of adults feel that suicide is a way to escape pain, nearly two in five (39%) feel it is a selfish act. Over a quarter (29%) say that suicide is an impulsive act, and one in five feel it is a sign of weakness or cowardice (20%). However, nearly one in five (18%) feel that suicide is a person's right.

While only a quarter (26%) of adults feel they can tell if someone is suicidal, nearly three quarters (74%) believe that most people who die by suicide usually show some signs beforehand. A majority (81%) disagree that if someone wants to die by suicide, there is nothing anyone can do about it. In fact, two in five (43%) adults believe suicide can always/often be prevented, while about half (51%) feel it can sometime be prevented.

- Nearly half of those who know someone who has talked about/attempted/died by suicide believe suicide is always/often preventable (47%).

About three in five adults believe that better access to psychotherapy or medication (63%), better training for health care providers (62%), more research into how to help people and why people die by suicide (60%), and educating the public about suicide prevention (59%) would help reduce the number of people who die by suicide.

- Interestingly, among those who know someone who has talked about/attempted/died by suicide, the top response is not psychotherapy (63%) or medication (49%) but better training for health care providers on how to identify and help someone who is thinking about suicide (69%).

Equal percentages feel that various life situations (86%) and mental health conditions (86%) can increase a person's risk of suicide. While a majority recognize that depression (79%) and PTSD (61%) are risk factors, less than half (47%) recognize the role that anxiety/panic disorder can play in increasing a person's risk of suicide.

- Women (50%) are significantly more likely than men (44%) to connect anxiety/panic disorder with an increased risk of suicide.

When it comes to barriers that prevent people who are thinking about suicide from seeking help, about three quarter of adults (74%) believe it is because they feel like nothing will help, while three in five say embarrassment (65%) or lack of hope (64%) contribute to their silence. Another perceived obstacle for seeking help seems to be accessibility/affordability: 68% of adults think that those contemplating suicide don't know how to get help, while 62% think people can't afford treatment and more than half believe there is a lack of access to treatment (53%).



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Experience with Suicide

The overwhelming majority (93%) of adults would do something if someone close to them was thinking about suicide. Nearly four in five (78%) would encourage them to seek help from a mental health professional/doctor/primary care professional/clergy. Three in five (61%) would call a crisis hotline for them/provide them with a phone number for a crisis hotline or other resource. About half would take a more personal approach and tell them they are worried about them (54%), or talk with their friends/family about their concerns (50%). A small percentage (5%) of adults admit they wouldn't know what to do, and only 1% wouldn't do anything because they feel it's none of their business.

While the majority of adults say they would do something if someone close to them was thinking about suicide, over two in five (45%) say that something might stop them from trying to help. About a quarter would be afraid that they would make them feel worse (24%), while 23% wouldn't know what to say or do.

Perhaps somewhat shockingly, over half (55%) of adults say they know someone who has talked about/attempted/died by suicide. About one third (32%) of adults know someone who has died by suicide, while a quarter know someone who has talked to them about thoughts of suicide (26%) or has attempted suicide but didn't die (25%).

Two thirds (67%) of adults know who they would tell if they were having thoughts of suicide. More than half (56%) would reach out to a friend/family member/spouse if they were contemplating suicide, while just over two in five (43%) would reach out to a healthcare provider. Sadly, over one in ten (13%) say they wouldn't reach out to anyone.

- Men (16%) are significantly more likely than women (11%) to say they would not reach out to others if they were contemplating suicide.



MENTAL HEALTH AND SUICIDE SURVEY: Topline Data

BASE: U.S. RESPONDENTS

Q1005 Which of the following health care providers did you see in the past 12 months? Please select **all** that apply.

	<i>n=</i>	<i>variable bases</i>
ANY (NET)		80%
Primary care physician		65%
Medical specialist (e.g., cardiologist, endocrinologist)		26%
Nurse or nurse practitioner		20%
OB/GYN <i>[shown to female respondents only]</i>		19%
MENTAL HEALTH COUNSELOR OR THERAPIST (SUB-NET)		12%
Psychiatrist		7%
Psychologist		5%
Other mental health counselor or therapist		5%
Other health care provider		13%
None		20%

BASE: U.S. RESPONDENTS

Q1010 Considering your own health, do you think that **mental** health or **physical** health is more important, or are they equally important?

	<i>n=</i>	<i>2020</i>
Physical health is more important than mental health.		6%
Mental health is more important than physical health.		4%
They are equally important.		89%

BASE: U.S. RESPONDENTS

Q1015 Which of the following **best** describes how you think the importance of mental health and physical health are treated in our current health care system?

	<i>n=</i>	<i>2020</i>
Physical health is treated as more important than mental health		56%
Mental health is treated as more important than physical health		4%
Physical and mental health are treated as equally important.		28%
Not sure		13%



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BASE: U.S. RESPONDENTS

Q1020 Which of the following best reflects your opinion? Please select **all** that apply.

Seeing a mental health professional is...

	<i>n=</i>	<i>2020</i>
Something most people can't afford		43%
A sign of strength		38%
Not accessible for most people		31%
Something people do not know where to find		30%
A last resort		10%
Ineffective		5%
A sign of weakness		4%
Not as good as seeing their minister, pastor, priest, or rabbi		3%
Not necessary because people should stand on their own		2%
None of these reflect my opinion		19%

BASE: U.S. RESPONDENTS

Q1025 Have you ever been diagnosed by a medical or mental health professional with any of the following? Please select **all** that apply.

	<i>n=</i>	<i>2020</i>
ANY (NET)		33%
Depression		21%
ANXIETY/PANIC (SUB-NET)		20%
ANXIETY/GAD (SUB-SUB-NET)		18%
Anxiety		17%
Generalized Anxiety Disorder (GAD)		4%
Social Anxiety Disorder		5%
Panic Disorder		4%
Posttraumatic Stress Disorder (PTSD)		4%
ALCOHOL/DRUG USE (SUB-NET)		4%
Alcohol Use Disorder		3%
Drug Use Disorder		2%
Bipolar Disorder		3%
Eating Disorder (e.g., anorexia, bulimia)		3%
Obsessive Compulsive Disorder (OCD)		3%
Other mental health condition		3%
None		65%
Decline to answer		2%



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BASE: U.S. RESPONDENTS

Q1030 Have you ever thought that you have any of the following? Please select **all** that apply.

	<i>n=</i>	2020
ANY (NET)		47%
ANXIETY/PANIC (SUB-NET)		31%
ANXIETY/GAD (SUB-SUB-NET)		26%
Anxiety		24%
Generalized Anxiety Disorder (GAD)		6%
Social Anxiety Disorder		12%
Panic Disorder		6%
Depression		28%
Obsessive Compulsive Disorder (OCD)		7%
ALCOHOL/DRUG USE (SUB-NET)		7%
Alcohol Use Disorder		6%
Drug Use Disorder		3%
Bipolar Disorder		6%
Eating Disorder (e.g., anorexia, bulimia)		5%
Posttraumatic Stress Disorder (PTSD)		5%
Other mental health condition		3%
None		51%
Decline to answer		2%

BASE: U.S. RESPONDENTS

Q1035 Which of the following types of treatment have you ever received for a mental health condition? Please select **all** that apply.

	<i>n=</i>	2020
ANY (NET)		38%
TALK THERAPY (SUB-NET)		29%
PSYCHOTHERAPY (SUB-SUB-NET)		24%
In-person psychotherapy (e.g., talk therapy, counseling)		23%
Online psychotherapy		2%
Peer support (e.g., support group)		9%
Coaching (e.g., personal life coaching)		4%
Prescription medication		25%
Complementary/Alternative treatments (e.g., acupuncture, meditation, yoga)		4%
Other		2%
I have never received treatment for a mental health condition.		62%



BASE: RECEIVED ANY LISTED TREATMENT

Q1040 How helpful was the treatment you received?

Prescription medication

	<i>n</i> =	557
VERY/ SOMEWHAT HELPFUL (NET)		75%
Very helpful		41%
Somewhat helpful		34%
NOT AT ALL/NOT VERY HELPFUL (NET)		25%
Not very helpful		16%
Not at all helpful		9%

In-person psychotherapy (e.g., talk therapy, counseling)

	<i>n</i> =	515
VERY/ SOMEWHAT HELPFUL (NET)		82%
Very helpful		45%
Somewhat helpful		37%
NOT AT ALL/NOT VERY HELPFUL (NET)		18%
Not very helpful		13%
Not at all helpful		5%

Online psychotherapy

	<i>n</i> =	22**
VERY/ SOMEWHAT HELPFUL (NET)		79%
Very helpful		46%
Somewhat helpful		32%
NOT AT ALL/NOT VERY HELPFUL (NET)		21%
Not very helpful		15%
Not at all helpful		7%

** *Caution: small base size (n<100) – results should only be interpreted as qualitative, or directional, in nature.*

Coaching (e.g., personal life coaching)

	<i>n</i> =	72**
VERY/ SOMEWHAT HELPFUL (NET)		79%
Very helpful		43%
Somewhat helpful		36%
NOT AT ALL/NOT VERY HELPFUL (NET)		21%
Not very helpful		18%
Not at all helpful		3%

** *Caution: small base size (n<100) – results should only be interpreted as qualitative, or directional, in nature.*



BASE: RECEIVED ANY LISTED TREATMENT

Q1040 How helpful was the treatment you received? *[continued from previous page]*

Peer support (e.g., support group)

	<i>n</i> =	159
VERY/ SOMEWHAT HELPFUL (NET)		78%
Very helpful		41%
Somewhat helpful		37%
NOT AT ALL/NOT VERY HELPFUL (NET)		22%
Not very helpful		19%
Not at all helpful		4%

Complementary/Alternative treatments (e.g., acupuncture, meditation, yoga)

	<i>n</i> =	80**
VERY/ SOMEWHAT HELPFUL (NET)		90%
Very helpful		51%
Somewhat helpful		38%
NOT AT ALL/NOT VERY HELPFUL (NET)		10%
Not very helpful		6%
Not at all helpful		4%

** *Caution: small base size (n<100) – results should only be interpreted as qualitative, or directional, in nature.*

BASE: EMPLOYED IN PAST 12 MONTHS

Q1045 In the past 12 months, how many days of work have you missed because you were too anxious or too depressed to go to work?

Too anxious to go to work

	<i>n</i> =	1166
0		86%
ANY (NET)		14%
1-5		9%
6+		4%
MEAN		0.9
MEDIAN		-

Too depressed to go to work

	<i>n</i> =	1166
0		84%
ANY (NET)		16%
1-5		12%
6+		5%
MEAN		1.0
MEDIAN		-



BASE: U.S. RESPONDENTS

Q1050 Which of the following describe your opinion of suicide? Please select **all** that apply.

	<i>n=</i>	2020
A way to escape pain		48%
A selfish act		39%
An impulsive act		29%
A sign of weakness or cowardice		20%
A person's right		18%
A selfless act		4%
A sign of strength or courage		2%
None of these		14%
Decline to answer		5%

BASE: U.S. RESPONDENTS

Q1055 How much do you agree or disagree with each of the following statements?

I can tell when someone is suicidal.

	<i>n=</i>	2020
STRONGLY/ SOMEWHAT AGREE (NET)		26%
Strongly agree		4%
Somewhat agree		21%
STRONGLY/ SOMEWHAT DISAGREE (NET)		74%
Somewhat disagree		44%
Strongly disagree		30%

If someone wants to die by suicide, there is nothing anyone can do to help them.

	<i>n=</i>	2020
STRONGLY/ SOMEWHAT AGREE (NET)		19%
Strongly agree		5%
Somewhat agree		14%
STRONGLY/ SOMEWHAT DISAGREE (NET)		81%
Somewhat disagree		35%
Strongly disagree		46%



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BASE: U.S. RESPONDENTS

Q1055 How much do you agree or disagree with each of the following statements?

[continued from previous page]

Health services that address mental health, such as treatment for depression and suicide prevention, are fundamental to overall health and should be part of any basic health care plan.

<i>n=</i>	2020
STRONGLY/ SOMEWHAT AGREE (NET)	92%
Strongly agree	57%
Somewhat agree	34%
STRONGLY/ SOMEWHAT DISAGREE (NET)	8%
Somewhat disagree	5%
Strongly disagree	3%

I can tell when someone has a mental health condition like depression or anxiety.

<i>n=</i>	2020
STRONGLY/ SOMEWHAT AGREE (NET)	47%
Strongly agree	8%
Somewhat agree	39%
STRONGLY/ SOMEWHAT DISAGREE (NET)	53%
Somewhat disagree	35%
Strongly disagree	18%

Most people who die by suicide usually show some signs beforehand.

<i>n=</i>	2020
STRONGLY/ SOMEWHAT AGREE (NET)	74%
Strongly agree	22%
Somewhat agree	52%
STRONGLY/ SOMEWHAT DISAGREE (NET)	26%
Somewhat disagree	21%
Strongly disagree	5%

BASE: U.S. RESPONDENTS

Q1060 Do you think suicide can be prevented...?

<i>n=</i>	2020
EVER (NET)	98%
ALWAYS/OFTEN (SUBNET)	43%
Always	9%
Often	34%
Sometimes	51%
Rarely	4%
Never	2%



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BASE: U.S. RESPONDENTS

Q1065 As far as you know, which of the following increase a person’s risk of suicide? Please select all that apply.

	<i>n=</i>	<i>2020</i>
ANY (NET)		90%
LIFE SITUATIONS (SUB-NET)		86%
Feeling hopeless		75%
Being bullied		71%
Financial problems		69%
Relationship problems		62%
Losing a job		56%
Going through a divorce		51%
MENTAL HEALTH (SUB-NET)		86%
Depression		79%
Posttraumatic Stress Disorder (PTSD)		61%
Bipolar Disorder		48%
ANXIETY/PANIC (SUB-SUB-NET)		47%
Anxiety		41%
Panic disorder		32%
Generalized Anxiety Disorder (GAD)		27%
Social Anxiety Disorder		36%
Eating disorder (e.g., anorexia, bulimia)		29%
Obsessive Compulsive Disorder (OCD)		22%
Other mental health condition		42%
DRUG/ALCOHOL USE (SUB-NET)		67%
Drug use		65%
Alcohol use		58%
CHRONIC CONDITION/PAIN (SUB-NET)		66%
Chronic pain		57%
Chronic health conditions		57%
Other		6%
None		2%
Not at all sure		9%



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BASE: U.S. RESPONDENTS

Q1070 What do you think are some of the barriers that prevent people who are thinking about suicide from seeking help? Please select **all** that apply.

	<i>n=</i>	2020
ANY (NET)		93%
Feeling like nothing will help		74%
Not knowing how to get help		68%
Embarrassment		65%
Lack of hope		64%
Can't afford treatment		62%
Lack of access to treatment		53%
Social stigma		52%
Lack of social support		52%
Fear of disappointing others		48%
Fear of losing a job		30%
Other		5%
Not at all sure		7%

BASE: U.S. RESPONDENTS

Q1075 Which of the following do you think would help reduce the number of people who die by suicide? Please select **all** that apply.

	<i>n=</i>	2020
SOMETHING (NET)		89%
BETTER ACCESS TO PSYCHOTHERAPY/MEDICATION (SUB-NET)		63%
Better access to psychotherapy		56%
Better access to medication		42%
Better training for health care providers on how to identify and help someone who is thinking about suicide		62%
MORE RESEARCH (SUB-NET)		60%
More research into how to help people who are thinking about suicide		50%
More research into how to help people who have made a suicide attempt		46%
More research into why people die by suicide		35%
Educating the public about suicide prevention		59%
Educating community leaders such as teachers and clergy (i.e., minister, pastor, priest, or rabbi) about how to identify and help people		53%
Better education for first responders (e.g., police/law enforcement, fire fighters, emergency medical technicians) to identify and help people who are suicidal		49%
Teaching problem-solving skills as a way to prevent suicide		47%
Other		7%
Nothing would help		1%
Not at all sure		11%



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BASE: U.S. RESPONDENTS

Q1080 Which of the following describe what you would do if someone close to you was thinking about suicide? Please select **all** that apply.

	<i>n=</i>	2020
WOULD DO SOMETHING (NET)		93%
ENCOURAGE THEM TO SEEK HELP (SUB-NET)		78%
Encourage them to seek help from a mental health professional		69%
Encourage them to seek help from a doctor or primary care health professional		57%
Encourage them to seek help from clergy (e.g., minister, priest, rabbi)		39%
Stay with them until they could get help		63%
CALL/PROVIDE CRISIS HOTLINE (SUB-NET)		61%
Call a crisis hotline		46%
Provide them with a phone number for a crisis hotline or other resource		42%
Tell them I am worried about them		54%
Talk with their friends or family about my concerns		50%
ER/POLICE/FIRE/EMT (SUB-NET)		37%
Seek help from police, fire department, or EMTs (emergency medical technicians)		27%
Take them to the emergency room (ER)		23%
Visit a website for information		22%
Tell them everything will be ok		22%
Leave them alone		1%
Other		5%
I wouldn't know what to do.		5%
Do nothing; it's none of my business.		1%

BASE: U.S. RESPONDENTS

Q1085 Which of the following might stop you from trying to help someone close to you who was thinking about suicide? Please select **all** that apply.

	<i>n=</i>	2020
SOMETHING (NET)		45%
I would be afraid that I would make them feel worse		24%
I wouldn't know what to say or do		23%
I would be afraid that there may be nothing I could do to help.		18%
I would be afraid that talking about it would make them attempt suicide.		16%
I wouldn't want to get involved.		3%
Other		3%
Nothing would prevent me from trying to help.		55%



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BASE: U.S. RESPONDENTS

Q1090 Which of the following are true for you? Please select **all** that apply.

Someone I know...

	<i>n=</i>	<i>2020</i>
KNOW SOMEONE WHO TALKED ABOUT/ATTEMPTED/DIED BY SUICIDE (NET)		55%
Died by suicide		32%
Has talked to me about thoughts of suicide		26%
Has attempted suicide but didn't die		25%
I don't know anyone who has thought about suicide or died by suicide.		41%
Decline to answer		4%

BASE: U.S. RESPONDENTS

Q1095 If you were having thoughts of suicide, who would you tell? Please select **all** that apply.

	<i>n=</i>	<i>2020</i>
WOULD TELL SOMEONE (NET)		67%
FRIEND/FAMILY/SPOUSE(SUB-NET)		56%
Spouse/Significant other/Partner		37%
Family member (other than spouse)		33%
Friend		33%
HEALTHCARE PROVIDER(SUB-NET)		43%
Mental health provider (e.g., psychiatrist, psychologist, therapist)		32%
Primary care doctor		28%
Hotline		19%
Clergy/Faith leader (i.e., minister, pastor, priest, or rabbi)		16%
Other		1%
No one		13%
Not sure		17%
Decline to answer		2%



DEMOGRAPHICS

BASE: U.S. RESPONDENTS

Q4005 Gender

	<i>n=</i>	2020
Male		48%
Female		52%

BASE: U.S. RESPONDENTS

Q4007 Age

	<i>n=</i>	2020
18-34		29%
35 – 44		17%
45 – 54		16%
55 – 64		19%
65		19%
MEAN		47.0
MEDIAN		-

BASE: U.S. RESPONDENTS

Q2164 Region

	<i>n=</i>	2020
Northeast		21%
Midwest		22%
South		34%
West		23%



BASE: U.S. RESPONDENTS

Q2146 Education

	<i>n=</i>	2020
HIGH SCHOOL OR LESS (NET)		33%
Less than high school		-
Completed some high school		3%
Completed high school		30%
ATTENDED COLLEGE OR COLLEGE DEGREE (NET)		48%
Some college, but no degree		20%
Associate Degree		9%
College (such as B.A., B.S.)		19%
ATTENDED GRADUATE SCHOOL OR GRADUATE DEGREE (NET)		10%
Some graduate school, but no degree		2%
Graduate degree (such as MBA, MS, M.D., Ph.D.)		8%
Job-specific training program(s) after high school		8%

BASE: U.S. RESPONDENTS

Q2149 Employment Status

	<i>n=</i>	2020
Employed full time		37%
Employed part time		10%
Homemaker		11%
Retired		21%
Not employed, unable to work due to a disability or illness		6%
Self-employed		6%
Not employed, but looking for work		8%
Not employed and not looking for work		2%
Student		7%

BASE: U.S. RESPONDENTS

Q2135 Marital Status

	<i>n=</i>	2020
Married or civil union		54%
Divorced		9%
Never married		26%
Living with partner		7%
Widow/Widower		4%
Separated		1%



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BASE: U.S. RESPONDENTS

Q2175/2178 Race/Ethnicity

	<i>n=</i>	2020
White		76%
Hispanic		14%
Black/African American		13%
Asian or Pacific Islander		3%
Native American or Alaskan Native		1%
Some other race		5%
Decline to Answer		2%

BASE: U.S. RESPONDENTS

Q2157 Annual Household Income (2014)

	<i>n=</i>	2020
Less than \$15,000		8%
\$15,000 to \$24,999		8%
\$25,000 to \$34,999		9%
\$35,000 to \$49,999		12%
\$50,000 to \$74,999		17%
\$75,000 to \$99,999		12%
\$100,000 to \$124,999		10%
\$125,000 to \$149,999		5%
\$150,000 to \$199,999		6%
\$200,000 to \$249,999		2%
\$250,000 or more		1%
Decline to answer		9%