



**American  
Foundation  
for Suicide  
Prevention**



# Public Perception of Mental Health and Suicide Prevention Survey Results

September 2022

*For more information about the 2022 data and data from past years (2015, 2018, and 2020,  
go to [SuicidePreventionNow.org](https://www.suicidepreventionnow.org).*

*For Media: embargoed until 9.30.2022*



**The Harris Poll**

Harris Insights & Analytics LLC, A Stagwell Company



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## Background & Objectives

For 2022 the Suicide Prevention Resource Center commissioned The Harris Poll to conduct a nationally representative sample of U.S. adults in order to....

*Assess* the public's knowledge about suicide and the role they may play in being there for someone who is struggling or in crisis.

*Uncover* the public's perception of barriers that may prevent individuals from trying to help someone at risk for suicide.

*Understand* the public's usage, expectations, and barriers to using crisis services. As well as, taking a pulse on public awareness of 988.

*Explore* changes in knowledge and attitudes and assess the impact of unified suicide prevention messaging efforts over time since the baseline research was conducted in 2018.



# Research Method

**Mode:**  
Online survey



**Length:**  
28 questions



**Qualification Criteria:**

- US residents
- Adults Ages 18+



**Sample Size:**  
n=2,054



**Field Dates:**  
July 18 – 20, 2022



**Weighting:**  
Data weighted to ensure results are projectable to U.S. adults ages 18+



**Method Statement** (*first paragraph must be included in all press materials*):

This survey was conducted online within the United States by The Harris Poll on behalf of SPRC and AFSP from July 18 - 20, 2022 among 2,054 U.S. adults ages 18 and older. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated.

Figures for age within gender, region, race/ethnicity, household income, education, marital status, and size of household were weighted where necessary to align them with their actual proportions in the population. 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 Harris Poll surveys. The data have been weighted to reflect the composition of the adult population. Because the sample is based on those who agreed to participate in panels, no estimates of theoretical sampling error can be calculated.

The 2020 research was conducted utilizing the same research method among n=2,072 US Adults between July 22 - 24, 2020 – similar to the 2018 research among n=2,015 US Adults between August 28 - 30, 2018

No edits were made to the trended questions between 2018 and 2020.

Statistically significant year-over-year differences are indicated with capital letters throughout: A (2022), B (2020), C (2018)



# Executive Summary



# Personal Experience with Mental Health and Suicide

**More than in 2020, the majority of U.S. adults today have at some point thought they might have a diagnosable mental health condition. The majority are doing something right now to cope with or support their mental health and well-being right now, but even the top strategies (sleep, healthy food, exercise) aren't being used by a majority.**

- The majority of U.S. adults (67%) have at some point thought they might have a mental health condition, on the rise significantly from 2018-20 (57-60%), most commonly anxiety (48%) or depression (41%),
  - About 1 in 4 U.S. adults (26%) have personally thought about or attempted suicide.
- Right now, the majority of adults (88%) are doing something to cope with or support their own mental health, primarily getting enough sleep (45%), eating healthy (44%), and exercising (41%).

**Most adults also have personal experience – increasing from previous years – with someone who has thought about or attempted suicide.**

- Higher than in 2018 and 2020 (53-55%), a slight majority of U.S. adults today (59%) have familiarity with suicide; either knowing someone who has died by suicide (33%), have talked to someone about thoughts of suicide (26%), worrying about someone that may have been contemplating suicide (24%), or knowing someone who has attempted suicide but didn't die (24%).



# Personal Services and Mental Health Support

**While mental and physical health are seen as equally important personal concerns, most adults do not feel they are treated equally in reality within the overall health care system.**

- Thinking about their own health, most U.S. adults (76%) think that mental health and physical health are equally important. For those who don't, mental health (16% vs 8% for physical health) is twice as likely to be seen as most important – and has grown in priority since 2018 (11% mental health; 9% physical health).
  - That said, just over half of U.S. adults (51%) believe that physical health is treated as more important than mental health in the current health care system.

**Most U.S. adults feel confident that they know where to turn in the event of a mental health or suicide related crisis. A mental health provider remains the #1 resource for coping and support. However, most resources (including HCPs, hotlines, family, faith leaders) are being tapped more than they were in previous years.**

- Nearly 3 in 4 U.S. adults (73%) say they know where to reach out for help if they or someone they know is experiencing a mental health or suicide related crisis.
- A mental health provider is the most trusted resource (56%) and top place (57%) that U.S. adults would turn to obtain helpful resources or tips about coping with thoughts of suicide or helping a loved one who might be struggling with thoughts of suicide.
  - Family/friends (45%, 52%), a doctor or other primary care health professional (43%, 49%) and a hotline/crisis line (38%, 46%) are the next choices respectively.



## Personal Services and Mental Health Support (*Continued*)

**Seeing a mental health professional is perceived to be a sign of strength, but tangible barriers (like cost, knowledge and access) are viewed to stand in the way. While cost has declined somewhat as a barrier, emotional feelings of despair, hopelessness, and embarrassment remain key obstacles to overcome for those who could use help. U.S. adults identify a variety of ways to improve the strategies for suicide prevention, in particular more professional education, greater access to care, and improved public health campaigns.**

- Just over half of U.S. adults (53%) feel that seeing a mental health professional is a sign of strength.
  - However, like in the past, around one-quarter to one-third continue to think it's something most people cannot afford (32%), don't know where to find (32%), or is inaccessible to most people (24%).
- According to U.S. adults, the biggest barriers that prevent people who are thinking about suicide from seeking help are: feeling like nothing will help (70%), lack of hope (66%), embarrassment (59%), and not knowing how to get help (56%). Cost is a lower barrier than in 2018 (55% vs 46% today).
- To help reduce the number of people who die by suicide, most U.S. adults point to more training and education for professionals (78%); greater access to care (77%); and educating the public about suicide prevention (60%).

**Most U.S. adults would feel comfortable contacting a crisis line if needed and would expect a trained professional to respond. Currently, there is lukewarm familiarity with both the National Suicide Prevention Lifeline and the new 988. But once described, adults see the benefits of 988 and say they would be likely to take advantage of it; the top obstacles to overcome include stigma, cost, and lack of confidence in the local services.**

- Nearly 3 in 4 (73%) would feel comfortable contacting a crisis line. If they called a crisis line for themselves or someone they know who was experiencing a mental health or suicide related crisis, most U.S. adults would expect a trained mental health provider or mobile crisis team (86%), a medical professional or ambulance (66%), or police or law enforcement would respond (64%).
- More than 1 in 10 (13%) have personally used a suicide prevention hotline.
- Just over half of U.S. adults (53%) are at least somewhat familiar with the National Suicide Prevention Lifeline, but only 21% are very familiar.
- A majority (57%) have heard of 988, the new dialing, texting, and chat codes for individuals in the U.S. experiencing a suicide or mental health-related crisis, but only about one-quarter have any real knowledge of it (17% somewhat familiar, 11% very familiar).
  - Once it's described to them, about 8 in 10 (81%) say they would be somewhat likely (42%) or very likely (39%) to use 988 .
  - U.S. adults say they would access 988 for a variety of reasons. At the top of the list are: they/someone they know struggling with thoughts of suicide (70%); they/someone they know experiencing a mental health crisis (69%). They are less inclined to use it for substance abuse issues (39%).
- The top barriers that would prevent U.S. adults personally for reaching out to crisis services if they were struggling with thoughts of suicide or mental health distress include: fear of what others would think (39%); fear of out of pocket costs (26%); and lack of confidence in the services in their area (25%).





# Dialogue around Mental Health and Suicide

**A slight majority of U.S. adults feel comfortable talking to others about mental health and suicide – both privately and publicly, with professionals and loved ones, about their own experiences and others. However, adults vary substantially on who specifically they would turn to if they personally were having thoughts of suicide.**

- Half to three-quarters of U.S. adults are at least somewhat comfortable:
  - talking to a clinician (primary care doctor, mental health professional) if they have or are struggling with thoughts of suicide (71%)
  - talking to a friend or loved one if they have or are struggling with thoughts of suicide (65%, up from previous years)
  - discussing suicide with their friends and loved ones (62%)
  - talking openly in public about mental health (61%)
  - talking openly in public about suicide (51%)
- If they personally were having thoughts of suicide, most U.S. adults (80%) would tell someone, even more so than in 2018 and 2020 (both at 73%). However, like in previous years, there is little consensus on who that person would be, again split nearly evenly between a mental health provider (40%), family member other than their spouse (38%), a friend (37%), or their spouse or significant other (36%).

**Open dialogue about mental health is widely seen as “brave.” However, there are still some barriers that continue to inhibit the discussion around suicide, in particular lacking the right knowledge or language on exactly what to say.**

- When people talk openly about their mental health, most U.S. adults (57%) feel they are being brave and rarely view this discussion as uncomfortable (8%); too personal (7%); or that they are just complaining (6%).
- That said, most U.S. adults today (69%, higher than in 2018) say something would prevent them from talking about suicide with others, in particular not knowing the right words to say (29%) and not feeling like they have enough knowledge (27%).



# Public Prevention and Action

**Suicide is often considered preventable at least sometimes; and a growing number of adults believe there are indications ahead of time, and a large majority feel that action can be taken to try to help.**

- Nearly universally, U.S. adults (94%) believe that suicide can be prevented at least sometimes. Over half (52%) think it can be avoided often or all the time, rising over the years from 2018 (44%) and 2020 (47%).
- Three-quarters of U.S. adults (75%, higher than what has been reported in previous years) say that most people who die by suicide usually show some signs beforehand.
- Only about one-fifth (21%) believe that if someone wants to die by suicide, there is nothing anyone can do to help them.

**While mental health professionals are the top resource people would suggest if a loved one was struggling with mental health, they are not seen as the only source of support. Faith leaders are also perceived to be a potentially valuable ally and most adults feel increasingly comfortable themselves (though still not very comfortable) being there for a loved one with thoughts of suicide. That said, barriers to support and communication remain, in particular concerns about the possibility of making matters worse.**

- If they were worried about the mental health of someone they knew, nearly everyone (94%) would take action, up from 2018 and 2020 (90-91%). Most commonly they would encourage that person to seek help from a mental health professional (60%) and offer to listen to their concerns (52%).
  - Likewise, almost universally, adults (96%) would do something if someone close to them were thinking about suicide, encouraging the person to seek help from a mental health professional (61%), offering to listen to the person's concerns (54%), or calling a crisis hotline/encouraging them to do so (54%).
- Most adults (83%) believe that faith leaders can also play a role in suicide prevention.
- Less than 2 in 5 U.S. adults (38%) feel that *only* clinical professionals (e.g. doctors, mental health professionals) can help someone who is thinking of suicide.
- Over three-quarters of U.S. adults (78%) are at least somewhat comfortable being there for or helping a loved one who might be struggling or having thoughts of suicide. But, only 36% are very comfortable.
  - There are some clear barriers that might stop U.S. adults (67%, higher than in previous years) from trying to help someone close to them who was thinking about suicide, including: being afraid that they would make the person feel worse (29%), not being the right person/thinking someone else might be better (25%), or being afraid that talking about it would increase the person's likelihood of attempting suicide (24%).

**About 1 in 3 adults feel they have enough knowledge to tell if someone is considering suicide. That said, over 8 in 10 are interested in learning how they might be able to help.**

- Just over one-third of U.S. adults (36%) say they can tell when someone is suicidal.
- A large majority (83%, higher than in 2018 or 2020) remain interested in learning how they might be able to play a role in helping someone who may be suicidal.



# Mental Health Support During Covid

**Since the start of the pandemic, most adults feel they have become more empathetic and increasingly open to talking about mental health. Due to the pandemic, most U.S. adults have become more aware of the importance of taking care of their own mental health, yet 1 in 2 have found it even more difficult to get the care they need.**

- About 7 in 10 (69%) believe that COVID-19 has made them a more empathetic person.
- A majority (61%) say that since the start of the COVID-19 pandemic, they have become more open to talking about mental health (even more than in 2020, 52%).
- Since the start of the pandemic, a large majority (81%) have become more aware of the importance of taking care of their own mental health, on the rise since 2020 (73%).
- Half (50%) have found it is more difficult to access the mental health care they need in the wake of the pandemic.

**According to a growing number of adults, the COVID-19 pandemic has shone a light on the importance of making suicide prevention a national priority. The U.S. public generally believes that the media and entertainment industry has a role in mental health and suicide preventions, particularly around education. However, a substantial minority also criticize the media for exaggerating the mental health crisis.**

- More than 8 in 10 U.S. adults (84%, up since 2020 at 81%) say that as a result of the pandemic, it's more important than ever to make suicide prevention a national priority.
- Almost all adults (87%) believe that the media and entertainment industry play some role in mental health and suicide prevention, especially in educating people about available assistance programs (52%).
  - However, nearly 4 in 10 (38%) feel the media exaggerates the nation's mental health and suicide crisis.



# Detailed Findings

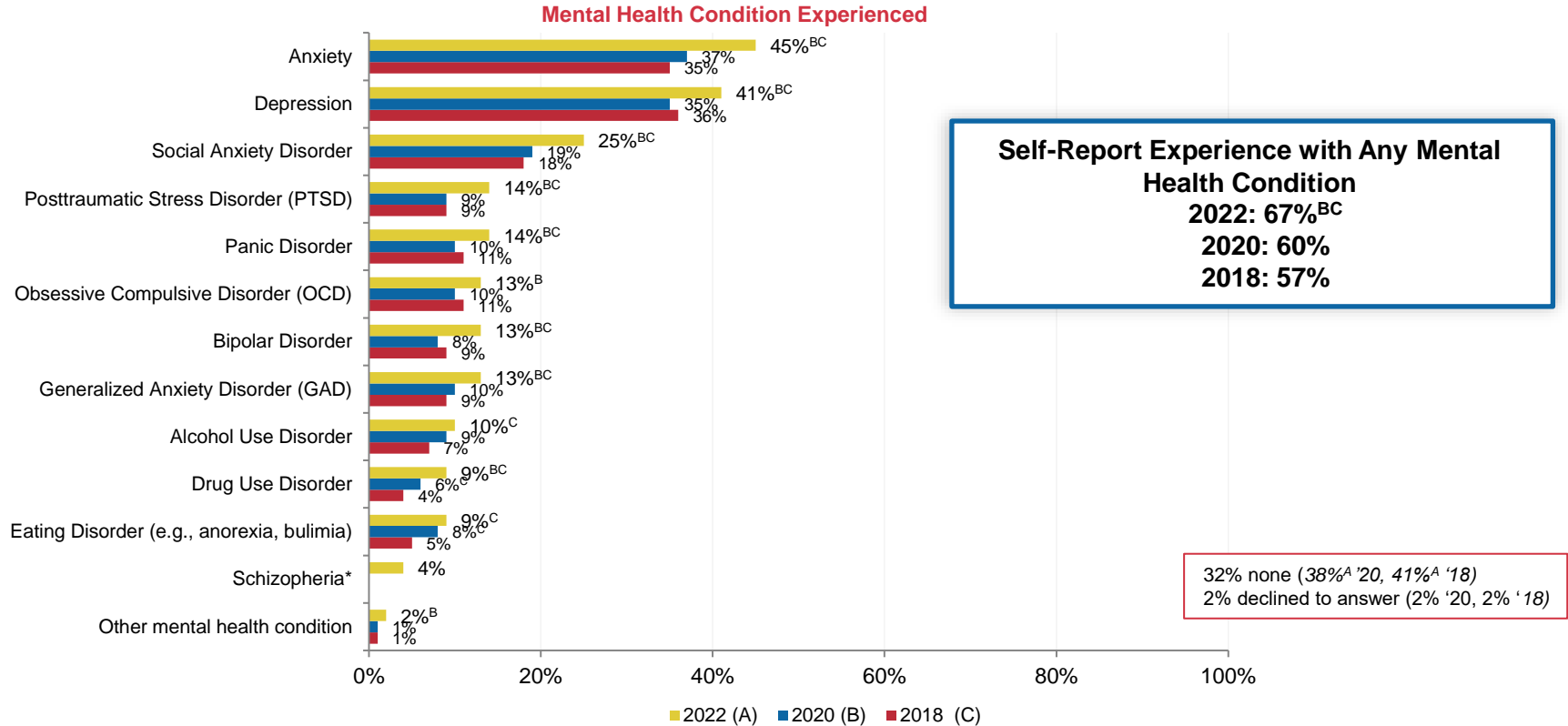


# Personal Experience with Mental Health and Suicide



# Depression And Anxiety Continue to be Most Common Mental Health Issues

Self reported mental health conditions have been steadily increasing since 2018.



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q30 Have you ever thought that you have any of the following? Please select all that apply.


\*New statement in '22




# Nearly 3 in 5 Americans Know Someone who Has Thought About Suicide- on the rise since 2018

And just over a quarter have personally thought about or made a suicide attempt

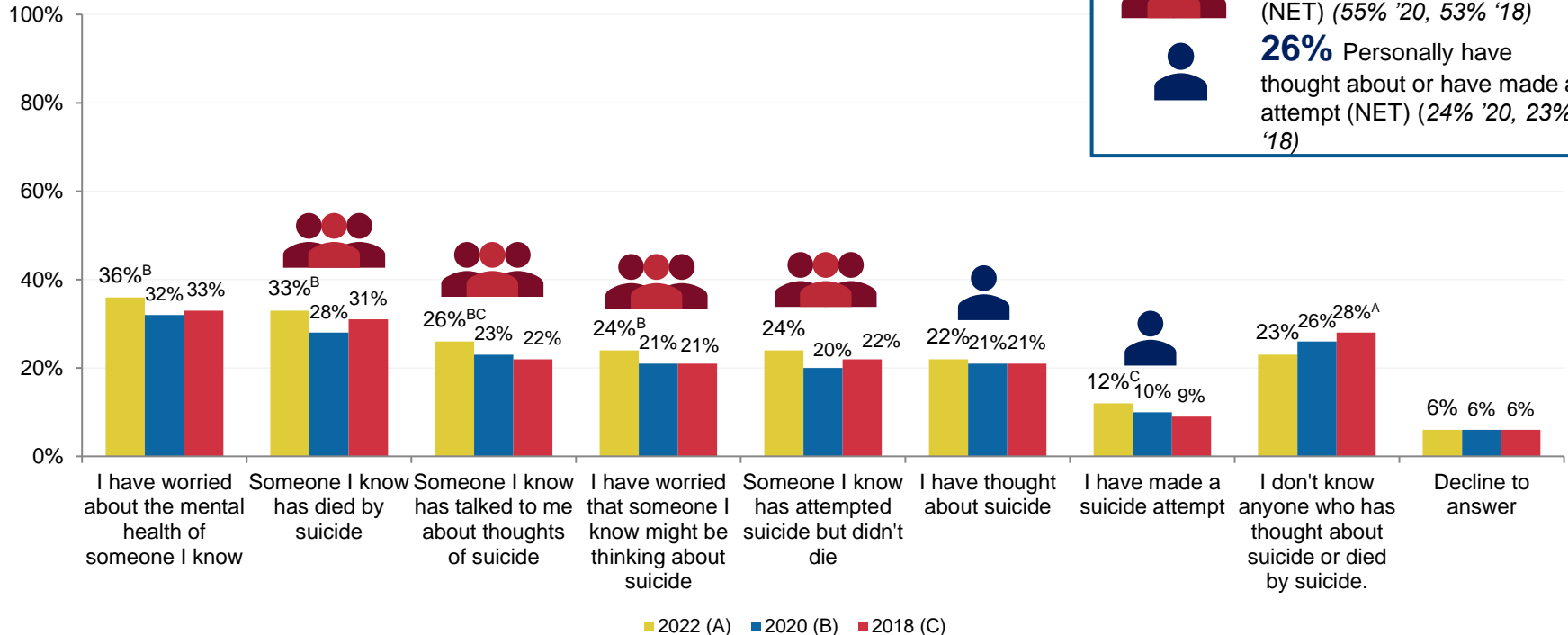
## Personal Experience with Suicide



**59%<sup>BC</sup>** Know someone (NET) (55% '20, 53% '18)



**26%** Personally have thought about or have made an attempt (NET) (24% '20, 23% '18)



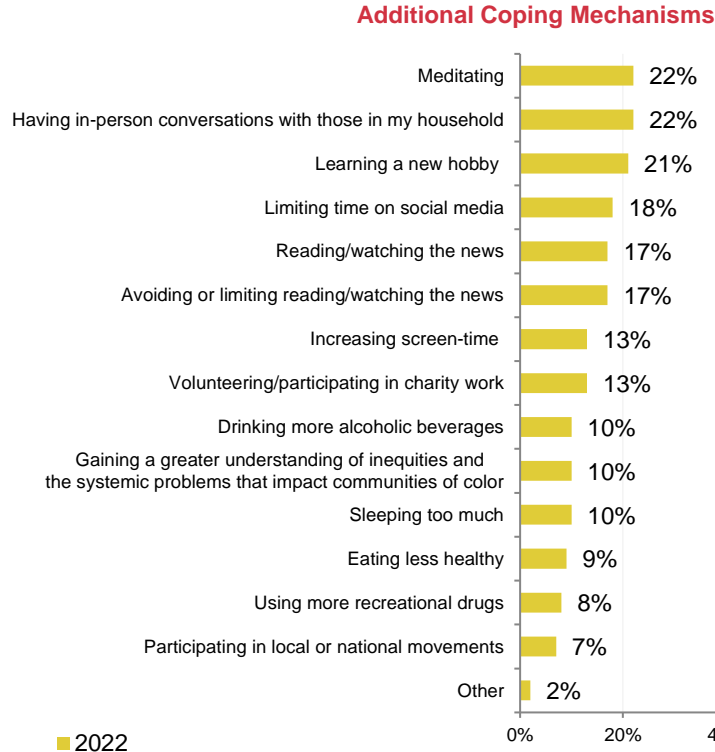
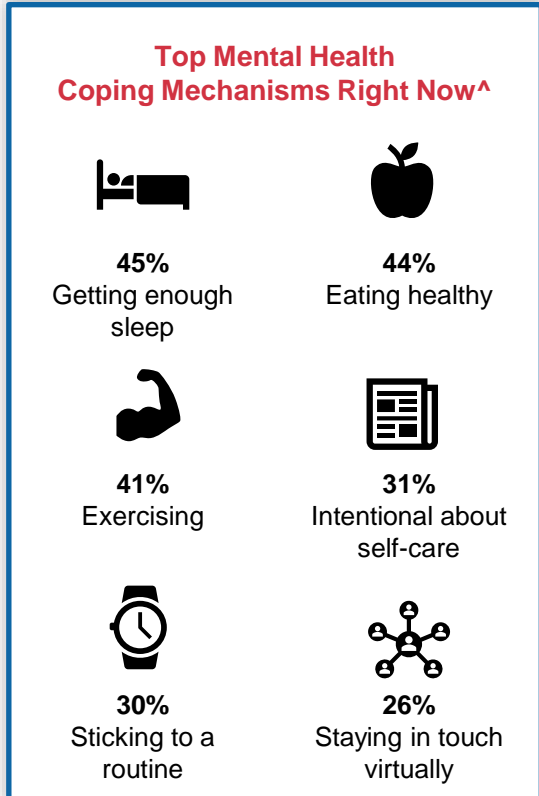
BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q90 Which of the following are true for you? Please select all that apply.



# Many Rely on Positive Coping Mechanisms

However, some engage in more negative activities including sleeping too much, eating less healthy, drinking more, or using recreational drugs.



### Verbatim Responses

“Taking medication my primary care gave me”  
50 year old female

“Playing/talking with my kids, playing with my pets”  
40 year old Male

12% Not doing anything right now





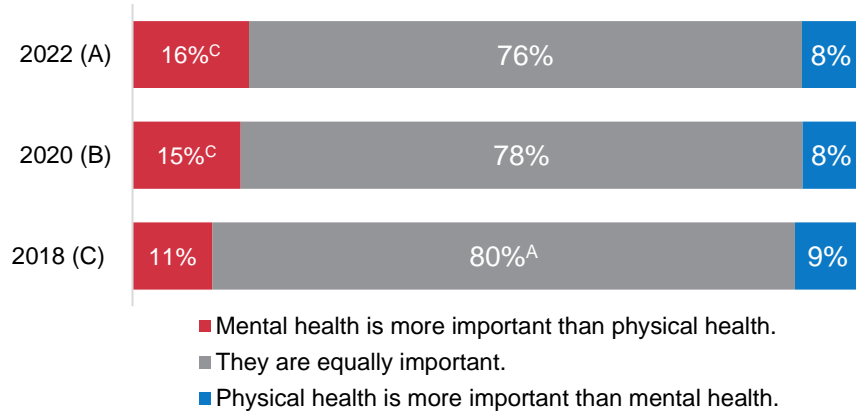
# Mental Health Beliefs



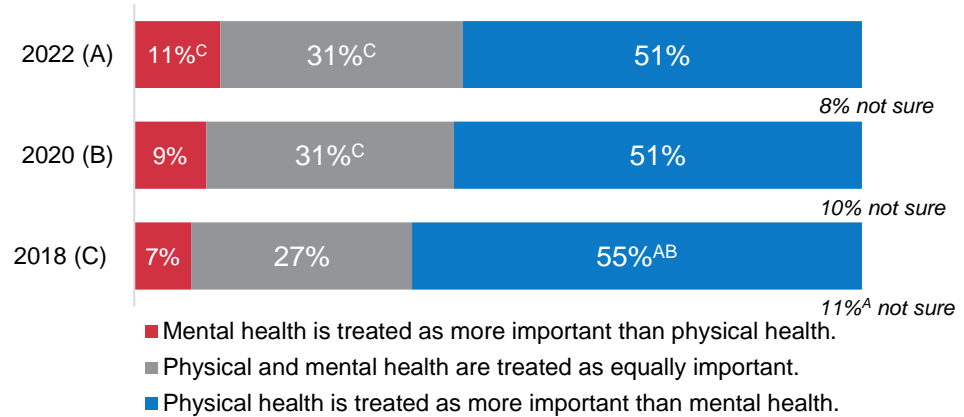
# About 3 in 4 Say Physical And Mental Health Are Equally Important To Own Health

However, less than a third feel they are treated as equally important by our current health care system – similar to what was reported in 2020.

Importance of Physical and Mental Health to Own Health



Importance of Physical and Mental Health in Current Health Care System



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q10 Considering your own health, do you think that mental health or physical health is more important, or are they equally important?

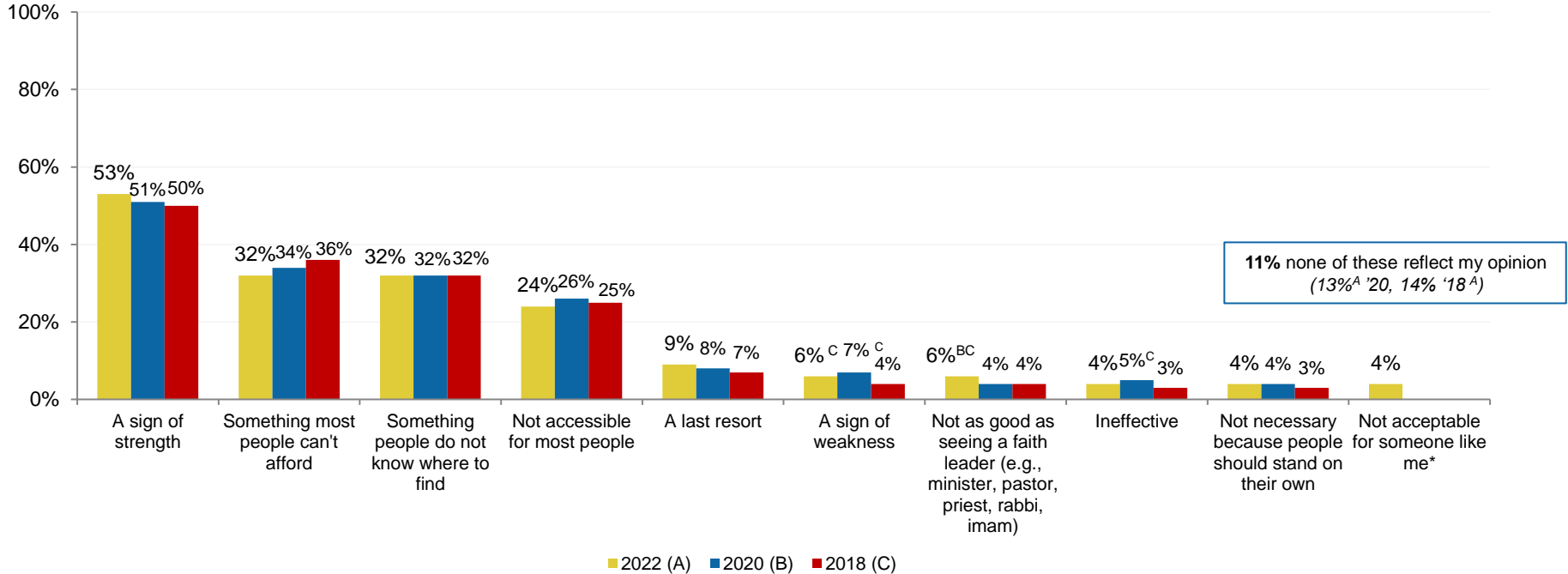
Q15 Which of the following best describes how you think the importance of mental health and physical health are treated in our current health care system?



# There is Strength in Seeing a Mental Health Professional, But It's Seen as Largely Inaccessible

More than half see it as sign of strength, yet around a third feel it is something most people cannot afford or something they do not know where to find – and around a quarter say it is not accessible for most people.

Seeing A Mental Health Professional Is...



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q20 Which of the following best reflects your opinion? Please select all that apply.

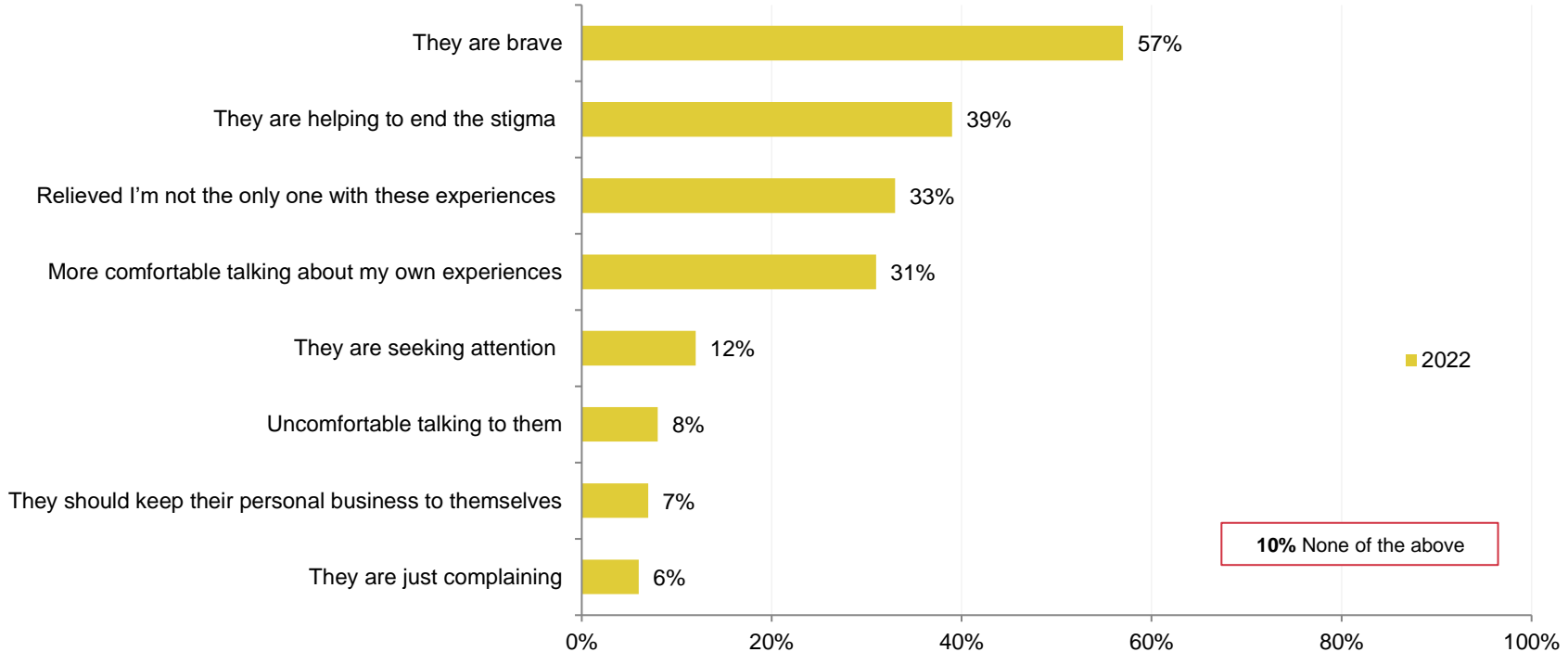
\*New statement in '22



# Talking About One’s Mental Health Makes Most People Feel That Person is Brave

Many say it makes them think they are helping to end the stigma, feel relieved they aren’t alone, and comfortable talking about their own experiences.

Completion of Statement: “When People Talk Openly About Their Mental Health, I Think or Feel...”<sup>^</sup>

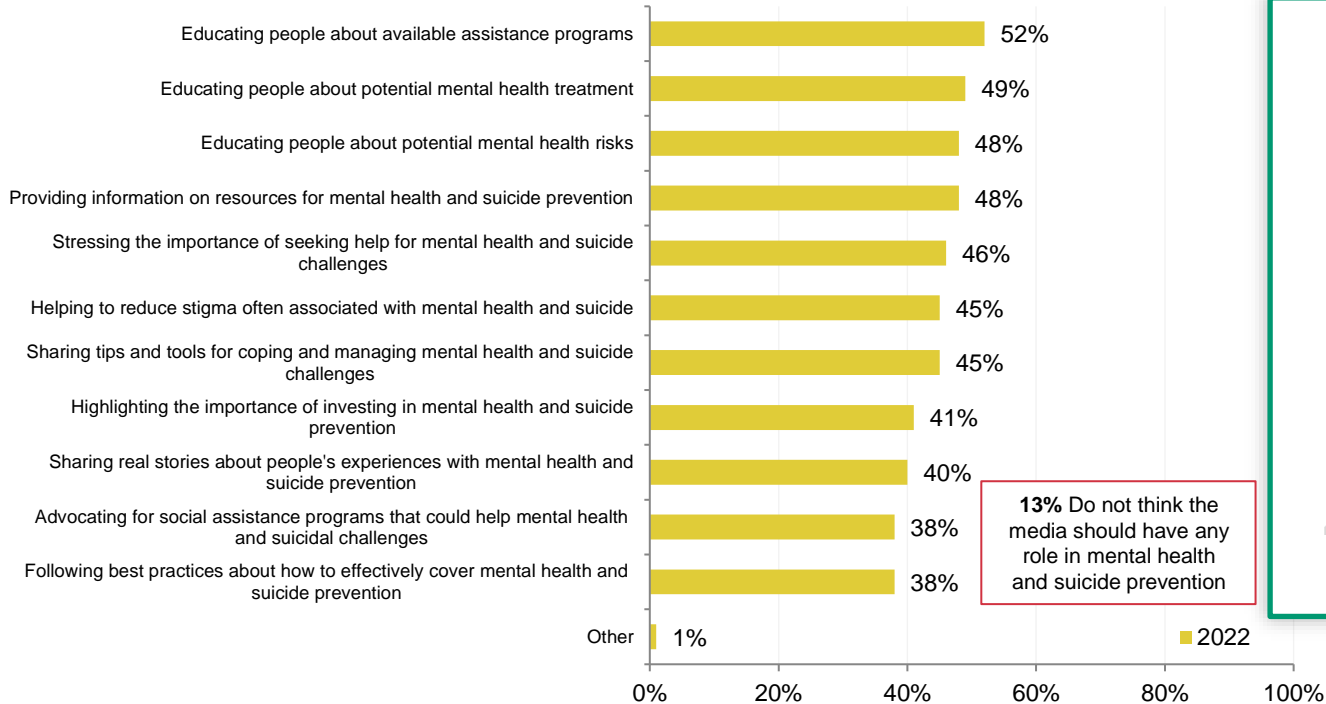




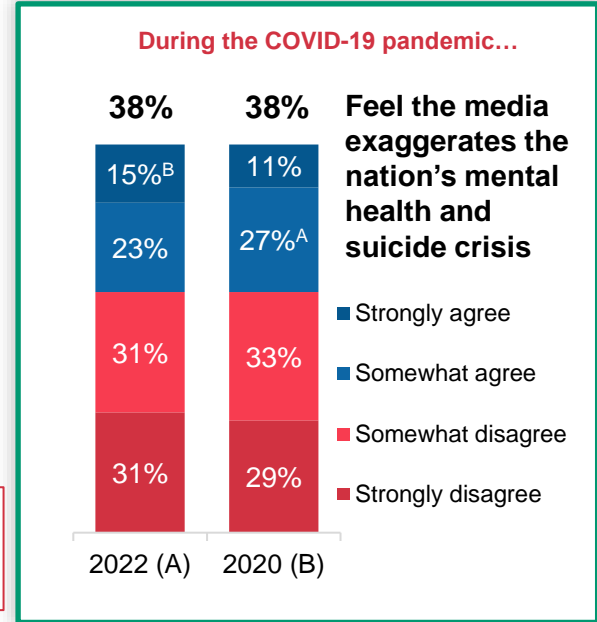
# Many See a Role for Media in Mental Health and Suicide Prevention

Yet, through the lens of the COVID-19 pandemic, nearly 2 in 5 feel media exaggerates mental health and suicide crisis

## Role of Media and Entertainment Industry in Mental Health and Suicide Prevention<sup>A</sup>



13% Do not think the media should have any role in mental health and suicide prevention



BASE: QUALIFIED RESPONDENTS 2022 (n=2054)

Q220 What role, if any, should the media and entertainment industry have in mental health and suicide prevention? Please select all that apply.

BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072)

Q215 How much do you agree or disagree with each of the following statements about the COVID-19 pandemic?

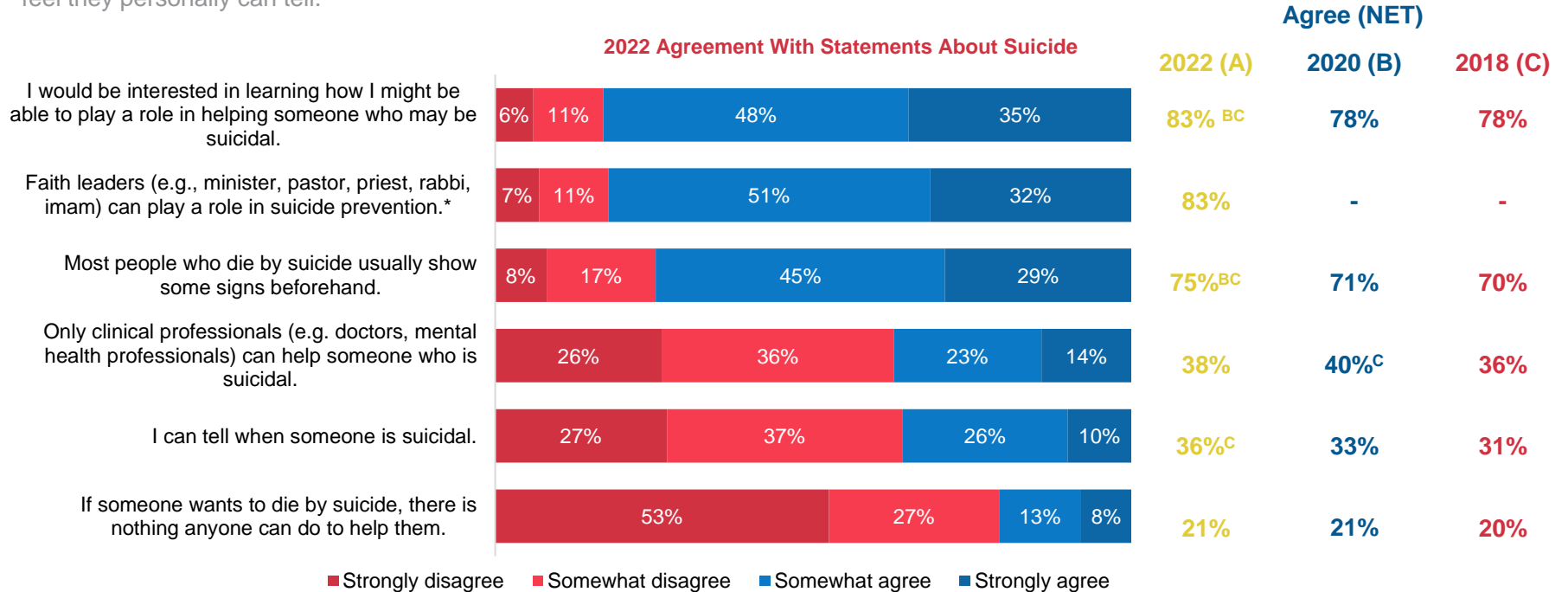


# Beliefs Around Suicide



# More than 8 in 10 Would be Interested in Learning How They can Play a Role in Helping Someone Who May be Suicidal

Three quarters feel most people who die by suicide usually show signs beforehand (on the rise since 2018), but only a little more than a third feel they personally can tell.

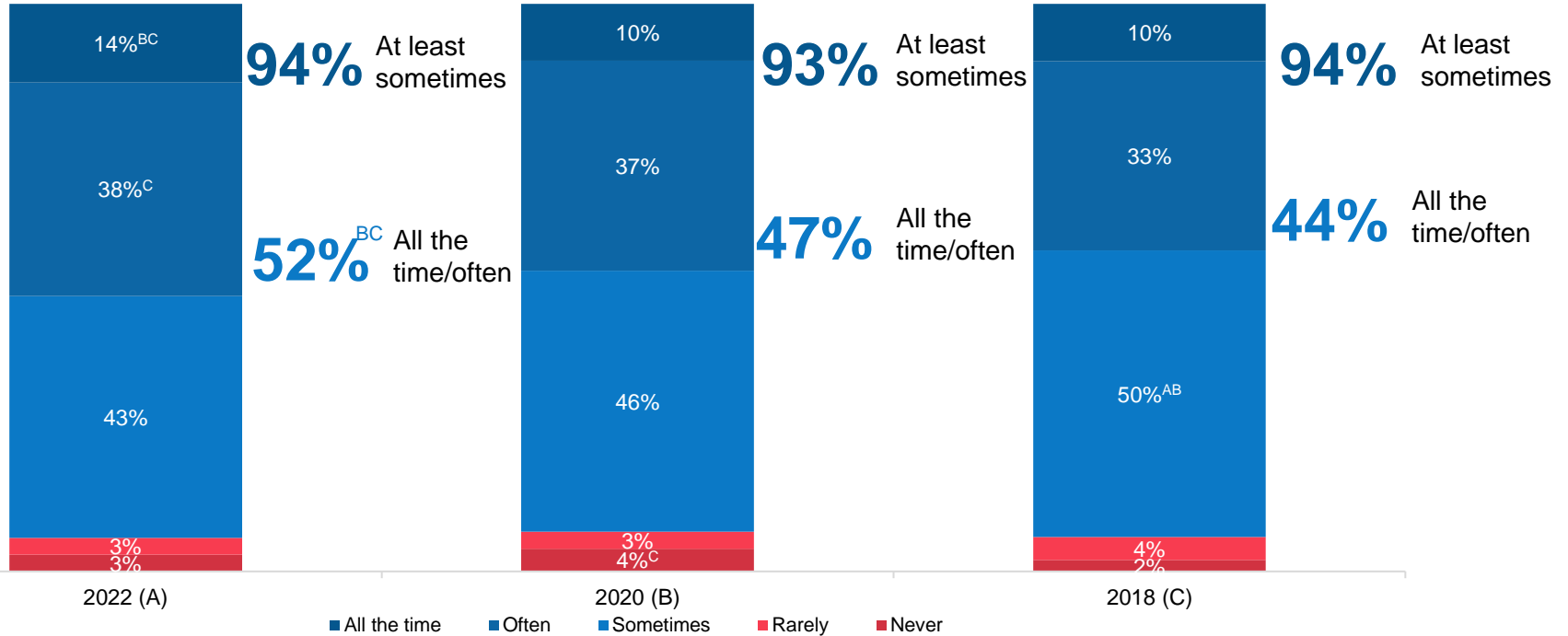




# Vast Majorities Continue to Believe Suicide Can Be Prevented at Least Sometimes

About half (52%) feel it can be prevented all the time or often.

Frequency of Which Suicide Can Be Prevented



BASE: QUALIFIED RESPONDENTS 2022 (n=2054) | 2020 (n=2072), 2018 (n=2015)

Q60 Do you think suicide can be prevented...?



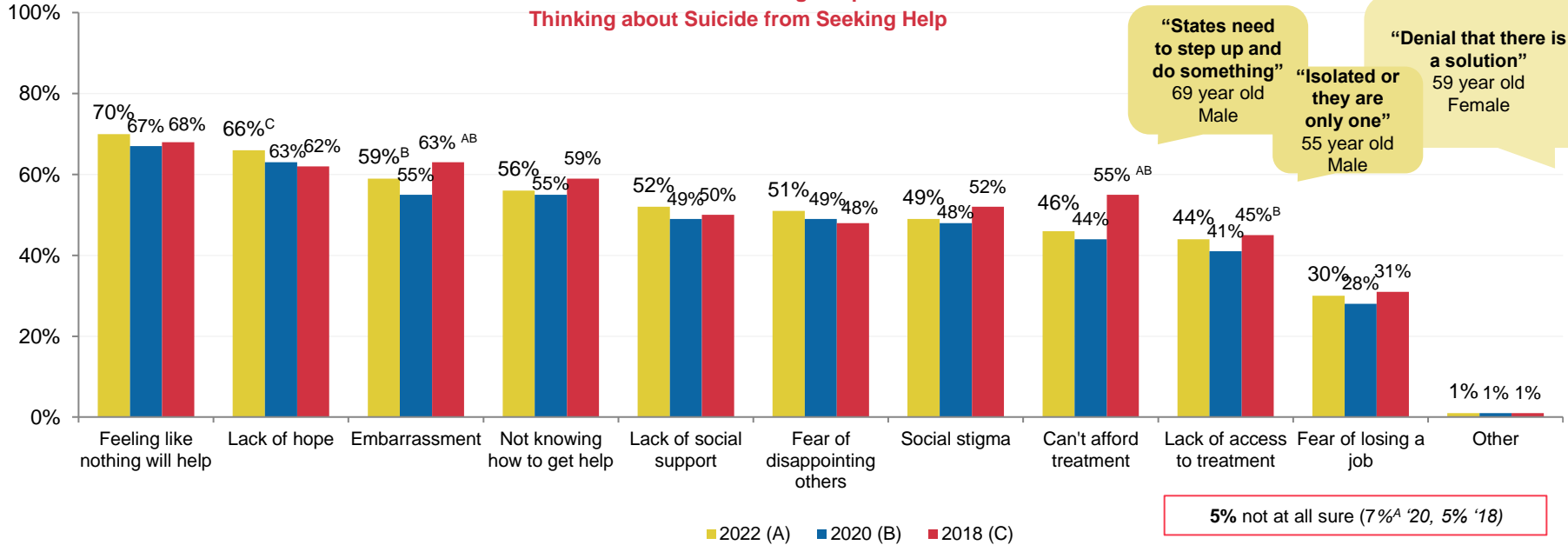


# Emotion and Accessibility Barriers are Believed to Keep People Thinking about Suicide From Seeking Help

Feelings of hopelessness & embarrassment top the list; however, many cite access barriers such as not knowing how to get help, inability to afford treatment, and lack of access to treatment.

Perceived Barriers Preventing People who are Thinking about Suicide from Seeking Help

Verbatim Responses





# Nearly All Americans Feel There are Actions That Would Most Help Reduce Number of Deaths by Suicide

Most commonly providing better access to mental health care, educating the public about suicide prevention, or educating first responders.

## Actions to Help Reduce the Number of People who Die by Suicide

<b>ANYTHING (NET)</b>	<b>93%</b>
<b>TRAINING/EDUCATION FOR PROFESSIONALS (SUB-NET)</b>	<b>78%</b>
Educating first responders (e.g., police/law enforcement, fire fighters, emergency medical technicians) to identify and help people who are suicidal	55%
Providing better training for health care providers on how to identify and help people who are suicidal	53%
Educating community leaders such as teachers and faith leaders (e.g., minister, pastor, priest, rabbi, imam) about how to identify and help people who are suicidal	53%
Educating the media (e.g., journalists, reporters, social media content creators, writers, producers, etc.)	37%
<b>ACCESS (SUB-NET)</b>	<b>77%</b>
Providing better access to mental health care (e.g., talk therapy, couples counseling, family therapy, tele-therapy)	61%
Providing better access to health care in general	54%
Providing better access to help reduce health disparities (e.g., medication, jobs, housing, education, etc.)	50%
Educating the public about suicide prevention	60%
Mental health and social-emotional training in schools	49%
Sharing stories of people who have thought about or attempted suicide	38%
Conducting or funding research	29%
Other	1%
Nothing would help	1%
Not at all sure	6%

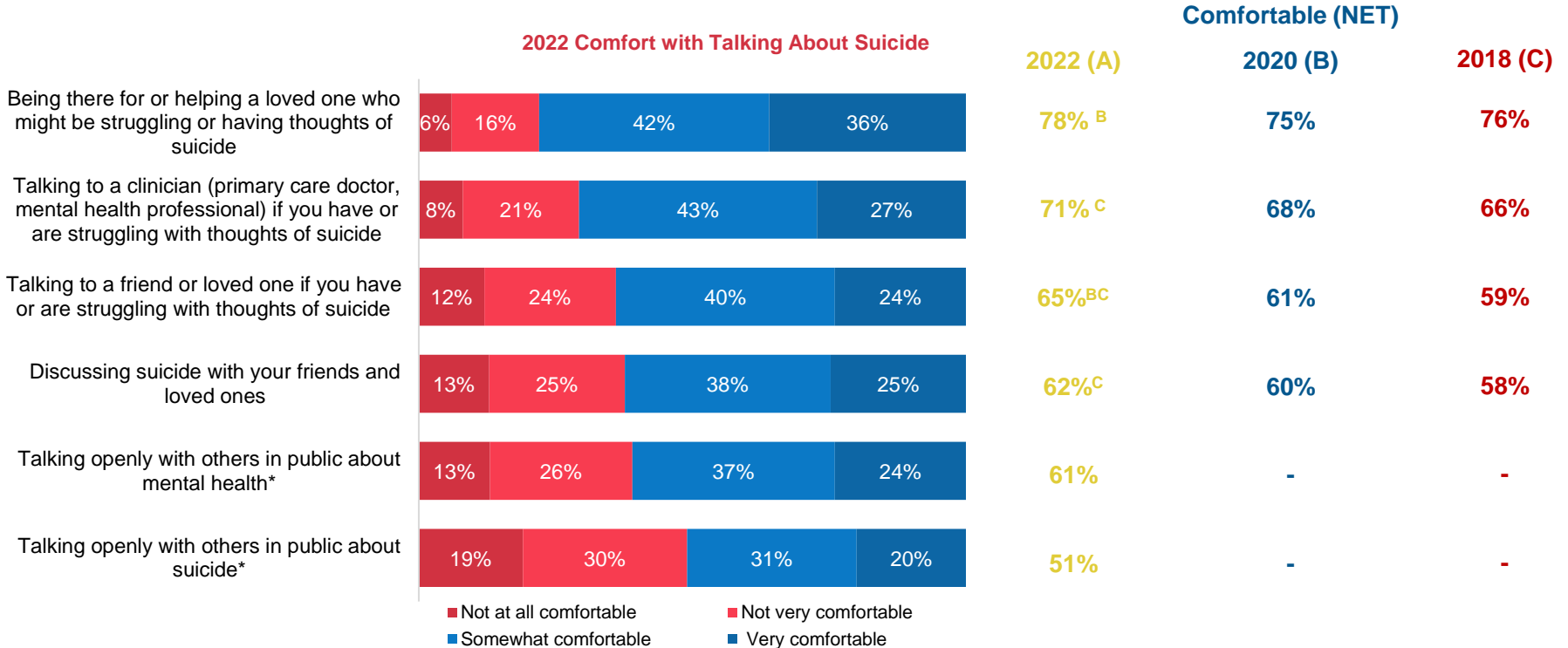


# Attitude Towards Discussing Suicide



# Americans are Becoming More Comfortable Talking About Suicide with Clinicians, Loved Ones and Being There For Those Who Are Struggling

Americans are less comfortable having open conversations in public about suicide

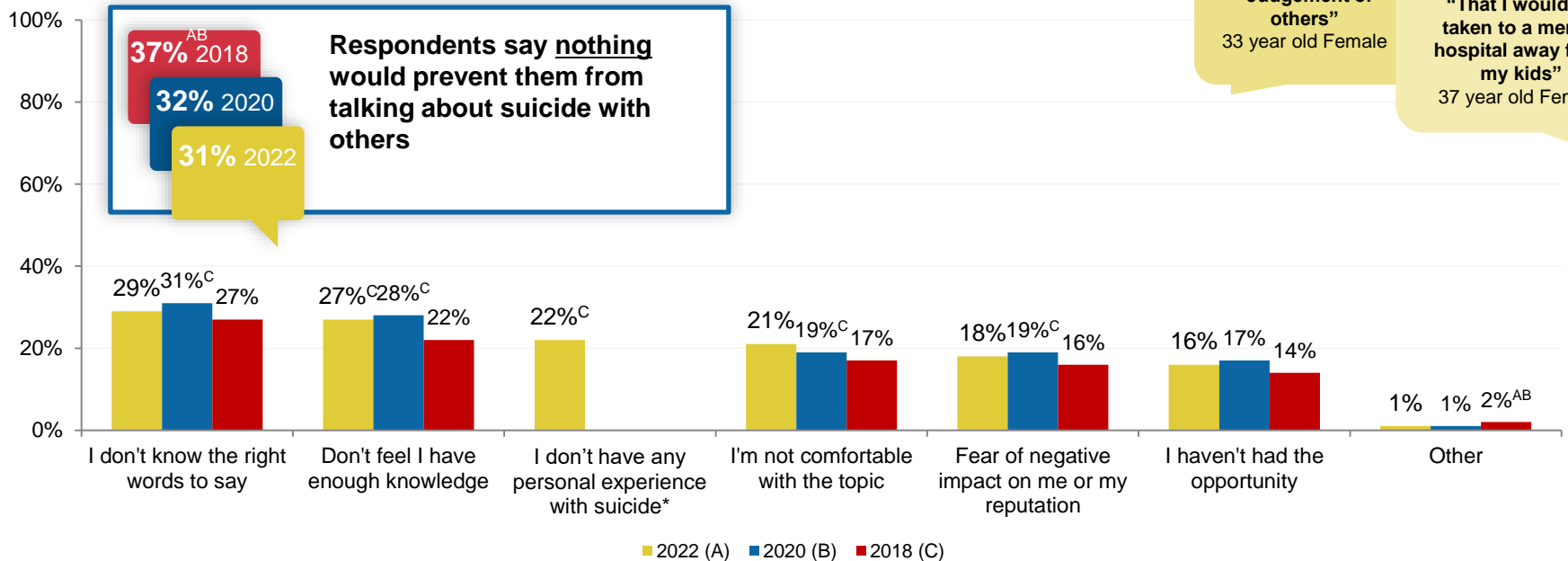




# Americans Continue to Identify Barriers When It Comes to Talking About Suicide with Others

Being unsure of the right words to say and lack of knowledge and personal experience are among the top reasons Americans might not discuss suicide.

## Barriers to Taking About Suicide with Others






# Coping with Suicide



# Most Would Encourage Seeking Help or Offer to Listen If Worried About Someone's Mental Health

Many actions more commonly selected in 2022 compared to 2020.

**94%<sup>BC</sup>** 

Would do something if they were worried about someone's mental health (90% '20, 91% '18)

## Top Actions for When Worried About Someone's Mental Health

**60%<sup>B</sup>**  
Encourage them to seek help from a **mental health professional**  
(54% '20, 58%<sup>B</sup> '18)

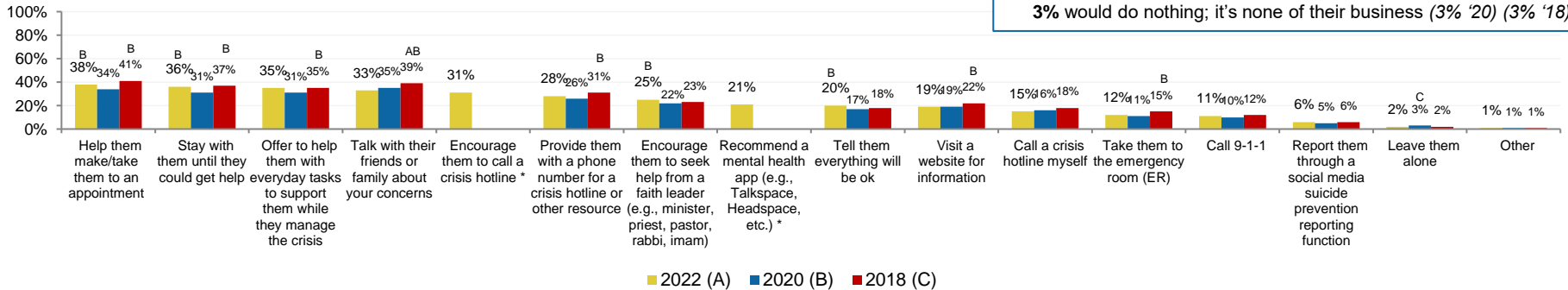
**52%<sup>B</sup>**  
Offer to listen to their concerns  
(47% '20, 52%<sup>B</sup> '18)

**44%**  
Encourage them to seek help from a **doctor or primary care health professional**  
(46% '20, 47% '18)

**41%**  
Tell them I am worried about them  
(40% '20, 45%<sup>AB</sup> '18)

## Additional Actions Taken

3% wouldn't know what to do (7%<sup>A</sup> '20) (6%<sup>A</sup> '18)  
3% would do nothing; it's none of their business (3% '20) (3% '18)



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)


Q105 Which of the following describe what you would do if you were worried about the mental health of someone you know? Please select all that apply.

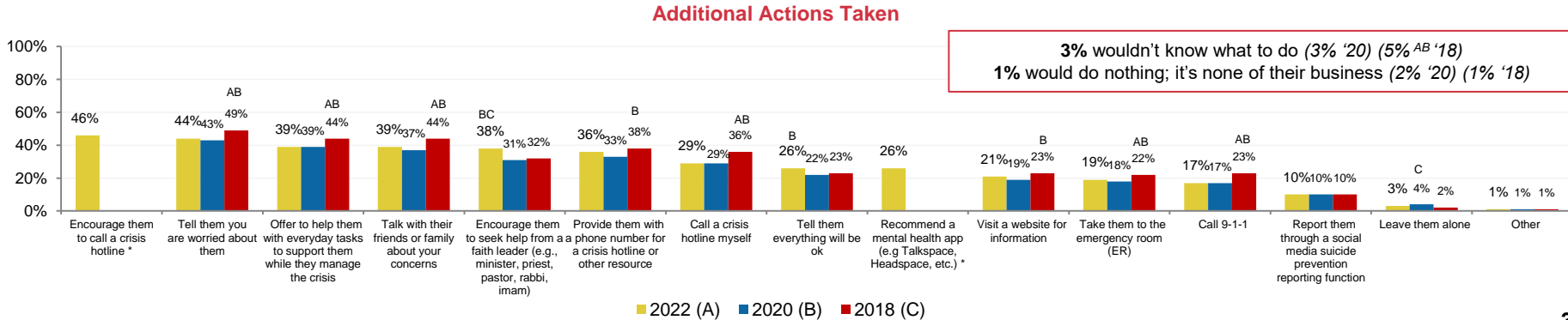
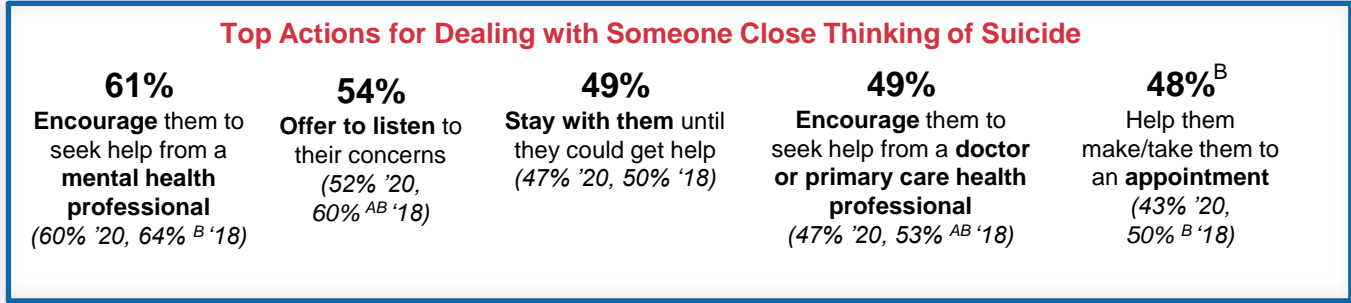
\*New statement in '22



# Similarly, If Someone Was Thinking about Suicide Most Would Encourage Seeking Help or Offer to Listen

Several actions less likely to be taken compared to 2018

**96%<sup>C</sup>**   
**Would do something if someone close was thinking about suicide**  
 (95% '20, 94% '18)



**BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)**  
**Q80** Which of the following describe what you would do if someone close to you was thinking about suicide? Please select all that apply.

\*New statement in '22





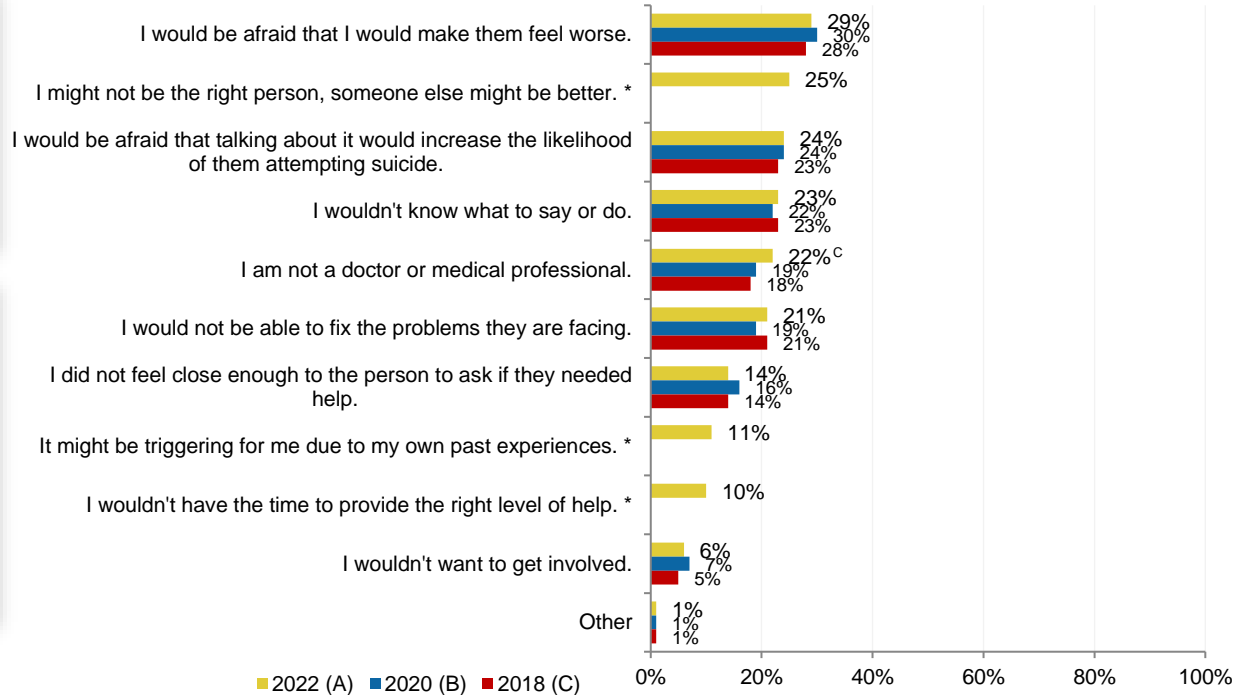
# The Main Barrier that Might Stop Americans from Trying to Help Someone Close to them who was Thinking about Suicide is Fear of Making them Feel Worse

1 in 3 say nothing would stop them

**33%**  
**Say nothing might prevent them from trying to help**  
 (38%<sup>A</sup> '20)  
 (39%<sup>A</sup> '18)

**67%**  
 BC  
**Report at least one barrier might prevent them from helping someone who is thinking about suicide**  
 (62% '20)  
 (61% '18)


## Barriers to Trying to Help Someone Close who was Thinking about Suicide





# More Americans, Now 8 in 10, Would Tell Someone If they Were Having Thoughts of Suicide

Most commonly, adults would talk to a mental health provider, family member, friend, or spouse/significant other.



**80%<sup>BC</sup>**

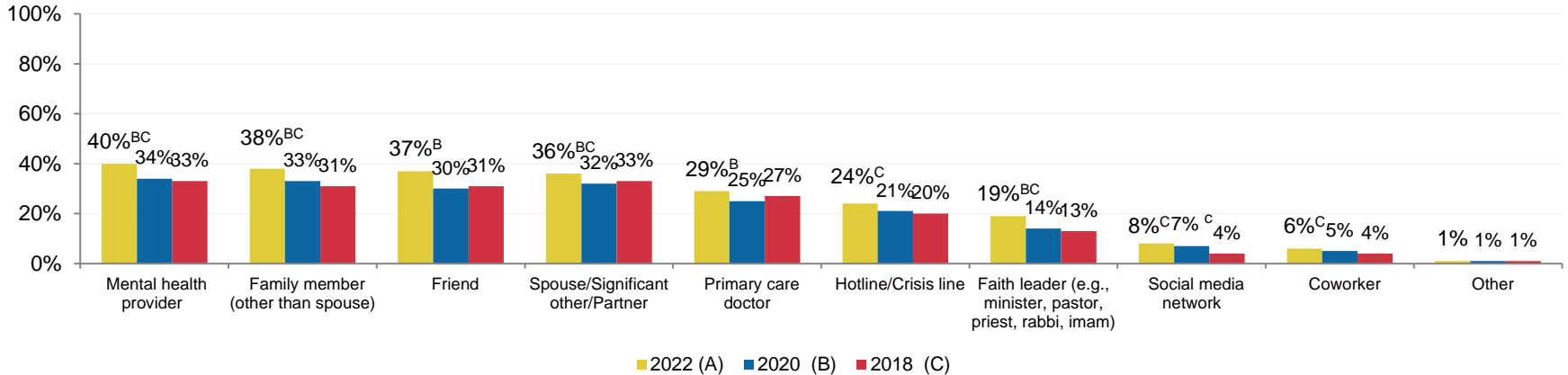
**Would tell someone if they were having thoughts of suicide**  
(73% '20, 73% '18)

**8% would tell no one**  
(12%<sup>A</sup> '20, 12%<sup>A</sup> '18)

**10% are not sure**  
(12%<sup>A</sup> '20, 13%<sup>A</sup> '18)

2% declined to answer (3%<sup>C</sup> 2020) (2% 2018)

## Person to Whom Adults Would Tell about Thoughts of Suicide














# If/Where Specific Groups May Turn if Experiencing Thoughts of Suicide

These groups had notable differences from their peers to turn to various sources if they were having thoughts of suicide.

**More likely to tell someone:**

- HHI \$75k+
- College grad+
- Parents of child under 18

## More likely to turn to **than their counterparts....**

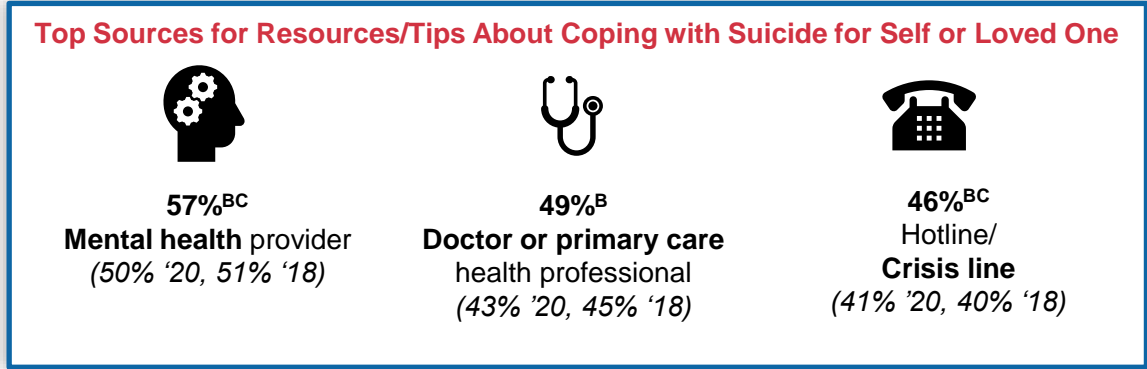
 Faith Leader	 Friend	 Family Member	 PCP	 Mental health provider	 Hotline/ Crisis Line	 Spouse/ Partner	 Coworker	 Social Media
<ul style="list-style-type: none"> <li>• Male</li> <li>• Age 35+</li> <li>• Parents of child under 18</li> </ul>	<ul style="list-style-type: none"> <li>• Age 18-34</li> <li>• Age 45-54</li> </ul>	<ul style="list-style-type: none"> <li>• Age 18-54</li> <li>• Parents of child under 18</li> <li>• Black</li> </ul>	<ul style="list-style-type: none"> <li>• Age 65+</li> <li>• White</li> </ul>	<ul style="list-style-type: none"> <li>• Midwest</li> <li>• Some college+</li> <li>• Parents of child under 18</li> </ul>	<ul style="list-style-type: none"> <li>• Midwest</li> <li>• HHI \$50-\$74.9K</li> <li>• College grad+</li> </ul>	<ul style="list-style-type: none"> <li>• HHI \$75k+</li> <li>• College grad+</li> <li>• Parents of child under 18</li> <li>• White</li> </ul>	<ul style="list-style-type: none"> <li>• Age 35-44</li> <li>• Parents of child under 18</li> </ul>	<ul style="list-style-type: none"> <li>• Age 18-54</li> <li>• Parents of child under 18</li> <li>• Hispanic</li> <li>• Black</li> </ul>

See data tables for full results

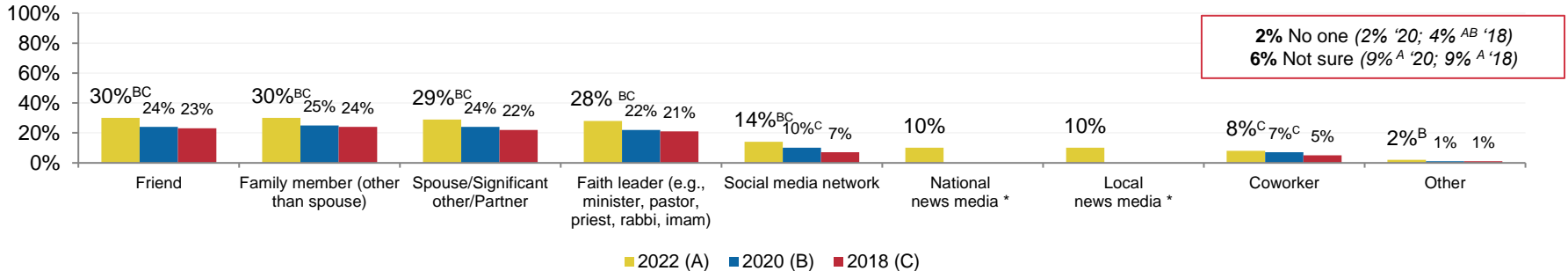


# Adults Would Seek Resources or Tips About Coping with Suicide From a Mental Health or Primary Care Provider

Nearly half would go to a hotline/crisis line.



**Additional Sources**



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q150 Where would you go to obtain helpful resources or tips about coping with thoughts of suicide or helping a loved one who might be struggling with thoughts of suicide? Please select all that apply.

\*New statement in '22

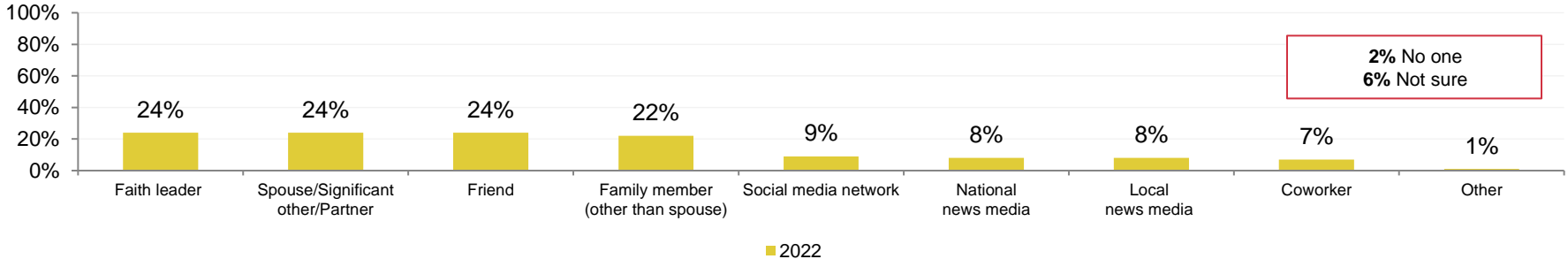


# Health Professionals and Crisis Lines are Most Trusted Resources When Coping with Suicide

More people trust these resources than their own family and friends.



**Additional Sources**



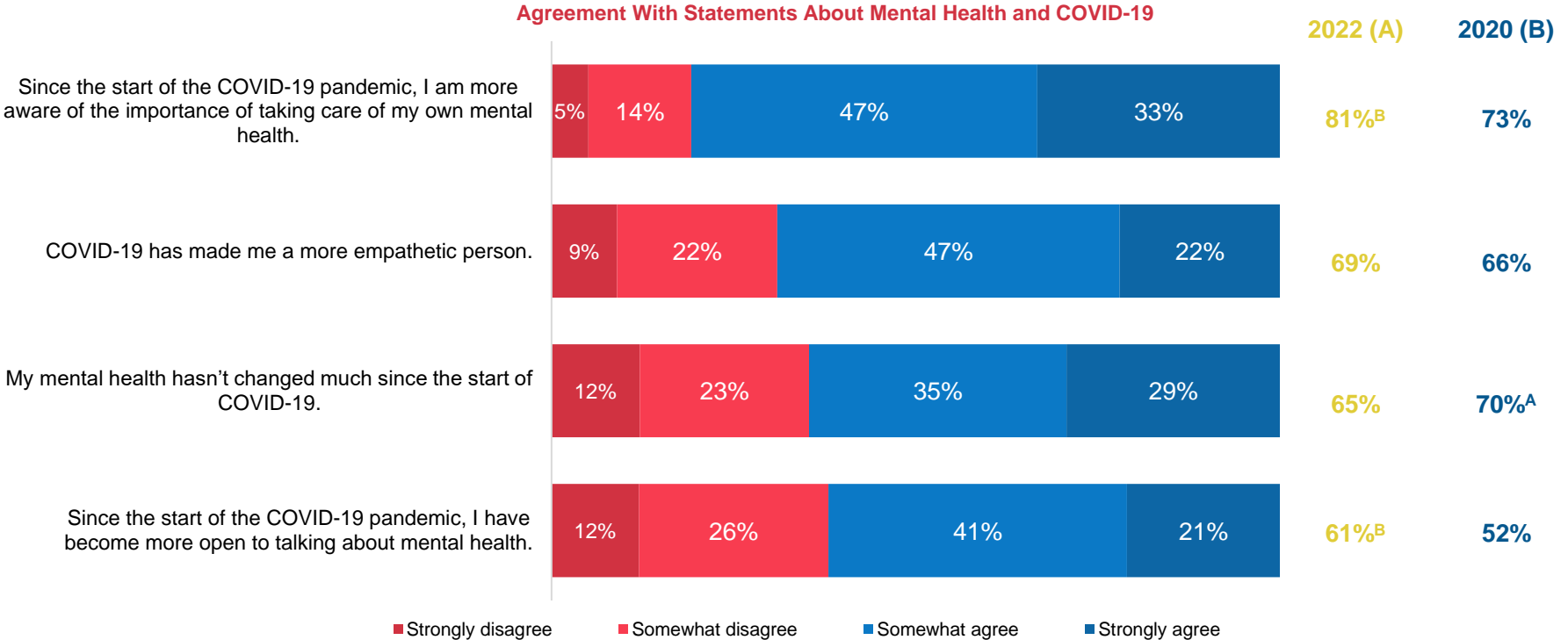


# Mental Health & the COVID-19 Pandemic



# Since COVID, Greater Awareness of Importance of Taking Care of Mental Health

More than 2 in 3 say COVID-19 has made them more empathetic and 6 in 10 are more open to discussing mental health.



**BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072)**

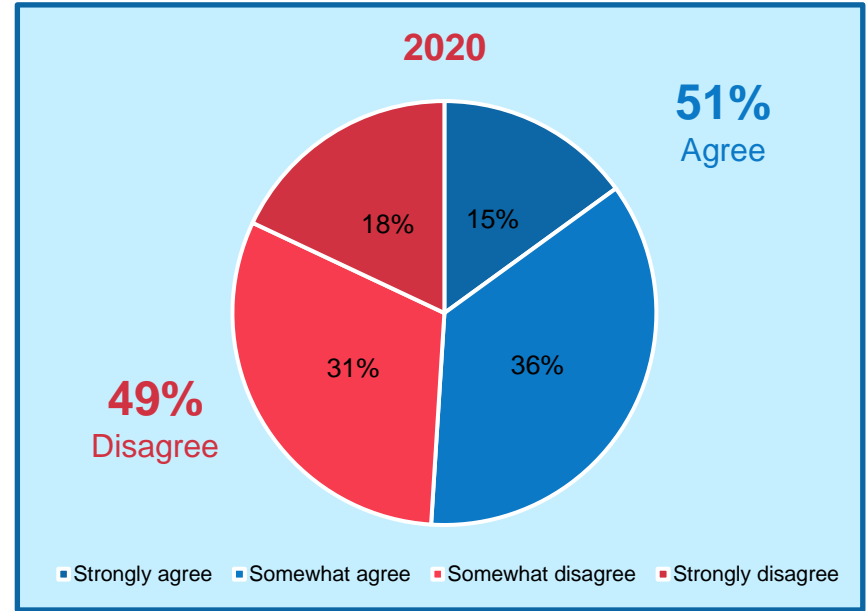
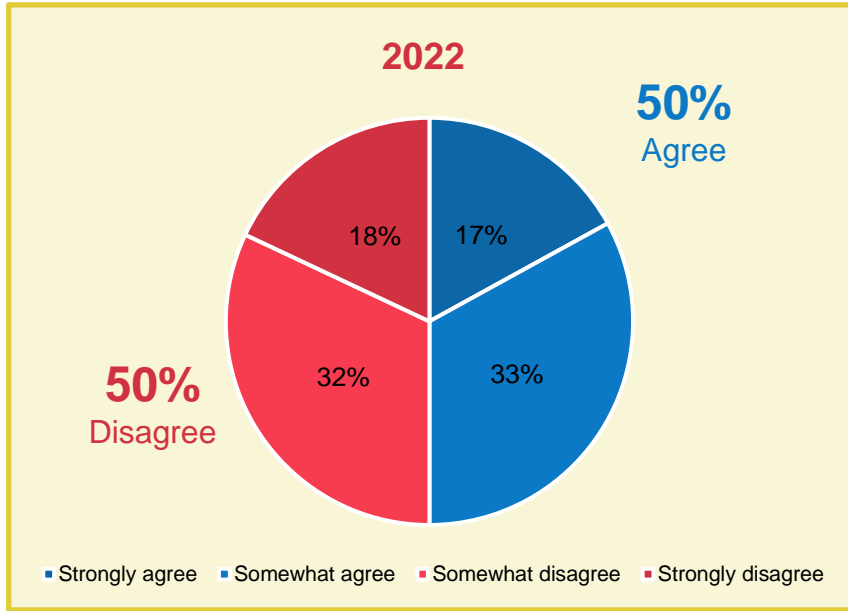
Q215 How much do you agree or disagree with each of the following statements about the COVID-19 pandemic?



# Since the Pandemic, Half of Americans Find it More Difficult to Access Needed Mental Health Care

Perceptions are unchanged from 2020.

**“It is More Difficult to Access the Mental Health Care I Need in the Wake of the Pandemic.”**



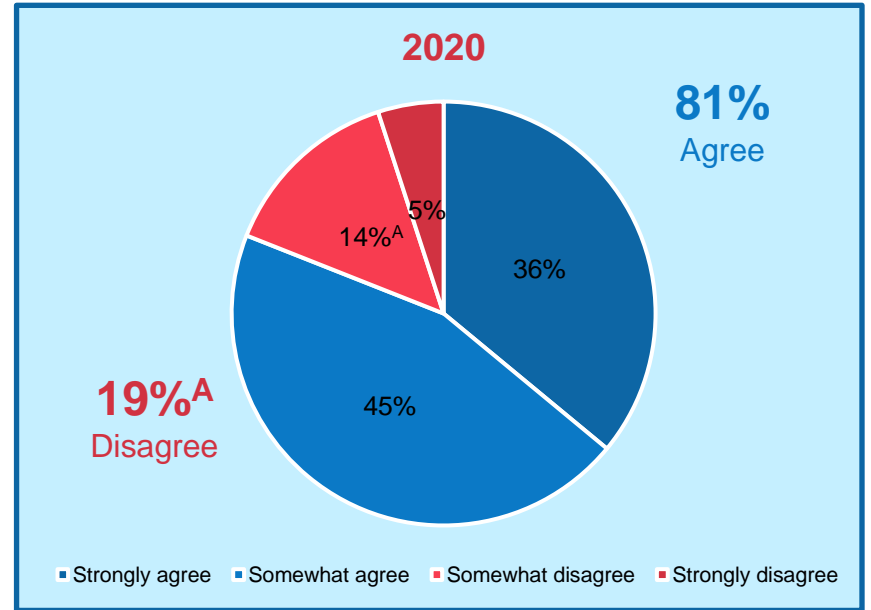
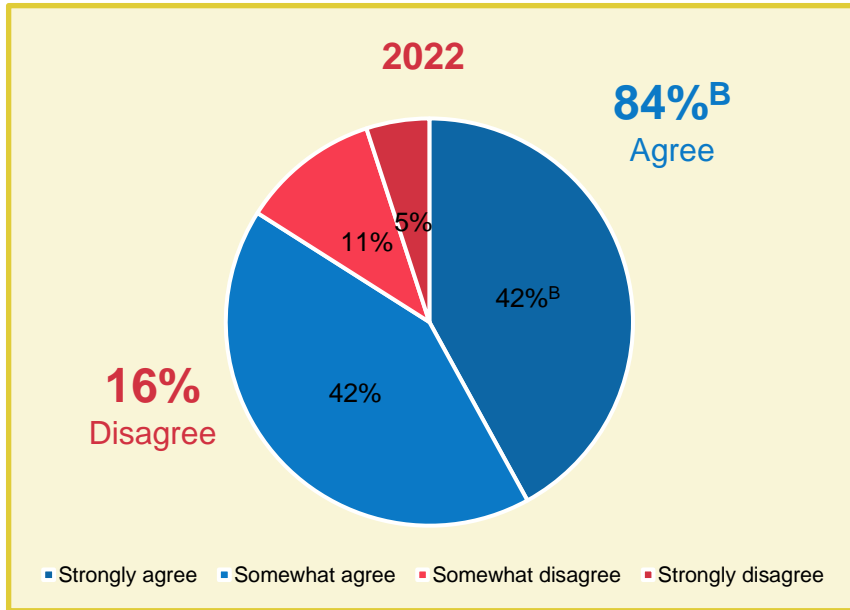




# More Than 4 in 5 Feel it is More Important than Ever to Make Suicide Prevention a National Priority

More than 2 in 5 strongly agree, up from 2020.

**“As a Result of the Pandemic, it's More Important Than Ever to Make Suicide Prevention a National Priority.”**



BASE: QUALIFIED RESPONDENTS 2022 (n=2054), 2020 (n=2072)

Q215 How much do you agree or disagree with each of the following statements about the COVID-19 pandemic?

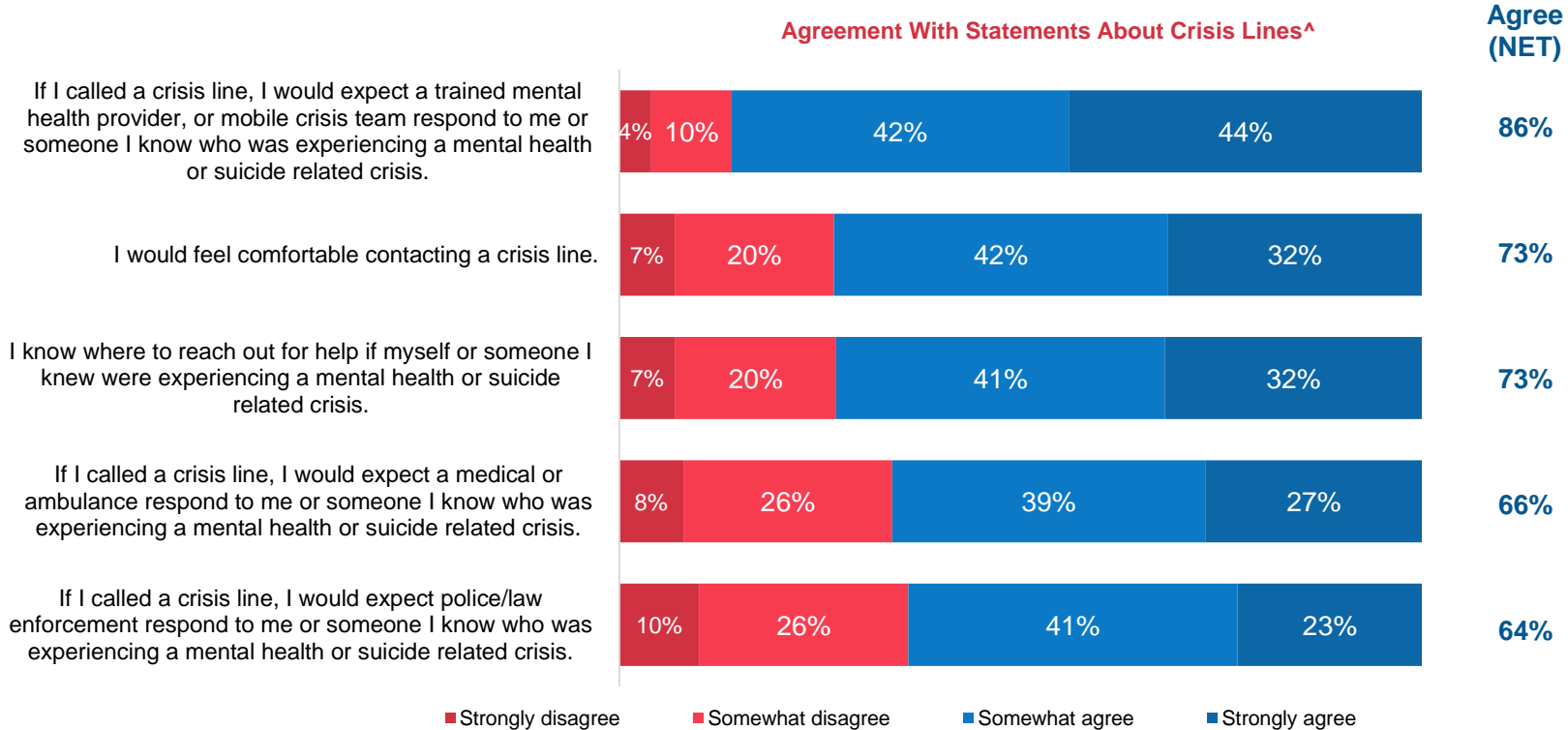


# Expectations and Awareness of Crisis Lines/Services



# Trained Mental Health Providers are Expected When Calling Crisis Line

Fewer expect a medical (ambulance) or police response. Nearly 3 in 4 would be comfortable contacting a crisis line and know where to reach out for help if needed, but only about 1 in 3 strongly agree.



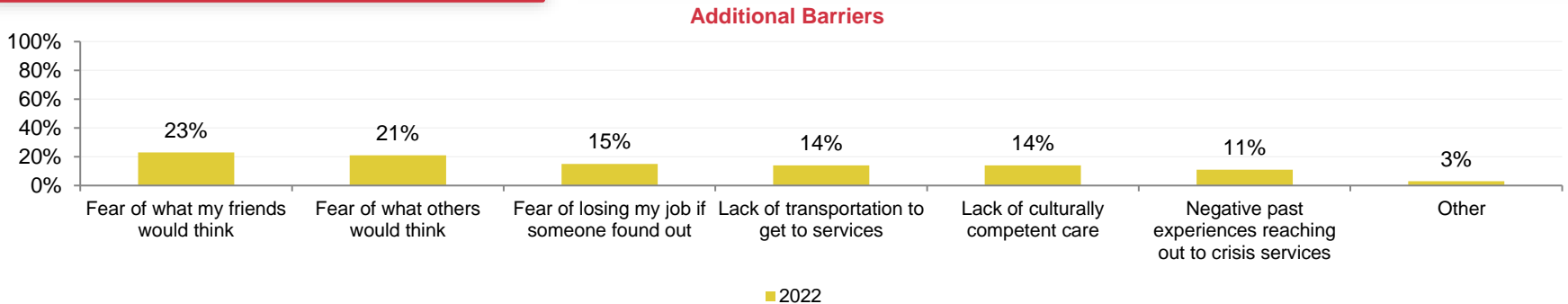
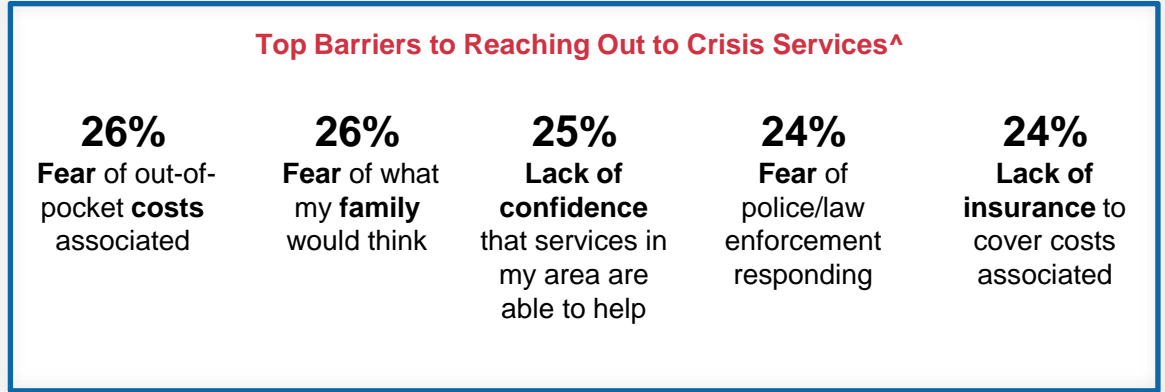


# Two Thirds Report A Barrier to Reaching Out to Crisis Services

Common barriers range from cost/insurance coverage, to fear of what family/friends/others will think, to a lack of confidence that services can help or that police will respond.

**34%** Say nothing would prevent them from reaching out

**66%** Report at least one barrier would prevent them from reaching out

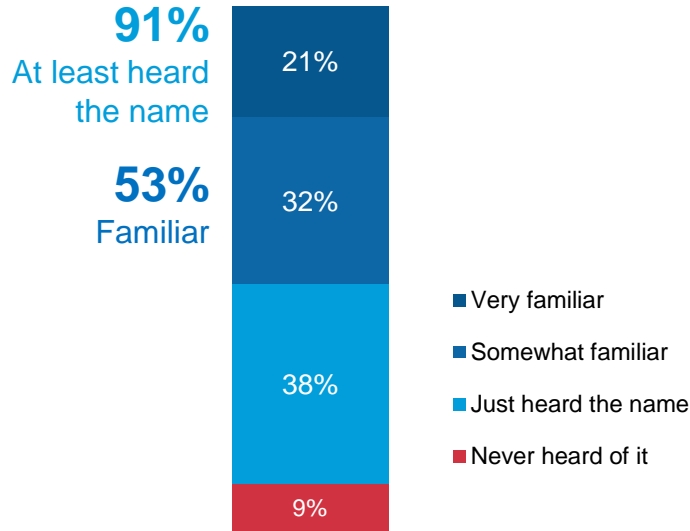




# Most Have at Least Heard of the National Suicide Prevention Lifeline

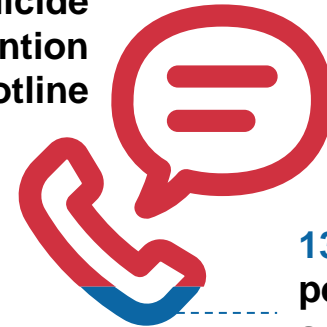
But only about half are familiar and just ~1 in 10 have ever used a suicide prevention hotline

## Familiarity with the National Suicide Prevention Lifeline<sup>^</sup>



## Personal Use of a Suicide Prevention Hotline<sup>^</sup>

**85%** Have never personally used a suicide prevention hotline



2% Declined to answer

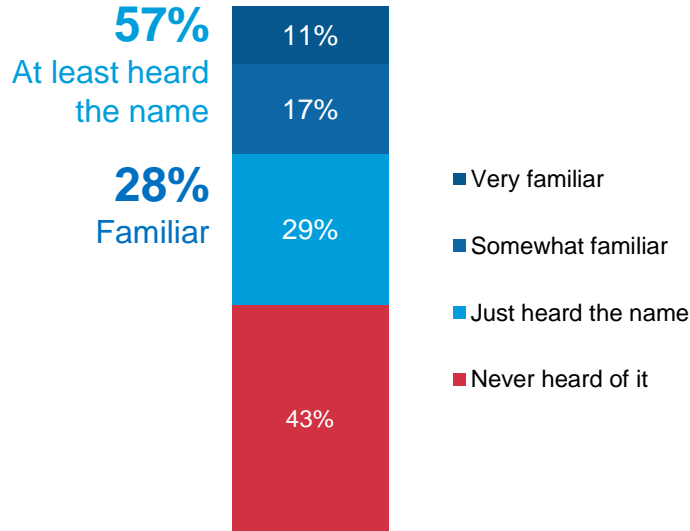
**13%** Have ever personally used a suicide prevention hotline



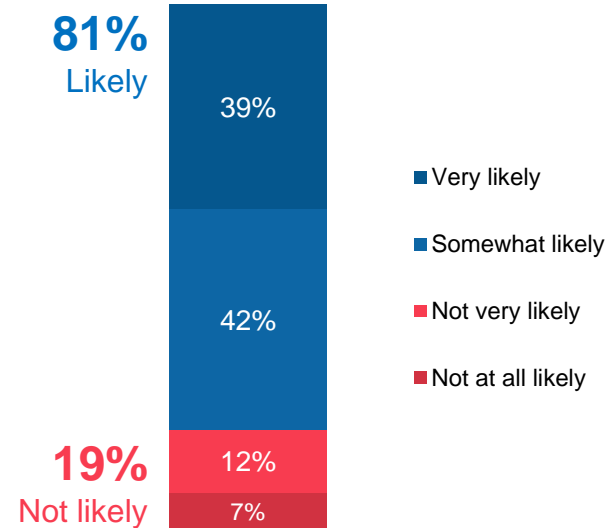
# Few are Familiar With 988, But After Being Told About it, Most Say They Are Likely to Reach Out if They or Someone They Know Needed Help

More than 2 in 5 have never heard of 988.

Familiarity with 988<sup>^</sup>



Likelihood to Reach Out to 988<sup>^</sup>



BASE: QUALIFIED RESPONDENTS 2022 (n=2054)

Q340 How familiar are you with 988, the new dialing, texting, and chat codes for individuals in the U.S. experiencing a suicide or mental health-related crisis?

Q345 As you may know, 988 is a three-digit dialing code that will allow users to call, text or chat with trained counselors at the National Suicide Prevention Lifeline network about a suicidal, mental health or substance use crisis. This line became available nationwide in July of this year. How likely would you be to reach out to 988, if you or someone you knew needed help?

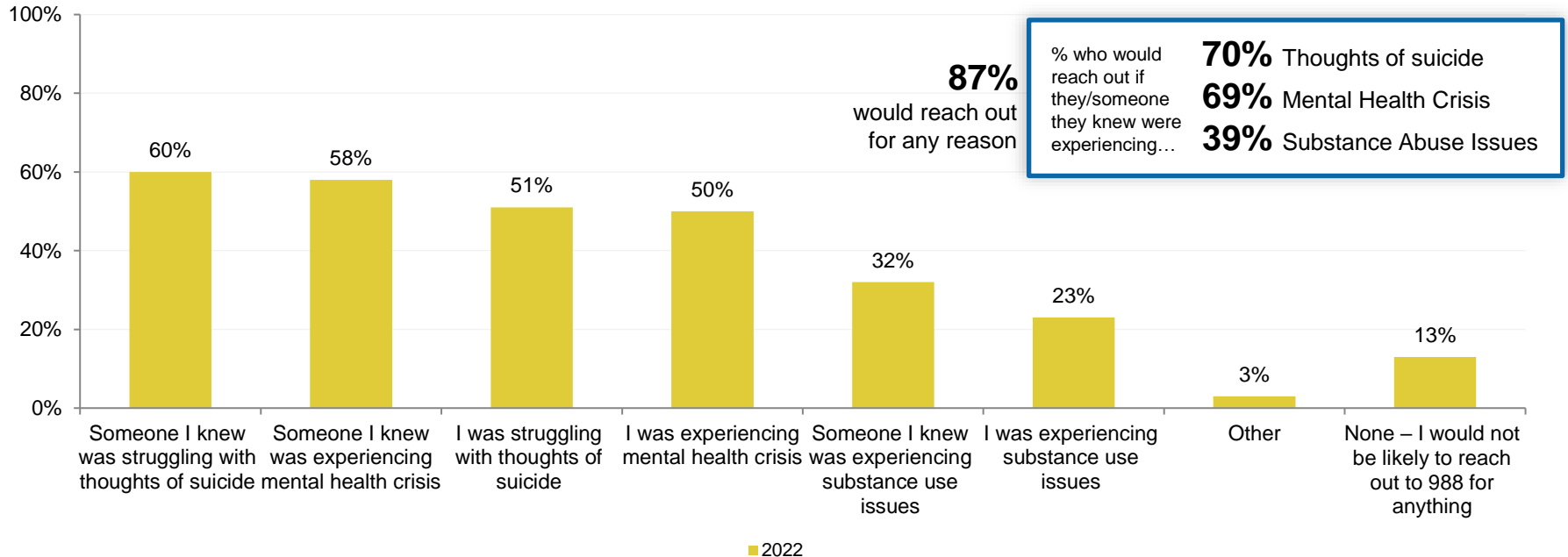
<sup>^</sup>New question in '22



# Adults Are Most Likely to Reach Out to 988 if Someone They Know is Having Thoughts of Suicide or Experiencing a Mental Health Crisis

They are slightly less likely to say they would do the same if they themselves were experiencing these things. 988 is less likely to be used when people are experiencing substance abuse issues.

Situations Would Reach Out to 988 For^



BASE: QUALIFIED RESPONDENTS 2022(n=2054), 2020 (n=2072), 2018 (n=2015)  
 Q350 For which of the following situations, if any, would you be likely to reach out to 988? Please select all that apply.

^New question in '22

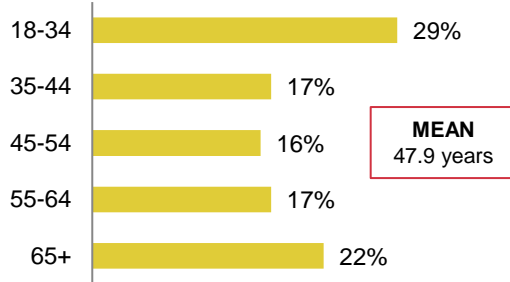


# Demographics





Age



Marital Status

- 30% Single, never married
- 52% Married or civil union / living with partner
- 18% Divorced / separated / widowed



Gender



48% male



51% female

1% Other

Children in HH



63% 0 kids

30% 1 to 2 kids

7% 3+ kids

Locale



32% urban

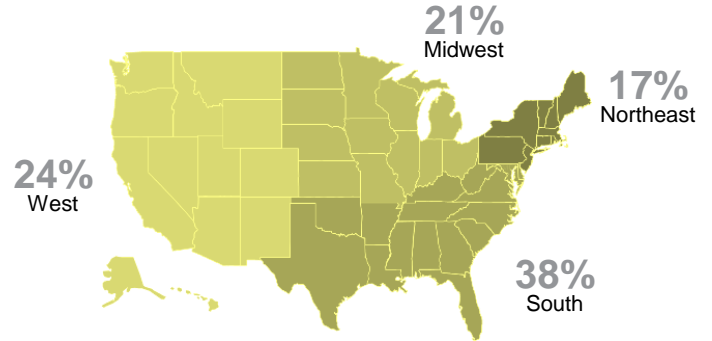


48% suburban



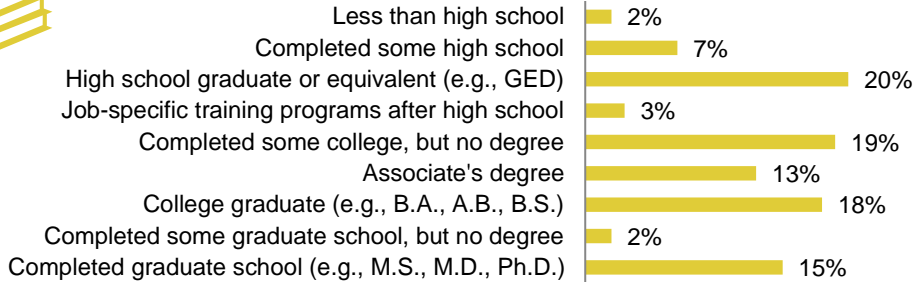
21% rural

Region

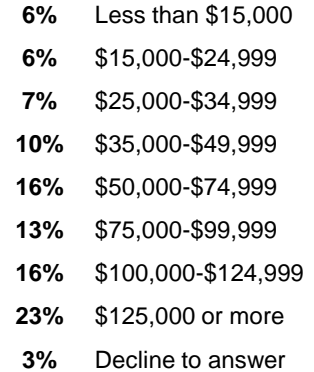




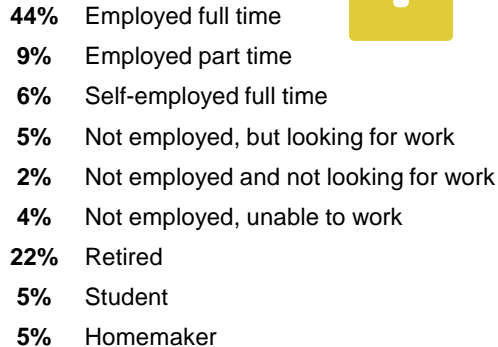
Education



Income



Employment



Race/Ethnicity

