



**American  
Foundation  
for Suicide  
Prevention**



# Public Perceptions of Mental Health and Suicide Prevention Survey Results

October 2024





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## Background & Objectives

For 2024, The Harris Poll, on behalf of the American Foundation for Suicide Prevention (AFSP), the Suicide Prevention Resource Center (SPRC), and the National Action Alliance for Suicide Prevention (Action Alliance) at EDC, conducted a nationally representative survey of U.S. adults 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 and usage 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:

20 minutes



## Qualification Criteria:

- US residents
- Age 18+



## Sample Size:

n=4,394



## Field Dates:

July 15 – 29, 2024



## 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 the American Foundation for Suicide Prevention (AFSP), the Suicide Prevention Resource Center (SPRC), and the National Action Alliance for Suicide Prevention (Action Alliance) at EDC from July 15 - 29, 2024 among 4,394 U.S. adults ages 18 and older.

Data are weighted where necessary by education, age, sex, race/ethnicity, household income, household size, marital status, LGBTQIA2S+ status, political party affiliation, and smoking status to bring them in line with their actual proportions in the population.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the total sample data is accurate to within  $\pm 1.9\%$  percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

## Method Notes:

Research conducted in 2022, 2020, and 2018 utilized the same research method:

- 2022: n=2,054 US adults, surveyed July 18 – 20, 2022
- 2020: n=2,072 US adults, surveyed July 22 – 24, 2020
- 2018: n=2,015 US adults, surveyed August 28 – 30, 2018



# Report Notes

## Research Notes:

- Statistically significant differences at the 95% confidence interval are indicated with capital letters throughout
- No edits were made to trended questions between 2018 and 2020
- In 2024, a decision was made based on latest guidance from SPRC, AFSP, and Action Alliance to update wording throughout the survey for the following terms/phrases:
  - “Suicidal” was updated to “experiencing thoughts of suicide”
  - “Stigma” was updated to “negative attitudes (stigma)”
  - “Hotline/crisis lines” was updated to “mental health hotlines”

## In tables and charts:

- Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.
- An asterisk (\*) in a data chart indicates a percentage greater than zero but less than 1%; a “–” indicates a value of zero.
- Results based on small samples (n<100) should be interpreted with caution as directional in nature. These are noted with “\*Caution, small base (n<100).”
  - Results based on very small samples (n<50) should be interpreted qualitatively; these are noted with “\*Caution, very small base (n<50).”

## Throughout this report:

- When results are compared year-over-year, data for 2024 are represented in **yellow**, 2022 in **dark blue**, 2020 in **dark pink**, and 2018 in **light blue**.
- We have shortened some statements throughout the report where (e.g.,) and (i.e.,) qualifiers or any additional information in parentheses were used for presentation purposes. Please refer to the notes section on each slide to see the full question and answer option text as presented to respondents.
- Text boxes at the top of the page indicate which questions are new for 2024; all others are trended for at least one additional wave.
- New or revised questions are represented by ^, while new or revised statements or responses are represented by +.



# Executive Summary



# Personal Experience with Mental Health and Suicide

**A majority of adults have personal experience with suicide in some facet, with those who say they know someone who has thought about, attempted, or died by suicide continually rising since 2018.**

- 3 in 5 adults (61%) say they know someone who has thought about, attempted, or died by suicide, or have worried that someone might be thinking about suicide – a number that continues to rise year over year (59% in 2022, 55% in 2020, 53% in 2018).
  - Specifically, a third (34%) report that someone they know has died by suicide and nearly a quarter (23%) report knowing someone who made an attempt.
- A quarter (25%) say they have personally thought about or have made a suicide attempt.
  - 1 in 5 adults (21%) have thought about suicide and 1 in 10 (10%) report that they have made an attempt in the past.

**Adults are focusing on positive coping mechanisms to support their own mental health and well-being.**

- Most adults (40%) focus on getting enough sleep and eating healthy to support their well-being. Additionally, adults report significant decreases in turning to less positive coping mechanisms such as increased screentime (10% in 2024 vs. 13% in 2022) and drinking more alcoholic beverages (5% in 2024 vs. 10% in 2022).

**While mental and physical health are seen as equally important personally, most adults continue to feel like they are not treated equally within our current healthcare system.**

- When it comes to their own health, most adults (91%) say mental health is equally (77%) or more (14%) important than physical health (vs. 9% who say physical health is more important than mental health).
  - However, nearly half of adults (49%) believe that physical health is treated as more important than mental health in the current healthcare system, with just 3 in 10 (32%) saying they believe they are treated equally and just 1 in 10 (11%) saying that mental health is treated as more important.



# Mental Health Support

**Mental health providers remain the #1 resource for coping and support. However, there are many resources that adults are willing to turn to for obtaining helpful tips about coping with thoughts of suicide or supporting a loved one who might be struggling.**

- A mental health provider is the most trusted resource (45%) and top place (44%) that 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.
  - Websites/online searches (27%), mental health apps (23%), and peer support specialists (21%) are also avenues that adults would look to for help.
  - After primary care providers (35%) and mental health hotlines (30%), spouses/significant others (21%), other family members (20%), and peer support specialists (20%) top the list for most trusted sources.

**Getting professional treatment continues to be viewed as a sign of strength, but tangible barriers like affordability and access persist. While the perception of cost as a barrier continues to decline, feelings of despair, hopelessness, and embarrassment serve as additional perceived barriers for those who may need help.**

- About half of U.S. adults (51%) view seeing a mental health professional as a sign of strength, however, as seen year over year, about 3 in 10 continue to think seeing a mental health professional is something most people cannot afford (31%).
  - Around a quarter of adults (26%) say seeing a mental health professional is something people do not know where to find (down from 2022, 32%) and around a fifth (21%) feel it is not accessible for most people (down from 2022, 24%).
- Adults also associate emotions as barriers that can prevent people from getting help, with most citing feeling like nothing will help (65%), lack of hope (62%), and embarrassment (56%).

**Despite perceived barriers, the vast majority of adults feel that there are actions that can be taken to help reduce the number of people who die by suicide.**

- Over 9 in 10 adults (93%) believe there is something that can be done to help reduce the number of people who die by suicide, with most pointing to greater access to care (77%); more training and education for professionals (72%); and educating the public about suicide prevention (55%).
- About 9 in 10 also believe there is a role for the media and entertainment industry and for employers in supporting mental health and suicide prevention (90% media and entertainment, 92% employers).





# Dialogue Around Mental Health and Suicide

**More than half of adults feel comfortable talking to others about mental health and suicide but feel more comfortable speaking with others publicly about mental health. Most adults would reach out to someone if they were having thoughts of suicide.**

- Six in 10 adults are comfortable speaking openly with others about mental health, compared to just slightly over half when it comes to suicide:
  - Talking openly in public about mental health (62%)
  - Talking openly in public about suicide (51%)
- Most adults (82%) would tell someone if they were having thoughts of suicide, which is significantly higher than in 2018 and 2020 (both at 73%). One in three (34%) would turn to their spouse or significant other if they were having these thoughts, with similar numbers saying they'd reach out to a mental health provider (33%), other family member (33%), or a friend (30%).

**Most adults believe that when people talk about their mental health, they are brave or helping to end negative attitudes towards the topic. However, barriers continue to impede discussion around suicide, with lacking the right knowledge or language on exactly what to say rising to the top.**

- When people talk openly about their mental health, most adults (53%) feel they are being brave. Rarely do adults feel uncomfortable talking with them (9%), think they should keep it to themselves (8%), or feel they are just complaining (6%).
- Yet, a majority (71%) say something would prevent them from talking about suicide with others, including around a quarter who say they don't know the right words to say (27%) or they're not knowledgeable enough (26%).

**Most adults are unaware about the relationship between lethal means and suicide, and less than half have heard of the *National Strategy for Suicide Prevention*.**

- Just under half of adults correctly answered that each of the following statements are true:
  - Limiting access to lethal means can prevent suicide (49%)
  - Firearms are used in more than half of cases of suicide in the United States (47%)
- Less than half of adults (45%) say they have at least heard the name of the *National Strategy for Suicide Prevention*, which was released in April 2024, and less than a quarter (23%) say they are somewhat (15%) or very familiar (8%) with it.



## Public Prevention and Action

**Suicide is not seen as an inevitable fate; a vast majority believe there are indications ahead of time and feel that action can be taken to try to help.**

- Nine in 10 adults (91%) believe that suicide can be prevented at least sometimes, with nearly half (47%) believing it can be prevented all of the time or often.
- Seven in 10 adults agree that most people who attempt suicide or die by suicide show signs beforehand (72%, 70% respectively), and a quarter (25%) believe that if someone wants to die by suicide, there is nothing anyone can do to help them.

**The vast majority of adults would take some action if they were worried about someone's mental health or if someone they knew was struggling with thoughts of suicide. However, barriers to supporting others in time of need continue to persist as around 7 in 10 say something would prevent them from trying to help.**

- More than 9 in 10 adults would do something if they were worried about someone's mental health (93%) or if someone they knew was thinking about suicide (95%).
- Most commonly, adults report they would encourage someone they know to seek help from a mental health professional if they were worried about that person's mental health (52%) or that person were having thoughts of suicide (53%). And half would offer to listen to someone's concerns if they were worried about that person's mental health (50%) or that person were having thoughts of suicide (50%).
- Yet less than 3 in 10 (28%) say nothing would stop them from trying to help someone who was having thoughts of suicide. Among the more than 7 in 10 (72%) who cited barriers, the plurality (28%) say it's because the person might not accept help, or they would be afraid to make the person feel worse (24%).
- Nearly nine in 10 adults (89%) believe that a trusted person can play a role in suicide prevention, reflected in the finding that just 4 in 10 adults (40%) agree *only* a clinical professional can help someone who is thinking of suicide.

**Three quarters of adults agree they would be interested in learning how they might be able to play a role in helping someone experiencing thoughts of suicide and they would turn to various resources for tips about coping with thoughts of suicide or helping a loved one.**

- Just over half of adults (53%) agree they can tell when someone is feeling like life isn't worth living, and more than three quarters (77%) say they would be interested to learn how they might be able to play a role in helping them.
- Many (44%) would turn to a mental health provider as a resource for helpful tips, with 40% saying a doctor or PCP, and 38% a mental health hotline.



# Awareness and Use of Mental Health Hotlines

**Most adults feel comfortable contacting a mental health hotline even though few have. There is an expectation for a trained professional to respond if they did reach out.**

- While just 15% have ever used a mental health hotline, 7 in 10 (71%) would feel comfortable doing so.
- If they did contact a hotline, they would expect a trained mental health provider or mobile crisis team (82%), a medical professional or ambulance (62%), or police or law enforcement (60%) to respond.

**There is growing familiarity with 988 (which was launched in July of 2022), and once described, most say they would be likely to reach out to 988 if they or someone they knew needed help.**

- Nearly two thirds of adults (63%) have at least heard of 988, with a third (33%) saying they are familiar with the lifeline – both up significantly from 2022 (57% heard of, 28% familiar).
- Nearly 8 in 10 (78%) say they would be somewhat likely (44%) or very likely (34%) to use 988 if they or someone they knew needed help.
- Adults say they would access 988 for a variety of reasons ranging from if they or someone they knew were experiencing thoughts of suicide (67%), a mental health crisis (65%), or substance use issues (36%).

**However, as seen with other parts of mental health and suicide prevention – barriers persist. Particularly regarding costs and fear of what others might think.**

- About one in three (32%) say nothing would prevent them from reaching out to crisis services if they or someone they knew needed help.
- The top barriers to reaching out include fear of out-of-pocket costs (25%), lack of confidence in the services in their area (23%), and lack of insurance to cover costs (22%) – despite that it is free to call 988. Additionally, around a fifth say fear of what their family (21%), friends (18%), and others (18%) would think would prevent them from reaching out to crisis services if they were struggling with thoughts of suicide or experiencing mental health distress.



# Mental Health Support In Relation to COVID-19 Pandemic

## Adults continue to understand the importance of prioritizing mental health post-pandemic.

- Nearly 8 in 10 adults (78%) agree that it's more important than ever to make suicide prevention a national priority because of the pandemic and more than 7 in 10 (72%) feel the pandemic gave people permission to talk about mental health differently.
- While numbers aren't as strong as in previous years, majorities still agree that:
  - They are more aware of the importance of taking care of their own mental health (73% vs. 81% in 2022)
  - The pandemic has made them a more empathetic person (62% vs. 69% in 2022)
  - They have become more open to talking about mental health since the start of the pandemic (58% vs. 61% in 2022 but just 52% in 2020)



# Subgroup Summaries



# Key Data Snapshot: Gender

	Women (A)	Men (B)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 63% <b>B</b> Personally NET: 27% <b>B</b>	Know someone NET: 59% Personally NET: 22%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Spouse/Significant other/Partner (36%) <b>B</b>	Spouse/Significant other/Partner (32%)
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Health care professional NET (62%) <b>B</b> Family/friend NET (47%) Mental health hotline (43%) <b>B</b>	Health care professional NET (53%) Family/friend NET (47%) Mental health hotline (33%)
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	67% <b>B</b>	63%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (59%) <b>B</b> They are helping to end negative attitudes (stigma) (40%) <b>B</b> Relieved I'm not the only one with these experiences (36%) <b>B</b>	They are brave (46%) They are helping to end negative attitudes (stigma) (31%) Relieved I'm not the only one with these experiences (24%)



# Key Data Snapshot: Gender

	Women (A)	Men (B)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Fear of what family/friends/others would think NET (30%)	Fear of what family/friends/others would think NET (33%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	45%	49%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Better/easier access NET (81%) <b>B</b> Training/education for professionals NET (76%) <b>B</b> Educating the public about suicide prevention (61%) <b>B</b>	Better/easier access NET (72%) Training/education for professionals NET (67%) Educating the public about suicide prevention (48%)
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	30% familiar 80% likely to reach out <b>B</b>	35% familiar <b>A</b> 76% likely to reach out



# Key Data Snapshot: Age

	Younger Adults (Age 18-34 & 35-44)		Older Adults (Age 45-54, 55-64, & 65+)		
	18-34 (A)	35-44 (B)	45-54 (C)	55-64 (D)	65+ (E)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 63% <b>E</b> Personally NET: 34% <b>CDE</b>	Know someone NET: 67% <b>DE</b> Personally NET: 34% <b>CDE</b>	Know someone NET: 64% <b>E</b> Personally NET: 24% <b>DE</b>	Know someone NET: 59% Personally NET: 19%	Know someone NET: 54% Personally NET: 12%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Family member (34%)	Friend (36%) <b>DE</b>	Spouse/Significant other/Partner (36%) <b>A</b>	Mental health provider (40%) <b>AB</b>	Primary care doctor (41%) <b>ABCD</b>
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Family/friend NET (47%) Health care professional NET (44%) Mental health hotline (29%)	Health care professional NET (50%) <b>A</b> Family/friend NET (47%) Mental health hotline (32%)	Health care professional NET (58%) NET <b>AB</b> Family/friend NET (47%) Mental health hotline (40%) <b>AB</b>	Health care professional NET (67%) <b>ABC</b> Family/friend NET (45%) Mental health hotline (46%) <b>AB</b>	Health care professional NET (72%) <b>ABC</b> Family/friend NET (47%) Mental health hotline (45%) <b>AB</b>
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	69% <b>DE</b>	73% <b>CDE</b>	65% <b>E</b>	61%	56%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (52%) Relieved I'm not the only one with these experiences (37%) <b>CDE</b> More comfortable talking about my own experiences (35%) <b>BCDE</b>	They are brave (53%) They are helping to end negative attitudes (stigma) (37%) <b>A</b> Relieved I'm not the only one with these experiences (32%) <b>E</b>	They are brave (51%) They are helping to end negative attitudes (stigma) (37%) <b>A</b> Relieved I'm not the only one with these experiences (29%)	They are brave (53%) They are helping to end negative attitudes (stigma) (35%) Relieved I'm not the only one with these experiences (27%)	They are brave (54%) They are helping to end negative attitudes (stigma) (41%) <b>A</b> Relieved I'm not the only one with these experiences (24%)





# Key Data Snapshot: Age (continued)

	Younger Adults (Age 18-34 & 35-44)		Older Adults (Age 45-54, 55-64, & 65+)		
	18-34 (A)	35-44 (B)	45-54 (C)	55-64 (D)	65+ (E)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Fear of what family/friends/ others would think NET (42%) <b>BCDE</b>	Fear of what family/friends/others would think NET (30%) <b>D</b>	Fear of what family/friends/others would think NET (33%) <b>D</b>	Fear of out-of-pocket costs associated (23%)	Fear of what family/friends/ others would think NET (25%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	53% <b>BCE</b>	45%	46%	48%	43%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Training/education for professionals NET (71%) Better/easier access NET (70%) Educating the public about suicide prevention (46%)	Better/easier access NET (72%) Training/education for professionals NET (70%) Educating the public about suicide prevention (45%)	Better/easier access NET (78%) <b>A</b> Training/education for professionals NET (70%) Educating the public about suicide prevention (57%) <b>AB</b>	Better/easier access (82%) NET <b>AB</b> Training/education for professionals NET (70%) Educating the public about suicide prevention (64%) <b>ABC</b>	Better/easier access NET (85%) <b>ABC</b> Training/education for professionals NET (76%) <b>ABCD</b> Educating the public about suicide prevention (65%) <b>ABC</b>
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	45% familiar <b>CDE</b> 68% likely to reach out	43% familiar <b>CDE</b> 79% likely to reach out <b>A</b>	29% familiar <b>DE</b> 81% likely to reach out <b>A</b>	21% familiar 83% likely to reach out <b>A</b>	20% familiar 82% likely to reach out <b>A</b>



## Spotlight On: Young Adults (18-34, 35-44)

Many younger adults (aged 18-44) have had first-hand experience with suicide and are aware of the importance suicide prevention can have. However, negative attitudes (stigma) and notions about available services and clinicians hinder open communication and comfort with reaching out for help. In addition, younger adults report reliance on media sources for information and tips surrounding the topic of suicide. It may be pivotal to tailor communication to the sources age groups are most likely to turn to and particularly noting the trainings mental health providers receive, services available, and even sharing stories of personal experiences to continue to dismantle the negative attitudes (stigma) surrounding mental health and suicide. And in turn, may increase likelihood to utilize 988 services.

- Adults age 18-34 and 35-44 are more likely than those age 45+ to think mental health is more important than physical health when considering their own health (24% age 18-34 & 20% age 35-44 vs. 14% age 45-54, 6% age 55-64, & 4% age 65+).
- Adults age 18-34 and 35-44 are more likely than their older counterparts to report having personally thought about or attempted suicide (34% age 18-34 & 34% age 35-44 vs. 24% age 45-54, 19% age 55-64, & 12% age 65+).
  - Adults age 18-34 and 35-44 are more likely than their older counterparts to report they might be stopped from trying to help someone close to them who was having thoughts of suicide as it might be triggering for them due to their own past experiences (15% age 18-34 & 15% age 35-44 vs. 8% age 45-54, 4% age 55-64, & 3% age 65+, respectively).
- Adults age 18-34 are more likely than those age 45+ to feel relieved they are not the only one with these experiences (37% age 18-34 vs. 29% age 45-54, 27% age 55-64, & 24% age 65+) and more comfortable talking about their own experiences (35% age 18-34 vs. 26% age 45-54, 26% age 55-64, & 22% age 65+) when people talk openly about their mental health.
- Adults age 18-34 and 35-44 are more likely than their older counterparts to think suicide can be prevented *all* the time (17% age 18-34 & 16% age 35-44 vs. 9% age 45-54, 7% age 55-64, & 5% age 65+).
- Adults age 18-34 and 35-44 are more likely than those 45+ to obtain helpful resources or tips from the news media about coping with thoughts of suicide or helping a loved one who might be struggling with thoughts of suicide (16% age 18-34 & 18% age 35-44 vs. 8% age 45-54, 3% age 55-64, & 3% age 65+).
  - Those 18-34 are more likely than those 45+ to turn to social media (12% age 18-34 vs. 8% age 45-54, 3% age 55-64, & 4% age 65+)
- Adults age 18-34 are more likely than those age 45-54, 55-64, and 65+ to report fear of what family/friends/others would think would prevent them from reaching out to crisis services if they were struggling with thoughts of suicide or experiencing mental health distress (42% age 18-34 vs. 33% age 45-54, 22% age 55-64, & 25% age 65+).
- Adults age 18-34 and 35-44 are more likely than their older counterparts to feel many mental health professionals do not have the necessary training to help someone experiencing a mental health crisis (51% age 18-34 & 51% age 35-44 vs. 43% age 45-54, 37% age 55-64, & 37% age 65+).
- Adults age 18-34 and 35-44 are more likely than those age 45-54, 55-64, and 65+ to be familiar with 988 (45% age 18-34 & 43% age 35-44 vs. 29% age 45-54, 21% age 55-64, & 20% age 65+).
  - However, adults age 18-34 are less likely than those age 35+ to utilize 988 (82% age 65+, 83% age 55-64, 81% age 45-54, & 79% age 35-44 vs. 68% age 18-34).



# Key Data Snapshot: Race/Ethnicity

	Asian (A)	American Indian/ Alaska Native (B)	Black (C)	Hispanic (D)	Native Hawaiian/ Pacific Islander* (E)	White (F)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 50% Personally NET: 25%	Know someone NET: 77% <b>ACDF</b> Personally NET: 42% <b>ACDF</b>	Know someone NET: 55% Personally NET: 26%	Know someone NET: 66% <b>AC</b> Personally NET: 30% <b>F</b>	Know someone NET: 74% <b>AC</b> Personally NET: 31%	Know someone NET: 62% <b>AC</b> Personally NET: 22%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Family member (39%)	Mental health professional (39%) <b>D</b>	Family member (35%)	Family member (34%)	Friend (40%)	Spouse/Significant other/Partner (37%) <b>CD</b>
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Health care professional NET (56%) Family/friend NET (49%) Mental health hotline (35%)	Health care professional NET (60%) <b>D</b> Family/friend NET (47%) Mental health hotline (46%) <b>CDF</b>	Health care professional NET (57%) <b>D</b> Family/friend NET (42%) Mental health hotline (38%)	Family/friend NET (49%) Health care professional NET (47%) Mental health hotline (34%)	Mental health hotline (51%) <b>D</b> Health care professional NET (48%) A website/online search (43%) <b>ACD</b>	Health care professional NET (60%) <b>D</b> Family/friend NET (46%) Mental health hotline (38%)
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	63%	66%	76% <b>ABDF</b>	67%	70%	62%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (67%) <b>BDF</b> They are helping end negative attitudes (stigma) (45%) <b>D</b> More comfortable talking about my own experiences (33%)	They are brave (51%) Relieved I'm not the only one with these experiences (45%) <b>ACDF</b> They are helping end negative attitudes (stigma) (39%) <b>D</b>	They are brave (57%) <b>D</b> They are helping end negative attitudes (stigma) (38%) <b>D</b> More comfortable talking about my own experiences (31%)	They are brave (47%) Relieved I'm not the only one with these experiences (32%) More comfortable talking about my own experiences (32%) <b>F</b>	They are brave (55%) Relieved I'm not the only one with these experiences (40%) They are helping end negative attitudes (stigma) (39%)	They are brave (52%) They are helping end negative attitudes (stigma) (36%) <b>D</b> Relieved I'm not the only one with these experiences (29%)



# Key Data Snapshot: Race/Ethnicity (continued)

	Asian (A)	American Indian/ Alaska Native (B)	Black (C)	Hispanic (D)	Native Hawaiian/ Pacific Islander* (E)	White (F)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Fear of out-of-pocket costs associated (30%) <b>C</b>	Fear of what family/friends/others would think NET (38%) <b>AF</b>	Fear of what family/friends/others would think NET (33%) <b>A</b>	Fear of what family/friends/others would think NET (39%) <b>AF</b>	Lack of insurance to cover cost (35%) <b>F</b>	Fear of what family/friends/others would think (30%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	57% <b>F</b>	52% <b>F</b>	47%	52% <b>F</b>	52%	44%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Better/easier access NET (79%) Training/education for professionals NET (68%) Educating the public about suicide prevention (56%)	Training/education for professionals NET (79%) <b>F</b> Better/easier access NET (76%) Educating the public about suicide prevention (54%)	Better/easier access NET (74%) Training/education for professionals NET (72%) Educating the public about suicide prevention (52%)	Training/education for professionals NET (76%) <b>F</b> Better/easier access NET (70%) Educating the public about suicide prevention (49%)	Better/easier access NET (78%) Training/education for professionals NET (65%) Educating the public about suicide prevention (52%)	Better/easier access NET (79%) <b>CD</b> Training/education for professionals NET (71%) Educating the public about suicide prevention (56%) <b>D</b>
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	30% familiar 70% likely to reach out	38% familiar <b>F</b> 82% likely to reach out <b>A</b>	40% familiar <b>F</b> 79% likely to reach out	36% familiar <b>F</b> 77% likely to reach out	41% familiar 70% likely to reach out	30% familiar 78% likely to reach out



## Spotlight On: American Indian/Alaska Natives

**American Indian/Alaska Natives (AI/AN) report disproportionately higher experience with suicide compared to adults of other races/ethnicities and feel a sense of relief when others talk openly about their mental health because they see that they're not alone in their experiences. AI/AN adults are open to using mental health hotlines, as they have done so significantly more than others and are more likely to reach out to 988. However, understanding the lived experience of AI/AN adults is imperative as they express significantly higher levels of hesitancy to reach out to crisis services if they were struggling because of the potential for police intervention or losing the right to a firearm.**

- Compared to other race/ethnicity groups, AI/AN adults are significantly more likely to know someone who they have worried might be thinking about suicide or has thought about, attempted, or died by suicide (77% AI/AN vs. 50% Asian, 55% Black, 66% Hispanic, 62% white), as well as having personally thought about or attempted suicide (42% AI/AN vs. 25% Asian, 26% Black, 30% Hispanic, 22% white), which may underscore why they are also more likely than others to agree that they can tell when someone is feeling like life isn't worth living (70% AI/AN agree vs. 55% Asian, 61% Black, 61% Hispanic, 48% white).
- When other people talk openly about their mental health, AI/AN adults are significantly more likely to say they feel relieved they're not the only one with these experiences (45% AI/AN vs. 32% Asian, 30% Black, 32% Hispanic, 29% white).
- AI/AN adults are more likely to believe that fear of disappointing others (58% AI/AN vs. 44% Black, 46% Hispanic, 50% white) and conflicts with a person's faith or spiritual beliefs (38% AI/AN vs. 25% Asian, 26% Black, and 26% white) are barriers to seeking help for those having thoughts of suicide.
- When it comes to ways to reduce the number of people who die by suicide, AI/AN adults are more likely than Black, Hispanic, and white adults to say providing better access to help reduce health disparities (47% AI/AN vs. 39% Black, 35% Hispanic, 40% white) and mental health and social-emotional training in schools (54% AI/AN vs. 45% Black, 42% Hispanic, 47% white) would be most helpful.
- AI/AN adults are significantly more likely than all other race/ethnicity groups to say they would provide someone with a phone number for a mental health hotline or other resource if they were worried about someone's mental health (38% AI/AN vs. 23% Asian, 30% Black, 28% Hispanic, 26% white) or if someone close to them was having thoughts of suicide (39% AI/AN vs. 23% Asian, 30% Black, 29% Hispanic, 31% white).
- However, when it comes to personally intervening, AI/AN adults are significantly more likely than others to say a barrier to helping someone close to them who was having thoughts of suicide would be that it might be triggering due to their own past experiences (20% AI/AN vs. 6% Asian, 10% Black, 7% white).
- Compared to Asian, Black, and white adults, AI/AN adults are more likely to have ever used a mental health hotline (27% AI/AN vs. 10% Asian, 17% Black, 10% white) and say they are likely to reach out to 988 specifically for any reason (93% AI/AN vs. 84% Asian, 87% Black, 85% white).
- However, AI/AN adults are also more likely to refrain from reaching out to crisis services if they were struggling with thoughts of suicide or experiencing mental health distress because of fear of police intervention (31% AI/AN vs. 16% Asian, 19% Black, 23% Hispanic, 19% white) and fear of losing the right to a firearm (21% AI/AN vs. 9% Asian, 10% Black, 14% Hispanic, 8% white).



# Key Data Snapshot: LGBTQIA2S+

	LGBTQIA2S+ (A)	Non-LGBTQIA2S+ (B)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 68% <b>B</b> Personally NET: 50% <b>B</b>	Know someone NET: 61% Personally NET: 23%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Friend (39%) <b>B</b>	Spouse/Significant other/Partner (34%)
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Health care professional NET (55%) Family/friend NET (44%) Mental health hotline (34%)	Health care professional NET (58%) Family/friend NET (47%) Mental health hotline (38%)
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	71%	65%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (56%) Relieved I'm not the only one with these experiences (44%) <b>B</b> They are helping end negative attitudes (stigma) (42%) <b>B</b>	They are brave (53%) They are helping end negative attitudes (stigma) (35%) Relieved I'm not the only one with these experiences (29%)



# Key Data Snapshot: LGBTQIA2S+

	LGBTQIA2S+ (A)	Non-LGBTQIA2S+ (B)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Lack of confidence that the services in my area are able to help (34%) <b>B</b>	Fear of what family/friends/others would think NET (31%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	48%	47%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Better/easier access NET (75%) Training/education for professionals NET (73%) Educating the public about suicide prevention (57%)	Better/easier access NET (77%) Training/education for professionals NET (72%) Educating the public about suicide prevention (55%)
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	44% familiar <b>B</b> 72% likely to reach out	31% familiar 79% likely to reach out <b>A</b>



## Spotlight On: LGBTQIA2S+ Adults

**LGBTQIA2S+ adults report significantly higher levels of experience with suicide and believe it can rarely/never be prevented compared to those who do not identify as LGBTQIA2S+. However, LGBTQIA2S+ adults appear hopeful that something can be done to help reduce the number of people who die by suicide, including through education, social-emotional training, and research. Despite reporting higher levels of experience with suicide, LGBTQIA2S+ adults are less comfortable reaching out to mental health hotlines and more likely to report a barrier that would stop them from reaching out to crisis services. Despite a higher incidence in personally using a mental health hotline and in familiarity with 988, LGBTQIA2S+ adults are much less likely to say they would reach out to 988 if they or someone they knew needed help – potentially signaling a gap to address with messaging.**

- LGBTQIA2S+ adults are significantly more likely than those who do not identify as LGBTQIA2S+ to report knowing someone who they have worried may be thinking about suicide, or has talked to them about, attempted, or died by suicide (68% vs. 61%) and are two times more likely to report having personally thought about or attempted suicide (50% vs. 23%).
- While the majority of LGBTQIA2S+ adults believe suicide can be prevented at least sometimes (87%), they are significantly more likely to believe that suicide can rarely or never be prevented (13% vs. 9%).
- LGBTQIA2S+ adults are also more likely to say that when people talk openly about their mental health, they think they are helping to end negative attitudes (42% vs. 35%), feel relieved they are not the only one with these experiences (44% vs. 29%) and feel more comfortable talking about their own experiences (40% vs. 27%).
- LGBTQIA2S+ adults are significantly more likely to say that lack of social support (59% vs. 50%), lack of access to treatment (52% vs. 42%), conflicts with their faith or spiritual beliefs (36% vs. 27%) and lack of culturally relevant care (35% vs. 23%) are barriers that prevent people who are having thoughts of suicide from seeking help.
- They also are more likely to believe the following would most help reduce the number of people who die by suicide:
  - Providing better access to help reduce health disparities (47% vs. 39%)
  - Educating the media (40% vs. 31%)
  - Mental health and social-emotional training in schools (53% vs. 46%)
  - Sharing stories of people who have thought about or attempted suicide (41% vs. 31%)
  - Storing lethal means safely and securely (37% vs. 30%)
  - Conducting or funding research (32% vs. 24%)
- LGBTQIA2S+ adults are more likely to say seeing a mental health professional is something most people can't afford (39% vs. 30%) and not accessible for most people (33% vs. 20%).
- LGBTQIA2S+ adults are more likely to agree with the statement "I can tell when someone is experiencing thoughts of suicide" (52% vs. 41%), yet they are also more likely to say that there is something that would stop them from trying to help someone close to them who was having thoughts of suicide (78% vs. 72%).
- Additionally, LGBTQIA2S+ adults are significantly *less* likely to agree that they would feel comfortable contacting a mental health hotline (66% vs. 72%) and significantly more likely to say that there is at least one thing that would prevent them from reaching out to crisis services if they were struggling with thoughts of suicide or experiencing mental health distress (81% vs. 67%). However, LGBTQIA2S+ adults are more likely to report that they have personally used a mental health hotline (29% vs. 13%).
- LGBTQIA2S+ adults are more likely to say they are very/somewhat familiar with 988 (44% vs. 31%).
- However, LGBTQIA2S+ adults are less likely to reach out to 988 if they or someone they knew needed help (72% vs. 79%).





# Key Data Snapshot: Region

	Northeast (A)	South (B)	Midwest (C)	West (D)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 58% Personally NET: 24%	Know someone NET: 60% Personally NET: 27%	Know someone NET: 63% Personally NET: 24%	Know someone NET: 63% Personally NET: 24%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Spouse/Significant other/Partner (37%) <b>D</b>	Spouse/Significant other/Partner <b>D</b> , Family member other than spouse (33% each)	Spouse/Significant other/Partner (38%) <b>D</b>	Mental health provider, Family member other than spouse (32% each)
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Health care professional NET (59%) Family/friend NET (46%) Mental health hotline (37%)	Health care professional NET (56%) Family/friend NET (49%) Mental health hotline (38%)	Health care professional NET (60%) Family/friend NET (45%) Mental health hotline (40%)	Health care professional NET (55%) Family/friend NET (46%) Mental health hotline (35%)
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	68%	64%	62%	66%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (57%) <b>B</b> They are helping end negative attitudes (stigma) (39%) More comfortable talking about my own experiences (30%)	They are brave (50%) They are helping end negative attitudes (stigma) (35%) Relieved I'm not the only one with these experiences (31%)	They are brave (53%) They are helping end negative attitudes (stigma) (36%) Relieved I'm not the only one with these experiences (34%) <b>D</b>	They are brave (53%) They are helping end negative attitudes (stigma) (35%) Relieved I'm not the only one with these experiences and more comfortable talking about my own experiences (28% each)



# Key Data Snapshot: Region

	Northeast (A)	South (B)	Midwest (C)	West (D)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Fear of what family/friends/others would think NET (28%)	Fear of what family/friends/others would think NET (31%)	Fear of what family/friends/others would think NET (36%) <b>ABD</b>	Fear of what family/friends/others would think NET (30%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	45%	48%	49%	45%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Better/easier access NET (78%) Training/education for professionals NET (72%) Educating the public about suicide prevention (54%)	Better/easier access NET (77%) Training/education for professionals NET (74%) <b>C</b> Educating the public about suicide prevention (56%) <b>D</b>	Better/easier access NET (79%) <b>D</b> Training/education for professionals NET (68%) Educating the public about suicide prevention (59%) <b>D</b>	Better/easier access NET (74%) Training/education for professionals NET (71%) Educating the public about suicide prevention (49%)
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	31% familiar 77% likely to reach out	32% familiar 79% likely to reach out	34% familiar 77% likely to reach out	34% familiar 77% likely to reach out



# Key Data Snapshot: Urbanicity

	Urban (A)	Suburban (B)	Small Town or Rural (C)
<b>Experience with Suicide [Q90]</b>	Know someone NET: 61% Personally NET: 29% <b>BC</b>	Know someone NET: 62% Personally NET: 24%	Know someone NET: 60% Personally NET: 23%
<b>Who They Would Tell If Having Thoughts of Suicide [Q95]</b>	Family member (other than spouse, Friend, Mental Health Professional) (31% each)	Spouse/Significant other/Partner (36%) <b>A</b>	Spouse/Significant other/Partner (36%) <b>A</b>
<b>Sources for Resources/Tips About Coping with Thoughts of Suicide or Helping Loved One [Q150]</b>	Health care professional NET (52%) Family/friend NET (45%) Mental health hotline (34%)	Health care professional NET (60%) <b>A</b> Family/friend NET (47%) Mental health hotline (40%) <b>A</b>	Health care professional NET (61%) <b>A</b> Family/friend NET (48%) Mental health hotline (40%) <b>A</b>
<b>Feel Comfortable Talking to a Friend or Loved One If They Have or Are Struggling with Thoughts of Suicide [Q120]</b>	69% <b>BC</b>	64%	61%
<b>How Think/Feel About People Who Talk Openly About Their Mental Health [Q305]</b>	They are brave (51%) They are helping end negative attitudes (stigma) (32%) Relieved I'm not the only one with these experiences (30%)	They are brave (54%) They are helping end negative attitudes (stigma) (39%) <b>AC</b> Relieved I'm not the only one with these experiences (31%)	They are brave (53%) They are helping end negative attitudes (stigma) (33%) Relieved I'm not the only one with these experiences (29%)



# Key Data Snapshot: Urbanicity

	Urban (A)	Suburban (B)	Small Town or Rural (C)
<b>Top Barrier to Reaching Out to Crisis Services [Q325]</b>	Fear of what family/friends/others would think NET (32%)	Fear of what family/friends/others would think NET (31%)	Fear of what family/friends/others would think NET (30%)
<b>How Often Suicide Can Be Prevented [Q60]</b> % All of the time/Often	46%	49%	45%
<b>Top 3 Ways to Reduce Number of People Who Die by Suicide [Q76]</b>	Better/easier access NET (75%) Training/education for professionals NET (70%) Educating the public about suicide prevention (50%)	Better/easier access NET (78%) Training/education for professionals NET (74%) Educating the public about suicide prevention (57%) <b>A</b>	Better/easier access NET (77%) Training/education for professionals NET (70%) Educating the public about suicide prevention (56%) <b>A</b>
<b>Familiarity with 988 / Likelihood to Reach Out to 988 [Q340, Q345]</b> % Very/somewhat familiar % Very/somewhat likely	38% familiar <b>BC</b> 79% likely to reach out	30% familiar 77% likely to reach out	30% familiar 77% likely to reach out



# Detailed Findings



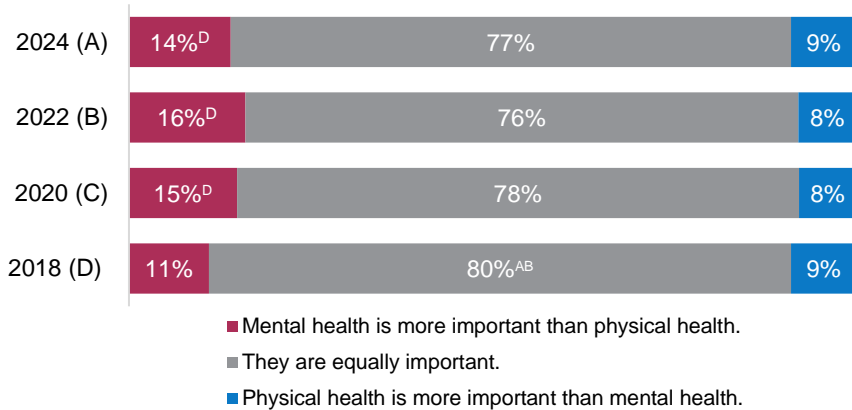
# Mental Health Beliefs



# 3 in 4 U.S. Adults Weigh Their Mental and Physical Health Equally

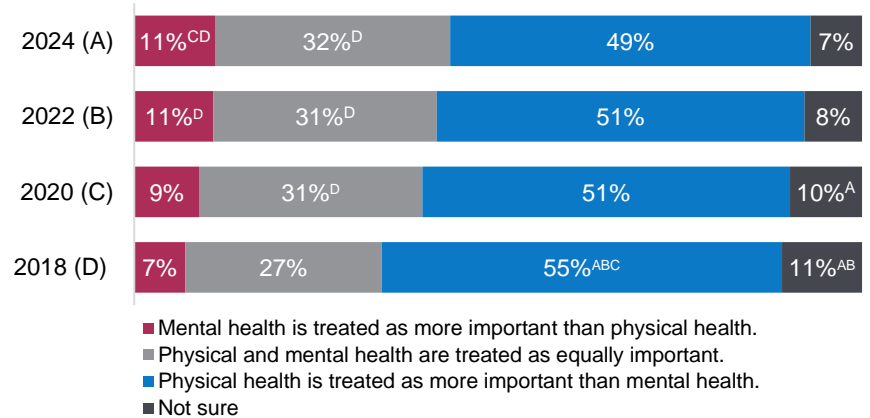
Yet half continue to believe that our current healthcare system prioritizes the importance of physical over mental health.

Importance of Physical and Mental Health to Own Health



**91%** Mental health is more or equally important than physical health (NET)  
 (92% '22, 92% '20, 91% '18)

Importance of Physical and Mental Health in Current Health Care System



**44%** Mental health is more or equally important than physical health (NET)  
 (41% '22, 39% '20, 34% '18)

BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 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?

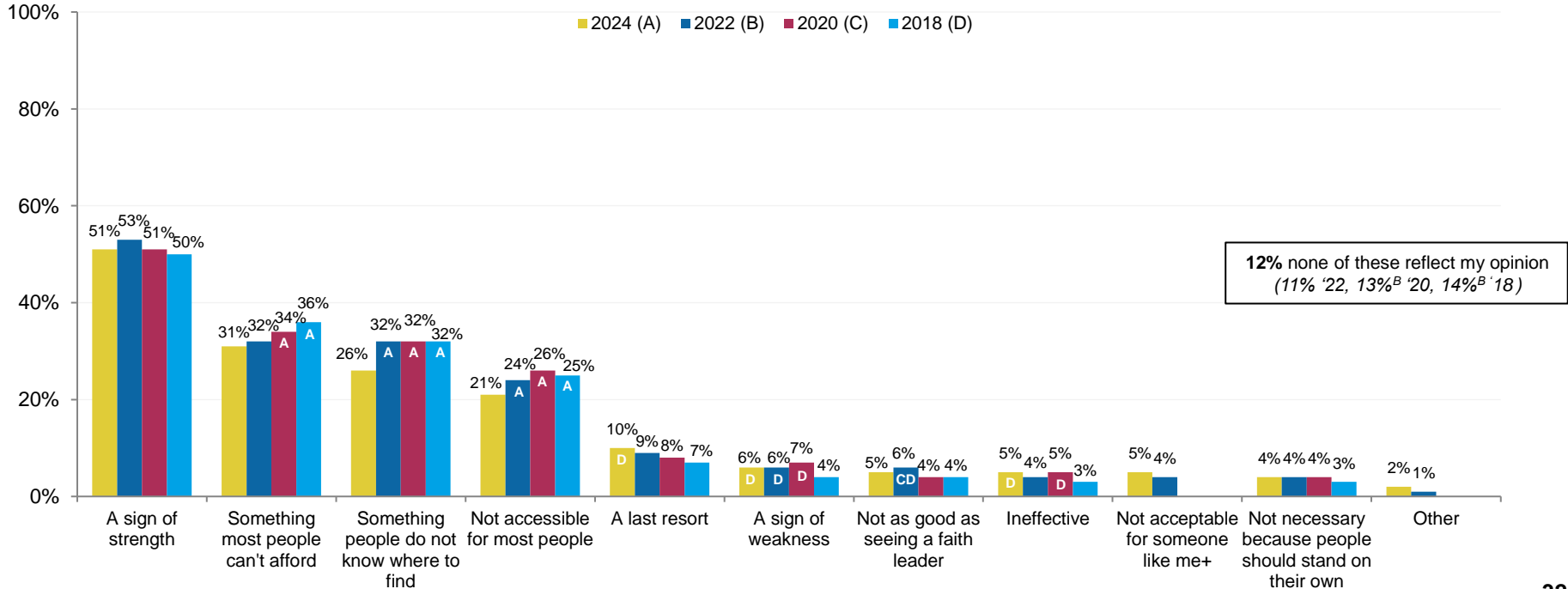
Q15 Which of the following best describes how you think the importance of mental health and physical health are treated in our current health care system?



# Seeing A Mental Health Professional Is Seen As A Sign of Strength

But it is largely impacted by the fact that nearly a third believe seeing a mental health professional is something most people can't afford.

Seeing A Mental Health Professional Is...



BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 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

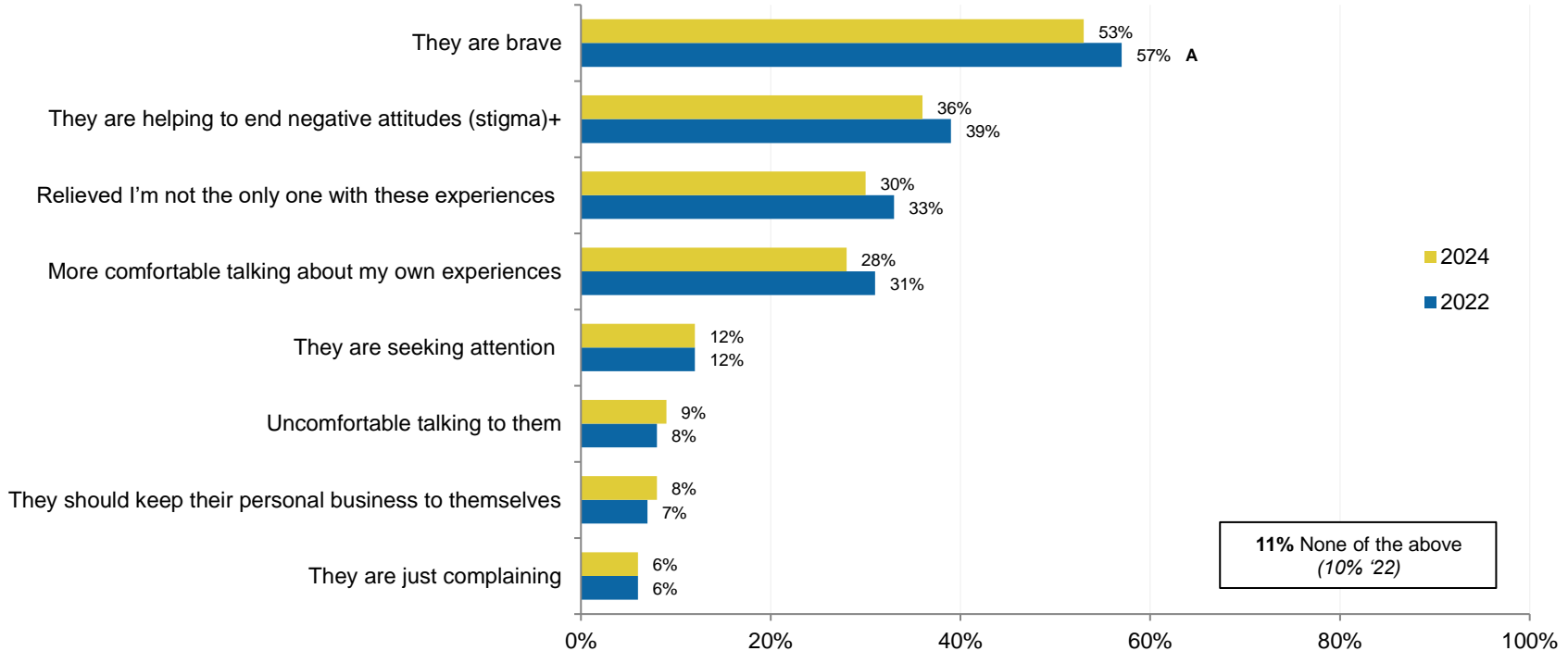




# Talking About Mental Health Makes Most People Feel That Person Is Brave

A third also say that when people talk openly about their mental health, they feel that they are helping end negative attitudes towards it.

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



BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054)  
 Q305 Which of the following best completes this statement? Please select all that apply.

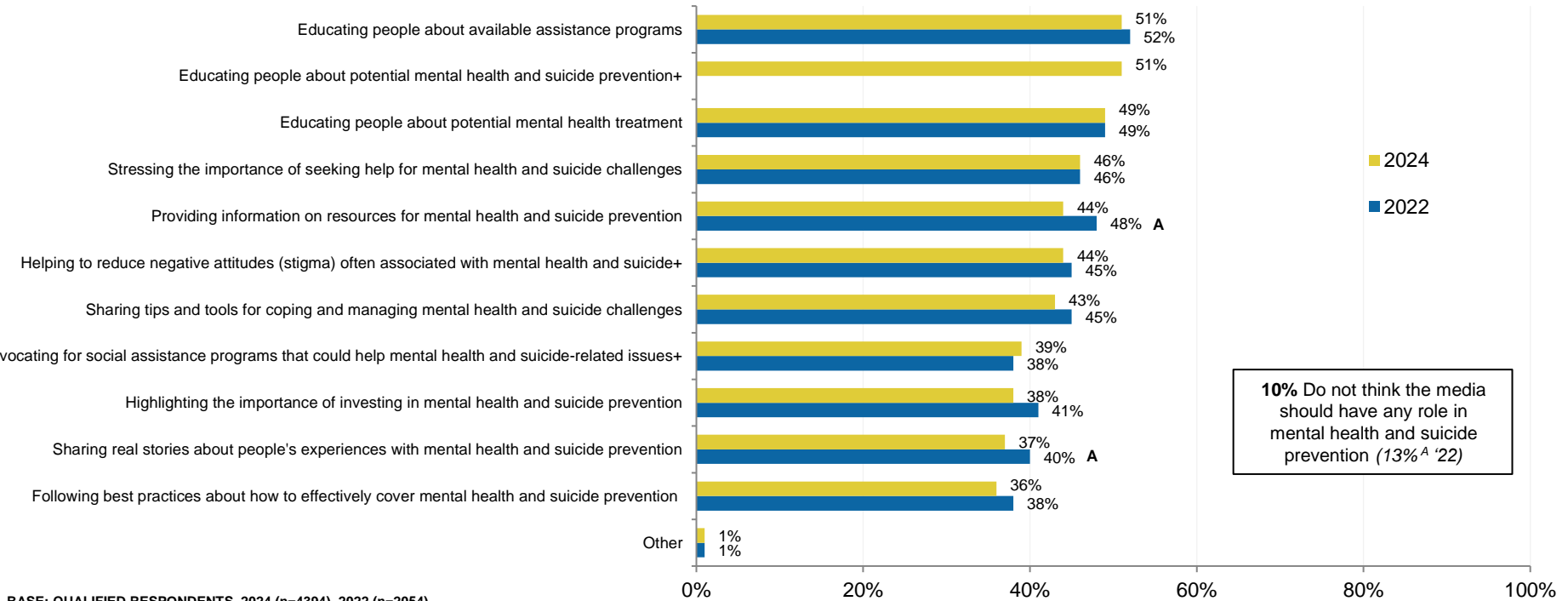
<sup>^</sup>New question in '22  
 +Revised statement in '24



# A Majority See A Role For Media in Mental Health and Suicide Prevention

Most believe that media's role revolves around education about available assistance programs, potential prevention, and treatment.

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



BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054)

Q220 In your opinion, which of the following, if any, should the media and entertainment industry be doing related to mental health and suicide prevention? Please select all that apply.

BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 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?

<sup>A</sup>Revised question in '24 34

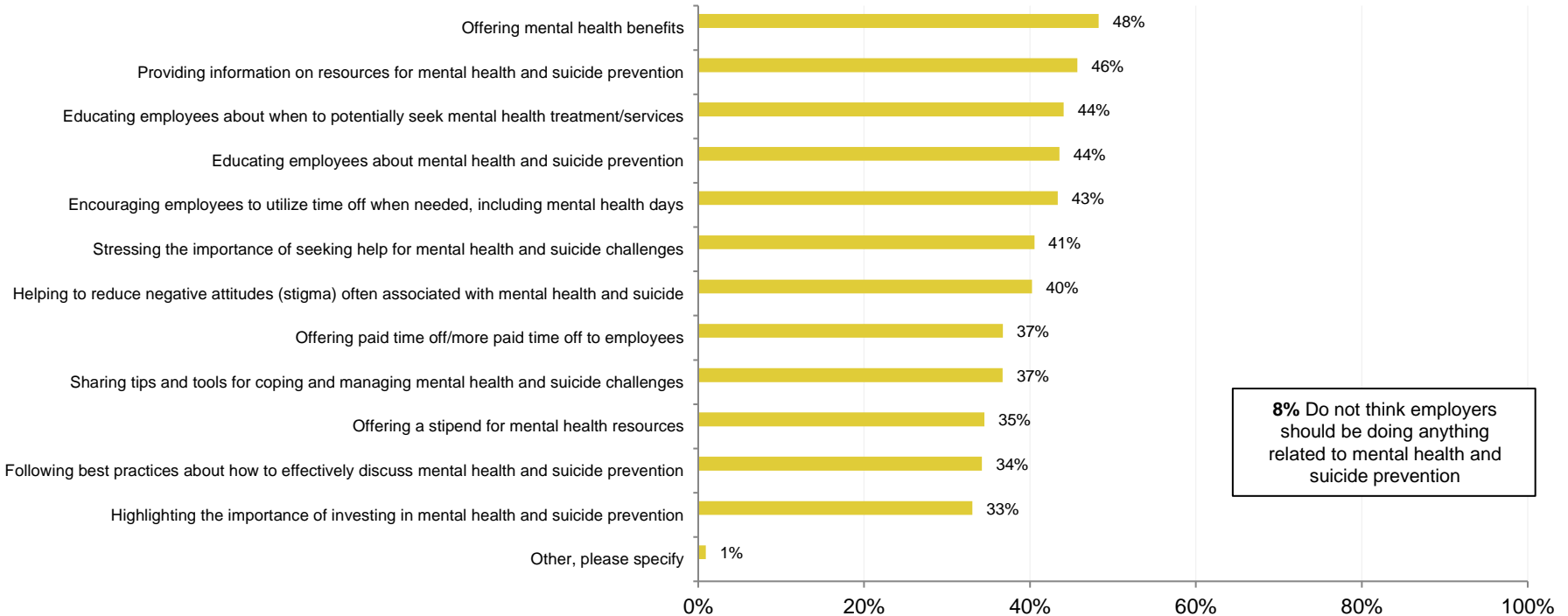
+Revised statement in '24



# More than 9 in 10 Believe Employers Should Have Some Role in Mental Health and Suicide Prevention

Most believe employers' role is in the form of offering mental health benefits and educating employees about how and when to access resource and support.

Role of Employers in Mental Health and Suicide Prevention<sup>^</sup>





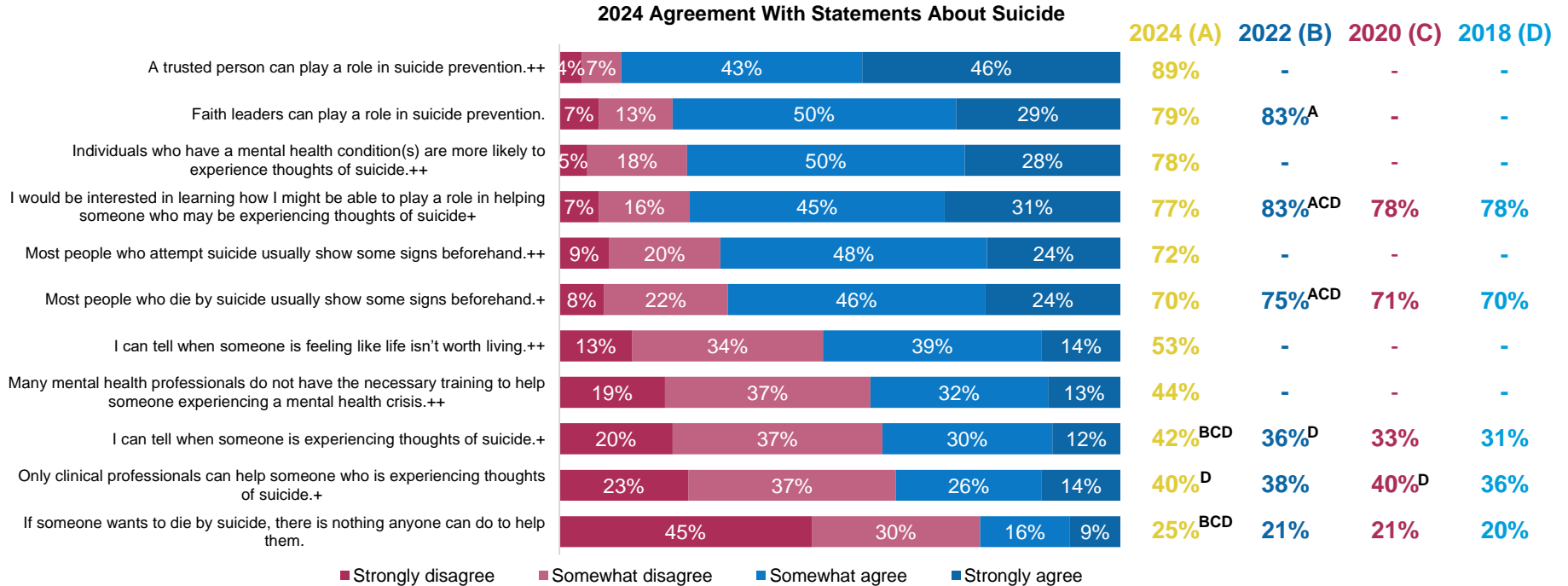
# Beliefs Around Suicide



# 9 in 10 Agree A Trusted Person Can Play A Role in Suicide Prevention

7 in 10 also agree that most people who attempt or die by suicide show some signs beforehand.

Agree (NET)

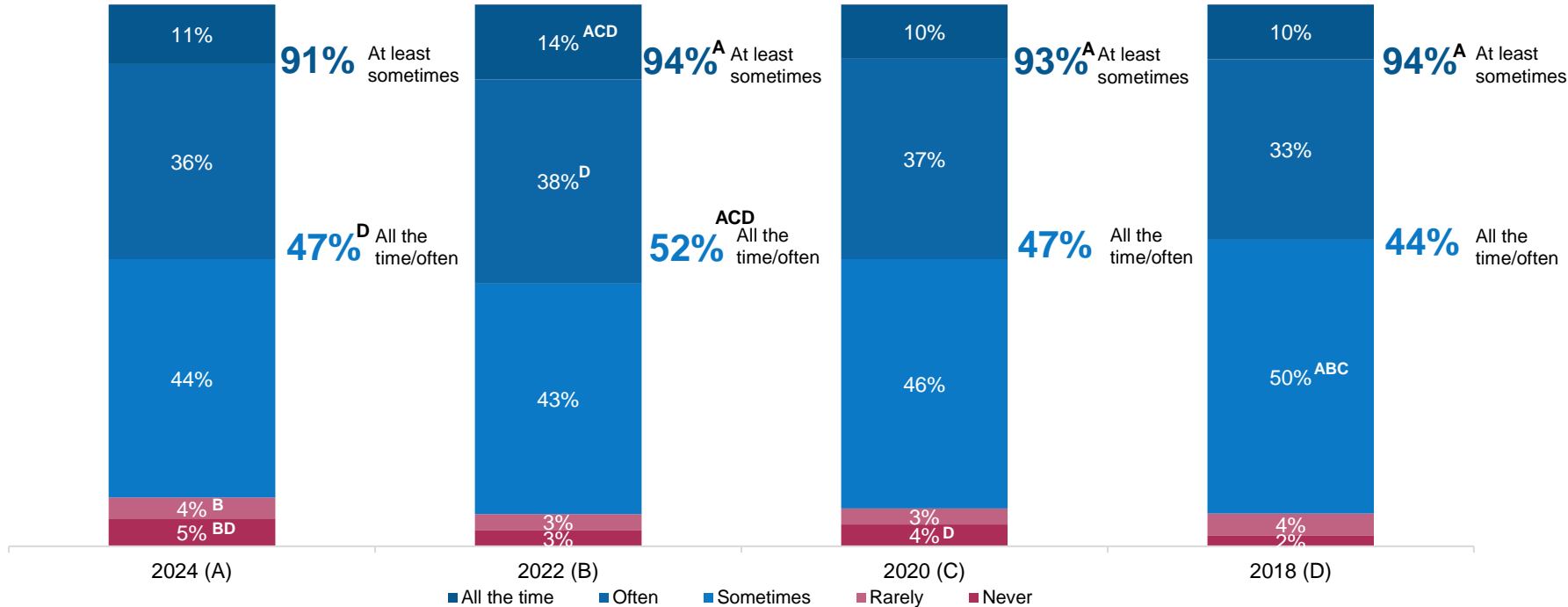




# Majorities Continue to Believe Suicide Can Be Prevented At Least Sometimes

About half (47%) feel it can be prevented all the time or often.

Frequency of Which Suicide Can Be Prevented

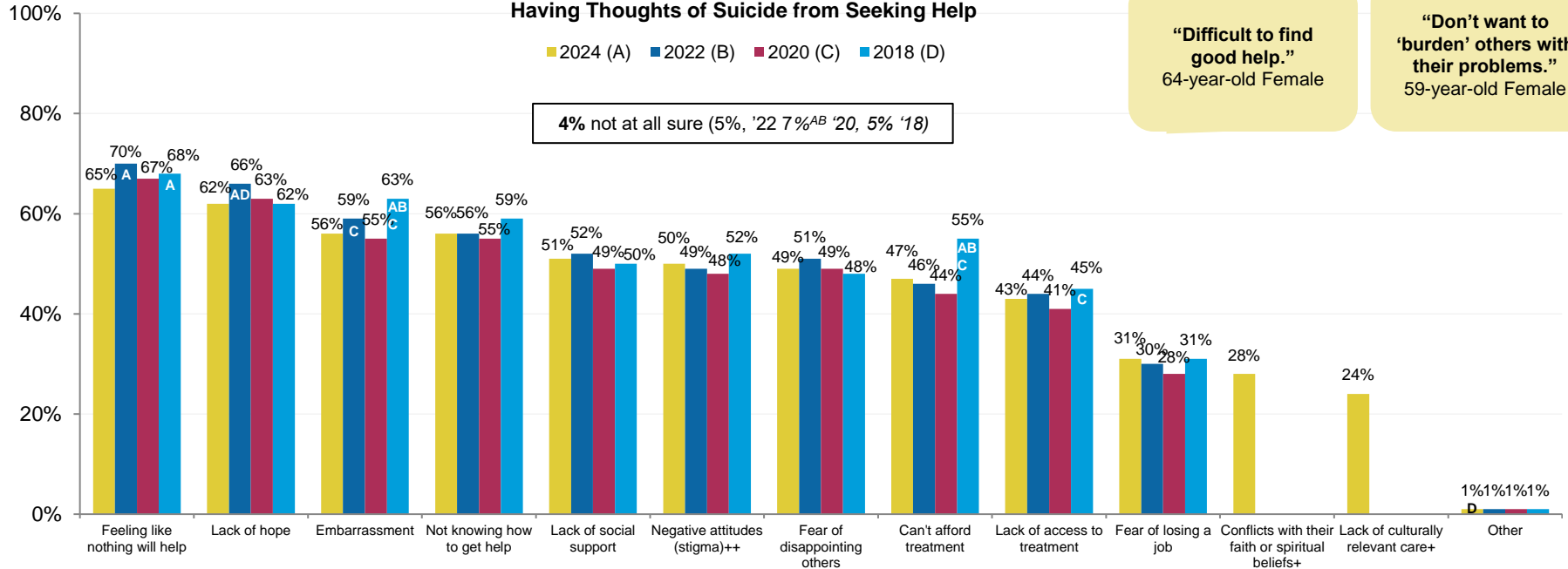




# Emotional Barriers Are Believed To Keep People Thinking About Suicide From Seeking Help

Feelings of hopelessness and embarrassment top the list; though, many cite accessibility barriers as well.

Perceived Barriers Preventing People who are Having Thoughts of Suicide from Seeking Help



Verbatim Responses

“Difficult to find good help.”  
64-year-old Female

“Don’t want to ‘burden’ others with their problems.”  
59-year-old Female



# A Strong Majority Feel That There Are Actions That Can Be Taken to 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

	2024	2022
<b>ANYTHING (NET)</b>	<b>93%</b>	<b>93%</b>
<b>ACCESS (SUB-NET)</b>	<b>77%</b>	<b>77%</b>
Providing better access to mental health care	56%	61% A
Providing better access to health care in general	50%	54% A
Providing easier access to professionals with similar cultural backgrounds++	43%	-
Providing easier access to clinical professionals with similar faith backgrounds++	42%	-
Providing better access to help reduce health disparities	40%	50% A
<b>TRAINING/EDUCATION FOR PROFESSIONALS (SUB-NET)</b>	<b>72%</b>	<b>78% A</b>
Educating first responders to identify and help people who are experience thoughts of suicide+	49%	55% A
Educating community leaders such as teachers and faith leaders about how to identify and help people who are experiencing thoughts of suicide+	49%	53% A
Providing better training for health care providers on how to identify and help people who are experiencing thoughts of suicide+	48%	53% A
Educating the media	32%	37% A
Educating the public about suicide prevention	55%	60% A
Mental health and social-emotional training in schools	46%	49%
Sharing stories of people who have thought about or attempted suicide	31%	38% A
Storing lethal means safely and securely++	31%	-
Conducting or funding research	25%	29% A
Other	1%	1%
Nothing would help	1%	1% A
Not at all sure	6%	6%

BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054)

Q76 Which of the following do you think would most help reduce the number of people who die by suicide? Please select all that apply.





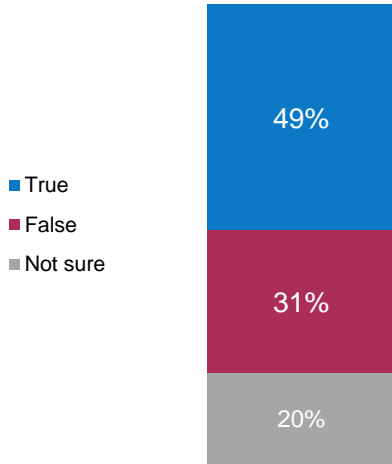
# Most Adults Are Unaware About Lethal Means and Suicide

Nearly half did not know that limiting access to lethal means can prevent suicide and firearms are used in more than half of cases of suicide in the U.S.

## Knowledge Testing Facts Related to Suicide^

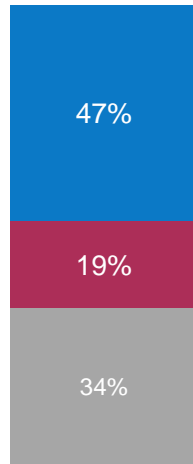
*Limiting access to lethal means can prevent suicide.*

**49%** know this statement is **true**



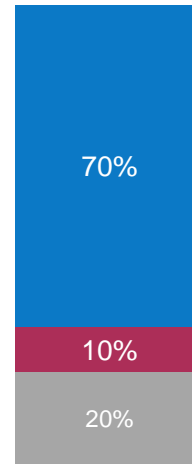
*Firearms are used in more than half of cases of suicide in the United States.*

**47%** know this statement is **true**



*If someone is at risk of suicide but is not able to access a method of doing so, they will use another method.*

**10%** know this is **false**






# Personal Experience with Mental Health and Suicide




# 3 in 5 Adults Know Someone Who Has Thought About, Attempted, or Died by Suicide

And a quarter have personally thought about or made a suicide attempt.

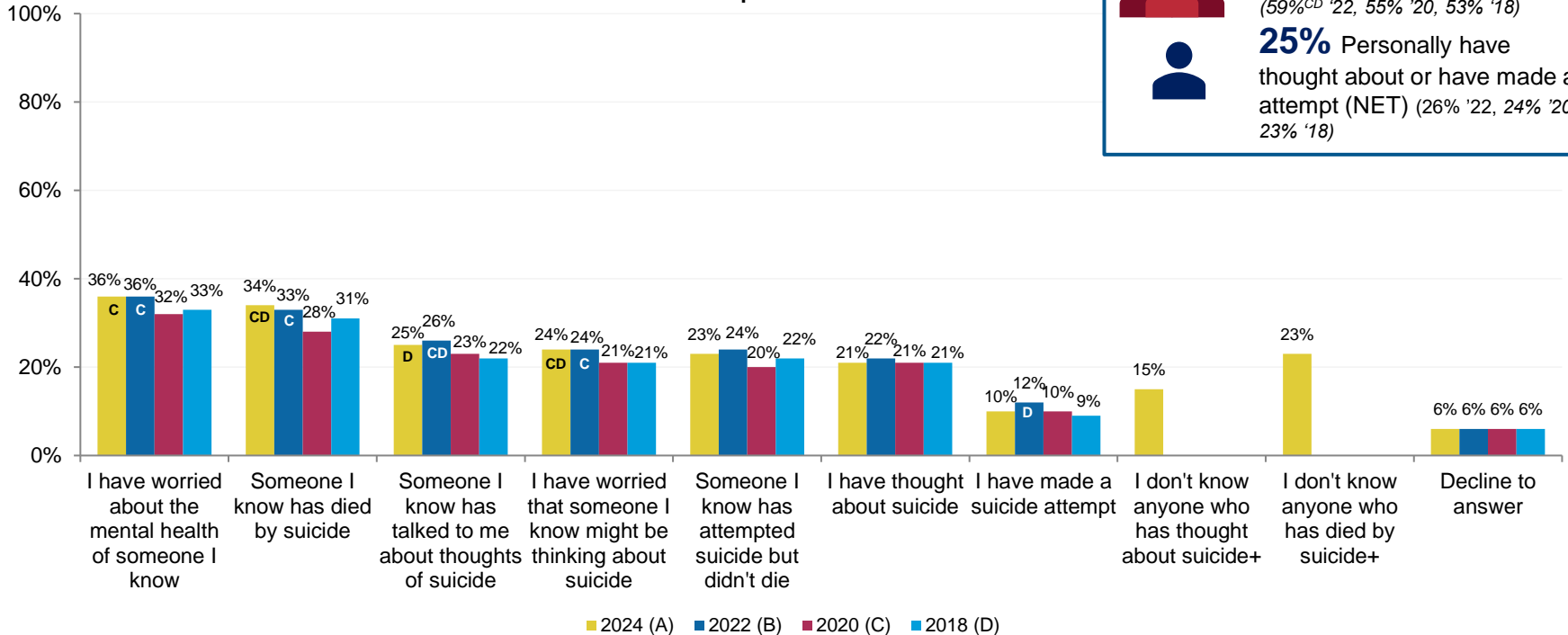
Personal Experience with Suicide



**61%<sup>CD</sup>** Know someone (NET)  
(59%<sup>CD</sup> '22, 55% '20, 53% '18)



**25%** Personally have thought about or have made an attempt (NET) (26% '22, 24% '20, 23% '18)



BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

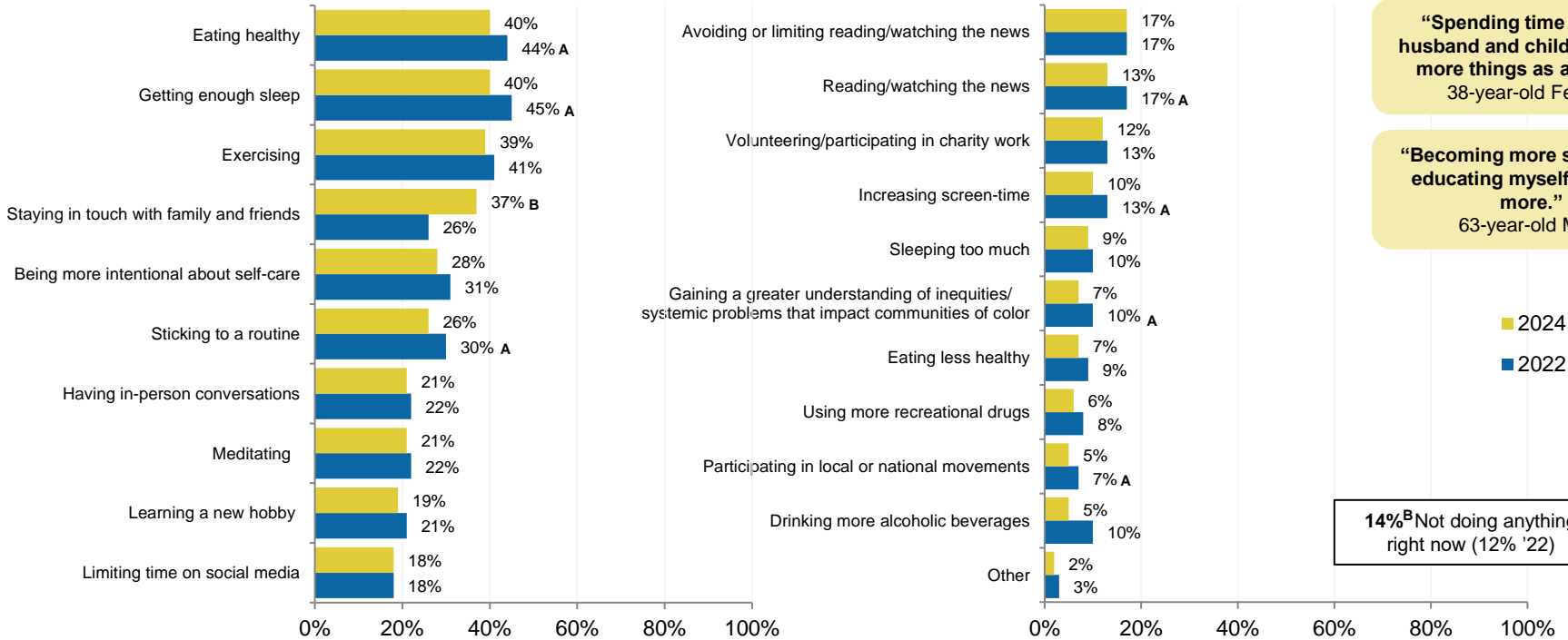
Q90 Which of the following are true for you? Please select all that apply.



# Many Adults Turn To Positive Coping Mechanisms

While some still use negative coping mechanisms, fewer are increasing screentime and drinking more alcohol.

Current Mental Health Coping Mechanisms<sup>^</sup>



Verbatim Responses

**“Spending time with my husband and children, doing more things as a family.”**  
38-year-old Female

**“Becoming more self-aware, educating myself, reading more.”**  
63-year-old Male

■ 2024  
■ 2022

**14%<sup>B</sup> Not doing anything right now (12% '22)**

BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054)

Q210 For better or worse, which of the following, if any, are you doing to cope with or support your own mental health and well-being right now? Please select all that apply.

<sup>A</sup>Revised question '22

<sup>B</sup>Revised statement in '24

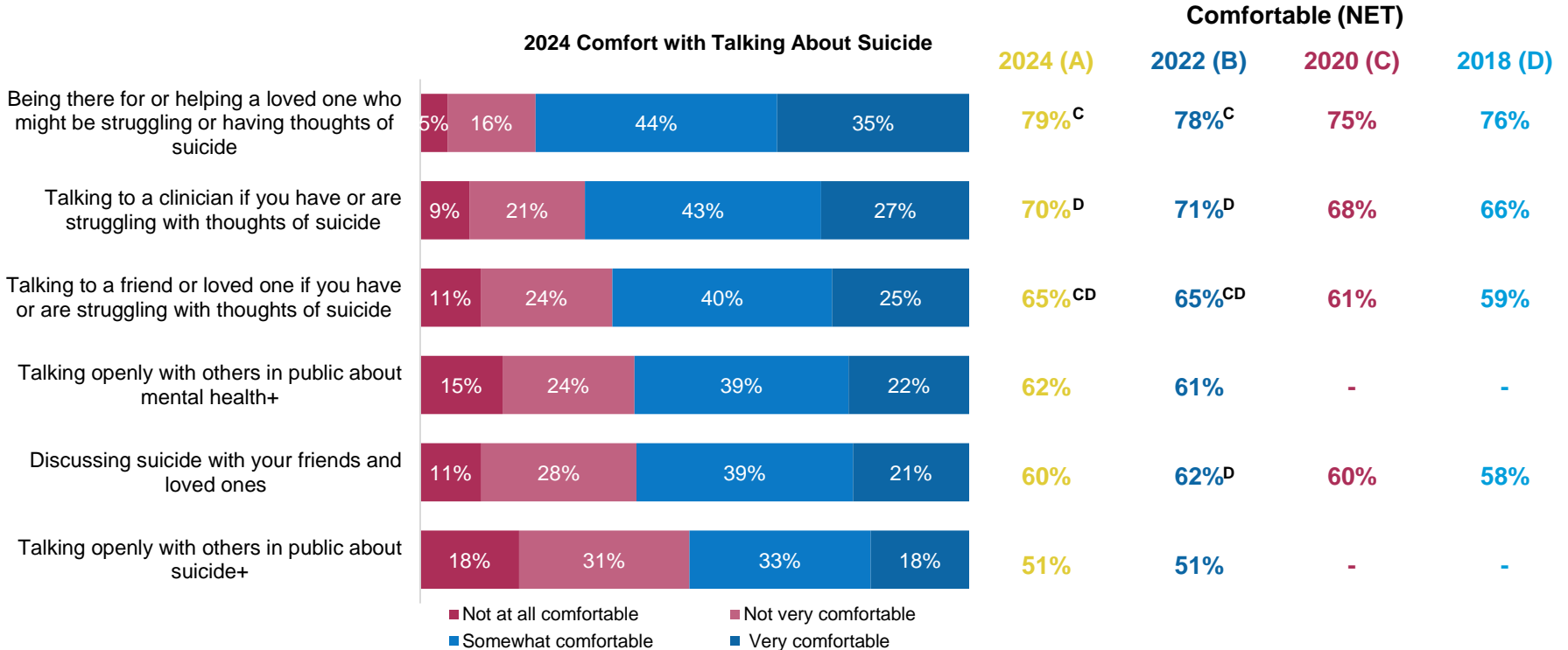


# Attitudes Towards Discussing Suicide



# Adults Are Comfortable Helping A Loved One Who Might Be Struggling

The majority are also comfortable having open conversations in public about suicide.

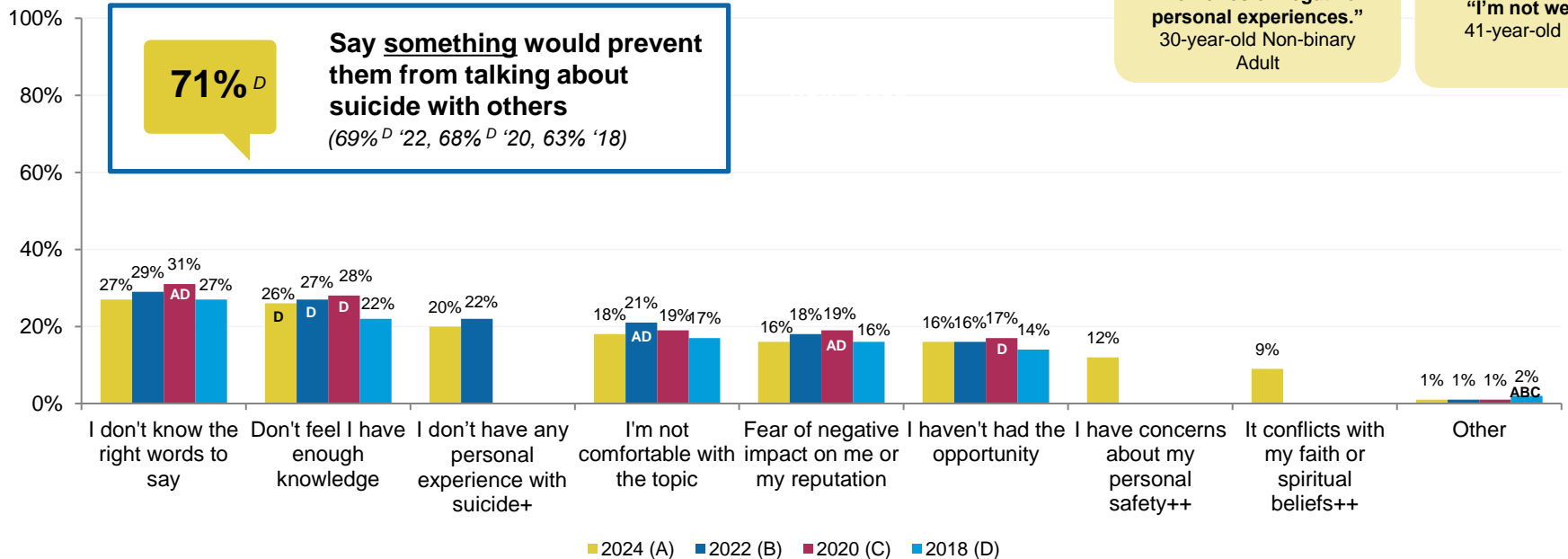




# Many Adults Seemingly Face Barriers To Talking About Suicide With Others

Not knowing the right words to say and not feeling knowledgeable are still the biggest barriers for the 7 in 10 who say something would prevent them from talking about suicide.

Barriers to Taking About Suicide with Others



BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054) 2020 (n=2072), 2018 (n=2015)  
Q140 Which of the following would prevent you from talking about suicide with others? Please select all that apply.

+New statement in '22  
++New statement in '24



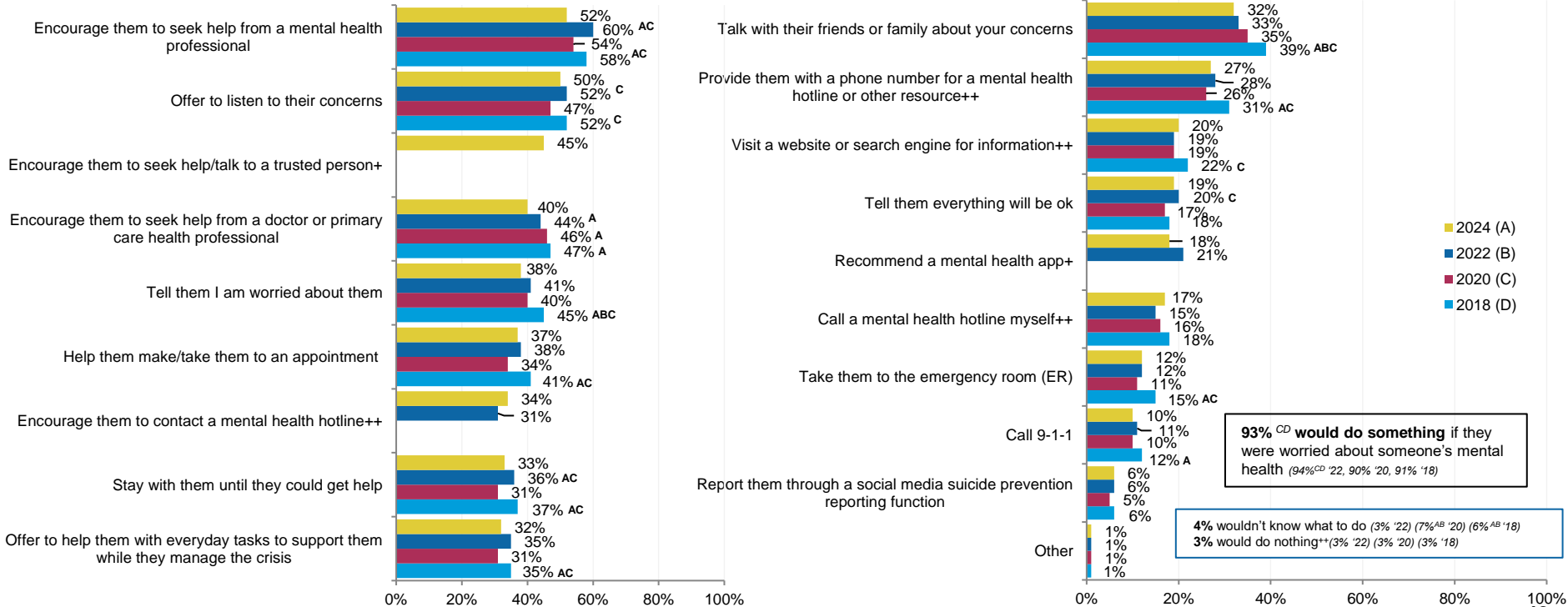
# Coping With Thoughts of Suicide





# A Majority Would Do Something If They Were Worried About Someone's Mental Health

Actions for Dealing with Someone Close Who Was Having Thoughts of Suicide<sup>^</sup>



**93%<sup>CD</sup> would do something** if they were worried about someone's mental health (94%<sup>CD</sup> '22, 90% '20, 91% '18)

4% wouldn't know what to do (3% '22) (7%<sup>AB</sup> '20) (6%<sup>AB</sup> '18)  
 3% would do nothing<sup>++</sup>(3% '22) (3% '20) (3% '18)

BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 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 '24

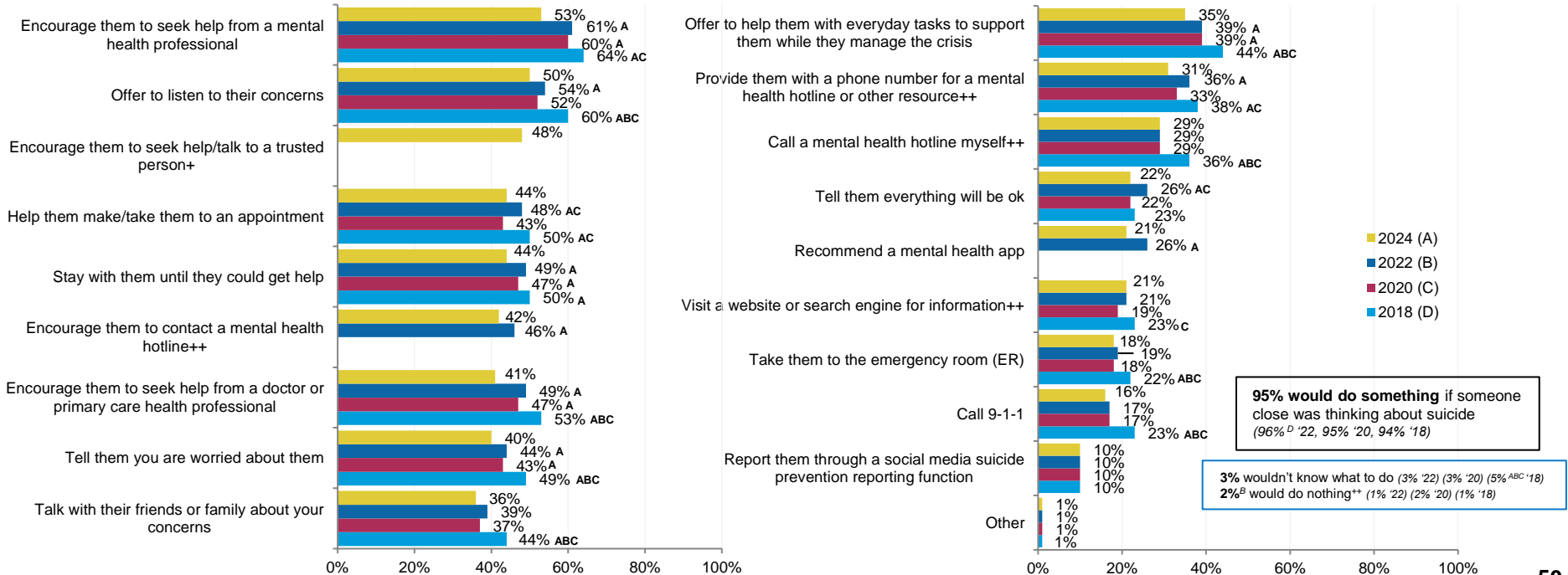
++Revised statement in '24



# Similar Responses Are Reported For When Someone Close Is Having Thoughts of Suicide

But there is more emphasis in reaching out to a trusted person in cases of thoughts of suicide vs. when concerned about someone's mental health in general.

**Actions for When Worried About Someone's Mental Health<sup>^</sup>**



**BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054), 2020 (n=2072), 2018 (n=2151)**  
 Q80 Which of the following describes what you would do if someone close to you was having thoughts of suicide? Please select all that apply.

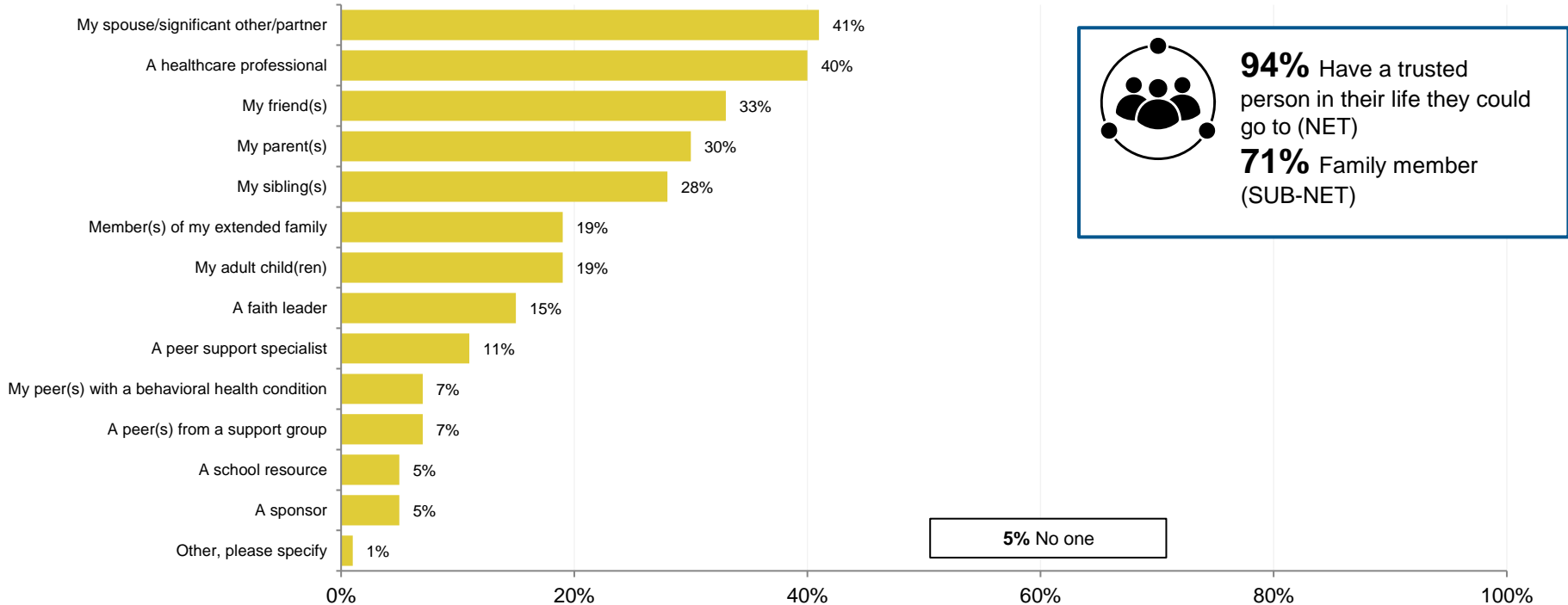
<sup>^</sup>Revised question in '24  
 +New statement in '24 ++Revised statement in '24



# More than 9 in 10 Adults Have a Trusted Person in Their Life They Could Reach Out to

Most commonly a family member or a healthcare professional.

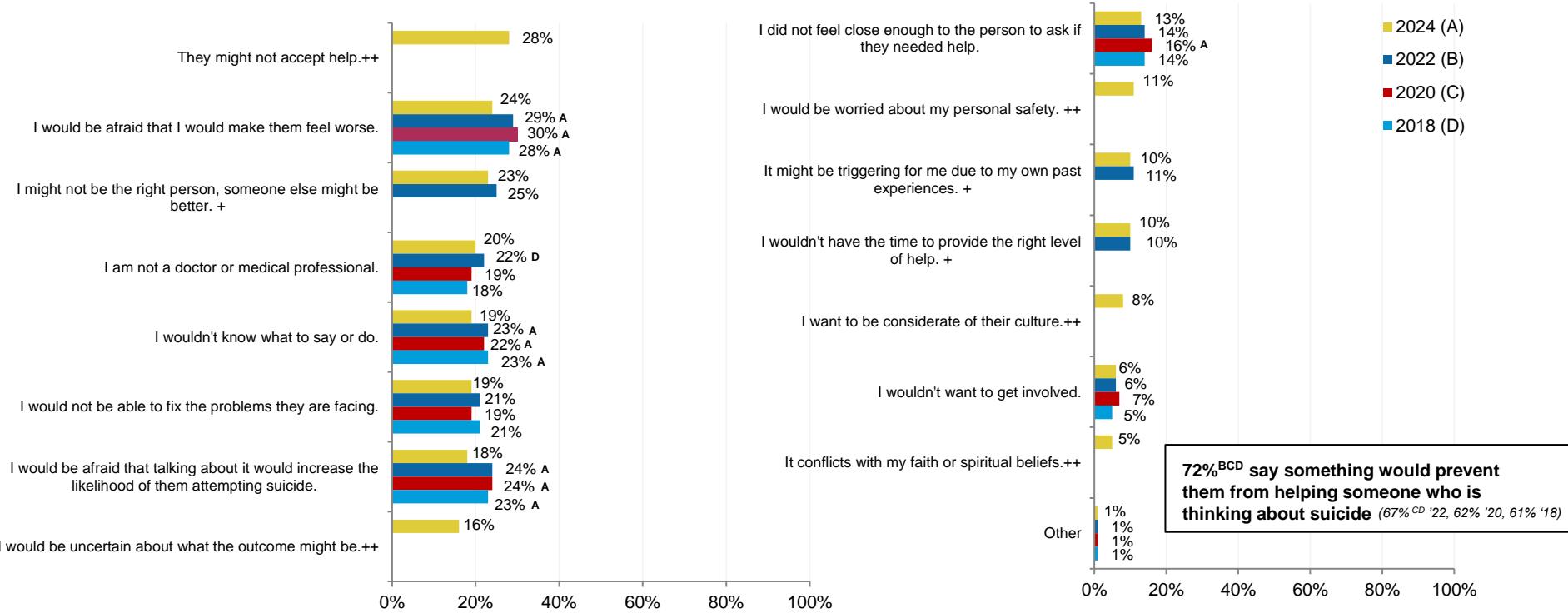
Who They Would Consider A Trusted Person In Their Life<sup>^</sup>





# Offering Help That May Not Be Accepted Is Top Barrier To Helping Someone Who Was Having Thoughts of Suicide

Barriers to Trying to Help Someone Close Who Was Having Thoughts of Suicide<sup>^</sup>



**72%<sup>BCD</sup> say something would prevent them from helping someone who is thinking about suicide** (67%<sup>CD</sup> '22, 62% '20, 61% '18)

BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

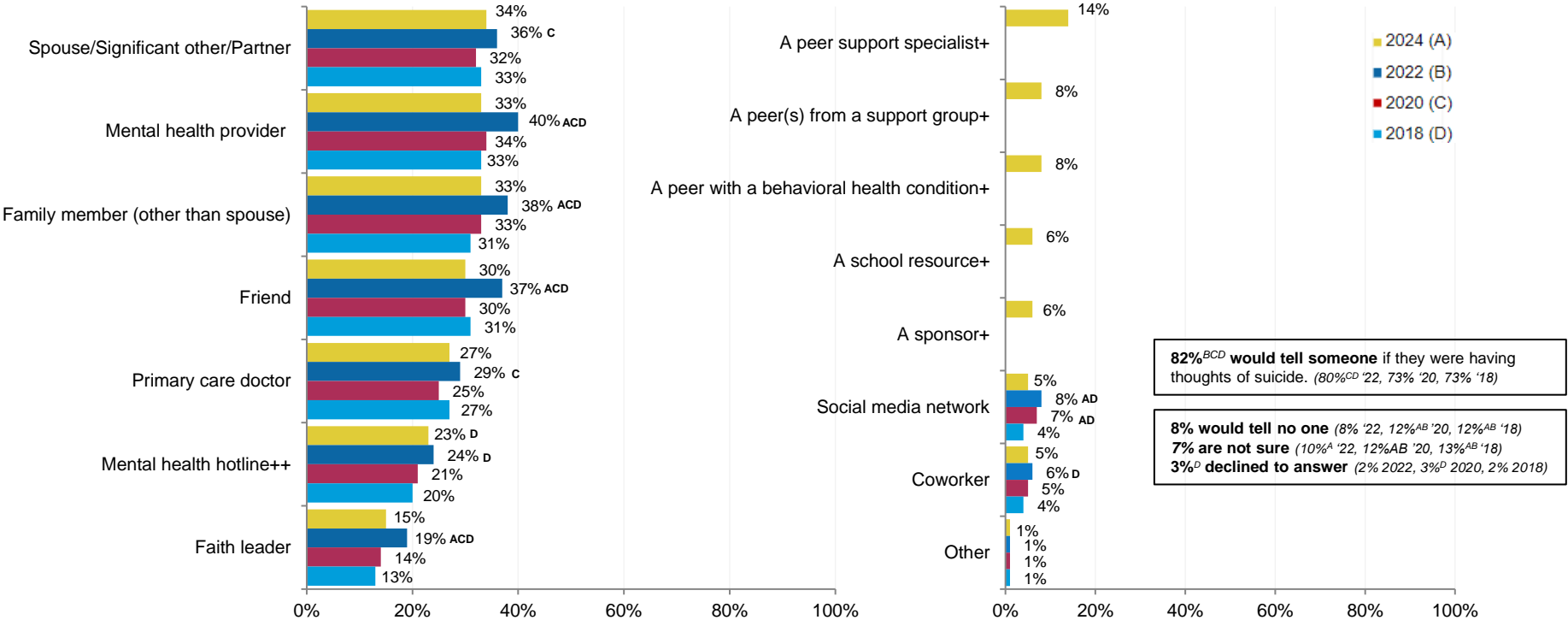
Q85 Which of the following might stop you from trying to help someone close to you who was having thoughts of suicide? Please select all that apply.

<sup>^</sup>Revised question in '24 +New statement in '22  
 ++New statement in '24



# 4 in 5 Adults Would Tell Someone If they Were Having Thoughts of Suicide

Most commonly, they would turn to their spouse/significant other, a mental health provider, or other family members.



**82%<sup>BCD</sup> would tell someone** if they were having thoughts of suicide. (80%<sup>CD</sup> '22, 73% '20, 73% '18)

**8% would tell no one** (8% '22, 12%<sup>AB</sup> '20, 12%<sup>AB</sup> '18)  
**7% are not sure** (10%<sup>A</sup> '22, 12%<sup>AB</sup> '20, 13%<sup>AB</sup> '18)  
**3%<sup>D</sup> declined to answer** (2% 2022, 3%<sup>D</sup> 2020, 2% 2018)

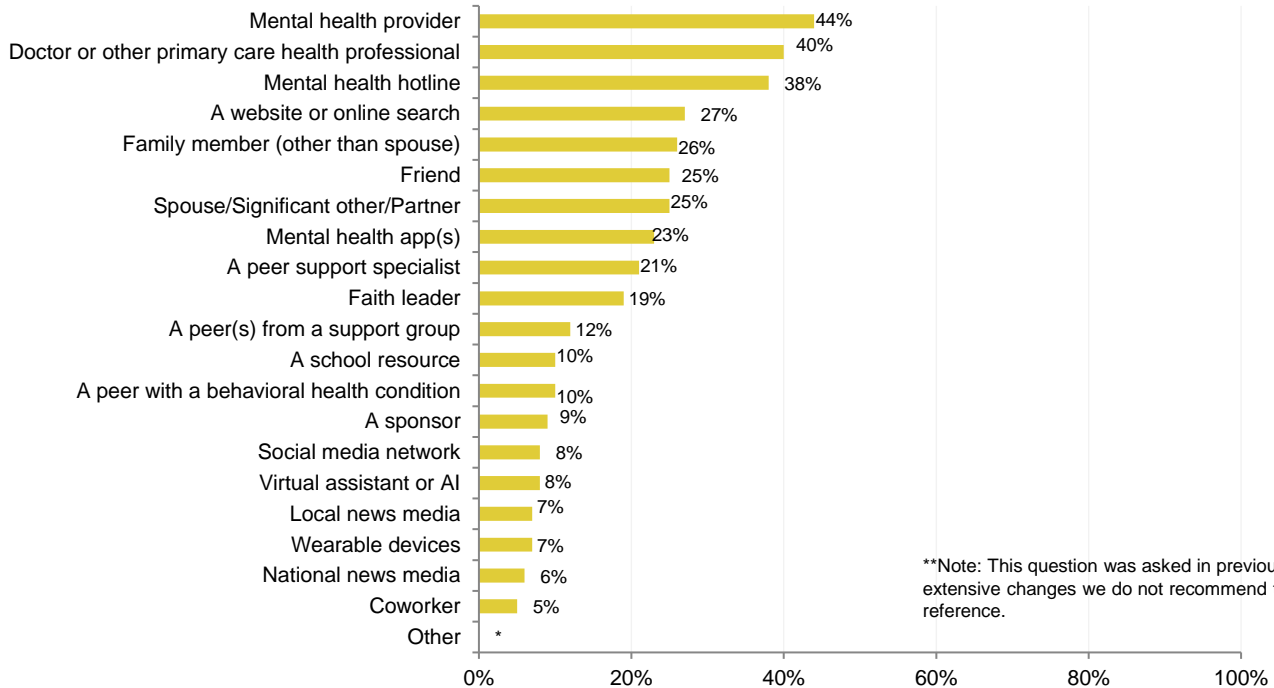
BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

Q95 If you were having thoughts of suicide, who would you tell? Please select all that apply.



# Most Would Turn to A Mental Health or Primary Care Provider for Resources or Tips About Coping With Thoughts of Suicide

Where To Go For Resources/Tips About Coping with Thoughts of Suicide for Self or Loved One



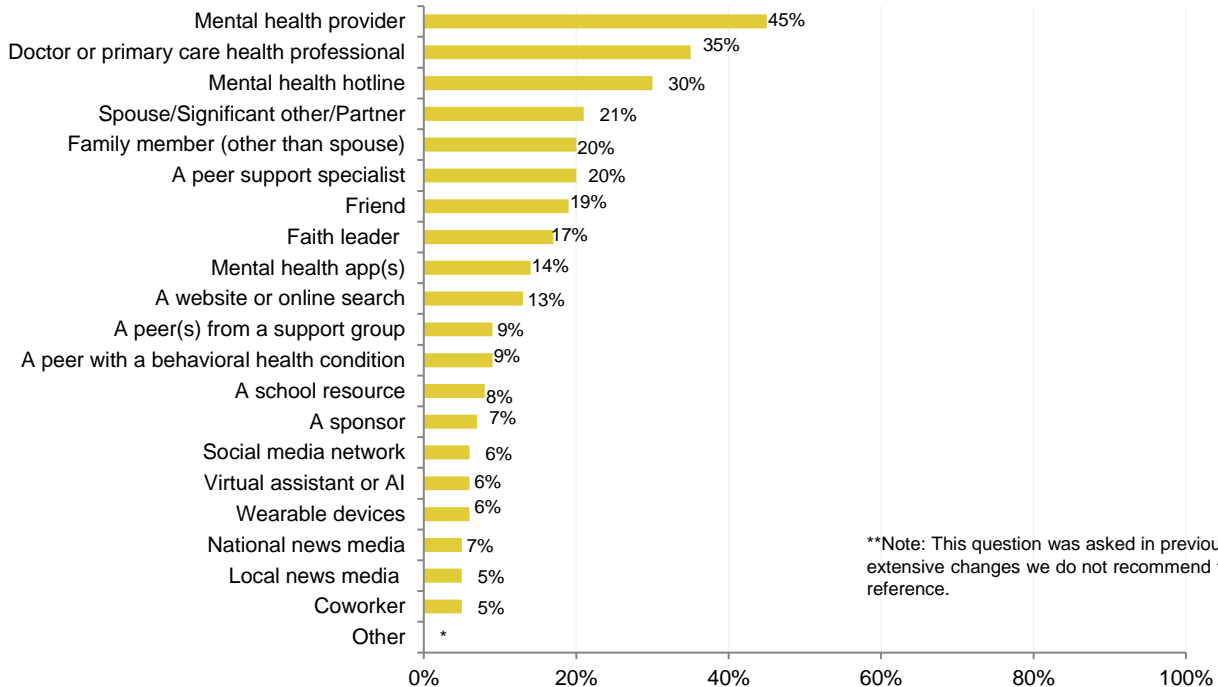
\*\*Note: This question was asked in previous waves but due to extensive changes we do not recommend trending. See appendix for reference.



# Health Professionals And Mental Health Hotlines Are Most Trusted Resources When Coping With Thoughts of Suicide

More people trust these resources than their family, friends, or peers.

Most Trusted Sources for Resources/Tips About Coping with Thoughts of Suicide for Self or Loved One^



\*\*Note: This question was asked in previous waves but due to extensive changes we do not recommend trending. See appendix for reference.



# Expectations and Awareness of Mental Health Hotlines





# Adults Expect Trained Mental Health Providers To Respond When Calling Hotlines

7 in 10 would be comfortable contacting a hotline or know where to reach out for help if needed, but just one quarter strongly agree they would do so.

Agreement With Statements About Mental Health Hotlines^

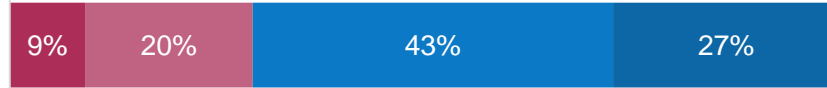
Agree (NET)  
2024

If I called a mental health hotline, I would expect a trained mental health provider, or mobile crisis team to respond to me or someone I know who was experiencing a mental health crisis.



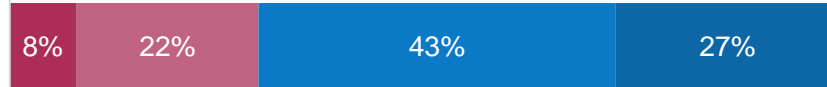
82%

I would feel comfortable contacting a mental health hotline.



71%

I know where to reach out for help if myself or someone I knew were experiencing a mental health crisis.



70%

If I called a mental health hotline, I would expect a medical or ambulance to respond to me or someone I know who was experiencing a mental health crisis.



62%

If I called a mental health hotline, I would expect police/law enforcement to respond to me or someone I know who was experiencing a mental health or crisis.



60%

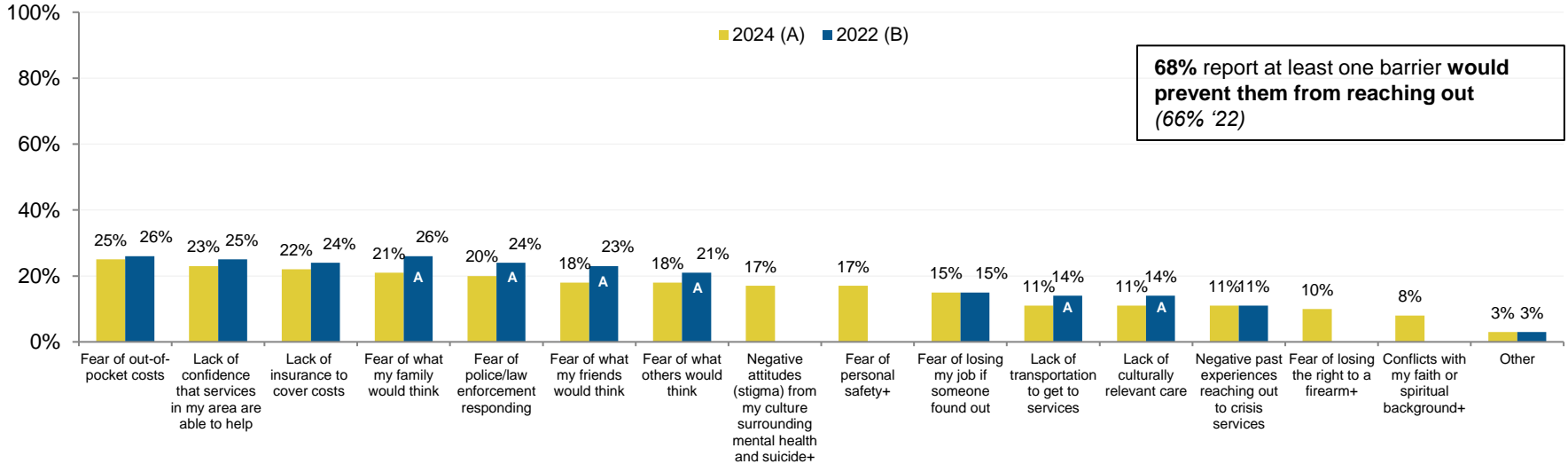
■ Strongly disagree   ■ Somewhat disagree   ■ Somewhat agree   ■ Strongly agree



# Two Thirds Report At Least One 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.

Barriers to Reaching Out to Crisis Services<sup>^</sup>



BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022(n=2054)

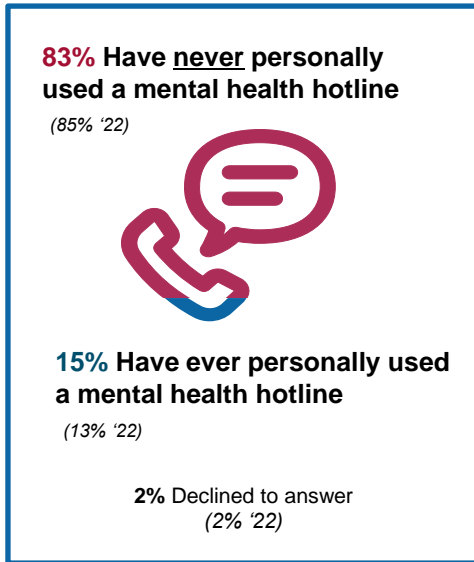
Q325 Which of the following would prevent you from reaching out to crisis services if you were struggling with thoughts of suicide or experiencing mental health distress? Please select all that apply.

<sup>^</sup>New question in '22  
+New statement in '24

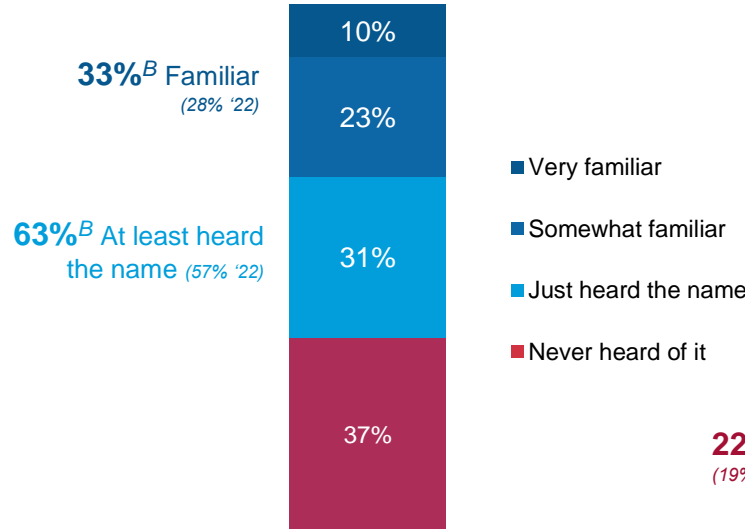


# Most Adults Have Never Personally Used A Mental Health Hotline, But Awareness of 988 Is Growing

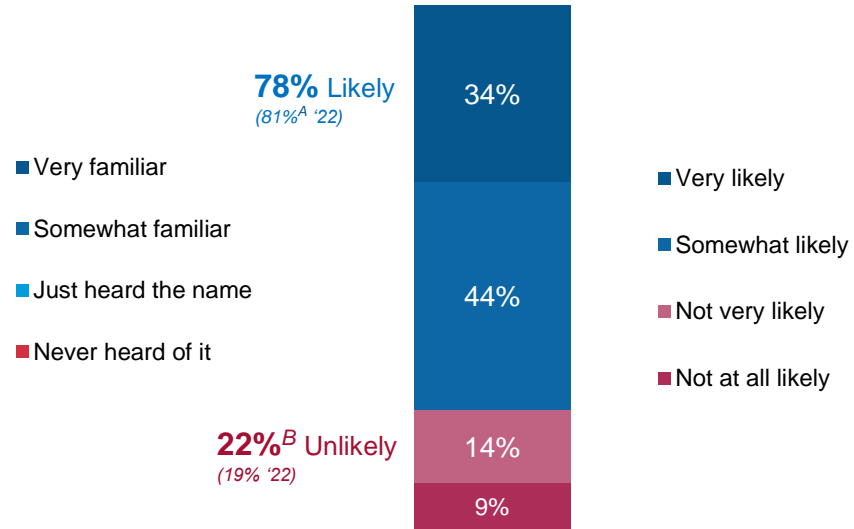
Personal Use of a Mental Health Hotline<sup>A</sup>



Familiarity with 988<sup>A</sup>



Likelihood to Reach Out to 988



BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054)

Q335 Have you ever personally used a mental health hotline?

Q340 How familiar are you with 988 the Suicide & Crisis Lifeline you can call, text, or chat with if you or someone you know is experiencing a mental health-related crisis or having thoughts of suicide?

Q345 How likely would you be to reach out to 988, if you or someone you knew needed help?

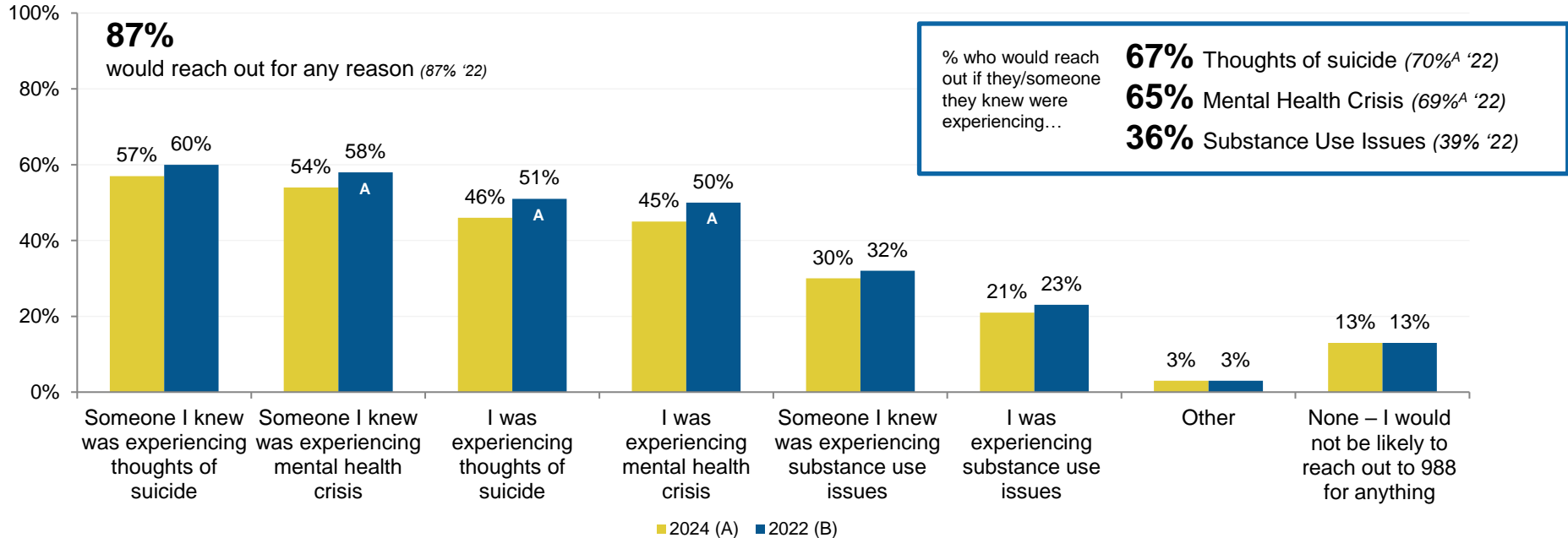
<sup>A</sup>Revised question in '24



# Adults Are Most Likely To Reach Out To 988 If Someone They Know Was Experiencing Thoughts of Suicide or A Mental Health Crisis

Over a third would be likely to use 988 when experiencing substance use issues.

Situations Would Reach Out to 988 For^



BASE: QUALIFIED RESPONDENTS 2024 (n=4394), 2022 (n=2054)

Q350 For which of the following situations, if any, would you be likely to reach out to 988? Please select all that apply.

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



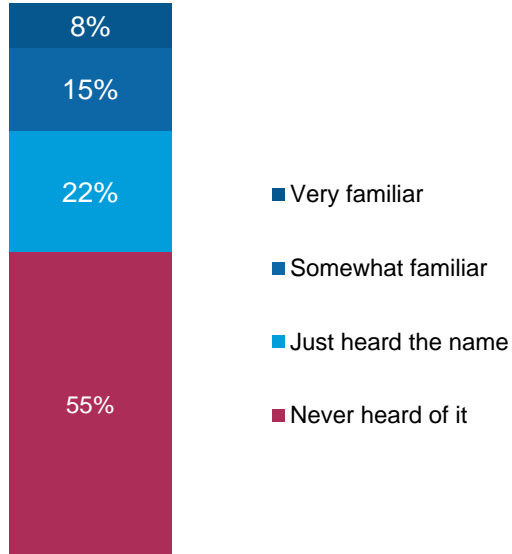
# Nearly Half of Adults Have At Least Heard of the *National Strategy for Suicide Prevention*

Just under a quarter are very/somewhat familiar, with under 1 in 10 saying they are very familiar.

Familiarity with *National Strategy for Suicide Prevention*<sup>^</sup>

**23%** Familiar

**45%** At least heard the name



- Very familiar
- Somewhat familiar
- Just heard the name
- Never heard of it

BASE: QUALIFIED RESPONDENTS 2024 (n=4394)

Q339 Changing topics, how familiar are you with the *National Strategy for Suicide Prevention* released in the spring of 2024? .

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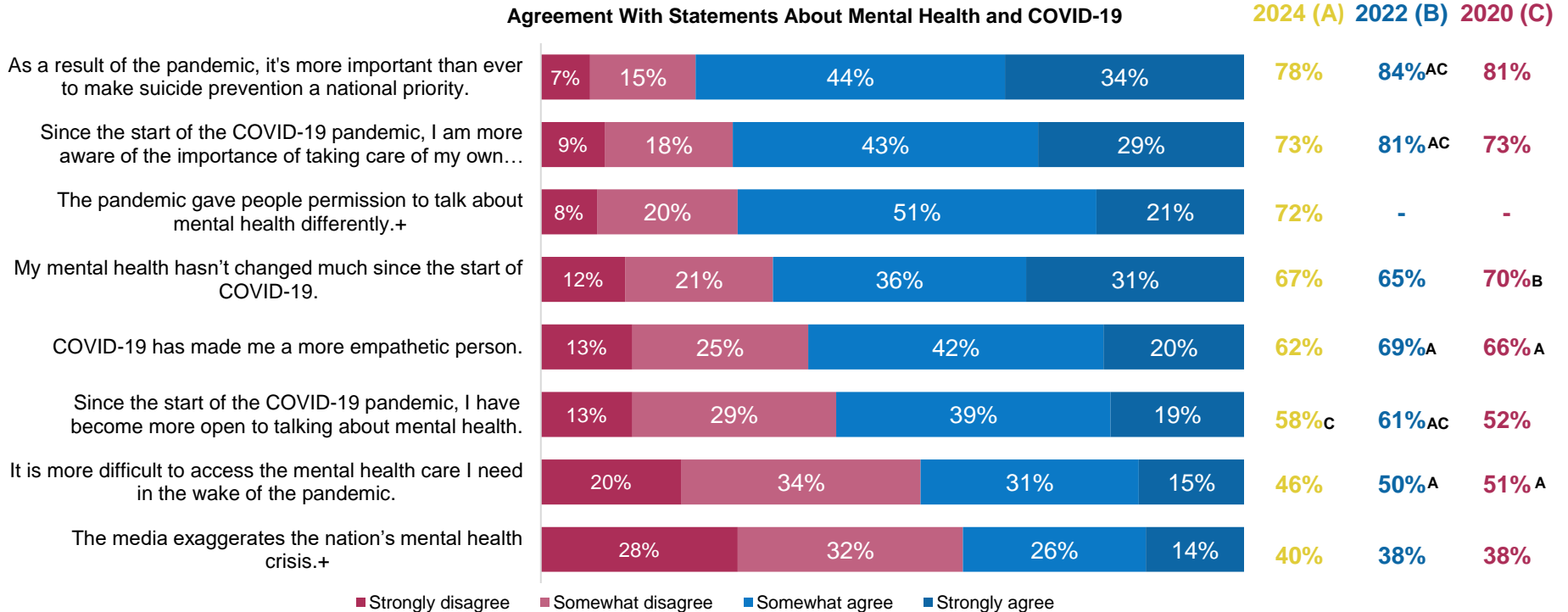
<sup>^</sup>New question in '24



# Mental Health & the COVID-19 Pandemic



# Awareness of Importance of Taking Care of Mental Health Continues Post-Pandemic





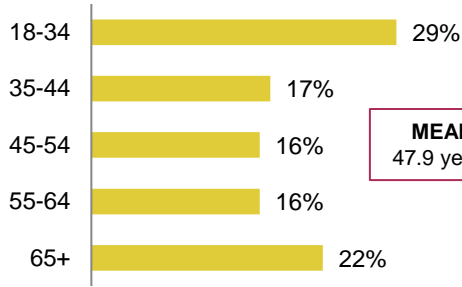
# Demographics



## DEMOGRAPHICS



### Age



**MEAN**  
47.9 years

### Marital Status

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



### Gender/Sexual Orientation

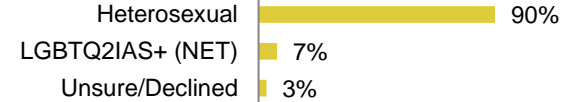


**48%**  
**Man**



**50%**  
**Woman**

- 1% Transgender/Non-Binary/ Gender Non-Conforming or other identity
- 1% Prefer not to answer



### Children in HH



65% **0 kids**

28% **1 to 2 kids**

7% **3+ kids**

### Locale



**33%**  
**In an urban or city area**

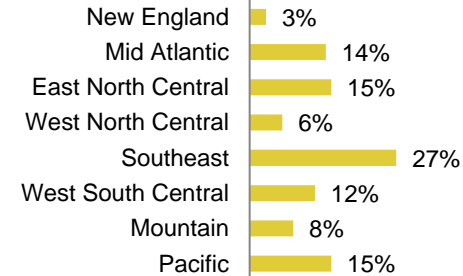
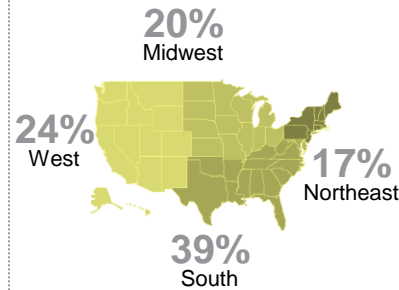


**46%**  
**In a suburban area next to a city**



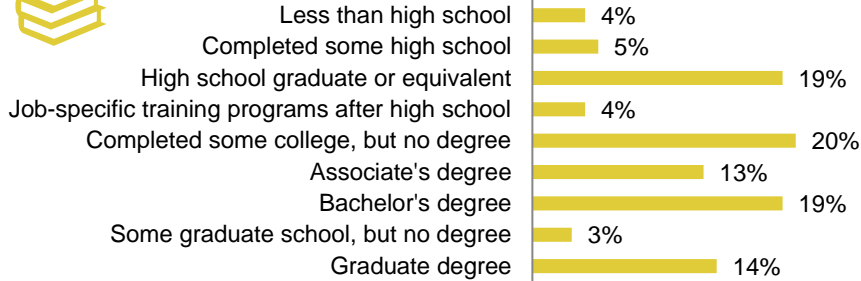
**21%**  
**In a small town or rural area**

### Region

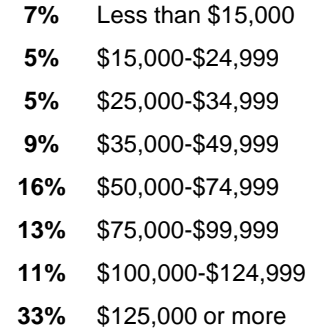




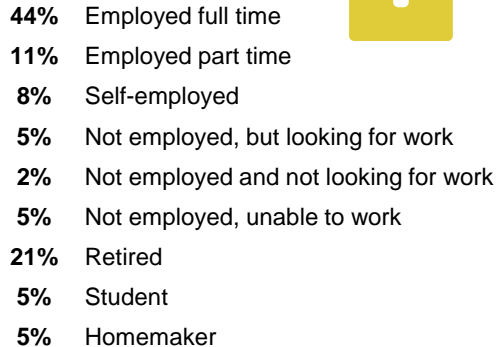
Education



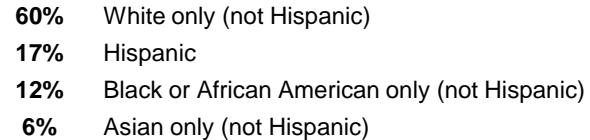
Income



Employment



Race/Ethnicity



American Indian or Alaska Native

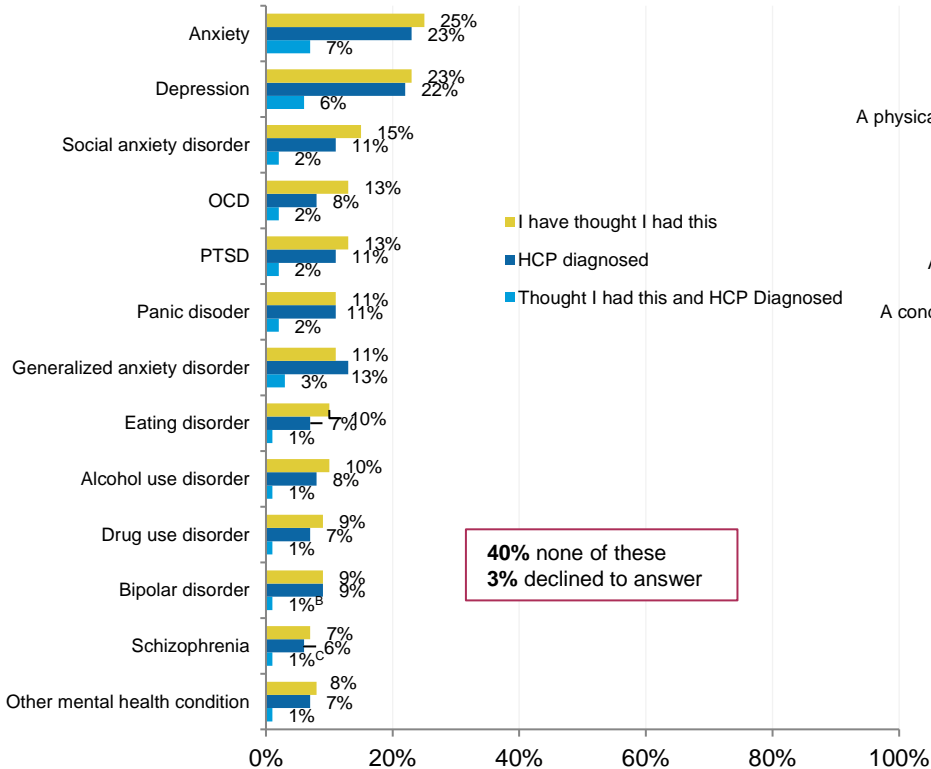
6% could be selected in combination with other races and/or ethnicities

Native Hawaiian or Pacific Islander

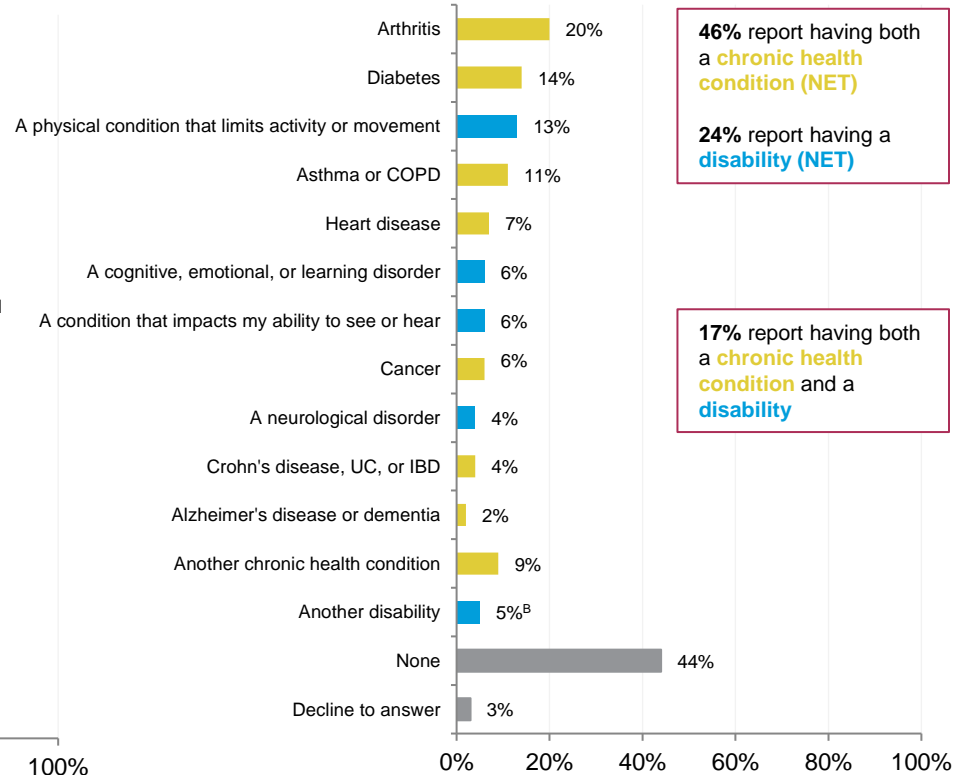
1% could be selected in combination with other races and/or ethnicities



### Mental Health Conditions



### Health/Disability Status



BASE: QUALIFIED RESPONDENTS 2024 (n=4394)

Q30 Which of the following, if any, have you ever thought that you have and/or have you been diagnosed with by a healthcare professional?

Q610 Are you currently living with or managing any of the following? Please select all that apply.

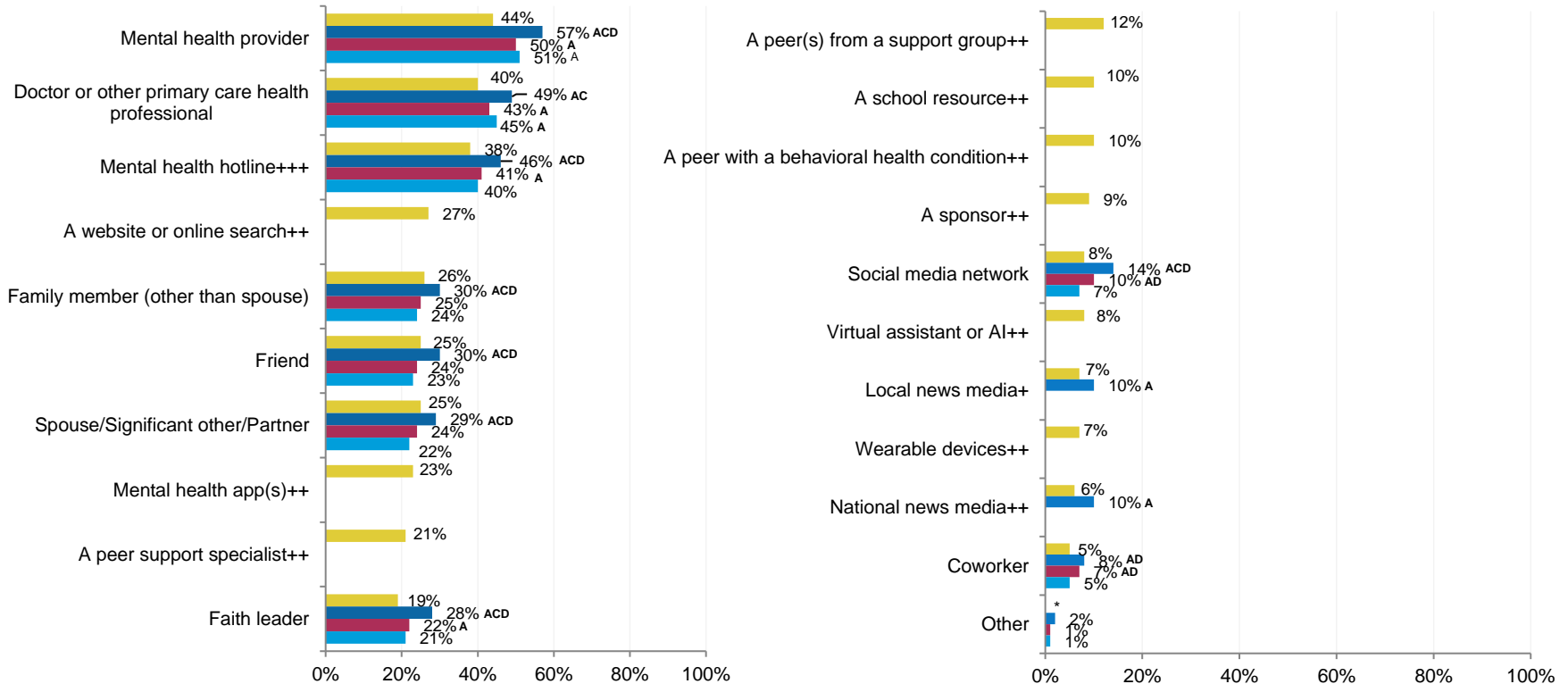


# APPENDIX



# Trended Data: Sources For Coping With Thoughts of Suicide (Slide 54)

Where To Go For Resources/Tips About Coping with Thoughts of Suicide for Self or Loved One



BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054), 2020 (n=2072), 2018 (n=2015)

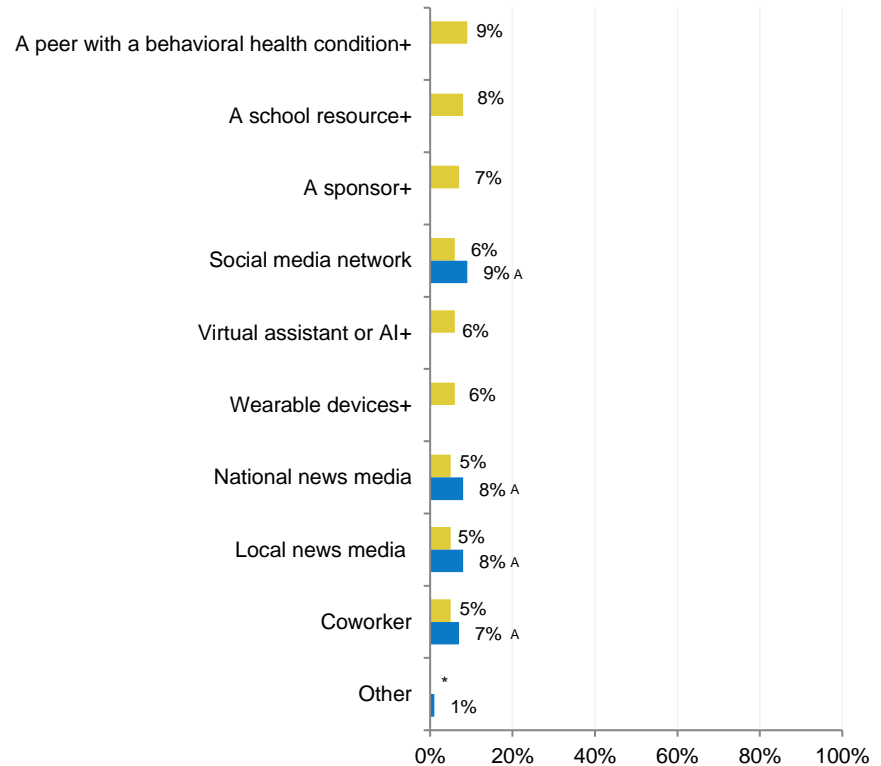
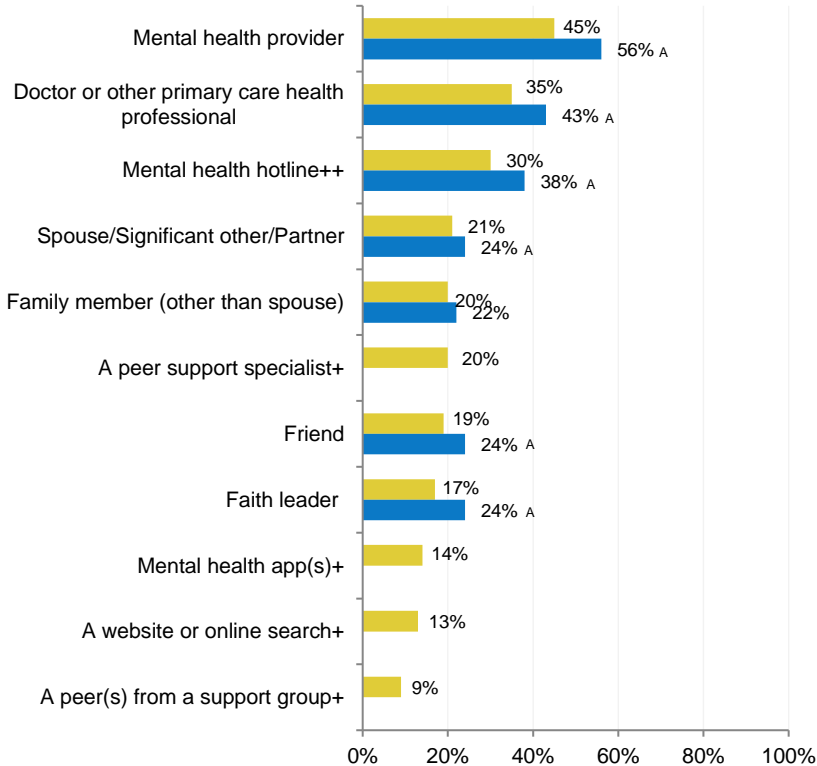
Q150 Where would you go to obtain helpful resources or tips about coping with thoughts of suicide or helping a loved one who might be struggling with a mental health crisis? Please select all that apply.

+New statement in '22; ++New statement in '24  
+++Revised statement in '24



# Trended Data: Most Trusted Resources For Coping With Thoughts of Suicide (Slide 55)

Most Trusted Sources for Resources/Tips About Coping with Thoughts of Suicide for Self or Loved One<sup>A</sup>

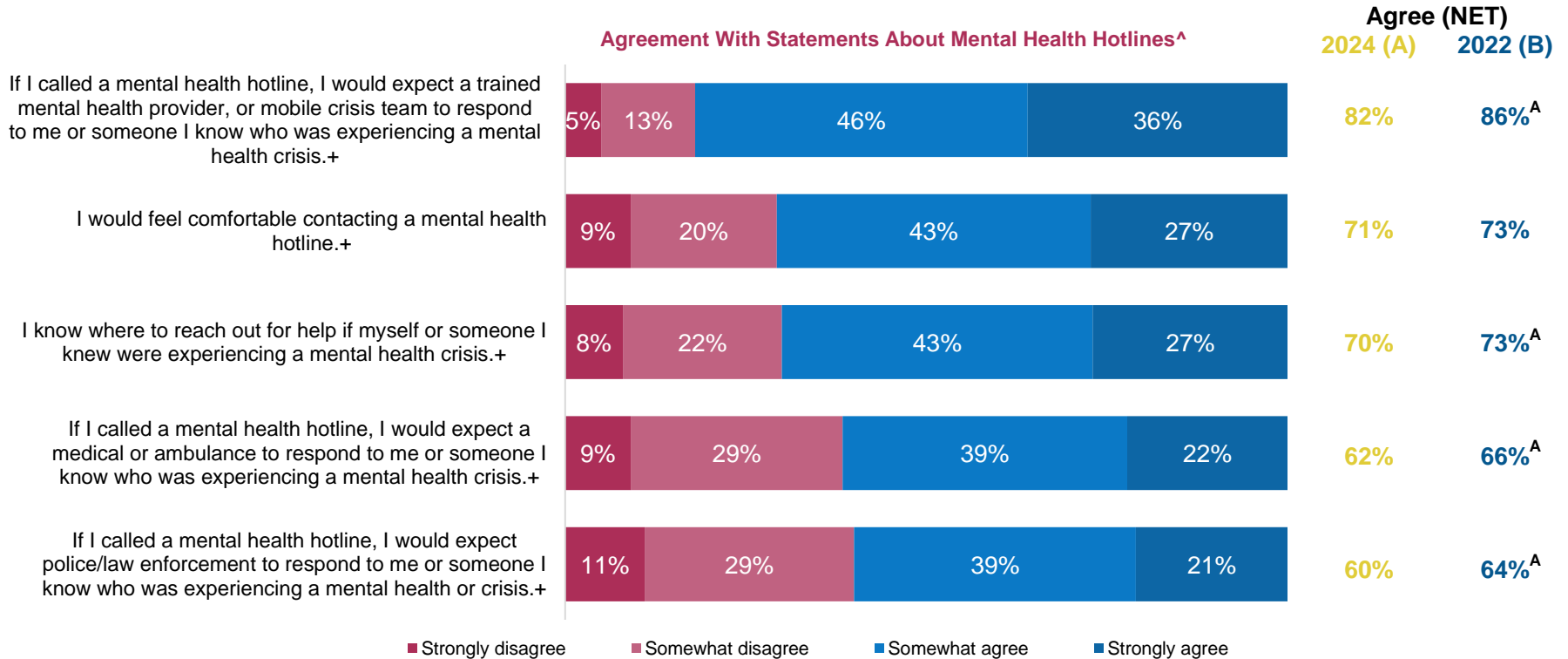


BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054)

Q315 And which of the following would you most trust for helpful resources or tips about coping with thoughts of suicide or helping a loved one who might be struggling with thoughts of suicide? <sup>A</sup>New question in '22 +New statement in '24 ++Revised statement in '24



# Trended Data: Statements About Mental Health Hotlines (Slide 57)



**BASE: QUALIFIED RESPONDENTS 2024 (n=4394) 2022 (n=2054)**  
 Q320 How much do you agree or disagree with each of the following statements?

<sup>^</sup>New question in '22  
 +Revised statement in '24