



Depression and Bipolar
Support Alliance

DBSA Consumer and Family Survey Center

Attitudes Toward Mental Illness

January 2010

Background

The survey was designed to examine attitudes among the DBSA constituents and others that visit the DBSA website. The questions in this survey are designed in three parts: personal attitudes towards mental illness, personal and family relationships, employment and productivity, and treatment planning and outcomes. Some of the questions from the personal and family relationships have been used in previous DBSA surveys in 1992 and 2000. This survey received a robust response of almost 600 people. An overall summary of the results is available in the accompanying slides.

While this survey is intended for both consumers and family/friends, the predominant response was from consumers (90%). Females also accounted for the majority of respondents (79%), and overall, the veteran response was 6%. The age range for the survey was across the entire life span, and the majority of respondents were ages 30-45 (43%) and 46-65 (41%). The breakdown of diagnosis included responses from 68% who self-identify as having bipolar disorder and 26% with depression.

Results and Discussion

Personal Attitudes Towards Mental Illness

The results of the survey indicate that there is a strong and unambiguous set of attitudes towards mental illness. Ninety one percent of respondents indicated that they anticipate living with their mental illness for the rest of their lives. There is a similar sense that it is a struggle to manage the illness (82%). Similarly, there is a worry that medications for these conditions will stop working (71%).

There is also a sense of stigma associated with the respondents' attitudes about having a mental illness. While a majority of people indicated feeling ashamed (66%) of their mental illness, 61% also indicated that they were angry that they had a mental illness. There is also a concern about managing the mental illness well throughout one's life, and (51%) felt confident of this ability.

Personal and Family Relationships

This section of the survey included questions that have been asked in previous DBSA surveys from 1992 and 2000. There was a strong response that respondents' families know about their mental illness (71%) and that their relationships with their families were good (68%). However, the response to friends and family having a good understanding of what it means to have a mental illness was much weaker (29%). It is noteworthy that the 1992 survey found that



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relationships with families were stronger (78%), yet the 2000 survey results were the same as the current one (68%). Similarly, the trend for families and friends understanding what it means to have a mental illness has declined since 1992 (51%) and 2000 (41%).

There is also a profound sense that relationships are impaired by mental illnesses. Difficulties maintaining long-term intimate relationships including marriage were reported by 65% of respondents. A similar response (66%) is seen for maintaining long-term friendships. There is a slightly increasing trend for these problems over the two recent surveys. And, while there is a reported trend for impaired relationships, only 38% report a negative effect of the illness on relationships with children. This question was not asked in the 1992 survey but shows improvement from the 2000 survey (62%).

Employment and Productivity

Two questions were asked related to employment and productivity. A slight majority of respondents (52%) indicated that they were able to go to work or school on a regular basis. In the workplace, 17% indicated that they were able to talk to their employer about a mental illness. There was a 12% response of “not applicable” for these questions which likely includes those who are unemployed. These results suggest that further study should be conducted for problems associated with school, work, or productivity. In addition, the survey suggests that there is room for improvement to be able to discuss mental illness in the workplace.

Treatment Planning and Outcomes

There is a strong response that clinicians are knowledgeable about the illnesses of respondents (80%) and a similar confidence that they can be helpful with problems (74%). Participation in treatment planning is also strong (75%) and slightly less for goals that include both physical and mental health (68%). It is interesting to note that family participation in treatment is low (37%), and this has declined from 1992 (53%) and 2000 (48%). This result may follow the other findings for families understanding what it means to have a mental illness (29%) and the declining trend (51%) in 1992 and 2000 (41%). Finally, the survey examined whether people were able to get as much treatment as they needed (60%). There is a concern from 40% of respondents that they were not getting as much treatment as they need, and this too warrants further study.

Summary and Conclusions

While there are inherent limitations in any open survey that is web-based*, the findings of this survey support a number of key themes. The respondents clearly report challenges associated with their illnesses that effect their well-being and ability to manage these conditions. Personal and family relationships are impacted by these illnesses, and there appears to be a gap in understanding what it means to have these illnesses. There is a sense of confidence in clinicians, yet an overwhelming concern about the continued efficacy of their medications. Additionally, a significant portion of respondents report that they may not be receiving as much treatment as they need.



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In addition to providing important information and promoting the understanding of the impact mental illness has on individuals and families, the results of this survey will be critical in DBSA's work and partnerships with institutions such as the National Network of Depression Centers, the Mayo Clinic, and others. As more information such as this becomes available, so do the opportunities to improve the lives of those with mental illnesses.

**This survey was conducted over the DBSA website and was time-limited. The respondents are self-selecting and generally representative of the population that utilizes DBSA's web resources. These surveys and the results are in the public domain and available for general use with citation and reference to the DBSA Consumer and Family Survey Center, www.DBSAAlliance.org/SurveyCenter. Inquiries should be directed to Allen Daniels, EdD, Executive Vice President & Director of Scientific Affairs at DBSA, ADaniels@DBSAAlliance.org.*