



**MENTAL WELLNESS CAMPAIGN**  

---

**FOR ANOKA COUNTY**

*Community survey*

**APRIL 2006**



# Mental Wellness Campaign for Anoka County

*Community survey*

**April 2006**

**Prepared by:**

Cheryl Holm-Hansen and Laura Martell Kelly

Wilder Research

1295 Bandana Boulevard North, Suite 210

Saint Paul, Minnesota 55108

651-647-4600

[www.wilder.org](http://www.wilder.org)

# Contents

Summary .....	1
Introduction.....	7
Research methods .....	7
Survey results.....	15
Level of familiarity with mental illness .....	15
Definition of mental illness.....	17
Perceived proportion of population with mental illness .....	21
General attitudes towards mental health and mental illness .....	23
Comfort discussing mental health issues .....	28
Accessing mental health services.....	33
Interest in learning more about mental health.....	36
Publicity about mental health or mental illness issues.....	37
Need for societal acceptance of people with mental illness .....	39
Conclusions and recommendations.....	43
Appendix.....	47
Mental Wellness Campaign for Anoka County .....	49
Community Survey .....	49

# Figures

1. Data collection strategies .....	9
2. Age of respondents .....	11
3. Race/ethnicity of respondents .....	11
4. Geographic residence of respondents .....	12
5. Educational background of respondents .....	12
6. Occupation of respondents.....	13
7. Gender of respondents .....	14
8. Familiarity with mental illness.....	15
9. Categorization of familiarity with mental illness.....	16
10. Definition of mental illness.....	17
11. Definition of mental illness – significant variation by level of familiarity.....	18
12. Definition of mental illness – significant variation by gender.....	18
13. Definition of mental illness – significant variation by age.....	19
14. Definition of mental illness – significant variation by education (for respondents 25 or older).....	20
15. Definition of mental illness – significant variation by race/ethnicity.....	21
16. Perceived proportion of population with mental illness .....	21
17. Perceived proportion of population with mental illness – Significant variation in ratings by familiarity with mental health, gender, racial/ethnic background, and age .....	22
18. General attitudes regarding mental illness.....	24
19. General attitudes regarding mental illness – significant variation by level of familiarity.....	25
20. General attitudes regarding mental illness – significant variation by gender.....	26
21. General attitudes regarding mental illness – significant variation by age .....	27
22. General attitudes regarding mental illness – significant variation by education level (for residents 25 or older).....	27
23. General attitudes regarding mental illness – significant variation by race/ethnicity.....	28
24. Level of comfort sharing one’s own mental health concerns .....	29
25. Respondents who are caregivers of children under 18 .....	29
26. Level of comfort sharing mental health concerns about children.....	30

## Figures (continued)

27. Level of comfort sharing mental health concerns – significant variation by level of familiarity .....	30
28. Level of comfort sharing mental health concerns – significant variation by gender.....	31
29. Level of comfort sharing mental health concerns – significant variation by age .....	32
30. Level of comfort sharing mental health concerns – significant variation by education level (for respondents age 25 or older).....	32
31. Level of comfort sharing mental health concerns – significant variation by race/ethnicity.....	33
32. Accessing mental health services.....	34
33. Accessing mental health services – significant variation by gender.....	34
34. Accessing mental health services – significant variation by age .....	35
35. Accessing mental health services – significant variation by racial/ethnic background.....	35
36. Interest in learning more about mental health.....	36
37. Open-ended question: What are the best ways to receive information?.....	37
38. Recent publicity about mental health or mental illness issues.....	38
39. Open-ended question: What was the source of the information? .....	38
40. Need for more societal acceptance of people with mental illness .....	39
41. Open-ended question: What do people need to know in order to be more accepting? .....	40
42. Open-ended question: What are the best strategies for changing community perceptions? .....	41
43. Open-ended question: Why do you think that society does not need to be more accepting of people with a mental illness? .....	42

# Acknowledgments

The following staff from the Wilder Research contributed to the completion of this report:

Mark Anton  
Rena Cleveland  
Jackie Campeau  
Marilyn Conrad  
Phil Cooper  
Louann Graham  
Ginger Hope  
Deirdre Hinz  
Linda Houle  
Heather Johnson  
Margaree Levy  
Bryan Lloyd  
Ryan McArdle  
Mark Miazga  
Ronald Mortenson  
Kao Moua  
Dawn Mueller  
Christopher Ratsch  
Miguel Salazar  
Deborah Sjostrom  
Dan Swanson  
Akiko Tanaka.

Additional contributors include Bill Pinsonnault, Jill Brown, Donna McDonald, and Dianna Skeen of Anoka County and Pete Miller of Connexus Energy and other members of the Mental Wellness Campaign for Anoka County, a group of consumers, family members, community leaders, and human services professionals. Funding partners include Connexus Energy and Anoka County.

# Summary

In summer 2005, members of the Mental Wellness Campaign for Anoka County began working with Wilder Research to plan a research project to measure the beliefs and knowledge of Anoka County residents regarding mental health. Wilder Research developed a survey that used both established and original survey questions. This summary outlines highlights of the results, which will help guide educational efforts and reduce stigma in the county over the next several years.

Between November 2005 and February 2006, 1,123 Anoka County residents completed the survey (yielding a margin of error of +/-3 percentage points). Survey methods included a well-advertised online survey, in-person interviews at public locations and community gatherings, and a random telephone survey of county residents.

## *Who took the survey?*

The 1,123 survey participants comprise a broad, representative sample of Anoka County residents:

- 21 percent were age 14-24; 33 percent were age 25-44; 33 percent were age 45-64; 13 percent were over age 65.
- 89 percent were White (the overall county population was 91% White in 2004). Other survey participants were Black, American Indian, Hispanic, Asian, African-born, and other race/ethnicity.
- Participants represented 22 Anoka County cities or towns, although 44 percent lived in either Blaine or Coon Rapids. In 2000, 41 percent of the population lived in these two municipalities.
- Educational backgrounds included a high school diploma or less (36%), some college (24%), two-year or four-year degree (31%), and graduate degree (10%).
- 15 percent of the participants were retired, and 10 percent were current high school students. At least 5 percent of participants were working in each of these occupational categories: medical/health, teacher/education, clerical/secretary, food/ service industry, and managerial/executive.

Gender is one way in which the survey sample does not reflect the overall county population. Half of the county's residents, but only 30 percent of survey respondents, were male.

## ***How familiar are you with mental illness?***

About two-thirds of the residents were very familiar with mental illness through personal connections; most others had only seen mental illness through media portrayals or casual observation. The two-thirds with high familiarity reported that mental illness had affected a relative, someone they lived with, or themselves.

Other residents had only casual exposure to mental health issues. Most have seen movies or television shows with a character affected by mental illness, have made a passing observation of someone they thought had a mental illness, or have seen a television documentary about mental illness. Only 5 percent have never observed anyone who had a mental illness.

## ***How do you define mental illness?***

Most residents recognized that serious bouts of depression, bipolar disorder, and schizophrenia reflected a potential mental illness. They were less likely to say that someone who cannot be held responsible for his or her own actions and someone prone to violence may have a mental illness.

Certain survey participants were more likely to identify a wide range of issues as potential mental health concerns. These groups included those who had high personal familiarity with mental health issues, female participants, those between age 26 and 50, those with at least some college education, and White survey participants.

## ***How common is mental illness?***

Many residents underestimated the proportion of the population that experiences mental health concerns. While there are no specific figures about the proportion of Anoka County residents who will have a mental health issue at some point in their lives, other research suggests that approximately one in five people experience mental health concerns. More than half of the respondents (52%) felt that the proportion of Anoka County residents was either one in five or 1 in 10. Twenty-seven percent of the respondents felt that the proportion of Anoka County residents that would have a mental illness at some point in their lives was 1 in 5, and 25 percent felt the proportion was 1 in 10. However, a significant percentage (42%) gave much lower estimates, ranging from 1 in 25 to 1 in 250. People who had less personal contact with someone experiencing mental illness were especially likely to give a lower estimate.



## ***What do you think about mental illness?***

In several areas, perceptions of Anoka County residents already reflect viewpoints consistent with the messages of the Mental Wellness Campaign for Anoka County.

- Almost all respondents “strongly agreed” or “agreed” that mental health is as important to someone’s well-being as their physical health (98%), mental illness can happen to anyone (96%), and mental illness can be effectively treated (92%).
- Most respondents “strongly disagreed” or “disagreed” that they try to avoid people with a mental illness (86%), feel unsafe around people with a mental illness (86%), or would be uncomfortable if someone with mental illness lived in their neighborhood (87%).

Although most people said they are comfortable around someone with a mental illness, only 29 percent “agreed” or “strongly agreed” that they would trust someone with a mental illness to take care of their loved ones, such as children or parents. Twenty-nine percent also “agreed” or “strongly agreed” that people with a mental illness should be excluded from public leadership, such as holding an elected office.

On some questions, views varied significantly by life experience, gender, age, education level, or racial background:

- Those who were more personally familiar with mental illness were generally more accepting of others with mental illness.
- Men were somewhat more likely than women to avoid people with mental illness, feel that they belong in a hospital, and believe that they should be excluded from leadership positions; they were less likely to say that mental illness is caused by factors outside of someone’s control and that more mental health services are needed.
- Younger residents (up to age 25) were less likely to feel that mental illness can be effectively treated and to trust someone with a mental illness to take care of loved ones; they were more likely to feel that people with a mental illness belong in a hospital.
- Residents with at least a two-year college degree were less likely to agree that people with a mental illness belong in a hospital and that they should be excluded from positions of public leadership.
- Compared to residents from other racial or ethnic backgrounds, White residents were more likely to agree that mental illness can be effectively treated and believe that mental illness is caused by factors outside of someone’s control.

## ***With whom are you comfortable discussing mental health concerns?***

Most respondents felt comfortable talking about mental health issues with doctors, clergy, and school staff. Overall, people were most likely to “strongly agree” or “agree” that they would feel comfortable discussing their own mental health issues with doctors (90%) and clergy members or other religious/spiritual leaders (80%). Residents caring for children were also comfortable discussing their children’s mental health concerns with these individuals (97% for doctors, 83% for clergy). Most parents would feel comfortable telling someone at their child’s school, such as teachers and counselors (89%).

White residents were more comfortable with these formal support systems, compared to those from other racial/ethnic backgrounds. Men and people age 25 or younger were also less comfortable discussing their own mental health issues with religious/spiritual leaders.

Informal support was also important, with many people saying that they would talk to family members or friends. Most residents would feel comfortable discussing their own mental health issues, or those of their children, with family members (81%-84%) and friends (67%-70%). Women and those with more familiarity with mental illness had greater comfort levels regarding talking with friends about mental health concerns.

Overall, people were least likely to feel comfortable discussing mental health issues with co-workers (37%-40%) and neighbors (30%-32%). Residents with a high school education or less were more likely to discuss issues with both neighbors and co-workers. Other groups more likely to discuss issues with co-workers were those very familiar with mental health issues, women, and White residents.

## ***Where would you go for help?***

While most residents knew how to find out about available services, almost one-third (31%) did not know how they would find services for themselves and one-quarter (24%) did not know how they would find services for their children.

About half of the survey participants said they would try to solve mental health problems themselves, before seeking treatment. People were more likely to feel this way about their own mental health (60%) than that of their child (40%). Also, certain groups were less likely to say that they would first try to solve problems on their own: women, older residents, and non-white residents.

## ***Do you want to know more?***

Just under half (47%) of the Anoka County residents surveyed were interested in learning more about mental health. Groups that expressed a higher level of interest: women (51%, compared to 39% of men) and non-White residents (60%, compared to 46% of White residents).

Responding to an open-ended question, respondents said the preferred ways to receive this kind of information are newspapers (49%), flyers or brochures (41%), and the Internet (24%). Survey participants were relatively unlikely to say that other formal networks (such as doctors or employers) or informal networks (such as family or friends) would be good ways for them to receive this kind of information.

## ***Have you seen recent publicity about mental health?***

Overall, 61 percent of the residents had seen recent publicity about mental health or mental illness issues, especially through the media. Those less likely to recall publicity: men (54%, compared to 65% of females) and younger people (48% for age 25 or younger, compared to 65% of those age 26-50 and 67% of those 51 or older).

More than half of the residents (54%) had seen information about mental health or mental illness in a television commercial. Other common sources were television news (48%), newspapers (44%), and magazines (42%). One-quarter to one-third of the residents obtained information through their school or job, other television programs, billboards, and flyers or brochures.

## ***Does society need to be more accepting of people with mental illness?***

Almost all respondents (95%) said that society needs to be more accepting of people with a mental illness. Groups less likely to agree with this: men, people age 25 or younger, and those less familiar with mental health issues.

When asked an open-ended questions about what messages would increase public acceptance of people who have mental illness, Anoka County residents' most common suggestions followed these general themes:

- Mental illness can happen to anyone.
- There are different levels of mental illness, with a wide range of symptoms and effects.
- Mental illness has a biological basis similar to other medical conditions.

## ***Recommendations based on survey results***

- In developing strategies to make Anoka County residents more familiar with mental illness and reduce stigma, emphasize recognizable individuals, such as celebrities or respected leaders, rather than general information.
- Share examples of individuals with mental illness who successfully carry out roles involving a high degree of trust, responsibility, or leadership.
- Provide accurate, evidence-based information about the prevalence of mental health issues.
- Provide targeted information for doctors, clergy, teachers, and family members to assist them in providing accurate information, support and resources related to mental health.
- Work with employers to distribute information about mental health and community resources. Although few residents are comfortable discussing mental health concerns at work, major employers are a strategic conduit for reaching residents, and a well-executed information campaign might help increase comfort levels regarding mental health topics in the workplace.
- Continue to publicize information about available mental health services and resources. New people continuously move into every community, and others who have lived there for years might not pay close attention until the need arises.
- Emphasize information strategies that take information directly into the home (such as television, newspapers, and magazines) rather than through courses or training programs.
- Consider non-traditional strategies to share information with specific target groups, including men, younger residents, and individuals with racial/ethnic backgrounds other than White.
- Highlight key messages that resonate strongly with residents, focusing on the underlying biological basis of mental illness, the broad range of resulting symptoms and effects, and the fact that mental illness can happen to anyone.

# Introduction

In the summer of 2005, members of the Mental Wellness Campaign of Anoka County began working with Wilder Research staff to plan and implement a data collection project designed to help measure the beliefs and knowledge of Anoka County residents, ages 14 and older, regarding mental health. The results will be used by the Campaign to guide educational efforts in the county over the next several years.

## *Research methods*

### **Survey development**

A survey was developed to explore the following main issues:

- How much exposure or familiarity do Anoka County residents have with mental health issues or individuals with mental illness?
- What kinds of behaviors or emotional issues do residents consider mental illness?
- What are the attitudes and beliefs of Anoka County residents related to mental health and mental illness?
- How comfortable are residents discussing their own potential mental health issues, or those of their children, with other people?
- How knowledgeable are Anoka County residents about available mental health services, and how likely are they to use these services?
- Are residents interested in learning more about mental health issues and, if so, what are the best strategies for providing this information?
- What are the most important messages that residents feel others need to receive in order to increase societal acceptance of individuals with mental illness?

The survey included both original questions and questions obtained from other sources. Some questions were adapted from the Attitudes of Mental Illness 2003 report prepared by Taylor Nelson Sofres for the Department of Health in London and work done by Dr. Patrick W. Corrigan of the Center for Psychiatric Rehabilitation at the University of Chicago. Additional survey questions were developed to meet the specific needs of the Mental Wellness Campaign for Anoka County.

## **Data collection**

Wilder Research staff worked with members of the Mental Wellness Campaign for Anoka County to implement a multi faceted approach to data collection. The goal was to obtain feedback from a representative group of Anoka County residents. The original plan called for data to be collected through a well-advertised online survey, opportunities for residents to call in to be interviewed, and in-person data collection at public locations and community gatherings. Once the initial data collection began, additional funding became available to add a phone survey to reach a random sample of 100 residents.

Between November, 2005, and February, 2006, Anoka County residents completed 1,123 surveys (exceeding the original goal of 600 completed surveys). Based on the population of Anoka County, this number of responses gives us a confidence interval (margin of error) of three points. All respondents who opted to provide contact information were eligible for a drawing of prizes, including cash or passes to Anoka County parks.

Surveys were collected using the following data collection methods (see Figure 1):

- In person intercepts – Three hundred and seventeen surveys (28% of the final sample) were collected at public places such as Northtown Mall, the Anoka County Human Services Building in Blaine, and Mercy Hospital. At Northtown Mall and the Human Services Building, trained Wilder Research interviewers approached individuals and invited them to complete the survey. If needed, the interviewers provided assistance to the respondents in reading or completing the surveys. Otherwise, respondents completed the survey independently. At Mercy Hospital, a volunteer invited respondents to complete the survey on their own.
- On-line surveys – The survey was available on-line through a secure website maintained by Wilder Research. Three hundred and thirty-three people (30% of the final sample) completed the survey on-line. The website was advertised through articles in community newspapers and newsletters, signs posted in libraries and other public locations, and email messages distributed to local companies, list serves, Anoka-Ramsey Technical College, and other community groups.
- Phone survey – Because much of the data collection efforts targeted specific groups of individuals, a telephone survey was added to increase the likelihood of obtaining a random sample of county residents. Wilder Research interviewers used a randomly developed list of Anoka County telephone numbers to contact residents and invite them to participate. Interviews were attempted with 206 Anoka County residents. Of those, 29 were not eligible, had incorrect phone numbers, or could not complete the interview in English. Of the remaining 177 people, 77 refused to be interviewed,

resulting in a total of 100 completed random telephone interviews (9% of final sample, 57% of interviews attempted).

- Self report – Additional surveys were made available to the public at a variety of sites. The Anoka County Public Library system not only advertised the on-line version, but also made paper versions available for patrons to complete and return. Other groups that used this method of survey distribution included Spring Lake Park High School, Anoka Senior Programs, Metro North Job Training, and some trainings and conferences. A total of 373 surveys were collected through these channels (33% of the final sample).

Data collection efforts were conducted in partnership with members of the Mental Wellness Campaign for Anoka County who accessed their personal and professional networks to help distribute the survey. Through this collaboration, surveys were collected from a diverse range of residents in a cost-effective manner.

---

## 1. Data collection strategies

	Number	Percentage
<b>In person interviews</b>	<b>317</b>	<b>28%</b>
Northtown Mall	177	16%
Anoka County Human Services Building in Blaine	98	9%
Mercy Hospital	42	4%
<b>On line surveys</b>	<b>333</b>	<b>30%</b>
<b>Telephone interviews</b>	<b>100</b>	<b>9%</b>
<b>Self-administered surveys</b>	<b>373</b>	<b>33%</b>
Anoka County Senior Centers	104	9%
Spring Lake Park High School	95	8%
Public libraries	88	8%
Jacob Wetterling conference	19	2%
Other (adult education, foster parent training, school conferences, Alexander House, community partnership meetings, WIC/food shelf locations, call ins)	67	6%
<b>Total</b>	<b>1,123</b>	<b>100%</b>

## **Description of the sample**

The survey respondents comprise a broad representative sample of Anoka County in terms of age, race/ethnicity, area of residence, educational level, and occupation. Specifically:

- The full age range of residents was represented, with 21 percent of respondents between the ages of 14 and 24, 33 percent between the ages of 25 and 44, 33 percent between the ages of 45 and 64, and 13 percent over the age of 65.
- Eighty-nine percent of the respondents were White (comparable to the population of the county, which was 91% in 2004). The remaining respondents were Black, American Indian, Hispanic, Asian, African-born, others.
- Residents represented 22 Anoka County cities or towns. Forty-four percent of the respondents lived in either Blaine or Coon Rapids (similar to the population in 2000). Other towns representing at least 5 percent of the respondents were Fridley, Anoka, Andover, Ramsey, and Spring Lake Park.
- A range of educational backgrounds were represented, with 36 percent of the respondents having a high school diploma or less, 24 percent attending some college, 31 percent having either a two-year or a four-year college degree, and 10 percent having a graduate degree. It should be noted that the percentage of respondents having a high school degree or less is inflated due to the fact that youth over the age of 14 were included in the survey.
- Respondents also reflected a diverse array of occupational areas. Fifteen percent of the respondents were retired, and 10 percent were current high school students. At least 5 percent of the respondents represented the following occupational categories: medical/health, teacher/education, clerical/secretary, food/service industry, and managerial/executive.

The one area in which the sample did not reflect the overall county population was gender. Half of the county residents, but only 30 percent of the survey respondents, are male. Because males were underrepresented in the final group of respondents, the confidence interval for males should be increased to five points (see Figures 2-7).



---

## 2. Age of respondents

Age	Respondents (N=1,109)	Anoka County 2004 Community survey (N=246,063)
15 to 19 years (including 14 for survey)	16%	9%
20 to 24 years	5%	10%
25 to 34 years	14%	17%
35 to 44 years	19%	23%
45 to 54 years	21%	20%
55 to 64 years	12%	13%
65 to 74 years	8%	6%
75 to 84 years	4%	3%
85 years and older	<1%	1%

**Note:** Twenty-two percent of the population was estimated to be 14 or younger. The percentages presented here for the Anoka County 2004 community survey are adjusted for the remaining population (estimated at 246,063). The average age of respondents was 43.

---

## 3. Race/ethnicity of respondents

Racial/ethnic background	Respondents (N=1,109)	Anoka County 2004 Community survey (N=316,778)
White, non-Hispanic	89%	91%
Black, non-Hispanic	2%	3%
American Indian/Alaskan Native	1%	1%
Hispanic	1%	2%
Asian/Pacific Islander	2%	3%
African born	1%	NA
Other	4%	<1%

**Note:** Survey respondents could select more than one racial/ethnic category.

#### 4. Geographic residence of respondents

City or town of residence	Respondents (N=1,108)	2000 Census data (N=298,084)
Blaine	24%	15%
Coon Rapids	20%	21%
Fridley	9%	9%
Anoka	9%	6%
Andover	6%	9%
Ramsey	6%	6%
Spring Lake Park	5%	2%
Ham Lake	4%	4%
Columbia Heights	3%	6%
Lino Lakes	3%	6%
East Bethel	1%	4%
Circle Pines	3%	2%
Cedar (Cedar East Bethel)	3%	-
St. Francis	2%	2%
Linwood Township	1%	2%
Oak Grove Township	1%	2%
Burns Township	1%	1%
Lexington	1%	1%
Bethel	<1%	<1%
Centerville	<1%	1%
Columbus Township	<1%	1%
Hilltop	<1%	<1%

**Note:** For the cities of Blaine and Spring Lake Park the population is reported only for the portions of the city included in the county.

#### 5. Educational background of respondents

Highest level of education completed	All survey participants (N=1,105)	Respondents over the age of 25 (N=848)
Less than a high school degree	17%	3%
High school diploma or GED	19%	21%
Some college	24%	27%
Two-year college degree	12%	14%
Four-year college degree	19%	23%
Graduate degree	10%	12%

---

## 6. Occupation of respondents

<b>Occupation</b>	<b>Percentage (N=1,062)</b>
Retired	15%
High school student	10%
Medical/health	8%
Teacher/education	7%
Clerical/secretary	6%
Food & service industry	5%
Managerial/executive	5%
Homemaker	4%
Industrial/mechanical	4%
Sales	3%
Administrative/human resources	3%
Not working/unemployed	3%
Student (beyond high school)	3%
Banking/financial	2%
Childcare	2%
Special education	2%
Computer based	2%
Social worker	2%
Construction/plumbing/electrician	2%
Technician/repair	2%
Caretaker/groundskeeper/park worker	1%
Police/fire department/security	1%
Transportation	1%
Politics/government	1%
Accounting	1%
Postal/shipping industry	1%
Mental health	1%
Social sciences	1%
Hard sciences	1%
Not working/disability	1%
Self employed/business owner (unspecified)	1%

---

---

**6. Occupation of respondents (continued)**

<b>Occupation</b>	<b>Percentage (N=1,062)</b>
Military	<1%
Law/judicial	<1%
Coach/recreation supervisor	<1%
Probation officer	<1%
Artist/performer	<1%
News/media	<1%
Religion	<1%
Temp agency/day placement	<1%

---

**7. Gender of respondents**

<b>Gender</b>	<b>Respondents (N=1,113)</b>	<b>Anoka County 2004 Community survey (N=316,778)</b>
Male	30%	50%
Female	70%	50%

# Survey results

## *Level of familiarity with mental illness*

One set of questions asked respondents to identify their level of contact with or exposure to individuals with mental illness. This Level of Familiarity with Mental Illness Questionnaire was developed by Dr. Patrick W. Corrigan of the Center for Psychiatric Rehabilitation at the University of Chicago. Most respondents said that they had seen movies or television shows with a character that has a mental illness (94%), had observed in passing someone that they thought had a mental illness (86%), and had seen a television documentary about mental illness (63%). Many respondents also said that they had contact with people who have a mental illness, including relatives (60%), friends of the family (58%), and co-workers (52%). Only 5 percent of the respondents said that they have never observed anyone that had a mental illness.

A smaller percentage of the respondents had significant first-hand contact with mental illness, including having a job that involves caring for individuals with a mental illness (29%), living with someone who has a mental illness (17%), or having a mental illness themselves (17%) (see Figure 8).

---

### **8. Familiarity with mental illness**

	<b>Percentage responding they have had this experience (N=1,111-1,123)</b>
I have watched a movie or television show that has a character with a mental illness	94%
I have observed, in passing, someone I think may have had a mental illness	86%
I have watched a documentary on television about mental illness	63%
I have a relative who has a mental illness	60%
A friend of the family has a mental illness	58%
I have worked with someone with a mental illness at my place of employment	52%
My job involves providing services/treatment for people with a mental illness	29%
I live with a person who has a mental illness	17%
I have a mental illness	17%
I have never observed someone that I was aware had a mental illness	5%

These items were also designed to quantify an individual’s overall level of familiarity with mental illness. Each item was assigned a point value that corresponded to low familiarity (1 = I have never observed someone that I was aware had a mental illness) to high familiarity (11 = I have a mental illness). Respondents were categorized as having low, moderate, or high familiarity with mental illness based on the highest rated item that they endorsed. As seen in Figure 9, two-thirds of the respondents (64%) had a high level of familiarity with mental illness.

---

## 9. Categorization of familiarity with mental illness

	Point value	Percentage with item as highest-rated (N=1,110)
<b>Low familiarity</b>	<b>1-4</b>	<b>14%</b>
I have never observed someone that I was aware had a mental illness	1	<1%
I have observed, in passing, someone I think may have had a mental illness	2	1%
I have watched a movie or television show that has a character with a mental illness	3	7%
I have watched a documentary on television about mental illness	4	7%
<b>Moderate familiarity</b>	<b>5-8</b>	<b>22%</b>
I have worked with someone with a mental illness at my place of employment	6	6%
My job involves providing services/treatment for people with a mental illness	7	5%
A friend of the family has a mental illness	8	11%
<b>High familiarity</b>	<b>9-11</b>	<b>64%</b>
I have a relative who has a mental illness	9	37%
I live with a person who has a mental illness	10	10%
I have a mental illness	11	17%

## ***Definition of mental illness***

Respondents were also asked their opinion about whether a range of behavioral and emotional issues were indicative of the presence of mental illness. These questions were adapted from the Attitudes to Mental Illness 2003 Report from the Department of Health in London. Some additional questions were added based on input from members of the Mental Wellness Campaign for Anoka County. Most survey respondents said that the following characteristics reflected a mental illness: serious bouts of depression (85%), schizophrenia (84%), and bipolar disorder (83%). They were least likely to say that someone who cannot be held responsible for his or her own actions (59%) and someone prone to violence (52%) may have a mental illness (see Figure 10).

---

### **10. Definition of mental illness**

	<b>Percentage identifying this characteristic as a mental illness (N=1,101-1,113)</b>
Someone who has serious bouts of depression	85%
Someone who is suffering from schizophrenia	84%
Someone with bipolar disorder	83%
Someone who appears suicidal or talks about suicide	81%
Someone who has a split personality	81%
Someone who is born with some abnormality affecting the way the brain works	77%
Someone who has to be kept in a psychiatric or mental hospital	75%
Someone who is incapable of making simple decisions about his or her own life	67%
Someone who cannot be held responsible for his or her own actions	59%
Someone prone to violence	52%

### **Variation by level of familiarity**

As seen in Figure 11, individuals who were more familiar with mental illness were most likely to identify issues as a mental illness. For example, 90 percent of those with high familiarity with mental illness agreed that bipolar disorder reflected a mental illness, compared to only 63 percent of those with a low level of familiarity. Other characteristics rated more often as reflecting a mental illness by those with high levels of familiarity included serious bouts of depression (92% versus 71%), being prone to violence (60% versus 40%), and schizophrenia (88% versus 68%).

## 11. Definition of mental illness – significant variation by level of familiarity

	Percentage identifying characteristic as a mental illness			Chi-square
	Low familiarity (N=154-156)	Moderate familiarity (N=650-654)	High familiarity (N=294-296)	
Someone who has serious bouts of depression	71%	86%	92%	35.9***
Someone who is incapable of making simple decisions about his or her life	59%	65%	75%	13.7**
Someone who has a split personality	69%	82%	86%	19.6***
Someone who is born with some abnormality affecting the way the brain works	69%	78%	81%	9.2*
Someone prone to violence	40%	52%	60%	17.4***
Someone who is suffering from schizophrenia	68%	87%	88%	38.1***
Someone who has to be kept in a psychiatric or mental hospital	66%	75%	80%	11.3**
Someone with bipolar disorder	63%	85%	90%	55.5***
Someone who appears suicidal or talks about suicide	68%	81%	87%	23.9***

### Variation by gender

Females were more likely than males to rate a number of issues as a mental illness, such as someone with bipolar disorder (87%, compared to 74% of males), someone prone to violence (55%, compared to 46% of males), and someone who has serious bouts of depression (88%, compared to 80% of males). Males, in contrast, were somewhat more likely to say that someone who is incapable of making simple decisions about his or her life has a mental illness (see Figure 12).

## 12. Definition of mental illness – significant variation by gender

	Percentage identifying characteristic as a mental illness		Chi-square
	Male (N=317-325)	Female (N=773-778)	
Someone who has serious bouts of depression	80%	88%	10.0**
Someone who is incapable of making simple decisions about his or her life	71%	66%	3.0*
Someone prone to violence	46%	55%	8.6**
Someone who is suffering from schizophrenia	81%	86%	4.1*
Someone with bipolar disorder	74%	87%	26.4***
Someone who appears suicidal or talks about suicide	76%	82%	5.3*



## Variation by age

For a number of items, adults between the ages of 26 and 50 were significantly more likely to identify items as representing mental illness than were younger or older individuals. For example, 92 percent of individuals between the ages of 26 and 50 said that someone with bipolar disorder had a mental illness, compared to 75 percent of respondents who were 25 or younger and 78 percent of those aged 51 or older. A similar pattern emerged for a number of other items, including someone who has bouts of depression, someone with a split personality, someone suffering from schizophrenia, someone who has to be kept in a psychiatric hospital, someone who appears suicidal or talks about suicidal, and someone prone to violence.

One item showed a different pattern. Adults over the age of 50 were least likely to say that someone with some abnormality affecting the way the brain works has a mental illness (65%, compared to 86% of those age 25 or younger and 84% of those age 26 to 50) (see Figure 13).

### 13. Definition of mental illness – significant variation by age

	Percentage identifying characteristic as a mental illness			Chi-square
	25 or younger (N=247-251)	26 to 50 (N=489-496)	51 or older (N=346-352)	
Someone who has serious bouts of depression	76%	91%	85%	30.0***
Someone who has a split personality	73%	89%	77%	33.2***
Someone who is born with some abnormality affecting the way the brain works	86%	84%	65%	53.2***
Someone prone to violence	45%	57%	52%	10.1**
Someone who is suffering from schizophrenia	77%	92%	80%	35.4***
Someone who has to be kept in a psychiatric or mental hospital	75%	82%	67%	25.0***
Someone with bipolar disorder	75%	92%	78%	42.6***
Someone who appears suicidal or talks about suicide	74%	86%	78%	19.7***

**Note:** Responses varied significantly \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

### Variation by level of education

Definitions of mental illness also varied by respondents' level of education. In general, individuals who had attended at least some college were more likely to define characteristics as mental illness than were those with a high school education or less. Completion of a college degree had an inconsistent impact on ratings, however. In some cases, ratings were similar for those who attended some college and those with a degree (i.e., they were equally likely to say that someone who has serious bouts of depression, someone who has to be kept in a psychiatric or mental hospital has a mental illness). Compared to those without a degree but who had attended some college, those with a degree were more likely to say that someone who has a split personality has a mental illness, but were less likely to equate someone who is violence-prone with mental illness (see Figure 14).

#### 14. Definition of mental illness – significant variation by education (for respondents 25 or older)

	Percentage identifying characteristic as a mental illness			Chi-square
	High school or less (N=197-202)	Some college (N=223-226)	At least a two-year degree (N=413-416)	
Someone who has serious bouts of depression	78%	91%	92%	29.8***
Someone who has a split personality	73%	84%	89%	23.8***
Someone who is born with some abnormality affecting the way the brain works	68%	76%	79%	9.3**
Someone prone to violence	50%	61%	53%	6.0*
Someone who is suffering from schizophrenia	75%	86%	93%	35.9***
Someone who has to be kept in a psychiatric or mental hospital	66%	78%	79%	13.9***
Someone with bipolar disorder	68%	90%	92%	70.6***

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

### Variation by race/ethnicity

Survey respondents who were White were significantly more likely to identify a number of characteristics as indicative of mental illness, as compared to those from other racial or ethnic backgrounds. The difference was most pronounced for bipolar disorder (85% versus 66%), serious bouts of depression (87% versus 71%), split personality (83% versus 69%), and schizophrenia (86% versus 72%) (see Figure 15).

## 15. Definition of mental illness – significant variation by race/ethnicity

	Percentage identifying characteristic as a mental illness		Chi-square
	White (N=977-988)	Other (N=109-112)	
Someone who has serious bouts of depression	87%	71%	20.1***
Someone who is incapable of making simple decisions about his or her life	69%	59%	4.1*
Someone who has a split personality	83%	69%	11.7**
Someone prone to violence	54%	42%	5.3*
Someone who is suffering from schizophrenia	86%	72%	14.5***
Someone with bipolar disorder	85%	66%	25.4***
Someone who appears suicidal or talks about suicide	82%	72%	6.3*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .005$ .

## *Perceived proportion of population with mental illness*

More than half of the respondents felt that the proportion of people in Anoka County who would have a mental health problem at some point in their lives was either one in five (27%) or 1 in 10 (25%). Another 29 percent felt that the proportion was somewhat lower, either 1 in 25 (18%) or 1 in 50 (11%). Seven percent felt that half of the residents would experience a mental health issue (see Figure 16).

## 16. Perceived proportion of population with mental illness

What proportion of people in Anoka County do you think have a mental health problem at some point in their lives?	N=1,058	%
1 in 2	73	7%
1 in 5	281	27%
1 in 10	263	25%
1 in 25	185	18%
1 in 50	118	11%
1 in 100	93	9%
1 in 250	45	4%

Perceptions of the proportion of people in Anoka County who may have a mental illness varied somewhat for individuals of different backgrounds. Most notably, individuals with less familiarity regarding mental illness gave lower ratings of the proportion of County residents with a mental illness. For instance, almost half of the individuals (48%) with a high level of familiarity said that the proportion of residents with a mental illness was either one in two or one in five (compared to 12% of those with a low level of familiarity) (see Figure 17).

**17. Perceived proportion of population with mental illness – Significant variation in ratings by familiarity with mental health, gender, racial/ethnic background, and age**

What proportion of people in Anoka County do you think have a mental health problem at some point in their lives?	N	Percentage of respondents							Chi-square
		1 in 2	1 in 5	1 in 10	1 in 25	1 in 50	1 in 100	1 in 250	
<b>Level of familiarity</b>									
Low	136	2%	10%	21%	29%	14%	15%	10%	7.4***
Moderate	624	6%	26%	26%	17%	12%	9%	3%	
High	289	12%	36%	24%	13%	8%	5%	3%	
<b>Gender</b>									
Male	309	7%	19%	27%	17%	12%	12%	5%	14.5*
Female	739	7%	29%	24%	18%	11%	8%	4%	
<b>Racial/ethnic background</b>									
White	946	6%	28%	25%	18%	11%	8%	4%	17.5**
All others	100	12%	15%	26%	18%	10%	16%	3%	
<b>Age</b>									
25 or younger	231	4%	19%	25%	14%	22%	13%	3%	87.4***
26 to 50	470	9%	32%	28%	18%	5%	5%	3%	
51 or older	342	6%	23%	22%	19%	12%	11%	7%	

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

## ***General attitudes towards mental health and mental illness***

One set of survey questions assessed residents' general attitudes towards mental health and mental illness. As seen in Figure 18:

- Almost all respondents (98%) “strongly agreed” or “agreed” that mental health is as important to someone’s well-being as their physical health; two-thirds of the respondents (64%) “strongly agreed.”
- While almost all respondents (96%) “strongly agreed” or “agreed” that mental illness can happen to anyone, fewer (79%) agreed that mental illness is caused by factors outside of someone’s control.
- Most respondents “strongly agreed” or “agreed” that mental illness can be effectively treated (92%) and that more services need to be available for people with mental illness (93%).
- Most respondents “strongly disagreed” or “disagreed” that they would be uncomfortable if someone with a mental illness lived in their neighborhood (87%), that they would feel unsafe around people with a mental illness (86%), or that they would try to avoid people who have a mental illness (86%).
- While most respondents generally indicated that they were comfortable being around individuals with a mental illness, only 29 percent “agreed” or “strongly agreed” that they would trust someone with a mental illness to take care of their loved ones, such as children or parents. Twenty-nine percent also “agreed” or “strongly agreed” that people with a mental illness should be excluded from positions of public leadership.

## 18. General attitudes regarding mental illness

	Percentage of respondents (N=1,072-1,120)				Mean
	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	
Mental health is as important to someone's well-being as their physical health.	1%	1%	34%	64%	3.6
More services need to be available for people with mental illness.	1%	6%	50%	43%	3.3
Mental illness can happen to anyone.	2%	3%	46%	50%	3.4
Mental illness can be effectively treated.	1%	7%	61%	31%	3.2
I feel sorry for people who have a mental illness.	3%	16%	57%	24%	3.0
Mental illness is caused by factors outside of someone's control.	5%	16%	56%	23%	3.0
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	15%	56%	25%	4%	2.2
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	20%	51%	24%	5%	2.2
I try to avoid people who have a mental illness.	31%	55%	13%	2%	1.9
I feel unsafe around people with mental illness.	22%	64%	13%	1%	1.9
People with mental illness are a burden on society.	33%	58%	8%	1%	1.8
People with mental illnesses belong in a hospital or institution.	31%	59%	8%	2%	1.8
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	33%	54%	11%	2%	1.8

### Variation by level of familiarity

Individuals who were more familiar with mental illness generally were more accepting of others with mental illness. Compared to individuals with low or moderate levels of familiarity, individuals with high familiarity were more likely to say that they would trust someone with a mental illness to take care of their loved and were less likely to say that people with a mental illness should be excluded from positions of public leadership. They were also less likely to avoid people with a mental illness, feel that people with a mental illness belong in a hospital or institution, be uncomfortable with someone with a mental illness living in their neighborhood, and feel unsafe around people with a mental illness (see Figure 19).

**19. General attitudes regarding mental illness – significant variation by level of familiarity**

	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	Low familiarity (N=149-157)	Moderate familiarity (N=628-655)	High familiarity (N=286-296)	
Mental illness can happen to anyone.	92%	96%	96%	6.9*
I try to avoid people who have a mental illness.	22%	14%	11%	9.3*
People with mental illnesses belong in a hospital or institution.	19%	9%	7%	18.9***
I would be uncomfortable if someone with a mental illness lived in my neighborhood.	17%	15%	7%	13.0**
I feel unsafe around people with a mental illness.	20%	13%	11%	7.4*
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	12%	27%	43%	50.5***
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	41%	29%	20%	23.7***

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

**Variation by gender**

Attitudes also varied some by gender. While most people still disagreed with these items, males were more likely to “agree” or “strongly agree” that they try to avoid people who have a mental illness (20%, compared to 12% of females), that people with a mental illness belong in a hospital or institution (16%, compared to 7% of females), and that people with a mental illness should be excluded from positions of public leadership (35%, compared to 26% of females). Females, in contrast, were more likely to “agree” or “strongly agree” that mental illness is caused by factors outside of someone’s control (82%, compared to 73% of males) and that more services need to be available for people with mental illness (95%, compared to 88% of males) (see Figure 20).

**20. General attitudes regarding mental illness – significant variation by gender**

	Percentage of respondents “strongly agreeing” or “agreeing”		Chi- square
	Male (N=315-328)	Female (N=750-783)	
Mental illness can happen to anyone.	93%	97%	8.9**
I try to avoid people who have a mental illness.	20%	12%	10.3**
People with mental illnesses belong in a hospital or institution.	16%	7%	21.3***
Mental illness is caused by factors outside of someone’s control.	73%	82%	12.5***
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	26%	31%	2.9*
People with mental illness are a burden on society.	13%	8%	5.6*
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	35%	26%	9.9**
More services need to be available for people with mental illness.	88%	95%	15.7***
Mental health is as important to someone’s well-being as their physical health.	97%	99%	4.5*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

**Variation by age**

For a few items, ratings also varied by age. Most notably, individuals who were 25 or younger were less likely to feel that mental illness can be effectively treated and to trust someone with a mental illness to take care of loved ones. They were more likely to feel that people with a mental illness belong in a hospital or institution. Adults age 51 or older were most likely to feel that people with a mental illness should be excluded from positions of public leadership (see Figure 21).



## 21. General attitudes regarding mental illness – significant variation by age

	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	25 or younger (N=252-255)	26-50 (N=465-485)	51 or older (N=353-364)	
Mental illness can be effectively treated.	83%	95%	95%	38.1***
Mental illness can happen to anyone.	92%	97%	97%	13.8***
People with mental illnesses belong in a hospital or institution.	17%	6%	9%	24.5***
I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	20%	34%	28%	16.7***
People with mental illness are a burden on society.	8%	7%	13%	8.1*
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	30%	20%	40%	41.1***
Mental health is as important to someone’s well-being as their physical health.	96%	99%	99%	10.7**

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

### Variation by level of education

Ratings varied by level of education for a few items. With increased education (i.e., at least a two-year college degree), respondents became less likely to agree that people with a mental illness belong in a hospital or institution (5%, compared to 12% of those with a high school degree or less) and that people with a mental illness should be excluded from positions of public leadership, such as elected officials (20%, compared to 41% of those with a high school degree or less (see Figure 22).

## 22. General attitudes regarding mental illness – significant variation by education level (for residents 25 or older)

	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	High school or less (N=194-202)	Some college (N=220-228)	At least a two-year degree (N=414-416)	
Mental illness can happen to anyone.	96%	95%	99%	9.4**
People with mental illnesses belong in a hospital or institution.	12%	8%	5%	9.8**
People with a mental illness should be excluded from positions of public leadership, such as elected officials.	41%	31%	20%	31.2***

**Note:** Responses varied significantly \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

### Variation by race/ethnicity

Compared to Anoka County residents from other racial or ethnic backgrounds, White residents were more likely to “agree” or “strongly agree” that mental illness can be effectively treated (94% versus 83%), that they feel sorry for people who have a mental illness (82% versus 71%), and that mental illness is caused by factors outside of someone’s control (81% versus 71%) (see Figure 23).

---

### 23. General attitudes regarding mental illness – significant variation by race/ethnicity

	Percentage of respondents “strongly agreeing” or “agreeing”		
	White (N=974-994)	All others (N=109-113)	Chi- square
Mental illness can be effectively treated.	94%	83%	16.1***
Mental illness can happen to anyone.	96%	92%	4.3*
I feel sorry for people who have a mental illness.	82%	71%	8.0**
People with a mental illness belong in a hospital or institution.	9%	16%	6.1*
Mental illness is caused by factors outside of someone’s control.	81%	71%	5.8*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

### *Comfort discussing mental health issues*

Respondents were asked to rate how comfortable they would be discussing their own potential mental health issues with others. Overall, people were most likely to “strongly agree” or “agree” that they would feel comfortable discussing issues with doctors (90%), their family (81%), and clergy members or other spiritual leaders (80%). Two-thirds said that they would be comfortable discussing issues with friends (67%). Respondents were least likely to feel comfortable discussing issues with co-workers (37%) and neighbors (32%) (see Figure 24).

---

**24. Level of comfort sharing one’s own mental health concerns**

If I was worried about my mental health...	N	Percentage of responses				Mean
		Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	
I would feel comfortable talking to my doctor about it.	1,116	1%	9%	55%	35%	3.2
I would feel comfortable telling my friends	1,112	4%	29%	51%	16%	2.8
I would feel comfortable telling my family	1,112	3%	16%	55%	26%	3.1
I would feel comfortable telling my neighbors	1,105	14%	55%	25%	7%	2.3
I would feel comfortable telling a clergy member or other religious/spiritual leader	1,104	5%	15%	55%	25%	3.0
I would feel comfortable telling my co-workers	1,099	13%	51%	31%	6%	2.3

The 40 percent of the respondents who said that they were a primary caregiver of a child under the age of 18 were also asked to rate their comfort in discussing potential mental health issues exhibited by their children. Results were similar to those obtained regarding one’s own mental health issues, with most respondents “strongly agreeing” or “agreeing” that they would feel comfortable talking to their child’s doctor (97%), their family (84%), and a clergy member or other religious/spiritual member (83%). Most also said that they would feel comfortable telling someone at their child’s school (89%). Again, fewer respondents said that they would feel comfortable discussing mental health issues with co-workers (40%) and neighbors (30%) (see Figures 25-26).

---

**25. Respondents who are caregivers of children under 18**

	Percentage responding “yes” (N=1,121)
Are you a primary caregiver for any children under the age of 18?	40%

## 26. Level of comfort sharing mental health concerns about children

If I was worried about my child's mental health...	N	Percentage of responses				Mean
		Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	
I would feel comfortable talking to my child's doctor about it.	446	1%	2%	42%	55%	3.5
I would feel comfortable telling my friends	446	3%	28%	52%	18%	2.9
I would feel comfortable telling my family	445	2%	14%	54%	30%	3.1
I would feel comfortable telling my neighbors	446	11%	59%	20%	10%	2.3
I would feel comfortable telling my co-workers	445	11%	49%	29%	11%	2.4
I would feel comfortable telling a clergy member or other religious/ spiritual leader	441	3%	14%	52%	31%	3.1
I would feel comfortable telling someone at my child's school, such as a teacher or counselor	444	2%	9%	55%	34%	3.2

### Variation by level of familiarity

Individuals who were more familiar with mental health issues had a higher degree of comfort in discussing their own mental health issues with friends (73%, compared to 62% of those with low familiarity) and discussing their child's mental health issues with co-workers (43%, compared to 15% of those with low familiarity) (see Figure 27).

## 27. Level of comfort sharing mental health concerns – significant variation by level of familiarity

If I was worried about my mental health...	Percentage of respondents "strongly agreeing" or "agreeing"			Chi-square
	Low familiarity (N=40-157)	Moderate familiarity (N=254-650)	High familiarity (N=150-296)	
<b>If I was worried about my mental health...</b>				
I would feel comfortable telling my friends.	62%	66%	73%	6.6*
<b>If I was worried about my child's mental health...</b>				
I would feel comfortable telling my co-workers.	15%	41%	43%	11.1**

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ .

## Variation by gender

For several items, females had a higher degree of comfort in discussing mental health issues. Compared to males, they were more likely to agree that they would feel comfortable discussing their own mental health issues with friends (70% versus 61%) and with clergy members or other religious/spiritual leaders (82% versus 76%). They were also more likely to feel comfortable sharing concerns about their children’s mental health with friends (75% versus 53%) and co-workers (43% versus 29%) (see Figure 28).

### 28. Level of comfort sharing mental health concerns – significant variation by gender

	Percentage of respondents “strongly agreeing” or “agreeing”		Chi-square
	Male (N=98-326)	Female (N=343-781)	
<b>If I was worried about my mental health...</b>			
I would feel comfortable telling my friends	61%	70%	9.1**
I would feel comfortable telling a clergy member or other religious/spiritual leader	76%	82%	4.9*
<b>If I was worried about my child’s mental health...</b>			
I would feel comfortable telling my friends	53%	75%	16.9***
I would feel comfortable telling my co-workers	29%	43%	6.2**

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

## Variation by age

Younger individuals (i.e., those 25 or younger) were less likely to feel comfortable talking to some individuals about their mental health status. This difference was especially pronounced related to comfort discussing issues with clergy members or other religious/spiritual leaders, with only 69 percent of those age 25 or younger feeling comfortable (compared to 82% of those aged 26 to 50 and 85% of those aged 51 or older). Older individuals were also significantly more likely to feel comfortable talking to doctors and neighbors (see Figure 29).

**29. Level of comfort sharing mental health concerns – significant variation by age**

If I was worried about my mental health...	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	25 or younger (N=250-253)	26 to 50 (N=482-485)	51 or older (N=357-363)	
I would feel comfortable talking to my doctor about it	81%	92%	93%	27.9***
I would feel comfortable telling my neighbors	29%	28%	38%	10.2**
I would feel comfortable telling a clergy member or other religious/ spiritual leader	69%	82%	85%	25.4***

**Note:** Responses varied significantly \*\* $p \leq .01$ , \*\*\* $p \leq .001$ .

**Variation by level of education**

Individuals with a high school diploma or less were more likely to feel comfortable discussing their mental health issues with neighbors (44%, compared to 27% of those with a college degree) and with co-workers (46%, compared to 36% of those with a college degree (see Figure 30).

**30. Level of comfort sharing mental health concerns – significant variation by education level (for respondents age 25 or older)**

If I was worried about my mental health...	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	High school or less (N=200-202)	Some college (N=222-227)	At least a 2-year degree (N=412-413)	
I would feel comfortable telling my family	85%	76%	83%	7.4*
I would feel comfortable telling my neighbors	44%	32%	27%	17.0***
I would feel comfortable telling my co-workers	46%	34%	36%	7.4*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\*\* $p \leq .001$ .

**Variation by race/ethnicity**

Compared to individuals from other racial/ethnic backgrounds, White respondents were generally more likely to feel comfortable discussing mental health issues with others. They were significantly more likely to feel comfortable discussing their own and their children’s mental health issues with doctors and clergy members or other religious/ spiritual leaders. They were also more comfortable discussing their child’s mental health with co-workers and someone at their child’s school (see Figure 31).

**31. Level of comfort sharing mental health concerns – significant variation by race/ethnicity**

	Percentage of respondents “strongly agreeing” or “agreeing”		Chi-square
	White (N=972-992)	Other (N=110-114)	
<b>If I was worried about my mental health...</b>			
I would feel comfortable talking to my doctor about it.	91%	84%	5.2*
I would feel comfortable telling a clergy member or other religious/spiritual leader	82%	68%	12.7**
<b>If I was worried about my child’s mental health...</b>			
I would feel comfortable talking to my child’s doctor about it.	98%	90%	11.6**
I would feel comfortable telling my co-workers	41%	28%	3.2*
I would feel comfortable telling a clergy member or other religious/spiritual leader	85%	72%	5.4*
I would feel comfortable telling someone at my child’s school, such as a teacher or counselor	91%	80%	5.4*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ .

***Accessing mental health services***

Most survey respondents “agreed” or “strongly agreed” that they knew how to find out what services are available in their community if they worried about their own mental health (69%) or their child’s mental health (76%). County residents were more likely to “agree” or “strongly agree” that they would first try to solve the problem on their own, rather than seeking treatment, when it comes to their own mental health (60%) as opposed to that of their child (40%) (see Figure 32).

### 32. Accessing mental health services

If I was worried about my mental health...	N	Percentage of respondents				Mean
		Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	
I would know how to find out what services are available in my community	1,105	5%	25%	51%	18%	2.8
I would first try to solve the problem on my own, rather than seeking treatment.	1,107	8%	32%	50%	11%	2.6
<b>If I was worried about my child's mental health...</b>						
I would know how to find out what services are available in my community	447	5%	19%	52%	24%	3.0
I would first try to solve the problem on my own, rather than seeking treatment.	442	13%	48%	35%	5%	2.3

#### Variation by gender

As seen in Figure 33, males were somewhat more likely than females to say that, if they were worried about their mental health, they would first try to solve the problem on their own, rather than seeking treatment (69% versus 57%).

### 33. Accessing mental health services – significant variation by gender

If I was worried about my mental health...	Percentage of respondents "strongly agreeing" or "agreeing"		Chi-square
	Male (N=325)	Female (N=772)	
I would first try to solve the problem on my own, rather than seeking treatment.	69%	57%	13.9***

**Note:** Responses varied significantly \*\*\* $p \leq .001$ .



### Variation by age

County residents who were age 51 or older were most likely to know how to find out what services are available in their community (73%, compared to 62% of those age 25 or younger). They were also least likely to say that they would first try to solve the problem on their own, rather than seeking treatment (55%, compared to 63% of those age 50 or younger) (see Figure 34).

#### 34. Accessing mental health services – significant variation by age

If I was worried about my mental health...	Percentage of respondents “strongly agreeing” or “agreeing”			Chi-square
	25 or younger (N=250-253)	26 to 50 (N=479-485)	51 or older (N=355-359)	
I would know how to find out what services are available in my community.	62%	72%	73%	10.7**
I would first try to solve the problem on my own, rather than seeking treatment.	63%	63%	55%	6.2*

**Note:** Responses varied significantly \* $p \leq .05$ , \*\* $p \leq .01$ .

### Variation by race/ethnicity

White respondents were more likely than those of other racial/ethnic backgrounds to say that, if they were worried about their own mental health, they would first try to solve the problem on their own, rather than seeking treatment (61% versus 52%) (see Figure 35).

#### 35. Accessing mental health services – significant variation by racial/ethnic background

If I was worried about my mental health...	Percentage of respondents “strongly agreeing” or “agreeing”		Chi-square
	White (N=983)	Other (N=110)	
I would first try to solve the problem on my own, rather than seeking treatment.	61%	52%	3.7*

**Note:** Responses varied significantly \* $p \leq .05$ .

## ***Interest in learning more about mental health***

Overall, just under half of the Anoka County residents who completed the survey (47%) said that they were interested in learning more about mental health. Residents were more likely to be interested in learning more if they were female (51%, compared to 39% of male respondents) and non-White (60%, compared to 46% of White respondents) (see Figure 36).

---

### **36. Interest in learning more about mental health**

	<b>Percentage responding “yes” (N=1,081)</b>
Are you interested in learning more about mental health	47%

*Responses varied significantly by gender: male = 39%; female = 51% (chi-square = 12.2\*\*\*). Responses also varied significantly by racial/ethnic background: White = 46%; non-white = 60% (chi-square = 7.8\*\*).*

Of the 511 people that said they were interested in learning more about mental health, 421 gave information about the best way for them to receive information. Respondents were most likely to identify newspapers (49%) and flyers or brochures (41%) as good ways for them to get information. About one-quarter of the respondents (24%) said that the Internet would be a good way for them to receive information. Respondents were relatively unlikely to identify other formal networks (such as doctors or employers) or informal networks (such as family friends) as good ways for them to receive information (see Figure 37).

---

**37. Open-ended question: What are the best ways to receive information?**

<b>Ways to receive information</b>	<b>Percentage responding this is a good way to receive information (N=421)</b>
Newspaper (articles)	49%
Flyer or brochure	41%
Internet/website/email	24%
Other television program/TV unspecified	16%
Classes/courses/training	10%
Magazine	6%
Books	6%
From doctors/clinics/hospitals	6%
Word of mouth/In person (friends/family)	3%
Media (unspecified)	3%
Television news	2%
Radio program	2%
School or job	1%
Television commercial	1%
Poster	1%
Through work	1%
Billboard	<1%
Phone	<1%
Church	<1%
Specialized publications/resource material	<1%

***Publicity about mental health or mental illness issues***

Overall, 61 percent of the respondents said that they had recently seen publicity about mental health or mental illness issues. Residents were less likely to have seen publicity if they were male (54%, compared to 65% of females) and if they were younger (48% for age 25 or younger, compared to 65% of those age 26-50 and 67% of those 51 or older). There was also a significant difference based on level of familiarity – individuals who were more familiar with mental health issues were more likely to have seen publicity. Due to the correlational nature of the data, it is not possible to determine whether these individuals were more aware of the publicity due to their familiarity with the subject

matter, or whether the publicity had helped to increase their familiarity with mental health (see Figure 38).

---

### 38. Recent publicity about mental health or mental illness issues

	Percentage responding "yes"
Have you recently seen any publicity about mental health or mental illness issues?	61%

**Note:** Responses varied significantly by level of familiarity: Low = 40%; moderate = 61%, high = 73% (chi-square 46.1\*\*\*). Responses varied significantly by gender: male = 54%, female = 65% (chi-square = 10.3\*\*). Responses varied significantly by age: 25 or younger = 48%; 26 to 50 = 65%; 51 or older = 67% (chi-square = 26.9\*\*\*).

More than half of the respondents (54%) who said that they had recently seen publicity about mental health or mental illness issues said that they had seen the information in a television commercial. Other prevalent sources of information were television news (48%), newspapers (44%), and magazines (42%). One-quarter to one-third of the respondents obtained information from school or job, billboards, other television programs, and flyers or brochures (see Figure 39).

---

### 39. Open-ended question: What was the source of the information?

Sources of information about mental health or mental illness issues	Percentage responding that they received information about mental illness by this media (N=669)
Television commercial	54%
Television news	48%
Newspaper	44%
Magazine	42%
School or job	33%
Billboard	31%
Other television program	28%
Flyer or brochure	25%
Radio program	18%
Poster	14%
Other	5%

**Note:** Other sources of information listed by respondents include: internet/website/email, books, classes, work, friends and family, doctors, bumper stickers, and unspecified media.

## *Need for societal acceptance of people with mental illness*

Most survey respondents (95%) said that society needs to be more accepting of people with a mental illness. Respondents were less likely to agree with this item if they were male (90%, compared to 97% of female respondents), age 25 or younger (90%, compared to 96% of those age 26 or older), and less familiar with mental health issues (88%, compared to 97% of those with a high level of familiarity)(see Figure 40).

---

### **40. Need for more societal acceptance of people with mental illness**

	<b>Percentage responding “yes” (N=1,061)</b>
Do you think that society needs to be more accepting of people with a mental illness?	95%

**Note:** Responses varied significantly by gender: Male = 90%; female = 97% (chi-square = 20.5\*\*\*). Responses varied significantly by level of familiarity: Low = 88%; moderate = 95%; high = 97% (chi-square = 14.4\*\*\*). Responses varied significantly by age: 25 or younger = 90%; 26 to 50 = 96%; 51 or older = 96% (chi-square = 16.6\*\*\*).

Of the 1,003 people who believed that society needs to be more accepting and supportive of people with mental illness, 777 gave information about what people need to know in order to be more accepting (see Figure 41). Among their most common suggestions for what people need to know were the following:

- Mental illness can happen to anyone (24%)
- There are different levels of mental illness, with a wide range of symptoms and effects (20%)
- Mental illness has a biological basis similar to other medical conditions (14%)

---

**41. Open-ended question: What do people need to know in order to be more accepting?**

<b>Suggestions of what people need to know in order to be more accepting</b>	<b>Percentage</b>
Mental health can happen to anyone, it's not anyone's fault	24%
There are different levels of mental illness and wide range of symptoms and effects	20%
There needs to be more general education (unspecified)	16%
Mental illness has a biological basis, similar to other medical conditions. There are real causes for mental illness	14%
People should be more understanding, caring, supportive, compassionate, and helpful	14%
People with mental illness should be treated equally, just like everyone else	13%
Research is being done for mental illness and treatment is available	9%
With treatment mental illness can be effectively treated	8%
People with mental illness can be/are often fully functioning, successful, and productive members of society	7%
The prevalence of mental health issues is more common than people realize	6%
People with mental illness are not necessarily dangerous	6%
People with mental illness need to get proper help and early intervention	4%
The public should change the misconceptions of mental illness (e.g., It's not contagious)	3%
Provide advice on how to work with someone who has a mental illness	2%
Mental illness requires equal treatment as physical disabilities	1%
Mental illness is a serious problem. It is not something to laugh at or make fun of	<1%
People need to work together to make things better	<1%

When asked to identify the best strategies for changing community perceptions, respondents were most likely to suggest sharing more information in general (38%), providing more publicity about mental illness (37%), and holding community meetings or programs (10%). A wide range of other suggestions were also provided (see Figure 42).

---

**42. Open-ended question: What are the best strategies for changing community perceptions?**

<b>Suggestions for changing community perceptions</b>	<b>Percentage (N=847)</b>
Public needs more information/education (unspecified)	38%
Public needs more publicity to make people aware of what mental illness really is	37%
Offer community meetings, programs, or classes to share information	10%
Get people who are affected by it, to speak out about mental illness	9%
Show more TV documentaries or news reports	9%
Educate public at an early age, especially in schools	9%
Make people more accepting and less judgmental. Work to breakdown stereotypes	7%
Introduce people to someone affected by mental illness/more interaction	5%
Educate the public that people with mental illness can be and are often fully functioning, successful, and productive members of society	3%
Teach the public that it is good to ask for help and catch problems early	3%
Communicate through church and religious organizations	2%
Medical community needs to take larger role/part of routine exams	2%
Stop negative media/publicity	2%
Create more programs or help for people with mental illness	2%
Have a community fundraiser or awareness day	1%
Create business/work awareness and programs	1%
People with mental illness should be more closely monitored (people would feel safer)	1%
Imagine you or a family member had a mental illness and how it would be	<1%

Fifty-eight people said that society does not need to be more accepting of people with a mental illness. Thirty-nine of these individuals provided explanations. Their most common reason was that people with mental illness are already accepted (26%). Others provided a range of reasons, such as that individuals already have enough assistance and should not receive special treatment, that the issue is not relevant to all since some people do not have contact with individuals with mental illness, and that everybody already knows about mental health (see Figure 43).

---

**43. Open-ended question: Why do you think that society does not need to be more accepting of people with a mental illness?**

<b>Why society does not need to be more accepting of people with mental illness</b>	<b>Percentage (N=39)</b>
People with mental illness are already accepted by other people	26%
Society can not make people accept something they don't want to	15%
People with mental illness don't need acceptance, they need help and should be separated	15%
Mental illness is too broad/general a term (some illness are bad and harmful)	15%
Everyone already knows about mental illness	10%
People with mental illness are people just like us, and they shouldn't be treated differently	8%
We already help people with mental illness enough	5%
People are over-diagnosed with mental illness	5%
People just don't come in contact with mental illness that often	3%



# Conclusions and recommendations

- In several areas, perceptions of Anoka County residents already reflect viewpoints consistent with the messages of the Mental Wellness Campaign. Almost all respondents agreed that mental health is as important to someone's well-being as their physical health. Most also agreed that mental illness can be effectively treated and indicated that they were comfortable around individuals with mental health issues, disagreeing that they would be uncomfortable if someone with a mental illness lived in their neighborhood, that they would feel unsafe around people with a mental illness, and that they would try to avoid people with a mental illness.
- Most county residents were relatively familiar with mental health issues. However, one-third of the respondents had only a low or moderate level of familiarity. Because familiarity with mental illness issues was a strong predictor of attitudes towards individuals with mental illnesses and the likelihood of seeking help, strategies to increase familiarity are encouraged. High familiarity with mental illness is associated with knowledge of specific people with mental illness (i.e., relatives, family friends, and co-workers) therefore, it is recommended that these strategies feature recognizable individuals, rather than providing general information.
- Exact figures regarding the proportion of Anoka County residents who will have a mental health problem at some point in their lives are not available. However, other population studies have suggested that approximately one in five individuals will experience a mental health issue. Many respondents felt that the proportion of residents with a mental health issue was either one in five or 1 in 10. However, a significant percentage of the respondents (42%) most likely under-rated the prevalence of mental health issues, indicating proportions ranging from 1 in 25 to 1 in 250. Providing residents with accurate information about the approximate prevalence of mental health issues may help to increase their awareness of mental health and to shape their attitudes towards these issues.
- While most respondents felt comfortable being around individuals with a mental illness, almost one-third would not trust someone with a mental illness to take care of their loved ones and felt that people with a mental illness should be excluded from positions of public leadership. Public awareness campaigns should focus on promoting images of individuals with mental illnesses successfully performing roles involving responsibility and leadership.

- If they were concerned about mental illness, residents were relatively likely to feel comfortable discussing this with doctors and clergy members/other spiritual leaders. When concerned about children, they also felt that they could talk to school counselors or teachers. Public information campaigns should provide information specifically for these individuals to assist them in providing support and resources.
- Many people also felt comfortable talking to informal support networks, such as family members, about mental health concerns. Because these individuals may have relatively little knowledge regarding mental health issues and available services, public awareness campaigns should provide information to people who may be providing informal support to family members or friends. This may be especially important in reaching individuals from diverse ethnic and racial backgrounds, since non-White individuals were less likely to seek support from formal networks.
- Individuals were relatively unlikely to feel comfortable discussing issues related to mental health with co-workers. While this finding is not surprising due to the potential for mental health stigma in the workplace and the nature of relationships with colleagues, businesses may also be an important avenue for distributing information related to mental health and community resources.
- Males were less likely to feel comfortable discussing mental health issues with both formal and informal supports and were more likely to say that they would try to solve problems on their own before seeking help. They also tended to exhibit stronger perceptions that mental illness is caused by factors within someone's control and to say that they try to avoid people with mental illness. Specific messages and distribution strategies targeted towards men should be considered. In addition to men, targeted outreach efforts are recommended for younger individuals (i.e., those age 25 or younger) and individuals from racial/ethnic backgrounds other than White. Both of these groups reported having less knowledge about mental illness and its treatment and lower comfort discussing mental health with others.
- While most respondents knew how to find out what services are available in their community, almost one-third did not know how to find out about services for themselves and one-quarter did not know how to find out about services for their children. This finding suggests that efforts to publicize information about available mental health services and resources continue to be useful.

- Overall, less than half of the Anoka County residents who completed the survey said that they were interested in learning more about mental health. This suggests that information distribution channels that require significant effort on the part of residents (such as courses or training programs) may be less successful than strategies that bring information into the home, such as television commercials, news, newspapers, and magazines.
- Overall, 61 percent of the respondents said that they had recently seen publicity about mental health or mental illness issues. Residents were less likely to have seen publicity if they were male and if they were younger. Because of the importance of reaching these target audiences, non-traditional strategies of information dissemination should be considered.
- Almost all respondents said that society needs to be more accepting of people with a mental illness. To increase this acceptance, they highlighted key messages to include in public awareness campaigns, such as: mental illness can happen to anyone; there are different levels of mental illness, with a wide range of symptoms and effects; and mental illness has a biological basis similar to other medical conditions.



# Appendix

## *Community Survey*



**Mental Wellness Campaign for Anoka County  
Community Survey**

IF THE RESPONDENT CALLED IN, BE SURE TO VERIFY WHETHER THEY CALLED BECAUSE WE LEFT A MESSAGE AND THEY ARE PART OF THE RDD SAMPLE, OR IF THEY CALLED BECAUSE THEY SAW AN ADVERTISEMENT TO TAKE PART IN THE SURVEY. PLEASE FLAG THOSE THAT ARE NOT PART OF THE RDD SAMPLE. THEY WILL NOT HAVE A FACESHEET.

Introduction

This survey is being conducted by Wilder Research for the Mental Wellness Campaign for Anoka County. The purpose of the survey is to measure the beliefs and knowledge of county residents regarding mental health. The information will be used to guide educational efforts in the county.

The survey should take approximately 10 minutes to complete and is completely voluntary. People who complete the survey will be invited to participate in a lottery to receive a variety of prizes, including passes to Chomonix Golf Course, passes to Bunker Beach, park permits, and \$25 and \$50 cash prizes. You must be a resident of Anoka County who is at least 14 years of age to complete the survey.

1. Are you a resident of Anoka County age 14 or older?

- Yes ..... 1
- No.....[End]..... 2
- Refused.....[End]..... 7
- Don't know .....[End]..... 8

**INTERVIEWER: SKIP TO Q42 (PAGE 5) AND ASK CITY/TOWN QUESTION. CHECK ANSWER AGAINST LIST OF QUALIFYING CITIES/TOWNS. IF ON LIST, PROCEED WITH QUESTION #2. IF NOT, THANK THEM FOR THEIR TIME, AND TERMINATE INTERVIEW.**

The following questions ask about your general perceptions of mental health. Please indicate how much you agree or disagree with each item.

	Would you say...					
	Strongly disagree,	Disagree,	Agree, or	Strongly agree?	REF	DK
2. Mental illness can be effectively treated.	1	2	3	4	7	8
3. Mental illness can happen to anyone.	1	2	3	4	7	8
4. I feel sorry for people who have a mental illness.	1	2	3	4	7	8
5. I try to avoid people who have a mental illness.	1	2	3	4	7	8
6. People with mental illnesses belong in a hospital or institution.	1	2	3	4	7	8
7. I would be uncomfortable if someone with a mental illness lived in my neighborhood.	1	2	3	4	7	8
8. Mental illness is caused by factors outside of someone's control.	1	2	3	4	7	8
9. I feel unsafe around people with mental illness.	1	2	3	4	7	8
10. I would trust someone with a mental illness to take care of loved ones, such as my children or my parents.	1	2	3	4	7	8
11. People with mental illness are a burden on society.	1	2	3	4	7	8
12. People with a mental illness should be excluded from positions of public leadership, such as elected officials.	1	2	3	4	7	8
13. More services need to be available for people with mental illness.	1	2	3	4	7	8
14. Mental health is as important to someone's well-being as their physical health.	1	2	3	4	7	8

If I was worried about my mental health...	Would you say...					
	Strongly disagree,	Disagree,	Agree, or	Strongly agree?	REF	DK
15. I would feel comfortable talking to my doctor about it.	1	2	3	4	7	8
16. I would feel comfortable telling my friends.	1	2	3	4	7	8
17. I would feel comfortable telling my family.	1	2	3	4	7	8
18. I would feel comfortable telling my neighbors.	1	2	3	4	7	8
19. I would feel comfortable telling a clergy member or other religious/ spiritual leader.	1	2	3	4	7	8
20. I would feel comfortable telling my co-workers.	1	2	3	4	7	8
21. I would know how to find out what services are available in my community.	1	2	3	4	7	8
22. I would first try to solve the problem on my own, rather than seeking treatment.	1	2	3	4	7	8

23. Are you a primary caregiver for any children under the age of 18?

- Yes ..... 1  
 No.....(SKIP TO Q. 33)..... 2  
 Refused.....(SKIP TO Q. 33)..... 7  
 Don't know .....(SKIP TO Q. 33)..... 8

Please indicate how much you agree or disagree with the following items.

If I was worried about my child's mental health...	Would you say...					
	Strongly disagree,	Disagree,	Agree, or	Strongly agree?	REF	DK
24. I would feel comfortable talking to my child's doctor about it.	1	2	3	4	7	8
25. I would feel comfortable telling my friends.	1	2	3	4	7	8
26. I would feel comfortable telling my family.	1	2	3	4	7	8
27. I would feel comfortable telling my neighbors.	1	2	3	4	7	8
28. I would feel comfortable telling my co-workers.	1	2	3	4	7	8
29. I would feel comfortable telling a clergy member or other religious/spiritual leader.	1	2	3	4	7	8
30. I would feel comfortable telling someone at my child's school, such as a teacher or counselor.	1	2	3	4	7	8
31. I would know how to find out what services are available in my community.	1	2	3	4	7	8
32. I would first try to solve the problem on my own, rather than seeking treatment.	1	2	3	4	7	8



33. What proportion of people in Anoka County do you think have had a mental health problem at some point in their lives? Would you say...

- 1 in 2, ..... 1
- 1 in 5, ..... 2
- 1 in 10, ..... 3
- 1 in 25, ..... 4
- 1 in 50, ..... 5
- 1 in 100, or ..... 6
- 1 in 250? ..... 7
- Refused ..... -7
- Don't know ..... -8

34. Please listen to the statements in the following list and indicate whether the statement represents your experience with persons with a mental illness.

	Would you say...			
	Yes	No	REF	DK
a. I have watched a movie or television show that has a character with a mental illness.	1	2	7	8
b. My job involves providing services/treatment for people with a mental illness.	1	2	7	8
c. I have observed, in passing, someone I think may have had a mental illness.	1	2	7	8
d. I have a mental illness.	1	2	7	8
e. I have worked with someone with a mental illness at my place of employment.	1	2	7	8
f. I have <b>never</b> observed someone that I was aware had a mental illness.	1	2	7	8
g. A friend of the family has a mental illness.	1	2	7	8
h. I have a relative who has a mental illness.	1	2	7	8
i. I have watched a documentary on television about mental illness.	1	2	7	8
j. I live with a person who has a mental illness.	1	2	7	8

35. Please listen to the statements in the following list and indicate whether the statement matches your definition of someone who has a mental illness.

	Would you say...			
	Yes	No	REF	DK
a. Someone who has serious bouts of depression.	1	2	7	8
b. Someone who is incapable of making simple decisions about his or her own life.	1	2	7	8
c. Someone who has a split personality.	1	2	7	8
d. Someone who is born with some abnormality affecting the way the brain works.	1	2	7	8
e. Someone who cannot be held responsible for his or her own actions.	1	2	7	8
f. Someone prone to violence.	1	2	7	8
g. Someone who is suffering from schizophrenia.	1	2	7	8
h. Someone who has to be kept in a psychiatric or mental hospital.	1	2	7	8
i. Someone with bipolar disorder.	1	2	7	8
j. Someone who appears suicidal or talks about suicide.	1	2	7	8

36A. Are you interested in learning more about mental health?

- Yes ..... 1
- No.....(GO TO Q. 37A)..... 2
- Refused.....(GO TO Q. 37A)..... 7
- Don't know .....(GO TO Q. 37A)..... 8

36B. What are the best ways for you to receive information? (i.e., newspaper articles, brochures, etc.).

---

---

---

37A. Have you recently seen any publicity about mental health or mental illness issues?

- Yes ..... 1
- No..... (GO TO Q. 38)..... 2
- Refused..... (GO TO Q. 38)..... 7
- Don't know ..... (GO TO Q. 38)..... 8

37B. What was the source of the information? **(CIRCLE ALL THAT APPLY.)**

- Billboard ..... 1
- Newspaper ..... 2
- School or job ..... 3
- Television news ..... 4
- Television commercial ..... 5
- Other television program..... 6
- Magazine..... 7
- Flyer or brochure..... 8
- Poster ..... 9
- Radio program ..... 10
- Other: (SPECIFY: \_\_\_\_\_)

38. Do you think that society needs to be more accepting of people with a mental illness?

- Yes ..... 1
- No.....(GO TO Q. 38C)..... 2
- Refused..... (GO TO Q. 39)..... 7
- Don't know ..... (GO TO Q. 39)..... 8

38A. What do people need to know or understand in order to be more accepting?

---



---



---



---

38B. What are the best strategies for changing community perceptions?

---



---



---



---

(GO TO Q39)\_\_\_\_\_

38C. Why not?

---



---



---



---

To make sure that the survey results reflect the opinions of a wide range of county residents, we are interested in learning a little more about you. Please answer the following questions.

39. If I may ask, what is your age?

\_\_\_\_\_ Age

40. ASK ONLY IF UNSURE: If I may ask, what is your gender?

Male ..... 1

Female ..... 2

41. Which of the following best describes your racial/ethnic background? **(PLEASE CIRCLE ALL THAT APPLY.)**

	Would you say...			
	Yes	No	REF	DK
1. White, non-Hispanic	1	2	7	8
2. Black, non-Hispanic	1	2	7	8
3. American Indian/Alaskan Native	1	2	7	8
4. Hispanic	1	2	7	8
5. Asian/Pacific Islander	1	2	7	8
6. African born	1	2	7	8
7. Other: (SPECIFY: _____)	1	2	7	8

42. What city or town do you live in? \_\_\_\_\_ (City or town)

43. What is your occupation? \_\_\_\_\_ (Occupation)

44. What is the highest level of education that you have completed?

Less than a high school degree .....	1
High school diploma or GED.....	2
Some college .....	3
Two-year college degree .....	4
Four-year college degree.....	5
Graduate degree .....	6

Thank you for completing the survey. If you would like more information about mental health services for adults, call 763-712-2911. For more information about mental health services for children, call 763-712-2703. For more information about the Mental Wellness Campaign for Anoka County, please call Bill Pinsonnault, director, Community Mental Health and Social Services, 763-422-7007.

**Lottery entry form**

To express our appreciation for your participation in the survey, we would like to enter you into a lottery to win prizes donated by Connexus Energy and Anoka County Department of Parks and Recreation. The following prizes will be awarded:

- 1 pass for two adults to Chomonix Golf Course
- 5 passes for 4 people each to Bunker Beach
- 1 annual park permit for 2006
- 2 prizes of \$50
- 6 prizes of \$25

The drawing will be held February 22, 2006. To be entered into the lottery, I will need the following contact information. This information will only be used to contact you if you are selected as a winner. It will not be shared with any other individuals or organizations and will be separated from your survey answers. Do you want to be entered into the lottery?

<sup>1</sup> Yes → What is your name? \_\_\_\_\_  
What is your phone number? \_\_\_\_\_  
What is your mailing address? \_\_\_\_\_  
\_\_\_\_\_

<sup>2</sup> No