Data Summary from Survey Planet worksheet

Question 1: How familiar are you with mental health conditions including how they impact the well-being of individuals and available treatments?

Answer: As shown in Figure 1, respondents to this survey were confident in their familiarity with mental health conditions and the impacts. **The most common answer to the question was, "Quite familiar" and no respondents indicated that they were unfamiliar with these topics.**
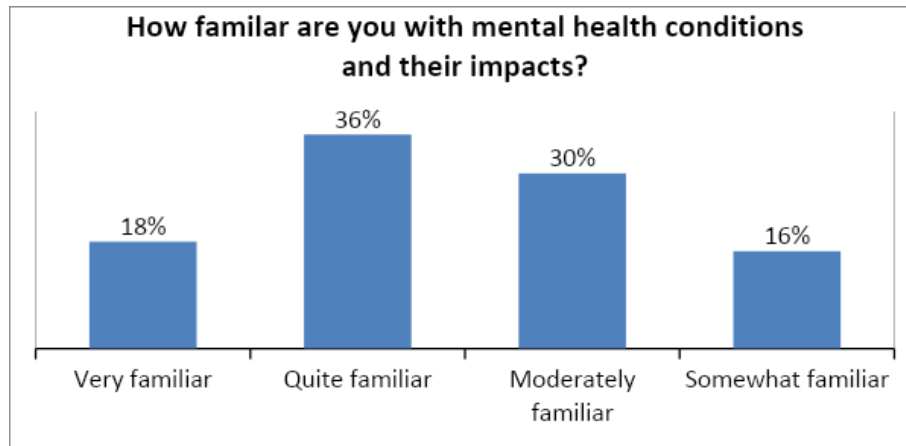

Figure 1. Percentage distribution, Question 1

Question 2: How do you rate your own personal level of self-awareness when it comes to mental health? Consider how conscious you are of your own character, feelings, motives, and desires.

Answer: As shown in Figure 2, respondents were also confident in their personal level of self-awareness. **It is clear from the 69% of respondents that rated themselves as above average and the 6% rated themselves as below average that respondents did not have an understanding of "typical" levels of self-awareness.** But people are notoriously bad at knowing where they fall in a distribution.

How do your rate your own level of self-awareness when it comes to mental health?
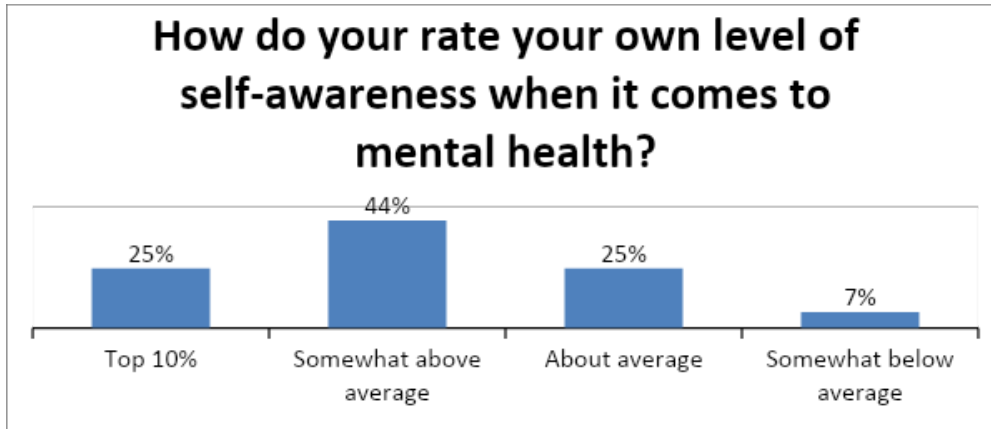
Figure 2. Percentage distribution, Question 2

Question 3: Thinking over the last year or so, how would you rate your overall mental health? Consider factors such as your level of happiness, satisfaction, anxiety, healthy relationships, and suicidal thoughts.

Answer: As shown in Figure 3, respondents by-and-large considered themselves to be mentally healthy. Only 16% of the respondents indicated either prior treatment or an "unhealthy" state.
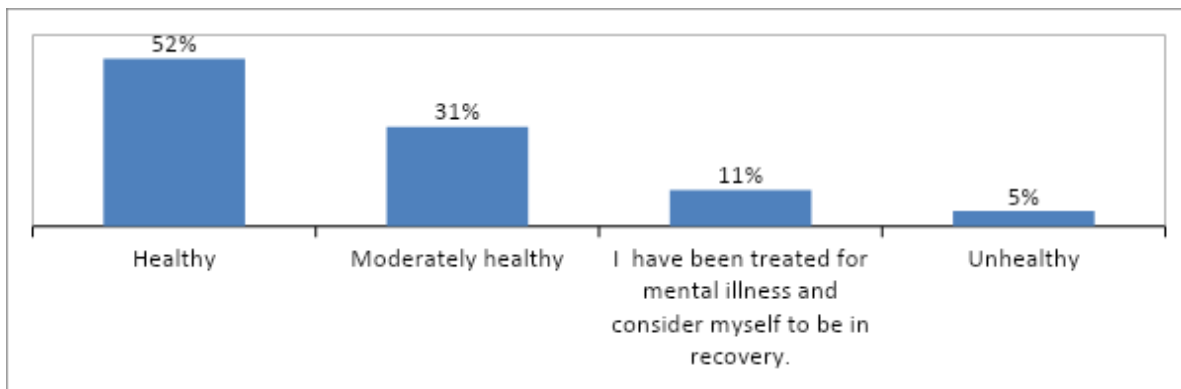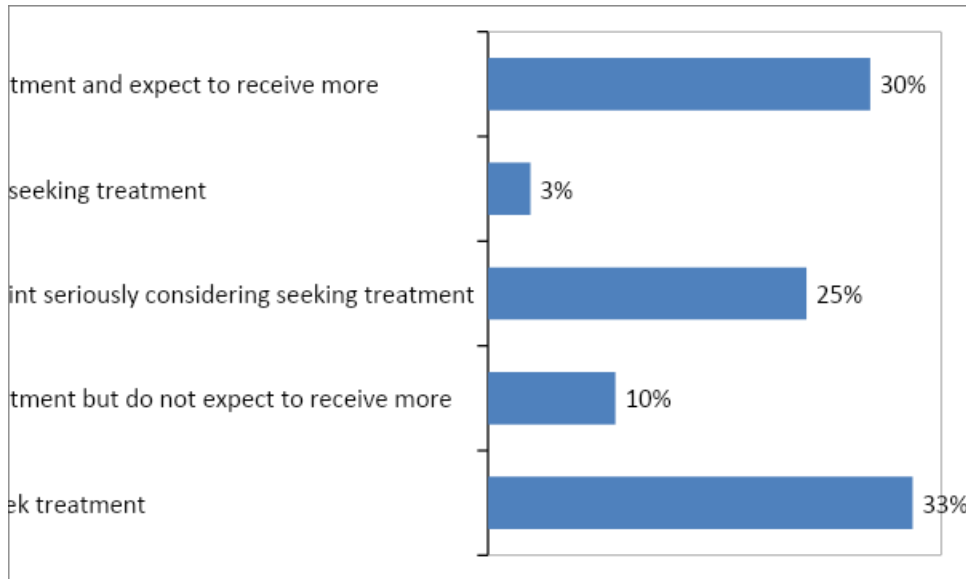

Figure 3. Percentage distribution, Question 3

Question 4: Considering how you rate your current mental health, how likely are you to seek out help from medical and/or mental health professionals?

Answer: Respondents were fairly equally split between having already received treatment and expecting more, open to considering treatment in the future, and no plans to ever seek treatment. Relatively few respondents indicated that they had seriously considered but not received treatment, or had begun treatment but had no expectations of more treatment.

tment and expect to receive more	30%
seeking treatment	3%
int seriously considering seeking treatment	25%
tment but do not expect to receive more	10%
ek treatment	33%

Relationships between Current Mental Health and Responses to the Question about Likelihood of Seeking Treatment

As shown in Figure 4, respondents who considered themselves to be healthy were the only group that predominantly indicated, "Don't believe I will ever seek treatment." Interestingly, five respondents that selected "Healthy" also indicated that they had received treatment and expected to receive more treatment and one who selected "Healthy" indicated that he had received treatment and did not expect to receive more treatment. It is unclear if these respondents would have better self-classified as "I have been treated for mental illness and consider myself to be in recovery" or if the inclusion of the language "medical and/or mental health professionals" obfuscated the intent of the survey to ask about mental health treatment.
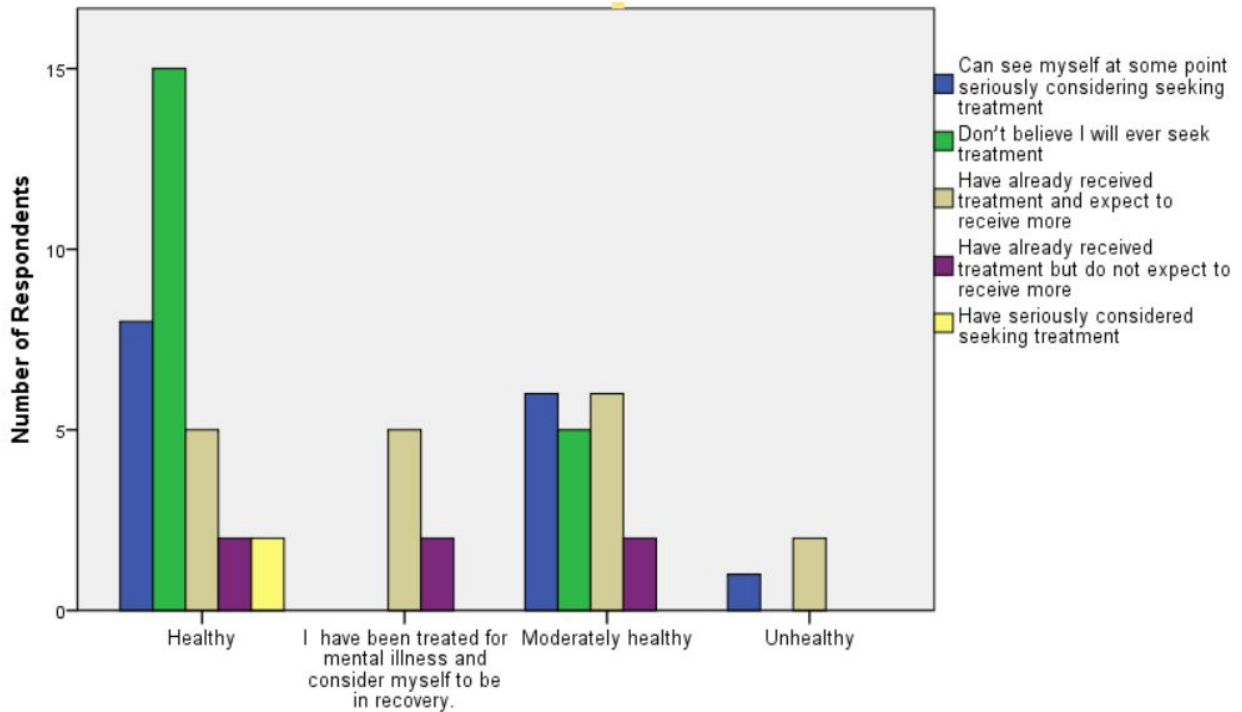
Figure 4. Relationships between Current Mental Health and Likelihood of Seeking Treatment

Barriers to Treatment

In order of frequency, the following barriers to seeking treatment were selected:

- I do not believe I need treatment: 43%
- Cost, lack of insurance, or financial resources: 43%
- I'm concerned about others finding out and judging me negatively: 23%
- I'm concerned about the impact on my career if coworkers find out: 18%
- I do not know where to get help: 8%
- Culture/race/ethnicity factors: 3%

When they answered the question about treatment barriers, respondents were asked to consider their own responses to the question about likelihood of seeking treatment. Three of the six treatment barriers correlated significantly with answers to the likelihood of seeking treatment question. The three barriers were

- I don't believe I need treatment,
- I don't know where to get help, and
- cost/insurance/finance.

These relationships can be seen in Figure 5. Not surprisingly, "I don't believe I need treatment" was disproportionately selected by respondents who also didn't believe they would ever need treatment;

Sadly**, Cost/insurance/finance, was selected by 100% of respondents who had received treatment but did not expect to receive more.** Finally respondents who did not think they would ever get treatment and respondents who were already receiving treatment never selected not knowing where to get treatment was a barrier. **Half of those who had received treatment but did not plan to get more indicated that they did not know where to get help.**
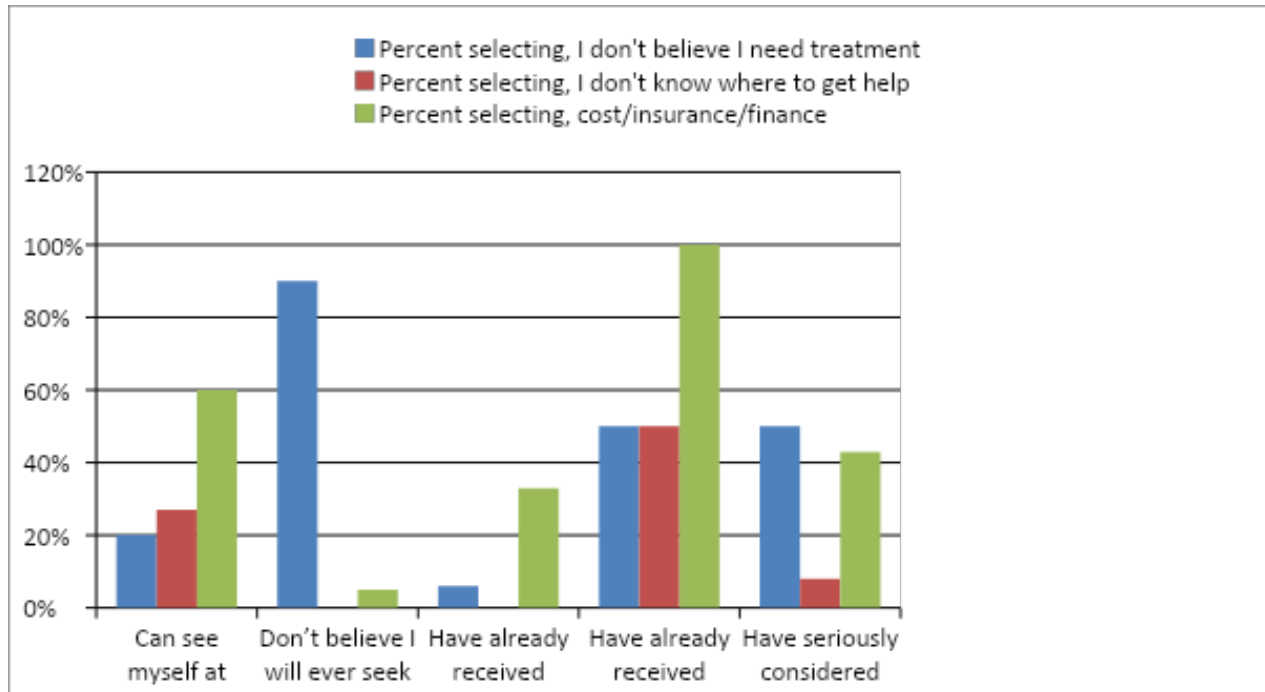

Figure 5. Relationships between likelihood of seeking treatment and perceived barriers

Answers by Race/ethnicity or Age

With 88.5% of respondents identifying as Non-Hispanic White, there was little variance in race or ethnicity. There was good variance in age across respondents, as show in Figure 6.
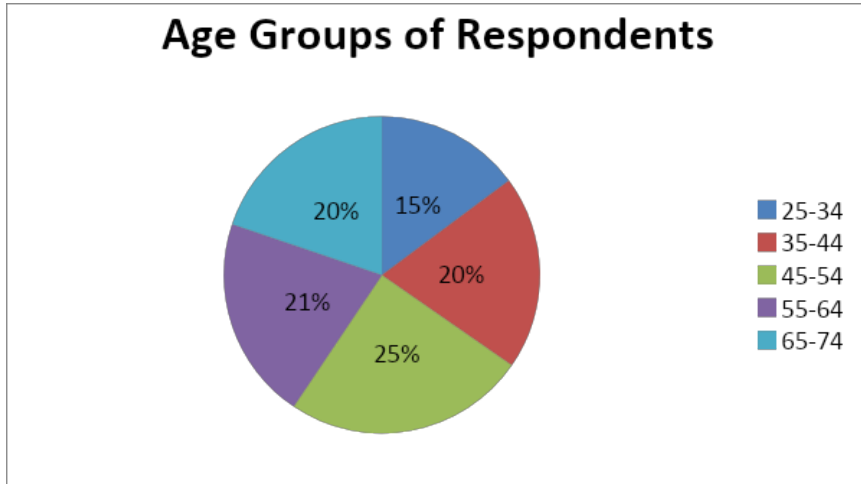
Age Groups of Respondents

|	
■	25-34
■	35-44
■	45-54
■	55-64
■	65-74

Figure 6. Age groups of respondents

Both race/ethnicity and age were tested for significant relationships with every question on the survey. Only one significant relationship was detected. This relationship was between Age and responses to "How do you rate your own personal level of self-awareness when it comes to mental health?".

Although the relationship was significant, it is hard to detect any pattern among the responses. Results are shown in two ways below

Figure 7. Age, by perceived self-awareness

Figure 7. Perceived self-awareness, by age
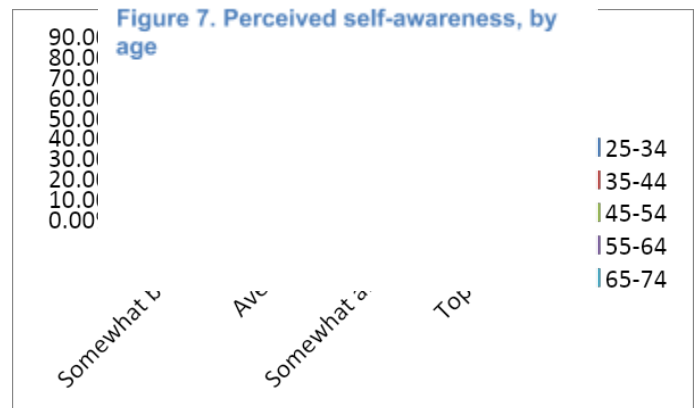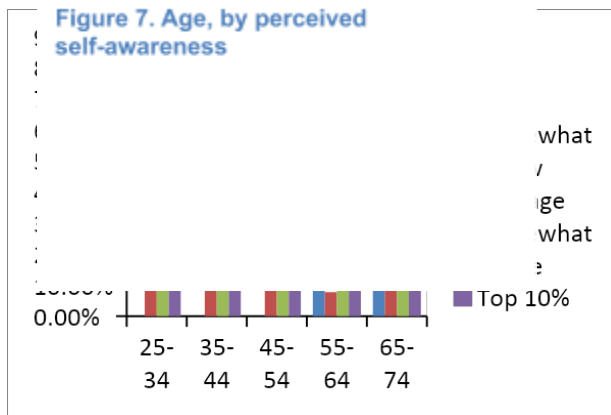
The only apparent differences are that older respondents (55+) were the only respondents to rate themselves as below average; and that younger respondents (under 45) were somewhat less likely to rate themselves as being in the top 10% but slightly more likely to rate themselves as above average.
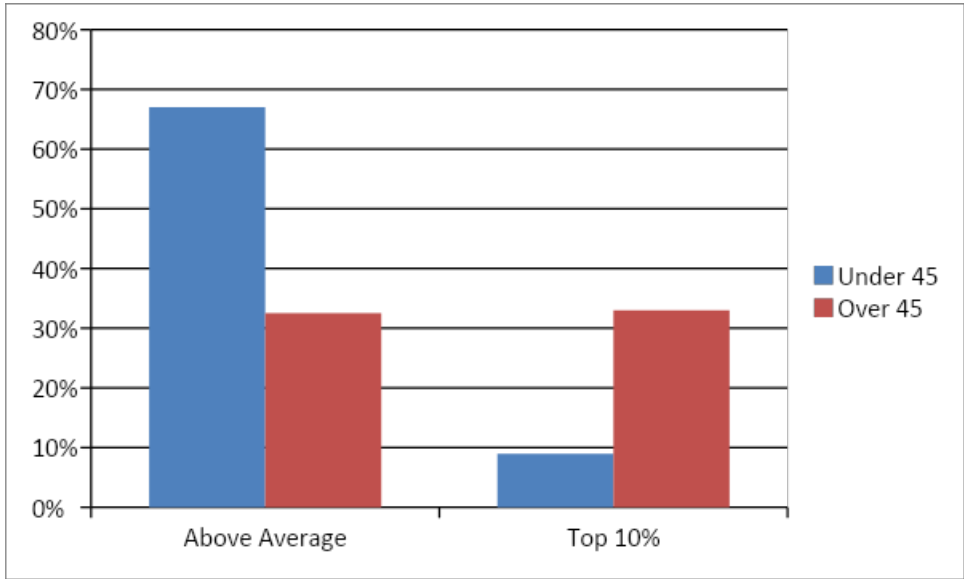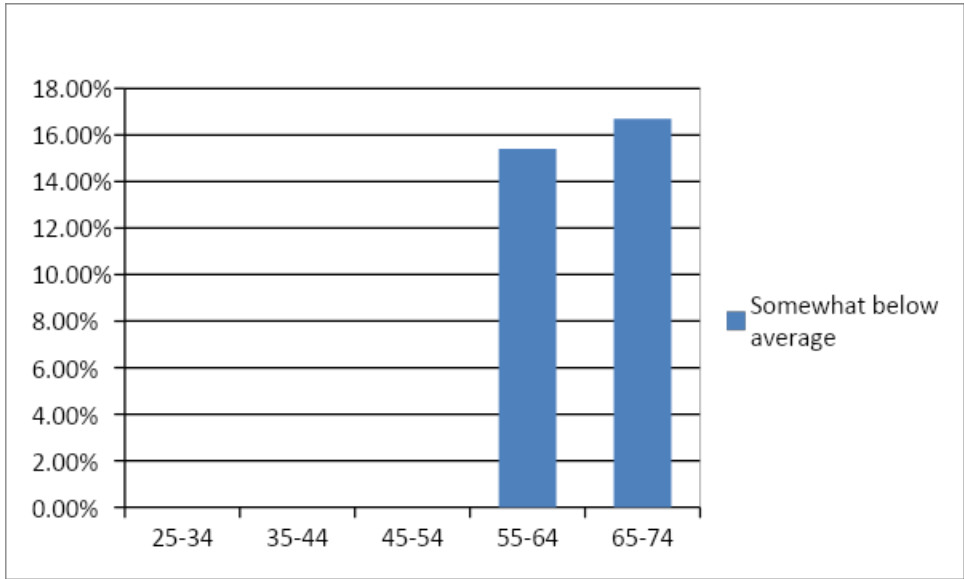
Open Ended Responses

Respondents offered open-ended answers to the question, **"Why do you believe the suicide rate is so high among middle-aged males compared to other populations?"** There were at least 25 different ideas about why the suicide rate is so high. Five of those ideas represented common themes, expressed by at least 10% of all respondents. Those themes are presented in order of frequency below. One example is provided for each theme.

Social or cultural pressures to succeed
"*Social pressure to be more than we are and not measuring up.***"**

Lack of intimacy regarding emotional or mental health
"Because they don't want to face their problems and they certainly do not talk about them like women do. Men keep to themselves on mental health issues which is probably the biggest factor in the suicide rate."

Stigma
"*I think the negative stigma about seeking mental help really hinders people from using resources available.***"**

Machismo or masculine expectations
"*We don't get help because we think we are too macho for it. We could culturally think counseling is for weak people.***"**

Treatment barriers
"*Many are not familiar of when and how to seek help with mental health.***"**