Topline Results
From a Survey of Adults 65 and Older on Mental Health Issues
For the Hartford Foundation
Conducted among n=1,318 adults 65 and older nationwide;
November 16 through 26, 2012 using Knowledge Networks;
Margin of sampling error: ± 3.9 percentage points

This is a survey about health care for Americans 65 and older. It is not a political survey or for the government. It comes from a national foundation that works on health care for older Americans. The purpose is to improve health care for older people. We will keep your responses private and confidential. Thank you for taking the time to respond.

1. Overall, how would you describe your health: N = 1,318
   Excellent ..................................................................................................................12
   Good ......................................................................................................................... 64
   Fair ............................................................................................................................ 20
   Poor ............................................................................................................................ 3
   (Refused) .................................................................................................................. 0
   Excellent /good ....................................................................................................... 76
   Just fair /poor ........................................................................................................... 23

2. Would you agree or disagree:
   Depression is a natural part of aging and growing old.
   Agree ......................................................................................................................... 27
   Disagree .................................................................................................................... 73
   (Refused) .................................................................................................................. 1

3. If you were feeling depressed or anxious, would you tell anyone about your feelings?
   Yes ............................................................................................................................ 50
   No ............................................................................................................................. 13
   I'm not sure ............................................................................................................... 36
   (Refused) .................................................................................................................. 0
4. What might hold you back from telling someone about feeling depressed or anxious? Select all that apply.

- The feelings will pass ................................................................. 57
- I am embarrassed to talk about it............................................. 16
- The feelings are normal ............................................................. 27
- Something else (SPECIFY______) ........................................... 10
- (Refused).................................................................................... 3

5. If you were feeling depressed or anxious and you wanted help, would you know where to go for help?

- Yes .............................................................................................. 82
- No ............................................................................................... 18
- (Refused).................................................................................... 0

6. In the past 12 months, has your primary care doctor or health care provider asked you if you were feeling sad, anxious, or depressed?

- Yes .............................................................................................. 25
- No ............................................................................................... 74
- (Refused).................................................................................... 0

7. If you were feeling sad, anxious or depressed, but your doctor did not ask you about your feelings, would bring it up to him or her on your own?

- Yes .............................................................................................. 77
- No ............................................................................................... 22
- (Refused).................................................................................... 1

8. Some primary care doctors have a person on staff in the doctor's office who is trained to help people care for issues like depression and anxiety. This person is sometimes a nurse, social worker, psychologist, or other trained professional.

Do you think your doctor should have someone on staff who can help patients with issues like depression and anxiety?

- Yes .............................................................................................. 62
- No ............................................................................................... 36
- (Refused).................................................................................... 1
9. Many studies have shown that depression can hurt an older person’s overall physical health. Before today, have you heard that:

RANDOMIZE

a. Depression increases the chances of dying from another disease?
   Yes, I’ve heard this before today .......................................................... 35
   No, I have not heard this ..................................................................... 47
   I’m not sure ....................................................................................... 17
   (Refused) ....................................................................................... 1

b. Depression doubles the risk of heart disease?
   Yes, I’ve heard this before today .......................................................... 34
   No, I have not heard this ..................................................................... 46
   I’m not sure ....................................................................................... 19
   (Refused) ....................................................................................... 1

c. Depression doubles the risk of having dementia?
   Yes, I’ve heard this before today .......................................................... 21
   No, I have not heard this ..................................................................... 56
   I’m not sure ....................................................................................... 22
   (Refused) ....................................................................................... 1

We want to learn about the best ways to help older people who deal with depression and anxiety. For these next questions, think about if you were feeling depressed or anxious and you wanted to get help.

10. Would you want to get help from:
    A trained person who works at your doctor’s office ......................... 61
    A trained person who works somewhere else, not at your doctor's office ............................ 36
    (Refused) ....................................................................................... 2

11. How important would it be for you to have a say in the types of care or treatment (such as medication and counseling) you might get for feelings of depression or anxiety?
    It would be very important for me to have a say .................................. 79
    It would be somewhat important ..................................................... 16
    It would not be too important .......................................................... 2
    It would not be important at all for me to have a say ....................... 2
    (Refused) ....................................................................................... 0
12. As far as you know, is it easy or hard to get mental health care using Medicare insurance?

Easy .................................................................15
Hard.................................................................4
I'm not sure ..........................................................81
(Refused)................................................................0

History/Need for Treatment

13. In the past two weeks, how often have you been bothered by any of the following?

a. Feeling nervous, anxious or on edge

   Nearly every day .................................................3
   More than half the days ........................................4
   Several days .....................................................22
   Not at all .........................................................70
   (Refused)..........................................................1

b. Not being able to stop worrying or to control worrying

   Nearly every day .................................................2
   More than half the days ........................................4
   Several days .....................................................15
   Not at all .........................................................78
   (Refused)..........................................................1

c. Feeling little interest or pleasure in doing things

   Nearly every day .................................................3
   More than half the days ........................................5
   Several days .....................................................19
   Not at all .........................................................72
   (Refused)..........................................................1

d. Feeling down, depressed or hopeless

   Nearly every day .................................................2
   More than half the days ........................................3
   Several days ....................................................13
   Not at all ..........................................................81
   (Refused)..........................................................1
14. Have you ever been told by a doctor or health care provider that you have:
   (Check all that apply.)

   Depression............................................................................................................14
   Anxiety..................................................................................................................11
   Another mental health issue (SPECIFY: _______).................................2
   No – none of these .........................................................................................80
   (Refused)..........................................................................................................0

   **At least one diagnosis..................................................................................20**

15. IF YES TO ANY: Have you been told that you have Q14 RESPONSE since you turned age 65?
   
   Base n = 459 (Diagnosed)

   Yes, it was since I turned 65 ...........................................................................34
   No, it was before I turned 65 ...........................................................................64
   (Refused)..........................................................................................................2

   **IF ANY Q13A-D = 1 TO 3 (IE, HAS HAD FEELINGS RECENTLY) OR**
   **YES TO ANY OF Q14 CONTINUE.**

   **IF NO TO ALL Q14A-D = 4 AND NO**
   **TO Q14 – SKIP TO Q28.**

16. Just using a word or two, how does it feel to be depressed or anxious? OPEN END
   
   Base n = 773 (Diagnosed/has had recent feelings of depression or anxiety)

17. Since you turned 65, has a doctor or health care provider talked to you about getting treatment for feelings of depression, anxiety or another mental health issue? (This could be about getting medication, counseling, or another type of treatment.)

   Yes ....................................................................................................................23
   No GO TO Q19 .................................................................................................76
   (Refused)..........................................................................................................1
18. IF YES TO Q17: Think about the last time your doctor or health care provider talked to you about getting treatment for depression, anxiety, or another mental health issue. (This could be about getting medication, counseling, or another type of treatment.)

Did your doctor or health care provider:

Base n = 237

a. Tell you about different treatments options you could get?
   
   Yes ........................................................................................................56
   No ........................................................................................................34
   I'm not sure .......................................................................................10
   (Refused)..........................................................................................0

b. Tell you about the possible side effects of treatments?
   
   Yes ........................................................................................................45
   No ........................................................................................................47
   I'm not sure ....................................................................................... 7
   (Refused)..........................................................................................1

c. Tell you how long it would take for treatments to work?
   
   Yes ........................................................................................................41
   No ........................................................................................................45
   I'm not sure .......................................................................................14
   (Refused)..........................................................................................0

d. Work with you to decide what treatment would be best for you?
   
   Yes ........................................................................................................64
   No ........................................................................................................27
   I'm not sure ....................................................................................... 9
   (Refused)..........................................................................................0

e. Tell you what to do if you started feeling worse?
   
   Yes ........................................................................................................55
   No ........................................................................................................36
   I'm not sure ....................................................................................... 9
   (Refused)..........................................................................................0

f. Contact you within a couple of weeks to see how you were doing with the treatment?
   
   Yes ........................................................................................................45
   No ........................................................................................................47
   I'm not sure ....................................................................................... 8
   (Refused)..........................................................................................0
19. Are you **currently** getting treatment for feelings of depression, anxiety, or another mental health issue? This could be things like taking medication or seeing a counselor.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(Refused)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>73</td>
<td>1</td>
</tr>
</tbody>
</table>

*Base n = 773 (Diagnosed/has had recent feelings of depression or anxiety)*

20. IF NO TO Q19: Since you turned 65, have you ever gotten any treatment for depression, anxiety, or another mental health issue?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(Refused)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>90</td>
<td>1</td>
</tr>
</tbody>
</table>

*Base n = 491*

19/20. Currently getting /have gotten any treatment: combined  

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes (of all adults 65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>16</td>
</tr>
</tbody>
</table>

*Base n = 1,318*

21. IF NO TO Q19 & NO TO Q20: Why haven’t you received treatment for depression, anxiety, or other mental health issue since you turned 65?  

<table>
<thead>
<tr>
<th>I finished treatment</th>
<th>I do not want it</th>
<th>I do not need it</th>
<th>It is too expensive</th>
<th>Another reason (SPECIFY _______)</th>
<th>(Refused)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>73</td>
<td>5</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

*Base n = 443*

22. What kind of treatment (Q19=1: are you getting/Q20=1: did you get) for your depression, anxiety or another mental health issue? (Select all that apply.) MULTIPLE RESPONSE  

<table>
<thead>
<tr>
<th>Prescription medication</th>
<th>Counseling or therapy</th>
<th>Over the counter medication (such as herbs, vitamins, and supplements)</th>
<th>Something else (SPECIFY _____)</th>
<th>(Refused)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>22</td>
<td>8</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

*Base n = 330 (Has received treatment since 65)*
23. IF Q19=1 OR Q20=1: Think about the last time you saw your doctor or health care provider. Did your doctor or health care provider:

**Base n = 330**
*(Has received treatment since 65)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>I'm not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use a survey or set of questions to measure how you were doing with the treatment?</td>
<td>20</td>
<td>72</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>b. Change the dose or type of a medication?</td>
<td>20</td>
<td>78</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>c. Add another treatment to what you were doing?</td>
<td>9</td>
<td>87</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>d. Talk to you about things you could do for yourself to help you feel better like exercise or social activities?</td>
<td>44</td>
<td>49</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

24. Have you ever stopped a treatment (like a medication or counseling) for depression, anxiety or another mental health issue?

**Base n = 330**
*(Has received treatment since 65)*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(Refused)</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>59</td>
<td>0</td>
</tr>
</tbody>
</table>
25. IF YES: Why did you stop treatment? MULTIPLE RESPONSE

*Base n = 132*

- It was too expensive ................................................................................. 13
- I did not like the side effects ..................................................................... 24
- The treatment was not working ................................................................ 19
- I did not want the treatment anymore ...................................................... 26
- I finished treatment and felt better ............................................................ 29
- Another reason (SPECIFY ____________) .................................................. 17
- (Refused) ..................................................................................................... 0

26. IF YES/STOPPED TREATMENT: After you stopped treatment, did your doctor or health care provider:

*Base n = 132*

a. Talk to you about how to prevent the depression, anxiety, or other mental issue from coming back?
   - Yes ............................................................................................................ 34
   - No ............................................................................................................. 61
   - Not applicable (have not seen him or her yet) ......................................... 5
   - (Refused) .................................................................................................. 0

b. Talk to you about what to do if the depression, anxiety, or other mental health issue came back?
   - Yes ............................................................................................................ 45
   - No ............................................................................................................. 50
   - Not applicable (have not seen him or her yet) ......................................... 5
   - (Refused) .................................................................................................. 0

27. Have you ever wished that your doctor would do more to make sure your treatment for depression, anxiety or another mental health issue is working for you?

*Base n = 330*  
*(Has received treatment since 65)*

- Yes, I wish doctor would do more .............................................................. 23
- No, I am fine as it is now ........................................................................... 76
- (Refused) ..................................................................................................... 0
One last question on another topic.

Some older people need to have a paid health care worker like an aide or assistant come to the home to help them with some things. This can be help with things like bathing or other tasks that can be hard to do alone. If you or a family member needed someone like this, would you want the worker to be trained in how to care for older adults, or would that not matter to you?

Base n= 1,318

Want person to be trained in how to care for older adults............................90
Would not matter to me.....................................................................................10
(Refused)............................................................................................................0

Demographics

Gender

Base n= 1,318

Men.................................................................................................................45
Women............................................................................................................55

Age

65 - 69............................................................................................................34
70 - 74............................................................................................................24
75 & over.......................................................................................................42

Education

1-11th grade.................................................................................................12
High school graduate..................................................................................39
Some post HS..............................................................................................23
College graduate.........................................................................................13
Post-graduate school..................................................................................12

Race

White.............................................................................................................80
Black/African American.............................................................................9
Latino.............................................................................................................7
Other.............................................................................................................4
2+ Races, Non-Hispanic...............................................................................1
### Household income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $5,000</td>
<td>2</td>
</tr>
<tr>
<td>$5,000 to $7,499</td>
<td>1</td>
</tr>
<tr>
<td>$7,500 to $9,999</td>
<td>1</td>
</tr>
<tr>
<td>$10,000 to $12,499</td>
<td>2</td>
</tr>
<tr>
<td>$12,500 to $14,999</td>
<td>5</td>
</tr>
<tr>
<td>$15,000 to $19,999</td>
<td>7</td>
</tr>
<tr>
<td>$20,000 to $24,999</td>
<td>11</td>
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<tr>
<td>$25,000 to $29,999</td>
<td>7</td>
</tr>
<tr>
<td>$30,000 to $34,999</td>
<td>8</td>
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<tr>
<td>$35,000 to $39,999</td>
<td>7</td>
</tr>
<tr>
<td>$40,000 to $49,999</td>
<td>9</td>
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<tr>
<td>$50,000 to $59,999</td>
<td>8</td>
</tr>
<tr>
<td>$60,000 to $74,999</td>
<td>9</td>
</tr>
<tr>
<td>$75,000 to $84,999</td>
<td>6</td>
</tr>
<tr>
<td>$85,000 to $99,999</td>
<td>5</td>
</tr>
<tr>
<td>$100,000 to $124,999</td>
<td>7</td>
</tr>
<tr>
<td>$125,000 to $149,999</td>
<td>3</td>
</tr>
<tr>
<td>$150,000 to $174,999</td>
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<tr>
<td>$175,000 or more</td>
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</table>

### Marital status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
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<tbody>
<tr>
<td>Married</td>
<td>56</td>
</tr>
<tr>
<td>Widowed</td>
<td>23</td>
</tr>
<tr>
<td>Divorced</td>
<td>13</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
</tr>
<tr>
<td>Never married</td>
<td>4</td>
</tr>
<tr>
<td>Living with partner</td>
<td>2</td>
</tr>
</tbody>
</table>

### Current employment status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working - as a paid employee</td>
<td>7</td>
</tr>
<tr>
<td>Working - self-employed</td>
<td>4</td>
</tr>
<tr>
<td>Not working - on temporary layoff from a job</td>
<td>0</td>
</tr>
<tr>
<td>Not working - looking for work</td>
<td>2</td>
</tr>
<tr>
<td>Not working – retired</td>
<td>84</td>
</tr>
<tr>
<td>Not working – disabled</td>
<td>2</td>
</tr>
<tr>
<td>Not working – other</td>
<td>1</td>
</tr>
</tbody>
</table>
Note: If a survey respondent did not report struggling with a mental health issue, he or she was asked the following questions about caregiving and whether the care recipient struggled with mental health issues. This portion of the survey was asked among a very small sample, which is not large enough to support any conclusions and should not be used in any reporting.

CAREGIVERS

28. Do you help care for someone 65 years old or older who has health problems?

   Base n = 572
   Yes ..................................................................................................................13
   No SKIP TO END ..........................................................................................87
   (Refused) .........................................................................................................0

29. In the past two weeks, how often has the person(s) you care for been bothered by any of the following?

   Base n = 130
   a. Feeling nervous, anxious, or on edge
      Nearly every day .................................................................11
      More than half the days .........................................................12
      Several days .............................................................................19
      Not at all .....................................................................................33
      I’m not sure .................................................................................23
      (Refused) ..................................................................................1
   b. Not being able to stop worrying or to control worrying
      Nearly every day .................................................................11
      More than half the days .........................................................9
      Several days .............................................................................24
      Not at all .....................................................................................40
      I’m not sure .................................................................................14
      (Refused) ..................................................................................1
   c. Feeling little interest or pleasure in doing things
      Nearly every day .................................................................6
      More than half the days .........................................................9
      Several days .............................................................................30
      Not at all .....................................................................................43
      I’m not sure .................................................................................12
      (Refused) ..................................................................................1
d. Feeling down, depressed, or hopeless

Nearly every day ..............................................................3
More than half the days ....................................................8
Several days .................................................................31
Not at all ........................................................................37
I’m not sure ....................................................................20
(Refused).......................................................................1

30. Has the person(s) you care for ever been told by a doctor or health care provider ever been told that he or she has: (Check all that apply.)

Depression.........................................................................3
Anxiety .............................................................................3
Another mental health issue (SPECIFY: ______)..............2
All yes .............................................................................5
No – none of these ..........................................................6
I’m not sure .....................................................................1
(Refused).......................................................................0

31. IF YES TO ANY IN Q30: Was this person told they have Q14 RESPONSE since he or she turned age 65?

Base n = 79

Yes, it was since they turned 65........................................58
No, it was before they turned 65......................................29
I’m not sure .....................................................................13
(Refused).......................................................................0

IF ANY Q29A-D = 1 TO 3 (IE, HAS HAD FEELINGS RECENTLY) OR YES TO ANY OF Q30. IF NO OR NOT SURE TO ALL Q29A-D AND NO/NOT SURE TO Q30 – SKIP TO END

32. Just using a word or two, how does it feel to help care for someone who is depressed, anxious, or has another mental health issue? OPEN END

Base n = 67

33. Does the depression, anxiety, or other mental health problems make helping him or her more stressful for you?

Yes ..................................................................................54
No ..................................................................................46
(Refused).......................................................................0
34. Has helping care for a person with depression, anxiety, or other mental health problems affected your own emotional or physical health? (Select all that apply.)

- Yes, it has affected my emotional health ........................................... 13
- Yes, it has affected my physical health .............................................. 1
- No, it has not affected my health ......................................................... 87
- (Refused) .............................................................................................. 0

If you care for more than one person 65 and older who has depression, anxiety or other mental health issues, think about the person you provide the most care for.

35. Is this person your:

- Mother ............................................................................................... 15
- Father ................................................................................................. 1
- Brother ............................................................................................... 0
- Sister ................................................................................................... 2
- Grandparent ......................................................................................... 0
- Aunt .................................................................................................... 0
- Uncle ................................................................................................... 0
- Cousin .................................................................................................. 0
- Friend ................................................................................................. 9
- Someone else ..................................................................................... 61
- (Refused) ............................................................................................ 12

36. Since your loved turned 65, has a doctor or health care provider talked to him or her about getting treatment for feelings of depression, anxiety or another mental health issues? (This could be about getting medication, counseling, or another type of treatment.)

- Yes ....................................................................................................... 41
- No GO TO Q38 ................................................................................... 59
- (Refused) ............................................................................................ 0

37. IF YES TO Q36: Think about the last time the doctor or health care provider talked to your loved one about getting treatment for depression, anxiety, or another mental health issue. (This could be about getting medication, counseling, or another type of treatment.)

As far as you know, did the doctor or health care provider:

Base n = 42

a. Tell you or your loved one about different treatments options he or she could get?

- Yes ....................................................................................................... 44
- No ...................................................................................................... 31
- I'm not sure .......................................................................................... 24
b. Tell you or your loved one about the possible side effects of treatments?

Yes ................................................................. 46
No ................................................................. 31
I'm not sure ....................................................... 23
(Refused) ............................................................ 0

c. Tell you or your loved one how long it would take for treatments to work?

Yes ................................................................. 25
No ................................................................. 39
I'm not sure ....................................................... 36
(Refused) ............................................................ 1

d. Work with you or your loved one to decide what treatment would be best for him or her?

Yes ................................................................. 48
No ................................................................. 44
I'm not sure ....................................................... 8
(Refused) ............................................................ 0

e. Tell you or your loved one what to do if he or she started feeling worse?

Yes ................................................................. 41
No ................................................................. 42
I'm not sure ....................................................... 15
(Refused) ............................................................ 3

f. Contact you or your loved one within a couple of weeks to see how he or she was doing with the treatment?

Yes ................................................................. 29
No ................................................................. 51
I'm not sure ....................................................... 19
(Refused) ............................................................ 0

2. Is your loved one currently getting treatment for feelings of depression, anxiety, or another mental health issue? This could be things like taking medication or seeing a counselor.

Yes ................................................................. 37
No ................................................................. 54
I'm not sure ....................................................... 10
(Refused) ............................................................ 0

3. IF NO OR NOT SURE TO Q38: Since your loved one turned 65, did he or she ever get any treatment for depression, anxiety, or another mental health issue?

Base n = 27
38/39. Loved one currently getting /have gotten any treatment: combined

Yes .................................................................................................................. 9
No......................................................................................................................... 70
I’m not sure SKIP TO END............................................................................... 21
(Refused)............................................................................................................. 0

38/39. Loved one currently getting /have gotten any treatment: combined

Base n = 67

Yes ......................................................................................................................... 42

4. IF NO TO Q38 or NO TO Q39: Why hasn’t your loved received treatment for depression, anxiety, or other mental health issue since he or she turned 65?

Base n = 20

He or she finished treatment SKIP TO END.................................................... 2
He or she doesn’t not want it SKIP TO END............................................... 24
He or she doesn’t need it SKIP TO END....................................................... 60
It is too expensive SKIP TO END................................................................. 0
Another reason (SPECIFY ____________) SKIP TO END.................. 13
(Refused)............................................................................................................. 0

5. IF YES TO Q38 OR Q39: What kind of treatment (Q38=1: is your loved one getting/Q39=1: did your loved one get) for depression, anxiety or another mental health issue? (Select all that apply.) MULTIPLE RESPONSE

Base n = 44

Prescription medication.............................................................................. 93
Counseling or therapy................................................................................ 20
Over the counter medication (such as herbs, vitamins, and supplements) 8
Something else (SPECIFY ______) ................................................................. 5
I’m not sure ....................................................................................................... 0
(Refused)............................................................................................................. 0

6. IF Q38=1 OR Q39=1: Think about the last time your loved one saw his or her doctor or health care provider. As far as you know, did the doctor or health care provider:

Base n = 44

a. Use a survey or set of questions to measure how your loved one was doing with the treatment?

Yes .................................................................................................................. 21
No......................................................................................................................... 52
I’m not sure ....................................................................................................... 28
(Refused)............................................................................................................. 0

b. Change the dose or type of a medication?
c. Add another treatment to what he or she was doing?
   Yes .............................................................................................................. 34
   No.............................................................................................................. 56
   I'm not sure ................................................................................................. 8
   (Refused)..................................................................................................... 3

   d. Talk to him or her about things they could do to help themselves feel better like exercise or social activities?
   Yes .............................................................................................................. 42
   No.............................................................................................................. 36
   I'm not sure ................................................................................................. 22
   (Refused)..................................................................................................... 0

7. Has your loved one ever stopped a treatment (like a medication or counseling) for depression, anxiety, or another mental health issue?
   Yes .............................................................................................................. 18
   No.............................................................................................................. 70
   I'm not sure ................................................................................................. 12
   (Refused)..................................................................................................... 0

8. IF Q43=1: Why did he or she stop treatment? MULTIPLE RESPONSE

   *Base n = 9*
   It was too expensive ..................................................................................... 0
   He/she did not like the side effects ................................................................. 9
   The treatment was not working .................................................................... 14
   He/she did not want the treatment anymore ................................................. 0
   He/she finished treatment and felt better ..................................................... 33
   Another reason (SPECIFY ____________) ...................................................... 10
   I’m not sure ................................................................................................. 21
   (Refused)..................................................................................................... 12
9. IF Q43=1: After he or she stopped treatment, did their doctor or health care provider:

Base n = 9

a. Talk to you or your loved one about how to prevent the depression, anxiety, or other mental issue from coming back?
   Yes .................................................................................................................13
   No ....................................................................................................................38
   I’m not sure .....................................................................................................37
   (Refused).......................................................................................................12

b. Talk to you or your loved about what to do if the depression, anxiety, or other mental health issue came back?
   Yes .................................................................................................................28
   No ....................................................................................................................23
   I’m not sure .....................................................................................................37
   (Refused).......................................................................................................12

10. Have you ever wished that the doctor or health care provider would do more to make sure your loved one’s treatment for depression, anxiety or other mental health issue was working for them?

   Yes, I wish doctor would do more ..............................................................67
   No, I am fine as it is now ..............................................................................33
   (Refused).....................................................................................................0