abuse also increased substantially, with 2021 seeing the highest drug overdose death rates ever recorded in the United States.

Indeed, many barriers still exist for the state of mental health in America. Despite considerable advances in medical care, along with heightened public awareness of the topic, mental health issues involving stigma, prejudice, and discrimination, as well as the lack of available, effective, and affordable treatment options, continue to plague the nation.

Audience

According to Brister (2018), a mental health crisis is "any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community" (p. 5). As of 2023, 90% of Americans believed this to be the nation's reality—a crisis around youth mental health, serious mental illnesses (and their contributions to various social dilemmas), and substance use disorders (Insel, 2023). For some, the problems are debilitating, severely impairing their ability to navigate life's various situations—at home, at work, in relationships, and in solitude—and leaving little hope for relief.

In 2023, more than half of U.S. individuals with a mental illness did not receive any treatment (*Access to care data 2023,* n.d.). The main barrier, they reported, was the cost of care. Among those struggling, over 5.5 million were uninsured adults, and over 1.2 million were youth with private insurance that did not provide coverage for mental or emotional difficulties. The limited availability of treatment options is also a concern, as there is one mental health provider (e.g., psychiatrists, psychologists, therapists, etc.) for every 350 people in the United States. Finally, there is the lingering stigma that surrounds mental health—the prejudice and

discrimination against people with mental illness that, oftentimes, serves as their sole reason for avoiding or delaying treatment (*Stigma, Prejudice and Discrimination Against People With Mental Illness*, n.d.). The need for improvement is ongoing—and individuals with mental illnesses are not the only ones suffering.

According to the National Alliance on Mental Illness (2024), more than 8 million people in the United States are providing unpaid care—and for 32 hours per week, on average—to an adult with a mental or emotional health condition. Of these caregivers, 76% claim to have made significant personal sacrifices in order to take on such responsibilities, and 49% say their own mental health has suffered as a result (Sharp, 2023). This ripple effect can be seen on the community level, as well, through matters relating to homelessness, economic loss, and hospitalization demands (National Alliance on Mental Illness, 2024).

Clearly, this is a problem that does not discriminate. Directly or indirectly, both internally and externally, and with no regard to demographics, mental illness can affect virtually everyone. So, when looking at the "whom" aspect of America's mental health crisis, I believe that all audiences—from the legislative level to the individual—are (and should be) involved. With respect to research intentions, however, reaching such a wide range of individuals does not seem like the most realistic feat—at least not on such a large scale.

Candidates

That said, I chose to narrow my target audience to include various members of my local community—the "general public," but within a much smaller scope. My goal here was to gather relevant data while also maintaining a sense of audience diversity, so as to highlight the

importance of the idea that mental health issues, in some way or another, truly do concern all populations.

To accomplish this, I used online form-building software to create a 21-question survey, which I then shared via text, email, and—with a limited number of recipients—Facebook. Ultimately, I was able to collect a modest amount of evidence in support of my hitherto obtained research on mental health.

Of the 60 individuals who took part in my survey, the majority were White, female, and between the ages of 26 and 49, and more than 65% held a bachelor's degree or higher (see Figures 1 & 2). Participants were asked to answer 10 questions about their own mental health, including diagnosis and treatment history, frequency of symptoms and effects, and quality of external support. Other inquiries were aimed to examine the relevance of substance use and lifestyle quality, as well as the consensus view on broader aspects of mental health issues.

When asked about current states of mental health, 71% of respondents claimed to be (or to know someone who is) struggling with a mental health condition, and 88% agreed that America is facing a major problem—of which there is need for much improvement (see Figures 3 & 4). Regarding local mental health resources, only 12% found there to be many available (and effective) treatment options, and only one individual strongly agreed that the options were affordable (see Figure 5).

Results varied on the topic of stigma, which, in one survey question, was presented as follows: "To what degree have you *witnessed* the following types of stigma due to a mental health condition/disorder (i.e., negative attitudes, stereotypes, prejudices, and discrimination *experienced by someone else*)?" Participants were then presented with three categories, each of

which offered five answer choices (ranging from "none" to "considerable"). The following majority results were recorded (see Figure 6):

- Public stigma: 30% moderate
- Self-stigma: 32% moderate
- Structural/systemic stigma (e.g., government and organizational policies that limit opportunities): 35% unsure

In hindsight, I found that my survey was, unfortunately, lacking a few essential questions—that my research could have benefited from some additional participant data (e.g., occupational and financial demographics, existence of circumstantial or situational symptoms, effects of stigma on treatment decisions, and experienced and proposed solutions). Despite its inadequacies, however, this survey did seem to produce an outcome that, in some ways, was similar to many others of its kind, suggesting—if nothing else—the relevance of the problem at hand.

Part Two: Additional (Prospective) Candidates

In light of the feedback I received following my initial primary research, I am now considering an alternative (and more specific) audience: the state hospital. By targeting volunteers, staff, and other individuals who are already involved in the mental health system, I believe the potential for resolution will be greater—that more tangible improvements may be possible.

In my opinion, education is key. As noted in *Stigma, Prejudice and Discrimination Against People with Mental Illness* (n.d.), negative and discriminatory attitudes about mental illness often come from lack of understanding. In many instances, unfortunately, this is due to the

plethora of inaccurate and misleading representations of the topic—especially those found in the media. Perhaps if more individuals were exposed to the *facts*—the statistics, the reality, the truth—there would exist more motivation for positive change. Perhaps if more of these stigmas were broken, there would exist more empathy, more compassion, and more hope.

State hospitals, also known as psychiatric hospitals, have a primary focus: to provide inpatient care for individuals with mental illness. Closest to my home is Oregon State Hospital (OSH), a state-funded and -operated facility that strives to inspire hope, promote safety, and support rehabilitation—ultimately helping patients recover from their illness and return to their community (*Oregon Health Authority : About Us : Oregon State Hospital : State of Oregon*, n.d.).

Regarding possible solutions to the problems surrounding mental illness (specifically those involving stigma, prejudice, and discrimination), I believe that OSH could serve as an "educational platform," so to speak—a means through which more accurate information may be shared (and spread). (There are, after all, more than 200 types of mental illnesses to consider here [*Mental Health Disorders*, 2024].)

One way to accomplish this might involve implementing a program—a workshop, perhaps—that focuses on providing (and clarifying) facts about different mental illnesses, while also instilling hope and motivation for patients and their loved ones. Such a program could be geared not only toward those working for OSH, but also toward the general public—nearby residents, members of local communities, and even prospective OSH patients.

While this may not be a new idea, I do believe it is a crucial step for progression—that, when it comes to mental illness, ignorance is *not* bliss, and knowledge *is* power.