The Importance of Anonymity and Privacy in Surveys

Of Mental Health Symptoms

**Literature Review**

* What is the problem and why is it important?

An estimated XX.X% of Americans will experience some form of mental illness in their lifetime (REF), but only XX.X% will seek treatment (REF). Studies investigating public perceptions of mental illness have shown that people generally hold a negative view of those who experience mental illness symptoms (REF). Etc.

Pew Internet and American Life 2000:

“47% of those who sought health information for themselves during their last online

search say the material affected their decisions about treatments and care.”

<https://www.youtube.com/watch?v=NGY6DqB1HX8>

<http://www.children.gov.on.ca/htdocs/English/topics/youthandthelaw/roots/volume5/chapter02_psychological_theories.aspx>

Swanson et al. 2015:

Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, *25*(5), 366-376.

Negative public attitudes toward persons with serious mental illnesses such as schizophrenia and bipolar disorder are pervasive and persistent in the United States, and the assumption of dangerousness is a key element of this negative stereotype

[5,8]. A 2013 national public opinion survey found that 46% of Americans believed that with serious mental illness were “far more dangerous than the general population” [5]. Data from the 2006 General Social Survey suggest that Americans perceive persons with schizophrenia as particularly dangerous: after reading a vignette about an individual with common symptoms of schizophrenia, 60% of respondents reported that they viewed the described individual as likely, or very likely, to be dangerous toward others although the vignette description did not include any in-

formation about violent behavior or risk [8]

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8. Barry, C. L., McGinty, E. E., Vernick, J. S., & Webster, D. W. (2013). After Newtown—public opinion on gun policy and mental illness. *New England journal of medicine*, *368*(12), 1077-1081.

Warner et al. 2011:

“Reporting of depression, PTSD, suicidal ideation, and

interest in receiving care were 2-fold to 4-fold higher

on the anonymous survey compared with the routine

Post-Deployment Health Assessment. Overall, 20.3%

of soldiers who screened positive for depression or

PTSD reported that they were uncomfortable reporting

their answers honestly on the routine postdeployment

screening.

investigators have suggested the possibil-

ity that nonanonymous unitwide assessments linked to

health care might discourage some soldiers from hon-

estly reporting their war-related mental health con-

cerns. (7-11)

7. Thomas JL, Wilk JE, Riviere LA, McGurk D, Castro CA, Hoge CW. Prevalence of

mental health problems and functional impairment among active component and

National Guard soldiers 3 and 12 months following combat in Iraq.

Arch Gen Psychiatry. 2010;67(6):614-623.

8. Warner CH, Appenzeller GN, Mullen K, Warner CM, Grieger T. Soldier attitudes

toward mental health screening and seeking care upon return from combat.

Mil Med. 2008;173(6):563-569.

9. Warner CH, Breitbach JE, Appenzeller GN, Yates V, Grieger T, Webster WG.

Division mental health in the new brigade combat team structure: part II. Rede-

ployment and postdeployment.

Mil Med. 2007;172(9):912-917.

10. Appenzeller GN, Warner CH, Grieger T. Postdeployment Health Reassessment:

a sustainable method for brigade combat teams.

Mil Med. 2007;172(10):1017-1023.

11. Fear NT, Jones M, Murphy D, Hull L, Iversen AC, Coker B, Machell L, Sundin J,

Woodhead C, Jones N, Greenberg N, Landau S, Dandeker C, Rona RJ, Hotopf

M, Wessely S. What are the consequences of deployment to Iraq and Afghani-

stan on the mental health of the UK armed forces? a cohort study.

Lancet. 2010; 375(9728):1783-1797

Despite the uniform nature of having all returning sol-

diers complete the screening measures, studies (3,4)

have found that the stigma of mental health treatment re-

mains high in the military.

3. Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL. Combat duty

in Iraq and Afghanistan, mental health problems, and barriers to care.

N Engl J Med. 2004;351(1):13-22.

4. Hoge CW, Auchterlonie JL, Milliken CS. Mental health problems, use of mental

health services, and attrition from military service after returning from deploy-

ment to Iraq or Afghanistan. JAMA. 2006;295(9):1023-1032.”

Fear et al (2011):

This may be particularly relevant because

individuals who have a mental health problem are more

likely to report barriers to care and hold stigmatizing

beliefs [2,4,5]. It is well documented that an individual’s

beliefs about how they will be perceived by others if they

have a mental health problem are powerful determinants

of help-seeking [6].

2. Warner CH, Appenzeller GN, Grieger T, Belenkiy S, Breitbach J, Parker J,

Warner CM, Hoge C: Importance of Anonymity to Encourage Honest

Reporting in Mental Health Screening After Combat Deployment.

Arch Gen Psychiatry 2011, 68:1065–1071.

4. Langston V, Greenberg N, Fear N, Iversen A, French C, Wessely S: Stigma

and mental health in the Royal Navy: A mixed methods paper. J Mental

Health 2010, 19:8–16.

5. Iversen AC, van Staden L, Hacker Hughes J, Greenberg N, Hotopf M, Rona

RJ, Thornicroft G, Wessely S, Fear NT: The stigma of mental health

problems and other barriers to care in the UK Armed Forces. BMC Heal

Serv Res 2011, 11:31.

6. Cepeda-Benito A, Short P: Self-concealment, avoidance of psychological

services, and perceived likelihood of seeking professional help. J Couns

Psychol 1998, 45:1–7.

* What have people tried to correct the problem?
* What are we going to try and how is it different?

**References**

Warner, C. H., Appenzeller, G. N., Grieger, T., Belenkiy, S., Breitbach, J., Parker, J., Warner, C. M., & Hoge, C. (2011). Importance of anonymity to encourage honest reporting in mental health screening after combat deployment. *Archives of General Psychiatry*, *68*(10), 1065-1071.