**Targeted Messages Packet**

*Includes Messages for:*

* “A New State of Mind” Documentary
* Each Mind Matters – Overview
* Key Audience: Decision Makers 25+

Landlords, Employers, Medical Personnel, Law Enforcement

* Key Audience: Parents & Caregivers
* Key Audience: Latino Families & Communities

En español

* Key Audience: Young People Ages 14-24

**“A New State of Mind: Ending the Stigma of Mental Illness”**

**Frequently Asked Questions**

**Q. Tell me about the documentary.**

**A.** “A New State of Mind: Ending the Stigma of Mental Illness” is a new documentary narrated by award-winning actress Glenn Close and produced by KVIE, Sacramento’s PBS station, as part of a comprehensive social marketing campaign to end stigma. Through the stories of real Californians, viewers will learn that mental health challenges are more common than they think, that they can be managed and that recovery is possible.

**Q. Why was it created?**

**A.** The documentary was produced as part of a comprehensive statewide effort to increase the number of people who seek early help for mental challenges by reducing stigma and discrimination associated with mental illness. The documentary also promotes equity for those living with mental health challenges, sharing personal stories of hope and recovery. This is one example of the many innovative Prevention and Early Intervention programs, funded by the Mental Health Services Act (Prop. 63) currently saving lives and dollars by delivering help *before* *a crisis* when it’s most effective and less costly.

**Q. When and where did the documentary air?**

**A.** The documentary premiered on PBS stations statewide during primetime on May 30, 2013, and will continue to air periodically through the rest of the year. Check your local listings for the next air date and time.

The premiere of “A New State of Mind: Ending the Stigma of Mental Illness” coincided with the May 2013 launch of a new message for California’s mental health movement: Each Mind Matters. Each Mind Matters unifies the hundreds of organizations working together to create health systems that serve minds and bodies, and the millions of Californians who refuse to stay silent while untreated mental illness takes an unnecessary toll on our families and communities.

**Q. Why should all Californians watch the documentary?**

**A.** [One in four American adults](http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml) lives with a diagnosable mental illness in a given year.[[1]](#footnote-1) But fear of judgment, isolation and discrimination may keep them from getting the help they need and the support they deserve.

“A New State of Mind” features just a few of the millions of Californians who are refusing to stay silent while untreated mental illness takes an unnecessary toll on our families and communities. A movement is underway, and these stories illustrate how California is taking unprecedented stepsto ensure each person knows help is available and feels comfortable asking for the support he or she needs.

**Q. What can Californians do to help end the stigma of mental illness?**

**A.** Each Californian plays a role in ending the stigma of mental illness. They can start by learning about mental illness and choosing facts over myths. They can be a safe and open listener for loved ones, friends and colleagues who are suffering. And they can stand up against stigma and discrimination when they see it in their daily life. We invite everyone to learn more about what they can do at EachMindMatters.org.

**Each Mind Matters**

**Key Messages**

**Each Mind Matters brings together California’s Mental Health Movement.**

* Hundreds of organizations working together to create health systems that serve minds and bodies.
* Millions of Californians refusing to stay silent while untreated mental illness takes an unnecessary toll on our families and communities.
* Each Mind Matters is for everyone because mental health is for everyone. This movement belongs to all of us.
* Together, we are creating a California where Each Mind Matters.

**Why Each Mind Matters:**

* We are all different - and that’s a good thing!
* We have more in common than we realize.
* One in four American adults lives with a diagnosable mental illness in a given year.
* Fear of judgment, isolation and discrimination keeps millions of people from getting the help they need and the support they deserve.

**Each Mind Matters is leading the way for national mental health reform.**

* **California is taking unprecedented steps** to break through the barriers of stigma and discrimination so each person knows help is available and feels comfortable asking for the support they need.
* **Prevention and early intervention** save lives and dollars by delivering help before a crisis when it's most effective and less costly.
* **Local programs and grassroots efforts** conceived, designed and implemented at the local level reach California’s diverse communities with targeted solutions.
* **Underserved audiences** are a priority, because every person, family and community can benefit from improved mental health.

**Why Lime Green?**

Lime green is emerging as the national color of mental health awareness, and Each Mind Matters has adopted this vibrant color - symbolic of vigorous life and flourishing health - to represent our efforts to overcome the stereotypes, stigma and discrimination associated with mental illness. Wear the lime green ribbon to take the movement everywhere you go.

Join Each Mind Matters today at **EachMindMatters.org**.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Decision Makers*

*(Employers, landlords, medical providers, law enforcement, etc.)*

**Mental health challenges are more common than you may realize.**

One in four American adults is living with a diagnosable mental disorder in any given year.[[2]](#footnote-2)

Nearly two-thirds of California adults report having experienced close contact with a person experiencing mental health challenges, either as a friend, relative, coworker or service provider.[[3]](#footnote-3)

The wide spectrum of mental illness includes post-partum depression, obsessive compulsive disorder, bipolar disorder and post-traumatic stress disorder. Not all mental illnesses are chronic, some may last for a relatively short time.

**When people are able to get help, they can recover or learn to manage their mental health, and live happy, productive lives.**

Managing a mental health challenge requires responsibility and reliability, two traits that are valued highly by employers, landlords and service providers.

*Key Fact:*

* With support and treatment, between 70 and 90 percent of individuals diagnosed with a mental illness have a significant reduction in symptoms and improved quality of life.[[4]](#footnote-4)

**You have a lot in common with someone who is living with mental health challenges.**

People diagnosed with a mental illness are teachers, doctors, politicians, lawyers, artists, business owners and scientists, among many other occupations that contribute to society in major ways.

We have responsibilities and goals, worries and fears. We make important contributions to our community, and rely on community support when we need it. We hope that everything will turn out OK.

People living with mental health challenges are just people. They are our colleagues, friends and neighbors. They are not defined by their condition. It is just a small part of who they are and how they live their lives.

*Key Fact:*

* Common risk factors that can lead to mental health challenges, according to the Mayo Clinic, include: undergoing stressful life situations such as the death of a loved one, divorce or loss of a job; traumatic experiences such as military combat or being assaulted; having a chronic medical condition, such as cancer; or being abused or neglected as a child.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Decision Makers (cont.)*

**Most people who have been diagnosed with a mental illness are not violent or dangerous.**

It would be unfair to judge someone because he or she has been diagnosed with a mental illness.

*Key Facts:*

* People with serious mental health challenges are more likely to be victims of violence than perpetrators. More than 25 percent of people with severe mental illness report being victims of a violent crime within a given year, a rate nearly 12 times higher than that of the general population.[[5]](#footnote-5)
* Mental illness accounts for, at most, 3 percent of all violence committed in the U.S.[[6]](#footnote-6)

**Stigma hurts. It can do more damage than a mental illness itself.**

Many people say that stigma and discrimination can be a bigger challenge to their quality of life than their mental health challenges are.

Stigma around mental illness is one of the primary barriers to people seeking and receiving treatment.

*Key Facts:*

* *[Employers:]* Studies indicate no difference between the productivity of people who have been diagnosed with a mental illness and that of other employees.[[7]](#footnote-7) However, stigma and discrimination often keep them from applying for or being offered employment, despite their qualifications for a job.
* *[Landlords:]* The Fair Housing Act and the Americans with Disabilities Act both rejected the historical approach of isolating those with mental health challenges from the public in residential treatment settings. Denying housing for people with mental health challenges is a civil rights violation on the level of “separate but equal” racial segregation and discrimination.
* *[Law enforcement:]* It is estimated that people who have been diagnosed with severe mental illness are four times more likely to be killed by a police officer.[[8]](#footnote-8) Many law-enforcement agencies are adopting training programs to help their officers understand mental illness and work with it productively, avoiding tragedy.
* *[Medical providers:]* Mental health issues can manifest as physical symptoms, and physical health problems can result in severe mental health challenges. It is vitally important that physicians screen for mental illnesses such as depression, not only to have a fuller perspective of a patient’s experience, but as yet another way to save a life.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Decision Makers (cont.)*

**In addition to being unfair and ethically unacceptable, it is also illegal to deny someone any rights due to their real or perceived mental illness.**

The Americans with Disabilities Act of 1990 made it illegal for employers or public services to discriminate against someone living with a mental illness.

The Fair Housing Act (Title VIII of the Civil Rights Act of 1968) made it illegal for landlords or other real-estate entities to discriminate against someone living with a mental illness.

In 1999, the Olmstead decision by the U.S. Supreme Court upheld the right of people with disabilities to interact with people who do not have disabilities to the fullest extent possible in integrated settings.

**Now is the time to end the stigma and discrimination associated with mental illness in California. I will be a part of the solution, not the problem.**

I can help to end stigma by openly accepting people who are diagnosed with a mental illness in my work and in my community.

I am in a unique position to give people who are living with mental health challenges what they, just like anyone else, truly deserve – a job, a lease, a public service or simply a respectful conversation – that helps them live a full and productive life.

The strength of the community depends on the well-being of our individuals. It is our civic duty to stand together and support those living with mental health challenges.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Decision Makers (cont.)*

**Taglines & Sound Bites**

These short and memorable lines can help get your point across and make it stick in the minds of your audience. Use them as key points of emphasis in your remarks or, even better, pick one and make it the central theme of your talk.

Daily stress, anxiety, sleepless nights … I know some of the people in this room can relate.

Someone near to you is suffering and needs your help.

You are in a unique position to make a difference.

Equal opportunity is upheld by law, but it is embodied in our daily choices.

The strength of our community depends on the well-being of our individuals.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Parents & Caregivers*

**One in four American adults is living with a diagnosable mental disorder in any given year.[[9]](#footnote-9)**

Statistically speaking, it’s almost certain that someone in your family is experiencing mental health challenges, and needs your support.

Children and adults alike experience a variety of mental illnesses, from attention deficit hyperactivity disorder to post-partum depression to bipolar disorder, and other challenges like stress and trouble sleeping.

*Key Fact:*

* Approximately 9 million children in the U.S. have serious emotional problems, but only 1 in 5 of these children is receiving appropriate treatment.[[10]](#footnote-10)

**When people are able to get help, they can recover or learn to manage their mental health, and live happy, productive lives.**

The parent’s role is critically important in early identification, getting access to help and treatment of mental illness.

Don’t let fear of stigma stop you from getting your kids the help they need. Ask your doctor for help. A referral to a mental health practitioner could be a good first step.

*Key Facts:*

* With support and treatment, between 70 and 90 percent of individuals diagnosed with a mental illness have a significant reduction in symptoms and improved quality of life.[[11]](#footnote-11)
* Research shows that half of all mental disorders start by age 14 and three-quarters start by age 24.[[12]](#footnote-12)
* But, an average of 6 to 8 years pass after the onset of mood disorder symptoms – 9 to 23 years for anxiety disorder symptoms – before young people get help.[[13]](#footnote-13)

**You have a lot in common with someone who is living with mental health challenges.**

We have dreams and goals, worries and fears. We often feel overwhelmed and uncertain about the future. We have hope that everything will turn out OK.

People living with mental health challenges are just people. They are our family members, friends, co-workers and neighbors. They are not defined by their condition. It is just a small part of who they are and how they live their lives.

*Key Fact:*

* Common risk factors that can lead to mental health challenges, according to the Mayo Clinic, include: undergoing stressful life situations such as the death of a loved one, divorce or loss of a job; traumatic experiences such as military combat or being assaulted; having a chronic medical condition, such as cancer; or being abused or neglected as a child.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Parents & Caregivers (cont.)*

**Most people who have been diagnosed with a mental illness are not violent or dangerous.**

It would be unfair to judge someone because he or she has been diagnosed with a mental illness.

*Key Facts:*

* People with serious mental health challenges are more likely to be victims of violence than perpetrators. More than 25 percent of people with severe mental illness report being victims of a violent crime within a given year, a rate nearly 12 times higher than that of the general population.[[14]](#footnote-14)
* Mental illness accounts for, at most, 3 percent of all violence committed in the U.S.[[15]](#footnote-15)

**Stigma hurts. It can do more damage than a mental illness itself.**

Fear of being hurt or isolated because of stigma impacts the whole family. Young people may be afraid to be open with their parents and vice versa. Loved ones who need help and support may suffer alone.

Stigma around mental illness is one of the primary barriers to people seeking and receiving treatment. It also prevents parents from getting help for their kids.

We pass along our stigma to our children in small ways every day. To raise them to be aware, compassionate and accepting, we first need to be role models of compassion and acceptance.

**Now is the time to end the stigma and discrimination associated with mental illness in California. I will be a part of the solution, not the problem.**

I will support other parents who may be struggling with a mental health challenge in their families.

I will teach my children that it’s unacceptable to disrespect people who are living with mental health challenges.

We will create a better tomorrow for our kids if we stand together and support those of us who are living with mental health challenges today.

**Taglines & Sound Bites**

These short and memorable lines can help get your point across and make it stick in the minds of your audience. Use them as key points of emphasis in your remarks or, even better, pick one and make it the central theme of your talk.

Someone you care about is suffering and needs your help.

Don't let fear stop you from getting the help you and your family need.

Daily stress, anxiety, depression… Who can’t relate to that?

We can teach our children compassion with everything we do.

Let’s raise our kids to be stigma-free.

**Mensajes para reducir el estigma y la discriminación**

*Público clave: familias latinas*

**Cuando una persona sufre un trastorno de salud mental, necesita ayuda y apoyo casi como si sintiera dolor físico.**

Hay muchos tipos de enfermedades mentales y aunque quizás no sepamos las causas, sabemos que son enfermedades reales, semejantes a la diabetes o a una enfermedad cardiaca como la presión arterial alta.

Las enfermedades mentales no son algo de qué avergonzarse; igual que las enfermedades físicas, las enfermedades mentales son muy comunes.

Las personas que sufren de trastornos mentales no tienen control de sus síntomas. Así es que cuando una persona sufre, por ejemplo, de depresión, no es porque la persona no tiene la voluntad de mejorarse o que se siente deprimida porque quiere.

*Hechos clave*:

* + Entre los latinos que sufren de trastornos mentales en los últimos 12 meses, aproximadamente 1 de cada 11 visitan a un especialista en salud mental, mientras que 1 de cada 5 visitan un medico general.[[16]](#footnote-16) El especialista en salud mental al que más visitan es el psiquiatra. Existen diferencias entre los subgrupos de latinos y el de los servicios siendo los mexico-americanos los que utilizan menos los servicios tanto de especialistas en salud mental como de médicos generales.
  + Uno de cada cuatro adultos Americanos sufre de una enfermedad mental diagnosticable durante cualquier año.[[17]](#footnote-17)
  + Hablando estadísticamente, es casi seguro que alguien en su familia esté sufriendo de un trastorno mental, y necesita su ayuda.

Niños y adultos por igual sufren de una variedad de enfermedades mentales, desde el trastorno de hiperactividad y déficit de atención, a la depresión severa, al trastorno bipolar, y otros problemas como el estrés y la dificultad para dormir.

*Hecho clave:*

* Aproximadamente 9 millones de niños en los EE.UU. tienen problemas emocionales serios, pero sólo 1 de 5 de esos niños está recibiendo tratamiento apropiado.[[18]](#footnote-18)

Una enfermedad mental puede ser tratada, no siempre es para toda la vida.

No sólo hay tratamientos disponibles, sino que la recuperación total es posible. Hoy en día estamos aprendiendo a prevenir las enfermedades mentales y a promover el bienestar mental. Con apoyo y tratamiento, entre 70 y 90 porciento de los individuos ven una reducción significativa de los síntomas y una mejor calidad de vida.[[19]](#footnote-19)

Hable con su médico. Podría haber un medicamento que puede ayudarlo a usted o a uno de sus seres queridos.

**Mensajes para reducir el estigma y la discriminación**

*Público clave: familias latinas*

**Usted tiene mucho en común con alguien que está viviendo con algún trastorno de salud mental.**

Todos tenemos sueños y metas, preocupaciones y miedos. A menudo nos sentimos abrumados e inseguros sobre el futuro. Tenemos la esperanza de que todo salga bien.

La gente que vive con trastornos mentales son personas también cotidianas. Son nuestros familiares, amigos, colegas y vecinos. Su trastorno mental no los define. Es sólo una pequeña parte de lo que están experimentando y de cómo viven sus vidas.

*Hechos clave:*

* Los factores comunes de riesgo que se asocian a trastornos mentales, de acuerdo con la Clínica Mayo, incluyen: situaciones estresantes tales como la muerte de un ser querido, el divorcio o la pérdida de un trabajo; experiencias traumáticas como el combate militar o el ser agredido físicamente; tener una enfermedad crónica, como cáncer; o sufrir abuso o descuido en la infancia.
* Los inmigrantes latinos a menudo enfrentan un número de factores de estrés, incluyendo la falta de empleo, la pobreza, el no tener seguro medico y el temor a la deportación.

**La mayoría de las personas a las que se les han diagnosticado con una enfermedad mental no son violentas ni peligrosas.**

Sería injusto juzgar a alguien porque ha sido diagnosticado con una enfermedad mental.

*Hechos clave:*

* Las personas con trastornos de salud mental serios, son más usualmente víctimas de violencia que los que cometen actos violentos. Más del 25 por ciento de las personas con enfermedades mentales severas reportan ser víctimas de un crimen violento en un año dado, una tasa casi 12 veces mayor que la de la población general.[[20]](#footnote-20)
* A las enfermedades mentales se les atribuye, a lo más, 3 porciento de toda la violencia cometida en los EE.UU.[[21]](#footnote-21)

**El estigma lastima. Puede hacer más daño que la enfermedad mental en sí misma.**

El miedo a ser lastimado o aislarse a causa del estigma de una enfermedad mental impacta a toda la familia. Los jóvenes pueden tener miedo a hablar abiertamente con sus padres y viceversa. Los seres queridos que necesitan ayuda y apoyo pueden estar sufriendo sin que los que los rodean se den cuenta.

El estigma de una enfermedad mental es una de las primeras barreras para que la gente busque y reciba ayuda.

Transmitimos nuestro estigma a nuestros hijos, sin darnos cuenta, casi todos los días. Para criarlos de modo que sean conscientes, compasivos y aceptantes, primero necesitamos ser modelos de comportamiento de esa compasión y aceptación.

**Mensajes para reducir el estigma y la discriminación**

*Público clave: familias latinas*

**Los estudios muestran que puede existir cierta relación entre la depresión y la diabetes.**

La depresión no solo afecta el cerebro y la conducta, afecta el cuerpo entero. La depresión se ha relacionado con otros problemas de salud, entre ellos, la diabetes.

Además de que posiblemente aumente el riesgo de depresión, la diabetes puede empeorar los síntomas de la depresión. El estrés que causa el hecho de tener que controlar la diabetes todos los días y los efectos que esta enfermedad tiene sobre el cerebro, pueden contribuir a la depresión.[[22]](#footnote-22) En los Estados Unidos, las personas con diabetes tienen el doble de probabilidades que una persona promedio de padecer depresión.[[23]](#footnote-23)

**Además de las barreras que crea el estigma, los latinos enfrentan barreras *culturales* que les impide buscar y recibir ayuda.**   
Barrera cultural:

*Fatalismo*, se refiere a la creencia de que la vida es predeterminada por el destino, la mala suerte o la voluntad de Dios, es utilizado comúnmente para explicar situaciones que se perciben como incontrolables.

Las enfermedades mentales **SÍ** se pueden mejorar. Con un tratamiento apropiado, las personas con enfermedades mentales pueden recuperarse o aprender a manejar sus enfermedades mentales y vivir vidas satisfactorias, felices y productivas.

Barrera cultural:

*Machismo*, es un término que se refiere a la responsabilidad de un hombre de proteger a y proveer para su familia. Si un hombre es incapaz de cumplir este papel, puede ser considerado por su familia y su comunidad como débil o deshonroso.

En lugar de negar que se experimenta un trastorno mental, o auto-medicarse mediante el abuso de sustancias, es más sano hablar sobre el problema con un profesional capacitado.

Barrera cultural:

*Marianismo*, es un término que se refiere al papel tradicional de la mujer principalmente como sumisa, cuidadora de la familia y apegada a leyes religiosas.

Cuidar y mantener su salud mental como lo haría con su salud física es un signo de fuerza y empoderamiento, no de debilidad.

Barrera cultural:

*Familismo*, la importancia de la familia para los latinos es probablemente el valor cultural con mayor influencia, y se refiere a la importancia de una fuerte lealtad a la familia, la cercanía y la contribución al bienestar de la familia. Con frecuencia, la importancia asignada a la familia puede resultar en descuidar las necesidades propias, incluso las necesidades de salud.

Buscar servicios de salud mental cuando se necesita es con frecuencia lo mejor que se puede hacer para ayudar a asegurar que su familia siga sana.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Young People Ages 14-24*

**A lot of people my age are dealing with painful thoughts and feelings. I'm not the only one.**

Children and adults alike experience a variety of mental illnesses, including attention deficit hyperactivity disorder, anxiety, depression and bipolar disorder, and other challenges like stress and trouble sleeping.

*Key Facts:*

* One in four American adults is living with a diagnosable mental disorder in any given year.[[24]](#footnote-24)
* Approximately 9 million children in the U.S. have serious emotional problems, but only 1 in 5 of these children is receiving appropriate treatment.[[25]](#footnote-25)

**Good News! Mental health challenges are preventable and treatable, and recovery is possible.**

If you broke your leg playing a sport, you wouldn’t just ignore it and hope the pain would go away. You also wouldn’t blame yourself or be afraid to tell others. You would seek help to heal. *Why should our mental health be treated any differently from our physical health?*

*Key Facts:*

* Research shows that half of all mental disorders start by age 14 and three-quarters start by age 24.[[26]](#footnote-26)
* But, an average of 6 to 8 years pass after the onset of mood disorder symptoms – 9 to 23 years for anxiety disorder symptoms – before young people get help.[[27]](#footnote-27)
* With support and treatment, between 70 and 90 percent of individuals diagnosed with a mental illness have a significant reduction in symptoms and improved quality of life.[[28]](#footnote-28)

**We all cope with issues differently, but we all have issues.**

People living with mental health challenges are just people. They’re your friends and family. They are not defined by their condition. It is just a small part of who they are and how they live their lives.

I have a lot in common with someone who is struggling with a mental health challenge. We have dreams and goals, worries and fears. We feel overwhelmed and uncertain about the future. We have hope that everything will turn out OK.

**Stigma and Discrimination Reduction Messages**

*Key Audience: Young People Ages 14-24 (cont.)*

**Stigma hurts. It is not funny, not cool and not right to judge someone with mental health challenges.**

This kind of ignorance is called stigma, and stigma can be more hurtful than a mental illness itself.

Disrespecting someone because they have been diagnosed with a mental illness is the same thing as bullying. When people are afraid they’ll be bullied, hurt or abandoned, it stops them from reaching out for the help they need.

Fear of being hurt or isolated because of stigma impacts the whole family. Young people may be afraid to be open with their parents and vice versa. Loved ones who need help and support may suffer alone.

**I won’t stand for the bullying of people who are “different.” Besides, who’s “normal” anyway?**

I know what it's like to pretend everything is ok, but it's really important to talk about feeling sad, anxious, hopeless or confused.

As a friend, it’s my responsibility to help when someone I care about is hurting.

I can help to end stigma by openly accepting the people diagnosed with a mental illness in my school and in my family.

**Taglines & Sound Bites**

These short and memorable lines can help get your point across and make it stick in the minds of your audience. Use them as key points of emphasis in your remarks or, even better, pick one and make it the central theme of your talk.

Stigma: It’s not funny, not cool and not right.

Who’s “normal” anyway?

We all cope with our issues differently, but we *all* have issues.

If you’re *my* friend, it’s *my* responsibility to help you however I can.

Compassion is cool.

Stigma hurts.

1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, June 2005. [↑](#footnote-ref-1)
2. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, June 2005. [↑](#footnote-ref-2)
3. Knowledge Networks and Field Research, *Baseline Survey of California Children 11-13 and Adult Decision-Makers 25+,* 2012. [↑](#footnote-ref-3)
4. National Alliance on Mental Illness (NAMI). [↑](#footnote-ref-4)
5. Linda Teplin et al., *Crime Victimization in Adults with Severe Mental Illness: Comparison with the National*

   *Crime Victimization Survey*, General Psychiatry, August 2005. [↑](#footnote-ref-5)
6. H. Harwood, A. Ameen, G. Denmead et al., The Economic Costs of Mental Illness, 1992, Rockville, Md.: NIMH, 2000. [↑](#footnote-ref-6)
7. # World Health Organization, *Mental Health and Work: Impact, issues and good practices*, 2000.

   [↑](#footnote-ref-7)
8. Treatment Advocacy Center, *Law enforcement and people with severe mental illnesses*, 2005. [↑](#footnote-ref-8)
9. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, June 2005. [↑](#footnote-ref-9)
10. SAMHSA, *Developing a Stigma Reduction Initiative resource kit*, 2006. [↑](#footnote-ref-10)
11. National Alliance on Mental Illness (NAMI). [↑](#footnote-ref-11)
12. Kessler, Berglund, Demler, Jin, Walters, *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*, General Psychiatry, July 2005. [↑](#footnote-ref-12)
13. Wang, P., Berglund, P., et al. *Failure and delay in initial treatment contact after first onset of mental disorders in the National Co-morbidity Survey Replication (NCS-R)*, General Psychiatry, June 2005. [↑](#footnote-ref-13)
14. Linda Teplin et al., *Crime Victimization in Adults with Severe Mental Illness: Comparison with the National*

    *Crime Victimization Survey*, General Psychiatry, August 2005. [↑](#footnote-ref-14)
15. H. Harwood, A. Ameen, G. Denmead et al., The Economic Costs of Mental Illness, 1992, Rockville, Md.: NIMH, 2000. [↑](#footnote-ref-15)
16. Sribney, W., Elliott, K., Aguilar-Gaxiola, S. & Ton, H. Non-medical human services and complementary and alternative medicine. In P. Ruiz and A. Primm (Eds.). *Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives*, Baltimore, MD: Lippincott Williams & Wilkins, Wolters Kluwer Health. 2009. [↑](#footnote-ref-16)
17. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, June 2005. [↑](#footnote-ref-17)
18. SAMHSA *Developing a Stigma Reduction Initiative resource kit*, 2006. [↑](#footnote-ref-18)
19. National Alliance on Mental Illness (NAMI). [↑](#footnote-ref-19)
20. Linda Teplin et al.*, Crime Victimization in Adults with Severe Mental Illness: Comparison with the National Crime Victimization Survey, General Psychiatry,* August 2005. [↑](#footnote-ref-20)
21. H. Harwood, A. Ameen, G. Denmead et al., The Economic Costs of Mental Illness, 1992, Rockville, Md.: NIMH, 2000. [↑](#footnote-ref-21)
22. Kumar A, Gupta R, Thomas A, Ajilore O, Hellemann G. Focal subcortical biophysical abnormalities in patients diagnosed with type 2 diabetes and depression. *Arch Gen Psychiatry.* March 2009. [↑](#footnote-ref-22)
23. Egede LE, Zheng D, Simpson K. Comorbid depression is associated with increased health care use and expenditures in individuals with diabetes, *Diabetes Care,* March 2002. [↑](#footnote-ref-23)
24. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, June 2005. [↑](#footnote-ref-24)
25. SAMHSA, *Developing a Stigma Reduction Initiative resource kit*, 2006. [↑](#footnote-ref-25)
26. Kessler, Berglund, Demler, Jin, Walters, *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*, General Psychiatry, July 2005. [↑](#footnote-ref-26)
27. Wang, P., Berglund, P., et al. *Failure and delay in initial treatment contact after first onset of mental disorders in the National Co-morbidity Survey Replication (NCS-R)*, General Psychiatry, June 2005. [↑](#footnote-ref-27)
28. National Alliance on Mental Illness (NAMI). [↑](#footnote-ref-28)