



Happening in SRO

You can find this “Happening in SRO” and all similar newsletters on the SRO Intranet Home Page, located at: <http://isr-wp.isr.umich.edu/srointranet/> under Recent News.

If you have items for the newsletter, please let Ann Vernier or your unit director know.

SRO Holiday Closure Dates Reminder

UM Holiday: Monday, December 25

UM Season Days: December 26-29

UM Holiday: Monday, January 1

SRO Reopens: Tuesday, January 2

Additional Details about the SSL:

- The SSL will be closed from 9pm on Friday 12/22 through Tues 12/26.
- The SSL will be **open from 11am-7pm 12/27-12/29.**
- The SSL will be **open from 11am-6pm 12/30.**
- The SSL will be closed 12/31-1/1 and resume full operations on Tues 1/2/18.

Happy Holidays (Patty Maher)

SRO Staff --

For me this time of year always impels me to look inward and take stock of the year.



Our work is important, challenging, and rewarding. Your contributions, your dedication to your teammates, and to high quality research makes SRC/SRO a great place to work. Thank you for giving your talents to this work. It makes a difference in our world as ISR/SRC research impacts people's lives – informing policy and deepening our understanding of human behavior, health and the economy (among many other areas).

Like many of you, I am looking forward to the change of pace that the holidays bring. I hope the winter break gives you an opportunity to connect with people and traditions that are important to you.

Best Wishes for a Happy Holiday Season ... and see you in 2018!

~ Patty

Our Work in the World (Stephanie Chardoul)

A recent article in *Social Science Research* by Bill Axinn, Maura Bardos (Maura was an SMP graduate student), and Brady West was picked up by numerous popular media sites, including *Newsweek*, *USA Today*, and many local newspapers across the country. Spurred by the surprisingly high rates of sexual assault that we found in the University of Michigan's "Campus Climate" survey (directed by Bill Axinn with methodological, sampling, and analysis support from SRO staff), the authors wanted to look at rates in a national sample -- to see if the incidents were especially high on college campuses or if they were high in general. Using multiple waves of data collected on the National Survey of Family Growth (NSFG), the authors found that incident rates among women who did **not** attend college were even higher. This use of NSFG's unique data to inform this research is extremely timely, as sexual harassment and assault are a high-profile national topic, and the recent #metoo movement was one of the most prominent campaigns on social media. The authors hope the release of this paper will highlight the real data behind the (sometimes politicized) issue of sexual assault, and help ensure that policy discussions are focused not just on college students but on young people from all backgrounds.

We have provided two links here if you are interested in reading more: the official U-M press release (which has a link to the full paper), and the *Newsweek* story.

<http://ns.umich.edu/new/releases/25275-sexual-assault-among-college-students-is-bad-for-those-who-don-t-attend-college-it-s-worse>

<http://www.newsweek.com/women-without-college-degree-risk-sexual-assault-720948>

From the Archives (Kelly Chatain)

"Have you ever felt that you were going to have a nervous breakdown?"

The Joint Commission on Mental Illness and Health came into being as a result of the Mental Health Study Act of 1955. Comprised of over 20 organizations, the Commission's goal was to study and recommend a course of action to support the increasing mental health needs of the U.S.¹, but they quickly realized there had been no national data collected on what Americans themselves thought of their own mental health. SRC was contracted to do just this. The survey was designed "to investigate the level at which people are living with themselves – their fears and anxieties, their strength and resources, the problems they face and the way they cope with them."² Variables fell into two main areas: Feelings of adjustment and methods of handling emotional problems, with particular interest in what the study team called "readiness for self-referral." The respondents were individuals, 21 and older, living in private households, what was considered the "normal" stable adult population at the time. The PIs did acknowledge that by excluding those living in various institutional settings such as military bases, hospitals, prisons, those representing the more 'transient' groups, that there would be a conservative bias in feelings of adjustment and methods of coping.

Due to the sensitive nature of the questions, the study staff held seven regional conferences with the interviewers to go over interviewer rapport, the QxQs, and responding to emotional distress, among other topics. This is the earliest reference to a decentralized training effort that I've come across in the archive to date³. The study was introduced to potential interviewees as a measure of 'the stresses and strains of modern living' to avoid the negative connotations of 'mental health' and 'illness'. If a respondent asked for help dealing with a personal problem, the interviewer could only tell them to ask their doctor or minister for more guidance. Local authorities were contacted with specific information about the names of the interviewers and the dates that they would be in the area, along with a description

¹ Ewalt, J. R. (1957). Goals of the Joint Commission on Mental Illness and Health. *American Journal of Public Health and the Nations Health*, 47(1), 19–24.

² Gurin, G., Veroff, J. (1960). *Americans view their mental health: a nationwide interview survey; a report to the staff director*, Jack R. Ewalt, 1960. New York: Basic Books.

³ Instruction Book: Study of Modern Living, Project 422, SRO Archive

of the study. A total of 2460 interviews were completed with only 8% refusal. Length was a major concern given the type and breadth of questions. Three forms of the questionnaire were used to help break down the number of questions per interview, while still providing data on a wide range of topics. Another attempt to control length was to use the number of lines printed below an open-ended question to indicate to the interviewers how long or short of an answer was desired or appropriate (in addition to the standard QxQs). Still, the interviews ranged from 1 to 4 hours.

The resulting report, *Americans View Their Mental Health*, was published in 1960 as the 4th monograph in a series of 10 funded by the Joint Commission. The PIs remarked on the frankness of the responses, and gave much credit to the skill of the interviewers and the quality of the questions. It's important to recognize that the researchers tried not to provide explanations for the correlations, but did remark on consistent patterns such as the link between aspirations and how people viewed their situation. Women reported more distress in all areas of adjustment: less accepting of themselves, more inadequate in the parental role, less satisfied in marriage, and more likely to have experienced a nervous breakdown. A higher level of education was linked to more introspection and a more balanced look at both the positive and negative aspects of life. People in the middle income bracket (\$3,000-\$6,000 in 1957) reported more distress around finances than those making less or more. Older adults reported less self-doubt and distress, and showed greater satisfaction with life that seemed to be based on limited expectations and a passive acceptance of their current situation. A full 25% of the population had felt the need for professional help at one time. Only 14% had actually sought it out.

The Joint Commission's final report became the basis of the 1963 Community Mental Health Act, which shifted the burden of mental health treatment from institutions to community programs. As history tells us, the implementation of this community-driven program did not meet the ideal and the U.S. continues to struggle with mental health issues in the population⁴.

The Details:

Funding: Joint Commission on Mental Illness and Health

Principal Investigators: Gerald Gurin, Joseph Veroff, and Sheila Feld

Number of Interviews: 2460, collected in March-April, 1957

Length of Interview: 1-4 hours



Photo credit: Bill Allen/AP Photo, File

Caption: In this Oct. 31, 1963 file photo, President John F. Kennedy signs a bill authorizing \$329 million for mental health programs at the White House in Washington. The Community Mental Health Act, the last legislation that Kennedy signed, aimed to build 1,500 mental health centers so those with mental illnesses could be treated while living at home, rather than being kept in state institutions.

⁴ Associated Press. 2013-10-20. Kennedy's vision for mental health never realized. *USA Today*, accessed on 2017-12-13: <https://www.usatoday.com/story/news/nation/2013/10/20/kennedys-vision-mental-health/3100001/>