

Mental Health Support for Black Families
Child Mind Institute + Steve Fund Project
Quantitative Survey
LOI: 10 minutes

Main Survey

Welcome and thank you for your interest in participating in our market research survey.

The purpose of this survey is to better understand several topics related to mental healthcare access within the Black community. Mental healthcare includes treatment for emotional well-being, behavioral well-being, and learning challenges. We would like to get your opinion and experience on this topic. Please know there are no right or wrong answers – we are simply looking to understand your point of view. This will help the research sponsor in their goal of supporting mental healthcare.

For the rest of the survey, we will use the term “**mental health**.” Mental health challenges can include (but are not limited to) anxiety, depression, difficulty controlling behavior, learning challenges, grief/loss, eating disorders, autism, ADHD, OCD, and having suicidal thoughts.

The survey will take approximately **10 minutes** to complete. Thank you for agreeing to participate in this important research.

Q105. Which of the following types of mental health challenges or behaviors [**IF PARENT:** has your child/children **IF YOUNG ADULT:** have you] ever experienced?
Select all that apply.

Anxiety
Depression
Behavior challenges
Learning challenges
Grief/loss
Eating disorder
Attention-deficit hyperactivity disorder (ADHD)
Obsessive-compulsive disorder (OCD)
Suicidality (suicidal thoughts, plans, or attempts)
Autism
Anger management
Trauma
Drug/alcohol
Other
I don't know / Not sure
None of the above

BASE: EXPERIENCED MENTAL HEALTH CHALLENGES

Q110. And for which of these mental health challenges or behaviors **[IF PARENT: has your child/children IF YOUNG ADULT: have you]** received treatment from a mental health professional? (Mental health professionals include psychologists, psychiatrists, psychiatric nurses, counselors, therapists, social workers, etc.)
Select all that apply.

Anxiety
Depression
Behavior challenges
Learning challenges
Grief/loss
Eating disorder
Attention-deficit hyperactivity disorder (ADHD)
Obsessive-compulsive disorder (OCD)
Suicidality (suicidal thoughts, plans, or attempts)
Autism
Trauma
Drug/alcohol
Anger management
Other
I don't know / Not sure
None

BASE: RECEIVED MENTAL HEALTH TREATMENT

Q115. How did you find the mental health professional(s) that provided services **[IF PARENT: to your child/children IF YOUNG ADULT: to you]**?

Referral from a doctor
Referral from a friend or family member
Referral from a religious/spiritual leader
[SHOW IF PARENT:] Through my child/children's school
Internet ad or listing
Other

Q200. Please indicate your **level of agreement** on the following statements.
Select one response per row.

Statement	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree
Professional treatment that focuses on my [IF PARENT, ADD: child/children's] mental health would be beneficial	O	O	O	O	O

I am aware of mental health services available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I could find a qualified mental health professional, if needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have sufficient access to mental health resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals are trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been able to find a Black mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SHOW IF RECEIVED MENTAL HEALTH TREATMENT:] I am satisfied with the mental health treatment [IF PARENT: my child/children IF YOUNG ADULT: I] received in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The negative stereotypes around mental health challenges prevent me from seeking out professional treatment [IF PARENT, ADD: for my child/children]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would harm [IF PARENT: my child IF YOUNG ADULT: me] to be labeled as having a mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q205. Please indicate your **level of agreement** on the following statements.

Select one response per row.

Statement	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree
I've had previous negative experiences with the mental health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had previous positive experience with the mental health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals are too quick to put people on medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals talk down to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental health professionals don't take the time to explain things clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q210. Using the scale below, please indicate your **level of agreement** on the following statements.

Select one response per row.

Statement	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree
I don't trust the mental health system to act in my/my child's best interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would trust a Black mental health professional more than one who is white	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would trust a Black mental health professional more than one who is a non-Black person of color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to seek help from my religious leader for me/my child rather than a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to seek help from a family member or friend for me/my child rather than a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like my/my child's mental health professional dismisses symptoms or behaviors that seem unusual to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe only a Black mental health professional can understand what I/my child is/am going through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q220. Where do you get information about mental health and well-being?

Select all that apply.

<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Primary care doctor
<input type="checkbox"/> Place of worship
<input type="checkbox"/> Friends and family
<input type="checkbox"/> School psychologist or counselor

Mental health professional
Google search
Social media
Telehealth
Other
None

Q225. If you're concerned about **[IF PARENT: your child/children's IF YOUNG ADULT: your]** mental health or well-being, who or what do you turn to?

Select all that apply.

Pediatrician
Primary care doctor
Place of worship
Friends and family
School psychologist or counselor
Mental health professional
Google search
Social media
Telehealth
Other
None

Q230. Please indicate your **level of agreement** on the following statements.

Select one response per row.

Statement	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree
I have experienced racial discrimination in the mental health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals who are non-Black people of color underestimate the effect racism has had on my/my child's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals who are non-Black people of color don't understand the effect racism has had on my/my child's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals who are white underestimate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

the effect racism has had on my/my child's mental health					
Mental health professionals who are white don't understand the effect racism has had on my/my child's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the next few questions, we will explore potential barriers to mental healthcare access.

Q305. To what degree do the following potential barriers limit your **[IF PARENT, ADD: child/children's]** access to mental healthcare?
Select one response per row.

Statement	Not at all limiting				Extremely limiting
Transportation problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unstable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cost of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental health professionals in the area I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of available Black mental health professionals in the area I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My insurance isn't accepted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long waiting list for appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF PARENT:] Lack of school counselors to address my child's mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q310. Which, if any, of the following have delayed the process of finding mental health treatment **[IF PARENT, ADD: for your child/children]**?
Select all that apply.

<input type="checkbox"/> Unsure how to find help
<input type="checkbox"/> Concern about the impact the diagnosis will have on my/my child's life
<input type="checkbox"/> Bad past experiences with a mental health professional

Discrimination in the mental health system
Difficulty finding a trusted mental health professional
Disagreement with the recommended treatment
Concern about medication or treatment side effects
Other (please describe)
None

Q420. Please indicate your **level of agreement** on the following statements. If the statement does not apply to you, select "N/A".
Select one response per row.

Statement	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree	N/A
My church, mosque, or other place of worship promotes seeking professional mental healthcare when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My faith emphasizes self-reliance or prayer as the sole solution for mental health challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, we'll focus on your experiences with mental healthcare.

Q507. What have been the biggest issues you've faced when trying to receive mental healthcare **[IF PARENT: for your child/children IF YOUNG ADULT: for yourself]**?

Q508. What, if any, suggestions do you have regarding what can be done to make mental healthcare more accessible? (There are no wrong answers. We are interested in any ideas you have.)

Q510. Describe the experiences **[IF PARENT: your child/children IF YOUNG ADULT: you]** have had with mental health professionals. How has that either encouraged or discouraged you from seeking further treatment?

Q520. Assuming there were no barriers, which of the following types of services would you be interested in **[IF PARENT, ADD: for your child/children]**?

Select all that apply.

Individual therapy
Group therapy
Medication treatment
Family counseling
Help with learning challenges
Mentoring
Articles, books, social media accounts, or websites on mental health
Other (please describe)
I don't know
None

Q530. In your experience, if you have been discriminated against while receiving mental health treatment, do you believe it was based on one or more of the following?

Select all that apply.

Accent
Race
Education level
Income level
Appearance / how you look
Religion
Other (please describe)
I have not been discriminated against

These last few questions are for classification purposes only.

605. What is your gender?

Please select one.

Male
Female
Nonbinary
Other
Prefer not to answer

Q610. Which of the following statements best describes you?

Please select one.

I am a first-generation immigrant
I am a second-generation immigrant
I am not an immigrant
Prefer not to answer

Q615. Which of the following best describes your **[IF PARENT, ADD: child/children's]** primary form of health insurance?

Commercial insurance (e.g. Anthem, United Healthcare, etc.)
Medicaid or similar state-sponsored health insurance
Veterans/Military
Medicare <u>without</u> supplemental coverage
Medicare <u>with</u> supplemental coverage
Medicare Advantage
Other type of coverage
No coverage / cash paying
Not sure

Q620. Which of the following best represents your **2023 annual household income** before taxes?
Please select one.

\$24,999 or below
\$25,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999
\$100,000 to \$124,999
\$125,000 to \$149,999
\$150,000 to \$199,999
\$200,000 to \$249,999
\$250,000 to \$299,999
\$300,000 or more
Prefer not to answer