



Office of Mental Health

UNDERSTANDING ATTITUDES, BELIEFS, AND BEHAVIORS - FOR MENTAL HEALTH SERVICE RECIPIENTS

INTRODUCTION

The Office of Mental Health is seeking broad input about attitudes, beliefs, and behaviors related to mental health. More specifically, the following survey seeks to obtain input from people who receive services.

Survey responses are anonymous and only aggregate data will be shared. Findings will help depict the current state of attitudes, beliefs, and behaviors here in New York. Findings will also guide the creation of interventions to help promote affirming attitudes.

The Office of Mental Health recognizes that some individuals receiving services may have trouble accessing the survey, so we're asking service providers, advocates, and other supporters to reach out to individuals and complete the survey with them. In doing so, please make sure that **ONLY** the information of the individual you are assisting is included in the responses.

The survey is expected to close on June 16, 2022. People with lived experience contributed to the development of this survey. The Office of Mental Health is grateful for their input and leadership.

Please direct any questions to omhippi@omh.ny.gov

BACKGROUND INFORMATION

ALL QUESTIONS ARE RELEVANT ONLY TO THE SERVICE RECIPIENT.

A1. Do you receive mental health services?

- Yes (move to A2.)
- No (thank you, you are not required to complete this survey)

A2. If 'Yes', are you completing the survey for yourself?

- Yes (move to 1.)
- No (move to A3.)

A3. Please tell us which statement below best describes your helper (select one)?

- The helper is a family member/friend/informal caregiver responding on my behalf.
- The helper is a peer provider responding on my behalf.
- The helper is a service provider responding on my behalf.

ALL QUESTIONS ARE RELEVANT ONLY TO THE SERVICE RECIPIENT. PLEASE CONSISTENTLY INCLUDE ONLY THE RECIPIENT'S INFORMATION.

SERVICE RECIPIENT DEMOGRAPHIC INFORMATION

1. How do you identify in terms of your gender? [OPTIONAL]

- Female
- Male
- Gender nonbinary
- Gender queer
- Transgender Female
- Transgender Male
- Other: _____ (please specify)

2. Which is your age group? [OPTIONAL]

- Under 18
- 18 – 30
- 31 – 50
- 51 – 60
- Over 60

3. How do you describe your racial/ethnic background? Check all that apply. [OPTIONAL]

- Asian or Pacific Islander (please also answer 3A)
- Black (please also answer 3B)
- Black/Hispanic (please also answer both 3B and 3C)
- Hispanic or Latinx (please also answer 3C)
- Middle Eastern
- Native American, Inuit, Yupik, or Aleutian
- White
- White/Hispanic (please also answer 3C)
- Other: _____ (Please specify)

3A. [IF ASIAN OR PACIFIC ISLANDER] Do you consider yourself to be? Check all that apply. [OPTIONAL]

- East Asian, please specify: _____
- Native Hawaiian/ Pacific Islander, please specify: _____
- South Asian, please specify: _____
- South East Asian, please specify: _____
- Other, please specify: _____

3B. [IF BLACK] Do you consider yourself to be? Check all that apply. [OPTIONAL]

- African
- African American
- Caribbean, French/Creole Speaking
- Caribbean, Spanish speaking
- Hispanic/Latinx
- West Indian/Caribbean, English Speaking

3C. [IF HISPANIC OR LATINX] Do you consider yourself to be? Check all that apply. [OPTIONAL]

- Central American
- Cuban
- Dominican
- Mexican American
- Puerto Rican
- South American
- Spaniard or Portuguese

4. What is the highest level of education or schooling that you have completed? [OPTIONAL]

- Kindergarten to 8th grade
- Some high school
- High school equivalency [GED] or high school diploma
- Some college or technical training
- Bachelor's degree
- Master's degree, PhD, or MD
- Prefer not to answer

5. Which of the following best describes your living situation in the past year? Check all that apply.

- An apartment or house that you or your family own or rent, without any financial assistance
- An apartment or house that you or your family receive public assistance for
- "Couch Surfing or Doubled up" with friends/family and do not pay rent
- A room in specialized mental health residency with care manager
- A room in a Single Room Occupancy (SRO) or hotel without care manager
- A mental health treatment program housing
- Drug treatment program housing
- Shelters, vehicle, street, or another public place
- Adult home
- Jail or prison
- Other (Specify: _____)

6. Have you ever been homeless? By "homeless", we mean you did not have your own place to sleep, not even a friend's or family member's place you were welcome to stay at.

- No (skip to 7)
- Yes (move to 6A)

6A. What was the longest period of time in your life you were homeless?

- Less than 1 month
- 1 month – 1 year
- Over 1 year – 5 years
- Over 5 years

7. In the past year, were you ever hungry and didn't eat because you couldn't afford enough food?

- No
- Yes

8. In the last 6 months, have you gotten any money from any of the following?

	No	Yes
1. Temporary work or odd jobs – on or off the books	<input type="radio"/>	<input type="radio"/>
2. Disability/social security	<input type="radio"/>	<input type="radio"/>
3. Public assistance	<input type="radio"/>	<input type="radio"/>
4. Spouse, partner, family, or friends	<input type="radio"/>	<input type="radio"/>
5. Recycling or reselling (e.g., returning cans and bottles, selling scrap metal, selling used furnishing, books and/or magazines)	<input type="radio"/>	<input type="radio"/>
6. Selling drugs, or sex for money	<input type="radio"/>	<input type="radio"/>
7. Hustling/ asking for money in a public place	<input type="radio"/>	<input type="radio"/>
8. Routinely visiting charities for assistance	<input type="radio"/>	<input type="radio"/>

SERVICE USE:

9. Have you ever been in an inpatient mental health facility?

- No (skip to 10)
- Yes (move to 9A)

9A. Over your whole life, how much time have you spent in an inpatient mental health facility?

- Less than 1 month
- 1 month – 1 year
- Over 1 year – 5 years
- Over 5 years

10. Please indicate the specific program types where you receive mental health services now. Check all that apply.

- Assertive Community Treatment (ACT)
- Behavioral Health Clinic Services
- Certified Community Behavioral Health Clinics (CCBHC)
- Children and Family Treatment and Support Services
- Crisis Services
- Day Treatment
- Education Services
- Family Services
- Forensic Assertive Community Treatment (FACT)
- Health Home Care Management/Coordination

- Home and Community Based Services/CORE
- Inpatient Services
- OnTrackNY
- Peer Advocacy/Bridger
- Personalized Recovery Oriented Services (PROS)
- Residential Housing Services & Supports
- Self-Help Services & Supports
- Vocational Services

11. What mental health diagnosis(es) did the doctor say you have? Check all that apply.

- Adjustment disorder
- Anxiety
- Bipolar disorder
- Borderline Personality Disorder/other Personality Disorder Psychosis
- Depression
- PTSD
- Schizoaffective disorder
- Schizophrenia
- Other _____
- Prefer not to answer
- Don't know

12. Have you ever taken any prescribed drugs for your mental health diagnosis(es)?

- No
- Yes
- Don't know

13. Do you currently take any prescribed drugs for your mental health diagnosis(es)?

- No (skip to 14)
- Yes (move to 13A)
- Don't know (skip to 14)
- Prefer not to answer (skip to 14)

13A. Do you take your medication as prescribed?

- No (move to 13B)
- Yes (skip to 14)
- Don't know (skip to 14)
- Prefer not to answer (skip to 14)

13B. Why don't you take your medication as prescribed? Check all that apply.

- I do not have insurance coverage for medication
- I do not like the side effects
- I do not need them
- I do not want others to know that I am taking medication
- I forget to pick up prescription refills or forget to take them
- I have taken my prescribed medications in the past and they did not work

- I sell them
- My doctor did not include me in the discussion when prescribing these medications
- They affect my ability to perform everyday tasks/work
- They affect my libido and/or ability to have an intimate relationship
- Other _____ (please specify)
- Don't know

14. All in all, would you say your physical health is excellent, good, fair, or poor?

- Excellent
- Good
- Fair
- Poor
- Don't know

15. All in all, would you say your mental health is excellent, good, fair, or poor?

- Excellent
- Good
- Fair
- Poor
- Don't know

16. VIEWS OF THE PUBLIC:

We would like to know what you think most people in general believe about persons with serious mental illnesses at the present time. *Please circle how much you agree or disagree with the following statements.*

I think the public believes...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
16A. Most persons with mental illness are to blame for their problems.	1	2	3	4	5
16B. Most persons with mental illness are unpredictable.	1	2	3	4	5
16C. Most persons with mental illness will not recover or get better.	1	2	3	4	5
16D. Most persons with mental illness are dangerous.	1	2	3	4	5

16E. Most persons with mental illness are unable to take care of themselves.

1 2 3 4 5

17. YOUR VIEWS: Please circle how much you agree or disagree with the following statements.

Because I have a mental illness...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
17A. I am unable to take care of myself.	1	2	3	4	5
17B. I will not recover or get better.	1	2	3	4	5
17C. I am to blame for my problems.	1	2	3	4	5
17D. I am unpredictable.	1	2	3	4	5
17E. I am dangerous.	1	2	3	4	5

YOUR LIFETIME EXPERIENCES:

18. At any time in your life, have you ever been unfairly fired from a job, been unfairly denied a promotion, or not hired for a job?

- No (skip to 19)
- Yes (move to 18A)

18A. What do you think were the main reasons for this experience? Check all that apply.

- Your Gender Identity
- Your Race
- Your Ethnicity
- Your Country of Origin
- Your Age
- Your Sexual Orientation
- Your Physical Disability

- Your Physical Appearance
- Your Religion
- Your Education
- Your Income
- Your Mental Health Status
- Your History of Substance Use
- Your History of Incarceration
- Your Housing Instability/Homelessness
- Your Immigration Status

18B. In which of the following settings did this happen? Check all that apply. [OPTIONAL]

- A job in government
- A job in a company/ corporation
- A job in a hospital or other healthcare setting
- A job in non-profit or community-based organization
- A job in a consumer-oriented setting
- Other settings (please specify) _____

19. Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?

- No (skip to 20)
- Yes (move to 19A)

19A. What do you think were the main reasons for this experience? Check all that apply.

- Your Gender Identity
- Your Race
- Your Ethnicity
- Your Country of Origin
- Your Age
- Your Sexual Orientation
- Your Physical Disability
- Your Physical Appearance
- Your Religion
- Your Education
- Your Income
- Your Mental Health Status
- Your History of Substance Use
- Your History of Incarceration
- Your Housing Instability/Homelessness
- Your Immigration Status

19B. In which of the following settings did this happen? Check all that apply. [OPTIONAL]

- In a public space (e.g.: store, street, subway, highway rest stop)
- The place where I live (e.g.: home, apartment, group residence)
- Health care setting (e.g.: outpatient setting, emergency room)
- Program setting (e.g.: day program, club house)
- Community setting (e.g.: community center, place of worship)

Other settings (please specify) _____

20. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?

- No (skip to 21)
- Yes (move to 20A)

20A. What do you think were the main reasons for this experience? Check all that apply.

- Your Gender Identity
- Your Race
- Your Ethnicity
- Your Country of Origin
- Your Age
- Your Sexual Orientation
- Your Physical Disability
- Your Physical Appearance
- Your Religion
- Your Education
- Your Income
- Your Mental Health Status
- Your History of Substance Use
- Your History of Incarceration
- Your Housing Instability/Homelessness
- Your Immigration Status

20B. In which of the following settings did this happen? Check all that apply. [OPTIONAL]

- Elementary school
- Middle school
- High school
- College
- Graduate school
- Other settings (please specify) _____

21. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?

- No (skip to 22)
- Yes (move to 21A)

21A. What do you think were the main reasons for this experience? Check all that apply.

- Your Gender Identity
- Your Race
- Your Ethnicity
- Your Country of Origin
- Your Age
- Your Sexual Orientation
- Your Physical Disability
- Your Physical Appearance
- Your Religion

- Your Education
- Your Income
- Your Mental Health Status
- Your History of Substance Use
- Your History of Incarceration
- Your Housing Instability/Homelessness
- Your Immigration Status

21B. In which setting did this happen? Please fill in the information below. [OPTIONAL]

County _____

City _____

Zip code _____

22. EXPERIENCES WITH MENTAL HEALTH PROVIDERS: Please circle how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
22A. My mental health providers interpret some of my thoughts and feelings as symptoms of my mental health problems.	1	2	3	4	5
22B. Sometimes my mental health providers talk down to me because of my mental health problems.	1	2	3	4	5
22C. My mental health providers have encouraged me to follow my personal goals despite my mental health problems.	1	2	3	4	5
22D. My mental health providers interpret some of my traumatic experiences related to racism as symptoms of my mental health problems.	1	2	3	4	5

22E. My mental health providers have told me that I will always need medication to function.

1 2 3 4 5

22F. I have heard my mental health providers refer to patients using a diagnostic label instead of their name.

1 2 3 4 5

22G. I have avoided seeking mental health services because I was concerned about being judged.

1 2 3 4 5

EXPERIENCES WITH TREATMENT DECISIONS:

When answering the following questions please think of the most recent interaction when you discussed a treatment plan with a mental health provider.

23. Please indicate which health complaint/problem the consultation was about:

24. Please indicate which decision was made (if any):

25. Nine statements related to the decision-making in the above-mentioned consultation are listed below. For each statement, please indicate how much you agree or disagree:

	Completely disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree
25A. My mental health provider made clear that a decision needs to be made.	1	2	3	4	5	6
25B. My mental health provider wanted to know exactly how I want to be involved in making the decision.	1	2	3	4	5	6
25C. My mental health provider told me that there are different options for treating my medical condition.	1	2	3	4	5	6
25D. My mental health provider precisely explained the advantages and disadvantages of the treatment options.	1	2	3	4	5	6
25E. My mental health provider helped me understand all the information.	1	2	3	4	5	6
25F. My mental health provider asked me which treatment option I prefer.	1	2	3	4	5	6
25G. My mental health provider and I thoroughly weighed	1	2	3	4	5	6

the different
treatment options.

25H. My mental health
provider and I selected
a treatment option
together.

1 2 3 4 5 6

25I. My mental health
provider and I reached
an agreement on how
to proceed.

1 2 3 4 5

26. EXPERIENCES WITH OTHERS: *Please circle how much you agree or disagree with the following statements.*

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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26A. People have insulted
me because of my mental
health problems.

1 2 3 4 5

26B. People have avoided
me because of my mental
health problems.

1 2 3 4 5

26C. I would have had
better chances in life if I
did not have mental
health problems.

1 2 3 4 5

26D. I would not disclose
that I have had mental
health problems if I was
applying for a job.

1 2 3 4 5

26E. I feel the need to
hide my mental health
problems from my friends.

1 2 3 4 5

26F. If other people talked
about a person with
mental illness in
disrespectful terms, I
would be more likely to

1 2 3 4 5

use hurtful language when discussing them myself.

26G. I would encourage my family and/or friends to seek mental health services, if needed.

1 2 3 4 5

26H. I would not hesitate to seek help if I had a mental health crisis.

1 2 3 4 5

26I. I would not hesitate to openly discuss my mental health problems with family and/or friends.

1 2 3 4 5

26J. I would not hesitate to openly discuss my mental health problems with coworkers.

1 2 3 4 5

27. Please circle how much you agree or disagree with the following statements. Select 'Not Applicable' if not relevant.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
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I would encourage my family and/or friends to speak openly about their mental health problems.

1 2 3 4 5 6

28. PERCEPTIONS: Please circle how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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28A. I can pursue a full-time job.

1 2 3 4 5

28B. I have the capability to get a college degree.	1	2	3	4	5
28C. I can pursue being a homeowner.	1	2	3	4	5
28D. I can be a competent parent.	1	2	3	4	5

29. SERVICE SETTING: Please circle how much you agree or disagree with the following statements.
I experience my mental health service setting as:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
29A. A place where staff come quickly when I need them.	1	2	3	5	6
29B. A place where people talk about everyday life and not just illness.	1	2	3	5	6
29C. A place where I can make choices (e.g., change provider because we don't communicate well, go outside when I decide etc.).	1	2	3	5	6
29D. A place where I feel acknowledged as a person.	1	2	3	5	6

ONE FINAL QUESTION...

30. What advice would you give to someone with a mental health condition about managing stigma for mental health?

THANK YOU FOR YOUR TIME AND EFFORT SPENT ON COMPLETING THIS SURVEY!