

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Anonymous survey for Hispanic/Latinx individuals (eligibility)

In 2021, Latinxs in the South at the Latino Commission on AIDS is doing a study on the mental health and substance use service needs of Hispanics / Latinxs. We will focus on Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee. We would like your input on barriers and helpers to using these services.

#### The study includes:

- Anonymous surveys with 350 Hispanic / Latinx individuals and 75 service providers
- 14 confidential focus groups with 49 - 56 service providers and 49 - 56 Hispanic / Latinx individuals

The survey takes approximately 25 minutes to answer. In appreciation for your time, you will receive an electronic \$30 gift card for completing the survey.

\* 1. Do you identify as a Hispanic/Latinx person living in Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, or Tennessee?

Yes

No

Eligibility (cont 1)

\* 2. Are you 18 years of age or older?

Yes

No

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### Informed Consent

Please read well this information about the ANONYMOUS and VOLUNTARY survey. You will be asked to check a box stating your consent to participate.

**How long does it take?** The survey takes about 25 minutes.

**What other options are available?** You have the option to not participate. You can also stop at any point.

**What will happen if I do not take part in this survey?** There are no penalties for not taking part or stopping. No one will be told about it.

**Is there any cost related to taking the survey?** There is no cost to your participation in this survey.

**Is there compensation for this survey?** You will receive an electronic \$30 gift card in gratitude for completing the survey. It may take up to 7 days for delivery. At the end of the survey, you will be sent to another site to enter your name and email. We will send you an electronic link to a gift card. This information is separate from the survey to protect your anonymity.

**What risks do I face if I take part in this survey?** There are no serious physical or emotional risks to participating in the survey. However, you may find some questions uncomfortable. You may refuse to answer them or stop the survey.

If you become upset or distressed during or after taking the survey, you can visit <https://ilhe.org/> for a list of support services and resources. The link will be also placed at the end of the survey. You can also contact us for help. We can direct you to an adequate source of care. See contact info below.

As with any study, there is a chance of breach of confidentiality of data. Every precaution will be taken to secure your personal information.

**How can I withdraw?** You can stop your participation by simply closing the survey screen.

**Are there any potential benefits?** You may find sharing your experiences and ideas to be a positive experience. In addition, your input will be used to address the impact of mental health and substance use among Hispanics / Latinxs.

**What about confidentiality?** This survey is anonymous. The survey will be assigned a number. No identifying information will be collected, including IP address. Responses will be kept in password protected files. Only our team may access them. No one will be told about your participation or the answers to the survey. The information to collect the gift card will be stored separate from the survey to protect your anonymity. Efforts will be made to protect the information to the extent allowed by law.

**Can I obtain a copy of the survey? Yes, you can download a copy of the survey at <https://ilhe.org/>. We are only collecting surveys completed via SurveyMonkey.**

**Additional info: Contact us for any questions about your rights as a participant, concerns about your participation, feedback, or additional information:**

- **Judith Montenegro, Program Director, 919-903-9194, [jmontenegro@latinoaids.org](mailto:jmontenegro@latinoaids.org)**
- **Daniel Castellanos, Director of Research and Innovation, 212-675-3288, [dcastellanos@latinoaids.org](mailto:dcastellanos@latinoaids.org)**

**You may contact Solutions IRB for questions about your rights as a research subject: (855) 226-4472 or [participants@solutionsirb.com](mailto:participants@solutionsirb.com).**

\* 3. Do you agree to participate in the survey?

Yes

No

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Demographics

4. What year were you born?

5. Which sex were you assigned at birth? (Check one)

- Female  I don't know
- Male  Prefer not to respond
- Intersex
- In your own words (please specify)

6. What is your current gender identity? (Check one)

- Female  Gender Non-Conforming
- Transgender Female  Two-Spirit
- Male  Non-Binary
- Transgender Male  Prefer not to respond
- In your own words (please specify):

7. How do you identify in terms of sexual orientation? (Check one)

- Asexual  Pansexual
- Bisexual  Queer
- Gay  Straight-Heterosexual
- Lesbian  Prefer not to respond
- In your own words (please specify)

8. What race (s) do you self-identify with? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                              | <input type="checkbox"/> Pacific Islander      |
| <input type="checkbox"/> Black                              | <input type="checkbox"/> White                 |
| <input type="checkbox"/> Middle Eastern                     | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Native American / Indigenous       |  |
| <input type="checkbox"/> In your own words (please specify) |  |

9. What is the highest level of education you have completed?

- |   |  |
|---|--|
| <input type="radio"/> Some or less than high school         | <input type="radio"/> College/University (BA,BS)               |
| <input type="radio"/> High School Diploma or GED Equivalent | <input type="radio"/> Graduate School (Master/Doctoral Degree) |
| <input type="radio"/> Some university/college               | <input type="radio"/> Prefer not to respond                    |
| <input type="radio"/> Trade/Vocational                      |  |
| <input type="radio"/> Other (please specify)                |  |

10. What is your yearly household income (estimate in dollars)? (check one)

- |   |   |
|---|---|
| <input type="radio"/> Under \$10,000      | <input type="radio"/> \$75,001 - \$100,000  |
| <input type="radio"/> \$10,001 - \$20,000 | <input type="radio"/> Over \$100,001        |
| <input type="radio"/> \$20,001 - \$35,000 | <input type="radio"/> I don't know          |
| <input type="radio"/> \$35,001 - \$50,000 | <input type="radio"/> Prefer not to respond |
| <input type="radio"/> \$50,001 - \$75,000 |   |

Employment

11. Did you work in the past 12 months?

Yes

Prefer not to respond

No

12. What is your current employment status? (check all that apply)

Employed

Student

Self-Employed

Maternity leave

Looking for work; unemployed

Illness/sick leave

Temporarily laid off

Unable to work due to disability

Retired

Prefer not to respond

Homemaker

Other (please specify)

Housing Status

13. Have you ever been homeless?

Yes

I don't know

No

Prefer not to respond

14. Which of the following best describes your current living situation? (check all that apply)

I live by myself.

I live in a group facility.

I live with a roommate(s).

I am staying temporarily with people.

I live with a family member(s).

I don't have a place to live (e.g., staying on streets, car).

I live with a romantic/sexual partner(s).

Prefer not to respond

I live in a shelter.

Other (please specify)



Family Composition

15. What is your current relationship status? (check one)

- Single or dating
- In a relationship, not living together
- In a relationship, living together
- Married
- In your own words (please specify)
- Divorced
- Widowed
- Prefer not to respond

16. How many children do you have? (0 if none)

- Prefer not to respond
- None
- Number of children:

Migration and Immigration

17. What is your current U.S. zip code?

18. Where were you born?

United States

Puerto Rico

U.S. Virgin Islands

Associated Pacific Islands Jurisdiction

Outside of the United States

Prefer not to respond

Migration and Immigration (cont 1)

19. What country were you born in?

Prefer not to respond

Country:

20. How many years have you lived in the United States?

Prefer not to respond

Years:

21. **As a reminder, this survey is anonymous.** What is your current U.S. residency status?

I'm a citizen of the U.S.

I don't have legal residency

I have a green card (permanent residency)

I don't know

I am applying for a green card (permanent residency)

Prefer not to respond

Other (please specify)

Culture

22. What language do you feel comfortable using when discussing your personal life?

- Spanish only
- English only
- Mostly Spanish, some English
- I don't know
- Spanish and English
- Prefer not to respond
- Mostly English, some Spanish
- Other (please specify)

23. When you have problems or difficulties, how often do you seek comfort through religious or spiritual means, such as praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor?

- Often
- Never
- Sometimes
- I don't know
- Rarely
- Prefer not to respond

General Health

24. How would you rate your overall physical health?

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know
- Prefer not to respond

25. How would you rate your overall mental health?

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know
- Prefer not to respond

26. In the past 30 days, how many days were you limited at all in carrying out your normal daily activities because of problems with your health?

- Prefer not to respond
- Number of days:

27. Have you ever been diagnosed with any of the following conditions? (Check all that apply)

- Anxiety
- COVID-19
- Depression
- Hepatitis C
- Other (please specify)
- HIV
- Post-traumatic stress disorder
- Substance use disorder
- Prefer not to respond

28. Are you currently in treatment for any of the following conditions? (Check all that apply)

Anxiety

HIV

COVID-19

Post-traumatic stress disorder

Depression

Substance use disorder

Hepatitis C

Prefer not to respond

Other (please specify)

Accessing Health Care

29. Where do you usually go for healthcare services?

- Regular primary care provider
- Rural or community health clinic
- Health department clinic
- Urgent care
- Other (please specify)
- Emergency room
- Healer, herbalist or spiritualist
- Prefer not to respond

30. What is your current medical insurance?

- Medicaid/Family Health Plus
- Private through my work
- Private through my partner's work
- Veteran
- Medicare
- Other (please specify)
- ADAP/Ryan White
- I don't have medical insurance.
- I don't know.
- Prefer not to respond

31. When was the last time you saw a primary care provider?

- Past month
- Past 6 months
- Past year
- Past 2 years
- More than two years ago
- Prefer not to respond

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### Experiences with health care

32. Based on your experiences accessing healthcare services, how much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Prefer not to respond
I can trust my healthcare providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare providers treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare providers spend enough time with me during my visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare providers listen to my needs during my visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare providers give me the care I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare providers are knowledgeable about the issues I face as a Hispanic/Latinx individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Alcohol and Substance Use

**The following questions are sensitive and very personal. The information you provide us is anonymous. We won't be asking for any identifying information.**

**Your opinions and experiences are important to address the urgent needs of our communities. If you feel distressed by some of the questions, you have the option to take a break or stop the survey completely. You can also access the resources listed at <https://ilhe.org/behavioral-health-services-for-latinxs-in-the-south/>.**

\* 33. Have you ever had alcoholic beverages OR used substances OR used prescription substances for non-medical reasons?

- Never
- Sometimes
- Prefer not to respond

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### Utilization of services

The next few questions are about different services you may have used at any time in your life for concerns with your use of alcohol or substances. You may not know some of these services.

34. Have you ever discussed your concerns about your use of alcohol or substances with any of the following? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> No need                | <input type="checkbox"/> Relatives   |
| <input type="checkbox"/> No one                 | <input type="checkbox"/> Romantic partners   |
| <input type="checkbox"/> Friends                | <input type="checkbox"/> Religious or spiritual advisors like a minister, priest, pastor, imam, or rabbi |
| <input type="checkbox"/> Parents / grandparents | <input type="checkbox"/> Personal mentor   |
| <input type="checkbox"/> Siblings               | <input type="checkbox"/> Prefer not to respond   |
| <input type="checkbox"/> Other (please specify) |  |

35. Have you ever gone to see any of the following health professionals for concerns with your use of alcohol or substances? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No need  | <input type="checkbox"/> Healer or spiritualist                   |
| <input type="checkbox"/> No one   | <input type="checkbox"/> Psychiatrist, psychologist, or therapist |
| <input type="checkbox"/> Doctor of alternative medicine (e.g., herbalism, homeopathy, or acupuncture) | <input type="checkbox"/> Social worker or counselor               |
| <input type="checkbox"/> General practitioner or family doctor  | <input type="checkbox"/> Prefer not to respond                    |
| <input type="checkbox"/> Other (please specify)   |   |

36. Have you ever used any of the following services because of concerns with your use of alcohol or substances? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No need                             | <input type="checkbox"/> Outpatient treatment programs                                    |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Psychiatric services   |
| <input type="checkbox"/> Group counseling                    | <input type="checkbox"/> Prescription or medicine to manage your alcohol or substance use |
| <input type="checkbox"/> Hotline                             | <input type="checkbox"/> Residential treatment  |
| <input type="checkbox"/> Individual counseling               | <input type="checkbox"/> Self-help group  |
| <input type="checkbox"/> Internet support group or chat room | <input type="checkbox"/> Prefer not to respond  |
| <input type="checkbox"/> Other (please specify)              |   |

37. Have you ever been referred to alcohol or substance use services A ND decided not to use these services?

- Yes
- No
- I don't know
- Prefer not to respond

38. If yes, could you tell us the reasons for your decision not to use these services?

39. If you have been treated inappropriately by a substance use provider, could you describe what made the experience inappropriate?

40. Do you feel that you CURRENTLY need professional services to address concerns with your use of alcohol or substances?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I don't know          |
| <input type="radio"/> No  | <input type="radio"/> Prefer not to respond |

Utilization of services (cont 1)

41. Are you currently using any of the following professional services to address concerns with your use of alcohol or drugs? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No need                             | <input type="checkbox"/> Outpatient treatment programs                         |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Psychiatric services                                  |
| <input type="checkbox"/> Group counseling                    | <input type="checkbox"/> Prescription or medicine to manage your substance use |
| <input type="checkbox"/> Hotline                             | <input type="checkbox"/> Residential treatment                                 |
| <input type="checkbox"/> Individual counseling               | <input type="checkbox"/> Self-help group                                       |
| <input type="checkbox"/> Internet support group or chat room | <input type="checkbox"/> Prefer not to respond                                 |
| <input type="checkbox"/> Other (please specify)              |  |

42. How much would you say that your concerns about your alcohol or substance use are related to COVID-19?

- |  |  |
|--|--|
| <input type="radio"/> Very related to COVID-19     | <input type="radio"/> Not at all related to COVID-19 |
| <input type="radio"/> Related to COVID-19          | <input type="radio"/> I don't know                   |
| <input type="radio"/> Somewhat related to COVID-19 | <input type="radio"/> Prefer not to respond          |

Alcohol use

\* 43. Have you ever had alcoholic beverages?

- Never
- Sometimes
- Prefer not to respond

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Alcohol use (cont 1)

The information you provide us is anonymous. We won't be asking for any identifying information.

44. When thinking about your alcohol use...

	Yes	No	Prefer not to respond
Have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you sometimes take a drink when you first get up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance use

**The information you provide us is anonymous. We won't be asking for any identifying information.**

\* 45. Have you ever used substances OR used prescription substances for non-medical reasons?

- Never
- Sometimes
- Prefer not to respond

Substance use (cont 1)

46. When thinking about your substance use...

	Yes	No	Prefer not to respond
Have you ever felt that you ought to cut down on your substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have people annoyed you by criticizing your substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt bad or guilty about your substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever used substances first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Perceived stigma of alcohol and substance use

**Based on your experience, we want to know about your perceptions regarding stigmatization of alcohol and substance use among Hispanic/Latinx communities.**

47. Please read each statement carefully and indicate your agreement or disagreement with each statement.

Strongly disagree

Disagree

Agree

Strongly Agree

Don't know

Most Hispanic/Latinx people would willingly accept someone who has been treated for alcohol or substance use as a close friend.

Most Hispanic/Latinx people believe that someone who has been treated for alcohol or substance use is just as trustworthy as the average person.

Most Hispanic/Latinx people would accept someone who has been treated for alcohol or substance use as a teacher of young children in a public school.

Most Hispanic/Latinx people would hire someone who has been treated for substance use to take care of their children.

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Perceived stigma of alcohol and substance use (cont)

48. Please read each statement carefully and indicate your agreement or disagreement with each statement.

	Strongly disagree	Disagree	Agree	Strongly Agree	Don't know
Most Hispanic/Latinx people think less of a person who has been in treatment for alcohol or substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers will hire someone who has been treated for alcohol or substance use if he or she is qualified for the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers will pass over the application of someone who has been treated for alcohol or substance use in favor of another applicant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people would be willing to date someone who has been treated for alcohol or substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### Utilizing alcohol and substance use services

The next few questions are about different factors preventing Hispanic/Latinx individuals from using alcohol or substance use services. We're very interested in your opinions in order to improve services.

49. In your opinion, how significant are each of the following personal factors in preventing Hispanics/Latinx from utilizing alcohol or substance use services?

	Not significant	Somewhat significant	Significant	Very significant	Don't know
Services are not available at all in the area where they live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a long wait to access these services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not culturally sensitive to Hispanic/Latinx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic and printed materials are not available specifically for Hispanic/Latinx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not available in the preferred language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are only provided during times that are inconvenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not accessible to those with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not provided by other Hispanic/Latinx individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Utilizing alcohol and substance use services (cont)

50. In your opinion, how significant are the following personal factors in preventing Hispanics/Latinx from utilizing alcohol or substances services?

	Not significant	Somewhat significant	Significant	Very significant	Don't know
They lack knowledge about the symptoms of alcohol or substance misuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel that their alcohol or substance use is not an issue or severe enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel that they can manage their alcohol or substance use on their own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They prefer to talk with their friends or religious or spiritual advisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They lack knowledge about the different types of professional alcohol or substance use services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are concerned about being stigmatized by others if accessing these services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They fear discrimination due to their race/ethnicity, language, immigration, gender, or sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Utilizing alcohol and substance use services (cont 1)

51. In your opinion, how significant are the following factors in preventing Hispanics/Latinx from utilizing substance use services?

	Not significant	Somewhat significant	Significant	Very significant	Don't Know
They cannot afford the services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They lack awareness about professional alcohol or substance use services available to them in their area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel that these services are not beneficial or effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They had negative experiences accessing these services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel the quality of available services is very low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are concerned about the disclosure of alcohol or substance use to government authorities (e.g., immigration services, police)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Mental Health

The following questions are sensitive and very personal. The information you provide us is anonymous. We won't be asking for any identifying information.

Your opinions and experiences are important to address the urgent needs of our communities. If you feel distressed by some of the questions, you have the option to take a break or stop the survey completely. You can also access the resources listed at <https://ilhe.org/behavioral-health-services-for-latinxs-in-the-south/>.

52. Have you ever been diagnosed with any of the following by a health professional? (Check all that apply)

- Generalized anxiety disorder  Post-traumatic stress disorder (PTSD)
- Depression  Prefer not to respond
- Other diagnoses (please specify)

53. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

Some examples are: serious accidents or tragedies, physical or sexual assault or abuse, earthquake or flood, war, forced migration, someone being killed or seriously injured, or having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

- Yes  I don't know
- No  Prefer not to respond

Traumatic events

Thinking about the event or events that you have experienced...

55. In the past month, have you...?

	Yes	No
Had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	<input type="radio"/>	<input type="radio"/>
Been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from people, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	<input type="radio"/>	<input type="radio"/>

Utilization of Mental Health Services

The next few questions are about different services you may have used at any time in your life for concerns with your mental health. You may not know some of these services.

56. Have you ever felt that you need to discuss your concerns about your mental health with someone?

Yes

I don't know

No

Prefer not to respond



Utilization of Mental Health Services (cont 1)

57. Have you ever discussed your concerns about your mental health with any of the following? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No need                | <input type="checkbox"/> Relatives  |
| <input type="checkbox"/> No one                 | <input type="checkbox"/> Romantic partners  |
| <input type="checkbox"/> Friends                | <input type="checkbox"/> Religious or spiritual advisor like a minister, priest, pastor, imam, or rabbi |
| <input type="checkbox"/> Parents / grandparents | <input type="checkbox"/> Personal mentor  |
| <input type="checkbox"/> Siblings               | <input type="checkbox"/> Prefer not to respond  |
| <input type="checkbox"/> Other (please specify) |   |

58. Have you ever gone to see any of the following health professionals for concerns with your mental health? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No need   | <input type="checkbox"/> Healer or spiritualist                   |
| <input type="checkbox"/> None  | <input type="checkbox"/> Psychiatrist, psychologist, or therapist |
| <input type="checkbox"/> Doctor of alternative medicine (e.g herbalism, homeopathy, and acupuncture) | <input type="checkbox"/> Social worker or counselor               |
| <input type="checkbox"/> General practitioner or family doctor                                       | <input type="checkbox"/> Prefer not to respond                    |
| <input type="checkbox"/> Other (please specify)  |   |

59. Have you ever used any of the following services because of concerns with your mental health? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No need                             | <input type="checkbox"/> Outpatient treatment program                          |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Psychiatric services                                  |
| <input type="checkbox"/> Group counseling                    | <input type="checkbox"/> Prescription or medicine to manage your mental health |
| <input type="checkbox"/> Hotline                             | <input type="checkbox"/> Residential treatment                                 |
| <input type="checkbox"/> Individual counseling               | <input type="checkbox"/> Self-help group                                       |
| <input type="checkbox"/> Internet support group or chat room | <input type="checkbox"/> Prefer not to respond                                 |
| <input type="checkbox"/> Other (please specify)              |  |

60. Have you ever been referred to mental health services AND decided not to use these services?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I don't know          |
| <input type="radio"/> No  | <input type="radio"/> Prefer not to respond |

61. If yes, could you tell us the reason for your decision?

62. If you have been treated inappropriately by a mental health provider, could you describe what made the experience inappropriate?

63. Do you CURRENTLY feel that you need professional services to address concerns with your mental health?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I don't know          |
| <input type="radio"/> No  | <input type="radio"/> Prefer not to respond |

Utilization of Mental Health Services (cont 1)

64. Are you currently using any of the following professional services to address concerns with your mental health? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No need                             | <input type="checkbox"/> Outpatient treatment program                     |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Psychiatric services                             |
| <input type="checkbox"/> Group counseling                    | <input type="checkbox"/> Prescription or medicine to manage your emotions |
| <input type="checkbox"/> Hotline                             | <input type="checkbox"/> Residential treatment                            |
| <input type="checkbox"/> Individual counseling               | <input type="checkbox"/> Self-help group                                  |
| <input type="checkbox"/> Internet support group or chat room | <input type="checkbox"/> Prefer not to respond                            |
| <input type="checkbox"/> Other (please specify)              |   |

65. How much would you say that your concerns about your mental health are related to COVID-19?

- |  |  |
|--|--|
| <input type="radio"/> Very related to COVID-19     | <input type="radio"/> Not at all related to COVID-19 |
| <input type="radio"/> Related to COVID-19          | <input type="radio"/> I don't know                   |
| <input type="radio"/> Somewhat related to COVID-19 | <input type="radio"/> Prefer not to respond          |

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Perceived Stigma of Mental Illness

**Based on your experience, we want to know about your perceptions regarding stigmatization of mental illness among Hispanic/Latinx communities.**

66. Please read each statement carefully and indicate your agreement or disagreement with each statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Most Hispanic/Latinx people believe that a person with a severe mental illness is dangerous and unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people believe that having a mental illness is worse than using substances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people would accept a person with a severe mental illness as a close friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people disparage people after psychiatric hospitalization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Perceived Stigma of Mental Illness (cont)

67. Please read each statement carefully and indicate your agreement or disagreement with each statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Most employers would not hire a person who has been hospitalized for a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people think that people with mental illness are as intelligent as ordinary people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people believe that receiving psychiatric treatment is a sign of personal failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most Hispanic/Latinx people would not marry a person with a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

Utilizing mental health services

The next few questions are about different factors preventing Hispanic/Latinx individuals from using **mental health services**. We're very interested in your opinions in order to improve services.

68. In your opinion, how significant are each of the following factors in preventing Hispanics/Latinx from utilizing mental health services?

	Not significant	Somewhat significant	Significant	Very significant	Don't know
Services are not available at all in the area where they live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a long wait to access these services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not culturally sensitive to Hispanic/Latinx individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic and printed materials are not available specifically for Hispanic/Latinx individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not available in the preferred language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are only provided during times that are inconvenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not accessible to those with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are not provided by other Hispanic/Latinx individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

Accessing mental health services (cont)

69. In your opinion, how significant are each of the following personal factors in preventing Hispanics/Latinx from utilizing mental health services?

	Not significant	Somewhat significant	Significant	Very significant	Don't know
They lack knowledge about the symptoms of depression, anxiety or post-traumatic stress disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel their mental health concern is not an issue or severe enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel that they can manage their mental health concerns on their own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They prefer to talk with their friends or religious or spiritual advisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They lack knowledge about the different types of mental health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are concerned about being stigmatized by others if accessing these services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They fear discrimination due to their race/ethnicity, language, immigration, gender, or sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

Utilizing mental health services (cont 1)

70. In your opinion, how significant are the following factors in preventing Hispanics/Latinx from utilizing mental health services?

	Not significant	Somewhat significant	Significant	Very Significant	Don't know
They cannot afford to receive the services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They lack awareness about professional mental health services available to them in their area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel that these services are not beneficial or effective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They had negative experiences accessing these services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They feel the quality of available services is very low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are concerned about disclosure of mental health to government authorities (e.g., immigration services, police)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Capacity of Organizations

71. In your opinion, what are the major challenges of Hispanic/Latinx communities to utilize existing substance use and mental health services?

72. In your opinion, what could organizations do to increase utilization of existing substance use and mental health services among Hispanic/Latinx communities?

73. Is there anything you'd like to add?

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Survey Completion Page

Thank you for completing the survey and sharing your experiences with us. Your responses will be used to address the substance use and mental health needs of Hispanic/Latinx communities in the Southern States.

If you would like to receive a \$30 gift card in appreciation of your time, please click on this link:

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**SURVEY LINK TO GIFT CARD**

This information will be completely separate from the survey itself to protect your confidentiality.

Should you have any questions, please contact:

•Judith Montenegro, Program Director, Latinos in the Deep South, at the Latino Commission on AIDS, at 919-903-9194 or [jmontenegro@latinoaids.org](mailto:jmontenegro@latinoaids.org)

•Daniel Castellanos, Director of Research and Innovation, Latino Commission on AIDS, at 212-675-3288 or [dcastellanos@latinoaids.org](mailto:dcastellanos@latinoaids.org).

### MENTAL HEALTH AND SUBSTANCE USE RESOURCES

If you or someone you know may need mental health or substance use services, please take a look at the following resources:

- Disaster Distress Helpline: 1-800-985-5990 (presione 2 para español)
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) for English, 1-888-628-9454 para español, or Lifeline Crisis Chat.
- SAMHSA's National Helpline: 1-800-662-HELP (4357) (Inglés y español)
- National Alliance on Mental Illness HelpLine: 1-800-950-NAMI (6264) (Inglés y español)

Or check our resources at <https://ilhe.org/behavioral-health-services-for-latinxs-in-the-south/>

Thanks again!

## 2021 Southern Behavioral Health Assessment- Community Member Survey ENGLISH

### Ineligibility Page

**Thank you for your interest in this assessment. Unfortunately, you do not qualify for the survey.**

Should you have any questions, please contact

- Judith Montenegro, Program Director, Latinxs in the South at the Latino Commission on AIDS, at 919-903-9194 or [jmontenegro@latinoaids.org](mailto:jmontenegro@latinoaids.org)
- Daniel Castellanos, Director of Research and Innovation, Latino Commission on AIDS, at 212-675-3288 or [dcastellanos@latinoaids.org](mailto:dcastellanos@latinoaids.org).

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Thanks again!