

2023 Utilization of Mental Health Services Survey



Thank you for your interest in the Utilization of Mental Health Services Study
Your time and feedback are greatly appreciated!

You will notice there are many parts to this questionnaire; this reflects the number of things that we are interested in surveying. We have three main goals:

1. Assess the role of isolation and loneliness during the COVID-19 pandemic.
2. Examine the extent that the pandemic affected access to mental health services for adults 50-years or older who reside in rural communities.
3. Assess the overall need for mental health services, the ratio of supply to demand, and identify other factors might potentially affect the use of these services.

We understand that completion of this survey can be time consuming.

Please know that your time and efforts will contribute to a greater understanding of mental and emotional functioning in adults. Moreover, it will provide information that may influence decisions that community agencies make regarding access to mental health services, especially for rural areas.

We ask that you do several things in completing this survey:

- As you complete this survey, please do so without the help or opinions of others.
- We would appreciate your honest and thoughtful responses. Please do not censor your responses based on how you think you should respond.
- Take your time; you need **NOT** complete the survey in one sitting.
- Read each question carefully before you respond. You need not answer any question you are uncomfortable answering, but, of course, the more questions you leave blank, the less valid and useful your survey will be.

Your participation is voluntary and should pose no physical or psychological risks. Please be assured that all information is **confidential**. Any data, when reported, will be based on group means. You will not be able to be identified by your answers, and your computer address will not be recorded if you complete this online. You are free to discontinue the survey at any time.

If you have any questions regarding your rights as a participant in this study, you may contact:

- John D'Angelo, Acting Chair of the Human Subjects Research Committee at Alfred University at hsrsrc@alfred.edu or (607) 871 - 2201.

If you have any questions about the survey, please contact either Dr. Robert Maiden at fmaiden@alfred.edu or Dr. Danielle Gagne at gagne@alfred.edu, or by calling us at (607) 871-2213.

If you would like to receive a copy of the results, please email Dr. Danielle Gagne at gagne@alfred.edu, call (607) 871-2213 and leave your name and address, or complete the request form at the end of this packet.

If you'd like to complete this online, please go to: <https://au-aging.com/>

This sheet will be separated from your questionnaire upon receipt.

? Would you like to be entered into our drawing for a \$25.00 gift card?

Yes _____ No _____

? Would you like your information kept on file so we can contact you to participate in a future survey or study?

Yes _____ No _____

? Would you like a copy of the findings from this study?

Yes _____ No _____

If you answered YES to any of these, please provide your contact information:

Name _____

Address _____

E-mail _____

I. Demographics

It is helpful for us to know a little bit more about the participants contributing to this research. Please answer the following questions. Please note that this data is collected for reporting purposes only; all information will be aggregated in a statistical program and averages reported. This data will not be used to identify you individually.

1. Today's date: ____/____/____

2. Please indicate your Date of Birth: ____/____/____

3. What would you consider your ethnicity?

____ African American/Black

____ Arab/Middle Eastern

____ Asian/Pacific Islander

____ Caucasian/White

____ Hispanic/Latino/Latina

____ Multiracial

____ Native American or Alaskan Native

____ Other (please specify _____)

4. Please indicate your sex:

____ Male

____ Non-binary

____ Female

____ Prefer not to answer

5. Please indicate your current marital status (please check one):

____ Married or domestic partnership

____ Divorced

____ Widowed

____ Separated

____ Single, never married

6. What is your current living situation?

____ My own residence - mortgage or paid off

____ Rented apartment/house

____ In someone else's home (children, relatives)

____ Assisted Living Facility

____ Nursing Home

____ Other (please explain _____)

7. Do you live alone? Yes _____ No _____

If you checked YES, how many months per year do you live alone? _____

8. Please indicate your current retirement status:

_____ Unemployed

_____ Unemployed, but would like to work/cannot find work

_____ Not retired: I am still working full-time (40+ hours/week)

_____ Not retired: I am still working regular part-time (20-39 hours/week)

_____ I retired from a full-time job, but now I am working one or more part-time jobs

_____ Retired (For how long? _____)

9. Please indicate your highest level of formal education (check the highest):

_____ None or some grade school (last grade completed _____)

_____ Completed grade school (grade 8)

_____ Completed high some high school (last grade completed _____)

_____ Completed high school

_____ Some college, but did not graduate

_____ Graduated from college, Associate's Degree

_____ Graduated from college, Bachelor's Degree

_____ Some work towards Masters

_____ Completed Master's degree

_____ Some work towards doctorate or professional degree

_____ Completed doctoral or professional degree

_____ Trade or technical School

10. Did you serve in the military? _____ YES _____ NO

a. If YES (thankyou) - what branch? _____

11. Counting what you get from all sources (including partner's income, if relevant), what was your total income last year?

- | | |
|--|--|
| <input type="checkbox"/> Under \$ 3,000 | <input type="checkbox"/> \$20,000 \$24,999 |
| <input type="checkbox"/> \$3,000 - \$5,999 | <input type="checkbox"/> \$25,000 - \$49,999 |
| <input type="checkbox"/> \$6,000 - \$9,999 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$100,000 & above |

II. Health

Please answer these questions related to your overall health and care you seek for your mental health.

12. In general, how would you compare your overall health to other persons of your same age or age group?

- ☐ Poor
- ☐ Below Average
- ☐ Average
- ☐ Good
- ☐ Excellent

13. Do you take medication daily that has been prescribed to you by a doctor or medical professional? ☐ YES ☐ NO

14. How do you typically pay for your needed medications (check all that apply)?

- ☐ Medicare
- ☐ Medicaid
- ☐ Military (e.g., Tricare)
- ☐ Private health insurance (e.g., Blue Cross/Blue shield)
- ☐ Out of pocket

15. Please check the most appropriate comment regarding your financial situation and medications.

- ☐ I am able to purchase/obtain all needed medications without worry.
- ☐ I am able to purchase/obtain all needed medications, but need to ask for cheaper/ generic versions or alternatives.
- ☐ I am able to purchase/obtain all needed medications, but worry that I will not be able to pay for new medications in the future.
- ☐ I am NOT able to purchase/obtain all needed medications.
- ☐ I sometimes skip or halve my medications to make them last longer
- ☐ I sometimes need to choose between buying medications and other needed items (e.g., groceries, rent)

16. In which town(s) or city(ies) do you usually seek services? _____

17. *Have you ever sought or received* treatment or professional help for an emotional problem or mental health problem? ☐ YES ☐ NO

18. *Are you currently receiving* treatment or professional help for an emotional problem or mental health problem? ☐ YES ☐ NO

If you answered YES, please continue. If you answered NO, please skip to QUESTION

a. What type of professional did you see or are seeing?

- ☐ My usual doctor/primary care physician
- ☐ Counselor
- ☐ Psychologist or Psychotherapist
- ☐ Psychiatrist
- ☐ Multiple people at an agency or center
- ☐ I don't know

b. How often are you able to see this person?

- ☐ Daily
- ☐ One to a few times a week
- ☐ One to two times per month

c. Is this more or less than you would like to see this person and/or receive services?

_____ More

_____ Less

_____ I see this person as much as I need/want to

d. How satisfied were you with the care you received from this person or agency?

_____ Very satisfied

_____ Satisfied

_____ Neither Satisfied nor Dissatisfied

_____ Dissatisfied

_____ Very Dissatisfied

19. Please rate the extent to which the following barriers prevented or impeded your ability to look for or receive services for mental health care or would prevent you in the future using the following scale.

0 This was/is/would NOT be a barrier

1 This was/is/would be a *slight* barrier - (e.g., I had to find a quick workaround by making a phone call or two), but did not cause delays in care

2 This was/is/would be a *moderate* barrier - (e.g., this took effort to workaround by rescheduling other things, making multiple phone calls, etc.) and/or delayed my care for a few days.

3 This was/is/would be significant barrier - This made it nearly impossible to access services (e.g., created significant delays in accessing services and/or prevented me from getting services)

	NOT a barrier	Slight barrier	Moderate Barrier	Significant Barrier
Lack of information Don't know where to go/how to find services	0	1	2	3
Limited Availability of a Professional Long waiting list, not taking patients, no one within 50 miles	0	1	2	3
Cost of Services - Professional Not covered by insurance, does not accept insurance, travel is too expensive, etc.	0	1	2	3

	NOT a barrier	Slight barrier	Moderate Barrier	Significant Barrier
Policy Limitations Health insurance/benefits limit visits	0	1	2	3
Weather Too hot or cold, snow, ice, etc.	0	1	2	3
Transportation - Private Cannot drive/No license/No vehicle	0	1	2	3
Transportation - Other No one to drive you; public transit not available/convenient or cost too high	0	1	2	3
Accessibility - Building No wheelchair access, stairs	0	1	2	3
Accessibility - Area No sidewalks, no "good" parking, not in a "safe" location	0	1	2	3
Technology Difficulty using computer or phone apps for scheduling	0	1	2	3

20. Barriers to Mental Health Services Scale (BMHSS). Please try to pick an answer for each item, even if you are unsure.

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
a. I would not go to psychotherapy (counseling) because it is difficult for me to find transportation.	1	2	3	4	5
b. I would not go to a psychotherapist (counselor) because normal people don't go to psychotherapy.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
c. I would not seek psychotherapy (counseling) because I need to solve my own problems.	1	2	3	4	5
d. I would not go to a psychotherapist (counselor) because I would feel shame.	1	2	3	4	5
e. I would go to a psychotherapist (counselor) if my insurance covered mental health care.	1	2	3	4	5
f. I would go to psychotherapy (counseling) if I could afford transportation to a therapist's office.	1	2	3	4	5
g. I would see a psychotherapist (counselor) if one was near my home.	1	2	3	4	5
h. I would not see a psychotherapist (counselor) because I've always solved my own problems.	1	2	3	4	5
i. I would not go to a psychotherapist (counselor) because psychotherapy is for crazy people.	1	2	3	4	5
j. I would go to a psychotherapist (counselor) but my insurance limits the number of psychotherapy visits.	1	2	3	4	5
k. I would not go to psychotherapy (counseling) because I do not drive.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
l. I would see a psychotherapist (counselor) if I needed one, but my problems today aren't different than when I was younger.	1	2	3	4	5
m. I would see a psychotherapist (counselor) because normal people go to psychotherapy.	1	2	3	4	5
n. I would go to a psychotherapist (counselor) if I did not have an office co-pay each time I had an appointment.	1	2	3	4	5
o. I would see a psychotherapist (counselor) if psychotherapists came to my home.	1	2	3	4	5
p. I would go to a psychotherapist (counselor) if I was sure that I needed help.	1	2	3	4	5
q. I would not see a psychotherapist (counselor) because it is a sign of weakness.	1	2	3	4	5
r. I would not go to a psychotherapist (counselor) because psychotherapy is expensive.	1	2	3	4	5
s. I would see a psychotherapist if public transportation was easy and convenient.	1	2	3	4	5
t. I would see a psychotherapist (counselor) if it were free.	1	2	3	4	5
u. I would not go to a psychotherapist (counselor) because I'm too proud to seek or accept help.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
v. I would not go to psychotherapy (counseling) because I live in a rural area and don't have access to a psychotherapist.	1	2	3	4	5
w. I would not go to psychotherapy (counseling) because a person's problems are their own business, not anybody else's.	1	2	3	4	5
x. I would not go to psychotherapy (counseling) because parking is inconvenient.	1	2	3	4	5
y. I would not go to a psychotherapist (counselor) because it's hard for me to admit that I need help.	1	2	3	4	5
z. I would go to psychotherapy (counseling) because people should seek help when they need it.	1	2	3	4	5
aa. I would go to psychotherapy (counseling) because people who do not seek help when they need it are lazy.	1	2	3	4	5
bb. I would go to psychotherapy (counseling) because I believe that people must rely on each other.	1	2	3	4	5
cc. I would seek psychotherapy (counseling) because I would like to learn new coping strategies.	1	2	3	4	5
dd. I would go to a psychotherapist (counselor) but it is hard for me to admit that I need help.	1	2	3	4	5

21. Please identify or explain the top 2 barriers that prevent you from accessing mental health care in your area.

22. Compared to one year ago, how would you rate your health in general now?

- _____ Much better than one year ago
- _____ Somewhat better than one year ago
- _____ About the same
- _____ Somewhat worse than one year ago
- _____ Much worse now than one year ago

23. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					
My health is excellent					

24. Below is a list of common symptoms of anxiety and stress. Please read each item in the list carefully. Indicate how often you have experienced each symptom during the PAST WEEK, INCLUDING TODAY, by placing a mark under the corresponding answer.

	Not at all	Some of the time	Most of the time	All of the time
a. I was irritable				
b. I felt detached or isolated from others				
c. I felt like I was in a daze				
d. I had a hard time sitting still				
e. I could not control my worries				
f. I felt restless, keyed up, or on edge				
g. I felt tired				
h. My muscles were tense				
i. I felt like I had no control over life				
j. I felt like something terrible was going to happen to me				

You are doing great. Please keep going! You are helping us make this a better place 😊

25. Please rate the following items:

	Strongly Disagree	Disagree	Some- what Disagree	Neither agree nor disagree	Some- what agree	Agree	Strongly Agree
When I make plans, I follow through with them	1	2	3	4	5	6	7
I usually manage one way or another	1	2	3	4	5	6	7
I feel proud that I have accomplished things in my life	1	2	3	4	5	6	7
I am friends with myself	1	2	3	4	5	6	7
I feel that I can handle many things at one time	1	2	3	4	5	6	7
I am determined	1	2	3	4	5	6	7
I have self-discipline	1	2	3	4	5	6	7
I keep things interested in things	1	2	3	4	5	6	7
I can usually find things to laugh about	1	2	3	4	5	6	7
My belief in myself gets me through hard times	1	2	3	4	5	6	7
I can usually look at a situation in several ways	1	2	3	4	5	6	7
My life has meaning	1	2	3	4	5	6	7
When I am in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
I have enough energy to do what I have to do	1	2	3	4	5	6	7

26. Choose the best answer for how you felt over the past week.

a.	Are you basically satisfied with your life?	YES	NO
b.	Have you dropped many of your activities and interests?	YES	NO
c.	Do you feel that your life is empty?	YES	NO
d.	Do you often get bored?	YES	NO
e.	Are you in good spirits most of the time?	YES	NO
f.	Are you afraid that something bad is going to happen to you?	YES	NO
g.	Do you feel happy most of the time?	YES	NO
h.	Do you feel helpless?	YES	NO
i.	Do you prefer to stay at home, rather than going out and doing new things?	YES	NO
j.	Do you feel that you have more problems with memory than most?	YES	NO
k.	Do you think that it is wonderful to be alive?	YES	NO
l.	Do you feel worthless the way you are now?	YES	NO
m.	Do you feel full of energy?	YES	NO
n.	Do you feel that your situation is hopeless?	YES	NO
o.	Do you think that most people are better off than you are now?	YES	NO

27. The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
<i>Vigorous activities</i> , such as running, lifting heavy objects, participating in strenuous sports			
<i>Moderate activities</i> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
Lifting or carrying groceries			
Climbing <i>several</i> flights of stairs			
Climbing <i>one</i> flight of stairs			
Bending, kneeling, or stooping			
Walking <i>more than a mile</i>			
Walking <i>several blocks</i>			
Walking <i>one block</i>			
Bathing or dressing yourself			

These questions are about how you feel and how things have been with you during the past 4 weeks (i.e., the past month). For each question, please give the one answer that comes closest to the way you have been feeling.

28. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Cut down the <i>amount of time</i> you spent on work or other activities	YES	NO
<i>Accomplished less</i> than you would like	YES	NO
Were limited in the <i>kind</i> of work or other activities	YES	NO
Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)	YES	NO

29. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Cut down the <i>amount of time</i> you spent on work or other activities	YES	NO
<i>Accomplished less</i> than you would like	YES	NO
Didn't do work or other activities as <i>carefully</i> as usual	YES	NO

30. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

31. Indicate the amount of bodily pain have you experienced in the *past 4 weeks*?

- ☐ None
- ☐ Very Mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very Severe

32. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

33. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

34. How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and blue?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

Only a few items left! Please keep going 😊

35. Please indicate how often you have felt the way described in each statement using the following scale:

1 - "I have *never* felt this way."

2 - "I have felt this way *rarely*."

3 - "I have felt this way *sometimes*."

4 - "I have felt this way *often*."

		Never	Rarely	Some- times	Often
1	How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2	How often do you feel that you lack companionship?	1	2	3	4
3	How often do you feel that there is no one you can turn to?	1	2	3	4
4	How often do you feel alone?	1	2	3	4
5	How often do you feel part of a group of friends?	1	2	3	4
6	How often do you feel that you have a lot in common with the people around you?	1	2	3	4
7	How often do you feel that you are no longer close to anyone?	1	2	3	4
8	How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
9	How often do you feel outgoing and friendly?	1	2	3	4
10	How often do you feel close to people?	1	2	3	4
11	How often do you feel left out?	1	2	3	4
12	How often do you feel that your relationships with others are not meaningful?	1	2	3	4
13	How often do you feel that no one really knows you well?	1	2	3	4
14	How often do you feel isolated from others?	1	2	3	4

		Never	Rarely	Some- times	Often
15	How often do you feel you can find companionship when you want it?	1	2	3	4
16	How often do you feel that there are people who really understand you?	1	2	3	4
17	How often do you feel shy?	1	2	3	4
18	How often do you feel that people are around you but not with you?	1	2	3	4
19	How often do you feel that there are people you can talk to?	1	2	3	4
20	How often do you feel that there are people you can turn to?	1	2	3	4

We're finding that many of our communities have changed as a result of the COVID-19 pandemic. Please tell us a little bit about your experience with COVID-19.

36. Were you personally *diagnosed with* COVID-19? YES NO

a. If YES, approximately how long did it take you to recover?

b. If YES, did you get any long-term effects as a result (that you are comfortable sharing)

37. Was anyone in your immediate family diagnosed with COVID-19? YES NO

38. Did you lose a relative or close friend due to COVID-19? YES NO

39. Did you lose more than one relative or close friend due to COVID-19? YES NO

40. If you were employed in March 2020, did you lose your job because of COVID-19? YES NO

41. If you were employed in March 2020, did you have to work at home due to COVID-19? YES NO
42. Did you stay at home more than you preferred because of COVID-19? YES NO
43. Did you feel more isolated because of COVID-19? YES NO
44. Did you feel more lonely because of COVID-19? YES NO
45. Did COVID-19 prevent you from seeing *family* as much as you wanted? YES NO
46. Did COVID-19 prevent you from seeing *friends* as much as you wanted? YES NO

47. Please pick an answer for each question.

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
Did having COVID 19 or the fear of COVID 19 cause you limitations in your food supply?	1	2	3	4	5
Did the pandemic decrease the degree of face-to face interactions in general?	1	2	3	4	5
Did the pandemic cause you to have less interactions with loved ones? If so, with whom?	1	2	3	4	5
Did you decrease your in-person interactions with others?	1	2	3	4	5
Do you now feel we are now "getting back to normal" or pre-pandemic levels?	1	2	3	4	5
Did you experience an economical burden or financial hardship due to COVID 19?	1	2	3	4	5

48.If you wanted social connection, were you able to find alternative ways of interacting with friends and families? If so, what solutions did you apply?

- ☐ Zoom/Skype/Facetime/Video chats or meetings
- ☐ Increased chatroom usage (e.g., Discord)
- ☐ Increased cell phone usage/more talk time
- ☐ Socially distanced walks or other outdoor activities
- ☐ Other? _____
- ☐ I was unable to use any of these

49.Now that we might be in a post-pandemic state, tell us in a few sentences what do you think you have learned from experiencing the pandemic.

Thank you again for your participation.
Your time and energy are greatly valued and appreciated!