**Community Health Survey**

Community Program Planning Process

Monterey County Behavioral Health

**Thank you for participating in this survey.** Your answers are very important to us and will help us improve mental health and substance use services in Monterey County. **All your responses will remain private.**

**What to Expect:** This survey will ask you about moderate and severe mental health problems, substance use problems, and support services.

**Definitions:**

* *Moderate Mental Health Problems* include conditions like anxiety or excessive worrying, moderate depression or sadness, and stress that can make daily life more difficult than usual.
* *Severe Mental Health Problems* include conditions like bipolar disorder, schizophrenia, and severe depression that can make daily life extremely difficult.

Please answer the following questions honestly based on your experiences. **All of your responses will be kept private.**

1. **Which do you think are the most important mental health and substance use issues in your community?** (choose up to three)

|  |  |
| --- | --- |
| * Alcoholism | * Opioid use disorder |
| * Anxiety | * Severe/Chronic depression |
| * Bipolar disorder | * Schizophrenia |
| * Chronic stress | * Substance use |
| * Fentanyl-laced fake prescription pills | * Suicide or thoughts of suicide |
| * Intravenous drug use | * Trauma |
| * Mild/Moderate depression | * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **How available are services for the following mental health and substance use issues in your community?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not available** | **Somewhat available** | **Available** | **I don’t know** |
| Alcoholism | ⚪ | ⚪ | ⚪ | ⚪ |
| Anxiety | ⚪ | ⚪ | ⚪ | ⚪ |
| Bipolar disorder | ⚪ | ⚪ | ⚪ | ⚪ |
| Chronic stress | ⚪ | ⚪ | ⚪ | ⚪ |
| Fentanyl-laced fake prescription pills | ⚪ | ⚪ | ⚪ | ⚪ |
| Intravenous drug use | ⚪ | ⚪ | ⚪ | ⚪ |
| Mild/Moderate depression | ⚪ | ⚪ | ⚪ | ⚪ |
| Opioid use disorder | ⚪ | ⚪ | ⚪ | ⚪ |
| Severe/Chronic depression | ⚪ | ⚪ | ⚪ | ⚪ |
| Schizophrenia | ⚪ | ⚪ | ⚪ | ⚪ |
| Substance use | ⚪ | ⚪ | ⚪ | ⚪ |
| Suicide or thoughts of suicide | ⚪ | ⚪ | ⚪ | ⚪ |
| Trauma | ⚪ | ⚪ | ⚪ | ⚪ |

1. **People sometimes face barriers or challenges to getting the mental health and substance use resources they need. Please rate how great a barrier to receiving resources each issue is in your community:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not a barrier** | **Somewhat of a barrier** | **A major barrier** | **I don’t know** |
| Access to technology | ⚪ | ⚪ | ⚪ | ⚪ |
| Appointment availability | ⚪ | ⚪ | ⚪ | ⚪ |
| Appointments are not available at convenient times | ⚪ | ⚪ | ⚪ | ⚪ |
| Cost of services | ⚪ | ⚪ | ⚪ | ⚪ |
| Lack of childcare/caregiver relief | ⚪ | ⚪ | ⚪ | ⚪ |
| Lack of health insurance | ⚪ | ⚪ | ⚪ | ⚪ |
| Lack of information about where to get help | ⚪ | ⚪ | ⚪ | ⚪ |
| Staff don’t understand different cultures or backgrounds | ⚪ | ⚪ | ⚪ | ⚪ |
| Staff don’t speak the same language and translation unavailable | ⚪ | ⚪ | ⚪ | ⚪ |
| Service locations are too far away or lack of transportation | ⚪ | ⚪ | ⚪ | ⚪ |
| Stigma against mental illness or getting help | ⚪ | ⚪ | ⚪ | ⚪ |

1. **How much do you agree or disagree with the following statement?**

*People with mental and substance use needs can get help in my community.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Strongly Agree | * Agree | * Neutral | * Disagree | * Strongly Disagree |

1. **What are your recommendations for better meeting the mental health and substance use needs in Monterey County?**
2. **Overall, how available do you think the following services are in your area?**

|  |  |  |
| --- | --- | --- |
| Mental Health Services |  | Substance Use Services |
| * Not available at all |  | * Not available at all |
| * Available - insufficient to meet the need |  | * Available - insufficient to meet the need |
| * Sufficiently available to meet the need * I am not sure |  | * Sufficiently available to meet the need * I am not sure |

1. **What additional mental health or substance use services do you feel are needed within Monterey County?**

**Seeking Mental Health Support**

**DEFINITIONS:** For the following items, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, “mental health concerns” include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

**INSTRUCTIONS**: Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

1. **If I had a mental health concern, seeking help from a mental health professional would be...**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 3 | 2 | 1 | 0 | 1 | 2 | 3 |  |
| Useless | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Useful |
| Important | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Unimportant |
| Unhealthy | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Healthy |
| Ineffective | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Effective |
| Good | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Bad |
| Healing | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Hurting |
| Disempowering | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Empowering |
| Satisfying | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Unsatisfying |
| Desirable | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | Undesirable |

**Receiving Mental Health and Substance Use Information**

1. **How do you prefer to receive information about mental health and substance use services in your community?**

|  |  |  |
| --- | --- | --- |
| * Email |  | * Social media (Facebook, X/Twitter, TikTok) |
| * Newsletters (paper or digital) |  | * Television |
| * Phone calls |  | * Text messages/Whatsapp |
| * Podcasts or online videos * Radio |  | * Websites or online articles * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please tell us about yourself**

1. **What is the zip code where you currently live? \_\_\_** \_**\_\_ \_\_\_ \_\_\_ \_\_\_** qI don’t know my zip code

qI don’t have a home address q*Decline to state*

1. **How old are you? \_\_\_\_\_\_\_** years old q*Decline to state*
2. **Which of the following best describes your ethnicity?**

|  |  |  |
| --- | --- | --- |
| * Hispanic/Latino | * Non-Hispanic/Non-Latino | * *Decline to state* |

1. **What racial/ethnic categories do you identify with?** (check all that apply)

|  |  |
| --- | --- |
| * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * Indigenous: Mexico, Central, or South America *(e.g., Triqui, Mixteco, Zapoteco, K’iche, Maya, Purépecha, Quechua)* | * Native Hawaiian or Pacific Islander * White * Multiracial * Another race/ethnicity (please specify):\_\_\_\_\_\_\_\_\_\_ * *Decline to state* |
|  |  |

1. **What language do you speak most at home?**

|  |  |  |  |
| --- | --- | --- | --- |
| * English | * Spanish | * Both English and Spanish | * Another language: \_\_\_\_\_\_\_\_\_\_\_\_ * *Decline to state* |

1. **How do you describe your gender?**

|  |  |
| --- | --- |
| * Female * Genderqueer * Male | * Questioning/unsure of gender identity * Transgender * I prefer to self-describe (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * *Decline to state* |

1. **Which best describes your sexual orientation? (check all that apply)**

|  |  |
| --- | --- |
| * Bisexual *(Attracted to more than one gender)* * Gay or Lesbian *(Attracted to the same gender)* * Heterosexual or Straight *(Attracted to a sex different from your own)* | * Queer *(Includes sexual orientations other than heterosexual or straight)* * Questioning or unsure of your sexual orientation * I prefer to self-describe (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * *Decline to state* |

1. **Are you currently covered by any form of health insurance or health plan?**

|  |  |
| --- | --- |
| * Yes, I am covered by Medicare * Yes, I am covered by Medi-Cal | * Yes, I am covered with private insurance * No, I do not have health insurance at this time * *Decline to state* |

1. **Please tell us anything else about yourself that would help us understand your feedback.** (check all that apply)

* I am a parent/caretaker of a child under 18
* I am a veteran
* I have a severe mental or emotional illness
* I am a family member of someone with a serious mental or emotional illness
* I have an alcohol or substance use disorder
* I have a disability (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am a caregiver for an adult family member
* I do not have immigration status or live with someone who does not have immigration status
* I am homeless or might become homeless in the near future
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your time!*Optional and NOT Required:** If you would like to be invited to a Community Listening Session to hear about the findings from this and other needs assessment activities, please leave your name and contact information below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here are some resources you might find helpful:

* To get a free mental health assessment at home and be connected to resources and local services, visit [**https://wellscreenmonterey.crediblemind.com/**](https://wellscreenmonterey.crediblemind.com/)*(Available in both English and Spanish)*
* To be connected to substance use services, call our ACCESS line at **1-888-258-6059**

*(Available 24 hours a day, 7 days a week in both English and Spanish.)*

* If experiencing a mental health crisis, contact the Community Crisis Line of Monterey County at **1-866-615-1060** *(Available 24 hours a day, 7 days a week in both English, Spanish, and other languages.)*
* For more information and resources related to mental health and substance use, visit [**https://www.countyofmonterey.gov/government/departments-a-h/health/behavioral-health/bh-home**](https://www.countyofmonterey.gov/government/departments-a-h/health/behavioral-health/bh-home)