

FINAL REPORT

The 2020-2021 California Communities Mental Health Services Survey (CCMHSS)

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Executive Summary

NORC at the University of Chicago conducted the 2020-2021 California Mental Health Services Survey (CCMHSS), the first ever wave of a representative state-wide survey designed to capture perceptions of access to mental health services, disparities in access, and individual biases including stigma and prejudice. Also included in the survey are items designed to capture attitudes and beliefs about accessing services, experiences receiving those services, as well as reasons for not seeking them. The survey builds upon the statewide [California Reducing Disparities Project](#) (CRDP) strategic plan and initiatives, and oversamples five CRDP priority population groups including African American/Black, Asian American and Pacific Islander (API), Latino, Native American/American Indian/Alaskan Native (AI/AN), and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+).

The main objective of the CCMHSS was to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. As part of the survey design process, conceptual domains and constructs were identified to guide the development of survey questions. These domains and constructs provided the basis for a conceptual framework for the study and are outlined below. The full report presents the findings from the study which follow these domains and the foundations established in the conceptual framework.

Environmental Conditions Including Access to Mental Health Services

- Perceived access to mental health services
- Perceived need for mental health services

Individual Negative Biases and Perceived Social Inequities

- Stigma and shame related to mental illness and help-seeking
- Perceived disparities in mental health services for each of the CRDP priority populations

Experience with Mental Illness, Contact with Others Experiencing Mental Health Challenges, Awareness and Knowledge about Mental Illness

- Personal experience with mental illness and contact with others experiencing mental illness
- Personal emotional distress in the past 30 days and number of days of personal emotional distress in the past 12 months
- Perceived social and root causes of mental health challenges

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- Comfort and confidence seeking mental health services
- Self-efficacy in seeking mental health services
- Beliefs about prevention and care-seeking for mental health

Perceived Support from Others, Information-Seeking and Help-Seeking

- Support for policies to increase access to mental health services in California
- Perceived support from others when experiencing mental or emotional challenges
- Likelihood of help –seeking or information-seeking for mental health support or services
- Sources of support for mental health care in the past year
- Recent use of technology for mental health care

More than 4,000 adults over 18 years of age living in California completed the online survey between December 2020 and April 2021. The survey was offered in English, Spanish, Vietnamese, Chinese (Traditional), Korean and Tagalog/Taglish. Sample sources included NORC’s AmeriSpeak panel, Dynata’s and ThinkNow opt-in panels, C&C Market Research database recruitment, and partnership-based convenience sampling through promotional media strategies. Each of the priority populations were oversampled to meet specifications set forth from a power analysis designed to secure the ability to detect statistically significant differences among the sampled populations. Additional targeted oversampling occurred for other groups of interest including Asian subgroups and transitional age youth ages 18-24. The sample was monitored during the data collection period to ensure diversity and geographic representation from different regions in California. A series of screening questions were administered to identify eligible respondents. Probability and non-probability samples were calibrated and weighted to the general population of California for comparisons with the CRDP priority populations. The chi-square statistic was used to test and report statistical significance at the $p < 0.05$ -level.

Key findings from the research are summarized below. The key findings present significant and meaningful findings from each of the conceptual areas of focus and feature those among the CRDP priority populations compared to the general population of California, followed by any other populations of interest such as transitional age youth or by region of California. The full report provides more extensive findings, details and graphic exhibits.

Key Findings

General Population of California

Environmental Conditions Including Access to Mental Health Services

- ▶ Just over a quarter (26%) of Californians disagree that their community has access to enough mental health care workers to serve the needs of local residents. Thirty-nine percent neither agree nor disagree or are unsure if there is enough access.
- ▶ Twenty-two percent perceive the need for services, but only 13% actually accessed services in the past year, leaving an unmet need for about 10% of Californians.
- ▶ Fewer Californians living in the Southern region perceive access to mental health services than other regions in California.

Individual Negative Biases and Perceived Social Inequities

- ▶ Nearly a third (31%) of Californians agree they would feel shame if they have a mental illness. About another third (30%) neither agree nor disagree or prefer not to respond.
- ▶ Nearly a quarter (22%) of Californians agree they would feel uncomfortable talking to someone with a mental illness and more a third (39%) believe people with mental illness are more likely to be dangerous.
- ▶ Forty-four percent of Californians in general and more than half of African Americans (56%) and LGBTQ+ (53%) populations reported they think it is harder for African Americans to get mental health care when they need it than it is for Whites. Forty-four percent of Californians think it is harder for Latinos to get mental health care when they need it.
- ▶ The CRDP priority populations experience discrimination in mental health services more than Californians. The biggest differences are among the AI/AN and LGBTQ+ populations.

Experience with Mental Illness

- ▶ Seventeen percent of Californians indicate they have mental illness or have in the past.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ Almost two-thirds (59%) of Californians agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time.

- ▶ The vast majority of Californians support policies that increase access to mental health services. Sixty-nine percent of Californians agree that California should take action to make it easier for all Californians to access mental health care. However, about a quarter (28%) agree that California should stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ A majority of Californians (80%) report they are likely or very likely to talk to a partner¹ when going through a tough time.
- ▶ Between 50% and 60% of Californians report that if they needed to use telehealth to talk with a mental health worker, they have the technology available (smartphone, computer, internet connection, etc.). Conversely, this means that about half of Californians report they do not have the technology available to use telehealth. Fewer (39-50%) have a safe and private space for telehealth visit.
- ▶ Overall, a hotline received the least number of respondents who report being likely to use it a source to reach out for help.
- ▶ The top reasons Californians are unlikely to seek help for mental health care include the acceptance of burden on one's self- 28% feel they do not need to talk to anyone, they can handle it on their own. Nineteen percent had a bad experience in the past. Nineteen percent also reported being too embarrassed. Twenty-two percent think that professional care from a medical doctor, psychologist or mental health care worker will not help. Twenty-one percent think that it's too expensive and 14% do not know where to go or who to see.

¹ The survey instrument defined a "partner" as someone you have a close, romantic or personal relationship with. You may or may not live together, but you think about yourself as a couple. You are emotionally connected and have regular contact with each other. A partner could be any of the following: a spouse (husband or wife), boyfriend or girlfriend, dating partner, or sexual partner.

Blacks/African Americans

Environmental Conditions Including Access to Mental Health Services

- ▶ The African American population is similar to Californians in general in their perception of access to services, their perceived need for services, and their unmet need of about 10% of the population.

Individual Negative Biases and Perceived Social Inequities

- ▶ Shame related to mental illness is lower among the African American population compared to Californians in general and other CRDP populations. Still, about a quarter (26%) of the African American population agree they would feel shame having mental illness.
- ▶ Many Californians (44%) and more than half of African Americans (56%) and LGBTQ+ (53%) populations reported they think it is harder for African Americans to get mental health care when they need it than it is for Whites.
- ▶ Sixty-nine percent of African Americans report either always, often or sometimes experiencing some type of discriminatory behavior due to their race-ethnicity when receiving mental health services.

Experience with Mental Illness

- ▶ Sixteen percent of African Americans indicate they have mental illness or have in the past.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ Similar numbers of African Americans (58%) to Californians (59%) agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time.
- ▶ Seventy-four percent of the African American population support policies to ensure that mental health care is available through community services or programs, such as community clinics, local organizations, or youth development programs.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ African Americans report being likely to turn to a family friend or relative for help compared to other CRDP priority populations and Californians in general (51% compared to 38% among LGBTQ+ and 47% of Latinos). African Americans more frequently report the likelihood of talking to a spiritual leader when going through a tough time than other CRDP populations and Californians generally (39% compared to 30% of Californians).

- ▶ Smartphone applications are a close second to websites when it comes to technology usage for mental health services among African Americans (website 49%, smartphone application 47%).
- ▶ Twenty-one percent of African Americans are not comfortable talking with a mental health care worker either in-person, online or by phone.
- ▶ The top reasons African Americans are unlikely to seek help for mental health care include the acceptance of burden on one's self- 38% feel they do not need to talk to anyone, they can handle it on their own. Twenty-seven percent had a bad experience in the past. Twenty-two reported being too embarrassed. Twenty-three percent think that professional care from a medical doctor, psychologist or mental health care worker will not help. Fourteen percent think that it's too expensive and 12% feel that counseling didn't work before.

Asian and Pacific Islanders

Environmental Conditions Including Access to Mental Health Services

- ▶ A quarter (25%) of API respondents report being unsure if their community has access to enough mental health workers to meet the needs of local residents compared to 17% of Californians and 16% or less among other CRDP priority populations. About a third (35%) perceive they have access and 18% disagree.
- ▶ Fewer respondents in the API population perceive a need for mental health services and less access those services than Californians or any of the CRDP priority populations (16% perceive a need and 9% actually sought services).

Individual Negative Biases and Perceived Social Inequities

- ▶ Shame related to mental illness is high among the API population compared to most other CRDP populations and Californians in general with more than a third (38%) of the API population who agree they would feel shame having mental illness.
- ▶ Stigma is also high among the API population with 38% of the population who report they would worry about what family would say if they knew they were receiving help and 29% who would worry what friends would say compared to 20-21% of Californians in general.
- ▶ Fewer Californians perceive disparities in access to mental health services for Asian Americans than for other CRDP priority populations (28% who perceive it as harder for Asians to get access to mental health versus 41-44% for all others). More of the API population (38%) think it is harder for Asian Americans to get mental health care when they need it compared to Californians in general.
- ▶ More than half of the API populations report discrimination due to their language spoken when receiving services either always, often or sometimes (54%).

Experience with Mental Illness

- ▶ The API population has the lowest percentage of individuals (10%) indicating they have mental illness or have in the past compared to more than a quarter (28%) of the LGBTQ+ population, 15% of the AI/AN population, 16% of African Americans, 19% of Latinos, and 17% among Californians in general.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ More of the API population (70% versus 59% of Californians) agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time. Eighty-three percent of the API population agree that

people who experience mental illness should seek help from a trusted friend, family member, counselor or health professional.

- ▶ Seventy-six percent of the Asian American populations support policies to ensure that mental health care is available through community services or programs, such as community clinics, local organizations, or youth development programs.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ The API population report being likely to seek help from a partner more than other CRDP priority population and Californians in general (86% compared to 60% among AI/AN as the lowest and 81% of Californians in general). The API population also report more than other CRDP priority populations being likely to talk to a friend (68%).
- ▶ The API population report more frequently the likelihood they would turn to a website (66%), smartphone app (55%) or social networking (38%) for help-seeking compared to other CRDP priority populations and Californians generally.
- ▶ The top reasons the API population is unlikely to seek help for mental health care include the worry about what others might think (26%), the acceptance of burden on one's self- 24% feel they do not need to talk to anyone, they can handle it on their own, and 24% who are not sure who to talk to. Twenty-four percent think that professional care from a medical doctor, psychologist or mental health care worker is too expensive. Twenty-one percent think it will not help and 20% do not know where to go or who to see.

Latinos

Environmental Conditions Including Access to Mental Health Services

- ▶ Twenty-eight percent of Latinos disagree that their community has enough mental health care workers to serve the needs of local residents and another 28% neither agree nor disagree. Fourteen percent are unsure if there are enough.
- ▶ The Latino population is similar to Californians in general in their perception of access to services, the need for services, and their unmet need of about 10% of the population.

Individual Negative Biases and Perceived Social Inequities

- ▶ Shame related to mental illness is similar to Californians in general among the Latino population with about a third (31%) of the Latino population who agree they would feel shame having mental illness.
- ▶ Californians perceive similar levels of disparities in access for Latinos as with African Americans with 44% thinking that it is harder for Latinos to get mental health care when they need it compared to Whites. Forty-six percent of Latinos think it is harder for the Latino population to get access.

Experience with Mental Illness

- ▶ Nineteen percent of Latinos indicate they have mental illness or have in the past. However, nearly half (47-48%) report that their emotions affect their social life and relationships either some or a lot.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ Similar numbers of Latinos (59%) to Californians agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time.
- ▶ Sixty-nine percent of the Latino population support policies to ensure that mental health care is available through community services or programs, such as community clinics, local organizations, or youth development programs.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ The Latino population report being likely to seek help from a partner more than several other CRDP priority populations, but not Californians in general (76% compared to 60% of AI/AN as the lowest and 81% of Californians in general).
- ▶ A quarter (25%) of Latinos are not comfortable talking with a mental health care worker at all.

- ▶ Smartphone applications are a close second to websites for help-seeking among Latinos (website 53%, smartphone app 50%).
- ▶ The Latino population report the highest levels of concern about affording mental health care with half (50%) who either somewhat or strongly agree they worry they could not afford services when needed.
- ▶ Latinos report they are unlikely to seek help because they don't think anyone can help them (22%). Eighteen percent are not sure who to talk to and 18% do not feel safe or welcome where they could go for help. Twenty percent think that professional care from a medical doctor, psychologist or mental health care worker will not help. Seventeen percent think it is too expensive and 15% do not know where to go or who to see.

American Indians and Alaskan Natives

Environmental Conditions Including Access to Mental Health Services

- ▶ The AI/AN population perceives significantly greater access to services compared to all other priority populations and Californians in general. Nearly two-thirds (64%) of AI/AN respondents agree they have enough access to mental health workers in their community.
- ▶ The AI/AN population perceive a high level of need as well, with nearly a third (32%) who report a perceived need to seek mental health services. Also, a greater number (35%) report actually seeking services compared to Californians in general and all other CRDP priority populations.
- ▶ However, AI/AN population experience the longest wait time of the CRDP priority populations with (86%) who wait more than two weeks, including 42% who wait more than 4 weeks and 9% who wait more than 6 weeks or more.

Individual Negative Biases and Perceived Social Inequities

- ▶ Shame related to mental illness is higher among AI/AN than other CRDP populations or Californians in general with more than half (55%) of the AI/AN population who agree they would feel shame having mental illness.
- ▶ Stigma is also high among the AI/AN population with 40% of the population who report they would worry about what family would say if they knew they were receiving help and 30% would worry what friends would say compared to 20-21% of Californians in general.
- ▶ Fewer respondents in the AI/AN population perceive disparities in access to mental health services for their own AI/AN population compared to other CRDP priority populations. A third of the AI/AN population report they think it is harder for AI/ANs to get mental health when they need it compared to 37-51% among other CRDP priority populations.
- ▶ The AI/AN population also report receiving poorer service (30%) and perceive arrogance (21%) and fear (18%) among mental health workers when receiving services more frequently than Californians generally (6-9%) and other CRDP priority populations (3-18%). About two-thirds (62%) of the AI/AN population report being treated with discriminatory behavior either always, often or sometimes due to their religion or spiritual practice.

Experience with Mental Illness

- ▶ Fifteen percent of the AI/AN population indicate they have mental illness or have in the past. However, nearly a third (30%) of the report that their emotions affect their performance at work and their relationships with friends and family a lot.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ Fewer of the AI/AN population agree that people who experience mental illness should seek help from a trusted friend, family member, counselor or health professional (65% compared to 79% of Californians and 69-83% of the CRDP priority populations).
- ▶ The AI/AN population is somewhat less supportive of policies to increase access to mental health services with 35% who are neutral or disagree that California should take action to make it easier to access mental health care.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ Fewer AI/AN (60%) report that a partner is who they are likely or very likely to turn to for help compared to other CRDP populations (64-86%) and Californians in general (81%). AI/AN populations more frequently report the likelihood of talking to a spiritual leader when going through a tough time than other CRDP populations and Californians generally (38% for AI/AN and 30% for Californians in general).
- ▶ Smartphone applications are a close second to websites for types of technology used in mental health care for AI/AN populations (website 49%, smartphone app 46%).
- ▶ The top reasons the AI/AN population are unlikely to seek help for mental health care include the worry about what others might think (46%), 36% do not feel safe or welcome where they could go for help and 36% are too embarrassed. Thirty-one percent think that professional care from a medical doctor, psychologist or mental health care worker is too expensive. Twenty-eight percent think what they need to talk about will not be kept confidential. Twenty-four percent had a bad experience in the past and 21% feel they would be treated differently because of their race-ethnicity.

Lesbian, Gay, Bisexual, Transgender, Queer and Questioning

Environmental Conditions Including Access to Mental Health Services

- ▶ Nearly a third (30%) of the LGBTQ+ population disagree they have access to enough mental health care workers in their community. Forty percent agree they have access and 28% neither agree nor disagree or are unsure.
- ▶ The LGBTQ+ population perceive a greater need for mental health services than Californians in general most other CRDP priority populations, with more than a third (35%) indicating a need in the past year. However, less than a quarter of the LGBTQ+ population (23%) report actually accessing services, indicating an unmet need of 12%.
- ▶ The transgender population report a greater perceived need related to gender-affirming needs (social, medical, and/or legal), with 45% who indicate a need for services, yet only 35% report actually seeking these types of services.

Individual Negative Biases and Perceived Social Inequities

- ▶ Shame related to mental illness is high among the LGBTQ+ population compared to some other CRDP populations and Californians in general with more than a third (37%) of the API population who either agree or strongly agree they would feel shame having mental illness.
- ▶ More than a third of Californians and 34-40% of the CRDP priority populations perceive disparities in access to mental health care for the LGBTQ+ population.
- ▶ Nearly half (49%) of the LGBTQ+ population perceive disparities for those with a different gender identity from what they were assigned at birth compared to 39% of Californians in general.
- ▶ Those identifying as pansexual, queer, questioning, asexual or another sexual orientation more frequently report poorer service (22%) and being treated with discriminatory behavior (21-26%) when receiving help. About a quarter (24%) of bisexuals report being treated with less respect, and 14-19% experienced some other type of discriminatory behavior. Twenty percent of lesbians report being treated with condescension when receiving mental health services, and 14-16% report being treated with another discriminatory behavior. Seventeen percent of those identifying as gay report they were not listened to and 15% report being treated with arrogance.

Experience with Mental Illness

- ▶ Twenty-eight percent of the LGBTQ+ population indicate they have mental illness or have in the past (compared to 17% among Californians) and almost a quarter (24%)

report their emotions affect their household chores, social life and relationships with family and friends a lot.

Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

- ▶ About half (51%) of the LGBTQ+ population agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time.
- ▶ Forty-eight percent of the LGBTQ+ disagree that California should stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance.

Perceived Support from Others, Information-Seeking and Help-Seeking

- ▶ Lower numbers of LGBTQ+ (68%) report that a partner is who they are likely to turn to for help (compared to 81% among Californians in general).
- ▶ LGBTQ+ are also somewhat more likely than others to use a website (57%) when going through a tough time, however, they are similar to others in their use of smartphone apps (45%).
- ▶ Heterosexual, lesbian and gay populations more frequently report being likely to turn to a partner when going through a tough time than bisexuals or those who are queer, questioning, asexual or report another sexual orientation (Q+) with over 80% compared to 64% among bisexuals and 44% among the Q+ population.
- ▶ The Q+ population report the likelihood of turning to a friend more than any other source for help. This group is also reports more frequently being likely to turn to social networking than other groups (42% compared to 23% among lesbians and 37% among bisexuals).
- ▶ The LGBTQ+ report they are unlikely to seek help because they had a bad experience in the past (30%). A quarter (25%) are not sure who to talk to and 24% do not feel safe or welcome where they could go for help. Twenty-two percent think that professional care from a medical doctor, psychologist or mental health care worker is too expensive. Nineteen percent think it would not help and 18% do not know where to go or who to see.

Summary and Recommendations

This study was designed not only to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. The study was designed to guide policy, advocacy, social activism, statewide and local programs, as well as to support education and outreach among stakeholders with data to track population-level opinions over time. Using the findings, this report aims to share the types of efforts and directions that stakeholders can consider improving mental health services for all Californians, in particular the CRDP priority populations and other key groups. The statewide [California Reducing Disparities Project \(CRDP\) Strategic Plan](#) and the [CDPH Portrait of a Promise](#) call out the importance of improving mental health services to promote mental health equity.

The report provides findings on perceived access to services, but also important social factors that need to be addressed to increase the likelihood for help-seeking. The social factors of shame, stigma and discrimination are important to address as part of any efforts to improve access to care. These social factors are included as the one of the top reasons that Californians and the CRDP priority populations do not seek mental health care when they need it. These factors have the potential to influence any and all sectors of impact and action items within each of the sectors. The sectors of impact include policy/advocacy, statewide or regional programs, community action/local interventions, healthcare systems/health insurance, technology and communication. Specific recommendations for each of these sectors of impact are included in this report.

Differences in access, attitudes and care-seeking for mental health services exist among the CRDP populations and compared to the general population of California. Statewide efforts should continue to explore and understand differences in the CRDP priority populations, following their progress over time to identify improvements in access to services, unmet need, discrimination, attitudes and beliefs. However, additional populations are of concern including transitional age youth ages 18-24 (and potentially those younger who were not able to be surveyed in the CCMHSS), youth with a history of adverse childhood experiences (ACEs), Immigrants/Refugees, People with Disabilities and Veterans. Increasing access to those who are low-income, uninsured and receiving Medi-Cal should remain a priority as well.

Thoughts for future research have also been provided as important considerations for the next wave of the CCMHSS which aims to track population-level data over time. These specifically include ways to improve sampling strategies to include more Asian American subgroups.

Background and Purpose

Study Background and Purpose

A history of disparities and discrimination in mental health services based on race, ethnicity, culture, gender, age and sexual orientation is an unfortunate reality throughout our nation. In 2001, the Surgeon General's landmark supplement to a larger report on mental health published in 1999 concluded that non-whites were less likely to receive the mental health care they need due to limited access, and when care was received, it was of poorer quality than what their white counterparts receive (Office of the Surgeon General, 2001). This publication laid the foundation for continued efforts to reduce many types of disparities in mental health care and set the stage for statewide initiatives in California to reduce mental health disparities. Passage of Proposition 63 (also known as the Mental Health Services Act or MHSA) enacted in 2005 was designed to transform the public mental health system into one that focuses on consumer wellness, recovery, and resilience. The California Reducing Disparities Project (CRDP) is funded through the MHSA and operates under the California Department of Public Health (CDPH) Office of Health Equity (OHE). Phase 1 of the CRDP focused on developing strategies to transform the public mental health system and identifying community-based promising practices. It specifically focused on five populations in Phase 1 (African Americans, Asian and Pacific Islanders, Latino, American Indians/Alaskan Natives, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) and produced separate executive summaries/reports for each community of interest including understanding how to collect data from each different group. In addition to these reports, the California Pan-Ethnic Health Network (CPEHN) served as the facilitator and writer of the Strategic Plan, which was published in 2018 after the participation of over 7,000 Californians.

The California Communities Mental Health Services Survey (CCMHSS) builds upon the statewide [California Reducing Disparities Project](#) (CRDP) Strategic Plan and is designed to capture and understand different perceptions of mental health among the five priority populations and the general population of California. Included in the survey are questions about factors that may affect people's mental health, their perceived access to mental health services, perceived disparities in access, attitudes about mental health and stigma towards mental illness. The findings will guide policy, advocacy, social activism, state-wide and local programs, as well as to support education and outreach among stakeholders with data to track population-level opinions over time. The recent CCMHSS and future waves of the survey are designed to support the goals of the [California Department of Public Health Office of Health Equity](#) (CDPH OHE) and the [California Pan-Ethnic Health Network](#) (CPEHN).

More than 4,000 adults over 18 years of age living in California completed the survey which oversampled the CRDP priority populations, including communities of color, LGBTQ+ individuals, and non-native English speakers. The five priority populations were compared statistically with a representative general population of California to assess differences in the survey measures. This first wave of the survey was conducted from December 2020 through April 2021 from probability and non-probability sample sources.

Research Questions

Research questions were designed to guide the development of the conceptual constructs and framework, and from there the measures for the survey instrument. The research questions were developed jointly by NORC, CPEHN, and CDPH OHE and are as follows:

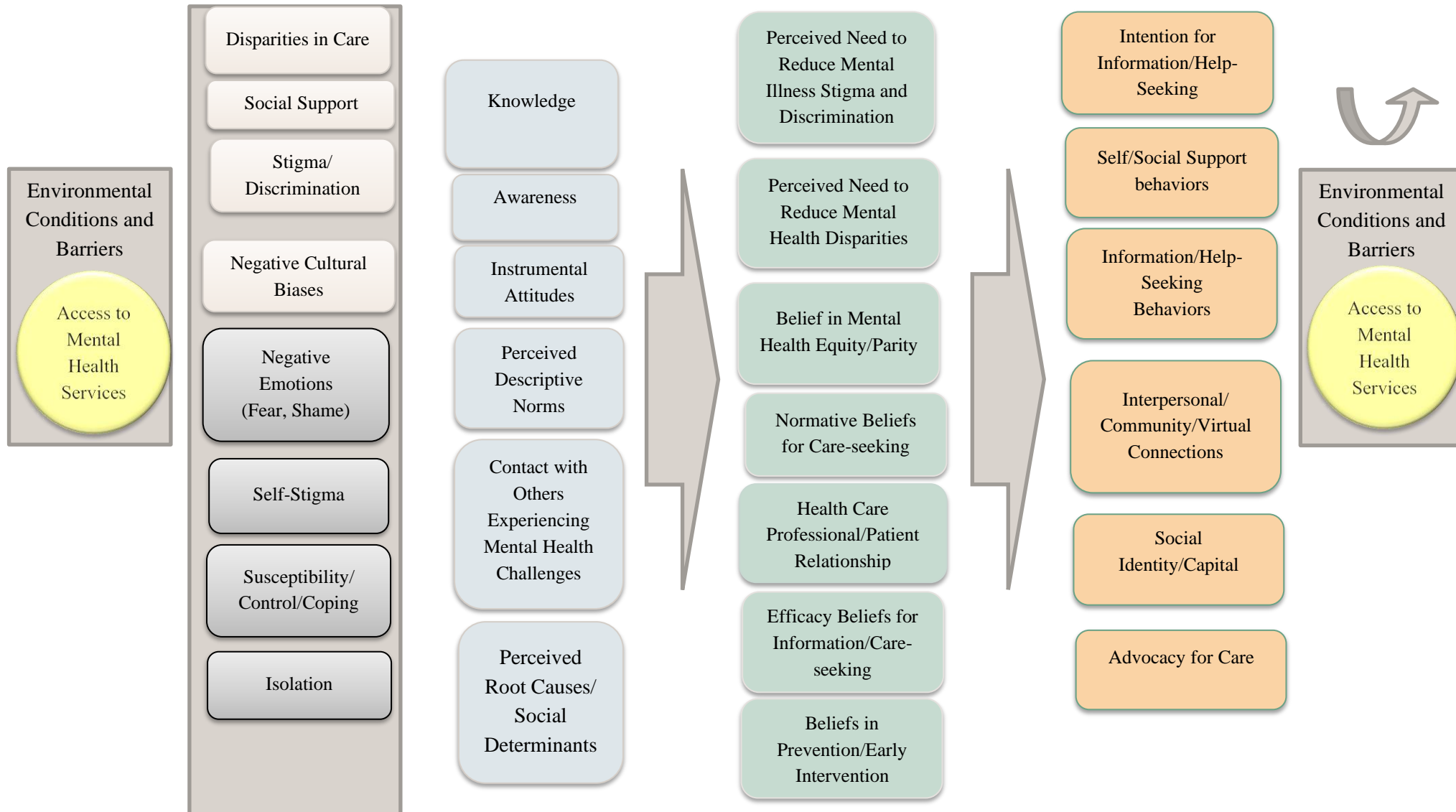
- Do the general CA population and five priority populations perceive disparities in mental health care access among the five priority populations?
 - What are general attitudes and beliefs about mental health among the general population and the five priority populations?
 - Do they perceive disparities in access to treatment or in care seeking?
 - What are attitudes and beliefs about mental health equity?
 - What do they believe affects/influences mental health?
- Do the general CA population and five priority populations perceive mental illness stigma and discrimination in general and among the five priority populations?
 - How are the priority populations different from each other and from the general population related to perceived mental illness stigma and discrimination?
- Are the general population and the five priority populations engaged in information-seeking, help-seeking or supportive behaviors?
 - How confident are the general public and the five priority populations in seeking mental health care and prevention?
 - Have the general population and the five priority populations provided support for a friend or family member struggling with mental health challenges?
- Has knowledge and awareness of mental illness changed over time? (Baseline data were collected in this first year's survey; later waves will collect follow-up data to describe changes over time.)

We will review the research questions at the end of the report to consider how the findings inform the questions we sought to answer through the CCMHSS.

Conceptual Framework

A conceptual framework was developed to guide the study and measures development. The original framework is presented below, however, some of the constructs were revised based on availability of items for administration and findings from the formative research and piloting of the survey. However, the framework has continued to provide a foundation for organization of the report and data tables in Appendix B.

Exhibit 1: Conceptual Framework for CCMHSS



Instrument Development

The NORC team collaborated with the CRDP OHE and the CPEHN to develop and test the survey instrument. The conceptual framework provided guidance for a search of existing measures in the literature and other state-level surveys. The search for existing measures identified tested items to adapt or administer and as potential comparison benchmarks including measures from the [California Health Interview Survey](#), [Kaiser Family Foundation California Health Policy Survey](#), the [CRDP Phase 2 Statewide Evaluation \(SWE\)](#), [American Health Values Survey \(AHVS\)](#), and [other sources from peer-reviewed literature](#). Several measures were also included from a population-level survey conducted by NORC in 2014 for the [California Mental Health Services Authority \(CalMHSA\)](#) to examine differences over time in stigma related measures. The types of measures included covered social and self-stigma, prejudice and contact with others experiencing mental health challenges.

Formative research was conducted to develop the survey instrument including cognitive testing to ensure that the items were understood as intended. The cognitive testing was administered in English, Spanish, Chinese, Vietnamese, Korean, and Tagalog/Taglish. A pilot survey to test the draft instrument was conducted in May of 2020. The pilot survey was administered online with a probability sample of 552 respondents. To review the performance of the survey items, response distributions were examined along with a factor analysis. Items identified with low factor loading (i.e., they did not correlate highly with other related items) were candidates to be dropped from the instrument. However, face validity was also assessed through a stakeholder review process and some items were retained following the pilot phase.

Methodology

Additional details about the methodology are available in Appendix A.

Sample Design

Given our interest in the CRDP priority populations, it was necessary to implement oversampling of certain groups. Each of the priority populations were oversampled to meet specifications set forth from a power analysis designed to secure the ability to detect statistically significant differences among the sampled populations. Additional targeted oversampling occurred for other groups of interest including Asian subgroups transitional age youth (ages 18-24). During the data collection period, cross-tabulations of race-ethnicity among the LGBTQ+ population were obtained and monitored to ensure race-ethnic representation within the LGBTQ+ population. The sample was also monitored during the data collection period to ensure geographic representation from different regions in California.

We leveraged multiple sample sources to meet the needs of the sampling goals and to ensure diversity, using one probability sample source and four non-probability sample sources. The foundational probability-based sample for the study was selected from NORC's AmeriSpeak Panel². The non-probability sources included, Dynata and ThinkNow opt-in panels, C&C Market Research special recruitment and a sample directed to a survey sign-up site from 20 partners in lieu of community-based in-person intercepts due to restrictions imposed from the COVID-19 pandemic.

In Fall 2020, NORC began leveraging CRDP community connections and conducting additional research to determine organizations most suited to connect with hard-to-reach populations for outreach – namely members of the LGBTQ+ community and American Indian and Alaska Native (AI/AN) individuals. Following outreach efforts to 18 LGBTQ+ and 10 AI/AN organizations, NORC confirmed support from 6 and 10 organizations, respectively. A sign-up website was created for partner organizations to distribute a link to for recruitment of potential survey respondents. The website included information about the survey topics, frequently asked questions about the survey and a statement about participant privacy. Interested participants could sign-up by providing their email, language preference and which partner organization recruited them. All sign-up website content was offered in English, Tagalog, Chinese, Korean or Vietnamese.

NORC developed a media toolkit (see Appendix D) which provided participating organizations with sample social media posts, newsletter copy, and accompanying graphics to make it easier to share the survey opportunity with their respective audiences.

NORC also leveraged organizational support to increase diversity within the survey by reaching more in-language respondents. Thirty organizations across California that provide services to the Asian American and Pacific Islander communities were contacted, with five responding positively to the request.

Both probability and non-probability samples were sent direct links to the web survey either via email or application, depending on the nature of the panel. All respondents who were invited to the survey but did not complete it within a week of the invitation were sent additional reminders throughout the data collection period.

Data Collection

Data were collected using NORC's computer-assisted web interviewing (CAWI) system. This system supports industry-standard survey procedures and allows for detailed monitoring to facilitate high-quality data capture. A series of screening questions were administered to identify respondents over 18 years of age to determine if they contributed to one of the five CRDP priority populations or the general public sampling goals. The survey was fielded from

² <https://amerispeak.norc.org/Pages/default.aspx>

December 14, 2020, through May 10, 2021. The survey was administered in English, Spanish, Chinese, Vietnamese, Korean and Tagalog/Taglish. A final sample of 4,283 respondents completed the survey, followed by a weighting and calibration process described below.

Data Validation and Weighting

Throughout the data collection period, NORC reviewed CAWI data and other quality indicators to ensure data were collected according to the study protocol. Following the end of data collection, respondent data identified as skippers, speeders or straightliners were removed from the survey. After editing and validation work were completed, the open-ended responses were coded, and the data set prepared for weighting and analysis. Weighting is used to ensure that the sample responding to this survey reflects the population from which it was drawn. The final survey data were weighted to population control totals to rectify imbalances in the distribution of the surveys, the oversampling of groups defined by their CRDP priority population and demographic population control totals were derived from Current Population Survey (CPS)³ data. For details about weighting please refer to Appendix A.

The population-level sample created the ability to establish a weighting strategy to apply to the opt-in sample. The opt-in sample was scientifically calibrated and adjusted based on demographic characteristics of the population-based group and the two were aggregated. More information about the sampling methodology is available in Appendix A.

Considerations for future waves of the survey will be to create the opportunity to include some subgroup populations that were less represented in the sampling including those in the Asian and Pacific Islander group.

Analysis and Limitations

We used the chi-square statistic to test for statistical significance and findings are included at the $p < 0.05$ -level. The chi-square test assesses whether the relationship between variables is significant; it differs from the t-test, which instead focuses on the significance of differences between pairs of proportions. Where we found evidence of a significant relationship between variables, we examined the differences across the analytical groups of interest and pointed out meaningful differences in our discussion.

Our main analytical focus for this report is the assessment of proportions and differences among the CRDP priority populations and the general population of Californians. However, in some cases we compared across other categorical groups such as by age, income, region, or education. It is important to note that the CRDP priority population comparisons not only include groups identified by their race-ethnicity, but also by their sexual orientation and gender identity. These

³ <https://www.census.gov/programs-surveys/cps.html>

comparisons have been made to target programmatic efforts and to inform decision-making when considering intervention and communication strategies.

There are limitations to the interpretation of findings for the Asian and Pacific Islander group due to the makeup of the convenience portions of the sample and oversampling of the subpopulations of highest prevalence. Limitations in the ability to sample all Asian and Pacific Islander populations in representative proportions preclude the ability to confidently make assumptions about this group as Asian and Pacific Islanders living in California, however extensive attempts were made to have as much representation as possible.

Some limitations in the interpretation of clinical mental health indicators exist due to the nature of self-reported data. Other limitations in the interpretation of the data may be present due to the recruitment strategies through the partnership sampling. This sampling strategy may have biased the survey toward more urban populations, however, due to social distancing requirements during the COVID-19 pandemic, community-level sampling to increase rural subpopulations was not an option in the sample design. Additional limitations in the interpretation of data for the AI/AN population may be present due to the access to clinical services through the Indian Health Service⁴.

Study Team

Alyssa Ghirardelli, MPH, RD, NORC Senior Research Scientist, was project director and played the lead role in sample and study design, instrument development, data analysis and visualization and was the primary author of the report. Melissa Newberry, PhD, NORC Research Scientist, led project management, including instrument development and programming, and data collection activities. David Cotton, PhD, NORC Vice President, provided oversight of the project and consulted as a senior advisor. Vicki Pineau, MS, NORC Senior Statistician III, led sampling methods, dataset preparation and weighting, with support from Erin Tanenbaum, PhD, Senior Statistician II. Lindsay Liebert, MS, NORC Statistician, provided ongoing sample monitoring and data preparation and conducted weighting. Danielle Noriega, MPH, MBA, NORC Senior Research Analyst, provided assistance with cognitive testing and partnership sample management. Laura Wagstaff, MPH, NORC Senior Research Analyst developed communication materials for partners and contributed to partner management and targeted sampling strategies. Jessica Fox, MS, NORC Research Analyst, contributed to partner sample management and targeted sampling strategies, and data table preparation. Praveen Karunatileka, MPH, NORC Research Analyst, provided support with instrument development, data collection, study coordination, data analysis and data table preparation. Bryn David, NORC Senior Data Analyst, provided analysis support and table preparation.

⁴ <https://www.ihs.gov/california/>

About This Report

This report features the meaningful and compelling findings from the survey data but is not designed as an exhaustive review of all findings. The report has followed the structure of the conceptual framework and responds to the research questions identified during the planning process for the study. A comprehensive set of data tables present detailed results including sample size for each survey item among the priority populations in Appendix B. Appendix B also includes the exact wording of the questions and items from the survey for each of the questions presented in the tables. Appendix C contains the survey instrument as administered with the exact wording of the questions and sub items.

Below is a list of terms, acronyms, and abbreviations included in this document used to describe the CRDP priority populations.

- **Black:** This group consists of respondents who selected African American/Black for their race.
- **API:** This group consists of respondents who selected Asian American or “Native Hawaiian and Other Pacific Islander” for their race.
- **Latino:** This group consists of respondents who selected “Yes” when asked if they were Latino or Hispanic.
- **LGBTQ+:** This group consists of respondents who selected lesbian, gay, bisexual, queer or questioning for their sexual orientation or transgender for their gender identity. There are other identities that we did not list that fit under this acronym including but not limited to, asexual, pansexual, etc.
- **AI/AN:** This group consists of respondents who selected Native American, American Indian or Alaskan Native for their race.
- **Gen Pop:** This group reflects the weighted sample-wide population which includes general population sample as well as sample adjusted from the oversamples of the CRDP priority populations. It consists of all respondents that completed the survey. The weighted sample-wide population creates a representative sample for the general population of California and is at times referred to as Californians.

Other important considerations to take into account when reviewing the report:

- **Non-Response** includes those who either skipped the question or refused to answer.
- All findings are significant at the $p < 0.05$ level unless otherwise reported.
- Values in data visualizations may add up to slightly more or less than 100% due to rounding.

- Orange boxes provide the exact wording included in the survey items.
- Different types of visualizations are presented in the report. The type of visualization presented was selected based on what stood out in the data as important findings. The interpretation of the findings highlighted in the visualization is provided in a narrative format following the visualization.

Significant Findings

A: Respondent Characteristics

Respondent demographic characteristics for the survey are provided below. The data below reflects the raw, unweighted sample composition with a final sample size of 4,283. For analysis and tabling purposes, the data was weighted and adjusted to California Population controls. For more information on the weighting methodology, please see Appendix A. The sample assignments for the five CRDP priority populations were oversampled to ensure representation and allow statistical comparisons.

Exhibit A1. Unweighted Demographics of Respondents

Demographic Characteristics	CCMHSS	
	n	%
Age		
18-24	380	8.9
25-34	1306	30.5
35-44	985	23.0
45-54	422	9.9
55-64	488	11.4
65-74	540	12.6
75+	162	3.8
Gender (self-reported)		
Male/Man	2044	47.7
Female/Woman	1946	45.4
Trans male/Trans man	109	2.5
Trans female/Trans woman	128	3.0
Non-binary, Two Spirit, Other	37	0.9
Non-Response	19	0.4
Race/Ethnicity		
American Indian or Alaska Native	673	15.7
African American/Black	754	17.6
Asian American	1075	25.1

Demographic Characteristics	CCMHSS	
	n	%
Native Hawaiian or Other Pacific Islander	22	0.5
White	1,405	32.8
Hispanic, No Race Category Selected	248	5.8
Multi-Racial: Population of 2 Races	51	1.2
Multi-Racial: Population of 3+ Races	12	0.3
Multi-Racial: Mixed Race ⁵	43	1.0
Hispanic		
Latino/Hispanic/Spanish	919	21.5
Non-Hispanic	3364	78.5
Education		
Less than High School	238	5.6
High School or equivalent	668	15.6
Some college/Tech school	1864	43.5
Bachelors	932	21.8
Advanced Degree	528	12.3
Non-Response	52	1.2
Income		
<\$15,000	268	6.3
\$15k–\$30k	378	8.8
\$30k–\$50k	797	18.6
\$50k–\$70k	944	22.0
\$70k–\$100	732	17.1
\$100k–\$125k	297	6.9
\$125k–\$150k	203	4.7
\$150k–\$175	129	3.0
\$175k–\$200	84	2.0
\$200k or more	162	3.9
Don't Know	75	1.8
Non-Response	214	5.0
Region⁶		
Northern County Region	324	7.6
Bay Area County Region	894	20.9
Central Valley Region	686	16.0
Los Angeles County Region (County of Los Angeles)	1563	36.5

⁵ Represents participants that selected Multiple Races but did not specify race in follow-up question

⁶ Northern Region (Mendocino, Lake, Colusa, Sutter to Placer and north), Bay Area Region (Sonoma, Napa, Solano, to San Benito, Monterey, including San Francisco), Central Region (Yolo, Sacramento, San Joaquin to Kings, Tulare, Inyo, Mono, Alpine, El Dorado, Amador, foothills and central valley) Los Angeles Region (County of Los Angeles) Southern Region (San Luis Obispo, Kern, San Bernardino, and south excluding LA)

Demographic Characteristics	CCMHSS	
	n	%
Southern County Region	617	14.4
Non-Response	199	4.7
CRDP Priority Population		
Black	485	11.3
API	905	21.1
Latino	640	14.9
AI/AN	459	10.7
LGBTQ+	1124	26.2
Gen Pop	670	15.6

Thirty-one percent of respondents reported being ages between 25 and 34 years old and 23% of respondents reported being ages between 35 and 44 years old. Nine percent of respondents reported ages between 18 and 24 years old and only 4% of respondents reported being older than 75. This natural distribution is fairly similar to the California population. According to the US Census Bureau⁷, about 32% of Californians are between the ages of 25 to 44 years old, about 7% are between 18 and 24 years old, and 5% are older than 75.

The majority of respondents identify as cisgender⁸ which was fairly evenly divided between males and females, however, slightly more males (48%) than females (45%) responded to the survey. Transgender populations were oversampled to ensure adequate representation overall and within the LGBTQ+ CRDP priority population which made up 6% of the sample. Transgender individuals make up about 1% of the California population based on the 2019 California Health Interview Survey⁹.

The sample consists of 33% of respondents who report being White, 18% identifying as African American/Black, 25% identifying as Asian American, 1% as Pacific Islander, and 16% identifying as American Indian or Alaska Native (AI/AN). This a more equal distribution than the California population according to the 2019 California Health Interview Survey (CHIS). CHIS reports 62% of California residents identify as White, 7% as African American/Black, 16% as Asian American, and 2% as AI/AN. Weighting techniques were used to ensure CCMHSS data is a comparable distribution.

⁷ <https://www.infoplease.com/us/census/california/demographic-statistics>

⁸ of, relating to, or being a person, whose gender identity corresponds with the sex the person had or was identified as having at birth (Merriam-Webster: <https://www.merriam-webster.com/dictionary/cisgender>)

⁹ <https://healthpolicy.ucla.edu/chis/Pages/default.aspx>

A majority of the sample included some college or higher education. The distribution of education attainment follows a normal distribution. Most of the sample reported some college/tech school as their education level (44%). The sample consists of 22% of respondents with a Bachelors, 16% with High school or equivalent, 12% with an Advanced degree and 6% with less than high school education. This differs slightly from the California population. The 2019 CHIS data reports 22% of residents have an educational level of High School or equivalent and 13% of residents have completed some college. Weighting techniques were used to ensure CCMHSS data is a comparable distribution.

About 40% of the sample reported income between \$50,000 and \$100,000. The income distribution of the sample also follows a normal distribution with a most respondents (22%) reporting between \$50,000 and \$69,999. The next most frequent categories of income are \$30,000-\$49,999 with 19% of respondents and \$70,000-\$99,999 with 17% of respondents. This differs slightly from the California population which has more equal distribution among most income categories. According to 2019 CHIS data, 20% of California's make more than \$135,000, however the rest of income levels are fairly equally distributed. Weighting techniques were used to ensure CCMHSS data is a comparable distribution.

The sample consists of about 37% of respondents from Los Angeles County. The region with the least number of respondents who reported residency was the Northern County Region (Butte, Colusa). The sample consists of 8% from the Northern Country Region. The 2019 California Health Interview Study reports the California regional distribution as 26% of respondents from Los Angeles County and 4 % of respondents from North/Sierra Counties. The CRDP priority population that make up the largest proportion of the sample are the LGBTQ+ population. This group accounts for about 26% of the sample, followed by Asian and Pacific Islanders (API) who made up 21%, Latinos who made up 15%, Blacks who made up 11%, and AI/AN who made up 11% of the sample. These groups were oversampled to ensure representation and sufficient sample for statistical comparisons between groups.

B: Environmental Conditions Including Access to Mental Health Services

Survey findings covered in this section consider how Californians and CRDP priority populations perceive the availability of mental health services. Access to mental health services was defined by the level of agreement with a statement asking if one's local community has enough mental health care workers to serve the needs of local residents.

Several core questions were posed in the survey to understand perceptions around access to mental health services, as well as the perceived need for those services. Also asked, were questions specific to the availability of mental health workers in one's local community that have knowledge about the specific needs of the CRDP priority populations. Questions were asked

about actual use of services, the wait times for appointments and distances traveled to get to them. Items were also asked regarding comfort with, access to and use of telehealth for mental health services as an emerging approach brought on by the need for socially distanced, safe services during the COVID-19 pandemic. Lastly, this section explores the concerns Californians express about the affordability of mental health services.

Perceived Access to Mental Health Services in Local Community: By Priority Population

Californians were asked if their local community has enough mental health care workers to serve the needs of local residents.

Survey Items:

Please indicate how much you agree or disagree with the following statement:

- My local community has enough mental health care workers to serve the needs of local residents

[If Black or African American] Next are some statements about mental health services available in your community.

Please indicate how much you agree or disagree with each statement.

- My local community has mental health care workers that have knowledge about the needs of Black or African American residents

[If Asian, Native Hawaiian, or other Pacific Islander] Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

- My local community has mental health care workers that have knowledge about the needs of Asian, Native Hawaiian, or other Pacific Islander residents

[If Latino or Hispanic] Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

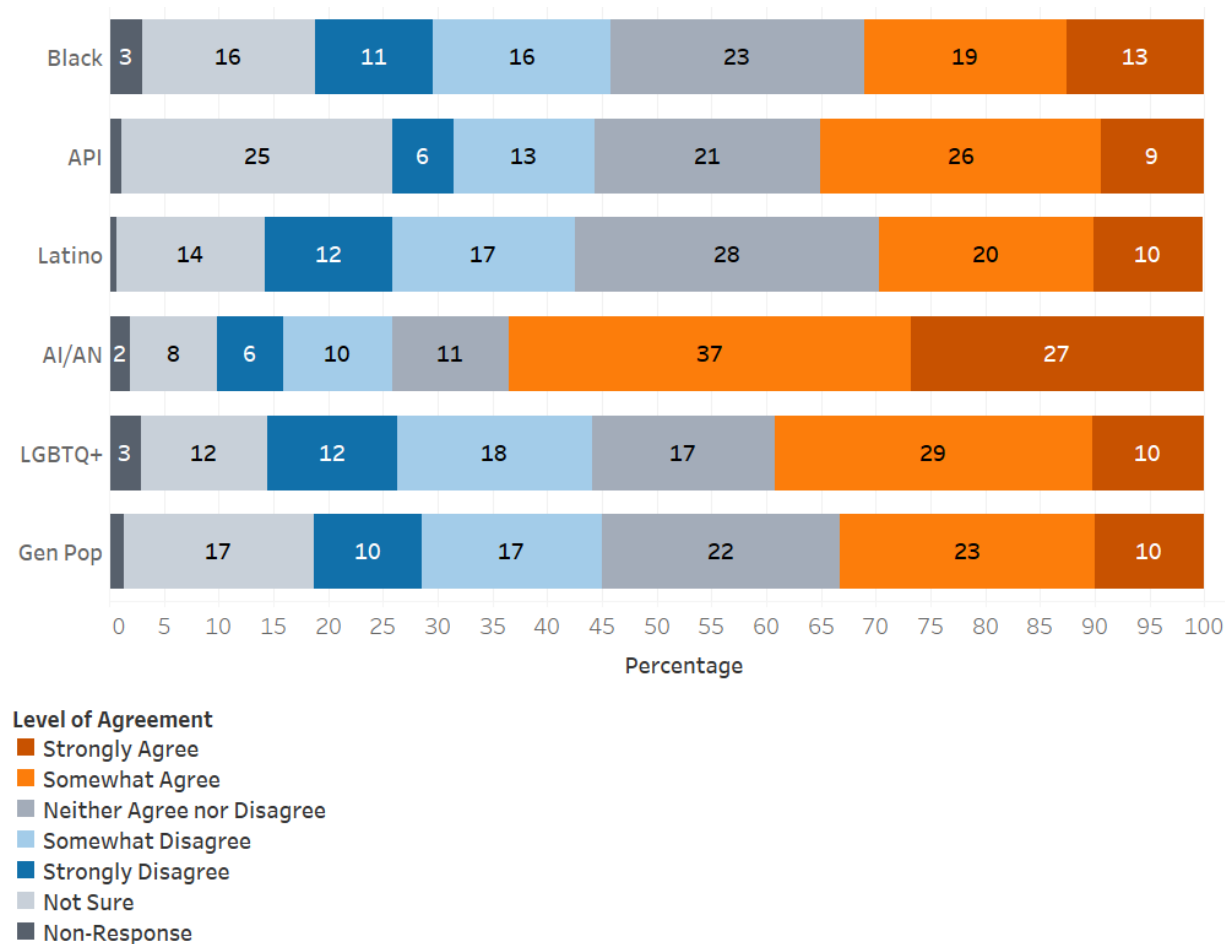
- My local community has mental health care workers that have knowledge about the needs of Latino residents

[If American Indian or Alaskan Native] Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

- My local community has mental health care workers that have knowledge about the needs of Latino residents

[If LGBTQ+] Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

- My local community has mental health care workers that have knowledge about the needs of LGBTQ+ residents

Exhibit B1. Perceived Access to Community Mental Health Services by CRDP Priority Populations

A third of Californians (33%) either somewhat or strongly agree that their community has access to enough mental health care workers to serve the needs of local residents. The AI/AN population perceives significantly greater access to services compared to all other priority populations and the general public. Nearly two-thirds (64%) of AI/AN respondents reported either somewhat or strongly agreeing to enough access to mental health workers in their community. However, when asked specifically about access to mental health care workers who have knowledge about the needs of AI/AN residents, 45% (not shown here) somewhat agree or strongly agree that their local community has enough. Upon interpretation of the data, it may be important to consider that this group could have included mental health services available through tribal health clinics, as the type of clinic or site was not specified in the survey question.

LGBTQ+ also perceive greater access to enough mental health care workers in their community (39%) compared to Californians or most of the other CRDP priority populations. The LGBTQ+ population also perceive some access to mental health care workers in their community that have

knowledge of the needs of LGBTQ+ residents with 41% (not shown here) who either somewhat or strongly agree, only 10% somewhat or strongly disagree, and 26% who neither agree nor disagree, and 15% who are unsure. Thirty-nine percent (not shown here) also agree or strongly agree that their community has locations where residents can get help in a non-judgmental environment for gender affirming needs (social, medical and/or legal).

Over a third (36%) of Latinos agree or strongly agree that most California communities have mental health workers with knowledge about serving the needs of Latino or Hispanic residents. However, when considering access in their own communities, Latinos perceive less access with 30% who somewhat or strongly agree their community has access to enough mental health care workers, 28% that disagree and another 28% neither agree nor disagree.

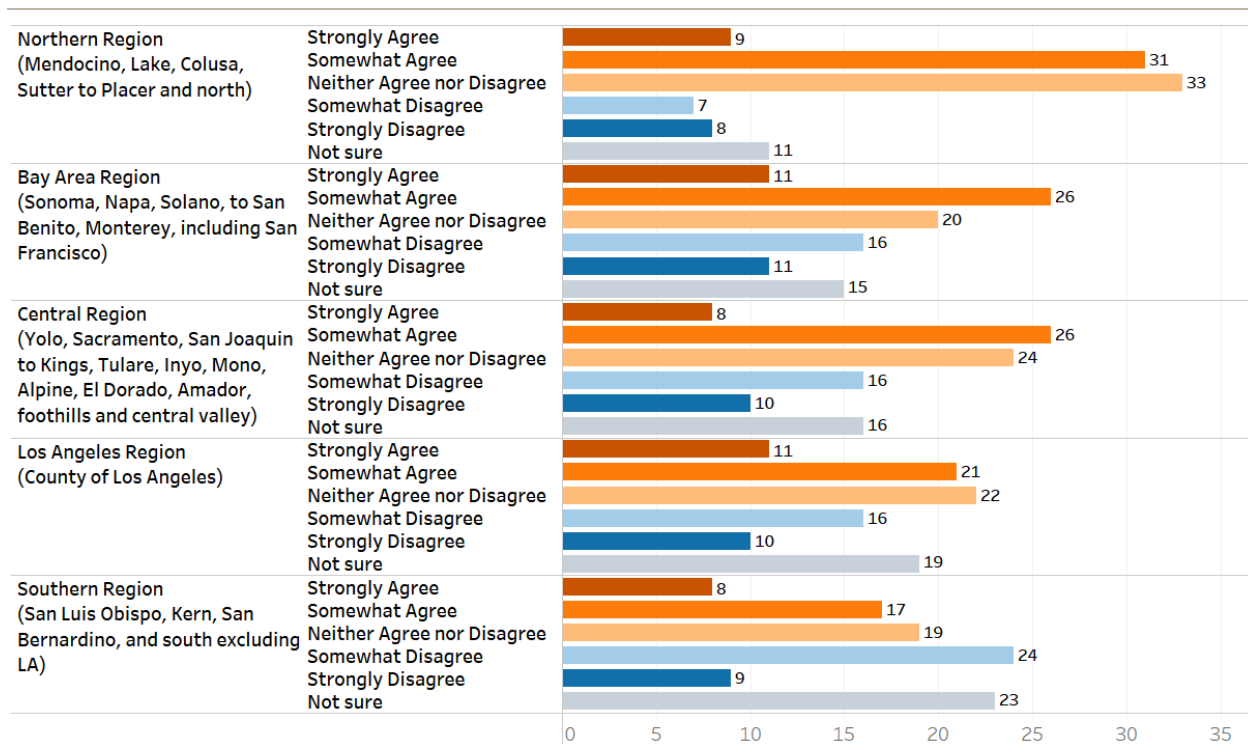
A quarter (25%) of API respondents reported being unsure if their community has access to enough mental health workers to meet the needs of local residents compared to 17% of Californians and 16% or less among other CRDP priority populations. However, more (35%) either somewhat agree or strongly agree that there is access. Yet still, when the API population was asked about access to mental health care workers that specifically have knowledge about the needs of Asian, Native Hawaiian, or other Pacific Islander residents, fewer (32% not shown here) either somewhat or strongly agree they have access, 12% somewhat or strongly disagree, and 29% neither agree nor disagree, and about a third (29%) are unsure.

African Americans are very much like Californians in general in their perception of access to enough mental health care workers in their community with 31% who either somewhat agree or strongly agree they have access in their community. When African Americans were asked if they perceive access to mental health care workers that have knowledge about the needs of Black or African American residents, a little over a third (36%, not shown here) either somewhat or strongly agree with that statement, 18% somewhat or strongly disagree, and 25% neither agree nor disagree, and 17% are unsure.

Perceived Access to Mental Health Services in Local Community: Regionally

Regional differences in access to mental health services for California were explored, using catchment areas for behavioral health services.

Exhibit B2. Perceived Access to Community Mental Health Services by California Region¹⁰

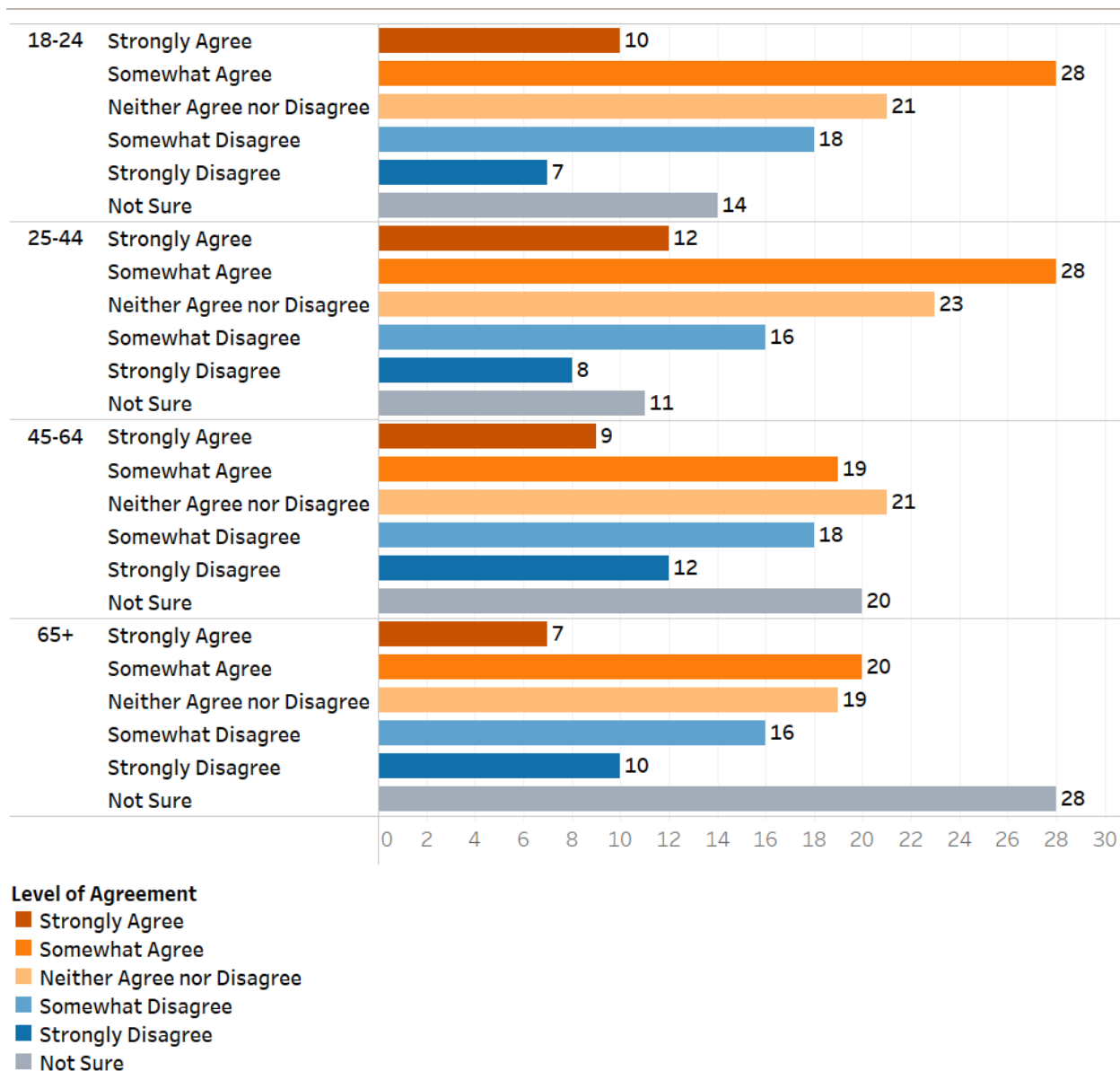


Residents in the Northern region of California report significantly greater access compared to other regions. Forty percent of respondents residing in the Northern region of California either somewhat or strongly agree they have access to enough mental health care workers to serve the needs of local residents. However, a third (33%) are neutral, indicating they neither agree nor disagree. Conversely, 25% of those in the Southern region reported access to enough services and a third (33%) either somewhat disagree or strongly disagree that local residents have enough access. About a third of the other regions of California are neutral and neither agree nor disagree or are unsure.

Perceived Access to Mental Health Services in Local Community: By Age

The perception of access to enough mental health workers for local residents was also explored by age groups.

¹⁰ Regions based on California Association of Local Behavioral Health Boards and Commissions.
<https://www.calbhbc.org/region-map-and-listing.html>

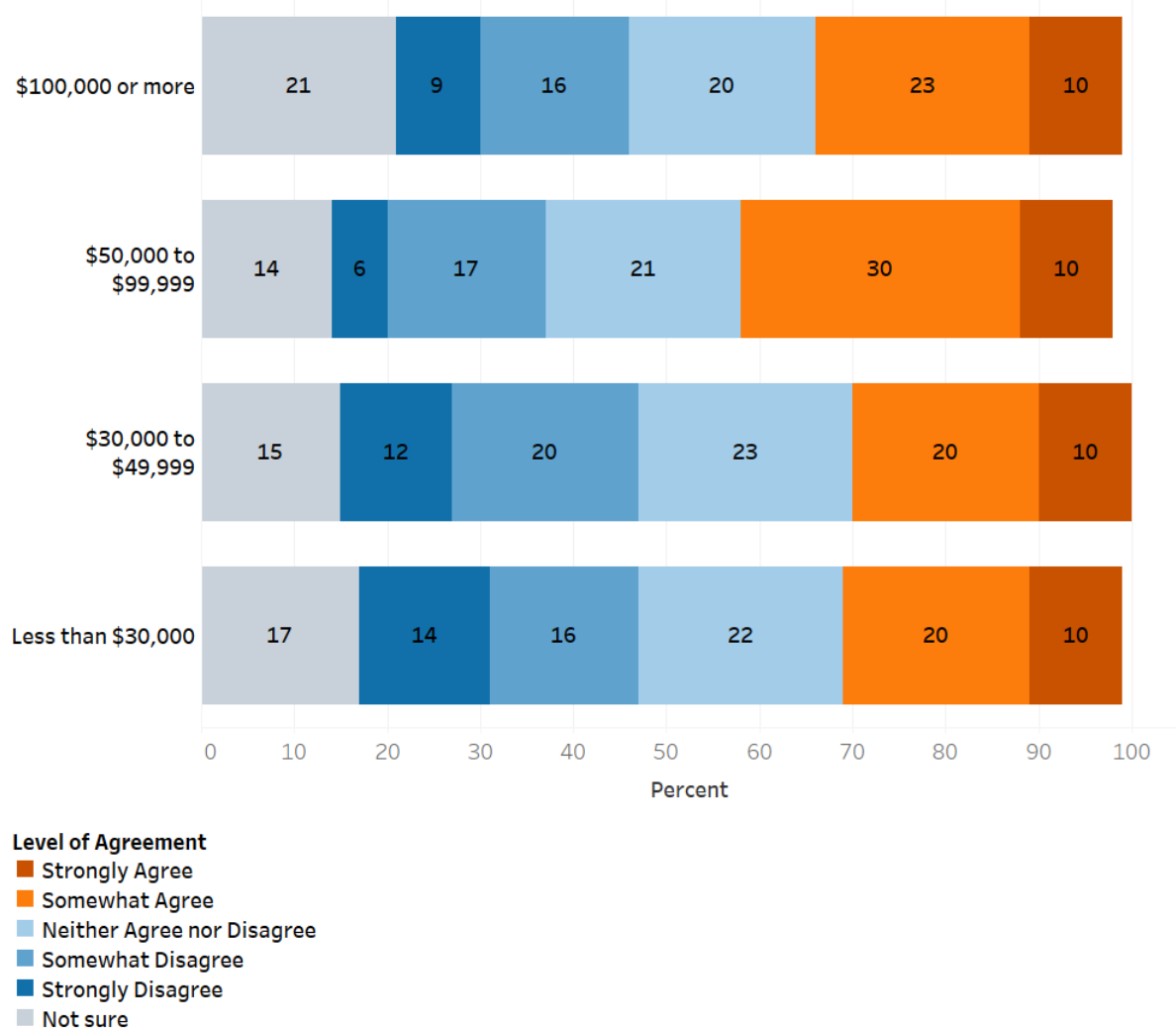
Exhibit B3. Perceived Access to Community Mental Health Services by Age

Perceived access to enough mental health care workers was greater among transitional age youth (ages 18-24) and Californians ages 25-44, with more than a third in these groups who either somewhat or strongly agree there is enough access in their community. However, more than a third of respondents in these groups are either neutral or unsure. Forty-one percent of Californians in the 45-64 age group, are neutral or unsure if they have enough access in their local community, and nearly a third (30%) either disagree or strongly disagree that there is enough access. Those who are age 65 and over are more unsure about their access to mental health services than any other group with nearly a third who report they are unsure (28%) and 19% being neutral.

Perceived Access to Mental Health Services in Local Community: By Income

The perception of access to mental health services locally was explored by income. The findings are presented below.

Exhibit B4: Perceived Access to Mental Health Services by Income



Californians with higher incomes over \$100,000 report uncertainty about access to services with 41% who are either unsure or neutral about access. Those with middle-to-upper incomes (\$50,000 to \$99,999) perceive greater access to services, with 40% who either agree or strongly agree they have access to enough mental health workers to serve the needs of their community. However, more Californians with middle-to-lower incomes below \$50,000 either somewhat or strongly disagree to having enough access. Nearly a third (32%) of those with incomes between \$30,000 and \$49,999 either somewhat or strongly disagree, as do 30% of those with incomes below \$30,000.

Not shown here, there is also some level of uncertainty regarding access to mental health services locally among those who do not have health insurance, with 30% of the uninsured who neither agree nor disagree that their community has enough mental health care workers to serve the needs of local residents compared to 20% of those with health insurance.

Perceived Need for Mental Health Services and Use of Services by Priority Population

The survey asked about the perceived need for mental health services in the past year (12 months). Respondents were also asked if they actually accessed services by seeing a mental health care worker because of challenges with mental health, emotions or nerves in the past year.

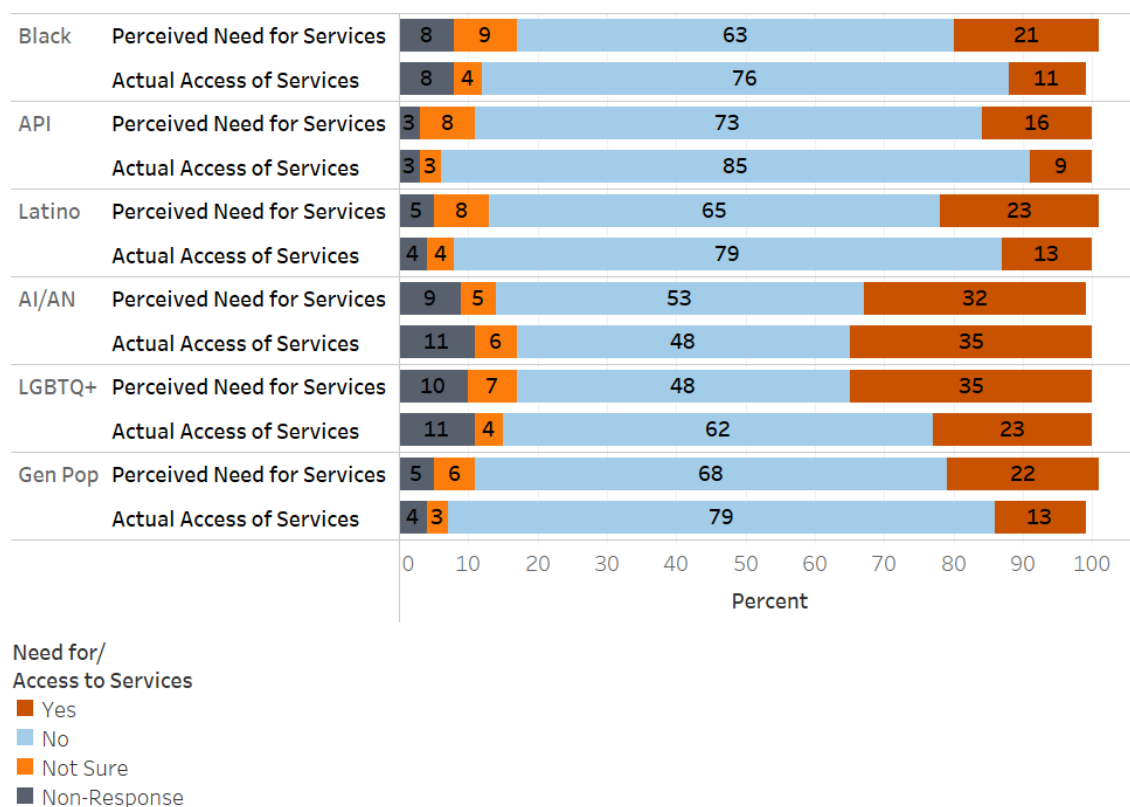
Survey Items:

Was there ever a time during the past 12 months (365 days) when...

- You felt that you might need to see a mental health care worker because of challenges with your mental health, emotions or nerves?
- You did see a mental health care worker because of challenges with your mental health, emotions or nerves?

Results are presented below by CRDP priority population.

Exhibit B5: Perceived Need for Mental Health Services and Actual Access of Services in the Past Year by CRDP Priority Population and General Population



Nearly a quarter (22%) of Californians reported a perceived need to seek mental health services in the past year, however, only 13% reported actually accessing those services, indicating an unmet need for about 10% of Californians. The LGBTQ+ population perceive greater need for mental health services, more than Californians in general or any other group, with more than a third (35%) indicating a need in the past year. However, less than a quarter of the LGBTQ+ population (23%) reported actually accessing services, indicating an unmet need of 12%. Not shown here, the transgender population specifically report a greater perceived need for mental health services related to gender-affirming needs (social, medical, and/or legal), with 45% who indicate a need for services, yet only 35% report actually seeking these types of services.

The AI/AN population perceive a high level of need as well, with nearly a third (32%) who report a perceived need to seek mental health services. However, a greater number of the AI/AN population (35%) report actually seeking services compared to Californians in general and all other CRDP priority populations. Differences among the AI/AN population may be attributed to access to services through the Indian Health Service¹¹, but the survey did not include items to capture this type of provider. Similar numbers of African Americans and Latinos report a perceived need for services (21% among African Americans and 23% among Latinos), and with actually seeking services (11% and 13%). Fewer respondents in the API population perceive a need for mental health services and less access those services than the general public or any of the CRDP priority populations (16% perceive a need and 9% actually sought services).

Respondents were also asked if there was a time in the past year when they felt there was a need to see a mental health care worker because of issues with the use of alcohol or drugs.

Survey Items:

Was there ever a time during the past 12 months (365 days) when...

- You felt that you might need to see a mental health care worker because of issues with your use of alcohol or drugs?
- You did see a mental health care worker because of issues with your use of alcohol or drugs?

Eight percent of Californians in general indicate feeling the need for these types of services. Similar numbers of African Americans and Latinos report needing services (8% and 10%). Slightly fewer in the API population report a need (5%), but 16% of LGBTQ+ report a need and 23% of the AI/AN population admit to needing mental health services for issues with alcohol or drugs, and 29% of the AI/AN population report receiving those services.

¹¹ <https://www.ihs.gov/california/>

Perceived Need for Mental Health Services by Income, Education, Employment Status and Age

Differences in the perceived need for mental health services was explored by income, employment status and age. Significant differences are reported below.

Californians with incomes over \$100,000 annually more frequently report they did *not* feel the need to see a mental health worker in the past year compared to those with middle or lower incomes.

- 75% of those making \$100,000 or more report they did *not* need services compared to
- 66% among those making \$50,000, but less than \$100,000
- 62% among those making more than \$30,000, but less than \$50,000, and
- 67% among those making less than \$30,000 annually.

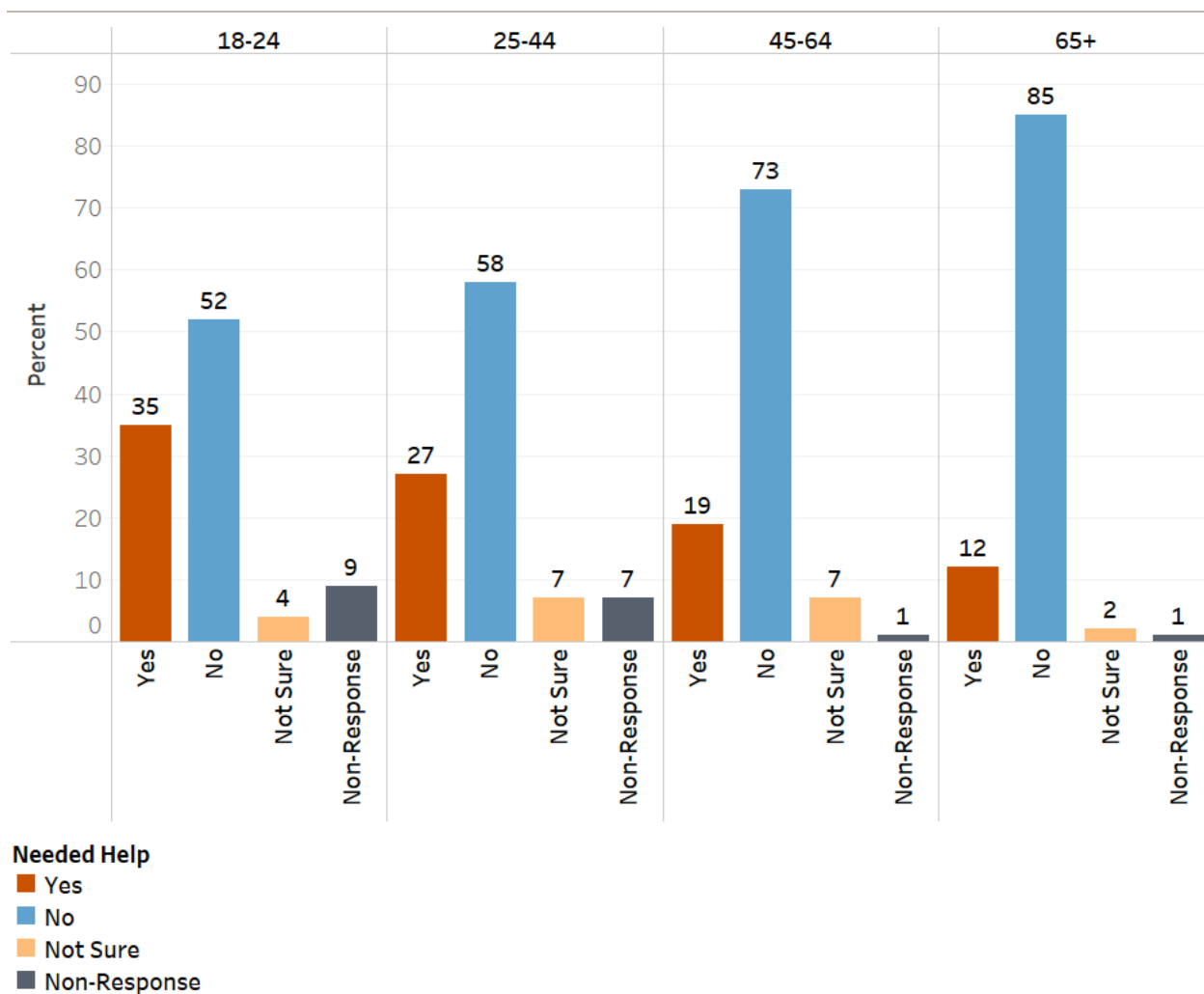
Higher proportions of Californians with advanced degrees, such as a master's or doctoral degree report feeling the need to see a mental health worker in the past year.

- 29% with an advanced degree report needing services compared to
- 19% of those graduating from high school or equivalent degree,
- 22% of those with some college or a technical degree and
- 23% with a bachelor's degree or without a high school education.

Californians who report being laid off or looking for a job, or who are disabled more frequently report they needed to see a mental health worker in the past year.

- 33% of Californians who are not working due to layoff or looking for work compared to
- 23% of those who are part of the workforce,
- 31% of those not working due to disability,
- 29% who are not part of the workforce, but are homemakers,
- 10% of those who are retired from the workforce.

The perceived need to see a mental health worker in the past year was also explored by age. The results are presented below.

Exhibit B6. Perceived Need for Mental Health Services in the Past Year by Age

A clear trend is evident of greater perceived need for mental health services among younger ages, progressing down as age increases. More than a third (35%) of transitional age youth ages 18-24 report the need to see a mental health worker in the past year, followed by fewer (27%) Californians ages 25-44, again dropping to 19% among respondents ages 45-64 and to 12% among those age 65 or older.

Wait Time for Mental Health Services

The survey asked those who received services in the past year how long they had to wait to receive them.

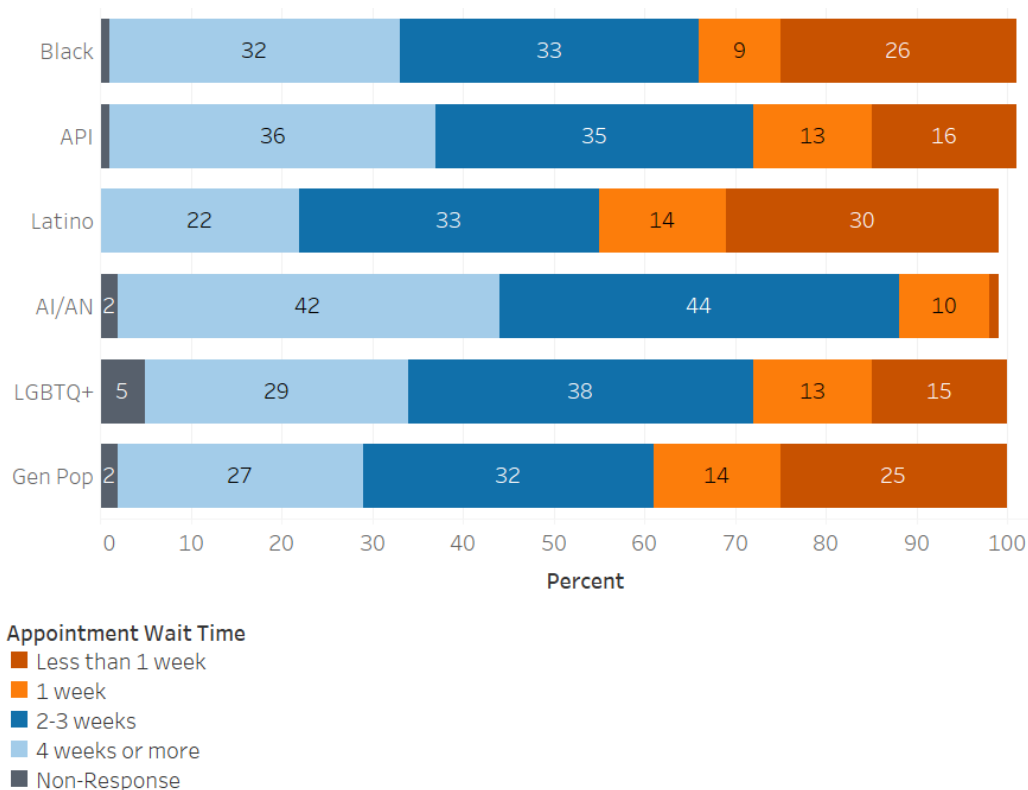
Survey Items:

[If Yes to: Was there ever a time during the past 13 months (365 days) when.... You did see a mental health care worker because of challenges with your mental health, emotions or nerves?]

You said there was a time when you saw a mental health care worker because of challenges with your mental health, emotions, or nerves. How long did you have to wait to see a professional?

- Less than 1 week
- 1 week
- 2-3 weeks
- 4-5 weeks
- 6-7 weeks
- 8-12 weeks (2-3 months)
- 4 months or more

Exhibit B7. Wait Time for Mental Health Services among Those Who Sought Help in the Past Year by Priority Population and General Population



A quarter of Californians who received services in the past year report waiting less than a week to receive mental health services. Fourteen percent report waiting a week, about a third (32%)

two-to-three weeks and about another quarter (27%), four weeks or more. The Latino population report the least amount of wait time for an appointment. About a third (30%) of Latinos report waiting less than a week, yet still, almost a quarter (22%) wait four weeks or more. Thirty-six percent of the API population wait four weeks or more including 23% who wait six weeks or more. The AI/AN population report the longest wait times. Only 1% report receiving mental health services in less than a week and only 10% wait just a week. The vast majority of the AI/AN population (86%) wait more than two weeks with 42% who wait more than 4 weeks, including 9% who wait more than 6 weeks or more. The LGBTQ+ population is fairly similar to Californians in terms of wait time for services.

Travel Time for Mental Health Services

Survey Items:

[If Yes to: Was there ever a time during the past 13 months (365 days) when.... You did see a mental health care worker because of challenges with your mental health, emotions or nerves?]

How long did it take you to travel to see a professional for your mental health, emotions, or nerves?

- 0-29 minutes (less than 30 minutes)
- 30-59 minutes (more than 30 minutes, but less than an hour)
- 60-74 minutes (more than 1 hour, but less than 1 hour, 15 minutes)
- 75-89 minutes (more than 1 hour 15 minutes, but less than 1 ½ hours)
- More than 1 ½ hours or most of the day
- I had to stay overnight
- I was able to visit with a mental health worker by phone (without video) instead of an in-person visit
- I was able to visit with a mental health worker via video, telehealth or virtual appointment instead of an in-person visit

When respondents who sought mental health services in the past year are asked about travel time to get to appointments, much of Californians in general (42%) report travel less than an hour to see a mental health worker. Still, a quarter (25%) of Californians travel more than an hour to receive services. Travel times are relatively similar among most of the CRDP priority populations, but about half (52%) the AI/AN population and more than a third (35%) of the API population travel more than 30 minutes and less than an hour compared to 18% of Californians generally. As with wait time for services, the LGBTQ+ population is fairly similar to Californians in terms of travel time for services.

Ability to Participate in Telehealth for Mental Health Services

Twenty-two percent of Californians in general report being able to visit with a mental health worker via video, telehealth or virtual appointment instead of an in-person visit and 8% are able

to have a phone visit instead of in-person. Twenty-four percent of the API population report using telehealth, as did 24% of LGBTQ+ and 25% of African Americans. However, only 16% of Latinos and 3% of the AI/AN population report using this service.

Survey Items:

If you needed to use a video, telehealth or virtual meeting such as Zoom, Google Hangouts/Meet, or Apple Facetime to talk with a mental health worker, would you (Select all that apply):

- Have the technology available (smartphone, computer, internet connection, etc.)
- Have a safe and private space for the visit
- Feel comfortable sharing my personal information by video
- I would not be comfortable talking with a mental health care

Between 50% and 60% of Californians report that if they needed to use telehealth to talk with a mental health worker, they have the technology available (smartphone, computer, internet connection, etc.). Conversely, this means that about half of Californians do not have the technology available to use telehealth. Fewer (39-50%) have a safe and private space for the visit including Latinos who report the lowest access to a safe and private space. About a third of Californians (35%) feel comfortable sharing personal information by video, yet 21% of Californians and African Americans, and a quarter (25%) of Latinos are *not* comfortable talking with a mental health care worker. Only 15% of API, 12% of LGBTQ+ and 9% of AI/AN report they are not comfortable seeking mental health services.

Worry About Affording Mental Health Services

Also, related to access to mental health services, the survey explored concerns about the affordability of services.

Survey Items:

Here are some statements about mental health services available in your community. Please indicate how much you agree or disagree with the following statements.

- I worry that I could not afford mental health care if I need it

Forty percent of Californians in general either somewhat or strongly agree that they worry they could not afford mental health care when they need it. Twenty-one percent are neutral by neither agreeing nor disagreeing and 36% either somewhat or strongly disagree that they worry about affording mental health services. For those without health insurance, 55% either agree or strongly agree they worry they could not afford mental health care when they need it compared to 37% of those who have health insurance.

The Latino population report the highest levels of concern with half (50%) who either somewhat or strongly agree they worry they could not afford services when needed. The other CRDP priority populations are similar to the general public in this regard, with 40-41% who either somewhat or strongly agree that they worry.

Key Takeaways

Perceived Access to Mental Health Services in Local Community

- ▶ A third of Californians perceive their community has access to enough mental health care workers to serve the needs of local residents.
- ▶ More (64%) of the AI/AN population perceive access to mental health services than the other CRDP priority populations and Californians in general.
- ▶ More (39%) of the LGBTQ+ population perceive access to mental health services than Californians in general.
- ▶ More (25%) of the API population is unsure of access to mental health services than the other CRDP priority populations and Californians in general.
- ▶ The African American population is similar to Californians in general (31% and 33% respectively) in their perception of access to services.
- ▶ More Californians living in the Northern region perceive access to mental health services than other regions in California.
- ▶ Fewer Californians living in the Southern region perceive access to mental health services than other regions in California.
- ▶ Californians younger than 45 years old perceive access to mental health services more than those who are older.
- ▶ Californians with incomes lower than \$50,000 annually perceive access to mental health services less than those with higher incomes.

Perceived Need for Mental Health Services and Use of Services

- ▶ The AI/AN population perceive the need for mental services more often and accessed mental health services more often in the past year.
- ▶ The API population perceive the need for mental services less often and accessed mental health services less often in the past year.
- ▶ Californians with incomes between \$30,000 and \$50,000 annually perceive the need for mental health services more often in the past year than those with higher or lower incomes.

- ▶ California who are not working due to lay-off or who are looking for work perceive the need for mental health services more often than those who are part of the workforce or who are not working for other reasons.
- ▶ Transitional age youth (ages 18-24) perceived the need for mental health services more often than those who are older.

Wait Time and Travel Time for Mental Health Services

- ▶ The AI/AN population experience the longest wait time for mental health services.
- ▶ The Latino population experience the shortest wait time for mental health services.
- ▶ A quarter of Californians travel more than an hour to receive mental health services.

Ability to Participate in Telehealth for Mental Health Services

- ▶ Half of Californians cannot access mental health services through telehealth.
- ▶ Nearly a quarter (21%) of Californians are not comfortable talking with a mental health care worker at all.

C: Individual Negative Biases and Perceived Social Inequities

This section reports findings that explore negative biases about mental illness and seeking help for mental health that individuals may hold in their personal belief systems. These often deeply held views contribute to social normative environments that support negative stereotypes, prejudice and stigma for prevention and care-seeking behaviors among Californians.

Some of the biases we explored included feelings of shame related to mental illness and anticipated stigma from others in important relationships such as family or friends. We also explored prejudice in the form of the perceived likelihood that people with mental illness are dangerous, as well as discomfort talking to someone who has a mental illness. This section additionally reports findings on perceptions of social inequities in the form of perceived disparities in access to mental health services and experiences of discrimination when receiving services for the CRDP priority populations and other key groups of interest in California.

Shame and Stigma Related to Mental Illness and Help-Seeking

The survey included a series of statements mainly posed in the first person about shame, stigma and prejudice related to mental illness and help seeking for mental health. Respondents were asked to indicate how much they agree or disagree with the statements.

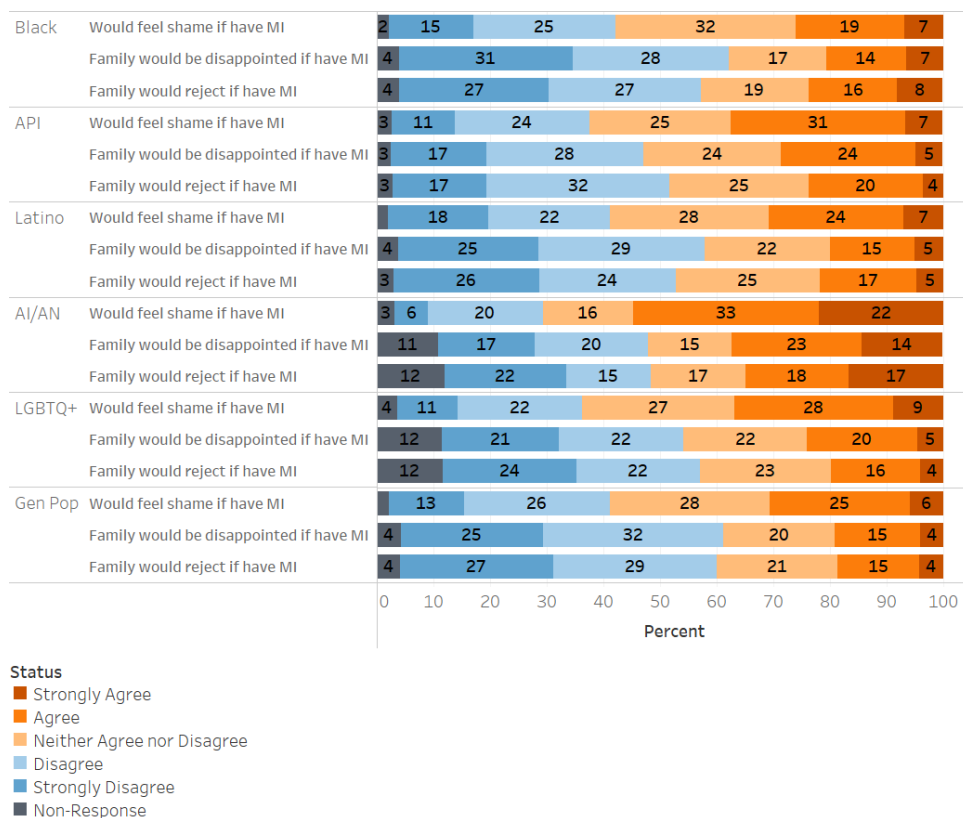
Survey Items:

Please indicate how much you agree or disagree with the following statement:

- If I had a mental illness, I would feel ashamed
- If I had a mental illness, I think some of my family would reject me
- If I had a mental illness, I think my family would be disappointed in me
- I would worry about what my family would say if they knew I was getting help from a mental health care worker
- I would worry about what my friends would say if they knew I was getting help from a mental health care worker
- I would feel uncomfortable talking to someone with mental illness
- People experiencing a mental illness are more likely than other people to be dangerous

The exhibits below present findings exploring differences among the CRDP priority populations and the general population.

Exhibit C1. Shame and Anticipated Stigma from Family Related to Mental Illness by CRDP Priority Population and the General Population



MI = Mental Illness

More Californians disagree or strongly disagree they would feel shame if they have a mental illness than those who agree or strongly agree (39% who disagree compared to 31% who agree they would feel shame). However, about another third (30%) are neutral or prefer not to respond to the statement.

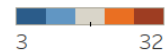
Another population-level survey conducted in 2014 for the California Mental Health Services Authority (CalMHSA) fielded the same question on shame and showed fewer Californians either disagreed or strongly disagreed (33%) and fewer agreed or strongly agreed (10%). However, more than half (57%) from the CalMHSA survey were neutral and neither agreed nor disagreed they would feel shame if they have a mental illness. The current data indicates there is some persistence of stigma related to mental illness among Californians with about a third who agree they would feel shame having a mental illness despite efforts to reduce stigma throughout the state. However, the shift from the higher number who were neutral in the CalMHSA survey (57% for CalMHSA and 28% for CCMHSS) to more who disagree they would feel shame in the CCMHSS (33% for CalMHSA to 39% for CCMHSS) is an interesting finding and an indicator to watch for in future potential waves of the CCMHSS.

Shame related to mental illness is higher among AI/AN, API and LGBTQ+ populations than among Latinos and African Americans. More than half (55%) of the AI/AN population either agree or strongly agree they would feel shame having mental illness, whereas 38% of the API population, 37% of the LGBTQ+ population, 31% of Latino and 26% of African Americans do. Higher levels of anticipated stigma in the form of disappointment from family members related to mental illness (If I had a mental illness, my family would be disappointed in me) are also present among AI/AN and API populations (37% for AI/AN and 29% for API compared to 19% for Californians generally). However, there is slightly less anticipated rejection from family members related to mental illness (If I had a mental illness, some of my family would reject me) for these two groups (35% for AI/AN and 24% for API compared to 19% among Californians). Still, more than a third of the AI/AN population experience anticipated stigma in the form of disappointment or rejection from family.

Exhibit C2. Anticipated Stigma from Family and Friends Related to Receiving Mental Health Care Services by CRDP Priority Population and the General Population

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Non-Response
Black	Worry about what family says if seeking help	6	13	22	29	26	4
	Worry about what friends say if seeking help	6	18	22	26	25	4
API	Worry about what family says if seeking help	6	24	24	29	15	3
	Worry about what friends say if seeking help	6	24	26	29	13	3
Latino	Worry about what family says if seeking help	6	16	25	27	23	3
	Worry about what friends say if seeking help	6	19	27	24	22	3
AI/AN	Worry about what family says if seeking help	15	24	18	16	15	12
	Worry about what friends say if seeking help	14	24	22	13	18	10
LGBTQ+	Worry about what family says if seeking help	6	17	21	22	22	12
	Worry about what friends say if seeking help	6	15	21	25	21	11
Gen Pop	Worry about what family says if seeking help	5	15	21	32	23	4
	Worry about what friends say if seeking help	5	17	23	30	22	4

Percent

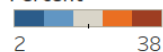


There are similar levels of stigma related to getting help with mental health care workers as with stigma related to mental illness overall. Also, again, the API and AI/AN populations express higher agreement with worry about what family or friends would say if getting help for mental health. Forty percent of the AI/AN population would worry about what family would say if they knew and 30% would worry what friends would say compared to 20-21% of Californians in general. Similarly, 38% percent of the API would worry about what family would say and 29% would worry about what friends would say.

Exhibit C3. Stigma and Prejudice toward Others with Mental Illness by CRDP Priority Population and the General Population

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Non-Response
Black	Discomfort talking to someone with MI	6	13	25	36	17	3
	People with MI more likely to be dangerous	13	28	33	17	6	4
API	Discomfort talking to someone with MI	5	30	31	23	7	4
	People with MI more likely to be dangerous	14	37	31	11	3	3
Latino	Discomfort talking to someone with MI	6	17	28	25	22	2
	People with MI more likely to be dangerous	10	28	38	15	7	3
AI/AN	Discomfort talking to someone with MI	13	22	26	17	11	11
	People with MI more likely to be dangerous	14	23	30	16	5	11
LGBTQ+	Discomfort talking to someone with MI	6	16	19	28	20	11
	People with MI more likely to be dangerous	8	22	29	23	9	9
Gen Pop	Discomfort talking to someone with MI	5	17	28	29	18	4
	People with MI more likely to be dangerous	10	29	35	17	6	3

Percent



MI = Mental Illness

Californians are mostly neutral or disagree about feeling discomfort talking to others who have mental illness. Still, nearly a quarter (22%) agree or strongly agree they would feel uncomfortable talking to someone with a mental illness which is higher than the findings from the 2014 CalMHSA population-level survey when 7% agreed or strongly agreed and more were neutral at 40% compared to 28% in the recent CCMHSS. The API population and AI/AN populations expressed higher agreement with discomfort talking to others with mental illness than other populations (35% agree or strongly agree). However, more AI/AN strongly agree (13% compared to 5%).

More a third of Californians (39%) either agree or strongly agree they believe people with mental illness are more likely to be dangerous. This is higher than findings from the 2014 CalMHSA population-level survey that found 17% either agreed or strongly agreed people with mental illness are more likely to be dangerous. However, it appears that fewer Californians are neutral about perceiving danger among people with mental illness when comparing data from the

CCMHSS and the CalMHSA survey in 2014, with 63% who neither agreed nor disagreed in 2014 compared in to 35% in the 2020-2021 CCMHSS. Also, slightly higher numbers disagree or strongly disagree about perceived danger in the more recent CCMHSS compared to the CalMHSA survey (23% compared to 20%).

Conversely, when considering perceived danger versus stigma and shame, African American and Latino populations report perceived danger more frequently (41% and 38% who agree or strongly agree people experiencing a mental illness are more likely than other people to be dangerous). Still, about a third of all CRDP populations report being neutral about the perception of danger- and an equal proportion of Latinos report being neutral (38%) as do those who agree or strongly agree. However, just over half the API population (51%) either agree or strongly agree they perceive people with mental illness as more likely to be dangerous compared to 41% of African Americans, 38% of Latino, 37% of AI/AN and 30% of LGBTQ+. It is also notable that there is a higher level of disagreement of perceived danger reported by LGBTQ (31%), followed by African Americans and Californians generally (23%).

Stigma, shame and prejudice related to mental illness and seeking help for mental health were also explored by age. The findings are presented below.

Exhibit C4. Shame and Anticipated Stigma from Family Related to Mental Illness by Age

Age	Stigma Type	Strongly Agree	Somewhat Agree	Neither Agree nor D..	Somewhat Disagree	Strongly Disagree	Non-Response
18-24	Would feel shame if have MI	7	25	22	23	20	3
	Family would be dissapointed if have MI	5	22	17	25	25	6
	Family would reject if have MI	5	24	24	19	25	3
25-44	Would feel shame if have MI	7	28	31	20	11	3
	Family would be dissapointed if have MI	6	18	21	27	21	8
	Family would reject if have MI	5	16	23	24	24	8
45-64	Would feel shame if have MI	5	23	27	28	13	2
	Family would be dissapointed if have MI	3	13	18	37	27	1
	Family would reject if have MI	4	12	18	35	30	1
65+	Would feel shame if have MI	3	20	28	35	14	1
	Family would be dissapointed if have MI	1	10	20	38	31	0
	Family would reject if have MI	2	10	21	36	31	1

Percent

0 38

MI = Mental Illness

Transitional age youth (ages 18-24) and Californians ages 25-44 anticipate shame and stigma related to mental illness more frequently than older age groups, specifically, they anticipate their family would be disappointed in them if they have mental illness. Younger age groups ages 18-

24 anticipate rejection from their family related to mental illness more often than Californians ages 25-44 (24% compared to 16%).

Exhibit C5. Anticipated Stigma from Family and Friends Related to Help-Seeking for Mental Health Care Services by Age

Age	Stigma Type	Strongly Agree	Somewhat Agree	Neither Agree nor Di..	Somewhat Disagree	Strongly Disagree	Non-Response
18-24	Worry about what my family says if seeking help	6	20	27	18	25	4
	Worry about what my friends say if seeking help	5	20	19	24	29	3
25-44	Worry about what my family says if seeking help	7	18	22	26	19	8
	Worry about what my friends say if seeking help	7	18	25	23	18	7
45-64	Worry about what my family says if seeking help	3	14	17	41	24	1
	Worry about what my friends say if seeking help	3	18	23	36	20	1
65+	Worry about what my family says if seeking help	2	9	20	40	29	0
	Worry about what my friends say if seeking help	1	12	21	38	27	1

Percent



There is slightly more anticipation of stigma from friends or family for help-seeking with a mental health care worker among younger age groups. However, clearly, there is greater disagreement with this type of anticipated stigma among older age groups.

Exhibit C6. Stigma and Prejudice toward Others with Mental Illness by Age

Age	Stigma Type	Strongly Agree	Somewhat Agree	Neither Agree nor Di..	Somewhat Disagree	Strongly Disagree	Non-Response
18-24	Discomfort talking to someone with MI	3	16	23	25	28	6
	People with MI more likely to be dangerous	7	19	35	24	11	5
25-44	Discomfort talking to someone with MI	7	18	27	26	16	7
	People with MI more likely to be dangerous	11	29	33	15	5	6
45-64	Discomfort talking to someone with MI	4	15	28	36	16	1
	People with MI more likely to be dangerous	11	33	34	15	5	1
65+	Discomfort talking to someone with MI	4	17	31	30	17	0
	People with MI more likely to be dangerous	8	28	40	18	5	0

Percent



MI = Mental Illness

Transitional age youth report less prejudice toward others who have mental illness, specifically, the perception of danger, compared to other age groups. More than a third (35%) of transitional age youth either somewhat or strongly disagree they perceive people with mental illness as more likely to be dangerous compared to 20-23% among other age groups.

Not shown here, there is also greater disagreement in perceived danger among groups with higher education. Nearly a third (30%) of those with advanced degrees either disagree or strongly disagree that people with mental illness are more likely to be dangerous, compared to 19-24% of those with less education. Californians who have either experienced challenges with mental health or know someone who has also disagree or strongly disagree more often that people with mental illness are more likely to be dangerous (27% compared to 17%). More than half (55%) of those who have experience with mental illness in some way either disagree or strongly disagree they feel discomfort talking with someone with mental illness.

Perceived Disparities in Mental Health Services

Respondents were asked about disparities in access to mental health services, such as therapy, support groups or medication for each of the priority populations, for those with a different gender identity from what they were assigned at birth, and for low-income Californians. All respondents received a specific question about disparities for each of the groups of interest which asked if it is easier or harder to get mental health care than it is for a comparison group, such as Whites, or if there is not much difference.

Survey Items:

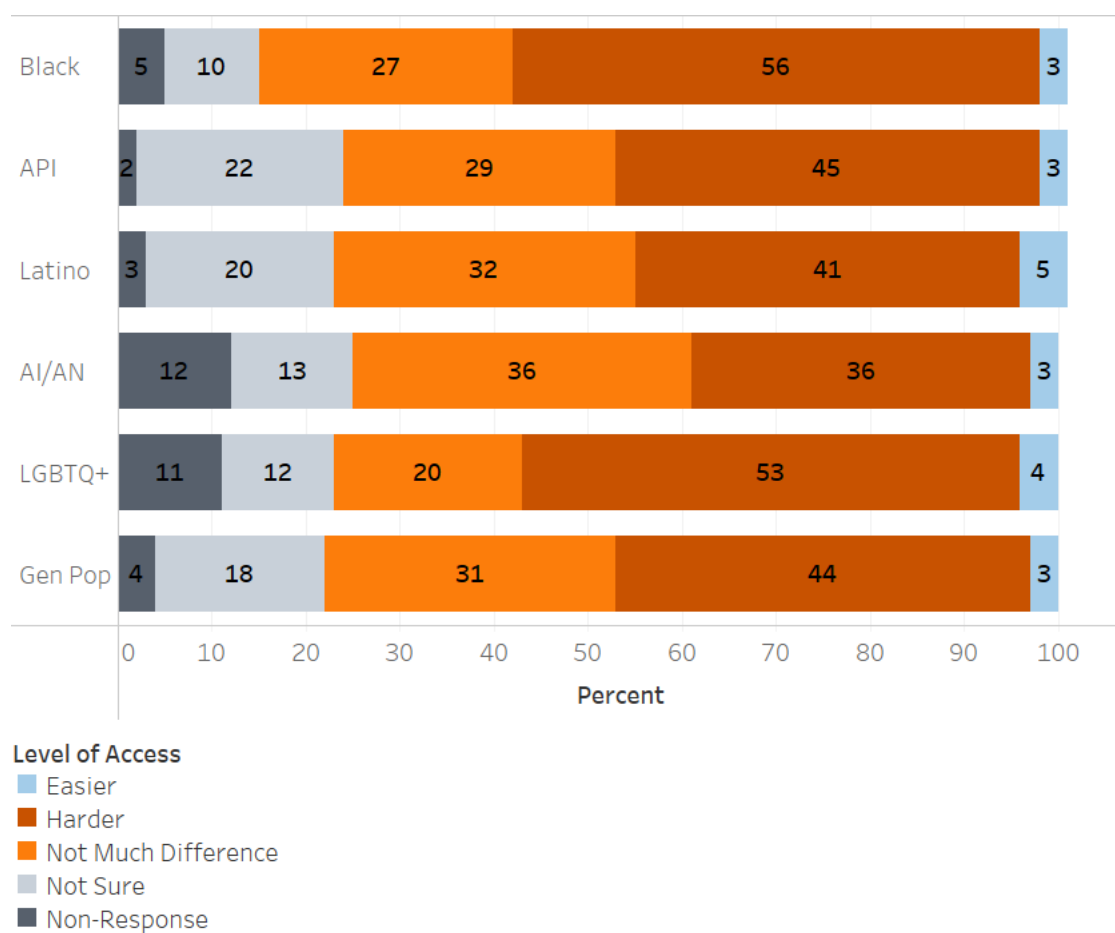
The next questions ask about access to mental health care in California, such as therapy, support groups, or medication.

- When African Americans need mental health care in California, do you think it is easier or harder for them to get mental health care than it is for Whites, or is there not much of a difference?
- How about for Latinos? When they need mental health care in California, do you think it is easier or harder for Latinos to get mental health care than it is for Whites, or is there not much of a difference?
- How about for Asian Americans? When they need mental health care in California, do you think it is easier or harder for Asian Americans to get mental health care than it is for Whites, or is there not much of a difference?
- How about for Native Americans? When they need mental health care in California, do you think it is easier or harder for Native Americans to get mental health care than it is for Whites, or is there not much of a difference?
- How about for Californians who are lesbian, gay, bisexual, queer or questioning do you think it is easier or harder for them to get mental health care than it is for those who are heterosexual, or is there not much of a difference?
- How about for Californians with a gender identity different from what they were assigned at birth, do you think it is easier or harder for them to get mental health care than it is for those with a personal identity and gender that corresponds with their sex assigned at birth, or is there not much difference?
- How about for low-income Californians compared to those with middle and higher incomes? When they need mental health care in California, do you think it is easier or harder for low-income Californians to get mental health care than it is for those with middle and higher incomes, or is there not much of a difference?

Perceived Disparities in Mental Health Services for African Americans

Findings are presented below on perceived disparities in access to care specifically for African Americans as one of the CRDP priority populations. All respondents received the question asking when African Americans need mental health care in California, if it is easier or harder to get care than it is for Whites, or if there is not much difference. The data has been compared by CRDP priority population to understand differences across the groups and among Californians in general.

Exhibit C7. Perceived Disparities in Mental Health Services for African Americans by CRDP Priority Population and the General Population

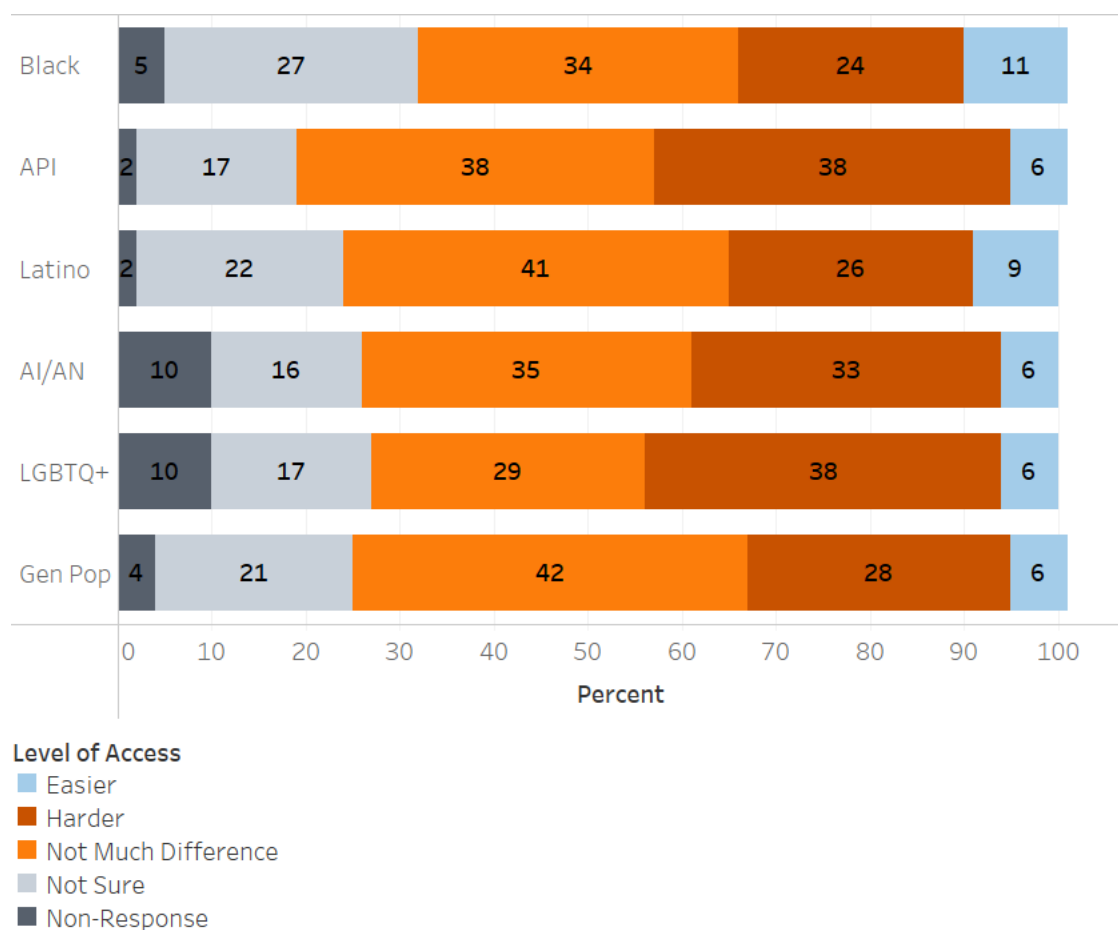


Perceived disparities in access to mental health services is highest for African Americans over and among most CRDP priority populations, except for among Latinos. Forty-four percent of Californians in general and more than half of African Americans (56%) and LGBTQ+ (53%) populations reported they think it is harder for African Americans to get mental health care when they need it than it is for Whites. Nearly a quarter (22%) of the API population and 20% of the Latino population were unsure if it is easier, harder or if there is not much difference.

Perceived Disparities in Mental Health Services for Asian Americans

Similarly, all respondents were asked about disparities in access to mental health services for the Asian American priority population. Findings are presented below.

Exhibit C8. Perceived Disparities in Mental Health Services for Asian Americans by CRDP Priority Population and the General Population

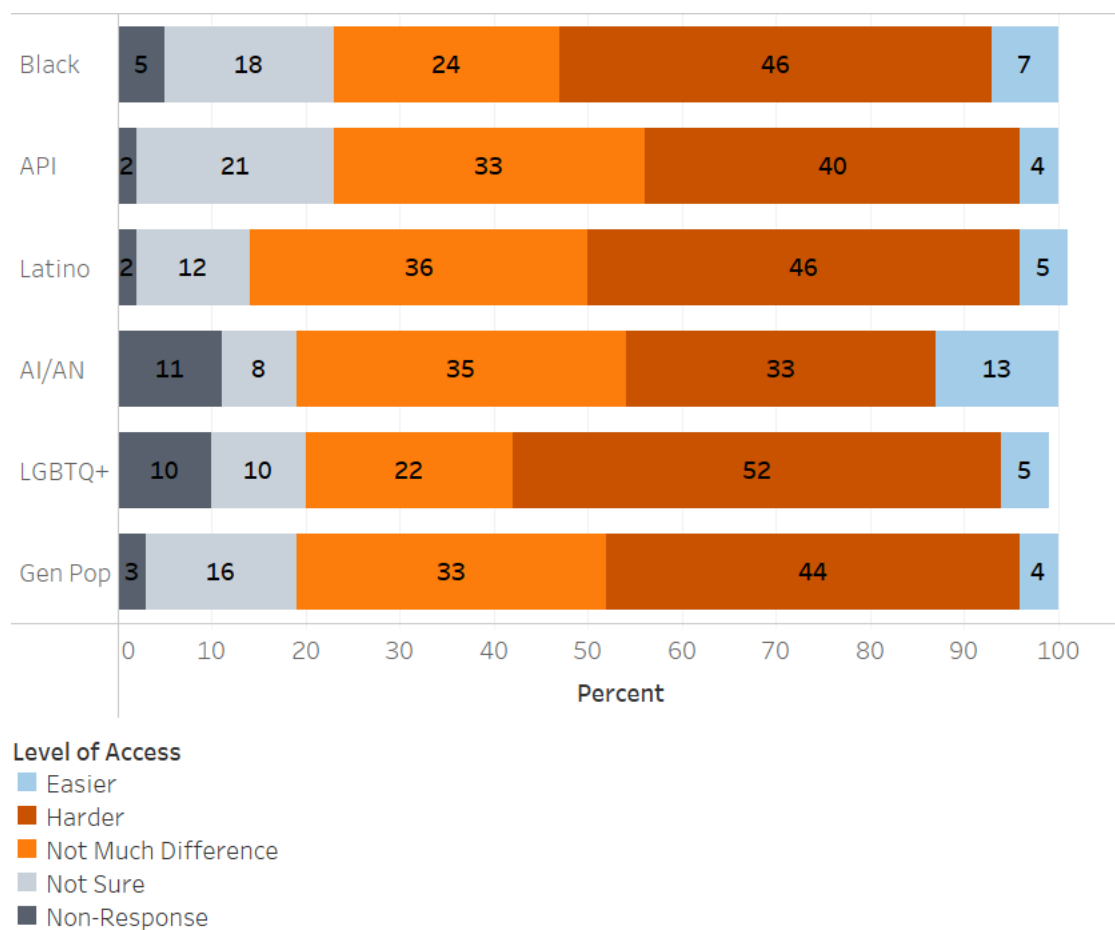


Fewer Californians perceive disparities in access to mental health services for Asian Americans. A little over a quarter of Californians (28%) think that it is harder Asian Americans to get mental health care when they need it compared to Whites and 42% think that there is not much difference.

Perceived Disparities in Mental Health Services for Latinos

Data are presented below on perceived disparities in access to care for Latinos. All respondents received the question asking when Latinos need mental health care in California, if it is easier or harder to get care than it is for Whites, or if there is not much difference. The data was compared by priority population to understand differences across the groups and among the general population.

Exhibit C9. Perceived Disparities in Mental Health Services for Latinos by CRDP Priority Population and the General Population

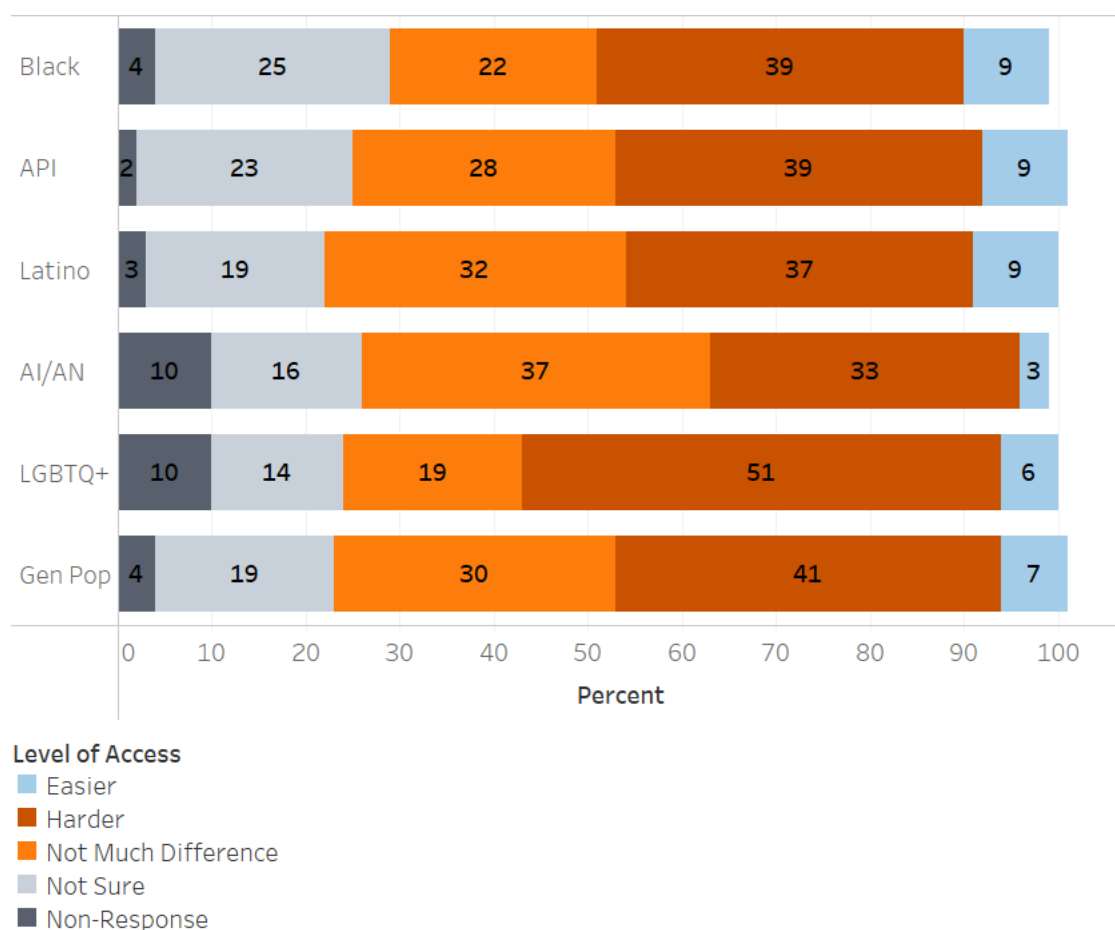


Californians perceive similar levels of disparities in access for Latinos as with African Americans with 44% thinking that it is harder for Latinos to get mental health care when they need it compared to Whites. Close to half (46%) of the Latino population perceive that it is harder for Latinos to get access to mental health care when they need it. However, more than half (52%) of the LGBTQ+ population perceive that it is harder for the Latino population to get access.

Perceived Disparities in Mental Health Services for American Indians or Alaskan Natives

Findings are also presented below on perceived disparities in access to care for the AI/AN population. All respondents received the question asking when AI/AN need mental health care in California, if it is easier or harder to get care than it is for Whites, or if there is not much difference. The data was compared by priority population to understand differences across the groups and among the general population.

Exhibit C10. Perceived Disparities in Mental Health Services for American Indians or Alaskan Natives by CRDP Priority Population and the General Population

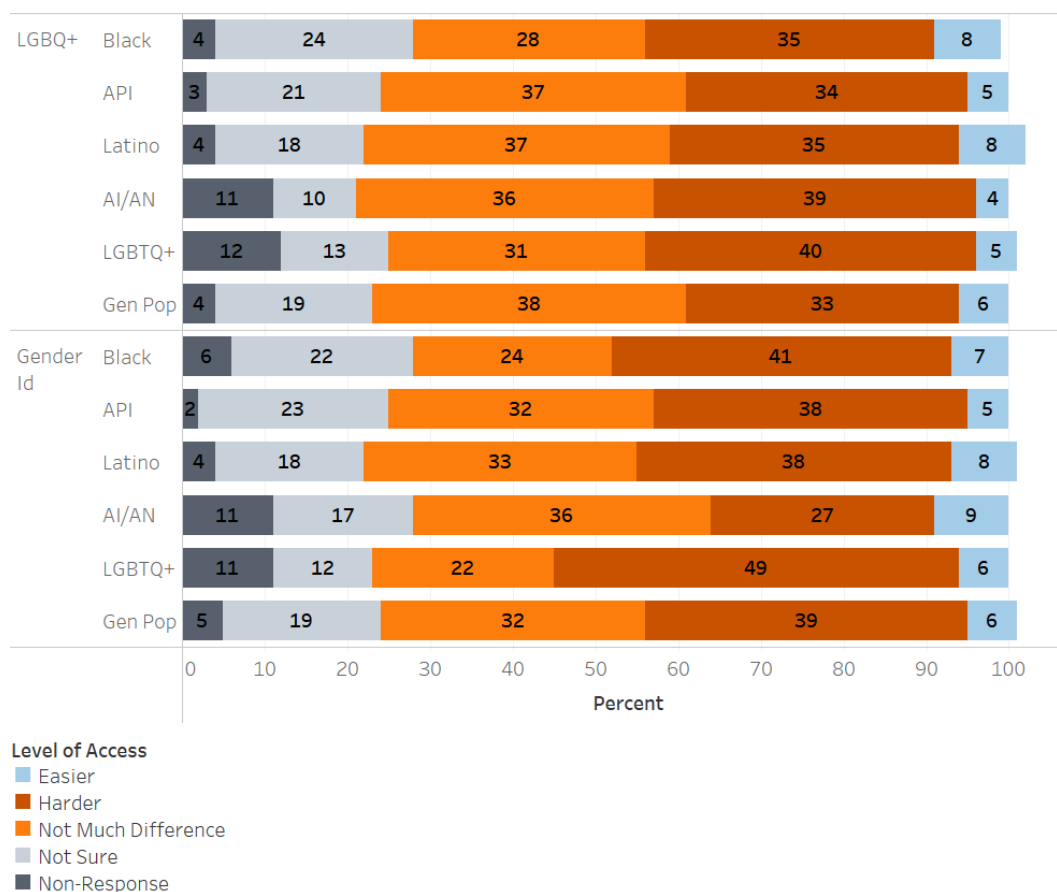


Fewer respondents in the AI/AN population perceive disparities in access for their own AI/AN population compared to perceptions among the other CRDP priority populations. A third (33%) of the AI/AN population report they think it is harder for AI/ANs to get mental health when they need it compared to 37-51% among other CRDP priority populations. More Californians in general (41%) perceive disparities in access to mental health care than the AI/AN population as well.

Perceived Disparities in Mental Health Services for LGBTQ+ and Gender Identity

Data are presented below on perceived disparities in access to mental health care for the LGBTQ+ population and for those with a gender identity different from what they were assigned at birth. All respondents received the question asking when LGBTQ+ need mental health care in California, if it is easier or harder to get care than it is for those who are heterosexual. The question was also asked if it is easier or harder for those with a different gender identity to get care than it is for those with a personal identity and gender that corresponds with their sex assigned at birth, or if there is not much difference. The data has been compared by CRDP priority population to understand differences across the groups and Californians in general.

Exhibit C11. Perceived Disparities in Mental Health Services for LGBTQ+ and those with Different Gender Identities by CRDP Priority Population and the General Population



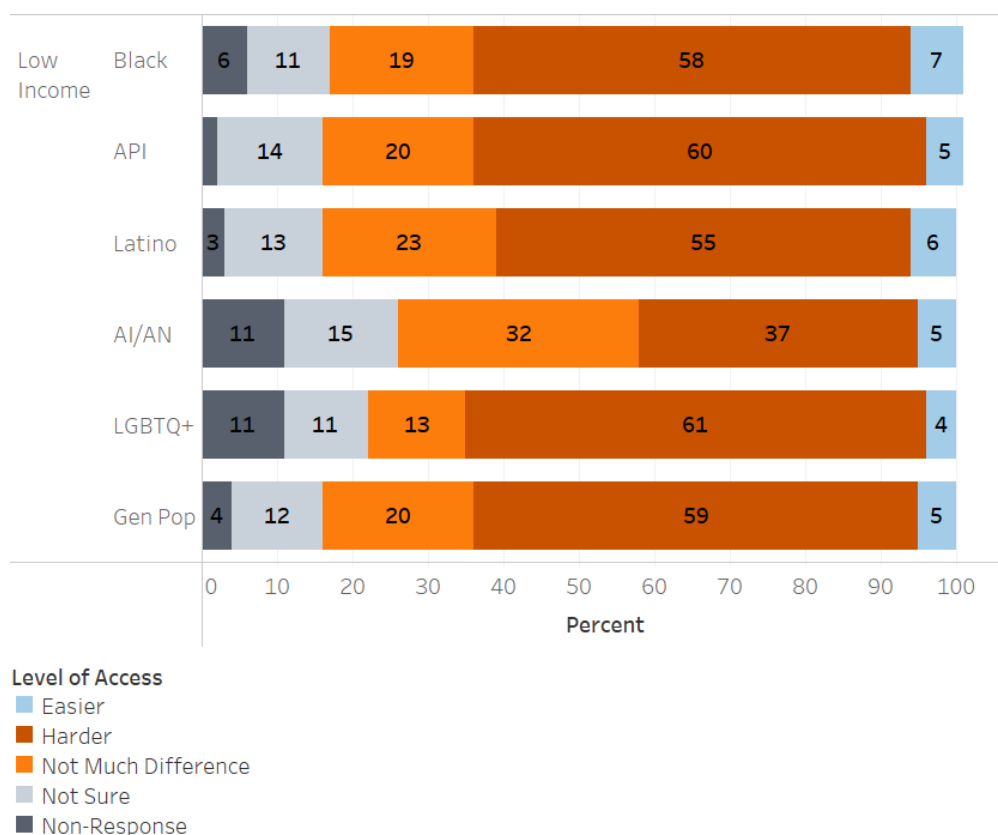
Californians overall and the CRDP priority populations have similar perceptions about disparities among the LGBTQ+ population. A third of Californians (33%) and 34-40% of the CRDP priority populations perceive disparities in access to mental health care for the LGBTQ+ population. However, nearly a quarter of African Americans are unsure about LGBTQ+ access.

Yet nearly half (49%) of the LGBTQ+ population perceive disparities for those with a different gender identity from what they were assigned at birth compared to 39% of Californians in general and 27% of the AI/AN population.

Perceived Disparities in Mental Health Services for Low Income Individuals

The survey also asked all respondents about disparities in access for low-income Californians, if it is easier or harder to get care when they need it than it is for those with middle or higher incomes, or if there is not much difference. The data were compared by priority population to understand differences across the groups and among Californians in general. Findings are presented below on those perceived disparities in access to care for low-income Californians.

Exhibit C12. Perceived Disparities in Mental Health Services for Low-Income Individuals by CRDP Priority Population and the General Population

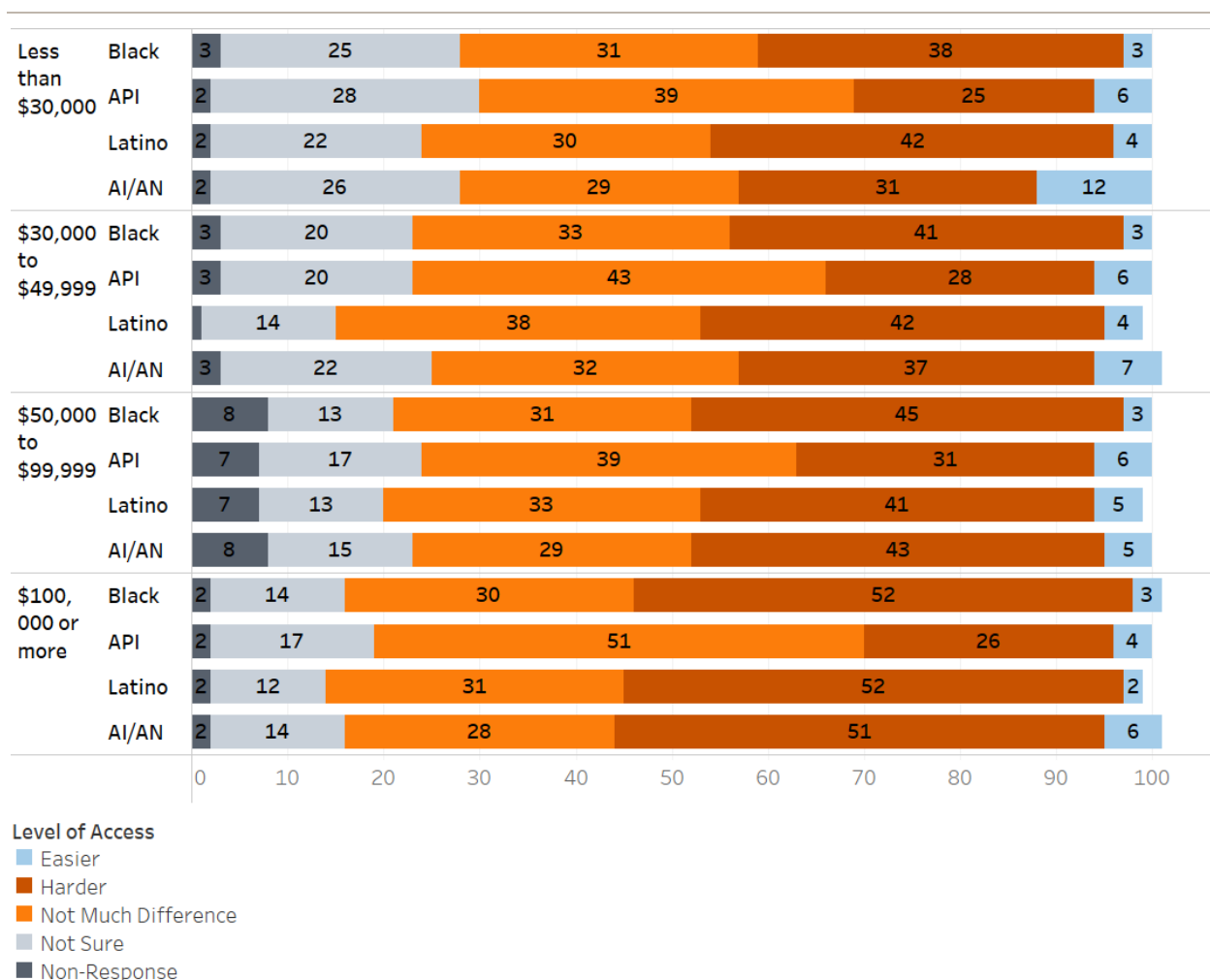


Many more Californians perceive disparities in access to mental health care for low-income individuals than for other groups. Nearly two-thirds (59%) of Californians perceive that it is harder for low-income individuals to get mental health care when they need it. Fifty-five percent of Latinos, 58% of African Americans, 60% of API, and 61% of LGBTQ+ perceive disparities in

mental health care for low-income Californians, however, fewer in AI/AN population (37%) perceive mental health care disparities for those with low-income.

A particular finding of note is that LGBTQ+ populations consistently perceive less access to mental health services more frequently for most of the CRDP populations and for those with low-income. Half or more of LGBTQ+ perceive less access for African Americans, Latinos, AI/AN, those with a gender identity other than what was assigned at birth, and for those with low-income.

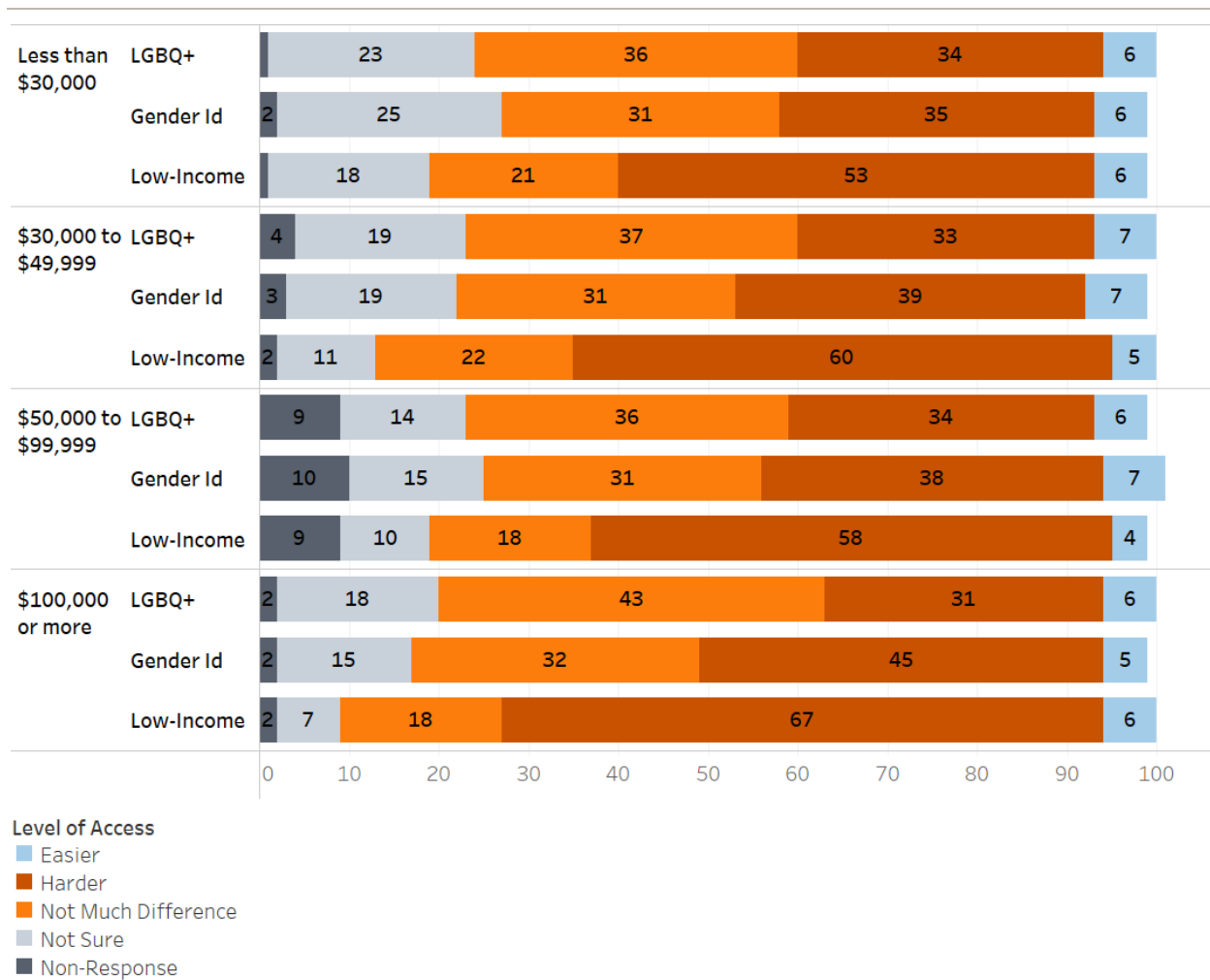
Exhibit C13. Perceived Disparities in Mental Health Services for Priority Populations, by Income



Californians with higher incomes perceive disparities in access to mental health care among African Americans, Latinos, and the AI/AN population, but not for the API population, more frequently than Californians with lower incomes. Just over half (51-52%) of those with incomes over \$100,000 think that it is harder for African Americans, Latinos and AI/AN populations to

get mental health care when they need it compared to about a quarter (26%) who believe it is harder for the API population.

Exhibit C14. Perceived Disparities in Mental Health Services for LGBTQ+, those with Different Gender Identities and Low-Income Individuals by Income



More Californians with higher incomes also perceive disparities in mental health care for low-income individuals. Sixty-seven percent of those with incomes over \$100,000 perceive disparities that Californians with low incomes have a harder time getting mental health care when they need it, whereas 53% of those with incomes of \$30,000 or less access for low-income individuals. Higher income Californians also perceive disparities in access to mental health care for those with a different gender identity than assigned at birth more often than lower-income Californians, but perceived differences in access for LGBTQ+ are not different by income.

Not shown here, perceived disparities for certain populations also consistently increase by level of education. The increases range from a low of about 20-30% among Californians with less than

a high school education and consistently increase with education level up to about 40-60% among those with advanced degrees for the following populations:

- African Americans
- Latino
- AI/AN
- LGBTQ+
- Those with a different gender identity than assigned at birth

Perceived Discrimination in Mental Health Services

Respondents were asked about their experiences with discriminatory behavior from mental health care workers when seeking mental health care services. Several types of discrimination were inquired about, including treatment with less courtesy, less respect, feeling not listened to, being treated with condescension “as if not smart”, receiving poorer service, treated with arrogance “mental health worker acts as if better than you”, or being feared by the mental health care worker.

Survey Items:

When getting mental health services, have you ever had any of the following things happen? You...

- Were treated with less courtesy than other people
- Were treated with less respect than other people
- Received poorer service than others
- Had a mental health worker act as if he or she thinks you are not smart
- Had a mental health worker act as if he or she is afraid of you
- Had a mental health worker act as if he or she is better than you
- Felt like a mental health worker was not listening to what you were saying

The data were compared by CRDP priority population to understand differences across the groups and among the general population in California.

Exhibit C15. Perceived Types of Discrimination when Seeking Mental Health Services by CRDP Priority Population and the General Population: Courtesy, Respect, Condescension, Attention

		Yes	Don't Know	Non-Response
Black	Less Courtesy	10	10	11
	Less Respect	10	13	10
	Treated Like Not Smart	9	10	12
	Not Listened To	14	9	11
API	Less Courtesy	4	17	8
	Less Respect	8	17	8
	Treated Like Not Smart	4	16	8
	Not Listened To	9	15	8
Latino	Less Courtesy	10	11	5
	Less Respect	12	12	5
	Treated Like Not Smart	13	11	5
	Not Listened To	14	9	7
AI/AN	Less Courtesy	20	5	14
	Less Respect	27	5	14
	Treated Like Not Smart	22	3	14
	Not Listened To	36	2	14
LGBTQ+	Less Courtesy	16	10	13
	Less Respect	21	12	13
	Treated Like Not Smart	18	10	13
	Not Listened To	25	7	15
Gen Pop	Less Courtesy	8	11	7
	Less Respect	11	11	7
	Treated Like Not Smart	10	10	7
	Not Listened To	14	9	8

Percent



More than a third (36%) of the AI/AN population feel as if they were not listened to when seeking mental health services. Other CRDP priority populations also more frequently report feeling not listened to as the type of experience they perceive when seeking mental health services, including a quarter (25%) of the LGBTQ+ population and 14% of African Americans, Latinos, and Californians generally. The API population reported discriminatory experiences when receiving mental health services less often than other CRDP priority populations.

Exhibit C16. Perceived Types of Discrimination when Seeking Mental Health Services by CRDP Priority Population and the General Population: Poor Service, Arrogance, Fear

		Yes	Don't Know	Non-Response
Black	Poorer Service	10	11	10
	Percieved Arrogance	12	12	10
	Feared	7	10	9
API	Poorer Service	6	17	8
	Percieved Arrogance	5	16	8
	Feared	3	16	9
Latino	Poorer Service	10	12	7
	Percieved Arrogance	12	11	5
	Feared	7	9	7
AI/AN	Poorer Service	30	5	14
	Percieved Arrogance	21	3	15
	Feared	18	3	13
LGBTQ+	Poorer Service	15	12	13
	Percieved Arrogance	18	10	15
	Feared	11	8	13
Gen Pop	Poorer Service	9	12	8
	Percieved Arrogance	10	10	7
	Feared	6	9	8

Percent



About a third (30%) of the AI/AN population report they received poorer service than others when seeking mental health services. Fifteen percent of the LGBTQ+ population report receiving poorer service, as did 10% of African Americans and Latinos, and 9% of Californians in general. Nearly a quarter (21%) of the AI/AN population and 18% of the LGBTQ+ population report that a mental health worker acted as if he or she was better than them compared to 10% among Californians in general. Eighteen percent of the AI/AN population also report they had a mental health worker act as if he or she was afraid of them.

Exhibit C17. Perceived Types of Discrimination when Seeking Mental Health Services by Sexual Orientation: Courtesy, Respect, Condescension, Attention

		Yes	Don't know	Non-Response
Heterosexual/Straight	Less Courtesy	6	11	5
	Less Respect	8	11	5
	Treated Like Not Smart	7	10	5
	Not Listened To	11	9	5
Gay	Less Courtesy	13	6	3
	Less Respect	16	9	5
	Treated Like Not Smart	14	6	5
	Not Listened To	17	5	6
Lesbian	Less Courtesy	11	17	2
	Less Respect	15	18	1
	Treated Like Not Smart	20	11	1
	Not Listened To	18	13	6
Bisexual	Less Courtesy	15	7	23
	Less Respect	24	9	23
	Treated Like Not Smart	19	9	23
	Not Listened To	29	5	23
Multiple Sexual Orientations	Less Courtesy	22	14	17
	Less Respect	17	17	17
	Treated Like Not Smart	24	13	19
	Not Listened To	36	8	17
Pansexual, Queer, Questioning, Asexual, Another Sexual Orientation	Less Courtesy	28	24	5
	Less Respect	29	20	5
	Treated Like Not Smart	22	22	5
	Not Listened To	26	12	10

Percent



Respondents who do not identify as heterosexual or straight more frequently report being treated differently when seeking mental health services. More than a third (36%) of respondents identifying with more than one sexual orientation report they felt they were not listened to when getting mental health services. Also, about a quarter of this group report they felt they were treated with less courtesy (22%) and with condescension (24%) when seeking help. Nearly a third (29%) of respondents identifying as bisexual report they were not listened to, about a quarter (24%) report being treated with less respect, 19% with condescension and 15% with less courtesy.

About a quarter (26%) of those identifying as pansexual, queer, questioning, asexual or another sexual orientation not listed in the survey report they felt they were not listened to when seeking help and nearly a third report being treated with less respect (29%), 28% with less courtesy. and 22% with condescension. Twenty percent of lesbians report being treated with condescension when seeking mental health services, 18% report they were not listened to, and 15% report being treated with less respect. Seventeen percent of those identifying as gay report they were not listened to, and 16% report being treated with less respect.

Exhibit C18. Perceived Types of Discrimination when Seeking Mental Health Services by Sexual Orientation: Poor Service, Arrogance, Fear

		Yes	Don't know	Non-Response
Heterosexual/Straight	Poorer Service	7	12	6
	Perceived Arrogance	8	9	5
	Feared	4	9	6
Gay	Poorer Service	12	11	3
	Perceived Arrogance	15	5	5
	Feared	6	5	4
Lesbian	Poorer Service	10	20	1
	Perceived Arrogance	14	17	7
	Feared	4	11	2
Bisexual	Poorer Service	14	8	23
	Perceived Arrogance	16	6	23
	Feared	17	4	24
Multiple Sexual Orientations	Poorer Service	22	15	18
	Perceived Arrogance	26	6	19
	Feared	21	7	20
Pansexual, Queer, Questioning, Asexual, Another Sexual Orientation	Poorer Service	17	23	4
	Perceived Arrogance	29	27	4
	Feared	4	27	4

Percent



1 29

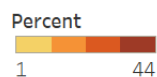
Respondents who do not identify as heterosexual or straight also more frequently report they received poorer service, were treated with arrogance (mental health worker acting as if he/she is better than you), or they were feared (mental health worker acted as if he/she is afraid of you) when seeking mental health services. Nearly a third (29%) of those identifying as pansexual, queer, questioning, asexual or another sexual orientation not listed in the survey report experiencing arrogance when seeking mental health services, and 17% report receiving poorer service. Respondents identifying with more than one sexual orientation also more frequently report poorer service (22%), being treated with arrogance (26%) or being feared (21%). Bisexuals more frequently report poorer service (14%), being treated with arrogance (16%) or being feared (17%). Gays and Lesbians more frequently report being treated with arrogance (15% and 14%).

Not shown here, significant differences in experiences of discrimination were also found when comparing Californians with and without health insurance. In many cases, percentages are two to three times higher among uninsured compared to those who are insured. For example, 20% of the uninsured report experiencing less respect when receiving mental health services compared to 9% among those who are insured. This pattern was similar across all the types of discrimination except for being treated with less courtesy or not being listened to where the

differences were not as stark. Some indicators of higher levels of discrimination were found among transgender males, transgender females, non-binary, two-spirit and other gender identities, however, due to small sample sizes in the data, the findings were not significant.

Exhibit C19. Frequency and Reasons for Discrimination when Seeking Mental Health Services by CRDP Priority Population and the General Population: Race-Ethnicity, Age, Religion, Language Spoken

		Always	Often	Sometimes	Rarely	Never
Black	Race or Ethnicity	13	16	40	20	5
	Age	5	13	25	28	17
	Religion or Spiritual Practice	4	14	18	13	38
	Language Spoken	9	7	16	17	43
API	Race or Ethnicity	2	26	44	23	2
	Age	10	22	34	18	13
	Religion or Spiritual Practice	3	26	21	27	17
	Language Spoken	1	13	40	23	15
Latino	Race or Ethnicity	4	21	34	23	18
	Age	6	21	22	20	29
	Religion or Spiritual Practice	5	6	25	23	39
	Language Spoken	8	17	19	15	34
AI/AN	Race or Ethnicity	6	22	39	19	5
	Age	11	34	19	27	4
	Religion or Spiritual Practice	14	24	24	16	14
	Language Spoken	4	30	23	19	16
LGBTQ+	Race or Ethnicity	3	7	27	19	33
	Age	7	17	26	22	18
	Religion or Spiritual Practice	3	8	20	21	36
	Language Spoken	5	11	16	13	41
Gen Pop	Race or Ethnicity	3	16	30	20	24
	Age	6	19	24	20	24
	Religion or Spiritual Practice	4	10	21	20	38
	Language Spoken	5	12	19	14	42



The survey also asked about the frequency of discriminatory experiences based on certain individual and cultural characteristics including race-ethnicity, age, religion or spiritual practice, or language spoken. Thirty-eight percent of the AI/AN population report being treated with discriminatory behavior when seeking mental health services either always or often due to their religion or spiritual practice, and nearly a quarter (24%) report experiencing this type of discrimination sometimes. More than a third of the AI/AN population report always or often being treated with discriminatory behavior due to their age or language spoken. There were no patterns detected in the data regarding which ages were mainly affected.

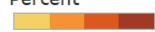
Nearly a third (29%) of African Americans report experiencing some type of discriminatory behavior when seeking mental health services related to their race-ethnicity either always or often, and 40%, report these experiences sometimes. More than a quarter (28%) of the API population report always or often experiencing some type of discriminatory behavior related to their race-ethnicity when seeking mental health services, and 44% report sometimes having these

experiences. More than half (54%) of the API population report sometimes, often or always experiencing discrimination due to their language spoken.

Fifty-nine percent of Latinos report experiencing discrimination related to race-ethnicity either always, often or sometimes when seeking services, including 21% who report often. The majority of the LGBTQ+ population and Californians in general report being treated with discriminatory behavior when seeking mental health services sometimes or less frequently.

Exhibit C20. Frequency and Reasons or Discrimination when Seeking Mental Health Services by CRDP Priority Population and the General Population: Sexual Orientation, Gender Identity

		Always	Often	Sometimes	Rarely	Never
Black	Sexual Orientation	11	6	22	18	37
	Gender Identity	9	8	18	14	38
API	Sexual Orientation	4	9	29	24	29
	Gender Identity	5	9	26	27	28
Latino	Sexual Orientation	2	10	23	15	46
	Gender Identity	3	8	27	18	42
AI/AN	Sexual Orientation	7	19	21	25	20
	Gender Identity	8	17	25	27	15
LGBTQ+	Sexual Orientation	5	14	27	21	22
	Gender Identity	8	12	26	16	27
Gen Pop	Sexual Orientation	3	10	22	17	40
	Gender Identity	5	9	25	15	39

Percent

 2 46

The frequency of discriminatory behaviors related to sexual orientation or gender identity when seeking mental health services are less pronounced compared to other perceived reasons for discrimination such as race-ethnicity. However, more than a third (35%) of Californians perceive being treated differently due to their sexual orientation and 39% due to their gender identity either always, often or sometimes when seeking mental health services. LGBTQ+ and AI/AN populations report always or often experiencing discrimination due to sexual orientation or gender identity more frequently than other CRDP priority populations.

There were no patterns of difference when experiences of discrimination were explored by income, language spoken, birth country of origin or by regions of California.

Key Takeaways

Shame and Stigma Related to Mental Illness and Help-Seeking

- ▶ More Californians disagree or strongly disagree they would feel shame if they have a mental illness than those who agree or strongly agree.
- ▶ Shame related to mental illness is higher among AI/AN, API and LGBTQ+ populations than among Latinos, but is double what African Americans report.

- ▶ API and AI/AN populations express higher agreement with worry about what family or friends would say if seeking help for mental health.
- ▶ Transitional age youth (ages 18-24) and Californians ages 25-44 anticipate shame and stigma related to mental illness more frequently than older age groups, specifically, they anticipate their family would be disappointed in them if they have mental illness.
- ▶ More a third of Californians either agree or strongly agree they believe people with mental illness are more likely to be dangerous.
- ▶ Just over half the API population either agree or strongly agree they perceive people with mental illness are more likely to be dangerous compared to 41% of African Americans, 38% of Latino, 37% of AI/AN and 30% of LGBTQ+.
- ▶ Transitional age youth report less prejudice toward others who have mental illness, in particular, fewer report the perception that people with mental illness are more likely to be dangerous compared to other age groups.

Perceived Disparities in Mental Health Services

- ▶ Perceived disparities in access to mental health services is highest for African Americans over and among most CRDP priority populations, except for among Latinos.
- ▶ Forty-four percent of Californians in general and more than half of African Americans (56%) and LGBTQ+ (53%) populations reported they think it is harder for African Americans to get mental health care when they need it than it is for Whites.
- ▶ Californians perceive similar levels of disparities in access for Latinos as with African Americans with 44% thinking that it is harder for Latinos to get mental health care when they need it compared to Whites.
- ▶ Fewer Californians perceive disparities in access to mental health services for Asian Americans than for other CRDP priority populations (28% who perceive it as harder for Asians to get access to mental health versus 41-44% for all others).
- ▶ Fewer respondents in the AI/AN population perceive disparities in access to mental health services for their own AI/AN population compared to perceptions among the other CRDP priority populations. A third of the AI/AN population report they think it is harder for AI/ANs to get mental health when they need it compared to 37-51% among other CRDP priority populations.
- ▶ Californians overall and the CRDP priority populations have similar perceptions about disparities among the LGBTQ+ population. A third of Californians and 34-40% of the CRDP priority populations perceive disparities in access to mental health care for the LGBTQ+ population.

- ▶ Nearly half of the LGBTQ+ population perceive disparities for those with a different gender identity from what they were assigned at birth compared to 39% of Californians in general.
- ▶ Nearly two-thirds of Californians perceive that it is harder for low-income individuals to get mental health care when they need it than those who are middle or upper income.
- ▶ Just over half of those with incomes over \$100,000 think that it is harder for African Americans, Latinos and AI/AN populations to get mental health care when they need it compared to about a quarter who believe it is harder for the API population.
- ▶ More Californians with higher income also perceive disparities in mental health care for low-income individuals.

Perceived Discrimination in Mental Health Services

- ▶ CRDP priority populations and Californians mainly report feeling not listened to as an experience they have when seeking mental health services over other uncomfortable or discriminatory experiences.
- ▶ More than a third of the AI/AN population feel as if they were not listened to when seeking mental health services and about a third of the AI/AN population report they feel they received poorer service than others when seeking mental health services. Eighteen percent of the AI/AN population also report they had a mental health worker act as if he or she was afraid of them. Sixty-two percent of the AI/AN population report they often or always experience discrimination due to their religion or spiritual practice sometimes when seeking mental health services.
- ▶ Nearly a third of African Americans report experiencing some type of discriminatory behavior when seeking mental health services related to their race-ethnicity either always or often, and 40%, report these experiences sometimes- thus, 69% report discrimination based on their race-ethnicity sometimes, often or always.
- ▶ Fifty-nine percent of Latinos report experiencing discrimination related to race-ethnicity either always, often or sometimes when seeking services, including 21% who report often.
- ▶ More than half of the API population report sometimes, often or always experiencing discrimination due to their language spoken.
- ▶ Californians who do not identify as heterosexual or straight more frequently report they were treated differently when seeking mental health services. More than a third of Californians perceive being treated differently due to their sexual orientation and 39% due to their gender identity either always, often or sometimes when seeking mental health services.

D: Experience with Mental Illness, Contact with Others Experiencing Mental Health Challenges, Awareness and Knowledge about Mental Illness

This section explores relationships, experiences, awareness and knowledge related to mental health challenges and mental illness. The goal of capturing these experiences builds upon the idea that exposure to others with mental health challenges or illness, awareness or knowledge of the root causes for those challenges may influence attitudes and reduce stigma.

Personal Experience with Mental Illness and Contact with Others Experiencing Mental Illness

The survey included a series of statements posed in the first person about experience with mental illness requesting that respondents select those that apply to them.

Survey Items:

Please read the statements below and select all that apply to you:

- I have a mental illness, or had mental illness in the past
- A member of my family has mental illness
- I have a friend who has mental illness
- I don't know anyone who has mental illness
- I know someone who has attempted or died by suicide

The survey also included items that were adapted from psychological distress scales including the Sheehan Disability Scale¹². Adapted from the Sheehan Disability Scale, the survey asked respondents if their emotions had affected certain types of situations in the past month.

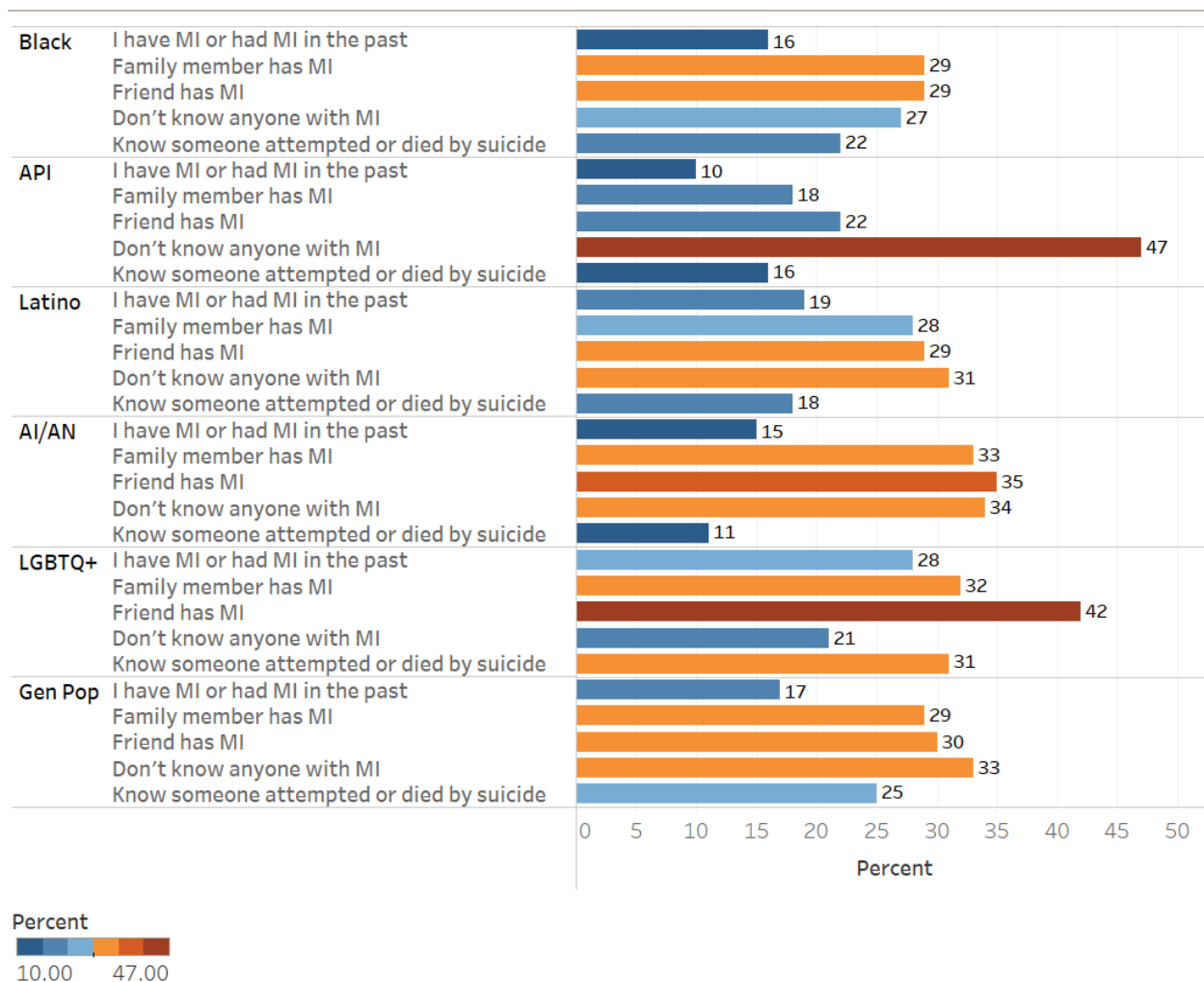
Survey Items:

In the past 30 days did your emotions interfere with your...

- Performance at work?
- Household chores?
- Social life?
- Relationship with friends and family?

¹² Sheehan KH; Sheehan DV. Assessing treatment effects in clinical trials with the discan metric of the Sheehan Disability Scale. *International Clinical Psychopharmacology* 2008;23(2):70-83. DOI: <http://dx.doi.org/10.1097/YIC.0b013e3282f2b4d6>

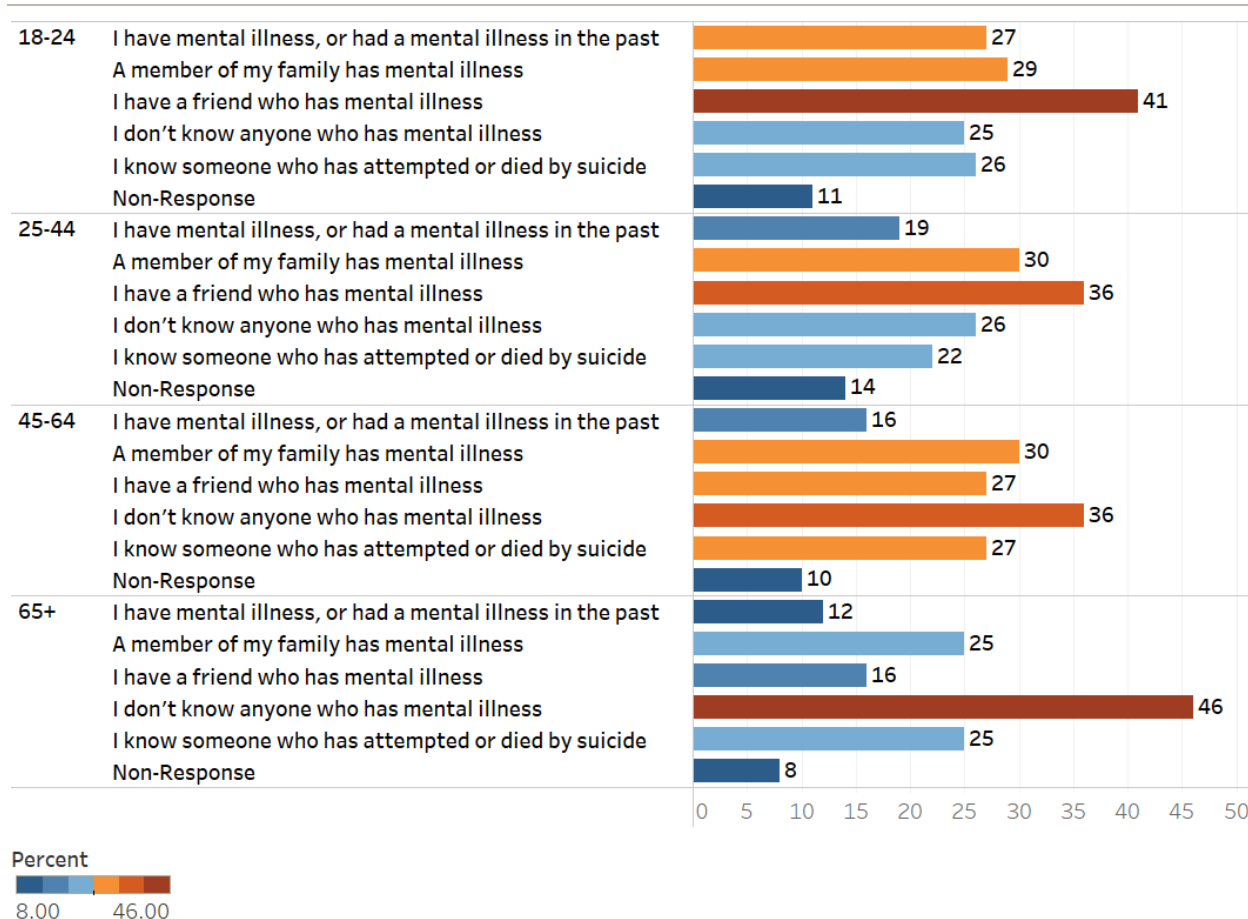
Exhibit D1. Personal Experience with Mental Illness and Contact with Others Experiencing Mental Illness or Suicide by CRDP Priority Population and the General Population



MI = Mental Illness

Nearly half (47%) of the API population report not knowing anyone with mental illness. The API population also has the lowest percentage of individuals (10%) indicating they have mental illness or have in the past compared to more than a quarter (28%) of the LGBTQ+ population, 15% of the AI/AN population, 16% of African Americans, 19% of Latinos, and 17% among Californians in general. Forty-two percent of the LGBTQ+ population have a friend with mental illness, and nearly a third (32%) have a family member. More of the LGBTQ+ population (31%) also know someone who has either attempted or died by suicide compared to 25% of Californians in general, 11% of the AI/AN population and 22% of African Americans.

Exhibit D2. Personal Experience with Mental Illness and Contact with Others Experiencing Mental Illness or Suicide by Age



Transitional age youth (ages 18-24) report having a mental illness or having one in the past more frequently than any other age group. More than a quarter (27%) of youth ages 18-24 report experience with mental illness compared to 19% of Californians ages 25-44, 16% of those ages 45-64 and 12% of those 65 and older. Transitional age youth also report having a friend who has a mental illness more often than other age groups. Respondents over 65 years of age report not knowing anyone with a mental illness (46%) more frequently than other age groups.

Exhibit D3. Personal Emotional Stress in the Past 30 Days by CRDP Priority Population and the General Population

		Non-Respon..	Not Sure	Not at all	Some	A lot
Black	Performance at Work	7	9	49	19	16
	Household Chores	6	5	46	25	17
	Social Life	7	6	46	25	16
	Relationships	5	5	45	28	17
API	Performance at Work	6	3	51	30	11
	Household Chores	4	2	50	33	11
	Social Life	4	3	51	30	12
	Relationships	4	3	49	31	13
Latino	Performance at Work	6	4	51	23	16
	Household Chores	4	3	50	25	18
	Social Life	4	5	45	28	19
	Relationships	4	3	45	28	20
AI/AN	Performance at Work	15	4	21	31	30
	Household Chores	11	3	29	35	22
	Social Life	12	4	24	32	29
	Relationships	12	4	23	32	30
LGBTQ+	Performance at Work	15	6	33	28	19
	Household Chores	11	3	35	27	24
	Social Life	11	6	31	28	24
	Relationships	11	4	30	31	24
Gen Pop	Performance at Work	7	3	54	24	12
	Household Chores	4	2	53	27	14
	Social Life	5	3	50	27	15
	Relationships	4	3	51	28	15

Percent



The AI/AN population, LGBTQ+ and Latino populations report that their emotions affect aspects of their life a lot more often than other CRDP priority populations and Californians in general. Nearly a third (30%) of the AI/AN population report that their emotions affect their performance at work and their relationships with friends and family a lot. Almost a quarter (24%) of the LGBTQ+ population report their emotions affect their household chores, social life and relationships with family and friends a lot. Nearly half of the Latino population (47-48%) report that their emotions affect their social life and relationships either some or a lot.

Perceived Effect of Social Determinants on Mental Health

The survey included several lists of social and environmental factors that might influence people's mental health in a positive or negative way.

Survey Items:

Here is a list of some of the things that may affect people's mental health in either a positive or negative way. Please rate each on a scale of 1 to 5 where 1 means it has no effect on mental health and 5 means it has a very strong effect:

- Quality of food available in the community
- Access to healthcare
- Education
- Access to mental health services
- Having a job
- Income
- Having health insurance
- Access to traditional helping professions such as culturally-based healer, religious/spiritual leader or adviser
- Access to culturally diverse mental health care workers (mental health care workers may be psychologist, psychiatrists, social workers, counselors, or therapists)
- Discrimination based on race or ethnicity
- Discrimination based on immigration status
- Discrimination based on sexual orientation or gender identity
- Air and water quality
- Climate change
- Access to affordable housing
- Connections to cultural traditions
- Community safety/exposure to violence
- Community/neighborhood connections

The findings are presented by CRDP priority population and Californians in general.

Exhibit D4. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Education and Economic Factors

		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Education	5	7	19	19	44
	Income	4	5	15	18	54
	Having a Job	7	3	16	23	47
API	Education	6	5	16	28	43
	Income	2	3	12	26	54
	Having a Job	4	4	12	27	52
Latino	Education	6	6	20	23	42
	Income	5	6	16	21	50
	Having a Job	5	6	16	25	45
AI/AN	Education	4	9	20	33	24
	Income	4	9	18	20	38
	Having a Job	3	10	24	21	32
LGBTQ+	Education	8	7	20	30	30
	Income	5	7	16	23	39
	Having a Job	6	5	16	24	39
Gen Pop	Education	7	5	18	28	39
	Income	4	5	14	25	50
	Having a Job	5	4	14	26	47

Percent

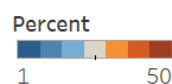


2 54

The vast majority of Californians and the priority populations perceive strong causal roles for educational attainment, having a job and income on mental health. Half of Californians perceive income as having a very strong effect on mental health. However, less emphasis is placed on the role of education in mental health compared to income and having a job. Specifically, 24% of the AI/AN and 30% of the LGBTQ+ populations rate education as having a very strong effect on mental health compared to 32-39% rating income and having a job as having a very strong effect.

Exhibit D5. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Access to Healthcare and Mental Health Services

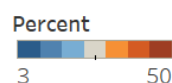
		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Having Health Insurance	6	5	15	21	48
	Access to Healthcare	7	6	16	18	49
	Access to Mental Health Services	8	6	16	17	49
API	Having Health Insurance	3	4	12	31	47
	Access to Healthcare	6	5	16	29	42
	Access to Mental Health Services	7	4	18	29	39
Latino	Having Health Insurance	6	7	17	25	44
	Access to Healthcare	6	7	20	23	42
	Access to Mental Health Services	6	7	18	23	44
AI/AN	Having Health Insurance	1	12	21	22	33
	Access to Healthcare	5	11	19	34	24
	Access to Mental Health Services	2	12	25	28	25
LGBTQ+	Having Health Insurance	4	6	14	23	42
	Access to Healthcare	8	12	16	21	39
	Access to Mental Health Services	7	7	16	24	40
Gen Pop	Having Health Insurance	4	5	15	26	46
	Access to Healthcare	6	6	16	25	44
	Access to Mental Health Services	6	6	17	24	45



Californians also perceive a very strong effect of having access to health insurance, health care and mental health services have on mental health. More African Americans rate access to healthcare, health insurance and mental health services as having a very strong effect compared to other CRDP priority populations. This is particularly evident with the AI/AN population in which a third or fewer (33-24%) rate these factors as having a very strong effect compared to nearly a half (48-49%) of African Americans. More of the API population perceive a strong or very strong effect than any other CRDP population.

Exhibit D6. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Discrimination

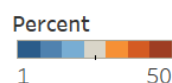
		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Discrimination- Race Ethnicity	7	7	13	22	46
	Discrimination- Sex Orientation or Gender Id	8	5	21	19	39
	Discrimination- Immigration Status	8	6	16	24	41
API	Discrimination- Race Ethnicity	4	5	15	29	44
	Discrimination- Sex Orientation or Gender Id	8	5	17	28	39
	Discrimination- Immigration Status	5	6	18	28	39
Latino	Discrimination- Race Ethnicity	8	8	18	22	42
	Discrimination- Sex Orientation or Gender Id	12	7	18	22	38
	Discrimination- Immigration Status	10	8	16	23	41
AI/AN	Discrimination- Race Ethnicity	3	9	27	29	21
	Discrimination- Sex Orientation or Gender Id	9	5	24	30	20
	Discrimination- Immigration Status	4	8	23	27	27
LGBTQ+	Discrimination- Race Ethnicity	6	9	13	21	41
	Discrimination- Sex Orientation or Gender Id	6	5	15	19	45
	Discrimination- Immigration Status	8	8	11	23	40
Gen Pop	Discrimination- Race Ethnicity	7	7	16	24	43
	Discrimination- Sex Orientation or Gender Id	9	6	17	23	40
	Discrimination- Immigration Status	8	7	16	25	39



As with several other social determinants that can influence mental health, the AI/AN population perceive less of an effect of discrimination on mental health. More African Americans (46%) rate discrimination based on race-ethnicity as having a very strong effect on mental health, however, a similar proportion (44%) of the API population also perceive a very strong effect of discrimination based on race-ethnicity as having an effect. Latino and LGBTQ+ perceive about the same amount as Californians generally (41-43%). More LGBTQ+ (45%) rate discrimination based on sexual orientation or gender identity as having a very strong effect.

Exhibit D7. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Culturally Specific Factors

		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Access to Culturally Diverse MHW	6	4	24	28	31
	Access to Traditional Helpers	7	6	28	25	29
	Connection to Cultural Traditions	6	11	25	29	26
API	Access to Culturally Diverse MHW	8	5	26	29	28
	Access to Traditional Helpers	8	9	26	27	29
	Connection to Cultural Traditions	5	7	31	31	23
Latino	Access to Culturally Diverse MHW	8	10	26	25	29
	Access to Traditional Helpers	9	14	28	25	22
	Connection to Cultural Traditions	9	10	28	25	26
AI/AN	Access to Culturally Diverse MHW	3	15	26	29	15
	Access to Traditional Helpers	1	8	32	30	18
	Connection to Cultural Traditions	3	14	23	33	14
LGBTQ+	Access to Culturally Diverse MHW	7	7	22	24	28
	Access to Traditional Helpers	8	13	24	26	19
	Connection to Cultural Traditions	6	10	24	27	23
Gen Pop	Access to Culturally Diverse MHW	9	9	26	26	27
	Access to Traditional Helpers	9	12	28	26	23
	Connection to Cultural Traditions	8	10	29	26	23



MHW= Mental Health Worker

Overall, Californians and the CRDP priority populations perceive culturally specific factors as having less of an effect on mental health compared to other factors such as discrimination or access to health care. African Americans perceive slightly more influence of access to traditional helping professionals such as a culturally based healer, religious/spiritual leader or advisor (31% compared to 27% of Californians in general and 15% of the AI/AN population). Less of the AI/AN population perceive a very strong effect of access to culturally diverse mental health workers, access to traditional helpers or connections to cultural traditions (18% among AI/AN, 23% among Californians and 28% of African Americans and Latinos)

Exhibit D8. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Community Factors

		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Access to Affordable Housing	4	4	15	23	50
	Community Relationships	8	5	22	28	33
	Community Safety/Exposure to Violence	11	7	21	26	27
	Quality of Food in Community	10	7	20	25	33
API	Access to Affordable Housing	4	4	17	34	38
	Community Relationships	5	7	26	35	24
	Community Safety/Exposure to Violence	12	9	28	23	23
	Quality of Food in Community	13	6	24	30	25
Latino	Access to Affordable Housing	7	7	16	22	46
	Community Relationships	9	7	29	27	26
	Community Safety/Exposure to Violence	15	9	23	21	27
	Quality of Food in Community	14	6	22	27	30
AI/AN	Access to Affordable Housing	1	8	17	31	31
	Community Relationships	5	10	22	29	22
	Community Safety/Exposure to Violence	8	16	24	19	21
	Quality of Food in Community	5	15	26	31	16
LGBTQ+	Access to Affordable Housing	5	6	13	26	40
	Community Relationships	6	8	24	29	22
	Community Safety/Exposure to Violence	6	6	17	24	36
	Quality of Food in Community	10	11	24	25	24
Gen Pop	Access to Affordable Housing	6	6	16	28	41
	Community Relationships	7	7	27	30	26
	Community Safety/Exposure to Violence	13	8	23	23	26
	Quality of Food in Community	12	7	24	28	28

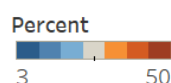
Percent



Some community factors are rated as having less of an effect on mental health compared to other social or environmental factors. However, half of the African American population and 46% percent of the Latino population perceive a very strong effect of access to affordable housing on mental health. For these two populations, affordable housing is rated similarly to having health care or having a job. Forty-one percent of Californians in general, 40% of LGBTQ+, 38% of the API population and 30% of the AI/AN population perceive a very strong effect of housing on mental health. More than a third (36%) of the LGBTQ+ population rate community safety or exposure to violence as having a very strong effect on mental health compared to about a quarter (26%) of Californians in general and 27% of African Americans and Latinos.

Exhibit D9. Perceived Effect of Social Determinants on Mental Health by CRDP Priority Population and the General Population: Environmental Factors

		1- No Effect	2- Little Effect	3- Medium Effect	4- Strong Effect	5- Very Strong Effect
Black	Air or Water Quality	7	8	25	23	33
	Climate Change	7	13	27	21	28
API	Air or Water Quality	5	7	26	28	32
	Climate Change	7	11	25	28	26
Latino	Air or Water Quality	8	11	23	26	31
	Climate Change	11	11	25	24	27
AI/AN	Air or Water Quality	3	8	29	30	18
	Climate Change	11	9	21	28	18
LGBTQ+	Air or Water Quality	5	11	22	26	25
	Climate Change	7	13	24	23	23
Gen Pop	Air or Water Quality	6	10	23	27	31
	Climate Change	10	12	26	24	24



The influence of climate change and air or water quality on mental health are rated similarly to culturally-specific factors and some community factors. Nearly a third (31%) of Californians perceive a very strong effect of air or water quality on mental health which is similar to how African Americans (33%), the API population (32%) and Latinos (31%) rate these factors. Climate change is not far behind the perceived influence of air and water quality on mental health with about a quarter (24-28%) of Californians and CRDP priority populations perceiving a very strong effect on mental health. However, the AI/AN population rate these factors as having less of an effect than other CRDP priority populations.

Other Social and Root Causes of Mental Illness

Not shown graphically, the survey also sought to capture agreement or disagreement with certain statements to capture perceptions of other root causes or factors that can influence mental health including adverse childhood experiences (ACEs).

Survey Items:

Please indicate how much you agree or disagree with each statement:

- People who experience trauma in childhood, such as abuse, loss of a loved one or exposure to violence are more likely to have mental illness
- People who experience stress by living with low-income have a greater chance of having mental illness

The vast majority of Californians (70%) either agree or strongly agree that ACEs affect the likelihood of having mental illness.

More than half of Californians (52%) either agree or strongly agree that people who experience stress by living with low-income have a greater chance of having mental illness. More of the API

population perceive the influence of being low-income on the likelihood of having mental illness with 59% who agree or strongly agree with this statement, compared to 50-54% of other CRDP priority populations.

Attitudes Accepting and Supporting Others with Mental Health Challenges

Also not shown graphically, statements were posed to assess acceptance of others with mental illness and to capture descriptive norms or perceptions that it is normal for people to experience challenges with mental health.

Survey Items:

Please indicate how much you agree or disagree with each statement:

- People are more accepting of others with a mental illness than they used to be
- It is normal for people to experience challenges with mental health, it is not their fault

A little over half of Californians (55%) agree or strongly agree that people are more accepting of others with mental illness than they used to be, which appears to have increased from the 2014 CalMHSA population-level survey at 31%. However, data from the CCMHSS indicates that fewer (48%) of the LGBTQ+ either agree or strongly agree people are more accepting compared to 60% of the API population. Sixty-nine percent of Californians either agree or strongly agree that it is normal for people to experience challenges with mental health and that it is not their fault. Yet, 58% of the AI/AN population share this level of agreement compared to 70% of the API population.

Also, not shown graphically, the survey posed questions about contact with and support of others with mental illness.

Survey Items:

In the last 12 months have you done any of the following?

- Had contact with someone with a mental illness that helped you understand their experience
- Encouraged someone with mental illness to get help from a trusted friend, family member, counselor or health professional
- Encouraged someone with mental illness who needs support to get help from a website, helpline or somewhere else

The LGBTQ+ population report more contact with others who have mental illness, leading to greater understanding of their experience with 45% who report contact compared to 29% of the API population and 36% of Californians in general. The same question was asked in the 2014 CalMHSA survey and comparisons of the data with the CCMHSS indicate a decrease in contact from 50% in the 2014 data to 36% in the CCMHSS.

More LGBTQ+ and AI/AN report providing encouragement of others with mental illness to engage in help-seeking. Forty-eight percent of LGBTQ+ and 51% of AI/AN report encouraging

others to seek help from a trusted friend, family member, counselor or health professional compared to 40% of Californians in general and 35% of the API population. Forty-one percent of LGBTQ+ and AI/AN populations report encouraging others to seek help from a website, help line or somewhere else compared to 34% of Californians in general and 30% of the API population.

Key Takeaways

Personal Experience with Mental Illness and Contact with Others Experiencing Mental Illness

- ▶ The API population has the lowest percentage of individuals (10%) indicating they have mental illness or have in the past compared to more than a quarter (28%) of the LGBTQ+ population, 15% of the AI/AN population, 16% of African Americans, 19% of Latinos, and 17% among Californians in general.
- ▶ The AI/AN population, LGBTQ+ and Latino populations report that their emotions affect aspects of their life a lot more often than other CRDP priority populations and Californians in general.

Perceived Effect of Social Determinants on Mental Health

- ▶ Half of Californians perceive income as having a very strong effect on mental health. However, less emphasis is placed on the role of education in mental health compared to income and having a job.
- ▶ More African Americans and the API population rate access to healthcare, health insurance and mental health services as having a very strong effect compared to other CRDP priority populations.
- ▶ More African Americans (46%) rate discrimination based on race-ethnicity as having a very strong effect on mental health and similar numbers (44%) of the API population rate discrimination as having a very strong effect. More LGBTQ+ (45%) rate discrimination based on sexual orientation or gender identity as having a very strong effect.
- ▶ Half of the African American population and 46% percent of the Latino population perceive a very strong effect of access to affordable housing on mental health. For these two populations, affordable housing is rated similarly to having health care or having a job.
- ▶ African Americans perceive slightly more influence of the access to traditional helping professionals such as a culturally-based healer, religious/spiritual leader or advisor on mental health.
- ▶ Nearly a third (31%) of Californians perceive a very strong effect of air or water quality on mental health.

Other Social and Root Causes of Mental Health Illness

- ▶ The vast majority of Californians (70%) either agree or strongly agree that ACEs affect the likelihood of having mental illness.
- ▶ More of the API population perceive the influence of being low-income on the likelihood of having mental illness with 59% who agree or strongly agree with this statement, compared to 50-54% of other CRDP priority populations.

Attitudes Accepting Others with Mental Health Challenges

- ▶ A little over half of Californians (55%) agree or strongly agree that people are more accepting of others with mental illness than they used to be.
- ▶ Sixty-nine percent of Californians either agree or strongly agree that it is normal for people to experience challenges with mental health, that it is not their fault. Yet, 58% of the AI/AN population share this level of agreement compared to 70% of the API population.

Contact with and Support of Others Experiencing Mental Health Challenges

- ▶ The LGBTQ+ population report more contact with others who have mental illness, leading to greater understanding of their experience with 45% who report contact compared to 29% of the API population and 36% of Californians in general.
- ▶ More LGBTQ+ and AI/AN report providing encouragement of others with mental illness to engage in help-seeking.

E: Attitudes and Beliefs about Mental Health Services and Mental Health Prevention

This section explores differences in attitudes towards seeking mental health services including confidence accessing services in local communities, comfort talking to mental health care workers or using technology such as telehealth, and the kinds of visits preferred. We also explore support for policies to increase access to mental health for all Californians, for youth in community clinics or programs, low-income individuals, and for those needing services in-language. Attitudes toward prevention of mental illness are also covered.

Comfort and Confidence Seeking Mental Health Services

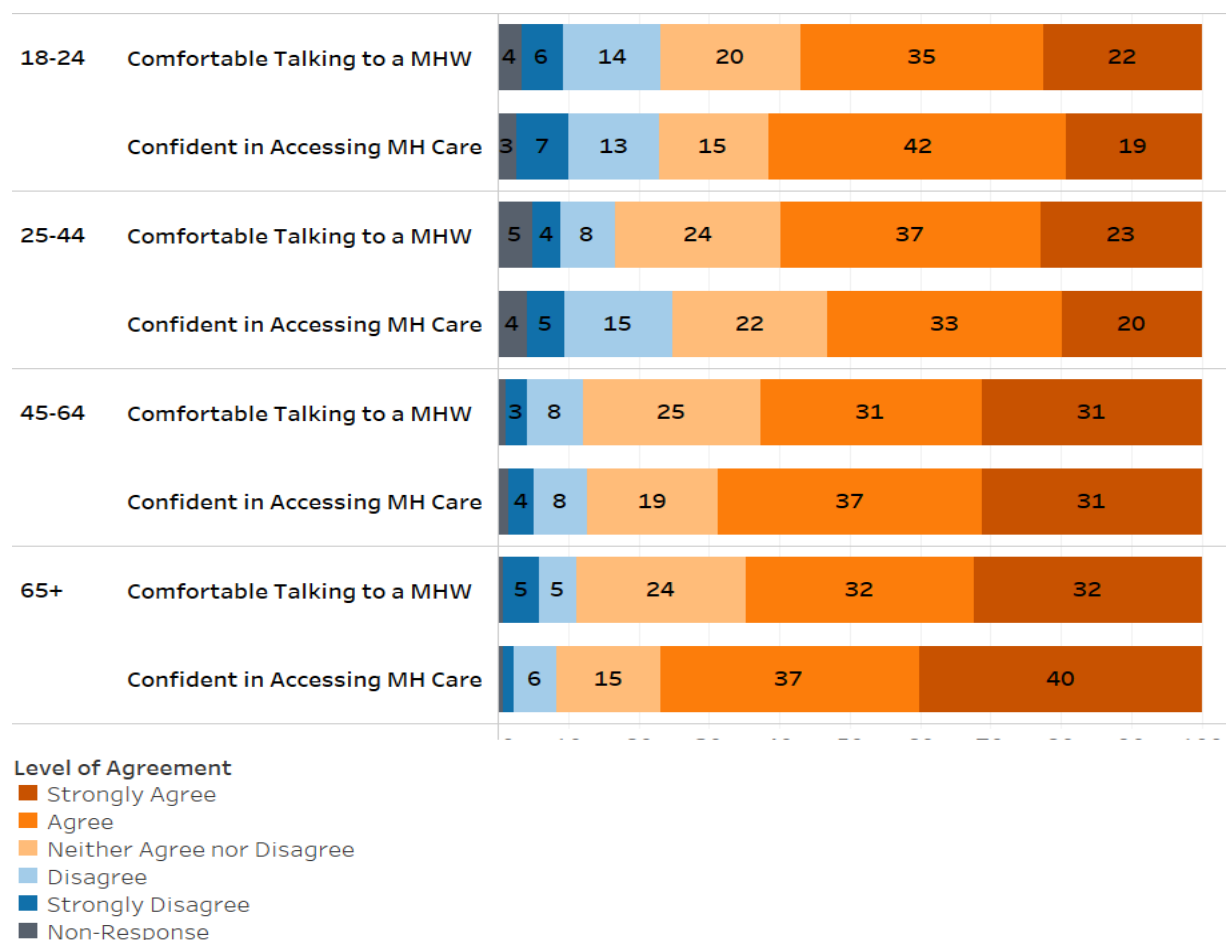
Survey Items:

Here are some statements about mental health services available in your community. Please indicate how much you agree or disagree with the following statements.

- I would feel comfortable talking to a mental health care worker in my community about my mental or emotional health
- I feel confident that I could access mental health care services in my community when I need them

There were not large differences in CRDP populations and Californians generally in comfort and confidence in seeking mental health services. However, some notable differences were present when comparing different age groups. The exhibit below presents those findings.

Exhibit E1. Comfort and Confidence Seeking Mental Health Services by Age



MHW=Mental Health Worker

Comfort talking to a mental health worker and confidence accessing mental health care increase with age. Twenty percent of transitional age youth are not comfortable talking to a mental health worker or disagree they have confidence in accessing mental health care.

Preferences When Seeking Mental Health Services

Respondents were asked to rank the kind of visit they would choose if they needed to talk with a mental health care worker. We examined the differences among the CRDP priority populations and Californians in general to understand different groups' interest level in telehealth or emerging technologies when seeking mental health services.

Survey Items:

If you need to talk with a mental health care worker about your emotional or personal challenges, what kind of visits would you choose? Please rank the following with 1 as your top choice, 2 as your second choice, 3 as your third choice and 4 as your fourth choice.

- In-person office visit
- Talk by phone without video
- Online chat or by texting using a smart phone app (application)
- Video appointment using a computer or smartphone

The findings are presented in by CRDP priority population and Californians in general.

Exhibit E2. Preferences for Visit Types When Seeking Mental Health Services

		Ranking			
		1- Top Choice	2- Second Choice	3- Third Choice	4- Fourth Choice
Black	In-Person Office	61	9	8	10
	Video on Computer or Smartphone	8	23	27	31
	Phone Without Video	15	40	21	13
	Online Chat or Texting With Smartphone App	8	17	31	33
API	In-Person Office	60	8	8	14
	Video on Computer or Smartphone	7	28	28	27
	Phone Without Video	11	37	27	15
	Online Chat or Texting With Smartphone App	14	16	27	33
Latino	In-Person Office	58	11	10	11
	Video on Computer or Smartphone	9	22	23	36
	Phone Without Video	13	38	28	11
	Online Chat or Texting With Smartphone App	11	17	31	31
AI/AN	In-Person Office	52	15	4	12
	Video on Computer or Smartphone	9	12	27	37
	Phone Without Video	13	40	20	11
	Online Chat or Texting With Smartphone App	10	18	32	24
LGBTQ+	In-Person Office	53	13	10	8
	Video on Computer or Smartphone	10	25	22	27
	Phone Without Video	12	29	33	12
	Online Chat or Texting With Smartphone App	8	17	24	35
Gen Pop	In-Person Office	61	10	8	10
	Video on Computer or Smartphone	8	27	25	28
	Phone Without Video	11	37	30	11
	Online Chat or Texting With Smartphone App	10	15	27	38

Percent



In-person visits are preferred among Californians in general and among all the CRDP priority populations. However, the preference among AI/AN and LGBTQ+ populations is not as strong as with African Americans, API or Latino populations. A low of 8% among LGBTQ+ to a high of 14% among API populations indicate that in-person office visits are their last choice.

Californians in general prefer a phone conversation as their second choice and a similar pattern is present among the CRDP priority populations. Video visits or online chat/texting are ranked similarly as the third choice, except for among the Latino population for whom online chat/texting is more frequently selected as their third choice. Almost a third (28%) of Californians rank video visits as their last choice, however, online chat/texting with a smartphone application is more frequently the last choice for Californians (38%) and most CRDP priority populations.

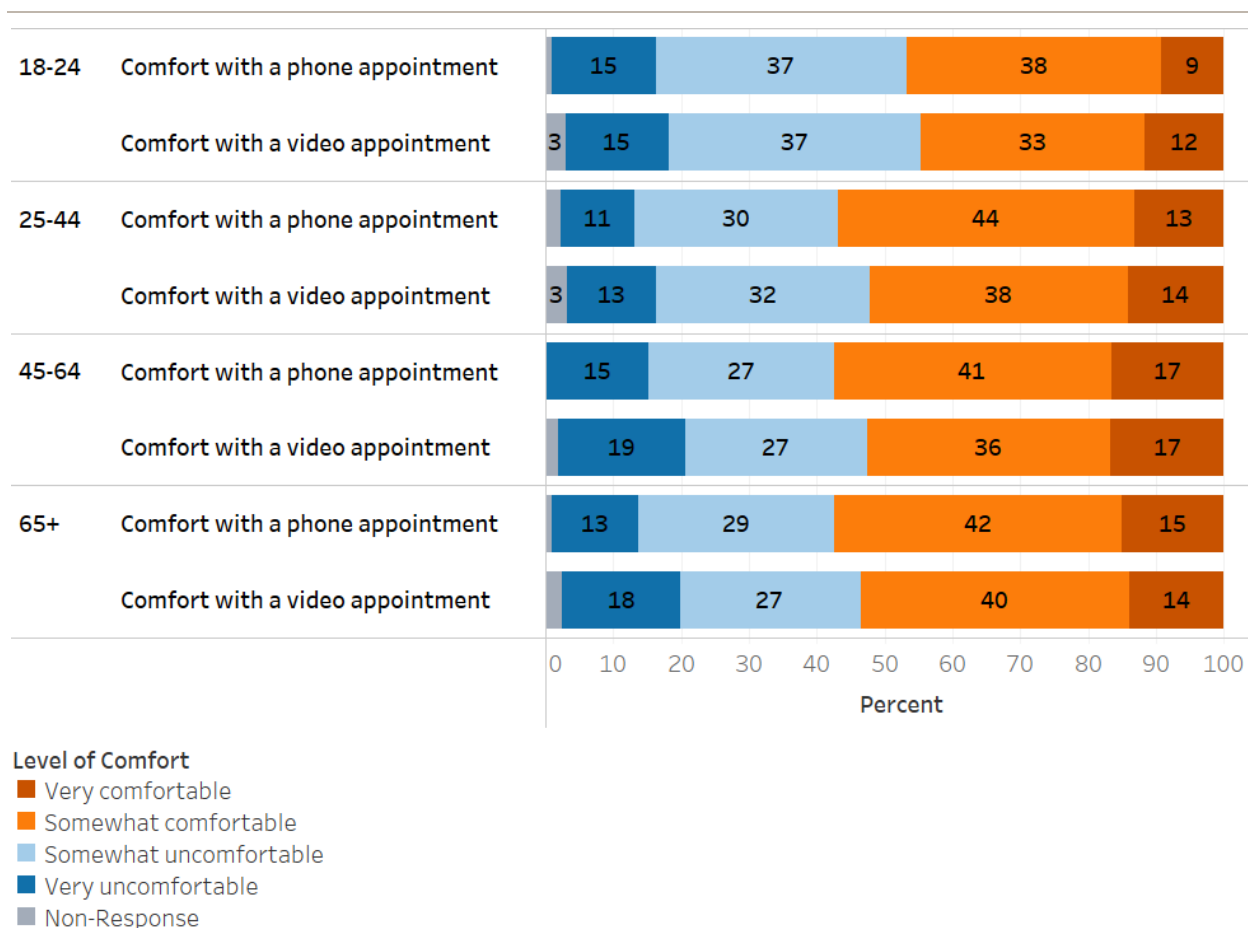
Comfort Using Telehealth

The survey included items about comfort using telehealth when seeking mental health services.

Survey Items:

- How comfortable would you be having a phone appointment (without video) with a mental health worker for non-emergency mental health care?
- How comfortable would you be having a video appointment with a mental health worker for non-emergency mental health care?

Fifty-six percent of Californians indicate they would be either somewhat or very comfortable having a phone appointment with a mental health worker for non-emergency mental health care and 52% indicated they would be somewhat or very comfortable with a video appointment. Differences among CRDP priority populations and Californians generally were found in the level of comfort with a phone or video appointment. Nineteen percent of African Americans indicate they would be very comfortable with a phone appointment, however, 11% of the API population would be very comfortable and only 8% of the AI/AN population compared to 14% of Californians in general. A similar pattern is evident for comfort with video visits with again, 14% of Californians being very comfortable, 17% of African Americans, but 10% of API and AI/AN. Also, 23% of the AI/AN population indicated they would be very uncomfortable with a video appointment compared to 16% of Californians generally. Detailed data on comfort using telehealth can be found in Appendix B.

Exhibit E3. Comfort Accessing Mental Health Services using Phone or Video by Age

Transitional age youth (ages 18-24) indicate less comfort with both phone and video appointments compared to other age groups. Fifty-two percent are either somewhat or very uncomfortable with a phone or video visit compared to other age groups (41-43% for phone appointment and 45-46% for video appointment). This is consistent with the data in Exhibit E1 about comfort talking to a mental health worker about mental or emotional health.

Confidence When Seeking Mental Health Services

The survey asked about self-efficacy using a series of second person statements about confidence when seeking mental health services. The statements included items about how to find information about mental health challenges, deciding whether to get help or when you can handle it on your own, where to go for help with a mental health challenge, and how to prevent mental health challenges in the first place.

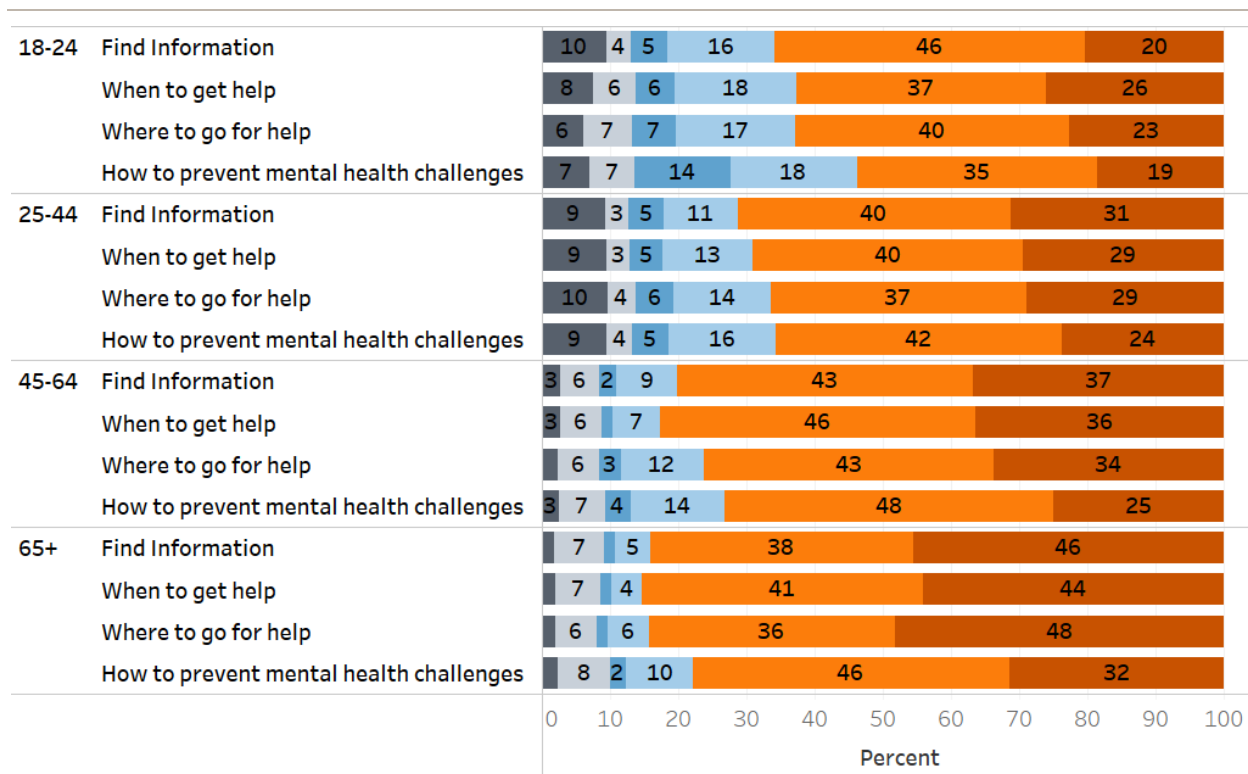
Survey Items:

In general, how confident are you that you know the following?

- How to find information about mental health challenges
- Deciding whether to get help or when you can handle it on your own
- Where to go for help with a mental health challenge
- How to prevent mental health challenges in the first place

About 70% of Californians report being somewhat or very confident in help-seeking or prevention behaviors. The CRDP priority populations generally follow similar patterns of self-efficacy in help seeking as Californians in general, however, the API population consistently indicate somewhat less confidence when seeking help. This group less frequently report being very confident (22% versus 29-39%) and more frequently report being not too confident (18% versus 9-13%) compared to other CRDP priority populations.

Exhibit E4. Self-Efficacy for Help-Seeking and Prevention of Mental Health Challenges by Age



Level of Confidence

- Very confident
- Somewhat confident
- Not too confident
- Not confident at all
- Don't Know
- Non-Response

Confidence for help seeking and prevention of mental health challenges increases with age. Thirty-nine percent of transitional age youth ages 18-24 report they are not too confident, not confident at all or don't know how to prevent mental health challenges. Thirty-one percent lack confidence or don't know where to go for help.

Beliefs about Prevention and Care-Seeking for Mental Health

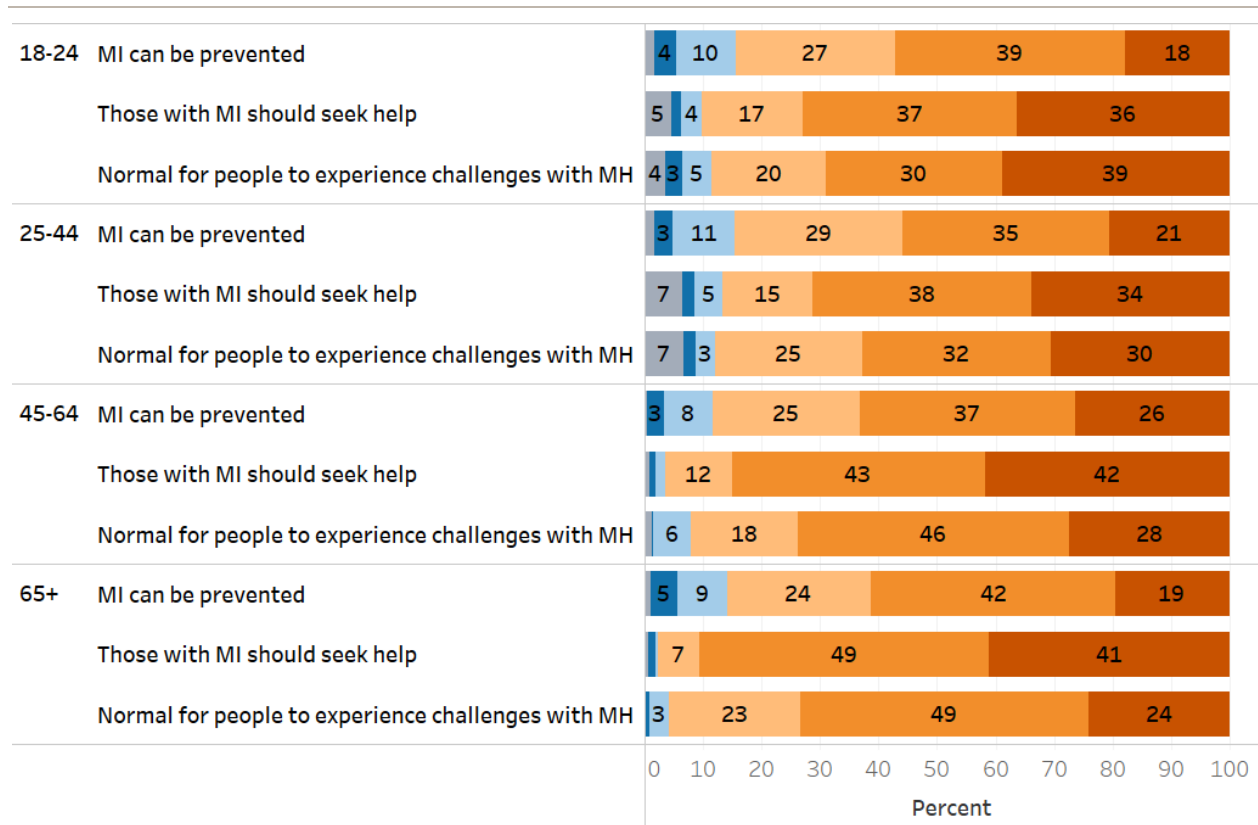
The survey also asked about beliefs related to prevention and the importance of care-seeking.

Survey Items:

Please indicate how much you agree or disagree with the following statement:

- Serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time
- People who experience mental illness should seek help from a trusted friend, family member, counselor or health professional

The API population report stronger agreement with beliefs related to prevention and the importance of care-seeking. Seventy percent of the API population either agree or strongly agree that serious mental illness can be prevented if people get help when first going through an emotional issue or tough time compared to 60% of Californians in general and 51% of the LGBTQ+ population who report the lowest level agreement among the groups. Eighty-three percent of the API population agree or strongly agree that people who experience mental illness should seek help from a trusted friend, family member, counselor or health professional compared to 65% of the AI/AN population who report the lowest level agreement among the groups.

Exhibit E5. Beliefs about Prevention and Care-Seeking by Age**Level of Agreement¹**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- NON-RESPONSE

MI = Mental Illness, MH=Mental Health

Agreement that those with mental illness should seek help and that it is normal to experience challenges with mental health increase with age. However, agreement that mental illness can be prevented is similar across age groups.

Support of Access and Policies for Mental Health Services

The survey included questions that capture differences in support for state-wide efforts to make it easier for all Californians to access mental health and for policies to increase access to mental health services across the state. Also included was a counter point question to understand differences in support for use of tax-payer dollars to pay for mental health care that should be provided through private health insurance.

Survey Items:

Please indicate how much you agree or disagree with each statement.

California should:

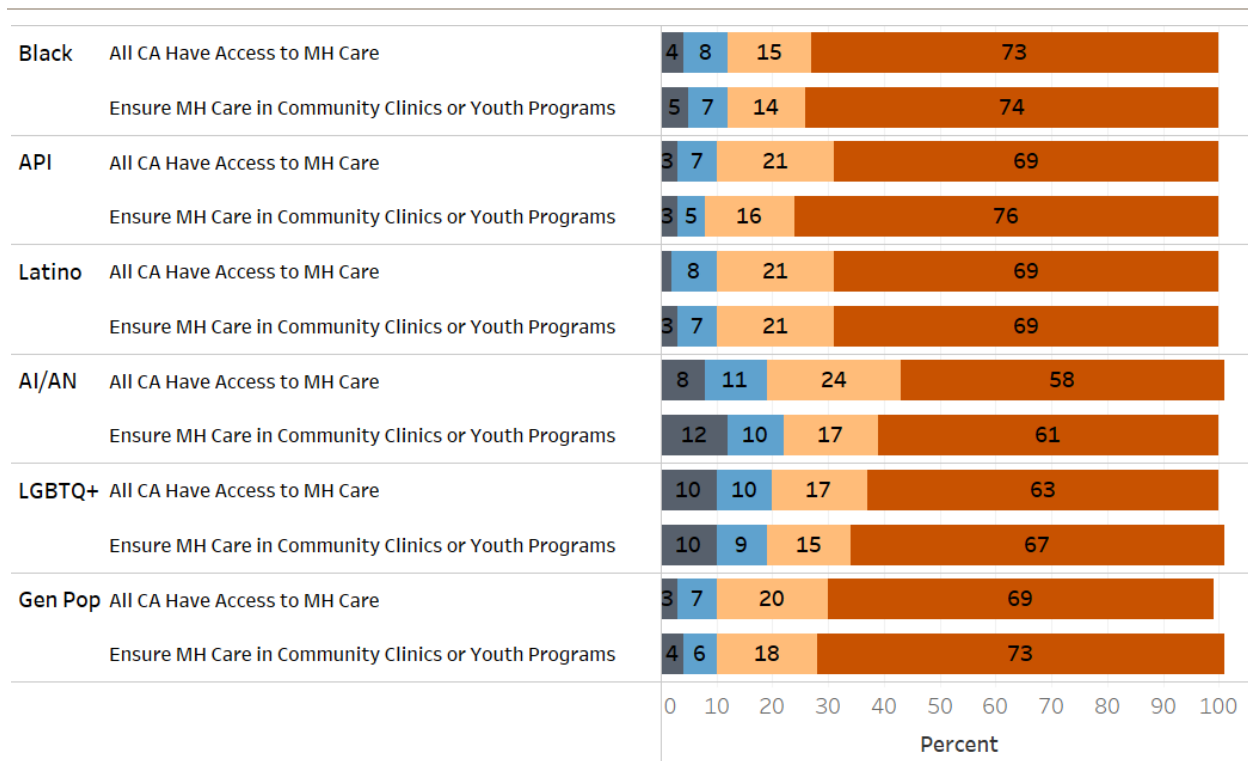
- Take action to make it easier for all Californians to access mental health care
- Stop spending taxpayer dollars for mental health care that should be provided through private health insurance

California should create policies to:

- Make it easier to access mental health care through health insurance plans or Medi-Cal
- Provide greater access to mental health care for low-income communities
- Ensure that mental health care is available through community services or programs, such as community clinics, local organizations or youth development programs
- Require that mental health care services are provided in languages of community residents

Optional description provided: “California” can include many types of groups that might affect policy. These can be the public, such as taxpayers and voters, community groups or non-profit organizations, business leaders or the private-sector, elected officials such as the governor or local mayors, senators or congressmen/women, or government programs.

Exhibit E6. Support for Access to Mental Health Services for All Californians and to Ensure Care through Community Services Including Youth Development Programs



Level of Agreement

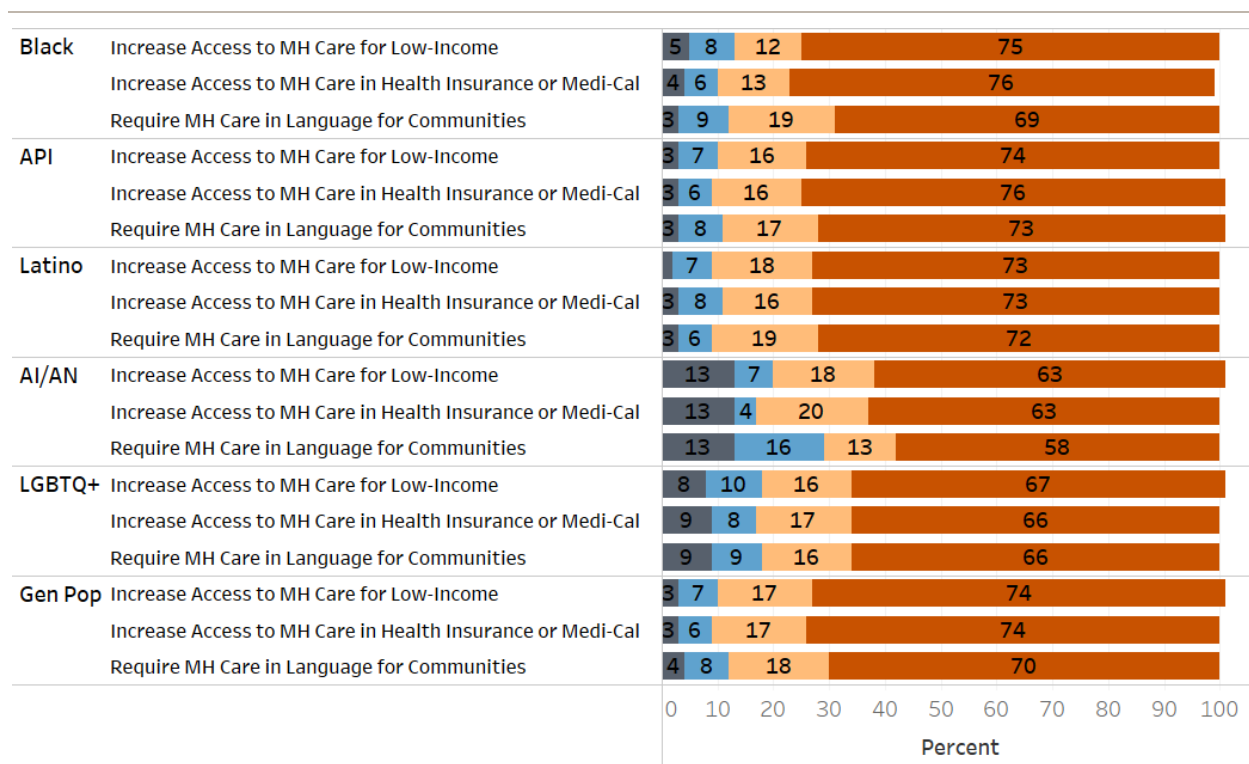
- Agree
- Neither Agree nor Disagree
- Disagree
- Non-Response

MH= Mental Health

Californians in general indicate overwhelming support for state-wide efforts to make it easier for all Californians to access mental health care. However, 20% are neutral and 7% either somewhat or strongly disagree with state-wide efforts to provide access. About a third (35%) of the AI/AN population are neutral or disagree. Similarly, the LGBTQ+ population does not support state-wide efforts for access among all Californians as strongly as other CRDP priority populations. However, more respondents in these two populations chose not to respond to the question compared to other CRDP priority populations.

There is even stronger support for policies to ensure mental health care is available through community clinics or programs, including those specifically related to youth development. The API population report more agreement for community level services overall, however, not shown here, more than half (51%) of the African American population report strong agreement with policies related to community clinics including youth development programs.

Exhibit E7. Support for Policies that Increase Access to Mental Health Services in California

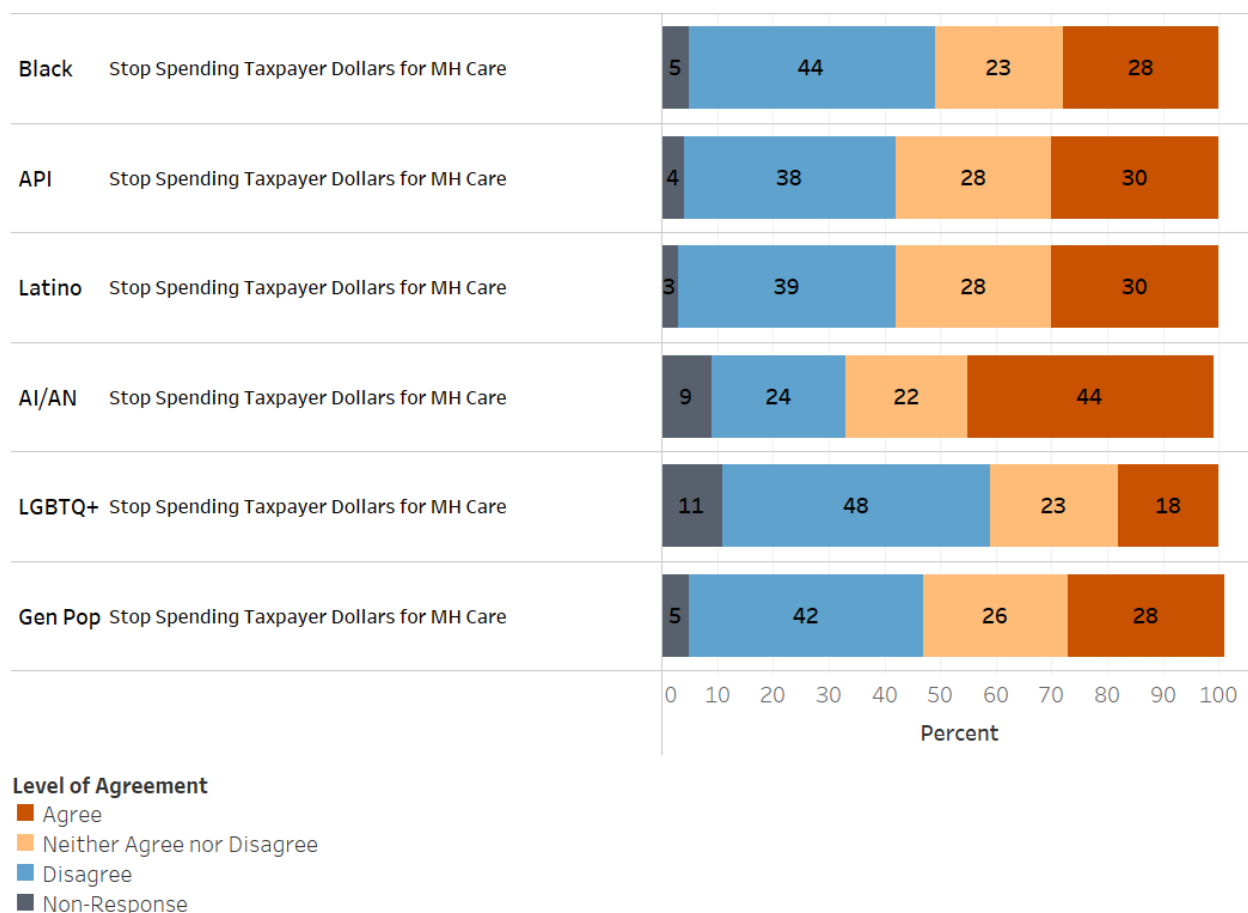


Level of Agreement

- Agree
- Neither Agree nor Disagree
- Disagree
- Non-Response

MH= Mental Health

Again, broad support for policies to increase access to mental health services is evident among Californians in general. Up to 74% of Californians agree that the state should create policies to make it easier to access services through health insurance or Medi-Cal, provide greater access to services for low-income communities, and require in-language services for community residents. However, again, the AI/AN population is somewhat less supportive, but supportive views are still the majority.

Exhibit E8. Support for Access to Mental Health Services Using Taxpayer Dollars

MH= Mental Health

Respondents were asked if California should stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance. Forty-two percent of Californians in general disagree, however, not shown here, nearly a quarter (23%) of those strongly disagree. About a quarter (26%) are neutral (neither agree nor disagree) on this issue which is similar for the CRDP populations. The LGBTQ+ population indicate the strongest disagreement with this view, with 48% who either somewhat or strongly disagree, including 31% who strongly disagree. A quarter of the African American population strongly disagree however, fewer (10%) of the AI/AN population strongly disagree that California should stop using taxpayer dollars to pay for mental health care. More of the AI/AN population agree (44%) about not using taxpayer dollars for mental health than Californians generally and the other CRDP priority populations.

Key Takeaways

Preferences When Seeking Mental Health Services

- ▶ In-person visits are preferred among Californians in general and among all the CRDP priority populations.
- ▶ Californians in general prefer a phone conversation as their second choice and a similar pattern is present among the CRDP priority populations.
- ▶ Video visits or online chat/texting are ranked similarly as the third choice, except for among the Latino population for whom online chat/texting is more frequently selected as their third choice.
- ▶ Almost a third (28%) of Californians rank video visits as their last choice, however, online chat/texting with a smartphone application is more frequently the last choice for Californians (38%) and most CRDP priority populations.

Comfort Using Telehealth and Confidence When Seeking Mental Health Services

- ▶ Fifty-six percent of Californians indicate they would be somewhat or very comfortable having a phone appointment with a mental health worker for non-emergency mental health care. A similar pattern is evident for comfort with video visits.
- ▶ About 70% of Californians report being somewhat or very confident in help-seeking or prevention behaviors.

Beliefs about Prevention and Care-Seeking for Mental Health

- ▶ Seventy percent of the API population either agree or strongly agree that serious mental illness can be prevented if people get help when first going through an emotional issue or tough time compared to 60% of Californians in general and 51% of the LGBTQ+ population.

Support of Access and Policies for Mental Health Services

- ▶ Californians in general indicate overwhelming support for state-wide efforts to make it easier for all Californians to access mental health care.
- ▶ The API population report more agreement for community level services overall, however, more than half (51%) of the African American population report strong agreement with policies related to community clinics including youth development programs.

- ▶ Up to 74% of Californians agree that the state should create policies to make it easier to access services through health insurance or Medi-Cal, provide greater access to services for low-income communities, and require in-language services for community residents.
- ▶ When asked if California should stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance, 42% percent of Californians in general disagree, however, nearly a quarter (23%) of those strongly disagree. About a quarter (26%) are neutral on the issue which is similar for the CRDP populations.

F: Perceived Support from Others, Information-Seeking and Help-Seeking

This section covers findings related to perceptions of social support when facing challenging times emotionally and the sources of help different populations are likely to turn to when in need, or those they have turned to in the past. Also included are findings about the social reasons (concern about what others might think) or systemic reasons (not having health insurance, anticipated stigma or discrimination, cost, or logistics) for not seeking help either through social sources such as family or friends, or through systemic sources such as a medical doctor or mental health worker including a psychiatrist or psychologist. Finally, recent use of technology for mental health care and the perceived quality of those services are covered.

Perceived Support from Others

The survey included questions asking about others that can be relied on when going through mental health challenges. If a respondent indicated on other previous survey questions that they did not have a partner, they did not receive the partner option. Respondents were given the option to disclose that did not have a partner at this time or their parent or other family members were not living or part of their lives.

Survey Items:

In general, how much do you feel that you can rely on the following people for support when you are having difficulties or going through a tough time emotionally?

- Partner (husband, wife, boyfriend, girlfriend)
- Your parent/parents (someone who raised you)
- Other family members (sisters/brothers, grandparents, aunts/uncles, cousins)
- Friends
- Neighbors/Community

Findings are presented by CRDP priority population below.

Exhibit F1. Perceived Support from Others by CRDP Priority Population and the General Population

		Not at all	Not much	A little/somewhat	Very much
Black	Partner	5	13	24	55
	Friends	5	15	40	35
	Parents	9	9	23	30
	Other Family Members	7	14	38	34
	Neighbors/Community	30	28	25	12
API	Partner	3	6	22	66
	Friends	6	13	43	35
	Parents	9	12	20	35
	Other Family Members	8	15	38	34
	Neighbors/Community	30	35	29	4
Latino	Partner	4	11	26	59
	Friends	11	13	39	34
	Parents	10	10	27	36
	Other Family Members	11	17	33	34
	Neighbors/Community	42	25	20	8
AI/AN	Partner	2	12	32	52
	Friends	11	22	28	33
	Parents	10	7	17	51
	Other Family Members	4	18	24	49
	Neighbors/Community	24	26	31	12
LGBTQ+	Partner	2	16	32	48
	Friends	7	15	32	36
	Parents	11	13	25	26
	Other Family Members	11	21	31	24
	Neighbors/Community	29	32	22	6
Gen Pop	Partner	3	7	24	65
	Friends	7	13	38	38
	Parents	9	9	22	33
	Other Family Members	9	16	33	35
	Neighbors/Community	33	30	24	7

Level of Support




About two thirds (65%) of Californians in general rely very much on a partner when going through a tough time emotionally. The only CRDP priority population that reports similar numbers is the API population (66%). All of the other CRDP priority populations have fewer numbers who rely on a partner, with just under half (48%) of the LGBTQ+ population who report relying on a partner and the rest between 52% and 59%. About a third of the CRDP priority populations and Californians in general rely on a friend (33-36%).

The AI/AN population report they rely very much on a parent or family member more than other groups (51% and 49% compared to about a third among other groups). Conversely, about a quarter (26%) of the LGBTQ+ population rely on a parent or other family members (24%) when going through a tough time. Somewhat similar numbers across the CRDP populations rely on their community or neighbors, however, more (42%) of the Latino population report they do not rely on this source when going through a tough time compared to other groups and California in general reporting between 24% and 33%.

The data on perceived support by others was also explored by age.

Exhibit F2. Perceived Support from Others by Age

		My parents are not in my life or are dead	Not at all	Not much	A little/somewhat	Very much
18-24	Partner		6	12	29	51
	Friends		7	13	32	42
	Parents	1	9	12	34	40
	Other Family Members		7	15	35	35
	Neighbors/Community		42	26	21	6
25-44	Partner		2	11	26	59
	Friends		7	16	37	33
	Parents	3	8	12	29	45
	Other Family Members		8	18	37	30
	Neighbors/Community		30	32	25	6
45-64	Partner		3	4	21	71
	Friends		6	12	40	40
	Parents	29	10	7	20	32
	Other Family Members		9	14	32	36
	Neighbors/Community		34	33	24	6
65+	Partner		3	4	21	73
	Friends		9	8	40	42
	Parents	70	10	3	6	8
	Other Family Members		10	11	26	41
	Neighbors/Community		33	27	26	10

Level of Support

 1 73

About half of transitional age youth (ages 18-24) rely on a partner very much when going through a tough time, however this is considerably less than other age groups among who up to 73% report relying on a partner. Transitional age youth rely more on their friends for support than Californians ages 25-44 (42% compared to 33%) but are similar to other age groups in this regard. They also rely somewhat less on their parents than Californians ages 25-44 (40% compared to 45%). Different age groups rely on other family members similarly and older groups rely on their neighbors and community more than transitional age youth.

Likelihood of Help-Seeking for Mental Health Support

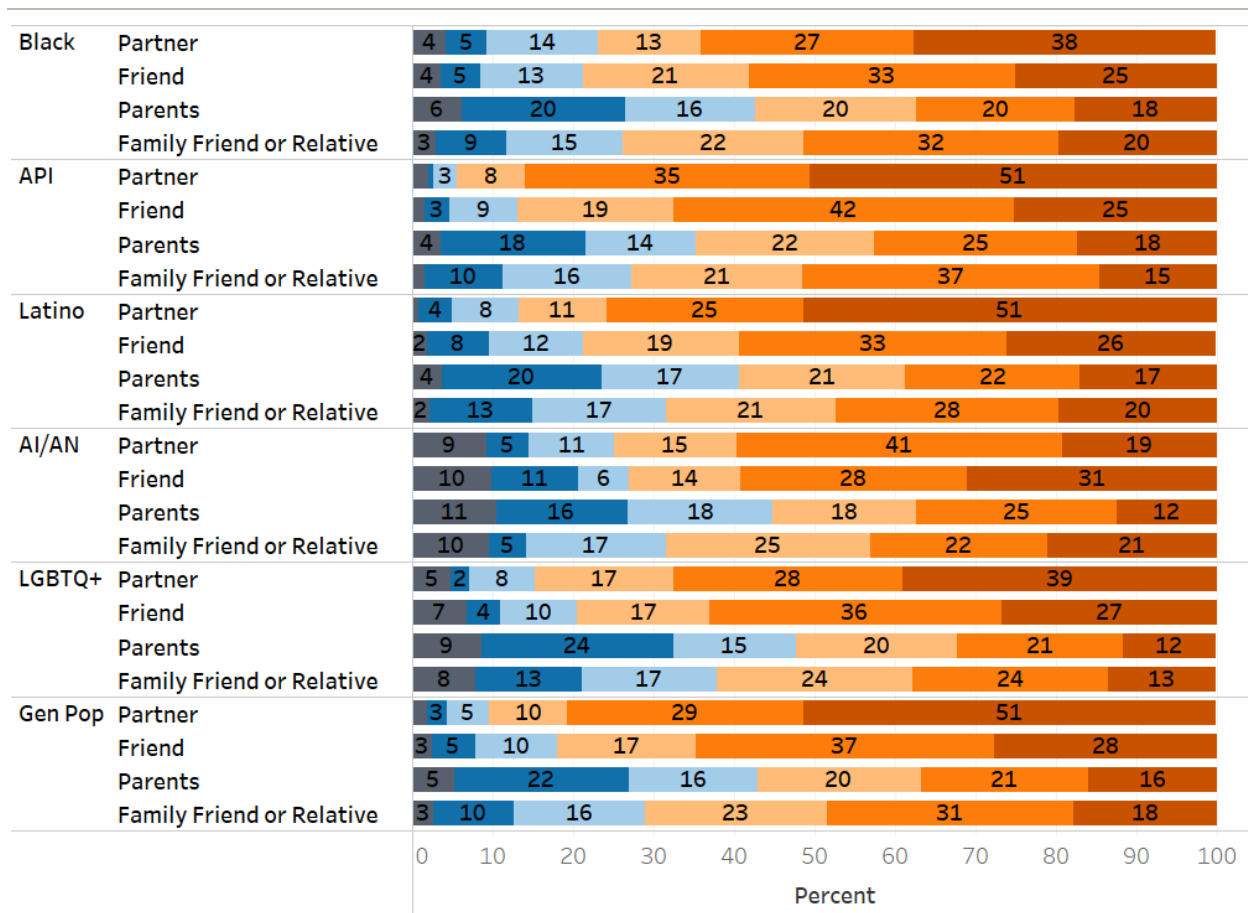
A variety of different types of sources were presented as options for who respondents would likely turn to when going through a tough time. Usual social and professional sources were included, but other non-traditional sources were also added to the lists to understand how populations differ on their preferences for help-seeking.

Survey Items:

When going through a tough time, how likely would you be to:

- Talk to a partner about it
- Talk to a friend about it
- Talk to your parents about it
- Talk to a family friend or relative about it
- Talk to a medical doctor or other health care worker about it
- Talk to a psychologist, psychiatrist, social worker, or counselor about it
- Talk to a spiritual leader about it, like a pastor, priest, rabbi, or imam
- Talk to a traditional healer such as a ceremonial leader or traditional medicine man or woman
- Talk to a community helping professional such as a health worker, promotor/promotora, or case manager
- Talk to a school (or college) counselor or teacher about it
- Talk to someone else who has experienced similar challenges, such as a peer counselor
- Join a support group to talk with others experiencing similar challenges
- Call a hotline
- Talk to a mental health worker or trained helper via video telehealth or virtual appointment such as Zoom, Google Hangouts/Meet or Apple Facetime
- Talk to a trained listener using online chat or through a smartphone app (application)
- Talk to a mental health worker or trained helper by phone without video
- Do nothing

Findings are presented by CRDP priority population and the general population below. For review by the CRDP populations and by age, different sources for help have been grouped together visually.

Exhibit F3. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Partner, Friends and Family

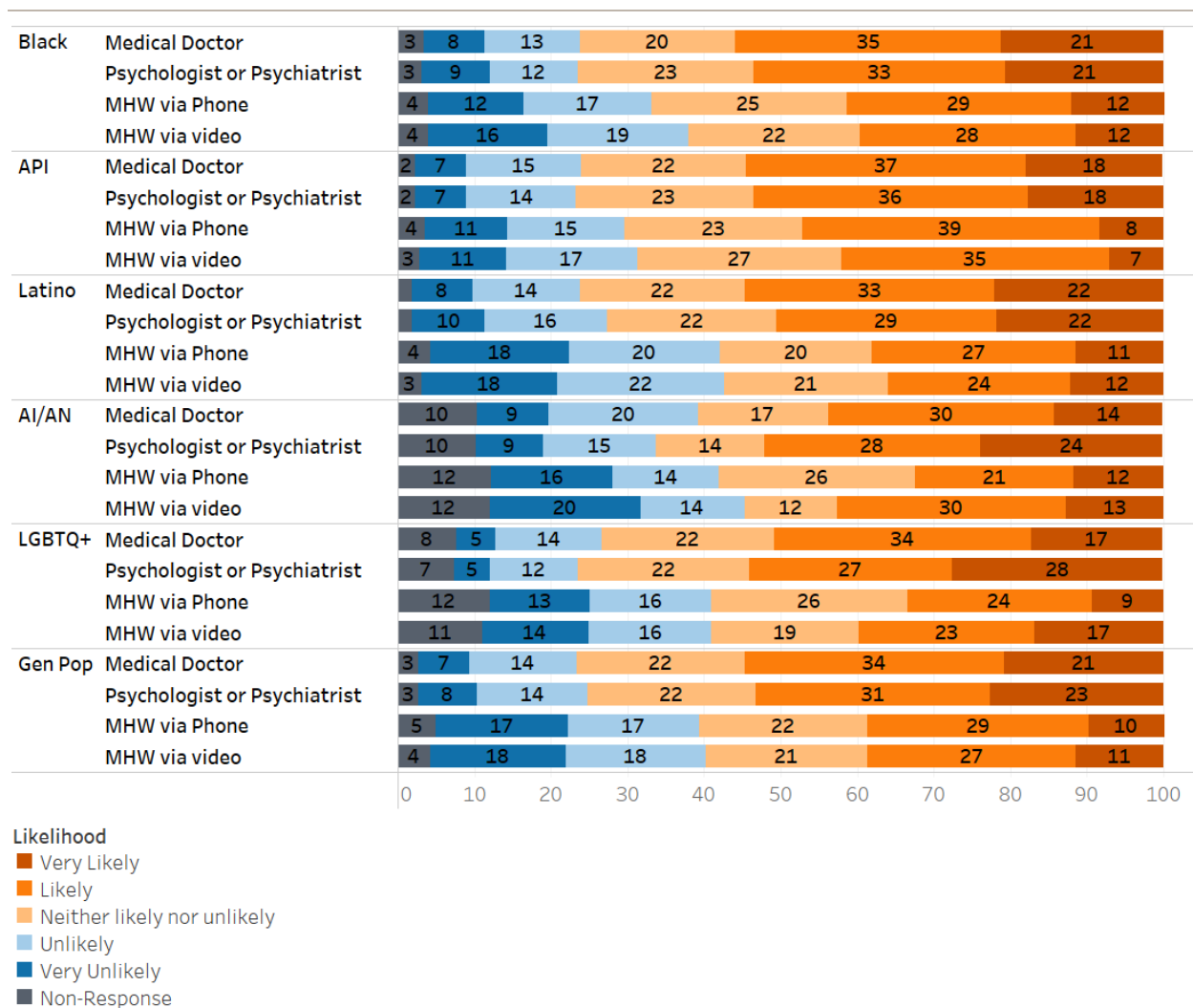
Likelihood

- Very Likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

Eighty-one percent of Californians in general report they are likely or very likely to talk to a partner when going through a tough time. Similar numbers of the API population and Latinos report being likely or very likely to seek help from a partner. However, fewer LGBTQ+ (68%), African Americans (64%), and even fewer AI/AN (60%) report this group as who they are likely or very likely to turn to for help. AI/AN report more often being very likely to talk to a friend (31%) than a partner (19%). The API population report more than other CRDP priority populations being likely or very likely to talk to a friend (68%) compared to 58-63%. African Americans and the API population report being more likely or very likely to turn to a family friend or relative for help compared to other CRDP priority populations and Californians in general (51-52% compared to 38% among LGBTQ+ and 47% of Latinos). Similar numbers of

the CRDP priority populations report turning to their parents when going through a tough time which is lower compared to a family friend or relative.

Exhibit F4. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Medical Doctor and Mental Health Professionals

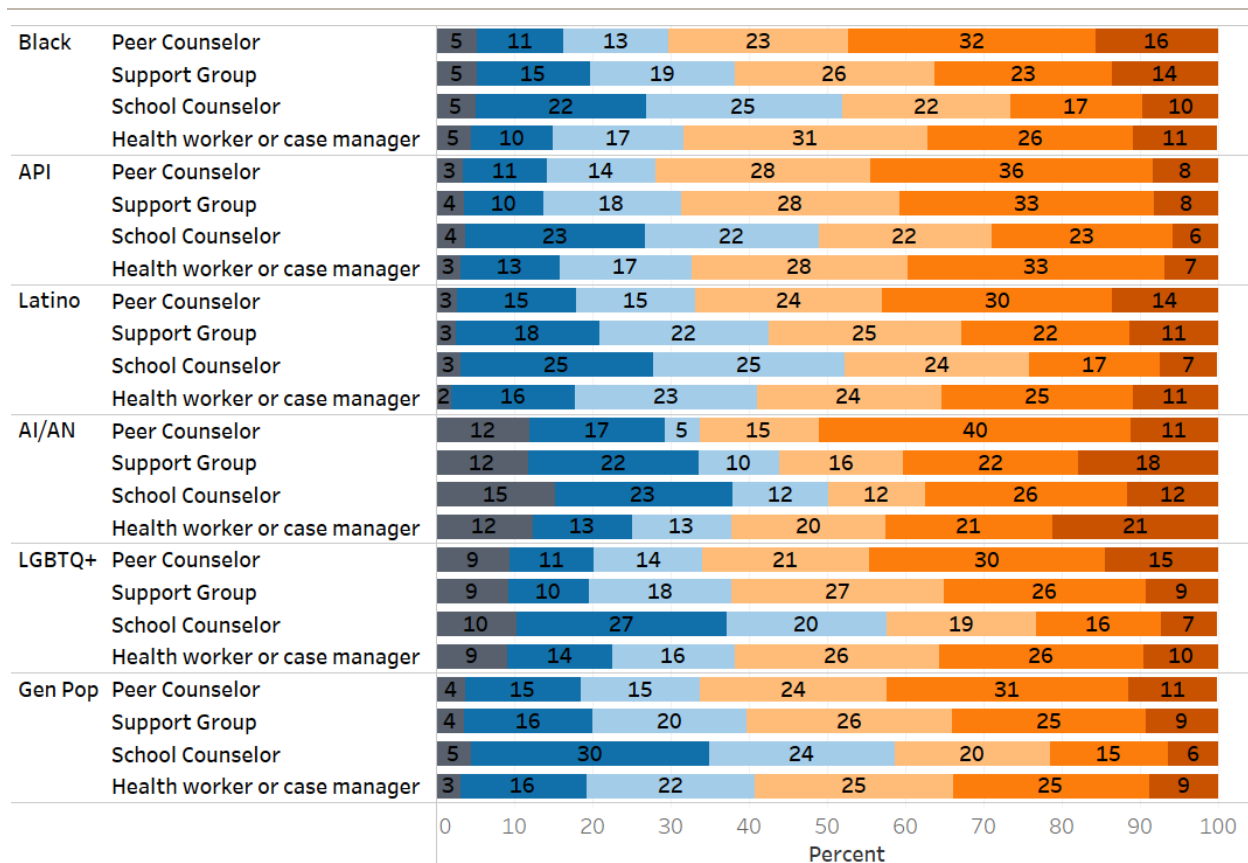


MHW=Mental Health Worker

Similar numbers of the CRDP priority populations report being likely or very likely to talk to a medical doctor, except for the AI/AN population (44% of AI/AN compared to 51-56% among the other populations and Californians overall). The LGBTQ+ population report being very likely to turn to a psychologist or psychiatrist more often (28%) compared to the API population (18%) and 23% among Californians in general. The AI/AN and LGBTQ+ populations report being likely or very likely to talk to a mental health worker by phone less often than the API

population and Californians in general (31-33%) compared to 47% among API and 39% among Californians.

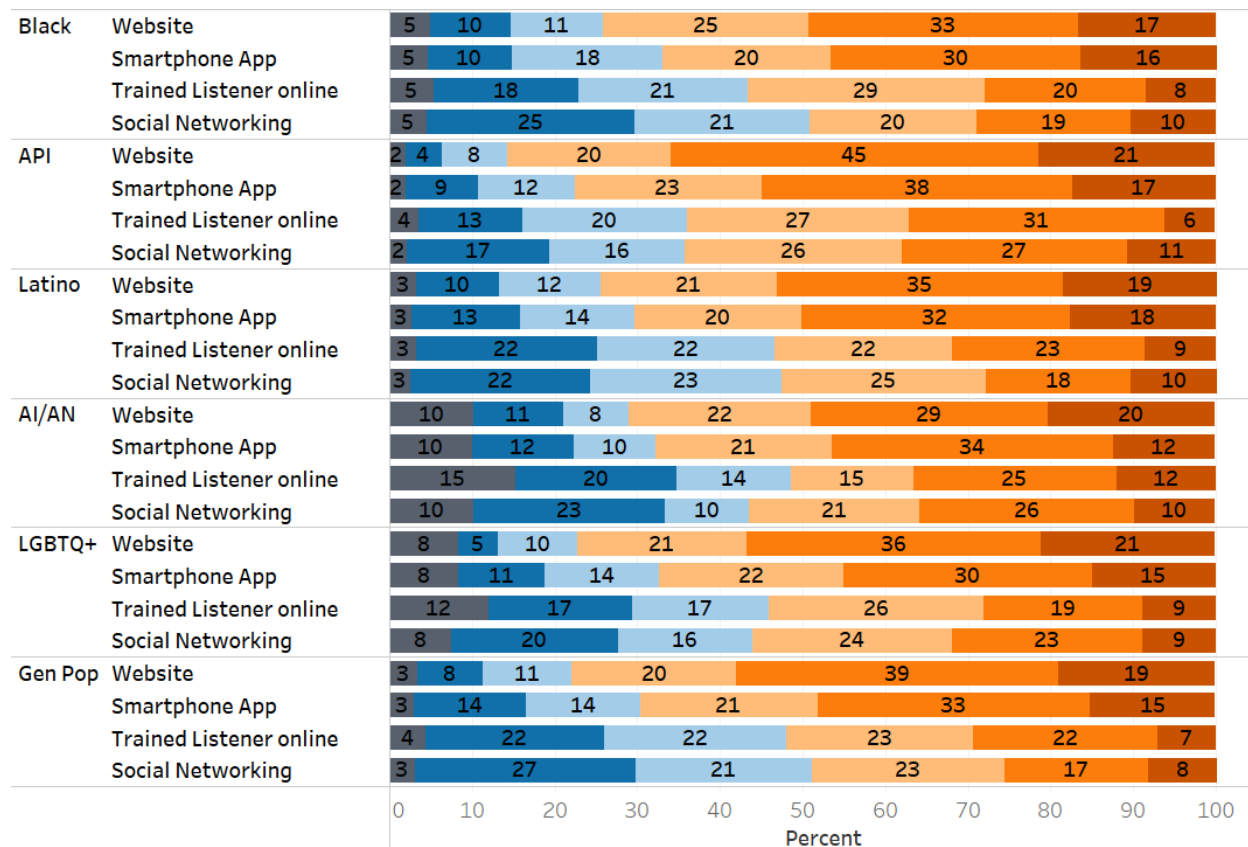
Exhibit F5. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Ancillary Counseling or Support Group



Likelihood
 Very Likely
 Likely
 Neither likely nor unlikely
 Unlikely
 Very Unlikely
 Non-Response

All CRDP priority populations report being likely or very likely to talk to a peer counselor more often than talking to a school counselor, joining a support group or talking to a health worker or case manager. Half (51%) of the AI/AN population are likely or very likely to talk to a peer counselor compared to 42% of Californians generally. Similar numbers of respondents report being likely or very likely to talk to a health worker or case manager across CRDP population and Californians generally, however, the AI/AN is slightly more likely (43%) than others (34-40%).

Exhibit F6. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Technology



Likelihood

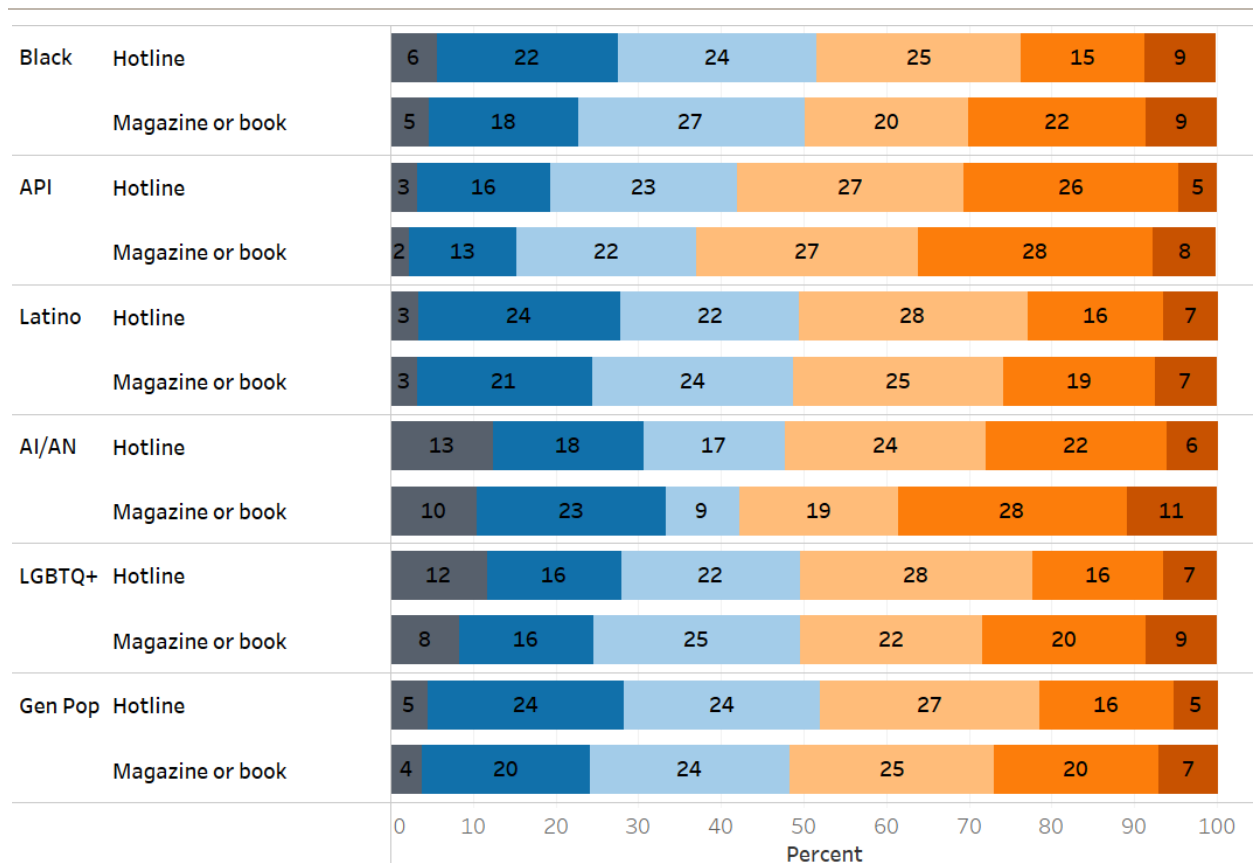
- Very Likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

Overall, when going through a tough time, the CRDP populations and Californians are likely or very likely to use websites more frequently than other types of technology/networking.

Smartphone applications are a close second to websites, particularly for African Americans (website 49%, smartphone app 47%), Latinos (website 53%, smartphone app 50%) and AI/AN populations (website 49%, smartphone app 46%). However, the API population report more frequently the likelihood they would turn to a website (66%), smartphone app (55%) or social networking (38%) for help-seeking compared to other CRDP priority populations and Californians in general. LGBTQ+ are also somewhat more likely than others to use a website (57%) when going through a tough time, however, they are similar to others in their use of smartphone apps (45%). The API and AI/AN more frequently report being likely or very likely

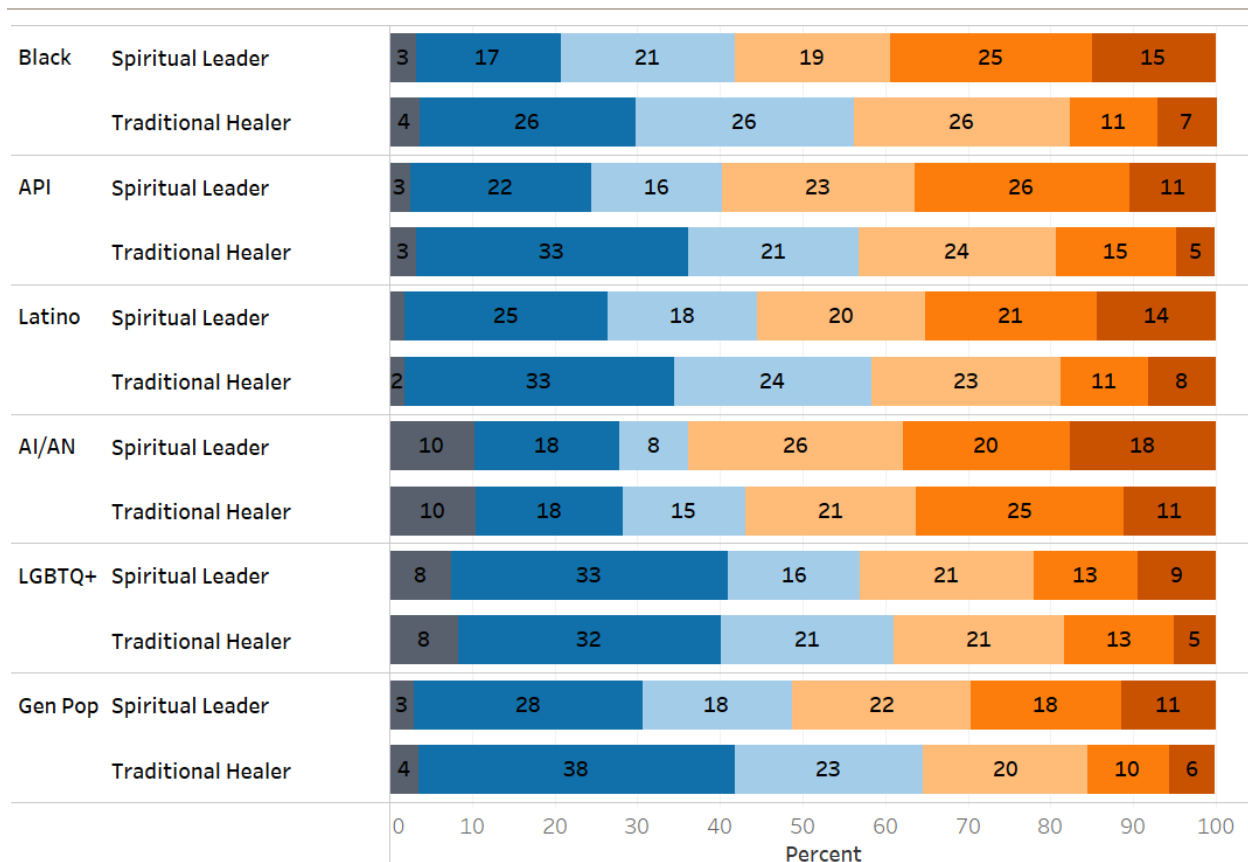
to talk to a trained listener (37%) compared to other CRDP populations and Californians generally (28-32%). Similar findings for API and AI/AN populations were found for social networking as well (36-38% for AI/AN and API compared to 26-32% for others and Californians in general).

Exhibit F7. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Hotline or Print Media



Likelihood
 Very Likely
 Likely
 Neither likely nor unlikely
 Unlikely
 Very Unlikely
 Non-Response

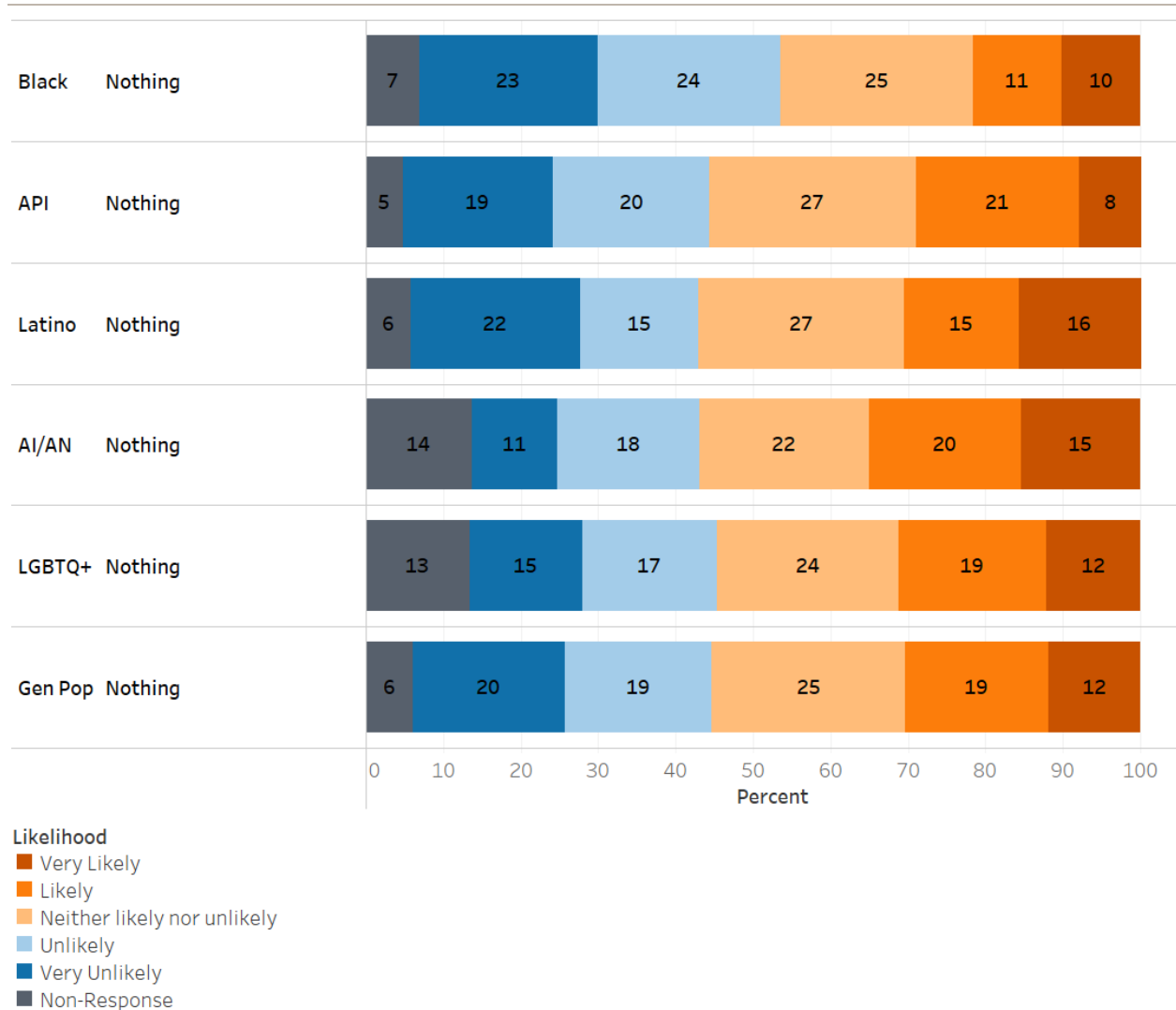
The API and AI/AN population more frequently report being likely or very likely to look for help in a magazine or book compared to other CRDP priority populations or Californians in general. Overall, a hotline received the least number of respondents who report being likely or very likely to reach out for help.

Exhibit F8. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Spiritual Leader or Traditional Healer

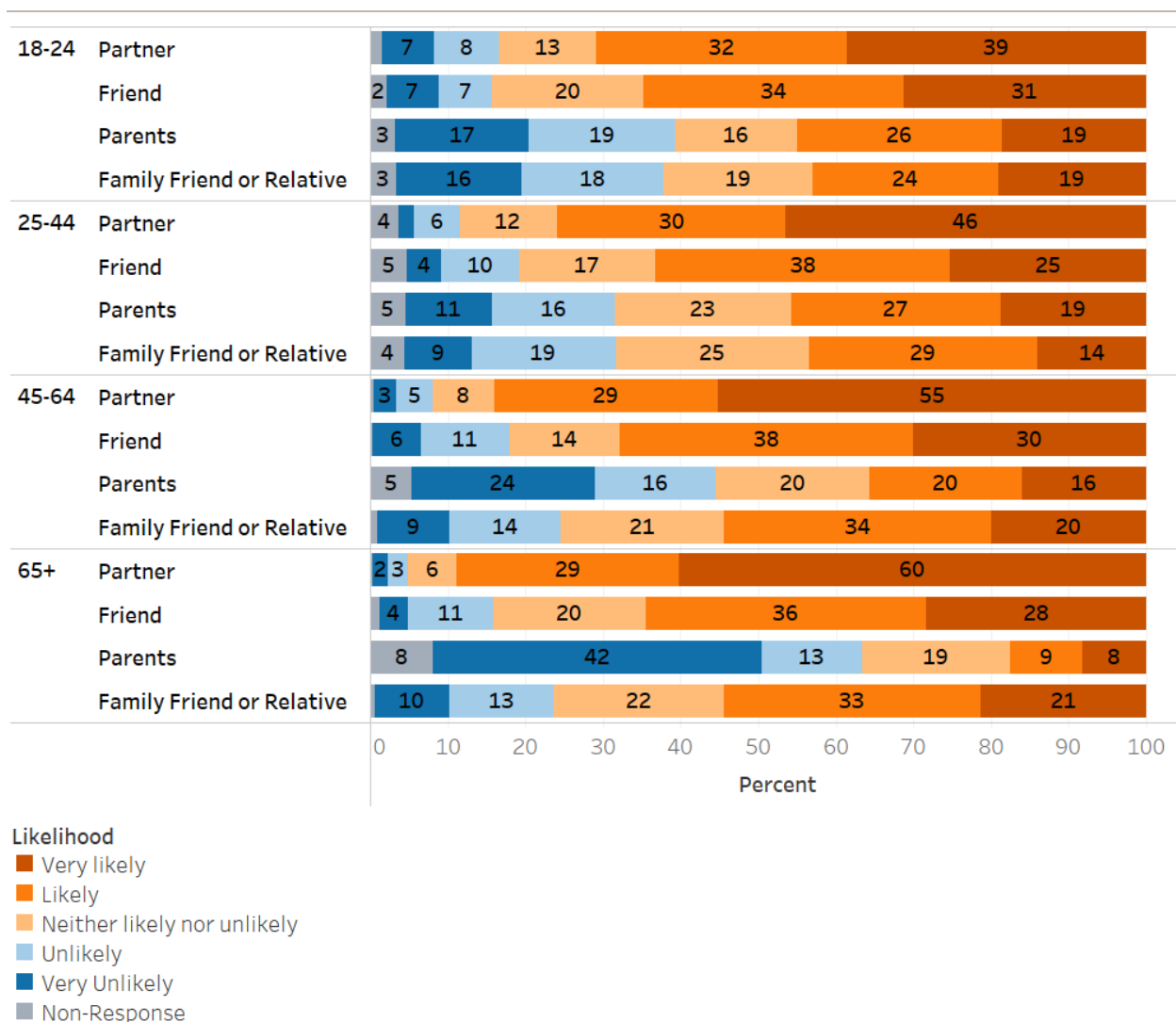
Likelihood

- Very Likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

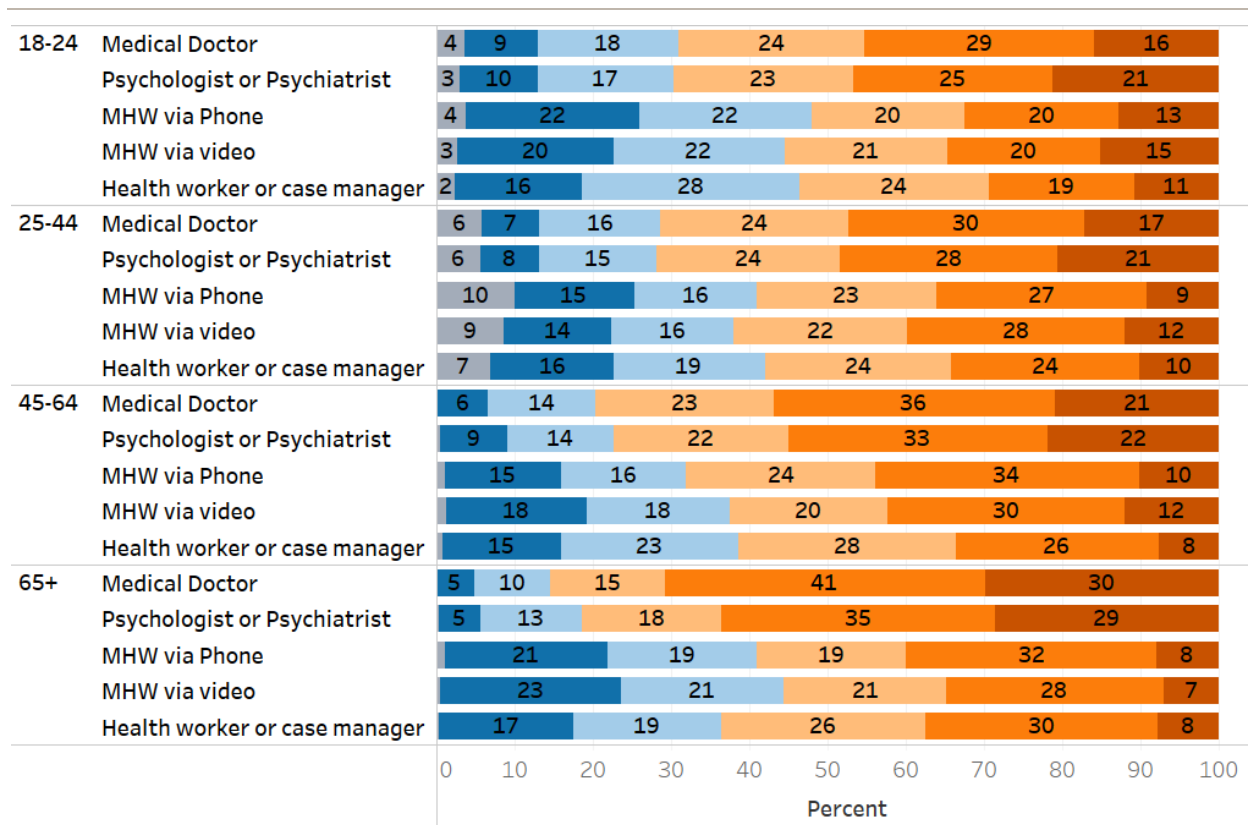
The LGBTQ+ population report less often turning to a spiritual leader for support than other CRDP priority populations and Californians in general (22% compared to 30% of Californians). African American and AI/AN populations are more frequently report the likelihood of talking to a spiritual leader when going through a tough time than other CRDP populations and Californians generally (38% for AI/AN and 39% for African Americans), however, more than a third of the API population (36%) and Latino population (35%) also report being likely to turn to a spiritual leader compared to Californians generally (30%). The AI/AN population report more often talking to a traditional healer than other CRDP priority populations and Californians in general (36% compared to 15-19%).

Exhibit F9. Likelihood of Help-Seeking for Mental Health Support by CRDP Priority Population and the General Population: Doing Nothing

African Americans report less often they are likely or more likely to do nothing when going through a tough time than other CRDP populations and Californians in general. The AI/AN population report the likelihood of doing nothing more often.

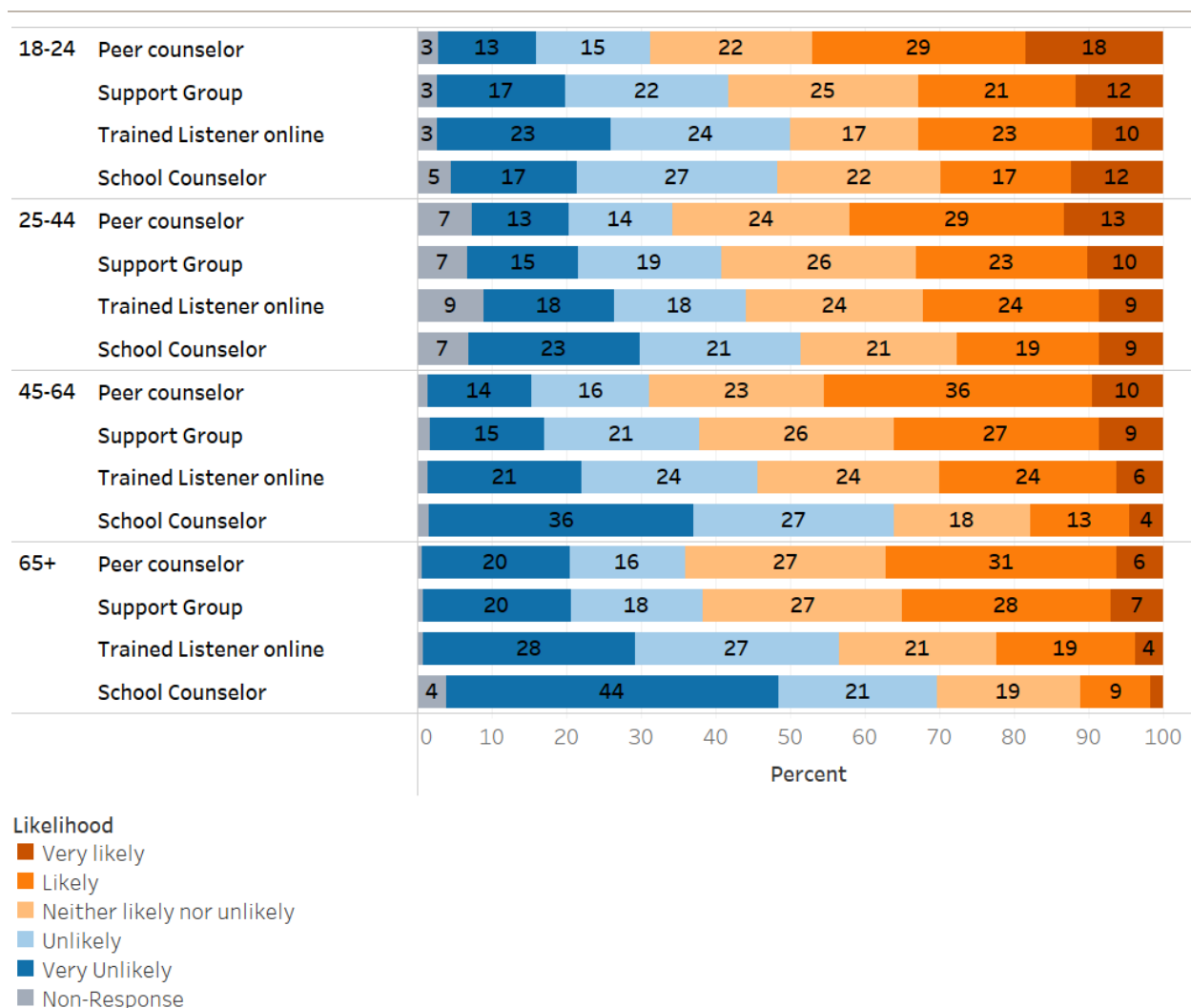
Exhibit F10. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Partner, Friend or Family

The likelihood of seeking help from a partner, friend or family member by age showed similar patterns as data on reliance for help among these sources. Transitional age youth (ages 18-24) report being very likely to turn to a friend for support than Californians ages 25-44 (31% compared to 25%), but are similar to other age groups in this regard. Transitional age youth are, however, similar to the age group of those 25-44 years old in the likelihood of turning to their parents. However, older age groups report somewhat more often turning to a family friend or relative than younger age groups.

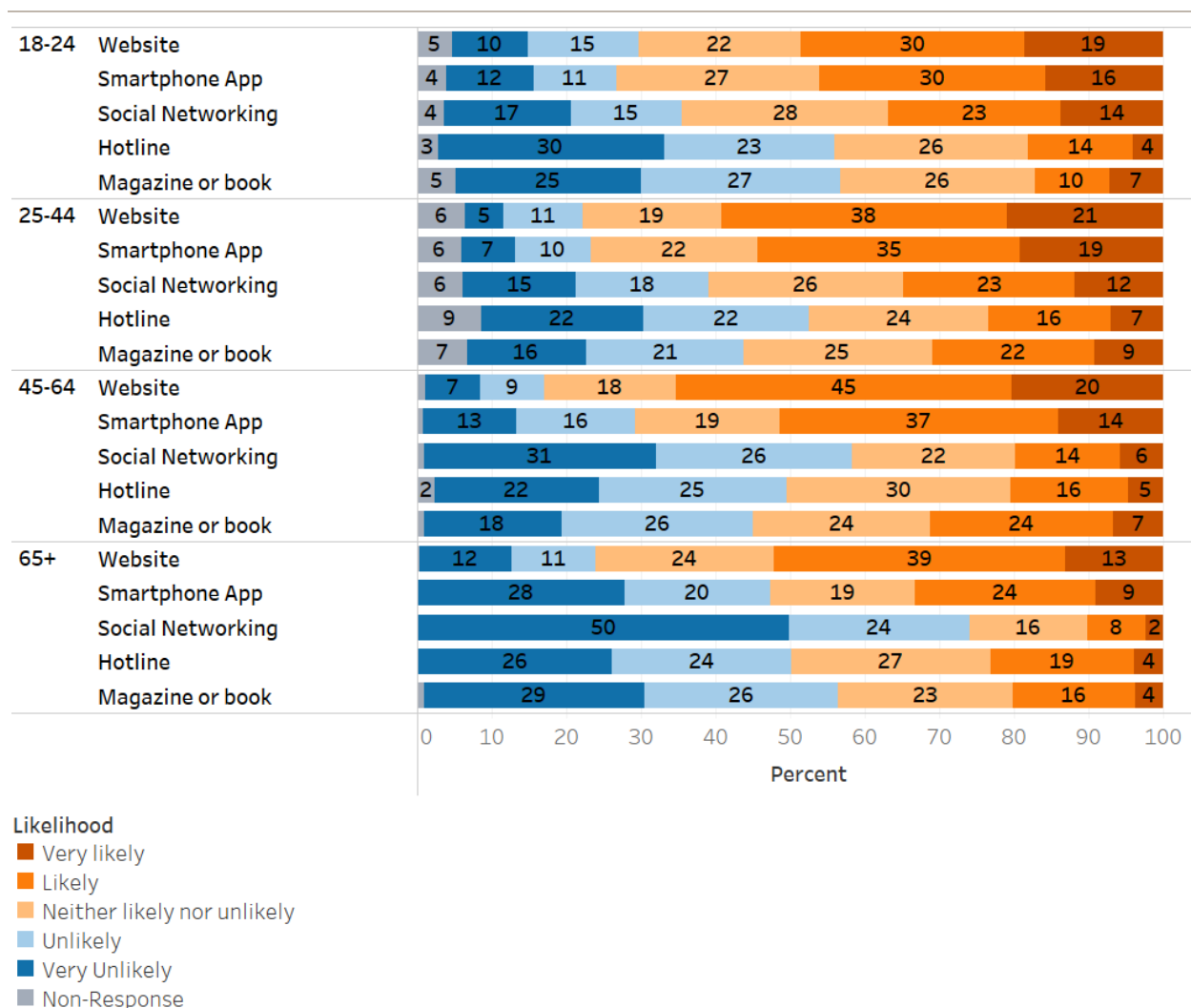
Exhibit F11. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Medical Professionals, Psychologist, Psychiatrist or Mental Health Workers**Likelihood**

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

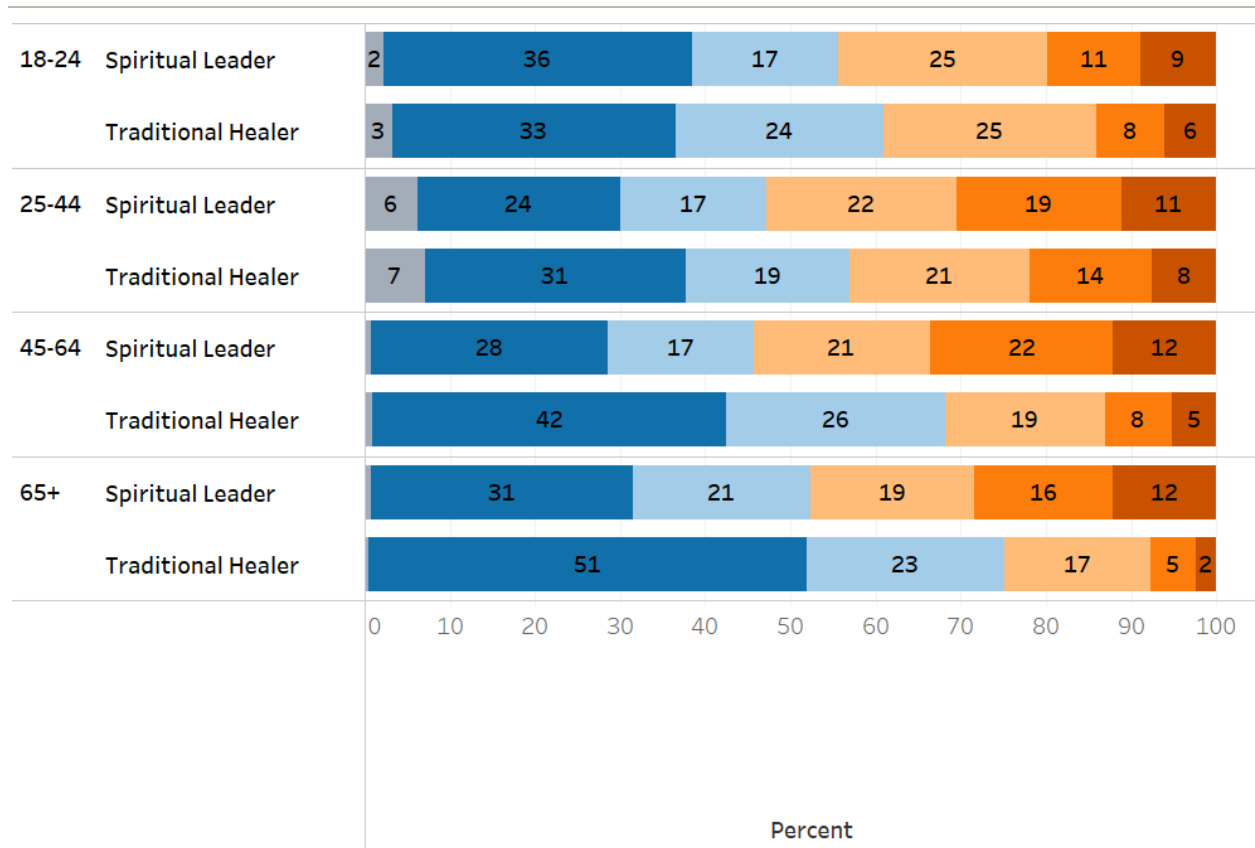
Older age groups report being likely or very likely to seek help from a medical doctor or other health care worker when going through a tough time more often than younger ages (71% among ages 65 and older compared to 47% among Californians ages 25-44 and 45% among transitional age youth. The same is the case for the likelihood of talking to a psychologist or psychiatrist. Californians ages 45-64) more frequently report being likely or very likely to talk to a mental health worker by phone or video. Similar numbers for the likelihood of talking to a health worker or case manager are present across age groups.

Exhibit F12. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Ancillary Counseling or Support Group

Transitional age youth ages 18-24 up through Californians ages 45-64 more frequently report being likely or very likely to talk to a peer counselor when going through a tough time than other age groups. However, Californians ages 45-64 are very similar in the likelihood of talking to a peer counselor. Older age groups more frequently report being likely to turn to a support group. The likelihood of talking with a school counselor decreases with age, as would be expected.

Exhibit F13. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Technology, Hotline or Print Media

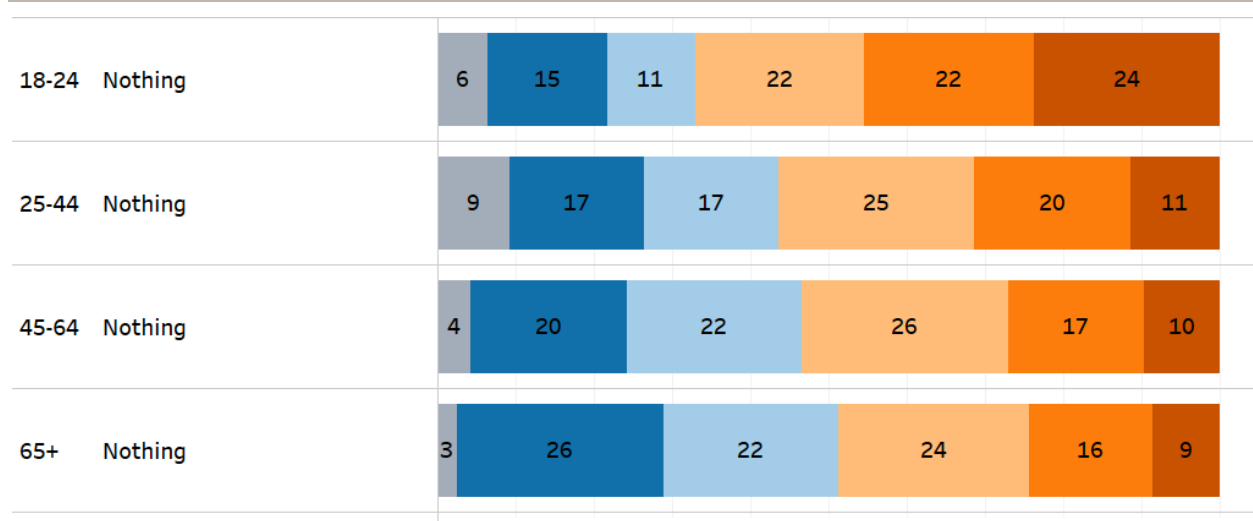
Californians ages 45-64 more frequently report being likely or very likely to visit a website when going through a tough time than other age groups. Californians ages 25-44 report being likely or very likely to use a smartphone app for mental health challenges more often. Younger age groups more frequently report being likely or very likely to use social networking, but not as much as a website or smartphone app. They also less frequently report the likelihood of turning to a hotline, book, or magazine.

Exhibit F14. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Spiritual Leader or Traditional Healer

Likelihood

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

Californians ages 45-64 report more often being likely or very likely to turn to a spiritual leader than other age groups. Those ages 25-44 more frequently report they would be likely or very likely to talk to a traditional healer than other age groups.

Exhibit F15. Likelihood of Help-Seeking for Mental Health Support or Services by Age: Doing Nothing**Likelihood**

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very Unlikely
- Non-Response

Nearly half (46%) of transitional age youth report being likely or very likely they would do nothing when going through a tough time. This approach consistently decreases with age.

Exhibit F16. Likelihood of Help-Seeking for Mental Health Support or Services by Sexual Orientation

	Heterosexual/ Straight	Lesbian	Gay	Bisexual	Multiple Sexual Orientations	Pansexual, Queer, Questioning, Asexual, or Another Sexual Orientation
Partner	84	84	81	64	76	44
Friend	65	83	70	57	68	55
Website	59	56	72	51	62	48
Psychologist or Psychiatrist	53	64	66	50	40	46
Medical Doctor	56	64	63	45	33	48
Family Friend or Relative	52	52	44	35	29	33
MHW via video	38	50	46	34	48	39
Smartphone App	49	47	49	46	40	40
Peer counselor	42	45	43	46	48	43
Support Group	34	46	38	34	37	29
MHW via Phone	40	38	40	28	42	31
Social Networking	24	23	24	37	27	42
Parents	38	33	25	40	28	29
Magazine or Book	27	22	26	32	39	26
Health or Case Manager	34	38	37	36	32	35
Nothing	30	30	26	32	37	36
Trained Listener online	30	35	25	30	26	32
School Counselor	21	26	18	22	33	31
Hotline	21	22	27	24	18	15
Traditional Healer	15	17	14	24	13	15
Spiritual Leader	32	23	20	28	8	22

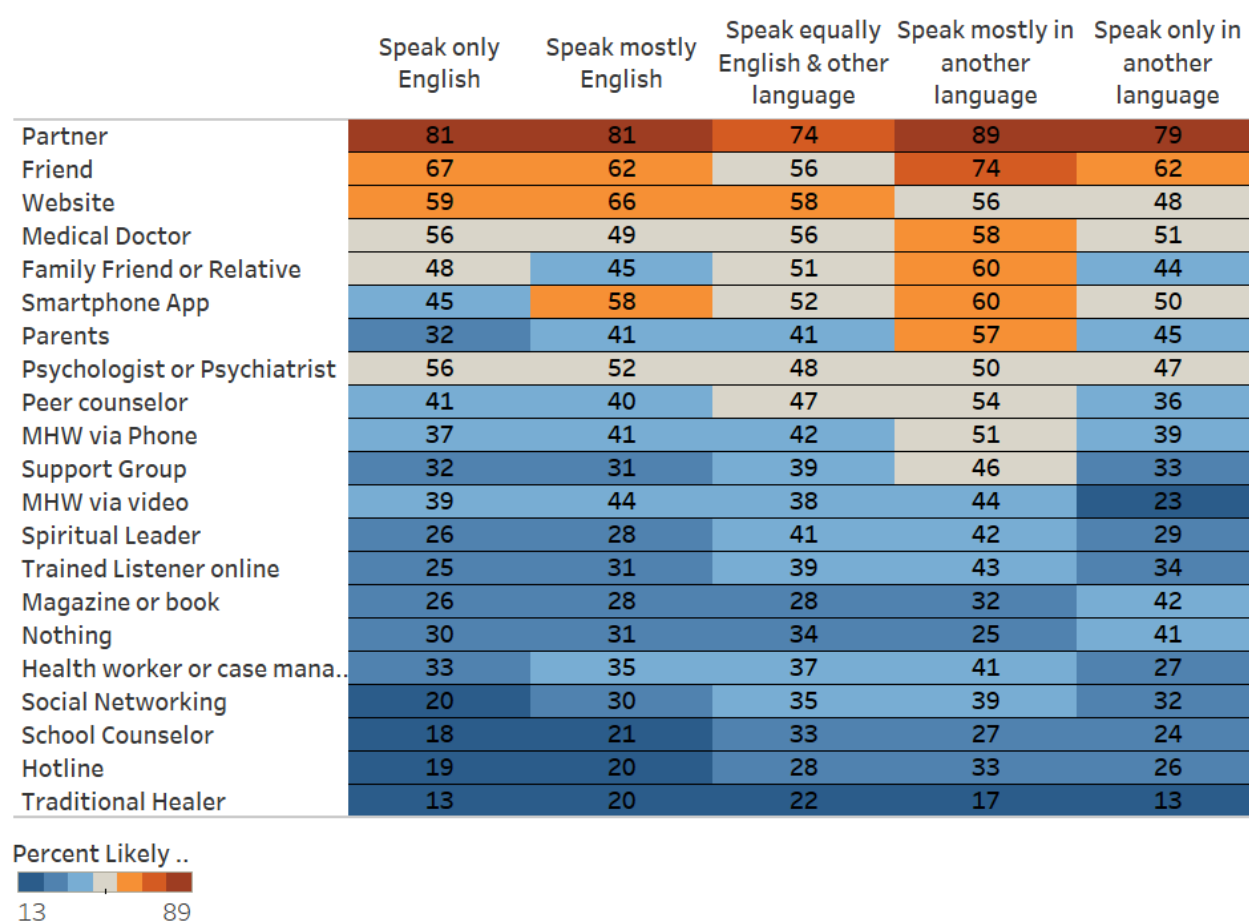
Percent Likely

8 84

Heterosexual, lesbian and gay populations more frequently report being likely to turn to a partner when going through a tough time than bisexuals or those who are queer, questioning, asexual or report another sexual orientation (Q+) with over 80% compared to 64% among bisexuals and 44% among the Q+ population. The Q+ population report the likelihood of turning to a friend more than any other source for help. This group is also reports more frequently being likely to turn to social networking than other groups (42% compared to 23% among lesbians and 37% among bisexuals).

Lesbians more frequently report the likelihood they would turn to a friend than other sexual orientations (83% versus 70% of gays, 65% of heterosexuals, 57% of bisexuals and 55% of the Q+ group). Lesbians also report more often being likely to turn to a mental health worker by video than other groups. The gay population more frequently report the likelihood they would go to a website for information than other sexual orientations (72% versus 48-59%). A medical doctor, psychologist or psychiatrist are sources that more lesbians and gays report the likelihood of turning to for help when going through a tough time compared to other sexual orientations.

Exhibit F17. Likelihood of Help-Seeking for Mental Health Support or Services by Language Spoken



Californians that speak mostly in another language report more frequently the likelihood of turning to certain sources for help than those who speak either their native language only, a good amount of English or English only. Outside of their partner, this group more frequently report they are likely to seek help from a wide variety of sources including a friend, family friend or relative, a smartphone app, their parents, and other non-traditional sources when going through a tough time.

Reasons for Uncertainty in Seeking Mental Health Services

If respondents indicated they were unsure or less likely to seek help with any of the sources for help, the survey followed up with a question about the reasons for uncertainty in seeking help

when going through a tough time. The reasons were split between the two types of sources; those that are social and those that are systemic.

Survey Items (follow up to prior question):

- [Social] Why are you unsure or less likely to talk to anyone or ask for help during the tough time?
- [Systemic] You said you were less or not likely to get help from either a professional like a medical doctor or other mental health care worker. What are the reasons why you would not talk to them or ask for help?

The top reasons among key CRDP priority populations are listed below. The social and systemic reasons are provided separately:

<i>Reasons for Uncertainty in Seeking Mental Health Services</i>	
General Population of California	<p>Social</p> <ul style="list-style-type: none"> ▶ 28% I do not need to talk to anyone. I can handle it myself. ▶ 19% I had a bad experience in the past ▶ 19% I am too embarrassed <p>Systemic</p> <ul style="list-style-type: none"> ▶ 22% I did not think it would help ▶ 21% It's too expensive ▶ 14% I did not know where to go, or who to see
Blacks/African Americans	<p>Social</p> <ul style="list-style-type: none"> ▶ 38% I do not need to talk to anyone. I can handle it myself. ▶ 27% I had a bad experience in the past ▶ 22% I am too worried of what others might think <p>Systemic</p> <ul style="list-style-type: none"> ▶ 23% I did not think it would help ▶ 14% It's too expensive ▶ 12% Counseling did not work before

<p>Asian and Pacific Islanders</p>	<p>Social</p> <ul style="list-style-type: none"> ▶ 26% I am too worried of what others might think ▶ 24% I do not need to talk to anyone. I can handle it myself. ▶ 24% I am not sure who to talk to <p>Systemic</p> <ul style="list-style-type: none"> ▶ 24% It's too expensive ▶ 21% I did not think it would help ▶ 20% I did not know where to go, or who to see
<p>Latino</p>	<p>Social</p> <ul style="list-style-type: none"> ▶ 22% I did not think anyone could help me ▶ 18% I am not sure who to talk to ▶ 18% I do not feel safe or welcome where I could go for help <p>Systemic</p> <ul style="list-style-type: none"> ▶ 20% I did not think it would help ▶ 17% It's too expensive ▶ 15% I did not know where to go, or who to see
<p>American Indians and Alaskan Natives</p>	<p>Social</p> <ul style="list-style-type: none"> ▶ 46% I am too worried of what others might think ▶ 36% I do not feel safe or welcome where I could go for help ▶ 36% I am too embarrassed <p>Systemic</p> <ul style="list-style-type: none"> ▶ 31% It's too expensive ▶ 28% What I need to talk about would not be kept confidential ▶ 24% I had a bad experience before ▶ 21% They would treat me differently because of my race-ethnicity

Lesbian, Gay, Bisexual, Transgender, Queer and Questioning	<p>Social</p> <ul style="list-style-type: none"> ▶ 30% I had a bad experience in the past ▶ 25% I am not sure who to talk to ▶ 24% I do not feel safe or welcome where I could go for help <p>Systemic</p> <ul style="list-style-type: none"> ▶ 22% It's too expensive ▶ 19% I did not think it would help ▶ 18% I did not know where to go, or who to see
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The top social or personal reasons Californians are unsure or are less likely to talk to anyone or ask for help are very different reasons. The largest proportion (28%) feel as if they do not need help, that they can handle it themselves. The next most common reason is due to some kind of negative experience in the past that affected their motivation to seek help (19%) and finally, due to social stigma in the form of shame from embarrassment (19%).

The top systematic or service-based reasons that Californians express are also very different, but touch on important areas to address separately. First, is the assumption that accessing services will not help when going through a tough time mentally or emotionally (22%), followed by the cost, that getting help from a professional or a mental health worker is too expensive (21%), and finally not knowing how to find services, where to go or who to see (14%).

The CRDP populations have similar top reasons, with a few variations. However, the main exceptions are related to not feeling safe or welcome where services are available, and among the AI/AN population in particular, feeling as if there is a lack of confidentiality and anticipating discrimination due to race-ethnicity. Detailed data findings for each of these reasons can be found in the data tables in Appendix B.

Key Takeaways

Perceived Support from Others

- ▶ Transitional age youth rely more on a friend for support than Californians ages 25-44 (42% compared to 33%) but are similar to other age groups in their reliance on a friend for help. They also rely somewhat less on their parents than those ages 25-44.

Likelihood of Help-Seeking for Mental Health Support

- ▶ Eighty percent of Californians in general report they are likely or very likely to talk to a partner when going through a tough time. Fewer LGBTQ+ (68%), African Americans

(64%), and even fewer AI/AN (60%) report a partner as who they are very likely to turn to for help.

- ▶ African Americans and the API population report being more likely to turn to a family friend or relative for help compared to other CRDP priority populations and Californians in general.
- ▶ The LGBTQ+ population report being very likely to turn to a psychologist or psychiatrist more often than the API population and Californians in general.
- ▶ The API population report more frequently the likelihood they would go to a website, smartphone app or social networking for help-seeking compared to other CRDP priority populations and Californians in general.
- ▶ Older ages groups report being likely or very likely to a medical doctor or other health care worker when going through a tough time more often than younger ages.
- ▶ Californians ages 45-64 more frequently report being likely or very likely to visit a website when going through a tough time than other age groups. Those ages 25-44 report being likely or very likely to use a smartphone app for mental health challenges more often.
- ▶ Nearly half (46%) of transitional age youth report being likely or very likely they would do nothing when going through a tough time.
- ▶ Heterosexuals, lesbians and gay populations more frequently report being likely to turn to a partner when going through a tough time than bisexuals or those who are queer, questioning, asexual or report another sexual orientation (Q+) with over 80% compared to 64% among bisexuals and 44% among the Q+ population.
- ▶ The Q+ population report the likelihood of turning to a friend more than any other source for help. However, lesbians more frequently report the likelihood they would turn to a friend for help than other sexual orientations.
- ▶ The gay population more frequently report the likelihood they would go to a website for information than other sexual orientations.

Reasons for Uncertainty in Seeking Mental Health Services

- ▶ The top reason for being unsure or less likely to seek help when going through a tough time is “I am too worried of what others might think” (46%) and the top reason related to seeking help professionally, “It’s too expensive” (31%).
- ▶ The CRDP populations have similar top reasons overall to Californians generally, with a few variations. However, the main exceptions are related to not feeling safe or welcome where services are available, and among the AI/AN population in particular, feeling as if there is a lack of confidentiality and anticipating discrimination due to race-ethnicity.

Summary, Implications and Recommendations

Summary

The main objective of the CCMHSS was to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. In regard to this objective, the CCMHSS was able to capture important differences in perceptions of access to mental health services and the quality of those services among the CRDP priority populations and other subgroups. The study was successful in meeting goals of sampling diverse populations in California even with the social distancing requirements from the COVID-19 pandemic. However, the pandemic did affect sampling strategies and influenced the interpretation of the findings. Additionally, social distancing and isolation led to changes in access to telehealth and other emerging technologies which have also been taken into consideration in review of the findings.

Addressing Research Questions

We have summarized our conclusions in the context of the current landscape of mental health equity and in response to the research questions below.

Do the general CA population and five priority populations perceive disparities in mental health care access among the five priority populations?

What are general attitudes and beliefs about mental health among the general population and the five priority populations?

Attitudes Toward Prevention and Care-Seeking

Almost two-thirds (59%) of Californians either agree or strongly agree that serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time. However, 70% of the API priority population either agree or strongly agree with this idea compared to 51% of the LGBTQ+ priority population, 58% of African Americans, 59% of Latinos and 66% of the AI/AN population. Eighty-three percent of the API population agree or strongly agree that people who experience mental illness should seek help from a trusted friend, family member, counselor or health professional compared to 65% of the AI/AN population who report the lowest level agreement among the groups and 79% of Californians generally.

Self-Efficacy

About 70% of Californians report being somewhat or very confident in help-seeking or prevention behaviors. The CRDP priority populations generally follow similar patterns of self-

efficacy in help seeking as Californians in general, however, the API population consistently indicate somewhat less confidence when seeking help. This group less frequently report being very confident (22% versus 29-39%) and more frequently report being not too confident (18% versus 9-13%) compared to other CRDP priority populations.

Support for Policies to Increase Access to Mental Health Services

The vast majority of Californians support policies that increase access to mental health services. Sixty-nine percent of Californians either somewhat or strongly agree that California should take action to make it easier for all Californians to access mental health care. Still, 20% are neutral and 7% either somewhat or strongly disagree with state-wide efforts to increase access to services. More of the AI/AN population (35%) are neutral or disagree.

Even more (73%) of Californians support policies to ensure that mental health care is available through community services or programs, such as community clinics, local organizations or youth development programs. The API and African American populations report more agreement (76% and 74%) for policies that support these types of community level services than other CRDP priority populations. However, more than half of other groups are supportive.

Up to 74% of Californians agree that the state should create policies to make it easier to access services through health insurance or Medi-Cal, provide greater access to services for low-income communities, and require in-language services for community residents. The AI/AN population is somewhat less supportive (58-63%), but supportive views are still the majority. However, about a quarter (28%) agree that California should stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance and (26%) are neutral (neither agree nor disagree) on this issue which is similar for the CRDP populations except for AI/AN of who 44% agree with the idea and LGBTQ+ of who 48% disagree.

Fewer (48%) of the LGBTQ+ either agree or strongly agree people are more accepting compared to 60% of the API population. Sixty-nine percent of Californians either agree or strongly agree that it is normal for people to experience challenges with mental health and that it is not their fault. Yet, 58% of the AI/AN population share this level of agreement compared to 70% of the API population.

Do they perceive disparities in access to treatment or in care seeking?

Californians in general perceive greater disparities in access for African Americans and Latinos over other CRDP priority populations (44% compared to 28% for API, 41% for AI/AN, 33% of LGBTQ+ and 39% for those with a gender identity other than given at birth). More African

Americans (56%) and LGBTQ+ (53%) perceive less access for African Americans. However, more Californians (59%) perceive disparities in access for low-income individuals.

Fewer Californians and all CRDP populations perceive disparities among the API population than for any other CRDP population (28% who perceive it as harder for the API population to get access to mental health versus 41-44% for all others). Also, less of the AI/AN population perceive disparities in access for their own AI/AN population compared to perceptions among the other CRDP priority populations. Thirty-three percent hold this view compared to 37-51% of other CRDP populations and 41% of Californians generally.

LGBTQ+ populations perceive greater disparities among the CRDP priority populations, low-income individuals and LGBTQ+ populations compared to Californians in general and other CRDP populations. More of the LGBTQ+ population specifically perceive disparities in services among those who express a different gender identity that assigned at birth. Half or more of LGBTQ+ individuals perceive less access for African Americans, Latinos, AI/AN, those with a gender identity other than what was assigned at birth, and for those with low-income.

Perceived Access to Mental Health Services and Unmet Need

Just over a quarter (26%) of Californians either somewhat or strongly disagree there are enough mental health workers in their community including 10% that strongly disagree. Another 39% are unsure or neither agree nor disagree that there are enough mental health workers to serve the needs of local residents. Only a third (33%) of Californians agree that their community has access to enough mental health workers. Close to a quarter (22%) of Californians reported a perceived need to seek mental health services in the past year, however, only 13% reported actually accessing those services, indicating an unmet need for about 10% of Californians.

More of the AI/AN population perceive access to services than Californians in general and other CRDP priority populations (64% of AI/AN perceive access compared to a third of Californians and 30-39% of CRDP priority populations). This could be due to a sample of the AI/AN priority population who may have greater access to Indian Health Service providers. When asked specifically about access to mental health care workers who have knowledge about the needs of AI/AN residents, 45% somewhat agree or strongly agree that their local community has enough. The AI/AN population perceive a high level of need for services, with nearly a third (32%) who report a perceived need in the past year. However, a greater number of the AI/AN population (35%) report actually receiving services compared to Californians in general and all other CRDP priority populations.

LGBTQ+ also perceive greater access to enough mental health care workers in their community (39%) compared to Californians or most of the other CRDP priority populations. The LGBTQ+

population also perceive some access to mental health care workers in their community that have knowledge of the needs of LGBTQ+ residents with 41% who either somewhat or strongly agree, only 10% somewhat or strongly disagree, 26% who neither agree nor disagree, and 15% who are unsure. The LGBTQ+ population perceive greater need for mental health services, more than Californians in general or any other CRDP population, with more than a third (35%) indicating a need in the past year. However, less than a quarter of the LGBTQ+ population (23%) reported receiving services, indicating an unmet need of 12%.

Thirty-nine percent of LGBTQ+ also agree or strongly agree that their community has locations where residents can get help in a non-judgmental environment for gender affirming needs (social, medical and/or legal). The transgender population specifically report a greater perceived need for mental health services related to gender-affirming needs, with 45% indicating a need for services, however only 35% report actually receiving these types of services.

Similar numbers of African Americans and Latinos report a perceived need for services (21% among African Americans and 23% among Latinos), and with receiving services (11% and 13%). Latinos perceive less access with 30% who somewhat or strongly agree their community has access to enough mental health care workers, 28% that disagree and another 28% neither agree nor disagree. Fewer respondents in the API population perceive a need for mental health services and less access those services than Californians or any of the CRDP priority populations (16% perceive a need and 9% actually sought services). A quarter (25%) of API respondents reported being unsure if their community has access to enough mental health workers to meet the needs of local residents compared to 17% of Californians and 16% or less among other CRDP priority populations.

What are attitudes and beliefs about mental health equity?

Many conclusions can be drawn about mental health equity from this study, specifically, that there are differences in access to mental health services for the CRDP priority populations and that experiences of discrimination in those services exist. However, understanding attitudes and beliefs about mental health equity among Californians in general and the CRDP priority populations cannot be gleaned from this study. Questions related to mental health equity were excluded from the final version of the survey due to their performance in the cognitive testing and pilot test of the survey. Communicating the concept of mental health equity includes a unique set of challenges and will require a series of items to fully capture those attitudes and beliefs at a population level. Items that capture mental health equity should be considered for future versions of the survey, and searches for reports and other published literature should be conducted to identify potential items and/or develop new measures. Priority should be given to include the number of items needed in the survey questionnaire to understand perceptions related to this important concept.

What do they believe affects/influences mental health?

A majority of Californians (70%) agree that ACEs affect the likelihood of having a mental illness and more than half (52%) agree with this likelihood for those living with low-income. Half of Californians perceive income as having a very strong effect on mental health and 74% perceive that income has a strong or very strong effect. Having a job is perceived as having similar effect on mental health (73%) strong or very strong effect). However, less emphasis is placed on the role of education in mental health (67%) compared to income and having a job among Californians generally. At the lower end among the CRDP priority populations, 57% of the AI/AN and 59% of the LGBTQ+ populations rate education as having a strong or very strong effect on mental health compared to 71% of the API population, 65% of Latinos and 63% of African Americans. Eighty percent of the API population and 71% of the African American and Latino populations rate income as having a strong or very strong effect compared to 58% of the AI/AN population and 61% of LGBTQ+. A very similar pattern is present for having a job, however, the lowest percentage for the CRDP priority populations is among AI/AN, at 53% rating as a strong or very strong effect.

Half of the African American population and 46% percent of the Latino population perceive a very strong effect of access to affordable housing on mental health. For these two populations, affordable housing is rated similarly to having health care or having a job. Forty-one percent of Californians in general, 40% of LGBTQ+, 38% of the API population and 30% of the AI/AN population perceive a very strong effect of housing on mental health. Californians also perceive a very strong effect of having access to health insurance, health care and mental health services on mental health (44-46%) and 69-74% rate as a strong or very strong effect. More African Americans rate access to healthcare, health insurance and mental health services as having a very strong effect compared to other CRDP priority populations.

More African Americans (46%) rate discrimination based on race-ethnicity as having a very strong effect on mental health. A similar proportion (44%) of the API population also perceive a very strong effect of discrimination based on race-ethnicity. When combining a strong and very strong effect, however, more of the API population rate discrimination based on race-ethnicity as having an effect on mental health (74% among API versus 68% among African Americans). Slightly fewer Latino and LGBTQ+ rate discrimination based on race-ethnicity as having an effect on mental health as Californians generally (64% among Latino, 61% among LGBTQ+ and 67% among Californians).

Do the general CA population and five priority populations perceive mental illness stigma and discrimination in general and among the five priority populations?

How are the priority populations different from each other and from the general population related to perceived mental illness stigma and discrimination?

Mental Illness Stigma

Nearly a third (31%) of Californians agree or strongly agree they would feel shame if they have a mental illness and over a quarter (28%) neither agree nor disagree they would feel shame. However, more (39%) either disagree or strongly disagree they would feel shame if they have a mental illness. Shame related to mental illness is higher among the API, AI/AN and LGBTQ+ populations (38% of API, 55% of AI/AN and 37% of LGBTQ+). The API and AI/AN populations also express higher agreement with anticipated stigma or worry about what family or friends would say if seeking help for mental health. Forty percent of the AI/AN population would worry about what family would say if they knew and 30% would worry what friends would say compared to 20-21% of Californians in general. Similarly, 38% percent of the API population would worry about what family would say and 29% would worry about what friends would say. Also, transitional age youth (ages 18-24) and Californians ages 25-44 anticipate shame and stigma related to mental illness more frequently than older age groups, specifically, they anticipate their family would be disappointed in them if they have mental illness.

A quarter (22%) of Californians agree or strongly agree they would feel uncomfortable talking to someone with a mental illness and more than a third (39%) either agree or strongly agree they believe people with mental illness are more likely to be dangerous. Just over half the API population (51%) either agree or strongly agree they perceive people with mental illness as more likely to be dangerous compared to 41% of African Americans, 38% of Latino, 37% of AI/AN and 30% of LGBTQ+. However, transitional age youth including ages 18-24 report less prejudice toward people with mental illness, that they are more likely to be dangerous (26% of ages 18-24 who somewhat or strongly agree versus 40% of those ages 25-44, 44% of ages 45-64 and 36% of ages 65+).

Discrimination in Mental Health Services

The CRDP priority populations experience discrimination in mental health services more than Californians in general. The most common negative experience when receiving mental health services among Californians is feeling they are not listened to. However, the AI/AN and LGBTQ+ populations report feeling this way more frequently than Californians in general (36%

among AI/AN and 25% among LGBTQ+ compared to 14% among Californians in general). The AI/AN population also report receiving poorer service (30%) and perceive arrogance (21%) and fear (18%) among mental health workers when receiving services more frequently than Californians generally (6-9%) and other CRDP priority populations (3-18%). About two-thirds (62%) of the AI/AN population report being treated with discriminatory behavior either always, often or sometimes due to their religion or spiritual practice. Sixty-nine percent of African Americans report either always, often or sometimes experiencing some type of discriminatory behavior due to their race-ethnicity when receiving mental health services. More than half of the AI/AN and API populations report discrimination due to their language spoken when receiving services either always, often or sometimes (57% among AI/AN and 54% among API).

Californians who do not identify as heterosexual or straight also report being treated differently when receiving mental health services more frequently than Californians generally (6-14%). About a quarter (22-29%) of those identifying as pansexual, queer, questioning, asexual or another sexual orientation report not being listened to or experiencing discriminatory behavior when receiving mental health services, and 17% report receiving poorer service. More than a third (36%) of respondents identifying with more than one sexual orientation report they felt they were not listened to when getting mental health services. This group also more frequently report poorer service (22%) and being treated with discriminatory behavior (21-26%) when receiving help. Nearly a third (29%) of respondents identifying as bisexual report they were not listened to, about a quarter (24%) report being treated with less respect, and 14-19% experienced some other type of discriminatory behavior. Twenty percent of lesbians report being treated with condescension when receiving mental health services, 18% report they were not listened to, and 14-16% report being treated with another discriminatory behavior. Seventeen percent of those identifying as gay report they were not listened to and 15% report being treated with arrogance.

Is the general population and are the five priority populations engaged in information-seeking, help-seeking or supportive behaviors?

Personal Experiences with Mental Health Challenges, Help-Seeking and Wait Time for Services

The AI/AN population, LGBTQ+ and Latino populations report that their emotions affect aspects of their life a lot more often than other CRDP priority populations and Californians in general. Nearly a third (30%) of the AI/AN population report that their emotions affect their performance at work and their relationships with friends and family a lot. Almost a quarter (24%) of the LGBTQ+ population report their emotions affect their household chores, social life and relationships with family and friends a lot. Nearly half of the Latino population (47-48%) report that their emotions affect their social life and relationships either some or a lot.

The API population also has the lowest percentage of individuals (10%) indicating they have mental illness or have in the past compared to more than a quarter (28%) of the LGBTQ+ population, 15% of the AI/AN population, 16% of African Americans, 19% of Latinos, and 17% among Californians in general. Transitional age youth (ages 18-24) report having a mental illness or having one in the past more frequently than any other age group. More than a quarter (27%) of youth ages 18-24 report experience with mental illness compared to 19% of Californians ages 25-44, 16% of those ages 45-64 and 12% of those 65 and older.

A quarter of Californians who received services in the past year report waiting less than a week to receive mental health services. Fourteen percent report waiting a week, about a third (32%) two-to-three weeks and about another quarter (27%), four weeks or more. The AI/AN population report the longest wait times for an appointment. Only 1% report receiving mental health services in less than a week and only 10% wait just a week. The vast majority of the AI/AN population (86%) wait more than two weeks with 42% who wait more than 4 weeks, including 9% who wait more than 6 weeks or more. A quarter (25%) of Californians travel more than an hour to receive services. Travel times are relatively similar among most of the CRDP priority populations, but about half (52%) the AI/AN population and more than a third (35%) of the API population travel more than 30 minutes and less than an hour compared to 18% of Californians generally.

Sources of Support

Californians in general rely very much on a partner¹³ when going through a tough time emotionally. The only CRDP priority population that reports similar numbers is the API population (66% compared to 65% of Californians in general). Just under half (48%) of the LGBTQ+ population report they rely on a partner compared to the other CRDP priority populations between 52% and 66%. About a third of the CRDP priority populations and Californians in general rely on a friend (33-36%). The AI/AN population report they rely very much on a parent or family member more than other groups (51% and 49% compared to about a third among other groups). Conversely, about a quarter (26%) of the LGBTQ+ population rely on a parent or other family members (24%) when going through a tough time.

About half of transitional age youth (ages 18-24) rely on a partner very much when going through a tough time compared to other age groups (up to 73%). Transitional age youth rely more on their friends for support than Californians ages 25-44 (42% compared to 33%) but are

¹³ The survey instrument defined a “partner” as someone you have a close, romantic or personal relationship with. You may or may not live together, but you think about yourself as a couple. You are emotionally connected and have regular contact with each other. A partner could be any of the following: a spouse (husband or wife), boyfriend or girlfriend, dating partner, or sexual partner.

similar to other age groups. They also rely somewhat less on their parents than Californians ages 25-44 (40% compared to 45%).

Likely Sources for Help-Seeking

A majority of Californians in general (81%) report they are likely or very likely to talk to a partner when going through a tough time. Similar numbers of the API population and Latinos report being likely or very likely to seek help from a partner. However, fewer LGBTQ+ (68%), African Americans (64%), and even fewer AI/AN (60%) report this group as who they are likely or very likely to turn to for help. AI/AN report more often being very likely to talk to a friend (31%) than a partner (19%). The API population report more than other CRDP priority populations being likely or very likely to talk to a friend (68%). African Americans and the API population report being more likely or very likely to turn to a family friend or relative for help compared to other CRDP priority populations and Californians in general (51-52% compared to 38% among LGBTQ+ and 47% of Latinos). Similar numbers of the CRDP priority populations report being likely or very likely to talk to a medical doctor, except for the AI/AN population (44% of AI/AN compared to 51-56% among the other populations and Californians overall). Half (51%) of the AI/AN population are likely or very likely to talk to a peer counselor compared to 42% of Californians generally. African American and AI/AN populations more frequently report the likelihood of talking to a spiritual leader when going through a tough time than other CRDP populations and Californians generally (38% for AI/AN and 39% for African Americans).

The CRDP populations and Californians are likely to use websites more than other types of technology/networking. Smartphone applications are a close second to websites, particularly for African Americans (website 49%, smartphone app 47%), Latinos (website 53%, smartphone app 50%) and AI/AN populations (website 49%, smartphone app 46%). The API population report more frequently the likelihood they would turn to a website (66%), smartphone app (55%) or social networking (38%) for help-seeking. LGBTQ+ are also somewhat more likely than others to use a website (57%) when going through a tough time, however, they are similar to others in their use of smartphone apps (45%). Overall, a hotline received the least number of respondents who report being likely or very likely to reach out for help.

Heterosexual, lesbian and gay populations more frequently report being likely to turn to a partner when going through a tough time than bisexuals or those who are queer, questioning, asexual or report another sexual orientation (Q+) with over 80% compared to 64% among bisexuals and 44% among the Q+ population. The Q+ population report the likelihood of turning to a friend more than any other source for help. This group is also reports more frequently being likely to turn to social networking than other groups (42% compared to 23% among lesbians and 37% among bisexuals). Lesbians more frequently report the likelihood they would turn to a friend

than other sexual orientations (83% versus 70% of gays, 65% of heterosexuals, 57% of bisexuals and 55% of the Q+ group).

Transitional age youth (ages 18-24) report being very likely to turn to a friend for support than Californians ages 25-44 (31% compared to 25%). Older age groups report being likely or very likely to seek help from a medical doctor or other health care worker when going through a tough time more often than younger ages (71% among ages 65 and older compared to 47% among Californians ages 25-44 and 45% among transitional age youth). Older age groups more frequently report being likely to turn to a support group and those ages 45-64 report being more likely to turn to a spiritual leader than other age groups. Younger age groups more frequently report being likely or very likely to use social networking, but not as much as a website or smartphone app. Nearly half (46%) of transitional age youth report being likely or very likely they would do nothing when going through a tough time.

Reasons for Not Seeking Help

Californians are unsure about seeking help or are less likely to talk to anyone or ask for help for a variety of reasons. The largest proportion (28%) feel as if they do not need help, that they can handle it themselves. The next most common reason is the assumption that accessing services will not help when going through a tough time mentally or emotionally (22%), followed by the cost, that getting help from a professional or a mental health worker is too expensive (21%). These are followed by the effect of a negative experience in the past which reduced the motivation to seek help (19%) and due to social stigma in the form of shame from embarrassment (19%). Finally, not knowing how to find services, where to go or who to see (14%) is another problem voiced by Californians. However, the proportion of CRDP priority populations that voice the problem of not knowing where to go or who to see is higher (15-25% among certain groups). There are also specific concerns relayed by the CRDP populations. The main issues are related to not feeling safe or welcome where services are available, and among the AI/AN population in particular, the lack of confidentiality and anticipation of discrimination due to race-ethnicity.

How confident is the general public and are the five priority populations in seeking mental health care and prevention?

Confidence in Seeking Mental Health Services

A majority (63%) of Californians in general feel confident they could access mental health care services in their community when needed. However, 19% neither agree nor disagree they are confident they could access services and another 18% disagree, strongly disagree or chose not to respond. Fourteen percent of Californians report they do not know where to go, or who to see as a reason they likely would not seek mental health care when needed. There were not large differences in CRDP populations and Californians generally in confidence in seeking mental health services. However, confidence in accessing mental health care does increase with age.

Have the general population and the five priority populations provided support for a friend or family member struggling with mental health challenges?

More than a third of Californians report encouraging someone with mental illness to get help when they need support. Forty percent encouraged someone with mental illness to get help from a trusted friend, family member, counselor or health professional in the past year, and 34% encouraged someone needing support to get help from a website, help line or somewhere else. However, more of the LGBTQ+ and AI/AN CRDP priority populations report providing encouragement of others with mental illness to engage in help-seeking. Forty-eight percent of LGBTQ+ and 51% of AI/AN report encouraging others to seek help from a trusted friend, family member, counselor or health professional compared to 44% of African Americans, 41% of Latinos and 35% of the API population. Forty-one percent of LGBTQ+ and AI/AN populations report encouraging others to seek help from a website, help line or somewhere else compared to 37% of African Americans, 38% of Latinos and 30% of the API population.

Contact with Others Experiencing Mental Illness

Nearly half (47%) of the API population report not knowing anyone with mental illness. Forty-two percent of the LGBTQ+ population have a friend with mental illness, and nearly a third (32%) have a family member. More of the LGBTQ+ population (31%) also know someone who has either attempted or died by suicide compared to 25% of Californians in general, 11% of the AI/AN population and 22% of African Americans. The LGBTQ+ population report more contact with others who have mental illness, leading to greater understanding of their experience with 45% who report contact compared to 29% of the API population and 36% of Californians in general. Transitional age youth also report having a friend who has a mental illness more often

than other age groups. Respondents over 65 years of age report not knowing anyone with a mental illness (46%) more frequently than other age groups.

Has knowledge and awareness of mental illness changed over time? (This question may not be answered between the first and second years of the study and may be addressed during future fielding periods.)

In the attempt to identify approaches to examine changes over time, NORC accessed data from population-level studies from work for CalMHSA. The comparisons indicated some potential improvements, however, differences in sampling reduced the confidence in the comparisons. One finding indicated that a little over half of Californians (55%) agree or strongly agree that people are more accepting of others with mental illness than they used to be, which appears to have increased from the 2014 CalMHSA population-level survey at 31%.

Expanded Areas in Conceptual Framework

In addition to answering the research questions, other areas of focus were expanded upon to respond to other areas of interest for CPEHN and CDPH OHE.

Telehealth

During the COVID-19 pandemic, access to socially distant health care became a necessity and the use of telehealth and other technology to provide personal interaction without direct physical contact rapidly increased. Understanding the accessibility and use of telehealth for mental health services became a priority for CPEHN and CDPH OHE. Twenty-two percent of Californians in general report being able to visit with a mental health worker via video, telehealth or virtual appointment instead of an in-person visit and 8% are able to have a phone visit instead of in-person. Between 50% and 60% of Californians report that if they needed to use telehealth to talk with a mental health worker, they have the technology available (smartphone, computer, internet connection, etc.). Conversely, this means that about half of Californians *do not* have the technology available to use telehealth. Fewer (39-50%) have a safe and private space for the visit including Latinos who report the lowest access to a safe and private space. About a third of Californians (35%) feel comfortable sharing personal information by video. However, 21% of Californians and African Americans, and a quarter (25%) of Latinos are *not* comfortable talking with a mental health care worker using a phone or computer-based option. Only 15% of API, 12% of LGBTQ+ and 9% of AI/AN report they are not comfortable seeking mental health services. Transitional age youth (ages 18-24) indicate less comfort with both phone and video appointments compared to other age groups. Fifty-two percent are either somewhat or very

uncomfortable with a phone or video visit compared to other age groups (41-43% for phone appointment and 45-46% for video appointment).

Barriers to Care: Cost and Affordability

Forty percent of Californians in general either somewhat or strongly agree that they worry they could not afford mental health care when they need it. Twenty-one percent are neutral by neither agreeing nor disagreeing. For those without health insurance, 55% either agree or strongly agree that they worry they could not afford mental health care when they need it compared to 37% of those who have health insurance. The Latino population report the highest levels of concern with half (50%) who either somewhat or strongly agree they worry they could not afford services when needed.

Implications/Recommendations

This study was designed not only to assess prevailing perceptions, attitudes and beliefs about mental health and access to mental health services among the CRDP priority populations and Californians in general. The study was designed to guide policy, advocacy, social activism, state-wide and local programs, as well as to support education and outreach among stakeholders with data to track population-level opinions over time. This section considers the types of efforts and directions that stakeholders can consider improving mental health services for all Californians, in particular the CRDP priority populations and other key groups. The statewide [California Reducing Disparities Project \(CRDP\) Strategic Plan](#) and the [CDPH Portrait of a Promise](#) call out the importance of improving mental health services to promote mental health equity.

Using the findings drawn from the CCMHSS, presented below are some considerations for sectors of impact and recommendations to address disparities in access to mental health services. Important social factors at the core of the sectors are shame, stigma and discrimination. These social factors are included as some of the top social reasons that Californians and the CRDP priority populations do not seek mental health care when they need it. These factors have the potential to influence the sectors of impact and action items. The sectors of impact include policy/advocacy, statewide or regional programs, community action/local interventions, health care systems/health insurance, technology and communication. Also included in this section are ideas about key groups of focus and thoughts for future research as important considerations for the next wave of the CCMHSS which aims to track population-level data over time.

Key Groups of Focus

Continued Focus on CRDP Priority Populations

- Maintain a focus on the current CRDP priority populations, following their progress over time to identify improvements in access to services, unmet need, discrimination, attitudes and beliefs

Expand Priority Populations

- Address issues identified among transitional age youth (ages 18-24), youth with a history of adverse childhood experiences (ACEs), and other priority populations outlined in the CRDP Strategic Plan such as Immigrants/Refugees, People with Disabilities and Veterans.
- Prioritize increasing access for those who are low-income, uninsured or receiving Medi-Cal

Thoughts for Future Research

The following ideas were developed to further the work through the CRDP to continue to understand disparities and track population-level changes over time. They were also developed to address limitations in the survey, to expand and improve sampling strategies, measures, and methods.

Future Waves of the CCMHSS

- Add a series of questions that capture perceptions of mental health equity, test and validate the items
- Conduct community-based intercepts to reach rural and geographically isolated populations, specifically AI/AN populations
- To address limitations in sampling during wave 1, oversample additional Asian and Pacific Islander subpopulations to better represent the many diverse subgroups
- Include survey items that capture the types of service providers seen by Californians and priority populations
- Analyze data to identify the types of service providers among those who report poor care or discriminatory experiences when receiving services to advocate for improved services, particularly among key populations

Additional Data Analysis

- Conduct additional analysis to search for correlations and to learn about potential differences among subgroups

Additional Qualitative Research

- Conduct follow-on qualitative research from CRDP Phase 1 to update current issues and identify key communication strategies among priority populations to reduce shame and discrimination for help-seeking and build upon the Education, Outreach and Awareness efforts from CRDP Phase 2

Sectors of Impact and Action Items

Exhibit 2 presents the sectors of impact where areas of potential action items are organized. Action items were developed from the CCMHSS findings. Reducing shame, stigma and discrimination are at the core of the sectors as these social factors are important influencers in the support for and promotion of improvements in mental health services. These social factors are unique from other attitudes and perceptions in their potential to affect potential initiatives or efforts due to their influence on help-seeking, support and normative beliefs about mental health.

Exhibit 2. Sectors of Impact



Reduce Shame, Stigma and Discrimination

- Across all sectors and efforts working with internal and external stakeholders, strive to reduce shame, stigma and discrimination related to mental illness, help-seeking, social support and normative beliefs that increase mental health and wellbeing
- Address shame, stigma and discrimination specifically with key populations and plan for slow changes over time as cultures shift and equity in access to mental health services have a chance to improve

Policy and Advocacy

Address Unmet Need

- Advocate for increased access to mental health services for all Californians, particularly for priority populations to increase mental health equity

- Advocate for funding to support state-wide and community-level programs, evaluation of programs and fidelity testing and transparency for best practices
- Advocate for more service providers and training programs that support professionals and community-level mental health workers
- Include awareness of shame and stigma as important levers to increase support for policies that increase access to mental health services

Reduce Costs

- Advocate for reduced costs to access services through private health insurance, Medi-Cal or low-cost community-level services

Statewide or Regional Programs

Expand or Develop New Programs

- Support statewide leadership and voices in support of broad policy and programmatic efforts to reduce stigma and discrimination, and increase awareness of access to mental health services that are safe and welcoming
- Work with stakeholders to expand and improve existing programs and efforts using evidence-based approaches
- Develop innovative approaches across the state and regionally to utilize technology that increases opportunities for social networking and connections to referrals or other sources for help-seeking
- Create opportunities to increase awareness of options for help-seeking
- Address shame and stigma with programs that aim particularly at groups with higher levels of anticipated stigma to promote support among sources of support that are identified as important and are tailored to those needs
- Expand or develop methods for identification of best practices, sharing of successful efforts and evaluation for evidence-based approaches

Community Action/Local Interventions

Increase Awareness of Services

- Develop approaches to increase awareness of providers and types of mental health services available in communities

Expand or Develop New Culturally-Focused and In-Language Interventions

- Work with stakeholders to expand or develop community-level interventions that are culturally and linguistically appropriate and ensure residents feel safe and welcome
- Ensure that local residents are aware of available options by working with well-connected, diverse community-based organizations
- Expand or develop train-the-trainer or promotor/promotora models of service
- Evaluate success and effectiveness of programs, share successes

Health Care Systems/Health Insurance

Service Providers

- Develop approaches to increase awareness of providers and types of mental health services in communities
- Ensure high quality mental health care is a priority for service providers by creating incentives for high levels of patient satisfaction with care and low indicators of discrimination
- Reduce wait times for care and distances required to travel for care, especially among key priority populations
- Collect and analyze data on the types of service providers to identify the frequency of discriminatory experiences, poorer service or bad experiences reported by the general population and priority populations.

Health Insurance

- Create affordable options for mental health services for those with different types of health insurance, leveraging the insurance marketplace, especially with California's health benefit exchange
- Reduce out of pocket costs for those who do have health insurance and coverage of mental health services

Technology

Availability and Use of Telehealth

- Increase availability of telehealth options for services
- Decrease stigma related to the use of telehealth services
- Promote benefits and ease of telehealth options and reduce barriers

Smart Phone Apps and Social Networking

- Promote the use of computer or handheld devices for support, tailoring for audiences that prefer using as a source of support
- Reduce reliance on hotlines to serve unmet need
- Explore options for social networking and connections using expanded definitions of the idea of communities and cultural relevance

Communication

Disseminate Data and Research Findings

- Share findings from statewide surveys
- Make data available for researchers and other special interest groups
- Create press releases, talking points and presentation opportunities to share important research findings

Engage in Mass Media and Public Relations Efforts

- Renew and refresh statewide and local campaigns to reduce shame and stigma, increase social support, help-seeking normative behaviors and knowledge of where to find help
- Promote the idea that sources of support *can* help and tailor them to audiences based on the preferred types of support
- Build upon the Education, Outreach and Awareness efforts from CRDP Phase 2, using findings from the CCMHSS to support communication strategies and for local advocacy

Appendices

Appendix A: Weighting and Methodology

Appendix B: CCMHSS Data Tables

Appendix C: CCMHSS Survey Instrument

Appendix D: Partnership Media Recruitment Materials

Appendix A: Methodology

Study Population

The California Communities Mental Health Services Survey (CCMHSS) was a survey administered online and designed to capture and understand different perspectives of mental health among historically underserved populations and the general population of California. In total, NORC collected response from 4,283 adults over 18 years of age living in California completed the survey which included oversampled priority populations including communities of color, LGBTQ+ individuals and non-native English speakers.

Sample Design

Given our interest in the California Reducing Disparities Project (CRDP) priority populations, it was necessary to devise a way to implement oversampling of certain groups. Each of the priority populations were oversampled to meet specifications set forth from a power analysis designed to secure the ability to detect statistically significant differences among the sampled populations. Additional targeted oversampling occurred for other groups of interest including Asian and Pacific Islander subgroups for which sampling goals were established using estimates from the Census Bureau's American Community Survey (ACS) Public Use Microdata Sample (PUMS) data (see Exhibit 2). Subgroups for oversampling were determined based on the largest populations within the Asian and Pacific Islander Populations with the understanding that in future waves of the survey, that other subgroups would be oversampled to capture other important groups of interest. Transitional age youth (ages 18-24) were also oversampled as a key group of interest due to statewide policy and potential programmatic efforts. Finally, during the data collection period, cross-tabulations of race-ethnicity among the LGBTQ+ population were obtained and monitored to ensure race-ethnic representation within the LGBTQ+ population. The sample was also monitored during the data collection period to ensure geographic representation from different regions in California.

Table 1.

Asian Population	U.S. Census ²		
	n (language)	n (population)	%
Tagalog	632,088	989,661	63.90%
Chinese	581,267	1,152,331	50.40%
Vietnamese	489,232	465,800	105.00%
Korean	326,384	376,565	86.70%
Japanese	120,705	280,144	43.10%
Hindi	182,439	477,803	38.20%
Urdu	47,860	477,803	10.00%
Cantonese	264,076	1,152,331	22.90%
Mandarin	265,142	1,281,476 (Chinese + Taiwanese)	23.00%
Min Nan Chinese	32,863	1,152,331	2.90%
Hmong	56,212	50,742	110.80%

*Percentages are calculated as language out of the total Asian population.

²2017 United States Census Public Use Microdata Sample (PUMS)

In Fall 2020, NORC began leveraging CRDP community connections and conducting additional research to determine organizations most suited to connect with hard-to-reach populations for outreach – namely members of the LGBTQ+ community and American Indian and Alaska Native (AI/AN) individuals. Following outreach efforts to 18 LGBTQ+ and 10 AI/AN organizations, NORC confirmed support from 6 and 10 organizations, respectively. A sign-up website was created for partner organizations to distribute a link to for recruitment of potential survey respondents. The website included information about the survey topics, frequently asked questions about the survey and a statement about participant privacy. Interested participants could sign-up by providing their email, language preference and which partner organization recruited them. All sign-up website content was offered in English, Tagalog, Chinese, Korean or Vietnamese.

Table 2.

LGBTQ+	AI/AN
API Equality-LA	California Consortium for Urban Indian Health (CCUIH)
The Imperial Valley LGBT Center	Colusa Indian Community
The Source LGBT+ Center	Enterprise Rancheria of Maidu Indians
Trans* Lounge	Mechoopda Indian Tribe of Chico Rancheria
TransLatin@ Coalition	Pinoleville Pomo Nation
TruEvolution	Pit River Tribe
	Sacramento Native American Health Center
	San Diego American Indian Health Center
	Southern California American Indian Resource Center
	Tolowa Dee-ni Nation

NORC developed a media toolkit (Appendix D) which provided participating organizations with sample social media posts, newsletter copy, and accompanying graphics to make it easier to share the survey opportunity with their respective audiences. Additional culturally relevant graphics were developed specifically for LGBTQ+ and AI/AN groups. Organizations chose to either use NORC-developed graphics or their own to be consistent with their brand, as seen below in sample posts from the Sacramento Native American Health Center (SNAHC), the TransLatin@ Coalition, and the Trans* Lounge. In total, partner organizations successfully brought over 1,300 valid respondents to the CCMHSS website sign-up page.

NORC also leveraged organizational support to increase diversity within the survey by reaching more in-language respondents. Thirty organizations across California that provide services to the Asian American and Pacific Islander communities were contacted, with five responding positively to the request. Social media posts were sent from the Asian Youth Center and PALS for Health. Two additional organizations – Caregiver Resource Center OC and Pacific Rim Heritage Foundation – helped to directly recruit individuals into the survey with native-language proficiency in Vietnamese and Filipino, respectively. The recruitment strategies were intended to sample populations with limited English proficiency, but the screening did not specifically identify this group.

Respondents from community partners were directed to the sign-up site set up by NORC. The sign-up site asked interested participants to provide their email address, preferred language (English, Tagalog, Chinese, Korean or Vietnamese), and the name of the community partner that recruited them. Invitations were sent on a weekly basis to individuals to complete the survey. NORC monitored rates of completion by community partner. In total, the sign-up site brought in 990 valid completes across the LGBTQ+, AI/AN and Asian groups. Table 3 presents the final sample.

TABLE 3 Groups	Target	Completed Surveys as of 05/13/2021.	Percent of Target	AmeriSpeak Panel Completes as of 05/13/2021.	Dynata Panel Completes as of 05/13/2021.	C&C Market Research Completes as of 05/13/2021.	In Language Vendor Completes as of 05/13/2021.	Partnership Sample Completes as of 05/13/2021.	ThinkNow Completes as of 05/13/2021.
<u>Sample Target</u>	-	-	-	975	1360	610	150	990	100
<u>Total Unique Respondents</u>	4,321	4283	99%	940	1230	474	221	1357	61
<u>Percent of Sample Target</u>				96%	90%	78%	147%	137%	61%
-									
<u>Priority Populations</u>									
Filipino	172	186	108%	9	66		74	37	
Chinese	190	193	102%	18	92			83	
Vietnamese	160	157	98%	5	37	1	92	22	
Indian	99	86	87%	6	19			17	44
Korean	100	188	188%	6	27		55	100	
Japanese	101	109	108%	11	93			5	
Other Asian	100	109	109%	29	25			55	
Native American	660	618	94%	15	25	6		555	17
African American	660	625	95%	55	143	258		169	
Hispanic	660	692	105%	262	185	176		69	
LGBTQ	659	553	84%	84	230	12		227	
<u>Other</u>	660	649	98%	411	226	4		8	
White		607		383	214	2		8	
Native Hawaiian or Other Pacific Islander		4		3	1				
Multirace		38		25	11	2			
Youth 18-24	100	118	118%	29	62	17		10	

Survey Questionnaire Development

The NORC team collaborated with the CRDP OHE and the CPEHN to develop and test the survey instrument. The conceptual framework provided guidance for a search of existing measures in the literature and other state-level surveys. The search for existing measures was designed to identify tested items to adapt or administer and as potential comparison benchmarks including measures from the [California Health Interview Survey](#), [Kaiser Family Foundation California Health Policy Survey](#), the [CRDP State-wide Evaluation \(SWE\)](#), [American Health Values Survey \(AHVS\)](#), and [other sources from peer-reviewed literature](#). Several identical measures were also included from a population-level survey conducted NORC in 2014 for the [California Mental Health Services Authority \(CalMHSA\)](#) to examine differences in stigma related measures. The types of measures included covered social and self-stigma, prejudice and contact with others experiencing mental health challenges.

Formative research was conducted to develop the survey instrument including cognitive testing, which was administered in English, Spanish, Chinese, Vietnamese, Korean, and Tagalog/Taglish. A pilot survey to test the draft instrument was conducted in May of 2020. The pilot survey was only offered in English and was administered online with a probability sample of 552. To review the performance of the survey items, response distributions were examined along with a factor analysis. Items identified with low factor loading were candidates to be dropped from the instrument, however, face validity was also assessed through a stakeholder review process and some items were retained following the pilot phase. In July of 2020, NORC conducted in-language cognitive testing to ensure 1) survey measures used positive, culturally respectful and competent frame and tone 2) survey measures aligned with state-wide evaluation for key measures, but also provided unique, population perspective on public perceptions and 3) questions allowed for confidentiality and assurance of de-identified data collection. NORC partnered with both an Asian American consultant and a Spanish language translator to focus on transadaption of survey questions rather than direct translation; this process included review and back translation by respective language consultants. Following the pilot test and in-language cognitive testing, a stakeholder review survey was conducted from July 23rd, 2020, to July 31st, 2020. Various stakeholders reviewed the survey and provided their top 3 ranked questions, lowest 3 ranked questions, and any additional comments. NORC compiled information from the pilot test, in-language cognitive testing, and stakeholder reviews and presented to OHE and CPEHN on August 4th, 2020. After multiple rounds of revision, the survey instrument was complete and data collection began on December 14th, 2020.

Data Collection

Data were collected using NORC's computer-assisted web interviewing (CAWI) system. This system supports industry-standard survey procedures and allows for detailed monitoring to

facilitate high-quality data capture. A series of screening questions were administered to identify respondents over 18 years of age to determine if they contributed to one of the five CRDP priority populations or the general public sampling goals. The survey was fielded from December 14th, 2020, through May 10th, 2021. The survey was administered in English, Spanish, Chinese, Vietnamese, Korean and Tagalog/Taglish. A final sample of 4,283 respondents completed the survey, followed by a weighting and calibration process described below.

Data Validation and Weighting

Throughout the data collection period, NORC reviewed CAWI data and other quality indicators to ensure data were collected according to the study protocol. Following the end of data collection data cleaning was conducted. Respondent data identified as skippers, speeders or straightliners were removed from the survey. A skipper was defined as a respondent who skips greater than 50% of non-grid questions. A speeder was defined as a respondent whose completion time is less than 33% of median duration for each respondent type. A straightliner was defined as a respondent who answered greater than 75% of grid questions with the same answer for each block. After editing and validation work were completed, the open-ended responses were coded, and the data set prepared for weighting and analysis. The final survey data were weighted to population control totals to rectify imbalances in the distribution of the surveys, the oversampling of groups defined by their CRDP priority population and demographic population control totals were derived from Current Population Survey (CPS)¹⁴ data.

¹⁴ <https://www.census.gov/programs-surveys/cps.html>

The population-level sample created the ability to establish a weighting strategy to apply to the opt-in sample. The opt-in sample was scientifically calibrated and adjusted based on demographic characteristics of the population-based group and the two were aggregated. The population-level sample was raked to the Current Population Survey (CPS) benchmarks for the 18+ California general population. Demographics used in the weighted process were age, education, race/ethnicity, gender and LGBT+ status. All 4 nonprobability sources were combined and then followed the same raking process described above. Finally, TrueNorth weighting was conducted to generate the full sample general population weight. The purpose of TrueNorth calibration is to adjust the weights for the nonprobability sample so as to bring weighted distributions of the nonprobability sample in line with the population distribution for characteristics correlated with the survey variables. This calibration helps to reduce potential bias.

Analysis and Reporting

We used the chi-square statistic to test for statistical significance and findings are included at the $p < 0.05$ -level. The chi-square test assesses whether the relationship between variables is significant; it differs from the t test, which instead focuses on the significance of differences between pairs of proportions. Where we found evidence of a significant relationship between variables, we examined the differences across the analytical groups of interest and pointed out meaningful differences in our discussion. Chi-square tests were selected as an appropriate method to identify differences among the groups and sampling strategies were designed around the assumption that each group would be mutually exclusive from one another. To increase the strength of comparisons for subgroup analysis in the dataset, respondents were assigned in a non-exclusive, overlapping manner in some cases. As such, the limitation was accepted within the methodology and the mutually exclusive assumption is broken. However, due to the findings with the non-exclusive assignment and sample size achieved with unique assignments to each of the groups in the study, there is confidence in statistically significant comparisons in the presence of mutually exclusive groups.

The main analytical focus for this report has been to assess proportions and differences among the CRDP priority populations and the general population of Californians. However, in some cases we compared across other categorical groups such as by age, income, region or education. It is important to note that the CRDP priority population comparisons not only include groups identified by their race-ethnicity, but also by their sexual orientation and gender identity. These comparisons have been made to target programmatic efforts and to inform decision-making when considering intervention and communication strategies.

Appendix B: Data Tables

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Background

The sampling goal for the California Mental Health Services Survey (CCMHSS) was to obtain a general population sample of adults from CA with an oversample of certain race/ethnic groups, including Asian subgroups and respondents identifying as lesbian, gay, bisexual, queer or questioning for their sexual orientation or transgender for their gender identity (LGBTQ+).

Methodology

Data collection began on December 14, 2020, and completed May 11, 2021. The sample is comprised of multiple sources. All samples other than the [AmeriSpeak panel](#) are from non-probability sources. Data were collected using an online survey. In total, NORC collected 4,283 responses. Following data collection and cleaning, NORC calculated survey weights which is described in Appendix A.

Weighting. Tables A1-A5 present unweighted case counts as well as unweighted percentages to reflect the demographic distribution within the sample. All other tables present valid case counts as unweighted, but percentages as weighted. Please refer Appendix A for more information about weighting methods.

Non-Response. ‘Skipped on web’ and ‘prefer not to answer’ response options are represented by a single ‘non-response’ option.

Sample Size Differences. The number of valid cases may fluctuate due to skip logic administered in the survey where certain questions were not provided to all respondents. Questions presented to respondents using skip logic have a sub-letter in addition to the table number and there is a note below the table indicating the sample size.

Acronyms/Abbreviations

Below is a list of acronyms and abbreviations included in this document.

- **Black:** This group consists of respondents who selected African American/Black for their race.
- **API:** This group consists of respondents who selected Asian American or Native Hawaiian and Other Pacific Islander for their race.
- **Latino:** This group consists of respondents who selected “Yes” when asked if they were Latino or Hispanic.
- **LGBTQ+:** This group consists of respondents who selected lesbian, gay, bisexual, queer or questioning for their sexual orientation or transgender for their gender identity. There

are other identities that we did not list that fit under this acronym including but not limited to, asexual, pansexual, etc.

- **AI/AN:** This group consists of respondents who selected Native American, American Indian or Alaskan Native for their race.
- **Gen Pop:** This group reflects the sample-wide population. It consists of all respondents that completed the survey. The weighted sample-wide population creates a representative sample for the general population of California.

Data Tables

Introduction:

Significance Testing. All comparisons in the tables were found to have significant differences among the priority population groups. Test results are based on $p < .01$ for chi-square tests to identify differences for categorical data among the groups. Significance testing was not conducted on the tables in Section A – Respondent Characteristics. Chi-square tests were selected as an appropriate method to identify differences among the groups and sampling strategies were designed around the assumption that each group would be mutually exclusive from one another. To increase the strength of comparisons for subgroup analysis in the dataset, respondents were assigned in a non-exclusive, overlapping manner in some cases. As such, the limitation was accepted within the methodology and the mutually exclusive assumption is broken. However, due to the findings with the non-exclusive assignment and sample size achieved with unique assignment to each of the groups in the study, there is confidence in statistically significant comparisons in the presence of mutually exclusive groups.

Rounding Note. Table values may add up to slightly more or less than 100% due to rounding.

Interpreting Small Sample Sizes. Please use caution with interpreting percentages where sample sizes get small (less than ~30 cases per cell). Small cell sizes may not adequately represent the population under investigation, and may lack the statistical power required to detect statistically significant difference between populations.

Sample Size Differences. Valid cases may fluctuate due to skip logic in the survey where certain questions were not provided to all respondents. In situations where open-ended responses were coded in to numeric variables, missing values are removed from the base.

A. Respondent Characteristics¹⁵

Table A1: Race

	n=	Percentage
American Indian or Alaska Native	673	15.7
Black or African American	754	17.6
Asian	1075	25.1
Native Hawaiian or Other Pacific Islander	22	0.5
White	1,405	32.8
Hispanic, No Race Category Selected ^{\$}	248	5.8
Multi-Racial: Population of 2 Races [^]	51	1.2
Multi-Racial: Population of 3 Races [#]	8	0.2
Multi-Racial: Population of 4 Races	3	0.1
Multi-Racial: Population of 5 Races	1	0.0
Multi-Racial: Mixed Race [%]	43	1.0

Data provides unweighted counts and percentages

[^]Represents the total population of Table A4

[#]Represents the total population of Table A5

[%]Represents participants that selected Multiple Races but did not specify race in follow-up question

^{\$}Represents participants that selected Don't Know, Skipped, or Refused to the race question or selected "Other" and typed in Hispanic

Table A2: Asian Ethnicity

	n=	Percentage
Chinese [*]	193	18.0
Filipino [*]	195	18.1
Korean [*]	191	17.8
Vietnamese [*]	153	14.2
Japanese [*]	106	9.9
Indian (India) [*]	88	8.2
Cambodian	23	2.1
Taiwanese	17	1.6
Hmong	10	0.9
Bangladeshi	11	1.0

¹⁵ Respondent characteristics are unweighted.

	n=	Percentage
Indonesian	11	1.0
Burmese	6	0.6
Laotian	3	0.3
Malaysian	5	0.5
Thai	4	0.4
Afghan	4	0.4
Pakistani	2	0.2
Sri Lankan	1	0.1
Multiple Asian Ethnicities	41	3.8
Asian Ethnicity Non-Response [^]	11	1.0

**These Asian ethnicities were oversampled based on 2017 United States Census Public Use Microdata Sample (PUMS) for California. In planning for future administration of the survey other Asian ethnicities will also be designated for oversampling.*

[^]Represents participants that selected Asian in the race question, but then Skipped or Refused when asked to identify their Asian ethnicity.

Table A3: Race-Ethnicity: Hispanic by Race

	n=	Percentage
Latino/Hispanic/Spanish	919	21.5
Non-Hispanic	3364	78.5
American Indian or Alaskan Native and Hispanic	108	11.8
Black and Hispanic	83	9.0
Asian and Hispanic	27	2.9
Native Hawaiian or Other Pacific Islander and Hispanic	13	1.4
White and Hispanic	389	42.3
Hispanic, No Race Category Selected	271	29.5
Hispanic and Multi-Racial	28	3.0

Table A4: Multi-Racial: Population of Two Races

Population of Two Races [^]		
	n=	Percentage
White; Asian	14	27.5
White; American Indian and Alaska Native	21	41.2
White; Black	13	25.5
Asian; Native Hawaiian or Other Pacific Islander	1	2.0
Asian; American Indian and Alaska Native	2	3.9

[^]Total population of this table is represented in Table A1

The combinations of two race listed above are only those selected in our survey. If a two-race combination is not listed in the table above it was not present in the data

Table A5: Multi-Racial: Population of Three Races

Population of Three Races		
	n=	Percentage
White; Black or African American; American Indian and Alaska Native	5	62.5
White; Black or African American; Native Hawaiian or Other Pacific Islander	1	12.5
White; Asian; Native Hawaiian or Other Pacific Islander	1	12.5
White; Native Hawaiian or Other Pacific Islander; American Indian and Alaska Native	1	12.5

[#]Total population of this table is from Table A1

The combinations of three race listed above are only those selected in our survey. If a three-race combination is not listed in the table above it was not present in the data

Table A6: California Reducing Disparities Priority Population Assignment

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+)	218	21.2	168	9.0	169	18.7	165	18.3	1,124	100.0	1,124	22.8
Non-Hispanic African American (Black)	485	78.8	0	0	0	0	0	0	0	0.0	485	4.4
Hispanic (Latino)	0	0	0	0	640	81.3	0	0	0	0.0	640	30.5
Non-Hispanic American Indian/Alaska Native (AI/AN)	0	0	0	0	0	0	459	81.7	0	0.0	459	1.6
General Population (Gen Pop)	0	0	4	0.2	0	0	0	0	0	0.0	674	26.8
Non-Hispanic Asian American (Asian)	0	0	901	90.8	0	0	0	0	0	0.0	901	13.9

Table A7: Age

We need to verify your age. How old are you? _____ years old

Age												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
18-24	96	13.9	101	7.8	119	18.4	20	7.1	131	16.2	380	11.8
25-34	248	18.9	367	19.7	247	21.3	236	37.8	474	24.9	1,306	19.1
35-44	123	16.6	194	18.1	196	22.6	325	26.0	260	24.1	985	19.2
45-54	82	15.2	132	16.3	98	14.8	23	7.7	55	7.4	422	13.6
55-64	83	16.9	115	15.5	79	11.3	9	9.0	91	15.2	488	16.5
65-74	56	14.4	137	18.8	59	10.3	10	11.7	95	10.6	540	15.1
75+	15	4.1	27	3.9	11	1.3	1	0.6	18	1.6	162	4.6

Table A8: Education

What is the highest level of school you have completed?

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Less than High School	37	14.1	36	8.8	74	23.3	81	17.6	81	12.5	238	12.6
HS or equivalent	166	36.7	105	10.0	191	36.3	112	33.1	112	21.2	668	25.2
Some college/tech school	330	32.6	399	17.7	324	25.5	394	32.3	394	29.8	1,864	27.0
Bachelors	105	10.9	359	43.1	149	10.8	26	12.4	26	21.3	932	22.2
Advanced Degree	40	5.7	166	20.4	55	4.2	9	4.6	9	15.2	528	12.9

Table A9: Income

During the past 12 months, what was your yearly total household income before taxes? Include your income, your partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting. If you do not know exactly, please indicate your best guess.

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Less than \$15,000	65	14.2	60	8.6	84	15.6	6	5.3	53	11.2	268	11.3
\$15,000 - \$29,999	86	18.7	82	9.5	114	15.7	10	3.4	69	7.8	378	12.2
\$30,000 - \$49,999	104	17.1	132	13.6	179	22.3	269	36.1	177	15.6	797	16.1
\$50,000 - \$69,999	141	16.5	292	16.5	147	15.8	200	33.4	306	19.0	944	15.7
\$70,000 - \$99,999	108	11.3	191	15.5	109	10.3	101	14.8	244	18.7	732	15.0
\$100,000 - \$124,999	45	4.1	71	7.4	50	5.1	22	2.0	81	8.1	297	7.3
\$150,000 - \$174,999	42	2.9	59	6.6	21	1.7	7	3.5	56	5.1	203	4.4
\$175,000 - \$199,999	28	3.1	34	3.7	20	2.0	2	0.1	36	3.2	129	2.9
\$200,000 or more	7	1.7	16	2.3	11	1.0	2	0.7	18	1.9	84	2.5
Not sure	5	0.4	53	6.0	21	1.8	1	0.5	33	3.8	162	4.3
Non-Response	72	10.0	83	10.3	53	8.6	4	0.2	51	5.7	289	8.2

Table A10: Employment Status*Which statement best describes your current employment status?*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Working -- as a paid employee	288	30.6	609	49.7	397	44.2	380	52.3	556	46.6	2,112	44.5
Working -- self-employed	84	11.0	92	8.1	61	9.9	88	11.3	155	14.0	432	9.7
Not working -- on temporary layoff from a job	50	6.7	51	5.1	43	5.7	62	10.5	81	6.5	232	4.4
Not working for pay - home maker	47	4.4	49	5.3	53	4.9	34	4.5	66	4.2	212	4.3
Not working -- looking for work	53	8.8	62	6.0	70	9.4	37	7.6	75	6.6	269	7.5
Not working -- retired	84	20.0	140	18.5	71	12.3	13	10.7	108	11.0	671	19.7
Not working -- other	36	10.3	10	1.3	24	3.6	3	2.5	26	5.4	104	3.7
Something else, please specify	20	3.5	32	5.1	40	5.3	2	0.4	20	3.2	115	3.9
Non-Response	33	4.8	11	1.0	28	4.9	3	0.2	24	2.4	78	2.3

Table A11: Sexual Orientation*What words best describe your sexual orientation?*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Heterosexual/Straight	490	79.4	913	91.6	650	82.5	459	81.7	34	4.7	3,193	78.3
Gay	48	4.3	38	3.3	38	4.4	52	5.2	313	31.0	313	7.1
Lesbian	15	2.2	13	0.8	12	2.5	21	1.1	98	12.1	98	2.8
Bisexual	126	9.9	96	3.6	82	7.5	79	9.3	584	44.1	584	10.1
Pansexual	27	4.2	10	0.6	26	3.7	9	0.6	92	9.7	92	2.2
Queer	3	0.3	5	0.5	8	0.8	2	0.6	39	6.1	39	1.4
Questioning	4	0.8	3	0.2	5	0.5	1	0.2	19	2.0	19	0.5
Asexual	2	0.2	4	0.2	6	1.2	4	1.6	23	2.9	23	0.7
Another sexual orientation not listed, please specify:	1	0.0	2	0.1	4	0.8	0	0	10	1.9	10	0.4

Table A12: Gender Identity*How would you describe yourself?*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Male/Man	244	41.2	510	43.7	333	48.5	401	53.3	555	49.9	2,044	47.0
Female/Woman	336	49.9	535	54.8	447	47.7	151	39.9	289	35.3	1,946	49.2
Trans male/Trans man	72	4.3	10	0.4	11	0.9	5	0.5	109	4.8	109	1.1
Trans female/Trans woman	40	2.4	11	0.4	6	0.9	62	4.7	128	4.1	128	0.9
Genderqueer/Nonbinary	2	1.0	2	0.3	6	0.4	1	0.4	20	2.9	20	0.7
Two Spirit	1	0.1	1	0.0	1	0.1	3	0.9	10	0.7	10	0.2
Questioning or unsure of gender identity	1	0.1	0	0	1	0.2	0	0	3	0.4	3	0.1
Another gender identity not listed, please specify	1	0.0	0	0	1	0.1	0	0	4	0.3	4	0.1
Non-Response	6	1.1	4	0.4	3	1.2	1	0.2	6	1.4	19	0.7

Table A13: US Native Origin and Parent Origin*In what country were you born?*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
United States	673	97.4	680	50.5	593	77.4	2*	100.0	840	87.8	2,914	80.4
Another country, please specify	10	1.2	346	45.9	132	20.1	0	0	50	6.1	549	17.0
Non-Response	20	1.3	47	3.6	19	2.5	0	0	49	6.0	117	2.5
Were one or both of your parents born outside the United States?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Only my mother was born outside the United States, my father was born in the United States	91	8.6	78	4.1	65	7.0	0	0	119	8.3	305	5.9
Only my father was born outside the United States, my mother was born in the United States	54	6.3	96	4.4	92	12.0	0	0	100	6.5	283	6.3
Both of my parents were born outside of the United States	93	11.0	601	73.5	369	51.3	0	0	195	22.4	1,172	35.1
Neither of my parents were born outside the United States	415	70.1	264	15.3	177	24.5	2	100.0	416	51.5	1,610	47.9
Non-Response	50	4.0	34	2.6	41	5.1	0	0	109	11.3	210	4.8

*The origin question was not asked of AI/AN respondents, however two AI/AN respondents indicated "other" as race-ethnicity, and thus received the question. Their responses are indicated here.

Table A14: Marital Status*Are you ...*

Marital Status												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Married	266	31.6	575	54.5	383	41.1	492	63.9	552	41.8	2,289	46.5
Widowed	30	5.5	39	5.1	20	3.6	37	11.7	34	2.7	188	4.9
Divorced	59	12.4	50	6.1	72	10.2	11	4.3	43	4.7	333	10.8
Separated	26	3.3	13	0.9	21	3.4	6	1.0	21	1.0	79	2.2
Never married	275	42.5	369	31.5	285	37.8	58	16.0	423	43.6	1,241	32.3
Non-Response	47	4.7	27	1.9	28	3.9	20	3.1	51	6.2	153	3.3

Table A15: Partner Status*Please choose the statement that best describes your current partner and living situation ...*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I do not have a partner	238	39.8	301	30.8	227	33.9	43	14.9	296	32.5	1,139	33.3
My partner lives with me all of the time	229	32.2	531	54.5	401	43.7	405	64.7	448	38.7	2,143	48.8
My partner lives with me some of the time	99	9.0	111	4.7	77	8.7	116	14.2	192	12.1	449	6.1
My partner does not live with me	82	13.4	104	8.4	77	9.7	34	3.5	93	7.8	364	7.9
Non-Response	55	5.6	26	1.6	27	4.0	26	2.8	95	8.9	188	3.8
Are you part of a registered domestic partnership?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	25	11.0	28	13.3	35	16.9	37	41.1	67	20.5	139	13.3
No	124	88.3	145	84.0	138	83.1	31	58.9	159	79.4	580	86.4
Non-Response	2	0.7	6	2.7	0	0	1	0.0	2	0.1	9	0.4

Table A16: Number of Children Under Age of 18*How many children do you have under the age of 18?*

Number of children												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
1	88	62.4	137	44.2	129	41.9	157	34.5	184	50.5	611	44.9
2	46	26.9	106	42.3	99	30.1	241	59.5	97	36.2	576	33.6
3	12	6.4	25	10.7	52	18.0	11	2.6	26	11.6	127	15.4
4 or more	8	3.1	4	1.2	22	9.1	4	2.6	6	1.6	42	5.1
Non-Response	3	1.2	5	1.6	4	0.9	5	0.7	1	0.0	19	1.0

Table A17: Geographic Distribution*What region of California do you live in? Click here if you are unsure which region your county resides.*

Region												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Northern County Region	60	6.1	66	4.7	32	3.5	87	10.0	113	7.5	324	5.9
Bay Area County Region	128	14.6	290	27.6	110	12.5	171	17.0	255	25.9	894	17.3
Central Valley Region	72	9.2	164	12.1	116	12.4	170	26.5	198	14.7	686	14.5
Los Angeles County Region	305	50.2	388	38.1	406	55.1	135	28.9	342	33.5	1,563	42.0
Southern County Region	103	17.1	129	16.1	120	14.1	39	14.8	110	11.1	617	16.9
Non-Response	35	2.9	36	1.5	25	2.5	22	2.8	106	7.4	199	3.4

Table A18: Language Dominance*At home, do you ...?*

Language												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Speak only English	596	87.8	488	36.7	273	29.2	548	78.7	839	69.9	2,880	58.9
Speak mostly English	53	5.3	225	17.4	139	15.7	47	10.4	145	10.4	522	11.2
Speak an equal amount of English and another language	18	4.0	173	20.1	251	31.8	12	7.2	83	12.5	472	16.1
Speak mostly in another language	6	0.3	131	17.8	94	13.9	6	2.2	22	2.2	248	8.3
Speak only in another language	1	0.1	41	7.0	37	6.4	2	0.3	8	2.0	85	3.8
Non-Response	29	2.4	15	1.0	15	3.0	9	1.1	27	3.0	76	1.7

Table A19: Health Insurance Status and Coverage for Mental Health*Do you currently have medical/health insurance?*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	471	76.7	789	84.9	604	71.8	485	73.2	801	74.6	3,301	80.9
No	141	14.9	214	12.0	157	21.6	108	21.0	242	19.4	700	14.4
Not Sure	25	3.5	18	1.5	26	3.6	8	3.5	28	1.5	89	2.2
Non-Response	66	4.9	52	1.7	22	3.0	23	2.3	53	4.5	193	2.4
If yes to 'Do you currently have medical/health insurance?' Does your insurance cover treatment for mental health, such as with a mental health care worker?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	281	57.8	388	46.7	374	57.4	300	62.0	510	61.2	1,968	57.9
No	40	5.1	90	7.3	59	8.3	139	19.2	114	12.4	388	7.6
Not Sure	134	35.8	309	45.8	164	32.9	24	17.4	136	24.3	881	33.4
Non-Response	16	1.3	2	0.2	7	1.4	22	1.4	41	2.0	64	1.1

If no to 'Do you currently have medical/health insurance?' Did you have medical/health insurance in the past 12 months?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	41	27.5	64	28.4	43	22.5	36	18.5	105	30.4	225	25.3
No	102	57.2	148	60.9	117	64.9	73	74.3	139	62.2	480	62.0
Not Sure	14	9.0	13	9.1	16	8.5	4	4.4	20	4.6	57	9.6
Non-Response	9	6.3	7	1.6	7	4.1	3	2.8	6	2.7	27	3.1
If yes to 'Did you have medical/health insurance in the past 12 months?' Did your insurance cover treatment for mental health, such as with a mental health care worker?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	18	39.9	17	21.7	13	17.2	10	23.2	37	33.6	72	25.2
No	14	31.8	35	37.0	19	52.4	24	73.4	55	50.9	111	44.9
Not Sure	9	28.3	12	41.3	9	28.4	3	3.4	11	11.3	40	28.0
Non-Response	0	0	0	0	2	2.0	0	0	3	4.2	4	1.9

Table A20: Health Insurance Provider

If yes to 'Do you currently have medical/health insurance?' Is your current health insurance through...

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Your employer or union	141	24.8	311	34.9	182	27.8	214	41.3	277	33.8	1,142	32.3
Your family member's employer or union	45	6.9	124	16.4	74	8.5	133	16.1	99	12.3	478	11.8
Covered California	56	9.5	87	11.0	74	11.4	51	12.0	100	10.4	345	10.1
Directly with a health insurance company	29	4.5	57	7.4	44	8.2	44	6.5	102	11.6	282	8.6
Medi-Cal	135	38.4	119	16.6	170	31.7	33	15.7	119	18.1	578	21.6
TRICARE or other military health care including VA	13	2.9	9	1.9	10	1.6	3	1.3	10	1.3	69	2.4
A county program such as My Health LA	5	1.5	2	0.2	7	1.3	1	1.8	4	0.4	17	0.7
Another source, please specify	28	7.9	68	9.9	33	7.6	4	4.7	62	10.8	326	11.0
Non-Response	19	3.5	12	1.7	10	1.9	2	0.6	28	1.3	64	1.5

B. Environmental Conditions Including Access to Mental Health Services

Table B1: Perceived Access to Mental Health Services in Local Community

Please indicate how much you agree or disagree with the following statement.

My local community has enough mental health care workers to serve the needs of local residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	68	10.7	47	5.6	94	11.7	11	6.0	80	11.9	324	9.8
Somewhat Disagree	106	16.3	108	12.8	138	16.6	30	10.0	147	17.8	562	16.5
Neither Agree nor Disagree	150	23.1	199	20.6	186	27.8	35	10.6	170	16.7	726	21.7
Somewhat Agree	179	18.5	374	25.7	199	19.6	277	36.7	479	29.0	1,320	23.3
Strongly Agree	92	12.6	122	9.4	101	10.0	230	26.8	130	10.2	665	10.0
Not Sure	75	15.8	181	24.8	86	13.5	19	8.0	82	11.5	569	17.4
Non-Response	33	3.0	42	1.1	5	0.7	22	1.9	36	2.9	117	1.3

Table B2: Perceived Access to Mental Health Services for African Americans among African Americans

If Black or African American: Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has mental health care workers that have knowledge about the needs of Black or African American residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	42	6.2	0	0	5	8.6	0	0	11	3.8	49	7.1
Somewhat Disagree	84	11.3	0	0	5	11.8	0	0	26	10.1	94	11.8
Neither Agree nor Disagree	151	25.5	0	0	15	20.4	0	0	54	19.6	171	23.8
Somewhat Agree	175	23.3	0	0	16	31.8	0	0	79	35.6	193	25.6
Strongly Agree	82	12.2	0	0	11	12.2	0	0	28	14.4	94	12.5
Don't Know	85	17.0	0	0	3	6.2	0	0	13	4.1	89	13.5
Non-Response	82	4.5	0	0	3	8.9	0	0	49	12.5	85	5.8

Most California communities have mental health care workers that have knowledge about serving the needs of Black or African American residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	67	10.5	0	0	4	7.4	0	0	13	2.6	73	9.6
Somewhat Disagree	72	10.8	0	0	7	9.0	0	0	20	5.0	86	10.7
Neither Agree nor Disagree	151	25.7	0	0	14	33.5	0	0	50	34.4	170	28.6
Somewhat Agree	141	19.7	0	0	16	26.4	0	0	61	29.2	158	21.5
Strongly Agree	107	12.8	0	0	11	8.6	0	0	51	11.4	118	11.2
Don't Know	81	15.0	0	0	3	6.2	0	0	17	4.4	85	12.1
Non-Response	82	5.4	0	0	3	8.9	0	0	48	12.9	85	6.4

Table B3: Perceived Access to Mental Health Services for Asian, Native Hawaiian or Pacific Islanders among Asian, Native Hawaiian or Pacific Islanders

If Asian, Native Hawaiian, or other Pacific Islander: Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has mental health care workers that have knowledge about the needs of Asian, Native Hawaiian, or other Pacific Islander residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	0	0	28	4.6	1	8.8	0	0	4	4.1	31	5.1
Somewhat Disagree	0	0	74	7.2	6	12.5	0	0	13	17.1	81	7.5
Neither Agree nor Disagree	0	0	237	24.8	5	23.0	0	0	29	20.9	248	24.7
Somewhat Agree	0	0	322	24.3	7	18.2	1	100.0	92	31.7	332	23.7
Strongly Agree	0	0	123	8.0	3	9.4	0	0	18	9.9	128	8.1
Don't Know	0	0	216	28.6	4	25.3	0	0	13	14.2	227	28.5
Non-Response	0	0	70	2.5	1	2.9	0	0	12	2.1	71	2.4

Most California communities have mental health care workers that have knowledge about serving the needs of Asian, Native Hawaiian, or other Pacific Islander residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	0	0	37	4.9	0	0	0	0	4	3.3	37	4.5
Somewhat Disagree	0	0	85	9.2	4	14.8	0	0	12	21.0	94	10.2
Neither Agree nor Disagree	0	0	279	26.4	3	13.4	0	0	40	22.7	286	25.2
Somewhat Agree	0	0	290	23.0	8	25.1	1	100.0	80	28.1	303	22.9
Strongly Agree	0	0	105	8.0	7	18.6	0	0	22	10.6	113	8.6
Don't Know	0	0	202	26.0	4	25.3	0	0	11	12.3	212	26.1
Non-Response	0	0	72	2.5	1	2.9	0	0	12	2.1	73	2.5

Table B4: Perceived Access to Mental Health Services for Latinos among Latinos

If Latino or Hispanic: Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has mental health care workers that have knowledge about the needs of Latino or Hispanic residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	2	6.9	0	0	57	7.0	0	0	9	4.4	60	7.0
Somewhat Disagree	6	9.5	2	2.0	78	9.4	3	9.4	18	6.0	89	9.3
Neither Agree nor Disagree	6	14.3	6	59.5	215	29.3	11	32.4	44	23.9	239	29.3
Somewhat Agree	5	39.5	5	31.8	202	22.0	28	15.0	61	26.8	241	22.1
Strongly Agree	8	23.2	2	0.7	108	12.4	5	20.1	43	21.3	123	12.5
Don't Know	1	0.9	0	0	111	15.9	5	20.5	9	7.7	118	15.8
Non-Response	4	5.7	1	6.0	37	4.1	7	2.6	33	10.0	49	4.1

Most California communities have mental health care workers that have knowledge about serving the needs of Latino or Hispanic residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	0	0	0	0	69	7.8	0	0	9	3.3	70	7.6
Somewhat Disagree	3	8.4	1	1.9	87	10.4	5	9.8	24	11.4	96	10.3
Neither Agree nor Disagree	3	31.5	7	59.2	210	27.1	11	28.3	47	24.8	232	27.3
Somewhat Agree	15	35.3	5	24.5	214	25.0	20	18.0	60	28.8	255	25.0
Strongly Agree	5	17.4	2	8.5	93	11.2	10	21.0	33	12.7	111	11.4
Don't Know	1	0.9	0	0	98	14.8	4	20.3	10	9.1	103	14.7
Non-Response	5	6.5	1	6.0	37	3.7	9	2.7	34	10.0	52	3.8

Table B5: Perceived Access to Mental Health Services for American Indians or Alaskan Natives among American Indians or Alaskan Natives

If American Indian or Alaska Native: Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has mental health care workers that have knowledge about the needs of American Indian or Alaska Native residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	0	0	0	0	5	12.2	10	5.3	5	9.9	19	10.4
Somewhat Disagree	0	0	0	0	4	6.2	37	10.0	11	5.2	42	7.7
Neither Agree nor Disagree	0	0	0	0	18	22.8	109	23.6	31	22.1	133	23.3
Somewhat Agree	0	0	0	0	16	16.6	212	28.1	56	19.4	228	20.2
Strongly Agree	0	0	0	0	5	6.0	155	17.3	25	12.8	160	9.9
Don't Know	0	0	0	0	17	36.3	12	7.2	5	21.1	34	25.3
Non-Response	0	0	0	0	0	0	87	8.6	52	9.5	87	3.2

Most California communities have mental health care workers that have knowledge about serving the needs of American Indian or Alaska Native residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	0	0	0	0	6	12.9	13	5.2	9	14.3	22	10.2
Somewhat Disagree	0	0	0	0	4	10.7	43	9.2	15	3.0	51	10.8
Neither Agree nor Disagree	0	0	0	0	20	33.0	114	18.7	25	20.9	137	27.3
Somewhat Agree	0	0	0	0	10	3.5	177	29.4	40	12.7	187	13.0
Strongly Agree	0	0	0	0	9	9.3	150	19.1	33	18.6	159	12.5
Don't Know	0	0	0	0	16	30.6	36	9.8	11	20.9	58	23.0
Non-Response	0	0	0	0	0	0	89	8.6	52	9.5	89	3.2

Table B6: Perceived Access to Mental Health Services for LGBTQ+ among LGBTQ+

If LGBTQ+: Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has mental health care workers that have knowledge about the needs of LGBTQ+ residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	12	5.8	2	1.6	8	7.0	0	0	35	4.1	38	4.7
Somewhat Disagree	27	9.3	9	6.2	16	8.3	23	17.8	87	6.2	94	6.1
Neither Agree nor Disagree	67	33.8	49	35.8	52	36.3	41	21.6	279	26.1	295	26.2
Somewhat Agree	46	20.5	34	12.3	38	19.5	56	25.0	248	22.2	261	21.8
Strongly Agree	23	13.6	61	23.5	28	8.2	10	10.2	212	18.4	218	18.1
Don't Know	10	7.3	17	19.5	14	14.1	2	1.6	88	14.7	95	15.1
Non-Response	42	9.6	5	1.2	14	6.6	57	23.8	160	8.2	164	8.0

Most California communities have mental health care workers that have knowledge about serving the needs of LGBTQ+ residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	10	4.2	5	6.2	11	10.7	8	10.9	51	6.5	54	7.1
Somewhat Disagree	34	11.8	20	8.2	29	14.6	32	19.1	171	15.8	184	15.5
Neither Agree nor Disagree	46	34.5	33	21.8	50	30.5	24	12.3	214	22.3	224	22.5
Somewhat Agree	36	15.1	40	25.7	30	17.4	39	15.2	233	23.5	247	23.0
Strongly Agree	46	14.7	59	18.6	25	11.5	26	14.2	198	12.2	203	12.0
Don't Know	13	9.8	13	16.9	11	8.6	3	4.4	81	11.4	87	11.7
Non-Response	42	9.9	7	2.6	14	6.6	57	23.8	161	8.3	166	8.2

Table B6b: Perceived Access to Mental Health Services and Access of Services for Gender-Affirming Needs among Transgender Population

If LGBTQ+: Next are some statements about your mental health services available in your community. Please indicate how much you agree or disagree with each statement.

My local community has locations where residents can get help in a non-judgmental environment for gender affirming needs (social, medical, and/or legal)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	10	3.2	3	3.6	6	3.7	1	0.3	35	3.7	36	3.7
Somewhat Disagree	21	10.1	10	9.5	20	15.1	21	18.4	99	9.8	109	10.7
Neither Agree nor Disagree	57	35.7	39	21.9	50	29.7	23	13.6	224	23.7	234	23.3
Somewhat Agree	58	22.7	83	37.0	37	21.1	55	32.2	314	24.2	330	23.8
Strongly Agree	30	11.8	20	8.0	31	14.6	20	9.0	171	15.2	179	14.9
Don't Know	9	6.6	17	18.8	12	9.3	12	2.7	107	15.3	114	15.6
Non-Response	42	10.1	5	1.2	14	6.6	57	23.8	159	8.1	163	7.9

I would feel comfortable talking to a mental health care worker in my community about my mental or emotional health related to gender-affirming or LGBTQ+ specific issues												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	8	2.2	3	1.8	11	6.0	1	0.3	39	5.7	41	5.6
Somewhat Disagree	15	6.6	14	16.5	12	6.7	16	11.8	70	6.6	77	6.6
Neither Agree nor Disagree	51	27.9	37	21.0	41	26.1	33	18.1	210	19.8	230	20.7
Somewhat Agree	58	25.9	93	38.2	46	25.8	52	22.7	355	28.2	368	27.7
Strongly Agree	28	12.7	19	14.0	36	22.0	27	20.3	207	23.8	211	23.2
Don't Know	20	10.6	5	6.0	9	6.7	2	1.8	60	7.2	65	7.6
Non-Response	47	14.1	6	2.5	15	6.7	58	25.0	168	8.7	173	8.6

Table B7: Perceived Need for Mental Health Services and Access of Services

Was there ever a time during the past 12 months (365 days) when..

You felt that you might need to see a mental health care worker because of challenges with your mental health, emotions or nerves?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	163	20.6	214	16.4	251	22.9	254	32.4	378	35.2	1,174	22.4
No	359	62.6	699	73.1	470	64.7	258	53.1	477	47.5	2,486	67.6
Not Sure	74	8.5	59	7.6	48	7.7	15	5.4	76	6.9	222	5.6
Non-Response	107	8.2	101	3.0	40	4.6	97	9.1	193	10.4	401	4.5
You did see a mental health care worker because of challenges with your mental health, emotions or nerves?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	97	11.3	148	8.9	160	12.6	301	35.0	258	23.2	884	13.4
No	450	76.2	786	84.8	581	78.9	199	48.2	612	62.0	2,842	79.4
Not Sure	36	4.3	34	3.0	28	4.1	29	5.9	52	3.9	137	2.7
Non-Response	120	8.2	105	3.2	40	4.3	95	10.9	202	10.8	420	4.4

Table B8: Perceived Need for Mental Health Services and Access of Services Related to Alcohol or Drugs*Was there ever a time during the past 12 months (365 days) when..*

You felt that you might need to see a mental health care worker because of issues with your use of alcohol or drugs?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	93	8.0	128	5.3	98	9.6	236	23.0	216	16.2	661	8.3
No	455	75.0	800	88.2	634	80.3	302	68.1	674	66.8	3,081	83.1
Not Sure	52	9.9	39	3.3	39	5.9	9	1.2	53	5.9	149	3.6
Non-Response	103	7.1	106	3.3	38	4.2	77	7.7	181	11.2	392	4.9

You did see a mental health care worker because of issues with your use of alcohol or drugs?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	64	4.7	112	4.3	79	6.7	287	29.3	199	13.4	624	6.2
No	485	82.4	818	89.3	670	86.1	237	57.9	679	71.1	3,127	86.8
Not Sure	41	5.3	38	3.0	23	3.8	18	4.7	55	5.3	128	2.7
Non-Response	113	7.6	105	3.3	37	3.4	82	8.1	191	10.2	404	4.3

Table B9: Wait Time for Mental Health Services

If yes to 'Was there ever a time during the past 12 months (365 days) when...You did see a mental health care worker because of challenges with your mental health, emotions or nerves?' You said there was a time when you saw a mental health care worker because of challenges with your mental health, emotions, or nerves. How long did you have to wait to see a professional?

Appointment Wait Time												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Less than 1 week	20	25.7	17	15.5	42	29.7	7	1.3	37	15.0	130	25.4
1 week	13	9.1	17	12.6	25	14.3	35	10.4	28	13.4	116	14.2
2-3 weeks	37	32.9	61	35.2	55	33.3	160	44.0	99	37.8	366	32.0
4+ weeks	26	31.5	47	35.7	36	22.4	95	42.3	88	29.2	255	26.5
Non-Response	1	0.7	6	1.0	2	0.3	4	2.0	6	4.5	17	2.0

Table B10: Travel Time for Mental Health Services

If yes to 'Was there ever a time during the past 12 months (365 days) when...You did see a mental health care workers because of challenges with your mental health, emotions or nerves?' How long did it take you to travel to see a professional for your mental health, emotions, or nerves?

Appointment Travel Time												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
0-29 minutes (less than 30 minutes)	20	24.9	25	21.2	26	25.7	9	12.6	29	15.8	123	24.0
30-59 minutes (more than 30 minutes, but less than an hour)	20	15.9	47	35.4	32	13.9	125	51.1	82	19.3	261	18.2
60-74 minutes (more than 1 hour, but less than 1 hour, 15 minutes)	21	17.5	33	5.6	32	19.5	111	19.0	49	16.5	219	16.2
75-89 minutes (more than 1 hour 15 minutes, but less than 1 1/2 hours)	11	5.6	8	4.3	8	4.5	46	12.8	23	7.8	80	4.3
More than 1 1/2 hours or most of the day	1	1.5	4	1.0	6	4.6	2	0.8	6	3.9	19	3.2
I had to stay overnight	2	4.8	1	0.4	1	1.1	1	0.2	4	1.7	7	1.3
I was able to visit with a mental health worker by phone (without video) instead of an in-person visit	5	3.5	7	6.3	16	9.4	1	0.0	13	6.9	43	7.7
I was able to visit with a mental health worker via video, telehealth or virtual appointment instead of an in-person visit	14	25.0	20	23.5	29	16.3	4	2.7	40	24.1	108	22.1
I was able to arrange something else, please specify	0	0	1	0.8	4	1.8	0	0	2	1.0	6	0.8
Not Sure	1	0.0	1	1.4	3	2.5	0	0	0	0.0	5	1.0
Non-Response	2	1.3	1	0.2	3	0.6	2	0.8	10	2.9	13	1.3

Table B11: Perceived Need for Mental Health Services and Access of Services for Gender-Affirming Needs among Transgender Population

If Trans male/Trans man; Trans female/Trans woman; Genderqueer/Nonbinary; Two Spirit; Questioning or unsure of gender identity or Another gender identity: Was there ever a time during the past 12 months (365 days) when...

You felt that you might need to see a mental health care worker for gender-affirming needs (social, medical, and/or legal)?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	22.1	7	23.7	4	15.4	12	35.0	41	44.9	54	39.9
No	15	23.3	7	68.0	9	55.8	10	28.4	29	32.9	44	35.1
Not Sure	12	18.9	1	0.4	1	13.9	3	10.8	13	4.5	17	8.9
Non-Response	29	35.7	5	7.9	3	14.9	6	25.8	33	17.7	44	16.1

You did see a mental health care worker for gender-affirming needs (social, medical, and/or legal)?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	17	15.3	16	27.0	11	26.5	15	16.0	59	34.4	79	32.9
No	41	38.9	26	64.5	16	40.0	27	26.0	95	39.8	131	39.7
Not Sure	26	24.7	6	2.2	3	15.1	13	10.4	37	6.0	50	10.0
Non-Response	48	21.1	8	6.3	5	18.4	58	47.6	109	19.8	124	17.4

Table B12: Wait Time for Mental Health Services for Gender-Affirming Needs among Transgender Population

If yes to 'Was there ever a time during the past 12 months (365 days) when...You did see a mental health care worker for gender-affirming needs (social, medical, and/or legal)?' You said there was a time when you saw a mental health care worker for gender-affirming needs (social, medical, and/or legal). How long did you have to wait to see a professional?

Appointment Wait Time -- Gender-Affirming needs												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Less than 1 week	2	5.1	0	0	3	36.0	0	0	7	22.8	7	19.8
1 week	2	16.3	3	42.5	1	11.1	0	0	7	10.4	8	9.2
2-3 weeks	7	28.3	5	33.0	3	49.0	5	45.3	16	13.1	23	23.2
4-5 weeks	2	13.3	4	6.0	3	3.1	10	54.7	18	29.0	26	25.7
6-7 weeks	1	0.3	1	3.4	1	0.7	0	0	5	7.9	6	7.1
8-12 weeks (2-3 months)	2	34.5	0	0	0	0	0	0	3	5.6	3	4.8
4 months or more	0	0	0	0	0	0	0	0	2	10.5	2	9.1
Non-Response	1	2.1	3	15.1	0	0	0	0	1	0.7	4	1.1

Table B13: Travel Time for Mental Health Services for Gender-Affirming Needs among Transgender Population

If yes to 'Was there ever a time during the past 12 months (365 days) when... You did see a mental health care worker for gender-affirming needs (social, medical, and/or legal)?' How long did it take you to travel to see a professional for gender-affirming needs (social, medical, and/or legal)?

Appointment Travel Time -- Gender-Affirming needs												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
0-29 minutes (less than 30 minutes)	0	0	2	23.8	3	67.1	1	27.6	6	24.0	8	30.6
30-59 minutes (more than 30 minutes, but less than an hour)	5	19.9	5	20.1	3	23.8	2	3.4	13	13.4	18	14.0
60-74 minutes (more than 1 hour, but less than 1 hour, 15 minutes)	3	6.7	5	32.6	0	0	8	32.4	13	11.6	22	10.9
75-89 minutes (more than 1 hour 15 minutes, but less than 1 1/2 hours)	2	38.4	0	0	1	0.7	2	5.2	5	10.6	7	9.3
More than 1 1/2 hours or most of the day	0	0	0	0	2	2.4	2	31.4	5	5.4	5	4.7
I had to stay overnight	1	6.7	0	0	0	0	0	0	1	0.4	1	0.4
I was able to visit with a mental health worker by phone (without video) instead of an in-person visit	1	16.0	1	13.5	0	0	0	0	4	10.1	4	8.8
I was able to visit with a mental health worker via video, telehealth or virtual appointment instead of an in-person visit	0	0	1	0.6	1	5.2	0	0	6	22.8	6	19.9
Non-Response	5	12.3	2	9.5	1	0.7	0	0	6	1.6	8	1.6

Table B14: Ability to Participate in Telehealth Video Visits for Mental Health Care

If you needed to use a video, telehealth or virtual meeting such as Zoom, Google Hangouts/Meet, or Apple Facetime to talk with a mental health worker, would you: Select all that apply.

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Have the technology available (smartphone, computer, internet connection, etc.)	348	50.7	628	60.3	469	50.2	307	50.6	614	60.0	2,464	58.1
Have a safe and private space for the visit	366	46.6	637	56.0	374	38.9	301	49.3	677	57.0	2,313	49.7
Feel comfortable sharing my personal information by video	199	32.8	322	37.6	236	28.0	201	32.4	386	40.4	1,386	35.3
I would not be comfortable talking with a mental health care worker	109	20.9	131	14.9	147	24.8	34	8.8	84	12.2	603	20.8
Non-Response	5	0.7	25	0.9	18	1.5	12	0.6	36	3.6	88	1.3

Table B15: Access to Technology or Space for Phone or Video Visits for Mental Health Care

Why would you be unsure or less likely to use a phone or computer-based option to get help for a mental health challenge?

I don't have the technology available (smartphone, computer, internet connection, etc.)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	43	4.3	87	8.0	36	5.2	43	7.3	71	6.5	242	4.6
No	449	95.7	615	92.0	536	94.8	312	92.7	643	93.5	2,690	95.4
I don't have a safe and private space for the visit												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	128	15.6	136	16.0	112	17.5	148	34.5	233	21.4	619	14.9
No	364	84.4	566	84.0	460	82.5	207	65.5	481	78.6	2,313	85.1

Table B16: Worry about Affording Mental Health Services

Here are some statements about mental health services available in your community. Please indicate how much you agree or disagree with the following statements.

I worry that I could not afford mental health care if I need it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	89	15.2	109	12.9	109	12.0	24	11.3	123	15.0	598	16.4
Somewhat Disagree	133	15.9	228	20.3	123	14.7	115	15.6	260	18.7	859	19.6
Neither Agree nor Disagree	144	24.9	227	23.9	164	21.3	108	24.5	175	17.3	838	21.0
Somewhat Agree	157	21.4	292	27.8	218	27.6	158	19.1	262	23.2	994	23.1
Strongly Agree	130	19.2	131	12.3	174	22.1	141	21.1	170	18.5	716	17.2
Non-Response	50	3.4	86	2.6	21	2.2	78	8.5	134	7.3	278	2.8

C. Perceived Social Inequities and Individual Negative Biases

Table C1: Stigma and Shame Related to Mental Illness and Help-Seeking

Please indicate how much you agree or disagree with the following statement:

If I had a mental illness, I would feel ashamed												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	90	14.8	87	11.1	124	17.7	17	6.0	89	10.6	435	13.3
Disagree	157	25.1	218	23.8	181	21.6	61	20.2	217	22.0	919	25.7
Neither Agree nor Disagree	211	31.9	270	24.9	229	28.0	70	15.9	273	27.0	1,097	28.3
Agree	162	19.1	376	30.9	191	23.8	267	32.9	379	27.9	1,254	24.7
Strongly Agree	43	6.9	78	6.6	67	7.0	187	21.9	112	8.9	422	5.9
Non-Response	40	2.2	44	2.6	17	1.9	22	3.1	54	3.6	156	2.1
If I had mental illness I think some of my family would reject me												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	156	26.5	143	16.5	197	25.7	32	21.5	170	23.6	859	27.1
Disagree	157	26.9	307	32.4	198	24.1	86	14.9	217	21.8	1,083	28.8
Neither Agree nor Disagree	132	18.9	250	24.6	173	25.4	96	16.7	217	23.1	827	21.3
Agree	119	15.7	224	20.1	162	17.0	167	18.2	232	15.7	783	14.5
Strongly Agree	67	8.0	54	3.6	44	4.8	125	16.8	90	4.1	336	4.2
Non-Response	72	3.9	95	2.8	35	3.0	118	12.0	198	11.7	395	4.1

If I had a mental illness I think my family would be disappointed in me												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	165	30.6	135	16.9	197	24.8	29	17.0	159	20.7	814	25.1
Disagree	163	27.5	282	27.6	237	29.4	83	20.0	225	21.9	1,137	31.9
Neither Agree nor Disagree	133	17.3	256	24.3	164	22.1	105	14.9	223	21.9	828	19.6
Agree	109	14.0	239	23.8	129	15.0	181	22.9	234	19.5	793	15.2
Strongly Agree	63	6.7	64	4.7	47	5.0	115	14.3	83	4.5	323	4.1
Non-Response	70	4.0	97	2.5	35	3.7	111	10.8	200	11.5	388	4.2
I would worry about what my family would say if they knew I was getting help from a mental health care worker												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	139	25.9	131	14.8	182	22.8	25	14.6	160	22.3	765	23.1
Disagree	174	29.2	287	28.9	210	27.3	58	15.6	232	22.3	1,106	32.1
Neither Agree nor Disagree	157	21.7	232	23.6	185	25.1	101	18.3	223	21.3	844	20.9
Agree	103	12.9	251	24.3	145	15.9	193	24.4	205	16.5	829	15.4
Strongly Agree	57	5.9	78	5.8	52	6.0	139	15.3	98	6.0	354	4.5
Non-Response	73	4.4	94	2.5	35	2.9	108	11.7	206	11.6	385	4.0
I would worry about what my friends would say if they knew I was getting help from a mental health care worker												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	140	25.2	104	12.9	177	22.3	34	17.6	154	20.8	708	21.9
Disagree	163	25.7	287	29.2	187	23.6	60	12.7	247	25.4	1,080	29.7
Neither Agree nor Disagree	145	21.5	257	25.9	195	27.0	115	21.5	220	21.2	910	23.3
Agree	132	17.9	245	23.7	172	18.5	185	24.1	202	15.1	872	16.8
Strongly Agree	55	5.5	82	5.6	46	6.1	128	14.1	105	6.3	342	4.6
Non-Response	68	4.2	98	2.6	32	2.5	102	9.9	196	11.2	371	3.6

I would feel uncomfortable talking to someone with mental illness												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	104	16.8	75	7.3	167	21.7	24	11.4	153	19.6	562	17.8
Disagree	197	35.5	195	22.9	213	24.7	60	16.9	229	28.3	1,038	29.3
Neither Agree nor Disagree	163	24.7	304	31.3	214	28.3	121	25.7	223	19.4	1,070	27.5
Agree	132	13.4	325	29.9	142	16.9	205	21.8	279	15.8	940	16.8
Strongly Agree	45	6.4	61	4.8	49	6.2	101	13.4	73	5.9	303	5.0
Non-Response	62	3.1	113	3.9	24	2.3	113	10.7	167	10.9	370	3.7

People experiencing a mental illness are more likely than other people to be dangerous												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	38	5.9	29	3.1	54	7.0	16	5.1	78	9.1	206	6.0
Disagree	99	16.9	115	11.4	134	14.7	71	16.4	214	23.3	647	16.8
Neither Agree nor Disagree	203	32.6	306	31.1	280	37.7	131	29.8	280	28.7	1,270	35.2
Agree	198	27.6	398	37.0	233	28.0	201	23.1	315	22.4	1,318	28.7
Strongly Agree	90	12.9	129	14.2	86	10.1	102	14.3	94	7.6	499	10.1
Non-Response	75	4.2	96	3.2	22	2.5	103	11.3	143	9.0	343	3.2

Table C2: Perceived Disparities in Mental Health Services for African Americans

When African Americans need mental health care in California, do you think it is easier or harder for them to get mental health care than it is for Whites, or is there not much of a difference?

African Americans												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	27	2.9	39	3.4	54	4.6	79	3.0	50	3.6	240	3.3
Not Much Difference	169	27.2	275	28.6	235	32.0	178	35.6	246	20.3	1,166	30.8
Harder	392	55.6	493	44.5	377	41.1	209	36.3	534	52.9	1,963	44.0
Not Sure	55	9.7	179	21.6	122	19.6	50	13.4	92	12.4	558	17.9
Non-Response	60	4.6	87	1.9	21	2.7	108	11.7	202	10.8	356	4.0

Table C3: Perceived Disparities in Mental Health Services for Asian Americans

How about for Asian Americans? When they need mental health care in California, do you think it is easier or harder for Asian Americans to get mental health care than it is for Whites, or is there not much of a difference?

Asian Americans												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	62	10.8	62	5.6	72	8.8	86	5.9	64	6.1	326	5.9
Not Much Difference	228	34.2	373	37.8	328	41.0	187	34.9	292	29.4	1,600	42.2
Harder	185	24.1	411	37.5	242	26.4	190	32.5	420	38.1	1,296	27.8
Not Sure	166	26.5	148	17.2	143	21.5	58	16.4	141	16.5	715	20.6
Non-Response	62	4.5	79	1.8	24	2.3	103	10.4	207	9.9	346	3.5

Table C4: Perceived Disparities in Mental Health Services for Latinos

How about for Latinos? When they need mental health care in California, do you think it is easier or harder for Latinos to get mental health care than it is for Whites, or is there not much of a difference?

Latinos												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	53	7.4	49	4.1	49	4.6	109	12.7	82	5.2	312	4.2
Not Much Difference	185	24.3	326	32.7	278	36.3	209	35.4	255	22.3	1,305	33.0
Harder	309	46.2	419	40.4	377	45.8	163	33.4	485	52.4	1,739	43.5
Not Sure	96	17.5	192	20.6	84	11.7	35	7.6	101	10.3	572	15.8
Non-Response	60	4.6	87	2.2	21	1.6	108	11.0	201	9.8	355	3.4

Table C5: Perceived Disparities in Mental Health Services for American Indians or Alaskan Natives

How about for Native Americans? When they need mental health care in California, do you think it is easier or harder for Native Americans to get mental health care than it is for Whites, or is there not much of a difference?

Native Americans												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	56	9.4	74	8.7	81	9.2	66	3.3	57	6.3	333	6.8
Not Much Difference	181	22.0	287	27.6	228	31.9	167	37.2	239	19.1	1,152	29.8
Harder	262	39.0	430	38.9	343	37.3	196	33.4	496	51.1	1,716	40.5
Not Sure	147	25.4	194	22.7	129	18.5	90	16.1	132	13.6	725	19.1
Non-Response	57	4.2	88	2.1	28	3.1	105	10.0	200	9.8	357	3.8

Table C6: Perceived Disparities in Mental Health Services for LGBTQ+

How about for Californians who are lesbian, gay, bisexual, queer or questioning do you think it is easier or harder for them to get mental health care than it is for those who are heterosexual, or is there not much of a difference?

Lesbian, gay, bisexual, queer or questioning												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	62	7.9	55	5.0	71	7.6	75	4.0	67	5.0	338	6.1
Not Much Difference	186	28.4	344	37.2	282	36.6	155	35.8	307	31.4	1,381	37.6
Harder	258	35.1	400	34.1	309	34.5	246	39.1	463	39.5	1,547	33.1
Not Sure	131	24.3	177	21.2	112	17.8	44	10.1	88	12.7	638	19.1
Non-Response	66	4.4	97	2.5	35	3.6	104	11.1	199	11.5	379	4.2

Table C7: Perceived Disparities in Mental Health Services for different Gender Identities

How about for Californians with a gender identity different from what they were assigned at birth, do you think it is easier or harder for them to get mental health care than it is for those with a personal identity and gender that corresponds with their sex assigned at birth, or is there not much difference?

Different Gender Identity than Sex Assigned at Birth												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	54	7.0	58	4.5	70	7.6	113	9.3	81	5.8	364	6.3
Not Much Difference	177	23.8	312	32.0	258	32.7	176	36.1	249	21.6	1,234	31.5
Harder	269	41.4	413	38.2	324	38.1	142	26.7	478	49.0	1,600	38.9
Not Sure	129	22.2	197	23.0	118	17.5	88	16.8	108	12.2	694	18.7
Non-Response	74	5.5	93	2.4	39	4.1	105	11.1	208	11.3	391	4.5

Table C8: Perceived Disparities in Mental Health Services for Low Income Individuals

How about for low-income Californians compared to those with middle and higher incomes? When they need mental health care in California, do you think it is easier or harder for low-income Californians to get mental health care than it is for those with middle and higher incomes, or is there not much of a difference?

Low-Income Individuals												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Easier	66	6.5	52	4.6	58	6.4	66	5.1	75	4.3	292	5.2
Not Much Difference	119	18.8	214	20.2	163	22.9	197	31.8	172	13.3	858	19.6
Harder	376	58.3	592	59.6	472	54.8	186	37.2	576	60.7	2,311	59.1
Not Sure	69	10.8	124	13.5	81	12.9	72	14.9	94	10.6	444	12.1
Non-Response	73	5.6	91	2.1	35	3.0	103	10.9	207	11.1	378	4.0

Table C9: Perceived Type of Discrimination in Mental Health Services

When getting mental health services, have you ever had any of the following things happen? You...

Were treated with less courtesy than other people												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	109	9.6	109	4.0	105	10.0	178	19.7	244	16.3	612	8.2
No	415	70.1	683	71.7	582	74.7	314	61.5	568	60.8	2,764	74.5
Don't Know	63	9.6	138	16.8	73	10.5	13	4.9	80	10.2	380	10.5
Non-Response	116	10.6	143	7.5	49	4.8	119	13.9	232	12.7	527	6.8
Were treated with less respect than other people												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	103	9.8	161	7.5	117	12.2	219	27.0	246	21.2	728	11.0
No	390	67.8	624	67.6	556	70.7	281	54.4	532	54.3	2,595	70.7
Don't Know	89	12.7	140	16.7	86	11.8	6	4.9	110	11.7	422	11.4
Non-Response	121	9.8	148	8.2	50	5.3	118	13.7	236	12.8	538	7.0

Received poorer service than others												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	87	10.3	133	5.7	103	9.9	230	30.4	214	14.6	645	8.5
No	413	68.0	646	69.0	551	70.8	263	51.1	567	61.0	2,650	72.1
Don't Know	84	11.4	148	17.1	90	12.0	15	4.6	110	11.9	445	11.7
Non-Response	119	10.4	146	8.1	65	7.2	116	14.0	233	12.6	543	7.7
Had a mental health worker act as if he or she thinks you are not smart												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	94	9.1	97	4.4	122	13.2	146	21.8	227	18.4	565	9.7
No	409	69.3	697	71.9	553	70.1	346	61.4	558	58.0	2,788	73.2
Don't Know	71	9.5	134	15.5	83	11.2	14	3.0	95	10.3	389	9.9
Non-Response	129	12.1	145	8.2	51	5.4	118	13.8	244	13.4	541	7.1
Had a mental health worker act as if he or she is afraid of you												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	81	6.5	80	3.1	73	6.8	169	17.5	193	11.4	474	5.6
No	439	74.4	694	72.4	615	77.7	330	66.2	620	67.2	2,906	78.1
Don't Know	68	9.8	137	15.5	65	8.7	12	3.2	77	8.0	360	8.7
Non-Response	115	9.3	162	9.0	56	6.8	113	13.2	234	13.4	543	7.7
Had a mental health worker act as if he or she is better than you												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	119	11.9	119	5.4	121	12.2	237	21.3	247	18.1	715	9.9
No	394	66.3	678	71.4	573	71.9	269	61.2	577	57.9	2,682	73.3
Don't Know	77	11.8	128	15.6	66	10.7	10	2.8	78	9.6	358	9.5
Non-Response	113	10.0	148	7.6	49	5.1	108	14.7	222	14.5	528	7.3

Felt like a mental health worker was not listening to what you were saying												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	120	14.1	158	8.9	142	13.6	282	35.6	316	24.6	892	14.0
No	401	66.1	641	67.9	548	70.8	230	48.7	514	53.2	2,520	69.7
Don't Know	56	8.7	123	15.1	67	9.1	11	2.0	64	7.0	335	8.7
Non-Response	126	11.1	151	8.1	52	6.5	101	13.6	230	15.2	536	7.6
Haven't sought services for mental or emotional health												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	116	15.3	251	21.4	179	20.1	223	29.2	261	22.3	1,048	21.5
No	371	62.0	574	60.0	516	64.9	282	52.7	524	54.4	2,367	63.6
Don't Know	70	9.2	91	11.0	55	7.6	14	4.4	83	6.8	279	6.5
Non-Response	146	13.5	157	7.7	59	7.3	105	13.7	256	16.5	589	8.5

Table C10: Perceived Reasons for Discrimination in Mental Health Services

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Were treated with less courtesy than other people' What do you think was the reason you were treated with less courtesy than other people? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	71	63.2	79	66.5	65	50.1	104	57.5	122	28.9	356	41.4
No	31	28.0	23	27.9	33	41.8	67	37.7	98	62.8	213	50.6
Don't Know	3	4.0	6	5.1	5	6.5	4	2.9	9	2.6	23	4.8
Non-Response	4	4.8	1	0.4	2	1.7	3	1.9	15	5.7	20	3.2

Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	34	26.9	29	27.0	32	25.1	92	36.2	104	46.4	228	30.2
No	58	60.1	72	68.0	63	68.6	76	48.2	103	39.5	317	60.0
Don't Know	7	3.8	2	1.5	6	4.4	5	14.2	17	5.6	29	5.2
Non-Response	10	9.2	6	3.5	4	1.9	5	1.5	20	8.6	38	4.5
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	26	21.2	40	34.0	32	20.4	59	27.6	91	32.7	199	26.7
No	64	68.7	63	63.1	63	73.4	112	61.8	118	57.8	355	66.6
Don't Know	10	8.8	2	1.2	6	4.1	4	9.7	14	3.6	27	3.6
Non-Response	9	1.2	4	1.7	4	2.1	3	1.0	21	5.8	31	3.1
Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	36	34.4	41	24.0	46	41.0	65	45.5	115	43.5	241	41.8
No	51	47.6	57	65.3	48	47.3	105	47.7	86	41.7	305	47.9
Don't Know	8	7.0	8	10.0	8	9.9	5	5.5	15	7.5	33	7.0
Non-Response	14	11.0	3	0.7	3	1.7	3	1.3	28	7.3	33	3.4
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	24.6	34	26.5	36	27.2	74	49.2	71	16.9	202	24.5
No	57	59.8	69	68.6	57	61.4	96	35.3	130	62.6	342	63.3
Don't Know	19	13.7	4	2.6	8	8.5	7	15.0	27	12.7	45	7.7
Non-Response	5	1.9	2	2.3	4	2.9	1	0.5	16	7.9	23	4.4

Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	35	29.9	43	29.5	34	25.7	69	38.3	84	17.0	208	22.4
No	57	57.1	58	57.7	57	57.3	96	58.8	119	64.4	335	64.9
Don't Know	10	8.0	2	0.7	4	5.9	2	1.8	15	6.9	23	4.3
Non-Response	7	5.0	6	12.2	10	11.2	11	1.2	26	11.7	46	8.5
Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	5	13.2	4	3.5	6	9.2	3	9.4	13	16.4	29	9.9
No	35	40.8	22	31.2	40	38.8	68	29.9	57	30.8	198	36.5
Not Sure	9	3.5	9	6.5	8	8.3	4	4.3	13	3.8	36	7.3
Non-Response	60	42.4	74	58.8	51	43.7	103	56.4	161	49.0	349	46.3

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Were treated with less respect than other people.' What do you think was the reason you were treated with less respect than other people? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	60	66.0	76	49.9	64	51.3	68	20.1	94	29.0	296	36.6
No	32	27.0	72	45.0	45	43.4	131	70.3	107	51.0	350	51.7
Don't Know	4	1.7	9	4.4	5	3.4	3	4.5	12	4.3	28	3.8
Non-Response	7	5.3	4	0.7	3	1.9	17	5.1	33	15.8	54	7.8
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	25.4	66	37.8	39	23.5	140	46.7	115	40.8	325	30.0
No	60	65.7	84	57.6	74	73.9	64	44.7	86	40.6	330	59.4
Don't Know	6	3.7	4	2.7	1	0.7	3	4.5	11	2.6	21	2.6
Non-Response	6	5.2	7	2.0	3	2.0	12	4.1	34	16.0	52	8.0

Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	22.9	48	27.1	39	29.5	109	36.5	90	32.2	268	30.8
No	61	64.2	91	63.3	69	64.1	95	56.0	110	49.3	371	57.3
Don't Know	8	9.0	19	8.9	5	4.3	4	3.5	14	2.9	42	4.2
Non-Response	6	4.0	3	0.7	4	2.0	11	4.0	32	15.6	47	7.7
Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	41	31.0	52	31.6	52	45.7	73	38.2	111	39.6	270	38.2
No	49	53.5	98	64.6	60	47.4	131	53.9	89	40.7	383	49.4
Don't Know	4	6.1	9	3.1	2	2.6	3	3.7	11	3.5	25	3.3
Non-Response	9	9.3	2	0.7	3	4.3	12	4.1	35	16.2	50	9.1
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	33	31.0	50	23.3	32	16.3	101	47.2	82	18.1	250	19.7
No	54	57.9	85	58.6	76	75.9	96	44.0	116	63.2	375	66.4
Don't Know	8	3.4	20	17.2	5	4.9	10	1.7	13	1.7	48	5.0
Non-Response	8	7.7	6	0.9	4	2.9	12	7.0	35	17.0	55	8.9
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	26	16.7	58	38.4	38	28.9	70	32.0	74	14.9	216	22.3
No	58	65.7	82	49.3	65	56.5	134	60.0	119	57.0	411	60.4
Don't Know	12	9.4	16	9.8	9	9.8	3	3.6	19	10.3	47	7.0
Non-Response	7	8.2	5	2.4	5	4.8	12	4.3	34	17.9	54	10.3

Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	3	5.9	2	0.9	4	5.9	4	7.7	8	4.1	23	6.4
No	33	38.3	37	33.2	57	52.2	42	17.3	61	36.1	211	42.8
Not Sure	9	18.6	11	8.1	8	6.8	7	12.3	10	4.3	43	7.5
Non-Response	58	37.2	111	57.8	48	35.1	166	62.7	167	55.5	451	43.3

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Received poorer service than others. 'What do you think was the reason you received poorer service than others? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	50	65.7	77	54.8	50	41.6	108	25.1	83	17.6	311	36.8
No	22	20.8	47	39.4	43	47.9	109	68.4	89	59.0	266	51.7
Don't Know	14	13.2	6	4.8	7	4.4	4	2.1	20	9.7	38	5.8
Non-Response	1	0.3	3	0.9	3	6.2	9	4.3	22	13.7	30	5.7
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	15	18.1	44	32.9	28	23.3	115	46.0	87	42.2	233	28.9
No	65	74.9	78	63.0	66	66.8	105	44.2	90	38.9	356	59.1
Don't Know	5	1.7	7	3.0	6	3.7	2	0.7	14	2.8	25	5.0
Non-Response	2	5.2	4	1.1	3	6.2	8	9.1	23	16.1	31	7.0
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	55	31.5	99	37.5	73	36.8	207	35.7	175	38.7	497	35.3
No	84	56.9	127	46.7	107	49.7	231	60.4	164	39.0	626	50.4
Don't Know	34	9.4	26	12.3	19	7.2	8	0.5	45	7.5	103	7.9
Non-Response	1	2.1	14	3.5	7	6.3	14	3.3	44	14.9	64	6.3

Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	13.5	32	17.0	27	22.0	103	55.3	76	21.7	204	19.5
No	52	81.9	76	63.2	61	64.3	109	35.6	96	57.9	349	67.3
Don't Know	11	4.2	17	13.4	10	6.5	11	4.3	18	6.3	55	6.3
Non-Response	2	0.3	8	6.4	5	7.1	7	4.8	24	14.1	37	6.9
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	17	17.5	44	26.2	18	19.5	73	21.3	63	17.3	172	18.4
No	60	71.9	61	53.2	69	65.3	141	73.8	107	62.0	385	68.8
Don't Know	9	10.3	14	6.4	11	7.8	5	1.6	21	6.7	43	5.4
Non-Response	1	0.3	14	14.2	5	7.3	11	3.3	23	14.0	45	7.5

Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	2	3.4	4	4.4	4	11.0	2	5.0	8	6.1	19	9.1
No	30	47.3	16	20.6	40	38.7	62	14.2	43	36.0	176	38.7
Not Sure	11	9.8	8	6.7	10	8.4	8	8.1	16	7.6	45	9.0
Non-Response	44	39.5	105	68.3	49	41.9	158	72.8	147	50.3	405	43.3

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Had a mental health worker act as if he or she thinks you are not smart.' What do you think was the reason you had a mental health worker act as if he or she thinks you are not smart? Because of your....

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	55	54.3	47	39.4	60	48.2	58	40.5	93	22.8	244	35.5
No	23	27.3	37	44.1	53	44.3	74	42.1	87	64.1	242	53.4
Don't Know	8	9.0	7	11.5	5	5.1	5	12.9	14	4.5	32	5.7
Non-Response	9	9.5	6	5.0	4	2.4	9	4.5	33	8.6	48	5.4

Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	25	10.6	26	21.3	39	24.4	83	45.7	85	38.7	209	29.4
No	53	72.1	59	70.5	74	69.7	50	39.3	96	48.6	282	61.5
Don't Know	7	4.7	6	5.4	6	4.3	2	8.7	13	4.2	27	4.3
Non-Response	10	12.6	6	2.8	3	1.6	11	6.4	33	8.4	48	4.8
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	26	19.6	37	28.1	39	29.1	64	36.0	85	41.3	205	32.5
No	46	64.3	49	63.1	74	66.7	69	50.8	88	45.6	281	59.3
Don't Know	13	8.3	7	7.2	5	1.8	3	8.7	19	4.7	33	3.4
Non-Response	10	7.8	4	1.6	4	2.4	10	4.5	35	8.3	47	4.8
Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	29	27.5	29	28.5	58	45.4	55	34.6	95	40.7	216	42.1
No	47	58.1	52	56.9	53	47.9	74	55.1	78	45.7	264	48.5
Don't Know	7	2.8	7	8.0	6	4.9	8	5.9	19	5.1	33	4.5
Non-Response	12	11.6	9	6.6	5	1.8	9	4.4	35	8.6	53	5.0
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	23	14.5	27	23.1	29	16.3	62	38.1	55	19.0	174	20.1
No	52	69.8	57	60.6	75	68.7	67	46.1	118	63.0	299	65.6
Don't Know	13	9.2	7	10.7	11	7.0	7	10.9	23	9.4	43	6.2
Non-Response	7	6.5	6	5.6	7	8.0	10	4.9	31	8.6	50	8.1

Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	22.2	28	17.3	28	21.2	43	32.6	50	14.0	148	18.8
No	49	64.3	57	68.5	78	67.0	87	44.3	122	68.3	328	67.1
Don't Know	9	6.0	5	5.9	10	7.9	4	9.7	16	4.7	35	6.5
Non-Response	9	7.5	7	8.2	6	3.9	12	13.4	39	13.1	55	7.7
Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	1	0.6	2	2.3	7	10.7	4	9.8	9	9.5	24	10.6
No	28	39.5	23	34.5	45	41.0	39	31.4	46	25.8	167	36.4
Not Sure	6	8.3	5	5.8	15	12.7	6	4.0	13	10.9	36	8.5
Non-Response	60	51.6	67	57.4	55	35.6	97	54.8	159	53.8	339	44.5

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Had a mental health worker act as if he or she is afraid of you.' What do you think was the reason you had a mental health worker act as if he or she is afraid of you? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	46	58.8	41	38.8	38	55.5	85	37.0	84	29.7	234	40.4
No	27	34.5	35	60.9	28	40.7	76	60.3	77	41.1	194	45.3
Don't Know	5	6.0	2	0.1	5	3.3	2	1.7	10	8.2	16	4.2
Non-Response	4	0.7	2	0.2	2	0.4	6	1.0	22	21.0	31	10.0
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	29	25.8	33	48.1	29	36.8	77	41.1	80	34.2	200	35.5
No	43	66.5	41	46.5	38	58.7	84	56.3	80	40.5	225	50.9
Don't Know	4	5.4	3	2.3	4	2.3	3	1.7	11	5.9	18	3.2
Non-Response	6	2.3	3	3.1	2	2.2	5	0.9	22	19.4	32	10.4

Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	27	29.1	32	50.3	30	38.5	74	51.5	86	39.5	190	38.8
No	39	56.8	40	44.9	36	56.5	87	43.1	70	34.9	227	47.5
Don't Know	9	3.7	6	4.8	6	4.8	3	4.5	13	5.0	26	4.0
Non-Response	7	10.4	2	0.1	1	0.2	5	0.9	24	20.6	32	9.7
Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	30.2	31	32.9	29	35.5	75	45.4	28	24.8	181	31.8
No	38	46.0	37	49.8	39	61.3	84	48.2	55	49.0	224	52.7
Don't Know	17	21.1	10	16.9	3	1.3	3	5.3	7	6.7	36	5.5
Non-Response	6	2.7	2	0.3	2	1.9	7	1.2	22	19.5	34	10.0
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	23	18.9	28	25.9	24	28.5	83	36.7	59	34.6	182	27.0
No	40	65.2	40	43.4	42	66.1	78	60.8	91	34.5	223	53.9
Don't Know	14	14.1	8	17.7	5	3.4	3	1.6	18	9.0	35	6.9
Non-Response	5	1.8	4	13.0	2	2.0	5	0.9	25	21.9	35	12.2
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	18.0	34	29.8	25	41.3	43	35.8	60	29.1	145	32.2
No	44	57.0	27	47.7	41	56.1	109	46.9	97	46.1	252	52.2
Don't Know	10	24.2	11	7.6	4	1.4	12	16.3	12	3.5	39	4.2
Non-Response	6	0.8	8	14.8	3	1.3	5	0.9	24	21.2	39	11.4

Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	3	6.5	1	0.5	0	0	0	0	4	4.3	8	3.0
No	19	36.1	13	19.7	26	43.1	35	22.6	25	22.5	109	32.3
Not Sure	6	8.9	5	5.5	6	3.3	4	6.7	10	7.2	26	5.2
Non-Response	54	48.5	61	74.3	41	53.6	130	70.7	154	66.1	332	59.5

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Had a mental health worker act as if he or she is better than you' What do you think was the reason you had a mental health worker act as if he or she is better than you? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	72	52.5	67	47.3	71	56.3	115	31.5	117	33.6	359	38.5
No	34	34.9	42	34.6	40	33.1	102	54.2	94	53.4	285	48.8
Don't Know	8	6.4	2	6.1	5	4.2	6	10.4	13	4.9	28	5.1
Non-Response	6	6.3	8	12.0	5	6.4	14	3.9	23	8.0	44	7.7
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	18.2	37	18.2	36	27.7	90	38.0	95	48.4	237	28.5
No	61	64.7	69	68.4	75	62.8	132	53.3	105	38.5	394	59.6
Don't Know	13	7.5	8	11.5	2	0.4	4	5.2	15	5.2	35	3.9
Non-Response	15	9.5	5	1.9	8	9.1	11	3.5	32	7.9	50	8.0
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	26	25.4	46	26.8	35	21.1	85	38.8	82	33.2	228	24.9
No	65	57.0	60	58.1	73	63.9	130	51.6	120	52.7	392	60.6
Don't Know	24	11.7	11	14.2	5	3.0	7	5.5	25	6.8	55	5.4
Non-Response	5	5.8	2	1.0	8	12.0	15	4.1	20	7.3	41	9.1

Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	41	31.4	41	29.3	51	38.8	80	47.4	94	38.0	255	36.9
No	47	51.3	47	52.7	52	38.2	140	39.2	99	42.2	355	45.1
Don't Know	24	12.1	24	16.7	8	11.8	4	6.0	30	11.6	59	9.2
Non-Response	8	5.2	8	1.3	10	11.1	13	7.3	24	8.3	47	8.8
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	16.2	46	44.1	32	15.1	49	20.6	64	20.2	181	19.0
No	62	57.8	59	46.5	75	66.4	172	73.7	128	58.9	432	63.9
Don't Know	22	12.5	11	8.2	5	8.4	5	2.1	24	12.4	53	8.3
Non-Response	16	13.5	3	1.2	9	10.1	11	3.6	31	8.4	50	8.7
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	24	14.1	39	23.1	37	32.6	74	24.3	63	21.3	191	22.8
No	63	66.3	63	60.0	69	51.9	142	64.6	128	63.1	418	62.6
Don't Know	24	14.0	6	3.5	4	5.4	7	4.5	29	6.0	48	5.0
Non-Response	9	5.7	11	13.4	11	10.0	14	6.6	27	9.6	59	9.6
Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	6	6.0	3	4.5	8	6.3	0	0	14	12.0	32	9.1
No	29	36.4	22	31.6	49	42.9	66	38.5	49	32.9	197	36.1
Not Sure	9	15.1	6	2.0	8	5.0	6	9.4	16	9.4	43	8.0
Non-Response	76	42.5	88	62.0	56	45.8	165	52.1	168	45.7	444	46.8

If yes to 'When getting mental health services, have you ever had any of the following things happen? You...Felt like a mental health worker was not listening to what you were saying' What do you think was the reason you felt like a mental health worker was not listening to what you were saying? Because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	56	40.2	73	38.9	57	37.1	97	21.6	90	14.5	312	22.3
No	47	44.8	73	48.7	65	49.2	164	73.1	163	65.5	480	64.6
Don't Know	9	10.5	5	4.5	8	6.5	6	1.3	16	3.3	36	4.3
Non-Response	8	4.5	7	7.9	12	7.3	15	3.9	47	16.8	64	8.8
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	40	16.1	48	26.9	28	15.5	158	57.2	125	32.6	318	21.1
No	66	73.9	85	61.1	95	69.1	99	32.4	127	47.1	452	61.8
Don't Know	8	6.1	14	3.1	8	6.8	7	3.2	20	5.9	52	7.5
Non-Response	6	4.0	11	8.9	11	8.5	18	7.2	44	14.4	70	9.6
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	18.0	35	20.9	39	27.6	101	36.2	96	28.8	241	22.1
No	71	71.2	84	52.7	82	58.2	156	53.2	149	50.1	509	61.7
Don't Know	13	4.3	26	13.8	7	4.8	2	0.7	22	5.6	60	5.4
Non-Response	8	6.5	13	12.6	14	9.4	23	9.9	49	15.5	82	10.8
Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	50	30.9	46	25.0	58	39.4	71	34.0	122	38.1	286	32.9
No	53	56.3	79	52.4	60	42.9	184	56.0	128	42.4	469	49.8
Don't Know	9	8.6	20	12.0	12	8.4	11	6.1	20	6.2	66	7.9
Non-Response	8	4.2	13	10.6	12	9.3	16	3.9	46	13.2	71	9.4

Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	24	18.0	38	11.3	30	19.4	75	28.8	66	17.4	200	15.3
No	80	75.9	97	74.9	89	63.8	181	59.4	182	63.3	567	68.1
Don't Know	10	3.6	12	5.4	10	7.2	6	4.5	19	4.5	49	6.8
Non-Response	6	2.6	11	8.4	13	9.6	20	7.4	49	14.8	76	9.9
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	25	16.9	48	22.4	27	20.1	73	27.7	61	14.9	194	15.1
No	74	70.3	79	57.8	90	62.0	183	64.4	186	65.6	562	68.2
Don't Know	13	9.3	21	12.5	12	6.9	5	1.6	21	4.5	60	6.3
Non-Response	8	3.5	10	7.2	13	11.0	21	6.3	48	15.0	76	10.4
Anything else? Please specify:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	6	6.3	5	8.3	10	6.4	1	2.6	21	11.6	56	13.6
No	35	42.5	26	22.3	58	44.2	67	27.4	70	33.0	238	33.6
Not Sure	9	10.7	12	4.1	13	9.4	9	3.2	24	9.6	62	9.8
Non-Response	70	40.4	115	65.2	61	40.0	205	66.8	201	45.8	536	43.0

Table C11: Frequency of Discrimination in Mental Health Services

If yes to 'When getting mental health services, have you ever had any of the following things happen?'
How often have you experienced any of these things because of your...

Race or ethnic background?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	22	4.6	11	1.7	36	17.5	12	4.9	83	33.3	152	24.2
Rarely	44	20.0	56	22.5	45	23.3	108	19.1	101	18.8	290	20.2
Sometimes	83	40.2	99	43.6	67	33.8	152	39.3	149	26.6	429	30.2
Often	31	15.5	61	26.0	46	20.8	85	21.8	50	7.4	240	15.6
Always	23	12.5	10	1.5	14	3.9	9	5.5	25	3.2	66	3.2
Don't Know	4	2.5	4	2.8	2	0.3	6	5.3	6	1.0	21	1.8
Non-Response	8	4.6	7	1.8	3	0.5	16	4.1	39	9.7	57	4.7
Sexual orientation?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	51	37.0	32	28.5	80	46.3	51	20.3	78	21.8	274	39.7
Rarely	52	17.9	61	24.1	37	14.7	99	24.5	111	21.0	283	17.3
Sometimes	53	21.6	76	29.2	46	22.5	115	20.5	113	26.6	322	22.4
Often	28	5.7	42	9.0	31	10.1	77	18.7	74	14.2	202	10.1
Always	19	11.3	19	3.9	11	2.2	22	6.8	31	4.5	85	3.1
Don't Know	7	5.0	5	2.7	3	1.9	5	4.5	8	2.7	24	2.1
Non-Response	5	1.6	13	2.7	5	2.3	19	4.6	38	9.4	65	5.3
Gender identity?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	60	38.3	28	28.3	76	41.8	41	14.6	85	26.9	277	39.0
Rarely	30	14.0	68	27.0	37	17.8	87	27.3	82	16.2	238	14.8
Sometimes	54	18.4	77	26.0	49	27.0	125	25.1	135	25.5	340	25.0
Often	27	7.8	54	9.0	34	8.1	85	17.3	69	12.4	224	9.4
Always	22	8.9	9	4.9	9	3.0	29	7.2	30	7.7	85	4.5
Don't Know	7	5.1	6	3.1	5	1.7	5	4.3	8	1.3	27	2.1
Non-Response	15	7.4	6	1.7	3	0.5	16	4.2	44	10.1	64	5.1

Age?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	31	17.1	23	13.2	41	29.0	19	4.1	46	17.8	151	24.4
Rarely	51	27.9	45	17.6	45	20.1	85	26.8	102	21.8	260	20.0
Sometimes	58	25.4	99	33.5	55	22.0	121	18.9	142	25.8	380	24.3
Often	34	12.7	46	21.5	50	21.1	112	34.4	77	16.6	271	18.5
Always	25	4.8	22	9.5	16	5.6	32	11.3	38	6.6	110	5.5
Don't Know	5	3.2	5	2.7	2	0.3	4	0.5	7	1.2	21	1.7
Non-Response	11	8.8	8	2.1	4	2.0	15	4.1	41	10.2	62	5.6
Religion or spiritual practice?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	43	37.9	24	16.6	72	38.7	23	14.0	83	36.1	228	37.7
Rarely	32	13.0	79	27.0	41	22.8	94	15.6	98	20.7	274	20.2
Sometimes	53	17.7	60	20.9	55	24.9	111	24.1	121	20.0	311	20.9
Often	46	14.3	55	26.1	25	5.9	106	23.6	70	7.9	254	9.5
Always	18	4.1	9	3.0	11	5.1	33	14.4	25	2.5	84	3.8
Don't Know	14	9.2	9	3.9	6	1.8	3	4.0	13	1.9	37	2.7
Non-Response	9	3.8	12	2.5	3	0.8	18	4.4	43	10.8	67	5.2
Language spoken?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	55	43.0	24	14.8	61	34.4	30	16.1	107	41.0	263	42.1
Rarely	40	17.4	45	23.4	30	15.4	86	18.7	87	12.5	221	13.7
Sometimes	51	16.3	101	40.4	50	19.4	138	22.6	115	16.2	361	18.6
Often	30	6.8	50	12.5	40	17.3	94	30.1	61	10.8	229	11.5
Always	23	9.0	10	1.0	19	7.7	16	4.0	28	5.0	77	4.6
Don't Know	9	4.8	4	2.9	8	4.1	6	4.4	13	3.2	31	3.1
Non-Response	7	2.8	14	4.9	5	1.7	18	4.1	42	11.3	73	6.3

Anything else? Please specify*:												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Never	42	42.2	16	22.6	68	58.1	104	60.8	71	47.0	279	48.2
Rarely	0	0	0	0	3	2.2	2	0.1	4	3.1	10	2.0
Sometimes	4	2.2	4	2.4	4	5.5	2	1.5	9	12.1	21	7.4
Often	3	2.4	2	0.6	2	2.8	0	0	7	2.2	9	1.8
Always	4	5.4	1	3.1	2	1.7	2	4.5	4	1.9	11	2.1
Don't Know	12	19.0	23	28.9	17	7.9	13	15.8	29	12.4	92	15.0
Non-Response	42	28.7	50	42.4	30	21.8	17	17.3	57	21.2	160	23.4

**Write-in responses included comments such as weight or appearance, health insurance status, due to their mental illness/diagnosis, disability, socio-economic status, chemical dependency, homelessness, education level, culture, because of the way they talk/use of slang/communication style, being a felon.*

D. Experience with Mental Illness, Contact with Others Experiencing Mental Health Challenges, Awareness and Knowledge about Mental Illness

Table D1: Personal Experience with Mental Illness and Contact with Others Experiencing Mental Illness

Please read the statements below and select all that apply to you:

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I have mental illness, or had mental illness in the past	92	16.2	109	9.9	173	18.8	53	15.2	207	27.7	630	17.2
A member of my family has mental illness	179	29.0	183	17.8	249	28.0	165	33.3	280	32.3	1,105	28.7
I have a friend who has mental illness	221	29.3	237	22.2	263	28.9	177	34.7	397	42.2	1,216	29.6
I don't know anyone who has mental illness	166	26.8	492	46.8	219	31.2	227	34.4	298	20.7	1,425	32.8
I know someone who has attempted or died by suicide	123	21.5	146	16.0	145	17.7	28	10.8	214	30.9	786	24.5
Non-Response	159	17.8	143	10.4	98	11.7	68	4.9	227	17.0	613	11.2

Table D2: Personal Emotional Distress in Past 30 Days*In the past 30 days, did your emotions interfere with your...*

Performance at work?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	264	49.4	423	51.3	377	51.3	74	20.5	258	33.0	1,798	54.1
Some	140	19.2	322	30.1	209	23.2	184	31.1	321	27.5	1,045	23.8
A lot	142	15.6	180	10.6	134	15.5	237	29.7	250	18.7	791	11.6
Not sure	51	8.8	26	2.5	31	3.7	9	3.6	62	6.0	136	3.2
Non-Response	106	7.1	122	5.5	58	6.3	120	15.1	233	14.9	513	7.3
Household chores?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	259	46.4	448	50.0	352	50.1	127	28.7	307	34.7	1,815	52.9
Some	180	25.3	341	32.8	235	24.9	197	34.8	325	27.2	1,205	26.5
A lot	129	16.8	148	11.4	154	17.8	176	22.3	237	23.8	717	13.8
Not sure	32	5.4	27	1.7	28	3.4	10	2.8	33	3.2	105	2.4
Non-Response	103	6.1	109	4.1	40	3.7	114	11.4	222	11.2	441	4.3
Social life												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	242	45.8	419	50.7	345	44.8	114	23.6	245	31.2	1,726	50.0
Some	181	25.2	336	30.2	230	27.9	219	31.8	348	28.3	1,218	27.2
A lot	137	16.4	169	12.2	161	19.0	160	29.2	256	23.8	750	14.9
Not sure	44	6.0	42	2.7	34	4.7	17	3.6	56	5.6	153	3.3
Non-Response	99	6.6	107	4.2	39	3.6	114	11.8	219	11.1	436	4.6

Relationship with friends and family?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	248	45.1	442	49.2	347	44.9	93	23.1	276	29.5	1,739	50.6
Some	171	27.6	294	30.7	239	28.0	206	31.5	307	31.4	1,179	28.0
A lot	157	17.0	187	12.7	154	20.3	187	30.0	280	24.0	798	14.5
Not sure	32	5.4	43	3.0	31	3.4	21	3.9	47	3.9	137	2.6
Non-Response	95	5.0	107	4.4	38	3.5	117	11.5	214	11.2	430	4.3

Table D3: Number of Days of Personal Emotional Distress in Past 12 Months

About how many days out of the past 12 months (365 days) were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
0-10	267	43.1	388	45.3	374	44.2	100	23.5	300	37.4	1,822	52.5
11-20	30	5.0	17	2.3	47	5.2	25	6.7	36	4.6	133	3.1
21-30	14	0.8	24	1.8	25	2.3	21	2.0	30	2.4	106	2.3
31-50	17	1.4	23	1.2	8	0.3	24	4.2	37	1.6	82	0.7
51+	31	5.4	43	4.7	62	8.1	44	7.7	70	7.3	218	5.4
Not Sure	169	25.9	419	33.7	187	25.1	277	38.5	342	24.7	1,222	23.5
Non-Response	175	18.3	159	10.9	106	14.6	133	17.1	309	21.6	700	12.1

Table D4: Perceived Social and Root Causes of Mental Health Challenges

Here is a list of some things that may affect people's mental health in either a positive or negative way. Please rate each on a scale of 1 to 5 where 1 means it has no effect on mental health and 5 means it has a very strong effect

Quality of food available in the community												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	52	10.4	94	12.5	79	13.5	17	4.7	71	10.4	348	11.8
2	75	7.3	69	6.3	47	6.2	87	15.2	166	10.8	391	7.2
3	144	19.7	260	23.5	197	22.2	196	25.6	262	24.1	1,061	23.5
4	185	24.5	344	30.3	216	27.0	142	30.6	290	25.2	1,159	27.7
Very Strong Effect	195	33.2	226	25.3	252	29.6	86	15.6	197	23.5	1,041	27.7
Non-Response	52	4.9	80	2.0	18	1.5	96	8.4	138	6.0	283	2.1
Access to healthcare												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	37	6.6	58	6.1	35	6.2	29	4.6	54	7.7	221	6.2
2	50	6.0	77	5.0	58	6.6	96	11.4	143	11.6	359	6.4
3	126	15.7	182	16.0	152	20.3	128	18.9	202	15.5	729	16.0
4	139	17.6	303	29.1	208	23.1	175	33.6	260	20.6	1,096	25.4
Very Strong Effect	297	49.1	374	41.8	334	41.9	109	23.5	326	38.7	1,599	43.8
Non-Response	54	5.1	79	1.9	22	1.9	87	8.0	139	5.8	279	2.3
Education												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	25	5.3	51	5.5	37	5.7	16	3.6	51	8.2	208	6.6
2	70	6.9	77	4.6	40	6.4	66	9.1	93	6.6	305	5.4
3	150	19.2	176	16.1	162	20.1	174	20.1	278	19.9	866	17.9
4	139	19.1	323	28.4	224	23.2	156	32.6	306	29.7	1,174	28.2
Very Strong Effect	263	43.9	365	43.0	320	41.8	122	24.0	260	29.7	1,441	39.1
Non-Response	56	5.6	81	2.4	26	2.9	90	10.6	136	5.9	289	2.8

Access to mental health services												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	42	7.8	62	6.9	33	5.7	10	1.5	43	6.9	208	6.3
2	43	5.6	53	4.0	50	7.2	74	11.6	117	7.3	277	5.5
3	136	15.8	228	18.2	145	17.8	173	24.9	232	16.2	858	16.9
4	149	17.4	311	28.9	202	22.5	148	27.5	276	24.1	1,089	24.2
Very Strong Effect	280	49.2	336	39.2	354	44.1	124	25.1	317	39.8	1,558	44.5
Non-Response	53	4.2	83	2.7	25	2.6	95	9.4	139	5.7	293	2.7
Having a job												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	35	6.7	35	3.9	36	5.1	6	2.5	50	6.3	176	5.4
2	36	3.2	56	3.8	44	5.7	72	9.9	84	5.0	243	4.0
3	136	15.5	162	11.8	127	16.3	208	24.3	242	16.2	761	13.9
4	155	23.1	276	26.5	197	25.4	111	21.2	212	23.6	1,009	26.0
Very Strong Effect	274	47.1	454	51.8	380	45.0	111	31.7	347	38.5	1,730	47.4
Non-Response	67	4.4	90	2.1	25	2.4	116	10.4	189	10.3	364	3.4
Income												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	29	4.2	22	2.3	32	4.9	16	3.5	42	4.5	132	3.7
2	50	5.0	67	3.1	45	5.7	90	9.4	117	7.3	306	5.0
3	113	14.8	162	12.4	119	16.3	145	18.1	197	15.9	673	13.7
4	136	17.5	261	26.2	172	20.6	135	20.2	216	22.7	1,014	24.6
Very Strong Effect	296	53.5	469	53.8	416	50.4	125	38.0	346	38.7	1,777	49.6
Non-Response	79	5.0	92	2.3	25	2.2	113	10.7	206	10.9	381	3.5

Having health insurance												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	48	5.7	63	3.3	38	5.6	82	1.3	78	3.5	281	3.9
2	117	4.9	160	4.4	141	6.7	162	12.1	219	6.1	735	5.3
3	141	15.2	334	12.1	217	16.7	125	20.7	260	14.3	1,105	15.0
4	299	20.9	380	30.5	350	25.0	133	22.3	337	23.3	1,645	26.3
Very Strong Effect	67	48.4	101	46.7	26	43.9	114	32.6	192	41.9	375	45.9
Non-Response	48	5.0	63	2.9	38	2.2	82	11.0	78	11.0	281	3.5
Access to traditional helping professions such as culturally-based healer, religious/spiritual leader or adviser												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	33	7.0	62	7.5	65	8.5	5	1.1	69	8.3	269	8.6
2	57	6.2	96	8.7	88	14.1	62	7.5	112	12.8	431	11.7
3	190	27.6	262	25.6	210	28.4	174	32.4	290	23.7	1,127	27.5
4	171	24.5	312	26.8	219	24.7	155	29.9	293	25.9	1,126	25.9
Very Strong Effect	177	29.2	250	28.9	203	21.8	115	18.1	167	18.9	961	22.6
Non-Response	75	5.5	91	2.4	24	2.5	113	11.1	193	10.5	369	3.6
Access to culturally diverse mental health care workers [Mental health care workers may be psychologists, psychiatrists, social workers, counselors, or therapists]												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	37	6.3	66	7.9	54	8.4	6	3.0	53	7.0	268	9.0
2	48	4.1	78	4.9	65	9.8	72	15.1	94	7.2	362	8.5
3	138	23.7	275	26.0	203	25.8	183	26.2	243	21.8	1,068	26.0
4	218	27.6	329	29.4	228	25.4	164	28.7	332	24.2	1,212	25.7
Very Strong Effect	185	30.9	224	28.3	238	28.9	87	15.4	201	28.3	976	26.9
Non-Response	77	7.4	101	3.5	21	1.6	112	11.6	201	11.6	397	3.9

Discrimination based on race or ethnicity												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	46	7.2	44	4.0	48	8.2	9	2.8	61	5.8	218	6.7
2	52	6.6	67	5.1	50	7.6	89	9.4	106	8.8	327	6.7
3	108	13.4	173	14.6	162	18.2	137	27.4	178	12.5	739	16.0
4	166	21.9	326	29.2	186	22.1	175	28.7	275	20.8	1,098	24.0
Very Strong Effect	258	45.6	365	44.3	336	41.5	103	21.2	308	40.6	1,508	42.5
Non-Response	73	5.4	98	2.9	27	2.3	111	10.6	196	11.6	393	4.1
Discrimination based on immigration status												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	39	8.2	54	5.3	59	10.2	11	4.4	59	7.5	255	8.4
2	54	6.3	68	5.7	56	8.3	86	7.5	112	7.7	331	6.8
3	122	15.5	213	18.2	142	15.9	140	22.9	161	10.9	785	16.4
4	168	23.5	298	28.2	196	22.8	161	26.9	287	23.4	1,081	25.1
Very Strong Effect	241	40.6	332	39.4	330	40.8	113	26.5	309	39.6	1,423	39.3
Non-Response	79	5.8	108	3.2	26	2.0	113	11.7	196	10.9	408	4.0
Discrimination based on sexual orientation or gender identity												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	47	8.0	69	8.0	70	12.3	19	9.3	39	5.7	277	9.1
2	47	4.5	84	4.9	52	7.0	52	4.8	84	4.5	300	5.8
3	150	20.6	197	16.8	153	18.4	174	23.5	210	15.1	833	17.2
4	150	18.9	305	27.9	192	21.5	169	30.0	264	18.5	1,054	23.4
Very Strong Effect	221	39.2	320	39.4	310	37.5	98	19.5	322	44.6	1,404	39.8
Non-Response	88	8.9	98	2.9	32	3.3	112	13.0	205	11.7	415	4.6

Air and water quality												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	37	7.2	47	5.4	50	8.0	5	3.0	49	5.3	193	6.3
2	65	8.2	62	6.9	73	10.6	63	7.5	108	11.3	382	10.2
3	190	24.6	272	25.7	198	23.2	194	29.3	283	21.7	1,102	22.8
4	154	23.1	318	27.5	216	25.7	136	30.2	280	26.2	1,103	26.8
Very Strong Effect	197	33.0	270	31.9	248	30.9	114	17.7	209	25.1	1,128	30.6
Non-Response	60	3.9	104	2.5	24	1.7	112	12.3	195	10.3	375	3.2
Climate change												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	41	7.0	69	7.3	81	11.4	15	11.4	64	7.2	317	10.2
2	89	12.8	114	11.0	88	10.6	77	9.2	127	12.6	518	12.2
3	194	27.3	266	25.2	208	24.6	165	20.7	280	24.2	1,134	26.0
4	149	21.1	290	27.8	195	24.2	138	27.7	270	23.1	1,012	24.3
Very Strong Effect	168	27.5	230	25.8	208	27.0	117	18.0	189	22.5	918	23.6
Non-Response	62	4.4	104	2.8	29	2.2	112	13.0	194	10.3	384	3.7
Access to affordable housing												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	20	3.8	46	4.2	39	6.9	15	1.4	50	5.0	186	5.7
2	45	3.5	68	4.2	55	7.3	69	8.2	83	5.6	292	5.6
3	104	15.2	188	16.9	146	15.8	137	16.5	190	12.9	743	16.2
4	161	22.8	310	33.7	187	21.8	164	31.0	268	26.4	1,141	27.6
Very Strong Effect	314	50.3	353	37.9	355	45.9	129	30.8	344	39.7	1,542	41.2
Non-Response	59	4.4	108	3.1	27	2.2	110	12.1	189	10.4	379	3.6

Connections to cultural traditions												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	33	6.4	50	5.4	56	9.2	8	3.2	47	6.2	233	7.8
2	71	10.6	87	7.2	80	10.4	52	14.4	103	9.8	407	10.2
3	187	24.5	304	30.7	226	28.1	167	23.2	299	23.7	1,202	29.4
4	194	28.7	288	30.5	217	24.8	185	32.5	268	26.9	1,159	26.1
Very Strong Effect	158	26.0	239	22.9	203	25.8	101	14.0	215	22.9	900	22.8
Non-Response	60	3.9	105	3.2	27	1.8	111	12.7	192	10.5	382	3.7
Community safety/exposure to violence												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	65	10.9	110	12.4	95	15.1	16	8.2	56	6.3	413	13.3
2	63	6.7	104	8.6	79	8.9	62	15.6	92	6.3	387	8.4
3	157	21.0	281	28.4	190	23.0	204	23.6	239	17.3	1,050	22.5
4	175	25.8	265	22.7	201	20.9	150	18.5	296	24.3	1,058	23.0
Very Strong Effect	164	27.2	193	23.0	208	26.9	87	21.0	264	35.6	939	26.4
Non-Response	79	8.3	120	4.9	36	5.2	105	13.1	177	10.2	436	6.4
Community/neighborhood relationships												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
No Effect	47	7.5	46	5.0	51	8.8	9	5.0	51	5.7	208	6.7
2	50	5.3	73	6.6	58	6.9	47	9.6	85	8.3	304	6.8
3	156	22.4	276	26.1	234	28.6	191	22.0	287	24.4	1,136	27.1
4	189	27.7	358	34.7	232	27.0	146	28.5	334	28.8	1,263	29.7
Very Strong Effect	196	32.6	210	23.8	207	25.5	122	22.1	181	22.2	984	25.5
Non-Response	65	4.5	110	3.7	27	3.3	109	12.9	186	10.5	388	4.2

Table D5: Knowledge of Root Causes: Stress and Trauma

Please indicate how much you agree or disagree with each statement.

People who experience trauma in childhood, such as abuse, loss of a loved one or exposure to violence are more likely to have mental illness												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	14	1.2	15	1.3	22	3.3	9	1.9	33	3.8	76	2.2
Disagree	51	6.0	55	4.0	45	5.2	87	10.5	102	6.9	292	4.5
Neither Agree nor Disagree	175	25.1	198	16.6	163	23.3	110	17.6	212	15.7	833	20.8
Agree	232	38.1	475	47.9	309	34.4	226	37.0	396	34.4	1,698	39.7
Strongly Agree	162	25.9	251	28.4	244	31.2	124	25.5	248	30.5	1,098	29.9
Non-Response	69	3.7	79	1.9	26	2.6	68	7.5	133	8.7	286	2.9
People who experience stress by living with low-income have a greater chance of having mental illness												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	30	3.4	21	2.4	31	3.4	11	5.5	37	4.1	122	3.2
Disagree	82	15.1	97	9.4	76	8.5	87	9.5	137	9.2	474	10.6
Neither Agree nor Disagree	188	27.8	255	25.7	241	33.5	136	25.9	246	24.5	1,150	31.6
Agree	215	31.6	459	44.4	291	33.5	197	34.0	399	35.5	1,551	35.7
Strongly Agree	125	18.9	150	15.0	146	18.1	111	15.5	170	18.1	685	15.8
Non-Response	63	3.2	91	3.0	24	3.0	82	9.6	135	8.7	301	3.1

Table D6: Attitudes Accepting Others with Mental Health Challenges

Please indicate how much you agree or disagree with the following statement

People are more accepting of others with a mental illness than they used to be												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	20	2.2	19	3.0	25	2.2	7	1.8	25	2.1	87	2.2
Disagree	90	13.3	110	10.4	88	13.2	77	8.2	161	13.7	492	12.3
Neither Agree nor Disagree	210	31.7	267	25.3	229	33.5	116	31.0	281	31.5	1,096	29.1
Agree	250	36.7	532	48.1	331	35.1	245	33.9	496	39.3	1,892	42.9
Strongly Agree	100	14.4	104	11.8	125	14.2	159	22.0	109	9.0	585	11.8
Non-Response	33	1.6	41	1.5	11	1.8	20	3.1	52	4.4	131	1.7
It is normal for people to experience challenges with mental health, it is not their fault												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	15	2.0	17	0.7	16	1.8	2	0.2	26	3.1	61	1.5
Disagree	44	6.0	45	3.7	43	5.6	68	10.1	79	3.6	245	4.5
Neither Agree nor Disagree	154	21.1	234	22.7	175	24.1	118	22.0	216	19.3	883	22.2
Agree	251	39.1	407	42.6	322	36.6	216	40.3	319	28.1	1,641	39.1
Strongly Agree	168	28.4	272	27.6	224	29.5	115	18.0	315	36.3	1,093	29.4
Non-Response	71	3.5	98	2.6	29	2.3	105	9.5	169	9.5	360	3.4

Table D7: Understanding and Support of Others Experiencing Mental Health Challenges*In the last 12 months, have you done any of the following?*

Had contact with someone with mental illness that helped you understand their experience												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	267	38.2	349	29.0	345	37.0	291	40.3	449	44.6	1,636	35.7
No	326	53.7	589	65.8	418	58.5	195	46.3	441	41.2	2,132	58.7
Non-Response	110	8.1	135	5.2	46	4.5	138	13.5	234	14.2	515	5.5
Encouraged someone with mental illness to get help from a trusted friend, family member, counselor or health professional												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	298	43.7	387	35.0	385	41.1	322	50.5	466	48.1	1,818	40.2
No	296	49.4	553	59.8	376	54.4	185	35.9	422	38.2	1,975	54.4
Non-Response	109	7.0	133	5.1	48	4.5	117	13.5	236	13.7	490	5.4
Encouraged someone with mental illness who needs support to get help from a website, help line or somewhere else												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	264	36.9	333	30.2	359	37.6	309	41.3	432	40.6	1,606	33.9
No	330	56.1	612	65.4	404	57.9	201	46.9	462	45.7	2,200	60.9
Non-Response	109	7.1	128	4.3	46	4.6	114	11.9	230	13.7	477	5.2

E. Attitudes, Norms, Beliefs About Mental Health Services and Mental Health Prevention

Table E1: Comfort and Confidence Seeking Mental Health Services

Here are some statements about mental health services available in your community. Please indicate how much you agree or disagree with the following statements.

I would feel comfortable talking to a mental health care worker in my community about my mental or emotional health												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	25	2.9	25	3.1	36	4.8	10	4.6	46	6.2	146	4.2
Somewhat Disagree	61	8.5	79	7.2	65	8.9	58	13.8	93	8.3	342	8.1
Neither Agree nor Disagree	154	23.2	284	28.3	197	24.6	137	18.4	234	16.4	985	23.6
Somewhat Agree	232	35.8	413	38.8	276	33.3	203	27.2	372	31.7	1,470	33.7
Strongly Agree	183	26.2	180	19.5	214	26.5	137	27.4	245	28.7	1,057	27.5
Non-Response	48	3.4	92	3.1	21	1.9	79	8.6	134	8.8	283	2.9
I feel confident that I could access mental health care services in my community when I need them												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	33	4.2	34	2.9	52	6.5	6	2.4	51	7.4	156	4.4
Somewhat Disagree	67	9.1	98	9.9	111	13.2	80	12.3	171	16.5	457	11.1
Neither Agree nor Disagree	160	19.8	238	23.9	148	20.4	141	24.8	232	17.9	857	18.8
Somewhat Agree	256	39.0	423	39.4	290	36.9	199	28.3	358	30.0	1,523	36.3
Strongly Agree	140	24.7	198	21.1	189	21.2	118	23.1	186	21.4	1,019	27.0
Non-Response	47	3.1	82	2.7	19	1.7	80	9.1	126	6.9	271	2.5

Table E2: Comfort Using Technology for Phone or Video Visits to Access Mental Health Care

Why would you be unsure or less likely to use a phone or computer-based option to get help for a mental health challenge?

I don't feel comfortable sharing my personal information by phone or video												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	233	55.9	387	54.5	301	53.7	178	46.7	336	54.4	1,571	54.7
No	259	44.1	315	45.5	271	46.3	177	53.3	378	45.6	1,361	45.3
I don't feel comfortable talking to a mental health worker about a mental health challenge												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	72	17.5	150	21.9	109	21.7	41	20.6	102	14.9	507	20.2
No	420	82.5	552	78.1	463	78.3	314	79.4	612	85.1	2,425	79.8

Table E3: Comfort Using Telehealth for Mental Health Care

How comfortable would you be having a phone appointment (without video) with a mental health worker for non-emergency mental health care?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very uncomfortable	88	13.1	88	10.7	111	15.0	58	14.7	92	10.1	452	13.2
Somewhat uncomfortable	209	31.4	330	31.3	243	31.1	223	31.2	360	31.9	1,296	29.5
Somewhat comfortable	252	35.3	496	45.7	336	41.2	265	45.0	502	40.3	1,809	41.8
Very comfortable	134	19.0	97	10.9	110	12.0	58	7.7	122	15.2	589	14.3
Non-Response	20	1.2	62	1.4	9	0.6	20	1.3	48	2.5	137	1.2

How comfortable would you be having a video appointment with a mental health worker for non-emergency mental health care?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very uncomfortable	103	16.7	110	12.0	121	18.2	94	23.3	150	13.2	580	16.0
Somewhat uncomfortable	198	30.7	319	29.5	245	31.9	251	34.2	350	32.2	1,314	29.8
Somewhat comfortable	259	34.0	488	46.1	303	35.1	211	31.1	432	33.5	1,667	37.0
Very comfortable	111	16.9	94	10.2	120	12.3	49	10.0	133	16.9	558	14.6
Non-Response	32	1.7	62	2.2	20	2.4	19	1.4	59	4.4	164	2.6

Table E4: Preferences for Visit Types When Seeking Mental Health Services

If you need to talk with a mental health care worker about your emotional or personal challenges, what kind of visits would you choose? Please rank the following with 1 as your top choice, 2 as your second choice, 3 as your third choice and 4 as your fourth choice.

In-person office visit												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
1	359	60.8	531	59.7	442	58.2	281	52.4	511	53.2	2,313	60.9
2	88	9.4	105	8.3	105	11.0	106	15.1	185	12.7	503	9.6
3	63	8.2	92	8.3	71	9.7	55	4.0	104	10.1	360	8.3
4	73	10.4	127	14.2	110	11.0	47	12.4	74	8.1	429	10.4
Non-Response	120	11.2	218	9.6	81	10.0	135	16.1	250	15.9	678	10.7
Talk by phone without video												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
1	128	15.1	135	11.3	121	12.9	109	12.5	179	11.5	606	11.2
2	254	39.8	327	37.3	269	37.8	198	40.3	300	28.5	1,435	36.8
3	132	21.2	270	26.9	239	27.7	113	20.0	287	32.5	1,103	29.6
4	68	12.5	122	14.7	98	11.2	68	11.1	107	11.6	455	11.4
Non-Response	121	11.4	219	9.7	82	10.5	136	16.2	251	15.9	684	11.1

Online chat or by texting using a smartphone app (application)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
1	70	7.9	132	14.4	97	10.7	64	10.2	107	8.0	432	9.5
2	114	16.9	164	15.7	139	17.1	96	17.5	168	16.9	646	14.9
3	207	31.2	227	26.8	233	31.0	222	32.4	272	23.8	1,126	26.5
4	191	32.6	331	33.3	256	30.7	107	23.7	325	35.4	1,395	38.0
Non-Response	121	11.4	219	9.7	84	10.5	135	16.1	252	16.0	684	11.1
Video appointment using a computer or smartphone												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
1	45	7.7	73	6.6	78	9.1	35	8.6	81	10.3	302	8.4
2	127	22.7	255	28.2	206	21.7	91	11.5	229	24.6	1,009	26.9
3	170	27.0	263	28.4	187	23.2	96	26.8	206	22.3	998	25.2
4	238	31.0	263	27.1	254	35.5	266	36.9	355	26.8	1,287	28.4
Non-Response	123	11.5	219	9.7	84	10.5	136	16.2	253	16.0	687	11.1

Table E5: Self-Efficacy in Seeking Mental Health Services

In general, how confident are you that you know the following?

How to find information about mental health challenges												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not confident at all	34	4.5	35	3.7	43	6.4	7	2.9	45	4.7	139	3.7
Not too confident	84	10.4	143	15.7	95	12.5	105	12.5	141	10.2	485	9.7
Somewhat confident	234	32.5	511	48.2	347	41.3	224	39.0	401	34.5	1,727	41.3
Very confident	222	39.3	211	21.7	249	29.1	151	28.8	278	34.5	1,292	34.3
Not Sure	33	6.0	61	6.9	34	5.7	11	4.0	25	1.7	174	5.1
Non-Response	96	7.3	112	3.8	41	5.0	126	12.8	234	14.5	466	5.9

Deciding whether to get help for a mental health challenge or when you can handle it on your own												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not confident at all	21	2.8	43	4.5	39	5.0	28	4.3	43	4.7	145	3.3
Not too confident	88	9.2	188	17.1	100	10.6	91	10.5	162	15.5	551	10.1
Somewhat confident	204	33.4	441	44.7	333	42.4	227	41.9	372	33.0	1,627	41.4
Very confident	239	38.1	221	22.0	262	31.1	138	24.4	273	30.1	1,293	34.1
Not Sure	52	7.5	64	7.7	36	7.0	11	6.0	38	2.7	193	5.3
Non-Response	99	9.0	116	4.0	39	3.9	129	12.9	236	14.1	474	5.7
Where to go for help with a mental health challenge when you need it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not confident at all	27	4.4	49	5.1	42	5.7	11	3.9	45	6.4	158	4.3
Not too confident	94	13.4	189	18.4	104	13.8	78	8.7	138	12.9	564	12.3
Somewhat confident	195	29.1	460	42.8	331	40.8	209	36.6	375	32.6	1,572	38.8
Very confident	246	39.6	198	21.5	260	29.9	166	31.2	298	32.4	1,313	33.6
Not Sure	47	6.7	67	8.0	34	6.3	36	7.3	36	2.1	218	5.4
Non-Response	94	6.9	110	4.3	38	3.4	124	12.4	232	13.6	458	5.5
How to prevent mental health challenges in the first place												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not confident at all	19	7.7	39	6.0	107	6.7	3	3.1	70	7.2	223	5.2
Not too confident	39	14.6	51	16.5	49	16.6	15	13.5	50	16.3	184	14.3
Somewhat confident	105	30.7	170	48.2	126	43.3	80	41.0	159	37.7	603	43.9
Very confident	219	31.0	471	16.9	351	23.7	206	19.5	426	21.9	1,724	25.0
Not Sure	185	7.7	184	7.6	207	5.7	161	10.0	214	2.5	1,038	5.9
Non-Response	48	8.3	72	4.7	35	4.0	33	12.8	38	14.5	241	5.8

Table E6: Beliefs About Prevention and Care-Seeking for Mental Health

Please indicate how much you agree or disagree with the following statement:

Serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	31	3.6	22	2.9	36	5.0	13	1.9	31	3.1	122	3.4
Disagree	83	8.8	64	7.1	60	7.0	68	12.2	187	13.8	420	9.6
Neither Agree nor Disagree	194	27.9	213	18.3	223	28.3	73	17.8	278	29.3	991	26.5
Agree	212	32.8	474	39.7	281	32.6	276	37.9	443	35.5	1,679	37.1
Strongly Agree	153	25.4	258	30.6	199	26.0	176	27.7	147	15.8	952	22.2
Non-Response	30	1.5	42	1.5	10	1.1	18	2.5	38	2.4	119	1.1
People who experience mental illness should seek help from a trusted friend, family member, counselor or health professional												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	25	2.6	12	2.2	15	2.0	10	2.5	30	2.1	70	1.5
Disagree	33	2.8	42	1.8	33	4.6	56	5.6	93	6.1	195	2.8
Neither Agree nor Disagree	116	14.3	142	10.8	123	16.6	113	18.4	169	11.9	599	12.8
Agree	258	42.5	361	38.5	319	37.0	238	42.3	371	35.8	1,648	41.0
Strongly Agree	203	34.0	416	44.1	293	37.3	113	22.3	295	33.2	1,426	38.3
Non-Response	68	3.7	100	2.6	26	2.6	94	8.9	166	10.9	345	3.6

Table E7: Support for Access to Mental Health Services in California*California¹⁶ should...*

Take action to make it easier for all Californians to access mental health care												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	23	2.7	21	3.0	30	4.0	11	1.5	33	3.7	111	2.9
Somewhat Disagree	51	4.9	48	4.4	34	4.2	70	9.5	104	6.2	262	4.3
Neither Agree nor Disagree	117	15.0	225	20.9	164	21.3	152	23.5	211	17.0	845	20.4
Somewhat Agree	160	24.3	392	36.3	220	25.0	186	27.8	323	22.0	1,235	27.4
Strongly Agree	286	49.1	289	32.5	336	43.5	146	30.1	312	41.4	1,516	41.7
Non-Response	66	3.9	98	2.9	25	2.0	59	7.5	96	9.8	141	3.3
Stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	152	25.3	120	14.1	164	20.1	27	9.8	218	30.6	775	22.7
Somewhat Disagree	125	19.0	219	24.1	148	18.8	92	14.6	222	17.1	787	19.4
Neither Agree nor Disagree	165	23.2	287	27.6	225	28.2	148	21.8	265	23.4	1,061	25.9
Somewhat Agree	113	14.9	250	20.6	147	17.5	179	30.6	200	12.5	856	17.9
Strongly Agree	76	13.1	93	9.4	90	12.3	115	13.8	70	5.9	453	9.6
Non-Response	72	4.5	104	4.3	35	3.1	63	9.4	149	10.5	351	4.5

¹⁶ The survey instrument included a statement to define what is meant by “California” which read: California can include many types of groups that might affect policy. These can be public, such as taxpayers and voters, community groups or non-profit organizations, business leaders or the private-sector, elected officials such as the governor or local mayors, senators or congressmen/women, or government programs.

Table E8: Support for Policies that Increase Access to Mental Health Services in California

Please indicate how much you agree or disagree with each statement. California¹⁷ should create policies to...

Make it easier to access mental health care through health insurance plans or Medi-Cal												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	22	3.3	22	3.3	16	2.1	9	1.3	23	2.3	80	1.9
Somewhat Disagree	40	3.0	41	2.2	44	6.2	47	2.9	84	6.0	205	3.7
Neither Agree nor Disagree	98	12.9	180	15.8	123	16.2	95	20.1	179	16.5	671	16.9
Somewhat Agree	140	20.5	384	35.7	229	27.3	219	28.0	295	22.3	1,289	29.3
Strongly Agree	332	55.8	351	40.3	369	45.4	131	34.8	366	43.8	1,663	44.8
Non-Response	71	4.3	95	2.7	28	2.7	123	12.8	177	9.0	375	3.3
Provide greater access to mental health care for low-income communities												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	16	2.6	20	3.1	23	2.6	4	0.2	22	2.7	83	2.1
Somewhat Disagree	46	5.5	52	4.0	34	4.1	54	6.3	77	7.1	239	4.6
Neither Agree nor Disagree	96	11.9	195	15.9	147	18.3	97	17.9	188	15.8	709	16.5
Somewhat Agree	152	20.5	358	35.6	213	26.4	188	21.7	299	22.6	1,216	29.2
Strongly Agree	321	54.9	348	38.6	365	46.6	154	41.0	363	43.9	1,649	44.4
Non-Response	72	4.6	100	2.9	27	1.9	127	12.9	175	7.9	387	3.1

¹⁷ See definition specified in table E7 for California.

Ensure that mental health care is available through community services or programs, such as community clinics, local organizations or youth development programs												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	19	1.8	18	2.7	16	2.0	3	0.1	23	2.2	70	1.6
Somewhat Disagree	47	4.7	45	2.5	48	4.8	54	9.7	76	6.4	235	4.2
Neither Agree nor Disagree	106	13.9	186	16.2	150	20.8	125	17.3	186	14.6	740	18.0
Somewhat Agree	157	22.9	402	38.6	217	26.4	183	25.3	311	23.4	1,293	30.2
Strongly Agree	298	51.4	325	37.4	347	43.0	151	35.2	348	43.8	1,571	42.3
Non-Response	76	5.2	97	2.6	31	3.1	108	12.3	180	9.6	374	3.7
Require that mental health care services are provided in languages of community residents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	29	4.4	21	3.5	26	3.1	10	5.7	31	2.8	123	3.1
Somewhat Disagree	45	4.2	57	4.1	44	3.2	64	9.9	99	6.3	289	5.2
Neither Agree nor Disagree	139	19.3	186	17.1	146	19.3	97	13.3	193	16.3	744	18.3
Somewhat Agree	159	22.7	369	32.8	233	30.5	204	29.1	299	24.3	1,269	30.1
Strongly Agree	268	46.0	341	39.9	328	41.2	133	29.3	335	41.5	1,487	39.8
Non-Response	63	3.4	99	2.7	32	2.8	116	12.7	167	8.8	371	3.5

Table E9: Belief that Elected Officials Should Support Policies to Increase Access to Mental Health Services in California¹⁸

Please indicate how much you agree or disagree with the following statement:

My elected officials should make more of an effort to develop and support policies that make it easier for Californians to access mental health care												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Strongly Disagree	29	5.1	33	4.8	34	4.3	8	6.6	30	2.8	137	3.8
Somewhat Disagree	33	3.5	45	3.0	35	4.7	42	6.7	64	3.7	207	4.6
Neither Agree nor Disagree	114	14.7	181	17.8	149	20.3	53	13.3	172	16.6	665	18.1
Somewhat Agree	200	26.4	385	36.4	230	26.1	291	35.7	425	29.6	1,464	30.9
Strongly Agree	269	45.4	357	35.9	347	42.6	209	36.0	375	43.3	1,623	40.5
Non-Response	58	4.9	72	2.1	14	2.0	21	1.7	58	4.1	187	2.1

¹⁸ See definition specified in table E7 for California.

F. Perceived Support from Others, Information-Seeking and Help-Seeking

Table F1: Perceived Support from Others

In general, how much do you feel that you can rely on the following people for support when you are having difficulties or going through a tough time emotionally?

If respondent disclosed having a partner: Partner (husband, wife, boyfriend, girlfriend)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	16	4.6	21	3.2	20	3.7	8	2.3	22	2.1	78	2.7
Not much	57	12.7	62	6.2	56	10.8	59	12.1	122	15.6	264	7.4
A little/somewhat	141	23.7	223	22.3	143	25.5	170	32.1	293	31.7	843	23.5
Very much	172	55.0	389	65.9	330	59.4	297	52.3	256	48.1	1,659	65.1
I don't have a partner right now	10	3.0	7	0.6	3	0.3	3	0.3	7	0.3	23	0.4
Non-Response	14	1.0	44	1.8	3	0.3	18	0.9	33	2.1	89	0.9
Your parent/parents (someone who raised you)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	41	9.4	65	9.0	63	9.8	18	9.5	78	10.8	277	9.2
Not much	99	9.4	130	11.6	85	9.6	60	7.0	197	13.1	453	8.7
A little/somewhat	167	22.5	237	19.7	204	26.6	152	17.2	274	25.0	941	22.4
Very much	214	30.0	417	35.3	319	36.3	339	50.6	332	25.6	1,545	32.9
My parents are not in my life or are dead	113	23.9	164	21.1	110	14.1	23	11.5	157	18.9	841	23.5
Non-Response	69	4.8	60	3.2	28	3.6	32	4.3	86	6.7	226	3.4

Other family members (sisters/brothers, grandparents, aunts/uncles, cousins)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	41	7.3	72	8.2	71	10.6	18	4.2	88	10.8	288	8.6
Not much	90	13.8	170	14.5	125	17.1	58	17.9	200	21.2	592	15.5
A little/somewhat	264	37.9	418	37.8	268	32.6	176	23.7	409	31.1	1,454	33.1
Very much	222	33.7	327	34.3	302	33.6	320	48.6	293	23.5	1,547	34.7
There are no other family members in my life	18	2.2	33	3.2	18	2.2	7	2.3	41	6.0	167	4.5
Non-Response	68	5.1	53	2.0	25	4.0	45	3.4	93	7.4	235	3.5
Friends												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	38	5.4	46	5.9	70	10.5	34	10.8	58	6.8	241	7.2
Not much	118	14.7	159	13.1	105	13.1	156	22.2	227	15.4	669	13.2
A little/somewhat	249	39.6	432	43.1	320	39.0	208	28.2	379	32.4	1,589	37.6
Very much	216	35.0	345	35.2	285	33.5	173	33.1	324	36.1	1,467	38.1
Non-Response	82	5.3	91	2.8	29	3.8	53	5.6	136	9.3	317	3.9
Neighbors/Community												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Not at all	159	29.7	159	29.6	291	42.0	70	24.0	236	29.1	1,080	33.4
Not much	179	27.9	179	34.6	216	24.7	164	25.7	328	31.7	1,233	30.4
A little/somewhat	194	24.8	194	28.5	195	20.3	175	30.9	308	22.3	1,150	24.2
Very much	92	11.9	92	3.5	72	7.7	146	12.1	112	6.3	469	6.9
Non-Response	79	5.8	79	3.9	35	5.3	69	7.3	140	10.6	351	5.0

Table F2: Likelihood of Help-Seeking for Mental Health Support or Services

When going through a tough time, how likely would you be to:

Talk to your partner about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	15	5.1	8	0.6	20	4.2	21	5.1	15	2.3	74	2.5
Unlikely	46	13.9	49	3.0	35	8.4	53	10.7	57	8.1	200	5.2
Neither likely nor Unlikely	70	12.8	94	8.4	63	10.9	115	15.2	144	17.3	406	9.8
Likely	114	26.5	265	35.4	154	24.5	192	40.5	244	28.4	948	29.3
Very likely	125	37.5	279	50.6	276	51.3	106	19.2	186	39.1	1,144	51.3
Non-Response	40	4.1	51	2.0	7	0.7	68	9.3	87	4.8	184	1.8
Talk to a friend about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	36	5.0	30	3.0	51	7.7	27	10.7	47	4.1	180	5.3
Unlikely	74	12.8	88	8.5	90	11.7	54	6.4	96	9.5	400	10.2
Neither likely nor Unlikely	123	20.5	210	19.4	135	19.3	96	13.8	193	16.6	727	17.3
Likely	224	33.1	457	42.3	282	33.3	209	28.1	443	36.2	1,611	37.1
Very likely	176	25.1	229	25.2	237	26.0	151	31.1	223	26.9	1,097	27.7
Non-Response	70	3.5	59	1.6	14	1.9	87	9.9	122	6.8	268	2.5
Talk to your parents about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	106	20.3	157	18.0	139	19.8	37	16.2	193	23.8	765	21.7
Unlikely	117	16.1	154	13.7	130	17.1	98	18.1	171	15.3	638	16.0
Neither likely nor Unlikely	131	20.0	225	22.2	163	20.6	112	17.8	215	20.0	822	20.2
Likely	151	19.8	309	25.2	202	21.8	146	25.0	301	20.7	1,011	20.8
Very likely	118	17.6	152	17.5	145	17.0	146	12.4	109	11.5	687	16.0
Non-Response	80	6.2	76	3.5	30	3.7	85	10.5	135	8.6	360	5.3

Talk to a family friend or relative about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	58	8.8	92	9.7	85	12.7	14	4.6	108	13.3	345	10.0
Unlikely	89	14.5	148	16.0	128	16.7	77	17.4	168	16.8	609	16.3
Neither likely nor Unlikely	152	22.4	267	21.2	161	21.0	202	25.3	273	24.3	1,032	22.6
Likely	214	31.8	378	36.9	250	27.7	130	22.0	314	24.3	1,315	30.6
Very likely	126	19.6	126	14.6	168	19.7	118	21.1	134	13.4	715	17.9
Non-Response	64	2.9	62	1.6	17	2.2	83	9.6	127	7.8	267	2.6
Talk to a medical doctor or other health care worker about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	52	7.9	54	6.6	66	8.0	26	9.3	48	5.2	245	6.7
Unlikely	78	12.5	144	15.1	107	14.0	76	19.6	134	13.9	530	14.0
Neither likely nor Unlikely	150	20.2	218	21.5	171	21.5	129	16.9	231	22.4	893	21.9
Likely	223	34.8	417	36.5	263	32.6	186	29.5	384	33.6	1,493	33.9
Very likely	129	21.2	149	17.9	182	22.1	102	14.2	156	17.2	785	20.8
Non-Response	71	3.4	91	2.3	20	1.8	105	10.4	171	7.6	337	2.7
Talk to a psychologist, psychiatrist, social worker, or counselor about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	59	8.9	58	6.7	67	9.6	37	8.8	57	4.7	277	7.7
Unlikely	66	11.5	120	14.4	114	15.9	67	14.7	98	11.5	483	14.4
Neither likely nor Unlikely	162	23.0	236	23.1	169	22.1	94	14.2	235	22.4	884	21.9
Likely	214	32.8	382	35.9	249	28.8	167	28.1	328	26.5	1,359	30.6
Very likely	132	20.7	188	17.7	189	21.8	158	23.9	245	27.5	950	22.7
Non-Response	70	3.1	89	2.2	21	1.8	101	10.2	161	7.3	330	2.7

Talk to a spiritual leader about it, like a pastor, priest, rabbi, or imam												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	93	17.4	191	21.8	186	24.6	55	17.5	233	33.4	895	27.7
Unlikely	129	21.1	154	15.9	140	18.1	49	8.3	168	16.1	660	18.0
Neither likely nor Unlikely	143	18.8	249	23.3	165	20.4	154	26.0	233	21.0	917	21.7
Likely	161	24.5	289	25.9	180	20.7	132	20.2	220	12.6	912	18.2
Very likely	105	14.9	102	10.5	116	14.4	132	17.7	100	9.4	557	11.4
Non-Response	72	3.3	88	2.6	22	1.8	102	10.3	170	7.5	342	3.0
Talk to a traditional healer such as a ceremonial leader or traditional medicine man or woman												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	141	26.1	268	32.8	251	32.6	38	17.9	229	31.7	1,209	38.3
Unlikely	159	26.4	202	20.7	168	23.8	100	14.8	202	20.9	838	22.7
Neither likely nor Unlikely	180	26.2	243	23.9	174	22.9	125	20.6	246	20.6	900	20.0
Likely	97	10.6	211	14.5	116	10.6	148	25.2	217	13.3	653	9.8
Very likely	53	7.1	56	4.7	78	8.2	112	11.1	64	5.1	339	5.6
Non-Response	73	3.7	93	3.3	22	1.9	101	10.4	166	8.4	344	3.5
Talk to a community helping professional such as health worker, promotor/promotora, or case manager												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	68	10.4	103	12.7	121	15.8	25	12.7	108	13.5	490	16.0
Unlikely	108	16.8	159	16.9	153	23.3	78	12.6	141	15.6	712	21.6
Neither likely nor Unlikely	178	31.2	275	27.6	185	23.5	134	19.8	257	26.1	1,040	25.4
Likely	184	26.3	360	32.9	221	24.6	123	21.4	335	26.1	1,154	25.0
Very likely	88	10.7	74	6.8	105	10.9	146	21.2	92	9.6	499	8.9
Non-Response	77	4.5	102	3.1	24	2.0	118	12.4	191	9.1	388	3.2

Talk to a school (or college) counselor or teacher about it												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	120	21.8	193	23.0	194	24.5	58	22.6	228	26.9	990	30.4
Unlikely	144	25.0	208	22.3	176	24.6	68	12.2	159	20.4	815	23.7
Neither likely nor Unlikely	143	21.5	221	22.0	173	23.6	101	12.4	206	19.1	818	19.9
Likely	144	16.9	267	23.2	150	16.7	146	25.9	240	16.0	814	15.1
Very likely	74	9.8	76	5.9	89	7.3	121	11.6	97	7.2	420	6.4
Non-Response	78	5.1	108	3.7	27	3.2	130	15.3	194	10.3	426	4.5
Talk to someone else who has experienced similar challenges, such as a peer counselor												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	72	11.1	82	10.8	104	15.2	104	17.3	103	10.7	480	14.8
Unlikely	96	13.4	147	13.8	112	15.2	112	4.5	148	14.0	566	15.2
Neither likely nor Unlikely	147	23.0	273	27.5	186	23.9	186	15.1	241	21.3	965	24.0
Likely	194	31.6	372	36.2	258	29.5	258	40.0	321	30.1	1,342	30.8
Very likely	114	15.7	91	8.3	121	13.6	121	11.1	116	14.5	528	11.4
Non-Response	80	5.2	108	3.4	28	2.7	28	12.0	195	9.4	402	3.7
Join a support group to talk with others experiencing similar challenges												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	76	14.5	96	10.2	135	18.3	43	21.8	95	10.3	519	16.4
Unlikely	109	18.5	160	17.5	153	21.6	66	10.3	153	18.2	679	19.7
Neither likely nor Unlikely	171	25.5	285	27.9	197	24.7	143	15.8	270	27.1	1,082	26.3
Likely	181	22.7	342	32.6	195	21.5	148	22.4	319	25.8	1,147	24.8
Very likely	88	13.6	88	8.2	102	11.3	106	18.0	89	9.3	461	9.2
Non-Response	78	5.2	102	3.6	27	2.6	118	11.8	198	9.3	395	3.6

Call a hotline												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	113	21.9	137	16.1	185	24.4	52	18.2	123	16.3	718	23.7
Unlikely	127	24.0	198	22.6	170	21.7	91	17.0	179	21.6	865	23.8
Neither likely nor Unlikely	168	24.8	272	27.4	188	27.6	139	24.4	252	28.1	1,021	26.6
Likely	135	15.0	298	26.1	161	16.4	119	21.9	272	15.8	875	16.2
Very likely	78	8.6	58	4.6	70	6.6	91	6.1	86	6.5	358	5.3
Non-Response	82	5.6	110	3.2	35	3.4	132	12.5	212	11.7	446	4.5
Talk to a mental health worker or trained helper via video telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	92	15.6	105	11.4	128	17.7	60	19.7	105	13.8	568	17.7
Unlikely	119	18.5	161	17.1	145	21.8	65	13.5	150	16.1	654	18.3
Neither likely nor Unlikely	142	22.4	270	26.6	162	21.4	93	12.0	211	19.2	878	21.1
Likely	189	28.1	343	35.0	212	23.8	184	29.9	293	23.0	1,227	27.3
Very likely	89	11.5	91	7.1	130	12.2	104	12.8	165	16.8	548	11.4
Non-Response	72	3.9	103	2.8	32	3.1	118	12.1	200	11.1	408	4.2
Talk to a trained listener using online chat or through a smartphone app (application)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	111	17.6	121	12.6	151	21.9	49	19.5	141	17.4	680	21.6
Unlikely	114	20.5	198	19.9	160	21.5	60	13.9	153	16.5	775	22.1
Neither likely nor Unlikely	168	28.7	265	26.8	168	21.5	105	14.9	258	26.0	949	22.6
Likely	158	19.5	302	31.0	205	23.3	175	24.5	250	19.2	1,033	22.3
Very likely	73	8.4	82	6.1	90	8.6	109	12.0	111	8.9	418	7.0
Non-Response	79	5.3	105	3.5	35	3.2	126	15.2	211	12.0	428	4.4

Talk to a mental health worker or trained helper by phone without video												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	75	12.4	94	10.7	129	18.2	57	15.8	108	13.0	526	17.3
Unlikely	103	16.8	171	15.3	131	19.6	69	13.9	129	15.8	642	17.1
Neither likely nor Unlikely	167	25.4	257	23.3	180	19.9	167	25.6	270	25.7	1,017	22.0
Likely	201	29.3	356	38.7	221	26.7	127	20.7	293	24.0	1,221	28.9
Very likely	82	12.2	87	8.4	108	11.4	88	11.8	110	9.4	451	9.8
Non-Response	75	4.0	108	3.6	40	4.2	116	12.2	214	12.1	426	5.0
Do nothing												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	151	23.0	160	19.3	183	21.9	36	11.0	133	14.6	726	19.6
Unlikely	141	23.6	235	20.3	131	15.3	114	18.4	222	17.3	832	18.9
Neither likely nor Unlikely	154	24.9	270	26.7	203	26.5	127	21.9	240	23.5	1,020	25.1
Likely	99	11.4	193	21.0	126	14.9	116	19.6	191	19.1	745	18.5
Very likely	62	10.2	85	8.0	115	15.7	80	15.4	98	12.1	437	11.8
Non-Response	96	6.9	130	4.8	51	5.8	151	13.7	240	13.4	523	6.1

Table F3: Likelihood of Information-Seeking for Mental Health Support or Services

When going through a tough time, how likely would you be to:

Use a smartphone app (application) to find resources or learn self-care practices												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	57	10.1	72	8.8	87	13.1	34	12.2	91	10.5	424	13.5
Unlikely	103	18.3	109	11.7	99	13.9	65	9.9	114	13.9	518	13.9
Neither likely nor Unlikely	156	20.3	228	22.5	163	20.2	127	21.3	239	22.3	891	21.4
Likely	211	30.3	424	37.6	265	32.4	170	34.1	360	30.1	1,412	32.9
Very likely	110	16.4	154	17.4	168	17.7	127	12.3	143	14.9	698	15.2
Non-Response	66	4.7	86	2.0	27	2.7	101	10.1	177	8.3	340	3.0
Look for help on a website												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	74	9.7	39	4.3	66	10.0	29	10.8	52	4.7	287	7.9
Unlikely	63	11.1	92	7.9	86	12.2	71	7.9	100	9.6	397	10.7
Neither likely nor Unlikely	145	24.9	204	19.8	153	21.4	95	22.1	189	20.5	775	20.0
Likely	233	32.6	448	44.5	300	34.6	143	28.7	397	35.6	1,590	39.0
Very likely	120	16.7	203	21.4	172	18.6	184	20.2	208	21.1	882	18.9
Non-Response	68	5.0	87	2.0	32	3.3	102	10.2	178	8.4	352	3.4
Look for help in a magazine or book												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	109	18.2	117	13.1	153	21.1	50	23.0	135	16.2	659	20.4
Unlikely	146	27.3	216	21.7	181	24.3	65	8.8	210	25.0	867	24.1
Neither likely nor Unlikely	129	19.8	280	26.8	201	25.4	101	19.3	208	22.0	951	24.8
Likely	177	21.5	284	28.4	166	18.5	189	27.6	272	19.8	1,014	19.8
Very likely	78	8.6	87	7.7	77	7.4	113	10.9	120	8.6	432	7.2
Non-Response	64	4.6	89	2.2	31	3.3	106	10.4	179	8.4	360	3.8

Look for help by using a social networking site such as Facebook, Reddit, Youtube, etc.												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Very unlikely	133	25.1	155	17.2	174	21.8	59	23.1	167	20.2	925	26.7
Unlikely	121	21.3	163	16.4	164	23.2	56	10.2	155	16.2	723	21.4
Neither likely nor Unlikely	169	20.1	245	26.3	186	24.7	127	20.7	236	24.2	924	23.3
Likely	141	18.7	308	27.3	165	17.5	176	26.0	289	23.0	924	17.3
Very likely	77	10.3	113	10.7	96	10.4	103	9.7	99	8.9	448	8.3
Non-Response	62	4.5	89	2.1	24	2.5	103	10.2	178	7.5	339	3.1

Table F4: Reasons for Uncertainty in Seeking Mental Health Services: Social

Why are you unsure or less likely to talk to anyone or ask for help during the tough time? Select all that apply.

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I have never gone through a tough time	7	13.6	7	11.5	4	3.2	2	2.0	4	2.6	20	4.1
I am worried my family will find out	9	5.6	15	15.5	6	5.6	12	19.2	19	10.2	45	6.7
It is hard to figure out where to get help	8	8.0	14	11.3	6	17.5	5	9.1	10	18.9	39	13.7
I do not have time to talk to someone	6	8.4	7	6.1	5	11.1	1	1.0	4	2.9	20	6.9
It takes a lot of energy to find somewhere to get help	6	8.4	6	9.2	5	16.2	0	0	8	18.4	23	12.4
I do not think anyone can help me	9	13.6	12	19.0	6	22.0	1	8.4	11	17.0	36	17.5
I do not need to talk to anyone. I can handle myself	23	38.3	18	23.5	11	17.8	6	5.7	22	21.5	77	27.9
It did not bother me at first	23	9.7	17	6.0	6	5.9	8	12.7	12	3.3	56	4.9
I am not sure who to talk to	15	18.7	23	23.6	11	18.2	14	13.0	30	25.1	73	16.9

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I had a bad experience in the past	19	27.0	22	16.8	8	17.4	22	20.4	40	29.9	79	19.4
I do not feel safe or welcome where I could go for help	12	5.8	20	13.1	6	18.2	28	35.7	38	23.7	77	15.3
I am too worried of what others might think	17	21.7	28	25.5	9	16.3	33	45.9	34	13.6	97	18.0
I am too embarrassed	15	14.8	20	19.2	11	16.7	23	35.5	38	20.9	84	18.9
I have gotten enough information and help already	17	10.8	14	6.4	5	5.1	16	18.4	27	8.7	57	5.6
Some other reason, please specify*	3	5.1	2	2.4	4	15.6	0	0	3	8.5	13	8.5
Not Sure	6	5.0	9	13.3	4	9.7	0	0	4	0.9	27	10.3
Non-Response	11	6.1	9	7.6	5	5.4	9	13.0	8	3.5	38	5.5

*Write-in responses included comments that they have a lack of trust or comfort with their mental health issues, they don't want to be a burden to others, they don't want to feel dependent on others, or that they don't feel that others care.

Table F5: Reasons for Uncertainty in Seeking Mental Health Services: Systemic

You said you were less or not likely to get help from either a professional like a medical doctor or other mental health care worker, What are the reasons why you would not talk to them or ask for help? Select all that apply.

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I do not have any insurance	22	6.5	31	8.0	51	12.2	6	7.3	31	6.7	128	8.7
They would treat me differently because of my age	30	6.9	31	2.2	21	4.7	86	17.2	77	6.5	193	4.0
They would treat me differently because of my religious or spiritual practice	17	3.5	42	5.4	22	3.0	56	16.5	51	7.3	161	4.1
They would treat me differently because of my sexual orientation	13	3.6	48	4.1	18	2.0	46	10.8	64	11.1	146	3.4
They would treat me differently because of my gender identity	16	3.2	13	2.3	13	1.8	29	5.7	42	7.1	90	2.4
It is too expensive	53	13.7	96	24.1	83	17.0	61	30.9	88	22.1	399	21.2
I have schedule conflicts	31	8.1	57	10.2	46	10.3	28	10.6	49	8.3	201	8.8
I did not know where to go, or who to see	35	10.7	93	19.9	65	14.8	51	19.3	61	18.2	304	14.4
The time of the appointment was inconvenient	15	3.6	23	4.9	17	3.4	49	15.1	16	4.1	127	4.6
The appointments were too time consuming	25	7.9	44	9.3	22	3.5	46	10.0	17	2.1	156	5.1
I could not get an appointment	14	3.4	24	5.4	22	3.9	31	9.7	25	5.3	106	3.8
My insurance wouldn't cover it	44	10.8	75	16.2	54	10.5	29	15.9	69	17.2	259	12.6
I am worried about having to visit a hospital	12	4.8	41	8.3	27	7.1	26	18.5	15	3.2	125	5.8

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I am afraid I will be committed to a psychiatric ward or hospital	22	7.0	31	7.5	24	6.0	7	3.2	24	7.1	102	5.2
I don't want to take medication	38	10.9	51	11.5	66	12.9	8	4.2	35	11.0	228	13.1
I do not think it would help	83	22.8	107	21.2	72	20.3	42	18.8	101	19.4	408	21.8
Counseling did not work before	48	12.4	68	7.2	42	10.0	59	15.5	84	20.1	282	11.3
I had a bad experience before	40	11.6	45	6.0	54	11.1	54	24.0	93	17.5	243	9.6
They do not speak my language	27	3.8	41	8.6	37	11.2	86	13.0	83	13.4	209	7.3
Asking for help could impact my immigration status	23	3.0	28	2.5	12	2.2	61	10.4	52	4.9	138	2.2
What I need to talk about will not be kept private/confidential	37	9.2	73	10.2	44	9.5	66	28.0	64	13.2	259	9.6
They would treat me differently because of my race-ethnicity	32	8.6	38	5.7	37	7.6	61	21.1	76	10.7	195	6.0
Other, please specify	28	9.5	26	6.1	39	8.7	5	9.1	32	8.7	180	11.0
Not sure	44	19.2	68	14.0	44	10.4	5	2.6	42	8.9	241	12.8
Non-Response	27	7.3	19	3.8	20	4.6	16	0.5	27	1.7	102	4.1

*Write-in responses included comments that help was not needed, that they can handle problem themselves, COVID-19 related reasons, the problem not being serious enough, that they prefer to go to someone else for help, lack of trust or comfort with mental health care workers or medical providers, mis-interpretation that the question is about medical providers, lack of childcare, distance to get to a mental health care worker, they turn to spiritual sources for help, feelings of stigma or judgment, or they don't want to.

Table F6: Sources of Support for Mental Health Care in the Past Year

In the past 12 months, have you talked with any of the following to get through a tough time?

Your partner												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	228	63.2	434	64.1	390	66.3	310	51.9	378	62.2	1,829	67.1
No	113	25.4	224	32.4	139	29.5	151	37.1	204	29.0	819	28.8
Non-Response	69	11.3	88	3.5	26	4.2	94	11.0	151	8.8	308	4.1
Your parents												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	253	30.4	331	29.2	311	31.2	320	42.4	398	33.8	1,472	28.8
No	337	60.2	625	66.3	442	61.8	191	44.7	507	54.4	2,320	64.4
Non-Response	113	9.3	117	4.5	56	7.0	113	12.9	219	11.7	491	6.8
A family friend or relative												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	311	46.1	349	35.4	399	44.7	234	33.3	400	41.1	1,695	40.6
No	299	46.1	623	61.3	358	49.4	279	55.4	518	48.6	2,169	54.4
Non-Response	93	7.8	101	3.3	52	5.9	111	11.3	206	10.3	419	4.9
A friend												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	360	54.5	502	49.8	469	52.9	277	44.1	524	57.0	2,163	53.0
No	239	36.5	458	46.3	296	42.7	235	44.2	391	32.6	1,680	42.3
Non-Response	104	9.0	113	3.9	44	4.4	112	11.7	209	10.4	440	4.7

A medical doctor or other health care worker												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	179	24.3	255	21.0	220	20.4	242	26.0	325	26.8	1,136	20.6
No	408	65.6	705	75.3	543	73.6	266	61.4	579	61.5	2,688	74.0
Non-Response	116	10.1	113	3.8	46	6.0	116	12.6	220	11.7	459	5.5
A psychologist, psychiatrist, social worker, therapist, or counselor												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	169	21.1	165	12.1	210	17.5	221	29.0	283	25.4	957	16.3
No	426	69.5	792	84.7	558	77.8	295	60.0	630	64.2	2,890	79.0
Non-Response	108	9.4	116	3.2	41	4.6	108	11.1	211	10.4	436	4.7
A spiritual leader like a priest, pastor, rabbi, or imam												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	176	17.8	205	14.5	177	17.7	277	26.5	267	15.1	966	13.9
No	430	75.3	727	80.9	585	77.7	220	59.7	614	71.9	2,817	80.8
Non-Response	97	6.9	141	4.6	47	4.6	127	13.8	243	13.0	500	5.3
A traditional healer such as a ceremonial leader or traditional medicine man or women												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	115	9.9	115	5.5	124	10.7	276	31.2	233	15.8	707	8.0
No	484	79.7	815	90.3	635	84.1	221	55.8	638	70.1	3,064	86.3
Non-Response	104	10.3	143	4.1	50	5.2	127	13.0	253	14.1	512	5.7
A community helping professional such as health worker, promotor/promotora, peer counselor, or case manager												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	157	16.0	124	6.2	122	10.4	167	22.5	223	15.2	651	8.4
No	458	77.0	800	88.8	637	84.5	328	64.7	654	71.5	3,120	85.8
Non-Response	88	6.9	149	5.0	50	5.2	129	12.8	247	13.3	512	5.7

A care coordinator at a clinic, community center or other cultural center												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	129	12.6	145	7.0	109	8.4	187	18.7	248	15.4	666	8.0
No	465	77.8	793	88.4	643	85.3	313	69.1	628	70.9	3,097	85.5
Non-Response	109	9.6	135	4.5	57	6.3	124	12.2	248	13.7	520	6.5
A support group to talk with other experiencing similar challenges (not an online forum)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	143	13.3	186	9.8	136	11.5	263	33.9	261	19.0	840	10.4
No	466	79.6	757	85.1	620	81.5	232	53.8	623	68.2	2,950	83.3
Non-Response	94	7.1	130	5.1	53	7.0	129	12.3	240	12.8	493	6.3
A teacher or school counselor												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	99	10.2	129	5.3	131	10.1	203	23.6	203	13.2	628	7.1
No	485	80.0	804	89.8	623	82.7	293	62.6	651	70.8	3,122	85.9
Non-Response	119	9.8	140	4.9	55	7.2	128	13.8	270	16.1	533	6.9
A phone hotline												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	118	0.9	148	0.9	118	3.9	241	3.0	250	4.4	698	2.0
No	477	92.2	795	94.8	637	89.3	255	84.8	611	79.5	3,068	91.5
Non-Response	108	6.9	130	4.3	54	6.8	128	12.2	263	16.1	517	6.4
A mental health worker or trained helper via video, telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	143	14.7	154	10.0	164	13.9	277	34.7	321	24.7	886	12.3
No	458	78.1	798	86.6	594	80.0	222	53.2	557	60.9	2,909	81.9
Non-Response	102	7.2	121	3.4	51	6.1	125	12.1	246	14.4	488	5.8

A mental health worker or trained helper through online chat or by texting through a smartphone app (application)												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	125	8.4	127	5.9	124	10.5	194	22.4	226	15.3	638	7.6
No	459	82.3	817	90.0	631	83.5	302	65.2	632	69.7	3,126	86.4
Non-Response	119	9.3	129	4.1	54	6.0	128	12.4	266	15.0	519	6.0
A mental health worker or trained helper by phone without video												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	139	14.1	140	4.8	142	11.5	167	15.7	240	14.6	704	9.4
No	431	75.8	791	90.9	616	82.6	328	71.7	600	69.5	3,027	84.4
Non-Response	133	10.1	142	4.3	51	5.9	129	12.6	284	15.8	552	6.2
An online discussion forum												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	101	8.8	136	5.7	118	9.2	185	26.9	227	14.6	646	8.0
No	483	83.7	794	89.2	623	83.1	308	60.6	611	68.2	3,078	85.1
Non-Response	119	7.5	143	5.1	68	7.7	131	12.5	286	17.2	559	6.9
Someone else, please specify												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	34	4.4	32	3.3	27	4.4	3	1.2	35	3.6	134	3.4
No	343	62.3	444	54.4	491	62.9	168	38.6	329	42.4	2,033	60.8
Non-Response	326	33.3	597	42.3	291	32.7	453	60.2	760	54.0	2,116	35.8

Table F7: Reasons for Not Seeking Support with Mental Health Care: Social

*If no to any 'In the past 12 months, have you talked with any of the following to get through a tough time?'
Why did you not talk to anyone or ask for help during the tough time? Select all that apply.*

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I have never gone through a tough time	10	38.0	43	50.9	12	27.4	1	7.5	16	28.9	125	41.7
I am worried my family will find out	1	11.1	2	1.9	0	0	1	2.7	1	3.4	4	0.7
It is hard to figure out where to get help	3	15.7	3	2.6	4	10.5	0	0	4	28.0	13	5.4
I do not have time to talk to someone	2	3.7	3	2.0	3	2.1	0	0	2	1.7	8	1.1
It takes a lot of energy to find somewhere to get help	2	5.4	5	4.9	1	6.0	0	0	5	27.0	13	4.6
I do not think anyone can help me	0	0	9	8.9	4	10.5	0	0	8	34.3	18	6.8
I do not need to talk to anyone. I can handle it myself	4	20.4	29	26.8	15	23.4	11	87.8	15	29.7	104	31.3
It did not bother me at first	1	3.6	10	10.6	1	2.5	0	0	3	4.7	17	4.2
I am not sure who to talk to	1	11.1	8	7.3	5	11.7	0	0	6	30.2	17	6.4
I had a bad experience in the past	1	11.1	3	2.6	3	8.5	0	0	3	22.7	8	3.7
I do not feel safe or welcome where I could go for help	2	14.3	3	2.6	2	1.4	9	28.6	1	3.4	17	3.0
I am too worried of what others might think	0	0	3	1.7	1	1.0	0	0	0	0	6	1.5
I am too embarrassed	0	0	7	5.6	2	3.5	0	0	0	0	13	3.4
I have gotten enough information and help already	0	0	3	4.0	0	0	0	0	1	2.2	6	1.2
Some other reason, please specify*	0	0	4	2.6	5	15.6	0	0	4	6.4	21	9.2
Not Sure	4	14.1	4	6.4	2	6.1	0	0	0	0	14	5.3
Non-Response	8	22.6	6	4.4	10	13.6	1	2.0	2	6.1	27	7.4

**Write-in responses included comments that help was not needed, the problem not being serious enough, that they went to someone else for help, or they haven't had any problems in the past 12 months.*

Table F8: Reasons for Not Seeking Support with Mental Health Care: Systemic

If no to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A medical doctor or other health care worker or A psychologist, psychiatrist, social worker, therapist, or counselor. You said you did not talk with a professional like a medical doctor, other health care worker, or mental health care worker, What are the reasons why you did not talk to them or ask for help? (Select all that apply)

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I did not have any insurance	38	7.6	46	7.4	76	14.4	12	5.9	46	7.7	200	8.7
They would treat me differently because of my age	41	5.2	47	2.1	30	3.9	78	12.2	106	7.1	230	3.1
They would treat me differently because of my religious or spiritual practice	24	2.1	40	2.2	21	2.3	97	20.7	81	7.5	220	2.9
They would treat me differently because of my sexual orientation	28	3.8	39	2.6	10	0.8	57	11.4	75	7.1	158	2.0
They would treat me differently because of my gender identity	18	3.5	29	1.0	14	1.2	49	7.5	74	7.7	136	1.9
It would be too expensive	64	9.7	157	14.6	89	11.1	57	18.9	135	15.5	478	13.2
I had schedule conflicts	35	4.1	102	8.0	57	8.2	43	11.6	98	8.4	291	7.1
I did not know where to go, or who to see	42	7.0	103	12.5	61	9.5	29	10.4	71	11.3	299	9.1
They time of appointment was convenient	35	6.0	43	6.0	39	5.4	33	6.6	45	5.4	177	4.3
The appointments were too time consuming	42	6.0	42	4.9	35	4.0	36	7.6	43	2.8	178	3.4
I could not get an appointment	30	6.0	32	4.6	22	2.2	25	4.4	27	3.0	131	2.9
My insurance wouldn't cover it up	46	8.6	92	11.7	74	10.2	24	10.0	76	10.4	297	9.3
I am worried about having to visit a hospital	32	5.2	59	6.9	26	5.2	22	6.8	31	3.3	163	4.3

	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
I am afraid I will be committed to a psychiatric ward or hospital	13	3.5	32	3.4	22	4.4	9	5.7	25	5.3	91	3.1
I don't want to take medication	40	9.2	56	7.7	57	10.3	6	4.8	41	9.3	218	8.6
I do not think it would help	101	20.7	147	18.5	106	19.8	42	12.5	109	20.3	537	18.1
Counseling did not work before	43	7.9	76	6.2	40	7.2	52	10.0	92	12.2	270	6.8
I had a bad experience before	52	8.2	78	4.7	46	6.6	58	10.7	116	14.6	284	5.9
They do not speak my language	29	3.0	53	5.8	26	4.8	79	13.7	89	8.4	217	4.3
What I need to talk about will not be kept private/confidential	50	6.1	50	4.4	44	5.7	90	16.2	92	7.9	279	4.4
I am worried that asking for help could impact my immigration status	25	2.1	41	1.9	15	2.4	70	14.0	74	5.9	174	2.1
They would treat me differently because of my race-ethnicity	49	8.7	54	2.6	29	4.4	78	12.9	88	7.2	245	3.7
Other, please specify*	74	18.1	135	18.6	88	14.0	14	11.1	111	20.6	644	23.3
Not Sure	55	13.5	88	11.4	93	16.3	8	10.7	59	9.4	366	14.9
Non-Response	55	7.6	56	9.1	29	5.3	26	0.5	45	3.2	223	6.7

*Write-in responses included comments that help was not needed, the problem not being serious enough, that they went to someone else for help, they turned to a spiritual source, or that they could handle the problem themselves.

Table F10: Recent Use of Technology for Mental Health Care

If yes to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A mental health worker or trained helper via video, telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime. How recently did you have a video visit?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
In the past month	26	15.3	28	26.1	50	28.1	29	19.3	61	24.2	184	29.6
2-3 months ago	52	40.5	51	32.9	49	33.3	159	40.0	121	34.5	348	30.4
4-6 months ago	45	32.5	38	18.1	41	23.5	72	31.9	108	33.2	246	27.6
7-12 months	10	7.6	23	17.8	12	7.0	14	3.3	17	6.0	62	6.3
Don't Know	9	4.1	8	4.4	11	7.7	1	3.8	4	0.3	31	4.9
Non-Response	1	0.0	6	0.7	1	0.4	2	1.7	10	1.8	15	1.1
If yes to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A mental health worker or trained helper via video, telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime. How recently did you use online chat or texting to get help?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
In the past month	18	16.3	12	6.1	24	7.1	29	12.9	29	10.0	97	11.2
2-3 months ago	37	38.3	69	56.8	46	36.6	86	33.4	86	45.2	263	37.8
4-6 months ago	46	19.3	29	21.9	35	32.1	65	49.5	65	30.8	187	29.1
7-12 months	15	18.5	9	7.5	7	5.6	11	0.5	11	8.1	53	8.6
Don't Know	8	7.2	6	6.6	12	18.6	3	3.8	3	3.2	31	11.8
Non-Response	1	0.4	2	1.1	0	0	0	0	0	2.8	7	1.4
If yes to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A mental health worker or trained helper by phone without video. How recently did you have a phone visit?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
In the past month	34	27.2	20	20.8	42	27.3	34	21.1	44	22.5	159	26.3
2-3 months ago	53	34.3	45	27.4	53	30.8	60	35.3	110	36.6	250	31.2
4-6 months ago	25	15.5	52	21.1	30	21.4	36	27.1	58	23.3	173	20.9
7-12 months	15	9.3	14	21.0	7	6.4	34	11.1	21	15.1	82	11.1
Don't Know	12	13.7	9	9.8	9	9.6	2	4.8	5	1.8	36	8.1

If yes to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A mental health worker or trained helper via video, telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime. How recently did you have a video visit?												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Non-Response	0	0	0	0	1	4.5	1	0.6	2	0.6	4	2.3

Table F11: Perceived Quality of Mental Health Care Using Technology

If yes to 'In the past 12 months, have you talked with any of the following to get through a tough time?' A mental health worker or trained helper via video, telehealth or virtual appointment such as Zoom, Google Hangouts/Meet, or Apple Facetime, A mental health worker or trained helper through online chat or by texting through a smartphone app (application), or A mental health worker or trained helper by phone without video. Based on your most recent telephone, text chat or video visit, how much do you agree or disagree with each of the following statements?

I felt comfortable asking questions and voicing my concerns												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	178	72.9	230	88.0	192	75.6	283	75.1	348	72.3	1,059	80.2
Disagree	52	22.3	28	11.1	41	24.1	91	22.0	99	24.0	227	17.5
Non-Response	22	4.8	6	0.9	4	0.3	18	2.9	24	3.6	59	2.3
I felt listened to												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	167	72.0	177	72.1	187	79.2	271	77.0	331	76.7	963	77.9
Disagree	61	24.9	80	26.7	45	19.3	103	20.2	116	19.2	318	19.4
Non-Response	24	3.2	7	1.1	5	1.5	18	2.9	24	4.1	64	2.7
I got the information I needed												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	151	62.6	169	66.9	176	70.9	254	67.4	274	62.4	886	67.4
Disagree	79	31.0	89	30.7	55	28.3	119	29.7	175	33.9	396	29.6
Non-Response	22	6.5	6	2.3	6	0.8	19	2.9	22	3.6	63	3.0
My mental health care worker helped me cope with difficult feelings, like fear, anxiety and feeling down												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	169	68.2	188	78.5	190	74.4	257	63.1	317	70.3	959	74.6
Disagree	63	28.1	69	20.0	41	24.6	116	34.0	130	25.6	324	22.6
Non-Response	20	3.7	7	1.5	6	1.0	19	2.9	24	4.2	62	2.8

I was involved in making decisions as much as I wanted												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	176	77.7	201	79.3	189	72.1	303	72.7	326	68.9	1,037	77.6
Disagree	54	18.9	59	19.9	45	26.7	82	24.9	125	28.3	266	20.9
Non-Response	22	3.3	4	0.8	3	1.2	7	2.4	20	2.8	42	1.5
I was able to get help with my mental health challenges												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	141	67.5	178	70.4	187	77.0	294	78.0	310	75.3	959	76.7
Disagree	87	28.8	81	28.8	47	21.7	92	19.6	138	21.8	341	21.7
Non-Response	24	3.7	5	0.8	3	1.3	6	2.4	23	2.9	45	1.6
Was there anything else you'd like to tell us about your visit												
	Black		API		Latino		AI/AN		LGBTQ+		Gen Pop	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree*	39	17.5	39	18.7	68	29.5	11	8.6	58	18.4	186	22.3
Disagree	79	45.1	57	30.5	85	38.3	143	34.3	91	25.9	427	36.2
Non-Response	134	37.4	168	50.7	84	32.3	238	57.0	322	55.7	732	41.5

*Write-in responses included comments about the reason for the telehealth visit, comfort/convenience of telehealth, preference for in-person visits, familiarity with their mental health worker, quality of the mental health worker, importance of maintaining contact with their mental health worker, access to medication, or issues with health insurance.

Appendix C: Survey Instrument

CRDP: California Communities Mental Health Services Survey (CCMHSS)

Welcome to the California Community Mental Health Services Survey

NORC at the University of Chicago is conducting a survey sponsored by the California Department of Public Health. The purpose of this survey is to learn about Californians thoughts and feelings toward mental health and the services provided in California to better support people experiencing mental health challenges. Your responses will help us improve services and policies throughout California.

The survey will take about 20 minutes to complete. The survey will include general demographics and questions related to mental health.

CONSENT SCREEN

Any information you provide will be maintained in a secure manner. No one will know how you answered the questions. Only project staff will have access to the study data. We do not collect personally identifying information in this survey. Your personally identifying information can never be shared with law enforcement or Immigration and Customs Enforcement (ICE). The data we collect from you will be combined with data from other participants.

Taking the survey is your choice. You may skip questions you do not want to answer, and you can stop the survey at any time.

If you have any questions about your rights as a survey participant, you can call the NORC IRB Administrator toll-free at: 866-309-0542. You can also contact the project team by emailing ccmhs@norc.org or calling toll-free 1-877-268-1125. For more information about the confidentiality of the survey, click here. [HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT: Your honest and complete information is important. All the answers you give will be kept private and confidential. This research has received a Certificate of Confidentiality from the Federal government that will help protect the privacy of the research records. The Certificate of Confidentiality from the National Institutes of Health allows the researchers to refuse to disclose identifying information on your participation in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. We will not ask for any personally identifying information during this study. Your data will never be associated with your name or other identifying information. If law enforcement or immigration investigators were to subpoena NORC, there would not be any personally identifying information to share with the data in any proceedings. If you have any questions about participating in the survey, you can call the NORC IRB Administrator toll-free at: 866-309-0542. You can also contact the project team by emailing ccmhs@norc.org or calling toll-free 1-877-268-1125. Your opinions are very important to us, and we appreciate your help.]

Your opinions are very important to us, and we appreciate your help.

If you understand the information you have read so far and agree or consent to take the survey, select the “I agree/consent to be in the survey” option.

RESPONSE OPTIONS:

1. I agree/consent to take this survey
2. I do not agree/consent to take this survey

IF CONSENTSCREEN5=2,98 TERMINATE AND GO TO TERMSORRY

SCREENING QUESTIONS

TERMSORRY.

Thank you for your time today. Unfortunately, you are not eligible for this study. We appreciate your participation.

[AGE1] **We need to verify your age. How old are you? _____ years old**

[IF < 18 TERMINATE]

[IF 18 +, CONTINUE]

[IF TERMINATED] We're sorry, for this particular survey we want to hear from adults 18 and older. If you have questions, please contact 1-877-268-1125. We appreciate your participation.

[STATE2] **What state do you live in?**

[DROPDOWN]

[IF DOES NOT LIVE IN CA, TERMINATE]

[IF TERMINATED] We're sorry, for this particular survey we want to hear from California residents. If you have questions, please contact 1-877-268-1125. We appreciate your participation.

[LATIN]

Are you Latino or Hispanic?

1. Yes
2. No
3. Don't Know
4. Prefer not to Answer

[RACE_ETHN_LATIN]

[IF SELECTED “YES” for LATIN] Check your ethnic origin(s):

Select all that apply.

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Honduran | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Other Latino |
| | | (Please specify): _____ |

[RACE_ETHN] **What is your race and ethnic origin?** *Select only one race category and specify your ethnic origin.*

[RACE_ETHN_NATV] ☐ American Indian or Alaska Native

[IF SELECTED] Check your tribal origin(s):

Select all that apply.

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Apache | <input type="checkbox"/> Pomo | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Blackfoot/Blackfeet | <input type="checkbox"/> Pueblo | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Sioux | <input type="checkbox"/> Other Tribe |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Yaqui | (Please specify): _____ |
| <input type="checkbox"/> Mexican/American Indian | | |
| <input type="checkbox"/> Navajo | | |

[RACE_ETHN_AFAM] ☐ Black or African American:

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> South African | <input type="checkbox"/> Other Black or African American |
| <input type="checkbox"/> Ethiopian | | (Please specify): _____ |
| <input type="checkbox"/> Ghanaian | | |

[RACE_ETHN_ASAM] ☐ Asian:

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani | (Please specify): _____ |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sri Lankan | |
| <input type="checkbox"/> Indian (India) | <input type="checkbox"/> Taiwanese | |

[RACE_ETHN_PACIF] ☐ Native Hawaiian or Other Pacific Islander:

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Hawaiian or Pacific Islander |
| <input type="checkbox"/> Tongan | (Please specify): _____ |

[RACE_ETHN_MULTI] ☐ Multi-Racial

[IF SELECTED] Check all that apply and specify your ethnic origin(s).

☐ White:

Please specify your ethnic origin(s). Enter in terms of specific countries of ancestry (such as Irish, English, German): _____

☐ Black/African American

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

☐ African American

☐ Kenyan

☐ Prefer not to answer

☐ Caribbean

☐ Nigerian

☐ Don't Know

☐ Egyptian

☐ South African

☐ Other Black or African American

☐ Ethiopian

(Please specify): _____

☐ Ghanaian

☐ Asian:

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

☐ Afghan

☐ Indonesian

☐ Thai

☐ Bangladeshi

☐ Japanese

☐ Vietnamese

☐ Burmese

☐ Korean

☐ Prefer not to answer

☐ Cambodian

☐ Laotian

☐ Don't Know

☐ Chinese

☐ Malaysian

☐ Other Asian

☐ Filipino

☐ Pakistani

(Please specify): _____

☐ Hmong

☐ Sri Lankan

☐ Indian (India)

☐ Taiwanese

☐ Native Hawaiian or Other Pacific Islander:

[IF SELECTED] Check your ethnic origin(s):

Select all that apply.

☐ Guamanian

☐ Prefer not to answer

☐ Fijian

☐ Don't Know

☐ Samoan

☐ Other Hawaiian or Pacific Islander

☐ Tongan

(Please specify): _____

[RACE_ETHN_WHITE] ☐ White: Please specify your ethnic origin(s). Enter in terms of specific countries of ancestry (such as Irish, English, German): _____

[OTHER_RACE] ☐ Other Race: Please specify your race and ethnic origin(s): _____

[RACE_DK] ☐ Don't Know

[RACE_99] ☐ Prefer not to answer

[SO] **What words best describe your sexual orientation?**

Please select all that apply.

For more information about sexual orientation, click [here](#). [HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT: Sexual orientation is a person's romantic, relational, and sexual attraction toward one or multiple genders. Everyone has a sexual orientation even if they are not attracted to anyone. Not everybody uses the same labels to describe their sexual orientation, please either choose from the list provided or type in another term that you use or provide a description]

Heterosexual/Straight: Some people are straight and are attracted to people of another gender.

Gay or Lesbian: Some people are gay or lesbian and are attracted to people of the same gender.

Bisexual: Some people are bisexual and are attracted to both men and women.

Pansexual: Some people are pansexual and attracted to people of all genders.

Questioning or Asexual: Some people are questioning and unsure about who they are attracted to while others are asexual and just not attracted to anyone.

Queer: Some people identify as queer and may prefer not to be limited to other sexual orientations and/or cultural connotations associated with those identities.

Heterosexual/Straight

Gay

Lesbian

Bisexual

Pansexual

Queer

Questioning

Asexual

Another sexual orientation not listed, please specify: [TEXT BOX] [SO_OTH] _____

[GENDID] **How would you describe yourself?**

For more information about gender identity, click [here](#). [HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT: Typically, terms like "male" or "female" or "trans" are used as a short-hand way to describe the gender of people. We fully understand, however, that people use a wide range of labels – some prefer other terms such as genderfluid, agender, enby, androgynous, two spirit, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

Male/Man: A **male/man** is a person whose gender identity and gender expression align with the male sex assigned at birth

Female/Woman: A **female/woman** is a person whose gender identity and gender expression align with the female sex assigned at birth

Trans male/Trans man or Trans female/Trans woman: Transgender people are people whose gender identity is different from the gender they were thought to be at birth. A **trans male or trans man** lives as a man today, but was thought to be female when he was born.

Genderqueer/Nonbinary: People who identify as *non-binary* or *genderqueer* have a gender identity that does not fall exclusively in man/male or woman/female binary categories. Their gender identity may fluctuate between genders or reject the gender binary altogether.

Two Spirit: "Two-spirit" refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity.

Questioning or unsure of gender identity: A person who is questioning or unsure of their gender identity may be unsure or still exploring their identity]

Male/Man

Female/Woman

Trans male/Trans man

Trans female/Trans woman

Genderqueer/Nonbinary

Two Spirit

Questioning or unsure of gender identity

Another gender identity not listed, please specify: [TEXT BOX] [GENDID_OTH] _____

[SHOW ONLY IF GENDID= Male/Man or Female/Woman]

[BIRTH_SEX] **What sex were you assigned at birth?**

For more information about birth sex, please click here. [HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT: Most people are assigned a sex at birth, however, some are born with reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Typically, a sex assignment is made. If you are unsure of the assignment made at your birth, click unsure below.]

Male
Female
Unsure

[INTERSEX] **Do you consider yourself to be intersex?**

For more information about intersex, please click here. [HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT: Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in between the usual male and female types. A person may also be born with mosaic genetics, so that some of cells have XX chromosomes and some of them have XY.]

Yes
No
Prefer not to answer

MAIN SURVEY

Here is a list of some things that may affect people's mental health in either a positive or negative way. Please rate each on a scale from 1 to 5 where 1 means it has no effect on mental health and 5 means it has a very strong effect.

		No Effect				Very Strong Effect	Prefer not to answer
SDOH1A	Quality of food available in the community	1	2	3	4	5	99
SDOH1B	Access to health care	1	2	3	4	5	99
SDOH1C	Education	1	2	3	4	5	99
SDOH1D	Access to mental health services	1	2	3	4	5	99
SDOH1E	Having a job	1	2	3	4	5	99
SDOH1F	Income	1	2	3	4	5	99
SDOH1G	Having health insurance	1	2	3	4	5	99
SDOH1H	Access to traditional helping professions such as culturally-based healer, religious/spiritual leader or advisor	1	2	3	4	5	99
SDOH1I	Access to culturally diverse mental health care workers [Mental health care workers may be psychologists, psychiatrists, social workers, counselors, or therapists]	1	2	3	4	5	99
SDOH1J	Discrimination based on race or ethnicity	1	2	3	4	5	99
SDOH1K	Discrimination based on immigration status	1	2	3	4	5	99
SDOH1L	Discrimination based on sexual orientation or gender identity	1	2	3	4	5	99

Here are some more things that may affect people's mental health in either a positive or negative way. Please rate each on a scale from 1 to 5 where 1 means it has no effect on mental health and 5 means it has a very strong effect.

		No Effect				Very Strong Effect	Prefer not to answer
SDOH2A	Air and water quality	1	2	3	4	5	99
SDOH2B	Climate change	1	2	3	4	5	99
SDOH2C	Access to affordable housing	1	2	3	4	5	99
SDOH2D	Connections to cultural traditions	1	2	3	4	5	99
SDOH2E	Connections to inclusive community for LGBTQ+ people [LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer or questioning. There are other identities that we did not list that may fit under this acronym.]	1	2	3	4	5	99
SDOH2F	Community safety/exposure to violence	1	2	3	4	5	99
SDOH2G	Community/neighborhood relationships	1	2	3	4	5	99

Please indicate how much you agree or disagree with the following statement

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
SERV1	My local community has enough mental health care workers to serve the needs of local residents	1	2	3	4	5	77	99

Here are some statements about mental health services available in your community. Please indicate if you agree or disagree with the following statements

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Prefer not to answer
SERV2A	I feel confident that I could access mental health care services in my community when I need them	1	2	3	4	5	99
SERV2B	I worry that I could not afford mental health care if I need it	1	2	3	4	5	99
SERV2C	I would feel comfortable talking to a mental health care worker in my community about my mental or emotional health	1	2	3	4	5	99

The next questions ask about access to mental health care in California, such as therapy, support groups, or medication.

		Easier	Not much difference	Harder	Not Sure	Prefer not to answer
DISP_AFAM	When <u>African Americans</u> need mental health care in California, do you think it is easier or harder for them to get mental health care than it is for Whites, or is there not much of a difference?	1	2	3	77	99
DISP_LATIN	How about for <u>Latinos</u> ? When they need mental health care in California, do you think it is easier or harder for <u>Latinos</u> to get mental health care than it is for Whites, or is there not much of a difference?	1	2	3	77	99
DISP_ASAM	How about for <u>Asian Americans</u> ? When they need mental health care in California, do you think it is easier or harder for Asian Americans to get mental health care than it is for Whites, or is there not much of a difference?	1	2	3	77	99

DISP_NATV	How about for <u>Native Americans</u> ? When they need mental health care in California, do you think it is easier or harder for Native Americans to get mental health care than it is for Whites, or is there not much of a difference?	1	2	3	77	99
DISP_LGBTQ	How about for Californians who are <u>lesbian, gay, bisexual, queer or questioning</u> do you think it is easier or harder for them to get mental health care than it is for those who are heterosexual, or is there not much of a difference?	1	2	3	77	99
DISP_GENDI D	How about for Californians with a <u>gender identity different</u> from what they were assigned at birth, do you think it is easier or harder for them to get mental health care than it is for those with a personal identity and gender that corresponds with their sex assigned at birth, or is there not much difference?	1	2	3	77	99
DISP_LOWI NC	How about for <u>low-income</u> Californians compared to those with middle and higher incomes? When they need mental health care in California, do you think it is easier or harder for low-income Californians to get mental health care than it is for those with middle and higher incomes, or is there not much of a difference?	1	2	3	77	99

Please indicate the extent you agree or disagree with each statement.

California should...

For more information on what we mean by “California” click [here](#). [California can include many types of groups that might affect policy. These can be public, such as taxpayers and voters, community groups or non-profit organizations, business leaders or the private-sector, elected officials such as the governor or local mayors, senators or congressmen/women, or government programs.]

		Strongly disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Prefer not to answer
POLICY1AA	Take action to make it easier for all Californians to access mental health care	1	2	3	4	5	99
POLICY1AB	Stop spending taxpayer dollars to pay for mental health care that should be provided through private health insurance	1	2	3	4	5	99

Please indicate the extent you agree or disagree with each statement.

California should create policies to...

For more information on what we mean by “California” click [here](#). [California can include many types of groups that might affect policy. These can be public, such as taxpayers and voters, community groups or non-profit organizations, business leaders or the private-sector, elected officials such as the governor or local mayors, senators or congressmen/women, or government programs.]

		Strongly disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Prefer not to answer
POLICY1BA	Make it easier to access mental health care through health insurance plans or Medi-Cal	1	2	3	4	5	99
POLICY1BB	Provide greater access to mental health care for low-income communities	1	2	3	4	5	99

POLICY1BC	Ensure that mental health care is available through community services or programs, such as community clinics, local organizations or youth development programs	1	2	3	4	5	99
POLICY1BD	Require that mental health care services are provided in languages of community residents	1	2	3	4	5	99

Please indicate the extent you agree or disagree with each statement.

		Strongly disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Prefer not to answer
POLICY2	My elected officials should make more of an effort to develop and support policies that make it easier for Californians to access mental health care	1	2	3	4	5	99

These next questions have to do with mental illness. By mental illness, we mean a condition that involves a person's thinking, feeling or mood and may affect her or his ability to relate to others and function on a daily basis. Some names of mental illnesses include depression, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, bipolar disorder, schizophrenia, or anxiety.

Please indicate how much you agree or disagree with the following statement:

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
PEI1	Serious mental illness can be prevented if people get help when they first go through an emotional issue or tough time	1	2	3	4	5	99

Please indicate how much you agree or disagree with the following statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
ACCEPT1	People are more accepting of others with a mental illness than they used to be	1	2	3	4	5	99

Please indicate how much you agree or disagree with the following statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
SHAME	If I had a mental illness, I would feel ashamed	1	2	3	4	5	99

Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
STIGMA1	People experiencing a mental illness are more likely than other people to be dangerous	1	2	3	4	5	99
CAUSE_ACES	People who experience trauma in childhood, such as abuse, loss of a loved one or exposure to violence are more likely to have mental illness	1	2	3	4	5	99
CAUSE_LOWINC	People who experience stress by living with low-income have a greater chance of having mental illness	1	2	3	4	5	99

For each of the following statements, please indicate whether you agree or disagree with each.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
PREJUDICE1	I would feel uncomfortable talking to someone with mental illness	1	2	3	4	5	99
ACCEPT3	It is normal for people to experience challenges with mental health, it is not their fault	1	2	3	4	5	99
PEI2	People who experience mental illness should seek help from a trusted friend, family member, counselor or health professional	1	2	3	4	5	99

Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
ANTICP_STIGMA1	If I had mental illness I think some of my family would reject me	1	2	3	4	5	99
ANTICP_STIGMA2	If I had mental illness I think my family would be disappointed in me	1	2	3	4	5	99
ANTICP_STIGMA4	I would worry about what my family would say if they knew I was getting help from a mental health care worker	1	2	3	4	5	99
ANTICP_STIGMA7	I would worry about what my friends would say if they knew I was getting help from a mental health care worker	1	2	3	4	5	99

In the last 12 months, have you done any of the following?

CONTACT2	Had contact with someone with mental illness that helped you understand their experience	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
SUPPORT2	Encouraged someone with mental illness to get help from a trusted friend, family member, counselor or health professional	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
SUPPORT3	Encouraged someone with mental illness who needs support to get help from a website, help line or somewhere else	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

HELP SEEKING/ INTENTIONS

We have a few questions to ask to get to know a little bit more about you.

[ORIGIN] [SKIP IF AMERICAN INDIAN OR ALASKAN NATIVE]

In what country were you born?

United States

Another country, please specify: _____

[IF NOT US] If not the United States, in what year did you come to live the United States?

[OPEN ENDED NUMBER WITH UPPER LIMIT]

[PARENT_ORIGIN] **Were one or both of your parents born outside the United States?**

Only my mother was born outside the United States, my father was born in the United States

Only my father was born outside the United States, my mother was born in the United States

Both my parents were born outside the United States

Neither of my parents were born outside the United States

Not sure [IF SELECTED] [PARENT_ORIGIN_NS] Please describe why you are not sure:

Prefer not to answer _____

[MARRIAGE] **Are you ...**

Married

Widowed

Divorced

Separated

Never married

Prefer not to answer

Some of the next questions ask about a partner you may have. A “partner” is someone you have a close, romantic or personal relationship with. You may or may not live together, but you think about yourself as a couple. You are emotionally connected and have regular contact with each other. A partner could be any of the following: a spouse (husband or wife), boyfriend or girlfriend, dating partner, or sexual partner.

[PARTNER] Please choose the statement that best describes your current partner and living situation.

I do not have a partner

My partner lives with me all of the time

[SHOW IF SELECTED][DOM_PARTNER] Are part of a registered domestic partnership?

Y/N

My partner lives with me some of the time

[SHOW IF SELECTED] [DOM_PARTNER] Are you part of a registered domestic partnership? Y/N

My partner does not live with me

[SHOW IF SELECTED] [DOM_PARTNER] Are you part of a registered domestic partnership? Y/N

Prefer not to answer

The following questions are about what you would do if you were going through a tough time in your life. A tough time is a time when someone might feel anxious, stressed, unmotivated, lonely or depressed and need extra support. We would like to understand what you might experience when going through a tough time in your life.

When going through a tough time, how likely would you be to:

		Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely	Prefer not to answer
INTENT1	Talk to your partner about it	1	2	3	4	5	99
INTENT2	Talk to a friend about it	1	2	3	4	5	99
INTENT3	Talk to your parents about it	1	2	3	4	5	99
INTENT4	Talk to a family friend or relative about it	1	2	3	4	5	99
INTENT5	Talk to a medical doctor or other health care worker about it	1	2	3	4	5	99
INTENT6	Talk to a psychologist, psychiatrist, social worker or counselor about it	1	2	3	4	5	99
INTENT7	Talk to a spiritual leader about it, like a pastor, priest, rabbi, or imam	1	2	3	4	5	99
INTENT8	Talk to a traditional healer such as a ceremonial leader or traditional medicine man or woman	1	2	3	4	5	99
INTENT9	Talk to a community helping professional such as a health worker, <i>promotor/promotora</i> , or case manager	1	2	3	4	5	99

INTENT10	Talk to a school (or college) counselor or teacher about it	1	2	3	4	5	99
INTENT11	Talk to someone else who has experienced similar challenges, such as a peer counselor	1	2	3	4	5	99
INTENT12	Join a support group to talk with others experiencing similar challenges	1	2	3	4	5	99
INTENT13	Call a hotline	1	2	3	4	5	99
INTENT14	Talk to a mental health worker or trained helper via video, telehealth or virtual meeting such as Zoom, Google Hangouts/Meet, Apple Facetime or Microsoft Teams	1	2	3	4	5	99
INTENT15	Talk to a trained listener using online chat or through a smartphone app (application)	1	2	3	4	5	99
INTENT16	Talk to a mental health worker or trained helper by phone without video	1	2	3	4	5	99
INTENT17	Do nothing	1	2	3	4	5	99

[INTENT18] **When going through a tough time, what are other things you would likely do?**

[TEXTBOX]

Prefer not to answer

[SHOW IF ANY INTENT14-INTENT16= 3, 4, 5]

[INTENTFU1] **Why would you be unsure or less likely to use a phone or computer-based option to get help for a mental health challenge?**

1. I don't have the technology available (smartphone, computer, internet connection, etc.)
2. I don't have a safe and private space for the visit
3. I don't feel comfortable sharing my personal information by phone or video
4. I don't feel comfortable talking to a mental health worker about a mental health challenge

[SHOW IF INTENT1-INTENT14 = 3, 4, OR 5 OR INTENT15 = 1 or 2]

[INTENTFU2] **Why are you unsure or less likely to talk to anyone or ask for help during the tough time?**

Select all that apply.

- ☐ I have never gone through a tough time
- ☐ I do not need to talk to anyone. I can handle it myself
- ☐ It did not bother me at first
- ☐ I am not sure who to talk to
- ☐ I had a bad experience in the past
- ☐ I do not feel safe or welcome where I could go for help
- ☐ I am too worried of what others might think
- ☐ I am too embarrassed
- ☐ I have gotten enough information and help already

- ☐ I am worried my family or friends will find out
- ☐ I am worried my employer will find out
- ☐ It is hard to figure out where to get help
- ☐ It is hard to get transportation to somewhere to get help
- ☐ I do not have time to talk to someone
- ☐ It takes a lot of energy to find somewhere to get help
- ☐ I do not think anyone can help me
- ☐ Some other reason, please specify: _____[OPEN ENDED TEXT BOX]
- ☐ Not sure
- ☐ Prefer not to answer

[SHOW IF INTENT5 OR INTENT6 = 3 OR 4 OR 5] [INTENTFU3] **You said you were less or not likely to get help from either a professional like a medical doctor or other mental health care worker. What are the reasons why you would not talk to them or ask for help?**

Select all that apply.

- ☐ I do not have any insurance
- ☐ My insurance wouldn't cover it
- ☐ I do not think it would help
- ☐ Counseling did not work before
- ☐ I had a bad experience before
- ☐ They do not speak my language
- ☐ Asking for help could impact my immigration status
- ☐ What I need to talk about will not be kept private/confidential
- ☐ They would treat me differently because of my race-ethnicity
- ☐ They would treat me differently because of my age
- ☐ They would treat me differently because of my religious or spiritual practice
- ☐ They would treat me differently because of my sexual orientation
- ☐ They would treat me differently because of my gender identity
- ☐ It is too expensive
- ☐ I have schedule conflicts
- ☐ I did not know where to go, or who to see
- ☐ The time of appointments was inconvenient
- ☐ The appointments were too time consuming
- ☐ I could not get an appointment
- ☐ I am worried about having to visit a hospital
- ☐ I am afraid I will be committed to a psychiatric ward or hospital
- ☐ I don't want to take medication

- ☐ Other, please specify _____ [OPEN-ENDED]
- ☐ Not sure
- ☐ Prefer not to answer

When going through a tough time, how likely would you be to:

		Very likely	Likely	Neither likely no unlikely	Unlikely	Very unlikely	Prefer not to answer
[INTENT19]	Use a smartphone app (application) to find resources or learn self-care practices	1	2	3	4	5	99
[INTENT20]	Look for help on a website	1	2	3	4	5	99
[INTENT21]	Look for help in a magazine or book	1	2	3	4	5	99
[INTENT22]	Look for help by using a social networking site such as Facebook, Reddit, Youtube, etc.	1	2	3	4	5	99

[TELEHEALTH1]

How comfortable would you be having a phone appointment (without video) with a mental health worker for non-emergency mental health care?

1. Very uncomfortable
2. Somewhat uncomfortable
3. Somewhat comfortable
4. Very comfortable

[TELEHEALTH2]

How comfortable would you be having a video appointment with a mental health worker for non-emergency mental health care?

1. Very uncomfortable
2. Somewhat uncomfortable
3. Somewhat comfortable
4. Very comfortable

[TELEHEALTH3]

If you need to talk with a mental health care worker about your emotional or personal challenges, what kind of visits would you choose?

Please rank the following with 1 as your top choice, 2 as your second choice, 3 as your third choice and 4 as your fourth choice.

1. In-person office visit [DROPDOWN 1-4]
2. Talk by phone without video [DROPDOWN 1-4]
3. Online chat or by texting using a smartphone app (application) [DROPDOWN 1-4]
4. Video meeting using a computer or smartphone [DROPDOWN 1-4]
5. I would not be comfortable talking with a mental health care worker

[TELEHEALTH4]

If you needed to use a video, telehealth or virtual meeting such as Zoom, Google Hangouts/Meet, Apple Facetime or Microsoft Teams to talk with a mental health worker, would you:

Select all that apply.

- ☐ Have the technology available (smartphone, computer, internet connection, etc.)
- ☐ Have a safe and private space for the visit
- ☐ Feel comfortable sharing my personal information by video

In the past 12 months, have you talked with any of the following to get through a tough time?

[TALK1]	Your partner	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK2]	Your parents	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK3]	A family friend or relative	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK4]	A friend	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK5]	A medical doctor or other health care worker	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK6]	A psychologist, psychiatrist, social worker or counselor	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK7]	A spiritual leader like a priest, pastor, rabbi, or imam	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK8]	A traditional healer such as a ceremonial leader or traditional medicine man or woman	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[TALK9]	A community helping professional such as a health worker, <i>promotor/promotora</i> , peer counselor or case manager	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK10]	A care coordinator at a clinic, community center or other cultural center	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK11]	A support group to talk with others experiencing similar challenges (not an online forum)	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK12]	A teacher or school counselor	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK13]	A phone hotline	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK14]	A mental health worker or trained helper via video, telehealth or virtual meeting such as Zoom, Google Hangouts/Meet, Apple Facetime, or Microsoft Teams	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK15]	A mental health worker or trained helper through online chat or by texting through a smartphone app (application)	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK16]	A mental health worker or trained helper by phone without video	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK17]	An online discussion forum	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TALK18]	Someone else, please specify:	[OPEN-ENDED]

[SHOW IF TALK14=1]

[TELEHLTH5]

How recently did you have a video visit?

1. In the past month
2. 2-3 months ago
3. 4-6 months ago
4. 7-12 months ago
5. 77. Don't Know

[SHOW IF TALK15=1]

[TELEHLTH6]

How recently did you use online chat or texting to get help?

1. In the past month
2. 2-3 months ago
3. 4-6 months ago
4. 7-12 months ago
6. 77. Don't Know

[SHOW IF TALK16=1]

[TELEHLTH7]

How recently did you have a phone visit?

1. In the past month
2. 2-3 months ago
3. 4-6 months ago
4. 7-12 months ago
7. 77. Don't Know

[SHOW IF TALK14=1 OR TALK15=1 OR TALK16=1]

[TELEHEALTH8]

Based on your most recent telephone, text chat or video visit, to what extent do you agree or disagree with each of the following statements?

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
[TELEHEALTH8A]	I felt comfortable asking questions and voicing my concerns	1	2	3	4	5
[TELEHEALTH8B]	I felt listened to	1	2	3	4	5
[TELEHEALTH8C]	I got the information I needed	1	2	3	4	5
[TELEHEALTH8D]	My mental health care worker helped me cope with difficult feelings, like fear, anxiety and feeling down	1	2	3	4	5
[TELEHEALTH8E]	I was involved in making decisions as much as I wanted	1	2	3	4	5

[TELEHEALTH8F]	I was able to get help with my mental health challenges	1	2	3	4	5
[TELEHEALTH8G]	Was there anything else you'd like to tell us about your visit:	[TEXTBOX]				

[SHOW IF TALK18=2]

[TALKFU1]

Why did you not talk to anyone or ask for help during the tough time?*Select all that apply.*

- ☐ I have never gone through a tough time
- ☐ I do not need to talk to anyone. I can handle it myself
- ☐ It did not bother me at first
- ☐ I am not sure who to talk to
- ☐ I had a bad experience in the past
- ☐ I do not feel safe or welcome where I could go for help
- ☐ I am too worried of what others might think
- ☐ I am too embarrassed
- ☐ I have gotten enough information and help already
- ☐ I am worried my family or friends will find out
- ☐ I am worried my employer will find out
- ☐ It is hard to figure out where to get help
- ☐ It is hard to get transportation to somewhere to get help
- ☐ I do not have time to talk to someone
- ☐ It takes a lot of energy to find somewhere to get help
- ☐ I do not think anyone can help me
- ☐ Some other reason, please, indicate: _____[OPEN ENDED TEXT BOX]
- ☐ Not sure
- ☐ Prefer not to answer

[IF NO TO TALK5 OR TALK6 SHOW] [TALKFU2] **You said you did not talk with a professional like a medical doctor, other health care worker, or mental health care worker. What are the reasons why you did not talk to them or ask for help?** (check all that apply)

- ☐ I did not have any insurance
- ☐ My insurance wouldn't cover it
- ☐ I do not think it would help
- ☐ Counseling did not work before
- ☐ I had a bad experience before

- ☐ They do not speak my language
- ☐ What I need to talk about will not be kept private/confidential
- ☐ I am worried that asking for help could impact my immigration status
- ☐ They would treat me differently because of my race-ethnicity
- ☐ They would treat me differently because of my age
- ☐ They would treat me differently because of my religious or spiritual practice
- ☐ They would treat me differently because of my sexual orientation
- ☐ They would treat me differently because of my gender identity
- ☐ It is too expensive
- ☐ I had schedule conflicts
- ☐ I did not know where to go, or who to see
- ☐ The time of appointments was inconvenient
- ☐ The appointments were too time consuming
- ☐ I could not get an appointment
- ☐ I am worried about having to visit a hospital
- ☐ I am afraid I will be committed to a psychiatric ward or hospital
- ☐ I don't want to take medication
- ☐ Other, please specify: _____ [OPEN-ENDED]
- ☐ Not sure
- ☐ Prefer not to answer

[RELY] In general, how much do you feel that you can rely on the following people for support when you are having difficulties or going through a tough time emotionally?

[RELY1]	Partner (husband, wife, boyfriend, girlfriend)	Not at all <input type="checkbox"/> Not much <input type="checkbox"/> A little/somewhat <input type="checkbox"/> Very much <input type="checkbox"/> I don't have a partner right now <input type="checkbox"/>
[RELY2]	Your parent/parents (someone who raised you)	Not at all <input type="checkbox"/> Not much <input type="checkbox"/> A little/somewhat <input type="checkbox"/> Very much <input type="checkbox"/> My parents are not in my life or are dead <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[RELY3]	Other family members (sisters/brothers, grandparents, aunts/uncles, cousins)	Not at all <input type="checkbox"/> Not much <input type="checkbox"/> A little/somewhat <input type="checkbox"/> Very much <input type="checkbox"/> There are no other family members in my life <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[RELY4]	Friends	Not at all <input type="checkbox"/> Not much <input type="checkbox"/> A little/somewhat <input type="checkbox"/> Very much <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[RELY5]	Neighbors/Community	Not at all <input type="checkbox"/> Not much <input type="checkbox"/> A little/somewhat <input type="checkbox"/> Very much <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[SHOW ONLY IF GENDID ≠ MALE OR FEMALE OR GENDID ≠ BIRTH_SEX or SO ≠ Heterosexual/Straight
Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
[SERVC1_LGBTQ]	My local community has mental health care workers that have knowledge about the needs of LGBTQ+ residents	1	2	3	4	5	77	99
[SERVC2_LGBTQ]	Most California communities have mental health care workers that have knowledge about serving the needs of LGBTQ+ residents	1	2	3	4	5	77	99
[SERVC3_LGBTQ]	My local community has locations where residents can get help in a non-judgmental environment for gender affirming needs (social, medical, and/or legal)	1	2	3	4	5	77	99
[SERVC4_LGBTQ]	I would feel comfortable talking to a mental health care worker in my community about my mental or emotional health related to gender-affirming or LGBTQ+-specific issues	1	2	3	4	5	77	99

[SHOW ONLY IF RACE_ETHN=American Indian or Alaska Native]

Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
[SERVC1_NATV]	My local community has mental health care workers that have knowledge about the needs of American Indian or Alaska Native residents	1	2	3	4	5	77	99
[SERVC2_NATV]	Most California communities have mental health care workers that have knowledge about serving the needs of American Indian or Alaska Native residents	1	2	3	4	5	77	99

[SHOW ONLY IF RACE_ETHN= Black or African American]

Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
[SERVC1_AFAM]	My local community has mental health care workers that have knowledge about the needs of Black or African American residents	1	2	3	4	5	77	99

[SERVC2_AFAM]	Most California communities have mental health care workers that have knowledge about serving the needs of Black or African American residents	1	2	3	4	5	77	99
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[SHOW ONLY IF RACE_ETHN= Asian or Native Hawaiian or Other Pacific Islander]

Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
[SERVC1_ASAM]	My local community has mental health care workers that have knowledge about the needs of Asian, Native Hawaiian, or other Pacific Islander residents	1	2	3	4	5	77	99
[SERVC2_ASAM]	Most California communities have mental health care workers that have knowledge about serving the needs of Asian, Native Hawaiian, or other Pacific Islander residents	1	2	3	4	5	77	99

[SHOW ONLY IF LATIN=Yes]

Next are some statements about mental health services available in your community. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not sure	Prefer not to answer
[SERVC1_LATIN]	My local community has mental health care workers that have knowledge about the needs of Latino or Hispanic residents	1	2	3	4	5	77	99
[SERVC2_LATIN]	Most California communities have mental health care workers that have knowledge about serving the needs of Latino or Hispanic residents	1	2	3	4	5	77	99

In the past 30 days, did your emotions interfere with your....

[DIAGNOS1]	Performance at work?	A lot <input type="checkbox"/> Some <input type="checkbox"/> Not at all <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[DIAGNOS2]	Household chores?	A lot <input type="checkbox"/> Some <input type="checkbox"/> Not at all <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[DIAGNOS3]	Social Life?	A lot <input type="checkbox"/> Some <input type="checkbox"/> Not at all <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[DIAGNOS4]	Relationship with friends and family?	A lot <input type="checkbox"/> Some <input type="checkbox"/> Not at all <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
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[DIAGNOS5]

About how many days out of the past 12 months (365 days) were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

[NUMBOX ACCEPT 0-365, 998] Number of days

Was there ever a time during the past 12 months (365 days) when...

[DIAGNOS6]	you felt that <u>you might need to see</u> a mental health care worker because of challenges with your mental health, emotions or nerves?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[DIAGNOS7]	[SHOW ONLY IF GENDID ≠ MALE OR FEMALE OR GENDID ≠ BIRTH_SEX] you felt that <u>you might need to see</u> a mental health care worker for gender-affirming needs (social, medical, and/or legal)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TREAT]	<u>you did see</u> a mental health care worker because of challenges with your mental health, emotions or nerves? [IF YES GO TO HOW LONG]	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TREAT_GEND]	[SHOW ONLY IF "How would you describe yourself?" ≠ MALE OR FEMALE OR "How would you describe yourself?" ≠ What sex were you assigned at birth?] <u>you did see</u> a mental health care worker for gender affirming needs (social, medical, and/or legal)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[SHOW IF TREAT=1]

[HOW_LONG1]

You said there was a time when you saw a mental health care worker because of challenges with your mental health, emotions, or nerves.

How long did you have to wait to see a professional?

1. 1 week
2. 2-3 weeks
3. 4-5 weeks
4. 6-7 weeks
5. 8-12 weeks (2-3 months)
6. 4 months or more

[SHOW IF TREAT_GEND=1]

[HOW_LONG2]

You said there was a time when you saw a mental health care worker for gender-affirming needs (social, medical, and/or legal).

How long did you have to wait to see a professional?

1. 1 week
2. 2-3 weeks
3. 4-5 weeks
4. 6-7 weeks
5. 8-12 weeks (2-3 months)
6. 4 months or more

[SHOW IF TREAT =1]

[HOW_FAR1]

How long did it take you to travel to see a professional for your mental health, emotions, or nerves?

1. 0-29 minutes (less than 30 minutes)
2. 30-59 minutes (more than 30 minutes, but less than an hour)
3. 60-74 minutes (more than 1 hour, but less than 1 hour, 15 minutes)
4. 75-89 minutes (more than 1 hour 15 minutes, but less than 1 ½ hours)
5. More than 1 ½ hours or most of the day
6. I had to stay overnight
77. Not sure
99. Prefer not to answer

[SHOW IF TREAT_GEND =1]

[HOW_FAR2]

How long did it take you to travel to see a professional for gender-affirming needs (social, medical, and/or legal)?

1. 0-29 minutes (less than 30 minutes)
2. 30-59 minutes (more than 30 minutes, but less than an hour)
3. 60-74 minutes (more than 1 hour, but less than 1 hour, 15 minutes)
4. 75-89 minutes (more than 1 hour 15 minutes, but less than 1 ½ hours)
5. More than 1 ½ hours or most of the day
6. I had to stay overnight
77. Not sure
99. Prefer not to answer

Was there ever a time during the past 12 months (365 days) when...

[TREAT1_AD]	you felt that <u>you might need to see</u> a mental health care worker because of issues with your use of alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
[TREAT2_AD]	<u>you did see</u> a mental health care worker because of issues with your use of alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[DISCRIM1] When getting mental health services, have you ever had any of the following things happen? You...

DISCRIM1A	Were treated with less courtesy than other people	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1B	Were treated with less respect than other people	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1C	Received poorer service than others	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

DISCRIM1D	Had a mental health worker act as if he or she thinks you are not smart	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1E	Had a mental health worker act as if he or she is afraid of you	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1F	Had a mental health worker act as if he or she is better than you	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1G	Felt like a mental health worker was not listening to what you were saying	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM1H	Haven't sought services for mental or emotional health	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

[SHOW IF ANY DISCRIM1A-DISCRIM1G= YES]

[DISCRIM2]

What do you think was the reason you [PIPE IN 1-7 BASED ON EACH RESPONSE]? Because of your....

DISCRIM2A	Race or ethnic background?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM2B	Sexual orientation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM2C	Gender identity?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM2D	Age?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM2E	Religion or spiritual practice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>

DISCRIM2F	Language spoken?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
DISCRIM2G	Anything else? Please specify	Textbox

[DISCRIM3] How often have you experienced any of these things when getting mental health services because of your [PIPE IN RESPONSE CHOICES FROM DISCRIM2]?

1. Rarely
2. Sometimes
3. Often
4. Always
8. 77. Don't Know
9. 99. Prefer not to answer

In general, how confident are you that you know the following?

		Not Confident at all	Not too confident	Somewhat confident	Very confident	Don't Know	Prefer not to answer
[SE_INFOSEEK]	How to find information about mental health issues	1	2	3	4	77	99
[SE_WHEN]	Deciding whether to get help for a mental health challenge or when you can handle it on your own	1	2	3	4	77	99
[SE_WHERE]	Where to go for help with a mental health challenge when you need it	1	2	3	4	77	99

[SE_PREVENT]	How to prevent mental health challenges in the first place	1	2	3	4	77	99
--------------	--	---	---	---	---	----	----

[MI_EXPER]

Please read the statements below and check all that apply to you:

- I have mental illness, or had a mental illness in the past
- A member of my family has mental illness
- I have a friend who has mental illness
- I don't know anyone who has mental illness
- I know someone who has attempted or died by suicide
- Prefer not to answer

RESPONDENT CHARACTERISTICS/RISK FACTORS**[INSURED] Do you currently have medical/health insurance?**

- Yes
- No
- Not Sure
- Prefer not to answer

[IF YES]

[INSURED_PROVD] Is your current health insurance through...

- Your employer or union
- Your family member's employer or union
- Covered California
- Directly with a health insurance company
- Medi-Cal
- TRICARE or other military health care, including VA health care
- A county program such as My Health LA
- Another source, please specify: [SMALL OPEN-ENDED TEXT BOX]
- Prefer not to answer

[MHCOVERED1] Does your insurance cover treatment for mental health, such as with a mental health care worker?

- Yes
- No
- Not Sure
- Prefer not to answer

[IF NO OR NOT SURE]

[INSURED_RECENT1] Did you have medical/health insurance in the past 12 months?

- Yes
- No
- Not Sure
- Prefer not to answer

[MHCOVERED2] **Did your insurance cover treatment for mental health, such as with a mental health care worker?**

- Yes
- No
- Not Sure
- Prefer not to answer

[REGION]

What region do you live in? Click here if you are unsure which region your county resides.

HYPERLINK TO SEPARATE WEBPAGE WITH THE FOLLOWING TEXT

1. Northern County Region (Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties)
2. Bay Area County Region (Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma counties and City of Berkeley)
3. Central Valley Region (Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba (Joint Powers), Tulare, Tuolumne, and Yolo counties)
4. Los Angeles County Region (County of Los Angeles)
5. Southern County Region (Imperial, Kern Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Venture counties, and Tri-City (Pomona, Claremont, La Verne)

Response Options:

1. Northern County Region (Butte, Colusa)
2. Bay Area County Region (Alameda, Contra Costa)
3. Central Valley Region (Sacramento, Fresno)
4. Los Angeles County Region (County of Los Angeles)
5. Southern County Region (Imperial, Kern)

[ED] **What is the highest level of school you have completed?**

- No school
- Some School, No High School Diploma
- High School Diploma or the equivalent (GED)
- Some college, no degree
- Associates/Technical degree or professional certification or license
- Bachelor's degree
- Master's degree, Professional or Doctorate degree
- Prefer not to answer

[EMP] **Which statement best describes your current employment status?**

- Working - as a paid employee
- Working - self employed
- Not working - on temporary layoff from a job
- Not working for pay - home maker
- Not working - looking for work
- Not working - retired

Not working - disabled

Not working - other

Something else, please specify: _____[OPEN ENDED TEXT BOX]

Prefer not to answer

[CHILD] **Do you currently have children under the age of 18 living in your household?**

Yes

No

Prefer not to answer

[CHILD_NUM]

How many children do you have under the age of 18?

1

2

3

4

5

More than 5

Prefer not to answer

[INCOME] **During the past 12 months, what was your yearly total household income before taxes? Include your income, your partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting. If you do not know exactly, please indicate your best guess.**

Less than \$15,000

\$15,000 - \$29,999

\$30,000 - \$49,999

\$50,000 - \$69,999

\$70,000 - \$99,999

\$100,000 - \$124,999

\$125,000 - \$149,999

\$150,000 or more

Not sure

Prefer not to answer

[LANG] **At home, do you...?**

A. Speak only English

B. Speak mostly English

C. Speak an equal amount of English and another language

D. Speak mostly in another language

E. Speak only in another language

F. Prefer not to answer

[IF C, D OR E:] Please specify which language(s): [SMALL OPEN-ENDED TEXT BOX]

Those are all the questions we have for you today. Thank you for your time!

If you need help with any serious emotional problems, or drug or alcohol problems, contact one of these organizations for free and confidential help:

If you need to talk to someone about:	Call or text:
<ul style="list-style-type: none"> • Getting help with a mental health problem • A drug or alcohol problem 	<ul style="list-style-type: none"> • Substance Abuse and Mental Health Services Administration's national helpline 1-800-662-HELP (4357)
<ul style="list-style-type: none"> • Any type of crisis 	<ul style="list-style-type: none"> • text HOME to 741741 from anywhere in the USA
<ul style="list-style-type: none"> • Thoughts of hurting or killing yourself • Thoughts of hurting anyone else 	<ul style="list-style-type: none"> • National Suicide Prevention Lifeline 1-800-273-TALK (8255) • 911

Appendix D: Partnership Media Recruitment Materials

CCMHSS Partner Media Toolkit

Communication Toolkit

California Communities Mental Health Services Survey

The following materials can be shared to promote participation in the CCMHSS in California. Partners may adapt language and materials to best fit their communications needs. Please contact ccmhs@norc.org with any requests for additional materials or updates to current materials that are provided.

Social Media Copy

Platform	Draft Text
Twitter/ Instagram	Don't miss the chance to have your voice heard in the California Communities Mental Health Services Survey, which will inform future state-wide mental health policies and programs. Learn more and sign up at CaliforniaMentalHealthSurvey.norc.org
	The California Communities Mental Health Services Survey is your opportunity to have a voice in improving how mental health is addressed in our state. If you are a California resident and 18 years of age or older, please visit www.CaliforniaMentalHealthSurvey.norc.org to learn more.
	Do you have 30 minutes to spare to improve mental health services in California? Sign up today at CaliforniaMentalHealthSurvey.norc.org to weigh in on the most pressing mental health issues across the state.
Facebook/ LinkedIn	[<i>Organization name</i>] is partnering with NORC at the University of Chicago to promote the California Communities Mental Health Services Survey. By participating in the survey, you'll have the opportunity to share your thoughts, feelings, and experiences with mental health and mental health services. These important insights will shape the types of policies and programs that California decision-makers will pursue.
	Learn more at CaliforniaMentalHealthSurvey.norc.org . Sign up is secure using your email address and eligible participants will receive a \$10 virtual gift card.
	California currently has the 5th highest rates of anxiety and depression among U.S. states. Your participation in the California Communities Mental Health Services Survey will help ensure that decision-makers are addressing the most essential mental health needs of all Californians.
	If you are a California resident and 18 years of age or older, please visit CaliforniaMentalHealthSurvey.norc.org to learn more and make our community's voice heard by signing up to participate. Sign up is secure using your email address and eligible participants will receive a \$10 virtual gift card.
	With nearly 43% of Californians reporting that they experience symptoms of anxiety or depression, talking about mental health has never been more important. The California Communities Mental Health Services Survey is your opportunity to have a voice in improving how we address mental health in our state.
	Filling out the survey should take no more than 30 minutes and you will receive a \$10 virtual gift card as a thank you for participating. Sign up today at CaliforniaMentalHealthSurvey.norc.org .



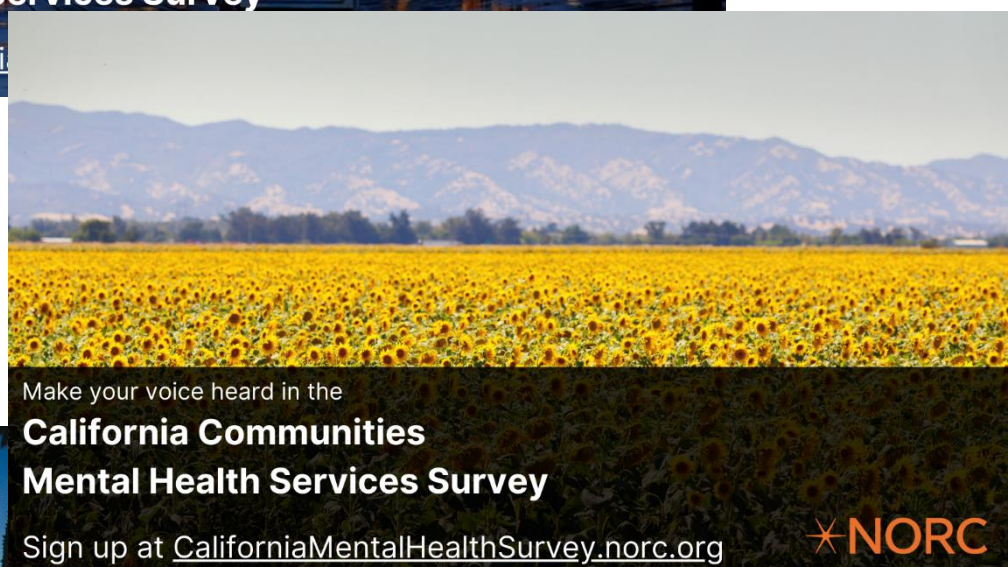
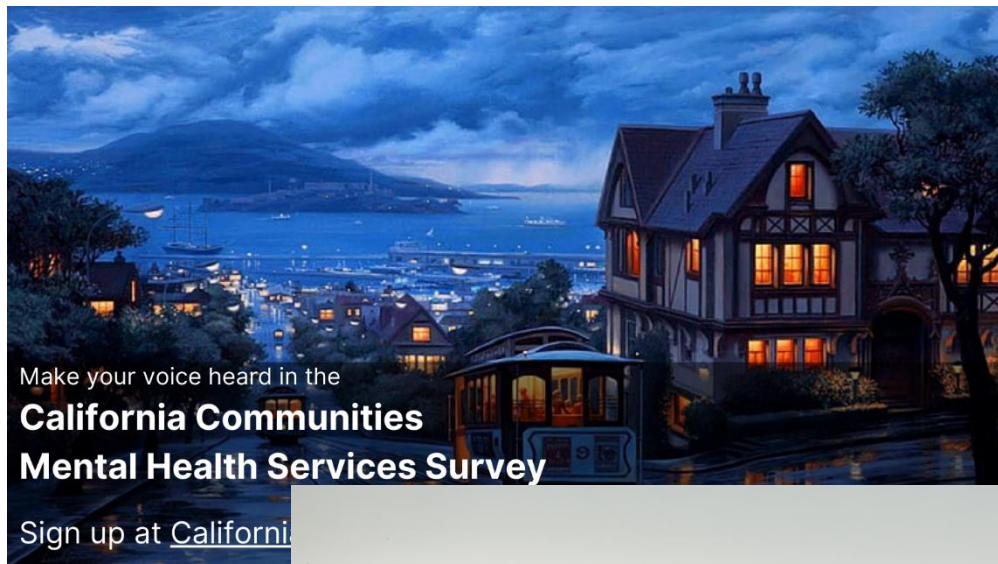
Sample Partner CCMHSS Posts

Graphics


Instagram:



Twitter:



Facebook:




It's never been more important
to talk about our mental health

Sign up for the **California
Communities Mental
Health Services Survey** to
share your thoughts and
experiences about mental
health and related services

Your perspective is valuable,
and could impact state-wide
policies and programs

www.CaliforniaMentalHealthSurvey.norc.org



 NORC

- Are you a California resident?
- Are you 18 years of age or older?
- Can you spare 20 minutes to share your thoughts about mental health services?

**Don't miss the opportunity to
participate in the California
Communities Mental Health Services
Survey and have your voice heard**

Sign up at www.CaliforniaMentalHealthSurvey.norc.org

Project Text

The text below can be used to include in email or newsletter outreach.

Don't miss out on our chance to be heard and counted!

[NORC at the University of Chicago](#) is conducting a survey sponsored by the California Department of Public Health and seeking California residents 18 and up to participate. The purpose of this survey is to learn about Californians thoughts and feelings toward mental health and the services provided in California to better support people experiencing mental health challenges. The information will be used to improve services and policies throughout the state.

How do I participate?

Sign-up to participate in the survey at californiamentalhealthsurvey.norc.org.

Why participate?

Your input matters! Your opinion about mental health and services available can shape policy and priorities to better support those experiencing mental health challenges. Those who complete the survey will also receive a \$10 gift card for their time.

How long will it take?

Completing the survey should take no more than 30 minutes.

What about privacy?

NORC does not collect personally identifying information in this survey. Your personally identifying information can never be shared with law enforcement or Immigration and Customs Enforcement (ICE). The data we collect from you will be combined with data from other participants. Throughout the survey you can skip questions or stop at any time.

Email ccmhs@norc.org if you have any questions.