

You Matter: Covid-19 Mental Health Impact Survey

Q1 The Office of the Commissioner of the Connecticut Department of Mental Health and Addiction Services (CT DMHAS), through the Office of Recovery Community Affairs, is conducting a survey to help us better understand the impact of COVID-19 in our community. Your input is critical to help us understand the needs of the community and prioritize policy and program decisions. The survey is anonymous. We are looking for responses from **CT residents**. We recognize that some people may have difficulty accessing the survey, so we're asking service providers and advocates to reach out to individuals and families and complete the online survey on their behalf.

Q2 Are you taking this survey for yourself or for someone else?

- I'm filling it out for myself
- I'm filling it out on behalf of someone else

Q3 If you're taking this survey for someone else, please specify your relationship to them

- I am a family member
- I am a caregiver
- I am a health care provider
- I am a friend
- Other (please specify) _____

If you are taking this survey on behalf of someone else, please try to do so *with* the person. The answers should reflect *their* views.

Q5 Are you 18 years of age or older?

- No
- Yes

Q6 Are you a Connecticut resident?

- No
- Yes

Information Sheet Online survey
Verbal Consent for Participation in a Research Study

Title: You Matter: COVID-19 Mental Health Impact Survey

Principal Investigator: Chyrell Bellamy, Ph.D.

Introduction You are being asked to participate in a research study. Your participation is completely voluntary. The following information will explain the purpose of the study, what you will be asked to do, and the potential risks and benefits. You should ask questions before deciding whether you wish to participate, or at any time during the course of the study.

Purpose The Office of the Commissioner of Connecticut Department of Mental Health and Addiction Services (DMHAS), through the Office of Recovery Community Affairs, is conducting a survey to assess the impact of the COVID-19 pandemic on the mental health of Connecticut residents, including DMHAS clients. The purpose of this study is to investigate the experiences of personal functioning (e.g., taking care of daily tasks), personal problems (e.g., needed resources, mental health concerns, addictions, experiences of domestic violence), and telehealth use as a result of COVID-19. Critical to better understanding the current and future needs of CT residents and those of the persons we serve in our system, this survey will help inform policy and programmatic decisions. We expect it to take you 12-15 minutes to complete the survey. At least 500 individuals are expected to complete this research by December 31, 2021.

Procedures If you choose to participate in the study, you will be asked to complete the online survey that asks you about how things have been going for you during the COVID pandemic. In particular, you will be asked about your personal functioning (e.g., taking care of daily tasks), personal problems (e.g., needed resources, mental health concerns, addictions, experiences of domestic violence), and telehealth use as a result of COVID-19.

Possible Risks Your part in this research study consists solely of completing this survey. This study does not require you to have procedures or treatments. Therefore, being in this study does not involve any physical risks to you. It is possible that some of the questions might make you uncomfortable (e.g., questions about domestic violence). You are free not to answer any question that makes you feel uncomfortable.

Possible Benefits This research may not benefit you directly. However, knowledge gained from the results will help us better understanding the current and future needs of CT residents and those persons we serve in the DMHAS system and could be used to inform policy and programmatic decisions.

Incentives No payment or incentives will be given for participating in this study.

Alternative Procedures The alternative is to not participate in this study. You are free to decline consent and not participate in this study.

Confidentiality To protect your anonymity, your response is not linked with your name or email in any way. Research could be published in publicly available journals, and a summary report across participants will be given to the Office of the Commissioner of Connecticut Department of Mental Health and Addiction Services.

Contact If you have any further questions about this study, you may contact the investigator, Chyrell Bellamy, Ph.D. at 203-444-2219. If you would like to talk with someone other than the researchers to discuss problems, concerns, and questions you may have concerning this research, or to discuss your rights as a research subject, you may contact the Yale University Human Subjects Committee at 203-785-4688 or Janet Storey of the Department of Mental Health and Addiction Services Institutional Review Board at 860-418-6823.

Voluntary Participation Participation in this study is completely voluntary. You are free to decline to participate, to end participation at any time for any reason, or to refuse to answer any individual question at any time without penalty. By providing verbal consent, you have not given

up any of your legal rights. By continuing, you are confirming that you have carefully read this information and voluntarily agree to participate in this study.

Q8 What is your relationship with the Connecticut Department of Mental Health and Addiction Services?

- Participant in mental health and/or substance use programs or services
- Advocate
- No relationship
- Other (please specify) _____

Q9 What is your age?

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +

Q10 Are you of Hispanic or Latino Ethnicity?

- No
- Yes
- Unknown

Q11 If Hispanic, please select one of the following

- Cuban
- Puerto Rican
- Ecuadorian
- Mexican
- Dominican
- Cape Verdean
- Brazilian
- Other
- Unknown
- Not applicable

Q12 Race (select all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown
- Other (please specify) _____

Q13 Preferred Language

- Spanish
- Italian
- French
- Portuguese
- Polish
- Greek
- Vietnamese

- Laotian
- Mandarin
- Cantonese
- Japanese
- Russian
- Latvian
- Haitian Creole
- Sign Language
- English
- None
- Other
- Unknown

Q14 Which of the following BEST captures your gender identification?

- Male
- Female
- Transgender
- Non-binary
- Gender non-conforming
- Prefer not to say
- Prefer to self-describe _____

Q15 Select the option that BEST describes your health insurance coverage

- No Insurance/Self-pay
- Medicaid/Medicare/HUSKY
- Private insurance (e.g., Aetna, Anthem Blue Cross/Blue Shield, Cigna)
- Other (please specify) _____

Q16 Can you please estimate your CURRENT personal monthly income (gross, before taxes), not including food stamps?

- Less than \$ 500 per month
- \$501 to \$1000 per month
- \$1001 to \$3000 per month
- \$3001 to \$5000 per month
- More than \$5001 per month

Q17 What are your current sources of income? (select all that apply)

- Taxed income from employment or self-employment
- Untaxed income/under the table
- Social Security Income (SSI)
- Social Security Disability Income (SSDI)
- SAGA/welfare
- Other benefits (TANF, TFA, state supplement, WIC)
- Armed Services connected disability pay
- Unemployment income
- Child support
- Social Security Retirement Income/Pension
- Student loans
- Financial aid for college
- I am not sure
- Other (please specify) _____

Q18 What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

Q19 How many people live in your household including yourself?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10

Q20 In the past two weeks has your family experienced the following as a result of COVID-19? (select all that apply)

- Not enough money to pay rent
- Not enough money to pay for gas
- Not enough money to pay for food
- Did not have a regular place to sleep or stay

Q21 Do you have the kind of job where working from home could be an option, if required?

- No
- Yes
- Unsure
- Does not apply

Q22 Please select the option that BEST describes your housing situation

- Currently unhoused
- Housed but do not pay rent
- Rent
- Own
- Nursing home
- Group home
- Independent living center
- Sober house
- Other (please specify) _____

Q23 Are you a parent, guardian or caregiver?

- No, I am not a parent, guardian or caregiver.
- Yes, the parent, guardian or caregiver of a child(ren) under 18
- Yes, the parent, guardian or caregiver of a child(ren) age 18 or older
- Yes, the parent, guardian or caregiver of children both under and over 18

Q24 If you have children or grandchildren, did you have challenges related to any of these issues? (select all that apply)

- I had no challenges
 - Childcare
 - Balancing work and parenting
 - Online schooling activities/summer school
 - Visitation, shared parenting, single-parenting, etc.
 - Parent-child relationship
 - My mental health/addiction
 - My child(ren)'s mental health/addiction
 - Adequate resources
 - Other parenting challenges (please specify)
-

Q25 Please select areas where you are currently experiencing challenges as a result of COVID-19 (select all that apply)

- Housing
- Income/benefits
- Employment
- Food
- Toiletries and clean clothes
- Transportation
- Education/online education
- Healthcare
- Mental health care
- Other (please specify) _____

Q26 Compared to this time last year, would you say each of the following aspects of your health has gotten better, worse, or stayed about the same?

	Much worse	Somewhat Worse	About the same	Somewhat better	Much Better
Overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Do you feel like you are doing enough to manage your stress?

- No
- Yes
- Not sure

Q28 And now thinking about the past year, would you say the level of stress in your life has increased, decreased, or has it stayed about the same?

- Decreased
- Stayed the same
- Increased

Q29 Below is a list of things people say cause stress in their lives. For each one, please indicate how significant a source of stress it is in your life.

	Not at all significant	Not very significant	Somewhat significant	Very significant
Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship (e.g. spouse, kids, partners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems affecting my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Do you do any of the following to manage stress? (select all that apply)

- Exercise or walk
- Pray
- Play videogames
- Read
- Listen to music
- Meditation or yoga
- Go to church or religious services
- Watch television or movies for more than 2 hours per day
- Nap
- Spend time with friends or family
- Play sports
- Gamble
- Spend time doing a hobby
- Shop
- Get a massage/go to a spa
- Smoke
- Drink alcohol
- Eat
- See a mental health professional (e.g. psychologist, psychiatrist, social worker)
- Do nothing: unable or unwilling to do any activity
- I do not take any action to help manage stress
- Use the internet/go online
- Spend time with a pet
- Vape
- Other

Q31 Have you experienced domestic violence since the COVID-19 pandemic started?

- No
- Yes

Q32 Have you participated in telehealth appointments since the COVID-19 pandemic started? This means talking with your health care provider by phone or computer

- No
- Yes

Q33 If yes, please select the mode of communication (select all that apply)

- Telephone
- Video conference on a cell phone
- Video conference on an iPad, tablet or computer
- Text message
- E-mail
- Other (please specify) _____

Q34 Please indicate what types of telehealth services you have received (select all that apply)

- Primary care
- Specialty care (specialists in heart, asthma, diabetes, or other specific conditions)
- Urgent care
- Mental health/counseling/therapy
- Substance use services

- Peer Support
- Spiritual/Faith-based supports
- Wellness/Stress management/Coaching
- Other (please specify) _____

Q35 Please select your experience with telehealth

- It was easy and effective
- It was difficult and hard to use
- It was impossible because I don't have a phone or computer
- Other (please describe) _____

Q36 Compared to before the COVID-19 pandemic, please select the option that BEST describes your contact with providers

- Less contact with providers since COVID-19
- Same contact with providers since COVID-19
- More contact with providers since COVID-19
- Other (please specify) _____

Q37 What is preventing you from using telehealth services? (select all that apply)

- Don't have a phone
- Not enough minutes, data support, or room on phone for apps
- Don't have a computer
- Don't have internet access
- Not offered telehealth services
- Does not apply
- Not comfortable (please explain why)
- _____
- Other reason (please specify)
- _____

Q38 Please rate your comfort level with telehealth

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

Q39 Do you have any of the following health conditions? (select all that apply)

- Asthma
- Chronic lung disease
- Chronic heart disease
- Diabetes
- Chronic kidney disease
- Cancer
- Obesity
- High blood pressure
- Immunosuppressive condition

Q40 Have you received in-person mental health or physical health services since the COVID-19 pandemic started?

- No
- Yes, mental health services

- Yes, physical health services
- Yes, both mental and physical health services

Q41 Please select the option that BEST describes your mental health during the COVID-19 pandemic

- Have not experienced anxiety, stress or distress as a result of COVID-19
- Slight increase in anxiety, stress or experience of distress as a result of COVID-19
- Moderate increase in anxiety, stress or experience of distress as a result of COVID-19
- Significant increase in anxiety, stress or experience of distress as a result of COVID-19

Q42 From whom are you receiving support? (select all that apply)

- Providers and professional counselors
- Peer support (formal or informal - by a Recovery Support Specialist, Recovery Coach, Peer Navigator, warm lines or informally from a person who has lived experience navigating their own mental health/addiction recovery).
- Family
- Friends
- Faith-based groups
- Self-help/mutual aid groups (like AA, NA, Hearing Voices Network, Alternatives to Suicide, etc.)
- Other community supports (please specify)

Q43 Have you provided support to others during the COVID-19 pandemic?

- No
- Yes (please explain) _____

Q44 Which of the following, if any, have you experienced in the last month as a result of stress? (select all that apply)

- Headache
- Upset stomach or indigestion
- Muscular tension
- Irritability or anger
- Fatigue
- Forgetfulness
- Inability to concentrate
- Difficulty making decisions
- Constant worrying
- Feeling overwhelmed
- Changes in sleeping habits (e.g. oversleeping, difficulty falling asleep)
- Other _____
- Nothing

Q45 Compared to before the COVID-19 pandemic, how common do you think it is for people to express racist or racially insensitive views about minority groups in our society?

- Less common than before COVID-19
- About as common as before COVID-19
- More common than before COVID-19
- Unsure

Q46 How much do you worry that other people might be suspicious of you BECAUSE OF YOUR RACE OR ETHNICITY if you wear a mask covering when in stores or other businesses?

- Not at all
- Not too much
- A fair amount
- A great deal
-
- Unsure

Q47 Have you seen, heard, or experienced any incidents of racism or xenophobia (prejudice against people from other countries) related to COVID-19?

- No
- Yes
- Unsure

Q48 Since the COVID-19 pandemic started, how often do you feel that you have been discriminated against because of your race, ethnicity, or color?

- Never
- Sometimes
- A lot of times
- All the time
- Unsure

Q49 Where have you found information about mental health resources since the COVID-19 pandemic started? (select all that apply)

- CT Department of Mental Health and Addiction Services webpage
- Facebook
- CDC website
- State of Connecticut webpage
- Local Health Authority
- Faith-based community
- Local/national news
- Other (please specify) _____

Q50 Please select the option that BEST reflects your experience with taking medications since the COVID-19 pandemic started

- No difficulty obtaining prescriptions, refills and picking up medications
- Some difficulty with picking up and/or refilling medications (e.g., because of social distancing measures, transportation issues, less support)
- Significant difficulty due to not being able to connect with treatment providers
- Does not apply
- Other (please specify) _____

Q51 Please select the option that BEST reflects your experience with receiving mental health or substance use services (e.g. counseling, therapy, case management)

- No difficulty in receiving services
- Some difficulty receiving services (e.g. because of social distancing measures, transportation issues, less support)
- Significant difficulty due to not being able to connect with treatment providers
- Does not apply
- Other (please specify) _____

Q52 If you're comfortable responding, please select the option that BEST reflects your experience with drug and/or alcohol use

- No change in the use of alcohol or drugs
- A slight increase in the use of alcohol or drugs
- A significant increase in the use of alcohol or drugs
- A decrease in the use of alcohol or drugs
- Not applicable

Q53 Do you personally know anyone who has died of COVID-19?

- No
- Yes

Q54 Please identify the strengths that have helped you cope during the COVID-19 pandemic

Q55 In your opinion, what else could the CT Department of Mental Health and Addiction Services be doing to provide support during this challenging time?
