

The Office of Mental Health is conducting a survey to help us better understand the impact of COVID-19 in our community. The results from this survey will be included in a briefing document for executive leadership at the Office of Mental Health. Your input is critical to help us understand the needs of the community and help us prioritize policy and program decisions. The survey is anonymous. We are looking for responses from **people who receive services from OMH programs and their family members**. We recognize that some people may have trouble accessing the survey, so we're asking service providers and advocates to reach out to individuals and families and complete the survey on their behalf.

People can also call the Office of Consumer Affairs to participate in the survey over the phone. Our number is 518.473.6579

If language or translation services are needed, please contact Matt Canuteson, Diversity & Inclusion Officer, Matthew.Canuteson@omh.ny.gov



Office of Mental Health

Demographics

1. What is your relationship with the Office of Mental Health?

- I participate in OMH services
- My family member or loved one receives OMH services
- I am answering the survey on someone else's behalf

Other (please specify)

2. What is your age or the age of your family member?

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

3. Please select the region where you or your loved one resides:

- New York City Region (Manhattan, Brooklyn, Bronx, Queens, Staten Island)
- Long Island (Nassau & Suffolk Counties)
- Hudson River Region (Warren, Washington, Saratoga, Schenectady, Schoharie, Albany, Rennsaeler, Columbia, Greene, Ulster, Dutchess, Orange, Putnam, Westchester, Rockland, Sullivan Counties)
- Central New York Region (Broome, Chenango, Cayuga, Clinton, Delaware, Essex, Cortland, Onondaga, Oswego, Otsego, Jefferson, Lewis, St. Lawrence, Madison, Oneida, Montgomery, Fulton, Franklin, Herkimer, and Hamilton Counties)
- Western New York Region (Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates Counties)

4. Hispanic Ethnicity

- No, not Hispanic
- Yes
- Unknown



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Demographics

4a. If yes, select one of the following:

- Cuban
- Puerto Rican
- Ecuadorian
- Mexican
- Dominican
- Other
- Unknown
- Not Applicable



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Demographics

5. Race (select all that apply)

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Unknown
- Other (please specify)

6. Preferred Language (check one)

- English
- Spanish/Spanish Creole
- Russian
- Mandarin

- Cantonese
- Fujianese
- French/Haitian Creole
- Portuguese/Creole
- Italian
- Polish
- Yiddish/Pennsylvania Dutch/Other West Germanic
- Hebrew
- Arabic
- Hindi
- Urdu
- Other Indi (e.g. Sindhi)
- Other Indo-European
- African Languages
- Tagalong
- Korean
- Vietnamese
- Other Asian
- Sign Language
- Unknown
- Other (please specify)

7. Which of the following best captures your or your loved one's gender identification?

- Male
- Female
- Transgender, female to male
- Other (please specify)
- Transgender, male to female
- Non-binary
- Gender non-conforming

8. Have you or your loved one participated in telehealth appointments? This means talking with your provider by phone or computer.

- Yes
- No



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Experience with telehealth

8a. Please select the mode of communication (please select all that apply):

- Telephone
- Video conference on a cell phone
- Video conference on an iPad, tablet, or computer

8b. Where did you participate in telehealth services?

- Home
- Mental health program
- In the community (please specify)

8c. Please select your or your loved one's experience with telehealth:

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

8d. Please rate your or your loved one's comfort level with telehealth:

	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable
Comfort Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8e. Please select the frequency of your or your loved one's use of telehealth:

- Same amount of contact with providers
- More contact with providers
- Less contact with providers
- Other (please specify)



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Barriers to accessing telehealth

8f. What is preventing you or your loved one using telehealth service?

- Doesn't have a phone
- Not enough minutes or data support
- No computer
- Not offered telehealth services



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Services & Supports Impact

9. Have you or your loved one received in-person services over the past two months? (March & April)

- Yes
- No

10. Please select the option that BEST describes your or your loved one's mental health during the COVID crisis:

- Anxiety, stress, and experience with symptoms have not been impacted by the crisis
- Slight increase in anxiety, stress and experience of symptoms
- Moderate increase in anxiety, stress and experience of symptoms
- Significant increase in anxiety, stress and experience of symptoms

11. Do you feel like you or your loved one is receiving enough support?

- Yes
- No



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Services & Supports Impact

11a. From whom are you and your loved ones receiving support?

- Providers and professional counselors
- Peer support
- Family
- Friends
- Other community supports
- What community supports do you use?



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Services & Supports Impact

12. Other than professional supports, are you or your loved one using technology to connect to others for support?

- No
- Yes (please specify what you or your loved one is using; social media, apps, etc.?)

13. Please select the option that best reflects you or your loved one's experience with access to medication treatment.

- No difficulty obtaining prescriptions and picking up medications
- Some difficulty with picking up medications due to social distancing measures
- Significant difficulty due to not being able to access treatment providers
- Significant difficulty due to social distancing and isolation measures
- Other (please specify)

14. If you or your loved one is having trouble with accessing medication treatment, is your doctor or treatment provider assisting you or your loved one with overcoming these barriers?

Yes

No

15. What do you think you or your loved one might need in the coming months in terms of mental health services and supports?

16. Have you or your loved one had problems accessing personal protective equipment (masks, hand sanitizer, cleaning products, etc.)?

Yes

No

If yes, please indicate why:

17. The COVID pandemic has affected many aspects of our lives. Please select areas where you or your loved one are currently experiencing challenges as a result of COVID. (Select all that apply)

Housing

Toiletries and clean clothes

Income/benefits

Transportation

Employment

Education/online education

Food

18. Please select the option that best reflects you or your loved one's experience with physical health care?

- Access to treatment and medications has not been disrupted
- Accessing physical healthcare has been easier than accessing mental health treatment
- Access to medication and treatment has been significantly disrupted
- Accessing physical health doctors has been more difficult than mental health providers

19. Many people have had difficulty coping with the COVID pandemic and may be drinking or using drugs more frequently than they did before the pandemic. If you're comfortable responding, please select the option that best reflects you or your loved one's experience with drug and alcohol use.

- No change in the use of alcohol or drugs
- A decrease in the use of alcohol or drugs
- A slight increase in the use of alcohol or drugs
- I never use alcohol or drugs
- A significant increase in the use of alcohol or drugs

20. What best describes you or your loved one's experience with accessing COVID testing?

- No barriers to testing
- Some barriers with wait lists or transportation to be tested
- Significant barriers related to not knowing where to be tested
- Other (please specify)

[Redacted response area]

21. Please identify your or your loved's one's strengths that have helped them cope during the COVID pandemic:

[Redacted response area]

22. In your opinion, what else could the Office of Mental Health be doing to provide you or your loved one support during this challenging time?

[Redacted response area]