

2018 Utilization in Mental Health Services Survey

Thank you for your interest in the Utilization in Mental Health Study! Your time and opinions are greatly appreciated.

One of our main goals is to assess the kinds of barriers that block access to mental health services for adults 50-years or older who reside in rural communities. We are also interested in determining the needs for these services, and what factors might increase the use of these services.

You will notice there are many parts to this questionnaire; this reflects the number of things that we are interested in surveying. We understand that completion of this survey is time consuming. Please know that your time and efforts will contribute to a greater understanding of mental and emotional functioning in older adults. Moreover, it will provide information that may influence decisions that community agencies make regarding access to mental health services, especially for rural areas.

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

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

Your participation is voluntary, and should pose no physical or psychological risks. Please be assured that all information is confidential. Any data, when reported, will be based on group means. You will not be able to be identified by your answers. If you choose to take this survey on-line at <https://au-aging.com/>, your computer address will not be recorded. If you take this survey on paper, any identifying information will be separated from the survey answers upon receipt. You are free to discontinue the survey at any time without penalty.

At the end of the survey, there is a page for you to provide your name and contact information if you would like to be entered into one of two drawings for \$250.00 each. This page will be separated from your responses. The drawing will be held when we have received all the surveys needed to conclude this study and the winner will be contacted.

Please indicate whether you are interested in receiving a copy of the results of this survey, and we will mail a copy of the report to you when it is finished.

We trust that you will find the survey both interesting and thoughtful. Again, THANK YOU SO MUCH for your help with this very important project!

I. Demographics

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

1. Do you wish to participate in the survey? YES NO
2. Today's Date ____ / ____ / ____
3. Please indicate your Date of Birth: ____ / ____ / 19____
4. What would you consider to be your ethnicity?
 African American/Black
 Asian/Pacific Islander
 Caucasian/White Hispanic/Latino/Latina
 Native American or American Indian
 Other
5. Please indicate your sex: _____Male _____Female _____Prefer Not to Answer
6. Please indicate your current marital status (please check one):
 Married or domestic partnership
 Divorced
 Widowed
 Separated
 Single, never married
7. How long have you held your current marital status? _____
8. Where do you currently reside?
 My own residence – paid off
 Rented apartment/house
 In someone else's home (children, relatives)
 Assisted Living Facility
 Nursing Home
 Other (please explain) _____
9. In what *county* do you currently reside? You can provide the zip code if you do not know the name of the county. _____
10. In which town(s) or city(ies) do you usually seek services?

11. Do you live alone? Yes No

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

13. Please indicate your current retirement status:

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

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

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

Retired

14. How long have you held this retirement status? _____

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

None or some grade school (last grade completed _____)

Completed grade school (grade 8)

Completed high some high school (last grade completed _____)

Completed high school

Some college, but did not graduate

Graduated from college

Some work towards Masters

Completed Master's degree

Some work towards doctorate or professional degree

Completed doctoral or professional degree

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

Under \$3,000

\$3,000 - \$5,999

\$6,000 - \$9,999

\$10,000 - \$14,999

\$15,000 - \$19,999

\$20,000 – \$24,999

\$25,000 – \$49,999

\$50,000 – \$74,999

\$75,000 - \$99,999

\$100,000 & above

II. Health

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

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

- Poor
- Below Average
- Average
- Good
- Excellent

18. Do you take medication on a daily basis that has been prescribed to you by a doctor or medical professional? Yes No

19. Do you take "over-the-counter" medication on a daily basis? Yes No

20. Have you ever sought professional help from a **counselor, psychologist, or psychotherapist** for an emotional problem or mental health problem? Yes No (please go to question 26)

If you answered YES ...

21. When was the last time you saw a mental health specialist for counseling? (date, or approximate date) _____

22. If you are currently seeing someone, how long have you been receiving treatment?

23. If you are currently seeing someone, what is the frequency of your sessions? _____

24. Is this more or less than you would like to see this person?

- More
- Less
- I am seeing this person as much as I need/want to

25. How satisfied were you with the care you received from a counselor, psychologist, or psychotherapist?

- Very Satisfied
- Satisfied
- Neither Satisfied nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

26. Have you ever sought professional help from a **psychiatrist** for an emotional problem or mental health problem? Yes No (please go to question 32)

If you answered YES ...

27. When was the last time you saw a mental health specialist for counseling? (date, or approximate date) _____

28. If you are currently seeing someone, how long have you been receiving treatment? _____

29. If you are currently seeing someone, what is the frequency of your sessions? _____

30. Is this more or less than you would like to see this person?

More

Less

I am seeing this person as much as I need/want to

31. How satisfied were you with the care you received from a psychiatrist?

Very Satisfied

Satisfied

Neither Satisfied nor Dissatisfied

Dissatisfied

Very Dissatisfied

32. Have you ever seen anyone for medication for a mental health concern who was a medical professional, but not a psychiatrist (e.g., primary care physician) Yes No

33. If you are taking medication for a mental health issue, please estimate how long have you been taking this medication (time or approximate time) _____

34. Are there any barriers or items that prevent you (or have prevented you) from seeing a mental professional that you wanted to see? Yes No

35. If you answered "YES" to the question above, please elaborate. What factor(s) prevented you from seeing a mental health specialist that you wanted to see? _____

36. In your opinion, do the following things that sometimes happen to people *create a problem that could be helped by seeing a professional counselor or psychologist?* Please circle YES or NO for each of the items below.

Death of husband or wife	Yes	No
Death of one's child	Yes	No
Retirement (voluntary)	Yes	No
Unemployment	Yes	No
Major illness or injury (e.g. broken hip, diabetes, cancer, stroke, heart attack)	Yes	No
Being moved from one's home to a nursing home	Yes	No
Being discriminated against on the basis of your age	Yes	No
Not having access to transportation	Yes	No
Living on a fixed income	Yes	No
Having to accept social services (e.g. home delivered meals, food stamps, Medicaid, home health care)	Yes	No
Loss of appetite	Yes	No
Children leaving home	Yes	No
Being alone	Yes	No
Lack of respect from younger people	Yes	No
Having difficulty in finding a comfortable place to live	Yes	No
Things being different than in the past	Yes	No
Normal aging changes (that is, lessened ability to see clearly, cataracts, hearing loss)	Yes	No
Being isolated from one's family	Yes	No
Retirement (involuntary)	Yes	No
Being rejected by one's family	Yes	No
Sexual difficulties	Yes	No
Major surgery	Yes	No
Terminal illness (cancer, heart disease)	Yes	No
Having a problem with drugs/alcohol, prescription medication	Yes	No
Problems with side effects of prescription medication	Yes	No
Divorce or separation	Yes	No
Marriage	Yes	No

Death of a close friend	Yes	No
Loss of affiliation with one's place of worship or a change in activities at a place of worship	Yes	No
Spouse's unemployment	Yes	No
Returning to school (taking classes or returning to high school or college)	Yes	No
Gain or loss of weight	Yes	No
Holidays (e.g. Christmas, Thanksgiving)	Yes	No
Change in sleeping habits	Yes	No
Spouse's or domestic partner's suicide	Yes	No

37. For the following problems, *would YOU seek the help of a counselor or therapist?*

Please circle YES or NO for each of the items below.

Deep depression	Yes	No
Feelings of loneliness	Yes	No
Excessive anxiety or worry	Yes	No
Fear of death	Yes	No
Fear of dying	Yes	No
Fear of spouse or significant other's dying	Yes	No
Fear of spouse or significant other's death	Yes	No
Arguments with spouse or significant other	Yes	No
Nervousness	Yes	No
Feeling overwhelmed	Yes	No
Trouble sleeping	Yes	No
Poor appetite	Yes	No
Seeing or hearing things	Yes	No
Not being "in touch with reality"	Yes	No
Blurred vision	Yes	No
Forgetfulness	Yes	No
Vertigo (dizziness)	Yes	No

General aches and pains	Yes	No
Chest pains	Yes	No
Arguments with friends	Yes	No
Confusion	Yes	No
Preoccupation with the past	Yes	No
Suicidal thoughts	Yes	No
Arguments with children	Yes	No
Problems with alcohol	Yes	No
Problems with drugs	Yes	No

38. Please use the following scale to indicate your attitude for each of the following statements. Please circle **only one** alternative for each question.

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
A great deal of mentally disturbed behavior can be accounted for by poisonous substances that are in our food or in the air.	1	2	3	4	5
Most mentally or emotionally disturbed people learned to act in ways that are crazy or insane.	1	2	3	4	5
Most mentally ill/emotionally disturbed people really feel inferior to others.	1	2	3	4	5
Mental or emotional problems are inherited.	1	2	3	4	5
Mental problems are more than likely caused by brain damage.	1	2	3	4	5
Mental problems are a function of one's not having basic needs (hunger, thirst, sex, finances) met.	1	2	3	4	5
Mental problems are the result of having certain "traits" that bring about disturbed behaviors.	1	2	3	4	5
Mental/emotional problems result from one's "body type" or physique, which is present at birth.	1	2	3	4	5
Almost all mental problems in older persons are caused by their being forced to move away from their homes -- to live with relatives or in a nursing home	1	2	3	4	5
Almost all mental problems in older persons are caused by the way they are treated by society.	1	2	3	4	5

39. Please use the following scale to indicate your attitude for each of the following statements. Please circle **only one** alternative for each question. Please try to pick an answer for each item, even if you are unsure.

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
I would not go to psychotherapy (counseling) because it is difficult for me to find transportation.	1	2	3	4	5
I would go to psychotherapy (counseling) if I knew how to find a therapist.	1	2	3	4	5
I would not go to psychotherapy (counseling) because a psychotherapist is not qualified to help me with my problems.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because normal people don't go to psychotherapy.	1	2	3	4	5
I would not seek psychotherapy (counseling) because I need to solve my own problems.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I would feel shame.	1	2	3	4	5
I would go to a psychotherapist (counselor) if my insurance covered mental health care.	1	2	3	4	5
I would go to psychotherapy (counseling) if I could afford transportation to a psychotherapist's office.	1	2	3	4	5
I would see a psychotherapist (counselor) if one was near my home.	1	2	3	4	5
A younger psychotherapist (counselor) can help as much as an older psychotherapist.	1	2	3	4	5
I would not see a psychotherapist (counselor) because psychotherapists think working with someone my age is a waste of time.	1	2	3	4	5
I would not see a psychotherapist (counselor) because I've always solved my own problems.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because psychotherapy is for crazy people.	1	2	3	4	5
I would go to a psychotherapist (counselor) but my insurance limits the number of psychotherapy visits.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
I would not go to psychotherapy (counseling) because I do not drive.	1	2	3	4	5
I would not go to a psychotherapist (counselor) even if I were miserable because it would be normal for me to feel this way given the circumstances of my life.	1	2	3	4	5
I would not see a psychotherapist (counselor) because I believe the way I feel is normal.	1	2	3	4	5
I would see a psychotherapist (counselor) but psychotherapists' time is better spent working with younger people.	1	2	3	4	5
I would see a psychotherapist (counselor) if I needed one but my problems today aren't different than when I was younger.	1	2	3	4	5
I would see a psychotherapist (counselor) because normal people go to psychotherapy.	1	2	3	4	5
I would go to a psychotherapist (counselor) if I did not have an office co-pay each time I had an appointment.	1	2	3	4	5
I would see a psychotherapist (counselor) if psychotherapists came to my home.	1	2	3	4	5
I would not go to psychotherapy (counseling) because a psychotherapist can't understand the problems of someone my age.	1	2	3	4	5
I would go to a psychotherapist (counselor) if I was sure that I needed help.	1	2	3	4	5
I would not see a psychotherapist (counselor) because it is a sign of weakness.	1	2	3	4	5
I would see a psychotherapist (counselor) but I don't know the reasons people go to psychotherapy.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because psychotherapy is expensive.	1	2	3	4	5
I would see a psychotherapist (counselor) if public transportation was easy and convenient.	1	2	3	4	5
I would see a psychotherapist (counselor) if it were free.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
I would see a psychotherapist (counselor) because psychotherapists have been trained to work with people my age.	1	2	3	4	5
I would not see a psychotherapist (counselor) because I'm afraid I won't be taken seriously.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I'm too proud to seek or accept help.	1	2	3	4	5
I would not go see a psychotherapist (counselor) because I do not trust them.	1	2	3	4	5
I would not go to psychotherapy (counseling) because I live in a rural area and don't have access to a psychotherapist.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I would not know if I was depressed.	1	2	3	4	5
I would go to psychotherapy (counseling) if I could find a psychotherapist who works with someone my age.	1	2	3	4	5
I would not go to psychotherapy (counseling) because a person's problems are their own business, not anybody else's.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because people my age are too set in their ways to make changes.	1	2	3	4	5
I would not go to psychotherapy (counseling) because parking is inconvenient.	1	2	3	4	5
I would see a psychotherapist (counselor) if my physician referred me to one.	1	2	3	4	5
I would not go to psychotherapy (counseling) because psychotherapists don't have a lot of experience working with people my age.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because it's hard for me to admit that I need help.	1	2	3	4	5
I would see a psychotherapist (counselor) if I knew I was depressed.	1	2	3	4	5
I would not see a psychotherapist (counselor) because I am concerned that I won't be comfortable with a psychotherapist.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
I would go to psychotherapy (counseling) because people should seek help when they need it.	1	2	3	4	5
I would go to psychotherapy (counseling) but people my age can't change	1	2	3	4	5
I would go to psychotherapy (counseling) because people who do not seek help when they need it are lazy.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I would rather discuss my problems with my physician.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I have heard of others bad experiences.	1	2	3	4	5
I would go to psychotherapy (counseling) because I believe that people must rely on each other.	1	2	3	4	5
I would seek psychotherapy (counseling) because I would like to learn new coping strategies.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because feelings of sadness are normal for people my age.	1	2	3	4	5
I would see a psychotherapist (counselor) but I am uncomfortable with personal questions.	1	2	3	4	5
I would go to a psychotherapist (counselor) but it is hard for me to admit that I need help.	1	2	3	4	5
A young psychotherapist (counselor) is just as qualified as an older psychotherapist.	1	2	3	4	5
I would seek psychotherapy (counseling) because I know people who have benefited from psychotherapy.	1	2	3	4	5
I would not go to psychotherapy (counseling) because I would not ask my physician to refer me to a psychotherapist (counselor).	1	2	3	4	5
I would go to psychotherapy (counseling) if I knew what kind of psychotherapist I should see.	1	2	3	4	5
I would not go to a psychotherapist (counselor) because I'd rather discuss my problems with a psychiatrist.	1	2	3	4	5

	1 Strongly Disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly Agree
I would rather see a psychiatrist because of his or her greater expertise in dealing with mental health problems.	1	2	3	4	5
I would participate in telepsychotherapy (talking with someone over a computer) because it is convenient.	1	2	3	4	5
I would not participate in telepsychotherapy (talking with someone over a computer) because it involves technology and the computer and appears to be less personal.	1	2	3	4	5

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

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

41. Please rate the following items:

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

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

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

43. In general, would you say your health is:

- Poor
 Below Average
 Average
 Good
 Excellent

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

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

45. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

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

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

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

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

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

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

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

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

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

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

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

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

51. How much of the time during the **past 4 weeks**...

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

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

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

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

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

Only three items left! This sheet will be separated from your questionnaire upon receipt.

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

_____ Yes _____ No

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

_____ Yes _____ No

Would you like to be entered into the drawing?

_____ Yes _____ No

Please provide your contact information:

NAME _____

Address: _____

E-mail _____

**Thank you again for your participation.
Your time and energy is greatly valued and appreciated.**