

## Collaboration for Equity and Belonging in Behavioral Healthcare Community Questionnaire

*Your voice matters, this survey reflects your feedback about how you think, feel, act, make choices and cope with stress. This is what makes up our mental health. Your answers will be used to make improvements to mental health services in DeKalb County.*

1) In general, if you experience a personal/emotional situation that could be a mental health issue, do you know where to get help?  Yes  No

2) Specifically, do you know where to get help from a mental health professional (such as a counselor, therapist, social worker, psychologist)?  Yes  No

3) Where would you be most comfortable receiving personal/emotional/mental health support? (Check all that apply)

A mental health professional's (therapist, psychologist, counselor) office.

My church, with the pastor, spiritual advisor, church member.

At home, in person, with a mental health professional.

At home, virtually, with a mental health professional.

At school with a school counselor, school social worker, school psychologist.

Family member or friend.

Online or telephone support, hotline number, or mental health app.

Other: \_\_\_\_\_

4) If you are having an emotional or mental health issue (for example, feeling sad or down, feeling confused, lots of worries or guilt, mood changes, avoiding friends/family, low energy, or extremely tired) and want to connect with a professional about mental health concerns, would you prefer someone similar or different from you in terms of (check all that apply)

**Similar**

- Race
- Ethnicity
- Gender
- Sexual orientation
- Religion
- Age

**Different**

- Race
- Ethnicity
- Gender
- Sexual Orientation
- Religion
- Age

**No Preference**

- Race
- Ethnicity
- Gender
- Sexual Orientation
- Religion
- Age

Overall, I do not have a preference.

5) Would you suggest to a friend to seek help from a mental health professional if they had a personal, emotional, mental health situation?  Yes  No

6) If your child is scared, anxious, or worries a lot, is feeling sad or down, doesn't want to get up or go to school, is often angry is cutting, talks about hurting or dying, doesn't want to play with friends, would you help that child to seek help from (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> A mental health professional      | <input type="checkbox"/> Someone from my church |
| <input type="checkbox"/> A school counselor/social worker, | <input type="checkbox"/> A medical doctor       |
| <input type="checkbox"/> A friend or family member         | <input type="checkbox"/> Other: _____           |

7) In DeKalb County, do you think mental health services are provided in your primary or preferred language?  
 Yes,  No,  I don't know.

What is your preferred language? \_\_\_\_\_

8) Are you currently receiving services from a mental health professional?  Yes  No (If yes, skip to question 9)

a. What prevents you from seeking help from a mental health provider (check all that apply)?

- I don't trust mental health professionals.
- Mental health professionals do not understand or relate to my issue.
- I don't want to be labeled or called "crazy."
- I have never thought about it.
- I'm concerned about what people close to me will think.
- I don't know where or how to get help.
- I need childcare assistance before I can seek help.
- Mental health services don't help.
- Cost of services or lack of insurance coverage.
- I am unemployed.
- I do not have transportation to services.
- My parents won't help me.
- I would be embarrassed to seek help.
- Mental health professionals don't understand my culture.

- I don't have a problem.
- I'm uncomfortable with seeking help.
- I have had a negative experience seeking help in the past.
- It would harm my pride to seek help.
- I don't have an ID card or other documents required by a provider.
- I don't have time
- I have to wait too long for an appointment.
- My mental health is nobody's business.
- Other, please comment: \_\_\_\_\_

9) What mental health services would you like to see in DeKalb County? Some examples of mental health services include talking with someone about thoughts and feelings, having support from someone who has received mental health support, talking with a group with similar thoughts and experiences.

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10) Which of the following best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- Middle Eastern or North African
- White or Caucasian
- Multiracial or Biracial
- I prefer not to answer
- A race/ethnicity not listed here

11) Which category below includes your age?

- Under 18
- 18 – 24
- 25– 34
- 35 – 44
- 45 – 54
- 55– 64
- 65+
- I prefer not to answer

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## 12) How do you identify?

- Non-binary/non-conforming
- Man
- Woman
- Transgender
- Queer
- I prefer not to answer
- Not listed: \_\_\_\_\_

## 13) How do you identify?

- Asexual/aromantic
- Bisexual/pansexual/fluid
- Gay
- Heterosexual/Straight
- Lesbian
- I prefer not to answer
- Not listed: \_\_\_\_\_
- None of the above

## 14) Do you identify as?

- Deaf or hard of hearing
- Blind or vision impaired
- Physical limitations
- Non-ambulatory
- No physical limitation
- Prefer not to answer
- Other: \_\_\_\_\_

## 15) What is your home or current location Zip Code?

## 16) How long have you resided in DeKalb County, Illinois?

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> 0-3 Months  | <input type="checkbox"/> 1-5 years     | <input type="checkbox"/> I am a college/university student |
| <input type="checkbox"/> 4-11 Months | <input type="checkbox"/> 6-10 years    | <input type="checkbox"/> I do not live in DeKalb County    |
|                                      | <input type="checkbox"/> Over 10 years |  |

## 17) How do you get information about the community? (Check all that apply)

- Local Newspaper
- Radio Station
- Facebook
- Twitter
- Flyers/Signs
- From friends
- Church
- School
- Employer
- E-Newsletter (Chamber of Commerce, Daily Chronicle)
- Other: \_\_\_\_\_
- I don't receive information about the community.

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We value your time and feedback! For participating in this survey, you can choose to be entered into a drawing for one of three \$100 gift cards or one of five \$25.00 gift cards. The drawing will occur the first week of September 2022. To enter the drawing, fill out the information below and deposit it in the lockbox or email your name and best contact method to [infomhb@dekalbcounty.org](mailto:infomhb@dekalbcounty.org). Your contact information will not be linked to your survey and will not be used for any purpose except for the drawing. Your information and answers remain confidential and guaranteed secure.

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

Best Contact (please write a phone number or email address): \_\_\_\_\_

Check here if you are interested in participating in a focus or advisory group about mental health services in DeKalb County, IL.