

Survey Panel Results

The Wellbeing Partners

January 2021

Background

Each month, The Public Good Projects (PGP) conducts rapid polling to understand community attitudes toward certain health topics. For January 2021, the panel survey evaluated perceptions of mental health conditions (MHC) and mental health stigma among those who self reported as being Black, Indigenous, and People of Color (BIPOC). Eligibility to participate in the survey included: currently living in Nebraska or Iowa; specifically from one of the four counties identified by TWP in the Omaha/ Council Bluffs metropolitan area, and identifying as being from the BIPOC community. Participants were recruited through both PGP's internal panel participants, and distribution of the survey link to community members by TWP. Data from panel surveys are intended to provide quick information that can be easily applied to programs, and are not intended to serve as a representative sample of the area. Results may have been skewed by a variety of factors, including willingness to complete a survey on mental health, and survey distribution networks.

Of note, some questions asked in this panel survey were also asked in a larger baseline survey conducted in summer 2020, which was done in conjunction with other mental health programs being implemented by TWP and PGP. This allowed analysts to compare some answers from BIPOC respondents over time. Results from the baseline survey are noted throughout, where appropriate.

Demographics

The survey concluded with a total of 87 respondents. The majority of respondents were female (81%), with a smaller percentage of males (15%). Over 60% of respondents were between ages 25-44. Following population trends, around ¾ of respondents reported residing in Douglas County, followed by Pottawattamie County. By race and ethnicity, over half of respondents reported being Black/African American, and almost ¼ being Hispanic/Latinx. Given the small sample size of other races, analysis on the following slides will focus on these two groups, and the overall sample.

From the summer 2020 baseline evaluation, there were 116 BIPOC respondents, with 38.8% Hispanic/Latinx, 35.3% Black/African American, 18.1% Asian, 11.2% American Indian/ Alaska Native, and 1.7% Hawaiian Native/ Other Pacific Islander.

Demographic	
Douglas County	75.9%
Pottawattamie County	11.5%
Sarpy County	9.2%
Cass County	3.4%
Black/ African American	54.0%
Hispanic/ Latinx	24.1%
White/ Caucasian	14.9%
American Indian/Alaska Native	9.2%
Asian	8.0%
Hawaiian Native/ Other Pacific Islander	3.4%
Other Race	11.5%

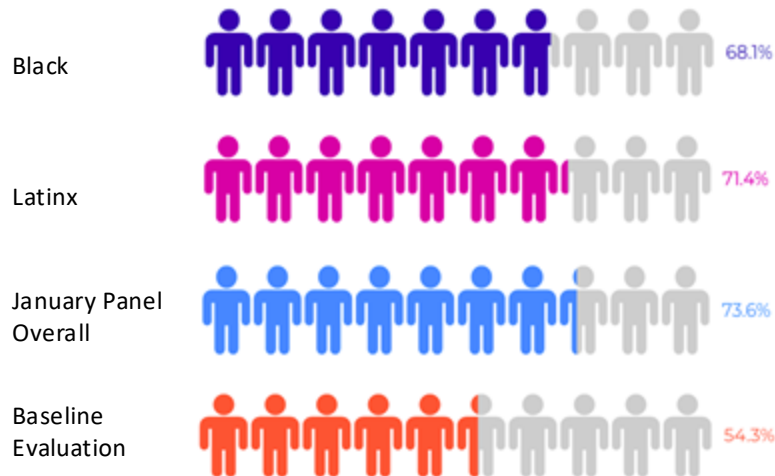
Demographic		
Female	80.5%	
Male	14.9%	
Non- Binary/ Other	3.4%	
Prefer to not say	1.1%	
Age Groups (in years)	18-24	11.5%
	25-34	31.0%
	35-44	32.2%
	45-54	9.2%
	55+	16.1%

Prevalence of Mental Health Conditions

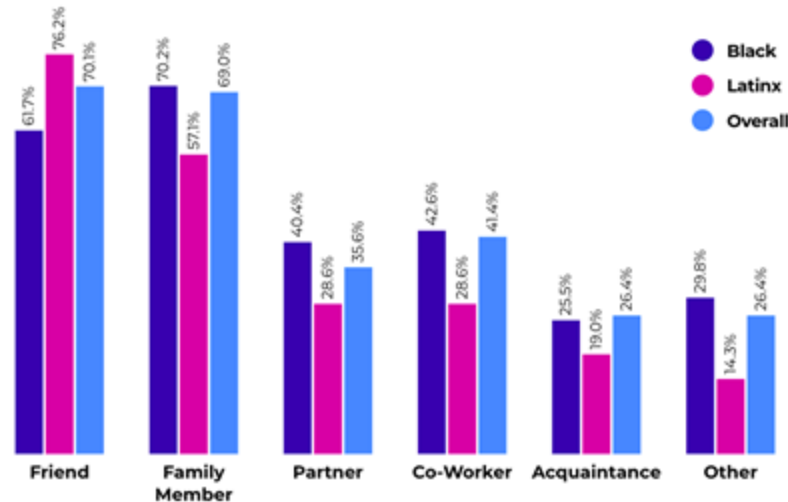
The diagram below shows respondents who have ever had a mental health issue or condition (MHC), either diagnosed or not diagnosed. Compared to the baseline, respondents in the January survey reported higher rates of living with MHC.

Compared to Black respondents, Latinx respondents more frequently reported knowing friends with MHC. The opposite trend was observed for all other relationships, with Black respondents more frequently reporting that they know family members, spouses/partners, co-workers, and other acquaintances with MHC.

Self-reported Mental Health Issues or Conditions



Acquaintances Living with Mental Health Issues or Conditions

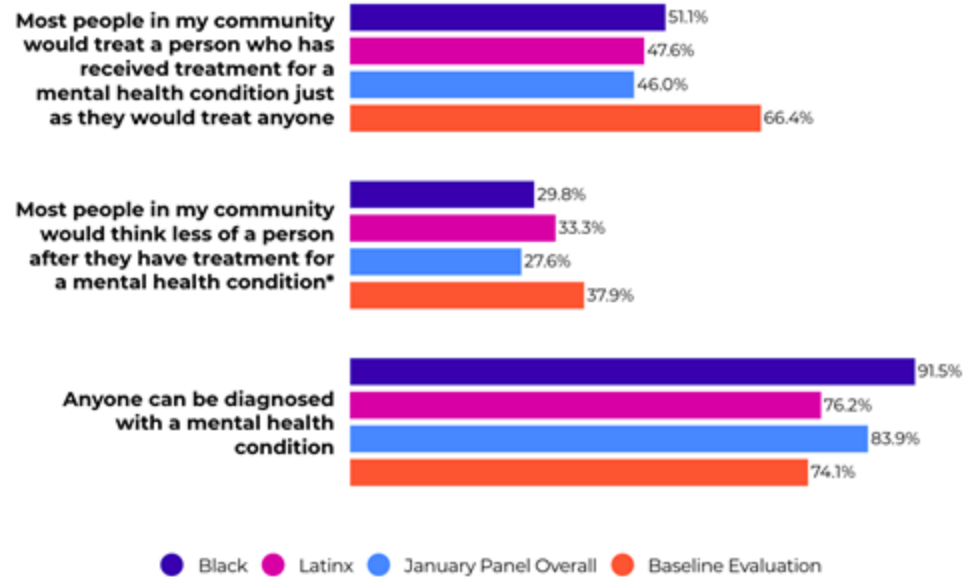


Mental Health Attitudes

Questions gauging community perceptions show potential increases in perceived stigma toward those who have received treatment. Around half of Black and Latinx participants felt their community would treat a person who has received treatment for mental health as they would anyone else. This represents a large decline from the baseline survey, in which over 66% of the BIPOC sample agreed with this statement. Smaller declines were also observed in beliefs that their community would not think less of a person after they have received treatment.

Conversely, at the January survey, over 90% of Black respondents and 76% of Latinx respondents agreed that anyone can be diagnosed with an MHC, a modest increase over baseline agreement of 74%.

Agreement with Statements



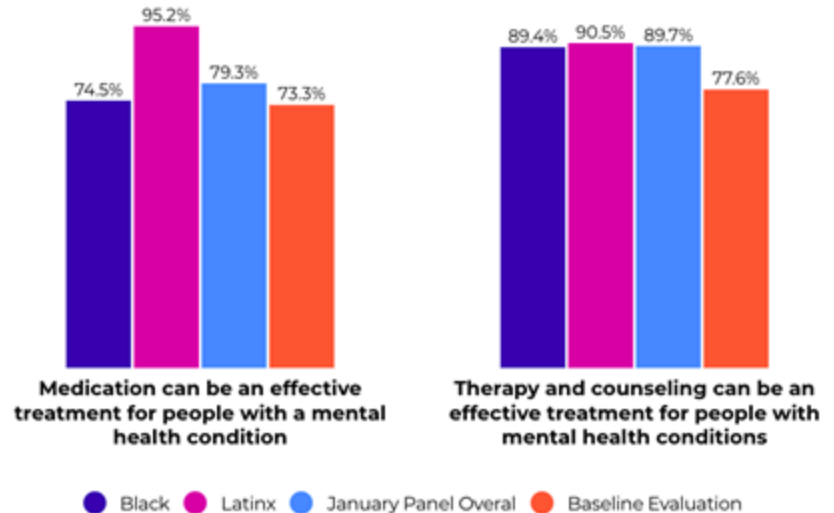
*shows percentages of disagreement

Attitudes Toward Therapy and Medication

Despite the fact that results showed a potential increase in perceived *community stigma* toward treatment for those with MHC (previous slide), when asked about *their own perceptions* toward therapy and medication, they appeared to show some improvements. Over 95% of Latinx respondents agreed that medication can be an effective treatment, with a more modest 75% of Black respondents in agreement, compared to 73% agreement at the baseline.

At the January survey, around 90% of Black, Latinx, and overall respondents agreed that therapy and counseling can be an effective treatment for those with MHC, an increase from 77.6% agreement at the baseline.

Agreement with Statements

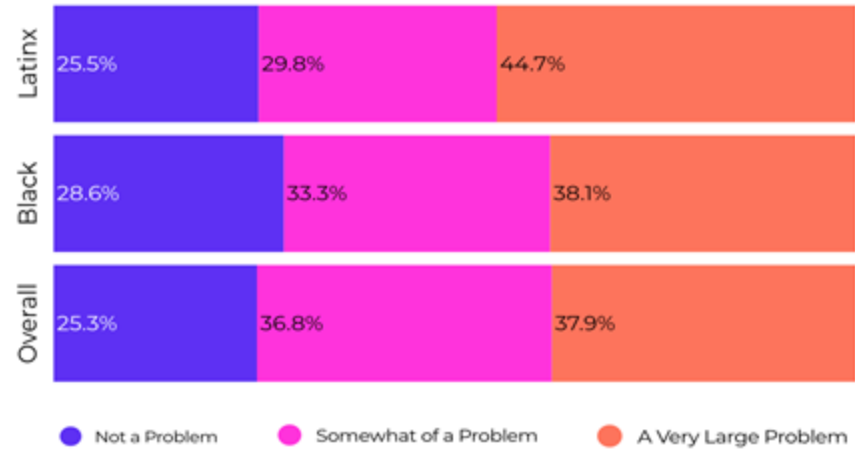


Mental Health as a Community Problem

Respondents were asked their perceptions on the magnitude of mental health as a problem in the community. Almost half of Latinx respondents agreed that mental health is a large problem in their community (44.7%), compared to just under 40% of Black respondents (38.1%).

There also appeared to be a core group of around 25% of Latinx, Black, and overall respondents who do not believe mental health is a problem at all in their community.

How Big a Problem is Mental Health in the Community



Comfort Levels with Mental Health

Both Black and Latinx respondents overwhelmingly responded feeling comfortable offering support to someone experiencing mental health issues. A similarly high amount reported feeling comfortable seeking counseling or therapy, and working alongside someone with an MHC. Across both groups, Black and Latinx respondents reported feeling more comfortable talking with a friend about mental health, compared to talking with a family member.

Latinx respondents more frequently reported feeling comfortable talking about their mental health with friends (85.7%), compared to Black respondents (80.9%). Conversely, Black respondents more frequently reported feeling comfortable talking to family about their mental health (76.6%), compared to Latinx respondents (71.4%).

How comfortable would you feel...

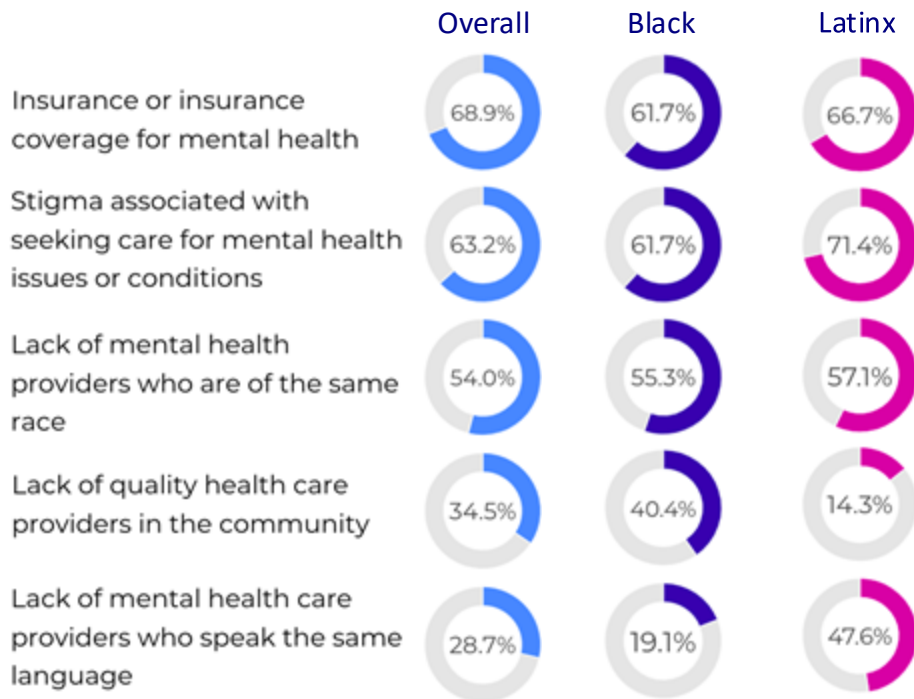
	Black	Latinx	Overall
Working with someone who has a mental health condition	89.4%	100.0%	92.0%
Offering support to another person who is experiencing mental health issues	89.4%	95.2%	90.8%
Seeking counseling or therapy for your mental health	85.1%	90.5%	86.2%
Talking to a friend about your mental health	80.9%	85.7%	80.5%
Talking to family about your mental health	76.6%	71.4%	72.4%

Barriers to Accessing Mental Health Care

Almost 70% of all respondents believe that a lack of insurance is the biggest barrier to accessing mental health resources, followed by the stigma associated with seeking care. Around half of respondents believe that the lack of same-race providers is a major barrier.

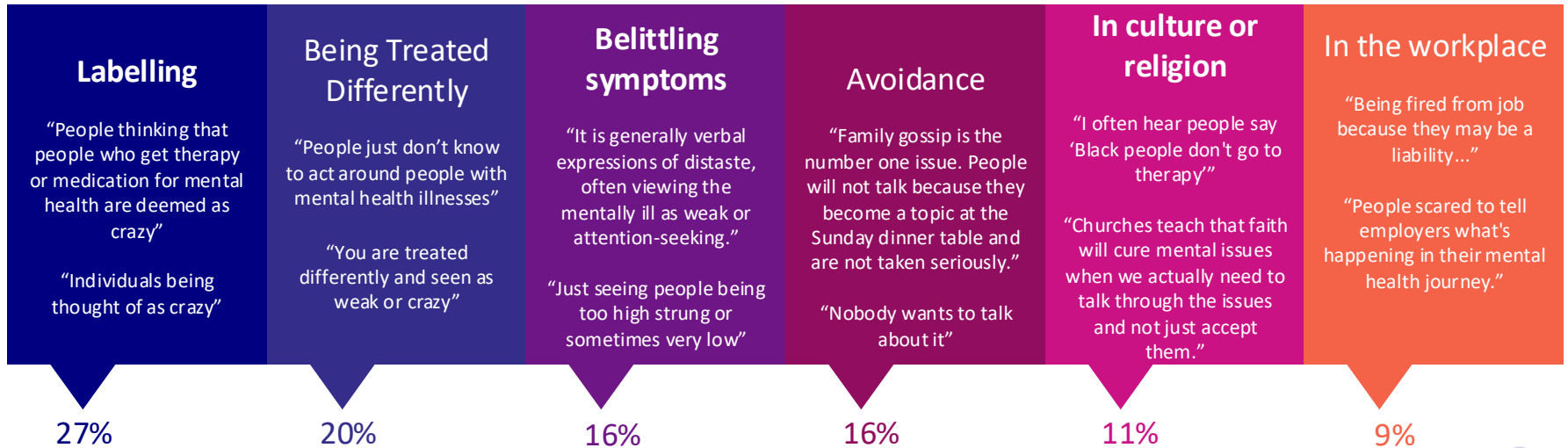
When examined within the two groups, Black respondents more frequently agreed that the lack of quality healthcare providers is a major barrier (40.4%) compared to Latinx respondents (14.3%). Conversely, Latinx respondents more frequently reported that stigma and language were major barriers (71.4% and 47.6%), compared to Black respondents (61.7% and 19.1%, respectively).

What are the biggest barriers to accessing mental health care in your community?



Stigma in the Community

Respondents were asked to report ways they have witnessed mental health stigma in their communities. Almost 30% reported stigmatizing labels and language, particularly for those seeking treatment or medication. One fifth felt that people can be treated differently, or others are unsure of how to interact with those with MHC. Around 16% also believed that mental health symptoms can be belittled, or that people would rather avoid talking about mental health altogether. Fewer respondents cited the role of culture, religion, and the workplace in furthering stigma.



Thank you.