

**The Wellbeing Partners:  
Head to Heart  
Outcome Evaluation Findings**

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## Evaluation Purpose

The evaluator collaborated with The Wellbeing Partners (TWP) to complete an outcome evaluation of the Head to Heart program using a participatory approach in which TWP staff were actively engaged in evaluation planning, data collection, and ongoing guidance throughout implementation. The evaluation sought to better understand how the program influenced licensed professionals' ability to engage clients in conversations related to mental health and emotional wellbeing, clients' comfort discussing personal situations with licensed professionals, the extent to which mental health resources were shared and utilized, and how clients assessed emotional and informational social support through interpersonal interactions. The evaluation also explored which aspects of the program licensed professionals perceived as most meaningful, effective, and in need of improvement. To accomplish the evaluation, the evaluator held regularly scheduled meetings with program staff throughout the program period, analyzed outcome data collected through client surveys, and conducted interviews with licensed professionals to provide a more comprehensive understanding of program experiences and outcomes.

The following questions guided the evaluation:

1. How did participation in the Head to Heart program influence licensed professionals' ability to engage clients in conversations related to mental health and emotional wellbeing?
2. How comfortable were clients discussing personal situations with licensed professionals participating in the Head to Heart program?
3. To what extent did licensed professionals provide mental health resources and referrals to clients, and were those resources perceived as helpful?
4. What types of emotional and informational social support did clients report having access to?

## Background: Community-Based Businesses & Services for Health

Mental health conditions remain a significant public health concern in the United States and continue to disproportionately affect populations experiencing social, economic, and structural inequities. Although mental health disorders occur across racial, ethnic, gender, and socioeconomic groups, disparities persist in mental health outcomes, access to care, treatment utilization, and quality of services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Barriers including stigma, limited provider availability, inadequate insurance coverage, transportation challenges, and culturally unresponsive care contribute to delayed treatment and unmet behavioral health needs across communities (Centers for Disease Control and Prevention [CDC], 2024; National Institute of Mental Health [NIMH], 2024). These barriers may increase risk for worsening mental health symptoms, substance use, social isolation, and other adverse health outcomes.

Distrust of healthcare systems may further complicate engagement in formal mental health services for some populations, particularly among communities with historical and contemporary experiences of discrimination and inequitable treatment within healthcare settings (Jalloh et al., 2022). Consequently, trusted community spaces may serve an important role in increasing access to mental health information, reducing stigma, and supporting connections to care. Community-based businesses and service providers often maintain longstanding interpersonal relationships with clients and may represent settings where conversations surrounding stress, emotional wellbeing, and life challenges naturally emerge.

Barber shops and beauty salons have been among the most frequently studied community-based settings for health promotion interventions due to their established roles as trusted social and cultural spaces. Prior research

has demonstrated the feasibility of delivering community-based interventions related to hypertension management, diabetes prevention, cancer screening, and mental health promotion within these environments (Victor et al., 2018; Osorio et al., 2020; Gelzhiser & Lewis, 2023). More recently, there has been growing interest in understanding how additional community-facing businesses and services including tattoo shops, nail salons, massage therapy practices, and doula care services. These businesses and services may function as accessible settings for mental health engagement and resource dissemination. These settings often involve repeated interactions, relationship building, and environments that foster trust, familiarity, and open communication.

The integration of Mental Health First Aid training and behavioral health resources within trusted community-based settings may represent a practical strategy to improve awareness of mental health concerns and strengthen referral pathways to formal services. Community-centered approaches may also help extend the reach of mental health education and support among individuals who may otherwise experience barriers to engaging traditional healthcare systems. As rates of mental health concerns continue to increase nationally, there is a need to further examine community-based models that support early engagement, mental health awareness, and linkage to appropriate care across diverse populations and settings.

### Program Overview

The Head to Heart program is a culturally specific program designed to train licensed professionals to be mental health advocates for their clients by listening and providing mental health resources when necessary. The program consists of an eight-hour evidence-informed training entitled *Mental Health First Aid*, which is designed to teach trainees how to identify signs and symptoms of mental well-being and actions to take in those circumstances. In addition to receiving this training, the licensed professionals also received Applied Practice, a culturally responsive training as mental health responders by a licensed mental health specialist. After the program was completed, licensed professionals spent the next 4-months implementing the knowledge and skills learned in the program to be mental health advocates. After the licensed professionals interacted with their clients, they asked each client to complete the Head to Heart Survey to share about their experiences interacting with their licensed professional about their personal situation(s).

### Evaluation Methods

#### *Outcome Evaluation*

The outcome evaluation consisted of an assessment of one (1) knowledge quiz administered at the end of the *Mental Health First Aid* training, and one (1) post survey completed by the clients of the licensed professional who participated in the Head to Heart program. A total of fifteen (15) licensed professionals enrolled in the Head to Heart program. Out of the 15, twelve (12) licensed professionals completed the program. A total of 61 clients completed the survey during the evaluation period (November 2025 to April 2026).

**Head to Heart survey revisions.** The post survey outcome measurement tool was developed in partnership with TWP staff (See *Appendix 2*). In partnership with the TWP Programs Director and Wellbeing Coordinator, we decided to revise the 31-item Head to Heart Survey used in previous cohorts. Some survey items did not suffice in providing the necessary data to provide continuous program improvement. The TWP team and evaluator discussed understanding the type of support available to community members through their licensed professionals. This information can clarify how to improve training of the licensed professionals and what additional community-based, mental health resources may need to be offered. After discussion about what TWP would like to understand about Head to Heart, a collective decision was reached to measure social support. Measuring social support also provides an opportunity to understand the likelihood of utilizing mental health

resources based on their level of social support. Therefore, the evaluator provided four (4) validated and publicly available scales to measure social support: Oslo Social Support Scale, Multidimension Scale of Perceived Social Support, The Social Support Rating Scale, and the Social Support Survey developed by RAND Health. The TWP team reviewed the scales and selected to use the Social Support Survey by RAND Health. This survey consists of 19 items measuring four domains of social support (emotional/informational, tangible, affectionate, and positive social interaction). Respondents are asked to rate how often they receive social support in the four domains on a five-point Likert-type scale in which '1' represents *none of the time* and '5' represents *all of the time*. The last item in the survey is not included in the four domains. The item asks respondents how often they have *someone to do things with to help you get your mind off things*. To solely focus on the social support relevant to Head to Heart, and respect the time of the licensed professionals' clients, a collective decision was made to focus on measuring emotional/informational support. Therefore, we used a 9-item adapted version of the Social Support Survey by RAND Health measuring emotional/informational support (8 questions) and the last survey item (*Someone to do things with to help you get your mind off things*). Raw scores for the emotional/informational subscale range from 8-40 with higher scores indicating higher support. The raw scores were converted to scores on a 0-100 scale for straightforward interpretation. Participants with scores between 0-24 are considered to have very low support, 25-49 is considered low support, 50-74 is considered moderate support, and 75-100 is considered high support. The Social Support Survey items can be found in the Head to Heart Survey in Appendix 2 (items 5-13). Lastly, we removed the mental health status question from the Head to Heart Survey since the program does not focus on improving the mental health status of clients.

**Head to Heart survey.** The revised 30-item Head to Heart Survey assessed interactions between the clients and the licensed professionals, gathered feedback about the mental health resources their licensed professional may have provided to them, and captured demographic information (See *Appendix 2*). Questions related to interaction were on a dichotomous scale (i.e., 'Yes' or 'No'), a Likert-type scale ranging from 1 to 5 with '1' being 'Strongly disagree' and '4' being 'Strongly agree,' or an open-ended question (e.g., *Why didn't you feel comfortable discussing your personal situation with your licensed professional?*). To assess the mental health resources provided during their appointment, clients were asked a series of questions with responses on a dichotomous (e.g., *Did your barber/stylist provide you with mental health resources?*) or Likert-type scale ranging from 1 to 5 with '1' being 'Strongly disagree' and '4' being 'Strongly agree (e.g., *I used the mental health resources/materials given to me by my barber/stylist*), or open-ended questions (e.g., *What resources did your licensed professional give you?*). Social support was also assessed as described in the previous section. Lastly, demographic information such as age, gender, race, ethnicity, zip code, and income was collected.

The survey was administered electronically by placing posters with a QR code in the location where services were provided by the licensed professionals. The licensed professionals were asked to have their clients complete the survey if they provided them with mental health first aid. Based on sample size calculations, we asked each licensed professional to recruit at least 15 clients to complete the survey with a goal of 225 completed surveys. The survey responses were administered online through Survey Monkey<sup>®</sup> which could be accessed through a client's smartphone. The survey responses were exported from Survey Monkey<sup>®</sup> to a Microsoft Excel spreadsheet. The data was cleaned and a codebook was developed so that the Excel file could be shared back with TWP at the end of the evaluation period. The Excel spreadsheet was imported into IBM SPSS Statistics version 32.0.0.0 software for analysis.

**Survey data analysis.** To better understand factors related to emotional and informational social support among the clients of the licensed professionals in Head to Heart, regression analyses were conducted. Emotional and informational social support was measured using the RAND Health Social Support Survey. This portion of the

survey examines whether clients feel they have people they can rely on for encouragement, advice, understanding, and emotional support during difficult times. The first regression model examined whether age, gender, household income, and health insurance status were associated with emotional and informational social support scores among clients. A second model was then conducted to more closely examine the relationship between household income, health insurance status, and perceived support after removing variables that were less strongly associated with outcomes in the first model. Prior to analysis, survey responses were reviewed for completeness and appropriate coding. Standard statistical procedures were used to ensure the data met assumptions required for regression analysis. Statistical significance was evaluated using a threshold of  $p < .05$ .

**Interviews with licensed professionals.** In addition to the client survey administration, Head to Heart licensed professionals participated in a 20–30-minute interview to assess their experience completing the Mental Health First Aid training and the Applied Practice with the licensed mental health therapist. In November 2025, the evaluator attended the final training day to introduce professionals to the evaluation and their role in the evaluation, which included completing the interview. During this introduction, the professionals and evaluator also had an opportunity to establish rapport before the interviews were scheduled. Licensed professionals gave the TWP Director permission to share their contact information with the evaluator to coordinate and schedule the interviews. The semi-structured interview guide from the previous Head to Heart cohorts was used, which consisted of 15 questions (See *Appendix 1*). TWP team reviewed the interview guide and selected five (5) questions to be included in the interview that were most relevant to the scope of the evaluation. The selected questions (highlighted in yellow in *Appendix 1*) focused on program content, self-efficacy in client interactions, local relevance, and program satisfaction.

**Interview data analysis.** The interviews took place between February and April 2026. The interviews were conducted by phone or Zoom and audio recorded only to capture all details from interviews and salient quotes to support the evaluation. When permission was not given to record the interview, the evaluator captured detailed notes of the licensed professional's responses. The evaluator performed a thematic analysis using a priori approach in which responses were analyzed based on the evaluation scope. The evaluator sought to understand licensed professionals' self-reported efficacy, attitudes about the training content, and program satisfaction.

## Results: Quiz & Survey

### *Post-training quiz*

For the *Mental Health First Aid* training, a total of 15 licensed professionals completed the post-training quiz. The quiz consisted of 10 questions which offered scenarios or vignettes of situations in which they were asked to select the appropriate response to the scenario. All scenarios covered material (i.e., knowledge and skills) learned during the training. The program curriculum requires a 60% pass rate to be considered a successful participant of the *Mental Health First Aid* training. Majority of participants (13) scored 100% on the quiz. A total of 3 questions were answered incorrectly by two of the 15 licensed professionals with final quiz scores of 90% (missed one question) and 80% (missed two questions), but all licensed professionals successfully passed with an average score of 98% for the cohort.

### *Client survey*

A total of 61 clients completed the survey, which was one-fourth of our goal to complete 225 surveys. However, data was missing for two (2) of the client surveys. Therefore, 59 client surveys were included in the analysis.

**Demographics of clients.** Most of the clients surveyed (N=32) were Black/African American adults with an average age of 31 years (See Table 1). Only 12% of clients were male and over half were female (83%) with

one client identifying as transgender female. Most clients resided in zip code 68104, reported income between \$25,000 to 49,999, and had health insurance. However, almost 20% of clients reported having no health insurance.

**Table 1. Demographic Characteristics of Client Survey Respondents**

<b>Age</b> (average in years)	31
<b>Gender*</b>	
Female	49 (83%)
Male	7 (12%)
Other	2 (3%)
Transgender female	1 (2%)
<b>Race*</b>	
Black/African American	32 (54%)
White	20 (34%)
Two or more races	3 (5%)
Native Hawaiian/Pacific Islander	2 (3%)
Prefer not to answer	1 (4%)
<b>Spanish Origin*</b>	
No	53 (90%)
Yes, Mexican, Mexican American	4 (6%)
Yes, Puerto Rican	1 (2%)
Prefer not to answer	1 (2%)
<b>Zip Code*</b>	
68104	9 (15%)
68111	7 (12%)
68107	4 (7%)
68144	4 (7%)
<b>Income*</b>	
Below \$25k	7 (12%)
\$25k to \$49,999	14 (24%)
\$50k to \$74,999	13 (22%)
\$75k to \$99,999	3 (5%)
Prefer Not to Answer	7 (12%)
<b>Health Insurance*</b>	
Yes	45 (76%)
No	11 (19%)
Prefer not to answer	3 (5%)

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\*N = 59; 2 missing

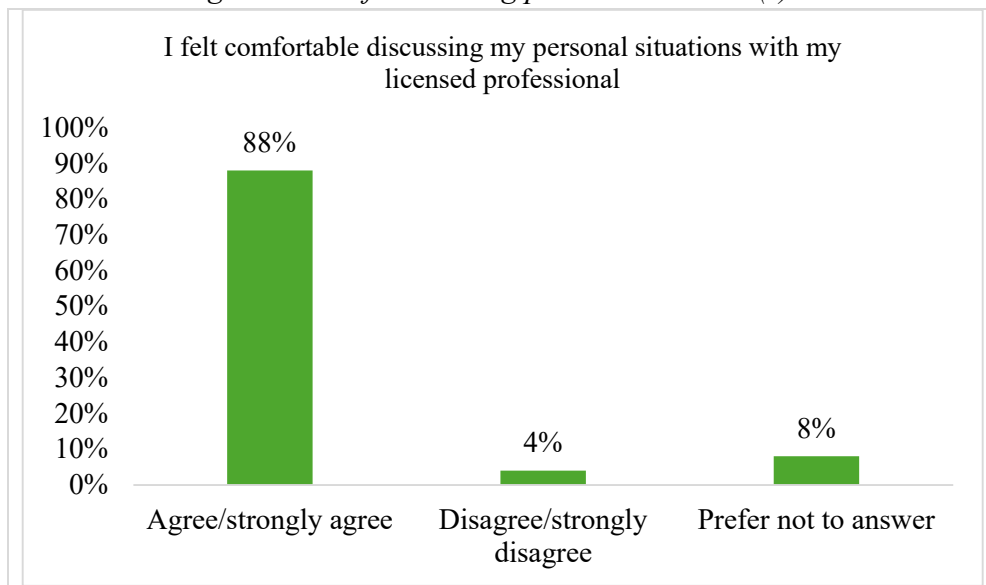
**Clients’ interaction with licensed professionals.** To assess client interaction with their licensed professional, clients were asked if they spoke with their licensed professional about personal situations during their appointment. The response choices included ‘Yes’ or ‘No.’ Majority of clients (71%) reported speaking with their licensed professional about personal situations during their appointment (Figure 1).

*Figure 1. Speaking with their licensed professional*



When asked whether they felt comfortable sharing their personal situation(s) with their licensed professional, again, majority strongly agreed or agreed (88%) they did, and only 4% (2 clients) reported not feeling comfortable sharing (Figure 2). When asked why they did not feel comfortable sharing, both clients responded to the open-ended question. One client stated, *It is hard for me to be able to talk and open up in a professional setting*. The other client simply stated *Na*. The remaining responses for this question were missing (N=1).

Figure 2. Comfort sharing personal situation(s)



**Perceived social support.** Clients were asked about their level of emotional/informational social support. Overall, majority of clients reported having strong social support (See Table 2). Overall, Head to Heart clients connected with licensed professionals reported high levels of emotional and informational social support across survey items. Most clients indicated that support was available to them “most of the time” or “all of the time,” particularly in areas related to listening, advice, understanding, and emotional connection.

More than half of clients (52%) reported that they had someone they could count on to listen when they needed to talk “all of the time,” while an additional 29% reported this support was available “most of the time.” Similarly, nearly half of clients reported having someone to confide in about personal problems (49%) and

someone who could provide good advice during a crisis (47%) “all of the time.” Clients also frequently reported having access to informational support, including someone to help them understand situations (42%), provide suggestions for dealing with personal problems (36%), and offer advice they valued (41%).

Clients generally reported strong perceptions of emotional understanding and companionship as well. Approximately 39% indicated they had someone who understood their problems “all of the time,” and 44% reported having someone to engage in activities with to help take their mind off things. These findings demonstrate that many clients perceived meaningful emotional connection and supportive interpersonal relationships within their lives.

Although overall levels of support were high, a smaller proportion of clients reported limited access to deeper or more vulnerable forms of support. For example, 27% reported only “some of the time” having someone to share their most private worries and fears with, and a small number of clients reported having this type of support “none” or “a little of the time.” This pattern may suggest that while general emotional and informational support was widely available, more intimate or deeply personal forms of support may remain less accessible for some clients.

When examining the social support scores, 22% of participants reported moderate emotional and informational support (scores ranging from 55-73) while majority (78%) reported high support (scores ranging from 75-100). Please note, two participants had missing data in which their scores could not be calculated and were not included in overall analysis.

Collectively, these findings indicate that clients connected with licensed professionals through the Head to Heart program generally perceived strong emotional and informational support networks, particularly related to listening, guidance, and understanding. At the same time, the results highlight opportunities to further strengthen spaces for trust, vulnerability, and deeper interpersonal connection among clients.

**Table 2. Emotional/informational social support reported by clients**

<b>Survey Items</b>	<b>None of the time N (%)</b>	<b>A little of the time N (%)</b>	<b>Some of the time N (%)</b>	<b>Most of the time N (%)</b>	<b>All of the time N (%)</b>
Someone you can count on to listen to you when you need to talk.	--	--	11 (19)	17 (29)	31 (52)
Somone to give you information to help you understand a situation.	--	--	9 (15)	25 (42)	25 (42)
Someone to give you good advice about a crisis.	--	--	7 (12)	24 (41)	28 (47)
Someone to confide in or talk to about yourself or your problems.	--	--	11 (19)	19 (32)	29 (49)
Someone whose advice you really want.	--	--	11 (19)	24 (41)	24 (41)
Someone to share your most private worries and fears with.	2 (3)	2 (3)	16 (27)	17 (29)	22 (37)
Somone to turn to for suggestions about how to deal with a personal problem.	--	2 (3)	13 (22)	23 (39)	21 (36)
Someone who understands your problems.	1 (2)	2 (3)	14 (24)	19 (32)	23 (39)
Someone to do things with to help you get your mind off things.	3 (5)	2 (3)	11 (19)	17 (29)	26 (44)

\*N = the number of clients who selected response choice  
59 cases included; 2 missing cases

Findings from the regression analyses suggest that access-related and socioeconomic factors may play an important role in how clients experience emotional and informational social support (See Tables 4 and 5). Table 4 provides a plain language summary of the regression results to support accessibility and interpretation for broad audiences. Table 5 is also included to provide a more detailed statistical summary of the regression models, which may be useful for future funding opportunities, grant reporting, and audiences seeking a more technical presentation of the findings.

Across both models, health insurance status was consistently associated with higher levels of perceived emotional and informational support. Clients with health insurance reported greater feelings of having someone to talk to, seek advice from, or rely on for emotional support compared with clients without insurance. These findings may reflect the broader role that access to care and supportive systems can play in helping individuals stay connected to resources, services, and trusted support networks.

The first model, which included demographic factors such as age, gender, income, and health insurance status, approached statistical significance overall ( $p=.053$ ), suggesting that these factors together explained a small portion of differences in perceived support among clients. However, the second model, which focused specifically on household income and health insurance status, was statistically significant ( $p=.043$ ) and provided a clearer understanding of the factors most closely associated with emotional and informational support in this survey sample.

Household income demonstrated an inverse relationship with emotional and informational social support, meaning clients with higher reported incomes tended to report slightly lower levels of perceived support. While this finding may initially appear unexpected, it highlights that emotional support and connectedness are influenced by more than financial resources alone. Strong community relationships, trusted social networks, and opportunities for meaningful connections may also shape how individuals experience support in their daily lives.

Age and gender were not significantly associated with emotional and informational social support in this survey sample. This suggests that broader structural and access-related factors may have had a stronger influence on perceived support among clients than demographic factors alone. Please note, a third model was analyzed including mental health resources utilization (I used the mental health resources given to me by my licensed professional), but no statistically significant relationship between social support and mental health resources utilization.

**Table 4. Factors related to emotional and informational social support among clients**

<b>Factor Examined</b>	<b>What We Found in Model 1</b>	<b>What We Found in Model 2</b>	<b>What This Means</b>
Health insurance	Clients with health insurance reported higher emotional and informational support.	Clients with health insurance continued to report higher support.	Having health insurance may help clients stay connected to care, resources, and supportive networks.
Household income	Income showed a slight relationship with support, but it was not statistically significant in Model 1.	Higher income was associated with slightly lower emotional and informational support.	Emotional support may be influenced more by relationships, community connection, and trusted support systems than income alone.

**Table 4. Factors related to emotional and informational social support among clients**

Factor Examined	What We Found in Model 1	What We Found in Model 2	What This Means
Age	No meaningful relationship with emotional/informational support was found.	Not included in Model 2.	Emotional support levels were generally similar across age groups in this sample.
Gender	No meaningful relationship with emotional/informational support was found.	Not included in Model 2.	Perceived emotional support did not appear to differ substantially by gender in this sample.
Overall findings	The model approached statistical significance and explained a modest portion of differences in support levels among clients.	The simplified model was statistically significant and provided a clearer understanding of factors related to support.	Access to care and broader social connectedness may play an important role in emotional and informational support among Head to Heart clients.

**Table 5. Regression model summary**

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	F	p-value
Model 1	0.396	0.157	0.094	2.505	.053
Model 2	0.326	0.106	0.075	3.337	.043*

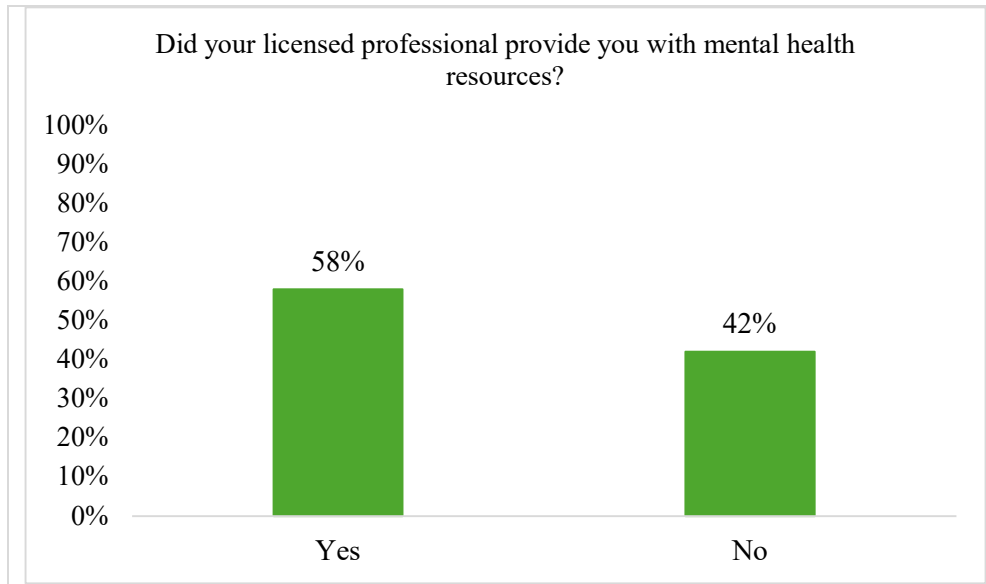
\* = statistically significant

Overall, the findings underscore the importance of strengthening pathways to care, supportive services, and trusted community relationships as an important training aspect for licensed professionals enrolled in the Head to Heart program. The results further suggest that emotional and informational support may be closely tied to clients’ ability to access systems of care and remain connected to supportive individuals and community-based resources.

**Mental health resources.** After licensed professionals engaged clients in Mental Health First Aid conversations, they provided mental health resources developed by TWP that clients could access by scanning a QR code. During the evaluation period, the QR code linking clients to these mental health resources was scanned a total of 81 times with 36 of the 81 scans being unique. This implies ongoing interest in and engagement with the supportive materials provided through the program.

In the survey, when asked whether their licensed professional provided mental health resources to them, over half of clients (58%) reported they received resources. However, 42% of clients (25) did not receive resources.

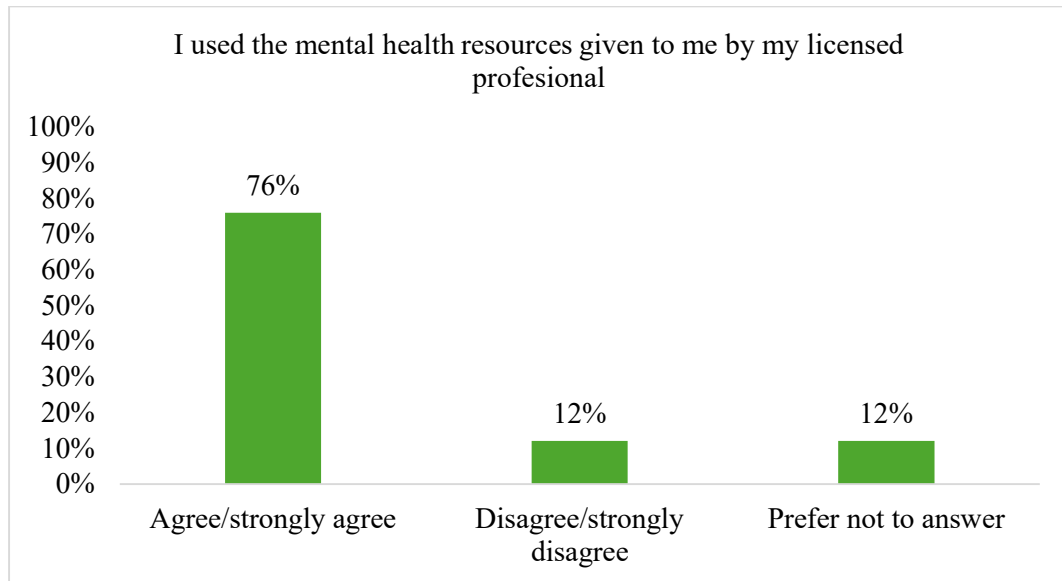
*Figure 3. Mental health resources distribution*



Of the 34 clients who were provided with mental health resources, they were asked an open-ended question to capture the types of mental health resources provided by their licensed professional (What resources did your licensed professional give you?). There was a mix of resources distributed to clients, but clients reported receiving the following from their licensed professionals: packet of mental health resources (11), mental health hotline (5), a list of local mental health providers (5), suggested therapy – individual or group (2), journaling about feelings (2), body care (1), online sources (1), or a combination of resources (7).

Most clients strongly agreed (23%) or agreed (53%) that they used the mental health resources/materials given to them by their licensed professional. However, 12% of clients preferred not to answer the question, and only one (1) client strongly disagreed with using the mental health resources provided to them. The client who reported not using the mental health resources was asked why, and the client stated, *I was not in need of them.* When the additional follow up question was asked whether the client thought they would use the mental health resources within the next three months, the client again responded that they would not use the resources within the next 3 months. The client stated, *I do not plan to need to use it.* All other clients who reported using the mental health resources (31 clients) strongly agreed or agreed that the resources were helpful (91%) while some clients (9%) preferred not to answer.

Figure 4. Mental health resources utilization



### Limitations

Several limitations should be considered:

- The analyses were based on self-reported survey data, which may be influenced by recall bias, social desirability bias, or clients’ comfort with disclosing personal experiences.
- The sample size was relatively small, which may have limited statistical power and reduced the ability to detect smaller relationships between variables such as mental health resource utilization and social support.
- The cross-sectional nature of the data limits the ability to determine causality or assess changes in outcomes over time.
- The regression models explained only a small proportion of the variance in emotional and informational social support, suggesting that additional individual, community, and structural factors not included in the analyses may also influence client experiences.
- Since the survey data focused on clients connected with licensed professionals enrolled in the Head to Heart program, findings may not be generalizable to broader populations or community settings.

### Results: Interviews

A total of 12 interviews were conducted with 1 male and 11 female licensed professional.

Five themes emerged: 1) increased awareness of mental health, 2) client interaction, 3) difficult conversations, 4) applied practice as a meaningful program component, and 5) recommendations. For a list of supporting quotes by theme, see Table 6.

**Increased awareness of mental health.** Licensed professionals who participated in the Head to Heart program frequently described the training as increasing their awareness, empathy, and sensitivity toward the mental health experiences of others. Licensed professionals reflected on becoming more intentional in recognizing signs of emotional distress and more thoughtful in how they engage with individuals experiencing stress, anxiety, or other life challenges. One licensed professional shared, *It has given me more awareness... more like a sensitivity or a compassion for other people and what other people are going through.*

Several licensed professionals also described how the program strengthened their ability to recognize when someone may need additional emotional support, even within settings where mental health conversations are not always expected. One licensed professional explained, *If I am encountering someone that just seems anxious or is having a hard time calming down, then there is usually more probing questions, like, hey, are you okay?* Others emphasized that the experience helped them become more mindful of the wide range of personal struggles individuals may be carrying, with one licensed professional stating, *everybody goes through different issues.*

Licensed professionals further described the training as rewarding because it equipped them with practical knowledge and resources to better support others. One licensed professional noted that the program *helped ease people in [the] right direction using the right resources.* The program helped increase mental health awareness while also strengthening licensed professionals' confidence in recognizing emotional needs and responding with empathy and support.

**Client interaction.** Licensed professionals consistently described the Head to Heart program as helpful in improving how they communicate and interact with clients. Many licensed professionals explained that the training helped them move beyond general conversations and become more intentional in how they approach sensitive topics related to emotional wellness and mental health. One licensed professional shared, *it helped me kind of navigate more with the steps that were given versus just kind of like talking and not really knowing where I was going with it.*

Licensed professionals also emphasized that the training improved their communication skills and increased their confidence in discussing difficult topics with clients. One licensed professional explained that *my communication is better with clients now. I can now approach conversations with my client differently compared to what I used to do.* Others described becoming more direct, intentional, and compassionate in their conversations. For example, one licensed professional stated that the program *helped me to find different words to approach my clients about certain things, not the same generic words of conversation.*

Several licensed professionals highlighted the importance of the practical resources provided through the program. Licensed professionals described feeling more prepared to connect individuals to support services when concerns arose. One licensed professional shared, *before now, I was comfortable talking with people about what they were going through, but I did not have specific resources to offer beyond simply listening. Now, I have access to a list of resources that I can share.* Another licensed professional reflected on how the training increased awareness around recognizing warning signs and emotional distress, explaining that the program helped them understand *what to look out for and what not to look out for in-terms of body language.*

Licensed professionals also described increased compassion and reduced judgment in their interactions with clients. A doula licensed professional explained, *the program gave me the opportunity to digest the problem before reacting... [it] greatly helped me to listen to her before reacting.* The Head to Heart program strengthened licensed professionals' communication skills, increased confidence in supporting clients, and improved their ability to connect individuals with appropriate mental health resources and support systems.

**Difficult conversations.** Licensed professionals described the Head to Heart program as particularly valuable in helping them navigate difficult conversations with greater empathy, confidence, and intentionality. Licensed professionals frequently discussed learning how to slow down, listen more carefully, and create supportive spaces where clients felt comfortable sharing personal experiences and emotional concerns. One licensed professional reflected, *sometimes people just need a listening ear... sit with them and listen and have compassion.*

Many licensed professionals explained that the training provided practical strategies for responding to emotionally sensitive situations. One licensed professional stated, *the program gave me more of a background on what I can do for each situation instead of giving broad advice*. Others emphasized becoming more intentional in their communication by asking thoughtful questions, maintaining eye contact, and allowing clients space to guide conversations at their own pace. As one licensed professional shared, *just kind of question a little bit more... asking them how they feel... sometimes just simply listening*.

Licensed professionals also highlighted the importance of having access to referral resources and crisis support information following the training. One licensed professional explained, *before I could talk to people but didn't have resources... now we have a list of resources we can give people*. Another licensed professional described feeling more comfortable encouraging clients to seek professional support when needed, stating, *I recommended she talk to her provider about what she's experiencing... providing a little support and encouraging them to seek help*.

Several licensed professionals also described the importance of creating safe, non-judgmental environments where clients could openly express themselves. One licensed professional shared, *it became more like an open space which has been very comfortable for my client*. Others emphasized allowing clients to lead conversations and avoid imposing personal opinions during emotionally vulnerable moments. The Head to Heart program strengthened licensed professionals' ability to engage in difficult conversations with empathy, active listening, and increased confidence in connecting individuals to additional support when needed.

**Applied practice as a meaningful program component.** Licensed professionals consistently described the applied practice and interactive training components as one of the most meaningful aspects of the Head to Heart program. Many licensed professionals emphasized the value of open dialogue, shared lived experiences, and opportunities to reflect on their own personal and professional experiences in a supportive environment. One licensed professional shared, *I liked how she opened the door to her lived experience knowing you are not the first and last person to go through that*.

Licensed professionals frequently described the training environment as engaging, validating, and emotionally safe. Several licensed professionals appreciated the openness and transparency demonstrated throughout the sessions. One licensed professional stated, *she allowed a space for us to be vulnerable and to talk so we could learn the techniques that she was teaching*. Another licensed professional reflected on the importance of feeling heard and included during discussions, explaining that the session was *very engaging* and that facilitators did *a really good job of making sure that everybody was included [and] everyone's input was heard*.

Licensed professionals also highlighted the importance of self-care and personal reflection throughout the training process. One licensed professional shared, *making sure that my cup is filled, I am taking care of myself in order to be able to take care of others... that really I took in heavily*. Others described how the training validated past experiences and created opportunities for healing and reflection. One licensed professional reflected on sharing a difficult experience from many years earlier and stated that having the opportunity to discuss it in a safe environment *gave me a little comfort*.

Overall, licensed professionals described the applied practice component as meaningful because it combined practical mental health education with authentic conversation, reflection, and shared community experiences. Creating safe and supportive learning environments may strengthen engagement, vulnerability, and confidence in applying mental health support skills in real-world settings.

**Recommendations.** Licensed professionals who completed the Head to Heart program overwhelmingly recommended continuing and expanding the program because of its perceived value in increasing mental health awareness, improving communication skills, and helping them feel more prepared to support clients experiencing emotional distress. Licensed professionals consistently described the program as meaningful for both their professional and personal growth. As one professional shared, *it just gives me a deeper awareness for other people where I didn't have that awareness before... more of a compassion for people as well.*

Many licensed professionals expressed that the program helped normalize conversations about mental health and reduced stigma surrounding emotional wellness, particularly within communities where mental health has historically not been openly discussed. One professional explained, *mental health has not been talked about... when we were growing up, it was pushed down because people believe it was not real... I think everybody could use this training.* Another professional highlighted the importance of community awareness, stating, *there is need for more awareness of mental health so that they know there is a community they can lean on.*

Professionals also described how the program strengthened their ability to engage clients in supportive and meaningful conversations. Several noted that while they previously felt comfortable listening to others, the training provided practical tools, language, and referral resources that increased their confidence in responding to mental health concerns. One professional stated, *before I could talk to people but didn't have resources... now we have a list of resources we can give people... I'm more comfortable saying 'this is somewhere you can go to get help.'* Similarly, another professional shared that the training *helped me kind of navigate more with the steps that were given versus just kind of like talking and not really knowing where I was going with it.*

Licensed professionals further emphasized that the training could benefit a wide range of community members beyond the service professional setting. Professionals recommend expanding access to business owners, parents, young professionals, and community members more broadly. One professional shared, *I think it's something that is really beneficiary to anybody who owns a business, but also to anybody in the general population.* Another professional suggested introducing mental health education earlier in life, stating, *personally, I think this should be taught in high school.*

Although feedback about the program was overwhelmingly positive, professionals also identified opportunities to strengthen future trainings. Some professionals recommended incorporating more in-depth scenario-based activities to help professionals practice responding to difficult situations in real time. Others suggested that adjustments to the length and pacing of the training day may improve engagement and reduce fatigue.

Overall, professionals viewed the Head to Heart program as a valuable community-based mental health initiative that increased awareness, strengthened supportive communication skills, and expanded access to practical mental health resources. One professional summarized the broader impact of the program by stating *what I really feel like I've overall taken from it was the ability to help myself. And from that, others will always benefit.*

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
Increased awareness of mental health	<p><i>Well, I guess it has given me more awareness, for sure. More like a sensitivity or a compassion for other people and what other people are going through.</i></p> <p><i>My experience is a great experience. Everybody goes through different issues.</i></p> <p><i>Well, I'm one of those people that others tend to gravitate to and feel comfortable talking to. So, I do get a lot of people who open up about some of their issues that they are going through at the moment. I am very comfortable before I even start the class talking to people about whatever they are going through and also sharing my story as well with others. So, I would say I have had a pretty good experience and a lengthy experience. People have been comfortable with me since young adulthood, like people just open up for some reason</i></p> <p><i>I guess I have more encounters... In greeting, the services that I offer, there's not a lot of talking during that time. But if I am encountering someone that just seems like anxious or is having a hard time calming down, then there is usually more probing questions, like, hey, are you OK, or what's going on? And that is normally where I get a little more information about what's happening in their life, or stressors, or whatever the case might be.</i></p> <p><i>The experience is rewarding. It helped ease people in right direction using the right resources.</i></p> <p><i>I do not have any significance experience</i></p> <p><i>I do not have experience because I have not set up my office because my son just moved.</i></p> <p><i>My services does not require lots of talking but I try to encourage someone who is anxious or going through some emotional issues</i></p>
Client interaction	<p><i>Oh, very helpful. It just opened my eyes to what a lot of people are going through.</i></p> <p><i>It was very helpful. I found that it helped me kind of navigate more with the steps that were given versus just kind of like talking and not really knowing where I was going with it.</i></p> <p><i>It was helpful to me. It helped me to find different words to approach my clients about certain things, not the same generic words of conversation. So sometimes being with people, we kind of beat around the bush when talking versus being comfortable and direct. So that has greatly helped a little bit.</i></p> <p><i>Oh, I think it was extremely helpful.. I think it was a really, really amazing learning opportunity. Again, it's like the awareness that I</i></p>

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
	<p><i>gained of different things from stigmas to recognizing different levels of what struggling mental health looks like.</i></p> <p><i>Amazing. My communication is better with clients now. I can now approach conversations with my client differently compared to what I used to do.</i></p> <p><i>The program was very helpful helping me to know what to look out for and what not to look out for in-terms of body language.</i></p> <p><i>I do not know how to approach someone who wants to take their life but now, the program has helped me interact with people of such.</i></p> <p><i>It was very helpful. It helped me not to judge people especially when meeting them for the first time. The program gave me the opportunity to digest the problem before reacting. For example, one of my women who got pregnant without planning for it. The program has greatly helped me to listen to her before reacting.</i></p> <p><i>I believe it will be very helpful. Although I haven't had the opportunity to fully utilize it yet, the program has already strengthened my approach. Before now, I was comfortable talking with people about what they were going through, but I did not have specific resources to offer beyond simply listening. Now, I have access to a list of resources that I can share, which makes me more confident in guiding clients toward additional support when needed.</i></p> <p><i>I am very observant. The program gave me some knowledge to keep up with clients as other times before joining the program.</i></p> <p><i>It was very helpful. I have client who came in to talk about grief.</i></p> <p><i>The program has given me in-depth knowledge information and conversation with my client using the resources discussed (exercise) during the program like letting them know when to relax and also telling them that they have someone in their corner that they can confide in.</i></p> <p><i>It is raising awareness as we are talking to our clients. It is very supportive and I will recommend this program for everybody.</i></p>
<p>Difficult conversations</p>	<p><i>Just having more compassion, more empathy... understanding that people are going through some really hard times... sometimes people just need a listening ear... sit with them and listen and have compassion.</i></p> <p><i>I have been able to manage the hard conversations a little bit easier... the program gave me more of a background on what I can do for each situation instead of giving broad advice.</i></p> <p><i>I pause... make sure I can lift my hand up and make eye conversation... pause the work for a little bit so I can look them in the eyes.</i></p>

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
	<p><i>Just kind of question a little bit more... asking them how they feel... sometimes just simply listening... ask if they have seen a counselor.</i></p> <p><i>Before I could talk to people but didn't have resources... now we have a list of resources we can give people... I'm more comfortable saying 'this is somewhere you can go to get help.'</i></p> <p><i>I share my vulnerability first... if I know they are having a tough time I share something vulnerable so they can open up to me</i></p> <p><i>The training helped me know how to respond better if someone opens up and says they are having a hard time... now I have resources I can share with them.</i></p> <p><i>It has been very helpful and better. It became more like an open space which has been very comfortable for my client.</i></p> <p><i>I had a client who opened up on her health condition, and I was there listening to her and comfort her.</i></p> <p><i>Letting them guide instead of listening to my opinions because some people want safe space to decompress</i></p> <p><i>I used some skills to guide the conversation especially in uncomfortable situations.</i></p> <p><i>I have a lot of clients who has kids that I can relate with. The last situation has twins in which the partner is not involved, and I have been helping to create a safe space for her which has been very helpful</i></p> <p><i>I recommended she talk to her provider about what she's experiencing... providing a little support and encouraging them to seek help.</i></p> <p><i>I have not had any difficult conversation based on the work I do as a doula. My clients let me into their lives. I know everything about them. The head-to-heart training aligns that more and give me more information about it. I am an outgoing person, so, it is not difficult at all.</i></p> <p><i>A lot of my clients just come in, relax and get the work done. Our conversation is just around 'how are you, everything going well'?</i>  <i>A lot of my clients just come in, relax and get the work done. Our conversation is just around 'how are you, everything going well'? I do</i></p>

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
	<p><i>not have issues with my clients in having conversations, but I use the 988 resources for my friends when they call and need mental health assistance.</i></p>
<p>Applied Practice as meaningful program component</p>	<p><i>I like how she opened the door to her lived experience knowing you are not the first and last person to go through that.</i></p> <p><i>Well, because I'm a book reader, she had recommended some books. She recommended one by Oprah, What Happened to You? And I'm actually reading that right now because she recommended that.</i></p> <p><i>I think the most meaningful was, I believe it was like the triangle that she had explained and it was, the actions versus like maybe like the thing that happens after, and then just kind of a cycle that kind of happens. So I think that was a really great eye-opener that she explained through her session that she gave us.</i></p> <p><i>I would probably say how open she was. just with her situations and her experiences, with her leaning towards being a mental aid specialist.</i></p> <p><i>I think the focus on making sure that we are okay and able to support someone else, I have done that in the past quite often where I will put everyone else before me and then I am drained and then I need support and I didn't have it, I couldn't find support. Making sure that my cup is filled, I am taking care of myself in order to be able to take care of others. I think that is another part of the course that, especially with Ms. Elisha, that really I took in heavily, yeah.</i></p> <p><i>I liked that she was very open and transparent, and she allowed a space for us to be vulnerable and to talk so we could learn the techniques that she was teaching</i></p> <p><i>I don't really know. I feel like, I mean the entire, uh, section that she covered was pretty engaging. It was just pretty-- it was pretty, um... I don't know, it was just very engaging. I felt like she did a really good job of like, you know, making sure that everybody was included, everyone's, you know, input was kind of heard. And I feel like she did a good job of like just highlighting some of the major points that we had already gone over in class. I mean, I feel like it was all very, just very helpful. I don't have any one thing that stands out though, I'm sorry.</i></p> <p><i>I think that when, it wasn't just necessarily her individually, but when she opened it up to the floor to ask everyone about when a time was. That they may have experienced something, and everyone had like a small story and it was my turn and I took an opportunity to tell an instance where I had a situation. The situation I spoke about was something that happened like 22 years ago and just to have that validation in that setting. That is what I experienced at that time. Was not correct. It was with a medical provider. I think that was like I knew it was wrong. I knew all that.</i></p>

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
	<p><i>I knew all these years later, like I learned it was wrong, but to share it in that way and have the opportunity to do it and I guess a safe space. That gave me a little comfort, I suppose</i></p>
Recommendations	<p><i>Yes, I would recommend the program because mental health is not accessible as it should. Insurance does not cover it. Some don't like to go because they are biased. I encourage people to join because I have clients while others have family members who really need them.</i></p> <p><i>Yes, I would recommend the program because there is need for more awareness of mental health so that they know there is a community they can lean on.</i></p> <p><i>Yes, I will recommend others to participate so that they become aware of mental health, I like the fact that I got my Mental health first aid.</i></p> <p><i>Yes, I will recommend the program because everyone needs to be aware. It is a very great program.</i></p> <p><i>Oh, I would recommend it, for sure. Yeah. Yeah, it's definitely been helpful. Like I said, it just gives me a deeper awareness for other people where I didn't have that awareness before. It gives me an opportunity to put maybe a name on something that someone might be going through where I didn't have that before. And like I said, more of a compassion for people as well.</i></p> <p><i>Yes, I think it's a really great program for others to join and also to implement into their business, because we do see a lot of different clients and a lot of different backgrounds. So, I think it's something that is really beneficiary to anybody who owns a business, but also to anybody in the general population, I think, as well, too</i></p> <p><i>Yes, I actually have a few people who are interested in signing up with the program.</i></p> <p><i>Yes, I will recommend the program because like I said, it's a very good program. You know, I learned a few different things that I didn't know about. So, it was great to further my education on some of that or further my knowledge on a few of those things, because a few of those things I'm going through with myself today. So, just kind of to pinpoint whatever, you know, questions that you may have thought about and just didn't know the right answer to. I think the program is a great program for many.</i></p> <p><i>Yes, I think definitely people within my field, because again, especially in our community, mental health has not been talked about. It's starting to be now though, but when we were growing up, it was pushed down because people believe it was not real. It is something you don't talk</i></p>

**Table 6. Themes and supporting quotes from licensed professionals**

Theme	Quotes
	<p><i>about, you just push through. So, I think everybody could use this training. And I think also that's another part that you guys do, parents, like when they're having kids, before they have kids, I think that this training could be very, very beneficial so that that education starts at home and that support starts at home as well.</i></p> <p><i>Yes, because everybody needs help and everybody need awareness and everybody need to not be so mean because of other people's stuff, other people got stuff going on. Everybody don't need to take things personal either. So yes, I suggest that to everyone to participate.</i></p> <p><i>I definitely think that I would recommend this. If I could make any tweak, I think that it would be beneficial to really focus on the younger service providers, like the ones that are just getting into the industry because they don't have what we learn in our formal training, is that we get information that when you deal with certain situations you have to be aware you should report things, but I think that having this. In addition to. What we learn in the formal setting. I just think that the younger providers are not aware of how much information might be coming their way from their clients. And to just have that be a little bit, just a little bit more preparedness rather than you're thrown right into your job and you're doing the things that you want to do. And then you have this random weird conversation that you're not prepared for. Right. And being very young, you may not have any of those any of that information or ability to-- or know how to navigate that. Right. So that would be-- that would have been something that I would have liked to have earlier.</i></p> <p><i>Yes, I absolutely would recommend others. I think, like, for me, I came into this class just thinking like, oh, this is going to be an awesome way for me to help my clients if I'm ever in a position where I need to. I was looking at it like, oh, I get to help others. But what I really feel like I've overall taken from it was the ability to help myself. And from that, others will always benefit.</i></p>

**Recommendations**

The recommendations below are based on findings from both the client survey and interviews with licensed professionals who participated in the Head to Heart program. Evaluation results indicate that the program strengthened communication skills, increased awareness of mental health concerns, improved confidence in navigating difficult conversations, and expanded opportunities for clients to access mental health resources through trusted community relationships.

1. **Continue and expand the Head to Heart program within trusted community-based settings.** Both the survey and interview findings demonstrated that clients felt comfortable discussing personal situations with their licensed professionals and frequently viewed them as trusted sources of support. Licensed professionals also described increased confidence in initiating conversations related to

emotional wellbeing and connecting clients to resources. Expanding the program across additional community-facing businesses and services may help strengthen awareness of mental health, reduce stigma, and increase access to supportive conversations and referral pathways in settings where people already feel comfortable and connected.

2. **Strengthen resource navigation and referral support for clients.** Although over half of clients reported receiving mental health resources and most found the resources helpful, a substantial portion of clients did not report receiving resources during their interaction. Licensed professionals consistently expressed that having access to referral information and resource lists increased their confidence in supporting clients during difficult conversations. Future program efforts should continue strengthening resource navigation tools, referral guides, and locally relevant mental health resource lists to ensure professionals feel prepared to connect clients with appropriate support when needed.
3. **Continue emphasizing communication skills and relationship-centered approaches.** Interview findings demonstrated that licensed professionals highly valued learning practical communication strategies such as active listening, empathy, non-judgmental responses, and creating safe spaces for vulnerable conversations. Clients also reported high levels of emotional and informational social support, particularly related to having someone to listen to, provide advice, and offer understanding. Continuing to prioritize relationship-centered communication strategies may further strengthen trust and emotional connection between licensed professionals and clients.
4. **Expand opportunities for applied practice and scenario-based learning.** Licensed professionals consistently identified the applied practice component as one of the most meaningful aspects of the training. Participants emphasized that realistic discussions, shared lived experiences, and opportunities to practice difficult conversations helped increase their confidence in responding to emotionally sensitive situations. Future trainings may benefit from incorporating additional scenario-based exercises, role-playing activities, and guided discussions that reflect real-world situations professionals may encounter within their work environments.
5. **Maintain culturally responsive facilitation and safe learning environments.** Licensed professionals frequently described the culturally responsive and interactive nature of the training as a major strength of the program. Professionals valued facilitators who incorporated authenticity, lived experience, openness, and vulnerability into the learning process. Continuing to prioritize culturally responsive facilitation may help foster trust, engagement, validation, and emotional safety among future cohorts.
6. **Consider follow-up or booster sessions after training completion.** Several licensed professionals expressed interest in ongoing opportunities to reconnect, refresh skills, and discussed how they are applying the training in practice. Follow-up sessions may help reinforce knowledge retention, strengthen peer support networks, and provide professionals with additional opportunities to solve challenges encountered while supporting clients in real-world settings.
7. **Continue building peer support and networking opportunities among licensed professionals.** Both current and past cohort engagement opportunities may help strengthen long-term community connections among professionals participating in the program. Creating intentional opportunities for professionals to share experiences, strategies, and lessons learned may further strengthen confidence, accountability, and collective support among participants serving as mental health advocates within their communities.
8. **Consider strategies to improve accessibility and participation in future cohorts.** Some licensed professionals noted that full-day training sessions may be mentally or physically draining for certain individuals. Exploring flexible scheduling options, shorter learning sessions, hybrid delivery formats, or additional breaks throughout training days may improve accessibility, participation, and sustained engagement across diverse groups of professionals.

## Conclusion

The findings from this outcome evaluation signify that the Head to Heart program serves as a meaningful community-based approach to increasing mental health awareness, strengthening supportive communication skills, and expanding access to mental health resources through trusted community relationships. Across both the client surveys and interviews with licensed professionals, the findings consistently demonstrated the importance of trusted interpersonal connections in supporting emotional wellbeing and facilitating conversations surrounding mental health.

Clients overwhelmingly reported feeling comfortable discussing personal situations with their licensed professionals and described having strong emotional and informational support networks. Licensed professionals similarly reported increased awareness, empathy, confidence, and preparedness in engaging clients in conversations related to emotional wellbeing, stress, grief, and difficult life situations. Importantly, licensed professionals emphasized that the training provided practical tools, language, and referral resources that strengthened their ability to move beyond simply listening to clients and toward helping connect them with supportive services and additional care when needed.

The findings also reinforce the importance of community-based businesses and services as trusted environments where conversations about mental health may occur naturally. Licensed professionals described the program as helping create more open, supportive, and non-judgmental interactions with clients, while clients frequently reported feeling heard, understood, and emotionally supported. These findings demonstrate that community-centered mental health initiatives such as Head to Heart may help strengthen pathways to care, reduce stigma, and expand opportunities for early support and resource connection within communities.

Simultaneously, the evaluation findings highlight several opportunities for continued program growth and future evaluation efforts. Although many clients reported strong emotional and informational support, some clients reported lower levels of deeper or more vulnerable forms of support, suggesting the continued importance of strengthening trust-building and connection within community settings. Additionally, while most clients who received mental health resources found them helpful, not all clients reported receiving resources, highlighting opportunities to strengthen consistency in resource distribution and referral practices across licensed professionals.

Future evaluations of the Head to Heart program may benefit from larger sample sizes, longitudinal follow-up with clients and professionals, and expanded measures assessing changes in help-seeking behaviors, resource utilization, mental health knowledge, and community connectedness over time. Additional evaluation efforts may also help better understand how different types of licensed professionals implement the training within their specific practice settings and how culturally responsive community-based approaches influence trust, engagement, and access to care.

Overall, the findings determine that the Head to Heart program represents a promising and culturally responsive model for expanding mental health awareness and support through trusted community relationships. Continued investment in community-centered approaches such as Head to Heart may strengthen opportunities for connection, emotional support, and access to care among individuals who may otherwise experience barriers to traditional mental health services.

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## Appendices

### Appendix 1: Interview Questions

#### Head to Heart Evaluation Interview Questions

1. What has your experience been like as a mental health advocate?
2. How has the process been for sharing resources? Referring clients?
3. How deep are your conversations with clients regarding their personal issues or situations?
  - a. *[If not much interaction]* why do you believe you're not having deep conversations with your clients?
4. How helpful was the Head to Heart Program in interacting with clients?
  - a. How helpful was it in supporting your clients?
5. How prepared did you feel to talk with you clients after the training?
  - a. *[If they did not feel prepared]* Why do you feel this way?
6. How have you handled difficult conversations with your clients since participating in the Head to Heart training?
  - a. How was the conversation resolved?
  - b. What did you use from your training during this conversation if anything?
7. How often have you revisited the Mental Health First Aid training manual or other materials?
  - a. *[If they have rarely or never used the manual or other materials since training]* Why haven't you revisited the manual or other materials since the training?
8. How was the process promoting the survey to your clients?
  - a. What did you do to promote the survey?
  - b. What would you change about promoting the survey?
9. Which part of the Mental Health First Aid training did you culturally relate with the most?
10. A part of your training was also with a local mental health provider, Ms. Elisha Suttles. What part of her training was most meaningful to you?
11. What part of her training was least helpful?
12. What would you like to see differently in the training content?
13. Would you recommend others participate in this program? Why or why not?
14. Please recall you were paid for your time to participate in the training. How did you feel about the amount given to you?
  - a. Was the amount fair?
    - i. *[If not]* What would be a fair amount?
15. What other thoughts or recommendations would you like to share with me today?

Appendix 2: Client Survey – Online View (Screenshot of first page)

## Head to Heart Evaluation

### Thank you for taking this survey!

Your responses to the following questions will help us understand how to improve the Head To Heart program. We also want to better understand the communication between your licensed professional and you. Please answer the questions best as you can. There are no right or wrong answers.

\* 1. During your last visit, did you speak with your licensed professional about personal situations (e.g., family, children, relationships, etc.)?

No

Yes



Next

Appendix 2: Client Survey Items

**Head 2 Heart Program Survey**

**Directions:** Please answer the following questions. There are no right or wrong answers. We want to better understand the communication between your barber or stylist and you.

Mental Health Support

1. **During your last visit, did you speak with your barber/stylist about personal situations (e.g., family, children, relationships, etc.)?**  
0  No  
1  Yes
  
2. I felt comfortable discussing my personal situation(s) with my barber/stylist?  
1  Strongly disagree (**Skip to Question 3**)  
2  Disagree (**Skip to Question 3**)  
3  Agree (**Skip to Question 5**)  
4  Strongly agree (**Skip to Question 5**)  
97  Prefer not to answer (**Skip to Question 5**)
  
3. Why didn't you feel comfortable discussing your personal situation(s) with your barber/stylist?  
[OPEN ENDED QUESTION] \_\_\_\_\_
  
4. What would make you feel more comfortable discussing your personal situation(s) with your barber/stylist?  
[OPEN ENDED QUESTION] \_\_\_\_\_

Social Support

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Please answer these questions about your social support network:					
5. Someone you can count on to listen to you when you need to talk.	1	2	3	4	5
6. Someone to give you information to help you understand a situation.	1	2	3	4	5
7. Someone to give you good advice about a crisis.	1	2	3	4	5
8. Someone to confide in or talk to about yourself or your problems.	1	2	3	4	5
9. Someone whose advice you really want.	1	2	3	4	5
10. Someone to share your most private worries and fears with.	1	2	3	4	5
11. Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
12. Someone who understands your problems.	1	2	3	4	5
13. Someone to do things with to help you get your mind off things	1	2	3	4	5

Mental Health Resources

**14. Did your licensed professional provide you with mental health resources?**

No (**Skip to Question 24**)

Yes

**15. What resources did your licensed professional give you?**

[OPEN ENDED QUESTION] \_\_\_\_\_

**16. I used the mental health resources/materials given to me by my licensed professional.**

Strongly disagree

Disagree

Agree (**Skip to Question 21**)

Strongly agree (**Skip to Question 21**)

Prefer not to answer (**Skip to Question 21**)

**17. Why didn't you use the mental health resources/materials given to you by your licensed professional?**

[OPEN ENDED QUESTION] \_\_\_\_\_

**18. I plan to use the mental health resource/materials within the next 3 months.**

Strongly disagree (**Skip to Question 20**)

- <sub>2</sub> Disagree (**Skip to Question 20**)
- <sub>3</sub> Agree (**Skip to Question 24**)
- <sub>4</sub> Strongly agree (**Skip to Question 24**)
- <sub>97</sub> Prefer not to answer (**Skip to Question 24**)

**19. Please list the reason(s) why you do not plan to use the mental health resources/materials later?**

[OPEN ENDED QUESTIONS] \_\_\_\_\_

**20. The mental health resources/materials given to me by my licensed professional were helpful.**

- <sub>1</sub> Strongly disagree (**Skip to Question 22**)
- <sub>2</sub> Disagree (**Skip to Question 22**)
- <sub>3</sub> Agree (**Skip to Question 24**)
- <sub>4</sub> Strongly agree (**Skip to Question 24**)
- <sub>97</sub> Prefer not to answer (**Skip to Question 24**)

**21. Why weren't the resources helpful to you?**

[OPEN ENDED QUESTION] \_\_\_\_\_

**22. What resource(s)/materials would be helpful to receive?**

[OPEN ENDED QUESTION] \_\_\_\_\_

**23. Who did you receive services from on the date of your visit?**

[OPEN ENDED QUESTION] \_\_\_\_\_

Demographic Questions

**24. What is your age?** \_\_\_\_\_

- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know

**25. What is your gender?**

- <sub>1</sub> Male
- <sub>2</sub> Female
- <sub>3</sub> Transgender Female

- <sub>4</sub> Transgender Male
- <sub>5</sub> Non-Binary
- <sub>97</sub> Prefer not to answer

**26. What race do you most identify with? (CHECK ALL THAT APPLY)**

- <sub>1</sub> Black/African American
- <sub>2</sub> White
- <sub>3</sub> Asian/Pacific Islander
- <sub>5</sub> Two or more races
- <sub>6</sub> Native American/Alaska Native
- <sub>7</sub> Other (please specify) \_\_\_\_\_
- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know

**27. Are you Hispanic, Latino/a, or of Spanish origin?**

- <sub>0</sub> No
- <sub>1</sub> Yes, Mexican, Mexican American
- <sub>2</sub> Yes, Puerto Rican
- <sub>3</sub> Yes, Cuban
- <sub>4</sub> Yes, another Hispanic, Latino/a, or Spanish origin  
Please write answer (examples: Columbian, Dominican) \_\_\_\_\_
- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know

**28. What is your home zip code? \_\_\_\_\_**

- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know

**29. In 2024, what was your total family combined income before taxes for you and the family members you live with (e.g., wages, salaries, commissions, bonuses, tips, or self-employment)?**

- <sub>1</sub> Below \$25,000
- <sub>2</sub> \$25,000-\$49,999

- <sub>3</sub> \$50,000-\$74,999
- <sub>4</sub> \$75,000-\$99,999
- <sub>5</sub> \$100,000-\$124,999
- <sub>6</sub> \$125,000-\$149,999
- <sub>7</sub> \$150,000-\$174,999
- <sub>8</sub> \$175,000-\$199,999
- <sub>9</sub> \$200,000 or more
- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know

**30. Do you have health insurance?**

- <sub>0</sub> No
- <sub>1</sub> Yes
- <sub>97</sub> Prefer not to answer
- <sub>98</sub> Don't know