Mental Health Status & Service Utilization Among a Sample of Public Housing Residents:

Guidance for Public Housing Primary Care

National Center for Health in Public Housing

September 2020

NCHPH

Disclaimer

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Introduction

Residents of public housing are at risk for poorer health because of their low incomes compared to the general population. [1-2] However, there is limited evidence on rates of mental health conditions and substance use disorders among public housing residents.[3] Smaller scale studies, such as Shin et al.,[4] found higher rates of depression among elderly public housing residents while Digenis-Bury and colleagues found higher rates of depression in a cohort of public housing residents living in Boston.[5]

In 2017, the U.S. Department of Housing and Urban Development (HUD), in collaboration with the Centers for Disease Control and Prevention (CDC), released a report showing that adults that receive housing assistance are more likely to be in poor health and have higher rates of chronic conditions than the general adult population.[6] Findings on mental health revealed that HUD-assisted adults also had higher rates of serious psychological distress and distress with mental hardship compared to other adults.[7]

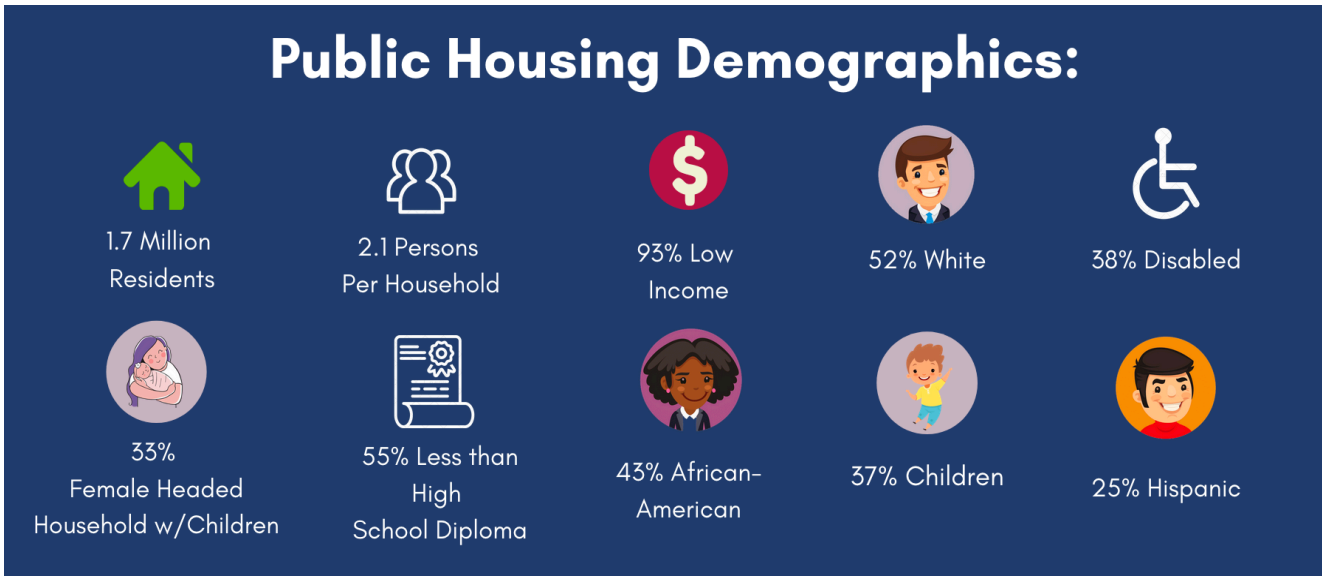
The report also compared the health of HUD-assisted adults with other low-income renters. Typically, a housing subsidy delivers health and economic benefits to low income adults.[8] However, for many of the indicators examined, there was a significant difference between adults that received housing assistance through HUD and their low-income counterparts. These findings indicate that there are other factors in addition to income that are shaping the mental health of public housing residents. These social, economic, and environmental factors are often referred to as the social determinants of health.

About National Center for Health in Public Housing

The mission of National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally-funded Public Housing Primary Care (PHPC) health centers and other health center grantees caring for public housing residents by providing training, technical assistance and research. The PHPC program is built on a foundation of collaboration between Health Centers, Public Housing Agencies, and residents. For more information visit:

https://nchph.org/training-and-technical-assistance/maps/

National Center for Health in Public Housing

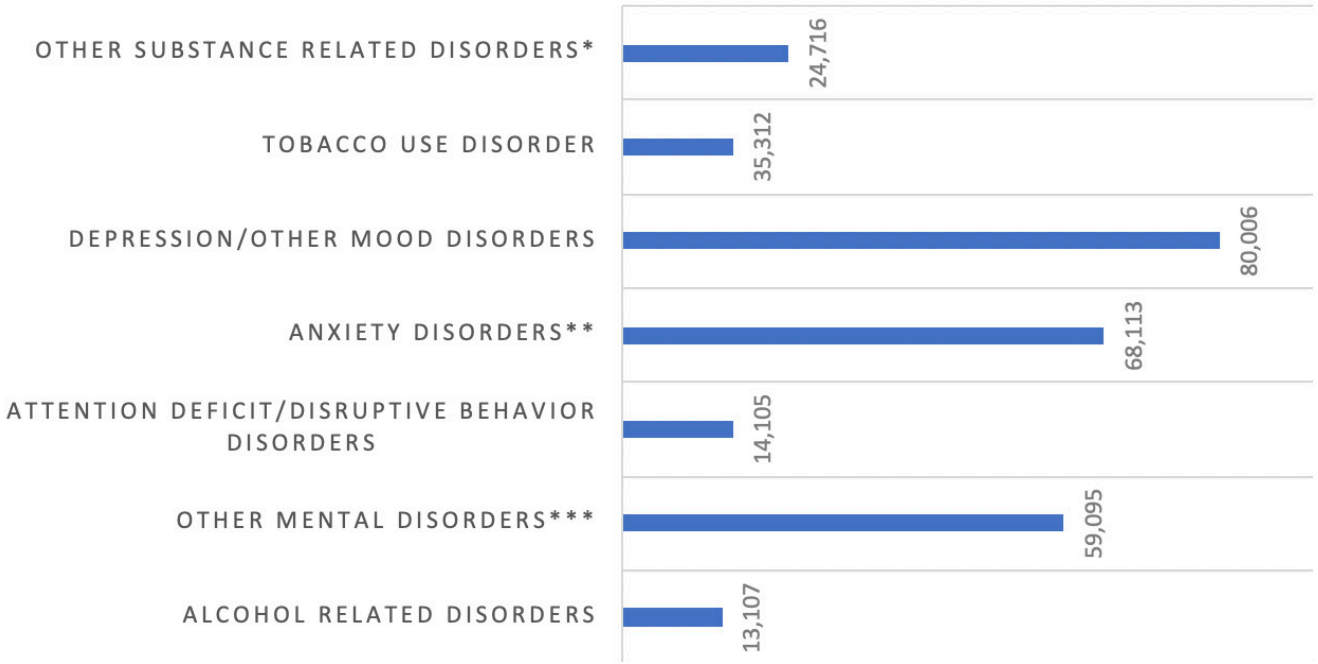


In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)

Access to and use of mental health and substance abuse disorder treatment is a challenge for all adults in the United States. According to the 2019 National Survey on Drug Use and Health, of the 17.7 million adults aged 18 or older in 2018 with depression, only 64.8% received treatment. Likewise, of the 21.2 million people aged 12 or older who needed substance use disorder treatment in the past year, only 11.1% received it. Studies for public housing residents show similar results. In an epidemiologic survey of seven public housing developments, 58% of seniors who needed mental health care had unmet needs.[1]

For health centers, these findings provide important information on the most pressing health needs for the public housing population. According to 2019 Uniform Data System (UDS), 108 Public Housing Primary Care (PHPC) Health Centers provided care to 856,191 individuals living in or immediately accessible to public housing. Approximately 9.34% of patients at PHPC health centers have depression and 7.95% have anxiety or PTSD.

FIGURE 1. SELECTED MENTAL HEALTH CONDITIONS & SUBSTANCE USE DISORDERS



**Excluding Tobacco-Use Related Disorders | **Including Post-Traumatic Stress Disorder (PTSD) | ***Excluding Drug or Alcohol Dependence*

However, there is still limited data on access, needs, and challenges for public housing residents specific to health centers. To address this gap in knowledge, NCHPH conducted an exploratory study that provides descriptive information on self-reported experiences of mental health and substance use by public housing residents. NCHPH developed and fielded a 31-item survey to public housing resident leaders in September 2018 and 2019 to identify the mental health and substance use issues facing public housing residents, the services used, and the challenges encountered in accessing those services. The instrument included:

- self-reported experiences of depression, anxiety, and substance use;
- use of medication, counseling, and doctor's visits for mental health and substance use disorders;
- the need for mental health or substance use information, treatment, and services;
- challenges in obtaining needed information;
- views on whether health centers are a good source of care for behavioral health needs.

This report will present findings from the study and offer recommendations on how health centers can improve access to behavioral services for public housing residents.

Methodology

Survey Instrument

NCHPH staff developed a 31-item survey that measured self-reported rates of depression and anxiety within the past year; use of mental health and substance abuse services; and information and service needs of public housing residents related to mental health and substance use. Participants were asked about use of medication, counseling, and doctor's visits with respect to mental health and substance use. They were also asked about the need for and access to informational and community resources on mental health and substance use. Demographic information was collected such as race, ethnicity, gender identity, employment status, marital status, receipt of government assistance, and health insurance. (See attached instrument.)

Data Collection

Study participants were recruited through convenience sampling, a method that provides an economically feasible strategy for exploratory research. Convenience sampling is a non-probability sampling strategy that involves engaging with participants that are easy to reach. Convenience sampling provides a practical approach to this pilot study because public housing residents are difficult to capture using random sampling methods. Public housing residents account for only 0.5% of the total U.S. population. Due to the small percentage of the population they represent, convenience sampling is more effective in cost and time than random sampling.

To maximize survey response rates and obtain a large enough sample for statistical power, we recruited participants at the National Alliance of Resident Services in Affordable and Assisted Housing (NAR-SAAH) conference in September 2018 and September 2019 . NAR-SAAH assists resident services employees and public housing residents by shaping national housing policy, expanding partnerships with community institutions, leveraging funding streams to support resident programs, and speaking on matters impacted by changing economic conditions and shifting government priorities. NCHPH worked with NAR-SAAH leadership to obtain permission to field the survey during their annual conference. NCHPH staff distributed and collected surveys from attendees in person. Interested individuals were screened to determine eligibility. In order to participate, individuals had to meet specific criteria: (1) at least 18 years old, (2) English-speaking, and (3) a public housing resident or affordable housing stakeholder. Participants were eligible to receive a nominal reward (a $100 gift card) for their participation in the study. The time commitment to complete the survey was approximately 15-20 minutes. The national conference typically draws anywhere from 200-500 attendees from all around the country. A total of 300 surveys were distributed.

Adult Groups Examined

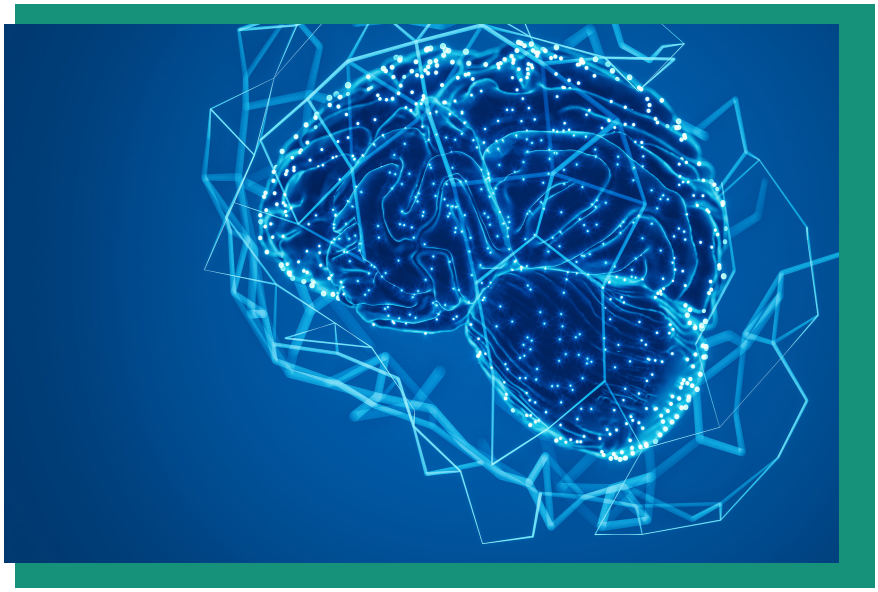
Attendees at the NAR-SAAH conference are either public housing resident leaders or affordable housing stakeholders and represent all states and regions in the country. Resident leaders hold leadership positions on resident advisory or tenant boards. They act as a liaison between residents and their local housing authority and are actively engaged in communicating resident issues, providing guidance and support through conflict resolution; and performing outreach activities. They are keenly aware of the needs and challenges of their fellow public housing residents. The affordable housing stakeholders present at NAR-SAAH are typically from housing or social service agencies serving public housing residents. While they may not be living directly in public housing developments, they often live in the same communities.

In order to assess differences in behavioral health status, access, utilization, and needs, we asked respondents to provide information on what types of public assistance they received. The choices included housing/rental assistance, utility assistance, food assistance, disability income, unemployment benefits. (See Survey Instrument in Appendix A Q 23.) Using that data, we stratified and compared three groups of adults: individuals receiving housing or rental assistance (Q23 answer included all individuals that marked housing or rental assistance); individuals receiving any form of government assistance (Q23 answer included any of the listed categories of assistance); and individuals that do not participate in any government assistance programs (Q23 answer included "none."). We included these three groups to analyze whether participation in any public assistance programs affected behavioral health as well as to explore if housing assistance alone was consistent with the affects seen in the other groups.

Individuals receiving housing or rental assistance- Survey respondents that answered affirmatively that they received housing or rental assistance were captured in this group.

Individuals receiving any public assistance- Survey respondents that answered affirmatively that they received housing or rental assistance, food assistance (Supplemental Nutrition Assistance Program or Women Infant and Children), utility assistance, disability income (SSI), or unemployment benefits were captured in this group.

Individuals that do not receive any public assistance- Survey respondents that answered affirmatively that they do not receive any government assistance were captured in this group.



Statistical Analysis

All surveys data were entered into an Excel database via SurveyMonkey and analyzed using descriptive statistics. Descriptive studies report summary data such as measures of central tendency including the percentage and correlation between variables. This descriptive study also employed methods of analyzing correlations between multiple variables by using Chi square test for statistical significance. The Excel CHITEST function uses the chi-square test to calculate the probability that the differences

between two supplied data sets (of observed and expected frequencies), are likely to be simply due to sampling error, or if they are likely to be real. In this study, we examined the differences observed between individuals receiving housing assistance, individuals receiving any public assistance, and individuals that do not receive any government assistance. The expected frequencies reflect the null hypothesis that receipt of public assistance did not affect any of the dependent variables, i.e. mental health status, use of mental health or substance use services, or needs.

Results

Demographic Characteristics

A total of 300 surveys were distributed and 160 surveys were completed, resulting in a 53% response rate. Of those that responded, 51.63% reported receiving housing or rental assistance, 74.5% reported receiving any type of public assistance (including housing/rental, utility, SSI, unemployment, or food assistance), and 25.49% reported that they were not receiving any governmental or public assistance.

*Table 1. Type of Government Assistance Received**

	Percent	Number
Housing/Rental	51.63%	79
Utility	7.19%	11
SSI	27.45%	42
Unemployment	0.65%	1
Food Stamps	47.71%	73
No Public Assistance	25.49%	39
Any Public Assistance	74.50%	114
Total*		160

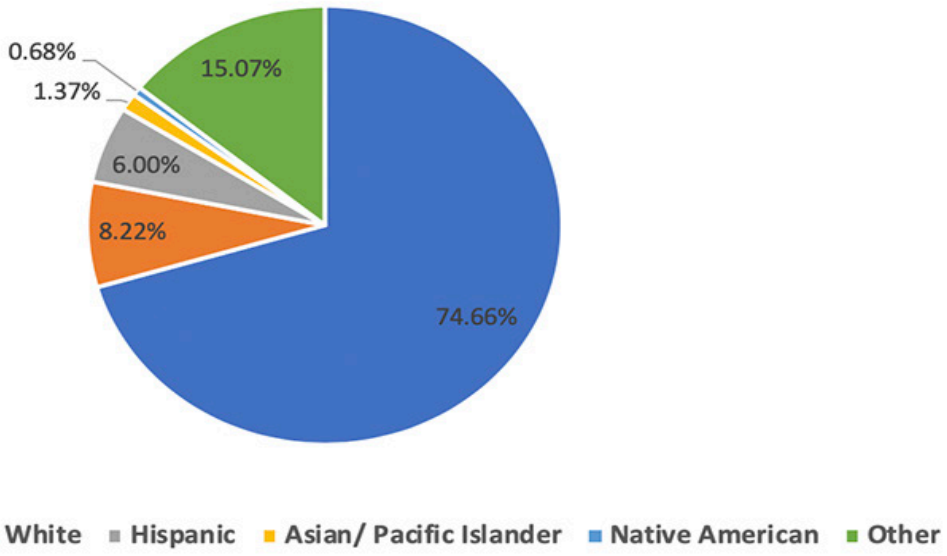
*Totals may exceed 100% because an individual may have participated in more than one public program.

Table 2. Racial and Ethnic Backgrounds of Respondents

	AFRICAN AMERICAN	WHITE	HISPANIC	ASIAN/ PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HOUSING/RENTAL	71.05%	6.58%	6.41%	2.63%	0.00%	19.74%
ANY PUBLIC ASSISTANCE	71.17%	8.11%	8.04%	1.80%	0.00%	18.92%
NO PUBLIC ASSISTANCE	85.71%	8.57%	0.00%	0.00%	2.86%	2.86%
TOTAL	74.66%	8.22%	6.00%	1.37%	0.68%	15.07

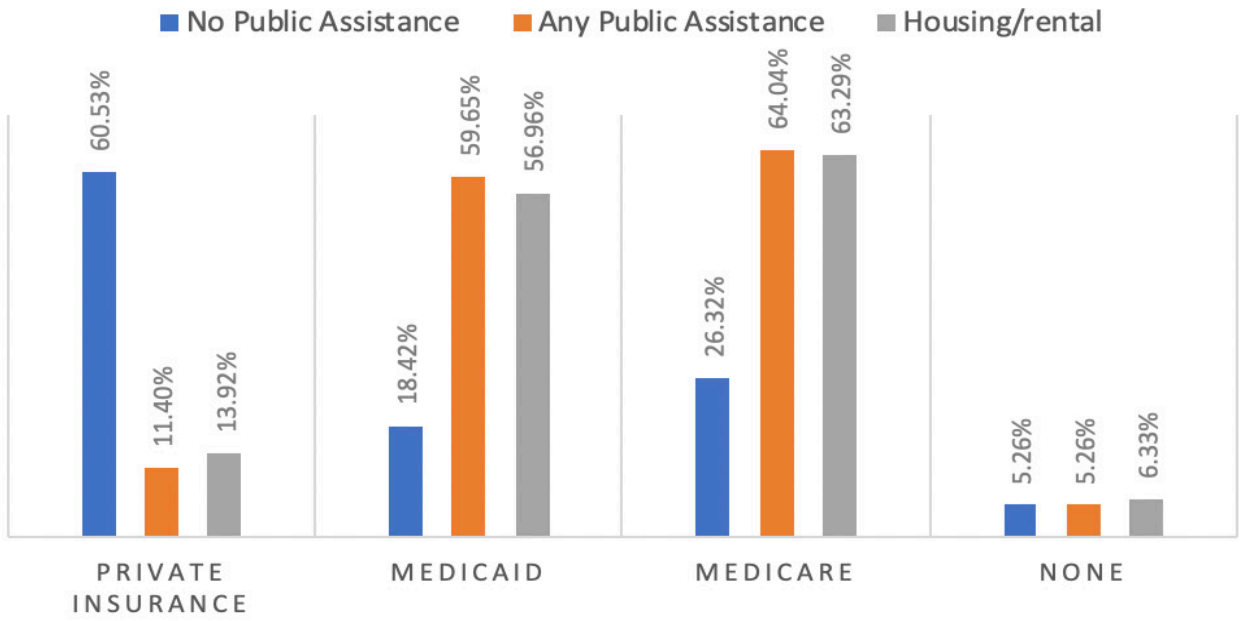
Most respondents to the survey were single, female, and heterosexual, regardless of adult group. Approximately 92.41% were heterosexual compared to 6.85% LGBTQ+. The racial background of individuals responding to the survey were similar across groups. The majority were African American (74.66%), followed by white (8.22%). However, while 6% of individuals receiving any type of public assistance were Hispanic, there were no Hispanics in the group that did not receive government assistance. Hispanics are under represented among the survey respondents when compared to HUD resident demographic data.

FIGURE 2. RACIAL AND ETHNIC BACKGROUND OF ALL SURVEY RESPONDENTS



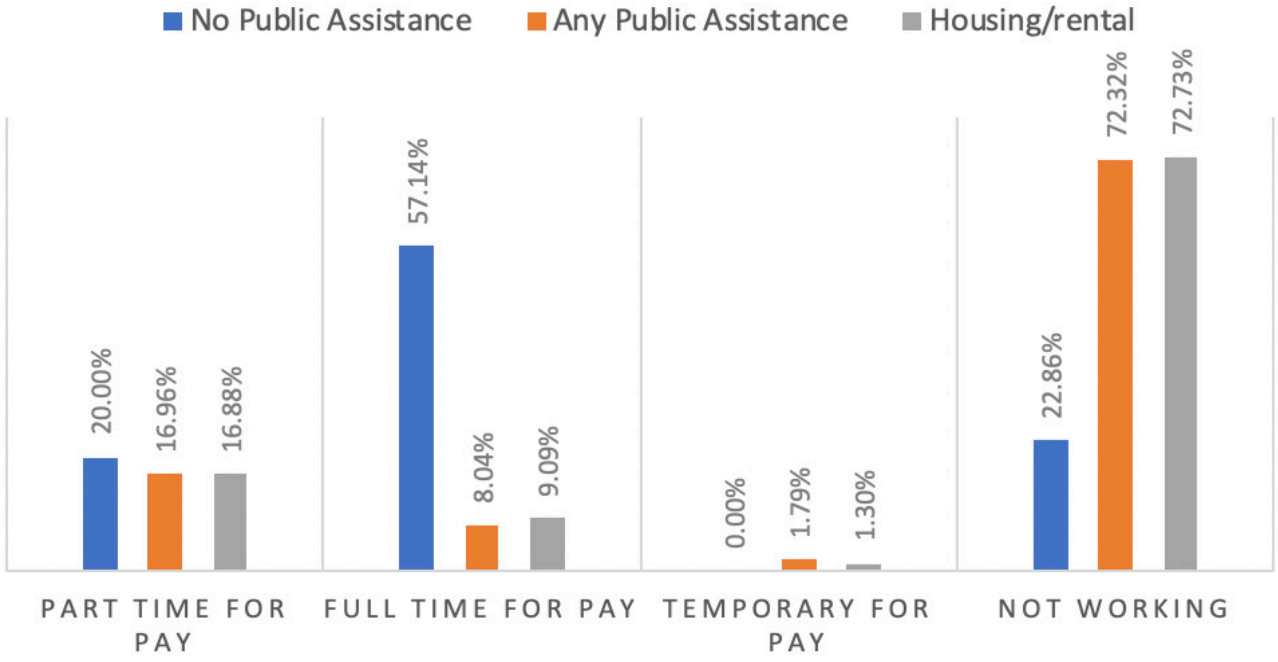
Individuals that reported receiving housing or rental assistance were also more likely to report participating in a public health insurance program, such as Medicaid or Medicare. Likewise, individuals reporting participation in other public programs were more likely to be enrolled in public insurance. Individuals that do not receive public assistance were more likely to report having private health insurance.

FIGURE 3. HEALTH INSURANCE

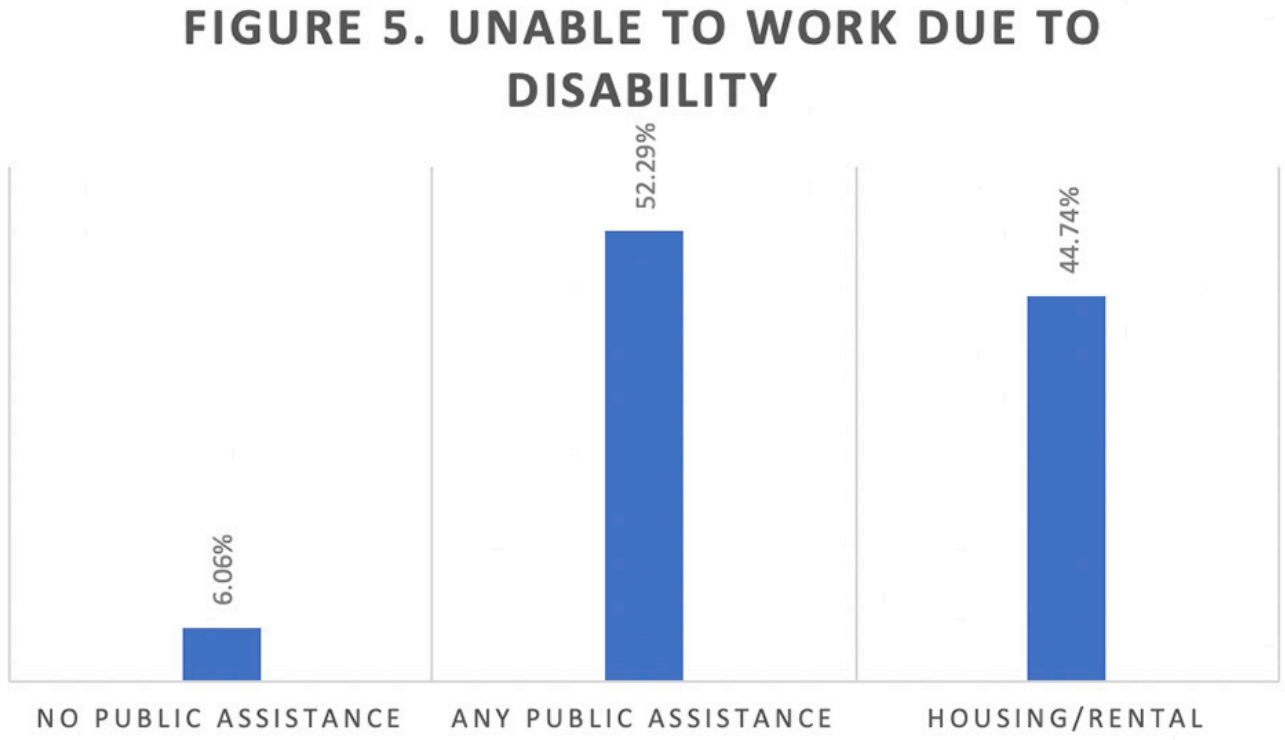


Most individuals receiving housing or rental assistance (72.73%) and those who receive any public assistance (72.32%) were unemployed, compared to 22.86% of individuals that do not receive public assistance. A small percentage of individuals receiving housing or rental assistance (9.09%) and individuals receiving any public assistance (8.04%) work full-time for pay compared to 57.14% of individuals that do not receive assistance.

FIGURE 4. EMPLOYMENT STATUS



Disability is a prominent challenge for those that report that they are unemployed. Nearly 45% of individuals receiving housing or rental assistance and 52.29% of those receiving any public assistance report that they are unable to work due to a disability, compared to only 6.06% of individuals that do not receive any assistance.



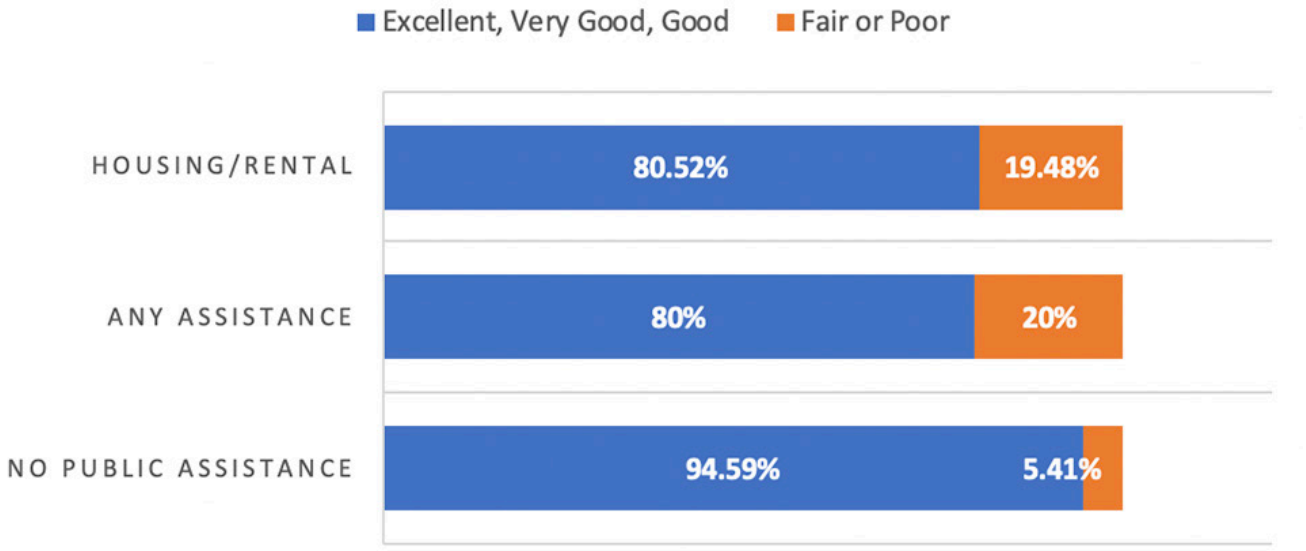
Mental Health

Individuals were asked a series of questions about their mental health over the past year, including their overall mental health status, as well as feelings of depression and anxiety, and whether those feelings interfered with their ability to complete regular activities. The questions were modified and adapted from the Kessler 6 scale, a self-reported scale that is used as a global measure of distress drawing from depressive and anxiety related symptomology. It was originally developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) who wished to obtain an accurate estimation of the prevalence of serious mental illness (SIM.) Since our survey was not intended to diagnose mental health conditions, questions were modified and language was adjusted while overall meaning and purpose was left intact.

Mental Health Status

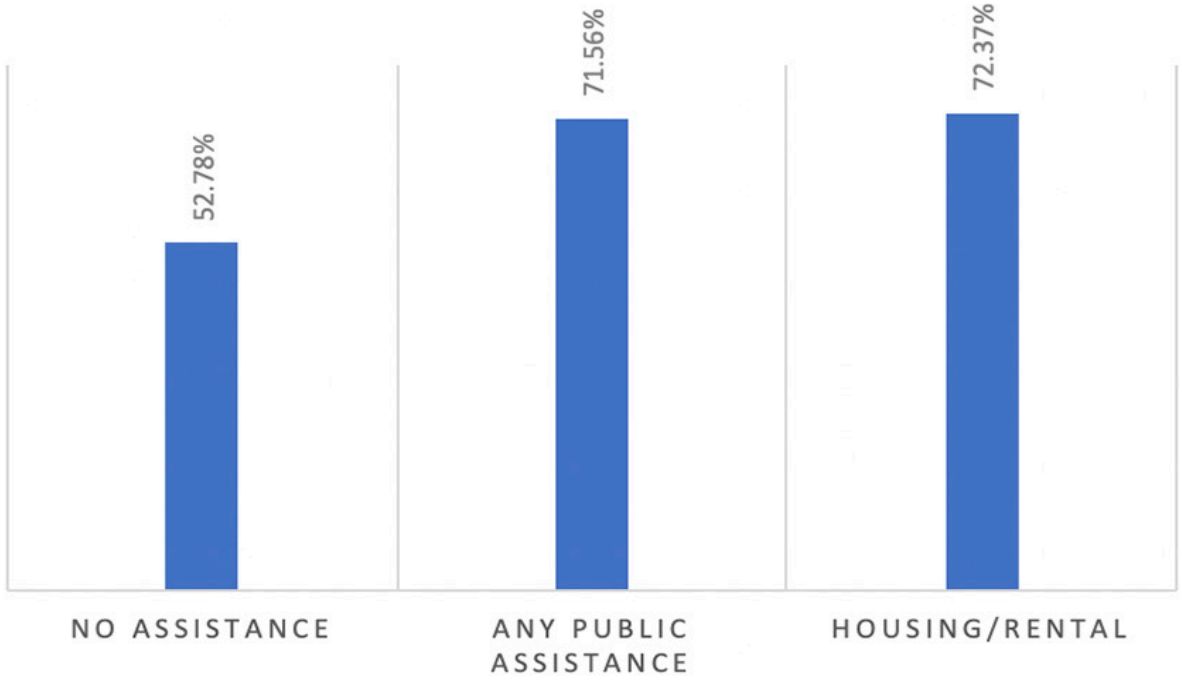
Overall, individuals that receive housing or rental assistance or any type of public assistance were much more likely to report their mental health was fair or poor (19.48% and 20%, respectively) compared to individuals that do not receive assistance (5.41%.)

FIGURE 6. SELF-REPORTED MENTAL HEALTH STATUS



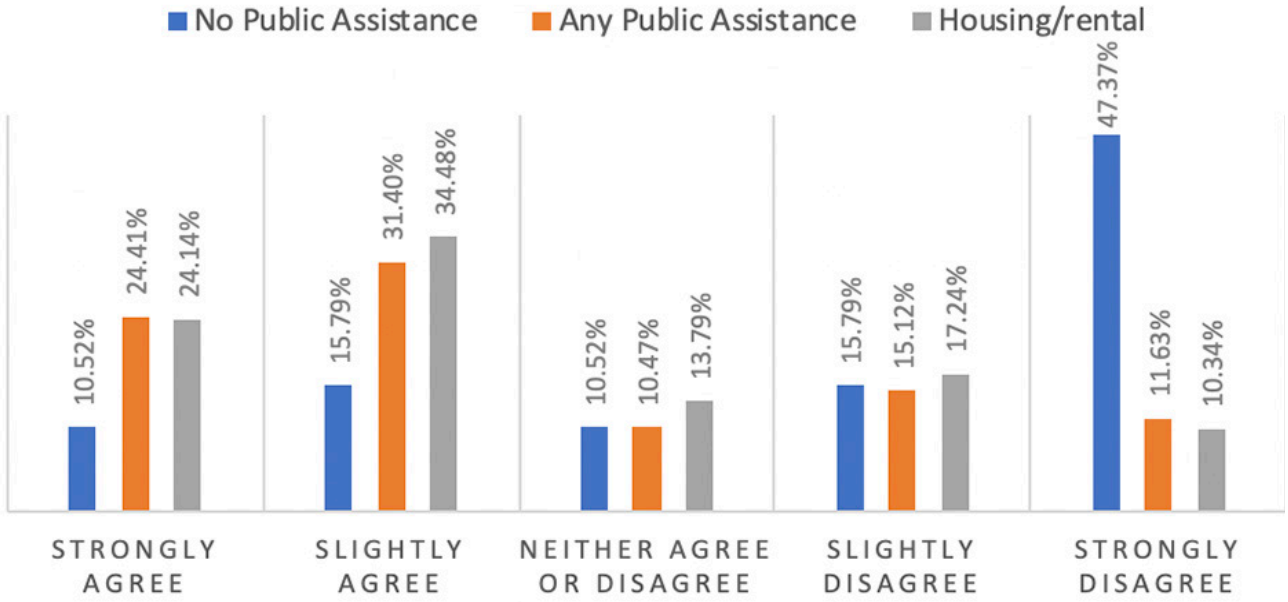
Approximately 72.37% of individuals receiving housing or rental assistance reported that they had feelings of depression over the past 12 months compared to 52.78% of individuals that did not receive public assistance. These results were statistically significant (p value of 1.87E-08.)

FIGURE 7. SELF-REPORTED DEPRESSION, PAST YEAR



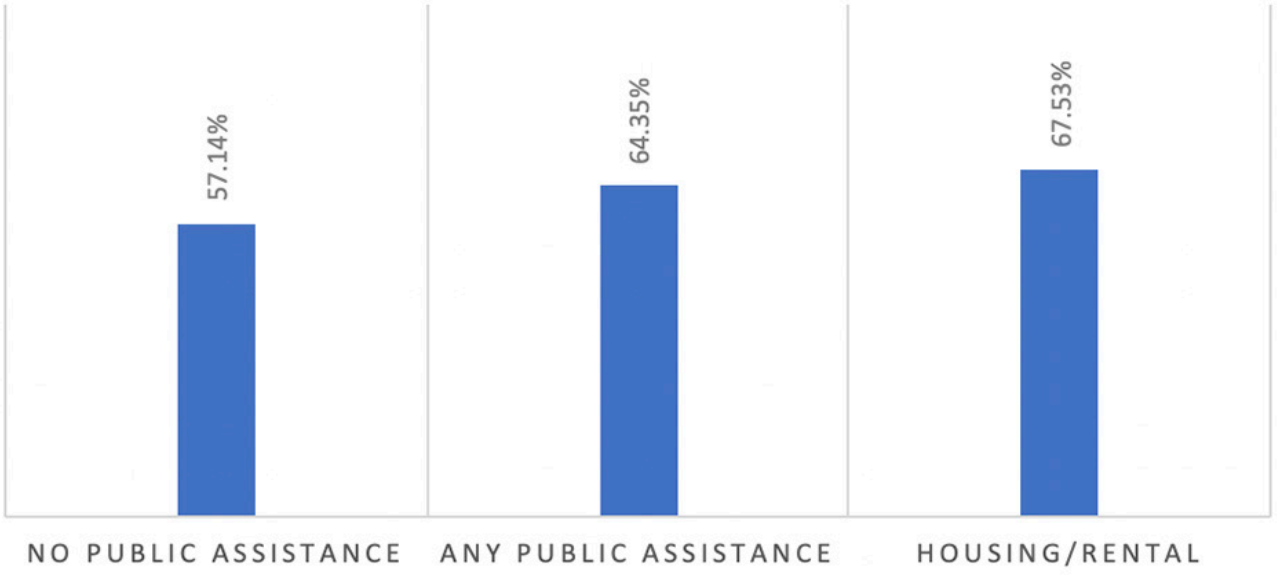
Respondents that reported feelings of depression over the past 12 months were asked if the depressive feelings affected their ability to handle daily activities, such as going to school, work, taking care of their family or home. This condition is categorized as depression with hardship. More than half (58.62%) of individuals receiving housing or rental assistance reported that they either slightly or strongly agreed they experienced depression with hardship, compared to 55.81% of individuals with any public assistance and 26.31% of individuals with no public assistance. Conversely, 47.37% of individuals without assistance that had feelings of depression strongly disagreed that it caused any hardships, compared to only 10.34% of individuals with housing or rental assistance. These results indicate that depression has had more severe effects on individuals that receive housing or rental assistance.

FIGURE 8. SELF-REPORTED DEPRESSION WITH HARDSHIP



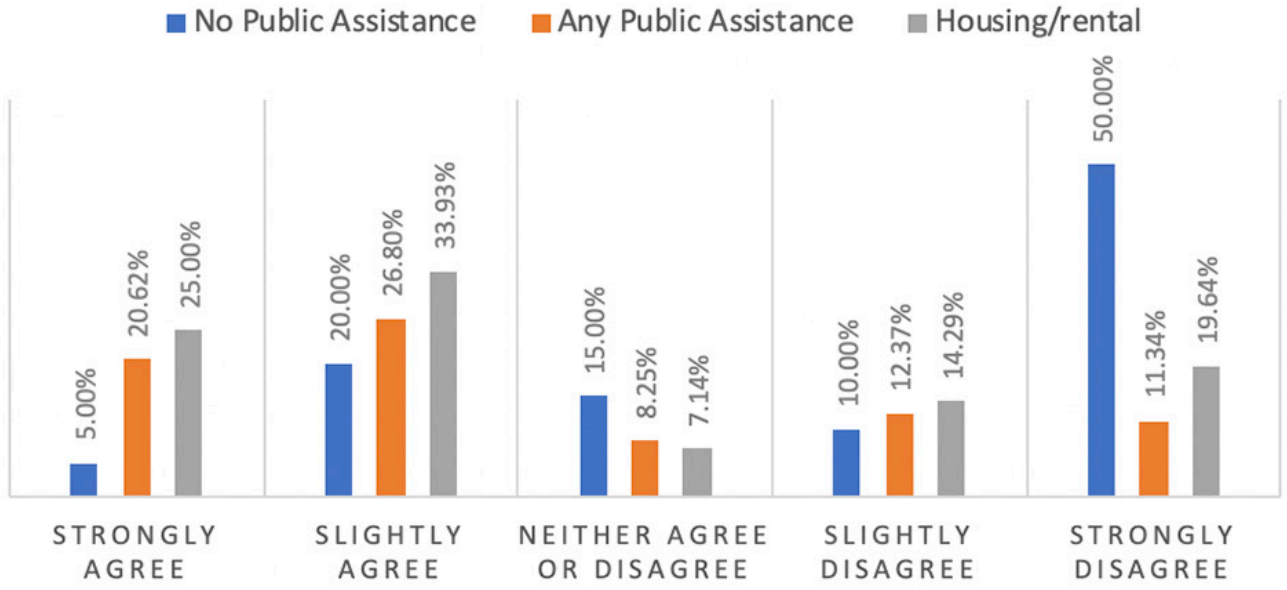
Individuals that receive housing or rental assistance or any public assistance were significantly more likely (p value 1.03E-05) to report feelings of anxiety compared to individuals without assistance (67.53%, 64.35%, 57.14%, respectively.)

FIGURE 9. SELF-REPORTED ANXIETY, PAST YEAR



Those feelings of anxiety were also more likely to affect their ability to complete daily activities. Individuals with housing or rental assistance (58.93%) and those with any public assistance (51.80%) were more than twice as likely to agree they had anxiety with hardship compared to individuals without assistance (25%). These results reinforce the effect anxiety and depression play in individuals receiving housing or rental assistance.

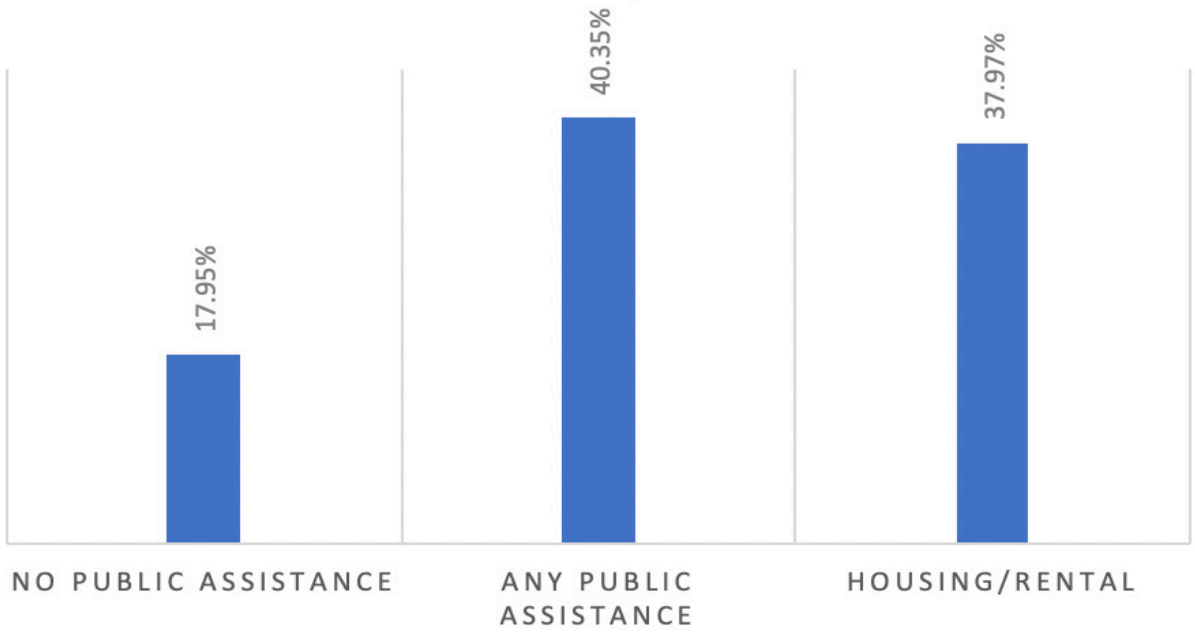
FIGURE 10. SELF-REPORTED ANXIETY WITH HARDSHIP



Mental Health Report Access

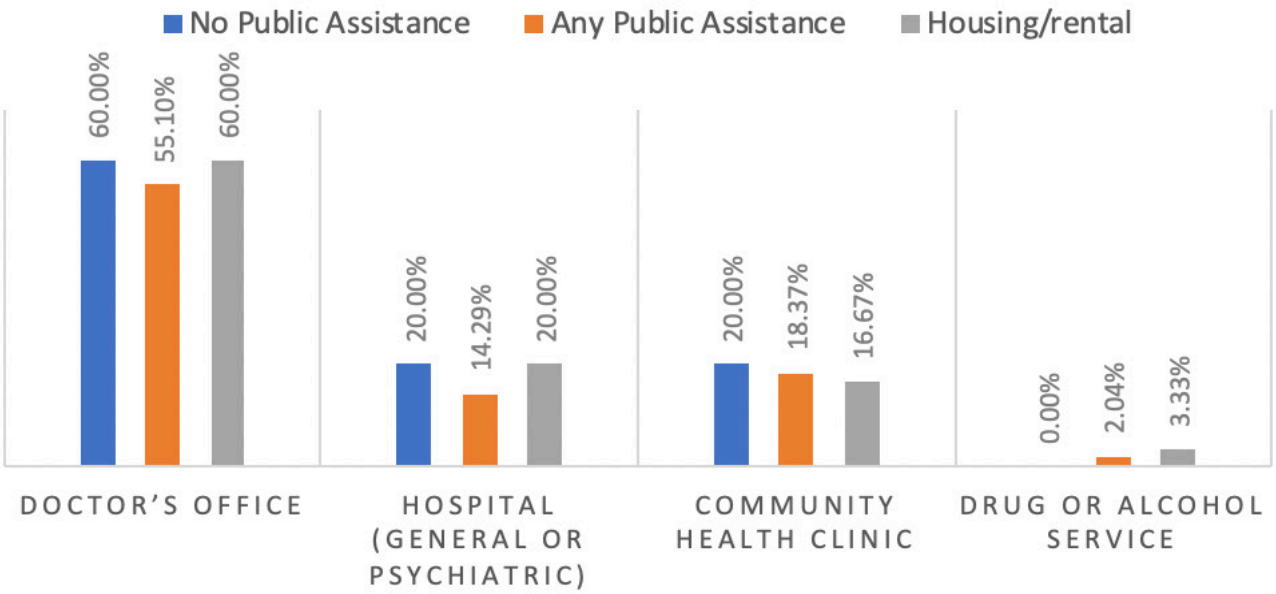
Survey respondents were also asked to provide information on access and use of mental health services, including medication and professional counseling. Individuals receiving housing or rental assistance (37.97%) or any type of public assistance (40.35%) were significantly more likely (p value 4.03527E-06) to report visiting a doctor in the past year for a mental health condition compared to individuals without assistance (17.95%).

FIGURE 11. DOCTOR VISIT FOR MENTAL HEALTH, PAST YEAR



Most individuals accessed mental health care services at a doctor's office, regardless of their public assistance status. Individuals without assistance were equally likely to visit a hospital (20%) or community health center (20%) for their care, while individuals with housing or rental assistance were slightly more likely to go to a hospital (20%) than a community health center (16.67%).

FIGURE 12. SOURCE OF MENTAL HEALTH CARE



For those individuals accessing mental health care, individuals with any type of public assistance and housing or rental assistance were more likely to report using medication and professional counseling to treat their conditions (p values 1.93E-11 and 1.34E-10, respectively.) Approximately 32.91% of individuals receiving housing or rental assistance used medication to treat mental health conditions in the past year, compared to 10.26% of individuals without any form of public assistance. While a similar distribution of individuals accessed professional counseling for their mental health care treatment.

FIGURE 13. USED MEDICATION FOR MENTAL HEALTH IN THE PAST YEAR

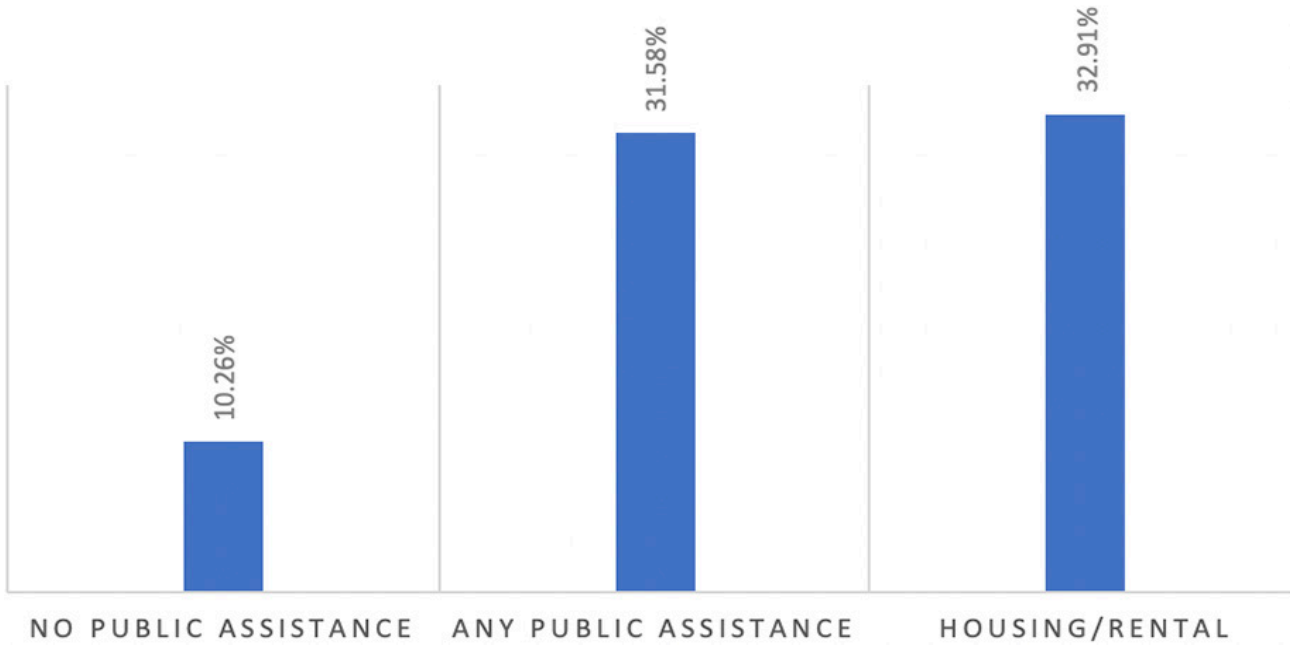
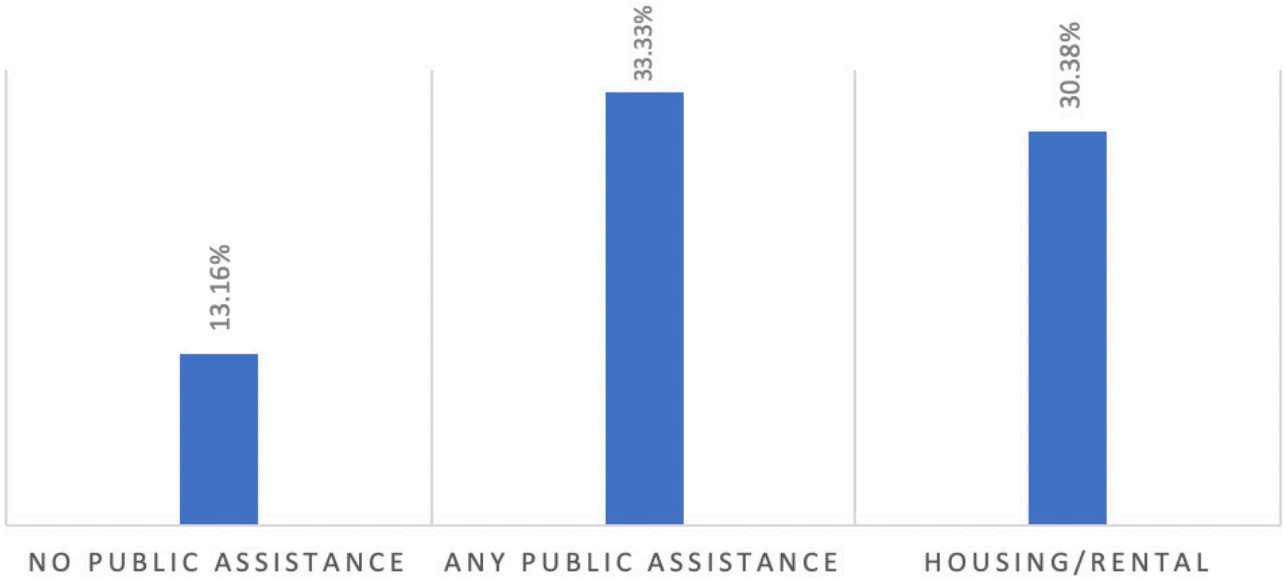
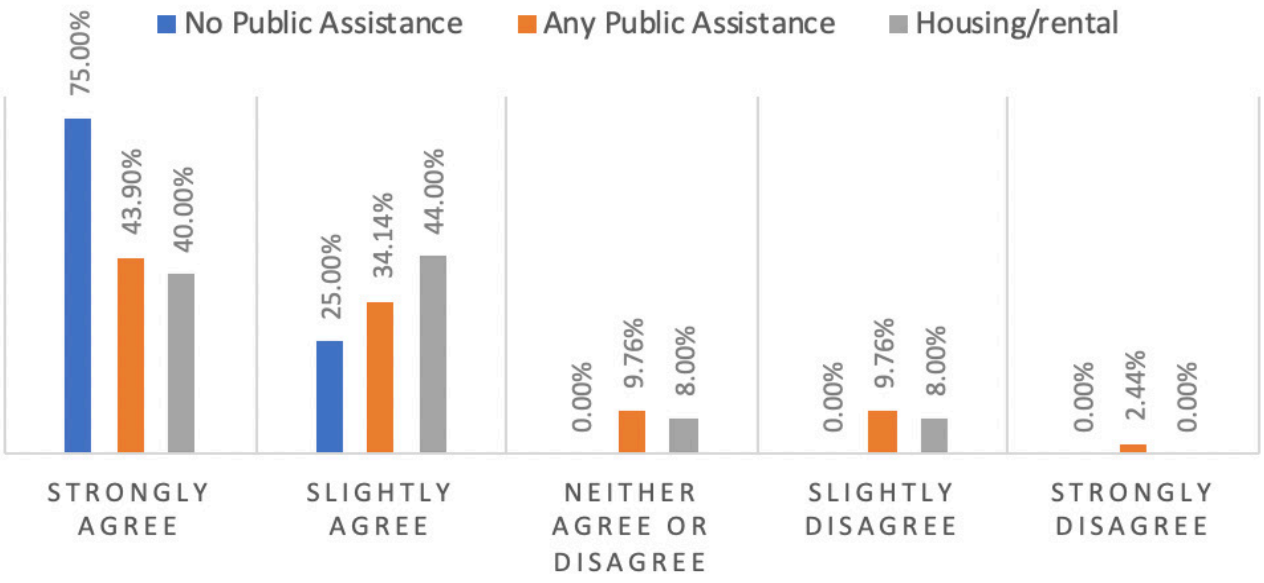


FIGURE 14. USED PROFESSIONAL COUNSELING FOR MENTAL HEALTH IN THE PAST YEAR



However, individuals without public assistance were more likely to strongly agree (75%) that they received enough professional counseling compared to individuals with housing or rental assistance (40%) or any type of public assistance (43.90%.) The finding could be related to the resources available for obtaining counseling care. Insurance programs vary on the number of counseling sessions covered.

FIGURE 15. ENOUGH MENTAL HEALTH COUNSELING RECEIVED

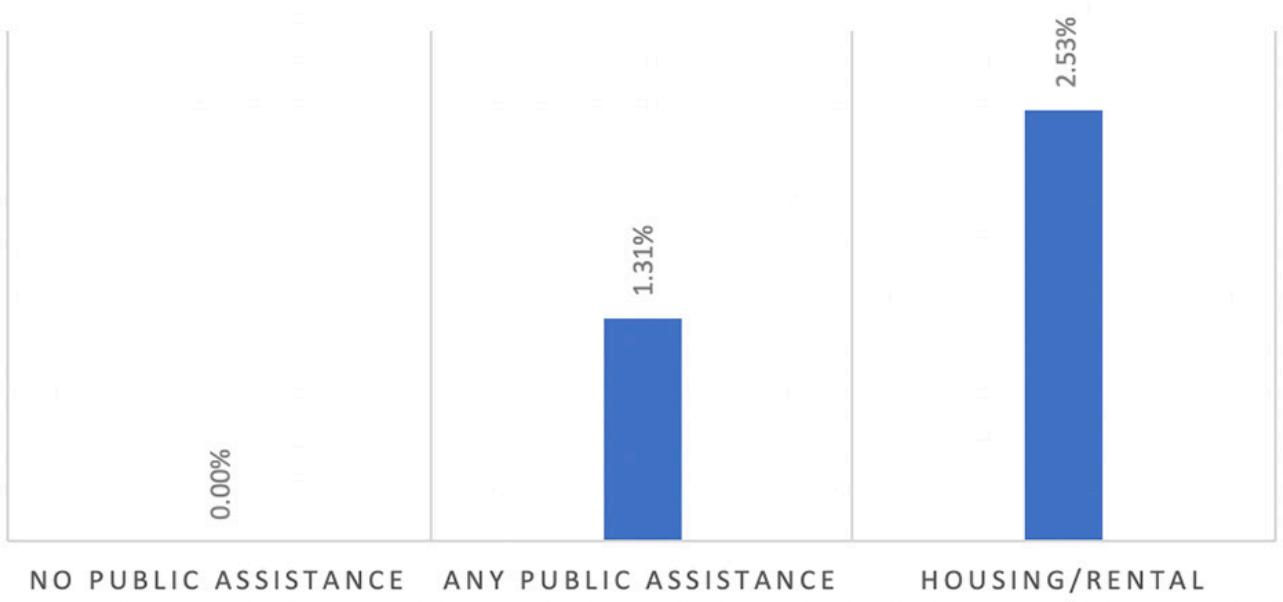


Overall, individuals that receive housing or rental assistance were more likely to report anxiety and depression and were more likely to claim that those feelings created hardships in carrying out daily tasks compared to those without any public assistance. They were also more likely to access mental health services, medication and counseling, compared to individuals without public assistance. However, they were also more likely to report that they had not received enough mental health services.

Substance Use

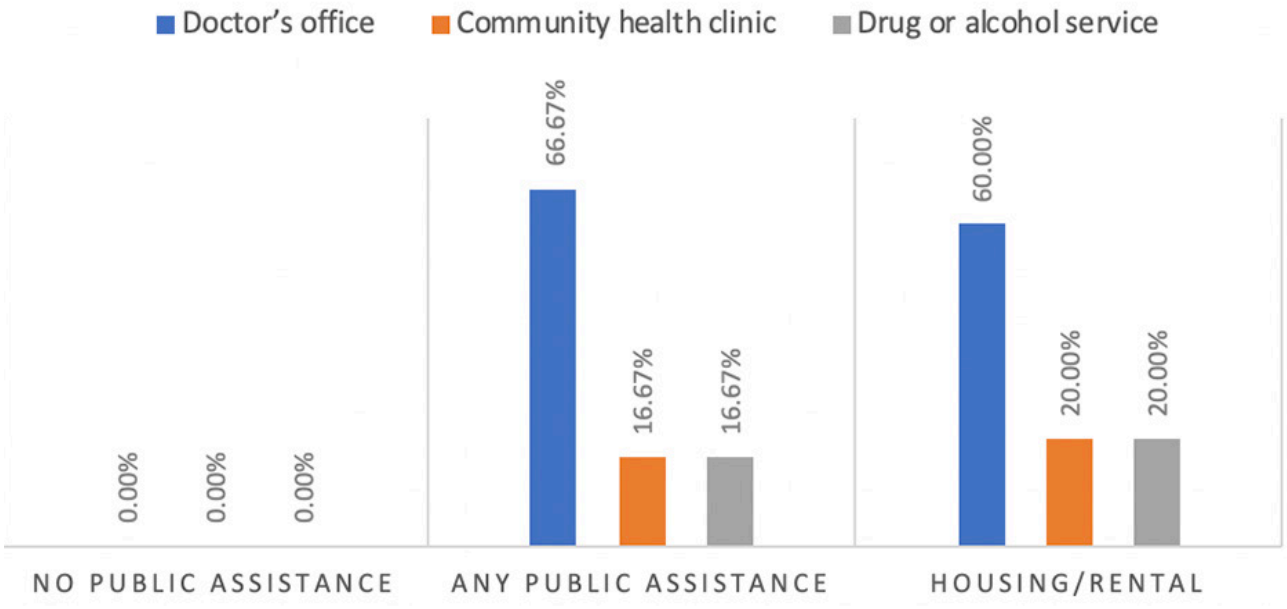
Overall, few survey respondents reported issues with substance use. However, while only 2.53% of individuals receiving housing assistance visited a doctor for substance use disorders in the past year, none of the individuals without public assistance reported doing so. Therefore, individuals with housing or rental assistance were much more likely to report substance use compared to the other groups (p value 1.05133E-47.)

FIGURE 16. DOCTOR VISIT FOR SUBSTANCE USE IN THE PAST YEAR



For those individuals accessing mental health care, individuals with any type of public assistance and housing or rental assistance were more likely to report using medication and professional counseling to treat their conditions (p values 1.93E-11 and 1.34E-10, respectively.) Approximately 32.91% of individuals receiving housing or rental assistance used medication to treat mental health conditions in the past year, compared to 10.26% of individuals without any form of public assistance. While a similar distribution of individuals accessed professional counseling for their mental health care treatment.

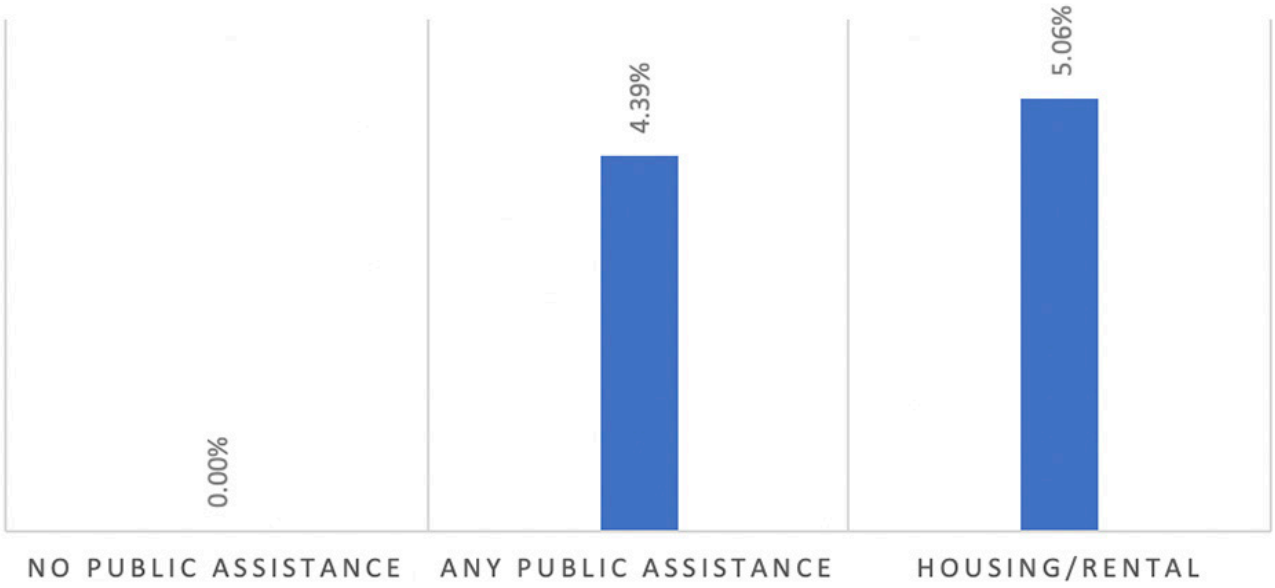
FIGURE 17. SOURCE OF SUBSTANCE USE SERVICES



Use of medication to treat substance use disorders was very low among survey respondents. Only 1% of individuals that received any type of public assistance reported using medication in the past year to treat alcohol or substance use disorders. None of the housing/rental assistance recipients or those that did not receive public assistance reported using medication to treat alcohol or substance use disorders.

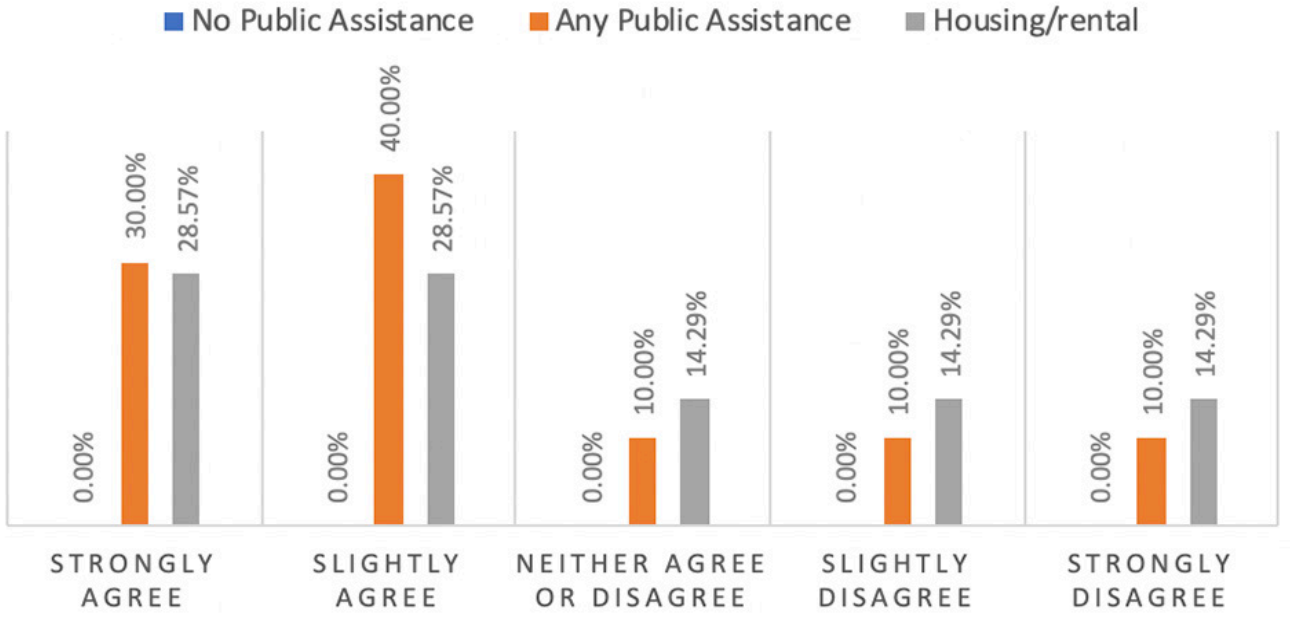
In the past year, 5% of individuals receiving housing assistance used professional counseling for substance use compared to 0% of individuals without public assistance (p value 1.18234E-43.)

FIGURE 18. PROFESSIONAL COUNSELING FOR SUBSTANCE USE IN THE PAST YEAR



Of those individuals with housing or rental assistance that had professional counseling for substance use, approximately 20% reported that they were not able to get enough compared to 28.58% of individuals with any type of public assistance.

FIGURE 19. ENOUGH SUBSTANCE USE COUNSELING RECEIVED



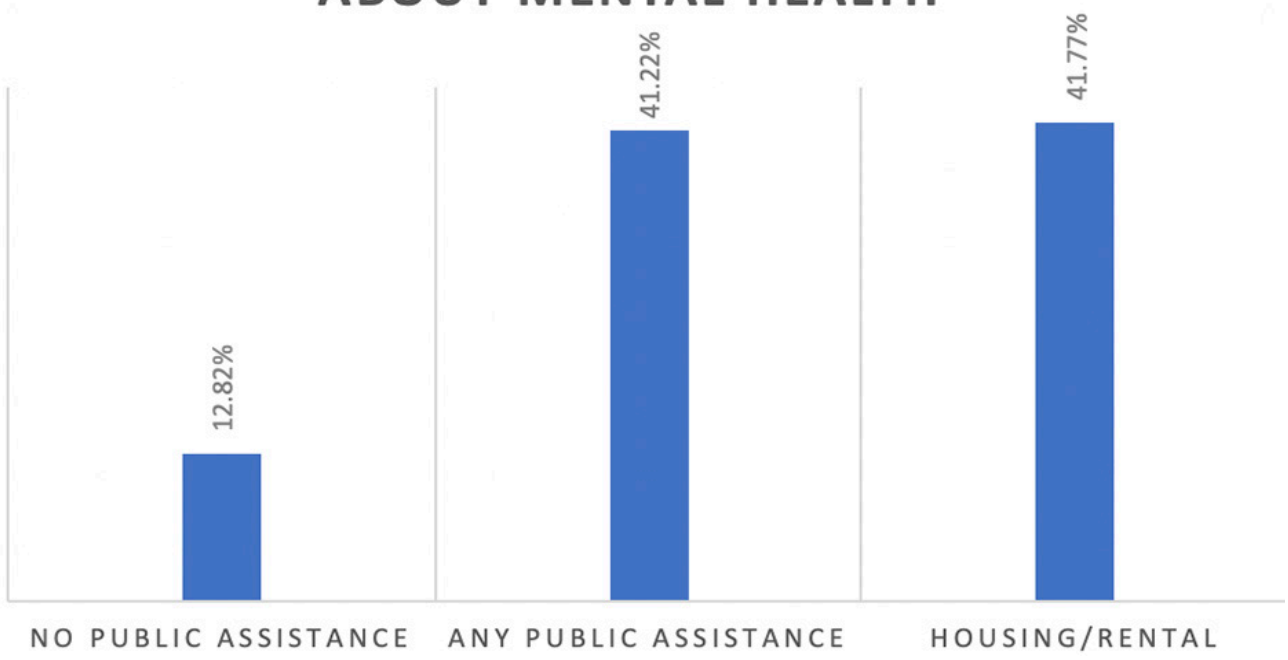
Substance use was not a pervasive health condition for the respondents of this survey. Only a small percentage of individuals reported accessing medical or counseling treatment to address substance use disorders or concerns. However, the only individuals that reported substance use issues were those that received public assistance. This may be due to characteristics of respondents.

Needs

The final section of the survey asked respondents to report the need of information on mental health and substance use disorders, services, or treatments. Individuals receiving assistance were significantly more likely to need information compared to those without assistance.

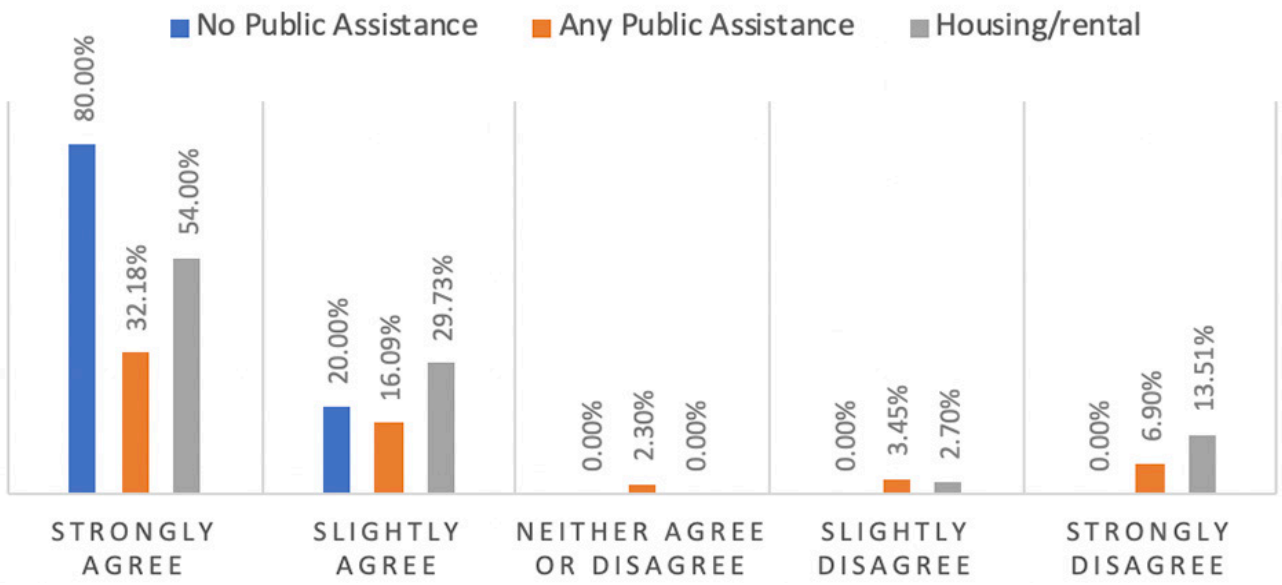
Approximately 41.77% of individuals receiving any type of public assistance or 41.22% of those with only housing or rental assistance reported needing information on mental health compared to 12.82% of individuals without assistance (p value 1.233E-06.)

FIGURE 20. NEEDED INFORMATION ABOUT MENTAL HEALTH



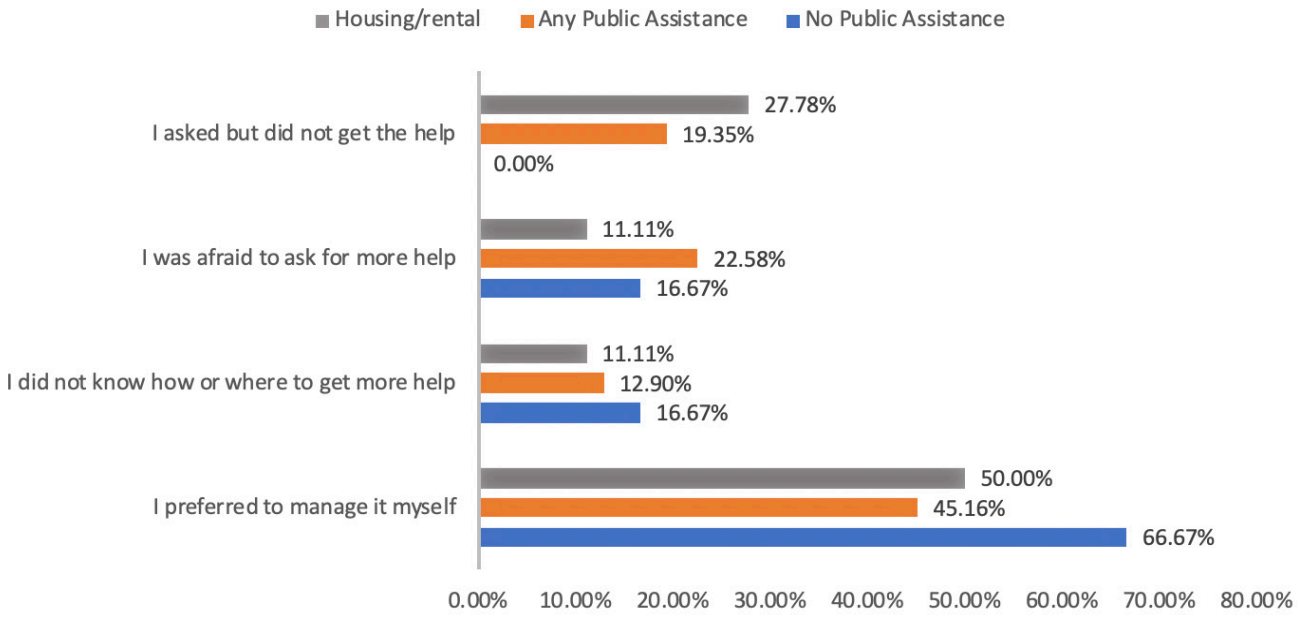
Most individuals that reported needing information about mental health reported that they were able to receive it. However, all the 10-15% of individuals that reported they were not able to receive enough information received some type of public assistance.

FIGURE 21. ENOUGH MENTAL HEALTH INFORMATION RECEIVED



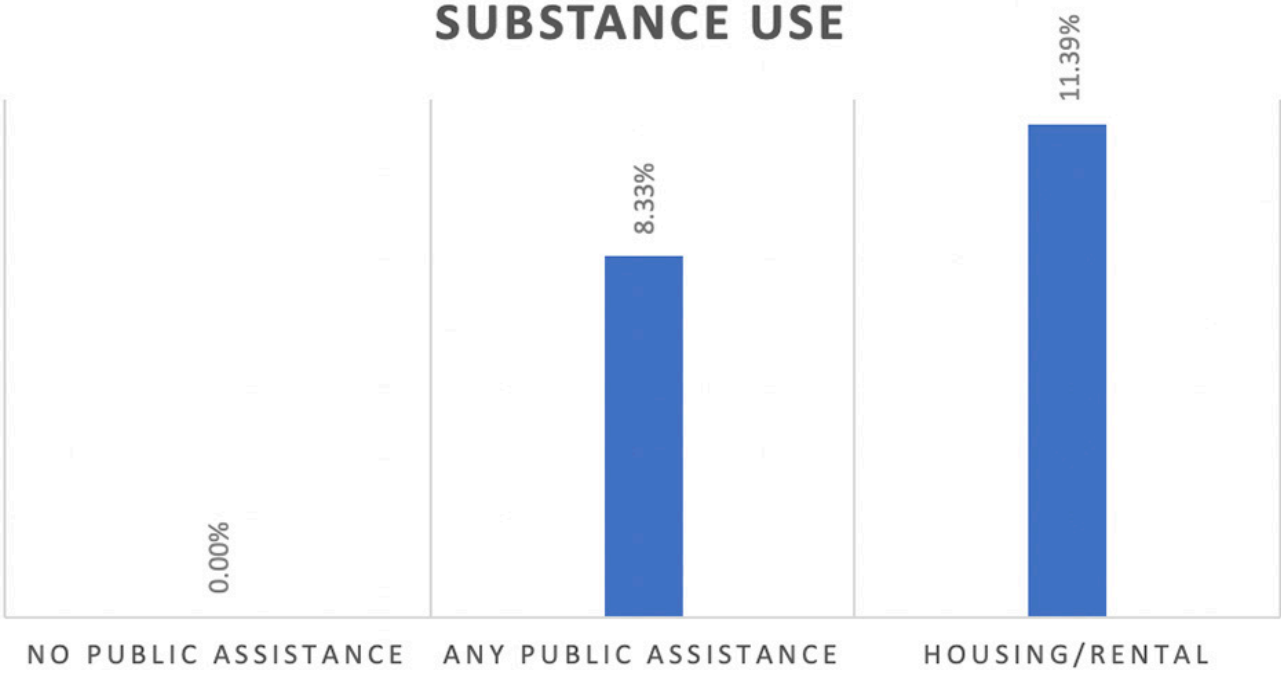
The reason most often cited for not getting the information needed was because respondents "preferred to manage it myself." Individuals with housing or rental assistance also reported that they were afraid to ask for help (11.11%), did not know how or where to get more help (11.11%), or asked but did not get the help (27.78.35%.)

FIGURE 22. CHALLENGES IN OBTAINING INFORMATION



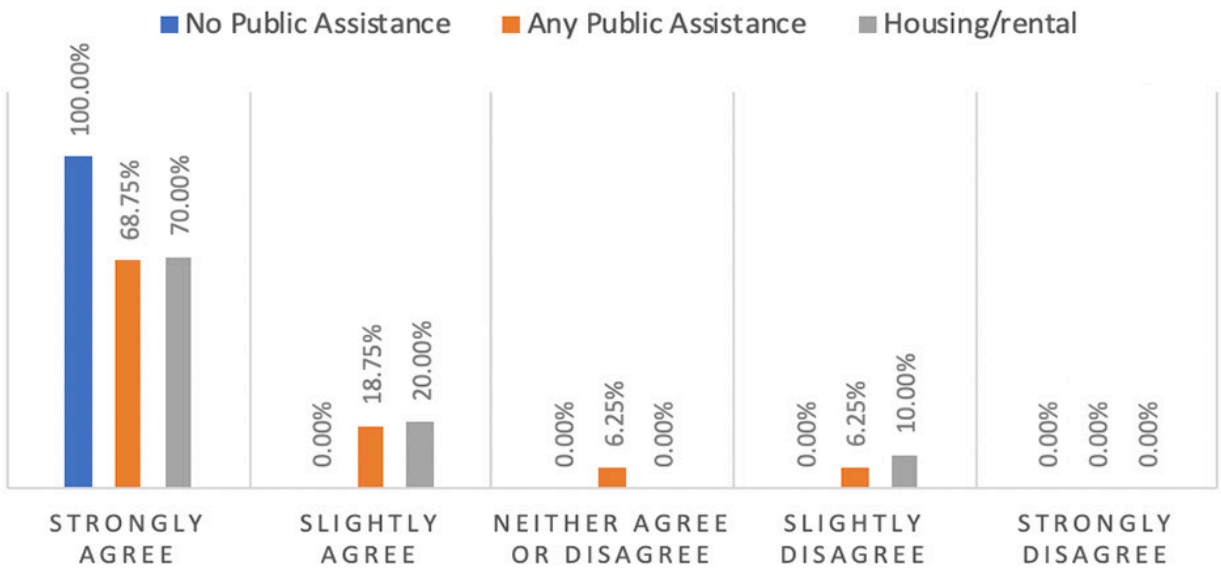
Approximately 11% of individuals with housing assistance reported that they have needed information on substance use disorders, treatment, or available services compared to 0% of individuals without public assistance (p value 7.48971E-35.)

FIGURE 23. INFORMATION NEEDED ON SUBSTANCE USE



Most individuals that reported that they needed information on substance use disorders reported that they were able to receive enough information.

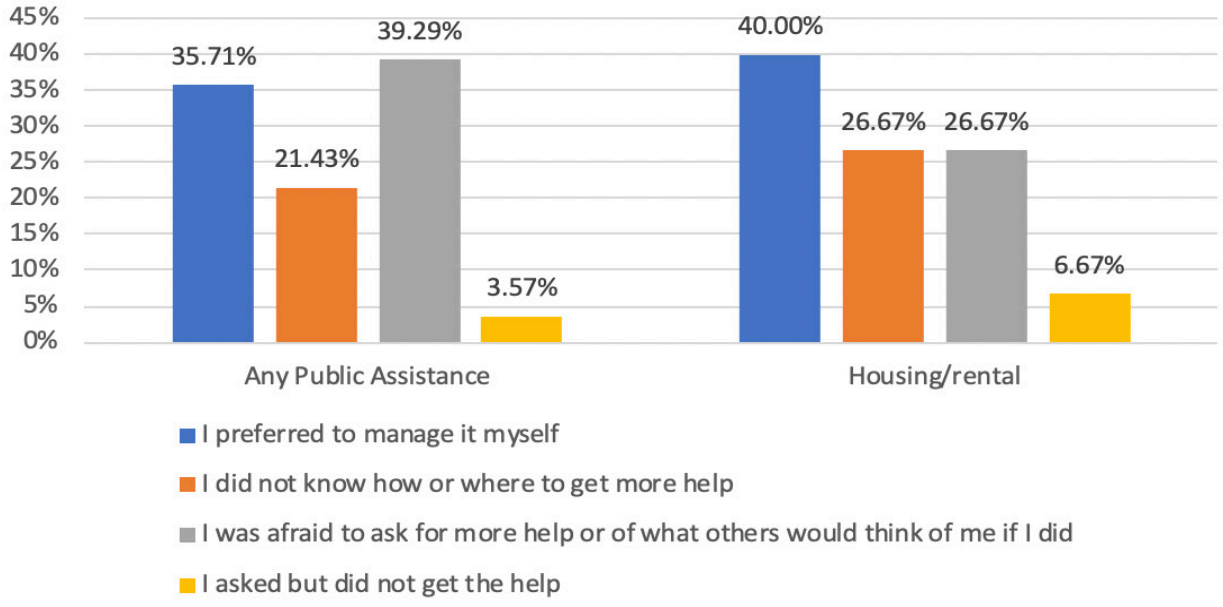
FIGURE 24. ENOUGH SUBSTANCE USE INFORMATION RECEIVED



However, only individuals that received public assistance (either housing or rental assistance or any public assistance) reported that they did not obtain enough information. For individuals with housing or rental assistance, the top reasons information was not received was because they preferred to manage it themselves (40%), did not know where to get more information (26.67%), or were afraid to ask for more help (26.67%.).

Overall, individuals that received public assistance were significantly more likely to need information on mental health or substance use disorders, services, or treatments compared to those individuals without public assistance. Most individuals that needed information reported that they were able to receive it. However, for those that did not get the information they needed, reasons such as fear of asking or what others may think, as well as not knowing where to find information were critical.

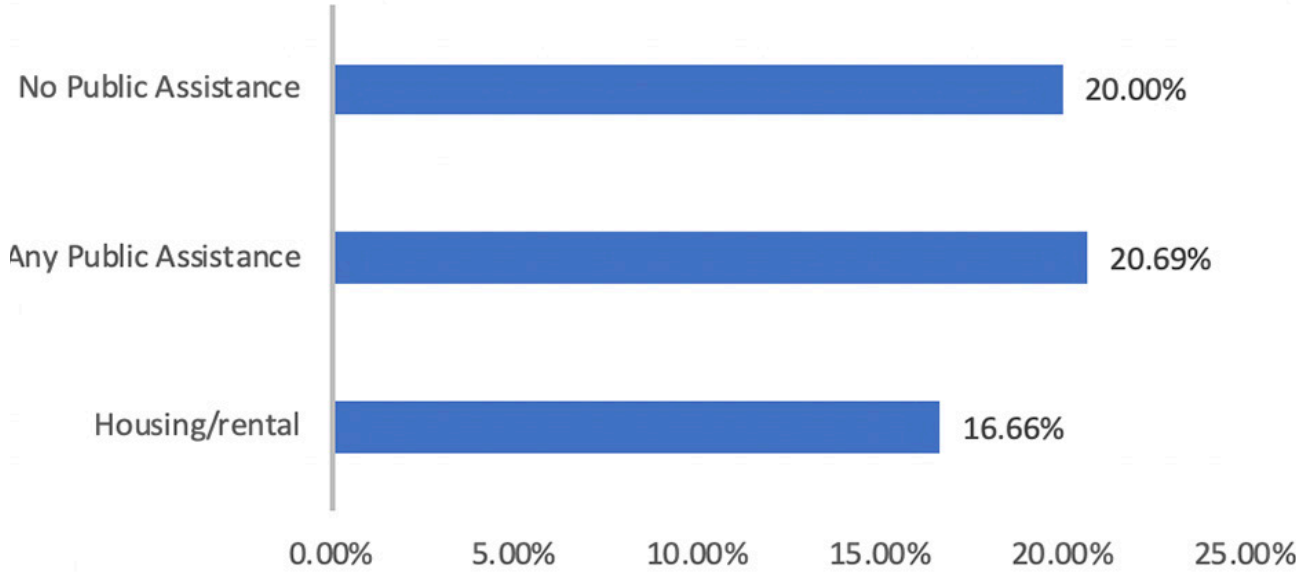
FIGURE 25. CHALLENGES IN OBTAINING SUBSTANCE USE INFORMATION



Use of Health Centers for Care

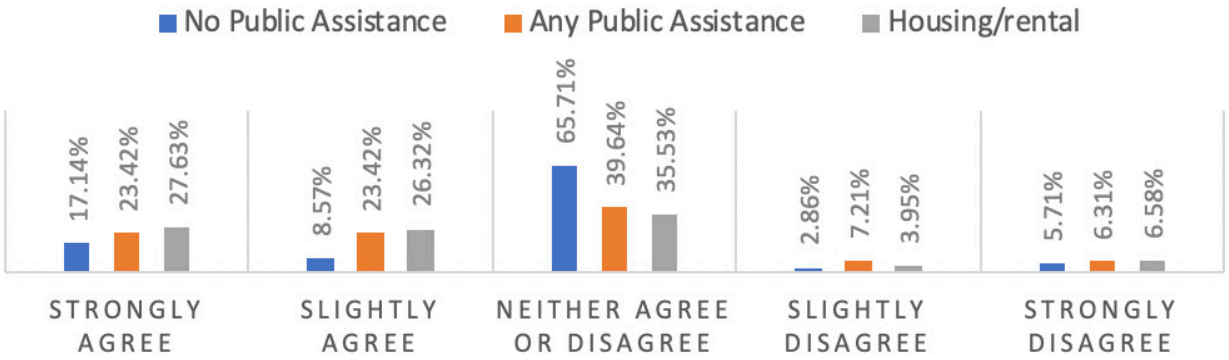
Individuals were asked where they accessed care for mental health or substance use. There was not a significant difference between the adult groups in their use of community health centers. Approximately 20% of individuals without assistance went to a community health center for care compared to 21% of individuals with any public assistance and 17% of individuals with housing or rental assistance.

FIGURE 26. USE OF COMMUNITY HEALTH CENTERS



However, individuals that receive public assistance were more likely to agree that their local community health center would be able to aid with behavioral health needs.

FIGURE 27. DO YOU THINK YOUR LOCAL COMMUNITY HEALTH CENTER MIGHT BE ABLE TO PROVIDE HELP WITH YOUR MENTAL HEALTH OR SUBSTANCE USE NEEDS?



Limitations

Public housing residents are a difficult to reach population. We used a convenience sampling method, a method that provides an economically feasible strategy for exploratory research. However, convenience sampling is a non-probability sampling strategy that limits the generalizability of the findings. Since random sampling did not occur, it is difficult to make conclusions on whether the results of this study can be applied to the larger public housing population. Since sophisticated statistical analysis could not be completed, it is difficult to ascertain whether confounding factors such as income or education played a role. Likewise, a very small sample of respondents reported accessing care for substance use disorders. The characteristics of the sample may have had a significant impact on the findings relative to substance use. For instance, an overrepresentation of a particular gender and racial group could have occurred because surveys were filled by individuals that were invited and able to attend a conference. Therefore, it is difficult to make broad statements based on those findings in this report.

Other items were omitted in the survey, such as income, age, education, and location of residence. These additional questions could have highlighted other characteristics of public housing residents important for behavioral health issues as well as for comparison groups.

That being said, convenience sampling provides a practical approach to identifying the behavioral health concerns and needs of public housing residents. While study sample was small, results show that there were clear correlations between the receipt of public assistance, including housing or rental assistance, and behavioral health outcomes in this small sample.

Recommendations

The findings of this study align with previous research showing that mental health issues are more prevalent among public housing residents. However, further research needs to be done to understand the pathways in which housing is impacting mental health. Individuals with unstable housing and poverty face several stressors that can lead to unhealthy behaviors and physical health conditions. Many public housing residents are formerly homeless ; they may have been living with friends or relatives, living in their car, or on the streets. They may be more likely to have had adverse childhood experiences or traumatic experiences in adult life or mental health issues related to fear of crime or violence due to their environment. There is also a vast shortage of affordable and subsidized housing across the country, with some city waiting lists that are 2 year or longer. Therefore, the pressure of obtaining stable housing once it is available could outweigh the potential dangers of crime and violence, or the limited resources in the community such as access to health care and healthy, affordable foods, which can lead to emotional or mental health issues. More studies need to be done that capture the array of factors that could lead to poor mental health for public housing residents.

The findings of this report do indicate that receipt of government assistance, particularly housing or rental assistance, is a key indicator of health. It also underscores the importance of HRSA's Health Center Program for providing behavioral health services to low-income individuals. While only 30% of public housing residents report using health centers as their regular source of care, more than half (53.95%) of survey respondents with housing or rental assistance report that that they view their local community health center as a good source for behavioral health services.

Health centers have an opportunity to improve or build upon their behavioral health services to improve access to care for public housing residents. According to the Commonwealth Fund's 2018 National Survey of FQHCs, only 71% of health centers screen all patients for emotional or behavioral health needs. Approximately 22% of health centers report that it is extremely difficult or impossible for providers at their largest site to obtain timely office visit appointments for patients with behavioral or emotional health specialists outside of their health center organization. Insufficient number of behavioral health providers in the community is the largest challenge in identifying and helping to address a patients' emotional or behavioral health need, followed by lack of reimbursement and financial incentives.

In May 2017, the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services presented a model of care to support value-based healthcare pricing that can serve as an example for improving patient outcomes and reducing costs. It offered the following strategies:

- Shift the treatment focus to whole person care that targets both physical and mental health.
- Switch to a team-based approach with care coordination and management.
- Use health information technology, including Electronic Health Records (EHR), to track patients and gain a better understanding of their progress.
    - To improve and measure quality, follow up with patients after inpatient admissions as well as at the conclusion of outpatient counseling services.

Health centers can also modify their approach to service delivery to address the main challenges reported by public housing residents in accessing information on mental health and substance use disorders, treatments and services available. The most prominent reaction from individuals with

housing assistance was that they prefer to manage their mental and substance use needs themselves. Therefore, health center staff must work to build trust and ensure patients feel comfortable with discussing the issues they face and accessing the behavioral health services offered. Individuals with housing or rental assistance also noted (27.78%) that they have tried to get assistance but were unable to get the help that they need. The Commonwealth Fund found that approximately 58% of health centers use Community Health Workers (CHWs) to screen for behavioral health needs. CHWs have been effective in reaching out to some of the most isolated members of a community in order to improve access to, and utilization of, health and social services. Appropriately trained, CHWs can provide that vital link to the community and are frequently more effective than 'professionals.'

Individuals with housing or rental assistance also identified concerns that could be related to stigma when accessing information on substance use. Approximately 26.67% reported the reason they did not get information they needed was because they were worried what others would think. Substance use disorders are one of the most stigmatized conditions in the U.S. Fear of being judged can prevent individuals with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. Clinicians can treat patients with substance use disorders differently. Therefore, health centers should train staff to provide sensitive and appropriately confidential care to individuals seeking behavioral health education, treatment and services. The Substance Abuse and Mental Health Services Agency (SAMHSA) Center for the Application of Prevention Technologies offers the following guidance to avoid stigmatizing language:

- Perform a "language audit" of existing materials for language that may be stigmatizing, then replace with more inclusive language.
- Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly.
- Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect.
- When developing new materials, seek input from various stakeholders, including people who use drugs.
- Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

Conclusion

Overall, the findings of the study underscore the importance of community health centers for providing mental health services to individuals living in public housing and offers important insight on how to tailor programming and improve outreach to increase access to care for this vulnerable population. For more information, see resources below. The National Center for Health in Public Housing also welcomes any training or technical assistance requests on this topic or any other issue that may lead to improving access to care, health equity, and health outcomes for public housing residents.

Resources

A Public Health Approach to Addressing the Opioid Epidemic and Substance Use Disorders in Public Housing Rural Communities
This webinar explored federal and local efforts to address the substance use disorder crisis in rural communities and the role of Health Center Programs.

The Road to Trauma – Informed Care
In this webinar, the National Council for Behavioral Health and Zufall Health Center discussed their Trauma-Informed Primary Care: Fostering Resilience and Recovery program. The National Council and Zufall Health Center also shared some of their lessons learned and provided resources for Health Centers on how to implement a trauma-informed care program.

Preparing for the Psychological Impacts of a Disaster
The National Center for Health in Public Housing presented an emergency preparedness webinar training on the psychological impact of disaster. The overall goal of this training was to offer health centers serving residents of public housing the tools they need to address the psychological reactions of staff, patients, and the community to an emergency. This session is based on "Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or other Public Health Emergency", a training developed by LA County EMS in collaboration with the Rand Corporation.

Preparing Hospital and Clinics for the Psychological Consequences of a Terrorist Incident
This webinar is for clinical staff and non-clinical staff who would be tasked with giving psychological support and intervention during a disaster. The module provides specific evidence informed strategies for providing psychological support and intervention and describes some cultural issues related to integrating mental health staff into the disaster response.

Recognizing and Responding to Domestic Violence and Human Trafficking in Health Center Settings
This webinar provided an overview of the public health issues and the programs provided by two health centers on human trafficking and domestic violence in the United States.

SDOH Community Violence
Public housing residents are more likely to be affected by community violence and chronic medical conditions such as diabetes. This issue brief provides descriptions of some of the most critical issues affecting this special population.

Addressing Violence in Public Housing Communities
This report provides Health Centers located in or immediately accessible to public housing, including Public Housing Primary Care grantees, with best practices and examples of violence prevention and intervention programs that can be implemented in their communities.

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Appendix

Appendix A: Survey Instrument

Thank you for agreeing to participate in this Emotional and Mental Health survey. We hope to use the information collected in this survey to inform health care providers about the needs of the residents who live in your community.
Although some of the questions may be sensitive in nature, please know that your name will not be included in this survey. All answers will be kept confidential. Therefore, please answer the questions as honest as possible. The survey takes roughly 15-20 minutes to complete.

Upon completion and return of this survey, you will receive a ticket to enter a raffle for a cash prize.

The survey is being conducted by the National Center for Health in Public Housing. If you have any questions, please contact Saqi Maleque Cho at saqi.cho@namgt.com or (703) 812.8822.

Thank you!

Continued on next page.

Emotional and Mental Health Survey

1. **In general, would you say that your emotional or mental health is (Check one):**
   ☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

How have you been feeling over the past year (or 12 months)? Check one

2. **In the past year, have you ever felt sad, blue, or depressed?** ☐Yes ☐No

3. **If yes, did these feelings affect your ability to handle your daily activities? (for example, going to school, work, taking care of your family or home?) Check one.**
   ☐Strongly Agree ☐Slightly Disagree
   ☐Slightly Agree ☐Strongly Disagree
   ☐Neither Agree or Disagree ☐Not Applicable

4. **In the past year have you ever experienced nerves, anxiety, or feelings of nervousness?**
   ☐Yes ☐No

5. **If yes, did these feelings affect your ability to take care of your daily activities? (for example, going to school, work, taking care of your family or home?**
   ☐Strongly Agree ☐Slightly Disagree
   ☐Slightly Agree ☐Strongly Disagree
   ☐Neither Agree or Disagree ☐Not Applicable

Doctor Visits

6. **In the past year, have you visited a doctor for your emotional or mental health?**
   ☐Yes ☐No

7. **If yes, where did these visits take place? Please select all that apply.**
☐Doctor's office ☐Community health clinic
   ☐Hospital (general or psychiatric) ☐Drug or alcohol service

☐Urgent care ☐Not Applicable

8. **In the past year, have you visited a doctor because of your use of alcohol or other drugs? (**Includes beer and other types of alcohol, prescription drugs, or other types of drugs like marijuana, cocaine, heroin, etc.)
   ☐Yes ☐No

9. **If yes, where did these visits take place? Please select all that apply.**
   ☐Doctor's office ☐Drug or alcohol service
   ☐Hospital (general or psychiatric) ☐Urgent care
   ☐Community health clinic ☐Not Applicable

Medication Needs

10. **In the past year, have you ever used medication to help you with emotional or mental health problems?**
    ☐Yes ☐No

11. **In the past year, have you ever used medication to help you with your use of alcohol or other types of substances?**
    ☐Yes ☐No

Talk Therapy

12. **In the past year, have you ever had any type of professional counseling for emotional or mental health problems?**
    ☐Yes ☐No

13. **If yes, were you able to get enough emotional or mental health counseling?**
    ☐Strongly Agree ☐Slightly Disagree
    ☐Slightly Agree ☐Strongly Disagree
    ☐Neither Agree or Disagree ☐Not Applicable

14. In the past year, have you ever had any type of professional counseling for your use of substances like alcohol or drugs?

☐Yes ☐No

15. If yes, were you able to get enough substance use counseling?

☐Strongly Agree ☐Slightly Disagree

☐Slightly Agree ☐Strongly Disagree

☐Neither Agree or Disagree ☐Not Applicable

Information Needs

16. Have you ever needed information about emotional or mental health problems, treatment, or available services?

☐Yes ☐No

17. If yes, were you able to receive enough information about mental health problems, treatment and available services?

☐Strongly Agree ☐Slightly Disagree

☐Slightly Agree ☐Strongly Disagree

☐Neither Agree or Disagree ☐Not Applicable

18. If you did not receive enough information, please select the option below that best identifies with why help was not received:

☐I preferred to manage it myself

☐I did not know how or where to get more help

☐I was afraid to ask for more help

☐I asked but did not get the help

☐Not Applicable

19. Have you ever needed information about substance abuse or alcohol related problems, treatment, or available services?

☐Yes ☐No

20. If yes, were you ever able to receive enough information about this topic?

☐Strongly Agree

☐Slightly Agree

☐Neither Agree or Disagree

☐Slightly Disagree

☐Strongly Disagree

☐Not Applicable

21. If you did not receive enough information, please select the option below that best identifies with why help was not received:

☐I preferred to manage it myself

☐I did not know how or where to get more help

☐I was afraid to ask for more help or of what others would think of me if I did

☐I asked but did not get the help

☐Not Applicable

22. Do you think your local community health center might be able to provide help with your emotional or mental health needs or substance use needs?

☐Strongly Agree

☐Slightly Agree

☐Slightly Disagree

☐Strongly Disagree

☐I do not have any emotional, mental health or substance use needs

DEMOGRAPHIC INFORMATION

23. Do you receive any of the following assistance? Please Check all that apply.

☐Housing/rental ☐Utility ☐SSI ☐Unemployment ☐Food Stamps ☐None

24. What type of health insurance do you have? Check all that apply.

☐Private insurance ☐ Medicaid ☐Medicare ☐None

25. Are you of Latino or Hispanic origin? ☐Yes ☐No

26. What is your racial background? Check all that apply.

☐Asian/ Pacific Islander

☐Native American

☐African-American

☐White

☐Other

27. What is your gender identity?

28. What is your sexual orientation?

☐Straight ☐Gay or lesbian ☐Bisexual ☐other (please specify)

29. Are you currently working?

☐Part time for pay ☐Full time for pay ☐Temporary for pay ☐Not working

30. Are you unable to work due to disability? ☐Yes ☐No

31. What is your marital status?

☐Single ☐Married ☐Divorced / Separated ☐Widowed

Thank you for participating in this survey. Your information will be of great help to physicians and other types of health care professionals who are working to make sure that the proper services are provided for your community. Thank you again!