



C.A.R.E. Scale

Community Assessment & Resource Engagement Outreach Event Measure



Introduction

Existing psychological measures are often developed with predominantly White, college-educated, and/or middle-class samples^{1,2,3,4}. This may result in low response rates in underserved communities because the clinical terminology can be unfamiliar and confusing. To fill this gap, the CARE Scale was curated using a mixed-method approach that employed a Delphi expert consensus framework.

Through the input of experts and community members, the P.U.E.N.T.E. Lab and our community partners developed a mental health literacy, stigma, and help-seeking measure that is informed by and for underserved communities. The CARE Scale allows for a better snapshot of the mental health needs in diverse settings while showing providers where they could improve their mental health offerings. Directions are written as open ended instructions because the events could vary in topic and presentation style.

Why collect Demographics?

Should you want to collect demographics, the last page of the scale has questions that address some of the areas that are considered. When collecting feedback from community members, it can help to understand when information is effective and where improvements could be made. Demographics serve as an indicator of mismatch and allow providers the opportunity to adjust materials, information, and offerings to better fit the community in which they are working.

Importantly, it is encouraged to work collaboratively with the community you are serving so the options are culturally responsive. For example, the options in “Gender” may not fit the community and need to be expanded or “Age” may need to have more categories added in the adult years. Please contact us at support@puentelab.com to request an editable version of this measure that you can then tailor to fit your needs and the community you serve.

However, the safety and comfort of the community members is the top priority. Therefore, the demographic questions included on the last page are optional.

Special Note for Pre/Post Collection

If you prefer to use the CARE Scale to measure pre-post changes:

- Remove the text, “As a direct result of receiving this information...”
- Retain the statement prompts, “I am more likely to:” and “I am more likely to believe:”



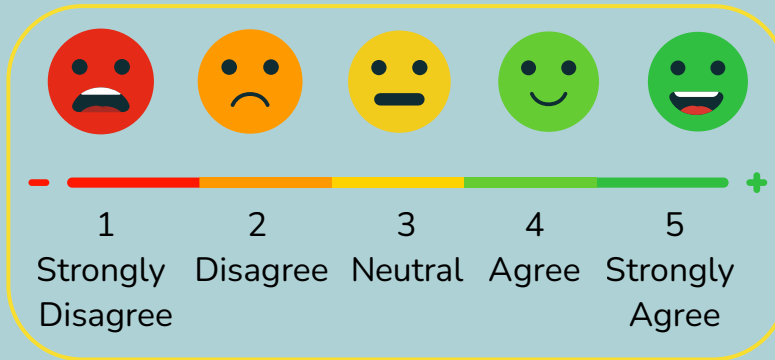
C.A.R.E. Scale

Outreach Event Measure



Instructions: This questionnaire is designed to gather feedback about the information you received today. Please rate the extent to which you agree with the following statements using the scale below by circling your response.

Section 1: Survey

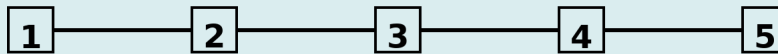


Example Statement: I learned about mental health at this event

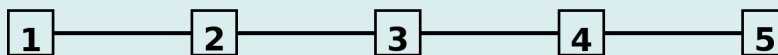


As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to:

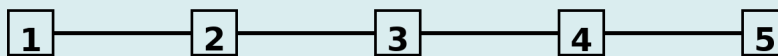
Talk with my family about my mental health challenge



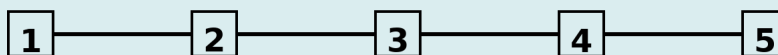
Talk with my friends about my mental health challenge.



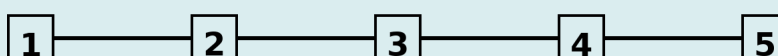
Talk with a trusted member in my community (e.g., priest, promotora, spiritual healer, etc.) about my mental health challenge.



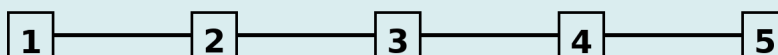
Use the resources provided to help my mental health challenge.



Know where to get useful information about mental health challenges.



Seek professional help (e.g., psychologist, therapist, counselor, family doctor, etc.) if I have a mental health challenge.





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As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to believe:

Anyone can suffer from a mental health challenge.

1 — 2 — 3 — 4 — 5

I can recognize common signs and symptoms of a mental health challenge.

1 — 2 — 3 — 4 — 5

I am more likely to know where to get help for a mental health challenge.

1 — 2 — 3 — 4 — 5

Therapy is helpful for treating people with a mental health challenge.

1 — 2 — 3 — 4 — 5

As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to believe:

People with a mental health challenge do not need to be avoided.

1 — 2 — 3 — 4 — 5

Having a mental health challenge is not a sign of weakness.

1 — 2 — 3 — 4 — 5

Having a mental health challenge does not mean you are crazy.

1 — 2 — 3 — 4 — 5

Having a mental health challenge does not mean you are lazy.

1 — 2 — 3 — 4 — 5

Mental health challenges should be treated as seriously as other medical problems

1 — 2 — 3 — 4 — 5

Thank you for participating in our survey!



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Please help our agency make our services better by checking your responses to the questions below. Your answers are completely confidential.

Section 2: Demographics

1. How do you identify ?

- White Hispanic/Latino Asian More than one ethnicity
 Black Native American Native Hawaiian/Pacific Islander Other (Specify Optional)

2. What is your age?

- 0-15 Youth 26 - 59 Adult
 16 - 25 TAY* 60+ Older Adult Decline to state *transitional age youth

3. What gender do you identify as?

- Man/Boy Non-binary Queergender
 Woman/Girl Transgender Questioning or unsure

4. What is your primary language?

- Arabic English Tagalog Mandarin Other Chinese
 Armenian Farsi Khmer Spanish American Sign Language (ASL)
 Cantonese Hmong Korean Russian

5. What is the highest degree or level of school you have completed?

- None Some College Doctorate Degree
 K-8th Grade Associate Degree Professional Degree
 Some High School Bachelor's Degree Trade/Technical/Vocational Training
 High School or GED Master's Degree Other: _____
 Decline to state

6. What is your annual household income?

- Less than \$25,000 \$50,000-\$100,000 Decline to state
 \$25,000-\$50,000 \$100,000-\$200,000

7. How many people currently live in your household?

- One Three Other: _____
 Two Four

8. Do you have a disability?

- Yes (specify to the right) — Difficulty seeing — Physical/Mobility
 No — Mental (excluding mental illness) — Difficulty hearing
 Decline to state — Chronic health condition — Other: _____

9. Are you a veteran?

- Yes No Decline to state

10. Have you ever received mental health treatment? If yes, please specify the type of service(s) you received.

- Yes No Decline to state



References

[Outreach Event Measurement]

1. Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior*, 44(2), 162–179. <https://doi.org/10.2307/1519806>
2. Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the Mental Health Knowledge Schedule. *The Canadian Journal of Psychiatry*. 55(7), 440–448. <https://doi.org/10.1177/070674371005500707>
3. Boyd Ritsher, J., Otilingam, P. G., & Grajales, M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, 121(1), 31–49. <https://doi.org/10.1016/j.psychres.2003.08.008>
4. Wei, Y., McGrath, P., Hayden, J., & Kutcher, S. (2017). The quality of mental health literacy measurement tools evaluating the stigma of mental illness: a systematic review. *Epidemiology and Psychiatric Sciences*, 27(5), 433–462. <https://doi.org/10.1017/S2045796017000178>