

Supplementary Material

Do patients with mental health and substance use conditions experience discrimination and diagnostic overshadowing in primary care in Aotearoa New Zealand? Results from a national online survey

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From: [A Consensus-Based Checklist for Reporting of Survey Studies \(CROSS\)](#)⁽¹⁾

| Section/topic | Item | Item description | Addressed in paper |
|-------------------------|------|---|--------------------|
| Title and abstract | 1a | State the word "survey" along with a commonly used term in title or abstract to introduce the study's design. | Done |
| | 1b | Provide an informative summary in the abstract, covering background, objectives, methods, findings/results, interpretation/discussion, and conclusions. | Done |
| Background | 2 | Provide a background about the rationale of study, what has been previously done, and why this survey is needed. | Done |
| Purpose/aim | 3 | Identify specific purposes, aims, goals, or objectives of the study. | Done |
| Study design | 4 | Specify the study design in the "Methods" section with a commonly used term (e.g., cross-sectional or longitudinal). | Done |
| Data collection methods | 5a | Describe the questionnaire (e.g., number of sections, number of questions, number and names of instruments used). | Done |
| | 5b | Describe all questionnaire instruments that were used in the survey to measure particular concepts. Report target population, reported validity and reliability information, scoring/classification procedure, and reference links (if any). | Done |
| | 5c | Provide information on pretesting of the questionnaire, if performed (in the article or in an online supplement). Report the method of pretesting, number of times questionnaire was pre-tested, number and demographics of participants used for pretesting, and the level of similarity of demographics between pre-testing participants and sample population. | Done |

| Section/topic | Item | Item description | Addressed in paper |
|------------------------|------|---|---|
| | 5d | Questionnaire, if possible, should be fully provided (in the article, or as appendices or as an online supplement). | Done |
| Sample characteristics | 6a | Describe the study population (i.e., background, locations, eligibility criteria for participant inclusion in survey, exclusion criteria). | Done |
| | 6b | Describe the sampling techniques used (e.g., single stage or multistage sampling, simple random sampling, stratified sampling, cluster sampling, convenience sampling). Specify the locations of sample participants whenever clustered sampling was applied. | Done |
| | 6c | Provide information on sample size, along with details of sample size calculation. | Done (sample size calculation not included) |
| | 6d | Describe how representative the sample is of the study population (or target population if possible), particularly for population-based surveys. | Done |
| Survey administration | 7a | Provide information on modes of questionnaire administration, including the type and number of contacts, the location where the survey was conducted (e.g., outpatient room or by use of online tools, such as SurveyMonkey). | Done |
| | 7b | Provide information of survey's time frame, such as periods of recruitment, exposure, and follow-up days. | Done |
| | 7c | Provide information on the entry process: →For non-web-based surveys, provide approaches to minimize human error in | Done |

| Section/topic | Item | Item description | Addressed in paper |
|------------------------|------|---|--------------------|
| | | data entry. →For web-based surveys, provide approaches to prevent “multiple participation” of participants. | |
| Study preparation | 8 | Describe any preparation process before conducting the survey (e.g., interviewers’ training process, advertising the survey). | Done |
| Ethical considerations | 9a | Provide information on ethical approval for the survey if obtained, including informed consent, institutional review board [IRB] approval, Helsinki declaration, and good clinical practice [GCP] declaration (as appropriate). | Done |
| | 9c | Provide information about survey anonymity and confidentiality and describe what mechanisms were used to protect unauthorized access. | Done |
| Statistical analysis | 10a | Describe statistical methods and analytical approach. Report the statistical software that was used for data analysis. | Done |
| | 10b | Report any modification of variables used in the analysis, along with reference (if available). | Done |
| | 10c | Report details about how missing data was handled. Include rate of missing items, missing data mechanism (i.e., missing completely at random [MCAR], missing at random [MAR], or missing not at random [MNAR]), and methods used to deal with missing data (e.g., multiple imputation). | Done |
| | 10d | State how non-response error was addressed. | NA |
| | 10e | For longitudinal surveys, state how loss to follow-up was addressed. | NA |

| Section/topic | Item | Item description | Addressed in paper |
|----------------------------|------|--|--------------------|
| | 10f | Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for non-representativeness of the sample. | Done |
| | 10g | Describe any sensitivity analysis conducted. | NA |
| Respondent characteristics | 11a | Report numbers of individuals at each stage of the study. Consider using a flow diagram, if possible. | Done |
| | 11b | Provide reasons for non-participation at each stage, if possible. | NA |
| | 11c | Report response rate, present the definition of response rate or the formula used to calculate response rate. | NA |
| | 11d | Provide information to define how unique visitors are determined. Report number of unique visitors along with relevant proportions (e.g., view proportion, participation proportion, completion proportion). | Done |
| Descriptive results | 12 | Provide characteristics of study participants, as well as information on potential confounders and assessed outcomes. | Done |
| Main findings | 13a | Give unadjusted estimates and, if applicable, confounder-adjusted estimates along with 95% confidence intervals and <i>p</i> values. | Done |
| | 13b | For multivariable analysis, provide information on the model building process, model fit statistics, and model assumptions (as appropriate). | NA |
| | 13c | Provide details about any sensitivity analysis performed. If there are considerable amount of missing data, report sensitivity analyses comparing the results of | NA |

| Section/topic | Item | Item description | Addressed in paper |
|----------------------------|------|---|--------------------|
| | | complete cases with that of the imputed dataset (if possible). | |
| Limitations | 14 | Discuss the limitations of the study, considering sources of potential biases and imprecisions, such as non-representativeness of sample, study design, important uncontrolled confounders. | Done |
| Interpretations | 15 | Give a cautious overall interpretation of results, based on potential biases and imprecisions and suggest areas for future research. | Done |
| Generalizability | 16 | Discuss the external validity of the results. | Done |
| Role of the funding source | 17 | State whether any funding organization has had any roles in the survey's design, implementation, and analysis. | Done |
| Conflict of interest | 18 | Declare any potential conflict of interest. | Done |
| Acknowledgements | 19 | Provide names of organizations/persons that are acknowledged along with their contribution to the research. | Done |

1. Sharma A, Minh Duc NT, Luu Lam Thang T, Nam NH, Ng SJ, Abbas KS, et al. A Consensus-Based Checklist for Reporting of Survey Studies (CROSS). *Journal of General Internal Medicine*. 2021;36(10):3179-87.

Tupuānuku: Nourishing the Physical Health of Tangata Whaiora

Start of Block: Ethics & Basic Information

Q1

Please read the following information carefully before deciding whether or not to participate. If you decide to participate, we thank you. If you decide not to take part, there will be no disadvantage to you of any kind and we thank you for considering our survey.

About the survey

You are invited to take part in a survey that asks people (aged 18 or over) who are seeing someone for their mental health or addiction, about their experiences of physical healthcare in Aotearoa. We would like to use this survey to identify ways to help people with experience of mental illness in the future, and to help with planning both physical and mental health services.

The survey is estimated to take 20 minutes. Please note that:

- Your participation is entirely voluntary (your choice)
- You do not have to answer every question
- You may withdraw from the survey at any time
- You may ask someone you trust to help you fill in this survey, if you wish

Risks and benefits

There is a small chance that participating in this survey could make you experience negative feelings and you may find this uncomfortable. If this occurs, please talk to your healthcare provider about your feelings. However, you may find that you benefit from participating in this survey because you are able to reflect and share your own experiences.

What about my private information?

The survey is confidential and available only to the study researchers. You may wish to add your name and contact details at the end of the survey if you would like to be contacted for an interview.

Unless you choose to add your name and contact details, the survey will be entirely anonymous. If you do not provide any identifying information, then your survey information cannot be removed from the analysis if you decide to withdraw.

If you do add your name, when the survey collection period is over, any identifying information will be removed from the data for analysis. We are planning to hold about 30 in-depth interviews. The selection process will be based on willingness to be interviewed, and we will aim for a sample of participants' diagnoses and experiences.

If you have volunteered, but are not invited to participate in an interview, you will receive an email from the research team. However, if you are invited to participate in an interview, the interviewers will read through your accompanying survey response so that they have a prior insight into your experiences.

Any free-text responses may be used directly in research publications. If you withdraw part-way through the survey, your information may continue to be used.

The results of the study may be published but every attempt will be made to preserve your anonymity. We will store the information securely so that only the study researchers will have access to it. At the end of the project any information critical for the results of the study will be kept in secure storage for ten years (as required by the University's research policy), and then destroyed. Any other personal information will be destroyed as soon as the study finishes.

Information and support

There is a list of mental health support contacts available at the end of the survey. You can also contact the research team for assistance in engaging appropriate support if you do experience any distress due to the nature of the survey.

Email: tupuanuku@otago.ac.nz

This study has received ethical approval by the Southern Health and Disability Ethics Committee (HDEC), ethics reference: 21/STH/216. You can contact HDEC below.

Phone: 0800 4 ETHIC

Email: hdec@health.govt.nz

For Māori cultural support, please contact:

Dr Cameron Lacey

Māori Indigenous Health Unit

University of Otago, Christchurch

Phone: (03) 364 3689

Email: Cameron.lacey@otago.ac.nz

If you have any questions or concerns about your rights as a participant in this research, you can contact an independent health and disability advocate. This is a free service provided under the Health and Disability Commissioner and can be found [here](#).

If you have any questions about this study, please contact Debbie Peterson.

Email: debbie.peterson@otago.ac.nz

Telephone: (04) 806 1486

Please click the **arrow** to be transferred through to the survey.

End of Block: Ethics & Basic Information

Start of Block: Survey Criteria

Q2. In the last five years, have you used mental health or addiction services? (e.g. used community mental health or addiction services, seen a counsellor or seen a general practitioner (GP) for mental health or addiction)

☐ Yes

☐ No

Q3. Are you are aged 18 years or older?

☐ Yes

☐ No

End of Block: Survey Criteria

Start of Block: Participants who do not meet criteria

Thank you for your interest in this survey. Unfortunately, you do not meet the criteria for this study.

End of Block: Participants who do not meet criteria

Start of Block: Mental Health Demographics

Q4 When did you start seeing a healthcare provider for your mental health or addiction?

- ☐ Less than a year ago
- ☐ In the last 1 - 4 years
- ☐ In the last 5 - 10 years
- ☐ More than 10 years ago

Page Break

Q5 Which of the following healthcare providers have you seen for your mental health or addiction in the last 12 months? (please tick all that apply)

- ☐ None
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ General practitioner (GP)
- ☐ Nurse
- ☐ Addiction practitioner
- ☐ Social worker
- ☐ Occupational therapist
- ☐ Counsellor
- ☐ Mental health support worker
- ☐ Peer support worker
- ☐ Other (Please state) _____

Page Break _____

Q6 How often do you usually see someone for your mental health or addiction?

- ☐ At least once a week
- ☐ Once a fortnight
- ☐ Once a month
- ☐ Once in a couple of months
- ☐ Less than every couple of months

End of Block: Mental Health Demographics

Start of Block: Physical Health Settings

In the following questions, we are interested in the impact that your mental health or addiction might have had on the physical health care you have received.

Page Break

Q7 Thinking about the last five years, have you used general practitioner (GP) services for physical health issues?

☐ Yes

☐ No

Page Break

Q8 Thinking about your interactions with GP services (e.g. GPs, practice nurses, receptionists) in the last five years, how often did the following happen?

| | Never | Sometimes | Most of the time | Always | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was treated with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was listened to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was treated unfairly due to my mental health or addiction issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mental health or addiction issues distracted from my physical health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q9 Please tell us more about your experiences of physical healthcare from GP services:

Page Break

Q10 Thinking about the last five years, have you been seen in an emergency department (ED) for physical health issues? (Including experiences of self-harm)

☐ Yes

☐ No

Page Break

Q11 Thinking about your interactions with emergency departments in the last five years, how often did the following happen?

| | Never | Sometimes | Most of the time | Always | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was treated with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was listened to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was treated unfairly due to my mental health or addiction issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mental health or addiction issues distracted from my physical health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q12 Please tell us more about your experiences of physical healthcare in emergency departments:

Page Break

Q13 Thinking about the last five years, have you used a hospital service for physical health issues? (e.g. as a patient in an inpatient ward, or at an outpatient clinic such as the Diabetes Service)

☐ Yes

☐ No

Page Break

Q14 Thinking about your interactions with hospital services in the last five years, how often did the following happen?

| | Never | Sometimes | Most of the time | Always | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was treated with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was listened to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was treated unfairly due to my mental health or addiction issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mental health or addiction issues distracted from my physical health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q15 Please tell us more about your experiences of physical healthcare in hospital services:

Page Break

Q16 Thinking about the last five years, have you used a chemist or pharmacy for physical health issues? (e.g. picked up a prescription medication, or had a health assessment)

☐ Yes

☐ No

Page Break

Q17 Thinking about your contact with chemists or pharmacies in the last five years, how often did the following happen?

| | Never | Sometimes | Most of the time | Always | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was treated with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was listened to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was treated unfairly due to my mental health or addiction issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mental health or addiction issues distracted from my physical health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q18 Please tell us more about your experiences of physical healthcare from chemists or pharmacies:

Page Break

Q19 Thinking about the last five years, have you seen other health services for physical health issues? (e.g. kaupapa Māori health service, physiotherapy, dietetic service, naturopathic service)

☐ Yes

☐ No

Page Break

Q20 Thinking about your interactions with other health services (e.g. kaupapa Māori health service, physiotherapy, dietetic service, naturopath service) in the last five years, how often did the following happen?

| | Never | Sometimes | Most of the time | Always | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was treated with respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was listened to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was treated unfairly due to my mental health or addiction issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mental health or addiction issues distracted from my physical health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q21 Please tell us more about your experiences of physical healthcare in these health services:

End of Block: Physical Health Settings

Start of Block: Physical Health within the Mental Health Structure

Q22 In the last five years, how often have you been accompanied by a mental health or addiction staff member to an appointment for your physical health?

- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Never
 - ☐ Unsure
-

Q23 Please tell us more:

End of Block: Physical Health within the Mental Health Structure

Start of Block: Stigma & Discrimination

Q24 In the last five years, how often did you decide not to seek help and/or continue with treatment for a physical health problem, in case you were treated unfairly due to your experience of mental health or addiction?

- ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Never
 - ☐ Unsure
-

Q25 Please tell us more:

Page Break

Q26 When seeking help for a physical health problem in the last five years, have you at any point been treated unfairly due to your: (please tick all that apply)

- ☐ Ethnicity
- ☐ Age
- ☐ Gender
- ☐ Sexual orientation
- ☐ Disability

Q27 Please tell us more:

Page Break

Q28 How do you think physical health care could be improved for people with mental illness or addiction issues?

End of Block: Stigma & Discrimination

Start of Block: General Demographics

Q29 Have you ever been given a mental health or addiction diagnosis?

- ☐ Yes
- ☐ No
- ☐ Unsure

Page Break

Q30 Which of the following mental health diagnoses have you been given? (please tick all that apply)

☐

Depression

☐

Anxiety

☐

Schizophrenia

☐

Bipolar disorder

☐

Personality disorder

☐

Addiction

☐

Other (Please state): _____

Page Break

Q31 How old are you?

- ☐ 18 - 25 years old
- ☐ 26 - 35 years old
- ☐ 36 - 45 years old
- ☐ 46 - 54 years old
- ☐ 55 - 64 years old
- ☐ 65+ years old

Page Break

Q32 What gender do you identify as?

☐ Male

☐ Female

☐ Gender diverse

☐ Other (please state): _____

☐ Prefer not to answer

Page Break

Q33 What ethnic group do you belong to? (please tick all that apply)

☐ New Zealand European/Pākehā

☐ New Zealand Māori

☐ Samoan

☐ Cook Island Māori

☐ Tokelau

☐ Tongan

☐ Niuean

☐ Chinese

☐ Indian

☐ Other (please state): _____

Page Break

Q34 What sexual orientation do you identify with? (please tick all that apply)

☐

Heterosexual

☐

Lesbian

☐

Gay

☐

Bisexual

☐

Other (please state): _____

☐

Prefer not to answer

Page Break

Q35 What region do you mainly live in?

- ☐ Northland
 - ☐ Auckland
 - ☐ Waikato
 - ☐ Bay of Plenty
 - ☐ Gisborne
 - ☐ Hawkes Bay
 - ☐ Taranaki
 - ☐ Manawatū-Whanganui
 - ☐ Wellington
 - ☐ Nelson
 - ☐ Marlborough
 - ☐ West Coast
 - ☐ Canterbury
 - ☐ Otago
 - ☐ Southland
-

Q36 Which of the following best describes where your home is in your region?

- ☐ Urban
- ☐ Semi-rural
- ☐ Rural

End of Block: General Demographics

Start of Block: Final Comments

Q37 Do you have any other comments you wish to make about the topics raised in this survey?

Page Break

Q38 Please leave your email address below if you would like to hear about the results of this study:

Q39 If you are interested in participating in an in-depth interview about your experience of physical health care in New Zealand, please indicate below:

☐ Yes

☐ No

Q40 Please leave your name and best contact details, so we can contact you regarding an interview:

End of Block: Final Comments

Start of Block: Thank you

Thank you for completing the survey. If you have any questions about this study, please contact the research team at the email address below:

Email: tupuanuku@otago.ac.nz

Need mental health support?

Contact your usual mental health provider

OR

Need to talk? Free call or text 1737 any time for support from a trained counsellor Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP) Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO) Healthline – 0800 611 116 Samaritans – 0800 726 666

OR

click [here](#) for more support options

End of Block: Thank you
