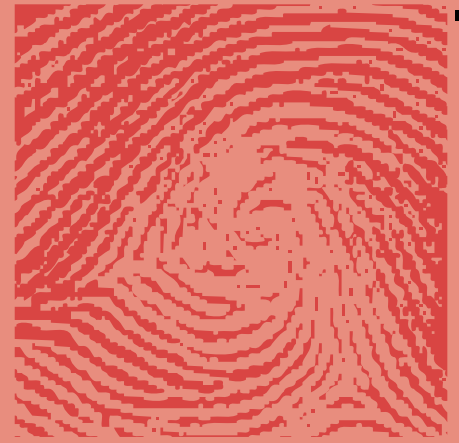


# Carer survey of Victorian public adult mental health services

Your chance to help us help you



If you are providing support or care to someone who has had contact with Victorian public adult mental health services, please use this survey to tell us about the things that matter to you about those services.

There are no 'correct' or 'incorrect' answers. We would like your opinion because the things you say will help to improve the services provided.

This survey is completely optional and confidential - please do not write your name on this form.

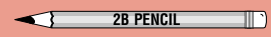
If you need any help to answer the questions, or would like to discuss the survey, please contact **Yvonne Grahame** on **freecall telephone:**

**1800 791 000.**

**Thank you for your assistance.**



## How to complete this form



- ❖ Use a blue / black pen or 2B pencil. Do not use red or felt tip pen.
- ❖ Most questions require you to answer by crossing the appropriate box.  
Please mark the box like this only:
- ❖ If you make a mistake in pencil, please erase fully. If in pen, cross out the incorrect answer like this:
- ❖ Make no stray marks.
- ❖ Do not fold or bend this survey.
- ❖ Some questions require you to write your answer in the boxes provided. Please write neatly, using capital letters. For example:

16. What is the main language you speak?  
If not English, please tell us what language you mainly speak:

ITALIAN

1. How long have **you** had contact with public adult mental health services for someone in your care?  
Please cross one box only

- Less than 1 month .....
- 1 to 3 months .....
- 4 to 6 months .....
- 7 months to 1 year .....
- More than 1 year BUT less than 5 years .....
- More than 5 years .....

2. What type of contact did **you** MOST RECENTLY have with a person from a public adult mental health service as a carer?  
Please cross one box only

- Telephone .....
- Face-to-face .....
- Other, please state .....

3. When was **your** MOST RECENT contact with a person from a public adult mental health service as a carer?  
Please cross one box only

- In the last month .....
- In the last 2 months .....
- In the last 3 months .....
- In the last 6 months .....
- More than 6 months ago .....



4. Mental health services are required to give carers information that they can understand about their rights and responsibilities as well as those of the person they care for. Thinking about the service that you MOST RECENTLY used, please cross the box that best applies to YOU for each of the following:

How good was the service at letting YOU know . . .	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) What they can do for you and the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) What they expect from you and the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your right and the person's right to privacy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your right and the person's right to confidentiality . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Your right and the person's right to speak to someone in your preferred language . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Your right and the person's right to written information in your preferred language . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) That either of you can speak to a male or female staff member if preferred . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Your right and the person's right to feel safe where you are seen by the service . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) How to comment or complain about the service . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) How to participate in overall service planning, improvement and review . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Overall, how good was the service at helping YOU to UNDERSTAND the above information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Overall, how good was the service at providing the above information WHEN YOU needed it? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Mental health services are required to provide carers with a service that is easy for them to access when needed. Thinking about the service that you MOST RECENTLY used, please cross the box that best applies to YOU for each of the following:

How good was the service at . . .	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) Letting <b>you</b> know how and when they can be contacted . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Being easy for <b>you</b> to travel to . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Letting <b>you</b> know who you should talk to . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Making it easy for <b>you</b> to find the person you needed to talk to . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Being available when <b>you</b> needed them . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Asking you about <b>your</b> views/concerns . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Listening and talking to you about <b>your</b> views/concerns . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Providing <b>you</b> with written information in your preferred language . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Arranging an interpreter for <b>you</b> when needed . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Respecting <b>your</b> cultural beliefs and practices . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Arranging for <b>you</b> to see a male or female staff member if asked for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Making <b>you</b> feel safe where you were seen by the service . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Allowing <b>you</b> to comment or complain about the service freely . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Providing opportunities for <b>you</b> to participate in overall service planning, improvement and review . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Overall, how good was the service at enabling YOU to GET HELP? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Overall, how good was the service at helping you WHEN YOU needed them? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Carer survey of Victorian public adult mental health services

Your chance to help us help you

6. Mental health services are required to provide carers with information that helps them to access appropriate treatment and assistance for a person they care for with mental health problems or illness, as well as services and support for carers. Thinking about the service that you MOST RECENTLY used, please cross the box that best applies to YOU for each of the following:

How good was the service at . . .	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) Providing <b>you</b> with information about <i>mental illness or problems</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing <b>you</b> with information about the <i>range of treatments available</i> for mental illness or problems . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Providing <b>you</b> with information about <i>other services and supports</i> that may help the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Providing <b>you</b> with information about available services and supports <i>for carers</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing <b>you</b> with information about the <i>Mental Health Act</i> (including Community Treatment Orders and the Mental Health Review Board) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Providing <b>you</b> with information about the <i>assessment</i> process . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Providing <b>you</b> with information about the <i>treatment planning and review</i> process . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Providing <b>you</b> with information about the <i>discharge</i> process . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) <b>Overall, how good was the service at helping YOU to UNDERSTAND</b> the above information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) <b>Overall, how good was the service at providing the above information WHEN YOU</b> needed it? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Mental health services are required to work with carers who are involved in providing ongoing care for a person with mental health problems or illness. Thinking about the service that you MOST RECENTLY used, please cross the box that best applies to YOU for each of the following:

How good was the service at . . .	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) Providing opportunities for <b>you</b> to access available services and support for carers . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Asking <b>you</b> what might help the person you care for from your experience and knowledge of them . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Respecting <b>your</b> opinion of what might help the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Providing opportunities for <b>you</b> to discuss <i>the person's illness if</i> the person consents or permitted by law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing opportunities for <b>you</b> to discuss the <i>person's medication if</i> the person consents or permitted by law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Providing opportunities for <b>you</b> to discuss the <i>person's other treatment (not medication) if</i> the person consents or permitted by law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Providing opportunities for <b>you</b> to access <i>other services or supports</i> that may help the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Involving <b>you</b> in <i>treatment decisions if</i> the person consents or permitted by law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Discussing with <b>you</b> the <i>effects/outcomes</i> of the treatment <i>if</i> the person consents or permitted by law . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Helping <b>you</b> to recognise and manage early signs of deterioration in the person you care for . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Helping <b>you</b> to prepare for when the person no longer uses the service . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) <b>Overall, how good was the service at HELPING YOU to meet the above needs?</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What did **YOU LIKE** about the public adult mental health service that you **MOST RECENTLY** used as a carer?


9. What **DIDN'T YOU LIKE** about the service?


10. What are the **MOST IMPORTANT** things **FOR YOU** that need to improve about the service?




# Carer survey of Victorian public adult mental health services

Your chance to help us help you

11. What is the name of the public adult mental health service that you MOST RECENTLY had contact with?

12. Mental health services are required to provide appropriate treatment and services for people with mental health problems or illness. Has the person you care for used any of the following services at the MOST RECENT public adult mental health service he or she had contact with? Please cross as many boxes as apply in the first column below. Then for each row in which you have placed a cross, please cross one of the six remaining boxes that best applies for that service.

	WHETHER USED	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) Continuing Care/Community "Clinic" Services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mobile Support & Treatment Services (MSTS) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Assessment & Treatment Services (CATS) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Acute Inpatient Services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Primary Mental Health & Early Intervention Services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Dual Diagnosis Services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Community Care Unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Secure Extended Care Inpatient Services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other, please specify: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How old is the person you care for?   years

14. What is your relationship to the person you care for?

15. Which age group do YOU belong to?

Please cross one box only

- Under 18 years .....
- 18 to 24 years .....
- 25 to 34 years .....
- 35 to 44 years .....
- 45 to 64 years .....
- 65 years or more .....

**16.** What is the main language you speak?

Please cross one box only

English.....

Language other than English.....

If not English, please tell us what language you mainly speak:

**17.** Are you . . .

Please cross one box only

Male.....

Female.....

**18.** Did you need any help to complete this survey?

Please cross any boxes that apply

No help.....

Help to READ the questions.....

Help to UNDERSTAND the questions.....

Help to fill in the survey form.....

Other, please tell us what sort of help:.....

Please turn over to continue.

