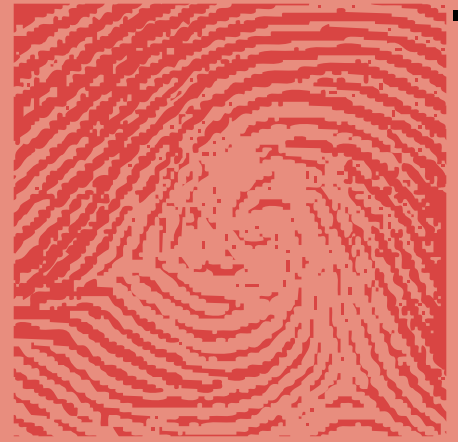


# Consumer survey of Victorian public adult mental health services

Your chance to help us help you



We would like to know the things that matter to you when using Victorian public adult mental health 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.

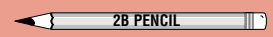
If you need any help to answer the questions, or would like to discuss the survey, please contact **Yvonne Grahame** on **freecall telephone:**

**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:

14. 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?

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. Where was your MOST RECENT face-to-face contact with a person from a public adult mental health service?

Please cross one box only

- At your home .....
- At a community clinic or centre .....
- In hospital .....
- At a residential facility .....
- Other, please tell us where .....

3. And when was that?

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. Thinking about the MOST RECENT public adult mental health service you had contact with, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) What they expect from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) When you can choose to have others involved in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) That you have a right to privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) When you can choose who is told that you use the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Your 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) Your 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"/>
h) That you can speak to a male or a female staff member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) That you should 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"/>
j) 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"/>
k) 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"/>
l) 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"/>
m) 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. Thinking about the MOST RECENT public adult mental health service you had contact with, 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 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 contact 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 for <b>your</b> opinion about your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Listening to <b>your</b> opinion about your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Providing written information in <b>your</b> preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Arranging for an interpreter 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 female or male 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"/>

# Consumer survey of Victorian public adult mental health services

Your chance to help us help you

6. Thinking about the MOST RECENT public adult mental health service you had contact with, 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 information about your <i>illness or condition</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing information about the <i>range of treatments available</i> to help you feel better . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Providing information about the <i>medication</i> you are taking . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Providing information about <i>other treatment</i> (not medication) you are receiving . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing information about <i>other services</i> that may help you (eg. accommodation, support groups, employment services, etc) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Providing 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"/>
g) Providing 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"/>
h) Providing 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"/>
i) Providing 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"/>
j) Overall, how good was the service at helping you to <b>UNDERSTAND</b> the above information? . . . . .	<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 providing the above information <b>WHEN</b> you needed it? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Thinking about the MOST RECENT public adult mental health service you had contact with, 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) Involving <b>you</b> in <i>decisions</i> about your treatment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Discussing the <i>effects/outcomes</i> of <b>your</b> treatment with you . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Respecting <b>your</b> <i>opinion</i> about your <i>treatment</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Helping <b>you</b> to improve or maintain links with your <i>general practitioner</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Helping <b>you</b> to identify and manage <i>early signs</i> of deterioration in your illness or condition . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Helping <b>you</b> to cope with <i>daily activities</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Helping <b>you</b> to improve or maintain <i>relationships</i> with others . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Helping <b>you</b> to access <i>support</i> groups or services . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Helping <b>you</b> to access <i>accommodation</i> services . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Helping <b>you</b> to access <i>education and training</i> courses/facilities . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Helping <b>you</b> to access <i>employment</i> services . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Helping <b>you</b> to access <i>leisure/recreation</i> groups or services . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Helping <b>you</b> to access <i>financial</i> services (eg. Centrelink, banks, advice) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Helping <b>you</b> to prepare for when you no longer use the service (ie. discharge) . . . . .	<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 <b>HELPING YOU</b> to meet your needs? . . . . .	<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** had contact with?


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?


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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. Which of the following services have you used at the MOST RECENT public adult mental health service you 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. 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

**14. 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:

**15. Are you . . .**

Please cross one box only

Male .....

Female .....

**16. When was your MOST RECENT admission to a hospital or ward for your mental illness or condition?**

If never, please write 'never' in box next to month

month  year

**17. Are you currently on a Community Treatment Order?**

Please cross one box only

Yes .....

No .....

Not sure .....

**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.

