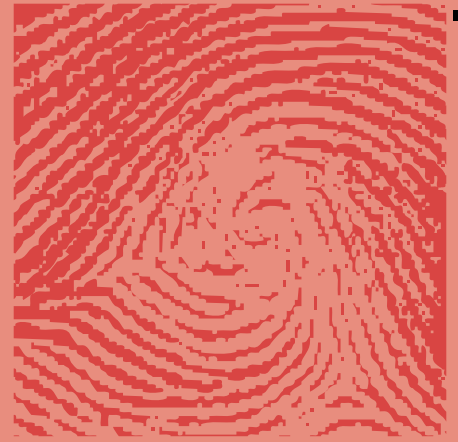


Parent/Carer survey of Victorian public child & adolescent mental health services (CAMHS)

Your chance to help us help you



If you are providing support or care to someone who has had contact with Victorian public child and adolescent mental health services (CAMHS), 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.

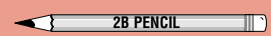
Thank you for your assistance.

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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:

15. 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 CAMHS 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 CAMHS 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 CAMHS as a carer?

Please cross one box only

- In the last week
- In the last school term (6 to 8 weeks)
- In the last year
- More than a year ago



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4. CAMHS are required to give parents/carers information that they can understand about their rights and responsibilities as well as those of the person in their care. Thinking about the CAMHS 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 in your care	<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 in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your right to be with the person you care for when using the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your right to choose if you have others involved in the person's care	<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 privacy	<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 confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Your right and the person's right to information in your preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 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"/>
i) 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"/>
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 be involved 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. CAMHS are required to provide parents/carers with a service that is easy for them to access when needed. Thinking about the CAMHS 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 you 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 you to travel to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Letting you 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 you 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 you needed them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Asking you about your 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 your views/concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Providing you 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 you when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Respecting your 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 you 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 you 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 you 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 you 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"/>

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6. CAMHS are required to work with parents/carers who are involved in the ongoing care of a child or adolescent with mental health problems. Thinking about the CAMHS that you MOST RECENTLY used, please cross the box that best applies to YOU for the following:

How good was the service at . . .	POOR	AVERAGE	GOOD	VERY GOOD	EXCELLENT	DOES NOT APPLY
a) Helping you to understand the <i>person's illness or problems</i> . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing opportunities for you to discuss <i>treatment and support options</i> available for the person you care for . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Providing opportunities for you to <i>access available services and supports for parents/carers</i> . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asking you what might help the person you care for from your <i>experience and knowledge</i> of them . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Involving you in decisions about the <i>person's treatment</i> . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Involving you in the <i>treatment program</i> . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Providing opportunities for you to discuss the <i>effects/outcomes</i> of the person's treatment . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Providing opportunities for you to access <i>other professionals, services or groups</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"/>
i) Helping you to recognise 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"/>
j) Helping you to 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 you to prepare for when the service is no longer involved . . .	<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 meet the above needs? . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What **DID YOU LIKE** about the CAMHS that you MOST RECENTLY used?

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

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



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10. What is the name of the CAMHS that you MOST RECENTLY had contact with?

11. 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 CAMHS 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) 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) Intensive Mobile Youth Outreach Services (IMYOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mobile Adolescent Team (MAT)	<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) Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

14. 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



15. 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:

16. Are you . . .

Please cross one box only

Male.....

Female.....

17. 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.

