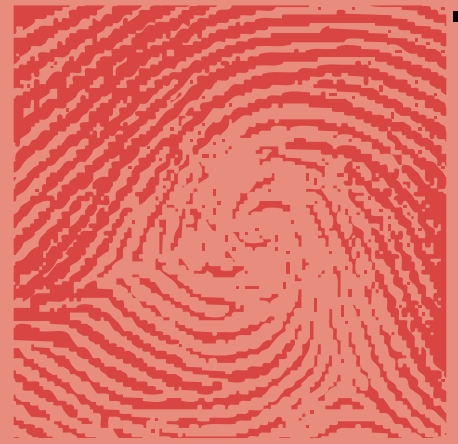


Consumer survey of Victorian public child & adolescent mental health services (CAMHS)

Your chance to help us help you



We would like to know the things that matter to you when you visit or are visited by CAMHS.

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.

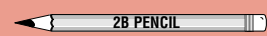
Thank you for your assistance.

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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:

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

ITALIAN

1. How long have you been using CAMHS?

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 appointment with a person from CAMHS?

Please cross one box only

- At your home
- At a community clinic or centre
- In hospital
- If somewhere else, please tell us where

3. When was your MOST RECENT appointment with a person from CAMHS?

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. Thinking about when you MOST RECENTLY used CAMHS, 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) That you can speak to someone in your own language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 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"/>
h) 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"/>
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 be involved in how the overall service runs	<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. Thinking about when you MOST RECENTLY used CAMHS, 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 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 for your 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 your 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 your own language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Arranging for you to speak to someone in your own language	<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) Giving you the chance to be involved in how the overall service runs	<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 making it possible for 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. Thinking about when you MOST RECENTLY used CAMHS, 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) Helping you to understand your <i>illness or problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Talking to you about the <i>different ways to help</i> you feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Involving you 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"/>
d) Discussing your opinion about the effects of your <i>treatment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing opportunities for you to use <i>other services</i> that may help you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Helping you to feel safe and secure <i>where you are living</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Helping you to manage your <i>daily activities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Helping you to cope with <i>school</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Helping you use services to get or keep <i>work</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Helping you to get along with <i>family, friends or others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Helping you to know <i>when</i> you are <i>starting</i> to feel worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Helping you to know <i>what to do</i> if you <i>start</i> to feel worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Helping you to prepare for when you <i>no longer</i> use the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Overall, how good was the service at HELPING YOU to meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What was **GOOD** about the CAMHS that you MOST RECENTLY used?

8. What **DIDN'T YOU LIKE** about the CAMHS that you MOST RECENTLY used?

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. Which of the following services have you used at the LAST CAMHS 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) 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 are you? years

13. 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:

14. Are you . . .

Please cross one box only

Male

Female

15. 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

16. 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.

