

Mental Health Services Survey-S

In order to provide the best possible mental health services, we would like to know what you think about the services you received during the past three months and the results of those services on your life. For each of the following questions, please check the box for the answer that best matches your experience.

Please tell us how easy and convenient it has been for you to get mental health services during the past three months. How would you rate the following?

		Poor	Fair	Good	Excellent
1	The ease of getting services when you needed them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The range of services available to you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The information you were given about your medication and any side effects (if this applies).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Staff's sensitivity to issues related to your culture, race, gender, sexual orientation and/or religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The respect with which you were treated.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Your freedom to choose or reject services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The overall quality of the services received.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In this section, we ask you to rate how things are going in different areas of your life. Please read the statement and then check the box that best represents your experiences. How would you rate the following?

		Poor	Fair	Good	Excellent
8	The amount of money you have to buy what you need.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Your access to transportation to get around.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Your ability to have fun and relax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Your physical health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Your self-respect (how you feel about yourself).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Overall, how things are going in your life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about the effects that the mental health services you have received during the past three months have had on your life. Please check the box that most closely represents your agreement with the following statements. As a direct result of the services I received:

		Strongly Disagree	Disagree	Agree	Strongly Agree
14	I deal more effectively with daily problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I am better able to control my life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I do better in social situations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Agree	Strongly Agree
17	I do better in school and/or work (if this applies)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	My housing situation has improved.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I am better able to take care of my needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I am better able to handle things when they go wrong...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I am better able to do things that I want to do...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I have people with whom I can do enjoyable things..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I feel I belong in my community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	In a crisis, I would have the support I need from family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to comment on any of your answers. If there are areas which were not covered by this survey that you feel should have been, please include your comments in this section. Specifically, please tell us about:

What suggestions do you have to improve services?

What services or aspects of services are particularly good?

Please identify any negative or harmful aspects to the services you received.

Background Information

Please provide the following information for statistical purposes. Please do not share your name. This confidential information is very important to help ensure that services meet your needs. Please fill in the blanks or check the box that best answers the following. Thank you for your time and cooperation in completing this survey.

1. Please enter the name of your facility: _____
2. What county do you live in (e.g. Albany, Suffolk, etc)? _____
3. Are you a member of a Prepaid Mental Health Plan (PMHP)? Yes No Don't Know
4. Are you of Hispanic/Latino Origin? Yes, Hispanic or Latino Not Hispanic or Latino
5. What is your race? (Mark one or more boxes to indicate what you consider your race to be)
 White (Caucasian) Black/African American American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Asian Other (specify) _____
6. What is your primary language? _____
7. What is your sex? Male Female
8. What is your age? _____
9. Have you been employed in the past 12 months? Yes No (if you checked no, skip to question 11)
10. Was your employment paid or volunteer? Paid Volunteer
11. Are you a parent of a child under the age of 18? Yes No (if you checked no, skip to question 14)
12. Do you have legal custody of your child or children? Yes No
13. If you do not have custody, are you currently seeking custody? Yes No
14. Have you had a routine physical examination (at a health clinic or with a family doctor) in the past 12 months?
 Yes No
15. How long ago was your last psychiatric inpatient hospital stay?
 Never Hospitalized Less than 1 month ago 1-3 months ago
 4-6 months ago 6 months-1 year ago More than 1 year ago
16. In the past 12 months, have you been involved in a self-help or peer support group in any way?
 Yes No I do not know what a self-help or peer-support group is
17. Other than yourself, who assisted you with taking this survey (e.g. handed it to you, collected it from you, helped you with questions, etc.)?
 A consumer peer A peer specialist Staff member Other (Please Identify) _____
18. How long have you been receiving mental health services from this program?
 Less than one year One year or more
19. How often do you receive services from this program?
 2-5 days per week 1 time per week 1-2 times per month Less than 1 time per month