



Survey: Family engagement consultation

Thank you for taking the time to answer some questions about community mental health and family involvement in Lanark, Leeds and Grenville.

Ontario's Moving on Mental Health plan aims to improve the way child and youth mental health services are delivered across the province. The goal is to offer consistent, coordinated and effective mental health services that make sense for children, youth and families—and nobody knows what makes sense more than you.

We want to hear your thoughts. What's working? What's not? How can we improve things so that services are easy to find, easy to access and effective when used?

By participating in this survey, you're helping to shape how child and youth mental health services are delivered in our community. As a family member participating in the children's mental health programs your experiences are extremely valuable in helping us identify our priorities and opportunities for strengthening child and youth mental health service delivery.

All of the information collected in this survey is confidential and will be reported anonymously. In other words, any names or identifying information will not be included in documents that result from this survey. Responses will be summarized by a researcher and used collectively to inform our agency's decision-making.

It should take you approximately 15 minutes to complete the survey.

There is no obligation to complete this survey. You may refuse to participate or stop participating at any time and it will not affect the service you/your child receives from children's mental health programs at any time.

If you have any questions about this survey, or if you would like additional information, please feel free to contact Beth Kent at 613-498-4844 extension 3025.

Thank you again for your time!

This process is supported by:



Parents for Children's
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A. PRIORITIES

Over the next year, we will be involved in setting priorities for child and youth mental health services. We want to know what is important to you.

1. What would you suggest are the top three ways we should improve services in Lanark, Leeds and Grenville? What three things do we need the most?

1.
2.
3.

B. CORE SERVICES

1. Over time, we, along with other service providers in Lanark, Leeds and Grenville will be responsible for ensuring the delivery of a full range of mental health services to meet the needs of children, youth and families. Please tell us which child and youth mental health services you have used and where you accessed them.

a) Where have you received mental health services for your child/youth? (check all that apply)	
<input type="checkbox"/>	Office
<input type="checkbox"/>	Home
<input type="checkbox"/>	School
<input type="checkbox"/>	Community
<input type="checkbox"/>	Day Treatment
<input type="checkbox"/>	Day Care
<input type="checkbox"/>	Walk In Clinic
<input type="checkbox"/>	Other (please explain):



b) What service have you received (check all that apply)	
	<i>Targeted prevention focuses on changing views and behaviours, building skills and competencies and creating awareness and resiliency through the provision of information, education, and programming</i>
	<i>Brief services – time limited therapy</i>
	<i>Counselling and therapy – treatment focused on reducing severity and/or remedying the problems being faced</i>
	<i>Family/caregiver capacity and support - strategies that build parent or caregiver capacity to understand, support, and respond to the mental health needs of their children or youth.</i>
	<i>Specialized consultation and assessment - Clinical services designed to provide advice or direction in the diagnosis, prognosis and/or treatment of a child or youth</i>
	<i>Crisis services - immediate, time limited services delivered in response to a child or youth who is experiencing an imminent mental health crisis, or an urgent or crisis situation that places the child or youth or others at serious risk</i>
	<i>Intensive services - services provided in the least restrictive settings in local communities as close to home as possible, and targeted to children and youth with significant mental health disorders who require intensive intervention for a defined period of time</i>
	Other: Please Explain

C. FAMILY ENGAGEMENT / INVOLVEMENT

1. Going forward we want to work with you to ensure child and youth community mental health services meet the needs of families. What would be the best way to share your ideas with us?



D. ACCESS

We want to ensure access and awareness of child and youth mental health services. Please help us understand how families are currently finding and receiving services.

1. How did you learn about child and youth mental health services/resources in Lanark, Leeds and Grenville?
(check all that apply)

<input type="checkbox"/>	Family
<input type="checkbox"/>	Friends
<input type="checkbox"/>	Physicians
<input type="checkbox"/>	School
<input type="checkbox"/>	Lawyers/courts
<input type="checkbox"/>	Family and Children's Services of Lanark Leeds and Grenville
<input type="checkbox"/>	Internet or phone book
<input type="checkbox"/>	Word of mouth
<input type="checkbox"/>	Other (please explain):

2. If you have found (or continue to find) it difficult to access child and youth mental health services in the last several years, what are the specific challenges that have gotten in the way? Please check all that apply.

<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Location of services
<input type="checkbox"/>	Lack of childcare
<input type="checkbox"/>	Language the service is provided in
<input type="checkbox"/>	Age of my child
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Lack of money/finances
<input type="checkbox"/>	Worries about confidentiality or privacy.
<input type="checkbox"/>	Culture
<input type="checkbox"/>	Family schedule/commitments
<input type="checkbox"/>	Work schedule
<input type="checkbox"/>	Lack of support from family and friends
<input type="checkbox"/>	My child does not "fit" into available services
<input type="checkbox"/>	Availability of specialized services
<input type="checkbox"/>	Other (please explain)_____



3. Where would you prefer to receive services for your children?

	At home
	In an office setting
	At school
	In a public space
	Within your own community
	Other (please explain):

4. What specific services have been most useful for you and/or your children?

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5. What services had you hoped for or wanted for yourself or your children that are unavailable in your community?

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6. How long did you wait to receive services from child and youth mental health services?

	Less than a week
	One week to a month
	Between one month and six months
	Between six months and a year
	More than a year
	More than two years
Were there some services you waited for longer than others? Please comment	



E. SERVICE DELIVERY

1. How would you rate your overall satisfaction when working with Open Doors/Children's Mental Health Leeds and Grenville? (Please check one).

Very Good	Good	Satisfactory	Poor	Not applicable

2. Please agree or disagree with the following statements about your satisfaction with services

Do you agree or disagree that:	Agree	Disagree	Does not apply to me
My child/family were directed to the right places			
My referral was received in a timely manner			
My opinion was valued			
My child's opinion was valued			
The services made a positive difference or change			
The services my child received were responsive to the challenges my family faces			
The services I received were appropriate for my culture			
I was treated respectfully			
My child was treated respectfully			
We were given up-to-date information about available services, next steps, etc.			



F. SERVICE SATISFACTION

1. Were there frustrating or confusing parts of your experience with these child and youth mental health services?
If so, what were they?

2. Is there anything else that you would like us to know?



G. DEMOGRAPHIC QUESTIONS

The last few questions will help us understand a bit more about who is completing the survey.

1. In what community/city do you live?

2. What organizations have you received services from?
 - a. Open Doors for Lanark Children and Youth
 - b. Children's Mental health of Leeds and Grenville
 - c. Other (please specify) _____

3. What culture do you identify with?

4. How old is/are the child(ren) for whom you use(d) mental health services in our community?

5. What is your child's gender (i.e. boy, girl, other)?

6. What is your relationship to this child?

	Parent
	Step-parent
	Guardian
	Foster parent
	Other (specify)

7. What worries prompted you to initially seek help?