

Child and youth mental health services in
Hastings, Northumberland, Prince Edward
Youth consultation survey

Thank you for taking the time to answer some questions about mental health services in Hastings, Northumberland, and Prince Edward. We want to understand how we can improve your service experience and the experiences of all children, youth and families in our community who have received, or may be looking for mental health services in this area.

As someone who has used our programs, we want to hear your thoughts. What's working? What can be improved? How can we make our services easier to find and easier to use? We will review your answers and use them to improve the services in our community. By filling out this survey, you will help shape how mental health services for children and youth are delivered in our communities.

Any personal information (name, phone number, e-mail address etc.) you provide in this survey will not be shared with anyone else.

It should take approximately 15-minutes to finish this survey. Not completing this survey will not affect the service you receive.

If you have any questions about this survey, or if you would like more information, please feel free to contact Susan Sweetman at (613-966-3100).

Have you, or someone in your family received mental health services for children and youth?

- Yes (proceed to question 1 below)
- No (go to Question 14)

1. Which type of mental health service(s) for children and youth have you or your family member received? Please check all that apply.

- intensive support services
- school-based service
- day treatment
- walk-in counselling/service
- crisis services at the hospital (includes visit to the emergency department)
- other (please specify): _____
- counselling/therapy
- residential treatment
- intake/consultation/assessment
- brief service (1-4 sessions)

2. How did you learn about child and youth mental health services/resources in your community?

- family/friends
- school staff
- program or agency website/phone book/posters/pamphlets
- other (please specify): _____
- doctors/nurse practitioners/family health providers
- youth worker/Children’s Aid Society

3. How long did you have to wait before you received 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

4. If you have found (or continue to find) it difficult to get mental health services, what is getting in the way? Please check all that apply.

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> wait lists | <input type="checkbox"/> accessibility issues |
| <input type="checkbox"/> hours of operation | <input type="checkbox"/> lack of money/finances |
| <input type="checkbox"/> location of services (geographical distance) | <input type="checkbox"/> lack of services adapted to my culture |
| <input type="checkbox"/> transportation issues | <input type="checkbox"/> scheduling conflicts (work, school) |
| <input type="checkbox"/> language of service | <input type="checkbox"/> not knowing what is available |
| <input type="checkbox"/> stigma associated with mental illness | <input type="checkbox"/> lack of support (family, friends, etc.) |
| <input type="checkbox"/> lack of childcare | <input type="checkbox"/> other (please specify): _____ |

5. Is there a mental health program or service that is currently not available in your community that you wish was available?

6. If you could change one thing about your experience with the child and youth mental health services in our community, what would it be?

7. Where have you received mental health services? Please check all that apply.

- | | |
|------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> at a community agency | <input type="checkbox"/> at a clinic |
| <input type="checkbox"/> at home | <input type="checkbox"/> in a public space |
| <input type="checkbox"/> at school | <input type="checkbox"/> in an office not at a community agency/hospital |
| <input type="checkbox"/> at the hospital | <input type="checkbox"/> other (please specify): _____ |



8. Is there a specific place where you would like to receive mental health services?

- at home
- at school
- in an office setting
- other (please specify): _____
- it doesn't matter to me where I get services from
- community Centre

9. We want to be sure that those who use our services have a say in how we make improvements to our services. How would you feel most comfortable providing feedback to us on the mental health services you received?

- by participating in an advisory group
- in person meetings or discussion groups
- telephone calls
- online meetings or discussion forums
- completing surveys
- other (please specify: _____)
- I am not interested in providing feedback.

10. How have the services you received helped you?

11. How can we make our services easier to find?

12. How can we make our services easier to use?

13. Do you have any other thoughts or comments to share with us?

FOR THOSE WHO RESPONDED NO TO THE QUESTION: Have you, or someone in your family received mental health services for children and youth?

14. Please indicate which services you are aware of

- intensive support services
- school-based service
- day treatment
- walk-in counselling/service
- crisis services at the hospital (includes visit to the emergency department)
- other (please specify): _____
- counselling/therapy
- residential treatment
- intake/consultation/assessment
- brief service (1-4 sessions)

15. If you or someone in your family were looking for mental health services for children and youth, where would you go to get help?

- family/friends
- school staff
- program or agency website/phone book/posters/pamphlets
- other (please specify): _____
- doctors/nurse practitioners/family health providers
- youth worker/Children’s Aid Society

16. If you know someone who has used services in your community, please tell us about their experience.

17. If you have looked for mental health services in the past and had difficulty finding or accessing them, what got in the way? Please check all that apply.

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> wait lists | <input type="checkbox"/> accessibility issues |
| <input type="checkbox"/> hours of operation | <input type="checkbox"/> lack of money/finances |
| <input type="checkbox"/> location of services (geographical distance) | <input type="checkbox"/> lack of services adapted to my culture |
| <input type="checkbox"/> transportation issues | <input type="checkbox"/> scheduling conflicts (work, school) |
| <input type="checkbox"/> language of service | <input type="checkbox"/> not knowing what is available |
| <input type="checkbox"/> Understanding what help I needed | |
| <input type="checkbox"/> stigma associated with mental illness | <input type="checkbox"/> lack of support (family, friends, etc.) |
| <input type="checkbox"/> lack of childcare | <input type="checkbox"/> other (please specify): _____ |

18. Is there a mental health program or service that is currently not available in your community that you wish was available?

19. If you could change one thing about the child and youth mental health services in your community, what would it be?

20. If you or your family member needed services where would you like to receive them? Please check all that apply.

- | | |
|------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> at a community agency | <input type="checkbox"/> at a clinic |
| <input type="checkbox"/> at home | <input type="checkbox"/> in a public space |
| <input type="checkbox"/> at school | <input type="checkbox"/> in an office not at a community agency/hospital |
| <input type="checkbox"/> at the hospital | <input type="checkbox"/> other (please specify): _____ |
| <input type="checkbox"/> in a local community centre | |

21. How can we make our services easier to find?

22. How can we make our services easier to use?

23. We want to be sure that anyone who might use our services in the future can have a say in how we make improvements. How would you feel most comfortable providing feedback to us on the services available in your community?

- by participating in an advisory group
- telephone calls
- completing surveys
- I would not like to provide feedback.
- in person meetings or discussion groups
- online meetings or discussion forums
- other (please specify: _____)

24. Do you have any other thoughts or comments to share with us?

QUESTIONS FOR EVERYONE

25. Do you identify with any of the following groups? If yes, please indicate which one(s).

- First Nations/Inuit/Métis
- other ethno-cultural group
- francophone
- prefer not to answer

26. Your age:

27. Where do you currently live?

- Hastings County
- Northumberland County
- Prince Edward County



28. What is your postal code?

29. Would you like to enter a draw for one of three \$50 Walmart gift cards in your county?

Yes, I would like to enter the draw.

Your e-mail address:

Your mailing address:

No, I do not want to enter the draw

30. Optional: If you would like to further take part in shaping mental health services, please provide your e-mail address.