

Mental Health Court Client Experience Survey

(Participant Exit)

Dear Client:

We are committed to providing the highest possible quality of care to our clients. In order to help us do that, we are asking you to complete this survey about your experiences here so we can continue to do what we do well and to make improvements where needed.

Your name will not appear anywhere on the survey, and your answers are completely anonymous and confidential. Your completed survey will be placed in a sealed envelope. Results will be reported at a service level, and no one involved in your care will know how you responded.

While we hope that you will give us your feedback, whether you do the survey is entirely your decision. Saying no will not affect your care in any way. You can also skip any question you don't want to answer and you can stop doing this survey at any time.

The survey will take about 15 minutes of your time. For each item, check the box that most accurately reflects your experience.

Sincerely,

Nova Scotia Mental Health Court Program

1. After you were accepted into Mental Health Court, did you have to wait a long time for services to start?

- Not at all
- Somewhat
- For the most part
- Definitely
- I don't remember

2. Do Mental Health Court Team Members return your phone calls within a reasonable amount of time?

- Never
- Sometimes
- Usually
- Always
- I have never called or had to leave a message

3. Are you kept waiting a long time when you have appointments with Mental Health Court Team Members?

- Never
- Sometimes
- Usually
- Always

The following questions are about your experiences around the service...

4. Do you feel safe when you are at the Mental Health Court?

- Never
- Sometimes
- Usually
- Always

5. Are you given enough privacy when discussing your issues or support plan with Mental Health Court Team Members?

- Never
- Sometimes
- Usually
- Always

The following questions are about the support plan you developed with Mental Health Court Team Members...

6. Are you involved as much as you want in decisions about your support plan?

- Never
- Sometimes
- Usually
- Always

7. Do you understand your support plan?

- Not at all
- Somewhat
- For the most part
- Definitely
- I don't know if I have a support plan

8. Is your support plan specific to your needs?

- Not at all
- Somewhat
- For the most part
- Definitely

9. Does your support plan meet your needs?

- Not at all
- Somewhat
- For the most part
- Definitely

The following questions are about respect, recovery, and meeting your needs...

10. Were your individual needs, preferences and values respected in your support plan?

- Never
- Sometimes
- Usually
- Always

11. Do you feel that you are treated with respect by Mental Health Court Team Members?

- Never
- Sometimes
- Usually
- Always

12. Do you feel that you have been treated unfairly by the Mental Health Court Team Members for any of the following reasons?

- Age
- Sex/gender
- Race/ethnic background
- Spiritual/religious beliefs
- Sexual orientation
- Language
- Financial situation
- A disability you have
- Another reason
- I was not treated unfairly

Specify here ↓

13. Do you feel that enough care is taken of any physical health problems you have (for example diabetes, weight gain, heart disease)?

- Never
- Sometimes
- Usually
- Always
- I don't have any physical health problems

14. Do you feel that Mental Health Court Team Members support your improvement and recovery?

- Never
- Sometimes
- Usually
- Always

15. Do you feel your involvement with the Mental Health Court has helped you to connect with services you need to support your well being?

- Not at all
- Somewhat
- For the most part
- Definitely

16. Do you think you will stay connected with these services once you are finished working with the Mental Health Court?

- Not at all
- Somewhat
- For the most part
- Definitely

The following questions are about your rights as a client...

17. Do you feel that you can refuse to follow your support plan?

- Not at all
- Somewhat
- For the most part
- Definitely
- I don't know
- Someone else makes treatment decisions for me

18. Apart from talking to your clinician or lawyer do you know how to make a complaint with the Mental Health Court?

- Yes
- No

19. If yes, to whom would you make a complaint?

Answer here ↓

The following questions are about your experiences with your lawyer and/or probation officer involved in your case...

20. Do you understand the possible legal outcomes of your participation in the Mental Health Court?

- Not at all
- Somewhat
- For the most part
- Definitely

21. Do you understand your Release Conditions in Mental Health Court?

- Not at all
- Somewhat
- For the most part
- Definitely

22. Do you understand the possible penalties that may be applied in the Mental Health Court?

- Not at all
- Somewhat
- For the most part
- Definitely

23. Do you feel that the lawyer and/or probation officer are available to answer your questions?

- Never
- Sometimes
- Usually
- Always

The following questions are about your overall experiences with this service...

24. As a result of your involvement with Mental Health Court, do you feel more ready to accomplish the things you want to do?

- Not at all
- Somewhat
- For the most part
- Definitely

25. Overall, are you being helped by your involvement with Mental Health Court?

- Not at all
- Somewhat
- For the most part
- Definitely

26. Overall, how would you rate the services you are receiving in the Mental Health Court?

- Poor
- Fair
- Good
- Very Good

27. Do Mental Health Court Team Members support having your family and/or friends involved in your care?

- Not at all
- Somewhat
- For the most part
- Definitely
- I don't know
- I don't want my family or friends involved

28. What would have made your experience with the Mental Health Court better?

Answer here ↓

29. What has been a positive part of your experience with the Mental Health Court?

Answer here ↓

30. Please describe your experience in the court room. What went well and what could be improved?

Answer here ↓

The following questions will help us understand more about you...

31. What is your sex/gender?

- Male
- Female
- Transsexual/Transgender
- I identify as: _____

32. What is your age?

- Under 18 years
- 18 to 24 years
- 25 to 44 years
- 45 to 64 years
- 65 years or over

33. How long have you been receiving care with this program or service?

- Less than 1 week
- 1 to 4 weeks
- 1 to 3 months
- 4 to 12 months
- 1 to 5 years
- Over 5 years
- I don't know

34. What language are you most comfortable speaking?

- English
- French
- Other Specify:

35. How much schooling have you had? (check the highest level)

- Some primary school
- Completed primary school
- Some high school
- Completed high school
- Some college or university
- Completed college or university
- Some graduate studies
- Completed graduate studies

36. How many years have you lived in Canada?

- Born in Canada
- Less than 2 years
- 2-4 years
- 5-9 years
- 10 or more years

37. Which of the following groups do you consider yourself to be part of?

- Aboriginal
- Asian - East (for example: China, Japan, Korea)
- Asian - South (for example: India, Pakistan, Sri Lanka)
- Asian - South East (for example: Malaysia, Philippines)
- Black - Africa (for example: Ghana, Kenya, Somalia)
- Black - North America
- Black - Caribbean (for example: Jamaica, Trinidad)
- Latin American (for example: Argentina, Chile, Costa Rica)
- Indian-Caribbean (for example: Guyana with origins in India)
- Middle Eastern (for example: Egypt, Iran, Israel, Palestine)
- White - North America
- White - Europe (for example: England, Greece, Italy)
- Mixed background

38. What supports do you have in the community? (check all that apply)

- Parents/children/siblings
- Spouse/romantic partner
- Friends
- Social workers/other social service worker
- None
- I don't know
- Others (specify): _____

Thank you for taking the time to complete this survey.
You can now print it and mail it to:

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