

Consumer Survey of Peer Advocacy Needs

As a person who receives or has received mental health services in Clinton County, we are interested in your opinions. Specifically we would like to know what types of advocacy services you see as being needed in your county. Please take a bit of time and share your thoughts with us:

There are several types of advocacy services that can be made available to mental health recipients in Clinton County:

One to one personal advocacy – this is offering a person assistance with resolving any differences he/she may have with a mental health service provider. Have you found that you or anyone you know of has had a need for this type of service? **Yes** _____ **No**_____ If so how could this need be met? Please add any thoughts you have in this area _____

Are you aware of whether or not you have a treatment plan or a treatment team?

Yes_____ **No**_____

Comments: _____

Would you like an advocate or assistance in dealing with your treatment plan or team?

Yes_____ **No**_____

Comments: _____

Would you like advocacy or assistance in dealing with non-mental health providers, community people, (eg: family physicians, employers, friends, neighbors, clergy, landlords, police, social services, representative payees, social security, shopkeepers, etc.)

Yes_____ **No**_____

Comments: _____

Would you like help with getting your needs across to anyone with whom you deal?

Yes_____ **No**_____ If so, with whom (eg: family physicians, employers, friends, neighbors, clergy, landlords, police, social services, representative payees, social security, shopkeepers, etc.)

Comments: _____

Please complete only one survey

Would you like help with resolving conflicts with people with whom you deal? **Yes**____ **No**____
If so with whom (eg: family physicians, employers, friends, neighbors, clergy, landlords, police, social services, representative payees, social security, shopkeepers, etc.)

Comments: _____

Would you like assistance with getting the resources and/or support you need to lead a decent life in your community? **Yes**____ **No**____

Comments: _____

Are there any other areas that you feel should be covered by an advocacy service?

Please specify: _____

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

Would you like a peer to follow up with you about your concerns? **Yes**____ **No**____ If yes, please give us at least your first name and how and when you can be reached

NAME: _____

PHONE: _____

E-MAIL: _____

OTHER: We can write you a letter and arrange a place to meet if you have no access to a phone.

ADDRESS: _____

YOUR CONFIDENTIALITY WILL BE PROTECTED

1. Return the questionnaire in the enclosed envelope to the NYS Office of Mental Health, Bureau of Recipient Affairs, 545 Cedar Street, Syracuse, New York 13210, where data will be analyzed.
2. Your name and address will be detached at the dotted line, by Recipient Affairs before any information is returned to Clinton County.