

Questionnaire (1.0)

See Spring Mental Wellness Coalition

*As part of our work, we listen to people's real stories.
All information is confidential.*

*Also, please understand that you
can fill out as much or as little as
you feel comfortable with.*

*If you have the time/day/month/year of your initial contact
that's great, it helps us with our work, even a general time
frame helps, and if you don't know that's fine.*

1)

Start time/day/month/year

____/____/____/____

2) End time/day/month/year (if it has ended)

____/____/____/____

The next questions are about what happened before you found yourself in a mental health crisis:

3)

Had you reached out to your family doctor for help before you were in crisis? Yes / No / I don't remember

4)

Was your family doctor helpful?

1-10 scale; 1 = very helpful; 10 = very unhelpful

5)

Were you at this time receiving any other support? Like counseling? Yes / No / I don't remember

The following questions are about what happened at the time of crisis:

6)

Was this your first interaction with PES, Crisis Line, Police, a psychiatrist, etc? Yes / No / I don't remember

6a)

How did you end up there ?

6b)

What was your experience like? Please feel free to describe this in as much detail as you are comfortable with.

(attach pages if you need to)

7)

Are you involved with any extended leave programs such as ACT, StepACT, USTAT, IMCERT?

Yes / No / I don't remember

7a) Which one?

7b)

How did you end up there ?

7c)

What was your experience like? Please feel free to describe this in as much detail as you are comfortable with.

(Attach additional pages as needed)

8)

Were you taken seriously?

Yes / No / I don't remember

8a)

If no, please describe in as much detail as you feel comfortable with:

(attach pages as needed)

9)

Were you listened to? Yes / No / I don't remember

9a)

If no, please describe in as much detail as you feel comfortable with:

(add pages as needed)

10)

Was your issue addressed? Yes / No / I don't remember

10a)

If yes, how long did it take? _____

11)

Did your situation/issue get better or worse? _____

11a)

If better, please describe in as much detail as you are comfortable with:

(Attach pages as needed)

11b)

If worse, please describe in as much detail as you are comfortable with:

(Attach pages as needed)

12)

Were you forced to do anything against your will?

Yes / No / I don't remember

12a)

If yes, for how long (any guess is fine)? _____

12b)

If yes, please describe this in as much detail as you feel comfortable with:

(Attach pages as needed)

13)

Were you ever put in solitary confinement?

Yes / No / I don't remember

13a)

If yes, for how long? (any guess is fine)

13b)

If yes, please describe in as much detail as you feel comfortable with:

(Add pages as needed)

14)

Were you told to leave without getting any help?

Yes / No / I don't remember

14a)

late at night? Yes / No / I don't remember

14b)

With no way home? Yes / No / I don't remember

14c)

Alone? Yes / No / I don't remember

15)

What follow up supports were you made aware of or offered? _____

16) Did you request any follow up supports? _____

17)

Were you offered or do you have a Peer Support Worker ?

Yes / No / I don't remember

17a)

Through which organization?

17b)

Is (was) this person helpful?

Yes / No / I don't remember

17c)

Please describe your contact with this Peer Support Worker in as much detail as you feel comfortable with:

(Attach more pages if needed)

18)

Do you have a satisfactory relationship with any Medical Professionals? Yes / No / I don't remember

18a)

If Yes or No, please describe in as much detail as you feel comfortable with.

(Attache more pages if needed)

19)

Do you have a Disability (visible or invisible)?

Yes / No / I don't remember

20)

Do you have Accessibility Needs?

Yes / No / I don't remember

20a)

Were they met? Yes / No / I don't remember

20b)

If no, please describe how you were treated in as much detail as you feel comfortable with:

(Attach additional pages as needed)

21)

Do you identify as First Nations?

Yes / No / I'm not sure

21a)

If yes, were you treated with respect?

Yes / No / I don't remember

21b)

If you were not treated with respect, please describe how you were treated in as much detail as you are comfortable with:

(Attach additional pages when needed)

22)

Do you identify as a BIPOC (Black, Indigenous, People of Colour) person? Yes / No / I don't remember

22a)

If yes, were you treated with respect?

Yes / No / I don't remember

22b)

If you were not treated with respect, please describe how you were treated in as much detail as you are comfortable with:

(Attach additional pages as needed)

23)

Do you identify as a LGBTQ2+ person?

Yes / No / I'm not sure

23a)

If yes, were you treated with respect?

Yes / No / I don't remember

23b)

If you were not treated with respect, please describe how you were treated in as much detail as you are comfortable with:

(Attach additional pages as needed)

24) Is your mental health disrupting your employment?

Yes / No / I don't remember

24a)

If yes, please feel free to describe how this is happening in as much detail as you are comfortable with.

(Attach additional pages as needed)

24b)

Is your employer understanding and supportive?

Yes / No / somewhat

25) Is your mental health disrupting your education?

Yes / No / I'm not sure

25a)

Have you accessed effective support there?

Yes / No / Somewhat

25b)

Are your school and teachers understanding and supportive?

Yes / No / somewhat

25c)

If you feel that your mental health is disrupting your education, please feel free to describe that in as much detail as you are comfortable with.

(Attach additional pages as needed)

26)

Do you feel as though you have a misdiagnosis on your medical file? Yes / No / I'm not sure

26a)

If you know the name of the misdiagnosis we are interested in knowing what it is:

26b)

Do you feel that this misdiagnosis affects how you are treated? Yes / No / I don't remember

26c)

In as much detail as you are comfortable with, please describe the kind of mistreatment you have encountered because of this misdiagnosis:

(Attach additional pages as needed)

27)

Was language used in your treatment that hurt, offended, invalidated, mislabeled, dismissed your concerns?

Yes / No / I don't remember

27a)

If yes, please describe how you were treated in as much detail as you feel comfortable with:

(Attach additional pages as needed)

28)

Are you involved in a legal review panel or another legal process? Yes / No / I don't remember

28a)

If yes, and you feel like sharing that information, we would like to know what kind :

28b)

Are you finding the process helpful?

Yes / No / Somewhat

28c)

If no, describe how in as much detail as you feel comfortable with:

(Attach additional pages as needed)

28d)

Are you being treated with respect?

Yes / No / Somewhat

28e)

If no or somewhat, please describe in as much detail as you feel comfortable with:

(Attach additional pages as needed)

28f)

Are you encountering barriers such as expense, confusing language, difficulty in finding legal representation?

Yes / No / Somewhat

28g)

If yes or somewhat, please describe this barrier (or barriers) that you are encountering in as much detail as you feel comfortable with:

(Attach additional pages as needed)

29)

Are you working with a counselor right now ?

Yes / No / Somewhat

29a)

Do you pay for this counselor, pay a portion, or use a free service?

Pay all / Pay some / Free service / I'm not sure

29b)

Is working with this person helpful?

Yes / No / Somewhat

29c)

If it is not or Somewhat helpful, please describe in as much detail as you feel comfortable with:

(Attach additional pages as needed)

30)

Would you like us to follow up with you?

Yes / No / Can I decide later?

If yes, all information is confidential. It will not be shared with other organizations.

30a)

If yes, what name and contact information would you prefer? _____

30b)

Would you mind if we contacted you to update this information every six months?

Update / Don't Update

31)

Do you require an Advocate (someone who can explain your options to you in plain language)?

Yes / No / I'm not sure

32)

Have you contacted the Ombudsman?

Yes / No

33)

Were there any points in your mental health journey where you felt a critical mistake was made? For example: were you put on long waiting lists? Misdiagnosed? Wrong medication? Other moments when much of your discomfort could have been avoided?

Yes / No / I'm not sure

33a)

If yes, do you recall when this was?

33b)

Please describe the circumstance if you feel comfortable with that:

(Attach additional pages as needed)

33c)

Please describe what you feel would have been a better response to your issues—at that point—if you feel comfortable with that:

(Attach additional pages as needed)

34)

Please feel free to describe anything else, positive or negative, that we have not asked here?:

(Attach additional pages as needed)

If you are ok with giving us some more information about yourself that would be much appreciated. It helps us understand more about where changes need to be made.

35) Age: _____

36) Which gender do you identify as: _____

37) First Nations Yes / No

38) Non-First Nations person of colour Yes / No

39) Are you experiencing housing insecurity?

Yes / No / Somewhat

40) Are you a recent immigrant to Canada within the last five years? Yes / No

41) Do you have a visible or invisible disability?

Yes / No

42) Do you have a developmental disability? Yes / No

43) Are you on the Autism Spectrum (have Aspergers)?

Yes / No

44) Level of education:

Elementary / HighSchool / Diploma / Undergrad / Grad

45) Income bracket 0-40k / 40k-100k / 100k+

Thank you so much for filling out our questionnaire!

If you know someone else with lived experience in mental health issues who might like to have their voice heard please direct them to our website!!

