Mental Illness Fellowship Victoria services survey

We’d like to know what you think about the services at the Mental Illness Fellowship of Victoria (MI Fellowship). If you wish to talk about, or need help filling this survey please phone our Helpline on 03 8486 4222.

In this survey we will ask you some questions about our services.

You don’t have to answer these questions if you don’t want to. It’s up to you if you want to take part in our survey.

Your answers will help us make our services better.

Please leave your name here if you wish
___________________________________

We will keep your answers private.

The results of the survey will be put on the MI Fellowship website and published in the MI Voice Update.
Getting to know you

Please tell us about yourself.

If you are helping someone to complete this survey, please enter their answers below.

☐ I am male
☐ I am female

My cultural or ethnic background is

____________________________________

_____________________________________  

Do you speak a language other than English at home?

☐ Yes
☐ No

If yes, please tell us the language you speak most at home

_____________________________________

My postcode is

_____________________________________

How old are you?

- 18 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- over 65 years

How long have you used our services?

- less than 1 month
- 1-12 months
- 1-2 years
- 2-5 years
- more than 5 years

Do you visit a psychiatrist or other professional for support with your mental health?

- Yes
- No

If yes, please tell us what type of professional you visit.

________________________________________________________________________
What service do you access?

- Day Program
- Home Based Outreach
- Residential Rehabilitation
- Prevention and Recovery Care (PARC)
- Employment Services
- Education Services (RTO)
- Helpline
- Step up Step Down
- Housing Support
- Respite
- Personal Helpers and Mentors Program (PHAMS)
- Other ____________________________

Has your family used?

- Well Ways Family Program
- Respite
**Question 1 – Your work or study**

Did MI Fellowship ask you if you would like support with work or study?

☐ Yes  ☒ No

If yes, did you receive support with work or study?

☐ Yes  ☒ No

If yes, please tell us about the support you received. Was it:

Very good  Good  Bad

☐  ☐  ☒

Please tell us how we can improve our support with work and study.

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Question 2 – Where you live

Did MI Fellowship ask you if you would like support with housing?

☑ Yes ☐ No

If yes, did you receive support with housing?

☑ Yes ☐ No

If yes, please tell us about the support you received. Was it:

☐ Very good ☐ Good ☐ Bad

Please tell us how we can improve our support with housing.

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**Question 3 – Relationships**

Did MI Fellowship ask you if you would like support in your relationships with other people?

- Yes
- No

If yes, did you receive support with relationships?

- Yes
- No

If yes, please tell us about the support you received. Was it:

- Very good
- Good
- Bad

Please tell us how we can improve our support with relationships.

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Question 4 – Health

Did MI Fellowship ask you if you would like support to keep physically healthy?

☑ Yes  ☒ No

If yes, did you receive support with your physical health?

☑ Yes  ☒ No

If yes, please tell us about the support you received. Was it:

Very good ☐  Good ☐  Bad ☐

Please tell us how we can improve our services to support your physical health.

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Question 5 – Spiritual needs

Did MI Fellowship ask you if you would like support with your spiritual needs?

☑ Yes    ☒ No

If yes, did you receive support with your spiritual needs?

☑ Yes    ☒ No

If yes, please tell us about the support you received. Was it:

Very good    Good    Bad
☑   ☐   ☐

Please tell us how we can improve our services to support your spiritual needs.

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**Question 6 – Cultural needs**

Did MI Fellowship ask you if you needed support that was right for your culture?

- [ ] Yes
- [x] No

If yes, did you receive support that met your cultural needs?

- [ ] Yes
- [x] No

If yes, please tell us about the support you received. Was it:

- Very good
- Good
- Bad

Please tell us how we can improve our services to meet cultural needs.

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Question 7 – Contacting peers

At MI Fellowship, there are lots of people who have had experiences like yours.

Did MI Fellowship ask you if you wanted support to contact people who have had the same experience like yours?

☑ Yes  ☒ No

If yes, did you receive support to make contact?

☑ Yes  ☒ No

If yes, please tell us about the support you received. Was it:

Very good  Good  Bad

☐  ☐  ☐

Please tell us how we can improve the way you can contact our workers.

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_________________________________________________________________________________
_________________________________________________________________________________
**Question 8 – Your community**

Did MI Fellowship ask you if you would like support to take part in activities in the community?

☑ Yes ☐ No

If yes, did you receive support to take part in activities in the community?

☑ Yes ☐ No

If yes, please tell us about the support you received. Was it:

- Very good
- Good
- Bad

Please tell us how we can improve the way we support you to take part in the community.

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Question 9 – Family and carers

Did you want to include you family and carers in the support?

☑ Yes  ☐ No

If yes, were your family and carers included in your support?

☐ Always  ☐ Usually  ☐ Sometimes  ☐ Never

Please tell us how we can improve our support with family and carers.

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Question 10 – Questions and opinions

Did you feel that you could ask questions, explain your opinion or tell someone if there was a problem?

☒ Yes  ☐ No

If yes, did you feel comfortable to ask questions, explain your opinion or tell someone there was a problem?

☒ Always  ☐ Usually  ☐ Sometimes  ☐ Never

Please tell us how we can improve our support for asking questions.

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**Question 11 – Contacting our service**

Were you able to make contact with MI Fellowship when you wanted to?

- Always
- Usually
- Sometimes
- Never

Please tell us how we can improve our services to make it easier for you to contact us.

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**Question 12 – Contacting your worker**

Were you able to make contact with your MI Fellowship worker when you wanted to?

- Always
- Usually
- Sometimes
- Never

Please tell us how we can improve our services to make it easier for you to contact your worker.

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**Question 13 – Respecting your identity**

Do you think MI Fellowship respected your culture, religion or values?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

Please tell us how we can improve our support with respecting your identity.

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**Question 14 – Listening to you**

Do you think MI Fellowship listened to your needs?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

Please tell us how we can improve our support with listening to your needs.

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**Question 15 – Reaching your goals**

Do you think MI Fellowship staff supported you to reach your goals?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

Please tell us how we can improve our supporting you to reach your goals.

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**Question 16 – Treating you well**

Do you think MI Fellowship treated you well?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

Please tell us how we can improve our support with treating you well.

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Question 17 – Rights and responsibilities

Did MI Fellowship explain what was expected of you and what you could expect from us?

Yes [ ]  Not sure [ ]  No [ ]

Please tell us how we can improve the way we explain your rights and responsibilities.

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Question 18 – Information about our services

Do you think MI Fellowship gave you good information about our services?

Yes ☐ Not sure ☐ No ☐

Please tell us how we can improve the information about our services.

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Question 19 – Making a plan

Did MI Fellowship help you to make a good support plan?

Yes ☐ Not sure ☐ No ☐

Please tell us how we can improve the way we make support plans.

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Question 20 – Your experience with MI Fellowship

Was your experience with MI Fellowship services generally good?

Yes ☐ Not sure ☐ No ☐

Please tell us how we can improve the services at MI Fellowship.

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Question 21 – Your day-to-day life

Did MI Fellowship services help you to manage your day-to-day life?

Yes [ ] Not sure [ ] No [ ]

Please tell us how we can improve our support with managing your day-to-day life.

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Question 22 – Your future

Did MI Fellowship help you to feel better about your future?

- Yes
- Not sure
- No

Please tell us how we can improve our support with helping you feel better about your future.

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Question 23 – How you feel

Did MI Fellowship help you to feel happier and more well?

Yes  ☐  Not sure  ☐  No  ☐

Please tell us how we can improve our support with feeling happier.

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______________________________________________________
Please tell us the things that you think are really good about our services.

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________________________________________________________________________________________
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Please tell us about anything you think we can improve about our services.

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Please tell us any other services you would like us to offer.

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Please write anything else you would like to tell us here:

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You have now completed the survey.

Thank you for taking the time to answer all the questions. Please post back in reply paid envelope or drop it into your MI Fellowship office.