

Organization: _____	
Program: _____	

Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)

This questionnaire asks about your perceptions of care. This information is being collected to help agencies and programs identify areas of strengths on which to build, and areas for improvement. Your feedback is important and will ultimately help to enhance the overall mental health and substance use system in Ontario.

Please tell us what type of service you or your loved one are receiving from the list below:

- Intensive Case Management
- FLEX Support
- Trauma Case Management
- Dual Diagnosis
- Streamlined Access
- Community Crisis Beds

In terms of services received, which category best describes you?

- Registered client with mental health, substance use, addiction, and/or gambling-related problems
- Registered client who is a family member/significant other/supporter of a person with mental health, substance use, addiction, and/or gambling-related problems

Please note: If you are a family member/significant other/supporter of a person with mental health, substance use, addiction, and/or gambling-related problems, please respond to these questions based on the services you have received rather than on the services your family member/friend has received.

Questionnaire for all Registered Clients

Please indicate the extent to which you agree or disagree with each of the following statements about your treatment/support experience.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. The wait time for services was reasonable for me.	1	2	3	4	N/A
2. When I first started looking for help, services were available at times that were good for me.	1	2	3	4	N/A
3. The location of services was convenient for me.	1	2	3	4	N/A
4. I was seen on time when I had appointments.	1	2	3	4	N/A
5. I felt welcome from the start.	1	2	3	4	N/A
6. I received enough information about the programs and services available to me.	1	2	3	4	N/A

Do you have any comments about access/entry to services?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Services Provided					
7. I had a good understanding of my treatment services and support plan.	1	2	3	4	N/A
8. Staff and I agreed on my treatment services and support plan.	1	2	3	4	N/A
9. Responses to my crises or urgent needs were provided when needed.	1	2	3	4	N/A
10. I received clear information about my medication (i.e., side effects, purpose, etc.)	1	2	3	4	N/A
11. I was referred or had access to other services when needed, including alternative approaches (e.g., exercise, meditation, culturally appropriate approaches).	1	2	3	4	N/A

Do you have any comments about the services provided?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Participation/Rights					
12. I was involved as much as I wanted to be in decisions about my treatment services and supports.	1	2	3	4	N/A
13. I understood I could discuss options to participate in certain activities.	1	2	3	4	N/A
14. I was assured my personal information was kept confidential.	1	2	3	4	N/A
15. I felt comfortable asking questions about my treatment services and support, including medication.	1	2	3	4	N/A
16. If I had a serious concern, I would know how to make a formal complaint to this organization.	1	2	3	4	N/A

Do you have any comments about participation/rights?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Therapists/Support Workers/Staff					
17. I found staff knowledgeable and competent/qualified.	1	2	3	4	N/A
18. I was treated with respect by program staff.	1	2	3	4	N/A
19. Staff were sensitive to my cultural needs (e.g., religion, language, ethnic background, race).	1	2	3	4	N/A
20. Staff believed I could change and grow.	1	2	3	4	N/A
21. Staff understood and responded to my needs and concerns.	1	2	3	4	N/A

Do you have any comments about the therapists/support workers/staff?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Environment					
22. Overall, I found the facility welcoming, non-discriminating, and comfortable (e.g., entrance, waiting room, décor, posters, my room if applicable).	1	2	3	4	N/A
23. Overall, I found the program space clean and well maintained (e.g., meeting space, bathroom, and my room if applicable).	1	2	3	4	N/A
24. I was given private space when discussing personal issues with staff.	1	2	3	4	N/A
25. I felt safe in the facility at all times.	1	2	3	4	N/A
26. The program accommodated my needs related to mobility, hearing, vision, and learning, etc.	1	2	3	4	N/A

Do you have any comments about the environment?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Discharge or Finishing the Program/Treatment					
27. Staff helped me develop a plan for when I finish the program/treatment.	1	2	3	4	N/A
28. I have a plan that will meet my needs after I finish the program/treatment.	1	2	3	4	N/A
29. Staff helped me identify where to get support after I finish the program/treatment.	1	2	3	4	N/A

Do you have any comments about discharge or finishing the program/treatment?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Overall Experience					
30. The services I have received have helped me deal more effectively with my life's challenges.	1	2	3	4	N/A
31. I think the services provided here are of high quality.	1	2	3	4	N/A
32. If a friend were in need of similar help I would recommend this service.	1	2	3	4	N/A

Do you have any comments about the overall experience?

****Please complete this section only if you are receiving services in a residential or inpatient program**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
33. There were enough activities of interest to me during free time.	1	2	3	4	N/A
34. Rules or guidelines concerning my contact with my family and friends were appropriate to my needs.	1	2	3	4	N/A
35. The layout of the facility was suitable for visits with my family and friends (e.g., privacy, comfort level).	1	2	3	4	N/A
36. The area in and around my room was comfortable for sleeping (e.g., noise level, lighting).	1	2	3	4	N/A
37. The quality of the food was acceptable.	1	2	3	4	N/A
38. My special dietary needs were met (e.g., diabetic, halal, vegetarian, kosher).	1	2	3	4	N/A

Do you have any comments about the residential or inpatient program?

The following questions ask for some details about you in order to help organize the information for quality improvement purposes (for example, ensuring services are non-discriminating). **You may answer only the questions that you feel comfortable answering, and you may stop at any time.**

1. What is your gender? (please check one box).

- Male
- Female
- Trans-Male to Female
- Trans-Female to Male
- Other. Please describe: _____

2. What is your age? (please check one box).

- 12 and under
- 13 – 18 years
- 19 – 25 years
- 26 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65+ years

3. What is your mother tongue?

- English → please go to question 5 below
- French → please go to question 5 below
- Other. Please specify: _____

4. If your mother tongue is neither French nor English, in which of Canada's official languages are you more comfortable?

- English
- French

5. In what language do you prefer to receive health care services?

- English
- French
- Other. Please specify: _____

6. What term do you prefer to use to describe your sexual orientation? (please check one box). *For word definitions, please see the last page of the questionnaire.*

- Asexual or non-sexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Not sure or Questioning
- Queer
- Two-spirited
- Other. Please describe: _____

7. Which population group best describes you? (please check one box and then proceed to the more detailed question below that corresponds to your answer)

- White → please go to question a below
- First Nations, Métis, Inuit → please go to question b below
- Asian → please go to question c below
- Black → please go to question d below
- Middle Eastern → please go to question e below
- Latin American → please go to question f below
- Multiple or mixed. Please describe. _____

a. If your population group is **White**, which of the following best describes your background?

- North European (e.g., Danish, Norwegian, Swedish)
- Central/Western European (e.g., English, Welsh, Scottish, Irish, German, Dutch, Czech, Slovak)
- South European (e.g., Italian, Spanish, Portuguese, Greek, French, Turkish)
- East European (e.g., Bulgarian, Ukrainian, Polish, Romanian, Russian, Slovenian, Serbian, Croat)
- North American (e.g., Canadian, French Canadian, American)
- Other. Please describe. _____

b. If your population group is **First Nations, Métis, Inuit**, which of the following best describes your background?

- First Nations
- Métis
- Inuit
- Other. Please describe. _____

c. If your population group is **Asian**, which of the following best describes your background?

- East Asian (e.g., Chinese, Japanese, Korean)
- South Asian (e.g., Indian, Pakistani, Afghani, Sri Lankan)
- South-East Asian (e.g., Filipino, Malaysian)
- Other. Please describe. _____

d. If your population group is **Black**, which of the following best describes your background?

- Black African (e.g., Ghanaian, Somali, Kenyan, Ethiopian)
- Black Caribbean (e.g., Trinidadian, Jamaican)
- Black Canadian/American
- Other. Please describe. _____

e. If your population group is **Middle Eastern**, which of the following best describes your background?

- Arab (e.g., Saudi Arabia, Jordan)
- Northern African (e.g., Egyptian, Libyan)
- West Asian (e.g., Syrian, Lebanese, Iraqi, Iranian, Israeli)
- Other. Please describe. _____

f. If your population group is **Latin American**, which of the following best describes your background?

- South American (e.g., Argentinean, Chilean, Peruvian, Colombian)
- Central American (e.g., Mexican, Costa Rican)
- Caribbean
- Other. Please describe. _____

8. If you identified yourself as being a family member/significant other/supporter of a person with mental health, substance use, addiction, and/or gambling-related problems, please note your relationship. (Please check one box). If you are **not** a family member/significant other/supporter, please skip to question 9.

- Parent
- Spouse/Partner/Significant other
- Service Provider/Peer Helper
- Brother/Sister
- Daughter/Son
- Extended family
- Friend
- Other. Please describe _____

9. Were you required, mandated or pressured to attend treatment services and supports?

- Yes.
- No → please go to question 11.

10. Why were you required, mandated or pressured to attend treatment services and supports? (Please check the box that best applies).

- Medical certificate
- Community Treatment Order
- Legal requirement (e.g., court ordered, bail, probation, parole)
- Child welfare authority (e.g., Family court, Children's Aid Society)
- Condition/pressure from employment
- Condition/pressure from school
- Condition/pressure from family
- Other. Please explain. _____
- Don't know

11. How far along are you in the treatment services and support process? (Please check one box).

- Just getting started
- Treatment services/support is in progress
- Completed or almost completed
- Completed but still receiving some services
- Left early
- Other. Please describe _____

12. Please comment on aspects of your experience with this treatment/support service that were particularly helpful to you.

13. Please comment on aspects of your experience with this treatment/support service that you feel could be improved.

14. Did you receive help completing this questionnaire?

- No.
- Yes. Please comment on support needed: _____

Thank you for your participation!!!

Definition of Terms

Term	Definition
Asexual or non-sexual	A person who is not sexually and/or romantically active, or not sexually and/or romantically attracted to other persons.
Bisexual	A person whose sexual orientation is directed toward men and women, though not necessarily at the same time.
Gay	A person whose primary sexual orientation is to members of the same gender or who identifies as a member of the gay community. This word can refer to men and women, although many women prefer the term “lesbian.”
Heterosexual	A person whose primary sexual orientation is to members of the opposite gender. Heterosexual people are often referred to as “straight.”
Lesbian	A female whose primary sexual orientation is to other women or who identifies as a member of the lesbian community.
Not sure or Questioning	People who are questioning their gender identity or sexual orientation and who often choose to explore options.
Queer	Traditionally, a derogatory and offensive term for LGBTTTIQ people. Many LGBTTTIQ people have reclaimed this word and use it proudly to describe their identity. Some transsexual and transgendered people identify as queer; others do not.
Two-spirited	An English term coined to reflect specific cultural words used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, are transgendered or transsexual, or have multiple gender identities.