

Youth Involvement in Mental Health Care

Please fill out this section with information about you.

Date: _____

I receive mental health services from: _____

Gender: Male Female No Answer

Age (in years): 8-11 12-15 16-19 20-23

Ethnicity: Latino Caucasian Native American Asian Pacific Islander Other _____

I live with: Mom and Dad Just Mom Just Dad Foster Home With Friends Alone Other _____

Number of years receiving Mental Health Services: 0-1 2-3 4-5 6+

Section 1: Treatment Involvement

Please indicate the degree to which you agree with each of the following statements.

1. My psychiatrist listens to me.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
2. My psychiatrist explains the side effects of my medications to me.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
3. I feel like I have a say in what medications I am taking.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
4. I can talk to my psychiatrist if I have concerns about the medicine I am taking.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
5. I have been offered treatments other than medication (e.g. psychotherapy)
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
6. I have feel like I have a good understanding of treatment plan.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
7. I feel included in my treatment planning
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
8. My family is involved in my treatment planning.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
9. It is **important** for me to have my family involved in my treatment planning.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
10. My school has been responsive to my needs.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
11. Please provide any additional comments you have about your treatment.

Section 2: Wraparound planning

1. I know what a wraparound plan is? Yes No

2. Do you have a Wraparound Planning? Yes No

Please indicate the degree to which you agree with each of the following statements.

3. I participated in developing my wraparound plan.

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply

3. The staff encouraged me to participate in developing my wraparound plan

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply

4. My wraparound plan includes activities I find important.

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply

5. Please provide any additional comments you have about wrap-around planning.

Section 3: System Involvement

Please indicate the degree to which you agree with each of the following statements

1. I understand how the Mental Health Care System works.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
2. I know what Mental Health Services are available to me.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
3. I feel that my Experience with the Mental Health Care system has been positive.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
4. I have been offered opportunities to participate on youth leadership committees.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
5. I feel that I can offer suggestions about services at the Mental Health Agency.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
6. I feel like my voice is heard when I offer suggestions about mental health services.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
7. It is easy for me to get the help I need from the Mental Health Care system.
1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 Does Not Apply
8. Please provide any additional comments you have about your involvement with the Mental Health Care system.

Thank you!