

Mental Health Services Survey

Thank you for taking a few minutes to tell us about your experience with mental health services at the Children’s Advocacy Center. The information you provide will help us improve our services and better assist our clients. Your answers are confidential and will not be traced back to you, nor can this information be used in any legal proceedings. Your participation in the survey is voluntary – if you do not wish to answer a question, please leave it blank. If you have questions while completing the survey, please speak with the nearest staff member.

What is your child’s age? _____

What is your child’s gender identity? Check all that apply:

- Female
 Male
 Transgender female
 Transgender male
 Non-binary / genderfluid
 Another gender identity: _____
 Prefer not to say

What is your child’s race/ethnicity? Check all that apply:

- Black or African American
 Hispanic or Latino
 White
 South Asian
 Multi-racial
 Native Hawaiian or Other Pacific Islander
 Indigenous, American Indian or Alaska Native
 East or Southeast Asian
 Another racial identity (please specify): _____

The next questions ask about your experiences, and your child’s experiences **with your child’s mental health provider**. “Mental Health Provider” refers to the therapist or counselor who is working with your child and you.

We know that many kinds of caregivers are involved in helping a child start counseling (parents, guardians, grandparents, foster parents, other relatives, etc.). We use the words “my child” and “your child” in the questions below to refer to the young person who is receiving counseling services regardless of your specific relationship to that child.

About how far along are you and your child in counseling?

- We just got started (we’ve had a few appointments)
 We are in the middle of work with the mental health provider (we’ve had several appointments)
 We are probably close to finishing counseling with the provider
 We have finished counseling

My child is doing counseling:

- In person
 Virtually, via telehealth
 Through a mix of in-person and telehealth counseling

For each of the next questions and statements, please select the one answer that best matches your experience with mental health counseling so far.

1. How much help did you receive with barriers to counseling like transportation, language barriers, cost, technology needs, or other concerns?

- No help
 A little help
 A fair amount of help
 A lot of help
 Not applicable – I did not have barriers.

Comments? (Optional):

2. Did the information you were given about counseling help you to understand what to expect?

- Not at all
 It helped a little
 It helped a fair amount
 It helped a lot
 Not applicable – I did not get information

Comments? (Optional):

3. The mental health provider helps my child feel safe during counseling.

- Not at all true
 A little true
 Fairly true
 Very true
 I’m not sure

Comments? (Optional):

Please continue to page 2!

4. How respectful is the mental health provider of your child's personal identity (for example, race, religion, culture, gender, sexual orientation, disability, special needs).

- Not at all respectful A little respectful Fairly respectful Very respectful I'm not sure

Comments? (Optional):

5. How respectful is the mental health provider of YOUR personal identity (for example, race, religion, culture, gender, sexual orientation, disability, special needs).

- Not at all respectful A little respectful Fairly respectful Very respectful

Comments? (Optional):

6. How open is the mental health provider to your questions and concerns?

- Not at all open A little open Fairly open Very open

Comments? (Optional):

7. How much do you actively participate in your child's counseling, such as talking with the mental health provider or attending sessions with your child.

- Not at all A little A fair amount A lot

Comments? (Optional):

8. Overall, how helpful have the counseling services been for your child?

- Not at all helpful A little helpful Fairly helpful Very helpful

Comments? (Optional):

9. Since starting counseling, my child is doing:

- Worse than before About the same as before A little better than before A lot better than before

Comments? (Optional):

10. Since starting counseling, I can support my child with their feelings and behaviors:

- Worse than before About the same as before A little better than before A lot better than before

Comments? (Optional):

What has been most helpful or important about your child's work with the mental health provider?

Please describe anything the staff or mental health provider could have done or could do to better help your child.

What else would you like to share about your child's experience with counseling?

This is a new survey, and we would appreciate your feedback about the questions you just answered. Please use this space to share any comments you have about the survey. For example, is the survey too long or short? Were the questions easy to understand?

Thank you for your time and thoughtful responses!