

Sample Departmental Survey MENTAL HEALTH

Sample Survey of Individual Departments

SUBJECT: Mental Health

1. How are you documenting the mental health services you provide? Check which applies.
 - PCC
 - Independent Mental Health records

2. What type of patient education and/or psycho educational counseling are you providing? Check those that apply.
 - Bibliotherapy or Self-Help
 - Wellness
 - Skills (Parenting techniques, stress management)
 - Family Information (care of patients with Alzheimer's and MI, etc.)
 - Topic oriented groups
 - Medication management
 - Informational handouts (Depression, FAS/FAE, CA/N, etc.)
 - Resource Information (related services)
 - Other: _____

3. How often do you make patient education referrals to Health Education or other educators?
 - Seldom Sometimes Frequently

- 3a. If you have checked seldom, select the most common reason:
 - Access to patient education services is inconvenient
 - Patient Education services are not in the same building
 - Never thought of it
 - The current Patient education given by our Program is sufficient.
 - Patient education given is integral part of Mental Health therapy.
 - Not clear as to the duties of other health providers
 - Other: _____

4. What would it take to enhance coordination with patient education services? (Write your answer on the back)