

## 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.

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
<b>Access/Entry to Services</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Services Provided</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Participation/Rights</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Therapists/Support Workers/Staff</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Environment</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Discharge or Finishing the Program/Treatment</b>					
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?

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	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
<b>Overall Experience</b>					
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?

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**\*\*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?

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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 age?** Please check **ONE** only

<input type="checkbox"/> 12 and under	<input type="checkbox"/> 26 – 34 years	<input type="checkbox"/> 55 – 64 years
<input type="checkbox"/> 13 – 18 years	<input type="checkbox"/> 35 – 44 years	<input type="checkbox"/> 65+ years
<input type="checkbox"/> 19 – 25 years	<input type="checkbox"/> 45 – 54 years	<input type="checkbox"/> Prefer not to answer

**2. Were you born in Canada?**  Yes  No  Do not know  Prefer not to answer

If **NO**, what year did you arrive in Canada? \_\_\_\_\_

**3. What language would you feel most comfortable speaking in with your health care provider?** Check **ONE** only

<input type="checkbox"/> 1. Amharic	<input type="checkbox"/> 9. English	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 33. Urdu
<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 26. Spanish	<input type="checkbox"/> 34. Vietnamese
<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 11. French	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 35. Other (please specify): _____
<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 28. Tamil	
<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 29. Tigrinya	
<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 23. Serbian	<input type="checkbox"/> 31. Twi	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 32. Ukrainian	

**4. Which of the following best describes your racial or ethnic group?** Check **ONE** only

<input type="checkbox"/> 1. Asian - East (e.g. Chinese, Japanese, Korean)	<input type="checkbox"/> 11. Latin American (e.g. Argentinean, Chilean, Salvadoran)
<input type="checkbox"/> 2. Asian - South (e.g. Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> 12. Métis
<input type="checkbox"/> 3. Asian - South East (e.g. Malaysian, Filipino, Vietnamese)	<input type="checkbox"/> 13. Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
<input type="checkbox"/> 4. Black - African (e.g. Ghanaian, Kenyan, Somali)	<input type="checkbox"/> 14. White - European (e.g. English, Italian, Portuguese, Russian)
<input type="checkbox"/> 5. Black - Caribbean (e.g. Barbadian, Jamaican)	<input type="checkbox"/> 15. White - North American (e.g. Canadian, American)
<input type="checkbox"/> 6. Black - North American (e.g. Canadian, American)	<input type="checkbox"/> 16. Mixed heritage (e.g. Black - African & White - North American) Please specify:
<input type="checkbox"/> 7. First Nations	
<input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India)	<input type="checkbox"/> 17. Other(s): Please specify:
<input type="checkbox"/> 9. Indigenous/Aboriginal - <i>not included elsewhere</i>	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 10. Inuit	<input type="checkbox"/> 99. Prefer not to answer

**5. What is your gender?** Check **ONE** only

<input type="checkbox"/> 1. Female	<input type="checkbox"/> 7. Other (Please specify):
<input type="checkbox"/> 2. Intersex	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Male	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Trans - Female to Male	
<input type="checkbox"/> 5. Trans - Male to Female	
<input type="checkbox"/> 6. Two-Spirit (a term used by some Indigenous people)	

**6. What is your sexual orientation?** Check **ONE** only

<input type="checkbox"/> 1. Bisexual	<input type="checkbox"/> 7. Other (Please specify):
<input type="checkbox"/> 2. Gay	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Heterosexual	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Lesbian	
<input type="checkbox"/> 5. Queer (a term used by people who do not follow common sexual orientations)	
<input type="checkbox"/> 6. Two-Spirit (a term used by some Indigenous people)	

**7. What was your total family income before taxes last year?** Check **ONE** only

<input type="checkbox"/> 1. \$0 - \$29,999	<input type="checkbox"/> 6. \$150,000 or more
<input type="checkbox"/> 2. \$30,000 – \$59,999	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. \$60,000 – \$89,999	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. \$90,000 – \$119,999	
<input type="checkbox"/> 5. \$120,000 – \$149,999	

**8. How many people does this income support?**

\_\_\_\_\_ person(s)       Do not know       Prefer not to answer

**9. 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.** (Check ONE only).

If you are **not** a family member/significant other/supporter, please skip to question 10.

<input type="checkbox"/> 1. Parent	<input type="checkbox"/> 6. Extended family
<input type="checkbox"/> 2. Spouse/Partner/Significant other	<input type="checkbox"/> 7. Friend
<input type="checkbox"/> 3. Service Provider/Peer Helper	<input type="checkbox"/> 8. Other (Please specify):
<input type="checkbox"/> 4. Brother/Sister	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 5. Daughter/Son	<input type="checkbox"/> 99. Prefer not to answer

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

- Yes  
 No → please go to question 12.

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

<input type="checkbox"/> 1. Medical certificate	<input type="checkbox"/> 6. Condition/pressure from school
<input type="checkbox"/> 2. Community Treatment Order	<input type="checkbox"/> 7. Condition/pressure from family
<input type="checkbox"/> 3. Legal requirement (e.g., court ordered, bail, probation, parole)	<input type="checkbox"/> 8. Other (Please specify):
<input type="checkbox"/> 4. Child welfare authority (e.g., Family court, Children's Aid Society)	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 5. Condition/pressure from employment	<input type="checkbox"/> 99. Prefer not to answer

**12. How far along are you in the treatment services and support process? Check ONE only**

<input type="checkbox"/> 1. Just getting started	<input type="checkbox"/> 5. Left early
<input type="checkbox"/> 2. Treatment services/support is in progress	<input type="checkbox"/> 6. Other (Please specify):
<input type="checkbox"/> 3. Completed or almost completed	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 4. Completed but still receiving some services	<input type="checkbox"/> 99. Prefer not to answer

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

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

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**15. Did you receive help completing this questionnaire?**

- No.
- Yes. Please comment on support needed: \_\_\_\_\_

**Thank you for your participation!**

Demographic items adapted from Wray, R., Agic, B., Bennett-AbuAyyash, C., Kanee, M., Tuck, A., Lam, R., Mohamed, A. & Hyman, I, for the Tri-Hospital + TPH Steering Committee.(2013). *We ask because we care: The Tri-Hospital + TPH health equity data collection research project: Summary Report*. Toronto: ON.