

Stakeholders feedback form

What do you think?

We value the feedback about your experience with our Partners In Recovery program. Your feedback will help us to continually improve the service we deliver.

Completing this survey is voluntary. All responses are confidential and will only be used for evaluation purposes.

1. How did you hear about PIR?

- PIR Support Facilitator
 Through invite to launch
 Workplace
 Radio
 Newspaper adverts
 Other
 If other, please describe: _____

2. What is your understanding of the PIR program and its role? Select all you think appropriate

- To support people with severe and persistent mental health with complex needs
 The Support Facilitator provides counselling
 Transport to services
 Links people with severe and persistent mental health to services they see as their priority
 Coordinates the recovery journey for a person with severe and persistent mental health

3. Please tell us in your own words what you understand of the Community based recovery model?

4. If you know of a person (or the carer of) with severe and persistent mental health and had complex needs, who would you contact?

- The local Support Facilitator
 Goldfields-Midwest Medicare Local
 The hospital
 The Doctor
 The local Aboriginal Medical Service



5. What would you say are the top three priorities for a person with severe and persistent mental health in your area?

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Physical health and nutrition | <input type="checkbox"/> Feeling safe around others | <input type="checkbox"/> Looking after yourself | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Alcohol and other drugs | <input type="checkbox"/> Relationships | <input type="checkbox"/> Feeling safe at home | <input type="checkbox"/> Child care | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Your benefit payments | <input type="checkbox"/> Employment & volunteering | <input type="checkbox"/> Cultural and spiritual | <input type="checkbox"/> Distressed feelings |
| <input type="checkbox"/> Physical activities | <input type="checkbox"/> Accommodation | <input type="checkbox"/> Other | Please describe: _____ | |

6. Have you referred anyone to PIR?

- | | | | | |
|------------------------------|---|--|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I gave people who were interested about PIR the PIR brochure | <input type="checkbox"/> No because I was not sure who to contact for a referral | <input type="checkbox"/> No because I did not know how to make a referral | <input type="checkbox"/> No because I was not sure what the referral pathway was and did not have access to the forms |
|------------------------------|---|--|---|---|

7. If you were successful in referring someone to PIR what has your experience been with the program?

- | | | | | |
|------------------------------------|-------------------------------|---------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor | <input type="checkbox"/> Very poor |
|------------------------------------|-------------------------------|---------------------------------------|-------------------------------|------------------------------------|

Partners In Recovery Networking Group

We would like to invite you to join the Partners In Recovery Networking Group. The aim of this networking group is to provide an opportunity for community supports and agencies to discuss the needs of people with severe and persistent mental health with complex needs and to work together to look at ways to meet the needs of this client group.

Name: _____

Organisation: _____

Phone: _____

Email: _____