

Copy of MH NGO Landscape Survey

1. Introduction

Welcome to the Mental Health NGO landscape survey!

Who should complete this survey?

The survey should be completed by one person employed at your NGO at executive/ management level. The survey information may be gathered from different people within your organisation, particularly for large multi-site organisations. However it is important that only one person completes the survey for the whole organisation or a state/ territory branch in order to minimise duplication.

How long will it take?

This survey contains seven sections with questions (sections 3-9). We anticipate that the survey will take approximately 30 minutes to complete.

Other instructions for completing the survey:

1. The survey will be open from Dec 16, 2009 - May 7, 2010.
2. If you print a hard copy of the survey to complete you will need to fax your response back to 03 9092 2093

If you fill in this survey electronically you must save the file on your computer and emailed it to fiona.o'leary@health.vic.gov.au

3. A hotline to answer any specific questions about the survey is available from Monday-Friday, 9am-5pm. The hotline number is 03 9092 2074.

Thank you for your participation!

2. Glossary of key terms

NON-GOVERNMENT MENTAL HEALTH SECTOR - private, not-for-profit, community managed organisations that provide community support services for people affected by mental illness and their families and carers. Non-government organisations may promote self help and provide support and advocacy services for people who have a mental health problem or a mental illness, and their carers, or have a psychosocial rehabilitation role. Psychosocial rehabilitation and support services provided by non-government community agencies include housing support, day programs, pre-vocational training, residential services and respite care.

MENTAL HEALTH SERVICES - refers to services in which the primary function is specifically to provide clinical treatment, rehabilitation or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers. Mental health services are provided by organisations operating in both the government and non government sectors, where such organisations may exclusively focus their efforts on mental health service provision or provide such activities as part of a broader range of health or human services.

PEER SUPPORT - Social and emotional support, frequently coupled with practical support, provided by people who have experienced mental health problems to others sharing a similar mental health condition.

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Peer support aims to bring about a desired social or personal change and may be provided on a financial or unpaid basis.

FULL TIME EQUIVALENT (FTE) - The FTE of a full-time staff member (ie one who works 40 hours per week) is equal to 1.0

The calculation of FTE for part-time staff is based on the proportion of hours they work per week. For example a part-time staff member who works 20 hours per week is equivalent to 0.5 FTE (20/ 40 hours per week).

(The majority of these definitions are from the 4th National Mental Health Plan)

3. Profile of your organisation

1. General details:

Organisation name:

Name of person completing the survey:

Position:

Email address:

Phone:

If we have any queries are you happy for us to contact you?

2. Are you completing this survey for the whole organisation or a state/territory branch?

- Whole organisation
- State/territory branch

Please specify which state/ territory branch if applicable:

3. In which areas in the states/ territories does your organisation operate? Please tick all that apply.

	ALL states/ territories	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Capital cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other major cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very remote areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. What is the legal entity of your organisation?

- Incorporated association
- Incorporated cooperative
- Aboriginal corporation
- Company (Incorporated under Corporations Act 2001)
- Partnership
- Sole trader
- Trustee or trust
- Other (please specify)

5. How long has your organisation been in existence?

- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- > 20 years

If greater than 20 years, please specify time in operation:

4. Services your organisation provides

* 6. How would you describe the services that your organisation provides?
 Please tick all that apply.

	Mental Health services	Drug and alcohol services	Community support services	Physical and intellectual disability services	Other services
Primarily (more than 50%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed (25-50%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some (>0-25%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. How many Mental Health consumers and carers did your organisation support in a DIRECT (ie via telephone or face-to-face) and INDIRECT (eg web/ online support, mail, advertising) capacity during the last 12 months?

	Zero	1-50	51-100	101-500	501-1000	1001-5000	>5000
Consumers (direct support)	jn	jn	jn	jn	jn	jn	jn
Carers (direct support)	jn	jn	jn	jn	jn	jn	jn
Consumers (indirect support)	jn	jn	jn	jn	jn	jn	jn
Carers (indirect support)	jn	jn	jn	jn	jn	jn	jn

In the next four questions we are going to ask you about the different types of services that your organisation provides for:

- Mental Health SUPPORT and REHABILITATION
- THERAPEUTIC Mental Health
- Mental Health EDUCATION and/or PUBLIC AWARENESS
- COMORBIDITY PROGRAMS

* 8. What type of Mental Health REHABILITATION and SUPPORT services does your organisation currently provide? Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> N/A - NO Mental Health REHABILITATION and SUPPORT services provided | <input type="checkbox"/> Consumer networks |
| <input type="checkbox"/> Accomodation and housing provision | <input type="checkbox"/> Peer support |
| <input type="checkbox"/> Supported accomodation | <input type="checkbox"/> Carer networks |
| <input type="checkbox"/> Home-based outreach services | <input type="checkbox"/> Family support and interventions |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Justice/ Forensic Mental Health (eg transitional support) |
| <input type="checkbox"/> Centre-based program (eg day program, club house or art/music program) | <input type="checkbox"/> Financial literacy and counselling |
| <input type="checkbox"/> Recovery planning/ care coordination with other health/ service providers | <input type="checkbox"/> Employment support and individual vocational placement programs |
| <input type="checkbox"/> Crisis support | <input type="checkbox"/> Leisure/ recreation / aerobic physical activity program |
| <input type="checkbox"/> Telephone-based support (eg helplines) | <input type="checkbox"/> Research and evaluation |
| <input type="checkbox"/> Mental illness prevention | <input type="checkbox"/> Education and training support for consumers and carers |
| <input type="checkbox"/> Early intervention | |
| <input type="checkbox"/> Other (please specify) | |

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* 9. What type of THERAPEUTIC Mental Health services does your organisation currently provide? Please tick all that apply.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> N/A - NO THERAPEUTIC Mental Health services provided | <input type="checkbox"/> Peer |
| <input type="checkbox"/> Talking therapies, eg cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT), neuro-linguistic programming (NLP) | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other psychotherapies | <input type="checkbox"/> Group |
| <input type="checkbox"/> Counselling | |
| <input type="checkbox"/> Other (please specify) | |

* 10. What type of Mental Health EDUCATION and/or PUBLIC AWARENESS does your organisation currently provide? Please tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> N/A - NO Mental Health EDUCATION or PUBLIC AWARENESS provided | <input type="checkbox"/> Meetings/ local action committees |
| <input type="checkbox"/> Individual advocacy for consumers (eg accessing services) | <input type="checkbox"/> Mental Health First Aid courses |
| <input type="checkbox"/> Individual advocacy for carers (eg accessing services) | <input type="checkbox"/> Mental Health awareness media campaigns |
| <input type="checkbox"/> Advocacy to government | <input type="checkbox"/> Challenging stigma campaigns |
| <input type="checkbox"/> Web-based Mental Health information | <input type="checkbox"/> Staff training and professional development services |
| <input type="checkbox"/> Mental Health information pamphlets or newsletters | <input type="checkbox"/> Mental Health training to other health providers |
| <input type="checkbox"/> Community events for Mental Health awareness | |
| <input type="checkbox"/> Other Mental Health training (please specify) | |

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* 11. What COMORBIDITY programs does your organisation currently offer for people with Mental Health problems or illness and the following comorbidities? Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> N/A - NO COMORBIDITY programs provided | <input type="checkbox"/> Brain injury and mental illness |
| <input type="checkbox"/> Substance use and mental illness | <input type="checkbox"/> Eating/ dieting disorders and mental illness |
| <input type="checkbox"/> Intellectual disability and mental illness | <input type="checkbox"/> Forensic problems and mental illness |
| <input type="checkbox"/> Learning disability and mental illness | <input type="checkbox"/> Complex or exceptional needs (ie people with at least three presenting issues - eg substance use, mental health, intellectual disability, health/physical disability, brain injury & offending behaviours) |
| <input type="checkbox"/> Physical disability and mental illness | |
| <input type="checkbox"/> Other (please specify) | |

12. Which population groups does your organisation service? Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Young people | <input type="checkbox"/> Culturally and Linguistically Diverse (CALD) |
| <input type="checkbox"/> Women | <input type="checkbox"/> Gay, lesbian, bisexual, transgender (GLBT) |
| <input type="checkbox"/> Men | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Mothers with babies | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Single people | <input type="checkbox"/> People with intellectual disabilities |
| <input type="checkbox"/> Families | <input type="checkbox"/> People with physical disabilities |
| <input type="checkbox"/> Older People/Aged | <input type="checkbox"/> People in or newly released from prison |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander (ATSI) | <input type="checkbox"/> Carers |
| <input type="checkbox"/> Other (please specify) | |

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13. Does your organisation serve specific age groups? Please tick all that apply.

- <15 years
- 15-25 years
- 26-64 years
- 65+ years
- All ages

5. Funding for your organisation

14. What was your organisation's total annual income from all sources and for all programs for the last financial year?

- < \$30,000
- \$30,000 - \$99,000
- \$100,000 - \$499,000
- \$500,000 - \$999,000
- \$1,000,000 - \$2,999,999
- \$3,000,000 - \$10,000,000
- > \$10,000,000

15. What percentage of your organisation's total annual income was for MENTAL HEALTH SERVICES last financial year?

- N/A
- >0-5%
- 6-10%
- 11-25%
- 26-50%
- 51-75%
- 76-100%

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16. What percentage of total MENTAL HEALTH funding was for short-term project-based (eg less than 2 years) services or programs in the last financial year?

N/A

>0-5%

6-10%

11-25%

26-50%

51-75%

76-100%

17. Please tick ALL SOURCES of funding that are for MENTAL HEALTH SERVICES and rate the approximate percentage of total MENTAL HEALTH funding for your organisation for the last financial year. (THE TOTAL SHOULD ADD UP TO 100%.)

	>0-10%	11-25%	26-50%	51-75%	76-100%
Commonwealth - Dept of Health and Ageing (DoHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth - Dept of Families, Housing, Community Services & Indigenous Affairs (FaHCSIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth - Dept Education, Employment and Workplace Relations (DEWR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth - Office of Aboriginal and Torres Strait Islander Health (OATSIH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/ Territory - Health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/ Territory - Other department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Peak Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership fees or subscriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising or donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

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18. Does your organisation offer Medicare-funded services specific to Mental Health?

Yes

No

If yes, please specify item numbers (optional):

6. Staffing of your organisation

* 19. Please indicate the number and full-time equivalent (FTE)* of PAID staff for your organisation as at 30 November 2009:

	Zero	1	2-5	6-10	11-25	26-50	51-100	>100
Total number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total FTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total number providing Mental Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total FTE providing Mental Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 20. Does your organisation employ:

	Yes	No
Consumer Workers for their lived-experience of mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Carer Workers for their lived-experience of mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/ health professionals on the basis of their health qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Others on the basis of their professional backgrounds	<input type="checkbox"/>	<input type="checkbox"/>

21. Does your organisation utilise VOLUNTEERS?

Yes

No

22. If yes to the previous question, what was the approximate total number/FTE of VOLUNTEERS as at 30 November 2009?

	Zero	1	2-5	6-10	11-25	26-50	51-100	>100
Total number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total FTE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total number of VOLUNTEERS with clinical health qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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* 23. What was the total NUMBER of PAID staff providing MENTAL HEALTH SPECIFIC SERVICES (full-time, part-time, casual) employed by your organisation as at 30 November 2009?

	Zero	1	2-5	6-10	11-25	26-50	51-100	>100
Administration	0	0	0	0	0	0	0	0
Management	0	0	0	0	0	0	0	0
Consumer worker	0	0	0	0	0	0	0	0
Carer worker	0	0	0	0	0	0	0	0
Support worker	0	0	0	0	0	0	0	0
Psychiatrist	0	0	0	0	0	0	0	0
Other doctor besides psychiatrist	0	0	0	0	0	0	0	0
Counsellor	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0	0
Social Worker	0	0	0	0	0	0	0	0
Registered Nurse	0	0	0	0	0	0	0	0
Enrolled Nurse	0	0	0	0	0	0	0	0
Researchers	0	0	0	0	0	0	0	0
Trainers	0	0	0	0	0	0	0	0
Advocate	0	0	0	0	0	0	0	0
Family therapist	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0

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* 24. How many PAID full-time equivalent (FTE) * staff provided MENTAL HEALTH SPECIFIC SERVICES for your organisation as at 30 November 2009?

	Zero	1	2-5	6-10	11-25	26-50	51-100	>100
Administration	jn	jn	jn	jn	jn	jn	jn	jn
Management	jn	jn	jn	jn	jn	jn	jn	jn
Consumer worker	jn	jn	jn	jn	jn	jn	jn	jn
Carer worker	jn	jn	jn	jn	jn	jn	jn	jn
Support worker	jn	jn	jn	jn	jn	jn	jn	jn
Psychiatrist	jn	jn	jn	jn	jn	jn	jn	jn
Other doctor besides psychiatrist	jn	jn	jn	jn	jn	jn	jn	jn
Counsellor	jn	jn	jn	jn	jn	jn	jn	jn
Psychologist	jn	jn	jn	jn	jn	jn	jn	jn
Occupational Therapist	jn	jn	jn	jn	jn	jn	jn	jn
Social Worker	jn	jn	jn	jn	jn	jn	jn	jn
Registered Nurse	jn	jn	jn	jn	jn	jn	jn	jn
Enrolled Nurse	jn	jn	jn	jn	jn	jn	jn	jn
Researchers	jn	jn	jn	jn	jn	jn	jn	jn
Trainers	jn	jn	jn	jn	jn	jn	jn	jn
Advocate	jn	jn	jn	jn	jn	jn	jn	jn
Family therapist	jn	jn	jn	jn	jn	jn	jn	jn
Other	jn	jn	jn	jn	jn	jn	jn	jn

25. What percentage of your paid staff who provide MENTAL HEALTH SPECIFIC SERVICES have attained formal MENTAL HEALTH qualifications at the Vocational Education Training (VET) or university level as at 30 November 2009?

jn N/A

jn >0-10%

jn 11-25%

jn 26-50%

jn 51-75%

jn 76-100%

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26. Please select the forms of accreditation that your organisation has. Please tick all that apply.

- None
- Australian Council on Healthcare Standards (ACHS)
- International Standards Organisation (ISO)
- Health and Community Services eg Quality Improvement Council
- Mental health-specific standards
- Profession-specific accreditation
- Australian General Practice Accreditation Limited (AGPAL)
- State/territory level accreditation
- Other (please specify)

*Full-time equivalent (FTE) - The FTE of a full-time staff member (ie one who works 40 hours per week) is equal to 1.0. The calculation of FTE for part-time staff is based on the proportion of hours they work per week. For example a part-time staff member who works 20 hours per week is equivalent to 0.5 FTE (20/ 40 hours per week).

7. Workforce planning and training

27. Does your organisation have a staff training and recruitment plan / workforce development plan?

Yes

No

28. If yes to the previous question, what percentage of your total annual budget is for workforce training and development?

N/A

>0-2%

3-5%

6-10%

11-20%

>20%

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29. What are the current barriers that your organisation faces related to training and development? Please tick all that apply.

- Difficult to access
- Unable to back fill staff when training
- No budget for training/development
- Inappropriate training offered

Please add other barriers or comments:

30. What is your approximate annual staff turnover rate (as a percentage of total staff)?

- N/A
- >0-5%
- 6-10%
- 11-25%
- 26-50%
- 51-75%
- 76-100%

31. Do you have ongoing vacancies of more than 6 months per role/position?

- Yes
- No

If yes, please specify the roles/ positions:

8. Data collection, reporting and quality improvement

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32. Does your organisation collect staff/workforce data?

Yes

No

If yes, please provide further information on the type of data collected, the purpose and how frequently the data are collected:

33. Does your organisation gather experiences of consumers and carers you support (eg customer satisfaction surveys)?

Yes

No

If yes, please specify the mechanism/ mode and how frequently collected:

34. Does your organisation collect outcome measures for the consumers and/or carers you support?

Yes

No

If yes, please specify outcome measurement tool(s) and how frequently collected:

35. Do you undertake any quality improvement or evaluation activities to determine if your service is working well?

Yes

No

If yes, please specify mechanism/ mode and how frequently collected:

9. Other comments

36. Please describe an achievement of your organisation:

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37. In what areas (geographic and/or service type) would you like to EXPAND services? Why?

38. In what areas (geographic and/or service type) would you like to REDUCE services? Why?

39. Please feel free to enter any other comments!

10. Thank you!

Thank you for taking the time to complete this survey!

Your responses will assist us to better understand the Mental Health NGO sector. The information gathered from this survey will be used to assist us in creating and piloting a workforce data set for the Mental Health NGO sector.

Please fax or email your responses back to us as per the instructions on page 1.

If you have any questions about the survey please feel free to call our hotline which is available from Monday-Friday, 9am-5pm. The hotline number is 03 9092 2074.

Thanks again!