**Dawson Creek Child and Youth Mental Health and Substance Use Collaborative**

**Service Provider Survey**

The information gathered through this survey is intended to guide the work of the Dawson Creek Child and Youth Mental Health and Substance Use Local Action Team in supporting the development of mental health and wellness in children, youth and families. We want to make changes to the current system so that children, youth and families can get the help they want and need.

We hope that these changes might help everyone to live healthier lives, feeling supported in the community. Thank you for taking the time to respond.

1) **What is your primary role in the work that you are doing in the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2) **What age group do you primarily work with?**

□ 0-5 years

□ 6-8 years

□ 9-11 years

□ 12-15 years

□ 16-19 years

□ 20-24 years □ adults □ caregivers □ seniors

3) **Do you feel confident in your ability to recognize these mental health challenges in your clients?**

□ Anxiety □ Depression □ ADHD □ FASD □ Substance use

□ Suicidality □ OCD □ Self Harm □ Eating Disorders

□ Bullying or low self-esteem □ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) **Do you feel as if you are able to deal with the mental health challenges arising in your work?**

□ Yes □ No □ Maybe If not, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) **In your opinion, what mental health challenges do you see most often in clients?**

□ Anxiety □ Depression □ ADHD □ FASD □ Substance use

□ Suicidality □ OCD □ Self Harm □ Eating Disorders □ Disassociation

□ Bullying or low self-esteem □ parents separation or divorce □ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) **Have you attended training in the past year to assess mental health and wellness and substance use issues in clients?** □ Yes □ No Last training was?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) **How often do you identify the need to refer clients for counselling or substance use support, outside of your agency?** □ frequently □ sporadically □ Rarely

8**) What service providers (in school and in the community) are you most likely to refer to?**

□ School Counsellor □ Child and Youth Mental Health □ Substance Use Counsellor

□ Aboriginal Family Services □ Nawican Friendship Center Youth Coordinator

□ South Peace Community Resource Society □ Aboriginal Family Services □ Reconnect Youth Services □ Church, Pastor or Youth Group □ Mental Health and Addictions Northern Health

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9)**  **Are you familiar with the referral processes for community resources and service providers?**

 □ yes □ no

**10)** **What barriers have you experienced in the process of referring a youth for CYMH or counselling or Substance Use Support?** **Or a parent who is supporting a youth?**

**11) What do you think is needed in this area that would help youth manage life more easily?**

□ youth medical clinic □ youth activity center □ more youth activities that are accessible and free

□ easy access to counsellors for mental health and substance use in the school

□ groups to learn skills to help with depression, anxiety and substance use □ wrap around care for youth of all services

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12) Have you or anyone in your family experienced/attended/have personal experience with a counsellor/counselling/mental health service? □ Yes □ No**

**13) Would you be interested in being a part of our Local Action Team?**

 **□ Yes Here is my name and email address. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ No thank you, I am not interested or I am already a part of the Local Action Team.**

If you have a story (good or bad) of referring a client, caregiver or youth for mental health or substance use and would be open to sharing it to help change the current system, please give us your name and contact information. This information will not be shared with anyone and everything that you speak about will remain confidential.

If you have any comments or questions please feel free to ask them as well. We would love to support you in any way that we can.

Dawson Creek Child and Youth Mental Health and Substance Use Local Action Team.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Email or Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_