

OFFICE OF MENTAL HEALTH VETERAN SATISFACTION SURVEY

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. Accordingly, we may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled. Responses to the survey will be reported in aggregate form and will be anonymous.

For each item identified below, circle the number to the right that best fits your experience of VA mental health care. If an item does not apply to you, please circle NA.

Survey Item	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree	NA or Unknown
1. I am treated with respect and kindness by mental health program providers and staff.	1	2	3	4	5	NA
2. Mental health treatment has been helpful in my life.	1	2	3	4	5	NA
3. The staff is open to my suggestions regarding improvements to mental health services at my VA.	1	2	3	4	5	NA
4. The mental health services provided to me make me feel more hopeful about the future.	1	2	3	4	5	NA
5. I get mental health appointments on the day that I want.	1	2	3	4	5	NA
6. I am able to get follow-up appointments with mental health providers who know me.	1	2	3	4	5	NA
7. I am able to get appointments in the early morning, evenings, or weekends if I need them.	1	2	3	4	5	NA
8. I can't see my mental health provider(s) as much as I should because the provider(s) do not have time to see me.	1	2	3	4	5	NA
9. During appointments, my mental health provider(s) focus on the computer rather than engaging with me in face-to-face eye contact.	1	2	3	4	5	NA
10. I know that I will get a call back if I leave a message for my mental health provider(s).	1	2	3	4	5	NA
11. I am able to choose treatments I want after discussion with my mental health provider about the options.	1	2	3	4	5	NA
12. The mental health therapies I am interested in using are available when I am ready to use them.	1	2	3	4	5	NA
13. My mental health provider(s) are more likely to suggest or prescribe medication than to talk with me about my concerns.	1	2	3	4	5	NA
14. I can see the mental health provider who prescribes my medications as frequently as needed.	1	2	3	4	5	NA
15. My mental health provider has educated me about why I am prescribed my psychiatric medications.	1	2	3	4	5	NA
16. My mental health provider has educated me about how to take my psychiatric medications.	1	2	3	4	5	NA
17. My mental health provider has educated me about the side effects of my psychiatric medications.	1	2	3	4	5	NA

Survey Item	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree	NA or Unknown
18. If I have a question about my medications, I can get in touch with a mental health provider or pharmacist by phone to get my question answered.	1	2	3	4	5	NA
19. My mental health provider(s) and I have discussed what I could do in the case of a mental health emergency.	1	2	3	4	5	NA
20. When I call to make a mental health appointment, I am asked if I need to speak with a provider immediately.	1	2	3	4	5	NA
21. If I need to talk to a mental health provider urgently, I am able to talk to or see a provider the same day.						
22. I have been asked if I am interested in having my spouse or partner, other family member or friend involved in my treatment (e.g. participating in appointments or couples/family therapy; attending education classes; or discussing treatment options).	1	2	3	4	5	NA
23. I am satisfied with the contacts my mental health provider(s) have had with my family or people close to me.	1	2	3	4	5	NA
24. I am satisfied with the education my family or people close to me have received about my diagnosis and/or treatment.	1	2	3	4	5	NA
25. Couples/family psychotherapy has been helpful to me.	1	2	3	4	5	NA
26. My mental health provider(s) and I developed my treatment plan together.	1	2	3	4	5	NA
27. My mental health provider(s) have taken my personal preferences and goals into consideration during my treatment.	1	2	3	4	5	NA
28. My mental health provider(s) are open to discussing potential changes to my treatment plan.	1	2	3	4	5	NA
29. My mental health provider(s) discussed the benefits of meaningful employment as part of my overall mental health.	1	2	3	4	5	NA
30. My mental health provider(s) offered me supportive services to obtain employment if I was not working.	1	2	3	4	5	NA
31. My mental health providers work together and share information about my treatment.	1	2	3	4	5	NA
32. Meetings with my mental health provider(s) by video-phone go smoothly with few technical problems.	1	2	3	4	5	NA
33. Meetings with my mental health provider(s) by video-phone are just as helpful as meetings in person.	1	2	3	4	5	NA
34. The mental health clinic waiting area feels safe to me.	1	2	3	4	5	NA
35. Group therapy rooms comfortably fit all participants.	1	2	3	4	5	NA
36. When I have an individual mental health session with my provider, we meet in a room that is private.	1	2	3	4	5	NA
37. Overall, I am satisfied with the quality of VA mental health care.	1	2	3	4	5	NA

**Your feedback is important to us--thank you for completing this survey!
Thank you for your service to this country.**