
Mental Health Services Module

Did you receive mental health services here in the last year?

- Yes No

If “Yes,” please complete this section. If “No,” please skip this section.

This section is about the mental health services you receive here. Please answer these questions based on your experiences over the last 12 months. If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Definition of Terms

Mental Health Providers: your therapist, psychiatrist, psychologist, nurse, social worker, or any other licensed professional who provided you with mental health services.

Mental Health Services: includes individual therapy, group therapy, or prescribing psychiatric medications.

In the last 12 months...

1. I got mental health services here from: (please check all that apply)

- Psychiatrist Psychologist Psychiatric nurse Social worker
 Other (please specify) _____ Not Sure

2. I received mental health services because:

- I asked for help A staff person suggested that I get help
 Other (please specify) _____ Not Sure

3. When I needed an appointment, I could see my mental health providers soon enough for my needs.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

4. My mental health providers were responsible and professional.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

5. My mental health providers knew how HIV affects my mental health.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

6. I found it hard to talk to my mental health providers.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

7. I felt comfortable sharing my feelings and problems with my mental health providers.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

8. My mental health providers didn't seem to care how I was feeling.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

9. I wanted my mental health providers to spend more time with me to help me deal with my problems.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

10. I wanted to be more involved in making decisions about my mental health treatment.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

11. My mental health providers involved my family and friends in my mental health treatment as much as I wanted.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

12. I felt I would get in trouble if I disagreed with or complained about my mental health providers.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

13. My mental health providers and my HIV medical providers worked together to help me.

- All of the Time Most Times Sometimes Rarely Never Does Not Apply

14. I wanted to have more time in *group* therapy to meet my needs.

- Yes No Does Not Apply

15. I needed more information about the purpose of my psychiatric medications and their side effects.

- Strongly Disagree Disagree Agree Strongly Agree Does Not Apply

16. My providers explained to me in a way I could understand how my psychiatric medications interact with my HIV medications.

- Strongly Disagree Disagree Agree Strongly Agree Does Not Apply

17. Overall, I felt better as a result of my mental health treatment.

- Strongly Disagree Disagree Agree Strongly Agree

18. If I knew someone who was HIV-positive and had mental health problems, I would refer her or him to this program for help.

- Definitely Yes Maybe Definitely Not Not Sure

19. Overall, I am satisfied with the mental health services I received over the past 12 months.

- Strongly Disagree Disagree Agree Strongly Agree

20. What would you change to make mental health services better for yourself and other clients?
