

Consumer and Family Member Survey
Summary Of the Results
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BHRS contracted with Shradha Tibrewal MSW, PhD to develop a consumer and family member survey to assess the needs of consumers of mental health services and their family members in their desire to be volunteers or providers of mental health services. The study was intended as a means to provide BHRS, with a preliminary picture of whether consumers and family members are aware of volunteer/paid opportunities and what they identify as barriers and what their training needs are to make this a reality for themselves.

There were two major sources of data collection- the focus groups and surveys. The focus groups were intended to provide more qualitative depth to the participants' experiences and their needs. Altogether we had 73 participants in the 8 focus groups we conducted with consumers and family members.

Considering the different age/system of care specific experiences, barriers, and needs, we divided the focus group into 5 categories, older adults, adults, transitional youth, children, and Spanish speaking groups. Simultaneously we sent out 4 page surveys to several centers. We received 120 completed surveys.

Survey Demographics

Seventy -five or 63% of the respondents were consumers and 43 or 36% were family members. Most of the respondents were Caucasian (64%) followed by Hispanic (16%). Seventy two or (61%) of the respondents were female and forty five or (39%) were males. The educational level of the participants was very diverse ranging from 8th grade to GED to graduate degree. The number of years that they have been involved with mental health ranged from a few months to forty one years. Almost fifty percent of the respondents have been involved with mental health for 6 years or less.

Recommendations

Based on the data collected and analyzed, the following recommendations are suggested. The recommendations are organized around certain themes including awareness about volunteering/working for mental health, what is needed to help consumers/family members volunteer/work, and their specific training needs.

1. Awareness about Volunteering/Working and Logistics

Thirty one percent of respondents have been involved in a working or volunteering capacity; 70% are interested in doing so- so almost 40% of the survey population are potential future staff/volunteers. Most consumers and family members emphasized that they did not even know they could volunteer, or what opportunities are available to them. It seems critical to involve consumers and family members in this discussion.

How to let consumers/family members know they can volunteer?

Participants shared several ideas for how their awareness could be increased..To summarize, they suggest BHRS post flyers at every point of contact with clients, make the staff informed so they can share this information with consumers and family members, and try to assign a person of contact or a coordinator so it is an organized centralized process. They suggested that existing consumers and family members be involved in this effort as more consumers and family members may connect with those who have gone through this. All groups highlighted the following questions, which may be good points to consider when doing informational meetings on volunteering/working or when designing brochures. One very practical suggestion was the development of a manual that lists all volunteer/work opportunities and what is needed for each of them. Another suggestion was to set-up a centralized system/person who could be the contact person and have all the information about all the centers/options; in an effort to streamline the process.

Questions to consider:

- a. Who would be the first person of contact if someone wanted to volunteer/work?
- b. What they need to be able to volunteer?
- c. Who assesses are they able to volunteer/work? (if this is needed)
- d. Information about medical and other benefits like SSI and TANF- would they be impacted?

2. What consumers and family members need to help them get here?

On the surveys both consumers and family members highlighted the need for support and financial assistance to help them be volunteers or providers. The other big need was for training. Most of them expressed interest in either training to be a volunteer or in a certificate program.

A. Support

- a. Transportation- bus passes, rides, gas card etc
- b. Financial assistance- scholarships, incentives
- c. Support with their own recovery/respite
- d. Support from mental health staff in terms of understanding and flexibility
- e. Motivation and self esteem boosters
- f. Child care/Day care
- g. Need for mentors or establish a buddy system

B. Education and Training

Consumer and family members who are volunteering/working for mental health pointed out some specific needs like more information about mental health, the different types of illnesses and what they mean and how to work with them. All participants would like more education and training with regard to:

- a. What they need to do to be volunteers/providers

- b. Practice skills related to mental health services- types of mental illness, communication skills, coping skills, grief and loss counseling skills
- c. Hands on Training/ On the job training
- d. Participants identified a list of qualities that they would like to see in volunteers/providers, e.g. compassion, patience, understanding- so some workshops/exercises on how to demonstrate/express these qualities
- e. Further education
- f. How to handle stress on the job

It is important to point out that while keeping the topics in focus, it is also imperative that we pay attention to who does the training, how the trainings are conducted and do they meet the needs of the consumers and family members. One suggestion is to conduct both process and outcome evaluations of the trainings as they are conducted so we can better inform future trainings. Another idea is to involve the consumers and family members in the design and implementation of the trainings to the extent possible.

C. Need for Information

- a. Financial—what kind of salary, financial incentives, stipends, benefits etc
- b. What kinds of volunteering/working opportunities are available?
Full time part time, specific tasks etc

3. Training for Staff

An area brought to focus by consumers and family members was more understanding and sensitivity from mental health staff. Consumers/family members who are volunteering/working for mental health and have supportive supervisors stressed the critical role their supervisors play in helping them and that they could not do this without their supervisors. Some consumers

even expressed interest in being involved in training for staff. They would like staff to:

- a. Understand what it means to be consumer/family member volunteer/provider
- b. Support them and be patient
- c. Be flexible – especially in terms of time and schedules
- d. Be accepting and not judgmental

4. Cultural Training

One of the Spanish Speaking groups emphasized the importance of having consumer/family members volunteers/staff who speak the language and understand the culture. They also stressed on the need for more services to be offered where they are- both the groups highlighted that when the community does not even know about the services, how they will know about volunteering or working. We experienced a lot of difficulty in even trying to schedule two focus groups- we could not find many existing Spanish speaking groups with adequate numbers that we could go to. One focus group needed to be rescheduled. So, clearly there is a need to better connect with the Spanish speaking community, especially if we want to engage them in volunteering or staff opportunities.

In summary, in order to be able to successfully and effectively involve consumers/family members as volunteers or staff, mental health services needs to engage these groups in all stages of the process- from designing the training programs to implementing them. They are the experts on their lives and know best what they need to help them become volunteers or staff for mental health services.