

Virtual Client Experience Survey (VCES) for Mental Health and Addictions Care

We would like your feedback on your recent virtual appointment (videoconference or telephone-based appointment). This feedback will help us improve the quality of virtual services at our organization and will also ensure that our services are available to as many clients as possible.

Please answer the following questions about your experience. Completion of the survey is voluntary. This survey will take approximately 10-15 minutes to complete.

We are collecting demographic information (e.g., gender, age range, first three digits of your postal code) to help us better understand who is attending virtual care appointments. It will also help us to identify any potential inequities in care and ways to improve access and quality of care at our organization.

Please select one of the following statements to describe your role in completing this survey:

- I am a registered client completing the survey about the mental health and/or addiction services that **I received** at this organization.
- I am supporting a registered client to complete the survey about the mental health and/or addiction services that **they received** at this organization.
- I am a support person (e.g., caregiver, family member, partner, friend, other support) for someone with a mental health and/or addiction issue. I am completing the survey about the services that **I received** at this organization in my role as a support person.

Note: If a question is not applicable to your role as a support person, please select 'Not Applicable'.

Was this your first virtual appointment? Yes No Prefer Not to Answer

Was this your first virtual appointment with this service provider? Yes No Prefer Not to Answer

Where did you access the virtual appointment from?

- Home
- Healthcare Organization
- Prefer Not to Answer
- Other (Please specify): _____

What type of device did you use to access the virtual appointment?

- Computer
- Telephone (audio only)
- Prefer Not to Answer
- Tablet or Smartphone
- Healthcare Organization's Device

If you had a video-based appointment, which videoconference platform did you use (e.g. Zoom, Microsoft Teams, Webex, Ontario Telemedicine Network, etc.)?

- _____
- Do Not Know
 - Prefer Not to Answer
 - Not Applicable

Were there any learners or trainees (e.g. student, resident, staff) observing your appointment?

- Yes
- No
- Prefer Not to Answer

What is your gender?

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Two-Spirit (a term used by some Indigenous people) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Trans - Female to Male | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Trans - Male to Female | |

How old are you?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> 12 Years and under | <input type="checkbox"/> 26-34 Years | <input type="checkbox"/> 55-64 Years |
| <input type="checkbox"/> 13-18 Years | <input type="checkbox"/> 35-44 Years | <input type="checkbox"/> 65+ Years |
| <input type="checkbox"/> 19-25 Years | <input type="checkbox"/> 45-54 Years | <input type="checkbox"/> Prefer Not to Answer |

Please provide the first three digits of your postal code (e.g. L1X) _____ Prefer Not to Answer

Were you born in Canada? Yes No Prefer Not to Answer

If no, what year did you arrive in Canada? _____

Which of the following best describes your racial or ethnic group?

- | | |
|--|---|
| <input type="checkbox"/> Asian - East (e.g. Chinese, Japanese, Korean) | <input type="checkbox"/> Inuit |
| <input type="checkbox"/> Asian - South (e.g. Indian, Pakistani, Sri Lankan) | <input type="checkbox"/> Latin American (e.g. Argentinean, Chilean, Salvadoran) |
| <input type="checkbox"/> Asian - South East (e.g. Malaysian, Filipino, Vietnamese) | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Black - African (e.g. Ghanaian, Kenyan, Somali) | <input type="checkbox"/> Middle Eastern (e.g. Egyptian, Iranian, Lebanese) |
| <input type="checkbox"/> Black - Caribbean (e.g. Barbadian, Jamaican) | <input type="checkbox"/> White - European (e.g. English, Italian, Portuguese, Russian) |
| <input type="checkbox"/> Black - North American (e.g. Canadian, American) | <input type="checkbox"/> White - North American (e.g. Canadian, American) |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Mixed heritage (e.g. Black - African & White - North American) (Please specify): _____ |
| <input type="checkbox"/> Indian - Caribbean (e.g. Guyanese with origins in India) | <input type="checkbox"/> Other(s) (Please specify): _____ |
| | <input type="checkbox"/> Prefer Not to Answer |

Do you have any of the following? Check ALL that apply:

- | | |
|---|---|
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Sensory Disability (i.e. hearing or vision loss) |
| <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> None |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other(s) (Please specify): _____ |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Prefer Not to Answer |

Have you been hospitalized for a mental health and/or addiction issue in the last year?

- Yes No Prefer Not to Answer

How comfortable do you feel with technology in your daily life?

- Very Uncomfortable
 Uncomfortable
 Comfortable
 Very Comfortable
 Not Applicable
 Prefer Not to Answer

For each of the following statements, please indicate if you Strongly Disagree, Disagree, Agree or Strongly Agree.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Prefer Not to Answer
1.	It was easy to access virtual care at this organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	*The wait time for services was reasonable for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	It was easy to book my virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	During my virtual appointment, I was able to see the healthcare provider clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	During my virtual appointment, I was able to hear the healthcare provider clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I am confident that the healthcare provider at this organization and my other service providers are working as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I feel that there was an adequate amount of time allotted for the virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I felt comfortable during my virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I believe virtual care is just as effective as in-person healthcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I was able to get a virtual appointment sooner than an in-person healthcare appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	*I was assured my personal information was kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	*Staff understood and responded to my needs and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	*I was treated with respect by program staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements, please indicate if you Strongly Disagree, Disagree, Agree or Strongly Agree.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Prefer Not to Answer
14.	I received compassionate virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I felt safe (emotionally and physically) during my virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	The healthcare provider spoke with me about my mental health and/or addiction in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	*I was involved as much as I wanted to be in decisions about my treatment services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	The healthcare provider explained to me the benefits and risks of any treatments or interventions that were recommended during my virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I am confident that I will be able to follow the healthcare provider's recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I understand what to do if I have a mental health and/or addiction emergency following this appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	The physical location of where I accessed my virtual appointment was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Overall, I am satisfied with my virtual appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Please feel free to provide any additional comments or feedback regarding your virtual appointment. Please do not include your name or other information that could identify you.

*Select items from the "Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)." Copyright © 2015 by CAMH.

THANK YOU FOR COMPLETING THE SURVEY!

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