



# COMMUNITY MENTAL HEALTH EVALUATION INITIATIVE

Multisite Study  
Data Collection Protocol

Consumer/Survivor Initiative (CSI) Manual  
Baseline and Follow-up Collection

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## BACKGROUND

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With the support of the Ministry of Health, the Ontario Mental Health Foundation (The Foundation), the Canadian Mental Health Association (CMHA) - Ontario Division and the Health Systems Research Unit (HSRU), the Centre for Addiction and Mental Health, Clarke Division have formed a *Mental Health Policy Research Group* to research and advocate solutions for major issues and problems in the mental health arena.

The Community Mental Health Evaluation Initiative (CMHEI) is a major undertaking of the *Mental Health Policy Research Group*. Through a competitive, peer reviewed process, funding was awarded to six outcome evaluation projects focused on the three priority areas for community reinvestment defined by the Ministry of Health - case management including housing support, crisis response, and consumer/survivor and family initiatives. A seventh methodological project is developing an instrument for the purpose of explaining outcomes.

Layered on top of these diverse projects is a multisite study to compare case management, mobile crisis and self help. This study will collect and analyze a common set of data across projects in order to answer questions that concern a broader, systems perspective, and will pilot information strategies that have relevance to the wider field. One set of study goals focus on describing how program types differ in who they serve, outcomes achieved including costs, and cost-effectiveness. In addition, the range of case management approaches represented in this study allows for more in-depth comparison of different case management models. The multisite study intends to define and compare program structure across case management interventions, and assess how program structure affects consumer/survivor outcomes and program costs. The multisite study also provides an opportunity to compare the impact of self-help on different user groups by assessing differences in how the consumer/survivor and family self-help programs impact their environment, and influence participant empowerment and satisfaction.

To implement the multisite study, a Coordinating Centre has been established in the HSRCU of the Centre for Addiction and Mental Health, Clarke Division, comprised of investigators from the HSRCU and the seven funded projects. For more information about funded projects please visit CMHA-Ontario and OMHF ([www.inforamp.net/omhf/cmheires.html](http://www.inforamp.net/omhf/cmheires.html)) websites.

Given the diversity of program types in the multisite study, there is variation among the research projects in the content and administration of the common protocol. This manual outlines the approach and instruments that the consumer/survivor initiative will be using to contribute to the consumer/survivor assessment portion of the common protocol.

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## CONSUMER ASSESSMENT - INSTRUCTIONS FOR ADMINISTRATION

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### INSTRUMENT SELECTION AND ADMINISTRATION

The CMHEI Working Group (ie., the Coordination Centre and other project representatives) developed a consumer assessment protocol comprised of instruments listed in Table 1. A consistent approach in instrument administration will increase similarity in collected data across projects.

### ORDER OF INSTRUMENT ADMINISTRATION

In order to answer the questions in the multisite study, the CMHEI Working Group (ie., the Coordination Centre and other project representatives) selected a series of instruments for the consumer assessment (see Table 1). Appendix A provides a brief description of the structure and sources of each instrument.

The assessment is divided into two parts, with Part I instruments filled out primarily through chart review and consulting with care providers and other collaterals, and Part II measures completed during an interview with the consumer. The rater completing Part I should identify missing information for the Part II interviewer, who can then try to obtain missing information during the consumer interview. If there are inconsistencies across data sources (e.g., differences between chart records and provider reports of number of hospitalizations), the best source of information in the setting should be used.

To maximize inter-rater reliability, the Part II instruments should be administered in the following order - Baseline Self-Report, Social Support Information, Empowerment, Satisfaction with Services, Quality of Life, Symptom Distress. Most important is that consumers rate their level of satisfaction before their symptom distress.

Part II of the assessment is completed during an interview with the consumer. Any questions from Part I which cannot be answered after reviewing the chart or consulting with the care provider should be asked during the interview. In the projects where different individuals complete Parts I and II, the person completing Part I should inform the interviewer in Part II of any missing information.

**Table 1  
Consumer Assessment Package**

Part I	Part II
<p><b>Status Measures</b>            Baseline Information            Health, Education &amp; Legal Log            Employment Log            Residential Log            Financial Log            Hospitalization Log</p> <p><b>Service Use Logs</b>            Psychiatrist Visits Log            Non-psychiatrist Health Professional Visits Log            Community Services and Support Programs Log            Emergency Room Visits Log            Prescribed Psychotropic Medication Log</p>	<p><b>Satisfaction with Services Scale</b>  <b>Self-Report</b>            Baseline Self-Report Information            Social Support Scale            Empowerment Scale            Quality of Life Scale            Symptom Distress Scale</p>

**USING TELEFORM DATA ENTRY FORMS**

To handle data from different projects communicated via different channels to the Coordinating Centre, we are using software called "Teleform." Data collected using these forms can be processed electronically through either a scanner or faxed transmission. Depending on individual project arrangements, forms can either be faxed or mailed to the Coordinating Centre. Mailed forms must be the originals onto which data were entered. Scanned or faxed data must use laser-printed blank forms to ensure maximum reliability for recognition (of the forms) and translation (of the data from hand-printed entries into database entries). To help maximize the reliability of data transmission, please:

- Print clearly using Capital letters wherever word responses are requested.
- Try to leave S P A C E between letters.
- In marked print zones, print one character per box so that the characters do not touch the box's edges.
- Completely fill in all circles that require bubble-filled responses.
- Avoid using check-marks because the tails have a habit of entering spaces reserved for other variables.
- Use a dark pencil (no red ink) when filling out the forms.
- Erase completely and re-write whenever an item is amended.
- Never write anything but the answer in the data recognition zones (e.g. boxes, bubbles).
- For missing/unknown information either fill in with 9's when a box for numbers is provided or write d/k (don't know) or n/a (not applicable) in the margin outside the data recognition zone.

## **VERIFICATION OF THE COMMON PROTOCOL**

Prior to submitting the completed assessment, complete the following checks:

- Verify for multiple responses, check the question to see if multiple responses are allowed, usually they are not.
- Check for internal consistency, for example:
  - If it was indicated that medication was prescribed on the Status 2/6 form, then the prescribed psychotropic medication log (SU 5/5) should be completed.
  - If it was indicated that the consumer/survivor has a paying job on the Status 3/6 form, then there should be a figure under the gross earnings on the Status 4/6 form.
  - If it was indicated that the consumer/survivor has a regular therapist on the Status 2/6 form, then each visit of in the past 30 days to their therapist should be coded on the psychiatrist resource use form (SU 1/5).

## **CONSUMER IDENTIFICATION NUMBER**

At the top of each page of every form, it is essential to print the Consumer's Identification Number. If you are unsure of the ID number, ask the data coordinator.

The first digit of the ID number should correspond to the project number:

1	=	Tim Aubry (Intensive Case Management)
2	=	Katherine Boydell and John Trainor (Family Initiative)
3	=	Terry Krupa and Shirley Eastabrook (Assertive Community Treatment)
4	=	Geoffrey Nelson (Consumer/Survivor Initiative)
5	=	Donald Wasylenki (Assertive Community Treatment)
6	=	Lorraine Ferris & Kenneth Shulman (Crisis Intervention)

The second digit should correspond to the program/site number. It is assigned by the project. This number will be used to identify study sites. For example, if a study has more than one site that is participating (i.e., sites in Niagara, Toronto, and Kingston) this number should be used to identify the sites.

The third and fourth digits should correspond to the month of birth of the consumer/survivor.

The fifth and sixth digits should indicate the year of birth of the consumer/survivor.

The seventh digit should correspond to the gender of the consumer/survivor (1=male, 2=female).

The remaining numbers should be unique to each consumer/survivor.

## **PERSON COMPLETING THE FORM**

Each project should assign a number to each interviewer (i.e., Charlie Smith = 1). This identification should be printed at the top of each form.

## **DATA COLLECTION**

The instruments are to be filled out through consultation with the consumer/survivor. This is a longitudinal study, which means that the assessments are completed at three different times during the course of the study. Data collection will take place at 9 month intervals - i.e., at baseline, 9 and 18 months.

### **Baseline Assessments**

Baseline assessments of consumers/survivors who are new to the program should be completed within the *first three weeks* of their initial participation. The 2nd and 3rd follow-up interviews (9 and 18 months) must take place within a *6 week window* (either 3 weeks prior or 3 weeks following) of the exact date scheduled for these interviews, i.e., exactly 9 months after the interview is completed. For example, if the baseline interview is completed on September 9, 1998, the second interview should be scheduled for June 9, 1999 and must take place between May 18, 1999 and June 30, 1999.

If data is not collected within the 6 week window, completed forms should still be forwarded to the Coordinating Centre.

### **Follow-up Assessments**

If a consumer/survivor formally drops-out of the research study, complete the top of the *Health, Education and Legal Issues* log and return that form only to the Coordinating Centre. There should be no further follow-up.

If a consumer/survivor drops out of the CSI program but does not formally leave the research study, follow-up data collection should be attempted by the research assistant.

If a consumer/survivor is still in the study but cannot be located, complete the top of the *Health, Education and Legal Issues* form and return that form only to the Coordinating Centre.

## **CONFIDENTIALITY**

Each project has established a protocol for obtaining participant consent which must be secured prior to data collection.

Some of the questions in the interview are personal. It is important that the interviewer build a rapport with the consumer/survivor, as well as remind the consumer/survivor that all the information is strictly confidential. You may want to point out that respondent names are not recorded on the questionnaires, that all results are reported at a group level so that individuals cannot be identified. Only the data coordinator and Principle Investigator for each project have access to information which links the consumer/survivor's name to the Identification Number.

## **DATA QUALITY ASSURANCE**

Before submitting assessment questionnaires to the data coordinator, interviewers and research assistants should make sure that ALL applicable questions have been answered appropriately. Data coordinators should review assessments for completeness and to ensure that there are no contradictory answers before submitting the data to the Coordinating Centre. Regular debriefings between data coordinators and data collection staff should take place to ensure that these procedures are followed. The data coordinator should advise the Coordinating Centre (Tess Sheldon 535-8501 x. 4323) if the training manual needs clarification or any other problems arise. This will ensure reliability across interviewers, sites, and projects.

## CMHEI SOCIO-DEMOGRAPHIC INFORMATION

### (Baseline SR 1/5 and STA 1/6 ; Follow-up STA 1/6)

Most *Socio-Demographic Information* is only completed during the BASELINE assessment. It provides general descriptive information about the consumer/survivor who is participating in the study, and will be used to better understand participant outcomes. In addition, some baseline variables may have prognostic value. That is, they may help to predict whether a person is likely to show positive outcomes in particular domains. A few variables are completed again at Follow-up, in order to track changes in sociodemographic information (such as marital status, education) and also to matching clients across time periods.

ID:	Each consumer/survivor should be assigned an identification number which is recorded at the top of each page of the form.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
GENDER:	Fill-in circle.
DATE OF BIRTH:	Print birth date in order of Month/Day/Year.
PREFERRED LANGUAGE (Baseline ONLY)	Indicate the language that the consumer/survivor prefers to converse in. If “Other”, print language in capital letters in space provided. ( <i>Code only one</i> ):
RACIAL BACKGROUND: (Baseline ONLY)	Fill-in the answer that the consumer/survivor selects to describe his/her racial background. The consumer/survivor’s self classification, not the rater’s opinion is of interest.
COUNTRY OF BIRTH: (Baseline ONLY)	Indicate whether the consumer/survivor was born in Canada.
IF NOT CANADA: RECORD COUNTRY & YEAR OF IMMIGRATION: (Baseline ONLY)	If the consumer/survivor was not born in Canada, record: Country of birth in capital letters; and Year in which the consumer/survivor immigrated.
EDUCATION:	Circle number that corresponds with years of education the consumer/survivor completed (0-20+).

MARITAL STATUS: Fill-in appropriate circle. Indicate current relevant situation (e.g., if divorced or separated and co-habiting with significant other - indicate the later). Married may include non-legal union.

LENGTH OF PROGRAM PARTICIPATION: (Baseline only) Indicate the number of months that the consumer/survivor has been in the program. The consumer/survivor's program participation begins after their first CSI activity (e.g., attending self-help group, being involved in special event, accessing drop-in centre). If it has been less than a month since the consumer/survivor has had his/her first CSI activity, enter "01" in box. If the consumer/survivor is not a member of a CSI group, but is in the study, therefore has not had any involvement with the CSI nor will they, then fill-in the next circle "not a CSI member".

AGE AT FIRST PSYCHIATRIC HOSPITALIZATION: (Baseline only) Refers to the consumer/survivor's age at first psychiatric hospitalization and is recorded in years of age. If never hospitalized, enter "98" in boxes. If the information is missing, enter "99" in the boxes.

ILLNESS INFORMATION / DIAGNOSES: Fill in all the diagnosis categories that apply (for information on diagnoses see Table 1 on the following page). Diagnoses must have been given by a licensed mental health professional or the consumer. If "Unknown" is chosen, try to explain why it is unknown. If "Other" is chosen, write down the response (e.g., brain damage due to accident), and try to probe for specific symptoms and fill in those applicable diagnosis categories (for information on diagnoses see Table 1 on the following page). Write down any problems with diagnoses in the blank space (or the back of page if more space is needed).

**TABLE 1. TABLE OF DIAGNOSES**

<b>Mood Disorders</b>	301.22 Schizotypal personality dis.	310.1 Personality change
DEPRESSIVE DISORDERS	301.4 Obsessive-Compulsive personality dis.	293.9 Mental Disorder NOS
296.xx Major Depressive Disorder	301.50 Histrionic personality dis.	<b>Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence</b>
300.4 Dysthymic Disorder	301.6 Dependent personality dis.	299.xx Developmental disorders
311 Depressive Disorder NOS	301.7 Antisocial personality dis.	307.0, 307.9, 315.xx
BIPOLAR DISORDERS	301.81 Narcissistic personality dis.	Learning, motor skill and communication disorders
296.xx Bipolar Disorder	301.82 Avoidant personality dis.	307.2x Tic disorders
301.13 Cyclothymic Disorder	301.83 Borderline personality dis.	307.3 Stereotypic movement disorder
293.83 Mood Disorder due to medical condition	301.9 Personality disorder NOS	307.5x Eating disorders
<i>Record substance-induced mood disorders in Substance-Related category</i>	<b>Developmental Handicap</b>	307.6 Enuresis (not due to a general medical condition)
<b>Anxiety Disorders</b>	317, 318.x, 319	307.7 Encopresis, without constipation and overflow incontinence
293.89 Anxiety disorder due to medical condition	Mild, moderate, severe, or profound mental retardation	309.21 Separation Anxiety Disorder
300.00 Anxiety disorder NOS	<b>Substance-Related Disorders</b>	312.8 Conduct disorder
300.01 Panic disorder without agoraphobia	291.xx, 292.xx	312.9 Disruptive behavior disorder NOS
300.02 Generalized anxiety dis.	Disorders related to or induced by use of substances	313.23 Selective Mutism
300.21 Panic disorder with agoraphobia	303.00- 305.90	313.89 Reactive attachment disorder of infancy or early childhood
300.22 Agoraphobia without history of panic disorder	Substance-related intoxication, abuse or dependence	313.81 Oppositional defiant disorder
300.29 Specific phobia	<i>Substances include alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine, sedative, hypnotic or anxiolytics, or other unknown substances.</i>	313.9 Disorder of infancy, childhood/ adolescence NOS
300.23 Social phobia	<b>Delirium, Dementia, Amnestic and Other Cognitive Disorders</b>	314.xx Attention-deficit and disruptive behaviour disorders
300.3 Obsessive-compulsive dis.	DELIRIUM	787.6 Encopresis, with constipation and overflow incontinence
300.81 Posttraumatic stress dis.	293.0 Delirium due to general medical condition	
308.3 Acute stress disorder	780.09 Delirium NOS	
<i>Code substance-induced anxiety disorders in Substance- Related category.</i>	DEMENTIA	
<b>Schizophrenia and Other Psychotic Disorders</b>	290.xx Dementia of the Alzheimer's Type, Vascular Dementia, Dementia due to Pick's Disease, Creutzfeldt-Jakob Disease	
293.xx Psychotic Disorder due to medical condition	294.1 Dementia due to medical disease	
295.xx Schizophrenia	294.8 Dementia NOS	
.30 Paranoid Type	AMNESTIC DISORDERS	
.10 Disorganized Type	294.0 Amnestic Disorder due to general medical conditions	
.20 Catatonic Type	294.8 Amnestic Disorder NOS	
.90 Undifferentiated Type	OTHER COGNITIVE DISORDERS	
.60 Residual Type	294.9 Cognitive Disorder NOS	
295.40 Schizophreniform Disorder	<b>Mental Disorders Due to a General Medical Condition Not Elsewhere Classified</b>	
295.70 Schizoaffective Disorder	293.89 Catatonic Disorder	
297.1 Delusional Disorder		
297.3 Shared Psychotic Disorder		
298.8 Brief Psychotic Disorder		
298.9 Psychotic Disorder NOS		
<i>Code substance-induced psychotic disorders in Substance-Related category.</i>		
<b>Personality Disorders</b>		
301.0 Paranoid personality dis.		
301.20 Schizoid personality dis.		

**MOST RESPONSIBLE JOB HELD OUTSIDE THE HOME:**

**HAS CONSUMER  
EVER BEEN EMPLOYED  
OUTSIDE THE HOME:  
(Baseline only)**

Fill-in circle. If the consumer/survivor never held a job or answer is “Unknown”, skip to *HEALTH, EDUCATION AND LEGAL ISSUES LOG*.

**STATUS OF JOB WITH  
HIGHEST LEVEL OF  
RESPONSIBILITY:  
(Baseline only)**

Indicate whether the job with the highest responsibility was:  
*Full-Time*  $\geq 24$  hours per week  
*Part-Time Regular* < 24 hours per week on a regular basis  
*Part-Time Casual* < 24 hours per week on a sporadic basis.  
Usually it involves odd jobs in an irregular, informal work situation. (*Code only one*)  
The activity could be paid or unpaid work.

**HOURLY WAGE/  
ANNUAL SALARY:  
(Baseline only)**

The highest hourly wage or annual salary of the job with the highest level of responsibility that the consumer/survivor held to date. If “volunteer”, leave the wage boxes blank. If information is missing, fill hourly wage boxes with “99999”.

**PAYMENT: (Baseline only)**

Indicate whether job was for pay or voluntary.

**JOB SUPPORT:  
(Baseline only)**

Categorize level of job support using the following definitions:

*Sheltered Workshop*

Groups of members who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times wages are below minimum wage and the workshop is located in the agency itself.

*Other Supported Approach*

The consumer/survivor receives support from a program (e.g., Job Coach Model, Assisted Competitive Model, Transitional Employment Model, Agency Paid Transitional Employment Model, In-House Transitional Employment Model, Work Crew Model)

*Independent*

Individual found job on his/her own with no help from a program. If there was minor help obtaining the job (e.g., constructing a resume), no support has been received since and no additional supports will be provided.

**NUMBER OF MONTHS:  
(Baseline only)**

Indicate the number of months the most responsible job was held.

**YEAR MOST  
RESPONSIBLE JOB HELD:  
(Baseline only)**

Indicate the most recent year in which the consumer/survivor held the job with the highest level of responsibility. If information is missing, fill the boxes with “9999”.

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## CMHEI HEALTH, EDUCATION, AND LEGAL LOG (STA 2/6)

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Complete health status, education, and legal status variables with respect to the consumer/survivor's experience during the last 9 months.

ID:	Consumer's project identification.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
PERIOD IS:	Phase for which the information is being collected.
NO FOLLOW-UP DATA COLLECTED:	If no follow-up data could be collected, indicate here by filling in the circle and returning this page only to the Coordinating Centre. The other blank pages do not need to be handed-in. See <u>Timing of Data Collection</u> section (page 4) for follow-up guidelines.

### HEALTH AND MEDICATION COMPLIANCE VARIABLES

**PHYSICAL ILLNESS/ DISABILITY:** Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning. Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drinking and driving, etc. Do not include mental or behavioural problems.

**CONSUMER HAS A PRIMARY WORKER:** Indicate whether the consumer/survivor sees a primary therapist, case manager or social worker for his/her mental illness.

**IF YES:**  
**FREQUENCY THAT CONSUMER MEETS WITH WORKER:** Ask the consumer/survivor to estimate the frequency of contacts, on average, with his/her worker. Choose from the following:

<i>Daily</i>	≥ 3 times per week
<i>At least weekly</i>	1- 2 times per week
<i>At least monthly</i>	1 - 3 times per month
<i>Less than monthly</i>	< 1 time per month
<i>Not at all</i>	Never meets with his/her psychiatrist/primary worker

**PRESCRIBED PSYCHOTHERAPEUTIC** Indicate whether the consumer/survivor has been prescribed psychotherapeutic medications in the last 9 months.

**MEDICATIONS:**

*IF YES:*

**PSYCHOTHERAPEUTIC  
MEDICATION  
COMPLIANCE:**

The consumer/survivor should estimate how often s/he takes psychotherapeutic medications as prescribed by choosing from the following responses:

<i>Most of the time</i>	> 75%
<i>About half of the time</i>	50% - 75%
<i>Less than half of the time</i>	< 50%
<i>Unknown</i>	

**EDUCATION VARIABLES**

**CURRENTLY  
ENROLLED:**

Indicate whether the consumer/survivor was enrolled in school during the past week.

**ENROLLED IN THE  
LAST 9 MONTHS:**

If the consumer/survivor has not been enrolled as a student in the last 9 months, go to *LEGAL ISSUES*.

*IF YES:*

**MOST RECENT  
INSTITUTION:**

For all consumers/survivors who were enrolled in the past 9 months, indicate the most recent institution attended. Choices are:

*Secondary (high school)*

Registered as a student of grades 9-13.

*Adult Education*

Enrolled in a formal course offered by the local adult education facility. Such a course must not accrue academic credit.

*Community College*

Enrolled at a community college.

*Vocational/Training/Trade*

Enrolled in vocational/technical training centre where academic credit is accrued, or in a certification program (usually focused on a unique skill or craft (e.g., pipe fitting, hair dressing).

*University*

Enrolled in a post-secondary educational institution where the degree may be a Bachelor's, Master's, or Doctorate.

*Other*

Enrolled in any other program not fitting a description above.

**FULL-TIME OR  
PART-TIME:**

If the consumer/survivor was enrolled in an institution, indicate whether s/he considered him/herself full-time or part-time.

**CLASS ATTENDANCE:**

Indicate frequency with which the consumer/survivor attended classes by choosing from the following responses:

<i>Most of the time</i>	> 75%
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<i>About half of the time</i>	50% - 75%
<i>Less than half of the time</i>	< 50%
<i>Unknown</i>	

**LEGAL ISSUES**

**HAS CONSUMER BEEN ARRESTED:**

Indicate whether the consumer/survivor has been arrested at any time in the last 9 months.

*IF YES:*

**TOTAL ARRESTS:**

Total number of arrests in the last 9 months. Do not include contacts which resulted in involuntary or emergency treatment for mental health. If information is missing, fill-in boxes with "99".

**HAS CONSUMER BEEN ARRESTED UNDER THE MENTAL HEALTH ACT:**

Indicate whether the consumer/survivor has been arrested under the Mental Health Act at any time in the last 9 months.

*IF YES:*

**TOTAL ARRESTS:**

Total number of arrests under the Mental Health Act in the last 9 months. If information is missing, fill-in boxes with "99".

**HAS CONSUMER SPENT ANY NIGHTS IN JAIL:**

Indicate whether the consumer/survivor has spent any nights in jail during the last 9 months.

*IF YES:*

**PRISON/JAIL NIGHTS:**

Total number of nights spent in prison or jail during the last 9 months. If information is missing, fill-in boxes with "99".

**NUMBER OF SEPARATE PRISON/JAIL EPISODES:**

Total number of separate occasions in which the consumer/survivor was confined in prison or jail during the last 9 months. If information is missing, fill-in boxes with "99".

**PRISON/JAIL EPISODES FOR OFFENCES COMMITTED IN LAST 9 MONTHS:**

Total number of separate occasions in which the consumer/survivor was confined in prison or jail during the last 9 months that were related to offences committed in the last 9 months. If information is missing, fill-in boxes with "99".

**IS CONSUMER ON PROBATION/PAROLE:**

Indicate whether the consumer/survivor has been on probation or parole at any time during the last 9 months.

*IF YES:*

**NUMBER OF TIMES ON PROBATION/PAROLE:**

Total number of times the consumer/survivor was on probation/parole during the last 9 months. If information is missing, fill-in boxes with "99".

**PROBATION/PAROLE EPISODES FOR OFFENCES IN LAST 9**

**MONTHS:** Total number of separate occasions during which the consumer/survivor was on probation/parole during the last 9 months that were related to offences committed in the last

<i>MONTHS:</i>	9 months. If information is missing, fill-in boxes with "99".
HAS CONSUMER BEEN VIOLENTLY VICTIMIZED:	Indicate whether the consumer/survivor was victimized (e.g., assaulted, robbed, raped) at any time during the last 9 months.
<i>IF YES:</i> NUMBER OF TIMES VIOLENTLY VICTIMIZED:	Total number of times the consumer/survivor was a victim of a violent crime (e.g., assault, robbery, rape) during the last 9 months. If information is missing, fill-in boxes with "99".
HAS CONSUMER BEEN OTHERWISE VICTIMIZED:	Indicate whether the consumer/survivor was a victim of a non-violent crime (e.g., theft) during the last 9 months.
<i>IF YES:</i> NUMBER OF TIMES OTHERWISE VICTIMIZED:	Total number of times the consumer/survivor was a victim of a non-violent crime during the last 9 months. If information is missing, fill-in boxes with "99".

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## CMHEI EMPLOYMENT LOG (STA 3/6)

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EMPLOYMENT variables assess the current employment status and work history during the past 9 months.

ID:	Consumer's project identification.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
PERIOD IS:	Phase for which the information is being collected.
CURRENTLY WORKING:	Indicate whether during the past week, the consumer/survivor was engaged in full-time or part-time work. Include unpaid activities such as volunteering and other non-paid work experience.
TOTAL NUMBER OF JOBS:	The total number of jobs the consumer/survivor was engaged in during the last 9 months including all full-time and part-time work. Include volunteering and other non-paid work experience. If the answer is none, go to <i>Financial Log</i> . If information is missing, fill-in boxes with "99".
JOB STATUS: (Code only one)	Indicate whether the work is:  <i>Full-Time</i> ≥ 24 hours per week <i>Part-Time Regular</i> < 24 hours per week on a regular basis <i>Part-Time Casual</i> < 24 hours per week on a sporadic basis. Usually it involves odd jobs in an irregular, informal work situation. The activity could be paid or unpaid work.
PAYMENT:	Indicate whether jobs was for pay or voluntary.
IF PAID: HOURLY WAGE:	If the consumer/survivor worked for pay, record his/her hourly wage. If the information is missing, fill-in boxes with "99999."

**JOB SUPPORT:**

Using the following definitions, select level of support category:

*Sheltered Workshop*

Groups of members who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times wages are below minimum wage and the workshop is located in the agency itself.

*Other Supported Approach*

The consumer/survivor receives support from a program (e.g., Job Coach Model, Assisted Competitive Model, Transitional Employment Model, Agency Paid Transitional Employment Model, In-House Transitional Employment Model, Work Crew Model)

*Independent*

Individual found job on his/her own with no help from a program. If there was minor help obtaining the job (e.g., constructing a resume), no support has been received since and no additional supports will be provided.

**SELF-EMPLOYED:**

Indicate whether the consumer/survivor was self-employed.

**EMPLOYED IN A  
CONSUMER SURVIVOR  
INITIATIVE (CSI):**

A consumer/survivor initiative is defined as an organization operated for and controlled and staffed by people who have used the mental health system.

**NUMBER OF WEEKS:**

Number of weeks worked at the job. If information is missing, fill-in boxes with "99".

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## CMHEI FINANCIAL LOG (STA 4/6)

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FINANCIAL variables assess the consumer/survivor's consistent and dependable sources and levels of income. Record sources for a typical month during the 9 months prior to the interview. If there is no "typical" month during this period, take an average over the last 9 months and fill-in the appropriate circles.

ID:	Consumer's project identification.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
PERIOD IS:	Phase for which the information is being collected.
REGULAR SOURCE OF INCOME/BENEFITS	Indicate whether the consumer/survivor had any regular sources of income/benefits during the past 9 months. If the answer is "No" or "Unknown", go to <i>Hospitalization Log</i> .
TOTAL MONTHLY INCOME/BENEFITS	Indicate the average total monthly income (include all sources) received on a regular basis during the past 9 months. If a range is offered as an answer, take the average of the range and fill-in the box. For example, if the consumer/survivor answers, "Between \$200 and \$300 a month," \$250 should be filled-in the boxes. If the amount is unknown, enter "9999". This number should be the sum of all amounts recorded under sources of income/benefits.
SOURCES OF INCOME/BENEFIT:	After June 1, 1998, there will be name changes to several of the types of income/benefit: <i>General Welfare</i> will become <i>Ontario Works</i> . <i>Family Benefits Allowance</i> Will become <i>Ontario Disability Support Program</i> . <i>Disability Income</i> Includes income from GAINS-D and CPP Disability. <i>Gross Earnings (Self)</i> Include all earned income. <i>Pensions/Insurance</i> Includes income from workman's compensation, Old Age Supplement (OAS), GIS, SPA, and Employment Insurance <i>Contributions from Family (Includes Spouse/Partner)</i> Support for living expenses (e.g., rent, food, utilities, medical expenses, and allowance) <i>Other Income</i> Includes other unearned income such as trust fund, inheritances,

alimony, child support.

ANY INCOME RECEIVED  
FROM SOURCE:

On a consistent basis during the past 9 months, indicate whether the consumer/survivor received income/benefits from each source by filling-in the appropriate circle (Yes or No).

AMOUNT RECEIVED  
FROM EACH SOURCE:

Where an income source has been indicated, record the total amount of money received during a typical month during the past 9 months. If a range is offered as an answer, take the average of the range and fill-in the box. For example, in the consumer/survivor answers, "Between \$200 and \$300 a month," \$250 should be filled-in the boxes. If the amount is unknown, enter "9999".

PRIMARY SOURCE:

Indicate the one INCOME/BENEFIT from which the consumer/survivor received the most money on a consistent basis during the past 9 months.

ODB (FU2 only)

Indicate if consumer was on ODB at any point in the last nine months.

PUBLIC Trustee (FU2 only)

Indicate if consumer had a public trustee at any point in the last nine months.

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## CMHEI HOSPITALIZATION LOG (STA 5/6)

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Each hospitalization during the past nine months should be coded on a separate line.

- ID: Consumer's project identification.
- DATE: The date form completed (mm/dd/yy).
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Phase for which the information is being collected.

Has the consumer/survivor had any overnight hospital stays during the past 9 months? If the answer is, "Yes", the *Hospitalization Log* should be completed. If the answer is, "No" or "Unknown", go to the *Residential Log*.

HOSPITAL: For each episode, the full name of the hospital should be recorded in capital letters.

PROVINCE IF NOT ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province or territory should be completed in capital letters.

*AB* Alberta  
*BC* British Columbia  
*MA* Manitoba  
*NB* New Brunswick  
*NF* Newfoundland  
*NW* Northwest Territories  
*NS* Nova Scotia  
*PE* Prince Edward Island  
*QB* Quebec  
*SK* Saskatchewan  
*YK* Yukon

REASON: Reason for the hospital stay. Fill-in the circles for all the reasons that describe why the consumer/survivor was hospitalized:

*PSY* Psychiatric  
*SA* Substance Abuse  
*DETOX* Detoxication (if *FU1*, *FU2*)  
*MED* Medical

TYPE: Fill-in the circle next to the type of facility in which this

hospitalization occurred:

- PPH* Provincial Psychiatric Hospital (see below for LIST of PROVINCIAL PSYCHIATRIC HOSPITALS)
- SP* Specialty Hospital (see below for LIST OF ONTARIO SPECIALTY HOSPITALS)
- GHI* General Hospital with a Psychiatric Ward (Schedule 1) on psychiatric ward. (see below for LIST OF ONTARIO SCHEDULE 1 HOSPITALS)
- GH2* General Hospital with a Psychiatric Ward (Schedule 1) *not* on psychiatric ward. (see below for LIST OF ONTARIO SCHEDULE 1 HOSPITALS)
- GH* General Hospital without a Psychiatric Ward (Non-Schedule 1)

If the hospital is not in Ontario, use best judgement to categorize facility type.

#### LIST OF PROVINCIAL PSYCHIATRIC HOSPITALS (PPH)

Brockville Psychiatric Hospital, Brockville  
Hamilton Psychiatric Hospital, Hamilton  
Kingston Psychiatric Hospital, Kingston  
Lakehead Psychiatric Hospital, Thunder Bay  
London Psychiatric Hospital, London  
North Bay Psychiatric Hospital, North Bay  
Penetanguishene Mental Health Centre, Penetanguishene  
St. Thomas Psychiatric Hospital, St. Thomas  
Queen Street Mental Health Centre, Toronto (divested in March, 1998, now a division of Centre for Addiction and Mental Health)  
Whitby Psychiatric Hospital, Whitby

#### LIST OF ONTARIO SPECIALTY HOSPITALS

Clarke Division of Centre for Addiction and Mental Health (formerly Clarke Institute of Psychiatry), Toronto  
Homewood Health Centre, Guelph  
Royal Ottawa Health Care Group, Ottawa  
Sudbury Algoma Hospital, Sudbury

#### LIST OF ONTARIO SCHEDULE 1 HOSPITALS

Ajax and Pickering General Hospital, Ajax  
Alexandra Marine and General Hospital, Goderich  
Baycrest Hospital, Toronto  
Belleville General Hospital, Belleville  
Brantford General Hospital, Brantford  
Centenary Health Centre, Scarborough  
Children's Hospital of Eastern Ontario, Ottawa  
Cornwall General, Cornwall  
Credit Valley Hospital, Mississauga  
Etobicoke General Hospital, Rexdale

Grand River Hospital Corporation, Kitchener  
 Greater Niagara General Hospital, Niagara Falls  
 Grey Bruce Regional Health Centre, Owen Sound  
 Hamilton Health Sciences Corporation, Hamilton  
 Hospital for Sick Children, Toronto  
 Hospital Montfort, Ottawa  
 Hotel Dieu Hospital, Kingston  
 Hotel Dieu of Grace Hospital, Windsor  
 Humber Memorial Hospital, Weston  
 Institute of Psychotherapy Ltd., Kingston  
 Joseph Brant Memorial Hospital, Burlington  
 Lake of the Woods District Hospital, Kenora  
 London Health Sciences Centre, London  
 Markham Stouffville Hospital, Markham  
 Mississauga Hospital, Mississauga  
 Mount Sinai Hospital, Toronto  
 North York Branson Hospital, Toronto  
 North York General Hospital, Willowdale  
 Oakville Trafalgar Memorial Hospital, Oakville  
 Orillia Soldiers' Memorial Hospital, Orillia  
 Oshawa General Hospital, Oshawa  
 Ottawa Civic Hospital, Ottawa  
 Ottawa General Hospital, Ottawa  
 Peel Memorial Hospital, Brampton  
 Pembroke General Hospital, Pembroke  
 Peterborough Civic Hospital, Peterborough  
 Plummer Memorial Public Hospital, Sault Ste Marie  
 Public General Hospital, Chatham  
 Queensway-Carleton Hospital, Ottawa  
 Queensway General Hospital, Etobicoke  
 St. Catharines General Hospital, St. Catharines  
 St. Joseph's Health Centre, Sudbury  
 St. Joseph's Health Centre, London  
 St. Joseph's Health Services Association of London Corp.,  
 London  
 St. Joseph's Hospital, Hamilton  
 Salvation Army Grace General, Scarborough  
 Sarnia General Hospital, Sarnia  
 Scarborough General Hospital, Scarborough  
 Sunnybrook Health Centre, Toronto  
 Stratford General Hospital, Stratford  
 Thunder Bay Regional Hospital, Thunder Bay  
 Timmins and District Hospital, Timmins  
 Toronto East General and Orthopedic Hospital, Toronto  
 Toronto Hospital, Toronto  
 Welland County General Hospital  
 Wellesley Central Hospital, Toronto  
 Windsor Western Hospital, Windsor

Woodstock General Hospital, Woodstock  
York Central Hospital, Richmond Hill  
York County Hospital, Newmarket

**VOLUNTARY OR  
INVOLUNTARY:**

Involuntary includes formal patients committed under the Ontario Mental Health Act and forensic patients who are remanded under the criminal code for pretrial assessment.

**DAYS IN HOSPITAL:**

For each hospitalization, record the number of days the consumer/survivor was in the hospital during this 9 month period. For example, if the consumer/survivor was admitted 10 months ago for 40 days, only 10 days of the stay would be recorded in this log. If the answer is unknown, enter "999" in the boxes.

**ADMISSION DATE IN LAST  
9 MONTHS**

Indicate whether hospital stay began in the last 9 month period. For example, if the consumer/survivor was admitted 10 months ago for 40 days, only 10 days of the stay would be recorded in this log and the answer to this question would be "No".

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## CMHEI RESIDENTIAL LOG (STA 6/6)

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ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy).

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Phase for which the information is being collected.

### CURRENT SETTING:

SHARING A BEDROOM:  
(Follow-up only)

Indicate whether the consumer is sharing their bedroom with someone other than their spouse/partner.

LEVEL OF STAFF  
SUPPORT: (Follow-up only)

Indicate the level of staff support that is linked to the residential setting. Linked support refers to support which would not follow the consumer if he/she moved. Exclude support provided by family as this will be measured elsewhere. Indicate all that apply.

*None* No linked support

*On call*

Support is available to the residents of that household if a consumer or other individual makes a call to staff who can assist the residents.

*Regular visit*

Non-family individuals regularly visit the residents of that household to offer support.

*On-site*

There is at least one individual working at least one complete shift in the household where the consumer resides who offers support to the residents. Indicate the shift that is covered by the on-site staff—Nights only, Days only, 24 hours, etc.

CONSUMER CURRENTLY  
LIVES WITH:

Fill-in the circle next to the response that indicates who the consumer/survivor lived with during the past week. There can be more than one circle filled.

Note: living alone can only apply if the consumer/survivor is living in a private house/apartment, a rooming home or on the street and is living alone (i.e., not with a room-mate).

CONSUMER'S CURRENT  
RESIDENTIAL SETTING  
(Code only one):

Fill-in the circle next to the residential setting that best describes consumers/survivors housing situation during the past week. Selected category definitions follow.

*Boarding House*

Accommodates more than 4 people and meals are provided.

*Foster Home*

Similar to a boarding house but accommodates less than 5 people.

Note: Residential homes for special care (HSCs) fall either under boarding home or foster home depending on size.

*Rooming House*

Meals are not provided.

*Group Home/Co-op*

Operated by an agency, includes shared common space (e.g., kitchen and living room) and varying levels of support/enabling help.

# OF PEOPLE SHARING APT/HOUSE (Follow-up only):

If Consumer lives in a private house/apartment, group home, indicate the number of people living under the same roof—include the consumer.

# OF PEOPLE LIVING UNDER THIS ROOF (Follow-up only):

If Consumer lives in a boarding/foster home, or rooming house, indicate the number of people living under the same roof—include the consumer.

CONSUMER PAYS RENT

Indicate whether the consumer/survivor pays rent for current residential setting.

Note: What if the rent is paid by a public trustee? The consumer/survivor is deemed to pay rent if payment comes from funds that would otherwise be at the consumer/survivor's disposal. For example, rent paid by a public trustee would otherwise be available to the consumer/survivor for other purposes whereas a government payment to a Home for Special Care on behalf of a consumer/survivor could not be used by the consumer/survivor for other purposes. Co-payments generally constitute rent payments.

*IF YES:*

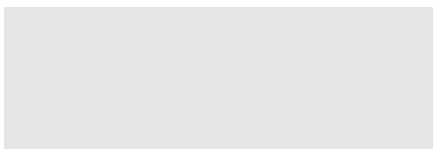
AMOUNT PAID

If the consumer/survivor pays rent, indicate the monthly amount. If information is missing, fill-in boxes with "9999".

RENT IS GEARED TO INCOME OR SUBSIDIZED

Indicate whether the consumer/survivor's rent is subsidized (e.g., municipal non-profit housing agencies).

Note: This question can not be answered if the consumer/survivor does not pay rent. Leave this question blank if no rent is being paid.



**IS HOUSING PART OF A MENTAL HEALTH PROGRAM? (Baseline only)**

Indicate whether consumer is living housing that is part of a mental health program (e.g. Homes for Special Care, Habitat, domiciliary hostels, co-ops)

**DOES RENT INCLUDE BOARD? (FU2 only)**

Please indicate if consumer's rent include board.

**PREFERRED RESIDENTIAL SETTING**

Select a type of residential setting that best describes the preferred residential setting of the consumer/survivor.

**EXPECTED TIME IN CURRENT RESIDENTIAL SETTING**

Indicate whether the consumer/survivor expects to be in current residential setting for less than 60 days. This will be used to indicate whether the residential setting is temporary/transitional or not.

**STABILITY:**

**# OF NIGHTS SPENT ON THE STREET/SHELTERS IN THE PAST 9 MONTHS: (Follow-up only)**

Indicate the approximate number of nights (consecutive or non-consecutive) that the consumer has spent on the streets or in the shelters in the past 9 months.

**NUMBER OF MOVES IN 9 MONTHS**

In the past 9 months, total number of settings that the consumer/survivor lived in. Anywhere "on the street" should be counted as 1 setting. If the consumer/survivor has lived at home, and been in and out of three or four different hospitals for varying lengths of time, this is counted as 1 setting, because the hospital stays will be captured on the hospitalization log. If the answer to this is "1", skip to the *Service/Resource Use Forms*.

**MAIN SETTING:**

**CONSUMER'S RESIDENTIAL SETTING DURING THE PAST 9 MONTHS (Code only one):**

Select the one that describes circumstances for the longest period of time choices during the past 9 months. Selected category definitions follow:

***Boarding House***

Accommodates more than 4 people and meals are provided.

***Foster Home***

Similar to a boarding house but accommodates less than 5 people who live in a family-like setting.

Residential homes for special care will fall either under boarding home or foster home depending on size.

***Rooming House***

Meals are not provided.

*Group Home/Co-op*

Operated by an agency that provides shared common space (e.g., kitchen and living room) and varying levels of support/enabling help.

**# OF PEOPLE SHARING APT/HOUSE (Follow-up only):**

If Consumer lives in a private house/apartment, group home, indicate the number of people living under the same roof—include the consumer.

**# OF PEOPLE LIVING UNDER THIS ROOF (Follow-up only):**

If Consumer lives in a boarding/foster home, or rooming house, indicate the number of people living under the same roof—include the consumer.

CONSUMER LIVED WITH FOR THE LONGEST PERIOD OF TIME DURING THE PAST 9 MONTHS: (Follow-up only)

Fill-in the circle next to the response that indicates who the consumer lived with during the past 9 months. There can be more than one circle filled. Living alone can only apply if the consumer is living in a private house/apartment, a rooming home or on the street and is living alone (i.e., not with roommate). In all the other residential settings the consumer is living with non family persons.

SHARING A BEDROOM IN MAIN RESIDENTIAL SETTING: (Follow-up only)

Indicate whether the consumer was sharing their bedroom with someone other than their spouse/partner.

LEVEL OF STAFF SUPPORT IN MAIN RESIDENTIAL SETTING: (Follow-up only)

Indicate the level of staff support that was linked to the residential setting. Linked support refers to support which would not follow the consumer if he/she moved. Exclude support provided by family as this will be measured elsewhere. Indicate all that apply.

*None* No linked support

*On call*

Support is available to the residents of that household if a consumer or other individual makes a call to staff who can assist the residents.

*Regular visit*

Non-family individuals regularly visit the residents of that household to offer support.

*On-site*

There is at least one individual working at least one complete shift in the household where the consumer resides who offers support to the residents. Indicate the shifts that were covered by on-site staff—Nights only, Days only, 24 hours, etc.

**CONSUMER PAYS RENT**

Indicate whether the consumer/survivor paid rent for the residential form that best represents the consumer/survivor's residential circumstances during the past 9 months.

Note: What if the rent is paid by a public trustee? The consumer/survivor is deemed to pay rent if payment comes from funds that would otherwise be at the consumer/survivor's disposal. For example, rent paid by a public trustee would otherwise be available to the consumer/survivor for other purposes whereas a government payment to a Home for Special Care on behalf of a consumer/survivor could not be used by the consumer/survivor for other purposes. Co-payments generally constitute rent payments.

*IF YES:*

**MONTHLY RENT PAID**

If the consumer/survivor paid rent for the residence that best represents the his/her residential circumstances during the past 9 months, indicate the monthly amount. If information is missing, fill in boxes with "9999".

**RENT IS GEARED TO INCOME OR SUBSIDIZED**

Indicate whether the cost of the consumer/survivor's rent was subsidized in the residence that best represents the consumer/survivor's residential circumstances (e.g., municipal non-profit housing agencies) during the past 9 months.

Note: This question can not be answered if the consumer/survivor does not pay rent. Leave this question blank if no rent is being paid.

**IS HOUSING PART OF A MENTAL HEALTH PROGRAM? (Baseline only)**

Indicate whether consumer is living housing that is part of a mental health program (e.g. Homes for Special Care, Habitat, domiciliary hostels, co-ops)

**DOES RENT INCLUDE BOARD? (FU2 only)**

Please indicate if consumer's rent include board.

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## CMHEI SERVICE/RESOURCE USE FORM

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The Service/Resource Use Form was developed to retrospectively collect information about the consumer/survivor's use of services and supports outside of the study program. The data gathered serves two purposes: (1) to track the use of services and supports and (2) to estimate expenditures associated with providing these services and supports. Because costs for services and supports vary by the types of resources used and by who is providing them, five forms were developed based on these variations. They are: (I) *psychiatrist visits*, (II) *physician (non-psychiatrist) and health professional visits*, (III) *community service and support program visits*, (IV) *emergency room visits*, and (V) *psychotropic medication use*.

### I. PSYCHIATRIST VISITS LOG (SU 1/5)

EACH VISIT to a psychiatrist should be coded on a separate line. This information is to be collected for the 30 days prior to the interview.

- ID: Consumer's project identification.
- DATE: The date form completed (mm/dd/yy).
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Phase for which the information is being collected.

In the last 30 days, did the consumer/survivor visit a psychiatrist? If the answer to this question is, "YES", this log should be completed.

- LOCATION: Indicate the location of the psychiatrist's office as "PROVINCIAL HOSPITAL" or "ALL OTHER SITES". This distinction is important because doctors in provincial hospitals are salaried rather than OHIP reimbursed.
- PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in capital letters
- QB* Quebec
  - MA* Manitoba
  - SK* Saskatchewan
  - AB* Alberta
  - BC* British Columbia
  - NB* New Brunswick
  - NF* Newfoundland
  - NS* Nova Scotia

*PE* Prince Edward Island  
*NW* Northwest Territories  
*YK* Yukon

GROUP, INDIVIDUAL OR FAMILY THERAPY: Fill-in appropriate circle.

LENGTH OF VISIT: Enter the number indicating the category that most closely describes the length of the consumer/survivor's visits in minutes. Length of visit should not include waiting time.

## II. NON-PSYCHIATRIST HEALTH PROFESSIONAL VISITS LOG (SU 2/5)

This section captures information on all visits to:

- non-psychiatrist physicians
- non-physician health professionals in an office based practice that is not part of a community or hospital program/clinic/agency.

Non-physician health professionals include dentists, chiropractors, podiatrists, audiologists, optometrists, social workers, and psychologists. If the non-physician health professional is seen in a community or hospital program, the visit should be recorded on the *Community Service and Support Programs Log* under the program's name.

This information is to be collected for the 30 days prior to the interview. Each line should be a summary of a visit type.

ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy).

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Phase for which the information is being collected.

In the past 30 days, did the consumer/survivor use visit a physician (non-psychiatrist) in any setting or other health professional in an office based practice? If the answer to this question is, "YES", this log should be completed. Each entry should summarize visits for one type of provider and care (e.g., optometrist and eye care).

TYPE: Type of visit. Enter a number from the list at the bottom of the log.

PROVIDER: Fill-in the appropriate circle next to the type of health professional the consumer/survivor was in contact with:  
*Physician*

*Other* Dentists, chiropractors, podiatrists, audiologists, optometrists, social worker, psychologist, etc.

LOCATION: Indicate the location of the health professional's office as "PROVINCIAL HOSPITAL" or "ALL OTHER SITES". This distinction is important because doctors in provincial hospitals are salaried rather than OHIP reimbursed.

PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in capital letters

*QB* Quebec  
*MA* Manitoba  
*SK* Saskatchewan  
*AB* Alberta  
*BC* British Columbia  
*NB* New Brunswick  
*NF* Newfoundland  
*NS* Nova Scotia  
*PE* Prince Edward Island  
*NW* Northwest Territories  
*YK* Yukon

AVERAGE LENGTH OF VISIT: Fill-in the circle next to the category that most closely describes the average length of the consumer/survivor's visits in minutes. Length of visit should not include waiting time.

NUMBER OF VISITS: Enter the total number of visit type.

### III. COMMUNITY SERVICES AND SUPPORT PROGRAMS LOG (SU 3/5)

This log includes all services and supports not provided by a physician. All visits to each program/agency/clinic used should be coded on a separate line. Information collected on this log should include visits to self-help groups and drop-in centres. It should also include visits to psychologists, social workers, nurses, optometrists, etc. who are providing services as staff members of a community or hospital program/agency/clinic. This data is to be collected for the 30 days prior to the interview.

ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy).

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Phase for which the information is being collected.

Has the consumer/survivor used community services and support programs during the past 30 days prior to the interview? If the answer to this question is, "YES", this log should be completed.

NAME OF PROGRAM/AGENCY: The full name of the program/agency/clinic where the service was provided should be recorded in capital letters.

CITY: The city in which the program/agency is located should be completed in capital letters.

PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in capital letters

*QB* Quebec  
*MA* Manitoba  
*SK* Saskatchewan  
*AB* Alberta  
*BC* British Columbia  
*NB* New Brunswick  
*NF* Newfoundland  
*NS* Nova Scotia  
*PE* Prince Edward Island  
*NW* Northwest Territories  
*YK* Yukon

TYPE: Choose a number from the list at the bottom of the *Community Services and Supports Log* pertaining to the type of service used. A brief description of each type follows:  
0 *Substance abuse* (Follow-up only)

- 1 *Social/recreational* (services associated with use of leisure time, development of social skills, use of community recreation programs, general social activities (e.g., drop-in facility, social club).
- 2 *Vocational/educational* (services associated with work training such as developing specific work skills, job-seeking skills or work habits, placing or maintaining the consumer/survivor in work, volunteer or sheltered experiences.
- 3 *Crisis* (services dealing with crisis situations)
- 4 *Housing support* (services associated with locating, moving or maintaining housing)
- 5 *Medical/therapeutic* (counseling and medication management often offered in hospital outpatient/day patient service and community mental health centres.)
- 6 *Case management* (services that are planned, linked, and monitored by at least one case manager)
- 7 *Self-help* (programs run by participants for participants characterized by voluntary participation, reciprocity, mutual respect, sharing, collaboration and willingness to problem solve)
- 8 *Legal advocacy* (services related to the legal system)
- 9 *Other*

TOTAL NUMBER OF TIMES CONTACTED IN PAST 30 DAYS:

Total number of times the consumer/survivor attended the service in the past 30 days. If the answer is unknown, enter "99" in the boxes.

NUMBER OF CONTACTS WHICH WERE IN A GROUP:

Record the number of the times the service was received in a group as opposed to individually in the past 30 days. This figure should be a subset of the TOTAL NUMBER OF CONTACTS. If the answer is unknown, enter "99" in the boxes.

NUMBER OF CONTACTS WHICH WERE ON THE PHONE:

Record the number of service contacts made over the phone (instead of face-to-face) in the past 30 days. This figure should be a subset of the TOTAL NUMBER OF CONTACTS. If the answer is unknown, enter "99" in the boxes.

TOTAL NUMBER OF WEEKS ATTENDED IN PAST 30 DAYS:

Total number of actual weeks in past 30 days during which the consumer/survivor attended the particular type of service. If the answer is unknown, enter "9" in the box.

AVERAGE HOURS PER WEEK:

Average number of hours per week that the consumer/survivor received the service in the past 30 days. Space is provided to record fractions of hours. For instance, if the consumer/survivor averaged 15 minutes per week, then "0.25" should be filled-in. If the answer is unknown, enter

“99.99” in the boxes. Length of visit should not include waiting time.

Note: If support is attached to the residential situation, it should not be coded here. We will record the information on the residential log). If the support is delinked, make an entry on this log.

#### IV. EMERGENCY ROOM VISIT LOG (SU 4/5)

Each emergency room visit should be coded on a separate line. This information is to be collected for the 90 days prior to the interview.

- ID: Consumer’s project identification.
- DATE: The date form completed (mm/dd/yy).
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Phase for which the information is being collected.

Has the consumer/survivor used emergency room services during the past 90 days prior to the interview? If the answer to this question is, “YES”, this log should be completed.

- HOSPITAL EMERGENCY ROOM: The full name of the hospital where each of these episodes occurred should be recorded in capital letters.
- CITY: The city in which the hospital is located should be recorded in capital letters.
- PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in capital letters
- QB* Quebec
  - MA* Manitoba
  - SK* Saskatchewan
  - AB* Alberta
  - BC* British Columbia
  - NB* New Brunswick
  - NF* Newfoundland
  - NS* Nova Scotia
  - PE* Prince Edward Island
  - NW* Northwest Territories

*YK* Yukon

**PURPOSE:** Fill-in the circle(s) next to all the reasons that the consumer/survivor received treatment in the emergency room  
*PSY* Psychiatric  
*SA* Substance Abuse  
*MED* Medical  
*OTH* Other

**STAYED OVERNIGHT IN A HOLDING BED:** Indicate whether the emergency room episode led to an overnight stay in an ER holding bed.

**ER VISIT LED TO A HOSPITAL ADMISSION:** Indicate whether the emergency room episode led to a hospital admission.

#### V. PRESCRIBED PSYCHOTROPIC MEDICATION LOG (SU 5/5)

The purpose of this form is not to track medication compliance. It is to be used to calculate medication costs. Consequently, each dispensed psychotropic medication (this includes those used for substance abuse treatment) should be coded on a separate line. This information is to be collected for the 30 days prior to the interview.

**ID:** Consumer's project identification.

**DATE:** The date form completed (mm/dd/yy).

**PERSON COMPLETING FORM:** The rater code should be printed in the blocks provided.

**PERIOD IS:** Phase for which the information is being collected.

Have psychiatric/substance abuse medications been dispensed to the consumer/survivor during the past 30 days prior to the interview? This includes psychotropic drug injections. If the answer to this question is, "YES", this log should be completed.

**PRESCRIPTION:** Record the name of prescribed medication in capital letters.

**TYPE:** Choose a number from the list at the bottom of the page pertaining to the type of medication prescribed. Examples of each type follows:

- 1 *Sleeping pills or other sedatives* (i.e., Halcion, Dalmane)
- 2 *Anti-depressants or mood stabilizers* (i.e., Prozac, Elavil, Lithium)
- 3 *Tranquilizers* (i.e., Ativan, Valium)

- 4 *Analgesics or painkillers* (i.e., Demerol, Darvon)
- 5 *Anti-psychotics* (i.e., Haldol, Modecate)
- 6 *Substance Abuse treatment* (i.e., Methadone, Antabuse)
- 7 *Other*

Note: It may be difficult to obtain detailed information on medications. At the minimum, try to code the drug 'name', even if the details on dosage and frequency are not available.

**DOSE:** Record the prescribed dose (preferably in milligrams). If the consumer/survivor is unable to provide a specific answer, information on the number of pills taken at one time is acceptable. *up to 3 decimal places (for FU)*

Note: Prescribed dose may vary (i.e., morning dosage differs from evening dosage). Report the average dose.

**FREQUENCY PER DAY:** Record the total number of times during a 24 hour period that DOSE is taken. If the medication was an injection, do not complete this column. If the answer is unknown, enter "99" in the boxes.

Note: How to code use of injections and PRNs: in column 4, indicate 98 if injection/not applicable, 97 if PRN/not applicable, and 99 when unknown. In column 5, record actual number of days on which the medication was taken.

**NUMBER OF DAYS MEDICATION TAKEN DURING THE LAST 30 DAYS:** Record the total number of days medication taken in the past 30 days. If the answer is unknown, enter "99" in the boxes.

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## MAJOR SELF-REPORT MEASURES:

SOCIAL SUPPORT

EMPOWERMENT SCALE

QUALITY OF LIFE SCALE

SYMPTOM DISTRESS

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### *Guidelines for Administration*

Hand the appropriate answer key card to the subject. Read the instructions at the top of the form. Once you are sure the respondent understands the instructions, record his/her answer to each item you read. After the instrument is completed, retrieve the answer key card before the next one is handed out.

### *Interviewing Tips*

- Read the questions as they are, do not improvise and change the wording of the questions.
- If there are 2 positive answers in a scale (e.g., somewhat pleased and very pleased) and the subject responds “yeah” to “are you pleased with your life”, clarify with the subject whether they mean “somewhat pleased” or “very pleased”. Do not make assumptions regarding the subject’s responses.
- If you are unsure about how to record an answer provided by the subject, write as much detail as possible in the margin of the questionnaire, and bring it to the attention of the data coordinator. Record your decision regarding coding of the ambiguous response so that it can be shared with the other interviewers on the project and with the other projects during the quarterly meetings.
- While the instruments often have a “refused” or “not applicable” response category, make every effort to obtain a response.

At the top of every form, complete the following:

ID:                      Consumer’s project identification.

DATE:                      The date form completed (mm/dd/yy).

PERSON                      Name of person completing the form should be printed in block  
COMPLETING FORM:              letters.

PERIOD IS:                      Phase for which the information is being collected.

### QUALITY OF LIFE

If the consumer/survivor is in hospital during the assessment, the quality of life questions are not really relevant. We suggest that if the consumer/survivor has been in hospital less than three weeks, ask him/her to answer the questions for his living situation prior to hospitalization. If the consumer/survivor

has been in hospital for over three weeks, do not complete this form.

### SOCIAL SUPPORT

For social networks: rate the number of different groups represented, not the number of individuals.

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## **SATISFACTION WITH SERVICES (*FU1, FU2*)**

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This form is only completed at the follow-up interviews - 9 and 18 months.

These questions measure the clients satisfaction with his/ her experiences with their program involvement. There are seven questions - please fill the circle appropriate for each

1 = not at all

2 = some of the time

3 = quite often

4 = all of the time

5 = N/A (Enter N/A if the program does not apply to such questions.)

As well there are 3 open ended questions. Please **WRITE CLEARLY**. If you need more room, please complete the questions on the back of the page.

## Appendix A- Overview of Measures in Consumer Assessment

### *Demographic Data and Functional Status:*

The Ministry of Health is supporting implementation of the Canadian Toolkit for Measuring Psychosocial Outcomes in community mental health programs in the province. For this project a modified version of the Toolkit was created. A series of functional status logs collect information on the consumer/survivor's baseline socio-demographic characteristics; health and medication compliance, residential and financial status; legal system contact and victimization; employment experience and hospital utilization. These data can be obtained mainly from charts and providers.

### *Service Use and Cost*

Information about service and resource use will be gathered using a series of Service/Resource Use logs. The logs were designed based on Beecham and Knapp's (1992) Consumer Service Receipt Interview (CSRI) and Wolff, et al.'s (1995) societal costing instrument, and tested in a pilot study for clarity, comprehensiveness, and burden.

### *Social Support*

This self report measure includes sub-scales from two instruments in addition to three questions designed by the investigators to gather information about family relationships. Seven items from the Cutrona and Russell (1987) Social Provision Scale will be used to capture the subjects' perceptions of social support availability. These items are rated on a 4 point scale. Questions from the Humphreys and Noke (1997) scale will be included to measure the subjects' friendship networks.

### *Empowerment*

A self report empowerment measure combines the Rosenberg (1965) Self-Esteem Scale and the power/powerlessness, community activism autonomy subscales of the Making Decisions scale (Rogers, et al., 1994). All items are rated on a 4 point scale.

### *Satisfaction with Services*

-selected tool still being finalized

### *Quality of Life*

This measure includes 11 items from the Lehman Quality of Life Interview -Brief Version (Lehman, 1997) which has been widely used in the mental health field. Domains include overall quality of life, housing, safety and daily activities. Each item is scored on a 7 point delighted-terrible scale.

### *Symptom distress*

Symptom distress and intensity will be evaluated using the self report Symptom Distress Scale (SDS). This 15 item scale consists of the Symptom Checklist (SCL-10; Nguyen, et al., 1983) and five additional items from the anxiety dimension of the SCL-90 (Derogatis & Cleary, 1977). Each item of the scale is scored on a five-point scale of distress ranging from "not at all" (0) to "extremely" (4). The total score is obtained by summing across all 15-items. Although psychometric information is not yet available on the SDS, the SCL-10 has demonstrated adequate internal consistency and discriminant validity with the Beck Depression Inventory (Beck, 1967) and

all but two Minnesota Multiphasic Personality Inventory (MMPI; Wiggins, 1966) scales (Brophy, et al., 1988). The SDS is currently part of the MHSIP Consumer-Oriented Report Card which has been implemented in a number of states in the U.S. (Task Force on a Consumer-Oriented Mental Health Report Card, 1996).

## Appendix B - List of Consumer Survivor Initiatives in Ontario

### **ONTARIO**

MOOD DISORDERS ASSOCIATION OF ONTARIO ,Toronto, ON  
ONTARIO COUNCIL OF ALTERNATIVE BUSINESSES, Toronto, ON  
RAGING SPOON (RESTAURANT) Toronto, ON

### **METRO TORONTO**

A WAY EXPRESS COURIER Toronto, ON  
BREAKAWAY SURVIVORS Toronto, ON  
CHINESE & S.E. ASIAN CONSUMERS/SURVIVORS SELF-HELP CENTER OF METRO TORONTO  
Toronto, ON  
FRESH START CLEANING AND MAINTENANCE Toronto, ON

### **CENTRAL WEST**

CAMBRIDGE ACTIVE SELF HELP, (C.A.S.H.): Cambridge, ON  
DEPRESSIVE AND MANIC DEPRESSIVE ASSOCIATION OF WATERLOO: Waterloo, ON  
MENTAL HEALTH RIGHTS COALITION: Hamilton, ON  
MUTUAL AID WITH PSYCHIATRIC SURVIVORS (M.A.P.S.) ORANGEVILLE OFFICE: Orangeville, ON  
QUICK BITE SPECIALIZED CATERING: Brantford, ON  
WATERLOO REGION SELF-HELP: Kitchener, ON  
CONSUMER/SURVIVOR INITIATIVE OF NIAGAR: Welland, ON  
RAINBOW CERAMIC AND GIFTS: Hamilton, ON  
LABYRINTH WELLAND OFFICE: St. Catherines, ON  
HALDIMAND-NORFOLK RESOURCE CENTRE: Simcoe, ON  
T.E.A.C.H.: Milton, ON  
INNOVATIVE ENTERPRISES: St. Catherines, ON

### **CENTRAL EAST**

UNITED SURVIVOR: Oshawa, ON  
SURVIVORS PSYCHIATRIC ADVOCACY NETWORK (S.P.A.N.): Lindsay, ON  
MENTAL HEALTH CONSUMER SURVIVOR PROJECT FOR SIMCOE COUNTY: Collingwood, ON  
THE LANCE KRASMAN MEMORIAL CENTRE FOR COMMUNITY MENTAL HEALT: Richmond Hill, ON  
EDEN PLACE: Missauga, ON  
CONSUMER/SURVIVOR NETWORK OF VICTORIA, PETERBOROUGH, NORTHUMBERLAND &  
HALIBURTON : Peterborough, ON  
SELF-HELP RESOURCE INITIATIVE SIMCOE COUNT: Collingwood, ON  
CONSUMER SUPPORT SERVICE OF DURHA: Oshawa, ON  
MY FRIEND'S PLACE: Alliston, ON

### **NORTH EAST**

PEOPLE FOR EQUAL PARTNERSHIP (PEP): North Bay, ON  
TIMMINS CONSUMER SURVIVORS NETWORK : Timmins, ON  
SUDBURY MENTAL HEALTH SURVIVORS: Sudbury, ON  
ALGOMA DISTRICT CONSUMER/SURVIVOR NETWORK: Sault Ste. Marie, ON  
MUSKOKA/PARRY SOUND COUNCIL OF CONSUMER/SURVIVOR AND FAMILY INITIATIVE: Bala, ON  
NORTHERN STAR CONSUMER/SURVIVOR AND FAMILY NETWORK: New Liskard, ON

### **NORTH WEST**

PEOPLE ADVOCATING FOR CHANGE THROUGH EMPOWERMENT (P.A.C.E.): Thunder Bay, ON  
SUNSET COUNTRY PSYCHIATRIC SURVIVOR: Dryden, ON  
MENTAL ILLNESS SUPPORT NETWORK: Geraldton, ON  
CAN-HELP: Fort Frances, ON

## **SOUTH WEST**

PSYCHIATRIC SURVIVORS NETWORK OF ELGIN COUNT: St. Thomas, ON  
SELF HELP NETWORK OF OXFORD COUNT: Woodstock, ON  
TEN FRIENDS DINE: Windsor, ON  
CHATHAM KENT CONSUMER/SURVIVOR NETWORK INC: Chatam, ON  
CAN-VOIC: London, ON  
PHOENIX SURVIVORS PERTH COUNT: Stratford, ON  
C-SAW (WITH GARDEN DELIGHT JUICE BAR: Windsor, ON  
GREY BRUCE REGIONAL CONSUMER/SURVIVOR COUNCIL: Owen Sound, ON  
CONSUMER/SURVIVOR ASSOCIATION OF LAMBTO: Sarnia, ON  
CONSUMER INITIATIVE PROJECT OF HURO: Stratford, ON

## **EAST**

MENTAL HEALTH SUPPORT PROJECT OF LANARK, LEEDS AND GRENVILLE PERTH, ON  
C.H.A.R.M: Brockville, ON  
PSYCHIATRIC SURVIVORS OF OTTAWA (PSO) Ottawa, ON  
PSYCHIATRIC SURVIVORS OF KINGSTON (PSOK: Kingston, ON  
A.P.P.L.E. Ottawa, ON  
HASTINGS AND PRINCE EDWARD COUNTY NETWORK: Belleville, ON  
MENTAL HEALTH SUPPORT NETWORK OF EASTERN ONTARIO: Cornwall, ON  
CONSUMER OPERATOR DEVELOPMENT ENTERPRISE (CODE) Pembroke, ON  
LES ATELIERS DE L'ELAN: Vanier, ON  
DEPRESSION MANIC DEPRESSION MUTUAL SUPPORT GROUP - NATIONAL CAPITAL: Ottawa, ON  
S.H.A.R.E. RESOURCE CENTRE: Pembroke, ON

## **REGIONAL NETWORKS**

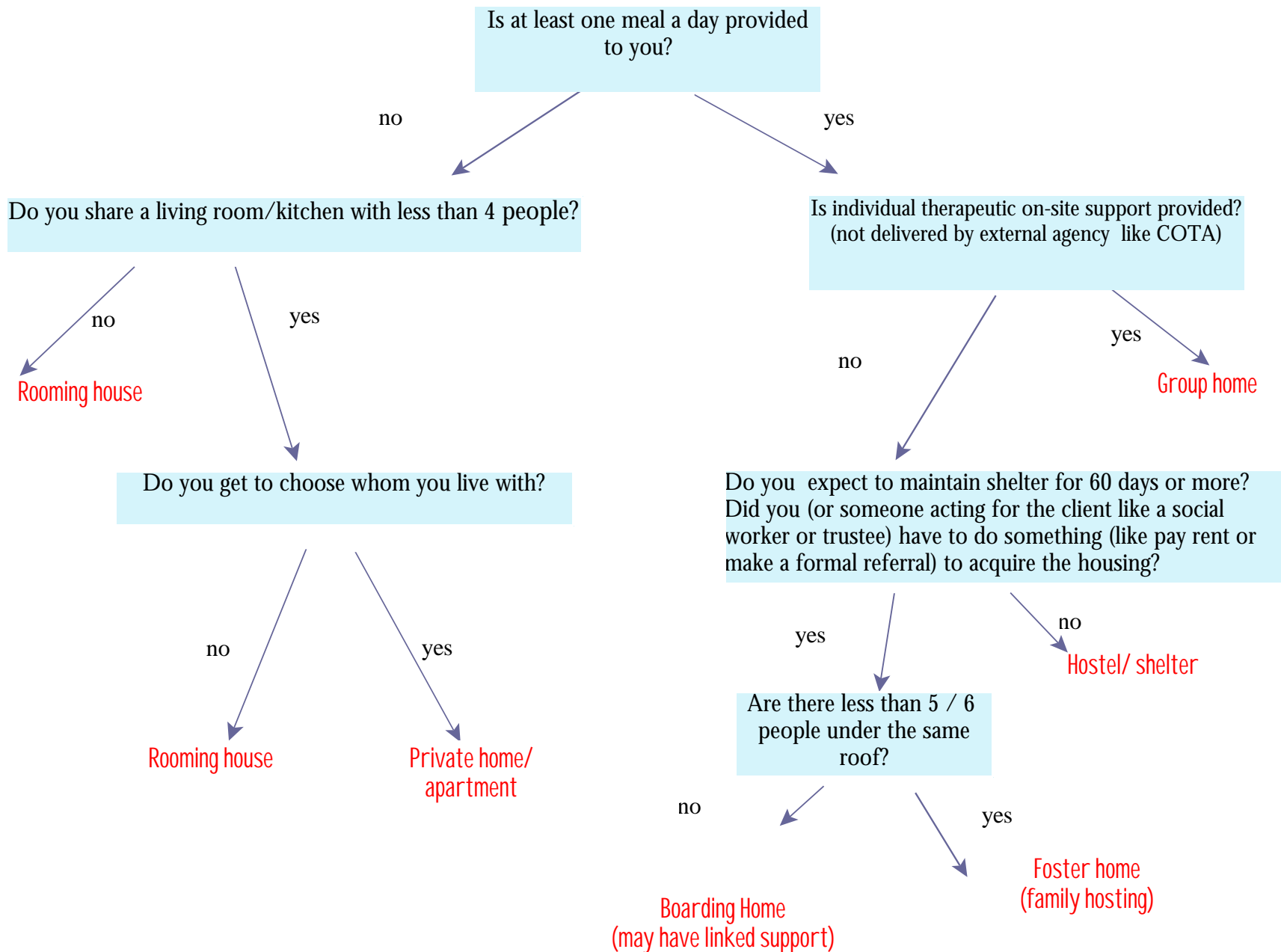
CENTRAL WEST REGIONAL MENTAL HEALTH AND WELNESS NETWORK: Kitchener, ON  
EASTERN REGIONAL NETWORK (ERN): Brockville, ON  
SOUTH WESTERN ALLIANCE NETWORK (SWAN): Dutton, ON

## **OTHER CONSUMER/SURVIVOR DRIVEN ORGANIZATIONS**

ABEL ENTERPRISES: Simcoe, ON  
SOUND TIMES: Toronto, ON

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Appendix C - Decision Tree for the CMHEI Residential Log  
 (There will always be exceptions, please use flexibility/ judgement)



## Appendix D - Prescription Drug List

<b>A</b>	fluphenazine	prinivil
alluopurinol	fluphenthixol	procyclidine
alprazolam	fluvoxamine	propranolol
altac	<b>G</b>	provera
amexepine	glyburide	prozac
amitriptyline	<b>H</b>	<b>Q</b>
antabuse	halcion	quetiapine
artane	haldol	<b>R</b>
asendin	haloperidol	restoril
ativan	<b>K</b>	risperdal
axid	kenadrin	risperidone
<b>B</b>	klonopin	<b>S</b>
benztropine	<b>L</b>	serax
biaxin	lithium	seroquel
bromazepam	lopressor	sertraline
bupropion	lorazepam	serzone
<b>C</b>	loxapine	stelazine
carbamazepine	luvox	<b>T</b>
chlonazepam	<b>M</b>	tegetrol
chlorpromazine	maneux	temazepam
clozapine	medroxyprogesterone	thorazine
cogentin	mellaril	trazodone
colace	moclobemide	trifluoperazine
combivent	monopa	trihexyphenidyl
cylert	<b>N</b>	<b>V</b>
<b>D</b>	nardil	valium
demerol	nefazodone	valporic acid
desipramine	<b>O</b>	venlafaxine
desyrel	olanzapine	ventolin
dexedrine	orap	<b>W</b>
diazepam	oxazepam	wellbutrin
dilantin	oxybutynin	
divalproex	paroxetine	<b>X</b>
docusate	<b>P</b>	xanax
doxepin	paroxetine	<b>Z</b>
<b>E</b>	paxil	zidovudine
effexor	perphenazine	zoloft
<b>F</b>	perphenazine	zyprexa
fluanxol	phenelzine	
fluoxetine	pimozide	

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