

QUESTIONNAIRE FOR PUBLIC MEETING

May 19, 1973

The information that you will provide by completing this questionnaire, will be tabulated and used by the forthcoming Kitsilano Community Board on Mental Health Services. This information will be useful for planning better services in the future.

A. Please answer the following two questions by a 'yes' or 'no'

1. Do you believe that mental health services in Kitsilano requires community involvement and control to ensure a service that meets the needs of the community?
Yes ___ No ___

2. Do you, as a citizen of Kitsilano, want to be involved in the future planning and functioning of Community Mental Health Services?
Yes ___ No ___

B. Listed below are a number of possible mental health priorities for Kitsilano. Please check the three most important as you see them, and include others that may not be spelled out.

1. Short stay crisis hostel facility ___
2. Programs for the aged (social, employment, psychiatric treatment, etc.) ___
3. A mental health team to provide professional services for adults ___
4. Local information centre or agency for all Community services in the area of mental health ___
5. Social and recreational programs that could include the shut-in, the lonely, or more seriously socially disabled ___
6. Suicide prevention and follow-up service ___
7. A mental health team to provide professional services for children and youth ___
8. A means by which individuals can readily volunteer time in local services ___
9. Centres which could provide local mental health services such as: group therapy, activity programs, homemaking training, (sewing, cooking, etc.)and family or marital counselling ___
10. Home visits by professional and/or volunteer help for mental disturbance ___
11. Homemaking services (childcare, housekeeping, budget planning) ___
12. Planned residences for individuals with long term disabilities ___
13. Other: (Use back if necessary)

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13. Other: (Use back if necessary)

C. If you are interested in volunteering time to mental health services in Kitsilano please give your name and telephone number:
