

# ERFS ASSESSMENT

## (ELEMENTS OF A RECOVERY FACILITATING SYSTEM)

**Introduction:** Mental health programs and systems help promote recovery when they are person-centered, consumer driven, and assist people to live full and satisfying lives in the community. This survey asks you about some basic principles and practices that tend to support personal recovery. Information from this survey will be used to improve local mental health systems.

**Consent:** This survey is completely voluntary. Your answers will be kept confidential. **Do not write your name anywhere on the survey.** By completing the survey you are showing you consent to participate.

**Report of the Findings:** Your answers will be put together with the answers of others from your area and a summary report will be written. If you are interested in receiving a copy of the report, or if you have any other questions or concerns, please contact:

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### **Instructions:**

Think about all the mental health services you have received in the last six months.

Answer each of the questions on the following survey by circling the number that best represents your experience during that time period.

Circle a 1 if staff *always* do what the first statement on the line says, or a 10 if they *always* do what the second statement on the line says, or choose any numbers in between that show what staff usually do.

A few questions on the last page ask for some information about you and the services that you have used recently.

Before starting the survey, please write the **name of the city or town where you live** on the following line.

I live in: \_\_\_\_\_

1. Staff treat me as a whole person with a body, mind, emotions, and spiritual life.

1 2 3 4 5 6 7 8 9 10

Staff treat me as a psychiatric label.

2. Staff help me create healthy daily routines.

1 2 3 4 5 6 7 8 9 10

Staff do not ask about my health and well-being.

3. Staff treat me as an active learner, who can grow and change.

1 2 3 4 5 6 7 8 9 10

Staff never tell me about my potential to rebound, learn, grow, and change.

4. Staff members are consistently hopeful.

1 2 3 4 5 6 7 8 9 10

Staff members seem hopeless.

5. Staff help me to identify strengths within my self, my family and my community.

1 2 3 4 5 6 7 8 9 10

Staff focus on my problems and deficits.

6. Staff take my cultural and ethnic group needs into account.

1 2 3 4 5 6 7 8 9 10

Staff don't seem to know or care about my cultural background.

7. My personal goals drive my treatment plan.

1 2 3 4 5 6 7 8 9 10

My treatment plan doesn't reflect my personal goals.

8. Staff treat me as a full partner.

1 2 3 4 5 6 7 8 9 10

Staff make decisions for me without involving me.

9. Staff assists and teaches me how to self-manage my symptoms.

Staff never tell me there are things I can do to manage my condition.

1 2 3 4 5 6 7 8 9 10

10. People receiving services have input into the design and evaluation of programs.

The local mental health system is operated without consumer involvement.

1 2 3 4 5 6 7 8 9 10

11. I receive services in natural community settings.

Services are provided in the office or clinic or other specialized settings.

1 2 3 4 5 6 7 8 9 10

12. I am assisted in getting income, housing, and transportation.

Staff don't help me with my basic needs.

1 2 3 4 5 6 7 8 9 10

13. Staff support me to take on desired roles such as employee, tenant, parent, student.

I am discouraged from even trying to take on such activities.

1 2 3 4 5 6 7 8 9 10

14. I am informed about my human and civil rights and how to protect them.

I am not told of my human and civil rights.

1 2 3 4 5 6 7 8 9 10

15. Staff help me develop friendships and family support.

Staff discourage me from forming social or intimate relationships.

1 2 3 4 5 6 7 8 9 10

16. Peer support and roles models are part of the program(s).

Peer relationships and self-help are discouraged.

1 2 3 4 5 6 7 8 9 10

**Please check off the boxes that best describe you.**

17. Age group:

- 18-30
- 31-55
- over 55

18. Gender:

- Female
- Male

19. A. Race or ethnic group:

- White/Caucasian
- Black/African American
- Asian/Asian American
- Native American/Alaskan Native
- Multiple ethnicities
- Other (please specify) \_\_\_\_\_

B. Are you Hispanic or of Hispanic origin?

- Yes
- No

20. Check off all the services you have used in the last six months, including those that you are using now:

- Case management
- Psychosocial Rehabilitation
- Medication Prescription/Management
- Clubhouse
- Vocational Service
- Residential Services
- Inpatient services
- Psychotherapy/Counseling
- Other, (please specify) \_\_\_\_\_

21. How long have you used mental health services, in total?

- Less than 1 year
- More than 1 year but less than 5 years
- Five years or more

22. Please name any unmet need you currently have, or any suggestion for improving the service system available in your area \_\_\_\_\_

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