

CONFIDENTIAL  
1990-1991

Practitioner <sup>and Staff</sup> ~~on Client~~  
First Phase

Institute for Social Research  
Indiana University

**THE INDIANAPOLIS NETWORK  
MENTAL HEALTH STUDY**

**PRACTITIONER INTERVIEW SCHEDULE**

**Introduction**

**START TIME:** \_\_\_\_\_ **AM/PM**

This interview contains questions about you, your work and the people you deal with in your job.

We are interested in understanding how you see your patients/clients, their needs and how the system works here. We are also interested in your opinions about the causes of mental illness, DSM III-R and the other agencies in Indianapolis that provide services for the mentally ill.

Before we begin, I want to remind you that everything you tell me will be kept in strictest confidence. No one -- either the patients/clients nor other staff -- will be informed of anything you say.

We are interested in group profiles for our statistical analyses and you WILL NOT be identified by name in any reports or discussions coming from this project. So, FEEL FREE to be candid.

Here is an Informed Consent form ... please look it over and let me know when you're done. (PAUSE) Do you have any questions?  
(HAVE R SIGN CONSENT FORM)

Any other questions before we start? (ANSWER ANY QUESTIONS)

O.K., let's get started....

**SECTION A. Background Information**

I'd like to start out by getting some background information on you...

A1. What is your job title?

\_\_\_\_\_

Case ID# \_\_\_\_\_

Date of this Interview: \_\_\_\_\_

Place of Interview: \_\_\_\_\_

A1a. Tell me whether you do the following in your job?  
 (FOR EACH YES, Ask) What percentage of your time do you spend doing this?

	Yes	No	NA	What % of time at it
a. Individual therapy	1	2	9	_____
b. Group therapy	1	2	9	_____
c. Administration	1	2	9	_____
d. Psycho-Educational Groups	1	2	9	_____
e. Teaching	1	2	9	_____
f. Supervision	1	2	9	_____
g. Research	1	2	9	_____
h. Rehabilitation therapy	1	2	9	_____
i. Crisis intervention	1	2	9	_____
j. Social services	1	2	9	_____
k. Other (Specify: _____)	1	2	9	_____

A2. About what percentage of your work week do you spend in this hospital/clinic setting? \_\_\_\_\_ percent

a. How long have you worked at or in conjunction with the IU Hospitals/Methodist? \_\_\_\_\_ (months/ years)

b. (If Methodist, Ask) Have you ever worked in the public sector? \_\_\_\_\_ No \_\_\_\_\_ Yes --- For how long? \_\_\_\_\_ (record time units)

Where: \_\_\_\_\_

c. (If Wishard, Ask) Have you ever worked in the private sector? \_\_\_\_\_ No \_\_\_\_\_ Yes --- For how long? \_\_\_\_\_ (record time units)

Where: \_\_\_\_\_

A3. About what percentage of your caseload have a chronic mental illness? \_\_\_\_\_ percent

A4. Sex  
 a. male  
 b. female

A5. Marital Status  
 a. single  
 b. married  
 c. cohabitating with partner  
 d. divorced or separated  
 e. widowed

A6. Age  
 \_\_\_\_\_ Years

A7. Race  
 01...white  
 02...black  
 03...asian  
 04...hispanic  
 08...other (Specify: \_\_\_\_\_)

A9. Within what range does your personal yearly income fall? We are not interested in the exact amount...just a ballpark figure. Here's a card to help you out...you can just tell me the number.

**HAND R CARD A**

01...below \$4,999  
 02...between \$5,000 and \$9,999  
 03...between \$10,000 and \$14,999  
 04...between \$15,000 and \$19,000  
 05...between \$20,000 and \$24,999  
 06...between \$25,000 and \$29,999  
 07...between \$30,000 and \$39,000  
 08...between \$40,000 and \$49,999  
 09...between \$50,000 and \$59,999  
 10...between \$60,000 and \$69,999  
 11...\$70,000 and above

A10. What about your yearly household income? Again, you can just use the responses on the card.

**USE R CARD A**

01...below \$4,999  
 02...between \$5,000 and \$9,999  
 03...between \$10,000 and \$14,999  
 04...between \$15,000 and \$19,000  
 05...between \$20,000 and \$24,999  
 06...between \$25,000 and \$29,999  
 07...between \$30,000 and \$39,000  
 08...between \$40,000 and \$49,999  
 09...between \$50,000 and \$59,999  
 10...between \$60,000 and \$69,999  
 11...\$70,000 and above

**FOR THE PHYSICIANS/PSYCHIATRISTS ONLY**

A11. How long have you been a physician (include years as an intern and resident) \_\_\_\_\_ Years

**(IF LESS THAN 5 YEARS ASK:)**

A12. Are you a resident \_\_\_\_\_ No \_\_\_\_\_ Yes

A13. Are you an intern \_\_\_\_\_ No \_\_\_\_\_ Yes

A14. In which of the following settings do you primarily work?

- 01...Hospital or clinic
- 02...Private Office with 2 or more physicians
- 03...HMO
- 04...Private Office, Solo practice
- 05...Other (please specify) \_\_\_\_\_

A15. Do you have any other hospital affiliations? 1. Yes 2. No

A15a. **IF YES:** What are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL OTHERS**

A16. How long have you been a (R's occupational title)  
 \_\_\_\_\_(months/years)

A17. What is the area of the hospital in which you work primarily?

**WISHARD****METHODIST**

01....the CIU	01....Administration
02....Administration	02....C1
03....BU 2	03....C2
04....BU 3	04....C4
05....E.R.	05....C8
06....Reigenstreif	06....Other (SPECIFY _____)
07....Other (SPECIFY _____)	(SPECIFY _____)
(SPECIFY _____)	

A18. Are you employed full-time or part-time? 1. full 2. part

A19. Which shift do you work on?

- 1...day
- 2...evening
- 3...night
- 4...weekend only
- 5...rotating/supplemental

A20. What is the highest level of formal education that you have?

- 01....some high school
- 02....high school graduate
- 03....vocational training (Specify type: \_\_\_\_\_)
- 03....some college (with no degree)
- 04....some college (with degree) (Specify: \_\_\_\_\_)
- 05....college degree (BA, BS)
- 06....masters degree (Specify type: \_\_\_\_\_)
- 07....doctoral degree (Specify type: \_\_\_\_\_)
- 08....M.D.
- 09....Law degree

**FOR EVERYBODY**

A21. How closely is your work supervised at Wishard/Methodist?

- 1...Not at all
- 2...Very little
- 3...Some
- 4...Quite a bit
- 5...Constantly

A22. Who are the people who supervise you ....

Name Position

- 1... \_\_\_\_\_
- 2... \_\_\_\_\_
- 3... \_\_\_\_\_

**SECTION B. DSM-III-R USE AND PREFERENCES**

B1. Have you received any formal training (e.g., seminars, workshops) in the use of DSM-III or DSM-III-R?

	DSM-III	DSM-III-R	
Thorough training	1	1	
Some training	2	2	
Minimal training	3	3	
No training at all	4	4	
Don't know what DSM-III-R is	5	5	<b>(SKIP TO SECTION C)</b>
DK	8	8	

B2. How important are the following in your use of DSM-III-R?  
Here's a card to help you with your responses (HAND R CARD B)

	Very	Some	Not	Not I.	DK	NA
	1	2	3	4	8	9
a. For insurance purposes	1	2	3	4	8	9
b. Because hospital or practice requires it	1	2	3	4	8	9
c. For treatment planning	1	2	3	4	8	9
d. To determine the prognosis of cases	1	2	3	4	8	9
f. To understand patient's problems	1	2	3	4	8	9
g. For making reliable and valid diagnoses	1	2	3	4	8	9

**IF uses, ask:**

B3. How do you like using DSM-III-R?

- 1...Like it a lot
- 2...Have mixed feelings about it
- 3...Don't like it
- 7...Don't use DSM-III-R (SKIP TO SECTION C)
- 8...DK
- 9...NA

B4. When you use DSM-III-R, do you usually record diagnoses...

- 1...on all five axes
- 2...on the first three axes only
- 3...on axes I and II only
- 4...only on axis I
- 9...NA

B5. If your hospital, practice or insurance company **dropped** the requirement to use DSM-III-R documentation, would you continue to use it?

- 1...yes
- 2...no
- 3...not sure
- 9...NA





C5. Do you belong to any other kinds of groups or organizations? Here's a list of some different types. Tell me if you belong to any of the following and if so, how involved you are.... (HAND CARD C)

	Member		How Active		
	Y	N	Very	Some	Not Very
a. service groups or organizations	1	2			
_____			1	2	3
_____			1	2	3
b. veterans groups	1	2			
_____			1	2	3
_____			1	2	3
c. political clubs or organizations	1	2			
_____			1	2	3
_____			1	2	3
d. sports groups	1	2			
_____			1	2	3
_____			1	2	3
e. youth groups	1	2			
_____			1	2	3
_____			1	2	3
f. hobby or garden clubs	1	2			
_____			1	2	3
_____			1	2	3
g. school fraternities or sororities	1	2			
_____			1	2	3
_____			1	2	3

	Member		How Active		
	Y	N	Very	Some	Not Very
h. nationality groups	1	2			
_____			1	2	3
_____			1	2	3
i. literary, art or discussion groups	1	2			
_____			1	2	3
_____			1	2	3
j. Church or Temple	1	2			
_____			1	2	3
_____			1	2	3
k. Church Affiliated Groups?	1	2			
_____			1	2	3
_____			1	2	3
l. Neighborhood, Block Associations or Homeowners/Condo Association	1	2			
_____			1	2	3
_____			1	2	3
m. Any others I might have missed?	1	2			
(SPECIFY _____)			1	2	3
(SPECIFY _____)			1	2	3

**SECTION D. Social Networks**

We are interested in understanding the work networks in the hospital. Each of the following questions asks you who you relate to in a particular way and I have a list of names for you to help you out.

I think it is important to remind you of a few things -- your answers will be kept in strictest confidence, we are only interested in the social structure of this place so your choices will be converted into numbers by the project staff. No one will be able to identify your choices except the project staff. We will not make the personal information available to anyone here or anywhere else.

D1. Who are the people that you discuss work-related issues with at least once a week? **(HAND R NETWORK LIST A)** You can just check off the names on this list.

List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_

23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

D2. Are there people outside this list that you discuss work-related issues with at least once a week? These may be other people at this place or others in the community.

1. No

2. Yes.



Who are they? Again, we are interested in types of people you discuss work related issues with, so their first name or initials would be fine.

**(RECORD NAMES ON NEXT PAGE)**

----->



**FOR CLINICIANS AND TREATMENT STAFF ONLY**

D3. We'd like to know a bit about how you handle difficult or problem cases. Think back over your caseload in the last six months and what you did when you faced cases that were difficult to diagnose or treat. How often did you (check as many as is relevant)....

Always Usually Sometimes Rarely Never NA

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| a. Reflect on the case by yourself?                     | 1 | 2 | 3 | 4 | 5 | 9 |
| b. Seek out recent journals or other printed materials? | 1 | 2 | 3 | 4 | 5 | 9 |
| c. Consult with other staff and practitioners?          | 1 | 2 | 3 | 4 | 5 | 9 |
| d. Other (SPECIFY)                                      |   |   |   |   |   |   |
| _____   | 1 | 2 | 3 | 4 | 5 | 9 |
| _____   | 1 | 2 | 3 | 4 | 5 | 9 |

D4. I'd like to ask you about who you consulted on these cases over the last six months. Let's start with the people here. Who are the people you consult with on difficult cases? Please check the names of the people on the list. (HAND NETWORK LIST B)

- List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_
11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_
15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_
19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_
23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

D5. Are there any people not on this list...here or in the community that you consult with on problem cases? We are interested in what types of people these are (not who they are specifically), so perhaps you could give me their first names or initials. Then, I'll ask you some questions about each of these people...



D6. We are also interested in who routinely consults you on their problem cases. Let's start with people affiliated with Methodist/Wishard. Here's another copy of the staff list. Please check the names of the people who routinely consult you? (HAND R NETWORK LIST C)

List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_  
11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_  
15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_  
19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_  
23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

D7. Are there also people outside of this list that consult you on a routine basis? \_\_\_\_\_ Yes \_\_\_\_\_ No (SKIP TO D8)

Would you tell me who they are?





(FOR EVERYBODY)

D8. Next, we're interested in knowing what clinicians and other people you see as available to you here to discuss cases you handle. Who do you see as approachable and available to you routinely or regularly, whether or not you consult them?

Here's another copy of the list..Would you check the names of the people that you see as approachable and available to you here routinely or regularly....(HAND R NETWORK LIST D) Again, you can just check the names on this list.

List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_

23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

D9. Now, we are interested in whom you consider to be your friends here at Wishard/Methodist. Which of the following individuals do you consider to be a friend as well as a colleague or co-worker. (HAND R NETWORK LIST E)

Just check the names of those people you consider your friends...

List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_

23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

D10. Finally, we are interested in the people here who give you a hard time, make your life difficult, are rarely approachable or who you generally don't like. (HAND P NETWORK LIST F)

Again, you can just check the names on the list of people who fit this description.....

List numbers here 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_

23. \_\_\_\_\_ 24. \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_

**SECTION E. Work Conditions and Personnel**

(FOR CLINICIANS AND TREATMENT STAFF ONLY)

E1. During the past six months, how much flexibility did you typically have in setting client's treatment plans?

- 01....total
- 02...a great deal
- 03...some
- 04...not much
- 05...none at all
- 09...NA

(FOR EVERYBODY)

E2. To what extent are the work rules here concerning client procedures in written form?

- 1...To a great extent
- 2...To some extent
- 3...To a small extent
- 4...Not at all
- 5...Don't know or not aware of any written rules

E3. Please tell me whether you agree or disagree with the following statements. Here's a card to help you with your responses:

(HAND R CARD E)

	SA	A	U	D	SD	DK	NA
a. Many of the rules and procedures at Wishard/Methodist make doing a good job difficult	1	2	3	4	5	8	9
b. I sometimes feel my job is meaningless	1	2	3	4	5	8	9
c. I like doing the things I do at work	1	2	3	4	5	8	9
d. I have too much to do at work	1	2	3	4	5	8	9
e. I feel a sense of pride in doing my job	1	2	3	4	5	8	9
f. I have too much paperwork	1	2	3	4	5	8	9
g. I feel emotionally drained from my work	1	2	3	4	5	8	9
h. I feel very frustrated by my job	1	2	3	4	5	8	9
i. I feel I treat some patients as if they were impersonal objects	1	2	3	4	5	8	9
j. I feel patients treat me as if I were an impersonal object	1	2	3	4	5	8	9
k. I've become more callous toward people since I took this job	1	2	3	4	5	8	9
l. Working with the mentally ill is really a strain on me	1	2	3	4	5	8	9

Now, I'd like to ask you a bit about your work conditions:

E4. Is your workload

- 1...Never too heavy
- 2...Seldom too heavy
- 3...Sometimes too heavy
- 4...Often too heavy
- 5...Almost always too heavy

E5. How similar are the day-to-day situations, problems, or issues you encounter in performing your major tasks?

- 1...No variation -- everyday's the same
- 2...A little variation
- 3...Some variation
- 4...A great deal of variation
- 5...Every day is different

E6. How often do you follow the same work methods or steps for doing your major tasks from day-to-day?

- 1...Very seldom
- 2...Sometimes
- 3...Quite Often
- 4...All the time

E7. The amount of work I have to complete each day

- 1...Never allows me to do a good job
- 2...Seldom allows me to do a good job
- 3...Has no effect on how well I do my job
- 4...Usually allows me to do a good job
- 5...Always allows me to do a good job

Here's a card to help you with the responses to the next set of questions.... (HAND R CARD F)

E9. Tell me how often you participate in the following decisions?

	Very Often	Some times	Not V. Often	Never
a. Personnel matters (hiring, firing, promotion, pay)	1	2	3	4
b. Approval of budgets or allocation of services	1	2	3	4
c. Adoption of new policies, programs and goals?	1	2	3	4
d. Public relations and community education?	1	2	3	4
e. Establishing joint/cooperative programs with other organizations?	1	2	3	4
f. Referring clients for service to other agencies?	1	2	3	4
g. Making the final decision to accept or reject a client?	1	2	3	4

E10. How Frequently do you....

	Very Often	Some times	Not V. Often	Never
a. find your work hampered by conflicts with you or colleagues	1	2	3	4
b. find that co-workers give you guidance, assistance or information that you find helpful	1	2	3	4
c. encounter patients for whom you can do little or nothing	1	2	3	4
d. encounter patients whose behavior is difficult to manage	1	2	3	4
e. feel emotionally supported by others at work	1	2	3	4
f. experience conflict in your interaction with nurses	1	2	3	4
g. experience conflict in your interaction with administrators	1	2	3	4
h. find that you can depend on the people you work with	1	2	3	4
i. find your work hampered by lack of adequate staff	1	2	3	4
j. find your work hampered by lack of adequate resources	1	2	3	4

E11. Briefly, tell me why you decided on this career?

---



---



---



---

E12. Why you choose a career in the public/private sector?

---



---



---



---

(HAND R CARD G)

E13. Please tell me how satisfied you are with each of the following aspects of your job:

	VS	Sat.	Mixed	Diss.	Very Dis.
a. The amount of security you have	1	2	3	4	5
b. The amount of pay and fringe benefits you receive	1	2	3	4	5
c. The amount of personal growth and development you get doing my job	1	2	3	4	5
d. The clients/patients you deal with in this job	1	2	3	4	5
e. The people you work with in this job	1	2	3	4	5
f. The feeling of worthwhile accomplishment you get from doing your job	1	2	3	4	5
g. The amount of independent thought and action you can exercise in your job	1	2	3	4	5
h. The chance to help other people while at work	1	2	3	4	5

	VS	Sat	Unsure	Diss.	Very Dis.
i. The amount of challenge in this job	1	2	3	4	5
j. Overall how satisfied are you working with or in Methodist/Wishard/CIU?	1	2	3	4	5

**SECTION F. Work Conditions - Organizational**

F1. In this Section, we are interested in how you see the work going on at the CIU/Wishard/Methodist. When we refer to "the staff" we mean everyone who works in this unit, including administrators and doctors. Here's CARD E again. Tell me whether you agree or disagree with the following statements.

(HAND R CARD E)

	SA	A	U	D	SD	DK
a. New and different intervention ideas are being tried out here.	1	2	3	4	5	8
b. New ideas about clinical methods are not viewed with enthusiasm here.	1	2	3	4	5	8
c. The same clinical methods have been used here for a long time.	1	2	3	4	5	8
d. Staff find the work here interesting and challenging.	1	2	3	4	5	8
e. Staff seem to be quite involved in their work here.	1	2	3	4	5	8
f. The work atmosphere around here is impersonal.	1	2	3	4	5	8
g. Staff seem to be just putting in time in this program.	1	2	3	4	5	8
h. The program approach is very well planned.	1	2	3	4	5	8
i. Clinical policies and procedures are vague and ambiguous here.	1	2	3	4	5	8
j. Things are pretty disorganized around here.	1	2	3	4	5	8



	SA	A	U	D	SD	DK
k. The details of assigned responsibilities are well explained to staff.	1	2	3	4	5	8
l. Staff feel comfortable working through work-related concerns.	1	2	3	4	5	8
m. Group spirit is poor around here.	1	2	3	4	5	8
n. Staff don't look to each other for support in this program.	1	2	3	4	5	8
o. Supervisors compliment staff in a job well done.	1	2	3	4	5	8
p. Supervisors tend to criticize staff.	1	2	3	4	5	8
q. Supervisors expect far too much from staff.	1	2	3	4	5	8
r. Supervisors really stand up for staff.	1	2	3	4	5	8
s. When clients/patients fail to stay in treatment, we make little effort to keep them engaged.	1	2	3	4	5	8
t. We do most of our work with patients/clients in the hospital rather than in the field.	1	2	3	4	5	8
u. Working outside of the hospital is part of our attempt to connect with clients.	1	2	3	4	5	8
v. We use single treatment person assignments rather than a team approach.	1	2	3	4	5	8
w. Several staff members (beyond the medical staff) are assigned to work as a team with each client/patient	1	2	3	4	5	8
x. If one of my family members or friends was having emotional problems, I would not hesitate to refer them here	1	2	3	4	5	8

	SA	A	U	D	SD	DK
y. Clients/patients usually get to know only one program person really well.	1	2	3	4	5	8
z. Staff find it rewarding and challenging to work with very disabled clients/patients.	1	2	3	4	5	8
aa. Staff feel effective in addressing the multiple needs of severely mentally ill clients/patients	1	2	3	4	5	8
bb. Staff prefer to focus most of their work on insightful, psychologically-minded clients/patients	1	2	3	4	5	8
cc. Staff prefer to work mostly with clients/patients who are willing and able to be employed	1	2	3	4	5	8
dd. We work closely with E.R. or hospital staff when one of our clients is treated there	1	2	3	4	5	8
ee. When clients/patients enter the E.R. or hospital we may not learn of this for several days	1	2	3	4	5	8
ff. We advise clients/patients and families to go to the E.R. for crises outside of normal work hours.	1	2	3	4	5	8
gg. When making referrals or placements, staff usually allow clients/patients to follow through on their own	1	2	3	4	5	8
hh. Transporting clients/patients to needed services is an appropriate staff activity.	1	2	3	4	5	8
ii. Helping clients/patients with the application process in other agencies is rarely done here.	1	2	3	4	5	8

	SA	A	U	D	SD	DK
jj. Staff usually work with a client/patients without involving staff from other agencies.	1	2	3	4	5	8
kk. We first give priority to being the client's/patient's advocate, someone on his or her side.	1	2	3	4	5	8
ll. Program staff do not support client-empowerment or advocacy viewpoints very strongly.	1	2	3	4	5	8
mm. We systematically seek client's/patient's views about the program.	1	2	3	4	5	8
nn. Staff make major treatment decisions without consulting the client/patient.	1	2	3	4	5	8
oo. Staff rarely try to connect clients/patients with volunteer jobs or provision programs.	1	2	3	4	5	8
pp. Staff see psychotherapy as the most important aspect of working with clients/patients.	1	2	3	4	5	8
qq. Supportive social contact with clients/patients is more important than engaging in psychotherapy.	1	2	3	4	5	8
rr. Training in psychodynamic psychotherapy is seen as an essential staff qualification.	1	2	3	4	5	8
ss. Staff view practical living as more central than psychotherapy.	1	2	3	4	5	8
tt. The program emphasizes maintaining long term regular contact with most clients/patients.	1	2	3	4	5	8
uu. We help clients/patients through a crisis or a transition without continuing to see them indefinitely.	1	2	3	4	5	8

F2. How often do you perform each of the following activities with the families of clients/patients. Here's CARD F again to help you with your responses

(HAND R CARD F)

	Very Often	Some times	Not V. Often	Never	NA
a. Helping families understand the client's patient's illness.	1	2	3	4	9
b. Encouraging families to support clients/patients emotionally	1	2	3	4	9
c. Increasing family acceptance of the client/patient	1	2	3	4	9
d. Encouraging families to work with clients/patients so that clients can achieve their goals	1	2	3	4	9
e. Helping families set appropriate limits for clients	1	2	3	4	9
f. Informing families of client's/patient's progress	1	2	3	4	9
g. Encouraging families to accept client's/patient's independence	1	2	3	4	9
h. Doing family therapy with family AND clients/patients	1	2	3	4	9
i. Advocacy to help families get needed services	1	2	3	4	9
j. Helping families learn to cope with client's/patient's behavior	1	2	3	4	9
k. Mediating conflicts between families and clients/patients	1	2	3	4	9
l. Providing families with crisis intervention services	1	2	3	4	9

F3. Next, I am going to describe some conflicts that people sometimes have in the course of their jobs with the mentally ill. Would you tell me which of the following responses best describes your experiences in the last six months

(CONTINUE TO USE CARD F)

	V. Often	Somet.	Not VO	Never	DK	NA
a. Conflict with clients	1	2	3	4	8	9
b. Conflict with families or friends of clients	1	2	3	4	8	9
c. Conflict with county officials	1	2	3	4	8	9
d. Conflict with the state division of mental health	1	2	3	4	8	9
e. Conflict with law enforcement or justice system agencies	1	2	3	4	8	9
f. Conflict with residential facilities for clients	1	2	3	4	8	9
g. Conflict with social welfare agencies	1	2	3	4	8	9
h. Conflict with private hospitals	1	2	3	4	8	9
i. Conflict with public hospitals	1	2	3	4	8	9
j. Conflict with private mental health practitioners	1	2	3	4	8	9
k. Conflict with non-private mental health professionals	1	2	3	4	8	9
l. Conflict with job training agencies	1	2	3	4	8	9
m. Conflict with agencies that assist the developmentally disabled	1	2	3	4	8	9

	V. Often	Somet.	Not VO	Never	DK	NA
n. Conflict with priests, rabbis, or minister over the welfare of the client/patient	1	2	3	4	8	9
o. Conflict with mental health advocacy groups	1	2	3	4	8	9
p. Conflict with city officials	1	2	3	4	8	9

**SECTION G. Service Sector Questions**

G1. The next set of questions involves the individuals, groups and organizations in this area that you think have an influence on programs for the mentally ill, however severe their problems are.

G1a. Let's start with individuals. Please tell me the names of individuals that most influence programs for the mentally ill in this area. This influence can be positive (like helping build and shape programs) or negative (like blocking or dismantling programs). (PROBE: WHO ELSE?)

(RECORD NAMES ON FORM THAT FOLLOWS)

----->

G1b. Now, would you please tell me the names of groups or organizations that most influence programs for the mentally ill in this area. Again, this influence can be positive or negative. (PROBE: WHO ELSE?)

(RECORD NAMES ON FORM THAT FOLLOWS)

----->

For each one ask:

- 1) What type of influence do they have on programs for the severely mentally ill 1=Def. Positive 2=Mostly Positive 3=Mixed 3=Mostly negative  
4=Definitely negative 8=unsure
- 2) How important is this person/group/organization to the severely mentally ill 1=very 2=somewhat 3=not very 8=don't know
- 3) How much contact do you have with this person/group/organization? 1=a lot 2=a moderate amount 3=not too much 8=don't know
- 4) How well do you know this individual? How familiar are you with this organization? 1=very 2=somewhat 3=not very 8=don't know
- 5) (IF AN ORGANIZATION OR GROUP) How often do they refer client/patients to you and Wishard/Methodist? 1=often 2=sometimes 3=rarely 8=dk
- 6) (IF AN ORGANIZATION OR GROUP) How often do you send your clients/patients to them? 1=often 2=sometimes 3=rarely 8=dk

Name	1. Influence	2. Importance	3. Contact	4. How Well/ Familiar	IF AN ORGANIZATION	
					5. Referrals From	6. Referrals To
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
_____	1 2 3 4 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8

INDIVIDUALS





G2. Now I am going to read a list of groups or agencies that may affect services for the mentally ill, some you may have just told me about, others maybe not. In any case, please indicate how much influence each group listed has on services for the mentally ill in this area. Here's a card to help you with these responses.

(HAND R CARD G)

How good a job do you think they are doing in advocating for or meeting the needs of the mentally ill?

	Great Deal	Some	Not Much	None	DK	Excellent	Good	Fair	Poor	DK	NA
a. City and county officials like the Mayor or City Managers	4	3	2	1	8	1	2	3	4	8	9
b. Community Leaders (like those in business, newspaper editors, civic leaders, etc)	4	3	2	1	8	1	2	3	4	8	9
c. Local Mental Health Advocacy Groups	4	3	2	1	8	1	2	3	4	8	9
d. Local mental health service providers in the public sector	4	3	2	1	8	1	2	3	4	8	9
e. Local mental health service organizations and providers in the private sector	4	3	2	1	8	1	2	3	4	8	9
f. General health care organizations and providers in the public sector	4	3	2	1	8	1	2	3	4	8	9
g. General health care organizations and providers in the private sector	4	3	2	1	8	1	2	3	4	8	9
h. Social service organizations and income providers (like Public welfare, Social Security, housing assistance)	4	3	2	1	8	1	2	3	4	8	9
i. Criminal Justice and Judicial Officials (Police, sheriff, probate and other courts)	4	3	2	1	8	1	2	3	4	8	9

	Great Deal	Some	Not Much	None	DK	Excellent	Good	Fair	Poor	DK	NA
j. Mentally ill individuals	4	3	2	1	8	1	2	3	4	8	9
k. Families of mentally ill individuals	4	3	2	1	8	1	2	3	4	8	9
l. The State Department of Mental Health	4	3	2	1	8	1	2	3	4	8	9
m. The State Legislature	4	3	2	1	8	1	2	3	4	8	9
n. The Governor	4	3	2	1	8	1	2	3	4	8	9
o. Federal Officials in Washington, DC	4	3	2	1	8	1	2	3	4	8	9

G3. In the next section, we're interested in some needs that severely mentally ill people might have. I'd like to ask you a few questions about each type of service.

- a) How much of a need do you think this population has for this service in your experience ~~CODES~~ 1= high 2=moderate 3=low 8=unsure
- b) How many people who need this service are getting it in your opinion? 1=most 2=some 3=only a few 8=don't know
- c) How often do you in your practice at Wishard/Methodist counsel your clients/patients regarding this service? Codes 1=very often 2=sometimes 3=rarely 4=never 8=dk
- d) Which organizations or groups in Indianapolis assist the severely mentally ill with this need? (FILL IN NAMES OF ALL ORGANIZATIONS)
- e) (FOR EACH AGENCY ASK) Do you know anyone there personally that you can call for information or assistance on behalf of your clients/patients? 1=Yes 2=No
- f) How high is the quality of the service there? 1=very high 2=acceptable 3=poor 8=dk
- g) To what extent is your time well spent in working with this agency? 1=most of the time 2=sometimes a waste of time 3=almost always a waste of time 8=dk

Let's talk about housing first...How much of a need do you think the severely mentally ill have for...

	Need	Getting	Counsel	Which orgs.	Know anyone	Qual.	Well Spent
a. getting and keeping housing (e.g., supervised housing)	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
b. getting or keeping work or employment (e.g., vocational training or sheltered workshop)	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
c. monitoring their medication	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
d. crisis intervention services	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
e. daycare or aftercare services for the patient	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8

	Need	Getting	Counsel	Which orgs.	Know anyone	Qual.	Well Spent
f. welfare or social security benefits	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
g. other benefits like food stamps	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
h. training programs to help them with tasks of daily living, planing their diet taking care of personal hygiene, etc.	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
i. help in planning how to use their leisure time, planning social activities	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
j. support for their family and friends, e.g., like support groups	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
k. taking care of children or any other people for whom they have responsibility	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
l. transportation	1 2 3 8	1 2 3 8	1 2 3 4	_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8
				_____	1 2	1 2 3 8	1 2 3 8

G4. Do you think there are gaps in the social services available to the severely mentally ill in the greater Indianapolis area?

- 1...No gaps
- 2...There are a few gaps but essentials are covered
- 3...Many gaps in service
- 8...Don't know
- 9...NA

(IF RESPONDS ANYTHING BUT 1 ABOVE, ASK)

G5. Why do you think gaps exist in service for the SMI?

I'm going to read a list of reasons. Tell me any that you think fit. 1=Yes 0=No 8=Don't know 9=No answer

- a. \_\_\_\_\_ Poor interagency coordination
- b. \_\_\_\_\_ Proper programs not available
- c. \_\_\_\_\_ Institutional care not available
- d. \_\_\_\_\_ Changes in the SMI population
- e. \_\_\_\_\_ People do not know about current programs
- f. \_\_\_\_\_ Geographical gaps in service
- g. \_\_\_\_\_ Too many overlapping services
- h. \_\_\_\_\_ Population serviced is too narrow
- i. \_\_\_\_\_ Lack of commitment by the county, city and state to quality service
- j. \_\_\_\_\_ No one program is comprehensive enough
- k. \_\_\_\_\_ Lack of funds
- l. \_\_\_\_\_ Political problems
- m. \_\_\_\_\_ There is a narrow definition of client need
- n. \_\_\_\_\_ Laws do not apply to all situations
- o. \_\_\_\_\_ Need for more religious emphasis
- p. \_\_\_\_\_ Transportation problems
- q. \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_

---



---



---



---

G6. Do you have clients/patients with persistent/ongoing social service problems for which there are no solutions available in the Indianapolis area?

1...No (SKIP TO G7)

2...Yes ———> What kinds of problems are these?

---



---



---



---

G6a. Which agencies, if any, could or should be doing the most to serve such clients?

---



---



---



---

G7. Here are some statements that may apply to the greater Indianapolis area. Tell me whether you agree or disagree with the following statements. Here's CARD E again to help you with your responses (HAND R CARD E)

	SA	A	UNS	D	SD	DK	NA
a. The agencies in this area that serve the mentally ill work very well together	1	2	3	4	5	8	9
b. One of the problems in this area is that agencies are constantly fighting with one another	1	2	3	4	5	8	9
c. There are a lot of agencies that are supposed to assist the mentally ill, the problem is they all have conflicting rules and requirements	1	2	3	4	5	8	9

	SA	A	U	D	SD	DK	NA
d. Services for the mentally ill are well coordinated in this area	1	2	3	4	5	8	9
*e. The political leadership of this area is very committed to programs to assist the mentally ill	1	2	3	4	5	8	9
f. The medical leadership of this area is very committed to programs to assist the mentally ill	1	2	3	4	5	8	9
g. Practitioners in this area are very committed to programs to assist the mentally ill	1	2	3	4	5	8	9
*h. One of the problems in this area is the shortage of mental health professionals	1	2	3	4	5	8	9
i. Business leaders in this area very little about the problems of the mentally ill	1	2	3	4	5	8	9
*j. Public opinion in this area strongly favors programs for the mentally ill	1	2	3	4	5	8	9
*k. Landlords in this area do not want to rent to mentally ill people	1	2	3	4	5	8	9
*l. There are not enough funds available for programs for the mentally ill	1	2	3	4	5	8	9
*m. Job discrimination is not a problem for the mentally ill in this area	1	2	3	4	5	8	9

SA A U D SD DK NA

\*n. A new halfway house for former mental patients would be readily accepted by neighborhood residents in this area

1 2 3 4 5 8 9

o. The decision to deinstitutionalize the treatment of severe and chronic mental illness was a good one

1 2 3 4 5 8 9

p. The current system of hospitalization cannot provide the necessary in-patient treatment for the severely and chronically mentally ill

1 2 3 4 5 8 9

q. In this area, it is easy for the mentally ill to find transportation to jobs, social activities and the like.

1 2 3 4 5 8 9

(DO NOT ASK OF UNIT SECRETARIES OR RECORD STAFF)

G8. Now I'd like to ask you some questions about interagency coordination. Would you tell me whether you agree or disagree with the following statements? You can use the same card for your responses....

SA A U D SD DK NA

a. The complexity of mental health problems in this community requires an integrated interagency approach.

1 2 3 4 5 8 9

b. Collaborations among organizations in mental health service delivery reduce duplicated efforts and wasted resources

1 2 3 4 5 8 9

c. Mental health service organizations can accomplish much more by working together when agencies co-ordinate their actions

1 2 3 4 5 8 9

d. Clients receive more comprehensive services and treatment when agencies coordinate their actions

1 2 3 4 5 8 9



	SA	A	U	D	SD	DK	NA
e. Interagency coordination prevents mentally ill clients from falling through the cracks in the service delivery system	1	2	3	4	5	8	9
f. My professional values differ so much from those of other organizations' staff that we have difficulty working effectively together	1	2	3	4	5	8	9
g. My experiences in working with other mental health agencies are largely positive.	1	2	3	4	5	8	9
h. Different administration rules among agencies are major obstacles to effective service integration	1	2	3	4	5	8	9
i. Most mental health professionals have a strong desire to increase interagency integration	1	2	3	4	5	8	9
j. Radically different professional philosophies among mental health agencies prevent them from working together	1	2	3	4	5	8	9
k. Mandated service coordination is imposed by outsiders who are insensitive to the needs of participants	1	2	3	4	5	8	9
l. The specialized nature of each agency's clients and needs means that interagency collaboration cannot be effective	1	2	3	4	5	8	9
m. In working with other agencies, (Wishard and the CIU/Methodist) is expected to give up too much of its autonomy in decision-making	1	2	3	4	5	8	9

G9. Some organizations in some cities try to be very selective about which clients/patients they will serve; they try to choose only the "best" clients/patients on the basis of clients' symptoms, age, ability to pay or some other characteristic. To what extent does this occur in each of these places in the Indianapolis area... (HAND R CARD E)

	Very	Sometime	Not V.O.	Never	DK
a. In-transition living facilities (e.g., half-way houses)	1	2	3	4	9
b. In-patient private not-for-profit health care facilities	1	2	3	4	9
c. In-patient public health care facilities	1	2	3	4	9
d. In-patient private-for-profit health care facilities	1	2	3	4	9
e. Among private practitioners, in general	1	2	3	4	9
f. In this place	1	2	3	4	9
g. In the vocational rehabilitation agencies	1	2	3	4	9
h. In board and care homes	1	2	3	4	9
i. In nursing homes	1	2	3	4	9

**SECTION H. Attitudes and Opinions**

In this section, I will be asking you about your attitudes and opinions about mental illness, diagnosis and treatment.

H1. First, I am going to read you a list of possible causes of mental illness. Tell me how important you think each is in causing mental illness? Here's a card to help you with your responses. **HAND R CARD B**

	Very	Some what	Not Too	Not At	DK	NA
a. an imbalance of chemicals in the body or brain	1	2	3	4	8	9
b. inheriting a gene that causes a mental disturbance	1	2	3	4	8	9
c. having parents who are inconsistent in the way they treat their children	1	2	3	4	8	9
d. having too much social pressure on them	1	2	3	4	8	9
e. fate or luck	1	2	3	4	8	9
f. excessive use of drugs or alcohol	1	2	3	4	8	9
g. the will of God	1	2	3	4	8	9

H2. Now, I'd like to ask you some more questions about DSM-III-R and other approaches to diagnosing and treating mental illness. Tell me how much you agree or disagree with the following statements. Here's CARD E again to help you with your responses

**(DO NOT ASK IF UNFAMILIAR WITH DSM-III-R AS INDICATED IN B3)**

	SA	A	U	D	SD	DK	NA
a. The DSM-III-R classification system is the best approach for diagnosis and treatment	1	2	3	4	5	8	9
b. Most conditions that DSM-III labels as mental disorders can be described as non-medical problems in living	1	2	3	4	5	8	9

	SA	A	U	D	SD	DK	NA
c. Psychiatrists have not devoted enough attention to promoting a scientific alternative to the illness model reflected on DSM-III-R	1	2	3	4	5	8	9
d. Psychiatrists risk losing their professional autonomy if they share ownership of DSM-III-R and/or its successors with nonmedical mental health professionals	1	2	3	4	5	8	9
e. Authentic psychiatry requires the retention of the illness model in diagnosis and treatment	1	2	3	4	5	8	9
f. Psychiatrists would better serve the welfare and integrity of patients by abandoning the medical model in training and practice	1	2	3	4	5	8	9
g. Mental disorders are a subset of medical disorders	1	2	3	4	5	8	9
h. Leadership of the American Psychological Association and American Psychiatric Association should seek rapprochement for developing a co-owned diagnostic manual with a bona fide common language	1	2	3	4	5	8	9
i. The interests of consumers would best be served by divesting professional organizations of ownership of diagnostic manuals and making them the property of the general public	1	2	3	4	5	8	9
j. Pre-menstrual syndrome has no business being included in DSM-III-R as a psychiatric disorder	1	2	3	4	5	8	9
k. Psychiatrists, in general, rely too much on drugs to treat people with mental disorders.	1	2	3	4	5	8	9

	SA	A	U	D	SD	DK	NA
l. Only psychiatrists should be allowed to diagnose and treat people with severe mental disorders.	1	2	3	4	5	8	9
m. Psychiatric social workers are perfectly capable of diagnosing and treating people with mild mental disorders	1	2	3	4	5	8	9
n. The clergy only interferes with what we are trying to do in the hospital with patients with mental disorders	1	2	3	4	5	8	9
o. The clergy has an important role to play in treating people with mental disorders out in the community	1	2	3	4	5	8	9
p. The data-oriented empirical approach to diagnosis is important	1	2	3	4	5	8	9
q. DSM-III-R improves the reliability of psychiatric diagnosis	1	2	3	4	5	8	9
r. DSM-III-R's multi-axial system is too complicated	1	2	3	4	5	8	9
s. The criteria for diagnoses are too complicated in DSM-III-R	1	2	3	4	5	8	9
t. DSM-III-R adopts too much of a "cookbook" approach to diagnosis	1	2	3	4	5	8	9
u. DSM-III-R is too much extra work with too little clinical value	1	2	3	4	5	8	9
v. DSM-III-R gives the impression that our understanding of mental disorders is more complete than it actually is	1	2	3	4	5	8	9
w. DSM-III-R has increased the number of mental disorders to include behaviors that are troublesome but not pathological	1	2	3	4	5	8	9

**SECTION I. Future of Clients**

In this section, I'd like to ask you a bit about your clients/patients.

I1. First, of the clients/patients that you've seen over the last six months, how typical would you say each of the following characteristics is:

	Very	Somewhat	Not typical	DK
a. Client/patient "acts out" (fighting; hostility)	1	2	3	4
b. Client/patient is cooperative	1	2	3	4
c. Client/patient has severe symptoms	1	2	3	4
d. Client/patient is well-educated	1	2	3	4
e. Client/patient has stable employment	1	2	3	4
f. Client/patient is not taking medication	1	2	3	4
g. Client/patient has family support	1	2	3	4
h. Client/patient is socially isolated	1	2	3	4
i. Client/patient lacks social skills	1	2	3	4
j. Client/patient is dependent on total care	1	2	3	4
k. Client/patient needs many services	1	2	3	4

I2. Now, I'm going to ask about the families of the clients/patients you see. Considering the families with whom you have contact, how typical are the following characteristics:

	Very	Somewhat	Not typical	DK
a. Family member also have mental health problems	1	2	3	4
b. Family has a great deal of experience with the welfare or social service system	1	2	3	4
c. Family is optimistic about the client's/patient's chances for recovery	1	2	3	4
d. Family has little education	1	2	3	4
e. Family lives in the area	1	2	3	4
f. Family is co-operative	1	2	3	4
g. Family has average or high income	1	2	3	4

I3. Finally, I'm interested in your evaluation of the future of your clients/patients. Tell me what portion of your clients is described by each of the following statements. Here's a card to help you with your responses. (HAND R CARD I)

This is probably the case for  
All Most Some Few None DK

a. These clients/patients will remain in the mental health system for the rest of their lives	1	2	3	4	5	9
b. They will be able to avoid returning or entering the hospital	1	2	3	4	5	9
c. They will be able to function very well in the community	1	2	3	4	5	9

This is probably the case for  
All Most Some Few None DK

d. They will continue to be dependent on their families	1	2	3	4	5	9
e. They will find work that will enable them to be self-sufficient economically	1	2	3	4	5	9
f. They will remain pretty much as they are now	1	2	3	4	5	9

I4. Now I'd like you to fill out a short form for me...this one is about how you think about different kinds of people and feelings....As it turns out, this one is easier for you just to fill out yourself.

**(HAND R A C T. FORMS)**

Here's a pencil...what we have is a type of person or feeling listed. I would like you to tell me how you rate them on each of the three scales that follows. You should note that the word descriptions shift sides--so be careful to read each set. Any Questions? **(ANSWER ANY)**

!!! That's the end. Thanks for all your help !!!

**LEAVE BUSINESS CARD -- IF HAVE ANY FURTHER QUESTIONS,  
PLEASE DO NOT HESITATE TO CONTACT US.**