



NAMI (National Alliance on Mental Illness) Minnesota is conducting a short survey to evaluate the need for mental health training among employees that work with older adults. Your responses will also help us develop a training curriculum and identify what topics should be addressed. Please complete by September 3, 2010.


The survey will take five to ten minutes. Your answers will be kept confidential and will not be reported in a way that can be used to identify you.

1. How much of your work day is spent providing care or services to adults 65 years of age or older?
 - 0%-25%
 - 26%-50%
 - 51%-75%
 - 76%-100%

2. As part of your formal education, did you receive training on mental illnesses in older adults?
 - No
 - Yes

3. Have you attended classes in the last three years that included information on mental illnesses in older adults?
 - No
 - Yes

4. If you have a license (related to your current job), do you have to attend continuing education programs to renew your license?
 - I do not have a license (related to my current job)
 - No
 - Yes

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- A. Have you attended any continuing education programs in the last three years that included information on mental illnesses in older adults?
- No
 - Yes

5. Have you received any on-the-job training about mental illnesses in older adults in the past three years?

- No
- Less than 1 hour
- 1-3 hours
- More than 3 hours to 6 hours
- More than 6 hours to 12 hours
- More than 12 hours

6. How confident are you working with older adults who have mental illnesses?


- I have little or no confidence
- I am somewhat confident
- I am very confident

7. How would you describe your current level of education on mental illnesses as they affect older adults?

- Very uneducated
- Somewhat uneducated
- Somewhat educated
- Very educated

8. Are you aware of mental health resources in your area?

- No
- Yes



A. How accessible are these resources?

- The resources are difficult to access
- The resources are easy to access

B. Have you used these resources to assist your clients or patients?

- No
- Yes

9. Are you interested in receiving training on mental illnesses in older adults?

No

Yes

A. Which of the following topics would you be interested in receiving training on? (Please select four)

- Basics of mental illnesses in older adults
- Befriending older adults living with mental illnesses
- Differences between mental illnesses in older adults and mental illnesses in the general population
- How to effectively communicate with older adults living with mental illnesses
- How to handle a mental health crisis
- Resources (and how to find them) for older adults living with mental illnesses
- Specific types of mental illness in older adults (Anxiety, Bipolar Disorder, Depression, Schizophrenia, Substance Abuse)
- Suicide and self-injury in older adults
- Treatment of and recovery from mental illnesses in older adults
- Working with older adults who have dementia/Alzheimer's and co-occurring mental illnesses
- Working with older adults who live with a co-occurring disorder and mental illnesses

Other: _____

B. How long would you like the total length of the training(s) to be? (It can be spread out over more than one day.)

- Less than 1 hour
- 1 to 3 hours
- 6 hours
- More than 6 hours

10. What is the population of the town/city where you work?

- Greater than 15,000 (e.g. Austin, Duluth, Faribault, Mankato, Moorhead, Rochester, St. Cloud, etc.)
- 15,000 or less (e.g. St. Peter, Grand Rapids, Crookston, Redwood Falls, etc.)

11. What is your highest level of education?

- | | |
|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> High school or below | <input type="checkbox"/> Some graduate work |
| <input type="checkbox"/> 2-Year degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> 4-Year degree | <input type="checkbox"/> Doctoral degree |

12. What is your primary job?

- | | |
|---------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Home Health Aid |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Case Manager/ Care Coordinator | <input type="checkbox"/> Occupational/ Recreation/ Physical Therapist |
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Direct support staff | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Other: _____ |

13. Who is your primary employer?

- | | |
|---------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Assisted Living facility | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> County agency | <input type="checkbox"/> Senior Housing (IL) |
| <input type="checkbox"/> Health Plan/ Care System | <input type="checkbox"/> Social Service/ Human Service Provider |
| <input type="checkbox"/> Home Health Care agency | <input type="checkbox"/> State agency |
| <input type="checkbox"/> Other: _____ | |

Thank you for completing the survey!

Please mail by September 3, 2010, to:

NAMI Minnesota
Attention: Kay King
800 Transfer Road, Suite 31
Saint Paul, MN 55114.

If you would like to receive the results of this survey, please contact Kay King, Program Director for Older Adults Living with Mental Illness, NAMI Minnesota at kking@nami.org.

Please also contact Kay King if you have any questions or comments about the survey. She may be reached at: (651) 645-2948 ext. 113.