Assessing the Needs of Women with Psychiatric Disabilities: Needs Assessment Protocol and Documentation Manual

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Introduction to the

Needs Assessment Protocol

and Documentation Manual

...a product of the National Women Consumers/Survivors Needs Assessment Survey:
A Participatory Action Research Project

Project Purpose/History

In 1997, the University of Illinois at Chicago National Research and Training Center
(UIC NRTC) on Psychiatric Disability embarked on a multi-year project entitled, "The National
Women Consumers/Survivors Needs Assessment Survey: A Participatory Action Research
Project," funded by the National Institute on Disability Rehabilitation and Research (NIDRR)
and the Center for Mental Health Services (CMHS). Designed to gather qualitative and
quantitative information about the self-identified needs, concerns, and strengths of women with a
serious and persistent mental illness, this project uniquely served to validate the experiences of
women with a psychiatric diagnosis. It provided a forum for women where their often-silenced
voices could be heard.

In studies of mental health and gender, few researchers have asked women
consumers/survivors *directly* to identify their needs, or whether and how their needs are being
met in the hospital and/or in the community. Instead, studies have sought to demonstrate the
differences in women consumers' experiences and needs as compared to men, without asking
women how they perceive these differences. To correct for this lack of gender sensitivity, the
National Women Consumers/Survivors Needs Assessment Project embraced a participatory
action research approach, where women consumers/survivors were involved integrally in all

aspects of the research activities. The emphasis was placed on learning *from* the participants rather than learning *about* them. The inclusion of women with personal experiences in the mental health system ensured that project activities were both sensitive and relevant to the needs of women with a psychiatric disability. In addition, it allowed for the study to be influenced directly by the concerns of the project participants and stakeholders.

Project Phases

The National Women Consumers/Survivors Needs Assessment (WNA) Project consisted of three phases, which are detailed in later chapters of this manual. The phases included: data collection via in-depth interviews, focus groups, and national forums; survey item development; and Protocol development.

➔ Phase I: *Qualitative Data Collection.* In Phase I, data were collected through in-depth interviews, focus groups, and national forums conducted in Chicago, Illinois. Women eligible to participate in the study were asked to identify and describe their needs, both met and unmet, as well as their concerns and strengths. They also were encouraged to consider and discuss how being a woman, and when applicable, a woman of color, influenced these needs. The interviews and focus groups were recorded and transcribed, allowing WNA project staff to identify recurring themes and concerns as identified by the participants. This information was used to create, "Having Our Say: Women Mental Health Consumers/Survivors Identify Their Needs and Strengths," a booklet featuring the self-reported, gender-specific needs of women. (See the Bibliography of Suggested Women's Literature in the Appendix for more information on this resource.)

➜ <u>Phase II:</u> *Survey Item Development.* During Phase II, project staff convened a two-day

meeting in Chicago, Illinois, with a Working Group of nationally renowned women

consumers/survivors and researchers to identify and discuss the common themes and

concerns that emerged from the focus groups and interviews. The focus group and

interview data served as the basis for survey items, developed by the national Working

Group, to be incorporated into the project's Needs Assessment Protocol.

➜ <u>Phase III:</u> *Protocol Development.* In the final phase of the project, the survey items

generated by the Working Group participants were reviewed by project staff and

modified to eliminate repetitive and double-barreled statements. Additionally, the items

were clarified, re-ordered for ease of administration, and formatted with instructions and

participant response options. The Women's Needs Assessment (WNA) Protocol, an

instrument designed to evaluate the needs of women mental health consumers/survivors,

is the result of the project phases.

<u>Inside the Documentation Manual</u>

The purpose of this manual is to present the WNA Protocol, describe its history and

development as part of the National Women Consumers/Survivors Needs Assessment Project,

identify methods for administering the assessment, and encourage its use as a tool to identify the

unique, gender-specific needs of women with psychiatric disabilities. *Assessing the Needs of*

Women with Psychiatric Disabilities: Needs Assessment Protocol and Documentation Manual is

comprised of five chapters:

Chapter One…provides an overview of the purposes of needs assessment. Issues regarding

designing and conducting a mental health needs assessment are addressed.

Chapter Two…presents the participatory process that led to the development of the WNA Protocol. Specifically, data collection methods are described; Protocol Domains are illustrated; and surveys to be used in conjunction with the WNA Protocol are highlighted.

Chapter Three…guides the reader through the administration of the WNA Protocol (also referred to as the WNA). Furthermore, it describes how the Protocol can be adapted for use as a tool for program development, evaluation, research, policy development, or service delivery enhancement.

Chapter Four…describes how to analyze and interpret the information gathered by administering the WNA Protocol.   The methods of analysis presented can be conducted with or without a computer.   Examples are included.

Chapter Five…shows how to achieve maximal use of the WNA Protocol's flexible design. Potential Protocol recipients are identified, and real-world applications are summarized.

References follow Chapter Five, along with an Appendix that includes the following:

♀   Women's Background Information Survey

♀   Services Checklist

♀   Women's Needs Assessment Protocol

♀   Women's Needs Assessment Survey Items Developed Via Participatory Process

♀   Suggested Literature

♀   National Resources for Women with Psychiatric Disabilities

> By using this manual, you are acknowledging that women have gender-specific needs, and that these needs must be addressed in order for women with a psychiatric disability to achieve full recovery and self-determination.
>
> Thank You!

Chapter I: What is a Needs Assessment and How Is It Used?

In this chapter, we outline the purposes of needs assessment, and discuss how to identify the types of needs you want to assess with your own survey. Also highlighted are different ways to design a needs assessment and the standard procedures used when conducting one. Finally, overviews of needs assessment in health and mental health, particularly those that are mental health consumer-driven, and those that are gender-specific, are given.

Overview of Needs Assessment

Quite simply, ***needs assessment*** refers to the process of collecting information on the needs of a person, program, or community (Soriano, 1995). Broadly defined, needs assessment usually is conducted to set priorities and make decisions about a program, its organizational structure, or how its resources are used (Witkin & Altschuld, 1995). The process of needs assessment, however, is anything but simplistic; rather, it is technical and sophisticated when done properly. It is more than a process of listening to people or relying on personal experience, but a quantitative and qualitative approach to establishing priorities for care from the viewpoints of providers, clients, and administrators (Wright et al., 1998). In the age of downsizing and managed health care, needs assessment can help organizations demonstrate to funders and policy makers that the services, supports, or programs being offered are worthy of continued or enhanced funding (Soriano, 1995; Wright et al., 1998). At its best, needs assessment keeps us from wasting time, money, and effort on solutions that do not work (Kaufman & English, 1979).

Needs assessment can become more complicated when defining a **need** in comparison to a **want or a desire** (Kaufman, 1988; Witkin & Altschuld, 1995). While a thorough discussion of this issue is beyond the scope of this manual, Witkin and Altschuld (1995) offer the helpful distinction of ***need as a noun*** (referring to a gap between what is and what should be) and ***need as a verb*** (referring to what is required or desired to fill the gap – or a solution). An example will help to clarify this concept:

Need as a noun ➜
> Jane states that she doesn't have a job, a place to live, or enough money to pay her bills. She has identified NEEDS.

Need as a verb ➜
> Jane indicates on her needs assessment that she requires vocational rehabilitation, housing, and increased income. She has identified SOLUTIONS.

When deciding how to conduct a needs assessment, as well as how the information collected will be used, it is important to think about whether you are most interested in **need as a noun** (the gap between what is and what should be) or **need as a verb** (solutions to help fill these gaps). It is acceptable to incorporate both into your assessment, but be clear about the type of need you have assessed when interpreting your findings.

REMEMBER:

When conducting a needs assessment, think about whether you are interested in:
NEED as a NOUN (the gap between what is and what should be) - OR -
NEED as a VERB (solutions to fill the gap)

Designing a Needs Assessment

There are many types of needs assessment that can be undertaken, from those that are clinically based to those that focus on services or informal supports. Needs assessment can involve the use of:

- ➡ surveys or interviews with closed-ended items (items that allow people to circle specific answers),
- ➡ surveys or interviews with open-ended items (items that allow people to write in their own answers),
- ➡ surveys or interviews with both closed- and open-ended items, or
- ➡ surveys or interviews consisting of ranking exercises, in which people order their needs from most to least important.

Needs assessment also may be conducted in a group format, where participants are asked to self-identify their own needs (or for providers, the needs of clients; and for families, the needs of their relatives); whether these needs are being met; and what barriers, if any, are preventing these needs from being met.

The best needs assessment allows for a multi-level understanding of each item assessed. In other words, the most thorough assessment takes into consideration:

➢ a person's **need**,

➢ its possible **solution**,

➢ the level of **importance** of the need, and

➢ the person's **satisfaction** with the assistance offered or received to meet the need.

One such methodology, called the ***Concerns Report Method*** (Fawcett et al., 1982; Paine-Andrews et al., 1994), involves organizing a survey such that two ratings are given for each item (formatted in two columns following the items): one for the importance of the need/concern and one for the level of satisfaction that the need/concern is being addressed. A sample item will help to clarify this method of assessment:

ITEM	*How important is it to you that…*						*How satisfied are you that…*					
…mental health consumers are centrally involved in planning their own treatment.	Not					Very	Not					Very
	0	1	2	3	4	5	0	1	2	3	4	5

When trying to understand the results, items rated high in both importance and satisfaction are considered strengths, while those high in importance and low in satisfaction are considered problems. In the above example, if the person (who could be a consumer, provider, family member, etc.) states that it is "very important" that consumers be involved in treatment planning, but that she is "not satisfied" that consumers are so involved, one might conclude that this person believes consumer involvement is an item of high importance that is not satisfactorily being met.

Another form of needs assessment, the ***Camberwell Assessment of Need*** (CAN), was developed specifically to assess global needs of individuals with a psychiatric disability (Phelan et al., 1995) in the areas of **self-care, physical health, diet, intimate relationships, education, and transportation,** to name a few. This assessment comes in both a clinical and a research version, with separate administration instructions. The format of the CAN also allows for a multi-level understanding of each need, and its importance.

Each CAN Domain allows for an assessment of:

- whether there is demonstrated need in the area (e.g., not getting enough to eat each day)
- how much help the person receives from family or friends with the need
- how much help the person receives from professionals with the need
- whether the person receives the "right type" of help with the need
- whether the person is satisfied with the amount of help s/he is receiving in the area

With this comprehensive approach, consumers' needs, especially those for which they are not receiving adequate or satisfactory services and support, can more easily be determined.

Both the *Concerns Report Method* and the *Camberwell Assessment of Need* provide good models for constructing a multi-level needs assessment, which can be completed by a variety of stakeholders. Rather than just determining if a need exists, both formats measure the extent to which the services being offered are satisfactory. The CAN also provides information on who is meeting the need (if anyone) and whether the preferred services or supports are being offered, which can be very important information to program designers, service providers, advocates, and others.

Needs Assessment Procedures

There are several major procedures to follow when conducting an effective needs assessment, although a detailed discussion is beyond the scope of this manual. Several excellent resources exist to guide the interested reader (Soriano, 1995; Witkin & Altschuld, 1995). McKillip (1998) outlines several standard steps taken when preparing, conducting, and reporting on a needs assessment.

- Identification of the users and uses. The users of the assessment are those who will act upon the findings, as well as the stakeholders who may be affected by the information. Ideally, both of these groups are involved in the needs assessment process. Determining in advance the broad uses of the assessment will allow you to remain focused on the primary stakeholders and concerns being addressed.

- Description of the target population and service environment. When conducting a needs assessment, it is important to have a good understanding of the population of interest, as well as the geographic area in which the group is located. This would include background or personal information (such as age, race/ethnicity, gender, etc.) for the people completing the survey. It also might include geographic dispersion of the population (i.e., where they live in their communities or cities) and what types of services or supports already are available in the program or area.

- Need identification and assessment. This includes the actual conduct of the assessment, involving as many stakeholders or sources of information as possible. Once the needs and barriers (and sometimes solutions) have been identified, recommendations for action are created.

➤ *Communication.* The final step in the needs assessment process is to disseminate findings and recommendations to users, decision-makers, and other relevant audiences.

Of course, not every program or person will undertake a needs assessment as comprehensive as this. For example, you may decide that you wish to conduct a needs assessment with your individual clients to strengthen your therapeutic relationships (as discussed further in **Chapter Five**). In this case, some of the above steps may not be necessary, such as gathering background information on the person (which you likely already have) or communicating the findings to anyone other than the client. In any case, you should begin by first considering the purpose of the needs assessment and how the information being collected will be used.

Give thought in advance to why you are conducting the assessment and what you will do with the data. This will help you to focus and gather the most relevant information.

Overview of Health and Mental Health Needs Assessment

Needs assessment has long been a priority in public and community health, although it once was seen as the sole responsibility of public systems or potential purchasing and commissioning authorities (Billings & Cowley, 1995). Over time, however, community providers were targeted as important players in the identification of local population needs (Billings & Cowley, 1995). Similarly in the field of mental health, service providers were identified for many years as the primary source of information regarding the needs of people with psychiatric disabilities. While there may be cases in which gathering just one viewpoint in

determining the needs of individuals to be served is appropriate, the best needs assessment also includes the views of clients regarding their own needs, as well as those of administrators and informal caregivers (such as family members) to determine availability of financial and material resources to meet the needs (Wright et al., 1998).

Mental Health Consumer-Driven Needs Assessment

Needs assessment based on consumers' views is gaining popularity at the program- and systems-levels in mental health (Uttaro & Mechanic, 1994). Historically, the opinions of people with mental illness have been disregarded due to the misguided perception that they are unable to identify their own needs accurately due to their disability. Thus, asking clients to identify their own needs and goals, especially in more formalized surveys and interviews, is a relatively new occurrence in the field (Ridgway, 1988).

In their well-known study comparing differences in perceptions of consumers versus mental health professionals, Lynch and Kruzich (1986) found that while clients were very concerned with financial constraints (including the ways in which such constraints limit access to needed services), lack of transportation, and unavailability of services, professionals were more concerned with the provision of individual therapy, medication checks, and client "resistance" to therapy. The authors note that while the lack of standardized measures used in the study should be considered, the need to develop more responsive and beneficial services might outweigh these methodological limitations. From their interviews with 522 consumers, Uttaro and Mechanic (1994) found that surveyed consumers identified needs to keep busy, to recognize and control symptoms, to maintain friendships and intimate relationships, and to control anger as of highest priority. The authors also report that unmet needs related to "role restoration" (e.g., maintaining social networks, intimate relationships, employment, and productive activities) were found

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among consumers who were receiving services at that time. This finding is important due to the assumption that these needs typically go unmet for people who "fall through the cracks of services," not for those who are well integrated into the service system, as were the people in this study.

Two needs assessment surveys are notable because they were developed, implemented, and evaluated by consumers themselves (Beall, 1992; Campbell & Schraiber, 1989). Campbell and her associates (1989) conducted a comprehensive survey of a nonrandom, although diverse, sample of consumers (N=331), family members (N=53), and mental health providers (N=150) to assess perceptions of consumers' overall well-being, needs, and satisfaction with mental health services. Space limitations do not allow a detailed description of this survey, but some of the key points are relevant to the other information reported here. For example, surveyed consumers cited having enough money, satisfying relationships, and decent housing as their top three needs. By contrast, none of the surveyed professionals and only two of the family members identified financial security as critical for consumers, and none of the professionals or family members cited romantic or sexual relationships as essential to consumers' well-being. Surprisingly, neither professionals nor family members identified housing as a top priority for consumers. Seventy-four percent of these consumers stated that meaningful work or achievement was essential to their well-being, yet nearly half of them lacked such activities. Ninety-one percent of the clients and 100% of the family members cited the need for greater funding and opportunities for vocational pursuits for consumers. Less than 5% of the professionals listed education or vocational training as significant in improving their clients' lives.

Beall (1992) also conducted a consumer-driven survey of both client needs and satisfaction for consumers throughout the state of Virginia. Again, although the findings are too comprehensive to report here, some of the highlights bear noting. Although consumers

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identified a wide variety of needs (which differed from region to region), one of the most important was for meaningful employment that might lead to a career, rather than dead-end, minimum wage jobs. Here, too, consumers expressed tremendous financial difficulties, as well as problems due to lack of rehabilitation and/or case management services, inaccessible transportation, and long waiting lists for housing.

Gender-Specific Needs Assessment

As previously noted, minimal research has been conducted on the gender-specific needs of women with psychiatric disabilities. One such study by Cogan (1998) included 25 women with serious mental illness who were receiving services at two community mental health centers in Vermont. The median age of these women was 40 years. Eighty four percent were unemployed, and 24 of the 25 participants were White. In addition, 17 were mothers. The structured interview, developed with the Vermont Consumer Network, was designed to focus on three target areas: 1) difficult experiences within relationships (i.e., emotional, physical, and sexual abuse); 2) issues in intimate relationships (i.e., pregnancy, contraception, STDs); and 3) the experience of being a mother (i.e., child care, health care, housing, stress). The women were asked to respond to five questions within each target area: 1) Have you ever needed help with this area?; 2) How available have others been in offering this help?; 3) Who offered help?; 4) Who was most helpful and who was least helpful?; and 5) How helpful was this assistance?   In addition, the participants responded to an open-ended question regarding what they perceived as important issues in their lives.

In the first target area, the majority of women reported a need for support to deal with victimization, but perceived others to be somewhat unavailable to provide such support. In addition, a number of women perceived that they were held responsible for their abuse, and were

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not taken seriously by authorities when reporting abuse. In the second target area, more than half the women reported a need for information about contraception, pregnancy, and sexually transmitted diseases, but that not all service providers were responsive to this need. More than one-third of the women needed to discuss other issues of sexuality, including sexual orientation and the stigma associated with being a lesbian. Finally, in the third target area, almost three-quarters of all mothers responded that they needed help with child-related stress, and more than three-quarters of all mothers needed legal help with issues concerning custody.

Chernomas, Clark, and Chisholm (2000) also conducted a gender-specific needs assessment, using focus group methodology, illness narratives, and a survey. Twenty eight women, who identified themselves as having schizophrenia or schizoaffective disorder and lived in the community, participated in the study. Approximately 50% of the women were between 41 and 50 years of age; 43% had been living with the illness for 11 to 20 years; and 93% were unemployed. No information on ethnicity or race was obtained. The participants were asked to respond to and discuss the following research question: "What are women's perceptions of their experiences with schizophrenia or schizoaffective disorder in the context of their life stages and corresponding health issues?"

In each of the five focus groups (organized according to participant age, marital status, and parenting responsibilities), the same topics of discussion emerged. The women expressed concerns regarding reproductive health, relationships, sexuality, parenting, menopause, aging, and having a psychotic illness. Several shared personal stories of discrimination, rejection, and isolation. The majority reported experiencing significant losses; that is, loss of jobs, relationships, and/or children. In addition, they felt that the health care system focused on their illness and that they had become invisible as women.

Ritsher and her colleagues (1997) conducted a third study to explore issues identified as relevant to women with severe mental illness and to determine whether these same issues are relevant for their male counterparts. Three focus groups – two comprised of women with psychiatric disabilities and one of mental health clinicians – assisted with the development of a 76-item questionnaire that assessed issues regarding living with mental illness, personal relationships, and professional relationships and health care. Gender references were reversed and reproductive health items were eliminated from the men's version of the survey. The survey was administered to 107 women and 59 men in ten different psychiatric rehabilitation settings in Maryland. In this sample of respondents, women were more likely than men to have an affective disorder (30% vs. 5%), while men were more likely to have a schizophrenia-spectrum disorder (90% vs. 56%). Forty-nine percent of both the women and men were white, and 46% of the women and 39% of the men were African American. In addition, the women tended to be slightly older, and much more likely than the men to have been married at some point in their lives.

Results of the survey indicated that women did not see their mental illness as a key feature of their identities. At the same time, about 40% of both the women and men reported that their illness had some adverse effect on their feelings of femininity or masculinity, while about half of both groups stated that their illness had interfered with life goals, such as attending college, having a job, or having a child.

Overall, the survey results showed that the women were more oriented than men toward participating in close relationships. Seventy percent of women and only 44% of men noted having a best friend; similarly, women were significantly more likely than men to report having a romantic partner (48% vs. 19%). Women also reported having experienced at least one abusive

relationship, and were much more likely than men to report sexual abuse, though both experienced a similar amount of physical abuse.

Finally, while the focus group participants believed that it might be common for women with severe mental illness to feel that their physicians do not take their complaints seriously and do not routinely ask for relevant medical history, in this particular sample, both women and men reported feeling respected by and having good relationships with their physicians, therapists, and mental health rehabilitation staff. Women, however, were more likely to have any opinion about whether their therapists learned from them and respected their cultural backgrounds. It's worthwhile noting that the researchers repeated the original analysis with a subsample of 52 women and men matched for diagnosis, age, race, education, and employment, and produced essentially the same results as the analysis by gender in the main sample.

Like the Women's Needs Assessment Project, these three studies recognized women consumers/survivors as experts in identifying and reporting their own needs. This is very empowering to women who frequently are prevented from speaking for themselves!

Summary

As Ridgway (1988) notes, there still is much to be learned about appropriate research methods that reliably and validly represent client needs from their own perspectives. Nevertheless, the field of mental health has much to learn from consumer-driven needs assessments. Further, it is evident that consumers/survivors are able to design, implement, complete, evaluate, and disseminate results from these types of surveys. With this in mind, the WNA participatory project worked directly with women consumers/survivors to design a comprehensive gender-specific needs assessment, a description of which is given in the next chapter.

Chapter II: The UIC NRTC Women's Needs Assessment Protocol

In this chapter, we present the participatory process that led to the development of the UIC NRTC Women's Needs Assessment Protocol. In particular, the focus groups and interviews, which served as the foundation of the WNA, are described, as is the two-day meeting with the project's national Working Group to develop survey items for the Protocol. Also included in this chapter are descriptions of the WNA Protocol Domains and items, as well as how the survey is organized. Finally, the Background Information Survey and the Services Checklist to be used in conjunction with the WNA are highlighted.

During the first year of the *National Women Consumers/Survivors Needs Assessment Survey Project,* the UIC NRTC project staff invited 12 well-known consumer and nonconsumer women from around the country to participate in the work of this study. This Working Group consisted of American Indian, African American, Latina, and Caucasian women, ensuring that viewpoints and experiences from a variety of cultures were represented. Group members also held a variety of roles, including service recipient, family member, parent, service provider, researcher, advocate, and educator. The Group worked closely with project staff to design and implement two of the major phases of the WNA project: the focus groups and interviews with women consumers in Chicago, and a two-day meeting in Chicago to develop actual needs assessment items. They also provided extensive comments on the popular educational booklet, "Having Our Say," that grew out of the first phase of the project (see Appendix for information on this resource). As described further below, the Women's Needs Assessment (WNA) Protocol is a compilation of the items that the Group developed to gain a better understanding of the special needs of women with psychiatric disabilities. The generation of the Protocol resulted from three project phases, which are described below.

➲ Phase I: Focus Groups with Women Public Mental Health Clients

The first phase of the project consisted of focus groups and open-ended interviews conducted with Latina (N=9), African American (N=9), Caucasian (N=8), and American Indian/Caucasian (N=1) women with psychiatric disabilities to determine their self-identified needs. Women, 18 years and older, were eligible to participate in the study if they met the following criteria:

♀ had a DSM-IV, Axis I psychiatric diagnosis

♀ had at least one psychiatric hospitalization

♀ were willing/able to give informed consent to be interviewed and audio taped

The primary diagnosis reported by the women was schizophrenia (N=9), followed by major depression (N=8). All participants were receiving services in the public mental health system in Chicago, Illinois. Approximately 44% of the women had experienced homelessness, the majority completed high school, and most were unemployed at the time of the study.

Each of the focus groups and interviews lasted approximately two and one-half hours and were audio taped (with permission). Each of the three groups was led by women who shared the same ethnic/racial background (African American, Hispanic, or Caucasian) as the participants. The women were asked to answer four major questions:

❖ What are your needs right now?
❖ Does being a woman have an influence on these needs?
❖ Are these needs being met in your life right now?
❖ What do you like most about yourself?

The women of color also were asked whether their race/ethnicity had an effect on their needs.

After all groups and interviews were completed, the transcripts were prepared and analyzed to determine how these women identified their own needs and strengths. Eight areas of major concern were identified:

1)	Rehabilitation and Recovery
2)	Parenting
3)	Relationships (with family, friends, and lovers/spouses)
4)	Safety and Abuse
5)	Vocational Services and Employment
6)	Finances
7)	Housing and Independent Living
8)	Physical Health

Although all of the women mentioned mental health and stability as a concern for them, they strongly felt that the social and cultural consequences of having a diagnosis and being in the public system generated more pressing concerns than those directly related to their disability. Perhaps this is because all of them were receiving professional treatment and informal supports (e.g., self-help, support from family, etc.) to cope with their emotional and mental health struggles. Be that as it may, these women did discuss a host of unmet or inadequately met needs in many life areas. The needs they mentioned in each area, along with suggestions for how peers, providers, and others can meet these needs, are summarized in the booklet, *Having our Say: Women Consumers/Survivors Identify Their Needs and Strengths.*

These eight areas of concern served as the basis for the next phase of the WNA project: a two-day meeting with the national Working Group. This meeting confirmed that the needs and concerns raised by the women in the focus groups and interviews were more widely shared, and led to actual survey items addressing these concerns being developed for the WNA Protocol.

❑ Phase II: Participatory Process to Develop Women-Centered, Needs Assessment Items

The second phase of the project consisted of a two-day meeting in Chicago with the national Working Group and the WNA project staff. In preparation for this meeting, participants were sent a packet of materials, including a report on the project's progress, and were asked to contribute to and finalize the meeting agenda. It was decided that the first day would consist of an overview of the current research literature regarding women's needs; findings from the project's focus groups and interviews; the proposed **"Domains" (or areas of major concern)** for the survey instrument; and research methodologies of the study.

After receiving an overview of the research literature, the Working Group verified the WNA staff's interpretations of the findings from the focus groups and interviews, based on their personal and professional experiences in the mental health system. They agreed that the eight areas of concern previously described should serve as the foundation for the WNA Protocol, and suggested two additional Domains -- Discrimination and Recovery.

The second day of the meeting consisted of an overview of survey and item development. Several hours were spent discussing the six major elements to consider when writing survey items:
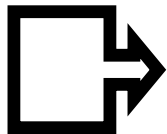
❶ being concise
❷ using clear and unambiguous terms
❸ narrowing the scope to avoid broad interpretations
❹ using language that lay persons can understand
❺ drawing from the actual experiences of the target population
❻ avoiding double- and triple-barreled items (i.e., asking 2 or 3 questions in the same item)

The afternoon of Day Two was spent working in small groups to begin developing actual items for the WNA Protocol. Over 275 items were generated for potential inclusion in the instrument. (These original items, developed via the Participatory Action Research process, are included in the Appendix.) Each of the small groups shared its items with the larger group and feedback was offered to strengthen or clarify the wording. The items then were categorized by the Working Group into ten major topical areas:

1) Recovery	6) Safety and Abuse
2) Mental Health Services/Supports	7) Housing
3) Discrimination	8) Parenting and Childrearing
4) Vocational Concerns	9) Financial Concerns
5) Relationships	10) Physical Health

Working Group members who were unable to attend the meeting provided extensive written comments regarding focus group and interview results, which were considered as part of the themes and item development process.

⊃ Phase III: Protocol Development

During the third phase of the project, NRTC project staff compiled the WNA Protocol from the Working Group's original items, streamlining it by re-wording those that were unclear or double-barreled, eliminating those that were repetitive, and re-ordering Domains and items to enhance clarity and ease of administration.

The UIC NRTC Women's Needs Assessment Protocol

The Women's Needs Assessment Protocol consists of ten major Domains:

WNA Protocol Domains
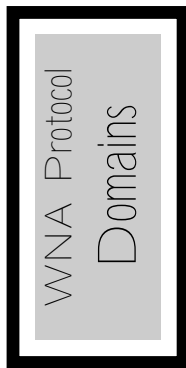
Recovery
Mental Health Services/Supports
Discrimination
Vocational Concerns
Relationships
Safety and Abuse
Housing
Parenting and Childrearing
Financial Concerns
Physical Health

✹ Describing the Domains

Recovery ⁄ The Recovery Domain addresses what women need in order to recover from their emotional or mental health problems. Items target whether women are concerned about building on their strengths, learning to be more assertive, and being in charge of their own life decisions.

Mental Health Services/Supports ✒ The Mental Health Services/Supports Domain covers the experiences that women have had with mental health treatment providers. It addresses whether women feel they have choice in mental health services, respect for their confidentiality in treatment, the need for peer support, options for crisis planning, and culturally sensitive providers in service settings. Also featured are experiences women may have had with psychiatric hospitalizations, if relevant.

Discrimination ✒ The Discrimination Domain inquires about the types of discrimination women may have experienced based on mental illness, ethnicity/race, gender, age, religion, and sexual orientation.

Vocational Concerns ✒ The Vocational Concerns Domain addresses women's needs for seeking, obtaining, and maintaining employment. Also covered are women's needs and experiences with working outside of the home, if relevant.

Relationships ✒ The Relationships Domain queries women about their friendships inside and outside of the mental health system, as well as their experiences and needs within intimate relationships. Items highlight the possible need for female friends, for friends who also have experienced emotional or mental health difficulties, and for help in managing healthy intimate relationships. Also addressed are women's relationship needs within their families.

Safety and Abuse ✒ The Safety and Abuse Domain covers what women need to feel safer and less vulnerable in their lives. Also covered are needs of women who have histories of childhood or adult abuse.

Housing ✒ The Housing Domain inquires about women's concerns regarding the availability, safety, and adequacy of housing in their communities.

Parenting and Childrearing ✎ The Parenting and Childrearing Domain first addresses women's feelings and needs around becoming pregnant. Items target the possible need for more information about the effects of medications and certain lifestyles on pregnancy and nursing. Also included are questions for mothers regarding their needs about raising and supporting their children. Lastly, women who have lost custody of children are asked a series of questions about their experiences and needs in this area.

Financial Concerns ✎ The Financial Concerns Domain inquires about women's concerns regarding their finances and whether they have enough money to meet their basic needs. Also highlighted are the financial needs of mothers who are raising their children.

Physical Health ✎ The Physical Health Domain queries women about their physical health needs and experiences with medical professionals. It targets the possible need for more accessible, gender-sensitive health care services, more education about physical health/illnesses, and help with managing the connections between physical and mental health.

Why Use Domains?

✺ Utilizing Domains

The Protocol is organized into major Domains – or what researchers call "modularized" – for two major reasons. The first is because the participatory process to develop the assessment revealed that women have specific needs in each of these major life areas. To categorize them into larger areas of concern makes the assessment easier to administer and easier for the respondent (i.e., the persons who complete and return the survey) to understand. The second

reason the Protocol is divided into Domains is to allow the person or program using it to administer only those items in which they are interested or are prepared to offer services or supports. For example, a drop-in center which wants to learn more about the needs of its female clientele may decide that the Domain on Vocational Concerns is not relevant to them because they do not offer job training or other work-related services; therefore, they might decide to drop this Domain from their assessment. To use the Protocol in this way is perfectly acceptable, as long as there are appropriate reasons to forego asking certain questions of the women. To decide not to administer a given Domain – for instance Safety and Abuse – because it would be awkward or embarrassing for the staff administering the items is not an appropriate reason to drop it from the assessment process. This is why it's so important to clarify in advance your reasons for conducting a needs assessment and what you hope to learn and do with the information collected, as discussed more fully in **Chapter Three**.

Reading the Script

In each major Domain, a script to be read by the interviewer before administering the items is provided. Although this script can be modified to better meet the needs of the person or program administering the assessment, it's important that the interviewer always give the woman permission to say both good and bad things, or let her know that women have many things to say about needs in a given area. This will help to reduce "positive response bias," or the woman's tendency to want to please the interviewer by saying only good things (this issue is discussed further in **Chapter Three**).

✖ Getting Specific

Six of the Domains contain questions that are asked of all women, along with questions that are asked only of certain women: Mental Health Services/Supports; Vocational Concerns; Relationships; Safety and Abuse; Parenting and Childrearing; and Financial Concerns. For example, in the Parenting and Childrearing Domain, there are questions regarding pregnancy that are asked of all women, as well as questions specifically for women who are mothers, and questions for women who have lost custody of their children. As another example, in the Relationships Domain, there are questions that are asked of all women about their friendships and intimate relationships, in addition to questions only directed to women who are in touch with their families. The items are organized in this way not only to facilitate ease of administration, but also to reduce what is called "respondent burden," or requiring more time and effort on the part of the person completing the assessment than is absolutely necessary.

Take Note:
Before administering the WNA Protocol, review it to learn which items should be included, and which do not apply to the respondent. This will help to reduce "respondent burden."

✖ Assessing Multiple Levels of Need

In keeping with the multi-level needs assessment process described in the previous chapter, each Domain is organized to determine the following:

- ▯ a woman's self-identified needs in that particular area

- ▯ perceived level of need and actual level of informal supports received in that area

- ▯ perceived level of need and actual level of professional services received in that area

- ▯ satisfaction with the type and amount of help received to meet needs in that area

Specifically, in each Domain, the first set of items asks women to rate their needs on a scale from "1" to "4," with "1" being strongly disagree and "4" being strongly agree. For example, in the Safety and Abuse Domain, a woman might circle "2," or disagree, for the item, "I need to learn how to physically protect myself from attack." This might indicate that she either already knows how to protect herself from attack or does not feel that learning to protect herself is important. All items also include a response for "not applicable," which means either that the woman does not have needs in that area or that her needs already are met in that area. Methods for further analyzing and interpreting your findings are found in **Chapter Four**.

Each Domain also includes a set of items to determine levels of support/services needed and received, as well as satisfaction with type and amount of help received in that area. Women rate their responses on these items on a scale from "0" to "4," with "0" being none and "4" being a great deal. For the two satisfaction items in each Domain, women are given the opportunity to respond with, "I don't receive help," in the event that they are not receiving any services or informal supports in that particular area.

Responding to Items

For ease of administration, the interviewer should prepare a set of "Response Cards" in advance of the assessment. Because there are three different sets of answers women can give depending upon the questions being asked, these cards will help her to remember her options. The first response card should contain the following possible responses:

1	2	3	4	0
Strongly disagree	Disagree	Agree	Strongly agree	Not applicable

The second response card should contain the following possible responses:

0	1	2	3	4
None	A little	Some	A lot	A great deal

The third response card should contain the following possible responses:

0	1	2	3	4	5
Not at all	A Little	Some	A Lot	A great deal	I don't receive help

Consider laminating the cards to protect them from wear and tear, and attach them together with a ring or binder clip to keep them organized.

Gathering Background Information on the Women

As discussed in **Chapter One**, when conducting a needs assessment, it's useful to have an understanding of the person or group of people you are interviewing, to help you analyze and apply your results. The personal information to be gathered would be kept strictly confidential (using private identification numbers in place of names), and would serve to give you a more holistic picture of the lives and personal experiences of the women you have assessed.

This *Needs Assessment Protocol and Documentation Manual* includes a ***Background Information Survey***, which can be used for these purposes. It includes 25 questions about such things as the woman's date of birth, race/ethnicity, marital status, level of education, housing and employment situation, psychiatric diagnosis, and use of medication. Rather than record the

woman's name, it allows you to assign each woman a unique identification number. It also provides space for you to record the region in which she lives (e.g., her neighborhood, city, state, or country), and the date of the interview.

Along with the Background Information Survey, there is a ***Services Checklist***. This simple checklist allows the woman to record the types of services she recently has received, such as those provided by a physician, dentist, self-help group, crisis hotline, hospital, domestic violence shelter, legal aid, or job training program. The purpose of this list is to help you understand the types of services and supports the woman already is receiving and how these might relate to her self-identified needs. For example, you would not be surprised to learn that a woman who expresses a high level of need in the Housing Domain of the WNA indicates on the Services Checklist that she is receiving services from a homeless shelter. However, you might be concerned if she were to say in her assessment that she has a high level of need for job training or vocational rehabilitation, while her Services Checklist response indicates that she already is receiving job training or vocational services.

Typically, both the Background Information Survey and the Services Checklist would be administered prior to the WNA Protocol. This will allow the women to answer some relatively straightforward questions, most of which they are used to answering if they've received any type of social services, before moving into the sometimes more complex or personal items of the WNA Protocol. Both the Background Information Survey and the Services Checklist are included in the Appendix of this manual.

Summary

This chapter provided an overview of the participatory process used to develop the UIC NRTC Women's Needs Assessment Protocol. It also described the overall organization and

items of the WNA Protocol. Finally, it highlighted the Background Information Survey and the

Services Checklist, which accompany the WNA Protocol for the purpose of gathering additional

information about the women being assessed.

Chapter III: How to Administer the Women's Needs Assessment Protocol

In this chapter, we explain the various ways in which the Women's Needs Assessment (WNA) Protocol can be used. Administration procedures, as well as the preparations required prior to administration, are discussed. Finally, we explore the need for a "debriefing" session after the assessment is conducted, and what that session should include.

Reasons to Administer the WNA

Some people or organizations will plan to administer the WNA Protocol for *program development* purposes to obtain information regarding how women feel about their needs in order to develop new programs, or add new services and supports to existing programs. Others may administer the Protocol for *program evaluation* or *research* purposes to improve services or to obtain objective information about the needs that women report regardless of whether they are enrolled in formal services. Still others may use the Protocol as a *policy development* tool to demonstrate to policy makers the existence of unmet needs among a group of women, suggesting changes are needed at the service systems level. Mental health professionals may use the Protocol to *enhance clinical relationships* with women consumers, especially when they are just beginning to work with a new client about whom they know very little. The multi-purpose potential of the tool is one of its strengths. It is critical, however, to decide in advance how the information gained from the WNA will be utilized. The way the Protocol is administered will influence the kinds of information that it gathers which, in turn, can affect its usefulness.

The WNA Protocol is a multi-purpose tool!
Use it for program development, program evaluation,
research, policy development, or as a clinical assessment.

Using an Informal versus Formal Approach

You may decide to administer the WNA Protocol in an informal manner. This would be appropriate if you want to survey a group of women consumers enrolled in a service delivery program to determine if "service gaps" or other needed supports exist. In this case, you might

invite program clients to an administration session at which you offer some refreshments (such as beverages and snacks), explain the purposes of the WNA, why they've been asked to complete it, its voluntary and confidential nature, and what will happen to the information once it has been collected. After this, you might provide the women with an opportunity to ask questions, and then distribute the Protocol to the entire group, collecting it from the women once they have completed it. Following that, you may invite the women to remain for a group discussion about their needs and opinions, and to solicit their thoughts about how their unmet needs could be addressed. You may assign someone who is helping you to take notes during this informal discussion, with the women's permission. Afterwards, you can use the women's answers to Protocol items, along with information from the notes taken during the discussion period to develop new services or programs. If you are a clinician using all or parts of the WNA Protocol to get to know your women clients, you also will be using it informally, perhaps as an intake assessment or as part of your ongoing therapeutic work.

In other instances, you might want to administer the program as a formal, objective assessment, such as for program evaluation purposes. Here, you should be especially careful not to bias the information collected via the WNA. As used here, the term "bias" refers to the fact that some women might feel pressured to respond in ways they think will please the interviewer. In this case, a "positive response bias" refers to the fact that women might say things that reflect positively on the program, regardless of how they really feel. They might be afraid to hurt staff's feelings by saying that certain services are unneeded or that some of their needs are not being met. Biases also could result if, for example, the women feel compelled to say complimentary things about the program because they are enjoying any refreshments that you provide them. Another bias might result from the fact that women feel their access to services may be restricted if they express unmet needs or say that they experience unneeded assistance.

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*Most people, no matter who they are, naturally display
positive response bias when they are surveyed.*

Whatever the potential sources of bias, you will need to design an administration plan that avoids biased results. When gathering information for program evaluation purposes, consider doing the following…

- Give the women permission to provide negative feedback regarding the survey and interview experience.

- Serve refreshments at the end of the individual or group interview so no one feels obligated to respond favorably because they first received food.

- Remind the women that their answers are confidential and will NOT affect the services they are receiving.

- Stress to the women that you are as interested in identifying needs that are unmet as those that are met; similarly, you might express an interest in knowing whether some women are receiving too much assistance or being made to accept help for needs that don't exist.

If administering the WNA survey for policy development purposes, you might use it as a mailed survey sent to the homes of a sizable group of women. In this situation, be careful to use neutral and sensitive wording in any explanations of your project contained in the introductory letter that accompanies the survey to ensure that you do not alienate any potential survey respondents. For example, if you are mailing the survey to women in the community rather than targeting users of a mental health program, consider avoiding any unnecessary references to "mental illness" or "psychiatric disability," as you will reach women who: 1) have not been

diagnosed; 2) have been diagnosed but disagree with the diagnosis; or 3) hold stereotypes about persons with psychiatric disabilities.

Now Hear This!

The WNA Protocol was designed for oral administration by an interviewer. If you use the WNA in an informal fashion without an interviewer, consider amending the Protocol to eliminate the interviewer's script and to provide further instructions. In addition, a set of response cards is no longer necessary, as the response options can be circled directly by the woman completing the survey.

Keep it Confidential

All information collected should be treated with respect! It is imperative that you protect the woman's privacy and confidentiality. Explain that her responses will be kept in a safe place, such as a locked file cabinet, and that nothing she says will be shared. By doing so, you will be earning her trust and conducting yourself in an ethical manner.   Ideally, all data collected should be stored in such a way that prevents anyone from matching the woman's identity to her responses. Always treat the personal information of others in the same way you'd want your own personal information to be treated – with great care and discretion!

Practical Preparations

It is good practice to prepare in advance all that is needed to administer the Protocol. This includes having sufficient copies of the Protocol, and making sure that every copy is complete and that all pages are legible. Make sure that you have enough pencils (preferable to pens so that women can change their answers if they wish) for every woman. Bringing extra copies of the survey and extra pencils is recommended. If you are going to administer the WNA

orally, make sure that you have the three response cards ready for reference, if necessary. If you are administering the WNA Protocol to a group of women, make sure that you have reserved a room in which to do so and be sure to visit the room beforehand to determine its suitability. If you are providing the women with copies of the WNA to be completed privately and returned later, be sure to have pre-labeled, sealing envelopes for this purpose. Also, be sure that you have arranged a secure yet accessible drop-off location, and (preferably) a box into which the envelopes can be placed but not removed by anyone other than yourself.
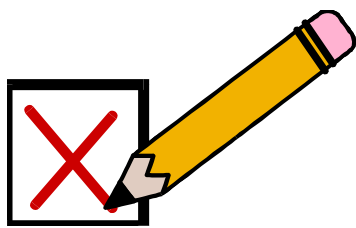
PREPARATION CHECKLIST

- Protocols
- Pencils
- Response cards
- Envelopes

- Suitable room
- Refreshments
- Drop box for completed surveys
- Drop-off location

Oral Administration

As previously noted, the WNA Protocol was designed for oral administration. This accommodates women with low literacy skills, as well as those who simply prefer having the items and instructions read to them. There are some additional issues to keep in mind if you use this method. First, be sure to *read slowly and speak clearly.* One of the major requirements of this method of administration is that you pronounce words with greater clarity than you would in general conversation. Practice saying the items aloud with a "test-listener" to identify any ways in which your speed or enunciation are problematic. If the woman asks questions while you are reading the items, try to limit your explanations as much as possible. Remember that these items were designed by consumers from a variety of cultural and educational backgrounds; therefore, they should be clear and understandable to most women. If the woman still does not seem to understand after you've tried to clarify the item, suggest skipping it and proceed to the next item.

Be sure to skip any item that the woman asks to skip. Similarly, move from an item if the

woman seems upset by it, and be sure to ask the woman if she would like to discontinue

responding to the WNA if she becomes agitated or upset during the interview. If you are a

mental health professional using the WNA with an individual client to enrich your clinical

relationship, you might administer selected items in a more conversational style during your

therapeutic interactions with the woman.

When should you skip an item?
- If the woman requests it
- If the woman does not understand the item after minor clarification
- If the item's subject upsets the woman
Always ask if she'd like to stop the survey if she becomes agitated or upset.

Preparing Women for Sensitive Items

It is a good idea to caution women in advance that some of the items in the WNA survey

focus on areas that are sensitive in nature. These items address topics such as physical and

sexual abuse, emotional problems, experiences with discrimination, and losing custody of one's

children. Similarly, the Background Information Survey includes a question regarding substance

abuse. When informing the women that they may be faced with some difficult questions, it is

helpful and appropriate to clarify your reasons for asking. For example, you might note that you

are inquiring about highly personal information not because you're "nosey," but because you

care about aspects of their lives that many people ignore, and about which little is known.

*Again, it is important to make it very clear to women that they can skip any item.
It also is necessary to inform women that they can stop responding to the Protocol
at any time they wish, by either taking a short break or discontinuing the survey.*

In addition to preparing women for the sensitive questions prior and during the interview, plan for a "debriefing" as described below after the interview has been completed.

Debriefing following Protocol Administration

There are many benefits to having women discuss how they felt while completing the WNA Protocol. This is especially true for a woman who experiences a negative reaction to one or more of the items. Keep in mind that some items ask about aspects of women's lives that often are upsetting, such as racism, sexism, family rejection, and stigma. Be prepared to refer your respondent(s) to self-help or more formal services. These include hotlines, "warm-lines," drop-in centers, self-help groups, or services provided by professionals. Women who are not receiving services at the time they complete the Protocol especially may need referrals. A list of national resources for women is included in the Appendix for this purpose. In addition to national contacts, local referrals should be distributed to everyone who completes the Protocol. Resources can be listed on an index or business card, both of which are easy to carry in a wallet, purse, or pocket and can be kept for future reference should the need for support arrive.

In the rare case that a woman becomes extremely agitated as a result of taking the survey, it is very important to assist her in getting the necessary help. This may mean contacting her caseworker or physician if she is receiving services, or a program equipped to provide emergency outreach services. Additionally, you may need to arrange for transportation by contacting a friend or family member if the woman appears to be too upset to safely reach her destination, be it a mental health agency or her home.

Debriefing for the Interviewer

Administering the survey can be fatiguing. The respondent's self-reported experiences and emotions may be somber and upsetting, and in some instances, may remind the interviewer of their own personal difficulties. Prior to conducting the WNA, the interviewer should take time to consider what supports she may need post-interview. Here again, the local and national referrals prepared for the participants can be used. In addition, the interviewer can plan a relaxing and soothing activity, such as stretching or reading, upon completion of the Protocol.

Time Out!
Take some time for emotional and physical rejuvenation
after conducting the Protocol.

Sharing Your Results with Respondents

Consider sharing the results of the WNA Protocol with the respondents. (By results, we mean the final analysis and interpretation of the information collected.) Doing so shows the women several things:

- You took their participation seriously and value what they shared

- You are using the results to educate others about the needs of women

- You hope to improve services/supports for women by applying what you've learned

Sharing the WNA findings "gives something back" to the women who have invested time and effort to complete the Protocol. Additionally, by increasing their knowledge of women's needs, you may encourage your respondents to initiate their own advocacy efforts. Keep in mind,

however, that you should **NEVER offer to share results with respondents unless you have**

every intention to do so. Follow through on any promises made to the participants. Also, if

you administer the WNA Protocol in a group setting, **individual results NEVER should be**

shared to protect the participants' confidentiality. Instead, the overall findings or "themes"

that emerged from the groups' responses can be discussed. Finally, all results should be

presented in a format that is easy to understand. That means either explaining the findings in

"layperson" terms, or preparing reader-friendly materials for the participants.

The K.I.S.S. Principle
The best way to ensure that the women understand the information you are
sharing is by using the K.I.S.S principle; that is, "**K**eep **I**t **S**hort and **S**imple."

Administration Do's

➡ DO be very organized by having all of the materials you need to administer the WNA

prepared in advance (e.g., extra copies of the survey, extra pencils, response cards, etc.).

➡ DO visit the room you will be using to conduct the assessment, if applicable, to be sure

it meets your needs.

➡ DO provide an accurate and easy-to-understand explanation of why you are

administering the WNA. Women have the right to know why you are asking them to

complete the Protocol and how their information will be used.

➡ DO emphasize that completion of the WNA is totally voluntary. Explain to the

respondent that she has the right to refuse to respond to any or all questions.

➡ DO emphasize that the responses to the WNA Protocol remain confidential and that no

one can be identified by their specific answers.

➡ ▢◯ give thoughtful consideration to making administration of the WNA as comfortable as possible for the woman. Remember, it may make some women uneasy to be asked to give their opinions, especially if their feelings are negative ones.

➡ ▢◯ allow plenty of time for Protocol administration. Information will be more accurate and useful if women do not feel hurried as they complete it.

➡ ▢◯ inform women in advance that some of the items are sensitive in nature. Briefly clarify the reason for asking about potentially difficult subjects.

➡ ▢◯ distribute referrals to professional and self-help organizations and services to all women participating.

➡ ▢◯ make it clear to the woman that any opinions expressed will not influence her access to services or assistance when administering the WNA in a service delivery program setting.

➡ ▢◯ give consideration to a debriefing process, during which a woman who has completed the WNA can express her feelings, ask questions, and deal with any discomfort or upsetting feelings she may have had while completing the Protocol.

➡ ▢◯ follow up by sharing the results of the WNA with respondents in summary form, so that they can see that their opinions were valued and taken seriously.

Summary

In this chapter, we described a number of ways in which the WNA Protocol can be administered, depending upon your plans for the information gathered. Numerous options regarding the context in which the Protocol is administered, and specific procedures that should be followed within each type of context, were reviewed. The value of conducting a debriefing

session following Protocol administration, which includes the distribution of referrals for

support, also was explored. In the next chapter, we turn to a discussion of how to analyze and

interpret information gathered through use of the WNA Protocol.

Chapter IV : How to Analyze and Interpret the Women's Needs Assessment

In this chapter, we discuss how to analyze and interpret the information you gather by administering the Women's Needs Assessment (WNA) Protocol. Methods that do and do not require a computer are presented so that persons with varying mathematical and statistical skills can analyze the WNA information, or data. Guidelines for interpreting the results of your analysis also are included. Finally, suggestions are offered for types of descriptive analyses that can be conducted without using basic calculations or a computer.

The WNA has been designed to allow for an easy "by-hand" analysis, using a calculator or even simple arithmetic. The calculations involved are basic, and include adding, dividing, or multiplying the numbers that represent women's responses to the items. For example, you might like to know a particular woman's average score on the first nine items *(those assessing specific need)* in the "Discrimination" section of the Protocol (Domain #3). To do this, you would add all of the numbers circled in response to those items comprising that section, and then, divide the total by 9. If a woman circled "4" (strongly agree) for 5 items and "3" (agree) for the remaining 4 items, her total score would be "32" (4X5=20; 3X4=12; 20+12=32). Divide 32 (total score) by 9 (number of items) to achieve an *average* score of 3.5. The average of 3.5 is at the mid-point between "agree" and "strongly agree." One might conclude that, for this particular woman, her needs regarding discrimination are fairly high. If, on the other hand, she circled "1" (strongly disagree) for 8 items and "4" (strongly agree) for the 9th item, her total would be 12 (1X8=8; 1X4=4; 8+4=12), and her average score would be 1.3 (12/9 = 1.3). Such an average might be interpreted to indicate relatively low need in the Discrimination Domain.

If a woman leaves an item blank, be sure to reduce the number by which you divide the total score when you create your average score. For example, if a woman completes only 7 out of 9 individual Discrimination items, then you would divide her item total by 7 instead of 9. Another thing to keep in mind is how to handle items where a woman has checked "0" for "not applicable." You should treat these responses the same way you would if the woman had checked

The MATHEMATICAL AVERAGE also is known as the MEAN.

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nothing at all. Thus, in the Discrimination Domain, if the woman marks the "woman of color" and "lesbian/bi-sexual/transgendered" items as not applicable, but does respond to all other items, you would divide her item total by 7 instead of 9.

While there is no hard-and-fast rule for interpreting average scores, when using the "strongly disagree" to "strongly agree" ratings of the WNA individual need items, average scores of 2 or lower could be taken to indicate relatively low need; between 2.1 to 2.9 to indicate moderate need; and from 3 to 4 to indicate relatively high need. However, it is important to keep in mind that one often loses information when one computes averages. Take, for example, the previously mentioned woman with the average score of 1.3. While her *average* score is low, you might note that her rating for the last individual item in the Discrimination section, which assesses a need for acceptance in her religious community, is quite high. Since that is the only Discrimination item that addresses her religious community, her very high need in this specific area should not be overlooked.
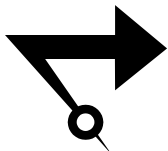
Don't be fooled! An average score of "2" in a given Domain does not suggest that the respondent has "low need" in EVERY area. Look for and address any <u>individual</u> item where "high need" is demonstrated.

Computing Average (or Mean) Results by Hand for the Group

If the WNA Protocol has been administered to a number of women, you can create an average for everyone, or a "group mean," by summing their individual averages together and dividing the total by the number of women responding. For example, if 10 women respond to the first nine items that address specific needs in the Discrimination section and have average scores of 1.6, 1.1, 3.2, 3.8, 2.1, 2.5, 3.1, 2.3, 3.5, and 2.2, then the "group mean" for these ten

women would be created by summing their averages (1.6 + 1.1 + 3.2 + 3.8 + 2.1 + 2.5 + 3.1 + 2.3 + 3.5 + 2.2 = 25.4) and dividing the total by 10 to achieve a group mean of 2.5. This mean falls at the midpoint between the "disagree" score of 2 and the "agree" score of 3. You might interpret this as showing a moderate level of need among these women in the area of Discrimination. Another approach would be to create averages across women on single items rather than totals. For example, you might sum the scores of all ten women described above in response to the item about respecting age and see that 7 circled "1" and 3 circled "2" for an item average of 1.3 (7X1=7; 3X2=6; 7+6=13; 13/10=1.3). Thus, while the women had a moderate level of need overall, their level of need related to age discrimination was fairly low. Because of this variation, it is a good idea to calculate both an overall group mean and a group mean for each individual item. That way you can avoid overlooking a high level of specific need among a group of women in which the other needs are low (or vice versa).

To calculate the mean for an individual, add the numbers circled and divide by the total number of questions answered.
To calculate the mean for a group, sum the individual averages and divide by the number of respondents.

Dichotomizing Responses to Measure Number and Proportion of Needs

Another way WNA Protocol responses can be analyzed is by coding the individual need items in a "yes/no" or "dichotomous" manner. Here, you would recode all 1's and 2's as "0;" and all 3's and 4's as "1." This method allows you to create summary measures of the number of needs and the proportion of needs. To illustrate using the Discrimination Domain, assume that we have recoded a woman's responses in this dichotomous manner, so that she has scored a "1"

on 7 items and a "0" on the remaining 2. This means she has expressed some level of need in 7 out of 9 items, or 78% (7/9 = .78) of the specific needs described in the Discrimination Domain are causing her concern. In the Physical Health Domain (which contains 16 items), if the same woman scored "1" on 10 of the individual items and "0" on the remaining 6, she has some level of need in 10 out of 16 items in this specific area; or a need proportion of 63% (10/16 = .63). Because the number of specific needs assessed in each Domain varies, you should only compare percentages and not numbers of needs across different Domains. In the example above, the woman has a higher proportion of needs related to Discrimination (78%) than Physical Health (63%). On the other hand, her actual number of individual needs is higher for Physical Health (10) than Discrimination (7); therefore, the higher proportion of need may be a function of the fact that the Physical Health Domain contains more items (16 items) than the Discrimination Domain (9 items). Because of this, it is best to report the number of needs a woman has *along with the actual number of needs assessed.*

Comparing the Results within Domains

Recall that each Domain of the WNA Protocol has three sections:

Section One:	individual items describing specific needs;
Section Two:	items assessing the overall amount of help needed and received from friends/relatives (informal support) and from professionals (formal support); and
Section Three:	satisfaction with the type and amount of help received.

Another way to analyze WNA results is to compare women's scores across these 3 sections in each Domain. Again, using the Discrimination Domain as an example, if a woman who has a fairly high average need score of 3.5 circles "4" for each of the four items in Section Two

assessing the amount of help needed and received through informal and formal supports (indicating that "a great deal" of help is both needed AND received), and "4" for the two subsequent satisfaction items in Section Three (indicating a "great deal" of satisfaction with the *amount* and *type* of help received), you might conclude that, while the woman has a great deal of need in the area of Discrimination, she reportedly is receiving a great deal of assistance with these needs, and has a high level of satisfaction with the type and amount of help she is receiving. On the other hand, if the same woman had circled "4" or "a great deal" for the two items assessing *amount* of overall help *needed* in Section Two, and "1" or "a little" for the two items assessing *amount* of help *received* through informal and formal supports, there would be cause for concern. Here's why: her average total need in this area is high, and the amount of help needed is high, but she reportedly is receiving only a little informal or formal assistance. If this same woman also checks "0" in Section Three to indicate she is "not at all" satisfied with the *amount or type* of help received, there is greater cause for concern because she is dissatisfied with the little help she is receiving with her many needs.

Interpretation can become quite complex, but using common sense can help you sort out meanings when comparing responses within Domains.

Certain patterns are good:

Low average need scores
Low amount of help needed
Low amount of help received
High satisfaction ratings

Low/Low/Low/High
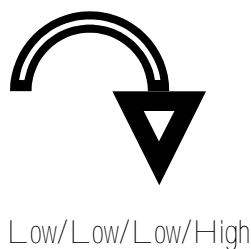
Other patterns are not as good:

High average need scores
High amount of help needed
Low amount of help received
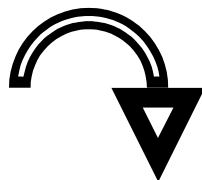
Caution! The meaning of other patterns can be somewhat ambiguous, and require additional thought and care to avoid making unwarranted conclusions.

Comparing Type of Help and Amount of Help

Comparisons also can be made within sections of a Domain to identify areas that are problematic. For example, a woman may report high satisfaction with the "type" of help she is receiving with her employment-related needs, but low satisfaction with the "amount" of help. This would indicate that she either needs "more" or "less" of the help that she is receiving. As another example, a woman might report that she feels little need for help with employment from friends and relatives and also receives little assistance from them; but she also might report that she has "a lot" of need for professional assistance in this area and yet receives "none." This would indicate a mismatch between amount "needed" and "received" from professionals but not from friends and family.

An important advantage of the WNA Protocol is that it allows you to identify areas of need in which women are being <u>overserved</u> or <u>inappropriately</u> served. For example, a woman might have a relatively low average score on the "Mental Health Services/Supports" Domain and might report low overall need for help (from friends/relatives and professionals). Yet, at the same time, she also may report receiving "a great deal" of help from friends/relatives and professionals in this area, as well as low satisfaction with amount of help received. This might indicate that she is being overserved. As another example, if a woman gives widely varying answers ("4" vs. "0") to Sections Two and Three, this may indicate areas of difficulty since,

ideally, one would want to see high need matching high receipt of assistance, and satisfaction with both type and amount of help received.

Descriptive Analysis

Keep in mind that you can use the WNA without computing any descriptive statistics. You simply might choose to list all of the needs the women indicated having in response to the items. You also could note whether there was consistency or inconsistency in the satisfaction items or in the items assessing whether help was needed and received from family/friends, and from professionals. There are many ways in which the findings can be described using language instead of computations; thus, one should not feel compelled to use numbers to interpret results.

Statistical Analyses

At the same time, you can enter WNA Protocol data into a number of statistical software packages and conduct a wide variety of statistical analyses. Doing so is particularly useful when you have collected background information via the Background Information Survey and Services Checklist about the women who have completed the WNA. T-test and chi square analyses can be used to look for differences between different types of women on levels of need, agreement between satisfaction with amount and type of help received, and a host of other factors. If you are unfamiliar with conducting this type of analysis, it is best to obtain the services of a professional researcher with expertise in the area statistical analyses.

Descriptive Language or Descriptive Statistics?
Both are acceptable when interpreting your results!

Summary

The WNA Protocol can be analyzed in a number of ways using descriptive language, hand calculations, or computer-generated statistics. The Protocol has been designed to be flexible and to respond to a variety of sophistication levels when it comes to data analysis and interpretation. However, even very simple descriptive and comparative analyses can yield information and findings that are useful and informative for a variety of purposes. This is the topic of the final chapter.

Chapter V : Summary and Conclusion

In this chapter, we discuss various applications
of the WNA in order to make maximal use of the
Protocol's flexible, modular design. Potential
users of the data generated by the WNA, including
consumers/survivors, advocates, service providers,
policy makers, and other mental health stakeholders,
are identified. Finally, we conclude with a discussion
of how the information collected can be applied in
real-world settings to impart a wider familiarity with
issues especially relevant to women's personal experiences.

Ways to Use Information Gathered Through the WNA Protocol

The WNA was created to elicit the kinds of information needed to improve the lives of women with psychiatric disabilities, both inside and outside of the treatment and rehabilitation systems. One important use of the WNA Protocol is to collect data that can be used in advocacy efforts on behalf of women with mental health problems. Data can be gathered regarding women's need for services, funding for such services, and peer-operated programs, particularly those which are run by and for women. If you demonstrate that unaddressed needs exist, this information can be used to help persuade policy makers and administrators to consider reforms that benefit women's health.

There are many potential uses for the WNA data in mental health and rehabilitation service delivery settings. The most obvious is to improve existing programs for women clients by filling the gaps in service delivery approaches where women's special needs are not addressed. Another use for WNA information is to increase service providers' understanding of women's unique needs, especially the needs of under-served groups of women, including those who are older, members of racial and ethnic minority groups, trauma survivors, lesbian/bisexual/ transgendered women, and others. Another use in programmatic settings is for program evaluation efforts aimed at objective assessment of how well service recipients' needs are being met. Especially important to program enhancement is the ability to identify where women feel they are being <u>overserved</u>, since reducing staff effort in these areas (following careful consideration and discussion) can allow services and supports to be shifted to <u>new services and programming</u> without imposing undue burden on staff or other resources. WNA survey results also can be used to plan staff in-service training focused on areas targeted by the Protocol's different Domains.

Information from the WNA also can be used by individual clinicians to broaden and deepen their therapeutic relationships with female clients. At the beginning of a clinical relationship, parts of the WNA can be administered as an assessment or intake tool, allowing the therapist to gain familiarity with a wide range of a client's experiences. Even ongoing clinical relationships can benefit from use of the WNA, given that the women who participated in developing the items for the survey revealed that many of the topics were ones they had never discussed with their case managers or psychiatrists. An issue first raised by the administration of the Protocol may lead to a client's willingness to disclose aspects of her personal life that rarely are discussed, yet affect her mental health.

Members of family organizations seeking to better understand how to support and work together with consumers can use the WNA to gain important information regarding women's familial needs. Particularly relevant here is information regarding how family members can support women consumers/survivors' self-determination and recovery. Moreover, family-run and peer-operated organizations can use the WNA to gather information that enables them to engage in joint advocacy efforts to influence public policy for women with psychiatric disabilities.

Use the WNA as a tool to:
- *Advocate for funding*
- *Improve existing services*
- *Better understand the gender-specific needs of women*
- *Strengthen clinical relationships*
- *Evaluate the effectiveness of programs*
- *Facilitate family understanding*

Because of its modular design, the WNA Protocol meets a variety of purposes. You can administer single Domains, selected multiple Domains, or the entire Protocol. Depending on time and resources, items can be omitted without compromising the instrument, given that no

claims are made for its internal validity or various forms of reliability. The only claims asserted on behalf of the Protocol include its <u>comprehensiveness</u> and its <u>participatory formulation</u> insofar as it represents the views of the women in the project interviews, focus groups, and national Working Group who assembled it. In other words, it covers areas of concern thought by women consumers/survivors, providers, advocates, researchers, and family members to be especially relevant to women with psychiatric disabilities.

Use the WNA in these Real World Settings:

Peer-run programs   *Self-help organizations*
Community mental health centers   *State mental health systems*
Private practice settings   *Family organizations*
Rehabilitation agencies   *Forensic settings*
Psychiatric and inpatient settings   *Addiction centers*
University counseling programs   *Church-facilitated support groups*

This is a partial listing representing only a fraction of the potential venues in which the results from the WNA Protocol could be applied.

Summary

In this chapter, we presented various uses for the WNA Protocol in a variety of real-world settings. Potential users of the WNA survey results were identified, along with various ways of imparting to the field a wider familiarity with issues relevant to women's own lives. The convenient, flexible nature of the Protocol was highlighted, with an emphasis on how it could be tailored to fit multiple purposes. We hope that dissemination of this Needs Assessment Protocol and Documentation Manual will encourage others to widen their appreciation of women's unique experiences and mental health needs.

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Assessing the Needs of Women with Psychiatric Disabilities:
Needs Assessment Protocol and Documentation Manual

Appendix

Women's Background Information Survey

Women's Background Information Survey

Tell Us About Yourself (Don't Worry, This is Confidential & Can't Be Connected with You)

CIRCLE OR CHECK <u>ONLY ONE</u> ANSWER FOR EACH QUESTION

1.   What is your birth date?   Day:

                                                              Month:

                                                              Year:

2.   Which of the following groups best describes you?

.... American Indian/Alaska Native   1

.... Asian/Pacific Islander   2

.... Black/African American   3

.... Latina/Hispanic (Mexican, Cuban, Puerto Rican, Chicana, etc.)   4

.... White/Caucasian (non-Latina/Hispanic)   5

           Other. Write in your response: _____

3.   What language do you speak most of the time?

.... English only   1

.... Both English and Spanish   2

           Both English and another language.   Write in other language: _____

4.   What is your sexual orientation?

.... Heterosexual ("straight")   1

....Lesbian   2

.... Bisexual (attracted to both women and men)   3

           Other. Please specify: _____

Women's Background Information Survey

CIRCLE OR CHECK <u>ONLY ONE</u> ANSWER FOR EACH QUESTION

5.	What is your current marital status?

....Never Married	1

....Married	2

....Living together as Married	3

....Separated	4

....Divorced	5

....Widowed	6

6.	What is the highest grade in school that you completed?

.... Less than high school degree	1

....High school diploma or GED	2

....Some college	3

....Completed Associates Degree	4

.... Completed college (B.A. or B.S.)	5

.... Some graduate school	6

....Completed graduate school (M.A., Ph.D., M.D., etc.)	7

7a.	What is your religion now?

....Catholic	1

.... Protestant	2

....Jewish	3

....Muslim	4

.... Atheist or agnostic	5

....None	6

	Other. Write in your religion here: _____

7b.	On average, how many times per month do you attend worship services? _____ times per month

Women's Background Information Survey

CIRCLE OR CHECK <u>ONLY ONE</u> ANSWER FOR EACH QUESTION

8.   What is your current residence?

.... Single Family Home - alone or with others   1

.... Supervised Apartment with other consumers/clients   2

....Unsupervised Apartment alone or with roommate   3

....Group Home   4

.... Board and Care Facility   5

....Shelter   6

Other.   Please describe: _____

9.   Have you ever been homeless for one or more nights, including having to sleep in a car, on the streets, in a

shelter, etc.?   YES   NO

10a.   How many times have you been pregnant, including "0" if never? _____

10b.   How many children have you given birth to, including "0" if none? _____

11.   For how many children are/were you a **primary** caretaker, including children you take care of right now,

including "0" if none?   _____ child/children

12.   If you are raising your kids, are you a single parent?   YES   NO   I HAVE NO KIDS

13.   If you are raising your kids, do you receive help from anyone in raising them, such as from the children's

father, grandparent, aunt/uncle, etc.?   YES   NO   I HAVE NO KIDS

Women's Background Information Survey

CIRCLE OR CHECK <u>ONLY ONE</u> ANSWER FOR EACH QUESTION

<u>(Remember, This is Confidential and Cannot be Connected with You as a Person)</u>

14.   What have you been told is your **<u>primary</u>** psychiatric diagnosis?

(CIRCLE ONLY THE ONE THAT IS YOUR MAJOR OR PRIMARY DIAGNOSIS)

....Schizophrenia   1

....Schizoaffective Disorder   2

.... Manic Depression, Bipolar, or Affective Disorder   3

....Major Depression   4

.... Anxiety Disorder (such as Panic Disorder, Obsessive Compulsive Disorder, etc.)   5

....Dissociative Disorder (such as Multiple Personality, Dissociative Amnesia, etc.)   6

 ....Personality Disorder   7

.... Don't know   8

        Other.   Write in the diagnosis: _____

15.   Have you **<u>ever</u>** been told or do you think that you have a Substance Abuse Disorder, or a problem with

        using alcohol and/or illegal drugs?   YES   NO

16.   Are you taking prescribed medication for your mental illness right now?   YES   NO

17.   Have you ever been admitted to a hospital for psychiatric reasons?   YES   NO

            If yes, how many times: _____ total times

18.   Are you currently receiving mental health services, such as case management, therapy, day treatment,

        drop-in center, etc.?   YES   NO

Women's Background Information Survey

CIRCLE OR CHECK <u>ONLY ONE</u> ANSWER FOR EACH QUESTION

19.   What is your **current** total level of income each year, including Social Security and Disability, Public Aid, food stamps, housing subsidy, alimony, child support, and loans? (Individual income only, not household income.)

.... Under $4,999 each year	1
.... $5,000 to 9,999 each year	2
.... $10,000 to 14,999 each year	3
.... $15,000 to 19,999 each year	4
.... $20,000 to 24,999 each year	5
.... $25,000 to 29,999 each year	6
.... $30,000 to 34,999 each year	7
.... $35,000 to 39,999 each year	8
.... Over $40,000 each year	9

20.   Are you currently earning any money through a job?   YES   NO

21.   Are you employed:

....Full-time	1
....Part-time	2
.... Hourly/Temporary Jobs	3
....Not Working Right Now	4

22.   If you have a job, please describe your work here: _____

_____

_____

23.   If you are working, how much money are you earning **per hour**? _____dollars

Women's Background Information Survey

24.   Please circle **ALL** of your current income sources (outside of income you may receive from your job):

....Supplemental Security Income (SSI)   1

.... Social Security Disability Income (SSDI)   2

.... Public Aid   3

....Family   4

....Friends   5

        Other. Specify: _____

25.   Are you in school right now (GED, city college, university, etc.)?   YES   NO

Services Checklist

SERVICES CHECKLIST

Which of the following services have you used one or more times **during the past 6 months**?

CHECK <u>ALL</u> THAT APPLY.

_____   Doctor for **physical health** check-up or concerns

_____   Dentist

_____   Self-Help Group (such as AA, NA, DMDA, Recovery, GROW, a sexual abuse survivor group, etc.)

_____   Psychiatrist, Social Worker, or Therapist

_____   Mental Health Center/Clinic or Rehabilitation Program

_____   Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or other Public Aid.

_____   Crisis Hotlines

_____   Emergency Room or Crisis Intervention Service

_____   Psychiatric Hospital

_____   Partial Hospitalization Program

_____   Supervised or Supported Housing Program

_____   Homeless Shelter

_____   Domestic Violence Shelter

_____   Substance Abuse Treatment

_____   Legal Aid or Legal Assistance Foundation

_____   Job Training or Vocational Program

_____   Alternative Therapy or Treatment (such as massage, homeopathy, vitamins, home remedies, etc.)

_____   Other   (Please describe): _____

UIC NRTC
Women's Needs Assessment Protocol

UIC NRTC Women's Needs Assessment Protocol

DOMAIN 1: Recovery

Interviewer: **"Women have many ideas about what they need in order to recover from their emotional problems. ***By recovery, I mean recuperating or healing from their emotional difficulties.**

I'm going to read you a list of statements regarding recovery. Please listen to each statement, then respond using the options on this card (RESPONSE CARD ONE)."

I need services that focus on recovery.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need services that build on my strengths, not just my weaknesses.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to learn how to stand up for myself as part of my recovery.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be allowed to take risks as part of my recovery.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need people to ask me what I need in order to recover.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be allowed to make my own mistakes as part of my recovery.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about all the concerns, if any, you just expressed in regards to recovery. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to help with your recovery?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to help with your recovery?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to help with your recovery?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to help with your recovery?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: **"Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."**

In general, how satisfied are you with the <u>type of help</u> you receive to help with your recovery?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to help with your recovery?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 2: Mental Health Services/Supports

Interviewer: "Women have a lot of different experiences and opinions about the services and supports they have received for their emotional problems. Women often talk about both good and bad things regarding their treatment. I'm going to read you a list of statements about mental health services. Please listen to these statements and tell me how you feel using these responses as options (RESPONSE CARD ONE)."

I need mental health providers to ask my permission to discuss my emotional problems with my family.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need providers to ask my permission to discuss my emotional problems with my intimate partner.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need providers to ask my permission to discuss my emotional problems with my friends.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to feel safer when receiving mental health services.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more choice in the kinds of mental health services I receive.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my mental health service providers to respect my wishes even when they don't agree with them.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need the chance to be more actively involved in my own treatment.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health providers from my own cultural and ethnic backgrounds.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more access to mental health self-help or peer-support groups.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need greater respect for confidentiality in my mental health treatment.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health providers to respect my cultural beliefs.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help developing a plan to avoid being psychiatrically hospitalized.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help developing a plan for when I'm in emotional crisis and can't make my own treatment decisions.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need information on help I can receive outside of the mental health system for my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need people to accept my choice to use alternatives to the mental health system to deal with my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(HOSPITALIZATION – Questions Only for Women who have been or are Hospitalized)

NOTE! The following items refer to hospitalizations as a result of psychiatric or emotional crises/problems.

I need help feeling safe when I'm in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need people to visit me while I'm in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my child(ren) to visit me in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need hospitals to have more flexible visiting policies.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need someone to help me develop a plan for times in the hospital when I'm unable to make my own decisions.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to know that I won't be restrained when I'm in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to know that I won't be secluded when I'm in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to know that I won't be forced to take medications when I'm in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be asked about how I prefer to be treated when I'm in crisis in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need hospital staff to explain hospital procedures to me.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about all the concerns, if any, you just expressed in regards to mental health services and supports. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> in getting the type of mental health services and supports you desire?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> in getting the type of mental health services and supports you desire?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> in getting the type of mental health services and supports you desire?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> in getting the type of mental health services and supports you desire?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive in getting the type of mental health services and supports you desire?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive in getting the type of mental health services and supports you desire?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 3: Discrimination

Interviewer: **"Many women experience different types of discrimination at some point in their lives. Please respond to the following statements about your experiences using these response options (RESPONSE CARD ONE)."**

I need mental health services that make me feel good about myself as a woman.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health services that make me feel good about myself as a woman of color.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health providers to respect my age.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health providers to respect my gender.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health services that respect my lesbian/bi-sexual/transgender preferences.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health providers to respect my sexual orientation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help accepting my emotional problems without feeling shame.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health services that respect my spiritual beliefs.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my religious community to accept my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: "Now, think about all the concerns, if any, you just expressed in regards to discrimination. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with discrimination?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with discrimination?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with discrimination?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with discrimination?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with discrimination?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with discrimination?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 4: Vocational Concerns

Interviewer: "Women have many different ideas about working and looking for work. Some women have had good experiences and some, bad. I'll read you a list of statements regarding employment and you tell me how you feel using these response options (**RESPONSE CARD ONE**)."

I need my desires for a career to be taken seriously.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need job options outside of traditional "women's work," or work other than secretarial, waiting tables, childcare, and house cleaning jobs.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need access to job training programs.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help finding a job.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help finding a better job.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help keeping a job.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Outside Employment - Questions Only for Women Working Outside of the Home)

I need help managing my emotions at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help deciding whether or not to tell people at work about my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing my fears of telling people at work about my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing co-workers' possible negative reactions to revealing my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a boss who is sympathetic to women.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a woman mentor at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need women role models at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help balancing my work and home lives.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting a promotion at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more control over whether I do "women's work," such as secretarial work or housekeeping, at my job.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing co-workers who are interested in me sexually at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help handling conflict at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: "Now, think about all the concerns, if any, you just expressed regarding work. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your work concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with your work concerns?
0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your work concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your work concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your work concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your work concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

Interviewer: "Women have a lot of different opinions about their relationships with other people. Women often talk about both good and bad things in their relationships. I'm going to read you a list of statements about relationships. Please listen and respond to each statement using one of these options (RESPONSE CARD ONE)."

I need female friends.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need friends outside of the mental health system.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need female friends outside of the mental health system.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need friendships with other people who have had emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need friendships with other women who have had emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with fear of close relationships.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be treated as an equal in intimate relationships.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need an intimate partner.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help learning what a healthy relationship is.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to manage dating.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need the kind of friends willing to help me during a crisis.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Family Relationships – Questions Only for Women in Touch with their Families)

I need my family to respect my decisions.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting my family to respect my decisions.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my family to understand my illness.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my family to support my recovery.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my family to support my mental health treatment decisions.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Intimate Relationships – Questions Only for Women with Intimate Partners)

I need my intimate partner to treat me as an equal.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my intimate partner to understand my mental illness.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help being more assertive in intimate relationships.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Sexual Orientation – Questions Only for Women who are Lesbian, Bisexual, or Transsexual)

I need mental health professionals to respect my sexual orientation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need mental health professionals to involve my intimate partner in my care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: "Now, think about all the concerns, if any, you just expressed regarding relationships. Keeping these in mind, please answer the following questions, using the responses which are listed on this card (RESPONSE CARD TWO)."

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your concerns about relationships?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with your concerns about relationships?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your relationship concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your relationship concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your relationship concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your relationship concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 6: Safety and Abuse

Interviewer: "Many women have experienced violence at the hands of others. Others worry that they may experience violence. I'm going to read you a list of statements about abuse and violence, and ask you to respond to each with one of the options on this card (RESPONSE CARD ONE)."

I need to learn how to avoid abusive situations.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to learn how to trust my own feelings.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to learn how to physically protect myself from attack.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help feeling less physically vulnerable when I'm experiencing psychiatric symptoms.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Abuse History – Questions Only for Women with Childhood or Adult Abuse Histories)

I need mental health professionals to believe my abuse experiences.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need hospital staff to be sensitive to my abuse history.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to feel safer around other patients in the hospital.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting my family to acknowledge that I've been abused.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting my peers to acknowledge that I've been abused.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting my intimate partner to acknowledge that I've been abused.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help avoiding physical abuse when I'm experiencing psychiatric symptoms.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Because of my abuse history, I need help learning how to be less vulnerable when I'm experiencing psychiatric symptoms.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: "Now, think about all the concerns, if any, you just expressed in regards to abuse and safety. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your concerns about abuse or safety in your life?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with your concerns about abuse or safety in your life?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your concerns about abuse or safety?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your concerns about abuse or safety?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your concerns of abuse or safety?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your concerns of abuse or safety?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 7: Housing

Interviewer: "Women have different ideas about their housing situations. Some feel good about where they live, while others have experienced problems. Please respond to these statements about your own housing situation with one of the responses listed on this card (RESPONSE CARD ONE)."

I need more privacy in my living situation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need housing where I can live with my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need housing where I feel physically safe.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to live in a safer neighborhood.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need support to live the way I choose.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to make my own decision about whether to have a roommate.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to make my own decision about whether to live alone.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need housing that isn't controlled by mental health service providers.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need housing where I can choose to have a pet.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help learning how to better take care of my home.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about all the concerns, if any, you just expressed regarding your housing. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your housing situation?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with your housing situation?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your housing situation?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your housing situation?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: **"Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."**

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your housing situation?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your housing situation?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

Interviewer: "Women have many ideas about having and raising children. I'm going to read you a list of statements regarding parenting and raising children. Please listen and respond to each of the following statements using one of the response options on this card (RESPONSE CARD ONE)."

I need help in deciding whether or not to become pregnant.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need information about the effects of alcohol on pregnancy.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need information about the effects of psychiatric medications on pregnancy.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need information about the effects of smoking during pregnancy.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help dealing with whatever I decide in regards to becoming a parent.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need someone to talk to about the effects of psychiatric medications during pregnancy.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need someone to talk to about the effects of psychiatric medications on nursing/breast feeding.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with my feelings of loss related to being childless.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Mothers – Questions Only for Mothers)

I need my child(ren) to understand my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my child(ren) to accept my emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a way to take a break from my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need people to help take care of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need people to take care of my child(ren) in last minute situations.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help finding affordable day care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help finding safe day care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting financial support from my child(ren)'s father(s).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my child(ren)'s father(s) to be more involved in childcare.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to talk to other mothers with emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help raising my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with my parenting skills.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need information about what is normal behavior for child(ren) at different ages.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to receive services together with my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to learn how to discipline my child(ren) effectively.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with managing my anger around my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with my fear of being judged as a bad parent.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help in deciding whether or not to be the primary caretaker of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help for substance abuse problems so that I can keep my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help staying in touch with my child(ren) while I'm in the hospital for emotional problems.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I needed help staying in touch with my child(ren) when I was in jail/prison.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I needed help staying in touch with my child(ren) when I was in drug treatment/rehabilitation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

(Custody – Questions Only for Mothers with Custodial Issues)

I need to get mental health treatment without the threat of losing custody of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help with my fears about losing my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help deciding about giving up my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a peer to talk to about losing custody of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a counselor to talk to about losing custody of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to regain custody of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to visit my child(ren) who no longer live with me.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a lawyer to talk to about custody-related matters.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to maintain custody of my child(ren).

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about all the concerns, if any, you just expressed about parenting. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with parenting concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with parenting concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with parenting concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with parenting concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: **"Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."**

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your parenting concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your parenting concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

Interviewer: "Women have many different experiences or concerns about money and their financial situation. Some women say that they worry a lot about money while others say that they aren't concerned about their finances. I am going to read you a list of statements, and ask that you respond using one of the following options (RESPONSE CARD ONE)."

I need more money to feel good about the way I look and dress.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money for transportation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money to care for other people who depend on me.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to make as much money as men make at work.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need money for job training.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need money to get more education.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money for housing.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money to improve my housing situation.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting health care because I don't have any.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to afford better health care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money to pay for things not covered by my health care plan.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money to pay for the medications my health care plan doesn't cover.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money to pay for dental care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing the anxiety I feel because I don't have enough money.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Because I've gone without things in order to provide for my family, I need more money.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

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Because I've gone without things in order to provide for my child(ren), I need more money.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need more money from my child(ren's) fathers.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about the concerns, if any, you just expressed regarding finances. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your concerns about money?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>relatives or friends</u> to deal with your concerns about money?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your concerns about money?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your concerns about money?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your money concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your money concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't receive help

DOMAIN 10: Physical Health

Interviewer: "Women have a variety of thoughts about their physical health. Some feel good about their health and medical care, while others do not. Please answer these questions about your own physical health with one of these responses (RESPONSE CARD ONE)."

I need help getting physical health care.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be able to see a woman doctor if I want to.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to be able to see a male doctor if I want to.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

As a woman, I need my physical health concerns to be taken seriously.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need my doctor to take my medical concerns seriously.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help finding a doctor who takes women's health concerns seriously.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need education about my physical health needs.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need to learn about the medications I take and how they interact with each other.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting mammograms.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help getting pap smears.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing my emotions when I get my period.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing my physical symptoms during my period.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing my emotions during menopause.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help managing my physical symptoms during menopause.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need help to have a more healthy diet.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

I need a doctor who is sensitive to people who have been abused.

1	2	3	4	0
Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Interviewer: **"Now, think about all the concerns, if any, you just expressed regarding your physical health. Keeping these in mind, please answer the following questions, using this response card (RESPONSE CARD TWO)."**

How much help do you <u>feel you need</u> from <u>friends or relatives</u> to deal with your physical health concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>friends or relatives</u> to deal with your physical health concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>feel you need</u> from <u>professionals or community services</u> to deal with your physical health concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

How much help do you <u>actually receive</u> from <u>professionals or community services</u> to deal with your physical health concerns?

0 = None   1 = A little   2 = Some   3 = A lot   4 = A great deal

Interviewer: "Now, using this response card (RESPONSE CARD THREE), please answer the following two questions."

In general, how satisfied are you with the <u>type of help</u> you receive to deal with your physical health concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't
receive help

How satisfied are you with the <u>amount of help</u> you receive to deal with your physical health concerns?

0 = Not at all   1 = A little   2 = Some   3 = A lot   4 = A great deal   5 = I don't
receive help

UIC NRTC Women's Needs Assessment
Survey Items
Developed via Participatory Process

UIC NRTC Women's Needs Assessment Survey Items
Developed via Participatory Process (1998)

Potential Items Related to Adequate Services and Supports

Gender-Specific, General Services Items
I prefer to have a female doctor.
I prefer to have a male doctor.
      OR It is important to me to choose the sex of my doctor.
I feel that doctors discount or dismiss my concerns because I am a woman.
I feel physically safe in my mental health program. Ask same question about hospital.
I feel emotionally safe in my mental health program. Ask same question about hospital.
Being in mental health programs can be frightening to me because of past abuse experiences.
Being in the hospital is frightening to me because of past abuse experiences.
      OR I feel worse when hospitalized because it reminds me of past abuse experiences.
Because I am a woman, providers have made me feel that I am complaining or nagging when I
  assertively express my opinions or needs.
It is important that my doctor/provider ask me if it is okay to discuss my problems with family members,
  my spouse/partner, friends, etc.

Non-Gender-Specific, General Services Items
Having a *choice* in my services is important to me.
I feel that I have a choice in my service delivery.
      OR I receive services that I feel I have chosen.
I receive services that I feel I need.
      OR I get the services *I* want, rather than services *others* think I need.
I would like the important people in my life to be involved in my treatment.
      OR I feel the important people in my life are included and involved in my treatment.
I feel my doctor(s)/service providers listen to my needs.
      OR I feel that doctors don't take my concerns seriously.
Doctors follow/comply with my decisions about my own care.
      OR Doctors follow my wishes about my own care.
      OR Even if my doctor disagrees with me, s/he still follows through with my wishes.
I take an active part in my treatment.
My discharge plan reflects my needs as I see them.
I feel my confidentiality is respected in all aspects of my treatment.
Self-help groups have helped me to function.
      OR Self-help groups have helped me to heal.
      OR Self-help groups have given me hope.
My dignity is respected in my treatment plan.
      OR My voice is respected in my treatment plan.
I am able to get concurrent treatment for substance abuse and mental health.
Among the treatment professionals I use, there are people of like cultural and ethnic background to me.
Among the clients in my program, there are people of like cultural and ethnic background to me.
There are support groups I can attend with people of like cultural and ethnic background to me.
It is important that providers respect my cultural beliefs.

<u>Non-Gender-Specific, Hospitalization Items</u>
I feel sad that visitors didn't come to see me when I was in the hospital.

I feel sad that important people were unable to visit me in the hospital because of restricted visiting
   hours.
I feel sad that important people were unable to visit me in the hospital because of age restrictions (for
   young children).
It is important that I am asked about "advance directives" before I go into crisis.
It is important that I am asked about my own treatment before I go into crisis.
It is important that someone (define: doctor/family/caseworker) listens to my needs when I'm in the
   hospital, etc.
It is important that I not be restrained and/or secluded when I am in the hospital.

Open ended: Have you been asked what would be helpful as you enter the hospital?
Open ended: What would have made your hospital stay easier?

Potential Items Related to Parenting and Child-Rearing

Pregnancy-Related
It is important for me to have help in deciding whether or not to become pregnant.
> **OR** I have someone to help me make an informed decision about being a mom (or
> keeping my children).
> **OR** I feel supported in my decision to become pregnant, even though it's a decision that
> most people don't want me to make.
People in my life think that becoming pregnant is a reasonable life goal for me.
I have someone in my life I can go to for support while I'm pregnant.
I have a (peer/professional/older woman/mentor) to talk to about not being a mom.
It is important for me to be able to talk about my sadness because I will never be a mother.
I have someone to discuss the way medications will hurt my unborn baby during my pregnancy/when I
   am nursing.
I have someone to educate me about (meds/drinking/smoking) and my pregnancy.
I have an advocate (define advocate) to link me to the extra supports I need when I'm pregnant.
I was able to get help for my substance abuse while pregnant.

Custody-Related
I am a mother and have given up my child.
I have a peer/professional to talk to about loss of custody.
I had supports to make a good decision about giving up my child.
I think so much about the loss of my child that I can't focus on my own mental health.
I would like to reunite with my kids.
It is important for me to have support in visiting my children who no longer live with me.
It is important for me to have access to lawyers and legal council around custody of my children.
I lost custody of my kids because I was in the hospital.
I lost custody of my kids because I was in jail/prison.
I lost custody of my kids because I could not find adequate housing.

I lost custody of my kids because I have mental illness.

Child-Rearing
I have family members (or other important people in my life) to rely on to help take care of my children.
Day care for my children is not available.
> **OR** I have someone to help me take care of my children when I need it.

I have the things I needed to keep my family together (housing/medical care/funding/family support).
I'm not getting any financial help from my child/ren's father.
> **OR** I am satisfied with the involvement of the father of my children in raising my kids.

I know other mothers in similar situations and can talk to them about what I'm feeling/experiencing.
I need help raising my children.
I need help developing my parenting skills.
It is important for me to receive information about child development and what is appropriate behavior in children.
It is important for me to have services that try to keep my children and me together.
It is important for me to have places to go where my children and I can receive services together.
I know how to discipline my children appropriately and constructively.
I feel comfortable with my ability to guide the behavior of my children without resorting to anger.
> **OR** I have help in learning to manage my anger when it relates to parenting.

I have a fear of being judged as a bad parent.
I am afraid of losing my children.
I have a fear of being forced into getting services that might break up my family.
> **OR** I'm afraid to receive treatment because I may lose my children.

I fear I'm more severely criticized for mistakes I make in raising my child because of my mental illness.
I'm afraid I may hurt my children when I'm in crisis/distress.
I was able to get help for my substance abuse while raising my kids.
> **OR** I have been able to get the substance abuse treatment I needed to keep my children/take care of my kids.

My children are important to me to help me stay well.
> **OR** It is important for me to feel better to take care of my family.
> **OR** I need to take care of myself in order to be there to take care of my children.

I enjoy caring for my child.
> **OR** Caring for my child has improved my own mental health.

I'm afraid I'll be blamed for my children's problems.
My kids don't understand my psychiatric problems.
> **OR** My kids have a hard time accepting my psychiatric problems.

I hurt when my children don't understand my mental illness.
I feel that my kids dismiss my guidance because of my mental illness.
I am proud of being a mother.
> **OR** I get recognition as a good mother.

It is important that I laugh with my children.
I believe parenting has made me more fulfilled.
It is important to me to be able to buy (nice things/gifts/treats) for my kids.
Options to refresh myself by having time away from my family would help me when I'm in distress.

I receive help from my mental health provider in achieving my goal to reunite with/take care of my children.

Potential Items Related to Relationships

Gender-Specific
It is important to me to have consistent friendships with other women.
It is important to me to be able to make friends with other women outside of the mental health system.
I am afraid of close relationships because of bad experiences/abuse in the past.
It's hard for me to trust others because of past abuse.
As a woman, I feel more responsible to maintain the relationship/do most of the work.
My partner treats me like an equal in our relationship.
My partner understands my mental illness.
I have been (taken advantage of/exploited/betrayed) in past relationships.
It is important for me to learn about what a healthy relationship is.
My desire to have a loving relationship with another woman is respected.
> **OR** It is important to me that my relationship with another woman is respected.
> **OR** It's important to me that my relationship with another woman is given the same respect and rights as other women's relationships with men.
My female partner/lover can visit me in the hospital just like everyone else.
I think that my family is overprotective of me because of my psychiatric disorder.
I am supported when I make individual decisions.
It is difficult for me to be assertive in my relationship because my partner feels threatened by it.
It is difficult for me to request that my needs as a woman be met in a relationship because my partner also faces discrimination in his every day life.
My family recognizes my independence as an adult woman.
I don't enjoy dating because other people want to get physical too soon.

Non-Gender-Specific
It is important to me to have close friends I can rely on when I'm in crisis.
I'm afraid loved ones will abandon me when I'm in crisis.
I worry that my family/friends no longer trust me because of my behavior when I was in crisis.
I have maintained long-term relationships during periods of wellness and instability.
I want to have a long-term relationship with a special person.
My family understands my illness.
My family actively supports my recovery.
My family and I see what is best for me in the same way.
My family members blame each other for my emotional distress.
My family (or other important people in my life) is a good source of support for me/stood by me.
The people who've helped me the most are (other consumers/people who shared similar experiences as me/peers).
I am (more "myself"/more comfortable) with other consumers.

Potential Items Related to Safety and Abuse

Mental health professionals believe me when I talk about my abuse.
When I was in the hospital I received support I needed around my abuse issues.

Staff have not intervened when other patients have threatened me.
I will not go to a hospital because I am afraid I will be a victim of violence/abuse.
I have been attacked by hospital staff.
> **OR** I have been inappropriately touched by hospital staff in ways that made me uncomfortable.

I have been attacked by other patients/clients.
I have been inappropriately touched in ways that made me uncomfortable by other patients/clients.
I have been verbally abused by staff.
I have been verbally abused by other patients/clients.
I have been threatened with violence by staff.
I have been threatened with violence by other patients/clients.
Bed restraints make me feel in greater danger.
It's hard to find a safe place to be alone when I really need to be by myself.
I would like a safe unlocked quiet room to be available to me when I need to be alone.
I have lost my dignity at the hands of providers.
When I am in distress I am more vulnerable to being attacked.
When I am hearing voices I am more vulnerable to being attacked.
When I am responding to audio/visual hallucinations I am more vulnerable to being attacked.
When I am experiencing high anxiety I am more vulnerable to being attacked.
Family members do not believe me when I talk about my past/current abuse.
If I talk about my abuse I will lose support of my family.
I have lost family members after my past abuse experiences came to light.
My family members blamed me because I was the victim of abuse.
I have learned how to avoid abusive situations.
Recovering from my abuse has made me a stronger person.
I have received help to learn how to trust my own feelings.
The following things have been helpful in my recovery from abuse/trauma/violence:
- being believed
- learning about "normal" relationships
- finding someone to listen
- learning how to trust
- learning how to be safe
- knowing that I have the right to be safe
- learning how to protect myself
- peer support groups
- spirituality/faith
- alternative healing methods

My physical health problems as a result of past abuse are being addressed.
I've learned how to use different ways to protect myself from attack.
I feel helpless in the hospital.
My feelings of helplessness/vulnerability have made it easier for others to take advantage of me.

Potential Items Related to Vocational Concerns

Gender-Specific
I am only given opportunities for gender stereotypical jobs.
> **OR** I am only given opportunities to do "women's work."

My desires for a career are not taken seriously as a woman.

My need for day care options have been met.
          OR I have been able to make good day care arrangements so I can work.
I have the skills to resolve conflicts with my supervisor without being dismissed as an "hysterical/weak"
   female.
I am afraid that if I disclose my psychiatric disability I will be regarded as an incompetent/weak female.
Co-workers/supervisors have made sexual advances towards me at work.
I'm afraid that I will be denied opportunities for advancement if I don't have sex with my boss.
I'm afraid that I will be denied opportunities for advancement because I am a woman with mental illness.
My colleagues/coworkers make degrading comments about women to me.
I have so many home responsibilities that it is negatively affecting my work.
I worry I can't be a good mother and a good worker.
I have women role models at work.
          OR There are women at work who I can look up to.
I have been given the opportunities for advancement at work.
A women mentor at work would be helpful for me.

Non-Gender-Specific
I am only given opportunities for low paying jobs, which keep me dependent on benefits.
My aspirations for a nontraditional high paying career have been supported by my vocational program.
My aspirations for a nontraditional high paying career have been supported by my family.
I have received support with developing relationships at work.
I am afraid that if I disclose my psychiatric disability I will lose employment opportunities.

Potential Items Related to Financial Concerns

Gender-Specific
As a woman, I have experienced the financial burden of caring for others in my life.
Because I'm a woman, I feel it's harder for me to make ends meet.
I have used sex to obtain things that I need.
I do not have enough money to look nice, which makes me feel badly about myself.
I do not have enough money to eat healthy foods, which affects the way I feel about my body.
I have gone without food to feed my children.
I do not receive financial child support from the father of my children.
Even though I receive food stamps/public aid, I do not have enough resources to raise my children.
I have gone without new clothes to provide clothes for my children.
I have gone without health care in order for my children to receive medical attention.
It is important to me that I have enough money to find safe housing for myself (and my kids).

Non-Gender-Specific
If I had enough money everything would be better.
I worry about becoming homeless because I don't have enough money.
Lack of transportation is one of my most difficult problems.
I do not have enough money to do special things for myself.
I feel that even though I do not have enough money, I like the way I present myself.

I feel that even though I do not have enough money, I am proud of the way I can keep myself
   together.
I feel sad that others do not see the value in my purchasing nice things for myself.
I am proud of my strength to make it on very little money.
I do not have enough money to get the health care I need.
I do not have enough money to get eyeglasses.
I do not have enough money to get dental care.
I can't get a good job because I don't have enough money to look nice.
I feel better about myself when I receive a paycheck.
I do not have enough money for training to get a better job.
I do not have enough money to enhance my education to get a better job.

Potential Items Related to Housing and Independent Living

Gender-Specific
My need for privacy as a woman in my living situation is not seen as important.
It's difficult for me to find good housing where I can live with my kids.
I have somewhere to live that allows my children to reside with me.
My mental health program won't let me live with my children.
It is important for me to have a housing situation where my children can visit me regularly.
I feel threatened by others in my living situation.
        OR I feel safe in my current living situation.
        OR I am comfortable alone in my house/home.
I feel safe in my current neighborhood.
        OR I am comfortable walking in my neighborhood.
If I don't feel safe, and ask for help, people respond.
People question my abilities to live on my own as a woman if I don't keep my house clean.
People think that I should be good at housekeeping because I am a woman.
I am judged more harshly when it comes to the cleanliness of my home because I am a woman.
People think I'm weak when I live with my family.
People think I'm not able to live alone when I'm living with my family.

Non-Gender-Specific
My need for privacy in my living situation is not respected.
If I want privacy I can have it.
        OR If I want privacy I am able to get it.
It is important that I have my own bathroom.
        OR It is important to have more private time in the bathroom.
It is important that I get to choose with whom I live (even if I live alone).
I want to live with people who are important to me.
It is important that I get to choose where I live.
It is important to me to find/have a safe place for my family and me.
It is important for me to have housing that is entirely separate from my mental health treatment.
Even if I *choose* to live with someone/family, people perceive me as being *unable* to live alone.
My housing choices are limited by my income.
I have someone to teach me how to take care of my home.
I have the support I need to live the way I choose.
When I'm feeling alone, I can find others to spend time with.
I have friends (family or supports) to contact.

I'm allowed to have pets in my current living situation.
Having a pet is important to me.
I'm aware that in some situations I can have my doctor write a prescription for a pet to live with me.

Potential Items Related to Physical Health

Gender-Specific
I get a mammogram/pap smear every year (to protect my health).
> **OR** It's important to me to get a mammogram/pap smear every year (to protect my health).
> **OR** My need for regular pap smear/mammogram is met by my doctor.

I understand the changes I am experiencing/will experience because of menopause.
I need help in understanding how my physical changes due to menopause are interacting with/affect
  my mental illness.
I see an ob/gyn regularly (for female concerns).
I am worried about seeing a doctor because he/she may not believe my history of past abuse.
I am worried about seeing a dentist because of my past experiences of abuse.
I feel physically worse when I have my period.
My mood changes when I get my period.
The food that is available to me does not meet my physical health needs (crave iron during period; need
  better nutrition when pregnant or nursing).
The food available to me does not help me look and feel healthy.
I am not able to afford over-the-counter (OTC) medications that help me manage menstrual and pre-
  menstrual symptoms.
I am able to take care of my dietary needs during menstruation.
I am able to take care of my dietary needs during lactation.
I am able to take care of my dietary needs during pregnancy.
Because I'm a woman, I don't feel that I am taken seriously when I report having physical
  pain/problems.
My doctor/provider treated me poorly when he/she found out I am a woman with mental illness.

Non-Gender-Specific
I see a doctor regularly.
It's important that people treat my physical needs as separate from my mental health needs.
I want a *medical* doctor to treat my physical concerns/needs (as opposed to my psychiatrist).
I feel I have received adequate education regarding my physical health needs.
I have received adequate education about how medications I take for mental health problems interact
  with medications I take for physical health problems.
I get the food I need.
My dietary needs/requests are not respected/honored (in group home/hospital).
It is important to have access to the ethnic foods I enjoyed as a child.
It is important that I am believed when I say I have a physical health concern.

Potential Items Related to Discrimination and Stigma

Here, women considered the effects of *internal* and *societal* discrimination/stigma.

Gender-Specific
I think less of myself as a woman because I use/rely on mental health services.
The important people in my life expect me to take care of them...
       even when I'd like them to care of me.
       even when I'm having trouble caring for myself.
       even when I need help myself.
People reject me because I am a lesbian or bisexual.
People reject me because of my gender.
My treatment is respectful of my (ethnicity/race, age, sexual orientation, gender) related needs.
Mental health providers are uncomfortable because I prefer to form intimate or sexual relationships with
  other women.
I feel that my diagnosis relates more to my lesbianism or bisexuality than my mental health problems.
I feel that my diagnosis relates more to my being a woman than my mental health problems.
I feel that my diagnosis relates more to my being a woman of color than my mental health problems.

Non-Gender-Specific
I think less about myself because I have a diagnosis/mental illness.
      OR I think less about myself because I have emotional problems.
      OR I think less about myself because I have emotional difficulty.
Others think less of me because I use mental health services.
I have to work twice as hard to be considered half as good. (slogan from some group)
      OR I try to be exceptional because I feel I am not even average. (another slogan)
People make judgments about me based on the color of my skin.
People reject me because of my skin color.
People reject me because of my age.
Because I'm (Black, Latina, Asian, Lesbian, etc.), adequate help is not offered to me.
If I'm in a mental health clinic, I will be the last to get an appointment because of my skin color.
I feel my diagnosis relates to the color of my skin.

Potential Items Related to Rehabilitation and Recovery from Mental Illness

Gender-Specific
I have a woman with whom I speak, and she helps me feel better about myself.
      OR I have a woman in my life whom I wish to be like.
      OR There are women that I look up to.
      OR There are women who I respect.
It is important to talk with other women who share my experiences (in the mental health system).

The next 3 items may be viewed differently by women of different cultures:
I feel good when I tell someone what's important to me.
I feel good when I stand up for myself.
It is important to me that I learn to stand up for myself.

Open-ended: What is/was the key to your recovery as a woman?

Non-Gender Specific
I think that faith/spirituality is important.
My faith is important to me.
   OR My faith helps me to feel better/to feel whole.
   OR My faith gives me strength to go on.
   OR Church activities are important for my healing.
   OR Spiritual beliefs are important for my healing.
   OR Prayer helps me feel better.
I feel that my faith community doesn't accept me because of my mental illness.
It is important that my family understands me.
I feel that I am allowed to take risks.
I feel that I am allowed to learn from my mistakes.
Being able to take care of my needs is important to me.
People ask me what I need to recover.

Bibliography of Suggested Women's Literature

Bachrach, L.L., & Nadelson, C.C. (1988). *Treating chronically mentally ill* *women.* **Washington, D.C.: American Psychiatric Press, Inc.**

This book distinguishes the special concerns and needs of women being treated by the mental health system. Examples of gender differences in mental illness and subsequent treatment are explored. In addition, research data and clinical findings concerning the treatment and outcomes of women with persistent psychiatric disabilities are discussed.

Chernomas, W.M., Clarke, D.E., & Chisholm, F.A. (2000). Perspectives of women living with schizophrenia. *Psychiatric Services, 51*(12), 1517-1521.

In this paper, 28 women who have identified themselves as having schizophrenia or schizoaffective disorder, reported on their illness in the context of their life stages and corresponding health needs. This particular group said they struggled most with multiple losses, social stigma, limited interpersonal contacts, and poverty. In addition, they felt that significant issues were being ignored in the clinical setting in favor of an illness-focus. As a result, the women reported having a diminished quality of life, self-esteem, and sense of control.

Chesler, P. (1997). *Women and madness* **(3rd ed.). New York: Four Walls Eight Windows.**

In Women and Madness, Chesler argues that patriarchy has shaped society's definitions of madness, and that psychiatry is used as a form of social control. She demonstrates that women are defined as mad when they deviate from sex role stereotyping. Women who exhibit what are perceived by society to be traditional male traits - independence, self-assertiveness, and dominance - often are typed as mentally ill. Women whose behavior typically is more feminine - passive, underachieving, retiring - are labeled as depressed and/or compulsive. Chesler also explains how sex, class, race, and marital status affect the likelihood of a woman being labeled as mad, and further determine her actual diagnosis or "type" of madness.

Cogan, J.C. (1998). The consumer as expert: Women with serious mental illness and their relationship-based needs. *Psychiatric Rehabilitation Journal, 22*(2), 142-154.

In this study, women consumers of community support mental health services are experts of their own needs. Cogan interviewed 25 women to examine what support they needed to deal with relationship difficulties, and whether their needs were met by community

support services. It was found that many women needed help with emotional abuse within relationships; accessing information about contraception, pregnancy and sexually transmitted diseases; different forms of sexual abuse; and child custody issues. Cogan suggests that these issues should be considered in an effort to create a more woman-centered treatment approach.

Dan, A.J. (Ed.). (1994). *Reframing women's health: Multidisciplinary research and practice.* Thousand Oaks, CA: Sage Publications.

The contributors of this book represent the specialties of sociology, psychology, psychiatry, family medicine, nursing, and health sciences. Taking a multidisciplinary approach, the authors present an insightful exploration of the theoretical and practical advances in women's health care. They begin by examining the various shapes that a new framework in women's health might assume. Issues such as using the male experience as the norm, reducing women to merely reproductive entities, and promoting the notion of biological primacy are addressed. In Section Two, the argument for reframing women's health in the sociopolitical arena is examined, with discussions regarding women in the Third World and the integration of women's health into health care reform. Part Three examines significant issues dealing with reproduction and sexuality, while Part Four focuses on the impact of violence and abuse. Part Five presents clinical, behavioral, and feminist research issues, as well as legal perspectives. The book's conclusion covers practical issues, such as provider-patient relationships, weight control, services for women with disabilities, and lesbian health care.

Grobe, J. (Ed.). (1995). *Beyond bedlam: Contemporary women psychiatric survivors speak out.* Chicago: Third Side Press.

Here, more than two-dozen women share their experiences while "incarcerated" at psychiatric institutions in the US, Canada, England, and Mexico. Through letters, personal narratives, and diary excerpts, the women describe how they were mistreated, how they escaped, how they live now, and why the mental health system must change. A critique of the psychiatric establishment, its diagnostic methods, and treatment of women is offered. Also, a bibliography, index, and a list of organizations and other resources for psychiatric survivors are included.

Harris, M., & The Community Connections Trauma Work Group. (1998). *Trauma recovery and empowerment: A clinician's guide for working with women in groups.* New York: The Free Press.

This guide has been developed for use as a tool to promote discussion regarding past trauma and the impact it has had on women's health. It was created by a group of women and clinicians, who provide expertise in attainable goals for trauma recovery. Step-by-step instructions on conducting an intervention to assist women with recovery from past physical and sexual abuse are provided. In addition, numerous factors to be evaluated in the process of recovery are discussed.

Harris M., & Landis C.L. (Eds.). (1997). Sexual abuse in the lives of women diagnosed with serious mental illness. Netherlands: Harwood Academic Publishers.

This book discusses the unique needs of women who are survivors of sexual abuse, as well as the steps needed to facilitate successful recovery from an abusive history. The relationships between sexual abuse and subsequent homelessness, substance abuse, and mental illness are explored. Additionally, a practical guide is included to determine if women, diagnosed with mental or physical illnesses, have suffered past trauma.

Jimenez, M.A. (1997). Gender and psychiatry: Psychiatric conceptions of mental disorders in women, 1960-1994. *Affilia: Journal of Women & Social Work, 12*(2), 154-175.

Here, the author examines Psychiatry's perspective of women by conducting an historical review of literature published in the American Journal of Psychiatry and Archives of General Psychiatry from 1960 to 1994. She notes that over the years, new clinical diagnostic categories have been created to direct behavior according to gender. These new categories have served to reassert the dominant male values that continue to be challenged by the feminist movement.

Jonikas, J., Bamberger, E., & Laris, A. (1998). *Having our say: Women mental health consumers/survivors identify their needs and strengths*. University of Illinois at Chicago: National Research and Training Center on Psychiatric Disability.

This booklet is a compilation of the major concerns of women service recipients in the public mental health system. African American, Latina, Native American, and Caucasian women in Chicago offer their thoughts and concerns regarding: rehabilitation and recovery; parenting; relationships; safety and abuse; employment; finances; housing and independent living; and physical health needs. Suggestions to better meet the needs of women are given to peers, families, programs, administrators, policy makers, and researchers.

Lundy, M., & Younger, B. (Eds.). (1994). *Women in the workplace: Perspectives, innovations, and techniques for helping professionals*. New York: Haworth Press.

In this book, women researchers, academicians, and employee assistance professionals discuss the issues that affect women who work. Numerous dilemmas are illustrated, including work role equity, while avoiding stereotypical conclusions. Exploratory and descriptive data from areas infrequently investigated are presented. Each chapter contains themes on economic disparity, stress and role strain, victimization and silence, cultural ignorance or avoidance of women's and families' needs, and strategies for a positive future in the workplace.

Mowbray, C., Oyserman, D., Saunders, D., & Rueda-Reidle, A. (1998). Women with severe mental disorders: Issues and Service Needs. In B. Lubotsky-Levin, A. Blanche, & A. Jennings (Eds.), *Women's mental health services: A public health*

perspective (pp. 175-200). Thousand Oaks, CA: Sage Publications.

In this book chapter, the authors review recent literature regarding women with long-term mental illness. Critical issues and service needs, including functioning in instrumental and interpersonal roles, physical health, medications, substance abuse, and victimization are explored. Gender as a barrier to effective mental health treatment also is discussed. The chapter concludes with implications for mental health administrators and practitioners, framed from a public health perspective.

Murphy, P. (1993). Making the connections: Women, working and abuse. Orlando: A Paul M. Deutsch Press, Inc.

This publication explores the impact women have had on our society as full-time, working citizens. It also describes the struggles and abuses faced daily by women in the workplace, and how this abuse impacts upon self-esteem and confidence. Stories of women and their personal bouts with physical and sexual abuse are featured. Also, expert advice is given on vocational rehabilitation methods that can help women fully recover from abuse in the workplace.

National Research Council. (1996). *Understanding violence against women.* Washington, D.C.: National Academy Press.

Here, the complex issue of violence against women, as well as its repercussions, is discussed. The council examines the causes of violence and what if anything can prevent it from occurring. Risk factors for victims and characteristics of typical offenders are presented. Also, the need for effective strategies to protect women against violence is expressed.

Peterson, K.J., & Lieberman, A. (Eds.). (2001). *Building on women's strengths: A social work agenda for the 21st Century.* New York: Hawthorn Press.

This publication examines social issues affecting women, and promotes a new agenda for empowering women through the social work profession. The ways in which a woman-centered worldview can transform social policy, social services, and direct practice are explored. For example, a feminist approach to understanding and analyzing issues such as family violence, welfare reform, mental health, and child welfare is demonstrated. This particular edition offers updated information to reflect the enormous changes that have occurred in women's lives since 1994. New chapters were added to address the needs of women who have been incarcerated, women who have been welfare recipients and victims of violence, and lesbian and bisexual women.

Pipher, M. (1995). *Reviving Ophelia: Saving the selves of adolescent girls.* New York: Ballantine Books.

Clinical psychologist Mary Pipher explores female adolescence in contemporary America. Pipher examines not just the girls themselves but the society they inhabit,

which she posits is a look-obsessed, media-saturated, "girl-poisoning" culture. She tackles divorce, depression, eating disorders, drug and alcohol abuse, and sexual pressure, among other issues. Pipher cites case histories, literature, memoirs, and memories of her own adolescence and that of her daughter to help illustrate her ideas. She also offers concrete suggestions for ways by which girls can build and maintain a strong sense of self.

Test, M.A., & Berlin, S.B. (1981). Issues of special concern to chronically mentally ill women. *Professional Psychology, 12*, 136-145.

This article reviews existing literature regarding sex differences in the course and treatment of women with mental illness. Issues including marital, family, social, and sexual roles are explored. The article discusses the unique environmental and social stresses experienced by women with mental illness, and suggests that effective gender-specific treatment strategies are necessary.

Ussher, J.M. (1992). *Women's madness: Misogyny or mental illness?* New York: Harvester Wheatsheaf.

This book is an analysis of the psychopathology of women as understood by psychiatric, anti-psychiatric, and feminist theorists. Ussher looks at the pervasive misogyny in Western culture and questions the very concept of madness and its treatment, stating, "'madness' serves to glorify and mystify the expert whilst dismissing the person deemed 'mad.'" The author explores the gendered construction of "madness," focusing on the role psychiatry has played in pathologizing women's behavior. She then both deconstructs and reconstructs the idea of madness. Ussher proposes both a new woman-centric model of women's mental distress and constructive alternatives to existing treatments that lead to care rather than control.

Related Methodological Literature

Soriano, F.I. (1995). *Conducting needs assessments: A multidisciplinary approach.* **Thousand Oaks, CA: Sage Productions, Inc.**

This guide contains useful information on how to conduct effective needs assessment with various populations. Sample size requirements and the selection process are discussed, as are guidelines for effective survey methods. A selection of instruments used to gather information is presented and explained. Finally, methods to promote successful data collection from persons with varying education levels, economic statuses, and cultural beliefs are considered.

Vaughn, S., Schumm, J.S., & Sinagub, J. (1996). *Focus group interviews in education and psychology.* **Thousand Oaks, CA: Sage Publications, Inc.**

This publication contains information on how to conduct a focus group. It discusses the many needs for and purposes of a focus group, and provides guidelines on how a group is formed. Further, it discusses how the information gathered can and should be used. Each chapter contains procedural tables and exercises designed to assist the reader in forming and convening a successful focus group.

Witkin, B.R., & Altschuld, J.W. (1995). **Planning and conducting needs assessments: A practical guide. Thousand Oaks, CA: Sage Publications, Inc.**

This practical guide presents a three-phase model of needs assessment. Methods for conducting a needs assessment, including surveys and group techniques, are described. Data analysis also is discussed. Finally, the book offers suggestions on applying the information collected in various
settings.

National Services and Organizations
For Women
(as of June 2002)

National Services and Organizations For Women, as of June, 2002

American Schizophrenia Association Information and Support 1-800-847-3802	*Battered Women's Justice Project* 1-800-903-0111 Ext:1
National Alliance for Research on Schizophrenia and Depression 1-516-829-0091	*National Domestic Violence 24-hour Hotline* 1-800-799-SAFE or 1-800-787-322
National Drug Information, Treatment and Referral Line 1-800-662-HELP	*National Mental Health Association* 1-800-969-6642
The National Network for Women's Employment 1-800-235-2732	*National Resource Center On Domestic Violence* 1-800-313-1310
National Child Abuse Hotline *1-800-422-4453*	*National Women's Health Information and Referral Center* 1-800-994-WOMAN
RAINN *The Rape, Abuse, Incest National Network* 1-800-656-HOPE	*Suicide Prevention and Emotional Crisis Center* 1-800-784-2433
United Way Community and Referral Information Hotline 1-800-725-5314	*Voices in America* *For Survivors of Abuse and Domestic Violence* 1-800-7VOICE8

National Peer-run Technical Assistance Centers

Consumer Organization & Networking Technical Assistance Center   1-888-825-8324

National Empowerment Center   1-800-POWER2U

National Mental Health Consumers' Self-Help Clearinghouse   1-800-553-4KEY

Website and Internet Services,
as of June 2002

BlackWomensHealth
http://www.blackwomenshealth.com
…with information on physical, emotional, and substance abuse problems for African American women.

Feminist Majority Foundation
http://www.feminist.org
…with information regarding women's rights, employment opportunities, domestic abuse, rape, and incest.

Mental Health Recovery
www.mentalhealthrecovery.com
…with information and publications on wellness and recovery, presented by Mary Ellen Copeland.

NARSAD Research
http://www.mhsource.com
…with information about various psychiatric illnesses, including schizophrenia and bipolar disorder.

Positively Women
http://www.positivelywomen.org.uk
…with services and information for women living with HIV.

Project Inform - Information, Inspiration and Advocacy for People Living with HIV/AIDS
http://www.projinf.org
…with programs and services in Spanish and English for women living with HIV/AIDS.

Prototypes - Centers For Innovation In Health, Mental Health and Social Services
http://www.prototypes.org
…offering information to women who are homeless, abusing drugs and alcohol, living with HIV/AIDS, and/or those diagnosed with mental illness.

Support 4 Hope
http://www.support4hope.com
…offering support and useful information regarding schizophrenia.

The Women's Center
http://www.thewomenscenter.org
…with information and educational programs on divorce, family relationships, career options, finances, and mental health services.

Women's Information Network
http://www.womensinfornet.com
…featuring links related to various social services that address drug addiction, homelessness, physical and mental health, domestic abuse, and cultural diversity.

Women's Recovery Association
http://www.womensrecovery.org
…offering information and support to women who are chemically dependent.

The National Women's Health Information Center
http://www.4women.gov
…provides information concerning abuse, parenting, sexuality, financial assistance, health care issues, and laws and regulations in English and Spanish for women with disabilities.