

TRENT HILLS FAMILY HEALTH TEAM – Mental Health Program Intake Form

Ontario Common Assessment of Need (OCAN) – Self-assessment

Have your own voice heard!

The TRENT HILLS FAMILY HEALTH TEAM (THFHT) uses OCAN to understand your needs. We invite you to complete this brief self-assessment to help us understand areas of your life where you need support and where things are going well. Completing the self-assessment helps us to focus on services that support the needs you have identified.

You decide what you would like to share

This self-assessment is optional. When completing this self-assessment, you can choose not to respond to questions you're not comfortable with. Your decision on whether or not to complete all or parts of the self-assessment will not change the services you're accessing.

Why we encourage you to complete this self-assessment:

- Gives you a voice by capturing your perspective
- Services and supports are directed to areas that are most important to you
- Only respond to questions that you feel comfortable discussing
- This information helps guide our interaction and conversations with you, as we work with you to help you identify the path forward that works best for you

Important information about CONFIDENTIALITY

As a team of healthcare providers, if we are concerned that someone is at risk of harming themselves or others, or that there is a concern related to child welfare, we are obligated to notify appropriate authorities so that everything can be done to help ensure everyone's safety. The information you share with us will be included in your medical chart (which THFHT members may access). Any and all information we collect is subject to our strict privacy and information security policies.

Once you have completed this form by writing in your responses, please share it with the THFHT Mental Health team in one of the following ways:

1. Scan into .pdf format and email to: mentalhealth@thfht.com

OR

2. Put your completed survey into a sealed envelope (addressed to THFHT Mental Health Department) and either:
 - a. Leave with one of the receptionists at the Campbellford clinic...OR
 - b. Mail to 119 Isabella Street; Campbellford, ON; K0L 1L0

Name:

Date of Birth (YYYY-MM-DD):

Today's Date (YYYY-MM-DD):

INSTRUCTIONS: This self-assessment covers 24 domains or areas of your life. The following steps will help guide you to complete the assessment.

1. Read the name and description of each domain and consider your needs in that area.
2. Fill in one of the four boxes identifying your need rating in each domain.
3. Provide any additional comments you feel comfortable sharing to help us better comprehend your situation.
4. Following the 24 domains, there are an additional 6 questions which capture what's important to you, your strengths and your recovery goals. Please respond to these questions to the extent you are able and/or comfortable.

Self-rating Descriptions:

- **No Need** = This area is not a serious problem for me at all
- **Met Need** = This area is not a serious problem for me because of the help I am given
- **Unmet Need** = This area remains a serious problem for me despite any help I am given
- **I Don't Want to Answer** = I prefer not to respond

**** Please go to the next page to start the self-assessment ****

Self-rating Descriptions:

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Accommodation

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you happy with the place you live in or has it been a problem (an area of need)? Are you getting the help you need?

Comments:

Food

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has getting food that suits your dietary needs been a problem (an area of need)? Are you getting the help you need?

Comments:

Looking After the Home

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has keeping your home tidy been a problem (an area of need)? This could include cleaning and laundry. Are you getting the help you need?

Comments:

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Self-care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Has maintaining your personal hygiene been a problem (an area of need)? This could include challenges accessing or using products/facilities. Are you getting the help you need?

Comments:

Daytime Activities

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have daytime activities been a problem (an area of need)? This could include work, education or leisure activities. Are you getting the help you need?

Comments:

Physical Health

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your physical health been a problem (an area of need)? Are you getting the help you need?

Comments:

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Psychotic Symptoms

No
Need

Met
Need

Unmet
Need

I Don't Want
to Answer

Have symptoms of psychosis been a problem (an area of need)? These could include feeling like you're being watched or hearing voices that interfere with your daily life. Are you getting the help you need? **** If your safety or someone else's safety is at risk, call 9-1-1 right away ****

Comments:

Information on Condition & Treatment

No
Need

Met
Need

Unmet
Need

I Don't Want
to Answer

Has understanding your mental health condition and recommended services/treatments been a problem (an area of need)? Are you getting the help you need?

Comments:

Psychological Distress

No
Need

Met
Need

Unmet
Need

I Don't Want
to Answer

Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need?

Comments:

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Safety to Self

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have thoughts and/or acts of harming yourself been a problem area (an area of need)? Are you getting the help you need? **** If you are dealing with thoughts of suicide, or if you are worried about someone else, call 9-8-8 to access the Canada-wide Suicide Crisis Helpline ****

Comments:

Safety to Others

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have thoughts and/or acts of harming others been a problem area (an area of need)? Are you getting the help you need? **** If your safety or someone else's safety is at risk, call 9-1-1 right away ****

Comments:

Alcohol

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has alcohol use been a problem (an area of need)? Are you getting the help you need?

Comments:

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	No Need	Met Need	Unmet Need	I Don't Want to Answer
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has drug use been a problem (an area of need)? This could include illicit drugs or misuse of prescription drugs. Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Other Addictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have other addictions been a problem (an area of need)? Other addictions could include gambling, overuse of electronic devices, and smoking. Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your social life been a problem (an area of need)? Are you getting the help you need?

Comments:

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	No Need	Met Need	Unmet Need	I Don't Want to Answer
Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have close personal relationships been a problem (an area of need)? Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Sexual Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have your sex life and sexual health been a problem (an area of need)? Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has looking after your children been a problem (an area of need)? This could include access to child care or parenting. Are you getting the help you need?

Comments:

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	No Need	Met Need	Unmet Need	I Don't Want to Answer
Other Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has looking after other dependents been a problem (an area of need)? Other dependents could include elderly parents and pets. Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Basic Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has reading, writing or basic math been a problem (an area of need)? Are you getting the help you need?

Comments:

	No Need	Met Need	Unmet Need	I Don't Want to Answer
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has accessing or using a phone or computer been a problem (an area of need)? Are you getting the help you need?

Comments:

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Transport

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has transportation been a problem (an area of need)? This could include getting to and from appointments and daily activities. Are you getting the help you need?

Comments:

Money

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has managing your money been a problem (an area of need)? Are you getting the help you need?

Comments:

Benefits

No Need	Met Need	Unmet Need	I Don't Want to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has accessing the benefits/money you're entitled to been a problem (an area of need)? This could include Ontario Works, Disability Support Program and Drug Benefit. Are you getting the help you need?

Comments:

Please write a few sentences to answer the following questions:

What are your strengths and skills?

What are your hopes and goals for the future?

What do you need to accomplish your hopes and goals?

Is spirituality an important part of your life? Please explain.

Is culture (heritage) an important part of your life? Please explain.

Is there anything else you would like to share that could be important for us to know? Please explain.