



SURVEY OF CAPHC CENTRES
Mental Health Planning for Children & Youth¹

Centre Name _____

Date: _____

Respondent Name & E-mail: _____

Title: _____

	QUESTION	ANSWER
1	Does your organization provide health professional education, research or treatment programs and/or services to improve the Mental Health of children and youth?	If Yes, please answer Questions 2-11. If No, thank you for your time. In either case, please return the survey to the e-mail/fax/address provided below.
2	Does your organization have a strategic plan related to this role in Mental Health? Please attach the plan if available.	
3	What are your organizational priorities related to Mental Health?	
4	Please describe the scope of Mental Health for children and youth at your organization.	
5	Please identify where treatment services were aligned as a result of the Mental Health plan.	
6	Please identify where health professional education or research initiatives were aligned as result of the Mental Health plan.	

¹ Up to the age of 18 years

7	What external opportunities/partnerships has your organization maximized as a result of the Mental Health plan?	
8	What factors have facilitated the implementation of Mental Health priorities? What has impeded implementation?	
9	What national or provincial initiatives/reports guided the development of the Mental Health plan? Please attach the document, if applicable.	
10	What mental health outcomes are you measuring? What measurement challenges has your organization encountered?	
11	How has Mental Health priorities changed since development of the strategic plan? How are you addressing these changes?	
	ATTACHMENTS	Please provide where available and applicable

Please return to:

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 Child Health Services

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