

**SURVEY QUESTIONS  
COMMUNITY LEADERS  
PRIORITY RATINGS**

**QUESTION 1**

**WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?**

**MOST IMPORTANT NEED** \_\_\_\_\_

\_\_\_\_\_  
**SECOND MOST IMPORTANT NEED** \_\_\_\_\_

\_\_\_\_\_  
**THIRD MOST IMPORTANT NEED** \_\_\_\_\_

\_\_\_\_\_  
**FOURTH MOST IMPORTANT NEED** \_\_\_\_\_

\_\_\_\_\_  
**FIFTH MOST IMPORTANT NEED** \_\_\_\_\_

\_\_\_\_\_



**SURVEY QUESTIONS  
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**QUESTION 2**

**WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?**

BEING MET BEST \_\_\_\_\_

\_\_\_\_\_

BEING MET SECOND BEST \_\_\_\_\_

\_\_\_\_\_

BEING MET THIRD BEST \_\_\_\_\_

\_\_\_\_\_

BEING MET FOURTH BEST \_\_\_\_\_

\_\_\_\_\_

BEING MET FIFTH BEST \_\_\_\_\_

\_\_\_\_\_



**SURVEY QUESTIONS  
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**QUESTION 3**

**WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?**

LEAST WELL MET \_\_\_\_\_

\_\_\_\_\_

SECOND LEAST WELL MET \_\_\_\_\_

\_\_\_\_\_

THIRD LEAST WELL MET \_\_\_\_\_

\_\_\_\_\_

FOURTH LEAST WELL MET \_\_\_\_\_

\_\_\_\_\_

FIFTH LEAST WELL MET \_\_\_\_\_

\_\_\_\_\_



**SURVEY QUESTIONS  
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**QUESTION 4**

**WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?**

THE LARGEST BARRIER \_\_\_\_\_  
\_\_\_\_\_

THE SECOND LARGEST BARRIER \_\_\_\_\_  
\_\_\_\_\_

THIRD LARGEST BARRIER \_\_\_\_\_  
\_\_\_\_\_

FOURTH LARGEST BARRIER \_\_\_\_\_  
\_\_\_\_\_

FIFTH LARGEST BARRIER \_\_\_\_\_  
\_\_\_\_\_



**SURVEY QUESTIONS  
COMMUNITY LEADERS  
PRIORITY RATINGS**

**QUESTION 5**

**WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?**

**MOST RESPONSIBILITY TO MEET NEEDS** \_\_\_\_\_

**SECOND MOST RESPONSIBILITY TO MEET NEEDS** \_\_\_\_\_

**THIRD MOST RESPONSIBILITY TO MEET NEEDS** \_\_\_\_\_

**FOURTH MOST RESPONSIBILITY TO MEET NEEDS** \_\_\_\_\_

**FIFTH MOST RESPONSIBILITY TO MEET NEEDS** \_\_\_\_\_



## A DESCRIPTION OF THE NOMINAL GROUP PROCESS

The following is an outline of the format and structure we will use for the group sessions. (This process is based on a public meeting format developed by Dr. John McLaughlin of Virginia Polytechnic Institute and used by Health Consulting to assess the needs of chronically mentally ill persons in Southwestern Virginia, the mental health system in Montgomery County, Maryland Nursing Services Division at Terrell State Hospital and the Mental Illness Protection and Advocacy System in Texas.) The time lines are guideposts and will be adjusted according to experience with these particular groups as we progress.

*Warmup*

### 1. Introduction

5 minutes

Group members and group leaders will quickly introduce themselves. With consumer groups first name only is best. The group leader will explain the purpose of the meeting and how the meeting will be conducted and any questions answered. "The purpose of the meeting is to help gather information for the League of Women Voters as to the needs of the mental health system in Texas." Explain that this is one of 42 consumer or one of 42 community leader groups being conducted around the state.

### 2. Brainstorming

10 - 15 minutes

Group members will be given approximately 15 minutes to talk about the community support system that exists in their local community. The primary purpose of this activity is to "warm up" the group. There will be no formal recordings of this part of the group process.

### 1. ASKING THE QUESTIONS ABOUT THE LOCAL MENTAL HEALTH SUPPORT SYSTEM: 15-20 MINUTES PER QUESTION

A round robin technique will be utilized to elicit from the group members their opinions on the five questions we have developed about the local community mental health system. The lists will be developed without regard to the completeness of their analysis, importance, level of service available. Each member will be asked to offer their suggestions one at a time as it is their turn. As each person states what their response to the question is the group leader will write the response on the flip charts. The second resource person will record verbatim (as much as possible) the comments and suggestions for the list. Do not discuss each item as it is generated. Be sure and number each item that is suggested. The process will be continued until the group has exhausted their addition to the list - or until you have gone around the room three complete times, which ever comes first. It is very important that the group not discuss the pros and cons or the goods and bads of a suggested item. Just list the item on the board and go to the next person. If someone has two suggestions take the first and tell them to keep the second suggestion till their next turn. This process is designed to give ALL participants a chance to be heard.



## 2. Setting Priorities

5 minutes

At the end of each question the ranking papers for that question will be passed out and people will be asked to review the list of responses to the question and to identify the five items they view as most important. They may either write in the item on the ranking paper or they may just include the number. After each person in the group has recorded their priorities. Collect all of the ranking papers.

Continue this process until all five questions are asked, a list generated for each question and the priority sheets completed. The meeting will last about 1 1/2 hours.

After you have completed the group, thank people for their participation. Collect all priority ranking sheets, the sign in sheets, the flip charts, the notes taken by the second group leader and requests for a summary and return them by mail to Health Consulting.

**Data Analysis and Scoring of Priorities:** The priorities will be scored in the following format. (you will not be scoring priorities - this is just for your information)

Item #	Rating	Sum of Ratings	Frequency X Sum	Rank
4	5,5	10	20	1
7	3	3	3	2
3	1	1	1	3

The data will be analyzed by community service area, statewide, and by combined respondents as well as by respondent type. The data base will be developed in a manner which allows us to capture the specific items identified in each group. It will contain the questions; the responses generated, the type of informant group generating the item; and the level of priority each item received.

The interpretation of the data will be undertaken by the resource committee and the Commission on Community Care with the consultation of the project consultant.

Some groups, particularly the community leader groups, may want to know how they ordered their rankings. The groups should be told that a summary of the report will be made available to them and offered an opportunity to sign a sheet requesting such.



## **SURVEY QUESTIONS COMMUNITY LEADERS**

### **WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?**

(This will address who are people with mental illness, what should their position in society be, and their perceived needs.)

### **WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?**

(This will allow prioritization of what is being done well in the community.)

### **WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?**

(This will address perceived gaps in the service system, and will allow prioritization of unmet needs in the community.)

### **WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?**

(This will address issues such as receptivity of the community to persons with a long-term mental illness, state-local relations, funding, zoning-siting, and government-public responsibility toward people with a long-term mental illness.)

### **WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?**

(This will also address issues such as state-local relations, funding, zoning-siting, and government-public responsibility toward people with a long-term mental illness).



## **SURVEY QUESTIONS CONSUMERS**

### **WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?**

(This question will address issues of ease of access, availability of services, attitudes of consumers towards the service system, attitudes of service system toward consumers and continuity).

### **WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?**

(This will address issues of service needs)

### **WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?**

(This will primarily address service needs, stigma, acceptance, and integration into the community)

### **WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?**

(This will address quality of services, continuity, availability, access, responsiveness of the system to consumers)

### **WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DONT WORK FOR YOU?**

(This will consider gaps in service, poor quality services, lack of access, stigma, lack of responsiveness of services etc.)



Meeting  
June 16 7.30 p.m. Scottish Rite Auditorium  
(1-1½ hr.)

**STATEMENT REGARDING THE LEAGUE STUDY  
AND THE LEAGUE OF WOMEN VOTERS TEXAS SURVEY**

In June, 1987, members of the League of Women Voters of Texas adopted Services for the Seriously Mentally Ill as their study focus for the 1987-88 Biennium. Several League members at the state and local levels have been researching issues in the public system of mental health service delivery.

In connection with this study, the League of Women Voters of Texas Education Fund has received a grant from the Hogg Foundation for Mental Health to carry out a survey of the perceptions of mental health consumers and community leaders in the 34 Texas MHMR Center areas regarding community-based mental health services in their area.

This survey will help the League identify issues and educate the public about community-based mental health care for persons with serious mental illness.

1. ~~your response will be confidential - this is a private meeting - must others - my choice~~

2. Long term Mentally Ill defined as Schizophrenia or major mood disorder

Your responses will be confidential. This is a private meeting.



## CONSENT TO PARTICIPATE

I hereby give my consent to participate in a group process to discuss my viewpoints of the community mental health system in Texas. The group meetings will be conducted by the League of Women Voters.

It is my understanding that:

1. All information will be anonymous and confidential as far as I as an individual are concerned. No one outside of this room will be aware of my individual comments at this meeting.
2. This process is being used to maximize input into the knowledge base of the League of Women Voters to assist them in planning their legislative issues.
3. The information gathered in this meeting will be compiled and analyzed to develop a mental health service area and a statewide impression of the local community needs for mental health services.

I voluntarily sign my name as consent to participate in this meeting only and for no other purpose.

Signature \_\_\_\_\_

I voluntarily give my name and address to the League of Women Voters mail me a summary of the report, but withdraw my name from use for any other purpose.

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_



**MEMORANDUM**

**TO:** League of Women Voters Survey Team  
**FROM:** Linda Donelson *LD*  
**TOPIC:** New survey directions and  
project description

**DATE:** May 18, 1988

Thanks for your excellent participation at the training workshop in Austin.

Enclosed with this memo you will find new instructions for completing the nominal group process. In addition, several of you requested a brief description of the project to use in approaching people in the community. A brief project description has also been included.

Thanks for the time and energy you are spending in completing the statewide survey. If you have questions while conducting the survey, please contact myself or Dr. Dunckley at (214) 522-8602.



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**Total Time:** Approximately 1 1/2 Hour for each group

### **Materials Needed:**

1. Sign in Sheet
2. Report Request Sign in Sheet
3. 5 Ranking Sheets per each group participant - consumer or community leader
4. Wide tip marking pen
5. Large flip chart newsprint
6. Masking tape
7. Your process description

### **Leaders Needed: Two**

One person will facilitate the group process

The second person will make sure people sign in (remember people do not have to sign their names just their position or if consumers where they live - i.e., residential program, hospital, home, alone, streets), and will record verbatim the ideas generated during the group process.

### **1. INTRODUCTION AND WARM UP**

**5-15 MINUTES**

**1.a Introduce yourself and then ask group members to quickly introduce themselves. With consumer groups first name only is best.**

**1.b. Explain the purpose of the meeting.**

"The League of Women Voters has selected Services to people with Mental Illness as their study focus for the 1987-1989 biennium. The purpose of this meeting is to help gather information for the League of Women Voters as to your perceptions and ideas about the needs of the mental health system in Texas. This group meeting is one of 42 consumer or one of 42 community leader groups being conducted around the state by the League of Women Voters"

**1.c. Describe how the group meetings will be held.**

We will be gathering information from you by using a "nominal group process." We will be asking your opinions on five questions. We will do this by presenting the question to you and then asking each one of you in turn to give us one of your thoughts about the question. I will write your idea down on the paper up here. We will then move to the next person. We will go around the group that way until no one has any more ideas or until 15 minutes has passed. After that I will give each of you a "ranking sheets" and ask you to list the items the group has generated in the order you each think is most important"



**1.d. "Do you have any questions you would like to ask at this time?"** If they have too many questions about the group process, tell them it will make a little more sense as you begin actually doing the group process"

**1.e We will begin then with my telling you who we are wanting to know about** (Do not do this with consumer groups - because you are talking about them and do not need to tell them who they are)

"We are asking questions to you about your local community and mental health services to people who have a serious mental illness. You may want to know more about who it is that we are concerned about. We are interested in your opinions about adults who have a serious mental illness such as Schizophrenia or a major mood disorder. These are the people who historically were put in state hospitals and used to stay there most of their lives. Some of these people may use drugs and alcohol to help make their mental illness a little more comfortable for them, but we are not talking about basic drug and alcohol dependency. Just for your information Schizophrenia affects approximately one person out of each 100 people and has its onset in late adolescents and early adulthood. It is a brain disease and has symptoms such as impairment in thinking, delusions, hallucinations, changes in emotions and changes in behaviors. Schizophrenia is a long term disease and usually leads to a fair amount of decrease in living skills and functioning."

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## **3. SETTING PRIORITIES**

**5 MINUTES**

At the end of each question the ranking papers for that question will be passed out and people will be asked to review the list of responses to the question and to identify the five items they view as most important. They may either write in the item on the ranking paper or they may just include the number. After each person in the group has recorded their priorities. Collect all of the ranking papers.

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After you have completed the group, thank people for their participation. Collect all priority ranking sheets, the sign in sheets, the flip charts, the notes taken by the second group leader and requests for a summary and return them by mail to Health Consulting. Return each group in it's own envelope and return as soon as possible after the meeting. **DO NOT MIX GROUPS IN ONE ENVELOPE! IT WILL MAKE DATA ENTRY IMPOSSIBLE AND DESTROY THE USEFULNESS OF THE GROUP. THANKS.**

**Data Analysis and Scoring of Priorities:** The priorities will be scored in the following format. (you will not be scoring priorities - this is just for your information)

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526-1218

- ✓ Ken Altschuler
- ✓ Douglas Puryear
- ✓ Jim Kraft
- ✓ Caroline Blackburn
- ✓ Janet Coplin
- ✓ James C. Johnson
- ~~✓ Mike Tunga, DMTA~~
- ~~✓ Dr. Jerome Byers, Dallas DMTA~~
- Russ Dorchley
- Linda Donelson
- Mike Anderson
- 2. Don Gilbert (Terrell)
- ✓ John Gell
- ✓ Lee Jackson
- Judge Barefoot Sanders

Stella Mullins  
Karin Hale

5 entus did not show up at trainings  
4 didn't do it  
1 blew it  
1 may have faked

- Picare Valley  
didn't work



Ron Anderson M.D.  
Pres & CEO  
Parkland Hosp

[REDACTED]

Douglas A. Paryear M.D.  
Associate Professor of Clinical Psychiatry  
UT Southwestern Medical School

[REDACTED]

Kenneth Z. Altshuler, M.D.  
Chairman, Dept of Psychiatry

James C. Johnson, Ex. Dir.  
Dallas County Community Corrections

[REDACTED]

Dr. Jerome Byers  
Pres, Dallas AMI

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

Betty Wright, E.D.  
Herrin House

[REDACTED]



~~Dr. Mike Faenza, E.D.~~  
~~Dallas County MHA~~

[REDACTED]

~~Dr. James E. Craft - DC MHA~~  
~~Dr. John Gill~~

Lee Jackson  
County Judge

[REDACTED]

Caroline Blackburn, E.D.  
DC Human Services

[REDACTED]

Janet Coplein  
District Court Administrator  
Chief Probation Officer

[REDACTED]

Judge Benfoot Sanders

[REDACTED]

[REDACTED]



write 1.00 for ~~the~~ more + shipping + handling  
11 copies 10<sup>20</sup>  
51 20<sup>20</sup>

85¢ to mail 1



- (~~the~~ skipped warmup)  
- did not go around until all  
Answers were exhausted  
- skipped prioritizing

Jim Black - Dallas County Medical Soc

Victor Pavlik - Sheriff's Deputy

Bob Snyder - LFEAL

Bill Nelson - Dallas Gay Alliance

Ken Siegel - Architect

Mary Rutledge

Virginia Spaulding - Board of Realtors

Urban League

Gonzalez - Cath. Charities

Roger Woods - Warren UMC

Ed Wynne - Bar Association

Jail chaplain



- 17  
#6 don't have qualifications to understand what it is like to be mentally ill  
#7 get lost in system  
#8 no treatment plan; discharged too soon  
#9 can't get help before you have a crisis - should be able to get help sooner  
#10 depends on who you know and your attitude in hospital - had to be thrown in jail to get help  
#11 ~~was~~ seeing a doctor has helped  
#12 involuntary patient - put in ~~chain~~, straitjacket  
#13 hard to get started  
#14 hard to get treatment w/o income

B #1 guidance - how to navigate Peru system

#2 ~~more~~ more educated persons (including doctors) in the system  
"organized ignorance"  
~~the~~ doctors (sided)

#3 consistency in doctors - see different doctor every time

#4 job



#5 - Greater Therapeutic Resources  
- individual & group therapy  
- doctor just asks same question every month

#6 - more people that care, show  
feeling & understanding

#7 - people who understand

#8 - better type jobs, in and out  
of hospital

#9 - appear to work into to get  
care before you have nervous  
breakdown

#10 - more community awareness

#11 - central area where patients  
could go and get help

#12 - gets help he needs from doctors

#13 - more say so in our treatment

#14 - more finances

#15 - more facilities & activities  
for people to get together

#16 - better drug education for  
doctors - they all have  
their favorite medication  
# Greater religious freedom



C

- #1 more awareness
- #2 better job placement
- #3
- #4 minimum wage standards -  
12-14\$ every two weeks is  
ridiculous
- #5 more understanding
- #6 place where I will be  
trusted
- #7 more honesty, more believing  
that we are humans with  
rights + feelings
- #8 more education of the  
community
- #9 ~~continuation~~ more continuation  
of involvement in government
- #10 better facilities + environment  
when you don't lie around  
in your bed all day
- #11 more employers that want  
to take a risk
- #12 - social programs where I  
work
- #13 - equal rights
- #14 - more state funding for  
mentally ill
- #15 - more positive publicity -  
instead of negative



D

#1 group therapy

#2 medicine

#3 Independence House

#4 Apartment living

#5 SSI

#6 Southwest Clinic

#7 Texas / Adapt

#8

outpatient clinics

#9 independence house staff

#10 Ferrell program - intensive  
group therapy, jobs, went  
to Independence House

#11 Hillside Center -



E

- #1 inadequate guidance from State
- #2 ~~a certain~~ <sup>all</sup> boarding homes forced her to do dishes when ~~patient~~ <sup>she was delusional</sup> - people screamed at her - poor food
- #3 poor food
- #4 doctors keep changing every one to two months
- #5 Vocational rehab
- #6 Adopt - lack of privacy + freedom
- #7 inadequate facilities - always in high crime areas
- #8 hospital - not enough 1 on 1
- #9 some of job rehabilitations are degrading (degrading jobs)
- #10 ~~should~~ inadequate job opportunities for self respecting jobs
- #11 boarding homes ruin your life
- #12 medication side effects
- #13 inpatient treatment
- #14 imposition of values



## Scott Peck - The Technology of Peacemaking

1. There is a technology of peacemaking.
2. The technology is analogous to software. (a system of rules)
3. Any group willing to apply the technology can (solve the problem)
  - achieve peace & reconciliation
4. Tech. can be learned only by doing and maintained only by practice.
5. There currently exists extraordinary resistance to learning and employing this tech.
6. Four stages:
  - pseudocommunity - (pretense)
  - chaos - attempts to convert + heal
  - emptiness
  - community
7. What do people learn R. tech
  - a. how to empty
    - " " listen
    - get rid of selfish needs to label, convert, generalize
  - b. sense of corporate responsibility
    - can't leave - must change things they disagree with



The unexamined life is not worth living (Plato)

c. respect for diversity  
(soft individualism)

d. how to build consensus

Re politics of consensus. Building

e. mixture of process + task  
1st round consensus

Then take action

f. peace is more efficient + more fun

1976 - Doyle + Strauss - How to make  
meetings work

Fischer + Ury - Getting to Yes

Red - Different Drum

Foundation for Communities Encouragement

