

Service Identification Questionnaire

Part 1: About the person completing the questionnaire

1. Please provide us with your contact information:*

First and Last name*: _____

Organization or Place of Work: _____

City/Town: _____

State/Province: _____

ZIP/Postal Code: _____

Phone number (e.g. +41 22 791 38 55): _____

Country*: _____

Email address*: _____

2. What is your connection with the service?*(Select all that apply)

- I am a current service user
- I am a former service user
- I am a service provider
- I am a Policy Maker
- I am a researcher/academic
- I am a family member, care partner or member of the social network of a service user.
- I have heard of this service
- Other (please specify): _____

Part 2: About the service being submitted

Service 1

3. Please provide us with the following information about the service you would like to submit*.

Name of service*: _____

Address: _____

City/Town: _____

State/Province: _____

ZIP/Postal code: _____

Phone number: _____

Country of service*: _____

Links to websites or other relevant online documents about the service: _____

4. Who is the contact person for that service?*

First and Last name*: _____

Organization or Place of Work: _____

Position, background or experience: _____
City/Town: _____
State/Province: _____
ZIP/Postal Code: _____
Phone number (e.g. +41 22 791 38 55): _____
Country of contact person for the service*: _____
Email address of service contact person: _____

5. Who is the target population of the service?*

- Adults
- Children
- Adolescents
- Youth
- Older adults
- Women
- Men
- All
- Multiple
- Others: _____

6. What is the type of service provided?* (Select all that apply)

- Crisis response
- Residential services
- Personal assistance
- Peer-support
- Community Based Mental health centers
- Inpatient hospital based service
- Outpatient hospital based service
- Transition hospital based service
- Outreach service
- Social/recovery spaces e.g. Cafés, drop-in centres
- Primary care
- Other (please specify): _____

Please note that we are **NOT** looking for services specifically focusing on:

- E-interventions
- Hotlines or phone-based interventions
- Training programs
- Employment programs
- Housing services
- Services focused on awareness raising and advocacy

7. In a few paragraphs, could you expand on the previous question and provide us with a description of the service?* What type of service? What does it provide? Who uses the service? Please also highlight if the selected service supports people experiencing acute crises rather than resorting to force, coercion, involuntary admission and treatment or the use of seclusion and restraints Please include any web links to websites that describe the service

8. Provide a summary of any evaluations or research on the effectiveness of the service and provide full links and references to the evaluation where available

9. Describe how the service promote human rights and the recovery approach?* Refer to each of the criteria highlighted in bold. eg **legal capacity** (autonomy, independent decision making, fostering independence), **non-coercive practices** (explicit reference to implementing services without coercion, force, , involuntary admission and treatment and the use of seclusion and restraint etc.), **lived experience** (peer support, users involved in the development or implementation of service), **Community inclusion** (direct links to community, offers additional service, cultural practice inclusion, development of networks), **Recovery approach** (supporting people to regain control, person-centered care, promoting meaningful relationships in life, hope for the future, empowerment)

10. Is there any additional information that you would like to share about the service (videos, publications, newspapers, articles, etc.)? If so, please include the link to the resources

11. Please upload any documents on the service. **You can upload pdf, png, gif, doc, odt, ppt, under 10240 KB each** (Please upload at most 10 files)

Thank you very much for completing this survey. If you have any question, feel free to get in touch with Michelle Funk: funkm@who.int

NB: You will be able to submit up to 5 different services.

For each additional services that you wish to submit please repeat the information for Questions 3 to 11