

GROW Annual Member Survey 2022

General Information

This is the annual GROW members survey.

GROW collects this information to allow us to understand how well we are supporting members and if we are responding to the changing profile of the community. This survey is confidential, does not identify any person and is used only to help GROW and the Program improve.

Participating in the survey is entirely voluntary. Once you start the survey, please provide a response to each question. If a question is optional it is clearly marked. If you need assistance please ask the Group Organiser or another experienced GROW group member or a staff member to help you.

Please read and answer each question unless it is marked optional.

* 1. Gender

- Male
- Female
- Transgender
- Non Binary
- Other

* 2. Age

3. Do you identify as? (tick as many as apply)

- Aboriginal or Torres Strait Islander
- LGBTQI
- Culturally and Linguistically Diverse

4. Your postcode?

* 5. State or Territory?

- Tasmania
- Western Australia
- Victoria
- South Australia
- New South Wales
- Queensland
- Northern Territory
- Australian Capital Territory

* 6. Do you live in a?

- Capital City
- Large Regional City or Town
- Rural or Remote Area

* 7. Which country were you born in?

- | | |
|-----------------------------------|------------------------------------|
| <input type="radio"/> Australia | <input type="radio"/> Greece |
| <input type="radio"/> England | <input type="radio"/> Italy |
| <input type="radio"/> New Zealand | <input type="radio"/> South Africa |
| <input type="radio"/> India | <input type="radio"/> Malaysia |
| <input type="radio"/> Philippines | <input type="radio"/> Scotland |
| <input type="radio"/> Vietnam | <input type="radio"/> Other |

Other (please specify)

* 8. What is the main language spoken at home?

- English
- Mandarin
- Arabic
- Cantonese
- Vietnamese
- Italian
- Greek
- Hindi
- Spanish
- Punjabi
- Indigenous Australian language
- Other (please specify)

9. If you have a religious belief please select from the following. *Optional* (If no religion click No Religion below)

- Catholic
- Anglican (Church of England)
- Uniting Church
- Presbyterian
- Buddhism
- Islam
- Greek Orthodox
- Baptist
- Hinduism
- No Religion
- Other

Other (please specify)

10. What is your current status?

- Looking after Family/Home
- Employed
- Retired
- Studying
- Carer
- Seeking Employment
- Prison/Detention
- Volunteering
- Not Working due to Illness/Disability
- Other (please specify)

* 11. In the past three months, how often did you attend a Grow Group?'

- Once a week
- Every 2 weeks
- Once a month
- Less than once a month

* 12. Do you attend eGrow online group or a face to face group?

- Face to Face Group
- eGrow Group
- Both

* 13. How long have you been involved in the Grow Program?

- Less than 4 weeks
- 1 - 6 months
- 6 - 12 months
- 1 - 2 years
- 2 - 3 years
- 3 - 5 years
- 5 - 8 years
- 8 - 10 years
- 10 - 15 years
- 15 - 20 years
- More than 20 years

* 14. What is your role in GROW? (tick as many as apply)

- Group member
- Recorder
- Organiser
- Leader
- Regional or Branch Program Team member

15. In the past 12 months did you attend any of the following GROW events? (tick as many as apply)

- Group social
- Training day or weekend
- Community weekend
- Annual Branch Conference

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Professional Help Questions

* 16. At the moment are you engaging with any of the following for your mental health?

- GP/Doctor
- Psychiatrist
- Psychologist
- Counsellor/social worker
- Mental health nurse
- Support group other than GROW
- None
- Other (please specify)

17. At the moment are you currently prescribed any medication for a mental health condition?

- Yes
- No

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18. Did any of the following contribute to your mental health issues?

- Relationship breakdown eg. separation
- Poor relationships with family
- Bereavement
- Redundancy
- Childhood trauma or experience
- Work/employment
- Experience of violence
- Poor physical health or pain
- None of the above
- Other (please specify)

19. Have you ever had a problem with drug or alcohol use?

- Yes
- No

20. Have you ever self harmed?

- Yes
- No

21. Have you experienced homelessness?

- Yes
- No

22. Are you currently homeless?

- Yes
- No

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* 23. Have you been hospitalised for mental illness coping or other emotional problems?

Yes

No

24. If you have been hospitalised for your mental health treatment, select the number of times:

1-3 times

4-5 times

6-10 times

11-14 times

15 or more times

25. Have you been hospitalised for mental illness since joining GROW

Yes

No

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26. Have you had thoughts about attempting suicide?

- Yes
- No

27. Has GROW helped you:

	Yes	No	N/A
Overcome suicidal thoughts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop suicide attempts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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* 28. Have you been given a diagnosis of mental illness?

- Yes
- No

29. Please specify:

- | | |
|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Postnatal Depression |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Autistic spectrum disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Eating Disorder |

Other (please specify)

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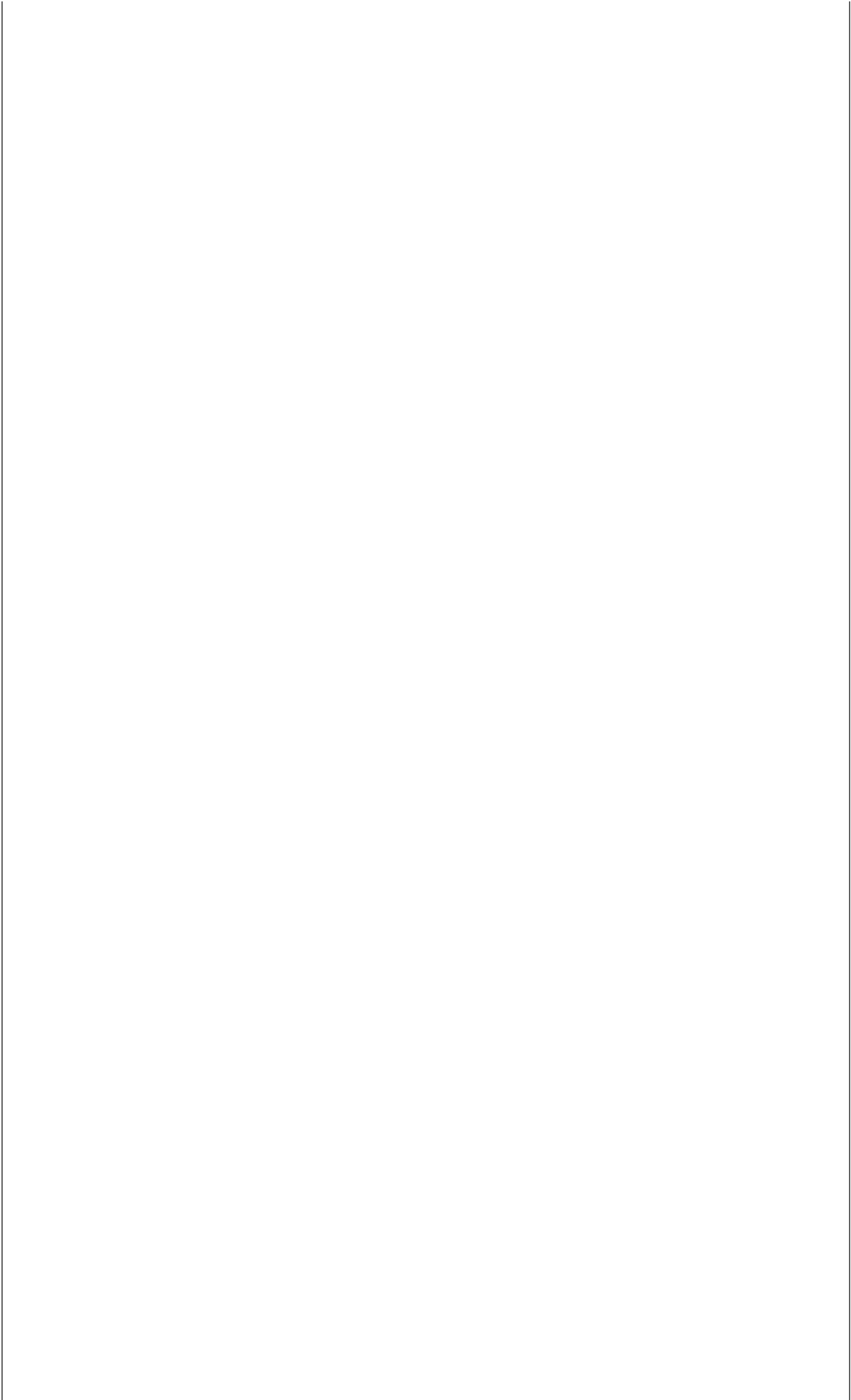
To answer these questions we would like you to rate how GROW has helped you with various parts of your personal development and recovery.

30. Has GROW helped you with any of the following? Add all or one of the suggested answer options

- Recovery from mental illness
- The hope of recovery from mental illness
- Prevention of mental illness
- Be confident in obtaining good mental health
- Personal growth
- Improved network of friendship and support
- Improvement in problem relationships
- In your role as a Carer
- A sense of belonging
- Problem solving
- Overcoming thoughts of suicide or self harm
- Develop your emotional maturity
- Develop your spiritual maturity
- Look after your physical health
- Improved sense of personal value
- increased sense of happiness in life
- Connect with broader community outside of GROW
- None of the above
- Other (please specify)

31. In the past 3 months I have come up with:

- No personal goals
- A goal but have not done anything to achieve it
- A goal and made some little way towards achieving it
- A goal and gotten pretty far with achieving it
- A goal and have achieved it



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32. Has the Grow Program helped you to:

	Yes	No	N/A
Co-operate with professional help while under treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have significantly less need of professional help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No longer need professional help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If you take medication for mental health, has the Grow Program helped you to:

	Yes	No	N/A
Continue taking medication as prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce your need for prescribed medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cease your need for prescribed medication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you did reduce or cease medication, did you do so in consultation with your doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Has the Grow Program helped you to:

	Yes	No	N/A
Need fewer hospital admissions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend fewer days in hospital when admitted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent any further hospitalisations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Has the Grow Program helped you to:

	Yes	No	N/A
Deal with your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retain employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change job/career?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Has the Grow Program helped you to:

	Yes	No	N/A
Stop self-harming?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage or overcome drug and/or alcohol problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce contact with the justice system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain or maintain stable housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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37. What do you find most beneficial or helpful about GROW? (tick up to three)

- Structured program
- Practical tasks/goals
- Reading material
- Community and social aspect
- Peer support
- Weekly meetings
- Learning new skills

38. Has your overall mental wellbeing been impacted by the COVID pandemic?

- None
- Mild
- Moderate
- Significant

39. Since COVID lockdowns, have you continued to utilise eGrow online groups as an alternative way to participate in the Grow Program?

- Yes
- No

40. How do you rate the help you have received from GROW?

- Excellent
- Very good
- Good
- Fair
- Not helpful
- Don't know

41. To what extent has going to Grow meetings contributed to coping with day to day life?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

42. What keeps you coming back to GROW?

43. Are there any other ways GROW helped you?

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* 44. How did you find out about GROW?

- | | |
|---|---|
| <input type="checkbox"/> Your doctor | <input type="checkbox"/> presentation in the community |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> an advertisement |
| <input type="checkbox"/> Mental health nurse | <input type="checkbox"/> a brochure or poster |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> TV/ radio or newspaper article |
| <input type="checkbox"/> another GROW member | <input type="checkbox"/> Internet |
| <input type="checkbox"/> friend / family member | <input type="checkbox"/> Social media eg Facebook |
| <input type="checkbox"/> presentation while in hospital | <input type="checkbox"/> Other |

Other (please specify)

45. On a scale 0 (low) to 10 (high) how likely are you to recommend GROW to a friend or colleague?

0 10

46. What can GROW do to reach more people who need us?

47. How could we improve your experience with GROW?

NOTE: After completing the Survey you may be asked for your details by SurveyMonkey, please just close the window to avoid signing up for unwanted emails.