ATIKAMEKSHENG
ANISHNAWBEK

Mental Health Wellness Service Evaluation

Purpose:

Your feedback helps us understand how well community members know and access mental health wellness supports. Please take a few moments to share your feedback.

1. Do you feel you understand what types of services and support the Mental Health Wellness Coordinator provides?

- ☐ Yes
- ☐ Very Well
- ☐ Somewhat
- ☐ Not really
- ☐ Not at all

2. Have you been referred to any programs or services by the Mental Health Wellness Coordinator?

- ☐ Yes
- ☐ No
- ☐ Not sure

3. How frequently do you access Mental Health Wellness services?

- ☐ Always
- ☐ Sometimes
- ☐ Often
- ☐ Rarely
- ☐ Never

4. What kinds of mental health wellness support, or information would you like to see more of in the community?

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Contact the Mental Health Wellness Coordinator at mentalhealth.coordinator@wlfn.com