

# Service User Questionnaire

## (Scored)

### What is the survey about?

This survey is about **your experiences** of the health and social care you receive through NHS mental health services. We're interested in your views of that experience, even if your contact has only been limited or has now finished.

**Your feedback is very important in helping us gain a picture of the care you received.** The information will be used to help improve NHS mental health services.

### Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

### Completing the questionnaire

For each question please cross  clearly inside one box using a black or blue pen. If you prefer not to answer a question, simply leave it blank.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box  and put a cross  in the correct box.

Please **do not** write your name or address anywhere on the questionnaire. All your answers will be kept confidential. It will not be possible to identify you in any report of the results.

### Questions or help?

If you have any queries about the questionnaire, please call the helpline number given in the letter enclosed with this questionnaire.



Taking part in this survey is voluntary.  
**Your answers will be treated in confidence.**

## YOUR CARE AND TREATMENT

Please **do not** include contact with your GP when answering questions in this section.

1. When was the **last time** you saw someone from **NHS mental health services**?

(Not scored)

- 1  In the last month  
2  1 to 3 months ago  
3  4 to 6 months ago  
4  7 to 12 months ago  
5  More than 12 months ago  
6  Don't know / can't remember  
7  I have never seen anyone from NHS mental health services → **Please go to Q42 on Page 7**

2. Overall, how long have you been in contact with NHS mental health services?

(Not scored)

- 1  Less than 1 year  
2  1 to 5 years  
3  6 to 10 years  
4  More than 10 years  
5  I am no longer in contact with NHS mental health services  
6  Don't know / can't remember

3. In the last 12 months, do you feel you have seen NHS mental health services **often enough** for your needs?

- 1  Yes, definitely **10**  
2  Yes, to some extent **5**  
3  No **0**  
4  It is too often **--**  
5  Don't know **--**

## YOUR HEALTH AND SOCIAL CARE WORKERS

Thinking about the **most recent time** you saw someone from NHS mental health services for your mental health needs...

This **does not** include your GP

4. Did the person or people you saw **listen carefully** to you?

- 1  Yes, definitely **10**  
2  Yes, to some extent **5**  
3  No **0**  
4  Don't know / can't remember **--**

5. Were you given **enough time** to discuss your needs and treatment?

- 1  Yes, definitely **10**  
2  Yes, to some extent **5**  
3  No **0**  
4  Don't know / can't remember **--**

6. Did the person or people you saw **understand** how your mental health needs affect **other areas of your life**?

- 1  Yes, definitely **10**  
2  Yes, to some extent **5**  
3  No **0**  
4  Don't know / can't remember **--**

## ORGANISING YOUR CARE

In this section, **you may** include contact with your GP.

7. Have you been told **who is in charge** of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional".)

- 1  Yes → **Go to 8** **10**  
2  No → **Go to 11** **0**  
3  Not sure → **Go to 11** **--**

8. Is the person in charge of organising your care and services...

**(Not scored)**

- 1  A CPN (Community Psychiatric Nurse)
- 2  A psychotherapist / counsellor
- 3  A social worker
- 4  A psychiatrist
- 5  A mental health support worker
- 6  A GP
- 7  Another type of NHS health or social care worker
- 8  Don't know

**Please note: Q9 and Q10 are NOT SCORED if the respondent selected "A GP" in Q8**

9. Do you know how to contact this person if you have a concern about your care?

- 1  Yes **10**
- 2  No **0**
- 3  Not sure **--**

10. How well does this person organise the care and services you need?

- 1  Very well **10**
- 2  Quite well **6.7**
- 3  Not very well **3.3**
- 4  Not at all well **0**

## PLANNING YOUR CARE

Please **do not** include contact with your GP when answering questions in this section.

11. Have you agreed with someone from **NHS mental health services** what care you will receive?

- 1  Yes, definitely → **Go to 12 10**
- 2  Yes, to some extent → **Go to 12 5**
- 3  No → **Go to 14 0**

12. Were you involved as much as you wanted to be in agreeing what care you will receive?

- 1  Yes, definitely **10**
- 2  Yes, to some extent **5**
- 3  No, but I wanted to be **0**
- 4  No, but I did not want to be **--**
- 5  Don't know / can't remember **--**

13. Does this agreement on what care you will receive take your personal circumstances into account?

- 1  Yes, definitely **10**
- 2  Yes, to some extent **5**
- 3  No **0**
- 4  Don't know / can't remember **--**

## REVIEWING YOUR CARE

Please **do not** include contact with your GP when answering questions in this section.

**Please note: Respondents who said in Q2 they had been in contact with MHS for less than a year are not included in the base of Q14, Q15 and Q16.**

14. In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

- 1  Yes → **Go to 15 10**
- 2  No → **Go to 17 0**
- 3  Don't know / can't remember → **Go to 17 --**

15. Were you involved as much as you wanted to be in discussing how your care is working?

- 1  Yes, definitely **10**
- 2  Yes, to some extent **5**
- 3  No, but I wanted to be **0**
- 4  No, but I did not want to be **--**
- 5  Don't know / can't remember **--**

16. Did you feel that decisions were made **together** by you and the person you saw during this discussion?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not want to be involved in making decisions --
- 5  Don't know / can't remember --

### CHANGES IN WHO YOU SEE

Please **do not** include contact with your GP when answering questions in this section.

17. **In the last 12 months**, have the people you see for your care or services changed?

Please **do not** include stopping care completely.

**(Not scored)**

- 1  Yes → Go to 18
- 2  Yes, but this was because I requested the change → Go to 21
- 3  Yes, but this was because I moved home → Go to 21
- 4  No → Go to 21
- 5  My care has started but not changed → Go to 21
- 6  Don't know / not sure → Go to 21

18. Were the reasons for this change explained to you at the time?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  No explanation was needed --

19. What impact has this had on the **care** you receive?

- 1  It got better 10
- 2  It stayed the same 10
- 3  It got worse 0
- 4  Not sure --

20. Did you know who was in charge of organising your care while this change was taking place?

- 1  Yes 10
- 2  No 0
- 3  Not sure --

### CRISIS CARE

Please **do not** include contact with your GP when answering questions in this section.

A crisis is if you need urgent help because your mental or emotional state is getting worse very quickly. You may have been given a number to contact, such as a "Crisis Helpline" or a "Crisis Resolution Team".

21. Do you know who to contact out of office hours if you have a crisis?

This could be a person or a team within **NHS mental health services**.

- 1  Yes → Go to 22 10
- 2  No → Go to 24 0
- 3  Not sure → Go to 24 --

22. **In the last 12 months**, have you tried to contact this person or team because your condition was getting worse?

**(Not scored)**

- 1  Yes → Go to 23
- 2  No → Go to 24
- 3  Can't remember → Go to 24

23. When you tried to contact them, did you get the help you needed?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I could not contact them 0

## TREATMENTS

Please **do not** include medicines prescribed only by your GP in this section.

24. In the last 12 months, have you been receiving any **medicines** for your mental health needs?

(Not scored)

- 1  Yes → Go to 25
- 2  No → Go to 30

25. Were you **involved** as much as you wanted to be in decisions about which medicines you receive?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I wanted to be 0
- 4  No, but I did not want to be --
- 5  Don't know / can't remember --

26. In the last 12 months, have you been prescribed any **new medicines** for your mental health needs?

(Not scored)

- 1  Yes → Go to 27
- 2  No → Go to 28

27. The last time you had a new medicine prescribed for your mental health needs, were you given **information** about it in a way that you were able to understand?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I was not given any information 0

28. Have you been receiving any medicines for your mental health needs for 12 months or longer?

(Not scored)

- 1  Yes → Go to 29
- 2  No → Go to 30
- 3  Not sure → Go to 30

29. In the last 12 months, has an **NHS mental health worker** checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?)

- 1  Yes 10
- 2  No 0
- 3  Don't know / can't remember --

30. In the last 12 months, have you received any **treatments or therapies** for your mental health needs that do not involve medicines?

(Not scored)

- 1  Yes → Go to 31
- 2  No, but I would have liked this → Go to 33
- 3  No, but I did not mind → Go to 33
- 4  This was not appropriate for me → Go to 33
- 5  Don't know / can't remember → Go to 33

31. Were these treatments or therapies explained to you in a way you could understand?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  No explanation was needed --

32. Were you involved as much as you wanted to be in deciding what treatments or therapies to use?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I wanted to be 0
- 4  No, but I did not want to be --
- 5  Don't know / can't remember --

## SUPPORT AND WELLBEING

Please **do not** include help from your GP in this section.

The following are areas of life where some people need help or support. For each area, NHS mental health services may have helped you to **find** any support you needed.

Support might have been provided by NHS mental health services, or it might have been provided by another organisation – such as social services, a charity or a community group. If support was provided by someone else, we are interested in whether NHS mental health services **helped you to find this support** from them.

33. In the last 12 months, did NHS mental health services give you any **help or advice** with **finding support** for **physical health needs** (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I would have liked help or advice with finding support 0
- 4  I have support and did not need help/advice to find it --
- 5  I do not need support for this --
- 6  I do not have physical health needs --

34. In the last 12 months, did NHS mental health services give you any **help or advice** with **finding support** for **financial advice or benefits**?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I would have liked help or advice with finding support 0
- 4  I have support and did not need help/advice to find it --
- 5  I do not need support for this --

35. In the last 12 months, did NHS mental health services give you any **help or advice** with **finding support** for **finding or keeping work**?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I would have liked help or advice with finding support 0
- 4  I have support and did not need help/advice to find it --
- 5  I do not need support for this --
- 6  I am not currently in or seeking work --

36. Has someone from NHS mental health services supported you in taking part in an activity locally?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I would have liked this 0
- 4  I did not want this / I did not need this --

37. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, not as much as I would like 0
- 4  No, they have involved them too much 0
- 5  My friends or family did not want to be involved --
- 6  I did not want my friends or family to be involved --
- 7  This does not apply to me --

38. Have you been given **information** by NHS mental health services about getting support from people who have experience of the same mental health needs as you?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but I would have liked this 0
- 4  I did not want this --

39. Do the people you see through NHS mental health services **help you** with what is important to you?

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

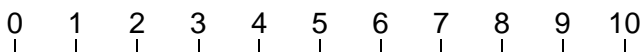
### OVERALL

Please **do not** include contact with your GP in this section.

40. Overall... **(Please circle a number)**

**(Scored as answer 0=0, 1=1, etc)**

I had a very poor experience I had a very good experience



41. Overall in the last 12 months, did you feel that you were treated with **respect and dignity** by NHS mental health services?

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

## ABOUT YOU

**(This section is not scored)**

This information **will not be used to identify you**. We use it to monitor whether different types of people are having different experiences of NHS services.

42. Who was the main person or people that filled in this questionnaire?

- 1  The person named on the front of the envelope (the **service user/client**)
- 2  A **friend or relative** of the service user/client
- 3  **Both** service user/client and friend/relative together
- 4  The service user/client with the help of a health professional

**Reminder:** All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions on gender and date of birth.

43. Are you male or female?

- 1  Male
- 2  Female

44. What was your **year of birth**? **(Please write in)**

e.g. 

1	9	3	4
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1	9		
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45. What is your religion?

- 1  No religion
- 2  Buddhist
- 3  Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4  Hindu
- 5  Jewish
- 6  Muslim
- 7  Sikh
- 8  Other
- 9  I would prefer not to say

46. Which of the following best describes how you think of yourself?

- 1  Heterosexual / Straight
- 2  Gay / Lesbian
- 3  Bisexual
- 4  Other
- 5  I would prefer not to say

47. What is your ethnic group? (**Cross ONE box only**)

**a. WHITE**

- 1  English/Welsh/Scottish/Northern Irish/ British
- 2  Irish
- 3  Gypsy or Irish Traveller
- 4  Any other White background, **write in...**

**b. MIXED / MULTIPLE ETHNIC GROUPS**

- 5  White and Black Caribbean
- 6  White and Black African
- 7  White and Asian
- 8  Any other Mixed/multiple ethnic background, **write in...**

**c. ASIAN / ASIAN BRITISH**

- 9  Indian
- 10  Pakistani
- 11  Bangladeshi
- 12  Chinese
- 13  Any other Asian background, **write in...**

**d. BLACK / AFRICAN / CARIBBEAN/BLACK BRITISH**

- 14  African
- 15  Caribbean
- 16  Any other Black / African / Caribbean background, **write in...**

**e. OTHER ETHNIC GROUP**

- 17  Arab
- 18  Any other ethnic group, **write in...**



## OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of mental health care in the last 12 months, please do so here.

***Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback***

Is there anything particularly good about your care?

Is there anything that could be improved?

Any other comments?

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you answered all the questions that apply to you.**

**Please post this questionnaire back in the FREEPOST envelope provided.**