

SURVEY DEVELOPMENT REPORT

COMMUNITY MENTAL HEALTH SURVEY 2022

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Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will email all trust contacts and contractors directly to inform them of the change.

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Questions and comments

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1. Background

The Community Mental Health Survey (CMH) has been conducted almost every year since 2004 as part of the NHS Patient Survey Programme (NPSP), coordinated by the Survey Coordination Centre for Existing Methods (SCCEM) at Picker on behalf of the Care Quality Commission (CQC). In 2021, the survey was in fieldwork for 18 weeks, between February 2021 and June 2021. A 26.5% response rate was achieved, with 17,322 respondents from 54 Community Mental Health trusts (CMH trusts) and social enterprises delivering NHS mental health services taking part in the survey. Those aged 18 and over were eligible to take part if they were receiving care or treatment for a mental health condition between 1 September 2020 and 30 November 2020.

The purpose of the survey is to understand, monitor and improve service users' experiences of NHS community mental health services. Data collected from the 2022 Community Mental Health Survey (CMH22) will be used by the CQC in its assessment of mental health trusts in England. The results are also used by NHS England and NHS Improvement and the Department of Health and Social Care (DHSC) for performance assessment, improvement, governance and regulatory purposes.

The 2022 survey has been developed similarly to the previous Community Mental Health 2021 Survey (CMH21), which was reviewed to take into account the impact of COVID-19 on the care and treatment provided by NHS community mental health services. The 2022 survey will continue to use the higher sample size of 1,250, which was introduced in the 2020 survey.

As part of the development work for the 2022 iteration of the NHS Community Mental Health Survey, the SCCEM undertook a development review exercise. This exercise involved a number of stages:

- A review of survey coverage in relation to the NHS Patient Experience Framework and existing surveys targeted at mental health service users
- A review of current mental health policy and service provision
- A review of NPSP-wide developments and learnings
- A review of considerations from the survey development phase of CMH21
- Performance analysis of the CMH21 questionnaire
- Desk research, online survey and consultation with trusts to understand the ongoing impact of the COVID-19 pandemic on the services provided by CMH trusts
- Consultation with the CMH survey Advisory Group
- Cognitive testing of the questionnaire with 18 recent service users.

This report sets out the phases of development in more detail and the changes that were made for the CMH22 survey.

1.1 Summary of changes

The development work resulted in a number of changes to the materials and methods for the 2022 survey. In summary, these are:

- Questionnaire: five questions were added, four were removed and several questions were modified to reflect changes in policy or guidance and circumstances during the COVID-19 pandemic.
- Minor changes were made to the covering letters:
 - Letter 1 and 3 - Changes to the CQC website address and year of survey
 - Letter 1 - Altering 'and' to 'but' in the sentence (Taking part is voluntary but we are keen to hear your views.)
 - Letter 2 - One comma removed
 - Letter 3 - Transposing two paragraphs, and minor alterations to the wording in them.

Note

- Postal reminders: due to delays in the postal service caused by the COVID-19 pandemic, first reminders were sent out seven working days after the first mailing (rather than five) for CMH21. The decision to retain the seven-day rule was made in late 2021 due to the ongoing impact of Omicron on the postal service.

2. Review of the NHS Patient Experience Framework

The Patient Experience Framework (PEF) was built on a modified version of the Picker Institute Principles of Person-Centred Care and is used by the DHSC as a measure of patient experience¹. This is a general patient experience framework and, at face value, appears to align more clearly with acute care than community mental health experience. However, there are a number of themes within the framework that do resonate with mental health care and policy approaches.

The 2020 questionnaire was reviewed against the framework to identify any gaps in coverage. Table 1 has been updated using the CMH22 questionnaire that demonstrates that these themes are reflected in a number of ways, as shown in table 1.

¹[NHS Patient Experience Framework \(PDF\)](#)

NHS Patient Experience Framework Theme	In questionnaire by:	Example questions
Respect for patient-centred values, preferences and expressed needs	A number of questions about shared decision making and involvement in care.	Q6. Have you received your care and treatment in the way you agreed? Q16. Were you involved as much as you wanted to be in deciding what care you will receive?
Coordination and integration of care	In the 'organising your care' section of the questionnaire which included questions on the coordination of care.	Q10. Have you been told who is in charge of organising your care and services? Q13. Do you know how to contact this person if you have a concern about your care?
Information, communication and education	In a number of questions on information given to service users about their medication, therapies and those responsible for care.	Q24. Has the purpose of your medicines ever been discussed with you? Q29. Were these NHS talking therapies explained to you in a way you could understand?
Emotional support	A number of questions assessed overall well-being support, such as financial support.	Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?
Welcoming the involvement of family and friends	Question on involvement of family and friends.	Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?
Transition and continuity	Questions on organising the service users care plan.	Q12. How well does this person organise the care and services you need?
Access to care	A number of questions on ability to contact relevant care providers and care coordinators, one question on timely access to care.	Q32. Overall, how did you feel about the length of time you waited before receiving NHS talking therapies?

Table 1: NHS Patient Experience Framework and representation of the themes with the CMH22 questionnaire

2.1 Impact of COVID-19 on Mental Health Services

The CQC survey is the most widely used survey in England measuring service user experience in community mental health services.

A literature review was conducted which identified the following themes:

- Impact of the COVID-19 pandemic on mental health and mental health care provision²³⁴⁵;
- Personalised care planning for adults in the community with severe mental health conditions⁶;

The literature reviewed highlighted the impact of COVID-19, and Long COVID, on individual's mental health with potential for an increased risk of psychiatric or neurological disorders within 6 months of a COVID-19 diagnosis.

Mind – The Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?

Surveyed 14,421 adults aged over 25, and 1,917 young people aged 13-24⁷. Three quarters (76%) of adult participants and 69% of young people had personal experience of mental health problems.

The learnings from the survey were:

- Restrictions on seeing people, being able to go outside and worries about the health of family and friends are the key factors driving poor mental health. Boredom is also a major problem for young people.
- Loneliness has been a key contributor to poor mental health. Feelings of loneliness have made nearly two thirds of people's mental health worse during the past month, with 18–24-year-olds the most likely to see loneliness affect their mental health.
- Many people do not feel entitled to seek help and have difficulty accessing it when they do. 1 in 3 adults and more than 1 in 4 young people did not access support during lockdown because they did not think that they deserved support.
- A quarter of adults and young people who tried to access support were unable to do so. Not feeling comfortable using phone/video call technology has been one of the main barriers to accessing support.

² [UK Parliament Post: Mental health impacts of the COVID-19 pandemic on adults \(PDF\)](#)

³ [The Lancet: 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records \(PDF\)](#)

⁴ [House of Commons library: Mental Health Policy in England \(PDF\)](#)

⁵ [NHS Confederation: Mental health services and COVID-19: preparing for the rising tide \(Webpage\)](#)

⁶ [PRSB: Community Mental Health: Personalised care planning for adults in the community living with severe mental health conditions \(PDF\)](#)

⁷ [Mind: The mental health emergency \(PDF\)](#)

Online mental health help-seeking questionnaire

This online questionnaire focuses on help-seeking behaviour and barriers to seeking help within mental health. The survey found that 'feeling embarrassed or ashamed' was the most significant barrier to seeking help for a mental health problem⁸. Of the participants that disclosed that they had experienced a mental health difficulty, 35% did not seek help for their problem.

Help seeking or barriers to seeking help with mental health is not currently addressed within the national CMH questionnaire. Whilst it is vital to understand help seeking behaviours and barriers to seeking help, the CMH questionnaire may not have enough space to go into depth around such a complex topic and may not provide useful data for policy makers and trusts (i.e., barriers identified may be out of the trust's control).

Other relevant surveys

The charity MIND has in the past conducted a regular survey called The Big Mental Health Survey (the last report was published in July 2018). This survey aims to understand people's experiences of mental health support offered by primary care and the voluntary and community sector as well as experiences of discrimination and the support given to individuals whilst they are waiting for access to NHS services⁹. Whilst the MIND survey provides valuable and insightful data, the crossover of items from that survey to the CQC survey is challenging given the different end uses of data.

For future iterations of the CQC survey, it will be important to continue to reflect on the content of other mental health surveys to ensure that the CQC survey remains comprehensive and covers salient aspects of experience for service users.

3. Policy and the Community Mental Health Survey

3.1 NHS Long Term Plan and Five-Year Forward View for Mental Health

The NHS Long Term Plan¹⁰, published in January 2019, sets out NHS England and NHS Improvement's goals for mental health service provision to 2024. Many of these goals carry forward recommendations made in the Five Year Forward View for Mental Health, published in 2016, which identified priority areas for the future of mental health care.

The Long Term Plan commits to growing investment in mental health services faster than the NHS budget overall for each of the next five years. This pledge means mental health will receive a growing share of the NHS budget, over £2.3 billion a year by 2023/24, and that

⁸ [British Journal of General Practice: Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional study \(PDF\)](#)

⁹ [Mind: The Big Mental Health Survey \(Webpage\)](#)

¹⁰ [The NHS Long Term Plan \(PDF\)](#)

services will grow faster in the next 5 years than in the past 5 years. A number of priorities and commitments made in the Long Term Plan are detailed below.

Personalised care and control over care

The NHS Long Term Plan sets out provisions for people to take more responsibility for managing their own physical and mental health. This increased personal responsibility for health will be supplemented by advice and peer support in the community and online. For mental health in particular, the NHS Long Term Plan supports the development of apps and online resources to support good mental health and enable recovery. The Long Term Plan also references allowing people to have greater choice and control over their care by 2023/24.

The Long Term Plan also discusses **Adults with Severe Mental Illness (SMI)**: STP's/ICS's are to receive funding to develop integrated care models (primary and community care) for adults with SMI. For the CMH survey, this would relate to adults with a diagnosis of a personality disorder (there are other groups but they would possibly be excluded from the survey, e.g.: drug and alcohol substance users). The care plans should include a physical health check and IPS (individual placement and support) which relates to finding and keeping employment.

Prevention and integration of physical and mental health

The Kings Fund recognises that physical and mental health are closely interdependent, and that neglecting one can damage the other¹¹. There is currently a lack of access to physical healthcare for people with mental health conditions. Indeed, people with severe mental illness are at risk of dying on average 15 to 20 years earlier than those without a mental health condition¹². The Long Term Plan sets out plans to integrate healthcare systems, by delivering 'triple integration' of primary and specialist care, physical and mental health services. As part of this integrated care the Long Term Plan has increased the target from the Five Year Forward View for the total number of people receiving physical health checks annually during mental health treatment.

Additionally, the Long Term Plan commits to increased funding of prevention programs to help people get and stay healthy. The Plan also sets out specific action, for example to: cut smoking in people with long term mental health problems and targeting weight management for people with a high BMI.

Access to mental health care

Increased funding as set out in the NHS Long Term Plan aims to provide faster access to mental health services, both in the community and crisis care. A four-week waiting time for access to adult and older adult community mental health teams will be trialled, with the ambition to roll this standard out across the NHS over the next decade.

¹¹ [The King's Fund: Integrating physical and mental health \(Webpage\)](#)

^{12,14,15} [NHS England: The Five Year Forward View for Mental Health \(PDF\)](#)

The Five Year Forward View for Mental Health acknowledges that too often those in mental health crisis are accessing mental health care via contact with the police or attendance at A&E¹³. The Long Term Plan has committed to ensuring that a 24/7 community-based mental health crisis response will be available across England by 2020/21. Additionally, they aim for a mental health liaison service to be in every acute hospital, with at least 50% of these providing 24/7 care by 2020/21, and 100% providing this service by 2023/24.

Inequality

The Five Year Forward View for Mental Health places particular focus on tackling inequality¹⁴. Mental health problems disproportionately affect those in marginalised groups, including Black, Asian and Minority Ethnic (BAME) people, lesbian, gay, bisexual and transgender people, disabled people, and those who have had contact with the criminal justice system. The report calls for routine data to be made available to ensure local CMH services are addressing age, gender, ethnicity, disability and sexuality inequalities in access to services.

Demographic data is collected in the CMH survey and subgroup analysis is undertaken to look at the experience of mental health care for those in marginalised groups, and how experience differs between groups. Additionally, the 2022 survey will collect service user postcode data, the purpose of including this information is to enable the SCCEM to map respondents to an IMD Decile, to allow for more detailed analysis to determine the interrelationship between deprivation (such as the English Index of Deprivation or Index of Multiple Deprivation) and quality of health care. This mapping will enable us to examine whether there is a link between deprivation and experiences of community mental health service users. This is discussed further in section 9.2.

3.2 Impact of the COVID-19 pandemic on community mental health services

The COVID-19 pandemic hit England in early 2020, resulting in action being taken to delay the spread of the virus. The pandemic has significantly impacted services across the NHS and has resulted in many services adapting to cope with the demand and capacity to continue delivering support.

In response to COVID-19, NHS England and NHS Improvement requested that 24/7 urgent NHS mental health telephone support¹⁵, advice and triage was established as a priority. This was expected to be rolled out in March 2021 as part of the Long Term Plan, however, was brought forward in light of the pandemic.

¹⁵ [NHS England: COVID-19: Immediate establishment of 24/7 urgent NHS mental health telephone support, advice and triage \(PDF\)](#)

In addition, community mental health services have been required to change their approach to delivering services, moving from predominantly in person service delivery to a blended approach encompassing remote delivery methods, such as online and telephone provision.

COVID-19 Trust Consultation

To understand the continuing impact of COVID-19 on CMHT's ahead of the CMH22 survey, an online questionnaire was sent to all 53 CMH Trusts participating in the national survey. Fieldwork was undertaken between 12th and 26th August 2021. Three reminders were sent to all those who did not respond, and targeted reminders were sent to all respondents who had started the survey but not completed it. A total of 22 responses were received, a response rate of 41%. However, not all respondents completed the survey in its entirety: 17 respondents provided responses to two questions or more. The overall response rate is slightly below the 2021 level (47%), which may be due to the fieldwork period having been over the peak summer school holidays.

The main findings from the online COVID-19 survey are:

- There has been considerable change in community mental health services due to COVID-19, across all 13 services listed in the questionnaire. Only one respondent thought a single service had not changed.
 - The changes were predominantly around the service change from face-to-face to online/virtual and telephone, and agile/blended working patterns for staff.
 - The highest levels of service change were blended care (100%) and providing new delivery methods (80%).
 - Telephone and video consultation are currently being used by all organisations as an alternative to face-to-face contact, whilst 88% are also currently using 24/7 urgent telephone support. Only a quarter of organisations were using online consultation e.g., instant messaging.
 - The overwhelming majority (89%) indicated that service users have partial control over the delivery methods they can access, with none stating that they had full control.
- No organisations thought the change in volume of service users in last 12 months had decreased or stayed the same. The highest levels of increase were seen in adult services and crisis teams (both 75%), and home treatment teams at 57%.
- There were relatively high levels of “not sure” across the questionnaire, indicating some uncertainty over the current and future community mental health services provisions:
 - The level of ‘not sure’ ranged from 9% to 50% when respondents were asked if the 13 community mental health services included in the eligible population for the national survey had changed due to COVID-19.
 - 89% of organisations were unsure how long they anticipated the service changes to be in place for.

The levels of ‘not sure’ answers ranged from 25% to 86% when respondents were asked if the organisation had seen a change in volumes for the 13 community mental health services included in the eligible population for the national survey.

- Just over half (58%) of organisations arrange and deliver physical health checks, with 8% saying health checks were outside it's remit. Just under half (43%) were unsure who arranged and delivered them.

3.3 Performance of the 2021 questionnaire

Ahead of the advisory group, analysis was conducted on the 2021 survey data, including item non-response, ceiling effects and question correlations to highlight potential questions for removal.

Item non-response refers to questions that were not answered (i.e., left blank) but were applicable to the respondent. A high level of item non-response on a particular question may indicate that either respondents did not understand the question, the question is not relevant to them, or that the response options listed did not fit their experience. High levels of item non-response can lead to data being suppressed at trust and/or national level (suppression occurs when <30 respondents answer a question) when results are reported.

Ceiling effects occur when a question is answered the same by nearly all respondents. For instance, if 95% of respondents answered 'yes' to a question then this can be an indication that the question may not be providing useful insight.

Question correlations were conducted to identify any questions that are statistically similar to one another. This may lead to questions being removed if several questions appear to be measuring the same thing.

Additionally, the overall order of questions remains broadly similar to the previous survey iteration as the inclusion of new items can impact the context or answering of a following question. Finally, the wording of existing questions is occasionally altered where there is strong evidence from the cognitive interviews for doing so, however this usually means that historical comparisons for these questions are not advisable.

The analyses revealed several questions requiring review. Question numbers below relate to those reported in the 2021 survey.

Correlation coefficients:

Kendall rank correlation coefficient (commonly referred to as Kendall's τ coefficient) was run on the 2021 data, and all correlations of 0.6 and above are listed in Table 1 below:

Table 2: CMH21 question item performance: correlations of 0.6 and above.

Question 1	Question 2	Correlation
In the last 12 months, were care and services available when you needed them?	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).	Correlation of 0.656
In the last 12 months, did NHS mental health services give you any	In the last 12 months, did NHS mental health services give you any help or advice with finding	Correlation of 0.656

help or advice with finding support for financial advice or benefits?	support for finding or keeping work (paid or voluntary)?	
Were you given enough time to discuss your needs and treatment?	Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone)?	Correlation of 0.602

All questions (apart from the demographic questions) were analysed to identify possible ceiling effects as detailed in Table 3 below.

Table 3: CMH21 question item performance: possible Ceiling Effects.

Question	Answer	%
Do you know how to contact this person if you have a concern about your care?	Yes	96.4%
When was the last time you saw someone from NHS mental health services? (This includes contact in person, via video call and telephone)	In the last 12 months	93.7%

All questions (apart from the demographic questions) were reviewed to identify the levels of missing responses, as a potential indicator of how easy/difficult respondents found answering each individual question, and potentially establish the need for a new response category. Of the 40 questions analysed, 11 had missing responses of >1% or more, with the highest level of missing responses being 2.2%.

The eleven questions identified with high item non-response (in descending order of missing responses) are:

- Question 36 which asks overall...;
- Question 34 which asks did NHS mental health services give you any help or advice with finding support for finding or keeping work;
- Question 35 which asks did NHS mental health services involved a member of your family or someone else close to you as much as you would like;
- Question 33 which asks did NHS mental health services give you any help or advice with finding support for financial advice or benefits;
- Question 32 In the last 12 months, did NHS mental health services support you with your physical health needs;
- Question 37 which asks in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services;
- Question 38 which asks in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care;
- Question 31, which asks overall, how did you feel about the length of time you waited before receiving NHS talking therapies;
- Question 14 which asks have you agreed with someone from NHS mental health services what care you will receive;
- Question 20 which asks thinking about the last time you tried to contact this person or team, did you get the help you needed;

- Question 27 which asks in the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines.

Verbatim Analysis:

A total of 117 (<1%) verbatim comments that specifically mentioned the questionnaire or completing it, were identified from the circa 17,900 free text responses in CMH21. These comments were then grouped into themes – no theme had more than 0.2% of the completed responses.

The themes identified in this analysis were:

- **Questionnaire completed by carer/other, indicating a proportion of responses are from proxy respondents on behalf of the service user.**
- **Sharing of how the survey results result in positive change for services.**
- **Comments on particular questions, such as any potential ambiguity in meaning.**

Following this analysis, the questionnaire and covering letters content was reviewed to address the free-text comments where needed.

4. Advisory Group

Following the completion of desk research and a review of the 2021 questionnaire as detailed in the sections above, an Advisory Group met on the 8th September 2021, to discuss the development of the 2022 survey. Contributors were asked to advise on questions that were no longer relevant, potential new questions, ongoing service provision changes as a result of the COVID-19 pandemic, as well as recent policy changes in NHS mental health services.

The Advisory Group consisted of key stakeholders, including NHS CMH trusts, CQC Experts by Experience, policy makers, research charities and other official bodies. These members were consulted with throughout survey development to ensure the questionnaire aligns with current procedures and that the data can be used effectively by NHS CMH trusts to implement improvements to service user experience.

Five areas were flagged for discussion with the advisory group:

- **Increased personal responsibility for taking control**

The NHS Long Term Plan (published in January 2019) sets out provisions for people to take more control of their own health, including mental health. This increased personal responsibility for health will be supplemented by advice and peer support in the community and online. For mental health in particular, the Long Term Plan supports the development of apps and online resources to support good mental health and enable recovery, as per the intentions of the Long Term Plan.

With the development of these online tools, it is likely that they are to be developed centrally, with local CMH trusts potentially having little to no control over their content or delivery. This means data received at trust-level on this aspect of care is unlikely to useable by the individual trusts to make changes and drive improvement.

Stakeholders provided guidance on the above topic area to establish if our expectation is accurate, or if this area should be explored in more detail in the CMH22 survey.

o **COVID-19 impact on services and service user experience**

A literature review was conducted which identified the following themes:

- o Impact of the COVID-19 pandemic on mental health and mental health care provision^{16,17,18,19}
- o Personalised care planning for adults in the community with severe mental health conditions²⁰

The literature review highlighted the impact of COVID-19, and Long COVID, on an individual's mental health with the potential for an increased risk of psychiatric or neurological disorders within 6 months of a COVID-19 diagnosis.

Stakeholders provided guidance on the need to consider the inclusion of new items on understanding Long COVID or additional of a response option in the existing Long Term Condition questions in CMH22.

o **Service delivery changes due to COVID-19 impact on services and service user experience**

The impact of the pandemic on CMH trusts and the services they provide to service users was discussed with members of the advisory group. Stakeholders provided guidance on how care and services had changed, as well as some of the issues. The relevance of current items included in the questionnaire were discussed and new question topics were agreed to capture the impact changes have had on service user experience.

Stakeholders discussed and reviewed the need to include specific questions on remote delivery methods (and if there was any guidance to implement remote methods in a particular way), and the impact that these may have had on an individual's care or experience.

¹⁶ [UK Parliament Post: Mental health impacts of the COVID-19 pandemic on adults \(PDF\)](#)
¹⁷ [The Lancet: 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records \(PDF\)](#)
¹⁸ [House of Commons library: Mental Health Policy in England \(PDF\)](#)
¹⁹ [NHS Confederation: Mental health services and COVID-19: preparing for the rising tide \(Webpage\)](#)
²⁰ [PRSB: Community Mental Health: Personalised care planning for adults in the community living with severe mental health conditions \(PDF\)](#)

- o **Access to care**

As highlighted in the Patient Experience Framework and the NHS Long Term Plan, access to care is of high importance in mental health services and was therefore raised during the advisory group. Members agreed to add a new question on how service users felt about the length of time it took to get through to the person or team.

Each of these themes are discussed further in sections 2 and 3 above.

As a result of the advisory group consultation and a subsequent discussion, five questions were added to the questionnaire, three of which were added to the 'Your care and treatment' section, with one being added to the 'Organising your care' section, and one to the 'Crisis care' section. Furthermore, four questions were removed, and several amendments were made. Details of these changes can be found in section 6 and Appendix 1.

5. Cognitive testing

5.1 Recruitment

Taking into account all of the above evidence and feedback, a questionnaire was drafted for testing with recent service users. 'Cognitive testing' involves holding interviews with recent users of NHS community mental health services and asking them to answer the questionnaire, reading out loud and explaining the reasoning behind their answers. The interviewer observes the responses that the participant makes and periodically asks questions such as whether the question was easy to answer, what their circumstances were and what they were thinking about when considering their answer. The interviewer also pays attention to whether the respondent appears to struggle when answering certain questions, and whether instructions were read and followed correctly. Cognitive testing ensures that as far as possible, the instructions, questions and response options are relevant and understood. For this survey the covering letters were also tested since they had undergone significant changes since the previous survey. Refinements are made to the survey materials following each round of testing in accordance with any issues that are evidenced by the interviews.

Service users were screened upon registering their interest to participate to identify the mental health service they had used, their demographics and location. Additionally, we wanted to ensure we interviewed service users who had used secondary care mental health services, as opposed to IAPT services, as currently IAPT service users are ineligible for the main survey.

Recruitment for cognitive testing followed a similar process as in the 2021 survey, due to ongoing uncertainty around COVID-19 restrictions. Once again, recruitment was conducted online, with interviews taking place online and over the phone, instead of face-to-face. Whilst participants were offered face-to-face interviews (on the condition that restrictions were not in place at the time), service users chose their preferred method and what they felt most comfortable with. Since many community mental health services introduced remote delivery

methods in response to the pandemic, service users who had been receiving regular contact in this way were already familiar with these methods. The use of online recruitment channels and video conferencing presented a number of advantages for cognitive testing, such as permitting a wider geographical reach as well as facilitating easier rescheduling of interviews.

5.2 Advertising

The recruitment advert was redesigned for 2022 to be visually appealing and was linked to Picker's website providing service users with more information about the interviews and survey.

Respondents were recruited using several recruitment channels. Despite its limited success for CMH21, paid Facebook boosted posts were utilised once again and proved to be effective this year, with the majority of respondents to the screening survey having seen the advert via Facebook. Adverts were also posted on Twitter, Gumtree and LinkedIn, though these channels were not as successful in recruiting respondents. The adverts were also placed with a local newspaper.

In addition to posting on social media platforms, the adverts were placed in a local newspaper.

A number of trusts were contacted during recruitment and the advert was shared with the trust's register of Patients and Carers for Involvement. This proved successful with a number of participants registering their interest to take part in the interviews.

The same broad eligibility criteria were applied as for the main survey which was that participants must be aged 18 or over and have used NHS community mental health services in the last 12 months. Additionally, the 2021 data showed 19% of questionnaires were completed by a friend or relative of the service user and 10% by both the service user and friend or relative together. Therefore, we also advertised to friends and relatives of service users, who could participate and answer the questions on behalf of the service user.

5.3 Interviews

Three rounds of cognitive interviews were carried out using video or phone calls in October and November 2021. Respondents were given £40 in 'Love2shop' or Amazon vouchers for the one-hour interview as a thank-you.

Eighteen cognitive interviews were carried out across three rounds:

- Gender: 10 women, 8 men;
- Age: ranged from 26 to 71 years old, the average age was 46;
- Residence: 5 respondents from Greater London, 3 from Leicester, 2 respondents from Birmingham, 2 from Yorkshire, 2 refused to specify a location, 1 from Northumberland, 1 from Crewe, 1 from Harrow and 1 from Wokingham;
- Ethnic background: 10 White British, 8 non-White British (African, Asian, Asian British, Black British, Black Indian, Indian, Pakistani, Mixed Race);

- All participants had long term conditions;
- 1 service user completed the interview with the assistance of their carer (friend or relative).

Upon completion of cognitive testing, the questionnaire was finalised and then submitted for ethical approval alongside the other service user facing materials. A section 251 application was also submitted for the approval of sharing confidential patient information without consent.

6. Changes to the questionnaire

Following consultation with key stakeholders at the advisory group and cognitive interviews with service users, a number of amendments were made to the CMH22 questionnaire. In total, 4 questions were removed from the questionnaire, 5 questions were added, 5 questions were amended, two questions were transposed, and two instructions were altered.

6.1 Questions removed from the questionnaire

Four questions were removed and are no longer present in the 2022 questionnaire (the numbering in this section refers to the numbering in the questionnaire for the 2021 Community Mental Health Survey).

The CMH21 fieldwork was undertaken during the third national lockdown, and three new questions were added that covered (Q4) access the care and services they needed when they needed them, (Q5) measuring communication about service changes due to the coronavirus pandemic and (Q6) how changes to services due to the pandemic affected mental health. These questions were deemed to reflect the situation at the start of the pandemic/in lockdown and were felt to be no longer appropriate for the 2022 survey.

- 4. In the last 12 months, were care and services available when you needed them?**
- 1 Yes, always
 - 2 Yes, sometimes
 - 3 No
 - 4 Service(s) were available, but not the service I needed
 - 5 Don't know / can't remember

5. Were you informed how the care and treatment you were receiving would change due to the coronavirus pandemic?

- 1 Yes, definitely → Go to 6
- 2 Yes, to some extent → Go to 6
- 3 No → Go to 6
- 4 My care and treatment did not change → Go to 7
- 5 I did not receive care and treatment before the pandemic → Go to 7
- 6 Don't know / can't remember → Go to 7

6. Do you feel changes in your care and treatment due to the coronavirus pandemic affected your mental health?

- 1 Yes, my mental health improved
- 2 Yes, my mental health got worse
- 3 No, the changes did not affect my mental health
- 4 Don't know / not sure

Five new questions were added for CMH21, and due to space considerations, an additional question needed to be removed. Q24 had been identified by stakeholders in 2020 as the question with a highest potential for removal if space restrictions decreed that a question should be eliminated.

24. Do you feel your **medicines** have helped your mental health?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure

6.2 Questions added to the questionnaire

Five questions were added, three of these were in the “your care and treatment section” of the questionnaire.

4. In the last 12 months, have you and someone from **NHS mental health services** agreed how your care and treatment would be delivered? (i.e. in person, via video call or telephone)

- 1 Yes → Go to 5
- 2 No → Go to 7
- 3 Not sure → Go to 7

To understand if a conversation took place and an agreement about service changes was made due to the coronavirus pandemic, question 5 was introduced following consultation with the survey advisory group. The advisory group members had highlighted that the service delivery options were an important consideration, and that this should be measured across two questions, to determine what was agreed with the service user (Q5) with a follow-up question (Q6) to establish if the care and treatment were delivered in the way that was agreed.

5. Did you agree that your care and treatment would be delivered.....
(Select **ALL** that apply)

- 1 In person
- 2 By video call
- 3 By telephone

6. Have you received your care and treatment in the way you agreed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know

One new question was added to the 'organising your care' section to establish if the service user got the help they needed at the last contact.

14. Thinking about the last time you contacted this person, did you get the help you needed?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I could not contact them
- 5 I have not tried contacting them
- 6 Don't know / can't remember

One new question was added to the 'Crisis care' section. In the 2021 survey, the crisis care questions focussed on whether respondents knew who to contact in a crisis and then whether they got the help they needed from that crisis team/ individual. For the 2022 iteration, stakeholders felt that it was also important to measure how service users felt about the length of time it took for them to make contact with a crisis care team/ individual when they needed to:

22. How do you feel about the length of time it took you to get through to this person or team?
- 1 I got through straightaway
 - 2 I had to wait, but not for too long
 - 3 I had to wait too long
 - 4 Don't know / can't remember

6.3 Questions modified

Five questions were amended to reflect changes following the cognitive testing phase and input from stakeholders.

Q15 was reworded to focus on whether care had been ‘decided’ rather than ‘agreed’ (as in CMH21, Q14), following feedback in the cognitive interviews that ‘agreed’ suggests that both parties consented, as this may not always be the case. A new response code of ‘Don’t know / can’t remember’ was also added, along with additional bracketed text for clarification that this question is measuring whether a care plan had been put in place.

CMH21	CMH22
<p>14. Have you agreed with someone from NHS mental health services what care you will receive?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, definitely → Go to 15 2 <input type="checkbox"/> Yes, to some extent → Go to 15 3 <input type="checkbox"/> No → Go to 17 	<p>15. Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, definitely → Go to 16 2 <input type="checkbox"/> Yes, to some extent → Go to 16 3 <input type="checkbox"/> No → Go to 18 4 <input type="checkbox"/> Don't know / can't remember → Go to 18

Allied to the above change, and for consistency, both Q16 and Q17 were reworded to focus on decision making as opposed to agreement, where Q16 previously referred to ‘agreeing’ care (Q15 in CMH21) and Q17 previously referred to ‘agreements’ of care (Q16 in CMH21).

CMH21	CMH22
<p>15. Were you involved as much as you wanted to be in agreeing what care you will receive?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, but I wanted to be 4 <input type="checkbox"/> No, but I did not want to be 5 <input type="checkbox"/> Don't know / can't remember 	<p>16. Were you involved as much as you wanted to be in deciding what care you will receive?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, but I wanted to be 4 <input type="checkbox"/> No, but I did not want to be 5 <input type="checkbox"/> Don't know / can't remember

<p>16. Does this agreement on what care you will receive take into account your needs in other areas of your life?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> Don't know / can't remember</p>	<p>17. Did decisions on what care you will receive take into account your needs in other areas of your life?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> No, but I did not want / need them to</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>
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Q18 was reworded from 'specific meeting' (as in Q17 in CMH21) to 'care review meeting' to ensure the terminology was consistent throughout this section, and to provide clarity to the respondent that the question was focussed on whether a care review meeting had taken place.

CMH21	CMH22
<p>17. In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?</p> <p>1 <input type="checkbox"/> Yes → Go to 18</p> <p>2 <input type="checkbox"/> No → Go to 19</p> <p>3 <input type="checkbox"/> Don't know / can't remember → Go to 19</p>	<p>18. In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?</p> <p>1 <input type="checkbox"/> Yes → Go to 19</p> <p>2 <input type="checkbox"/> No → Go to 20</p> <p>3 <input type="checkbox"/> Don't know / can't remember → Go to 20</p>

Q21 was reworded from 'the last time you tried to contact' to 'you contacted' and routing added to all answers in order to ensure that respondents were directed to the new Q22.

CMH21	CMH22
<p>20. Thinking about the last time you tried to contact this person or team, did you get the help you needed?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> I could not contact them</p> <p>5 <input type="checkbox"/> I have not tried contacting them</p> <p>6 <input type="checkbox"/> Don't know / can't remember</p>	<p>21. Thinking about the last time you contacted this person or team, did you get the help you needed?</p> <p>1 <input type="checkbox"/> Yes, definitely → Go to 22</p> <p>2 <input type="checkbox"/> Yes, to some extent → Go to 22</p> <p>3 <input type="checkbox"/> No → Go to 22</p> <p>4 <input type="checkbox"/> I could not contact them → Go to 23</p> <p>5 <input type="checkbox"/> I have not tried contacting them → Go to 23</p> <p>6 <input type="checkbox"/> Don't know / can't remember → Go to 23</p>

6.4 Additional Changes

The order of Q12 and Q13 was transposed for CMH22 to improve the flow of the questionnaire due to the introduction of the new question (Q14). The order for CMH21 was Q12 (know how to contact) and Q13 (organise care and services). There were no other changes to these questions.

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

- 1 Very well
- 2 Quite well
- 3 Not very well
- 4 Not at all well

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

- 1 Yes
- 2 No
- 3 Not sure

The instructions were amended in two sections.

The introductory text in the ‘your health and social care workers section’ was changed from ‘thinking about the most recent time’ to ‘thinking about the last time’, as it was raised in the cognitive interviews that it should be consistent with the wording of other ‘time frame’ references in the questionnaire (at Q1, Q14, Q21).

CMH21	CMH22
<p>YOUR HEALTH AND SOCIAL CARE WORKERS</p> <p>Thinking about the most recent time you saw someone from NHS mental health services for your mental health needs...</p> <p>This does <u>not</u> include your GP.</p>	<p>YOUR HEALTH AND SOCIAL CARE WORKERS</p> <p>Thinking about the last time you saw someone from NHS mental health services for your mental health needs...</p> <p>This does <u>not</u> include your GP.</p>

The introductory text in the ‘other comments’ section was changed from ‘your details’ to ‘your contact details’ to clarify what details would be provided back to CMH trusts if required.

CMH21	CMH22
<p>Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others’ safety and wellbeing.</p>	<p>Your contact details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others’ safety and wellbeing.</p>

8. Changes to the design of service user facing materials

8.1 Redesigned covering letters

The covering letters were significantly redesigned for the 2021 survey to take account of developments across the wider NPSP. As such, minor amends were made to the letters for the CMH22 survey covering letters:

- Changes to the CQC website address
- Minor grammatical changes in Mailing Letters 1 and 2
- Mailing Letter 3 – transposing two paragraphs, and minor alterations to the wording in them

There are three mailing letters for the survey: the first initial invite to complete the questionnaire and two reminders.

8.2 Accessible questionnaire versions

The 2022 questionnaire will also be available in Easy Read, braille and large print. Service users will be able to request an accessible version of the questionnaire by contacting either the approved contractor or in-house trust using the freephone helpline.

Electronic versions of the Easy Read and large print questionnaires will be provided to contractors and in-house trusts so they can directly send a version upon request from a respondent. A braille questionnaire has been set up by a subcontractor who will print a version and send back to the contractor upon request. The large print and Easy Read versions will be returned to contractors or in-house trusts via the free post envelope. While service users completing a braille questionnaire will need to call the contractor or in-house trust helpline to complete the questionnaire over the phone.

9. Changes to the methodology and sample variables

9.1 Changes to methodology

Sampling Criteria

Due to the COVID-19 pandemic and the impact on the provision of NHS community mental health services (services now having to deliver care and treatment via remote setting mechanisms and not just face to face appointments), the sampling criteria for the CMH21 survey were amended. Due to the ongoing pandemic these sampling changes have been maintained for CMH22.

Like previous years, the sample for the survey is a random sample of eligible service users aged 18 years old and above. In previous iterations of the survey (up to and including 2020), eligibility was determined by whether a service user had a face-to-face contact (i.e.: assessment, treatment, care in person) with the mental health service during September to November. Given the delivery of services has changed due to the pandemic, we amended the eligibility statement in CMH21 to include not only face-to-face contact but also contact via video conferencing or telephone. Due to the ongoing pandemic the changes will be maintained for CMH22.

Therefore, the sampling criteria used for CMH22 is as follows:

- Eligible service users are aged 18 and over at the time of drawing the sample;
AND
- Were seen by someone face-to-face at the trust, via video-conference (e.g. using Attend Anywhere, MS Teams, Zoom, etc.) or telephone call between 1st September and 30th November 2021 (the sampling period); AND
- Had at least one other contact (face-to-face, video conference, phone or email) either before, during or after the sampling period.

Postal reminders

For CMH21 survey, the time between the initial contact (first mailing letter) and first reminder (second mailing letter) was altered from five to seven working days, due to postal delays caused by the coronavirus pandemic. The seven working day rule will again be implemented for CMH22 to allow for any postal delays due to the ongoing pandemic.

9.2 Additional sample variables

Additional sample variable: Service user full postcode

In addition to the standard sample information collected from CMH trusts, the sample file in 2022 will again include the service user's full postcode. The decision to collect this variable was made as there is interest in examining whether there is a link between deprivation and experiences of NHS community mental health services. Full postcodes will allow the SCCEM to map respondents to an Index of Multiple Deprivation (IMD) Decile, thereby allowing for more detailed analysis to determine the interrelationship between deprivation and quality of health care indices.

Research has shown that mental health is shaped by a variation of socio-economic factors and physical environments, and that poverty can be both a causal factor of mental ill health and a consequence of mental ill health²¹. Recent statistics have shown those living in the most deprived areas are more likely to have a severe mental illness compared to those who live in the least deprived areas²², with social stress and poverty being the main contributing factors. Furthermore, a research study²³ found that difficult life events such as job loss, relationship breakdown, and evictions can harm both mental health and residential opportunities, which increases the likelihood that people with poor mental health will live in socio-economically deprived areas.

To comply with data protection and specific Section 251 approval, the postcode information will be stripped out of the final dataset provided to CQC, leaving only the IMD variable included. All postcode data will be removed by the SCCEM from the dataset produced during cleaning and analysis.

Additional sample variable: Email address indicator

Following the inclusion of mobile phone indicator in the 2020 survey, we have again asked trusts to include an email address indicator to flag service users the trust has a complete email address for.

This variable will be numeric and will be a flag variable rather than actual contact information and will simply indicate whether the trusts have a complete email address for each sampled service user. No email addresses will be shared with either approved contractors or the SCCEM.

²¹ [Joseph Rowntree Foundation: Psychological perspectives on poverty \(Webpage\)](#)

²² [Gov.uk: Severe mental illness \(SMI\) and physical health inequalities: briefing \(PDF\)](#)

²³ [Pubmed: Difficult Life Events, Selective Migration and Spatial Inequalities in Mental Health in the UK \(Webpage\)](#)

Additional sample variable: Mode of contact

While consulting on the new sampling criteria in 2021, CMH trusts revealed there would be value in being able to report results broken down by the mode used to deliver care and treatment. Several of the trusts expressed an interest in being able to distinguish between the feedback received from those primarily receiving care face-to-face, via video, by telephone or a mix of modes. This approach will be continued for CMH22.

Trusts will need to provide data for each service user, based on the most commonly used mode of contact since 1st March 2021. CMH trusts would populate this information using service user record notes where mode of contact is recorded. CMH trusts have been asked to conduct a simple count of the different modes used for each contact to determine the most commonly used mode for that service user. CMH trusts have been asked to only include contacts where a service user received care, treatment or assessment. Contacts where a service user was simply querying an appointment time for example, should not be included.

10. Further information

For further information and documents for the Community Mental Health 2022 survey, please visit the [NHS Survey website](#).

For any questions, please contact the Survey Coordination Centre for Existing Methods at:

mentalhealth@surveycoordination.com

01865 208 127

Appendix 1 - Question mapping 2022 vs. 2021 and summary of changes to questionnaire

The following table provides a summary of changes for 2022 questionnaire in comparison with the 2021 Community Mental Health questionnaire.

CMH22 questionnaire mapping with summary of changes

CMH21	CMH22	Changes made	Reasons for change
Covering page	Covering page		
Your care and treatment	Your care and treatment		
Q1: When was the last time you saw someone from NHS mental health services ? (This includes contact in person, via video call and telephone).	Q1: When was the last time you saw someone from NHS mental health services ? (This includes contact in person, via video call and telephone).		
Q2: Overall, how long have you been in contact with NHS mental health services?	Q2: Overall, how long have you been in contact with NHS mental health services?		
Q3: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).	Q3: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).		
	Q4: In the last 12 months, have you and someone from NHS mental health services agreed how your care and treatment would be delivered? (i.e., in person, via video call or telephone).	NEW QUESTION	Q4 was introduced to capture whether service users agreed how their care and treatment would be delivered.

CMH21	CMH22	Changes made	Reasons for change
	Q5: Did you agree that your care and treatment would be delivered.....	NEW QUESTION	Q5 was introduced to capture the method(s) of care delivery that had been agreed with the service user.
	Q6: Have you received your care and treatment in the way you agreed?	NEW QUESTION	Q6 was introduced to measure whether the service user has received their care and treatment in the way that was agreed.
Q4: In the last 12 months, were care and services available when you needed them?		Removed	Q4 was introduced in CMH21 during the COVID pandemic and was removed for CMH22 as it was felt that the new questions 4-6 reflected the current COVID situation for service users.
Q5: Were you informed how the care and treatment you were receiving would change due to the coronavirus pandemic?		Removed	Q5 and Q6 were removed as it was identified by stakeholders that these questions were not as relevant to this year's survey as they were in 2021 (during the peak of the pandemic).
Q6: Do you feel changes in your care and treatment due to the coronavirus pandemic affected your mental health?		Removed	See above comment.

CMH21	CMH22	Changes made	Reasons for change
<p>Your health and social care workers</p> <p>Thinking about the most recent time you saw someone from NHS mental health services for your mental health needs...This does <u>not</u> include your GP.</p>	<p>Your health and social care workers</p> <p>Thinking about the last time you saw someone from NHS mental health services for your mental health needs...This does <u>not</u> include your GP.</p>	<p>Most recent replaced with last time</p>	<p>The introductory text was changed from 'thinking about the most recent time' to referring to 'last time', as this was consistent with other time frame references in the questionnaire.</p>
<p>Q7: Were you given enough time to discuss your needs and treatment?</p>	<p>Q7: Were you given enough time to discuss your needs and treatment?</p>		
<p>Q8: Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone).</p>	<p>Q8: Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone).</p>		
<p>Q9: Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone).</p>	<p>Q9: Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone).</p>		

CMH21	CMH22	Changes made	Reasons for change
Organising your care			
Q10: 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”).	Q10: 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”).		
Q11: Is the main person in charge of organising your care and services...	Q11: Is the main person in charge of organising your care and services...		
Q12: Do you know how to contact this person if you have a concern about your care?	Q12: How well does this person organise the care and services you need?	Q12 and Q13 have been transposed	The order of Q12 and Q13 was switched to improve the flow of the questionnaire due to the introduction of the new question (Q14).
Q13: How well does this person organise the care and services you need?	Q13: Do you know how to contact this person if you have a concern about your care?		
	Q14: Thinking about the last time you contacted this person, did you get the help you needed?	NEW QUESTION	Q14 was introduced to establish if the service user got the help they needed.

CMH21	CMH22	Changes made	Reasons for change
Planning your care			
Q14: Have you agreed with someone from NHS mental health services what care you will receive?	Q15: Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).	Wording change to question and new response code added	Q15 was reworded to focus on whether care had been 'decided' rather than 'agreed' (as in CMH21, Q14 respectively), a new response code 'Don't know / can't remember' was also added.
Q15: Were you involved as much as you wanted to be in agreeing what care you will receive?	Q16: Were you involved as much as you wanted to be in deciding what care you will receive?	Wording change to question.	Q16 and Q17 were reworded to focus on decision making as opposed to agreement, where Q16 previously referred to 'agreeing' care (Q15 in CMH21) and Q17 previously referred to 'agreements' of care (Q16 in CMH21).
Q16: Does this agreement on what care you will receive take into account your needs in other areas of your life?	Q17: Did decisions on what care you will receive take into account your needs in other areas of your life?	Wording change to question	See above comment.
Reviewing your care			
Q17: In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?	Q18: In the last 12 months have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?	Wording change to question 18	Q18 was reworded from 'specific meeting' (as in Q17 in CMH21) to 'care review meeting' for clarification.

CMH21	CMH22	Changes made	Reasons for change
Q18: Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).	Q19: Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).		
Crisis care			
Q19: Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services .	Q20: Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services .		
Q20: Thinking about the last time you tried to contact this person or team, did you get the help you needed?	Q21: Thinking about the last time you contacted this person or team, did you get the help you needed?	Wording change to question and new routing added.	Q21 was reworded from 'the last time you tried to contact' to 'you contacted' and routing added to all answers in order to ensure that the service users were directed to the new Q22, and the response codes already covered "tried to contact them".
	Q22: How do you feel about the length of time it took you to get through to this person or team?	NEW QUESTION	Q22 was introduced in order to capture the service user perception of waiting times.

CMH21	CMH22	Changes made	Reasons for change
Medicines			
Q21: In the last 12 months, have you been receiving any medicines for your mental health needs?	Q23: In the last 12 months, have you been receiving any medicines for your mental health needs?		
Q22: Has the purpose of your medicines ever been discussed with you?	Q24: Has the purpose of your medicines ever been discussed with you?		
Q23: Have the possible side effects of your medicines ever been discussed with you?	Q25: Have the possible side effects of your medicines ever been discussed with you?		
Q24: Do you feel your medicines have helped your mental health?		Removed	Q24 was removed due to space limitations. It was identified by stakeholders in 2020 as a question with a high potential for removal if space restrictions decreed that one question should be eliminated.
Q25: Have you been receiving any medicines for your mental health needs for 12 months or longer?	Q26: Have you been receiving any medicines for your mental health needs for 12 months or longer?		

CMH21	CMH22	Changes made	Reasons for change
Q26: 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?).	Q27: 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?).		
NHS Talking Therapies			
Q27: In the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines?	Q28: In the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines?		
Q28: Were these NHS talking therapies explained to you in a way you could understand?	Q29: Were these NHS talking therapies explained to you in a way you could understand?		
Q29: Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?	Q30: Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?		
Q30: Do you feel your NHS talking therapies have helped your mental health?	Q31: Do you feel your NHS talking therapies have helped your mental health?		

CMH21	CMH22	Changes made	Reasons for change
Q31: Overall, how did you feel about the length of time you waited before receiving NHS talking therapies ?	Q32: Overall, how did you feel about the length of time you waited before receiving NHS talking therapies ?		
Support and Wellbeing			
Q32: In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?	Q33: In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?		
Q33: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits ?	Q34: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits ?		
Q34: In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	Q35: In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?		

CMH21	CMH22	Changes made	Reasons for change
Q35: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	Q36: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?		
Overall			
Q36: Overall...	Q37: Overall...		
Q37: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	Q38: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?		
Q38: Aside from in this questionnaire, in the last 12 months , have you been asked by NHS mental health services to give your views on the quality of your care?	Q39: Aside from in this questionnaire, in the last 12 months , have you been asked by NHS mental health services to give your views on the quality of your care?		
About you			
Q39: Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.	Q40: Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.		

CMH21	CMH22	Changes made	Reasons for change
Q40: Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.	Q41: Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.	-	
Q41: Do any of these reduce your ability to carry out day-to-day activities?	Q42: Do any of these reduce your ability to carry out day-to-day activities?		
Q42: Who was the main person or people that filled in this questionnaire?	Q43: Who was the main person or people that filled in this questionnaire?		
Q43: What was your year of birth?	Q44: What was your year of birth?		
Q44: At birth, were you registered as...	Q45: At birth, were you registered as...		
Q45: Is your gender the same as the sex you were registered as at birth?	Q46: Is your gender the same as the sex you were registered as at birth?		
Q46: What is your religion?	Q47: What is your religion?		
Q47: Which of the following best describes how you think of yourself?	Q48: Which of the following best describes how you think of yourself?		
Q48: What is your ethnic group?	Q49: What is your ethnic group?		

CMH21	CMH22	Changes made	Reasons for change
Other Comments			
<p>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.</p> <p>Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.</p>	<p>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.</p> <p>Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.</p>	<p>Details was replaced by contact details</p>	<p>The introductory text was changed from 'your details' to 'your contact details' to clarify what details was referring to.</p>

Appendix 2 - Main questionnaire