

# SURVEY DEVELOPMENT REPORT

## 2024 COMMUNITY MENTAL HEALTH SURVEY

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## Updates

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This document is available from the [NHS surveys website](http://www.nhs.uk).

## Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Survey Coordination Centre (SCC) using the details provided at the top of this page.

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## 1. Background

The Community Mental Health Survey (CMH) has been conducted in all eligible community mental health trusts providing mental health services in England almost every year since 2004. The survey has been carried out again in 2024 as part of the NHS Patient Survey Programme (NPSP), coordinated by the Survey Coordination Centre (SCC) at Picker on behalf of the Care Quality Commission (CQC).

The survey provides an opportunity for service users to feed back on their recent experiences of NHS community mental health services. The data collected are used by the CQC in its assessment of mental health trusts in England. NHS community mental health trusts use the survey data to understand how they are performing with regards to the quality and experience of services they provide to their users, and to pinpoint improvement. Moreover, national stakeholders such as NHS England and the Department of Health and Social Care, use the data to understand how services across England are performing.

Following the successful pilot in 2021, the 2023 Community Mental Health Survey (CMH23) transitioned to a push-to-web method, using online methods alongside a postal approach. This provides participants with the opportunity to complete an online or a paper questionnaire. Following the large-scale redevelopment of the CMH survey in 2023, changes to the 2024 survey have been limited to maintain trend data and measure change. Changes include making sure that its content is in line with current policy and practice allowing trusts to use the results from the survey to address service specific improvements.

The purpose of this report is to provide full details of the survey development process for the 2024 Community Mental Health Survey (CMH24). This report outlines the methodology, materials, and results of this process.

### 1.1. Summary of changes

To update the survey, the SCC undertook a number of activities to review the content and design of the survey. Based on consultation with stakeholders, which included NHS England (NHSE), NHS trusts and community mental health service users, several changes were implemented. This report sets out the phases of development work and provides a detailed account of the results of the consultation process.

In summary, the main changes to the methodology, survey materials and questionnaire content for the 2024 survey were:

- **Covering letter wording was updated and unique QR codes were added for each respondent.** A unique QR code was added to all three cover letters, which takes community mental health service users directly to the online survey. While the 2023 survey allowed trusts to include information on how they used the previous survey data to improve mental health care, this option has been removed from the 2024 covering letters due to low uptake from trusts and minimal impact on response rates.
- **Dissent posters** were updated based on accessible design principles shared by community mental health trusts.
- **The leaflet for 16 and 17-year-olds** was redesigned by incorporating accessible design principles. The tone of the text was revised to make the letters more personable and appeal to young people.

- **Social media cards were amended** to include information about the survey having received approval from the Secretary of State for Health and Social Care.
- **The press release template wording** was altered to include references to the newly introduced QR code function to access the survey.
- **A website banner was created** for trusts to add to their website to promote the survey with space to add a link for further information about the survey.
- **An infographic was created for CMH24**, which included the key findings from the 2023 Community Mental Health survey.
- **Four new sample variables were added** (NHS number, full date of birth, Service or Team Type, Assessment Service Group), and two sample variables have been removed (Service level information, Care Cluster code).
- **Amendments were implemented to the questionnaire.** In total, eight questions were removed, nine questions were amended, the explanatory text preceding four questions was amended and three new questions were added
- **The multilanguage sheet was updated.** A QR code was added for each of the 9 languages which the online survey is translated. This was to allow service users to scan the QR code, and automatically be taken to a translated version of the survey.
- **Accessibility.** An updated Easy Read version of the survey was introduced by CQC to enable insight to be drawn from this crucial population. The Easy Read questionnaire kept the key principles of the NPSP programme-wide Easy Read questionnaire but introduced modifications appropriate for the survey population.

## 2. Survey Development Activities

### 2.1. Performance analysis on the 2023 Community Mental Health Survey

As part of the development process, analysis was conducted on the performance of the 2023 questionnaire. This analysis aimed to identify areas for improvement and refinement.

The 2023 questionnaire performance analysis focused on:

- Floor and ceiling effects, which occur when a high percentage of responses cluster at the lowest or highest ends of the response scale.
- Rates of missing or inapplicable responses, indicating potential issues with question relevance or skip logic.
- Correlation between questions, which may suggest overlap between questions in the survey.

The key findings from the analysis are as follows.

#### **Floor/ceiling effects:**

Any questions with >80% selection of one response option were flagged. These included (single coded questions):

- In the last six months have you moved from Children and Adolescent Services to Adult Mental Health services? This question was not applicable to 82% of

respondents. This also included the filtered questions detailed below, which were only included in the online survey.

- Did you feel you were given enough information about what would happen during your move to Adult services?
- Did you feel you got enough support from your Children and Adolescent NHS mental health team when moving to Adult services?
- Did you experience any changes in your care after you moved to Adult services?
- Has your family or someone else close to you been involved in planning your move to Adult services?

This resulted in the removal of these questions from the 2024 questionnaire.

### **Missing or inapplicable responses:**

For item nonresponse, all questions were explored which had a higher proportion of item non-response compared to the average. For non-specific response, >5% was flagged.

- In the last 12 months, has your NHS mental health team supported you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)? 44% selected non-specific response option or skipped question.
- In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Finding or keeping work. 46% selected non-specific response option or skipped question.
- In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Financial advice or benefits. 35% selected non-specific response option or skipped question.
- In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Cost of living. 37% selected non-specific response option or skipped question.
- Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? 28% of respondents selected 'not applicable'.
- Do you need support to access your care and treatment? 72% of respondents stated they 'do not need support'.

This resulted in some of these question items being raised for review within the advisory group, discussed in section 2.3.

### **High correlation between questions:**

Bivariate correlations were also run and correlations of > .6 were flagged for review. This value indicates a moderate-high correlation and was used as the threshold to ensure that no items/correlating pairs were missed. With this type of analysis, the existence of a correlation does not infer causality or suggest that question items are not valuable.

When developing the questionnaire, the following correlations were taken into consideration, as well as their value and purpose.

- 0.7 correlation between 'Were you given enough time to discuss your needs and treatment?' and 'Did you get the help you needed?'
- 0.8 correlation between 'Did you get the help you needed?' and 'Overall, in the last 12 months, how was your experience of using the NHS mental health services?'
- 0.7 correlation between 'Have you and your NHS mental health team decided together what care and treatment you will receive?' and 'Has your NHS mental health team supported you to make decisions about your care and treatment?'
- 0.8 correlation between 'Have any of the following been discussed with you about your medication? – 'Purpose of medication' and 'Benefits of medication.'
- 0.7 correlation between 'Overall, in the last 12 months, how was your experience of using the NHS mental health services?' and 'Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?'

The above led to a review of the medication question and 'Your care' section, which were raised for discussion in both stakeholder interviews and advisory group meetings.

## 2.2. Consultation phase

The consultation phase consisted of a series of discussion groups with stakeholders, trust webinars and focus groups with users of community mental health services.

### 2.2.1. Objective of consultations

The core aim of the consultations was to ensure that the survey is relevant to the service that people are receiving, which also helps to protect trend data for years to come, and that the outputs are useful in identifying areas for improvement.

Topic guides were developed for each group of audiences interviewed. The findings and recommendations from this report were used to form discussion points for the questionnaire development phase. The priority areas identified during development of the 2023 Community Mental Health Survey, as well as new areas of interest were explored during the discussion groups with stakeholders to determine if they were still considered to be priorities for 2024. While the service user interviews set out to explore their pathway through mental health services, what they consider the challenges to be and what quality care looks like.

Each type of consultation is summarised below, followed by the main findings from the consultation phase.

### 2.2.2. Consultation findings

#### **In depth discussion groups with national stakeholders**

Five in depth discussion groups were held with a range of stakeholders, these were held with colleagues from the Care Quality Commission's analytical team, policy team and operations team, as well as stakeholders from NHS England, including the Head of Adult Mental Health (and Older People's Mental Health) and three mental health leads within the Children and Adolescence Mental Health Services and Perinatal teams.

The main findings from the discussions are outlined below.

#### **Assessment Service Group**

In 2023 they survey eligibility criteria were expanded to include 16–17-year-olds, and asked trusts to map service users to the appropriate Assessment Service Group (ASG), this included Children and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS) and Older People’s Mental Health Services (OPMHS).

During the analysis and reporting phase, we reported the national data by Assessment Service Group to further understand experience by the service they primarily used. The value of reporting at this level was discussed with stakeholders.

There was clear agreement from stakeholders that reporting by ASG would continue to be valuable, as it is important to understand experience for each group to allow for risk monitoring. It was noted that all three groups were of equal priority and data would provide the evidence required to inform policy and decision making.

There was also agreement that further granular reporting would be preferable. Stakeholders highlighted the need to understand experience by all service groups<sup>1</sup> where data volumes allow. National reporting would be sufficient to provide insight into experience by service and would also be beneficial for CQC’s independent voice. Additionally, where feasible reporting at regional, ICS and provider level would be advantageous to allow for local improvements.

### Perinatal mental health

Perinatal mental health is a condition that someone could experience any time from becoming pregnant up to a year after you give birth. There is particular interest in understanding whether this service should be explored further with the CMH Survey.

People can be referred to perinatal mental health services if they are pregnant and have an existing mental health condition, as well as directly from maternity services, GPs, crisis teams and Accident & Emergency departments.

There is currently very limited data collected on this service and is considered a ‘blind spot’ in service user experience. Stakeholders recognise the need to collect data on this service to understand whether there are any current risks or concerns in experience. Data would allow for regular monitoring and action where needed.

However, it was noted that this particular service does not take priority over other services, and data provided by all service types would be of highest value.

### Integrated of community models of care

The CMH Survey collects feedback from service users on their experience of care delivered by the community mental health trust. Service users must have had contact with a community mental health trust to be eligible for the survey.

However, with the creation of local community mental health hubs and integrated healthcare, community trusts are working together with Primary Care Networks (PCNs) and General Practices (GPs) to deliver care based on the needs of the population. In discussion groups held with stakeholders we explored how these services are working together and how we can continue to ensure service users are only responding in relation to the care they receive by the community mental health team.

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<sup>1</sup> [SERVICE OR TEAM TYPE FOR MENTAL HEALTH \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk)

Feedback from stakeholders noted that mental health care should be smooth, seamless and continuous. True integrated care would see service users receive quality care and treatment without an obvious transfer between teams.

It was noted that the community mental health trusts are just one provider of mental health services, and going forward the survey may need to adapt to capture feedback from all providers of mental health services. In this case, results would need to be provided at ICS level to allow for action to be taken and disseminated to services as required.

Interactions between community mental health trusts and GPs were also discussed with service users during consultations. To understand whether service users knew when they were receiving care from different teams and what their role was in their care. Feedback on this is detailed in section below.

### Black men experience

We know from NHS England data and previous survey results that Black men are far more likely than others to be diagnosed with severe mental health problems. They are also more likely to be detained under the Mental Health Act. In the CMH survey, results have highlighted differences in experience of mental health care when reviewed at ethnicity level.

This topic was discussed with stakeholders to understand whether this area continues to be a key concern area and a priority to explore.

There was clear agreement from stakeholders that understanding Black men's experience of mental health care was a priority. There were current projects within CQC to explore the observed inequalities of this group. Current phase of these projects was to collect data from various sources, including the CMH survey, to implement the evidence needed to encourage improvement.

NHS England's Patient and Carer Race Equality Framework<sup>2</sup>, a tool to enable trusts to understand what practical steps they need to take to meet the needs of diverse ethnic backgrounds, is to be implemented by all community mental health trusts by March 2025. It was noted by CQC inspectors that this framework will be implemented into inspections, with the expectation that trusts provide data on each key element.

### Focus group and in-depth interviews with mental health service users

Nine individual in-depth interviews and one focus group with six participants were held with service users who had recent contact from community mental health services. Service users were recruited from a range of backgrounds:

- **Ethnicity:** 8 White British, 5 Black British, 1 White Caribbean, 1 Mixed Asian.
- **Gender:** 6 males<sup>3</sup>, 9 females.
- **Age:** 3 22–25-year-olds, 5 26–30 year olds, 5 31-40 year olds, 2 41+ year olds.
- **Severity of condition:** 2 mild, 9 moderate, 4 severe.
- **Service Type** - participants used a range of services including: Perinatal, Crisis Resolution team, Early Intervention Team for Psychosis, General Psychiatry Service, Personality Disorder Service, Day Care Service, Home Treatment Service,

<sup>2</sup> [NHS England » Patient and carer race equality framework](#)

<sup>3</sup> Of the males who participated 3 were Black British, 1 was Mixed Asian, 1 was White Caribbean and 1 was White British.

Psychiatric Liaison Service, Autistic Spectrum Disorder Service, Mental Health In Education Service, Children and Young People's Mental Health Services.

- **Condition** - participants used a range of services including: Anxiety disorder, Depression, Post-traumatic stress disorder (PTSD), Paranoia, Eating disorder, Personality disorder, Obsessive compulsive disorder, Bipolar and Dementia.

The main findings from the discussions are outlined below.

### Accessing community mental health care

Service users noted the most common challenge was the length of time waiting for care and treatment, with some reflecting that they felt 'lost in the system'. The length of time waiting also made some participants question whether to continue pursuing treatment.

There was also a notion of reluctance to seek initial help, particularly amongst black men who participated in the sessions. These participants also noted that once they had reached out for support delays in accessing care and treatment only led to feeling suicidal and depressed.

Support while waiting differed amongst participants, with some being signposted to charities and helplines, while others were given sources of support to use while waiting. However, as time passed service users felt forgotten about with a sense of abandonment, and that regular communication throughout waiting would have been preferable.

### What quality care from community mental health team looks like

Service users reflected on what they consider to be the most important factors in receiving quality care from their mental health team. Feedback focused on regularity of care (i.e. having weekly appointments in place), as well as good communication and transfer of information between teams (i.e. GP and community mental health teams) to increase the confidence service users had in the care they were receiving.

Relationship continuity was felt to be particularly important, as it could be re-traumatising to have to repeat a history to lots of different people and therefore having a team who understood what they were going through was key (i.e. regular appointments with the same people).

Feeling as though mental health team had time for them, that appointments were on time, not rushed and the team had prepared prior to their meeting (i.e. by reading about their mental health history). Service users also noted that an element of flexibility is required, such as receiving care and treatment for as long as needed, as well as choice in appointment in terms of mode (i.e. face to face, video, telephone) and time.

Service users reflected that overall having a good rapport with their community mental health team contributes to receiving high quality care. Service users need to feel listened to, from their very first interaction (i.e. first assessment) and throughout their care and treatment. Participants noted that the current use of standardised measures and questionnaires to assess a service user's diagnosis and treatment can feel impersonal with service users not feeling listened too or able to build rapport.

## Interactions between Community Mental Health teams and General Practitioner

There is an element of overlap in the care service users may receive from their GP and the community mental health teams, this becoming more prominent as healthcare services become further integrated. Given the CMH survey currently focuses on feedback from community mental health teams only, the sessions discussed whether service users understand how interactions between these teams differ.

Feedback from participants differed, with some clear on who each person was in their team and what their role was in delivering their care as this is clearly detailed in documentation and emails received. While others felt confused as they have contact from many people/teams especially during early stages of their care, this confusion is heightened during serious mental illness episodes.

Some participants noted they weren't concerned on knowing who was delivering the care, as long as the care received was of good quality and were able to form a positive relationship with their primary contact.

In terms of roles, participants understood that psychiatrists were mainly responsible for diagnosis, treatment and prescribing/managing medications. While GPs still had important role in providing emotional support to participants, with some involvement in prescribing medications and annual reviews.

## Survey engagement

Several participants said they were more likely to participate in surveys if it touched on something they or a loved one had experienced personally and was "a cause close to their heart".

On receipt of receiving a survey, service users noted the importance of knowing who the survey is from, what is the purpose and hoped for outcomes, as well as data protection and confidentiality reassurances.

Length of survey was also a key driver but differed dependent on how they felt at the time, what motivates them and survey content/design. Participants noted a preference for open ended questions to be able to express their feelings, over closed scales with a particular dislike for rating scales.

Service users felt that when receiving a survey direct from a member of the team who had invested in their care and built a good rapport with, they were happier to spend their time giving something back.

It was discussed that closing the loop in communicating survey findings back to service users and detailing how the service was going to improve in response to the findings was a key element which would encourage participation

A token of appreciation for their time and effort was also raised as being important to encourage completion. A voucher or gift card (relatively small amounts £10; £15), cash, or an entry into a prize draw were suggested as welcome incentives.

## 2.3. Advisory Group

### *2.3.1. Advisory Group 1 – Engagement*

Since the survey first launched in 2004, we've seen a downwards trend in the response rate. In 2022 the response rate was 21% compared to a response rate of 41% in 2004. A lower response rate can increase non-response bias, which refers to the risk that those who chose to respond to the survey are different from those who chose not to respond. We tend to see a lower response from younger people, mixed ethnic groups and Asian or Asian British ethnic group.

In 2023 we developed a number of engagement materials which provided information about the survey and how the data will be used to improve services in efforts to better promote the survey. Materials produced included social media cards, press release templates and a leaflet which was designed specifically for 16–17-year-olds. These materials were shared with participating NHS trusts and mental health charities in advance of and during fieldwork phase.

An advisory group, held in March 2024, focused on receiving feedback from members on these materials, as well as a discussion on how we can better reach this population to promote the survey and what mechanisms are considered most effective. The advisory group had attendance from a range of mental health charities, Choice Support, Bipolar UK and Mental Illness.

The discussion raised several avenues to consider when promoting materials including, within General Practices. With the move to integrated healthcare, service users are attending General Practices more frequently to receive their care. Sharing leaflets, posters to display within waiting rooms was suggested. Further suggestions were reaching out to a wider range of mental health charities and organisations for sharing in their communications, although it was noted that these materials should be planned in advance.

Incentives were recommended as an effective tool for encouragement, as this recognises the efforts of service users in sharing their experience even though it could be triggering at times.

Stakeholders also suggested reconsidering the wording and messaging used in the promotional materials, letters and survey to ensure the purpose and general understanding of what is being asked is clear. It was noted that different types of materials and wording may need to be used for service users with different conditions, specifically for those with severe mental illness. Furthermore, the imagery and designed should be considered, tailoring to different ages groups and backgrounds.

### *2.3.2. Advisory Group 2 – Questionnaire and Sampling*

Following the completion of the consultation phase as detailed in the sections above, an advisory group session was held in the early development phase of the 2024 survey to gather feedback from key stakeholders representing the views of the eligible population. These included national bodies such as CQC, NHS Trusts and Bipolar UK.

The advisory group, held in May 2024, focused on the priority areas for consideration for the 2024 survey, and further themes and questions to consider. Priority areas were identified

and brought forward for discussion at the advisory group for the development of the 2024 questionnaire. The following topics were highlighted during the discussion with members and a summary of their feedback, and recommendations are below.

### *2.3.3. Sampling variables: Service type and Assessment Service Groups*

In the sample for the 2023 survey a variable called 'Service level information' was included to collect data on the primary service used. However, this variable was limited only presenting 11 categories and most records were coded against 'not assigned' category, which resulted in the data being unusable. In the 2024 sample, the suggestion was to include a new variable 'Service or Team Type for mental health' from NHS data dictionary<sup>4</sup>. It is hoped this variable will provide a comprehensive list of all services and provide quality data to allow for granular reporting. The quality and usability of this variable was explored with stakeholders, who were in agreement of its inclusion within the sample.

Assessment Service Group (ASG) was added to the sample in 2023 as an attribution file, which was shared by trusts during fieldwork and then added to their sampling information for reporting and analysis. The ASG variable provided detail on the primary service used; Children and Adolescent Mental Health Services, Adult Mental Health Services or Older People's Mental Health Services. This variable was added to the core sample in 2024, rather than as an attribution file.

During the advisory group a discussion was held on the value of this variable given the quality issues raised in 2023. NHS England guidance states that children's, adults and older people's mental health services should be provided based on need and not age. However, in 2023, the coding differed between trusts, some coding based on service user need, while others did code based on age. Stakeholders noted that categorisation should be by service need rather than by age. Stakeholder also noted that categorisation by age can differ nationally; therefore, if a trust cannot code by service, then age categories should be provided to ensure consistency across trusts.

Feedback also highlighted that while reporting at ASG level is valuable, there is a preference for more granular results by service or team type where data volume allows.

### *2.3.4. Sampling variables: Care Cluster Codes*

In previous survey iterations Care Cluster Codes have been collected in the sample, to provide data on the service users condition and severity. Analysis on Care Cluster Codes has previously provided insightful findings, people with 'Non-Psychotic Chaotic and Challenging Disorders' had a significantly worse than average experience.

According to NHS England guidance Care Cluster codes<sup>5</sup> are no longer part of national policy and will be replaced by The Mental Health Currency Framework<sup>6</sup>. On further discussions held with trusts it was noted that this framework was in its infancy and was not expected to be nationally rolled out by July 2024, which is when trusts would draw their sample of service users.

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<sup>4</sup> [https://www.datadictionary.nhs.uk/attributes/service\\_or\\_team\\_type\\_for\\_mental\\_health.html](https://www.datadictionary.nhs.uk/attributes/service_or_team_type_for_mental_health.html)

<sup>5</sup> [FORENSIC MENTAL HEALTH CARE CLUSTER CODE \(datadictionary.nhs.uk\)](#)

<sup>6</sup> [New mental health currency unveiled | HFMA](#)

This topic was taken forward to the advisory group to explore other variables that may capture this data while the new framework is finalised. There was a suggestion on including an indicator to flag if a service user was on the Severe Mental Illness (SMI) register, however upon further discussion this was considered challenging to provide due to system recording. ICD-10 Chapter Codes were raised as a possibility but given these are usually recorded retrospectively, and are not currently used within the Mental Health Data Set, it was agreed to proceed without inclusion and would be revisited for the 2025 survey.

### *2.3.5. Questionnaire: Care delivery*

In the CMH sample mode of contact is included to capture the most used mode of contact during their care and treatment, i.e. face-to-face, video conferencing, telephone, multiple modes of contact or unsure. We also ask a question in the survey about how care is delivered.

Previous results highlighted experience differs depending on the mode of contact, with service users accessing care by telephone often having a significantly worse than average experience.

The advisory group discussed whether the question on mode of contact should be replaced with a question that asks about choice of mode. Having a choice on how care is delivered was raised in service user interviews as a key element that contributes to receiving quality care. Stakeholders in the advisory group agreed that removing mode of contact would have no impact as it is not regularly used in action planning, and continuous use of the sampling variable can be used in analysis. A higher priority would be to understand if service users were offered a choice in how their care was delivered.

### *2.3.6. Questionnaire: Risk assessment*

In the recent 'Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust'<sup>7</sup> it was highlighted that risk assessment of service users was not always consistent, which increased risk of harm. The review recommended that all patients should receive appropriate ongoing assessment of their risks including those waiting to receive treatment and care, as well as appropriate and effective risk management plans should be formulated and implemented.

Discussions were held in the advisory group to explore whether there is value in asking how service users felt about their initial risk assessment. Feedback from service users during consultations was that initial assessments felt too standardised, and they regularly did not feel listened to.

Stakeholders noted that for an effective risk assessment certain elements should be discussed and included in the initial assessment as standard. It was agreed it would be more appropriate to ask whether these elements had been conducted as the results would provide actionable data for trusts to improve on. Service users' feeling listened to was also discussed as a priority area, as patients should feel listened to throughout their care, not just within their initial assessment.

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<sup>7</sup> [Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/special-reviews/special-review-mental-health-services-nottinghamshire-healthcare-nhs-foundation-trust)

### *2.3.7. Questionnaire: Key contact*

The Royal College of Psychiatry Standards for community mental health services<sup>8</sup> is clear that service users should know who is coordinating their care and how to contact them if they have any questions or concerns. It was also highlighted in the Nottingham review that service users not knowing who their care coordinator is puts them and the public at the risk of harm.

In 2022, the CMH survey asked, 'Have you been told who is in charge of organising your care' and 'who is in charge of organising your care'. These were removed as it was noted that service users could have a dedicated team rather than one main contact. It was also noted that service users should be in charge of their own care. While knowing who their key contact was recognised as an important area of service user experience, the reasons for removal in historic years still stood.

### *2.3.8. Questionnaire: Transfer of information*

The 'Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust' highlighted issues with communication and transfer of information between services affected continuity of care for service users. The review found that when service users were transferring between inpatient and crisis care into community care communication was poor.

The 2023 questionnaire asked, 'Did you have to repeat your mental health history to your NHS mental health team?' to capture communication between services. This question was raised in the advisory group, to consider its value and whether additional questions need to be added to measure transfer of information more thoroughly.

Stakeholders noted that a preceding question could be added to explore whether a service user was transferred between services, as they recognised while service users perceive the NHS as one organisation and there is an ambition to move to further integrated care, confidentiality and system recording of information does not always allow for this. It was agreed that the current question would remain in place with no further adaptations.

### *2.3.9. Questionnaire: Medications*

The 2023 survey included a question matrix on the information service users were given on the prescription of their medication.

As mentioned in section 2.1, a high correlation between 'purpose' and 'benefits' of medication was found in the 2023 results. This was raised within the advisory group to explore whether these elements are distinct. Stakeholders agreed that there is a key difference between purpose and benefits and were keen to keep the question as is.

### *2.3.10. Questionnaire: Reasonable adjustments*

In 2023, a section on reasonable adjustments was added to the questionnaire to understand whether support was provided to ensure service users could access their care and

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<sup>8</sup> [CCQI I Standards for Community-based Mental Health Services – Fourth Edition](#)

treatment. The 2023 results found that 72% of service users did not need support to access their care and treatment.

Given the high level of not applicable responses, we raised whether this question area is still a priority for community mental health services. Stakeholders had agreement that questions on reasonable adjustments were of interest and should be retained within the questionnaire.

A large proportion of 'other' support (43%) was observed within the 2023 findings, themes from the free text comments were explored in advance and common were shared with the group. These themes included, 'aid accessing physical appointments', 'reminders', and 'emotional support'. Stakeholders agreed these would be useful additions, as well as the inclusion of sensory adaptations for those with autism.

## 2.4. Cognitive interviews with community mental health service users

Following the completion of the consultation phase with key stakeholders and trusts, the questionnaire and covering letters were revised for testing with service users. Cognitive testing involved 24 interviews with recent NHS community mental health service users. Participants were first asked to review the social media cards, covering letters and SMS guidance providing feedback on the tone, language, appearance and purpose of each. Then, they were asked to complete the questionnaire, explaining the reasoning behind their responses.

The process of cognitive interviewing ensured that as far as possible, the instructions, questions and response options were clear, relevant, easy for respondents to answer and were understood as intended. This year both the paper and online versions of the questionnaire were tested among the participants. Following each round of testing, revisions were made to the survey materials in accordance with any issues that were evidenced by the interviews.

### 2.4.1. Recruitment

Service users were recruited using a sub-contracted recruitment agency. Potential participants were screened upon registering their interest to participate, using a detailed screening questionnaire to identify:

- Their demographics: age, gender, ethnicity, geographic location
- The community mental health trust they visited
- The nature of their contact with community mental health service
- The dates of their visits (last visit being within the last six months)
- The type of mental health service they used;
- Their mental health condition(s) and severity of condition(s);
- Whether they have any long-term condition(s)

Participants were recruited on the basis that they had used the NHS community mental health services at least twice in the past year and were aged 16 and over.

A mix of participants were recruited from the super care clusters (psychotic, non-psychotic, cognitive impairment), and interviews with carers of the service users were also held, to ensure representation and engagement across clusters. In addition to care clusters, a mix of demographic characteristics were covered, such as age, gender, geographical location, and ethnicity.

### 2.4.2. Interviews

Testing was conducted between late May and early July 2024. The approach involved a total of 24 interviews, spread across three waves of interviewing, with changes made and retested after each round. All interviews were conducted online, and each interview lasted around 90 minutes. Participants had the option of receiving either a £65 'Love to shop' or 'Amazon' voucher, or a £65 bank transfer as a thank-you for taking part. Participants were offered the option of taking the interview in the form of video conferencing.

Following the completion of each round of interviews, a debrief session was held between the SCC and CQC. The materials being tested were refined after each round of testing. The same process was followed for the covering letters.

Across the three rounds of interviewing, the following demographic profile of respondents was achieved:

- Gender: 10 male, 14 female;
- Age: 2 were aged between 16 - 19, 6 were aged 20 - 27, 9 were aged between 28 – 47, and 7 were between 48 – 67 years old (and one who did not disclose their age);
- Location: 2 respondents were from Greater London, 6 respondents from West Midlands, 2 from South East, 5 respondents from South West, 1 from East Midlands, 7 respondents from Yorkshire and the Humber, and 1 from North West.
- Ethnic background: 17 White British, 1 Black Caribbean, 1 Indian, 3 Pakistani, 2 Mixed background;
- 8 participants had long-term conditions;
- 10 participants tested the paper questionnaire, 14 tested the online questionnaire.

At the start of each interview, participants were made aware that the interview was voluntary, there was no requirement for them to answer all the questions if they did not wish to or, disclose information that they were not comfortable discussing. They were all made aware that they could finish the interview at any point if they did not feel comfortable and this would not affect their health or social care.

## 3. Changes to the questionnaire

### 3.1. Questionnaire content

The questionnaire was reviewed with the aims of:

- Ensuring the content is in line with policy and practice;
- Understanding what experience of care should be incorporated even further into the survey;
- Allowing trusts to use new questions to pinpoint improvement.

During cognitive testing, several changes were made throughout the three rounds to refine proposed questions, and to address potential areas of misinterpretation. Table 4 in the [Appendix](#) section includes all CMH24 questions and provides an overview of the changes to questions during each round of cognitive testing.

In total, eight questions were removed, nine questions were amended, the explanatory text preceding four questions was amended and three new questions were added. Following

cognitive testing and stakeholder feedback, the full lists of new, amended and removed questions have been included in section [3.1.1](#) to section [3.1.3](#), below.

### 3.1.1. New questions

The following table provides a summary of the new questions that were added to the CMH24 survey, and the rationale that led to the decision to include them.

*Table 1: CMH24 New questions*

CMH24 Number	2024 Question wording	Rationale
9	<p>Did you feel that your NHS mental health team listened to what you had to say?</p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<p>A new question was added to capture whether the service users felt listened to during their care and treatment. Interviews with service users highlighted service users often don't feel listened to during their initial assessment, which can impact rapport with their mental health team. Stakeholders noted that service users should feel listened to throughout their care and treatment.</p>
15	<p>To what extent did your NHS mental health team involve you in agreeing your care plan?</p> <p><input type="checkbox"/> To a very large extent</p> <p><input type="checkbox"/> To a large extent</p> <p><input type="checkbox"/> To some extent</p> <p><input type="checkbox"/> To a small extent</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> I did not want to be involved</p>	<p>This new question was based on the National Institute for Health and Care Excellence (NICE) guidance notes that all service users should be involved in agreeing their care, regardless of severity.</p>
16	<p>Were you given a choice on how your care and treatment would be delivered?</p> <p><a href="#">i.e. In person, via video call, by telephone, online course, digital apps.</a></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<p>This question has replaced the 2023 survey question 'How has your care and treatment been delivered', following feedback from stakeholders that giving a choice is more important. Moreover, the mode of contact was already captured in the sample data.</p>

### 3.1.2. Amended questions

The table on the following page provides a summary of the questions that were amended for the CMH24 survey and the rationale that led to that decision.

Table 2: CMH24 Amended questions

CMH23 Number	CMH24 Number	2024 Question wording	Rationale
N/A	N/A	Psychological therapies include any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician). This could include Cognitive Behavioural Therapy (CBT).	Feedback from stakeholders highlighted that this section should focus on therapies provided by community mental health trusts, which are predominately psychological therapies, as service users who only use NHS Talking Therapies for anxiety and depression, previously known as IAPT, are not eligible for the survey.
Q23	Q24	In the past 12 months, have you received any therapies for your mental health needs? <input type="checkbox"/> No, but I would have liked this <input type="checkbox"/> No, but I did not want this <input type="checkbox"/> This was not appropriate <input type="checkbox"/> Don't know/ can't remember	All questions in the section were amended, changing the wording from 'NHS talking therapy' to 'therapy'.
Q24	Q25	How do you feel about the length of time you waited between your assessment with the NHS mental health team and your first therapy appointment? <input type="checkbox"/> The waiting time was appropriate <input type="checkbox"/> The waiting time was too long <input type="checkbox"/> The waiting time was too short <input type="checkbox"/> I did not have to wait <input type="checkbox"/> Don't know/ can't remember	
Q25	Q26	Thinking about the last time you received therapy, did you have enough privacy to talk comfortably? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know / can't remember	
Q31	Q32	In the last 12 months, has your NHS mental health team supported you with your physical health needs?	The question text length was reduced following cognitive testing feedback, and the

		<p>This might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No, but I would have liked support</p> <p><input type="checkbox"/> I have support and did not need this</p> <p><input type="checkbox"/> I do not need support for this</p> <p><input type="checkbox"/> I do not have physical health needs</p>	<p>explanation that was initially in parenthesis was moved to a separate sentence below.</p>
N/A	N/A	<p>The following four questions ask about the support or assistance your NHS mental health team may have given to help you access your care and treatment. This could include support accessing the building (such as provision of lifts), language support (translations), format of materials (large print), support accessing online appointments, sensory adjustments (room brightness) and emotional support.</p>	<p>The text was amended following feedback from service users, stakeholders and a review of the 2023 free text comments. It was flagged that support should expand to include both physical and psychological needs, and the text was edited to encompass as many sources of support as possible. This provided a streamlined explanation of the support that could have been provided by the NHS mental health team.</p>
Q36	Q37	<p>What support do you need to access your care and treatment?</p> <p>Please cross X in ALL the boxes that apply to you (online survey: Please select ALL the answers that apply to you).</p> <p><input type="checkbox"/> Physical support (e.g. lifts, wide doors, ramps, signage)</p> <p><input type="checkbox"/> Language support (e.g. translated materials, translator, interpreter)</p> <p><input type="checkbox"/> Format of materials (e.g. easy read, braille, large print)</p> <p><input type="checkbox"/> Accessing online appointments (e.g. how to attend online appointment, resolving technical issues)</p> <p><input type="checkbox"/> Room adjustments (e.g. room brightness, noise reduction, scent control)</p>	<p>The response options were updated to include 'Room adjustments (e.g. room brightness, noise reduction, scent control)' and 'Emotional support (e.g. friend, family, carer attending appointment with you, appointment information)'. Service users who responded to the 2023 survey flagged other types of support ('accessing physical appointments' and 'emotional support' were frequently encountered). This change was sense-checked in the first</p>

		<input type="checkbox"/> Emotional support (e.g. friend, family, carer attending appointment with you, appointment information) <input type="checkbox"/> Other, please specify	advisory group, cognitively tested successfully and was implemented in the final 2024 survey.
Q42	Q43	<p>Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?  <b>Please cross X in ALL the boxes that apply to you (online survey: Please select ALL the answers that apply to you).</b></p> <input type="checkbox"/> Breathing problem, such as asthma <input type="checkbox"/> Blindness or partial sight <input type="checkbox"/> Cancer in the last 5 years <input type="checkbox"/> Dementia or Alzheimer’s disease <input type="checkbox"/> Deafness or hearing loss <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problem, such as angina <input type="checkbox"/> Joint problem, such as arthritis <input type="checkbox"/> Kidney or liver disease <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Neurological condition <input type="checkbox"/> Physical Mobility condition <input type="checkbox"/> Stroke (which affects your day-to-day life) <input type="checkbox"/> Another long-term condition <input type="checkbox"/> I do not have any long-term conditions <input type="checkbox"/> I would prefer not to say	‘Condition’ has been added to response option 13: ‘Physical Mobility condition’.
N/A	N/A	<p><b>The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups. Your answers will be kept confidential and not linked to your medical records.</b></p>	The wording was amended to be in line with other surveys in the NPSP.

Q45	Q46	<p>At birth were you registered as...</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male)</p> <p><input type="checkbox"/> I would prefer not to say</p>	<p>The third response option was amended to be in line with other surveys in the NPSP.</p>
Q46	Q47	<p>Is your gender different from the sex you were assigned as at birth?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please write your gender below</p> <p>_____</p> <p><input type="checkbox"/> I would prefer not to say</p>	<p>The question was amended to be in line with other surveys in the NPSP.</p>
Online-only	Online-only	<p><a href="#">The Care Quality Commission (CQC) or an organisation working on behalf of CQC, may wish to contact you within the next 12 months to tell you about other surveys or invite you to take part in other research about your healthcare experience.</a></p> <p><a href="#">This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether you agree to be contacted about future research.</a></p> <p><a href="#">This information will not be shared with any health professionals involved in your care. Your survey answers will remain confidential. Agreeing to be contacted does not mean that you have to take part in any future research.</a></p>	<p>The wording was amended to be in line with other surveys in the NPSP.</p>
Online-only question	Online-only question	<p>Are you willing for your answers to be linked to your contact details (e.g. address and / or phone number) and to be contacted either by post or email?</p> <p><input type="checkbox"/> Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research)</p> <p>If you are happy to be contacted by email, please provide your email address below.</p> <p>Please type in _____</p>	<p>A new response option was added 'If you are happy to be contacted by email, please provide your email address below. Please type in ___' so respondents can be contacted by email.</p>

		<input type="checkbox"/> No, I would not like to be re-contacted	
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### 3.1.3. Removed questions

The table below provides a summary of the 2023 questions that were removed for the CMH24 survey, and the rationale that led to the decision to remove them.

*Table 3: CMH24 Removed questions*

CMH23 Number	2023 Question wording	Rationale
Q14	<p>Have you and your NHS mental health team decided together what care and treatment you will receive?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<p>Feedback from the questionnaire performance analysis and cognitive testing flagged a high correlation between this question and Q18 (Has your NHS mental health team supported you to make decisions about your care and treatment?). Further NICE guidance highlighted the importance of service users being involved in their care.</p>
Q15	<p>How has your care and treatment been delivered?</p> <p>Please cross X in <u>ALL</u> the boxes that apply to you (online text: 'Please select ALL the answers that apply for you').</p> <p><input type="checkbox"/> In person</p> <p><input type="checkbox"/> By video call</p> <p><input type="checkbox"/> By telephone</p> <p><input type="checkbox"/> Online course(s)</p> <p><input type="checkbox"/> Digital apps</p>	<p>The question was removed and replaced with 'Were you given a choice on how your care and treatment would be delivered?' following feedback from stakeholders that giving a choice is more important. Mode of contact was also captured in the sample, as it is utilised in subgroup analysis.</p>
N/A	<p>Children and Adolescent Mental Health Services (CAMHS) are services that support young people, between 11 – 25 years old. The move to Adult services, if required, takes place when young people turn 18 years old. The following questions ask about your experience whilst moving to Adult services.</p>	<p>The entire section 'MOVING TO ADULT SERVICES FROM CHILDREN SERVICES', asking the questions below only to service users aged 16 – 25, was removed from the CMH24 online survey due to low number of responses in 2023.</p>

<p>Online Q8</p>	<p>In the last six months have you moved from Children and Adolescent Services to Adult Mental Health Services?</p> <p><input type="checkbox"/> Yes, all of my services have moved</p> <p><input type="checkbox"/> Yes, some of my services have moved</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	
<p>Online Q9</p>	<p>Did you feel you were given enough information about what would happen during your move to Adult services?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	
<p>Online Q10</p>	<p>Did you feel you got enough support from your Children and Adolescent NHS mental health team when moving to Adult services?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	
<p>Online Q11</p>	<p>Did you experience any changes in your care after you moved to Adult services?</p> <p><input type="checkbox"/> Yes, my care improved</p> <p><input type="checkbox"/> Yes, my care got worse</p> <p><input type="checkbox"/> No, my care stayed the same</p> <p><input type="checkbox"/> Don't know / can't remember</p>	
<p>Online Q12</p>	<p>Has your family or someone else close to you been involved in planning your move to Adult services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, but I would have liked this</p> <p><input type="checkbox"/> No, I didn't want or need this</p> <p><input type="checkbox"/> Don't know / can't remember</p>	

Online-only question	If you would like us to tell you about the results of this survey, please provide your email address below. FREE TEXT BOX FOR EMAIL ADDRESS <input type="checkbox"/> No, don't tell me about the results	The question was removed to be in line with NPSP surveys.
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## 4. Methodological approach

### 4.1. Sampling period

The core sampling eligibility criteria is consistent with CMH23, with the sampling months as March and April 2024.

### 4.2. Changes to sampling

A number of new sampling variables were added to the 2024 sample, these are detailed below.

#### 4.2.1. New sampling variables

##### NHS numbers

This variable was introduced to enable contractors to run centralised DBS checks for community mental health trusts between mailings. Trusts were asked to run DBS and local checks when drawing the sample, to remove deceased service users.

The NHS number was part of the mailing data and was shared exclusively with approved contractors for DBS checks. This information was not to be shared with the SCC.

##### Full date of birth

Trusts were requested to provide the full date of birth of mental health service users to enable contractors to conduct centralised DBS checks. As with the NHS numbers, this information was only shared with approved contractors for DBS checks, with the SCC only receiving the year of birth.

##### Service or Team Type

The 'Service or Team Type'<sup>9</sup> variable was introduced to map the primary service that the service user had the most contact with during the sampling period. If the service user did not have a primary service, trusts were advised to include the most recent contact. This variable replaced the 'Service-level information' variable that was included in the 2023 Community Mental Health Survey sample.

##### Assessment Service Group

The 'Assessment Service Group' variable was introduced to record the type of service primarily used by the service users during the sampling period (April and May 2024). This

<sup>9</sup> Please see the full list of services and teams by clicking [here](#).

variable included mapping each service user to either Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services or Older People’s Mental Health Services. This variable was provided as part of an attribution file in 2023, and in 2024 it was submitted as part of the sample.

#### *4.2.2. Removed sampling variables*

##### Service level information

This variable was removed and replaced by the ‘Service or Team Type’ variable, as detailed in [section 4.2.1.](#) above.

##### Care cluster code

This variable was removed as NHS England guidance states care cluster codes were no longer part of national policy. Data quality in the 2023 survey was poor as trusts were no longer capturing this data reliably. Care cluster codes have been phased out and are in the process of being replaced by the Mental Health Currency Framework.

## 5. Materials

### 5.1. Covering letters

The covering letters were modified for the 2024 survey to include a unique QR code which when scanned, would take respondents straight to their survey. The QR code was added to the centre of the letter (alongside the box highlighting details for the online survey, including the URL and log-in details). Once scanned service users will be taken directly to the online survey. This was to mitigate the need for service users to type in the web address, survey number and password, and link them directly to the online survey.

Throughout cognitive testing, respondents were asked to comment on the look, placement, and useability of the QR codes. Feedback was consistently positive about the inclusion of the QR codes, and participants felt they would use them, and it would save them time in completing the survey. For example, it mitigated the need to type in their survey number and password, which could be off-putting. Subsequently, the placement and size of the QR codes remained unchanged from their initial arrangement on the draft contact letters. The text allowing trusts to share results and pinpoint improvement, was removed due to low uptake in 2023.

### 5.2. Dissent poster and 16- and 17-year-olds leaflet

As with previous Community Mental Health Surveys, a dissent poster was displayed during the sampling months. This made service users aware of the survey and provided an opportunity for them to ask questions or give dissent if they wished to be excluded from taking part. The poster was made available in English and 11 other commonly spoken languages.

The 16- and 17-year-old leaflet included significant information on the purpose of the survey, options to give dissent, data protection and confidentiality. Community mental health trusts were advised to share the leaflet via any appropriate channels, such as displaying on walls,

TV screens, trust website, social media platforms, apps or physically handing out copies to 16–17-year-olds.

The dissent poster and leaflet for 16–17-year-olds were amended following accessibility principles shared by community mental health trusts. As presented in [section 1.1](#), the dissent poster and the leaflet have been designed using the neurodiversity design principles (such as avoiding white background and black text), in order to be accessible to all service users. Trusts were advised to display both materials for the duration of the sample period (1<sup>st</sup> of April until 31<sup>st</sup> of May 2024).

### 5.3. Press Release template

As with previous Community Mental Health surveys, two press release templates were shared with trusts and national organisations. For trusts, the template enabled them to add their own text and data, explaining how they used feedback, what actions were taken and positive outcomes. For national organisations, the template included national level results of the survey. The wording of the press release template was slightly altered to include references to the QR code now available for service users to scan.

### 5.4. Social media cards

Four social media cards were made available to trusts, promoting engagement prior to and during fieldwork. The cards provided basic information about the survey including the purpose, value, when service users will be invited and how to participate. They were designed for easy use across several platforms including X (formerly Twitter), LinkedIn, Facebook, and Instagram.

Minimal changes were made to the 2024 Community Mental Health Survey social media cards, the most notable being the introduction of text informing service users that the survey received approval from the Secretary of State for Health and Social Care. The service users' understanding of this sentence was thoroughly explored during cognitive testing. Service users fed back that this addition brings more validity to the survey, knowing that their feedback will be taken seriously.

### 5.5. Website banner

A website banner was developed for the 2024 Community Mental Health Survey following feedback from trusts during the consultation webinar. The website banner welcomes service users to take action and help improve mental health care. The trusts had the option to include a link for service users to click on for further information about the survey.

### 5.6. Infographic

An infographic was developed for the survey, in which there were highlighted findings and key messages from the 2023 Community Mental Health Survey. To maximise reach and increase engagement and participation in the survey, trusts were able to share the infographic on social media platforms, trust website, newsletters, emails, and as a poster on their websites.

## 6. Accessibility

### 6.1. Easy Read questionnaire

An adapted Easy Read version of the survey was introduced by CQC to enable insight to be drawn from this crucial population. In previous surveys, the Easy Read data volumes received for each individual survey in the NPSP have been low, which has resulted in a lack of useable data. This was done to allow data to be gathered across the NPSP.

The Easy Read questionnaire was adapted from the NPSP programme-wide Easy Read questionnaire, with changes made to the language and images to make it appropriate for the survey population.

### 6.2. Braille and Large print cover letters

QR codes were added to both Braille and Large Print cover letters. The QR code was placed to the bottom right side of the first page of the Braille covering letter for ease of access. Similarly to the covering letters, the QR codes in the Large Print cover letters were added next to the online survey access information. Both covering letters included information on accessing the survey, and informed service users that they would be asked questions about their mental health care experiences.

### 6.3. Multilanguage sheet

The multilanguage sheet for CYP24 was updated to include a QR code for the nine non-English languages for which there is a translated survey. These languages are:

- Arabic
- Bengali
- French
- Gujarati
- Polish
- Portuguese
- Punjabi
- Spanish
- Urdu

QR codes on the multilanguage sheet provide convenient access to the survey in the available languages, further improving accessibility.

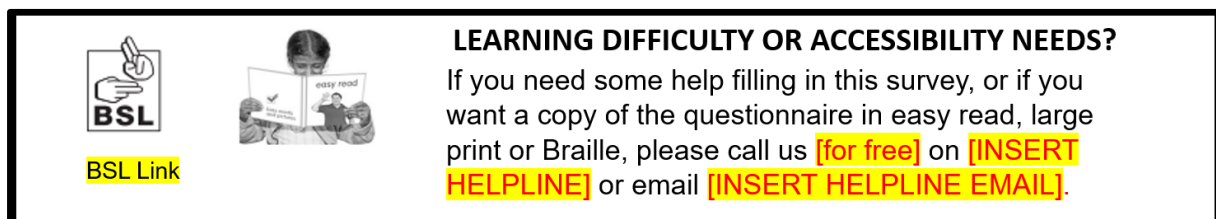
The multilanguage sheet also includes the languages below, directing the participant to a helpline number. Although a translated online survey will not be available in these languages, a telephone assisted survey using Language Line will continue to be offered:

- Cantonese (Traditional Chinese)
- Mandarin (Simplified Chinese)
- Turkish
- Italian
- Russian

- Kurdish
- Tamil
- Thai
- Farsi
- Somali

As shown in Figure 1, the multilanguage sheet also includes signposting to accessible formats. This section provides further information on accessibility features of the survey.

*Figure 1. Image contains a woman looking at an Easy Read booklet*



A further update is the header, which has been changed from ‘Language help?’ to ‘Do you need language help?’.

Minimal changes were made to the text of the multilanguage sheet, from ‘If you have any questions about this survey, or you would like help completing it, please call the FREEPHONE number on [insert helpline] in order to speak to an interpreter. You can complete the survey online at [insert URL for online survey]’ to ‘If you would like help completing the survey, have any questions or want to speak to an interpreter, please call FREEPHONE: [Insert telephone number]. You can complete the survey online using the link below or scan the QR code [insert online link]’. The text was amended to be in line with the other NPSP surveys, and to flag the introduction of QR codes.

## Appendix: Changes to the questionnaire in each round of cognitive interviewing

*Table 4: CMH24 Questionnaire mapping with changes in each round of cognitive interviewing*

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
Covering page	Covering page	Covering page	Covering page
<b>My NHS Appointments</b>	<b>My NHS Appointments</b>	<b>My NHS Appointments</b>	<b>My NHS Appointments</b>
<p>Q1: When was the last time you saw someone from NHS mental health services?  <a href="#">This includes contact in person, via video call and telephone.</a></p> <p><input type="checkbox"/> In the last 12 months</p> <p><input type="checkbox"/> More than 12 months ago</p> <p><input type="checkbox"/> Can't remember</p> <p><input type="checkbox"/> I have never seen anyone from NHS mental health services</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q2: Overall, how long have you been in contact with NHS mental health services?</p> <p><input type="checkbox"/> Less than 1 year</p> <p><input type="checkbox"/> 1 to 2 years</p> <p><input type="checkbox"/> 3 to 5 years</p> <p><input type="checkbox"/> 6 to 10 years</p> <p><input type="checkbox"/> More than 10 years</p> <p><input type="checkbox"/> I am no longer in contact with NHS mental health services</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>Accessing Care and Treatment</b>	<b>Accessing Care and Treatment</b>	<b>Accessing Care and Treatment</b>	<b>Accessing Care and Treatment</b>
	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

<sup>10</sup> The final column ('Final Question') shows the question as included in the CMH24 survey.

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
Your first appointment could have <b>been in person</b> , via <b>video call</b> and by <b>telephone</b> .			
<p>Q3: How long did you wait between your assessment with the NHS mental health team and your first appointment for treatment?</p> <p><input type="checkbox"/> Less than 2 weeks</p> <p><input type="checkbox"/> 2 to 3 weeks</p> <p><input type="checkbox"/> 1 to 2 months</p> <p><input type="checkbox"/> 3 to 6 months</p> <p><input type="checkbox"/> More than 6 months</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q4: How did you feel about the length of time you waited between your assessment with the NHS mental health team and your first appointment for treatment?</p> <p><input type="checkbox"/> The waiting time was appropriate</p> <p><input type="checkbox"/> The waiting time was too long</p> <p><input type="checkbox"/> The waiting time was too short</p> <p><input type="checkbox"/> I did not have to wait</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>Q5: While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, did you experience any changes in your mental health?</p> <p><input type="checkbox"/> Yes, my mental health improved</p> <p><input type="checkbox"/> Yes, my mental health got worse</p> <p><input type="checkbox"/> No, my mental health stayed the same</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q6: While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q7: Was the support offered appropriate for your mental health needs?</p> <p><input type="checkbox"/> Yes, completely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I did not need any help</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>Your Mental Health Team</b>	<b>Your Mental Health Team</b>	<b>Your Mental Health Team</b>	<b>Your Mental Health Team</b>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
Thinking about <b>the last 12 months</b> , when you have seen someone from NHS mental health services for your mental health needs ...	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q8: Were you given enough time to discuss your needs and treatment? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q9 ( <b>NEW</b> ): Did you feel your NHS mental health team listened to what you had to say? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q10: Did you get the help you needed? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/ can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q11: Did your NHS mental health team, consider how areas of your life impact your mental health? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/ can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q12: Did you have to repeat your mental	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>health history to your NHS mental health team?</p> <p><input type="checkbox"/> Yes, often</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/ can't remember</p>			
<p>Q13: Did your NHS mental health team treat you with care and compassion?</p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>Your Care</b>	<b>Your Care</b>	<b>Your Care</b>	<b>Your Care</b>
<p>Q14: Do you have a care plan?</p> <p><a href="#">This is a plan for any care and treatments you will receive.</a></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q15: Have you and your NHS mental health team decided together what care and treatment you will receive?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<p>Q15 (<b>NEW</b>): To what extent did your NHS mental health team involve you in agreeing your care plan?</p> <p><input type="checkbox"/> To a large or very large extent</p> <p><input type="checkbox"/> To some extent</p> <p><input type="checkbox"/> To little or no extent</p> <p><input type="checkbox"/> I did not want to be involved</p> <p><input type="checkbox"/> I was not able to be involved</p>	<p>Q15 (<b>NEW</b>): To what extent did your NHS mental health team involve you in agreeing your care plan?</p> <p><input type="checkbox"/> To a very large extent</p> <p><input type="checkbox"/> To a large extent</p> <p><input type="checkbox"/> To some extent</p> <p><input type="checkbox"/> To a small extent</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> I did not want to be involved</p>
<p>Q16 (<b>NEW</b>): Were you given a choice on how</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>your care and treatment would be delivered? I.e. In person, via video call, by telephone, online course, digital apps.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ can't remember</p>			
<p>Q17: In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q18: Has your NHS mental health team supported you to make decisions about your care and treatment? Support includes sharing information on risks and benefits of your care and treatment.</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q19: Do you feel in control of your care?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> No, I do not want to be in control of my care <input type="checkbox"/> My care has now ended <input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<p>Q19: Do you feel in control of your care?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> No, I do not want to be in control of my care <input type="checkbox"/> My care has now ended</p>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
			<input type="checkbox"/> Don't know/ not sure <b>(AMENDED)</b>
<b>Your Treatment</b>	<b>Your Treatment</b>	<b>Your Treatment</b>	<b>Your Treatment</b>
Q20: In the last 12 months, have you been receiving any medication for your mental health needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q21: Who prescribed medication for your mental health needs? <input type="checkbox"/> GP <input type="checkbox"/> NHS Mental Health Team <input type="checkbox"/> Both <input type="checkbox"/> Don't know	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q22: Have any of the following been discussed with you about your medication? .....Purpose of medication ...Benefits of medication ...Side effects of medication ...What will happen if I stop taking my medication <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q23: In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?	<i>Unchanged</i>	<i>Unchanged</i>	Q23: In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have been receiving medication for less than 12 months <input type="checkbox"/> Don't know/ can't remember			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have been receiving medication for less than 12 months <input type="checkbox"/> Don't know/ not sure ( <b>AMENDED</b> )
<p><b>AMENDED:</b> Psychological therapies include any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician). This does not include NHS Talking Therapies for anxiety and depression.</p>	<p><b>AMENDED:</b> Psychological therapies include any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician). This could include Cognitive Behavioural Therapy (CBT).</p>	<p><b>AMENDED:</b> Psychological therapies include any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician). This could include Cognitive Behavioural Therapy (CBT), interpersonal therapy, or psychodynamic therapy.</p>	<p><i>Unchanged from R3.</i></p>
<p>Q24 (<b>AMENDED</b>): In the last 12 months, have you received any therapies for your mental health needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No, but I would have liked this <input type="checkbox"/> No, but I did not want this <input type="checkbox"/> This was not appropriate <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q25 (<b>AMENDED</b>): How do you feel about the length of time you waited between your assessment with the</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>NHS mental health team and your first therapy appointment?</p> <p><input type="checkbox"/> The waiting time was appropriate</p> <p><input type="checkbox"/> The waiting time was too long</p> <p><input type="checkbox"/> The waiting time was too short</p> <p><input type="checkbox"/> I did not have to wait</p> <p><input type="checkbox"/> Don't know / can't remember</p>			
<p>Q26 (<b>AMENDED</b>):</p> <p>Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>Crisis Care</b>	<b>Crisis Care</b>	<b>Crisis Care</b>	<b>Crisis Care</b>
<p>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'.</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q27: Would you know who to contact out of office hours within the NHS if you had a crisis?</p> <p>This should be a person or a team within NHS mental health services.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> Not sure			
<p>Q28: In the last 12 months, have you contacted this person or team?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I could not contact them</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q29: Thinking about the last time you contacted this person or team, did you get the help you needed?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I could not contact them</p> <p><input type="checkbox"/> I have not tried contacting them</p> <p><input type="checkbox"/> Don't know / can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q30: How do you feel about the length of time it took you to get through to this person or team?</p> <p><input type="checkbox"/> I got through straightaway</p> <p><input type="checkbox"/> I had to wait, but not for too long</p> <p><input type="checkbox"/> I had to wait too long</p> <p><input type="checkbox"/> Don't know/ can't remember</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q31: Did the NHS mental health team give your family or carer support whilst you were in crisis?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> My family/ carer did not want support <input type="checkbox"/> Don't know/ can't remember <input type="checkbox"/> Not applicable			
<b>Support and wellbeing</b>	<b>Support and wellbeing</b>	<b>Support and wellbeing</b>	<b>Support and wellbeing</b>
Q32 ( <b>AMENDED</b> ): In the last 12 months, has your NHS mental health team supported you with your physical health needs? This might be an injury, a disability, or a condition such as diabetes, epilepsy, etc. <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No, but I would have liked support <input type="checkbox"/> I have support and did not need this <input type="checkbox"/> I do not need support for this <input type="checkbox"/> I do not have physical health needs	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>AMENDED:</b> The following question asks if your NHS mental health team helped you <b>find</b> support in these areas. This could be through providing posters, flyers, and leaflets.	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q33: In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... ...Joining a group or taking part in a social and well-being activity (e.g.: art, sport etc)? ...Finding or keeping work (paid or voluntary)?	<i>Unchanged</i>	<i>Unchanged</i>	Q33: In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... ...Joining a group or taking part in a social and well-being activity (e.g.: art, sport etc)?

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>...Financial advice or benefits? ...Cost of living? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I do not need this</p>			<p>...Finding or keeping work (paid or voluntary)? ...Financial advice or benefits? ...Cost of living? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I do not need support (<b>RESPONSE OPTION AMENDED</b>)</p>
<p>Q34: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No, not as much as I would like <input type="checkbox"/> No, they have involved them too much <input type="checkbox"/> Not applicable</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p><b>The following four questions ask about the support or assistance your NHS mental health team may have given to help you access your care and treatment.</b> This could include support accessing the building (such as provision of lifts, ramps, signage), language support (translation, interpreters), format of materials (easy read, braille, large print) and support accessing online appointments.</p>	<i>Unchanged</i>	<i>Unchanged</i>	<p><b>AMENDED: The following four questions ask about the support or assistance your NHS mental health team may have given to help you access your care and treatment.</b> This could include support accessing the building (such as provision of lifts), language support (translations), format of materials (large print), support accessing online</p>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
			appointments, sensory adjustments (room brightness) and emotional support.
Q35: Has your NHS mental health team <u>asked</u> if you need support to access your care and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q36: Do you <u>need</u> support to access your care and treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q37 ( <b>AMENDED</b> ): What support do you need to access your care and treatment? Please cross X in ALL the boxes that apply to you. (Online questionnaire wording: Please select ALL the answers that apply for you) <input type="checkbox"/> Physical support (e.g. lifts, wide doors, ramps, signage) <input type="checkbox"/> Language support (e.g. translated materials, translator, interpreter) <input type="checkbox"/> Format of materials (e.g. easy read, braille, large print) <input type="checkbox"/> Accessing online appointments (e.g. how to attend online)	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
appointment, resolving technical issues) <input type="checkbox"/> Room adjustments (e.g. room brightness, noise reduction, scent control) <b>(NEW)</b> <input type="checkbox"/> Emotional support (e.g. friend, family, carer attending appointment with you, appointment information) <b>(NEW)</b> <input type="checkbox"/> Other			
Q38: Do you feel the support provided meets your needs? <input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, some to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not receive any support <input type="checkbox"/> Don't know / can't remember	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>Overall</b>	<b>Overall</b>	<b>Overall</b>	<b>Overall</b>
Q39: Overall, in the last 12 months, how was your experience of using NHS mental health services? Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience. <input type="checkbox"/> 0- I had a very poor experience <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10- I had a very good experience			
Q40: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, some	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q41: Aside from 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<b>About you</b>	<b>About you</b>	<b>About you</b>	<b>About you</b>
<b>This information will not be used to identify you.</b> Your answers will help us find out whether different people are having different experiences of NHS services. <b>All the questions should be answered from the point of view of the person named on the letter.</b>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q42: Who was the main person or people that filled in this questionnaire? <input type="checkbox"/> The person named on the front of the envelope	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> A friend or relative of the person named on the front of the envelope <input type="checkbox"/> Both the person named on the envelope and a friend / relative <input type="checkbox"/> The person named on the envelope with the help of a health professional			
<p><b>Q43 (AMENDED):</b> Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?</p> <p>Please cross X in all the boxes that apply to you. (online wording: Please select ALL the answers that apply to you.)</p> <input type="checkbox"/> Autism or autism spectrum condition <input type="checkbox"/> Breathing problem, such as asthma <input type="checkbox"/> Blindness or partial sight <input type="checkbox"/> Cancer in the last 5 years <input type="checkbox"/> Dementia or Alzheimer’s disease <input type="checkbox"/> Deafness or hearing loss <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problem, such as angina <input type="checkbox"/> Joint problem, such as arthritis <input type="checkbox"/> Kidney or liver disease <input type="checkbox"/> Learning disability	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> Mental health condition <input type="checkbox"/> Neurological condition <input type="checkbox"/> Physical Mobility condition ( <b>AMENDED</b> ) <input type="checkbox"/> Stroke (which affects your day-to-day life) <input type="checkbox"/> Another long-term condition <input type="checkbox"/> None of the above <input type="checkbox"/> I would prefer not to say			
Q44: Do any of these conditions reduce your ability to carry out day-to-day activities? <input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, a little <input type="checkbox"/> No, not at all	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q45: What was your year of birth? Please write in e.g. 1964	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
Q46 ( <b>AMENDED</b> ): At birth were you registered as... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex (a person born with a reproductive	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>anatomy that doesn't seem to fit the typical definitions of female or male) <b>(AMENDED)</b></p> <p><input type="checkbox"/> I would prefer not to say</p>			
<p>Q47 <b>(AMENDED)</b>: Is your gender different from the sex you were assigned as at birth?</p> <p><input type="checkbox"/> No <b>(AMENDED)</b></p> <p><input type="checkbox"/> Yes (please write your gender below) free text <b>(AMENDED)</b></p> <p><input type="checkbox"/> I would prefer not to say</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q48: What is your religion?</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant, and other Christian denominations)</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> I would prefer not to say</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Q49: Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Heterosexual / Straight</p> <p><input type="checkbox"/> Gay / Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> I would prefer not to say</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>Q50: What is your ethnic group? Please select one option only.</p> <p>a. WHITE</p> <p><input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Roma</p> <p><input type="checkbox"/> Any other White background, please write in</p> <p>b. MIXED / MULTIPLE ETHNIC GROUPS</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed / multiple ethnic background, please write in</p> <p>c. ASIAN / ASIAN BRITISH</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <p>d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black / African / Caribbean background, please write in</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>e. OTHER ETHNIC GROUP</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group, please write in</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, NHS England 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>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p>Was there anything particularly good about your care?</p> <p>Was there anything that could be improved?</p> <p>Any other comments?</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>
<p><b>AMENDED:</b> The Care Quality Commission (CQC) or an organisation working on behalf of CQC, may wish to contact you within the next 12 months to tell you about other surveys or invite you to take part in other research about</p>	<i>Unchanged</i>	<i>Unchanged</i>	<i>Unchanged</i>

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<p>your healthcare experience.</p> <p>This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether you agree to be contacted about future research.</p> <p>If you do agree for your answers to be linked to your contact details, this will not be shared with any health professionals involved in your care. Your survey answers will remain confidential. Agreeing to be contacted does not mean that you have to take part in any future research.</p> <p>Are you willing for your answers to be linked to your contact details (e.g. address and / or phone number) and to be contacted either by post or email?</p> <p><input type="checkbox"/> Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research)</p> <p><b>NEW:</b> If you are happy to be contacted by email, please provide your email address below.</p> <p><a href="#">Please type in</a></p>			

Round 1 question	Round 2 question	Round 3 question	Final question <sup>10</sup>
<input type="checkbox"/> No, I would not like to be re-contacted			