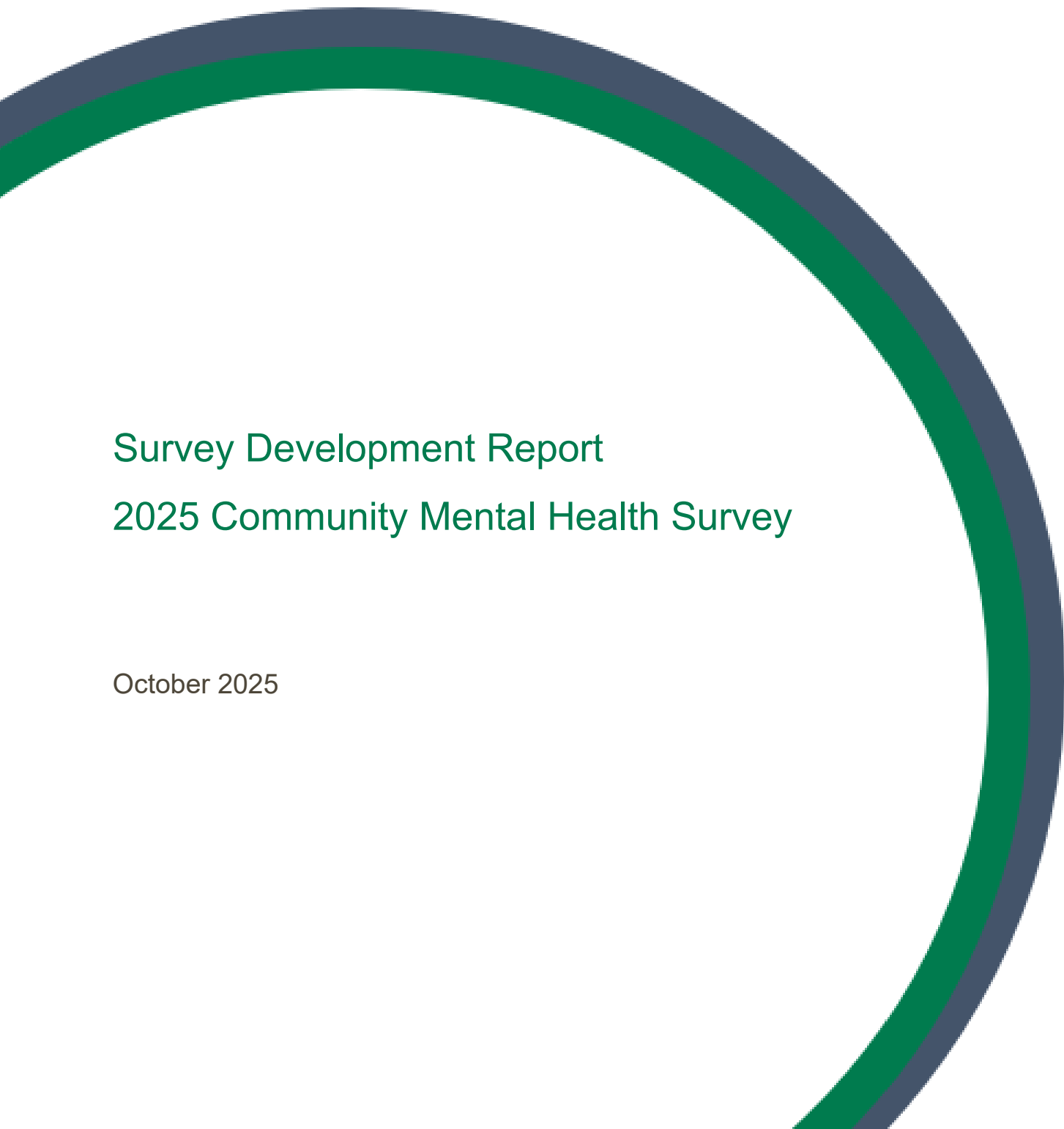




Survey Development Report 2025 Community Mental Health Survey

October 2025

Updates

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

This document is available from the [NHS surveys website](#).

Questions and comments

If you have any questions 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.

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

© Picker 2025

Published by and available from:

Picker Institute Europe

Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: 01865 208100

Email: Info@PickerEurope.ac.uk

Website: picker.org

Registered Charity in England and Wales: 1081688

Registered Charity in Scotland: SC045048

Company Limited by Registered Guarantee No 3908160

Picker Institute Europe has UKAS accredited certification for ISO 20252:2019 (GB08/74322) via SGS, as well as ISO 27001:2022 and ISO 27701:2019 (certificate number 23715) via Alcumus ISOQAR. We comply with Data Protection Laws including the General Data Protection Regulation, the Data Protection Act 2018, the Data (Use and Access) Act 2025 and the Market Research Society's (MRS) Code of Conduct.

Contents

1. Introduction.....	6
1.1. Background.....	6
1.2. Summary of changes	6
2. Survey development activities	8
2.1. Performance analysis on the 2024 Community Mental Health Survey.....	8
2.1.1. Floor / ceiling effects:	8
2.1.2. Missing or non-specific responses:	8
2.1.3. High correlation between questions:	9
2.2. Consultation phase	10
2.2.1. Objective of consultations	10
2.2.2. Consultation findings	10
3. Advisory group.....	17
3.1. Impact of staffing levels.....	17
3.2. Family, friend, carer involvement.....	17
3.3. Transition from CYPMHS to AMHS	17
3.4. Care plan	18
3.6. NHS 111 crisis care	18
3.7. Other questionnaire content	19
3.7.1. Diagnosis question	19
3.7.2. Waiting times	19
4. Trust webinars	21
4.1. Trust webinar 1	21
4.1.1. Care plan	21
4.1.2. NHS 111 crisis care	21
4.2. Trust webinar 2	21
5. Cognitive interviews.....	23
5.1. Recruitment.....	23
5.2. Interviews.....	23
6. Changes to the questionnaire	26
6.1. Questionnaire content	26
6.1.1. New questions	26

6.1.2. Amended questions	29
6.1.3. Removed questions	33
7. Methodological approach.....	35
7.1. Sampling period	35
7.2. Mailing protocol.....	35
7.3. Materials	35
7.3.1. Covering letters	35
7.3.2. Dissent poster and 16–17-year-olds leaflet.....	35
7.3.3. Engagement	36
7.4. Accessibility	37
7.4.1. Multilanguage sheet.....	37
7.4.2. Accessible formats available via online survey	38
7.4.3. Easy Read questionnaire.....	39
7.4.4. Braille and Large Print cover letters	39
Appendix: 2024 vs 2025 questionnaire	40

Table 1: Cognitive interviews – demographic profile of respondents.....	24
Table 2: CMH25 New questions.....	26
Table 3: CMH25 Amended questions.....	29
Table 4: CMH25 Removed questions.....	33
Figure 1: Image contains a woman looking at an Easy Read booklet.....	38
Table 5: CMH24 to CMH25 questionnaire changes.....	40

1. Introduction

1.1. 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 service 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 Community Mental Health survey in 2023, changes to the 2024, and subsequently the 2025 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 2025 Community Mental Health Survey (CMH25). This report outlines the methodology, materials, and results of this process.

1.2. 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 2025 survey were:

- o **The first covering letter wording was updated** to encourage engagement from respondents. The additional text informed service users that last year, almost 15,000 adults took part in the survey, and that sharing experiences helps shape better care for everyone;
- o **The text on the final covering letter was amended.** This was to “A few weeks ago, we sent you a letter” instead of stating the month when the letter was sent, to avoid confusion due to fieldwork entry variation;
- o **The dissent poster was amended.** It now includes information about the survey having received Section 251 approval to process contact details on request of the Confidentiality Advisory Group (CAG);

- o **The leaflet for 16 and 17-year-olds was redesigned** to incorporate icons, and the first page text was amended to encourage service users to look out for their survey invitation;
- o **A new social media card was produced** to promote the survey prior to fieldwork;
- o **The press release template wording was reviewed** to exclude references to the introduction of 16-and 17-year-olds in the sample for CMH23;
- o **An infographic was created for CMH25**, which included the key findings from the 2024 Community Mental Health survey;
- o **A publicity plan was developed** for sharing materials with trusts before, during and after the sampling period, and to enable further promotion of the survey during fieldwork;
- o **Amendments were implemented to the questionnaire**. In total, four questions were removed, eleven questions were amended, and two new questions were added to both the paper and online surveys. The explanatory text preceding three questions was amended. A new explanatory text and new question were included only in the online questionnaire. A new section “Moving to Adult Mental Health Services from Children and Young People’s Mental Health Services”, consisting of an explanatory text and five questions, was included in the online survey and asked only to service users aged 16-25 years old;
- o **Amendments were made to the Easy Read version of the questionnaire by CQC** to enable insight to be drawn from this population. A question was removed, a question was introduced, and the image before one question was changed.

2. Survey development activities

2.1. Performance analysis on the 2024 Community Mental Health Survey

As part of the development process, analysis was conducted on the performance of the 2024 questionnaire. This analysis aimed to identify potential amends and refinement needed.

The 2024 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.

2.1.1. Floor / ceiling effects:

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

- When was the last time you saw someone from NHS mental health services? 96.6% of respondents selected “In the last 12 months”;
- In the last 12 months, have you been receiving any medication for your mental health needs? 84.5% of respondents selected “Yes”.

This resulted in the combining the two medication questions in CMH25 (“In the last 12 months, have you been receiving any medication for your mental health needs?” and “Who prescribed medication for your mental health needs?”), with an additional response option included for service users who have not received any medication. This has reduced the number of questions asking about medication in CMH25.

2.1.2. Missing or non-specific responses:

Questions were explored to show those that had a higher proportion of missing responses or item non-response compared to the average. Questions with more than 15% of missing data or selection of non-specific response options were flagged. Below are the percentages of respondents who either skipped each flagged question or selected a non-specific response option:

- Do you have a care plan? 25.8%;
- Were you given a choice on how your care and treatment would be delivered? 15.6%;
- Do you feel in control of your care? 16.3%;
- In the last 12 months, have you received any therapies for your mental health needs? 31.7%;
- In the last 12 months, has your NHS mental health team supported you with your physical health needs? 40%;

- o 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 an activity (e.g. art, sport etc)? 20.5%;
- o 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%;
- o 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? 35.9%;
- o In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Cost of living? 37.8%;
- o Has your NHS mental health team asked if you need support to access your care and treatment? 24.8%;
- o Do you need support to access your care and treatment? 16.5%.

This resulted in some of these question items being raised for review within the stakeholder interviews and advisory group, discussed in sections [2.2](#) and [3](#).

2.1.3. High correlation between questions:

Bivariate correlations were also run and correlations of $> .7$ were flagged for review. This value indicates a 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.

- o 0.7 correlation between “Were you given enough time to discuss your needs and treatment?” and “Did you feel your NHS mental health team listened to what you had to say?”;
- o 0.7 correlation between “Did you feel your NHS mental health team listened to what you had to say?” and “Did you get the help you needed?”;
- o 0.7 correlation between “Did you feel your NHS mental health team listened to what you had to say?” and “Did your NHS mental health team treat you with care and compassion?”;
- o 0.7 correlation between “Did you feel your NHS mental health team listened to what you had to say?” and “Overall, in the last 12 months, how was your experience of using the NHS mental health services?”;
- o 0.7 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?”;
- o 0.7 correlation between “Did your NHS mental health team treat you with care and compassion?” and “Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?”;
- o 0.8 correlation between “Have any of the following been discussed with you about your medication? Purpose of medication” and “Have any of the following been discussed with you about your medication? Benefits of medication”;

- o 0.8 correlation between “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” and “In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Cost of living”;
- o 0.7 correlation between “Do you feel the support provided meets your needs?” and “Overall, in the last 12 months, how was your experience of using the NHS mental health services?”;
- o 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 and amend of Q32 (Q33 in CMH24) question in the CMH25 survey.

2.2. Consultation phase

The consultation phase consisted of a series of interviews with national stakeholders, users of community mental health services and frontline staff, and a trust webinar.

2.2.1. Objective of consultations

The core aim of the consultations was to ensure that the survey remains 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 2024 Community Mental Health Survey, as well as new areas of interest were explored during the stakeholder interviews to determine if they were still considered to be priorities for 2025. The service user interviews set out to explore their pathway through community mental health services, how they received their care and treatment, and their feedback on crisis care and support and wellbeing.

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

2.2.2. Consultation findings

In depth interviews with national stakeholders

Six in depth interviews were held with a range of stakeholders, including colleagues from CQC, NHS England, and NHS community mental health trusts.

The main findings from the discussions are outlined below.

Primary care – Integration of community models of care (feedback received from CQC Regulatory leadership, NHS England and NHS trusts only)

The Community Mental Health Survey collects feedback from service users on their experience with the mental health team at the Community Mental Health Trust. However, the development of local Community Mental Health Hubs involves collaboration between community mental health trusts, Primary Care Networks and General Practices (GPs), aiming to deliver care based on the needs of the population.

As service users receive care from multi-disciplinary teams and not solely from community mental health trusts, their feedback may reflect experiences across multiple teams. This can make it challenging to identify specific areas for local improvement. Therefore, one aim of the consultation was to understand the usefulness of the survey data, given the inter-team collaboration, and explore whether service users are aware of which specific teams they come in contact with throughout their mental health care.

Stakeholders highlighted the importance of clarifying responsibility of care and its' impact on service users. It was noted that primary care holds responsibility until secondary care services accept the patient onto their caseload. This distinction is crucial for understanding waiting times and service delivery. Consequently, care delivery is blended across services, with notable variation at the local level. A successful model of integrated care would ensure that patients do not need to repeat information and can access appropriate support regardless of which service they have used.

To reduce the risk of service users sharing feedback for the incorrect team, stakeholders recommended that the survey questions explicitly mention "community" throughout the survey. They also identified a gap in the survey regarding the waiting time between referral and first contact with community mental health services. Stakeholders recommended an additional question to the survey exploring this waiting period, which can vary significantly based on local commissioning and service models.

Impact of staffing level on service users

The current rate of workforce growth and retention has been insufficient to meet the current demand for mental health services, and vacancy rates for community mental health staff are higher than for other parts of the NHS. It has been noted that insufficient numbers of appropriately trained staff have had a direct impact on staff morale and service user care.

Stakeholder interviews explored:

- Whether all mental health services experienced staffing issues;
- The impact of staffing levels on the quality of care provided to service users;
- Key areas of concern in service user care, as a result of staffing levels.

Stakeholders confirmed that staffing levels are having a significant impact on the quality of care provided to service users, as they experienced longer waiting times and less continuity of care. Trusts have utilised foreign staff, flexible working and the involvement of third-party organisations to address staffing shortages. These alternatives are leading to issues such as service users not attending appointments due to unfamiliarity with new team members, and service users needing to repeat information.

There was agreement that due to insufficient staffing, service users experience less continuity of care. Stakeholders noted that the lack of consistent care providers could impact the quality of care, and lead to patients feeling less comfortable or confident in their treatment.

Use of NHS 111 in crisis care

In August 2024, the NHS announced that people experiencing a mental health crisis could access support through the 111 phone line, offering 24/7 mental health crisis support. People of all ages can call 111, select

the mental health option, and speak to a trained professional who can guide them to appropriate services, such as face-to-face community support, crisis cafés, or safe havens. In-depth interviews explored:

- Whether the NHS 111 mental health crisis support service line has been fully implemented at the national level;
- Whether there were any challenges in implementing and operating the NHS 111 mental health crisis support service;
- Whether stakeholders were interested in capturing data / understanding the experience of using NHS 111 for crisis care;
- How stakeholders wanted to utilise data on the NHS 111 mental health crisis support service;

Stakeholders confirmed that the NHS 111 crisis care line has been fully implemented across trusts. They suggested we review the survey questions to align with the current national model for crisis care and to avoid duplication of already captured data on call handling. Stakeholders stressed the importance of collecting feedback on NHS 111 crisis care line, emphasising the need to understand service users' experiences of:

- How long they waited to access crisis care;
- How service users have been treated by the NHS 111 crisis care service;
- Whether service users received the support they needed.

Stakeholders added that they would be interested in gathering a deeper knowledge about service users' experiences with these services.

Black men's mental health care experience

NHS England data shows 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, and less likely to be offered psychological therapies. In previous results from the Community Mental Health survey, results have highlighted differences in the experience of mental health care when reviewed at ethnicity level.

Stakeholder interviews explored:

- Whether this area remained a priority for the survey;
- How stakeholders anticipated and preferred data on Black men's mental health care experience to be utilised.
- CQC stakeholders only: how this data would be used to contribute to CQC's regulatory model (e.g., Single Assessment Framework, local intelligence, Strategic Insight level).

Stakeholders agreed that understanding Black men's experience of mental health care was a priority:

- NHS Community mental health trusts agreed that reducing health inequalities for this group is a focus, as they work on action plans to engage with communities and develop strategies to address disparities;

- o NHS England implemented the Patient and Carer Race Equality Framework¹, a tool to enable trusts to understand what practical steps they need to take to meet the needs of diverse ethnic backgrounds;
- o Stakeholders confirmed they have limited data breakdowns for this population, and survey data would be useful to understand the observed inequalities of this group;
- o CQC stakeholders mentioned that there are various sources of data, including the Community Mental Health survey, to explore inequalities in this group and to contribute to the evidence needed to encourage improvement.

Experience of mental health service users with learning disabilities

The NHS Long Term Plan has a strong focus on expanding and improving the quality of community care for people with mental health problems, including people with a learning disability and autism. Research indicates that people with learning disabilities and autism experience mental health issues at a higher rate than the general population. Evidence indicates that the prevalence of mental health issues among people with learning disabilities is double that of those without such conditions.^{2,3} However, there can be challenges in accessing and receiving the right mental health care.

In-depth interviews explored:

- o Whether understanding experiences of service users with learning disabilities in mental health care was a priority for stakeholders;
- o How stakeholders anticipated using the data.

Stakeholders from trusts confirmed that receiving feedback from people with learning disabilities and autism is a key priority. This feedback would help to understand whether staff were adequately trained to treat service users from this population.

Feedback from service users with learning disabilities and autism is essential to assess the effectiveness of trusts' efforts and identify areas for improvement. One trust noted they had implemented additional training and education amongst their team to ensure reasonable adjustments are made, particularly around sensory needs, to better support this population. Therefore, data from the Community Mental Health survey would help them monitor these new implementations.

Family / friend / carer involvement in service user care

In CQC's special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, family support in service users' care was highlighted as a critical aspect of good quality care. The CMH24 Survey included two questions on this topic; a generic question on family / friend / carer involvement, and another which focuses on support given to family / friend / carer while service users were in crisis care.

¹ [NHS England » Patient and carer race equality framework](#)

² Cooper, S.A., Smiley, E., Morrison, J., Allan, L., Williamson, A., Finlayson, J., Jackson, A. and Mantry, D., 2007. Psychosis and adults with intellectual disabilities: Prevalence, incidence, and related factors. *Social psychiatry and psychiatric epidemiology*, 42(7), pp.530-536.

³ Sutton P, Gates B. Narrating personal experience of living with learning disabilities and mental health issues in institutional and community settings: A case study. *Br J Learn Disabil*. 2020;48:323–331. <https://doi.org/10.1111/bld.12338>

In-depth interviews explored:

- Whether stakeholders considered family / friend / carer involvement in service user care a priority area to be further explored in the questionnaire;
- Whether the CMH24 questionnaire currently provided stakeholders with data relevant to their needs. If not, what other key areas stakeholders wanted to be included, to gain deeper insight into family / carer involvement in the service user's care.

Family involvement was found to be more common for Children and Young People's Mental Health Service (CYPMHS) users. This decreases when service users transition to Adult Mental Health Services (AMHS), which can be challenging.

Stakeholders mentioned that it would be useful to have more detailed information on the level and type of involvement in decision-making and care planning. Although some adults may choose not to involve their families, stakeholders highlighted that family input is important in care planning, risk management, and safety planning.

Young people who have recently transitioned from CYPMHS to AMHS

Since CMH23, the survey's age eligibility was lowered to capture feedback from 16- and 17-year-olds. The 2023 survey attempted to explore service users' transition experience, but unfortunately a sufficient response was not received to report on the questions. For this reason, the questions were excluded from the 2024 questionnaire.

Stakeholder interviews explored:

- Whether capturing feedback on the transition between CYPMHS and AMHS was a priority for stakeholders. If so, what were the key areas they wanted to understand on this topic;
- How stakeholders anticipated using this data, given the low response numbers observed in 2023;
- Whether the data would still be of value if multiple years of data (2023 and 2025) were combined, to increase the base size.

Stakeholders agreed that there is a strong appetite for receiving data from this population. CQC stakeholders emphasised the importance of continuity of care, particularly for young people transitioning from CYPMHS to AMHS. They expressed interest in understanding service users' expectations during this transition.

There are recurring issues that continue to affect service users transitioning from CYPMHS to AMHS services. One recurring concern was the use of shared caseloads which often led to fragmented care. This approach has been criticised for increasing the risk of negative outcomes for service users.

Stakeholders found it useful to consider combining 2023 and 2025 data, given that services have not significantly changed since 2023.

Care plan

The National Institute for Health and Care Excellence notes that people using mental health services jointly agree a care plan with health and social care professionals, including a crisis plan if they may be at risk of crisis:

- o This plan should set out any care or treatments the person wants to receive (for example, help with specific symptoms);
- o The plan should be sent to everyone involved (including clinicians and the service user, and any other people involved in the assessment);
- o The plan should explain how each person will help provide care;
- o Staff should also agree on a date to discuss the plan to check how it is working and if any changes are needed.

Stakeholders flagged that the language around the 'care plan', used in the CMH24 questionnaire, could be misleading as it is not always provided as a physical document. The care plan often emerges from discussions between service users and their mental health team, and should reflect service users' aspirations for their care and end goals.

It was noted that the CMH24 question "To what extent did your NHS mental health team involve you in agreeing your care plan?" implied the care plan was developed by the mental health team. However, stakeholders emphasised that the care plan is a collaborative process between the mental health team and the service user, and the survey question should reflect this agreement.

In-depth interviews with community mental health service users

Fifteen in-depth interviews were conducted with service users who had recent contact with community mental health services. Service users were recruited from a range of backgrounds:

- o Ethnicity: 8 White / White British, 4 Black / African / Caribbean, 3 Other Ethnic Group;
- o Gender: 6 Female, 9 Male;
- o Age: 3 16–18-year-olds, 3 19-30 year-olds, 4 31-50 year-olds, 5 51+ year olds;
- o Severity of condition: 8 non-psychotic mild/moderate, 2 psychotic mild / moderate, 3 non-psychotic severe, 2 psychotic severe;
- o Service Type - participants used a range of services including: 4 utilised CYPMHS, 9 utilised AMHS, 2 utilised Older People's Mental Health Services (OPMHS).

The main findings from the discussions are outlined below.

Areas of improvement in community mental health services / accessing care and treatment

Service users fed back on several areas needing improvement in the care they received from community mental health teams. The major concern related to the underfunding and understaffing of community mental health trusts, leading to service users experiencing:

- o High thresholds set to even be seen by a mental health professional;
- o Long waiting times before treatment and long referral times (due to paperwork loss or transition of treatment from two different trusts);
- o Long waiting times for an initial appointment with mental health services (over eight months);
- o Difficulty accessing care when in a crisis (medication, timely appointments);

- Poor overall communication with the mental health team leading their care (delays in responses, unclear roles between different professionals, insufficient contact information).

There were inconsistencies in the level of support service users received while waiting for treatment. Some reported receiving no support (no signposting for therapy, medication, or peer support), while others received clear communication and additional support from the Patient Advice and Liaison Service and the Common Point of Entry, including help in getting referrals and being signposted to specialist services. Some service users flagged that they initially utilised private psychiatrists due to long NHS waiting times but later transitioned back into NHS community mental health care.

The importance of community mental health trusts signposting service users to engaging activities (such as painting, movie clubs) was highlighted to promote socialisation and create a pathway into receiving further care.

These insights also underscored the need for increased funding and staffing, as limited resources were seen to restrict staff's ability to provide adequate care.

Care and treatment

Service users generally had a clear understanding of who provides their care and treatment at the community mental health trust. They were able to distinguish between the roles of GPs, psychiatrists, and members of the community mental health teams.

However, many service users highlighted that communication between professionals providing their care (mainly between GPs and community mental health teams) is poor. This lack of communication often led to delays, misunderstandings and gaps in care during critical times.

Service users agreed they were familiar with the term 'care plan', which they described as an agreement of their care, also known as a 'support plan'. However, there were a number of service users who were unaware of any care plan in place. It was regularly mentioned by service users that it is important the community mental health team involves them in making decisions about their care and treatment, especially regarding medication. Service users felt it was important that they were listened to, and treatment was available when they needed it.

Crisis care

Service users flagged that they contacted crisis numbers (Samaritans, Shout, NHS 111) but experienced extremely long waiting times. Many were not aware that NHS 111 had a mental health option, as they perceived this number as only an option for physical health emergencies.

When contacting crisis care, service users often received impersonal support. They expected a swift response from crisis care services, to be provided with clear information about the next steps in their care and to have direct access to appropriate support, rather than being referred to different services.

Feedback on crisis care expectations was taken forward to the Advisory Group for further discussion with stakeholders, before final changes were implemented to this section.

3. Advisory group

Following the completion of the consultation phase as detailed in the section above, an advisory group session was held in the early development phase of the 2025 survey to gather feedback from key stakeholders. These included CQC, NHS England, NHS Community Mental Health Trusts and Bipolar UK.

The advisory group, held in April 2025, focused on the priority areas being considered for the 2025 survey. The following topics were highlighted during the discussion with members of the advisory group and a summary of their feedback and recommendations are below.

3.1. Impact of staffing levels

Stakeholder feedback flagged that the current community mental health workforce growth and retention has been insufficient to meet the current demand of mental health services. The insufficient number of trained staff has been found to have a direct impact on staff morale and service user care.

Advisory group members noted that service users do not always know who to talk to regarding their care and treatment. Knowing who to contact and being able to reach community mental health professionals was flagged as highly important for service users, especially when they are in a crisis or need help regarding their medication. Feedback indicated that some service users do not know who to contact in situations of crisis, as they are given a crisis number but are not told who will respond to them.

Advisory group members agreed that the survey should include a question about service users knowing who to contact if they have concerns about their care and treatment. Consequently, a new question “Did your mental health team tell you who to contact if you had any questions or concerns about your care or treatment?” was included in the CMH25 questionnaire following cognitive testing.

3.2. Family, friend, carer involvement

Family support in service user’s care was highlighted as a critical aspect of good quality care. During the consultation phase, stakeholders agreed that this continues to be a priority area, and that the level of family involvement can vary depending on service users’ preferences.

Advisory group members agreed that the CMH24 questions (“Did the NHS mental health team give your family or carer support whilst you were in crisis?” and “Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?”) provide enough information on this topic. It was suggested to keep these questions, to build historical data, and for future survey iterations to consider gathering more specific data regarding familial involvement.

3.3. Transition from CYPMHS to AMHS

Previous stakeholder feedback highlighted a strong interest in collecting data on service users’ experiences during transitions from CYPMHS to AMHS.

Advisory group members advised that the ‘transitions’ questions used in CMH23 should remain largely unchanged in CMH25. This was advised for two key reasons:

- Historical comparability: Minimal changes would allow for consistent tracking of trends over time, or enable 2023 and 2025 data to be combined;
- Data reporting feasibility: Introducing new questions could result in insufficient base sizes, limiting the ability to report meaningful data;
- It was noted that any data collected on transitions would be valuable given the current lack of data available on this topic.

The possibility of combining 2023 and 2025 data was further discussed with the advisory group members. It was discussed that this could enable the increase of question base sizes which in turn would improve the possibility of reporting at trust-level. Recognising that some service processes may have changed since 2023, the advisory group agreed that caveats could be added when reporting on the 2023 / 2025 combined results.

Based on this feedback, the decision was made to reintroduce the CYPMHS to AMHS transitions questions to the online survey only, due to the limited space available on the paper survey. After receiving final data, the SCC and CQC will review the 2025 question base size, and if numbers are low review the feasibility of combining 2023 and 2025 data.

3.4. Care plan

Previous stakeholder feedback on this topic flagged the importance of the care plan being collaborative between the service user and mental health team, and any survey questions on care planning need to make this explicit.

Advisory group members suggested the second CMH24 care plan question (“To what extent did your NHS mental health team involve you in agreeing your care plan?”) should be modified to focus on service users’ involvement in discussions when planning care, instead of service users agreeing to a care plan. There was interest in understanding the extent of service user involvement in discussions / decisions of their care. Service users may not always agree to their care plan, but they should have been involved in it.

As a result of this feedback, a new question “Did your NHS mental health team involve you in a plan for your care?” was included in the CMH25 questionnaire following cognitive testing.

3.6. NHS 111 crisis care

As the NHS 111 phone line mental health option has been fully implemented across community mental health trusts, there was unanimous stakeholder feedback that CMH25 should collect data on this.

Advisory group members suggested a review of the following crisis care questions:

- “Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services” should be amended to reflect all crisis care services available to contact, not just the NHS mental health services;

- o “In the last 12 months, have you contacted this person or team?”: The response options should allow service users to choose the specific service they contacted. The response options for this question should include:
 - NHS 111 “mental health option”;
 - Local crisis service: this would capture all local services that are available for service users;
 - Text support services: crisis care systems now offer text support to service users. Coverage for this service is not fully implemented at the national level, and keeping this as a separate response option was preferred;
 - A&E: this would capture those who went straight to A&E and did not contact NHS mental health crisis support.
- o “Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?” should be amended to mention contact with “NHS mental health crisis support”;
- o As service users also expect to be provided with information by crisis care services, the question “Did the NHS mental health team give your family or carer support whilst you were in crisis?” should be amended to reflect this preference.

3.7. Other questionnaire content

3.7.1. Diagnosis question

During the consultation phase, NHS England stakeholders suggested the introduction of a new question about whether service users received a diagnosis for their mental health. This recommendation was discussed with advisory group members, who agreed that gathering this data would be useful, as the diagnosis is rarely included in the care plan and service users were not always given an official diagnosis for their mental health condition.

Advisory group members were further interested in understanding whether service users’ diagnosis has changed from their original diagnosis, such changes can require modifications in the care plan and communications which are not always implemented. This can disrupt clarity of information and the continuity of their care. This led to the question “Have you been given a diagnosis for your mental health?” being tested in cognitive interviews and subsequently introduced at the end of the “Your care” section in the CMH25 questionnaire.

3.7.2. Waiting times

Stakeholders recommended adding a new question about the length of time between referral and the first assessment. Advisory group members supported this suggestion, agreeing that it was an important issue to capture. One member shared a specific example of service users waiting up to nine months before being assessed, reinforcing the relevance of the topic. As a result, the following question was initially included for cognitive testing “How did you feel about the length of time you waited between being referred and your first assessment?”.

However, feedback from service users noted similarities between this question and 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?”. Additional concerns were raised on whether results for this question could be attributed to the trust, as the referral time could be due to GP waiting lists, which is outside the control of NHS community mental health trusts.

Given these considerations, the question was not included in the final CMH25 survey.

4. Trust webinars

Two webinars were held with NHS trusts participating in the survey. These provided opportunities for trusts to share feedback on the proposed changes to the questionnaire and sampling process, as well as highlight any concerns or challenges.

4.1. Trust webinar 1

The first Trust webinar was held in March and outlined the publicity materials, and key dates for the survey, providing a comprehensive overview of the survey. It additionally brought for discussing questionnaire content elements for trusts to share feedback on. The main findings from the discussions are outlined below.

4.1.1. Care plan

The 2024 survey included three questions regarding service users' care plan:

- o “Do you have a care plan? This is a plan for any care and treatment you may receive”;
- o “To what extent did your NHS mental health team involve you in agreeing your care plan?”;
- o “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?”.

Trusts were asked whether they utilised the term ‘care plan’ in discussions with service users when referring to the care and treatment that they need. It was fed back that utilising the term ‘care plan’ could be misleading, as it is not always a specific document and the ‘care plan’ might be incorporated within a clinical letter.

4.1.2. NHS 111 crisis care

The trust webinar explored:

- o Whether trusts refer service users to the NHS 111 line for crisis care support;
- o Whether trusts would be interested in capturing service user experience of NHS 111 crisis care line in the questionnaire.

In line with feedback received from the advisory group, trusts confirmed they promote the NHS 111 crisis care line for mental health support. However, trusts do not know if service users have utilised the NHS 111 line, as many trusts still had their other crisis telephone line available.

Trusts acknowledged the importance of understanding service users' experiences with the NHS 111 service. However, they advised against introducing additional questions into the existing survey, and only amending the existing questions, as lengthening the questionnaire could negatively affect response rates.

4.2. Trust webinar 2

The second webinar was held in June 2025 and included a more detailed overview of the survey, sampling and contact approach, potential sampling errors, service user-facing materials, questionnaire development, data

protection and section 251 requirements, DBS checks, instruction manuals, entering fieldwork and further key dates.

5. Cognitive interviews

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, over three rounds, with recent 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. 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.

5.1. 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, main language, geographic location;
- The community mental health trust that delivered their care;
- Whether they transitioned from CYPMHS to AMHS (in the last 12 months);
- The dates of their contacts (last contact being within the last six months);
- The nature of their contact with community mental health service (the type of service / care they received);
- Their main contact for support with their mental health condition (either the GP or the community mental health team);
- The type of mental health service they used;
 - Whether they were mainly accessing psychological treatment through NHS Talking Therapies.
- Whether they contacted a crisis care team (in the last 12 months);
- 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 community mental health services at least twice in the past year and were aged 16 and over.

5.2. Interviews

Testing was conducted between late May and early June 2025. 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.

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

Table 1: Cognitive interviews – demographic profile of respondents

Demographics	Variable	Number of respondents
Age groups	16 - 18-years-old	3
	19 - 30-year-olds	7
	31 - 50-year-olds	8
	51 years or older	6
Gender	Male	13
	Female	10
	Non-binary (or other gender)	1
Region	Greater London	9
	North East and Yorkshire	4
	North West	5
	East of England	1
	Midlands	1
	South East	2
	South West	2
Ethnic background	White / White British	13
	Black / African / Caribbean	4
	Other Ethnic Group	7
Severity of condition	Non-psychotic – mild / moderate condition	9
	Psychotic - mild / moderate condition	4
	Non-psychotic – severe condition	8
	Psychotic - severe condition	3
Service Type	CYPMHS	4
	AMHS	17
	OPMHS	3
Mental Health Condition (the number of respondents will be larger than 24 due to respondents having multiple mental health conditions)	Depression	9
	Anxiety	1
	Health anxiety	2
	Stress	1
	Generalised anxiety disorder	4
	Bipolar disorder	2
	Post-traumatic stress disorder	5
	Social anxiety (social phobia)	3
	Obsessive compulsive disorder	2
	Borderline personality disorder	1
	Personality disorder	1

Type of questionnaire tested	Emotionally Unstable Personality Disorder	1
	Eating disorder	2
	Paper questionnaire	7
	Online questionnaire	17

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.

Following the completion of each round of interviews, a debrief session was held between the SCC and CQC to agree on questionnaire changes following service user feedback. The materials being tested were refined after each round of testing. The same process was followed for the covering letters.

6. Changes to the questionnaire

6.1. Questionnaire content

The questionnaire was reviewed with the aims of:

- Ensuring the content is in line with policy and practice;
- Understanding what further experience of care should be incorporated into the survey;
- Allowing trusts to use new questions to pinpoint improvement;
- Making sure the questions are well understood by service users.

During cognitive testing, several changes were made throughout the three rounds to refine proposed questions, and to address potential areas of misinterpretation. Table 5 in the [Appendix](#) section includes all CMH25 questions and provides an overview of the changes to questions between CMH24 and CMH25.

Four questions were removed, ten questions were amended, three new questions were added to both the paper and online surveys, and six new questions were added to the online-only survey. The explanatory text for “Your Mental Health Team”, “Crisis Care” and “Support and Wellbeing” sections was amended, and new explanatory text was included before one new question.

Following cognitive testing and stakeholder feedback, the full lists of new, amended and removed questions have been included in sections [6.1.1](#) to [6.1.3](#) below.

6.1.1. New questions

The following table provides a summary of the new questions that were added to the CMH25 survey, and the rationale that led to the decision to include them.

Table 2: CMH25 new questions

CMH25 Number	2025 Question wording	Rationale
N/A	Children and Young People's Mental Health Service (CYPMHS) are services that support young people, between 11 – 18 years old. The move to Adult services, if required, takes place when young people turn 18 years old. The following questions ask about your experiences whilst moving to Adult services.	The section ‘Moving to Adult Services from Children Services’ was included in CMH23. However, due to low base sizes, this section was removed from CMH24. However, stakeholders confirmed there is still interest in capturing this information

Online Q8	In the last six months have you moved from Children and Young People's services to Adult Mental Health services? ☐ Yes, all of my services have moved ☐ Yes, some of my services have moved ☐ No ☐ Don't know / can't remember	from service users, given the lack of data available on transitions. Given the potential that base sizes could remain low in 2025, stakeholders agreed that data from 2023 and 2025 could be combined, if the questions did not observe significant differences due to service changes.
Online Q9	Did you feel you were given enough information about what would happen during your move to Adult services? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	The section was renamed 'Moving to Adult Mental Health Services from Children and Young People's Mental Health Services' for CMH25 due to a change in the service's name for Children and Young People's Mental Health Services.
Online Q10	Did you feel you got enough support from your NHS mental health team when moving to Adult services? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	
Online Q11	Did you experience any changes in your care after you moved to Adult services? ☐ Yes, my care improved ☐ Yes, my care got worse ☐ No, my care stayed the same ☐ Don't know / can't remember	
Online Q12	Has your family or someone else close to you been involved in planning your move to Adult services? ☐ Yes ☐ No but I would have liked this ☐ No, but I didn't want or need this ☐ Don't know / can't remember	

Q13	Did your mental health team tell you who to contact if you had any questions or concerns about your care or treatment? ☐ Yes ☐ No ☐ Not sure	Question included following advisory group feedback. Service users had noted during consultations that access to care when needed was critical aspect for them. The advisory group members noted that not having a named contact, or not knowing who to contact regarding their care, was very disruptive and makes maintaining their well-being difficult.
Q15	Did your NHS mental health team involve you in a plan for your care? ☐ Yes, completely ☐ Yes, to some extent ☐ No ☐ I did not want to be involved ☐ I am not aware of a plan for my care	Question included following stakeholder interviews and advisory group feedback relating to service users needing to be involved in their care plan. The previous question (Q15 in CMH24) wording implied the care plan was developed by mental health team. However, the care plan is collaborative between mental the health team and service user, and the survey question should reflect this.
Q19	Have you been given a diagnosis for your mental health? ☐ Yes ☐ Yes, but it has changed ☐ No ☐ Don't know / can't remember ☐ Prefer not to say	Stakeholders flagged that service users are not always receiving a diagnosis, or their diagnosis changes. Both can have an impact on the ability to deliver quality care.
N/A	A Community Treatment Order (CTO) is an order made by your responsible clinician to give you supervised treatment for your mental health condition in the community, following a hospital stay under the Mental Health Act.	CQC has a role in monitoring the use of the Mental Health Act 1983 (MHA), including its' use within the community via CTOs. CQC wanted to explore the possibility of getting insight on the experiences of people with a CTO in place.
Q50 (Online question)	In the last 12 months, have you had a Community Treatment Order (CTO) in place? ☐ Yes, I currently have a Community Treatment Order in place ☐ Yes, I had one in place in the last 12 months, but it has now ended ☐ No ☐ Don't know / not sure ☐ Prefer not to say	

6.1.2. Amended questions

The table on the following page provides a summary of the questions, as well as other text, that were amended for the CMH25 survey and the rationale that led to that decision.

Table 3: CMH25 amended questions

CMH24 Number	CMH25 Number	2025 Question wording	Rationale
N/A	N/A	Thinking about the last 12 months, when you have seen someone from NHS community mental health services for your mental health needs...	The word “community” was included in the text, following stakeholder recommendation for questions to explicitly mention "community" throughout the survey. This makes it clearer that the survey asks questions about the community mental health services, as opposed to GP services.
N/A	N/A	A crisis is if you need urgent help because your mental or emotional state is getting worse quickly. You may have been given a number to contact, such as a ‘Crisis Helpline’, ‘NHS 111 mental health option’ or a ‘Crisis Resolution Team’.	“NHS 111 mental health option” was included to the explanation text following its’ addition to the first response option for Q27. Service user feedback during cognitive testing flagged that there is a specific “mental health option” when calling NHS 111 which should be included in the crisis care explanatory text.
Q20	Q20	In the last 12 months, have you been receiving any prescribed medication for your mental health needs? ☐ Yes, from my GP ☐ Yes, from my NHS Mental Health Team ☐ Yes, both my GP and NHS Mental Health Team ☐ Yes, but I don't know who prescribed it ☐ No, I am not receiving any medication	Question amended by combining two CMH24 questions on medication: “In the last 12 months, have you been receiving any medication for your mental health needs?” and “Who prescribed medication for your mental health needs?”. This decision was taken to reduce the number of routing questions in this section.

Q27	Q26	Would you know who to contact out of office hours within the NHS if you had a crisis? ☐ Yes ☐ No ☐ Not sure	The text “This should be a person or a team within NHS mental health services” was removed from the end of the question to reflect advisory group feedback. It was flagged that service users should contact the NHS 111 crisis line in the first instance, which may not be a team within NHS mental health services.
Q28	Q27	In the last 12 months, have you contacted NHS mental health crisis support? Please select all the options that apply. ☐ Yes, I contacted NHS 111 mental health option ☐ Yes, I contacted text support service ☐ Yes, I contacted a local crisis service ☐ No, I went straight to A&E ☐ No, I have not contacted NHS crisis care ☐ Don't know / can't remember	Question amended following advisory group feedback. Splitting this data by the service utilised was flagged as useful. This breakdown would provide details of the services that are most frequently being used.
Q30	Q28	Thinking about the last time you contacted NHS mental health crisis support, how did you feel about the length of time it took you to get through to someone? ☐ I got through straight away ☐ I had to wait, but not for too long ☐ I had to wait too long ☐ I did not get through ☐ Don't know / can't remember	Question amended to refer to 'NHS mental health crisis support' instead of 'NHS mental health team' to place emphasis on crisis care team.

Q29	Q29	Thinking about the last time you contacted NHS mental health crisis support, did you get the help you needed? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Question amended to refer to 'NHS mental health crisis support' instead of 'NHS mental health team' to place emphasis on crisis care team.
Q31	Q30	Did the NHS mental health team give your family or carer information or support whilst you were in crisis? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ My family / carer did not want support ☐ Don't know / can't remember ☐ Not applicable	Question text was modified to include "information" following service user interviews feedback on expectations when contacting mental health crisis support. Stakeholder feedback flagged that families and carers were more likely to be given information than support when service users were in crisis.
N/A	N/A	The following question asks if your NHS community mental health team helped you <u>find</u> support in these areas. This could be through providing posters, flyers, and leaflets.	The word "community" was included in the text following stakeholder recommendation for questions to explicitly mention "community" throughout the survey. This makes it clearer that the survey asks questions about the community mental health services, as opposed to GP services.
Q33_1	Q32_1	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for ...Joining a group (e.g. art, sport etc)? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ I do not need support	The text "or taking part in an activity" was removed to shorten the response option.

Q33_3	Q32_3	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for ... Help with money or benefits? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ I do not need support	“Financial advice or benefits” was amended to “Help with money or benefits” to simplify the question wording.
Q39	Q38	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. ☐ 0 – I had a very poor experience ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 – I had a very good experience	The word “the” before “NHS mental health services” was removed from the explanatory text to be in line with NPSP surveys.
Q46	Q45	At birth were you assigned as... ☐ Male ☐ Female ☐ Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male) ☐ I would prefer not to say	The word “assigned” replaced “registered” to match the wording from Q46 (“Is your gender different from the sex you were assigned at birth?”).

6.1.3. Removed questions

The table below provides a summary of the 2024 questions that were removed for the CMH25 survey, and the rationale that led to the decision to remove them.

Table 4: CMH25 removed questions

CMH24 Number	2024 Question wording	Rationale
Q14	Do you have a care plan? This is a plan for any care and treatment you may receive. ☐ Yes ☐ No ☐ Don't know ☐ Can't remember	Question removed due to: - CMH24 questionnaire performance analysis results. Over 25% of respondents chose a non-specific response or skipped this question; - Stakeholder feedback flagged that this question implies service users have a specific document as a care plan, which is not always the case.
Q19	Do you feel in control of your care? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ No, I do not want to be in control of my care ☐ My care has now ended ☐ Don't know / not sure	Question removed following: - CMH24 questionnaire performance analysis results. 9% of respondents chose a non-specific response or skipped this question; - Other topics becoming a priority in the survey following stakeholder feedback (such as service user involvement in planning their care, service users knowing who to contact, and receiving a diagnosis); - Feedback received from stakeholders flagging that there are many factors contributing to service users feeling in control of their care, and also that some service users do not want to be in control of their care.
Q21	Who prescribed medication for your mental health needs? ☐ GP ☐ NHS Mental Health Team ☐ Both ☐ Don't know	Question removed due to the introduction of an amended medication question ("In the last 12 months, have you been receiving any prescribed medication for your mental health needs?"). This question combined both Q20 and Q21.

Q33_4	In the last 12 months, did your NHS mental health team give you any help or advice with finding support for ...Cost of living? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ I do not need support	Question removed following questionnaire performance analysis results (high correlation between this question and Q33_3: "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").
-------	--	--

7. Methodological approach

7.1. Sampling period

The core sampling eligibility criteria is consistent with CMH24, with the sampling months as March and April 2025.

7.2. Mailing protocol

As with previous Community Mental Health surveys, CMH25 has a mixed-mode survey design where service users can complete either an online or paper version of the questionnaire. The contact approach begins with an invitation letter, followed by a text message (SMS) reminder (which includes a unique link to the survey) for those with mobile numbers recorded. Subsequent reminder letters, along with SMS reminders, maintain engagement and are sent to non-respondents only. A paper questionnaire is sent with the third letter (including a freepost return envelope). Letters and SMS reminders are sent within five working days of each other.

7.3. Materials

7.3.1. Covering letters

To encourage participation in the CMH25, the first covering letter text has been amended to include a reference to participation in the CMH24 survey. This led to the inclusion of a second paragraph:

“The best way for us to improve our care is by hearing from people who have recently used our services. Last year, almost 15,000 adults used the survey to tell the NHS about their care and help improve services in the future. Your voice matters more than ever - share your experience in the NHS survey and help shape better care for everyone.”

During cognitive testing, respondents were asked to comment on the wording and placement of this text. Feedback was consistently positive. Service users felt this text was motivating and encouraging, without being obligatory, and it reinforced the importance of taking part in the survey to improve community mental health care services. Some also noted that knowing how many people take part in the survey each year was reassuring and would encourage them to take part in 2025.

Additionally, based on feedback from contractors, the text on the final covering letter was amended to “A few weeks ago, we sent you a letter” instead of stating the month when the letter was sent. This change was made to avoid confusion, as the timing of fieldwork varies by trust, and service users may have received the initial letter in a different month than stated.

7.3.2. Dissent poster and 16–17-year-olds leaflet

As with previous Community Mental Health Surveys, a dissent poster was displayed by trusts 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 12⁴ other commonly spoken languages.

The dissent poster was amended to include wording on Section 251 approval at the bottom of the poster, on request from the Confidential Advisory Group (CAG), to inform service users that the survey has approval to process contact details without consent.

The 16- and 17-year-old leaflet included significant information on the purpose of the survey, options to give dissent, data protection and confidentiality. The text and format of the leaflet were amended based on feedback from Trust Webinar 1:

- o The leaflet text was reviewed to prompt service users to “look out” for their survey invitation in the post, flagging that invitations are sent in August and September 2025;
- o The headline was changed to make it more appealing and engaging to service users;
- o Bolded text was included, informing service users they will be asked to fill in a survey about their mental health care, which they can complete online or on paper;
- o Icons were included, to make the leaflet more visually appealing for readers and to replace the headings in the Frequently Asked Questions section.

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. For the first time, community mental health trusts were allowed to display the dissent poster electronically on TV screens, instead of just printing it physically.

7.3.3. Engagement

To support the launch of CMH25 and boost engagement at both national and local levels, a publicity plan has been implemented. During the first webinar, community mental health trusts were encouraged to promote the survey on their communication channels, using a range of materials including:

- o Press releases
- o Social media cards
- o Website banner
- o Infographic

Press release template

As with previous Community Mental Health surveys, two press release templates were shared:

- o Trust-level template: Allowed trusts to add their own text and data, explaining how they used feedback, actions taken and positive outcomes;

⁴ The dissent poster was available in English, Arabic, Bengali, Gujarati, India Punjabi, Italian, Kurdish Sorani, Polish, Portuguese, Romanian, Spanish, Ukrainian, Urdu.

- o National-level template: Included national survey results.

The wording of the press release template was slightly altered to exclude references to the introduction of 16-and-17-year-olds in the sample, as this was not a new change for CMH25.

Social media cards

Five social media cards were made available to trusts, promoting engagement prior to, and during fieldwork:

- o One call to action social media card;
- o One pre-fieldwork reminder;
- o Three reminders 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.

One additional social media card was included for CMH25 (pre-fieldwork reminder) to promote the survey prior to fieldwork.

Website banner

As with CMH24, a website banner was shared with trusts, welcoming 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.

Infographic

An infographic was developed for the survey, to highlight key findings and messages from the 2024 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 websites, newsletters, emails, and as a poster on their websites.

7.4. Accessibility

The online survey has been built to meet accessibility guidelines, and is available in nine non-English languages, while the paper version is also available in Braille, Large Print and Easy Read formats.

7.4.1. Multilanguage sheet

As in CMH24, the multilanguage sheet for CMH25 includes a QR code for the nine non-English languages for which there is a translated online survey. These languages are:

- o Arabic
- o Bengali
- o French
- o Gujarati

- o Polish
- o Portuguese
- o Punjabi
- o Spanish
- o 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:

- o Cantonese (Traditional Chinese)
- o Mandarin (Simplified Chinese)
- o Turkish
- o Italian
- o Russian
- o Kurdish
- o Tamil
- o Thai
- o Farsi
- o Somali

The multilanguage sheet also includes signposting to accessible formats (Figure 1). Sections [7.4.2](#) to [7.4.4](#) provide further information on accessibility features of the survey.

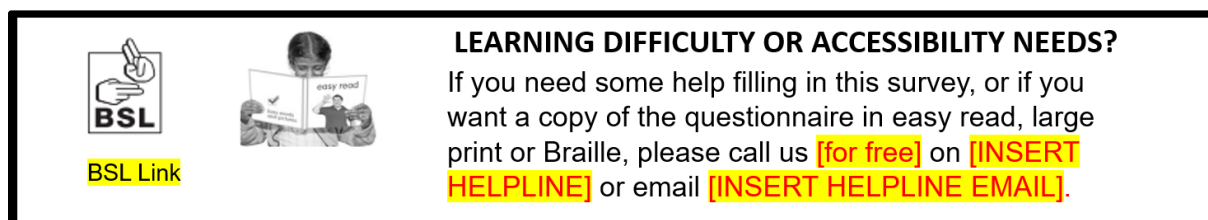


Figure 1: A box signposting participants to accessible formats including the Easy Read booklet

7.4.2. Accessible formats available via online survey

The online survey is set up to be device-agnostic, meaning that it automatically adapts to the device the survey is opened on, such as mobile phones, tablets, and desktops. Participants are either able to click the link provided in the text message (SMS) reminders, or log in using the details provided in their letter. The online

survey has been tested successfully with service users to make sure it is easy for them to access and navigate. Respondents will be able to change the font size and background colour of the survey, and the survey is screen reader compatible. They can choose between three different font sizes and five different background colours: white, beige, blue, green, and grey. These options remained the same as in CMH24.

7.4.3. Easy Read questionnaire

Minimal changes were made to the CMH25 Easy Read questionnaire:

- o The question “In the last year did the community mental health team see you as often as you needed?” was removed;
- o A new question was introduced: “Did your NHS mental health team listen to what you had to say?”;
- o The image before question 9 was changed to a neutral image.

7.4.4. Braille and Large Print cover letters

As with CMH24, the Braille and Large Print cover letters included QR codes. This allowed respondents to scan the QR codes and automatically be taken to the survey.

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. The covering letters provide information on how to complete the survey.

Appendix: 2024 vs 2025 questionnaire

Table 5: CMH24 to CMH25 questionnaire changes

CMH24 questionnaire	CMH25 questionnaire
Covering page	Covering page
My NHS Appointments	My NHS Appointments
Q1: When was the last time you saw someone from NHS mental health services? This includes contact in person, via video call and telephone. ☐ In the last 12 months ☐ More than 12 months ago ☐ Don't know / can't remember ☐ I have never seen anyone from NHS mental health services	Q1: When was the last time you saw someone from NHS mental health services? This includes contact in person, via video call and telephone. ☐ In the last 12 months ☐ More than 12 months ago ☐ Don't know / can't remember ☐ I have never seen anyone from NHS mental health services
Q2: Overall, how long have you been in contact with NHS mental health services? ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ 6 to 10 years ☐ More than 10 years ☐ I am no longer in contact with NHS mental health services ☐ Don't know / can't remember	Q2: Overall, how long have you been in contact with NHS mental health services? ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ 6 to 10 years ☐ More than 10 years ☐ I am no longer in contact with NHS mental health services ☐ Don't know / can't remember
Accessing Care and Treatment	Accessing Care and Treatment
Your first appointment could have been in person, via video call or by telephone.	Your first appointment could have been in person, via video call and by telephone.
Q3: How long did you wait between your assessment with the NHS mental health team and your first appointment for treatment? ☐ Less than 2 weeks ☐ 2 to 3 weeks ☐ 1 to 2 months ☐ 3 to 6 months ☐ More than 6 months ☐ Don't know / can't remember	Q3: How long did you wait between your assessment with the NHS mental health team and your first appointment for treatment? ☐ Less than 2 weeks ☐ 2 to 3 weeks ☐ 1 to 2 months ☐ 3 to 6 months ☐ More than 6 months ☐ Don't know / can't remember

CMH24 questionnaire	CMH25 questionnaire
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? ☐ The waiting time was appropriate ☐ The waiting time was too long ☐ The waiting time was too short ☐ I did not have to wait ☐ Don't know / can't remember	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? ☐ The waiting time was appropriate ☐ The waiting time was too long ☐ The waiting time was too short ☐ I did not have to wait ☐ Don't know / can't remember
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? ☐ Yes, my mental health improved ☐ Yes, my mental health got worse ☐ No, my mental health stayed the same ☐ Don't know / can't remember	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? ☐ Yes, my mental health improved ☐ Yes, my mental health got worse ☐ No, my mental health stayed the same ☐ Don't know / can't remember
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? ☐ Yes ☐ No ☐ Don't know / can't remember	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? ☐ Yes ☐ No ☐ Don't know / can't remember
Q7: Was the support offered appropriate for your mental health needs? ☐ Yes, completely ☐ Yes, to some extent ☐ No ☐ I did not need any support ☐ Don't know / can't remember	Q7: Was the support offered appropriate for your mental health needs? ☐ Yes, completely ☐ Yes, to some extent ☐ No ☐ I did not need any support ☐ Don't know / can't remember

CMH24 questionnaire	CMH25 questionnaire
Section not included in CMH24.	NEW text only included in the online survey: Moving to Adult Mental Health Services from Children and Young People's Mental Health Services Children and Young People's Mental Health Service (CYPMHS) are services that support young people, between 11 – 18 years old. The move to Adult services, if required, takes place when young people turn 18 years old. The following questions ask about your experiences whilst moving to Adult services.
Question not included in CMH24.	Online Q8 (NEW question only included in the online survey): In the last six months have you moved from Children and Young People's services to Adult Mental Health services? ☐ Yes, all of my services have moved ☐ Yes, some of my services have moved ☐ No ☐ Don't know / can't remember
Question not included in CMH24.	Online Q9 (NEW question only included in the online survey): Did you feel you were given enough information about what would happen during your move to Adult services? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember
Question not included in CMH24.	Online Q10 (NEW question only included in the online survey): Did you feel you got enough support from your NHS mental health team when moving to Adult services? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember

CMH24 questionnaire	CMH25 questionnaire
Question not included in CMH24.	Online Q11 (NEW question only included in the online survey): Did you experience any changes in your care after you moved to Adult services? ☐ Yes, my care improved ☐ Yes, my care got worse ☐ No, my care stayed the same ☐ Don't know / can't remember
Question not included in CMH24.	Online Q12 (NEW question only included in the online survey): Has your family or someone else close to you been involved in planning your move to Adult services? ☐ Yes ☐ No but I would have liked this ☐ No, but I didn't want or need this ☐ Don't know / can't remember
Your Mental Health Team Thinking about the last 12 months , when you have seen someone from NHS mental health services for your mental health needs...	AMENDED: Your Community Mental Health Team Thinking about the last 12 months , when you have seen someone from NHS community mental health services for your mental health needs...
Q8: Were you given enough time to discuss your needs and treatment? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Q8: Were you given enough time to discuss your needs and treatment? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember
Q9: Did you feel your NHS mental health team listened to what you had to say? ☐ Yes, always ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember	Q9: Did you feel your NHS mental health team listened to what you had to say? ☐ Yes, always ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember
Q10: Did you get the help you needed? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Q10: Did you get the help you needed? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember

CMH24 questionnaire	CMH25 questionnaire
Q11: Did your NHS mental health team consider how areas of your life impact your mental health? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Q11: Did your NHS mental health team, consider how areas of your life impact your mental health? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember
Q12: Did you have to repeat your mental health history to your NHS mental health team? ☐ Yes, often ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember	Q12: Did you have to repeat your mental health history to your NHS mental health team? ☐ Yes, often ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember
Question not included in CMH24.	Q13 (NEW): Did your mental health team tell you who to contact if you had any questions or concerns about your care or treatment? ☐ Yes ☐ No ☐ Not sure
Q13: Did your NHS mental health team treat you with care and compassion? ☐ Yes, always ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember	Q14: Did your NHS mental health team treat you with care and compassion? ☐ Yes, always ☐ Yes, sometimes ☐ No ☐ Don't know / can't remember
Your Care	Your Care
Q14: Do you have a care plan? This is a plan for any care and treatment you may receive. ☐ Yes ☐ No ☐ Don't know ☐ Can't remember	Question not included in CMH25.
Q15: To what extent did your NHS mental health team involve you in agreeing your care plan? ☐ To a very large extent ☐ To a large extent ☐ To some extent	Q15 (AMENDED): Did your NHS mental health team involve you in a plan for your care? ☐ Yes, completely ☐ Yes, to some extent ☐ No

CMH24 questionnaire	CMH25 questionnaire
☐ To a small extent ☐ Not at all ☐ I did not want to be involved	☐ I did not want to be involved ☐ I am not aware of a plan for my care
Q16: Were you given a choice on how your care and treatment would be delivered? I.e. In person, via video call, by telephone, online course, digital apps. ☐ Yes ☐ No ☐ Don't know / can't remember	Q16: Were you given a choice on how your care and treatment would be delivered? I.e. In person, via video call, by telephone, online course, digital apps. ☐ Yes ☐ No ☐ Don't know / can't remember
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? ☐ Yes ☐ No ☐ Don't know / can't remember	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? ☐ Yes ☐ No ☐ Don't know / can't remember
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. ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	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. ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember
Question not included in CMH24.	Q19 (NEW): Have you been given a diagnosis for your mental health? ☐ Yes ☐ Yes, but it has changed ☐ No ☐ Don't know / can't remember ☐ Prefer not to say
Q19: Do you feel in control of your care? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ No, I do not want to be in control of my care ☐ My care has now ended ☐ Don't know / not sure	Question not included in CMH25.

CMH24 questionnaire	CMH25 questionnaire
Your Treatment	Your Treatment
Q20: In the last 12 months, have you been receiving any medication for your mental health needs? ☐ Yes ☐ No	Q20 (AMENDED): In the last 12 months, have you been receiving any prescribed medication for your mental health needs? ☐ Yes, from my GP ☐ Yes, from my NHS Mental Health Team ☐ Yes, both my GP and NHS Mental Health Team ☐ Yes, but I don't know who prescribed it ☐ No, I am not receiving any medication
Q21: Who prescribed medication for your mental health needs? ☐ GP ☐ NHS Mental Health Team ☐ Both ☐ Don't know	Question not included in CMH25.
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 ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know	Q21: 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 ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know
Q23: In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication? ☐ Yes ☐ No ☐ I have been receiving medication for less than 12 months ☐ Don't know / not sure	Q23: In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication? ☐ Yes ☐ No ☐ I have been receiving medication for less than 12 months ☐ Don't know / not sure

CMH24 questionnaire	CMH25 questionnaire
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.	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.
Q24: In the last 12 months, have you received any therapies for your mental health needs? ☐ Yes ☐ No, but I would have liked this ☐ No, but I did not want this ☐ This was not appropriate ☐ Don't know / can't remember	Q23: In the last 12 months, have you received any therapies for your mental health needs? ☐ Yes ☐ No, but I would have liked this ☐ No, but I did not want this ☐ This was not appropriate ☐ Don't know / can't remember
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? ☐ The waiting time was appropriate ☐ The waiting time was too short ☐ I did not have to wait ☐ Don't know / can't remember	Q24: 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? ☐ The waiting time was appropriate ☐ The waiting time was too short ☐ I did not have to wait ☐ Don't know / can't remember
Q26: Thinking about the last time you received therapy, did you have enough privacy to talk comfortably? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Q25: Thinking about the last time you received therapy, did you have enough privacy to talk comfortably? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember
Crisis Care	Crisis Care
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'.	AMENDED: A crisis is if you need urgent help because your mental or emotional state is getting worse quickly. You may have been given a number to contact, such as a 'Crisis Helpline', 'NHS 111 mental health option' or a 'Crisis Resolution Team'.

CMH24 questionnaire	CMH25 questionnaire
Q27: Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services. ☐ Yes ☐ No ☐ Not sure	Q26 (AMENDED): Would you know who to contact out of office hours within the NHS if you had a crisis? ☐ Yes ☐ No ☐ Not sure
Q28: In the last 12 months, have you contacted this person or team? ☐ Yes ☐ No ☐ I could not contact them ☐ Don't know / can't remember	Q27 (AMENDED): In the last 12 months, have you contacted NHS mental health crisis support? Please cross X in ALL the boxes that apply to you. (Online questionnaire wording: Please select ALL the answers that apply) ☐ Yes, I contacted NHS 111 mental health option ☐ Yes, I contacted text support service ☐ Yes, I contacted a local crisis service ☐ No, I went straight to A&E ☐ No, I have not contacted crisis care ☐ Don't know / can't remember
Q29: Thinking about the last time you contacted this person or team, did you get the help you needed? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember	Q28 (AMENDED): Thinking about the last time you contacted NHS mental health crisis support, how did you feel about the length of time it took you to get through to someone? ☐ I got through straight away ☐ I had to wait, but not for too long ☐ I had to wait too long ☐ I did not get through ☐ Don't know / can't remember
Q30: Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them? ☐ I got through straight away ☐ I had to wait, but not for too long ☐ I had to wait too long ☐ Don't know / can't remember	Q29 (AMENDED): Thinking about the last time you contacted NHS mental health crisis support, did you get the help you needed? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Don't know / can't remember

CMH24 questionnaire	CMH25 questionnaire
Q31: Did the NHS mental health team give your family or carer support whilst you were in crisis? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ My family / carer did not want support ☐ Don't know / can't remember ☐ Not applicable	Q30 (AMENDED): Did the NHS mental health team give your family or carer information or support whilst you were in crisis? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ My family / carer did not want support ☐ Don't know / can't remember ☐ Not applicable
Support and wellbeing	Support and wellbeing
Q32: 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. ☐ Yes, definitely ☐ Yes, to some extent ☐ No, but I would have liked support ☐ I have support and did not need this ☐ I do not need support for this ☐ I do not have physical health needs	Q31: 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. ☐ Yes, definitely ☐ Yes, to some extent ☐ No, but I would have liked support ☐ I have support and did not need this ☐ I do not need support for this ☐ I do not have physical health needs
The following question asks if your NHS mental health team helped you <u>find</u> support in these areas. This could be through providing posters, flyers, and leaflets.	AMENDED: The following question asks if your NHS community mental health team helped you <u>find</u> support in these areas. This could be through providing posters, flyers, and leaflets.
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 an activity (e.g. art, sport etc)? ...Finding or keeping work? ...Financial advice or benefits? ...Cost of living? (REMOVED from CMH25) ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ I do not need support	Q32 (AMENDED): In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... ...Joining a group (e.g.: art, sport etc)? ...Finding or keeping work? ...Help with money or benefits? ☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ I do not need support

CMH24 questionnaire	CMH25 questionnaire
Q34: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? ☐ Yes, definitely ☐ Yes, to some extent ☐ No, not as much as I would like ☐ No, they have involved them too much ☐ Not applicable	Q33: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? ☐ Yes, definitely ☐ Yes, to some extent ☐ No, not as much as I would like ☐ No, they have involved them too much ☐ Not applicable
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.	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.
Q35: Has your NHS mental health team <u>asked</u> if you need support to access your care and treatment? ☐ Yes ☐ No ☐ Don't know / can't remember	Q34: Has your NHS mental health team <u>asked</u> if you need support to access your care and treatment? ☐ Yes ☐ No ☐ Don't know / can't remember
Q36: Do you <u>need</u> support to access your care and treatment? ☐ Yes ☐ No ☐ Don't know / can't remember	Q35: Do you <u>need</u> support to access your care and treatment? ☐ Yes ☐ No ☐ Don't know / can't remember
Q37: 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) ☐ Physical support (e.g. lifts, wide doors, ramps, signage) ☐ Language support (e.g. translated materials, translator, interpreter)	Q36: 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) ☐ Physical support (e.g. lifts, wide doors, ramps, signage)

CMH24 questionnaire	CMH25 questionnaire
☐ Format of materials (e.g. easy read, braille, large print) ☐ Accessing online appointments (e.g. how to attend online appointment, resolving technical issues) ☐ Room adjustments (e.g. room brightness, noise reduction, scent control) ☐ Emotional support (e.g. friend, family, carer attending appointment with you, appointment information) ☐ Other, please specify	☐ Language support (e.g. translated materials, translator, interpreter) ☐ Format of materials (e.g. easy read, braille, large print) ☐ Accessing online appointments (e.g. how to attend online appointment, resolving technical issues) ☐ Room adjustments (e.g. room brightness, noise reduction, scent control) ☐ Emotional support (e.g. friend, family, carer attending appointment with you, appointment information) ☐ Other, please specify
Q38: Do you feel the support provided meets your needs? ☐ Yes, completely ☐ Yes, some to some extent ☐ No ☐ I did not receive any support ☐ Don't know / can't remember	Q37: Do you feel the support provided meets your needs? ☐ Yes, completely ☐ Yes, some to some extent ☐ No ☐ I did not receive any support ☐ Don't know / can't remember
Overall	Overall
Q39: Overall, in the last 12 months, how was your experience of using the 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. ☐ 0- I had a very poor experience ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10- I had a very good experience	Q38 (AMENDED): 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. ☐ 0- I had a very poor experience ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10- I had a very good experience

CMH24 questionnaire	CMH25 questionnaire
Q40: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? ☐ Yes, always ☐ Yes, sometimes ☐ No	Q39: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? ☐ Yes, always ☐ Yes, sometimes ☐ No
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? ☐ Yes ☐ No ☐ Not sure	Q40: 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? ☐ Yes ☐ No ☐ Not sure
About you	About you
This information will not be used to identify you. Your answers will help us find out whether different people are having different experiences of NHS services. All the questions should be answered from the point of view of the person named on the letter.	This information will not be used to identify you. Your answers will help us find out whether different people are having different experiences of NHS services. All the questions should be answered from the point of view of the person named on the letter.
Q42: Who was the main person or people that filled in this questionnaire? ☐ The person named on the front of the envelope ☐ A friend or relative of the person named on the front of the envelope ☐ Both the person named on the envelope and a friend / relative ☐ The person named on the envelope with the help of a health professional	Q41: Who was the main person or people that filled in this questionnaire? ☐ The person named on the front of the envelope ☐ A friend or relative of the person named on the front of the envelope ☐ Both the person named on the envelope and a friend / relative ☐ The person named on the envelope with the help of a health professional
Q43: 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? Please cross X in ALL the boxes that apply to you. (online wording: Please select ALL the answers that apply to you.) ☐ Autism or autism spectrum condition ☐ Breathing problem, such as asthma	Q42: 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? Please cross X in ALL the boxes that apply to you. (online wording: Please select ALL the answers that apply to you.) ☐ Autism or autism spectrum condition

CMH24 questionnaire	CMH25 questionnaire
☐ Blindness or partial sight ☐ Cancer in the last 5 years ☐ Dementia or Alzheimer's disease ☐ Deafness or hearing loss ☐ Diabetes ☐ Heart problem, such as angina ☐ Joint problem, such as arthritis ☐ Kidney or liver disease ☐ Learning disability ☐ Mental health condition ☐ Neurological condition ☐ Physical Mobility condition ☐ Stroke (which affects your day-to-day life) ☐ Another long-term condition ☐ None of the above ☐ I would prefer not to say	☐ Breathing problem, such as asthma ☐ Blindness or partial sight ☐ Cancer in the last 5 years ☐ Dementia or Alzheimer's disease ☐ Deafness or hearing loss ☐ Diabetes ☐ Heart problem, such as angina ☐ Joint problem, such as arthritis ☐ Kidney or liver disease ☐ Learning disability ☐ Mental health condition ☐ Neurological condition ☐ Physical Mobility condition ☐ Stroke (which affects your day-to-day life) ☐ Another long-term condition ☐ None of the above ☐ I would prefer not to say
Q44: Do any of these conditions reduce your ability to carry out day-to-day activities? ☐ Yes, a lot ☐ Yes, a little ☐ No, not at all	Q43: Do any of these conditions reduce your ability to carry out day-to-day activities? ☐ Yes, a lot ☐ Yes, a little ☐ No, not at all
Q45: What was your year of birth? Please write in e.g. 1964	Q44: What was your year of birth? Please write in e.g. 1964
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.	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.
Q46: At birth were you registered as... ☐ Male ☐ Female ☐ Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male) ☐ I would prefer not to say	Q44 (AMENDED): At birth were you assigned as... ☐ Male ☐ Female ☐ Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male) ☐ I would prefer not to say

CMH24 questionnaire	CMH25 questionnaire
Q47: Is your gender different from the sex you were assigned as at birth? ☐ No ☐ Yes, please write your gender below ☐ I would prefer not to say	Q46: Is your gender different from the sex you were assigned as at birth? ☐ No ☐ Yes, please write your gender below ☐ I would prefer not to say
Q48: What is your religion? ☐ No religion ☐ Buddhist ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations) ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other ☐ I would prefer not to say	Q47: What is your religion? ☐ No religion ☐ Buddhist ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations) ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other ☐ I would prefer not to say
Q49: Which of the following best describes your sexual orientation? ☐ Heterosexual / Straight ☐ Gay / Lesbian ☐ Bisexual ☐ Other ☐ I would prefer not to say	Q48: Which of the following best describes your sexual orientation? ☐ Heterosexual / Straight ☐ Gay / Lesbian ☐ Bisexual ☐ Other ☐ I would prefer not to say
Q50: What is your ethnic group? Please select one option only (online wording: Please select one option only). a. WHITE ☐ English / Welsh / Scottish / Northern Irish / British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Roma ☐ Any other White background, please write in b. MIXED / MULTIPLE ETHNIC GROUPS ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other Mixed / multiple ethnic background, please write in	Q49: What is your ethnic group? Please select one option only (online wording: Please select one option only). a. WHITE ☐ English / Welsh / Scottish / Northern Irish / British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Roma ☐ Any other White background, please write in b. MIXED / MULTIPLE ETHNIC GROUPS ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

CMH24 questionnaire	CMH25 questionnaire
c. ASIAN / ASIAN BRITISH ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background, please write in d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH ☐ African ☐ Caribbean ☐ Any other Black / African / Caribbean background, please write in e. OTHER ETHNIC GROUP ☐ Arab ☐ Any other ethnic group, please write in	☐ Any other Mixed / multiple ethnic background, please write in c. ASIAN / ASIAN BRITISH ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background, please write in d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH ☐ African ☐ Caribbean ☐ Any other Black / African / Caribbean background, please write in e. OTHER ETHNIC GROUP ☐ Arab ☐ Any other ethnic group, please write in
Text not included in CMH24.	NEW (text only included in the online survey): A Community Treatment Order (CTO) is an order made by your responsible clinician to give you supervised treatment for your mental health condition in the community, following a hospital stay under the Mental Health Act.
Question not included in CMH24.	Q50 (NEW question only included in the online survey): In the last 12 months, have you had a Community Treatment Order (CTO) in place? ☐ Yes, I currently have a Community Treatment Order in place ☐ Yes, I had one in place in the last 12 months, but it has now ended ☐ No ☐ Don't know / not sure ☐ Prefer not to say
If there is anything else you would like to tell us about your experiences of mental health care in the last 12 months, please do so here. Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove	If there is anything else you would like to tell us about your experiences of mental health care in the last 12 months, please do so here. Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data.

CMH24 questionnaire	CMH25 questionnaire
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.	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.
Was there anything particularly good about your care? Was there anything that could be improved? Any other comments?	Was there anything particularly good about your care? Was there anything that could be improved? Any other comments?
Only included in the online survey: 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. 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. 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. 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? ☐ 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) If you are happy to be contacted by email, please provide your email address below. Please type in. ☐ No, I would not like to be re-contacted	Only included in the online survey: 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. 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. 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. 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? ☐ 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) If you are happy to be contacted by email, please provide your email address below. Please type in.

CMH24 questionnaire	CMH25 questionnaire
	☐ No, I would not like to be re-contacted



Picker Institute Europe
Suite 6, Fountain House,
1200 Parkway Court,
John Smith Drive,
Oxford OX4 2JY

Tel: +44 (0) 1865 208100

info@pickereurope.ac.uk
picker.org

Charity registered in England and Wales: 1081688

Charity registered in Scotland: SC045048

Company limited by guarantee registered in England and Wales: 3908160