

Service User Questionnaire

What is the survey about?

This survey is about the health services you receive from the National Health Service.

Who should complete the questionnaire?

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

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

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

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

Please do not write your name or address anywhere on the questionnaire.

Your participation in this survey is voluntary.

If you choose to take part, your answers will be treated **in confidence**.

A. YOUR CARE AND TREATMENT

A1. How long have you been in contact with mental health services?

- 1 1 year or less → Go to A2
- 2 1 to 5 years → Go to A2
- 3 More than 5 years → Go to A2
- 4 Don't know/ Can't remember → Go to A2
- 5 I have never been in contact with mental health services → Go to Section H on Page 7

Medications

A2. In the last 12 months have you taken any medications for your mental health problems?

- 1 Yes → Go to A3
- 2 No → Go to A6

A3. Have the purposes of the medications been explained to you?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

A4. Were you told about possible side effects of the medications?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

A5. Do you have a say in decisions about the medication you take?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Talking therapies

A6. In the last 12 months would you have liked any talking therapy (e.g. counselling)?

- 1 Yes
- 2 No

A7. In the last 12 months have you had any talking therapy (e.g. counselling)?

- 1 Yes, I have had talking therapy from Mental Health Services
- 2 Yes, I have had talking therapy from somewhere else (e.g. voluntary organisation, private therapist)
- 3 No, I have not had any talking therapy in the last 12 months

B. YOUR CARE PLAN (CPA)

A care plan shows your mental health needs and who will provide services for you.

B1. Do you have a **written or printed** copy of your care plan?

- 1 Yes
- 2 No
- 3 Don't know

B2. Do you **understand** what is in your care plan?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know
- 5 I don't have a care plan

B3. Do you **agree** with what is in your care plan?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know

Your care review

A care review is a meeting with you and the people involved in your care in which you discuss how your care plan is working.

B4. In the last 12 months have you had a care review?

- 1 Yes, I've had more than one → **Go to B5**
- 2 Yes, I've had one → **Go to B5**
- 3 No, I have not had a care review in the last 12 months → **Go to B8**

B5. Were you told that you could bring a friend or relative to your care review meetings?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember
- 4 I did not want to invite a friend or relative

B6. Do you feel able to express your views at these meetings?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

B7. Do you find the care reviews helpful?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Your Care Co-ordinator

A Care Co-ordinator (or keyworker) is someone from Mental Health Services who keeps in regular contact with you.

B8. Have you been told who your Care Co-ordinator is?

- 1 Yes → **Go to B9**
- 2 No → **Go to C1**
- 3 Not sure/ Don't know → **Go to C1**

B9. How long is it since you **last saw** your Care Co-ordinator?

- 1 Less than one month
- 2 1-3 months
- 3 3-6 months
- 4 More than 6 months

B10. Can you contact your Care Co-ordinator if you have a problem?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

C. SUPPORT IN THE COMMUNITY

Day centres

Some mental health service users go to a day centre where staff are available to help with problems, and activities are arranged.

C1. In the last 2 months, how often have you visited a day centre?

- 1 Most days → Go to C2
- 2 Once or twice a week → Go to C2
- 3 Once or twice a month → Go to C2
- 4 I have not visited a day centre in the last 2 months → Go to C3

C2. How would you rate the activities the centre provides?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Where you live

C3. In the last 12 months, have you received any help with accommodation?

- 1 Yes
- 2 No, but I would have liked help
- 3 I didn't need any help

C4. Do you feel **safe** in the place where you live now?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

Work

C5. Are you currently working? (Tick **ONE** only)

- 1 Yes, I am in full-time paid work
- 2 Yes, I am in part-time paid work
- 3 Yes, I am self-employed
- 4 I work on a casual basis
- 5 I work on a voluntary basis
- 6 I am not employed
- 7 I am a full-time student
- 8 I am retired
- 9 I am unable to work due to my illness

C6. In the last 12 months have you received help with finding work?

- 1 Yes
- 2 No, but I would have liked help
- 3 I didn't need any help

Benefits

C7. In the last 12 months have you received help with getting benefits?

- 1 Yes
- 2 No, but I would have liked help
- 3 I didn't need any help

Local support groups

C8. In the last 12 months have you received any information about local support groups for mental health service users?

- 1 Yes
- 2 No, but I would have liked information
- 3 I didn't need any information

D. CRISIS CARE

D1. Do you have the number of someone in Mental Health Services that you can call out of office hours?

- 1 Yes → Go to D2
2 No → Go to E1
3 Not sure/ Don't know → Go to E1

D2. In the last 12 months, have you called this number?

- 1 Yes → Go to D3
2 No → Go to E1

D3. The last time you called the number, how long did it take you to get through to someone?

- 1 I got through immediately
2 I got through in one hour or less
3 A few hours
4 A day or more
5 I couldn't get through to anyone

E. HEALTH PROFESSIONALS

Psychiatrists

E1. Have you seen a psychiatrist in the last 12 months?

- 1 Yes → Go to E2
2 No → Go to E6

E2. Do you feel that your psychiatrist listens to you?

- 1 Yes, definitely
2 Yes, to some extent
3 No

E3. Do you have trust and confidence in your psychiatrist's professional skills?

- 1 Yes, definitely
2 Yes, to some extent
3 No

E4. Do you feel your psychiatrist treats you with respect and dignity?

- 1 Yes, always
2 Yes, sometimes
3 No

E5. When you see your psychiatrist, are you given enough time to discuss your condition and treatment?

- 1 Yes, definitely
2 Yes, to some extent
3 No

Community Psychiatric Nurse (CPN)

E6. Have you seen a CPN in the last 12 months?

- 1 Yes → Go to E7
2 No → Go to E10

E7. Do you feel that your CPN listens to you?

- 1 Yes, definitely
2 Yes, to some extent
3 No

E8. Do you have trust and confidence in your CPN's professional skills?

- 1 Yes, definitely
2 Yes, to some extent
3 No

E9. Do you feel your CPN treats you with respect and dignity?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

Social workers

E10. Have you seen a social worker in the last 12 months?

- 1 Yes → **Go to E11**
- 2 No → **Go to F1**

E11. Do you feel that your social worker listens to you?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

E12. Do you have trust and confidence in your social worker's professional skills?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

E13. Do you feel your social worker treats you with respect and dignity?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

F. STANDARDS

Complaints

F1. In the last 12 months, have you made a complaint about Mental Health Services?

- 1 Yes → **Go to F3**
- 2 No → **Go to F2**

F2. If you **did not** make a complaint, why didn't you? (**Please tick all that apply**)

- 1 I was satisfied with the service
- 2 No point, no-one would listen
- 3 It might upset the staff who care for me
- 4 My care might be affected
- 5 I tried but was prevented
- 6 I was too frightened
- 7 I did not know how to make a complaint

Medical Records

F3. In the last 12 months, have you asked to see your medical records?

- 1 Yes → **Go to F4**
- 2 No, I did not want to see them → **Go to F5**
- 3 No, I did not know I could see them → **Go to F5**

F4. Did you get to see your medical records?

- 1 Yes, I saw all that I wanted to see
- 2 I saw some but they held some back
- 3 No, I was not able to see them

Mental Health Act

F5. In the last 12 months, have you been detained under the Mental Health Act?

- 1 Yes → Go to F6
2 No → Go to F7

F6. Were your rights explained to you?

- 1 Yes, completely
2 Yes, to some extent
3 No

Discrimination

F7. Do you feel you are discriminated against by mental health professionals?
(Please tick all that apply)

- 1 Yes, because of my **race**
2 Yes, because of my **religion**
3 Yes, because of my **sex**
4 Yes, because of my **sexual orientation**
5 Yes, because of a **physical disability**
6 Yes, because of my **mental health problems**
7 Yes, for **another reason**
8 No, I have not been discriminated against

G. OVERALL

G1. Overall, how would you rate the care you have received from Mental Health Services in the last 12 months?

- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Very poor

G2. Do you feel you have enough say in decisions about your care and treatment?

- 1 Yes, definitely
2 Yes, to some extent
3 No

G3. Do you ever feel lonely?

- 1 Yes, often
2 Yes, sometimes
3 No

G4. Have you been admitted to a hospital as a mental health patient in the last 12 months?

- 1 No
2 Yes, once
3 Yes, 2 or 3 times
4 Yes, more than 3 times

H. YOUR BACKGROUND

H1. Are you male or female?

- 1 Male
2 Female

H2. How old are you?

- 1 16-25 years
2 26-35 years
3 36-45 years
4 46-55 years
5 56 years or older

H3. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE

- 1 British
- 2 Irish
- 3 Any other White background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

I. OTHER COMMENTS

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

THANK YOU VERY MUCH FOR YOUR HELP

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

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.