

Service User Questionnaire

What is the survey about?

This survey is about the health and social care you receive through NHS mental health services. This might include contact with psychiatrists or psychiatric nurses, social workers, mental health support workers, occupational therapists, psychologists, psychotherapists or other mental health or social care workers, including those helping people with dementia, depression or other types of mental health problem.

The information will be used to help improve NHS mental health services.

Who should complete the questionnaire?

This questionnaire is being sent to a random sample of people who have had contact with the NHS mental health service during the period July-September 2012. We're interested in your views of that experience, even if your contact has only been limited or has now finished.

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. If you prefer not to answer a question, simply leave it blank.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will only answer the questions that 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. All your answers will be kept confidential. It will not be possible to identify you in any report of the results.

Questions or help?

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

Your participation in this survey is voluntary.

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

YOUR CARE AND TREATMENT

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

This may have been a psychiatrist, psychiatric nurse, social worker, mental health support worker, occupational therapist, psychologist, psychotherapist or other mental health or social care worker. (Please do not include your GP.)

- 1 In the last month
- 2 1-3 months ago
- 3 4-6 months ago
- 4 7-12 months ago
- 5 More than 12 months ago
- 6 Don't know/can't remember
- 7 I have never seen anyone from NHS mental health services → **Go to Question 47 on Page 7**
2. Overall, how long have you been in contact with NHS mental health services?
- 1 Less than 1 year
- 2 1 to 5 years
- 3 6 to 10 years
- 4 More than 10 years
- 5 I am no longer in contact with NHS mental health services
- 6 Don't know / Can't remember

HEALTH AND SOCIAL CARE WORKERS

3. Which of the following **NHS** healthcare workers or social care workers have you seen **most recently for your mental health condition?** (Please do not include your GP)

If your most recent contact involved more than one health or social care worker, please tick the person you have seen most frequently

(Tick ONE box only)

- 1 CPN – Community Psychiatric Nurse
- 2 Social Worker
- 3 Psychiatrist
- 4 Mental Health Support Worker
- 5 Occupational Therapist
- 6 Psychologist
- 7 Psychotherapist
- 8 Other NHS healthcare worker or social care worker
- 9 Don't know/can't remember

Thinking about the last time you saw this NHS healthcare worker or social care worker for your mental health condition...

4. Did **this** person listen carefully to you?

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

5. Did **this** person take your views into account?

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

Still thinking about the last time you saw this NHS healthcare worker or social care worker for your mental health condition...

6. Did you have **trust and confidence** in **this** person?

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

7. Did **this** person treat you with **respect and dignity**?

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

8. Were you given **enough time** to discuss your condition and treatment?

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

MEDICATIONS

9. In the last 12 months, have you taken any prescribed medication for your mental health condition?

- 1 Yes → Go to 10
2 No → Go to 17

10. Do you think your views were taken into account in deciding which medication to take?

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

11. In the last 12 months, has any **new** medication (e.g. tablets, injections, liquid medicines, etc.) been prescribed for you by an NHS mental health worker such as a psychiatrist or a community psychiatric nurse? (Please do not include prescriptions from your GP.)

- 1 Yes → Go to 12
2 No → Go to 15
3 Can't remember → Go to 15

The LAST time you had a new medication prescribed for you...

12. Were the **purposes** of the medication explained to you?

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

13. Were you told about possible **side effects** of the medication?

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

14. The last time you had a new medication prescribed for your mental health condition, were you given information about it in a way that was **easy to understand**?

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

15. Have you been on any prescribed medication for 12 months or longer for your mental health condition?

- 1 Yes → Go to 16
2 No → Go to 17

16. In the last 12 months, has an NHS mental health worker or social care worker checked with you about **how you are getting on with your medication** - i.e. have your medicines been reviewed? (Please do not include reviews by your GP.)

- 1 Yes
2 No

TALKING THERAPIES

The next two questions are about **talking therapies**. By talking therapies we mean therapies such as counselling, cognitive behavioural therapy (CBT) and anxiety management.

17. In the last 12 months have you received any of these sorts of talking therapies from NHS mental health services?

- 1 Yes → Go to 18
2 No → Go to 19

18. Did you find the NHS talking therapy you received in the last 12 months helpful?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Too early to say

YOUR CARE CO-ORDINATOR

A **Care Co-ordinator** (or lead professional) is someone from NHS Mental Health Services who keeps in regular contact with you. This person could be a **Community Psychiatric Nurse (CPN)**, a **Psychiatrist** or a **Social Worker**.

19. Do you know who your Care Co-ordinator (or lead professional) is?

- 1 Yes → Go to 20
- 2 No → Go to 22
- 3 Not sure → Go to 22

20. Can you contact your Care Co-ordinator (or lead professional) if you have a problem?

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

21. How well does your Care Co-ordinator (or lead professional) organise the care and services you need?

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

YOUR CARE PLAN

A **care plan** (or recovery plan) is a document or letter, drawn up by NHS mental health services, that sets out your mental health needs and explains how your care has been planned.

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

- 1 Yes, definitely → Go to 23
- 2 Yes, to some extent → Go to 23
- 3 No, I don't understand it → Go to 23
- 4 I don't know/can't remember what is in my care plan → Go to 27
- 5 I do not have a care plan → Go to 28

23. Do you think your views were taken into account when deciding what was in your NHS care plan?

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

24. Does your NHS care plan set out your **goals**? This might include the changes you want to make to your life as your care progresses or the things you want to achieve.

- 1 Yes, definitely → Go to 25
- 2 Yes, to some extent → Go to 25
- 3 No → Go to 26

25. Have NHS mental health services helped you start achieving these goals?

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

26. Does your NHS care plan cover what you should do if you have a crisis (e.g. if you are not coping or if you may need to be admitted to a mental health ward)?

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

27. Have you been given (or offered) a **written or printed** copy of your NHS care plan? (**Tick ONE box only**)

- 1 Yes, in the last year
- 2 Yes, more than one year ago
- 3 No
- 4 Don't know/ Not sure

YOUR CARE REVIEW

A care review is a meeting between you and staff from NHS mental health services to discuss how your care has been working.

28. In the last 12 months have you had a care review meeting to discuss your care?

- 1 Yes, I have had more than one → **Go to 29**
- 2 Yes, I have had one → **Go to 29**
- 3 No, I have not had a care review in the last 12 months → **Go to 34**
- 4 Don't know / Can't remember → **Go to 34**

29. Were you **told** that you could bring a friend, relative or advocate to your care review meetings?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

30. Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

The LAST time you had a care review meeting to discuss your care...

31. Were you given a chance to express your views at the meeting?

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

32. Did you find the care review helpful?

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

33. Did you discuss whether you needed to continue using NHS mental health services?

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

CRISIS CARE

34. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?

- 1 Yes → **Go to 35**
- 2 No → **Go to 37**
- 3 Not sure / Don't know → **Go to 37**

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

- 1 Yes → **Go to 36**
- 2 No → **Go to 37**

36. The last time you called the number, did you get the help you wanted?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I could not get through to anyone

DAY TO DAY LIVING

37. Has anyone in NHS mental health services ever asked you about your alcohol intake?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

38. Has anyone in NHS mental health services **ever** asked you about your use of non-prescription drugs?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

39. In the last 12 months, did anyone in NHS mental health services ask you about any physical health needs you might have?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

40. In the last 12 months, have you received support from anyone in NHS mental health services in getting help with your **physical health needs**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked support
- 4 I do not have any physical health needs

41. In the last 12 months, have you received support from anyone in NHS mental health services in getting help with your **care responsibilities** (including looking after children)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked support
- 4 I did not need any support
- 5 I do not have any caring responsibilities

42. In the last 12 months, have you received support from anyone in NHS mental health services in getting help with **finding or keeping work** (e.g. being referred to an employment scheme)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked support
- 4 I did not need any support
- 5 I am unable to work because of my mental health problems

43. In the last 12 months, have you received support from anyone in NHS mental health services in getting help with **finding and/or keeping your accommodation**?

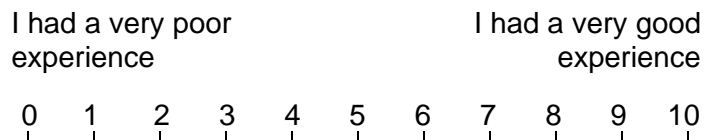
- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked support
- 4 I did not need any support

44. In the last 12 months, have you received support from anyone in NHS mental health services in getting help with **financial advice or benefits** (e.g. Housing Benefit, Income Support, Disability Living Allowance)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked support
- 4 I did not need any support

OVERALL

45. Overall... (Please circle a number)



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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 My family or friends did not want or need to be involved
- 5 I did not want my family or friends to be involved

ABOUT YOU

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

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

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

48. Are you male or female?

- 1 Male
- 2 Female

49. What was your **year of birth**?

(Please write in) e.g.

1	9	3	4
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1	9		
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50. In general, how is your mental health **right now**?

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

51. 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

52. Are you currently in paid work?

TICK ALL THAT APPLY

- 1 Yes, I am working between 1-15 hours a week
- 2 Yes, I am working 16 or more hours a week
- 3 No, I am retired
- 4 No, I do voluntary work
- 5 No, but I am a full time student
- 6 No, other reason

53. What is your religion?

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

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

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

55. What is your ethnic group? (Tick ONE only)

a. WHITE

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

b. MIXED /MULTIPLE ETHNIC GROUPS

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

c. ASIAN / ASIAN BRITISH

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

d. BLACK / AFRICAN /CARIBBEAN/BLACK BRITISH

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

e. OTHER ETHNIC GROUP

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

OTHER COMMENTS

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

Is there anything particularly good about your care?

Is there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

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

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.