

## NHS Community Mental Health Service User Questionnaire

### Your experience matters, please tell us what your care is really like

This survey is about your experience of the health and social care you receive through NHS mental health services. We would like to hear from you, even if your contact has only been limited or has now finished.

What you tell us is confidential and taking part is voluntary.

#### WHAT TO DO

Put a cross  clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box  and put a cross  in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

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

When you have filled in as much as you can, please return it in the Freepost envelope provided.  
**Thank you.**

#### NEED MORE HELP?

For help completing this questionnaire, please call the survey helpline on <insert helpline number>.

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

## YOUR CARE AND TREATMENT

Please do **not** include contact with your GP.

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

- 1  In the last month
- 2  1 to 3 months ago
- 3  4 to 6 months ago
- 4  7 to 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 → Please go to Q38 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

3. In the last 12 months, do you feel you have seen NHS mental health services **often enough** for your needs?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  It is too often
- 5  Don't know

## YOUR HEALTH AND SOCIAL CARE WORKERS

Thinking about the **most recent time** you saw someone from **NHS mental health services** for your mental health needs...

**This does not include your GP.**

4. Were you given **enough time** to discuss your needs and treatment?

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

5. Did the person or people you saw **understand** how your mental health needs affect **other areas of your life**?

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

6. Did the person or people you saw appear to be aware of your **treatment history**?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

## ORGANISING YOUR CARE

In this section, you may **include** contact with your GP.

7. Have you been told **who is in charge** of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional").

- 1  Yes → Go to 8
- 2  No → Go to 11
- 3  Not sure → Go to 11

8. Is the **main** person in charge of organising your care and services...

- 1  A GP
- 2  Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).
- 3  Don't know / not sure

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

- 1  Yes
- 2  No
- 3  Not sure

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

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

## PLANNING YOUR CARE

Please do not include contact with your GP.

11. Have you agreed with someone from **NHS mental health services** what care you will receive?

- 1  Yes, definitely → Go to 12
- 2  Yes, to some extent → Go to 12
- 3  No → Go to 14

12. Were you involved as much as you wanted to be in agreeing what care you will receive?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, but I wanted to be
- 4  No, but I did not want to be
- 5  Don't know / can't remember

13. Does this agreement on what care you will receive take your personal circumstances into account?

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

## REVIEWING YOUR CARE

Please do not include contact with your GP.

14. In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

- 1  Yes → Go to 15
- 2  No → Go to 16
- 3  Don't know / can't remember → Go to 16

15. Did you feel that decisions were made **together** by you and the person you saw during this discussion?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not want to be involved in making decisions
- 5  Don't know / can't remember

## CRISIS CARE

Please do **not** include contact with your GP.

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'.**

16. Do you know who to contact out of office hours within the **NHS** if you have a crisis?

This should be a person or a team within **NHS mental health services.**

- 1  Yes → **Go to 17**  
2  No → **Go to 18**  
3  Not sure → **Go to 18**

17. **In the last 12 months**, did you get the help you needed when you tried contacting this person or team?

- 1  Yes, definitely  
2  Yes, to some extent  
3  No  
4  I could not contact them  
5  I have not tried contacting them in the last 12 months  
6  Can't remember

## MEDICINES

Please do **not** include medicines prescribed only by your GP.

18. In the last 12 months, have you been receiving any **medicines** for your mental health needs?

- 1  Yes → **Go to 19**  
2  No → **Go to 25**

19. Were you **involved** as much as you wanted to be in decisions about which **medicines** you receive?

- 1  Yes, definitely  
2  Yes, to some extent  
3  No, but I wanted to be  
4  No, but I did not want to be  
5  Don't know / can't remember

20. Has the **purpose** of your medicines ever been discussed with you?

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

21. Have the possible **side effects** of your medicines ever been discussed with you?

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

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

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

23. Have you been receiving any **medicines** for your mental health needs for 12 months or longer?

- 1  Yes → **Go to 24**  
2  No → **Go to 25**  
3  Not sure → **Go to 25**

24. In the last 12 months, has an **NHS mental health worker** checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).

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

## NHS THERAPIES

Therapies include any NHS treatment for your mental health that **does not involve medicines**.

25. In the last 12 months, have you received any **NHS therapies** for your mental health needs that do not involve medicines?

- 1  Yes → **Go to 26**
- 2  No, but I would have liked this → **Go to 29**
- 3  No, but I did not mind → **Go to 29**
- 4  This was not appropriate for me → **Go to 29**
- 5  Don't know / can't remember → **Go to 29**

26. Were these **NHS therapies** explained to you in a way you could understand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  No explanation was needed

27. Were you **involved** as much as you wanted to be in deciding what **NHS therapies** to use?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, but I wanted to be
- 4  No, but I did not want to be
- 5  Don't know / can't remember

28. Do you feel your **NHS therapies** have helped your mental health?

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

## SUPPORT AND WELLBEING

Please do **not** include help from your GP.

If support was provided by a non-NHS organisation, we are interested to know if **NHS mental health services helped you to find this support from them**. This may be through posters, flyers and leaflets.

29. In the last 12 months, did NHS mental health services give you any **help or advice with finding support for physical health needs** (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, but I would have liked help or advice with finding support
- 4  I have support and did not need help / advice to find it
- 5  I do not need support for this
- 6  I do not have physical health needs

30. In the last 12 months, did NHS mental health services give you any **help or advice with finding support for financial advice or benefits**?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, but I would have liked help or advice with finding support
- 4  I have support and did not need help / advice to find it
- 5  I do not need support for this



## ABOUT YOU

**This information will not be used to identify you.** We use it to monitor 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 envelope.** This includes the following background questions on gender and date of birth.

**38.** Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1  Yes → **Go to 39**  
2  No → **Go to 41**

**39.** Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1  Breathing problem, such as asthma  
2  Blindness or partial sight  
3  Cancer in the last 5 years  
4  Dementia or Alzheimer's disease  
5  Deafness or hearing loss  
6  Diabetes  
7  Heart problem, such as angina  
8  Joint problem, such as arthritis  
9  Kidney or liver disease  
10  Learning disability  
11  Mental health condition  
12  Neurological condition  
13  Another long-term condition

**40.** Do any of these reduce your ability to carry out day-to-day activities?

- 1  Yes, a lot  
2  Yes, a little  
3  No, not at all

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

- 1  The person named on the front of the envelope (the **service user / client**)  
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

**42.** Are you male or female?

- 1  Male  
2  Female

**43.** What was your **year of birth?**  
(Please write in)

e.g. 

1	9	6	8
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**44.** 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

**45.** 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

46. What is your ethnic group? (Cross ONE box 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.

Please note that the comments you provide will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

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.**