

## 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 completely  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> or, if you would prefer, email <insert email address>.

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**? (This includes contact in person, via video call and telephone).

- 1  In the last 12 months
- 2  More than 12 months ago
- 3  Don't know / can't remember
- 4  I have never seen anyone from NHS mental health services → Please go to Q40 on page 6

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? (This includes contact in person, via video call and telephone).

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

4. In the last 12 months, have you and someone from **NHS mental health services** agreed how your care and treatment would be delivered? (i.e. in person, via video call or telephone).

- 1  Yes → Go to 5
- 2  No → Go to 7
- 3  Not sure → Go to 7

5. Did you agree that your care and treatment would be delivered..... (Select **ALL** that apply)

- 1  In person
- 2  By video call
- 3  By telephone

6. Have you received your care and treatment in the way you agreed?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / can't remember

## YOUR HEALTH AND SOCIAL CARE WORKERS

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

This does **not** include your GP.

7. 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

8. Did the person or people you saw **understand** how your mental health needs affect **other areas of your life**? (This includes contact in person, via video call and telephone).

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

9. Did the person or people you saw appear to be aware of your **treatment history**? (This includes contact in person, via video call and telephone).

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember
- 5  Not applicable - I had no treatment prior to this

## ORGANISING YOUR CARE

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

10. 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 11
- 2  No → Go to 15
- 3  Not sure → Go to 15

11. 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

12. 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

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

- 1  Yes
- 2  No
- 3  Not sure

14. Thinking about the last time you contacted this person, did you get the help you needed?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I could not contact them
- 5  I have not tried contacting them
- 6  Don't know / can't remember

## PLANNING YOUR CARE

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

15. Have you and someone from **NHS mental health services** decided what care you will receive? (This may be called a care plan).

- 1  Yes, definitely → Go to 16
- 2  Yes, to some extent → Go to 16
- 3  No → Go to 18
- 4  Don't know / can't remember → Go to 18

16. Were you involved as much as you wanted to be in deciding 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

17. Did decisions on what care you will receive take into account your needs in other areas of your life?

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

## REVIEWING YOUR CARE

Please do not include contact with your GP.

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

- 1  Yes → Go to 19
- 2  No → Go to 20
- 3  Don't know / can't remember → Go to 20

19. Did you feel that decisions were made **together** by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).

- 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'.**

20. 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.

- 1  Yes → Go to 21
- 2  No → Go to 23
- 3  Not sure → Go to 23

21. Thinking about the last time you contacted this person or team, did you get the help you needed?

- 1  Yes, definitely → Go to 22
- 2  Yes, to some extent → Go to 22
- 3  No → Go to 22
- 4  I could not contact them → Go to 23
- 5  I have not tried contacting them → Go to 23
- 6  Don't know / can't remember → Go to 23

22. How do you feel about the length of time it took you to get through to this person or team?

- 1  I got through straightaway
- 2  I had to wait, but not for too long
- 3  I had to wait too long
- 4  Don't know / can't remember

## MEDICINES

Please do not include medicines prescribed only by your GP.

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

- 1  Yes → Go to 24
- 2  No → Go to 28

24. 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

25. 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

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

- 1  Yes → Go to 27
- 2  No → Go to 28
- 3  Not sure → Go to 28

27. 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 TALKING THERAPIES

Talking therapies include any NHS treatment for your mental health that involves working with a trained therapist and **do not involve medicines.**

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

- 1  Yes → Go to 29
- 2  No, but I would have liked this → Go to 33
- 3  No, but I did not mind → Go to 33
- 4  This was not appropriate for me → Go to 33
- 5  Don't know / can't remember → Go to 33

29. Were these **NHS talking 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

30. Were you **involved** as much as you wanted to be in deciding what **NHS talking 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

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

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

32. Overall, how did you feel about the length of time you waited before receiving **NHS talking therapies**?

- 1  The waiting time was appropriate
- 2  The waiting time was too long
- 3  The waiting time was too short
- 4  I did not have to wait for NHS talking therapies

## SUPPORT AND WELLBEING

Please do not include help from your GP.

33. In the last 12 months, did NHS mental health services **support you** with your **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 support
- 4  I have support and did not need NHS mental health services to provide it
- 5  I do not need support for this
- 6  I do not have physical health needs

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**. This may be through posters, flyers and leaflets.

**34. 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

**35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?**

- 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 am not currently in or seeking work

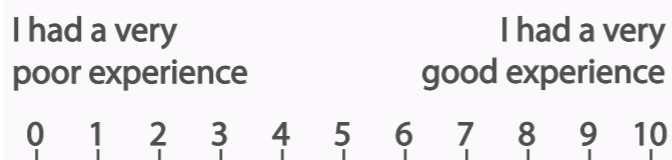
**36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?**

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, not as much as I would like
- 4  No, they have involved them too much
- 5  My friends or family did not want to be involved
- 6  I did not want my friends or family to be involved
- 7  This does not apply to me

## OVERALL

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

**37. Overall....(Please circle a number)**



**38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?**

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

**39. 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?**

- 1  Yes
- 2  No
- 3  Not sure

## 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.

**40. 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 41
- 2  No → Go to 43

**41. 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  Autism or autism spectrum condition
- 2  Breathing problem, such as asthma
- 3  Blindness or partial sight
- 4  Cancer in the last 5 years
- 5  Dementia or Alzheimer's disease
- 6  Deafness or hearing loss
- 7  Diabetes
- 8  Heart problem, such as angina
- 9  Joint problem, such as arthritis
- 10  Kidney or liver disease
- 11  Learning disability
- 12  Mental health condition
- 13  Neurological condition
- 14  Stroke (that affects your day-to-day life)
- 15  Another long-term condition

**42. 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

**43. 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

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

e.g.

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.

**45. At birth were you registered as...**

- 1  Male
- 2  Female
- 3  Intersex
- 4  I would prefer not to say

**46. Is your gender the same as the sex you were registered as at birth?**

- 1  Yes
  - 2  No, **please write your gender below**
- 
- 3  I would prefer not to say

**47. 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

**48. 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

49. 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, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.

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.**