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).
   - [ ] 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 → Please go to Q40 on page 6

2. Overall, how long have you been in contact with NHS mental health services?
   - [ ] Less than 1 year
   - [ ] 1 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

3. In the last 12 months, do you feel you have seen NHS mental health services enough for your needs? (This includes contact in person, via video call and telephone).
   - [ ] Yes, definitely
   - [ ] Yes, to some extent
   - [ ] No
   - [ ] 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).
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

5. Did you agree that your care and treatment would be delivered…?
   (Select ALL that apply)
   - [ ] In person
   - [ ] By video call
   - [ ] By telephone

6. Have you received your care and treatment in the way you agreed?
   - [ ] Yes, always
   - [ ] Yes, sometimes
   - [ ] No
   - [ ] Don’t know / can’t remember

7. Were you given enough time to discuss your needs and treatment?
   - [ ] Yes, definitely
   - [ ] Yes, to some extent
   - [ ] No
   - [ ] 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).
   - [ ] Yes, definitely
   - [ ] Yes, to some extent
   - [ ] No
   - [ ] 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).
   - [ ] Yes, completely
   - [ ] Yes, to some extent
   - [ ] No
   - [ ] Don’t know / can’t remember
   - [ ] 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”).
    - [ ] Yes
    - [ ] No
    - [ ] Not sure

11. Is the main person in charge of organising your care and services...
    - [ ] A GP
    - [ ] Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).
    - [ ] Don’t know / not sure

12. How well does this person organise the care and services you need?
    - [ ] Very well
    - [ ] Quite well
    - [ ] Not very well
    - [ ] Not at all well

13. Do you know how to contact this person if you have a concern about your care?
    - [ ] Yes
    - [ ] No
    - [ ] Not sure

14. Thinking about the last time you contacted this person, did you get the help you needed?
    - [ ] Yes, definitely
    - [ ] Yes, to some extent
    - [ ] No
    - [ ] I could not contact them
    - [ ] I have not tried contacting them
    - [ ] Don’t know / can’t remember

15. Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).
    - [ ] Yes, definitely
    - [ ] Yes, to some extent
    - [ ] No
    - [ ] Don’t know / can’t remember

16. Were you involved as much as you wanted to be in deciding what care you will receive?
    - [ ] Yes, definitely
    - [ ] Yes, to some extent
    - [ ] No, but I wanted to be
    - [ ] No, but I did not want to be
    - [ ] 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?
    - [ ] Yes, definitely
    - [ ] Yes, to some extent
    - [ ] No
    - [ ] No, but I did not want / need them to
    - [ ] Don’t know / can’t remember

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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, 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  

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  
2. No  
3. Not sure

21. Thinking about the last time you contacted this person or team, 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

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

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

1. Yes  
2. No

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, 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

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  
2. No

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

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

Medical Disclaimer: The information provided is for general knowledge and should not be used as a substitute for professional medical advice. Always consult a healthcare provider for specific medical advice.
### OVERALL

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

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

I had a very poor experience  
I had a very good experience

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#### 38. 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

#### 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?

- Yes
- No
- 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?

- Yes
- No
- Not sure

#### 41. Do you have any of the following?

- [ ] Autism or autism spectrum condition
- [ ] 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
- [ ] Stroke (that affects your day-to-day life)
- [ ] Another long-term condition

#### 42. Do any of these reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- No, not at all

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

- [ ] The person named on the front of the envelope (the service user / client)
- [ ] A friend or relative of the service user / client
- [ ] Both service user / client and friend / relative together
- [ ] The service user / client with the help of a health professional

#### 44. What was your year of birth?

(Please write in)

![Year of Birth Options](Please write in)

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

- Male
- Female
- Inters
- I would prefer not to say

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

- Yes
- No, please write your gender below

#### 47. 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

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

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Other
- 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.