NHS COMMUNITY MENTAL HEALTH QUESTIONNAIRE

What is the survey about?
This survey is about your recent experience of **NHS Community Mental Health services.** Your views are very important in helping us find out how good the services are and how they can be improved. We would like to hear from you, even if your contact has been limited or has now finished.

We understand that you may be receiving care for your mental health needs from both your GP and the NHS Community Mental Health Trust. **When answering this questionnaire please think about the care you received from the NHS Community Mental Health team only.**

Completing the questionnaire
If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross [x] clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed 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 fill in the box [ ] and put a cross [x] 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. Taking part in this survey is voluntary. **Your answers will be kept confidential.**

Questions or help?
If you have any queries about the questionnaire, please call our freephone helpline number <insert helpline number> or email <insert email address>.

Please remember, **do not** include contact with your GP when answering this questionnaire.

YOUR NHS APPOINTMENTS

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

→ **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 → **Go to Q3**
2 ☐ 1 to 2 years → **Go to Q3**
3 ☐ 3 to 5 years → **Go to Q8**
4 ☐ 6 to 10 years → **Go to Q8**
5 ☐ More than 10 years → **Go to Q8**
6 ☐ I am no longer in contact with NHS mental health services → **Go to Q8**
7 ☐ Don't know / can't remember → **Go to Q8**

ACCESSING CARE AND TREATMENT

Your first appointment could have been **in person**, via **video call** or by **telephone.**

3 **How long did you wait between your assessment with the NHS mental health team and your first appointment for treatment?**

1 ☐ Less than 2 weeks
2 ☐ 2 to 3 weeks
3 ☐ 1 to 2 months
4 ☐ 3 to 6 months
5 ☐ More than 6 months
6 ☐ Don't know / can't remember

4 **How did you feel about the length of time you waited between your assessment with the NHS mental health team and your first appointment for treatment?**

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
5 ☐ Don't know / can't remember

5 **While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, did you experience any changes in your mental health?**

1 ☐ Yes, my mental health improved
2 ☐ Yes, my mental health got worse
3 ☐ No, my mental health stayed the same
4 ☐ Don't know / can't remember

6 **While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?**

1 ☐ Yes → **Go to Q7**
2 ☐ No → **Go to Q8**
3 ☐ Don't know / can't remember → **Go to Q8**

7 **Was the support offered appropriate for your mental health needs?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not need any support
5 ☐ Don't know / can't remember

YOUR MENTAL HEALTH TEAM

Thinking about the **last 12 months**, when you have seen someone from **NHS community mental health services** for your mental health needs…

8 **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

9 **Did you feel your NHS mental health team listened to what you had to say?**

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

10 **Did you get the help you needed?**

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

11 **Did your NHS mental health team consider how areas of your life impact your mental health?**

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

12 **Did you have to repeat your mental health history to your NHS mental health team?**

1 ☐ Yes, often
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

13 **Did your NHS mental health team treat you with care and compassion?**

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

YOUR CARE

14 **Did your NHS mental health team involve you in a plan for your care?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not want to be involved
5 ☐ I am not aware of a plan for my care

15 **Were you given a choice on how your care and treatment would be delivered?**

i.e. In person, via video call, by telephone, online course, digital apps.

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

16 **In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?**

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

17 **Has your NHS mental health team supported you to make decisions about your care and treatment?**

Support includes sharing information on risks and benefits of your care and treatment.

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

YOUR TREATMENT

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

1 ☐ Yes, from my GP → **Go to Q19**
2 ☐ Yes, from my NHS Mental Health Team → **Go to Q19**
3 ☐ Yes, both my GP and NHS Mental Health Team → **Go to Q19**
4 ☐ Yes, but I don't know who prescribed it → **Go to Q19**
5 ☐ No, I am not receiving any medication → **Go to Q21**

19 **Have any of the following been discussed with you about your medication?**

	Yes, definitely	Yes, to some extent	No	Don't know
Purpose of medication	1 ☐	2 ☐	3 ☐	4 ☐
Benefits of medication	1 ☐	2 ☐	3 ☐	4 ☐
Side effects of medication	1 ☐	2 ☐	3 ☐	4 ☐
What will happen if I stop taking my medication	1 ☐	2 ☐	3 ☐	4 ☐

20 **In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?**

1 ☐ Yes
2 ☐ No
3 ☐ I have been receiving medication for less than 12 months
4 ☐ Don't know / not sure

Psychological therapies include any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician).

This could include Cognitive Behavioural Therapy (CBT), interpersonal therapy, or psychodynamic therapy.

21 **In the last 12 months, have you received any therapies for your mental health needs?**

1 ☐ Yes → **Go to Q22**
2 ☐ No, but I would have liked this → **Go to Q23**
3 ☐ No, but I did not want this → **Go to Q23**
4 ☐ This was not appropriate → **Go to Q23**
5 ☐ Don't know / can't remember → **Go to Q23**

22 **How do you feel about the length of time you waited between your assessment with the NHS mental health team and your first therapy appointment?**

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
5 ☐ Don't know / can't remember

CRISIS CARE

A crisis is if you need urgent help because your mental or emotional state is getting worse quickly. You may have been given a number to contact, such as a 'Crisis Helpline', 'NHS 111 mental health option' or a 'Crisis Resolution Team'.

23 **Would you know who to contact out of office hours within the NHS if you had a crisis?**

1 ☐ Yes → **Go to Q24**
2 ☐ No → **Go to Q28**
3 ☐ Not sure → **Go to Q28**

24 **In the last 12 months, have you contacted NHS mental health crisis support?**

Please cross ✗ in ALL the boxes that apply to you.

1 ☐ Yes, I contacted NHS 111 mental health option → **Go to Q25**
2 ☐ Yes, I contacted text support service → **Go to Q25**
3 ☐ Yes, I contacted a local crisis service → **Go to Q25**
4 ☐ No, I went straight to A&E → **Go to Q28**
5 ☐ No, I have not contacted NHS crisis care → **Go to Q28**
6 ☐ Don't know / can't remember → **Go to Q28**

25 **Thinking about the last time you contacted NHS mental health crisis support, how did you feel about the length of time it took you to get through to someone?**

1 ☐ I got through straight away
2 ☐ I had to wait, but not for too long
3 ☐ I had to wait too long
4 ☐ I did not get through
5 ☐ Don't know / can't remember

26 **Thinking about the last time you contacted NHS mental health crisis support, did you get the help you needed?**

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

27 **Did the NHS mental health team give your family or carer information or support whilst you were in crisis?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ My family / carer did not want support
5 ☐ Don't know / can't remember
6 ☐ Not applicable

SUPPORT AND WELLBEING

28 **In the last 12 months, has your NHS mental health team supported 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 this
5 ☐ I do not need support for this
6 ☐ I do not have physical health needs

The following question asks if your **NHS community mental health team** helped you **find** support in these areas. This could be through providing posters, flyers, and leaflets.

29 **In the last 12 months, did your NHS mental health team give you any help or advice with finding support for…**

	Yes, definitely	Yes, to some extent	No	I do not need support
Joining a group (e.g. art, sport etc)	1 ☐	2 ☐	3 ☐	4 ☐
Finding or keeping work	1 ☐	2 ☐	3 ☐	4 ☐
Help with money or benefits	1 ☐	2 ☐	3 ☐	4 ☐

30 **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 ☐ Not applicable

The following four questions ask about the support or assistance your NHS mental health team may have given to help you access your care and treatment.

This could include support accessing the building (such as provision of lifts), language support (translations), format of materials (large print), support accessing online appointments, sensory adjustments (room brightness) and emotional support.

31 **Has your NHS mental health team asked if you need support to access your care and treatment?**

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

32 **Do you need support to access your care and treatment?**

1 ☐ Yes → **Go to Q33**
2 ☐ No → **Go to Q35**
3 ☐ Don't know / can't remember → **Go to Q35**

33 **What support do you need to access your care and treatment?**

Please cross ✗ in ALL the boxes that apply to you.

1 ☐ Physical support (e.g. lifts, wide doors, ramps, signage)
2 ☐ Language support (e.g. translated materials, translator, interpreter)
3 ☐ Format of materials (e.g. easy read, braille, large print)
4 ☐ Accessing online appointments (e.g. how to attend online appointment, resolving technical issues)
5 ☐ Room adjustments (e.g. room brightness, noise reduction, scent control)
6 ☐ Emotional support (e.g. friend, family, carer attending appointment with you, appointment information)
7 ☐ Other, **please specify**

34 **Do you feel the support provided meets your needs?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not receive any support
5 ☐ Don't know / can't remember

OVERALL

35 **Overall, in the last 12 months, how was your experience of using NHS mental health services?**

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

0 ☐ 0 – I had a very poor experience
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10 – I had a very good experience

36 **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

The following questions ask about discrimination. This means being treated unfairly because of who you are or who people think you are. These questions can feel sensitive, and you can skip them if you prefer.

For support, you can visit Mind:
mind.org.uk/need-urgent-help/using-this-tool

37 **Did you feel your NHS mental health team discriminated against you?**

1 ☐ Yes → **Go to Q38**
2 ☐ No → **Go to Q39**
3 ☐ I would prefer not to say → **Go to Q39**

38 **What do you think or feel this was related to?**

Please cross ✗ in ALL the boxes that apply to you.

1 ☐ Age
2 ☐ Disability
3 ☐ Gender reassignment (planning, having, or previously undergone a process to change your sex)
4 ☐ Pregnancy or maternity
5 ☐ Race, ethnicity or nationality
6 ☐ Religion or belief
7 ☐ Sex
8 ☐ Sexual orientation
9 ☐ Other, **please specify**

10 ☐ I would prefer not to say
11 ☐ Don't know / can't remember

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. Your answers will help us find out 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 letter.

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

1 ☐ The person named on the front of the envelope
2 ☐ A friend or relative of the person named on the front of the envelope
3 ☐ Both the person named on the envelope and a friend / relative
4 ☐ The person named on the envelope with the help of a health professional

41 Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

Please cross ✗ in ALL the boxes that apply to you.

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. ☐ Neurodivergence (other than autism or autism spectrum condition)
15. ☐ Physical mobility condition
16. ☐ Stroke (which affects your day-to-day life)
17. ☐ Another long-term condition
18. ☐ I do not have any long-term conditions

→ Go to Q43

19. ☐ I would prefer not to say

→ Go to Q43

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

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

43 What was your year of birth?

Please write in e.g.

1	9	6	4

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups. Your answers will be kept confidential and not linked to your medical records.

44 At birth were you assigned as…

1. ☐ Male
2. ☐ Female
3. ☐ I would prefer not to say

45 Is your gender different from the sex you were assigned at birth?

1. ☐ No
2. ☐ Yes, **please write your gender below**

3. ☐ I would prefer not to say

46 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

47 Which of the following best describes your sexual orientation?

1. ☐ Heterosexual / straight
2. ☐ Gay / lesbian
3. ☐ Bisexual
4. ☐ Other
5. ☐ I would prefer not to say

48 **What is your ethnic group?**

Please cross ONE box only.

a. WHITE

1 ☐ English / Welsh / Scottish / Northern Irish / British
2 ☐ Irish
3 ☐ Gypsy or Irish Traveller
4 ☐ Roma
5 ☐ Any other White background, **please write in**

b. MIXED / MULTIPLE ETHNIC GROUPS

6 ☐ White and Black Caribbean
7 ☐ White and Black African
8 ☐ White and Asian
9 ☐ Any other Mixed / multiple ethnic background, **please write in**

c. ASIAN / ASIAN BRITISH

10 ☐ Indian
11 ☐ Pakistani
12 ☐ Bangladeshi
13 ☐ Chinese
14 ☐ Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

15 ☐ African
16 ☐ Caribbean
17 ☐ Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

18 ☐ Arab
19 ☐ Any other ethnic group, **please 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, NHS England 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.

Was there anything particularly good about your care?

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