Service User Questionnaire (Scored version)

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.)

   *(Not scored)*

   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?

   *(Not scored)*

   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)*

   *(Not scored)*

   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 10
   2. Yes, to some extent 5
   3. No 0

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

   1. Yes, definitely 10
   2. Yes, to some extent 5
   3. No 0

**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 10
   2. Yes, to some extent 5
   3. No 0
7. Did this person treat you with respect and dignity?

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

MEDICATIONS

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

(Not scored)

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 10
2. Yes, to some extent 5
3. No 0

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.)

(Not scored)

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 10
2. Yes, to some extent 5
3. No 0

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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 10
2. Yes, to some extent 5
3. No 0

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

(Not scored)

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 10
2. No 0

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?

(Not scored)

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 10
2. Yes, to some extent 5
3. No 0
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 10
2. No 0
3. Not sure 0

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

1. Yes, always 10
2. Yes, sometimes 5
3. No 0

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

1. Very well 10
2. Quite well 6.7
3. Not very well 3.3
4. Not at all well 0

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 10
2. Yes, to some extent 5
3. No, I don’t understand it 0
4. I don’t know/can’t remember what is in my care plan 0
5. I do not have a care plan 0

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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 10
2. Yes, to some extent 5
3. No 0

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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 10
2. Yes, to some extent 5
3. No 0
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 10
2. Yes, more than one year ago 5
3. No 0
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?

(NOTE: Respondents who had been in contact with mental health services for less than a year (Q2=1) to be removed from the denominator for Q28.)

1. Yes, I have had more than one  
   ➔ Go to 29 10
2. Yes, I have had one  
   ➔ Go to 29 10
3. No, I have not had a care review in the last 12 months  
   ➔ Go to 34 0
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 10
2. No 0
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 10
2. No 0
3. Don’t know / Can’t remember --

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

32. Did you find the care review helpful?

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0

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 10
2. No  
   ➔ Go to 37 0
3. Not sure / Don’t know  
   ➔ Go to 37 --

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

(Not scored)

1. Yes  
   ➔ Go to 36
2. No  
   ➔ Go to 37
3. Not sure / Don’t know  
   ➔ Go to 37

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

1. Yes, definitely 10
2. Yes, to some extent 5
3. No 0
4. I could not get through to anyone 0
DAY TO DAY LIVING

37. Has anyone in NHS mental health services ever asked you about your alcohol intake?
1. ☐ Yes 10
2. ☐ No 0
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 10
2. ☐ No 0
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 10
2. ☐ No 0
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 10
2. ☐ Yes, to some extent 5
3. ☐ No, but I would have liked support 0
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 10
2. ☐ Yes, to some extent 5
3. ☐ No, but I would have liked support 0
4. ☐ 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 10
2. ☐ Yes, to some extent 5
3. ☐ No, but I would have liked support 0
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 10
2. ☐ Yes, to some extent 5
3. ☐ No, but I would have liked support 0
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 10
2. ☐ Yes, to some extent 5
3. ☐ No, but I would have liked support 0
4. ☐ I did not need any support --

OVERALL

45. Overall… (Please circle a number)

I had a very poor experience

I had a very good experience

Score as response: 0=0, 1=1, 2=2, etc
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 10
2. □ Yes, to some extent 5
3. □ No 0
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

(THE SECTION NOT SCORED)

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. 1934

19

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...