



COMMUNITY MENTAL HEALTH SURVEY 2017 PILOT REPORT: THE EFFECTIVENESS OF FOUR MAILING INTERVENTIONS IN BOOSTING RESPONSE RATES

CQC and the Coordination Centre wish to extend thanks to the ten trusts who volunteered to participate in this pilot: Dorset Healthcare University NHS Foundation Trust; Leeds and York Partnership NHS Foundation Trust; West London Mental Health NHS Trust; Central and North West London NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; Mersey Care NHS Foundation Trust; East London NHS Foundation Trust; Birmingham and Solihull Mental Health NHS Foundation Trust; Kent and Medway NHS and Social Care Partnership Trust, and Dudley and Walsall Mental Health Partnership NHS Trust.

Background

The Community Mental Health Survey generates one of the lowest response rates of all the surveys in the patient survey programme. In 2016 the response rate was 28%, declining from 41% at the survey's inception in 2004. Response to the survey is proportionally lower among younger service users and people from non-White British ethnic groups: in the 2016 survey, just 18% of users aged 18-35 responded and 24% of people from a non-White British background.

The primary aims of the pilot were therefore twofold, to:

- Increase response rates overall;
- Boost response from lesser-heard groups – younger service users in particular – in order to make results more representative of the user population.

Successful interventions would be considered to be implemented in the main survey in 2018 and could also inform development of survey methods and materials for future iterations of this and other surveys within the programme.

Method

Running alongside the main survey in February to June 2017, a pilot was conducted to test the impact of various interventions on response rates. These would be compared to the response rate generated by the main survey sample which acted as the control group. Based on evidence from the literature and discussions with stakeholders, four interventions were selected (copies of the pilot interventions can be found in the Appendices):

Intervention A - Redesigned CQC flyer (targeted)

There was interest in making the survey materials more personalised, as this type of approach is known to generate better response rates. Following discussions with stakeholders it was felt that a more targeted approach would be valuable, particularly in trying to reach the 18-35s who are significantly under-represented.

The existing CQC Flyer was split into two versions so that it could be tailored to 18-35s and separately to those aged 36+. Stakeholder feedback suggested the inclusion of an image could increase response, therefore age-relevant stock images were selected for each version of the flyer which were also sensitive to different ethnicities. In all other respects the two versions were identical.

Purple was selected as the main colour of this and the other pilot interventions as it does not have any particular connotations with mood and there is evidence to suggest it is equally liked by males and females.

Intervention B - New pre-approach mailer

Stakeholder feedback suggested that many service users may be wary of opening official-looking mail and therefore may delay opening their mailing packs or not open them at all. There is also evidence for the efficacy of pre-approach mailings in boosting response rates to postal surveys in general. With this in mind it was proposed that a pre-approach mailer would be sent out, around a week before the main survey packs were posted out to service users.

A new pre-approach mailer was developed in the form of a folded card, sealed around the edges. Key messages of confidentiality and who to contact in case of queries were included as well as potentially engaging messages. The two images used in the redesigned CQC flyers were used again here to carry the theme across (for those receiving both). The language was also intended to be more informal.

Intervention C - Redesigned questionnaire

As discussed above, it is thought that survey materials that look less formal could have a beneficial impact on response rates among this user group. There are some studies for instance that have shown an increased response rate when questionnaires have used coloured ink, as opposed to black¹. The questionnaire was as per the main survey in that it was an eight-page booklet format with exactly the same questions, response options and routing instructions. In terms of differentiation, the amount of information on the front page was reduced (as much of this is covered in the covering letters), a more informal typeface was used, the font was a dark grey colour rather than black, and colour and shading were used to help highlight different parts of the questionnaire with the intention that it would look more appealing.

Intervention D - Redesigned covering letters

Research literature, results from other pilot studies and feedback from stakeholders stressed the need to make communications more engaging, empowering, to the point and tailored². The three covering letters were completely reworked: reducing the amount of information on them (and removing any repeated information); including socio-normative messages (e.g. thousands of other people have completed the survey); incorporating potentially motivating and empowering messages; highlighting some text in bold that could otherwise get lost; the use of full colour and a more informal style font. Finally, the third letter was made different from the first – across the surveys in the programme these letters are near identical, however it follows that if the letter proves un motivating in the first instance it is very unlikely to change behaviours if sent out a second time.

Design

Ten trusts were recruited to represent an appropriate spread in terms of factors such as location, size and response rate (the list of participating trusts can be found on the introductory page). These trusts submitted an increased sample drawn in exactly the same manner as for the main survey along with a separate boost comprised solely of 18-35 year-olds in order to test the impact of the redesigned CQC flyer (intervention A). All trusts tested all interventions.

The total sample size for the 10 trusts was n=14700, with n=8500 comprising the 'control' for the study against which pilot response rates would be assessed – see Figure 1 below.

¹ [http://www.iclinepi.com/article/S0895-4356\(06\)00134-X/abstract?cc=y=](http://www.iclinepi.com/article/S0895-4356(06)00134-X/abstract?cc=y=)

² For example, <http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>

Figure 1 – Sample breakdown

Pilot 18-35 boost	Pilot main	Main survey (control)	
1310	4890	8500	Total = 14700

A 2⁴ factorial design was created in order to allow for the testing of main effects and interactions (see Figure 2). In this design, respondents received one or two interventions. Minimum sample sizes were calculated to measure at least a 2% increase in response rates versus the control. Cells where intervention A - CQC Flyer were presented included an additional boost of 18-35s.

Figure 2 – Factorial design of single and pairwise interventions

Expected gain (% points)	A	B	C	D
2	1467	815	815	815
	A+B	A+C	A+D	
	490	490	490	
		B+C	B+D	
		272	272	
			C+D	
			272	

Notes:

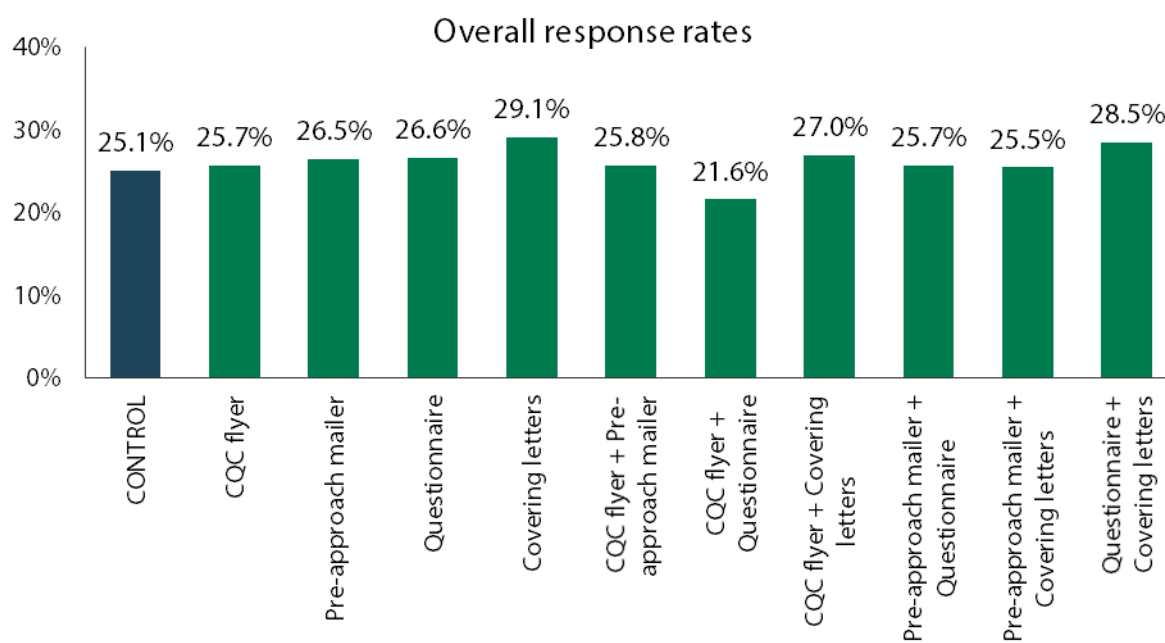
- 1) The cells bordered in blue are where the targeted intervention A was tested and so were boosted by an additional 80% of service users aged 18-35 for analysis purposes;
- 2) The above numbers sum 6198 service users in the pilot (main and boost). There were 6200 in total, to allow each of the 10 trusts to draw exactly the same number (620). The remaining two service users were allocated to groups at random.

Findings

Figure 3 below shows the response rates for the control versus each of the single and pairwise interventions. Overall, 25.1% of those who received the standard survey materials responded to the survey pilot. The redesigned covering letters generated an increased response with 29.1% of questionnaires returned. None of the other three interventions in combination with the redesigned covering letters generated any further increase on this response rate, though these letters plus the redesigned questionnaire proved the most motivating pairwise intervention overall with a response rate of 28.5%.

The combination of the targeted redesigned CQC flyers plus the redesigned questionnaire achieved the lowest return of all interventions (single or pairwise) and appeared to be somewhat demotivating to recipients, with a return rate of 21.6% compared to 25.1% for the control.

Figure 3 - Overall response rates by intervention vs. control
Excludes the boost of 18-35s



Analysis by age

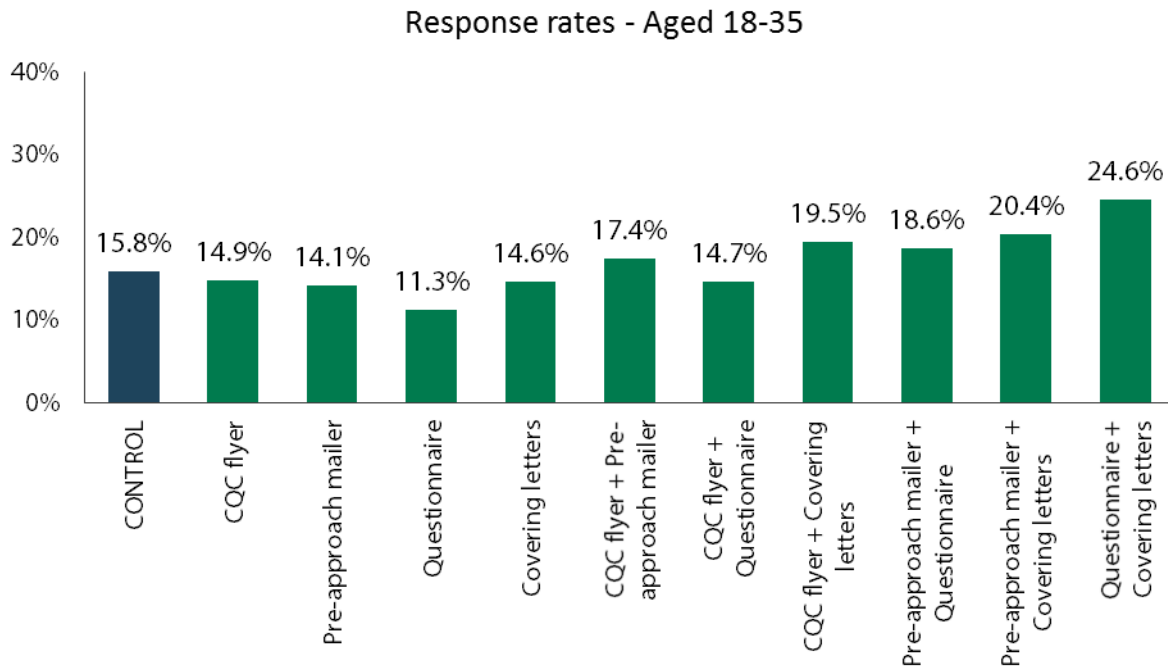
Results have been split by age to examine which of the interventions, if any, proved motivating for 18-35s, and separately for those aged 36+.

For the 18-35 year olds, the combination of the redesigned questionnaire and redesigned covering letters appeared to be the most motivating intervention, generating a response rate of 24.6% compared to just 15.8% for the Control (see Figure 4). Notably, the questionnaire when presented without any of the other pilot interventions produced the lowest response of all (and none of the interventions presented singularly achieved a higher response than the control).

Interestingly, though the covering letters produced a slight drop in response compared to the control (14.6% vs. 15.8%), in combination with any of the other interventions a boost on response rates was seen: CQC flyer (19.5%), the pre-approach mailer (20.4%) and the questionnaire (24.6%)

The targeted intervention – the CQC flyer – did not result in any gain compared to the control (14.9% vs. 15.8%), however when presented in combination with the new pre-approach mailer (17.4%) and the covering letters (19.5%) it did generate a boosted response.

Figure 4 – Response rates by Control vs. interventions: aged 18-35
Includes users aged 18-35 in the pilot main and the boost of 18-35s

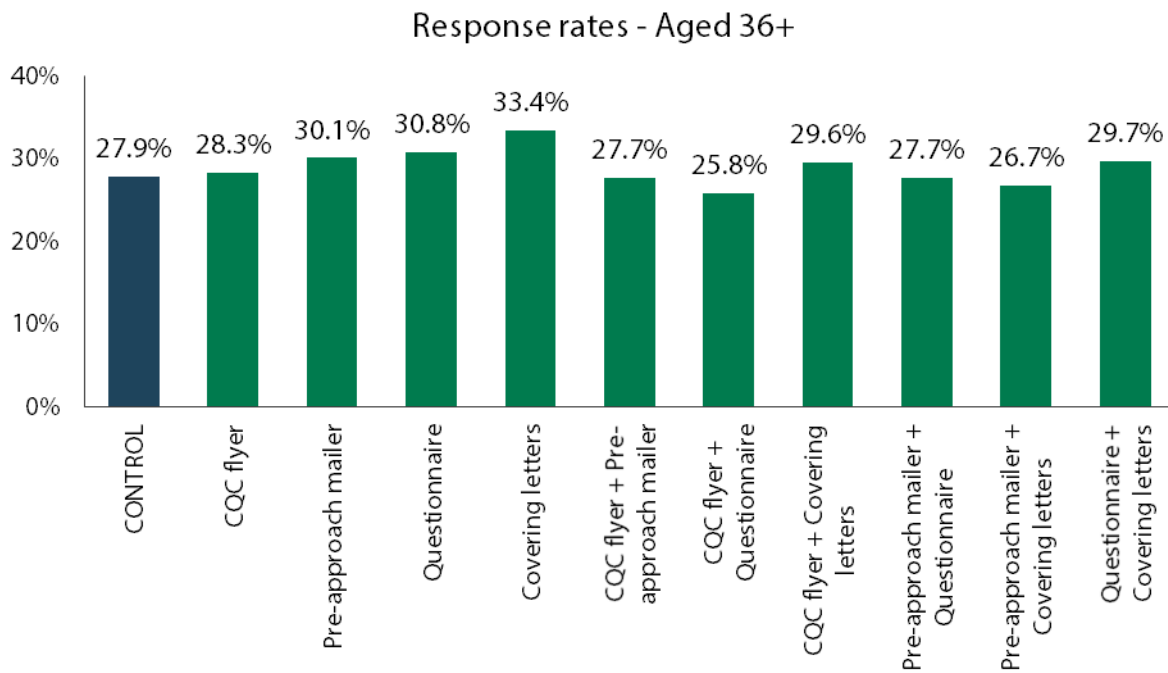


In contrast, the older age group (see Figure 5 below) responded well to single interventions: of note, the redesigned covering letters proved particularly motivating, generating a response rate of 33.4% compared to 27.9% for the control. Presented singularly, both the redesigned questionnaire and the new pre-approach mailer also resulted in a higher response (30.8% and 30.1% respectively).

The targeted CQC flyer did not perform well among this age group, moreover it appeared to lower response rates when presented in combination with the pre-approach mailer (27.7%) and the questionnaire (25.8%) compared to the control (27.9%).

Figures 4 and 5 illustrate that the older age group is more likely to respond regardless of the intervention received.

Figure 5 – Response rates by control vs. interventions: aged 36+



Regression analysis

A logistic regression was conducted to examine the impact of the intervention main effects and interactions. A one-tailed test was applied with a value of $p=0.05$ being statistically significant for an increase in response. Age was factored into the regression as the percentage response rates illustrated that the interventions performed very differently depending on the age of the recipient, as seen above. The regression allows us to identify whether differences in results were statistically significant.

Appendix 1 shows the main effects of the interventions by the two age groups, 18-35s and 36+. The redesigned covering letter had a positive impact on response rates for both age groups. Figure 4 above shows that although the letters were not especially motivating for the younger age group when presented on their own, when presented in combination with any of the other survey materials they did have a positive effect. In Figure 5 above, we can see that the covering letters as a single intervention achieved the greatest impact among the older age group.

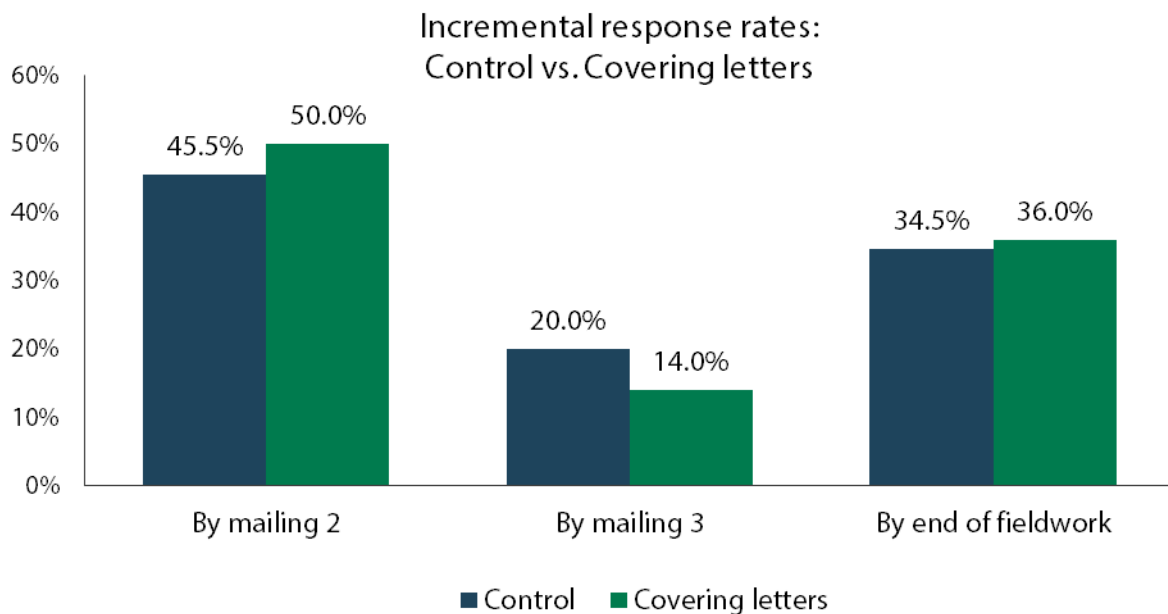
Analysis of main effects and interactions is shown in Appendix 2. For 18 to 35 year olds, the combination of the questionnaire + covering letters is shown to have a significant impact on response rates for that group. The older age group meanwhile are significantly more likely to respond to the inclusion of the redesigned covering letters than to any other single or pairwise intervention.

Impact of covering letter on response times

Analysis of the response rates of the redesigned covering letters was conducted to establish the impact of these compared to the current covering letters (i.e. the 'control'). The impact of the letters as a single intervention was looked at so that its impact can be established without trying to disentangle any effect of any other intervention in combination.

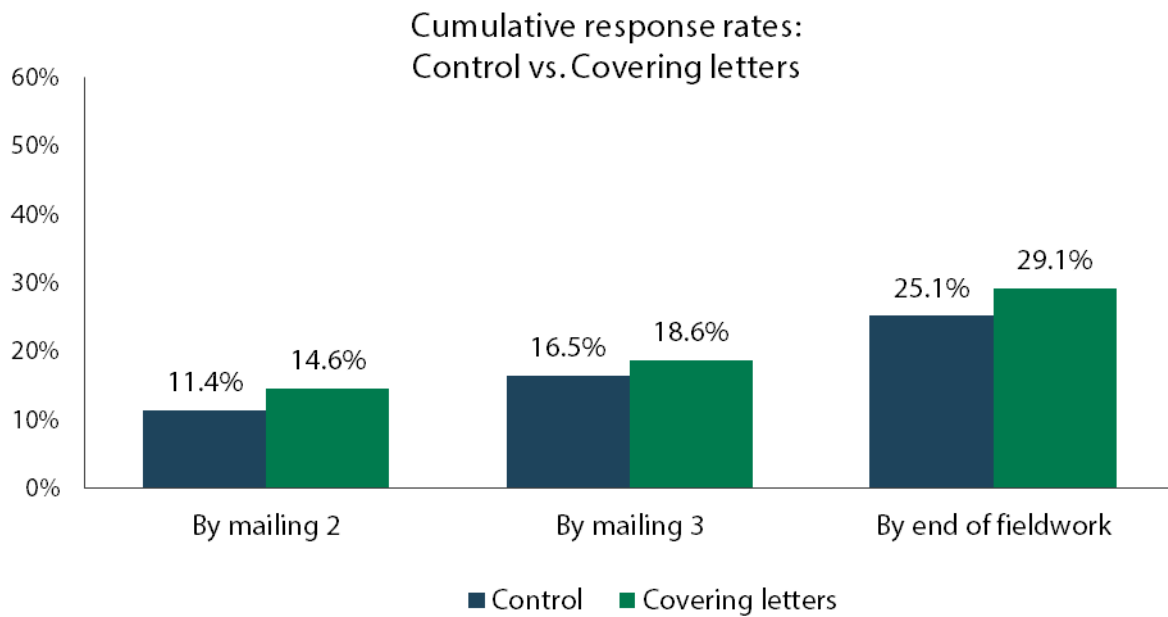
Figure 6 below shows the effect of the redesigned covering letters against the control. It suggests that people receiving the pilot letters were inclined to respond more quickly than those receiving the letters currently used in the main survey: 50% of all responses were generated after the first mailing as a result of the redesigned covering letter compared to 45.5% for the control.

Figure 6 – Proportional response rates after each mailing: redesigned covering letters vs. control



The pilot covering letters did not produce the same effect after the second mailing however, the first reminder letter in the control has a more positive response. The second mailing generates 20% of the total response for the control whereas it only produced 14% of the aggregate using the redesign. Figure 7 shows the cumulative response of the current covering letters and the redesign, demonstrating that the redesign encourages more responses by each mailing, thereby reducing the number of reminders that need to be sent out.

Figure 7 – Cumulative response rates after each mailing: redesigned covering letters vs. control



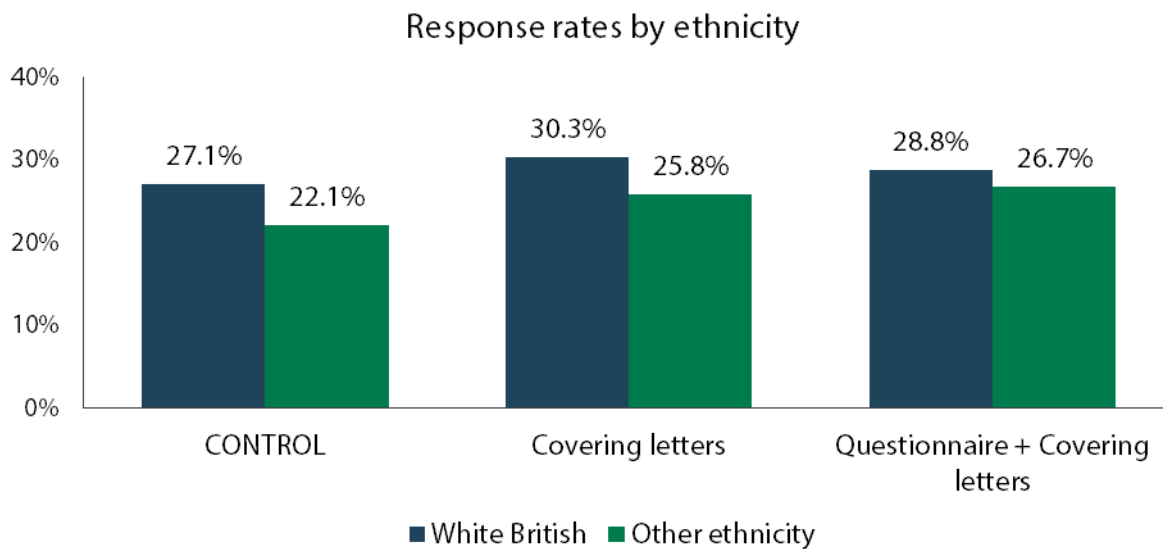
Response rates by ethnicity

The key group of interest in this pilot is the 18-35s as they have proven to be significantly less likely to respond than other demographic groups. Also of interest however are people of a non-White British ethnicity as these users are also less likely to respond, albeit not quite to the same degree.

When considering whether to recommend the combined strategy of the questionnaire + covering letters or the covering letters alone, it is important to ensure that neither intervention is demotivating to people of a non-White British ethnic background. As highlighted earlier, generating equivalent response from key demographic groups is fundamental to achieving representative results.

Analysis of the results indicates that either approach would be feasible – see Figure 8. In both scenarios the response rate from people of other ethnicities is higher than that in the control: the covering letters alone produced a response rate of 25.8% and combined with the questionnaire generated a 26.7% response rate, compared to 22.1% in the control. These interventions yield the highest response rates of any among people of a non-White British ethnicity – full details can be found in Appendix 3.

Figure 8 – Response rates by ethnicity: covering letters and questionnaire + covering letters vs. control



Recommendations

It appears then that the optimum approach would be for different interventions to be implemented depending on sample age: the redesigned questionnaire + covering letters for the younger age group and the covering letters only for the older age group. This is somewhat of a logistically more complicated approach than is currently employed where everyone receives the same survey materials: an alternative would be for the combination of the redesigned questionnaire + covering letters to be sent to everyone, regardless of age. It is significantly the most motivating intervention for the 18-35s which is the key group of interest in the study and produces a small (but not statistically significant) increase in the 36+ age group. Whilst the pilot aimed to boost overall response rates, it is at least as important to increase representativeness of the survey by encouraging uptake from lesser-heard groups. Boosting response from these younger recipients would mean that results are a truer reflection of the service user population. The combination of questionnaire + covering letter is sufficiently engaging for older recipients that it would boost response among that group also, and hence overall.

Though it is generally ill-advised to rework pilot materials before introducing them to a real survey the evidence suggests that the second letter may benefit from some very minor tweaks to boost its impact, thereby potentially reducing the number of further reminders that are needed.

A qualitative summary of the impact and acceptability of the redesigned covering letters alone or in combination with the redesigned questionnaire is shown below in Table 1. Either approach is acceptable for people of White British or other ethnicity. As a single intervention, the covering letters are not an option for the younger age group, though when presented with the questionnaire are particularly impactful. For older service users, the covering letters are especially motivating though the combination does also generate some increased response, albeit to a lesser extent and without statistical significance.

Table 1 – Feasibility of interventions by age and ethnicity

	Covering letters	Questionnaire + covering letters
Age		
18-35	✘	✓✓
36+	✓✓	✓
Ethnicity		
White British	✓	✓
Other ethnicity	✓	✓

Based on findings from the pilot, there are two possible approaches going forward:

- 1) Implement the questionnaire + covering letters across all service users
- 2) Adopt different strategies depending on age with younger service users receiving the redesigned questionnaire + covering letters and older users the covering letters only

Appendix

Appendix 1 – Logistic regression of main effects* by age group

	Coefficient	S.E.	Upper CI 95%	Lower CI 95%	p-value	Predicted response rate	
						18-35	36+
18-35	-1.712	0.060	-1.830	-1.594		0.15	
36+	-0.933	0.027	-0.986	-0.880			0.28
Flyer.18-35	0.009	0.088	-0.163	0.182	0.916	0.15	
Flyer.36+	-0.040	0.068	-0.174	0.093	0.552		0.27
Preapp.18-35	0.089	0.124	-0.154	0.331	0.474	0.16	
Preapp.36+	0.001	0.068	-0.132	0.134	0.984		0.28
Quest.18-35	-0.050	0.127	-0.300	0.199	0.693	0.15	
Quest.36+	0.035	0.067	-0.097	0.167	0.603		0.29
Cover.18-35	0.226	0.119	-0.007	0.460	0.058	0.18	
Cover.36+	0.134	0.067	0.003	0.264	0.045		0.31

*Main effects relate to the net increase of an intervention on response when presented singularly and in combination with other interventions.

Interventions with a predicted increase in response rate are highlighted.

Appendix 2 – Logistic regression of main effects + interactions* by age group

	Coefficient	S.E.	Upper CI 95%	Lower CI 95%	p-value	Predicted response rate	
						18-35	36+
18-35	-1.670	0.063	-1.794	-1.546		0.16	
36+	-0.950	0.028	-1.004	-0.895			0.28
Flyer.18-35	-0.074	0.118	-0.305	0.156	0.527	0.15	
Flyer.36+	0.020	0.093	-0.163	0.203	0.833		0.28
Preapp.18-35	-0.135	0.225	-0.576	0.306	0.548	0.14	
Preapp.36+	0.106	0.093	-0.076	0.288	0.254		0.30
Quest.18-35	-0.390	0.252	-0.883	0.104	0.122	0.11	
Quest.36+	0.140	0.092	-0.040	0.319	0.127		0.31
Cover.18-35	-0.096	0.221	-0.530	0.338	0.665	0.15	
Cover.36+	0.259	0.091	0.081	0.437	0.004		0.33
Flyer.Preapp.18-35	0.324	0.295	-0.254	0.901	0.272	0.17	
Flyer.Preapp.36+	-0.137	0.202	-0.533	0.259	0.497		0.28
Flyer.Quest.18-35	0.373	0.321	-0.257	1.002	0.246	0.15	
Flyer.Quest.36+	-0.269	0.207	-0.674	0.137	0.194		0.26
Flyer.Cover.18-35	0.421	0.288	-0.143	0.985	0.144	0.19	
Flyer.Cover.36+	-0.198	0.200	-0.589	0.194	0.322		0.30
Preapp.Quest.18-35	0.721	0.471	-0.202	1.644	0.126	0.19	
Preapp.Quest.36+	-0.255	0.202	-0.651	0.142	0.208		0.28
Preapp.Cover.18-35	0.540	0.470	-0.382	1.462	0.251	0.20	
Preapp.Cover.36+	-0.425	0.202	-0.822	-0.029	0.035		0.27
Quest.Cover.18-35	1.035	0.443	0.166	1.904	0.020	0.25	
Quest.Cover.36+	-0.311	0.199	-0.700	0.079	0.118		0.30

* Main effects relate to the net increase of an intervention on response when presented singularly and in combination with other interventions. Interactions are the additional net increase an intervention has when presented in combination with other interventions.

Interventions with a predicted increase in response rate are highlighted.

Appendix 3 – Response rates for single and pairwise interventions by ethnicity
Figures 2%+ higher than the control have been highlighted

	White British	Other ethnicity
CONTROL	27.1%	22.1%
CQC flyer	20.6%	21.2%
Pre-approach mailer	27.9%	25.5%
Questionnaire	27.8%	25.0%
Covering letters	30.3%	25.8%
CQC flyer + Pre-approach mailer	21.2%	20.6%
CQC flyer + Questionnaire	23.3%	14.3%
CQC flyer + Covering letters	26.7%	20.5%
Pre-approach mailer + Questionnaire	28.8%	22.8%
Pre-approach mailer + Covering letters	25.8%	23.6%
Questionnaire + Covering letters	28.8%	26.7%

Pilot materials

Intervention A – Redesigned CQC Flyers

Version sent to those aged 18-35 as identified from sample data

What is your care really like?



Your feedback can help improve the quality of care

At the Care Quality Commission (CQC) we monitor NHS services to ensure people are given high quality care.

Last year more than 13,000 people across England told us what they thought about the care they received.

We need your help to find out about community mental health care in your area.

Please fill in the enclosed questionnaire - you can make a difference.



You can find out more about the work we do at: www.cqc.org.uk

Version sent to those aged 36+ as identified from sample data

What is your care really like?



Your feedback can help improve the quality of care

At the Care Quality Commission (CQC) we monitor NHS services to ensure people are given high quality care.

Last year more than 13,000 people across England told us what they thought about the care they received.

We need your help to find out about community mental health care in your area.

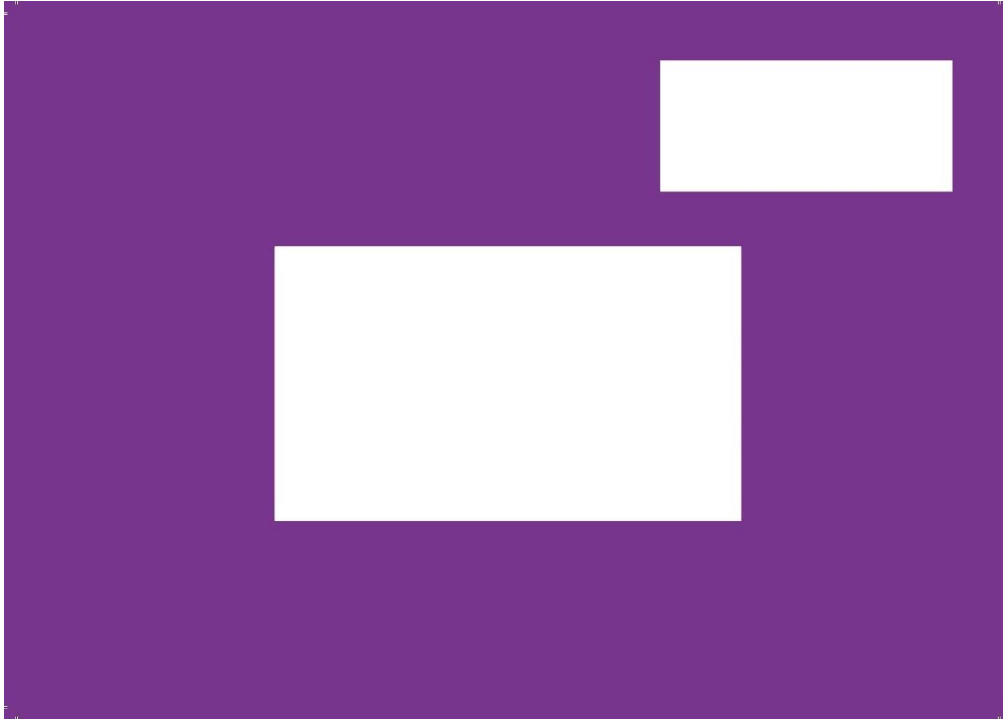
Please fill in the enclosed questionnaire - you can make a difference.



You can find out more about the work we do at: www.cqc.org.uk

Intervention B – New Pre-approach mailer

Front with address label and postage



Inner

What is your care really like?



Your feedback can help improve the quality of care

At the Care Quality Commission (CQC) we monitor NHS services to ensure that people are given high quality care.

We are asking people what they really think of the care and support they receive from community mental health services. Last year more than 13,000 people from across England told us about their experiences.

In a few days we will send you a questionnaire. Please complete it so we know what your care is really like.

The people who provide your care will not know you have taken part and your answers will be completely confidential. If you have any questions in the meantime, please call:

<contractor> on
<contractor number>.



You can find out more about the work we do at: www.cqc.org.uk

Reverse

Your experience matters



Community mental health services 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'd 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 <contractor name> on <contractor 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 when answering questions in this section.

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 Q42 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. Did the person or people you saw **listen carefully** to you?

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

5. 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

6. 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

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 person in charge of organising your care and services...

- 1 A CPN (Community Psychiatric Nurse)
- 2 A psychotherapist / counsellor
- 3 A social worker
- 4 A psychiatrist
- 5 A mental health support worker
- 6 A GP
- 7 Another type of NHS health or social care worker
- 8 Don't know

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 when answering questions in this section.

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 when answering questions in this section.

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 17**
- 3 Don't know / can't remember → **Go to 17**

15. Were you involved as much as you wanted to be in discussing how your care is working?

- 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

16. 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

CHANGES IN WHO YOU SEE

Please **do not** include contact with your GP when answering questions in this section.

17. **In the last 12 months**, have the people you see for your care or services changed?

Please **do not** include stopping care completely.

- 1 Yes → Go to 18
- 2 Yes, but this was because I requested the change → Go to 21
- 3 Yes, but this was because I moved home → Go to 21
- 4 No → Go to 21
- 5 My care has started but not changed → Go to 21
- 6 Don't know / not sure → Go to 21

18. Were the reasons for this change explained to you at the time?

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

19. What impact has this had on the **care** you receive?

- 1 It got better
- 2 It stayed the same
- 3 It got worse
- 4 Not sure

20. Did you know who was in charge of organising your care while this change was taking place?

- 1 Yes
- 2 No
- 3 Not sure

CRISIS CARE

Please **do not** include contact with your GP when answering questions in this section.

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'.

21. Do you know who to contact out of office hours if you have a crisis?

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

- 1 Yes → Go to 22
- 2 No → Go to 24
- 3 Not sure → Go to 24

22. **In the last 12 months**, have you tried to contact this person or team because your condition was getting worse?

- 1 Yes → Go to 23
- 2 No → Go to 24
- 3 Can't remember → Go to 24

23. When you tried to contact them, did you get the help you needed?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I could not contact them

TREATMENTS

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

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

- 1 Yes → Go to 25
- 2 No → Go to 30

25. 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

26. In the last 12 months, have you been prescribed any **new medicines** for your mental health needs?

- 1 Yes → Go to 27
- 2 No → Go to 28

27. The last time you had a new medicine prescribed for your mental health needs, were you given **information** about it in a way that you were able to understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not given any information

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

- 1 Yes → Go to 29
- 2 No → Go to 30
- 3 Not sure → Go to 30

29. 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

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

- 1 Yes → Go to 31
- 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

31. Were these treatments or 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

32. Were you involved as much as you wanted to be in deciding what treatments or 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

SUPPORT AND WELLBEING

Please **do not** include help from your GP in this section.

The following are areas of life where some people need help or support. For each area, NHS mental health services may have helped you to **find** any support you needed.

Support might have been provided by NHS mental health services, or it might have been provided by another organisation - such as social services, a charity or community group. If support was provided by someone else, we are interested in whether NHS mental health services **helped you to find this support** from them.

33. 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

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?

- 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. Has someone from NHS mental health services supported you in taking part in an activity locally?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked this
- 4 I did not want this / I did not need this

37. 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

38. Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked this
- 4 I did not want this

39. Do the people you see through NHS mental health services **help you** with what is important to you?

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

OVERALL

Please **do not** include contact with your GP in this section.

40. Overall... (Please circle a number)

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

41. 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

ABOUT YOU

This information **will not be used to identify you**. We use it to monitor whether different types of people are having different experiences of NHS services.

42. 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

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.

43. Are you male or female?

- 1 Male
- 2 Female

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

e.g.

1	9	3	4
---	---	---	---

1	9		
---	---	--	--

45. 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

46. Which of these best describes how you think of yourself?

- 1 Heterosexual / Straight
- 2 Gay / Lesbian
- 3 Bisexual
- 4 Other
- 5 I would prefer not to say

47. 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 in the box below 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.

1st mailing

To be printed on trust headed paper. Text in square brackets to be edited and highlighting to be removed.

[Date]

Dear [Insert first name and surname here]

You're invited to tell us what you think about your NHS services.

We want your community mental health services to be as good as possible but **we can only do this with your help.**

This national survey will help us at [NHS trust name] and the Care Quality Commission to find out what is good about your care and if any improvements are needed.

All you need to do:

- Take 20 minutes to fill out the questionnaire
- Return the questionnaire using the Freepost envelope (no stamp is needed)

Your feedback is important as it's the best way for us to understand your experience of community mental health services. This survey is **confidential** and none of the staff who care for you will know if you take part.

We are also sending this questionnaire to many other people so please join them in completing this survey.

Please see the back of this letter for more information or call [our Freephone helpline /us] on [phone number] [free of charge] if you have any questions.

Thank you for taking the time to complete this important survey.

Yours sincerely,

[Chief Executive name]

Chief Executive,
[NHS Trust Name]

Why have I been sent a questionnaire?

We are sending this questionnaire to people who have used community mental health services and we want to hear about your experience even if your contact with mental health or social care staff has been short or has now finished.

Is this survey voluntary?

Yes. If you don't wish to take part, this will not affect your care and you don't need to give us a reason. If you do not want to take part, please either return the blank questionnaire or call the helpline number.

Can this questionnaire be completed by a relative/friend of the person using services?

Yes, but when answering the questions, they must give the view of the person who has received the questionnaire.

What is the bar code/number for?

You have been given a unique number just for this survey so that your name and address do not appear on the questionnaire.

Can I see the results from the survey?

The results will be available on the Care Quality Commission's website in autumn 2017. To see results from previous surveys, please go to:

www.cqc.org.uk/cmhsurvey

How will my name and address details be protected?

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. **[[IF CONTRACTOR USED]: [Your contact details have been passed to [survey contractor], only so that they can send you this questionnaire and process your response. [Survey contractor] will process your answers in confidence and keep them separate from your contact details.]]** **[[IF IN-HOUSE TRUST]: [We will process your answers in confidence and will keep them separate from your contact details.]]**

Anonymised survey results will be published online and shared with national health and social care organisations such as the Department of Health and NHS England, but the results **will not** include your name and address.

What if I have further questions?

If you have any further questions or need help answering the questionnaire, please call **[our Freephone helpline /us]** on **[phone number]** **[free of charge]** and we will do our best to help. The line is open between **[opening time]** and **[closing time]**, **[days]**.

2nd mailing (1st reminder)

Text in square brackets to be edited and highlighting to be removed.

[Date]

Don't forget to tell us about your experiences.

We recently sent you a questionnaire about your experiences of community mental health services at [NHS trust name], but we haven't received your response yet. Please send us your feedback as soon as you can so **your voice can be heard**.

Many people have already responded to the questionnaire and we would really appreciate your contribution. The results of this survey will help improve services at your local trust and nationally. **You can be a part of this.**

Please remember your responses are **confidential** and the people who provided your care will **not** know whether you have taken part or not.

If you have recently returned your questionnaire, **thank you**, and please accept our apologies for sending this reminder. If you have misplaced the questionnaire, another one will be sent to you soon.

Your response can help improve mental health services.

For any questions, please call [our Freephone line /us] on [number] between [opening time] and [closing time], [days].

3rd mailing (2nd reminder)

To be printed on trust headed paper. Text in square brackets to be edited and highlighting to be removed.

[Date]

Dear [Insert first name and surname here]

Please take this opportunity to make a difference.

A few weeks ago we sent you a questionnaire asking about your experience of community mental health services. As we don't seem to have heard from you yet, we have enclosed another copy of the questionnaire. Thousands of other people have completed the survey, and **we would really like to hear from you too.**

Don't forget this survey is **confidential** and nobody involved with your care will know whether or not you have participated.

We're really interested in hearing from you, even if your contact with mental health or social care staff has been short or has now finished.

This will be the final chance to take part in this year's survey so don't miss out on this opportunity to have your say about services at [NHS trust name]. This survey is voluntary, but to participate please complete the questionnaire **as soon as possible** and return in the Freepost envelope provided (no stamp is needed).

For more information, please see the back of this letter.

We look forward to hearing from you soon - thank you for your time.

Yours sincerely,

[Chief Executive name]

Chief Executive,
[NHS Trust Name]

Why have I been sent a questionnaire?

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Is this survey voluntary?

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Yes, but when answering the questions, they must give the view of the person who has received the questionnaire.

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Anonymised survey results will be published online and shared with national health and social care organisations such as the Department of Health and NHS England, but the results **will not** include your name and address.

What if I have further questions?

If you have any further questions or need help answering the questionnaire, please call **[our Freephone helpline /us]** on **[phone number]** **[free of charge]** and we will do our best to help. The line is open between **[opening time]** and **[closing time]**, **[days]**.