

Scored questionnaire

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 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>.

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**?

- 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 Q38 on page 7 **Q1 not scored**

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

Q2 not scored

3. In the last 12 months, do you feel you have seen NHS mental health services **often enough** for your needs?

- 1 Yes, definitely **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 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. Were you given **enough time** to discuss your needs and treatment?

- 1 Yes, definitely **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 4 Don't know / can't remember **--**

5. Did the person or people you saw **understand** how your mental health needs affect **other areas of your life**?

- 1 Yes, definitely **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 4 Don't know / can't remember **--**

6. Did the person or people you saw appear to be aware of your **treatment history**?

- 1 Yes, completely **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 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 **10** → Go to 8
- 2 No **0** → Go to 11
- 3 Not sure **--** → Go to 11

8. Is the **main** person in charge of organising your care and services...

- 1 A GP
- 2 Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).
- 3 Don't know / not sure **Q8 not scored**

Q9 and Q10 are not scored if 'A GP' is selected at Q8

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

- 1 Yes **10**
- 2 No **0**
- 3 Not sure **--**

10. How well does this person 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**

PLANNING YOUR CARE

Please do not include contact with your GP.

11. Have you agreed with someone from **NHS mental health services** what care you will receive?

- 1 Yes, definitely **10** → **Go to 12**
- 2 Yes, to some extent **5** → **Go to 12**
- 3 No **0** → **Go to 14**

12. Were you involved as much as you wanted to be in agreeing what care you will receive?

- 1 Yes, definitely **10**
- 2 Yes, to some extent **5**
- 3 No, but I wanted to be **0**
- 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 **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 4 Don't know / can't remember **--**

REVIEWING YOUR CARE

Please do not include contact with your GP.

Please note: Respondents who said in Q2 they had been in contact with mental health services for less than a year are not included in the base of Q14 and Q15.

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 **10** → **Go to 15**
- 2 No **0** → **Go to 16**
- 3 Don't know / can't remember **--** → **Go to 16**

15. Did you feel that decisions were made **together** by you and the person you saw during this discussion?

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

16. Do you know who to contact out of office hours within the **NHS** if you have a crisis?

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

- | | | |
|-------------------------------------|----|------------|
| 1 <input type="checkbox"/> Yes | 10 | → Go to 17 |
| 2 <input type="checkbox"/> No | 0 | → Go to 18 |
| 3 <input type="checkbox"/> Not sure | -- | → Go to 18 |

17. In the last 12 months, did you get the help you needed when you tried contacting this person or team?

- | | |
|-----------------------------------------------------------------------------------|----|
| 1 <input type="checkbox"/> Yes, definitely | 10 |
| 2 <input type="checkbox"/> Yes, to some extent | 5 |
| 3 <input type="checkbox"/> No | 0 |
| 4 <input type="checkbox"/> I could not contact them | 0 |
| 5 <input type="checkbox"/> I have not tried contacting them in the last 12 months | -- |
| 6 <input type="checkbox"/> Can't remember | -- |

MEDICINES

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

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

- | | |
|--------------------------------|------------|
| 1 <input type="checkbox"/> Yes | → Go to 19 |
| 2 <input type="checkbox"/> No | → Go to 25 |

Q18 not scored

19. Were you **involved** as much as you wanted to be in decisions about which **medicines** you receive?

- | | |
|---------------------------------------------------------|----|
| 1 <input type="checkbox"/> Yes, definitely | 10 |
| 2 <input type="checkbox"/> Yes, to some extent | 5 |
| 3 <input type="checkbox"/> No, but I wanted to be | 0 |
| 4 <input type="checkbox"/> No, but I did not want to be | -- |
| 5 <input type="checkbox"/> Don't know / can't remember | -- |

20. Has the **purpose** of your medicines ever been discussed with you?

- | | |
|--------------------------------------------------------|----|
| 1 <input type="checkbox"/> Yes, definitely | 10 |
| 2 <input type="checkbox"/> Yes, to some extent | 5 |
| 3 <input type="checkbox"/> No | 0 |
| 4 <input type="checkbox"/> Don't know / can't remember | -- |

21. Have the possible **side effects** of your medicines ever been discussed with you?

- | | |
|--------------------------------------------------------|----|
| 1 <input type="checkbox"/> Yes, definitely | 10 |
| 2 <input type="checkbox"/> Yes, to some extent | 5 |
| 3 <input type="checkbox"/> No | 0 |
| 4 <input type="checkbox"/> Don't know / can't remember | -- |

22. Do you feel your **medicines** have helped your mental health?

- | | |
|------------------------------------------------|----------------|
| 1 <input type="checkbox"/> Yes, definitely | |
| 2 <input type="checkbox"/> Yes, to some extent | |
| 3 <input type="checkbox"/> No | |
| 4 <input type="checkbox"/> Not sure | Q22 not scored |

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

- | | |
|-------------------------------------|------------|
| 1 <input type="checkbox"/> Yes | → Go to 24 |
| 2 <input type="checkbox"/> No | → Go to 25 |
| 3 <input type="checkbox"/> Not sure | → Go to 25 |

Q23 not scored

24. 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 10
- 2 No 0
- 3 Don't know / can't remember --

NHS THERAPIES

Therapies include any NHS treatment for your mental health that **does not involve medicines**.

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

- 1 Yes → Go to 26
- 2 No, but I would have liked this → Go to 29
- 3 No, but I did not mind → Go to 29
- 4 This was not appropriate for me → Go to 29
- 5 Don't know / can't remember → Go to 29

Q25 not scored

26. Were these **NHS therapies** explained to you in a way you could understand?

- 1 Yes, completely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 No explanation was needed --

27. Were you **involved** as much as you wanted to be in deciding what **NHS therapies** to use?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No, but I wanted to be 0
- 4 No, but I did not want to be --
- 5 Don't know / can't remember --

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

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

Q28 not scored

SUPPORT AND WELLBEING

Please do **not** include help from your GP.

If support was provided by a non-NHS organisation, we are interested to know if **NHS mental health services helped you to find this support from them**. This may be through posters, flyers and leaflets.

29. 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 10
- 2 Yes, to some extent 5
- 3 No, but I would have liked help or advice with finding support 0
- 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 --

30. 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 10
- 2 Yes, to some extent 5
- 3 No, but I would have liked help or advice with finding support 0
- 4 I have support and did not need help / advice to find it --
- 5 I do not need support for this --

31. 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 10
 - 2 Yes, to some extent 5
 - 3 No, but I would have liked help or advice with finding support 0
 - 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 --

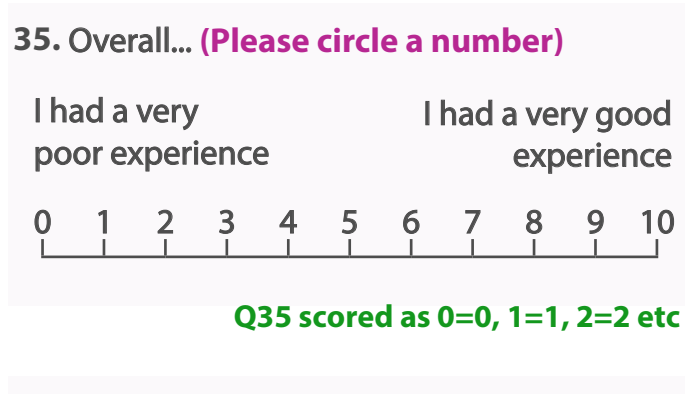
32. In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?
- 1 Yes, definitely 10
 - 2 Yes, to some extent 5
 - 3 No, but I would have liked this 0
 - 4 I did not want this / I did not need this --

33. 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, not as much as I would like 0
 - 4 No, they have involved them too much 0
 - 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 --

34. 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 10
 - 2 Yes, to some extent 5
 - 3 No, but I would have liked this 0
 - 4 I did not want this --

OVERALL

Please do not include contact with your GP.



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 10
 - 2 Yes, sometimes 5
 - 3 No 0

37. Aside from in 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 10
 - 2 No 0
 - 3 Not sure --

ABOUT YOU

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

All the questions should be answered **from the point of view of the person named on the envelope.** This includes the following background questions on gender and date of birth.

The 'About You' section is not scored

38. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 Yes **→ Go to 39**
2 No **→ Go to 41**

39. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 Breathing problem, such as asthma
2 Blindness or partial sight
3 Cancer in the last 5 years
4 Dementia or Alzheimer's disease
5 Deafness or hearing loss
6 Diabetes
7 Heart problem, such as angina
8 Joint problem, such as arthritis
9 Kidney or liver disease
10 Learning disability
11 Mental health condition
12 Neurological condition
13 Another long-term condition

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

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

41. 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

42. Are you male or female?

- 1 Male
2 Female

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

e.g.

1	9	6	8
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--	--	--	--

44. 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

45. 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

46. 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, 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.