

NHS Community Mental Health Service User Questionnaire

Scored questionnaire

Your experience matters, please tell us what your care is really like

This survey is about your experience of the health and social care you receive through NHS mental health services. We would like to hear from you, even if your contact has only been limited or has now finished.

What you tell us is **confidential** and taking part is **voluntary**.

WHAT TO DO

Put a cross clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box completely and put a cross in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

Thank you.

NEED MORE HELP?

For help completing this questionnaire, please call the survey helpline on <insert helpline number> or, if you would prefer, email <insert email address>.

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

YOUR CARE AND TREATMENT

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

1. When was the **last time** you saw someone from **NHS mental health services**? (This includes contact in person, via video call and telephone).

- 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 → **Please go to Q40 on page 6** **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? (This includes contact in person, via video call and telephone).

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

4. In the last 12 months, have you and someone from **NHS mental health services** agreed how your care and treatment would be delivered? (i.e. in person, via video call or telephone).

- 1 Yes **10** → **Go to 5**
- 2 No **0** → **Go to 7**
- 3 Not sure **0** → **Go to 7**

5. Did you agree that your care and treatment would be delivered.....
(Select **ALL** that apply)

- 1 In person
- 2 By video call
- 3 By telephone

Q5 not scored

6. Have you received your care and treatment in the way you agreed?

- 1 Yes, always **10**
- 2 Yes, sometimes **5**
- 3 No **0**
- 4 Don't know / can't remember **--**

YOUR HEALTH AND SOCIAL CARE WORKERS

Thinking about the **last time** you saw someone from **NHS mental health services** for your mental health needs...

This does not include your GP.

7. 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 **--**

8. Did the person or people you saw **understand** how your mental health needs affect **other areas of your life**? (This includes contact in person, via video call and telephone).

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

9. Did the person or people you saw appear to be aware of your **treatment history**? (This includes contact in person, via video call and telephone).

- 1 Yes, completely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 Don't know / can't remember --
- 5 Not applicable - I had no treatment prior to this --

ORGANISING YOUR CARE

In this section, you may **include** contact with your GP.

10. Have you been told **who is in charge** of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional").

- 1 Yes 10 → Go to 11
- 2 No 0 → Go to 15
- 3 Not sure -- → Go to 15

11. 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
- Q11 not scored**

12. 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

13. 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 --

14. Thinking about the last time you contacted this person, did you get the help you needed?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 I could not contact them 0
- 5 I have not tried contacting them --
- 6 Don't know / can't remember --

PLANNING YOUR CARE

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

15. Have you and someone from **NHS mental health services** decided what care you will receive? (This may be called a care plan).

- 1 Yes, definitely 10 → Go to 16
- 2 Yes, to some extent 5 → Go to 16
- 3 No 0 → Go to 18
- 4 Don't know / can't remember -- → Go to 18

16. Were you involved as much as you wanted to be in deciding 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 --

17. Did decisions on what care you will receive take into account your needs in other areas of your life?

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

REVIEWING YOUR CARE

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

18. In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?

- 1 Yes 10 → Go to 19
- 2 No 0 → Go to 20
- 3 Don't know / can't remember -- → Go to 20

19. Did you feel that decisions were made **together** by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).

- 1 Yes, definitely 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'.**

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

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

- 1 Yes 10 → Go to 21
- 2 No 0 → Go to 23
- 3 Not sure -- → Go to 23

21. Thinking about the last time you contacted this person or team, did you get the help you needed?

- 1 Yes, definitely 10 → Go to 22
- 2 Yes, to some extent 5 → Go to 22
- 3 No 0 → Go to 22
- 4 I could not contact them 0 → Go to 23
- 5 I have not tried contacting them -- → Go to 23
- 6 Don't know / can't remember -- → Go to 23

22. How do you feel about the length of time it took you to get through to this person or team?

- 1 I got through straightaway 10
- 2 I had to wait, but not for too long 5
- 3 I had to wait too long 0
- 4 Don't know / can't remember --

MEDICINES

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

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

- 1 Yes → Go to 24
 - 2 No → Go to 28
- 023 not scored**

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

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

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

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

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

- 1 Yes → Go to 27
- 2 No → Go to 28
- 3 Not sure → Go to 28

Q26 not scored

27. In the last 12 months, has an **NHS mental health worker** checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).

- 1 Yes 10
- 2 No 0
- 3 Don't know / can't remember --

NHS TALKING THERAPIES

Talking therapies include any NHS treatment for your mental health that involves working with a trained therapist and **do not involve medicines**.

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

- 1 Yes → Go to 29
- 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

Q28 not scored

29. Were these **NHS talking 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 --

30. Were you **involved** as much as you wanted to be in deciding what **NHS talking 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 --

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

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

Q31 not scored

32. Overall, how did you feel about the length of time you waited before receiving **NHS talking therapies**?

- 1 The waiting time was appropriate
- 2 The waiting time was too long
- 3 The waiting time was too short
- 4 I did not have to wait for NHS talking therapies

Q32 not scored

SUPPORT AND WELLBEING

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

33. In the last 12 months, did NHS mental health services **support you** with your **physical health needs** (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No, but I would have liked support 0
- 4 I have support and did not need NHS mental health services to provide it --
- 5 I do not need support for this --
- 6 I do not have physical health needs --

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**. This may be through posters, flyers and leaflets.

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 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No, but I would have liked help or advice with finding support | 0 |
| 4 | <input type="checkbox"/> I have support and did not need help / advice to find it | -- |
| 5 | <input type="checkbox"/> 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 (paid or voluntary)?

- | | | |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No, but I would have liked help or advice with finding support | 0 |
| 4 | <input type="checkbox"/> I have support and did not need help / advice to find it | -- |
| 5 | <input type="checkbox"/> I do not need support for this | -- |
| 6 | <input type="checkbox"/> I am not currently in or seeking work | -- |

36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

- | | | |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No, not as much as I would like | 0 |
| 4 | <input type="checkbox"/> No, they have involved them too much | 0 |
| 5 | <input type="checkbox"/> My friends or family did not want to be involved | -- |
| 6 | <input type="checkbox"/> I did not want my friends or family to be involved | -- |
| 7 | <input type="checkbox"/> This does not apply to me | -- |

OVERALL

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

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

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

0 1 2 3 4 5 6 7 8 9 10

Q37 scored as 0=0, 1=1, 2=2 etc.

38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

- | | | |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, always | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes | 5 |
| 3 | <input type="checkbox"/> No | 0 |

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 | <input type="checkbox"/> Yes | 10 |
| 2 | <input type="checkbox"/> No | 0 |
| 3 | <input type="checkbox"/> Not sure | -- |

ABOUT YOU

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

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.

40. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.

- | | | |
|---|------------------------------|------------|
| 1 | <input type="checkbox"/> Yes | → Go to 41 |
| 2 | <input type="checkbox"/> No | → Go to 43 |

41. 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 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 Stroke (that affects your day-to-day life)
- 15 Another long-term condition

42. 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

43. 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

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

e.g.

1	9	6	8
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The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.

45. At birth were you registered as...

- 1 Male
- 2 Female
- 3 Intersex
- 4 I would prefer not to say

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

- 1 Yes
- 2 No, **please write your gender below**
- 3 I would prefer not to say

47. 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

48. 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

49. What is your ethnic group? (Cross ONE box only)

a. WHITE

- 1 English / Welsh / Scottish / Northern Irish / British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other White background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed / multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, write in...

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of mental health care in the last 12 months, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.

Is there anything particularly good about your care?

Is there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.