

Service User Questionnaire

What is the survey about?

This survey is about the health services you receive from the National Health Service.

Who should complete the questionnaire?

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.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

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

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**.

A. YOUR CARE AND TREATMENT

1. How long have you been in contact with mental health services?

- ¹ ☐ 1 year or less → Go to 2
- ² ☐ 1 to 5 years → Go to 2
- ³ ☐ More than 5 years → Go to 2
- ⁴ ☐ Don't know/ Can't remember → Go to 2
- ⁵ ☐ I have never been in contact with mental health services
→ Go to Section L on Page 7

2. When was the **last time** you saw someone from the mental health services?

- ¹ ☐ In the last week
- ² ☐ More than 1 week but less than 1 month ago
- ³ ☐ 1-3 months ago
- ⁴ ☐ 3-6 months ago
- ⁵ ☐ More than 6 months ago

B. HEALTH PROFESSIONALS

Psychiatrists

3. Have you seen a psychiatrist in the last 12 months?

- ¹ ☐ Yes → Go to 4
- ² ☐ No → Go to 10

The LAST time you saw a psychiatrist...

4. Did the psychiatrist listen carefully to you?

- 100 ¹ ☐ Yes, definitely
- 50 ² ☐ Yes, to some extent
- 0 ³ ☐ No

5. Did you have trust and confidence in the psychiatrist you saw?

- 100 ¹ ☐ Yes, definitely
- 50 ² ☐ Yes, to some extent
- 0 ³ ☐ No

Still thinking about the LAST time you saw a psychiatrist...

6. Did the psychiatrist treat you with **respect and dignity**?

- 100 ¹ ☐ Yes, definitely
- 50 ² ☐ Yes, to some extent
- 0 ³ ☐ No

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

- 100 ¹ ☐ Yes, definitely
- 50 ² ☐ Yes, to some extent
- 0 ³ ☐ No

8. In the last 12 months, have any of your appointments with a psychiatrist been cancelled or changed to a **later date**?

- 100 ¹ ☐ No
- 67 ² ☐ Yes, 1 appointment was cancelled or changed
- 33 ³ ☐ Yes, 2 or 3 appointments have been cancelled or changed
- 0 ⁴ ☐ Yes, 4 or more appointments have been cancelled or changed

9. The last 2 times you had an appointment with a psychiatrist, was it...?

- 100 ¹ ☐ With the **same** psychiatrist both times
- 0 ² ☐ With two **different** psychiatrists

Community Psychiatric Nurse (CPN)

10. Have you seen a CPN in the last 12 months?

₁ ☐ Yes → Go to 11

₂ ☐ No → Go to 14

The LAST time you saw a CPN...

11. Did the CPN **listen carefully** to you?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

12. Did you have **trust and confidence** in the CPN?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

13. Did the CPN treat you with **respect and dignity**?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

Other health professionals (e.g. a social worker, occupational therapist, or a psychologist)

14. Have you seen anyone else in mental health services in the last 12 months?

₁ ☐ Yes → Go to 15

₂ ☐ No → Go to 19

15. The last time you saw someone, other than a psychiatrist or CPN, who did you see?

(Tick **ONE** only)

₁ ☐ A social worker

₂ ☐ An occupational therapist

₃ ☐ A psychologist

₄ ☐ Someone else

The LAST time you saw this person...

16. Did they **listen carefully** to you?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

17. Did you have **trust and confidence** in the person that you saw?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

18. Did the person treat you with **respect and dignity**?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

C. MEDICATIONS

19. In the last 12 months have you taken any medications for your mental health problems?

₁ ☐ Yes → Go to 20

₂ ☐ No → Go to 24

20. Do you have a say in decisions about the medication you take?

- 100 ₁ ☐ Yes, definitely
50 ₂ ☐ Yes, to some extent
0 ₃ ☐ No

21. In the last 12 months, have any **new** medications (e.g. tablets, injections, liquid medicines, etc.) been prescribed for you by a psychiatrist?

- ₁ ☐ Yes → Go to 22
₂ ☐ No → Go to 24
₃ ☐ Can't remember → Go to 24

The LAST time you had a new medication prescribed for you...

22. Were the **purposes** of the medications explained to you?

- 100 ₁ ☐ Yes, definitely
50 ₂ ☐ Yes, to some extent
0 ₃ ☐ No

23. Were you told about possible **side effects** of the medications?

- 100 ₁ ☐ Yes, definitely
50 ₂ ☐ Yes, to some extent
0 ₃ ☐ No

D. TALKING THERAPIES

24. In the last 12 months have you had any talking therapy sessions (e.g. counselling or psychotherapy) from NHS Mental Health Services?

If response to Q25 is option 1, Q24 is scored:

- 100 ₁ ☐ Yes
0 ₂ ☐ No

25. In the last 12 months, did you want talking therapy?

If response to Q24 is option 2, Q25 is scored:

- 0 ₁ ☐ Yes
100 ₂ ☐ No

26. If you had any talking therapy from NHS Mental Health Services in the last 12 months, did you find it helpful?

- 100 ₁ ☐ Yes, definitely
50 ₂ ☐ Yes, to some extent
0 ₃ ☐ No
- ₄ ☐ I did not have any talking therapy

E. YOUR CARE CO-ORDINATOR

A Care Co-ordinator (or keyworker) is someone from Mental Health Services who keeps in regular contact with you. For example, this person could be a Community Psychiatric Nurse (CPN), a Psychiatrist or a Social Worker.

27. Have you been told who your Care Co-ordinator is?

- 100 ₁ ☐ Yes → Go to 28
0 ₂ ☐ No → Go to 30
- ₃ ☐ Not sure/ Don't know → Go to 30

28. How long is it since you **last saw** your Care Co-ordinator?

- ₁ ☐ Less than one month
₂ ☐ 1-3 months
₃ ☐ 3-6 months
₄ ☐ More than 6 months

29. Can you contact your Care Co-ordinator if you have a problem?

- 100 ₁ ☐ Yes, always
50 ₂ ☐ Yes, sometimes
0 ₃ ☐ No

F. YOUR CARE PLAN (CPA)

A **care plan** shows your mental health needs and who will provide services for you. It might be a document given to you by one of the mental health team, or it might be a letter, explaining how your care has been planned.

30. Have you been given (or offered) a **written or printed** copy of your care plan?

100 ₁ ☐ Yes

0 ₂ ☐ No

- ₃ ☐ Don't know/ Not sure

31. Do you **understand** what is in your care plan?

100 ₁ ☐ Yes, definitely → Go to 32

50 ₂ ☐ Yes, to some extent → Go to 32

0 ₃ ☐ No, I don't understand it → Go to 32

- ₄ ☐ Not sure → Go to 32

- ₅ ☐ I do not have a care plan → Go to 34

32. Do you **agree** with what is in your care plan?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

- ₄ ☐ Not sure

33. Were you **involved** in deciding what was in your care plan?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

- ₄ ☐ I did not want to be involved

G. YOUR CARE REVIEW (CPA MEETING)

A **care review** (or CPA meeting) is a meeting with you and the people involved in your care in which you discuss how your care plan is working.

34. In the last 12 months have you had a care review?

100 ₁ ☐ Yes, I have had more than one → Go to 35

100 ₂ ☐ Yes, I have had one → Go to 35

0 ₃ ☐ No, I have not had a care review in the last 12 months → Go to 39

35. Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?

100 ₁ ☐ Yes

0 ₂ ☐ No

- ₃ ☐ Don't know / Can't remember

36. Were you told that you could bring a friend or relative to your care review meetings?

100 ₁ ☐ Yes

0 ₂ ☐ No

- ₃ ☐ Don't know / Can't remember

- ₄ ☐ I did not want to invite a friend or relative

The LAST time you had a care review meeting...

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

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

38. Did you find the care review helpful?

100 ₁ ☐ Yes, definitely

50 ₂ ☐ Yes, to some extent

0 ₃ ☐ No

H. SUPPORT IN THE COMMUNITY

Where you live

39. In the last 12 months, have you received any help with accommodation?

- 100 ₁ ☐ Yes
- 0 ₂ ☐ No, but I would have liked help
- ₃ ☐ I did not need any help

Other support in the community

40. In the last 12 months have you received help with finding work?

- 100 ₁ ☐ Yes
- 0 ₂ ☐ No, but I would have liked help
- ₃ ☐ I did not need any help
- ₄ ☐ I am unable to work because of my mental health problems

41. Are you currently in paid work? (Tick ONE only)

- ₁ ☐ Yes
- ₂ ☐ No
- ₃ ☐ No, but I work on a casual or voluntary basis
- ₄ ☐ No, but I am a full-time student

42. In the last 12 months have you received help with getting benefits (e.g. Housing Benefit, Income Support)?

- 100 ₁ ☐ Yes
- 0 ₂ ☐ No, but I would have liked help
- ₃ ☐ I did not need any help

43. In the last 12 months have you received any information about local support groups for mental health service users?

- 100 ₁ ☐ Yes
- 0 ₂ ☐ No, but I would have liked information
- ₃ ☐ I did not need any information

I. CRISIS CARE

44. Do you have the number of someone from your local NHS Mental Health Service that you can phone out of office hours?

- 100 ₁ ☐ Yes → Go to 45
- 0 ₂ ☐ No → Go to 48
- ₃ ☐ Not sure/ Don't know → Go to 48

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

- ₁ ☐ Yes → Go to 46
- ₂ ☐ No → Go to 48

46. The last time you called the number, how long did it take you to get through to someone?

- 100 ₁ ☐ I got through immediately
- 67 ₂ ☐ I got through in one hour or less
- 33 ₃ ☐ A few hours
- 0 ₄ ☐ A day or more
- 0 ₅ ☐ I could not get through to anyone

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

- 100 ₁ ☐ Yes, definitely
- 50 ₂ ☐ Yes, to some extent
- 0 ₃ ☐ No

J. STANDARDS

Mental Health Act

48. 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

49. In the last 12 months, have you been detained (sectioned) under the Mental Health Act?

- 1 ☐ Yes → Go to 50
- 2 ☐ No → Go to 51

50. When you were sectioned, were your rights explained to you?

- 100 1 ☐ Yes, completely
- 50 2 ☐ Yes, to some extent
- 0 3 ☐ No
- 4 ☐ Not sure/ Don't know

K. OVERALL

51. Overall, how would you rate the care you have received from Mental Health Services in the last 12 months?

- 100 1 ☐ Excellent
- 80 2 ☐ Very good
- 60 3 ☐ Good
- 40 4 ☐ Fair
- 20 5 ☐ Poor
- 0 6 ☐ Very poor

52. Do you have enough say in decisions about your care and treatment?

- 100 1 ☐ Yes, definitely
- 50 2 ☐ Yes, to some extent
- 0 3 ☐ No

53. Has your diagnosis been discussed with you?

- 100 1 ☐ Yes, definitely
- 50 2 ☐ Yes, to some extent
- 0 3 ☐ No

L. ABOUT YOU

54. Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

55. What was your year of birth?

(Please write in) e.g.

1	9	3	4
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1	9		
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56. In general, how is your mental health right now?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor
- 6 ☐ Very poor

57. To which of these ethnic groups would you say you belong? (Tick **ONE** only)

a. WHITE

- 1 ☐ British
- 2 ☐ Irish
- 3 ☐ Any other White background
(Please write in box)

b. MIXED

- 4 ☐ White and Black Caribbean
- 5 ☐ White and Black African
- 6 ☐ White and Asian
- 7 ☐ Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 ☐ Indian
- 9 ☐ Pakistani
- 10 ☐ Bangladeshi
- 11 ☐ Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 ☐ Caribbean
- 13 ☐ African
- 14 ☐ Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 ☐ Chinese
- 16 ☐ Any other ethnic group
(Please write in box)

M.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.

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.

No stamp is needed.