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.
YOUR CARE AND TREATMENT

1. How long have you been in contact with NHS mental health services?
   - 1 year or less ➔ Go to 2
   - 1 to 5 years ➔ Go to 2
   - 6 to 10 years ➔ Go to 2
   - More than 10 years ➔ Go to 2
   - Don’t know/ Can’t remember ➔ Go to 2
   - I have never been in contact with mental health services ➔ Go to Question 54 on Page 7

2. When was the last time you saw someone from the NHS mental health services?
   - In the last week
   - More than 1 week but less than 1 month ago
   - 1-3 months ago
   - 4-6 months ago
   - More than 6 months ago

HEALTH PROFESSIONALS

Psychiatrists

3. Have you seen a psychiatrist in the last 12 months?
   - Yes ➔ Go to 4
   - No ➔ Go to 10

The LAST time you saw a psychiatrist...

4. Did the psychiatrist listen carefully to you?
   - Yes, definitely
   - Yes, to some extent
   - No

5. Did you have trust and confidence in the psychiatrist you saw?
   - Yes, definitely
   - Yes, to some extent
   - No

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

6. Did the psychiatrist treat you with respect and dignity?
   - Yes, definitely
   - Yes, to some extent
   - No

7. Were you given enough time to discuss your condition and treatment?
   - Yes, definitely
   - Yes, to some extent
   - No

8. In the last 12 months, have any of your appointments with a psychiatrist been cancelled or changed to a later date?
   - No
   - Yes, 1 appointment was cancelled or changed
   - Yes, 2 or 3 appointments have been cancelled or changed
   - Yes, 4 or more appointments have been cancelled or changed

9. The last 2 times you had an appointment with a psychiatrist, was it…?
   - With the same psychiatrist both times
   - 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 from mental health services in the last 12 months?
   1. Yes  ➔ Go to 15
   2. No  ➔ Go to 18

The LAST time you saw this person...

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

16. Did the person listen carefully to you?
   100 1. Yes, definitely
   50 2. Yes, to some extent
   0 3. No

17. Did the person treat you with respect and dignity?
   100 1. Yes, definitely
   50 2. Yes, to some extent
   0 3. No

MEDICATIONS

18. In the last 12 months have you taken any medications for your mental health problems?
   1. Yes  ➔ Go to 19
   2. No  ➔ Go to 23

19. 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
20. 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 21
2  ☐ No ➔ Go to 23
3  ☐ Can’t remember ➔ Go to 23

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

21. Were the purposes of the medications explained to you?

100  ☐ Yes, definitely
50  ☐ Yes, to some extent
0  ☐ No

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

100  ☐ Yes, definitely
50  ☐ Yes, to some extent
0  ☐ No

COUNSELLING

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

1  ☐ Yes
2  ☐ No

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

1  ☐ Yes
2  ☐ No

If Q23=1 and Q24=1 then score 100
If Q23=2 and Q24=2 then score 100
If Q23=2 and Q24=1 then score 0
If Q23=1 and Q24=2 then score 0

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

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

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.

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

100  ☐ Yes ➔ Go to 27
0  ☐ No ➔ Go to 28
-  ☐ Not sure/ Don’t know ➔ Go to 28

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

100  ☐ Yes, always
50  ☐ Yes, sometimes
0  ☐ No

YOUR CARE PLAN

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.

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

100  ☐ Yes
0  ☐ No
-  ☐ Don’t know/ Not sure
29. Do you **understand** what is in your care plan?

- 100 ☐ Yes, definitely ➔ Go to 30
- 50 ☐ Yes, to some extent ➔ Go to 30
- 0 ☐ No, I don’t understand it ➔ Go to 30
- - ☐ Not sure ➔ Go to 30
- - ☐ I do not have a care plan ➔ Go to 31

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

- 100 ☐ Yes, definitely
- 50 ☐ Yes, to some extent
- 0 ☐ No
- - ☐ Not sure ➔ Go to 30
- - ☐ I do not have a care plan ➔ Go to 31

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**THE LAST TIME YOU HAD A CARE REVIEW MEETING**

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

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

35. Did you find the care review helpful?

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

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**SUPPORT IN THE COMMUNITY**

**Day centres or day hospitals**

Some mental health service users go to a day centre where staff are available to help with problems, and activities are arranged.

36. In the last 2 months, how often have you visited a day centre?

- 1 ☐ Most days ➔ Go to 37
- 2 ☐ Once or twice a week ➔ Go to 37
- 3 ☐ Once or twice a month ➔ Go to 37
- 4 ☐ I have not visited a day centre in the last 2 months ➔ Go to 38

37. Were the activities provided by the centre helpful?

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

38. In the last 12 months have you received any information about **local support groups** for mental health service users (e.g. MIND, Alzheimer’s Society, Rethink)?

- 100 ☐ Yes
- 0 ☐ No, but I would have liked information
- - ☐ I did not need any information
Other support in the community

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

1. Yes ➔ Go to 40
2. No ➔ Go to 40
3. No, I am retired ➔ Go to 41
4. No, but I work on a casual or voluntary basis ➔ Go to 40
5. No, but I am a full-time student ➔ Go to 40

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

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

CRISIS CARE

42. 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 43
0 2. No ➔ Go to 46
- 3. Not sure/ Don’t know ➔ Go to 46

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

1. Yes ➔ Go to 44
2. No ➔ Go to 46

44. 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

45. 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

STANDARDS

46. 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

Mental Health Act

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

1. Yes ➔ Go to 48
2. No ➔ Go to 49

48. 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
YOUR FAMILY OR CARER

49. Has a member of your family or someone else close to you been given enough information from health and social services about your mental health problems?

100  □ Yes, definitely
50   □ Yes, to some extent
03   □ No, but they would have liked some information
-4   □ No, but they got information from somewhere else
-5   □ No information was needed

50. Has a member of your family or someone else close to you had enough support from health and social services?

100  □ Yes, definitely
50   □ Yes, to some extent
03   □ No, they have not had any support from health and social services
-4   □ No support was needed

OVERALL

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

100  □ Excellent
80   □ Very good
60   □ Good
40   □ Fair
20   □ Poor
06   □ Very poor

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

100  □ Yes, definitely
50   □ Yes, to some extent
03   □ No

53. Has your diagnosis been discussed with you?

100  □ Yes, definitely
50   □ Yes, to some extent
03   □ No

ABOUT YOU

Reminder: if you are helping someone to fill in the questionnaire, the answers given should still be from the point of view of the person named on the envelope. This includes the following background questions on gender and date of birth.

54. Are you male or female?

1 □ Male
2 □ Female

55. What was your year of birth?

(Please write in) e.g. 1934

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. Who was the main person or people that filled in this questionnaire?

1 □ The service user/client (named on the front of the envelope)
2 □ A friend or relative of the service user/client
3 □ Both service user/client and friend/relative together
4 □ The service user/client with the help of a health professional
58. 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)

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.
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