

Mental Health Acute Inpatient Service Users Survey Questionnaire

What is the survey about?

This survey is about your recent stay in hospital for your mental health.

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.

If you do not want to answer any of the questions, simply leave them blank.

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. INTRODUCTION TO THE WARD

Please remember to answer the questions about your most recent stay in hospital.

1. When you arrived on the ward, did staff make you feel welcome?

100 ₁ Yes

0 ₂ No

- ₃ Can't remember

2. When you arrived on the ward, did you feel that the staff knew about you and any previous care you had received?

100 ₁ Yes, definitely

50 ₂ Yes, to some extent

0 ₃ No

- ₄ Don't know / Can't remember

3. When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times?

100 ₁ Yes, completely

50 ₂ Yes, to some extent

0 ₃ No

B. ABOUT THE WARD

4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

0 ₁ Yes

100 ₂ No

5. During your most recent stay, were you ever bothered by noise at night from **hospital staff**?

0 ₁ Yes

100 ₂ No

6. During your most recent stay, did you feel safe?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

7. How would you rate the hospital food?

100 ₁ Very good

67 ₂ Good

33 ₃ Fair

0 ₄ Poor

- ₅ I did not have any hospital food

8. Do you have a specific diet, for example because of your cultural or religious beliefs, because you have a particular health condition, or through personal choice?

₁ Yes → **Go to 9**

₂ No → **Go to 10**

9. Were you able to get the specific diet that you needed from the hospital?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No, never

10. In your opinion, how clean was the hospital room or ward that **you** were in?

100 ₁ Very clean

67 ₂ Fairly clean

33 ₃ Not very clean

0 ₄ Not at all clean

11. How clean were the toilets and bathrooms that **you** used in hospital?

100 ₁ Very clean

67 ₂ Fairly clean

33 ₃ Not very clean

0 ₄ Not at all clean

- ₅ I did not use a toilet or bathroom

12. Do you feel the hospital helped you to keep in touch with family or friends?

100 ₁ Yes, definitely

50 ₂ Yes, to some extent

0 ₃ No, but I would have liked help

- ₄ No, and I did not need help

13. During your most recent stay, did you need any help from hospital staff with organising your home situation (e.g. payment of bills, looking after pets, taking care of relatives, keeping in touch with work)?

₁ Yes → Go to 14

₂ No → Go to 15

14. Did you receive the help you needed from hospital staff with organising your home situation?

100 ₁ I received all the help I needed

50 ₂ I received some of the help I needed

0 ₃ I did not receive any help

C. HOSPITAL STAFF

*The next questions ask about the **psychiatrist(s)** who were treating you during your most recent stay in hospital*

15. Did the psychiatrist(s) **listen carefully** to you?

100 ₁ Yes, always → Go to 16

50 ₂ Yes, sometimes → Go to 16

0 ₃ No → Go to 16

- ₄ Did not see a psychiatrist → Go to 19

16. Were you given **enough time** to discuss your condition and treatment with the psychiatrist(s)?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

17. Did you have **confidence and trust** in the psychiatrist?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

18. Did the psychiatrist(s) treat you with **respect and dignity**?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

*The next questions ask about the **nurse(s)** who were treating you during your most recent stay in hospital*

19. Did the nurses **listen carefully** to you?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

20. Were you given **enough time** to discuss your condition and treatment with the nurses?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

21. Did you have **confidence and trust** in the nurses?

100 ₁ Yes, always

50 ₂ Yes, sometimes

0 ₃ No

22. Did the nurses treat you with **respect and dignity**?

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

D. YOUR CARE AND TREATMENT

23. During your most recent stay, were you given any medication (including tablets, medicines and injections) as part of the treatment for your mental health?

- ₁ Yes → **Go to 24**
₂ No → **Go to 26**

24. Did the hospital staff explain the **purpose** of this medication in a way you could understand?

- 100 ₁ Yes, completely
50 ₂ Yes, to some extent
0 ₃ No
- ₄ I did not need an explanation

25. Did the hospital staff explain the **possible side effects** of this medication in a way you could understand?

- 100 ₁ Yes, completely
50 ₂ Yes, to some extent
0 ₃ No
- ₄ I did not need an explanation

26. Were you given enough privacy when discussing your condition or treatment with the hospital staff?

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

27. Were you involved as much as you wanted to be in decisions about your care and treatment?

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

The next three questions are about **talking therapies**. By talking therapies we mean psychological therapies such as counselling, cognitive behavioural therapy (CBT), faith and spirituality based counselling, and anxiety management.

28. During your stay in hospital, did you ever want talking therapy?

- ₁ Yes
₂ No

29. During your stay in hospital, did you have talking therapy?

- ₁ Yes → **Go to 30**
₂ No → **Go to 31**

If Q28=1 and Q29=1 then score 100

If Q28=2 and Q29=2 then score 100

If Q28=2 and Q29=1 then score 0

If Q28=1 and Q29=2 then score 0

If missing Q28 or Q29 do not score

30. If you had talking therapy during your stay in hospital, did you find it helpful?

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

31. During your most recent stay, were there enough activities available for you to do **during the day on weekdays** (Monday to Friday)?

- 100 ₁ Yes, all of the time
50 ₂ Yes, some of the time
0 ₃ No

32. During your most recent stay, were there enough activities available for you to do during evenings and/or weekends?

- 100 1 Yes, all of the time
50 2 Yes, some of the time
0 3 No

33. During your most recent stay, did you have any medical tests about your physical health (e.g. having your blood pressure measured or having a blood or urine test)?

- 100 1 Yes
0 2 No
- 3 Don't know

34. During your most recent stay, do you feel that enough care was taken of any physical health problems you had (e.g. diabetes, asthma, heart disease)?

- 100 1 Yes, definitely
50 2 Yes, to some extent
0 3 No
- 4 I did not have any physical health problems

E. YOUR RIGHTS

35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act?

- 1 Yes → Go to 36
2 No → Go to 37
3 Don't know → Go to 37

36. When you were detained (sectioned), or soon after, were your rights explained to you in a way that you could understand?

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

37. During your most recent stay, were you made aware of how you could make a complaint if you had one?

- 100 1 Yes
0 2 No
- 3 Don't know / Can't remember

38. During your most recent stay, do you feel that you were treated unfairly for any of the reasons below? (Tick ALL that apply)

- 0 1 Your age
0 2 Your sex
0 3 Your race / ethnic background
0 4 Your religion
0 5 Your sexual orientation
0 6 A disability that you have
0 7 Another reason (please write in)

- 100 8 None of these
- 9 Don't know

F. LEAVING HOSPITAL

39. Do you think you were given enough notice of your discharge from hospital?

- 100 1 Yes
0 2 No
- 3 Don't know

If response to Q41 is 1 thru 4 Q40 is scored

If response to Q41 is 5, Q40 is not scored

40. Once you were due to leave hospital, was your discharge delayed for any reason?

- 0 1 Yes → Go to 41
100 2 No → Go to 42

41. What was the MAIN reason for the delay? (Tick ONE only)

- 1 I had to wait to see a doctor or nurse in charge of the ward
- 2 I had to wait for suitable accommodation
- 3 I had to wait for financial help (e.g. getting benefits, paying bills, crisis loans, etc.)
- 4 I had to wait for community services to become available (e.g. support workers)
- 5 Something else

42. As far as you know, did hospital staff take your family or home situation into account when planning your discharge from hospital?

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

43. 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
- 0 2 No
- 3 Don't know / Can't remember

44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed?

- 100 1 Yes
- 0 2 No
- 3 Don't know / Can't remember

45. Have you been contacted by a member of the mental health team since you left hospital?

- 1 Yes → Go to 46
- 2 No → Go to 47
- 3 Don't know / Can't remember → Go to 47

If missing Q45 or Q46 do not score

If response to Q45 is option 2 than Q46 is scored 0

If response to Q45 is option 1 than Q46 is scored:

46. About how long after you left hospital were you contacted?

- 100 1 One week or less
- 75 2 Two weeks
- 50 3 Three weeks
- 25 4 Four weeks or longer
- 5 Don't know / Can't remember

G. OVERALL

47. Overall, how would you rate the care you received during your recent stay in hospital?

- 100 1 Excellent
- 75 2 Very good
- 50 3 Good
- 25 4 Fair
- 0 5 Poor

H. 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.

48. Are you male or female?

- 1 Male
- 2 Female

49. 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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50. In general, how is your mental health right now?

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

51. **Other than your mental health condition**, do you have any of the following long-standing conditions? **(Tick ALL that apply)**

- 1 Deafness or severe hearing impairment
- 2 Blindness or partially sighted
- 3 A long-standing physical condition
- 4 A learning disability
- 5 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 6 No, I do not have a long-standing condition

52. Does your physical or mental health cause you difficulty with any of the following? **(Tick ALL that apply)**

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

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

- 1 Yes
- 2 Yes, but I am currently on sick leave
- 3 No
- 4 No, I am retired
- 5 No, but I work on a casual or voluntary basis
- 6 No, but I am a full-time student

54. Who was the main person or people that filled in this questionnaire? **(Tick ONE only)**

- 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

55. 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 being an inpatient during your recent stay in hospital, please do so here.

Was there anything particularly good about your care?

Was 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.