



This survey is only for CARERS of Adult (aged 18+) mental health Service Users

If you are a CARER of a mental health service user we very much hope that you will participate in this important survey which follows up the ground breaking surveys carried out in 2008 and 2012. These surveys aimed to establish the views of mental health service users and carers across Hertfordshire and identify any gaps in provision and highlight areas of good practice.

The results of this survey will assist the Alliance in assessing the quality of treatment provided by Hertfordshire Partnership University NHS Foundation Trust (HPFT). The Alliance is made up of voluntary sector organisations, such as Viewpoint and Carers in Hertfordshire.

The survey will also assist in the planning of services for the future. In order to get the maximum benefit from the survey we want to reach as many service users and carers as possible. Our aim is that the results will give the clearest possible message to mental health providers about the precise needs of mental health service users and carers in Hertfordshire and this will provide direction as to any areas requiring improvement or development.

We value your experience and opinions so please help by completing and submitting this questionnaire. There may be some questions you feel you cannot or do not wish to answer. If this is the case give as much information as you are comfortable with. We assure you that the survey is completely anonymous.

If you have any questions or would like a large print version of the questionnaire, please contact Viewpoint in confidence on 01707 328014.

This questionnaire is being distributed widely so please accept our apologies if you receive more than one copy. Please return just one form and pass any spare forms to someone you know who may wish to take part.

The questionnaires will be analysed by an independent researcher and there will be a public report of the findings in the Spring 2016.

Please send your completed questionnaire to the address below or you can do it online at <https://www.surveymonkey.co.uk/r/carerform> by 31st May 2016.

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Viewpoint
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Welwyn Garden City
Herts AL7 1JU**

Background questions

These are important to us because they help to ensure that all sections of the community are included in the survey and allow us to compare the experiences of different service users.

1. Is the Service User: Male Female Transgender Other.....

1a. Do they identify as:

Heterosexual Bisexual Asexual Homosexual Gay Lesbian
Other.....

2. How old is the Service User?

18 - 24 years 25 - 34 years 35 - 44 years
45 - 54 years 55 - 64 years 65+ years

3. So that we can compare the areas, what is the Service User's postcode? (E.g. AL7).....

3a. What geographical area does the Service User receive their community mental health team services? (e.g. Dacorum).....

Not applicable, they do not receive community mental health services

4. How would you describe the Service User's ethnic origin? Please tick.

Asian/Asian British Black/Black British Other Mixed.....
Bangladeshi African White and Asian
Indian African Caribbean White/Black African
Pakistani Chinese White/Black Caribbean
White British White Irish Traveller / Gypsy
White Other..... Asian Other..... Black Other.....

5. Employment or other status – which best describes the Service User's situation? Please tick

Full time paid work Part time paid work Voluntary work
Retired Education/training Not working
Sick/disabled Looking after family

6. What mental health diagnosis has the Service User been given? Please tick all that apply.

Schizophrenia Bi Polar/Manic Other Psychosis
Depression
Personality Disorder Eating Disorder Depression
Anxiety Disorder Substance Misuse PTSD
No diagnosis given Other diagnosis, please write in

7a. Does the Service User receive services for:

Alcohol dependency Yes No Don't know
Drug dependency Yes No Don't know

Both

7b. If yes, which drug/ alcohol service/s has the Service User accessed and what is your view on the care provided?

	Very helpful	Quite helpful	Quite unhelpful	Very unhelpful
Spectrum/ Change Grow Live (CGL)				
Turning Point				
Alcoholics Anonymous				
Narcotics Anonymous				
The Living Room				
Druglink				
Resolve				
Other.....				

Comments.....

7b. Where do you think the Service User is on their alcohol/drug dependency 'recovery' journey?

Major progress Some progress No progress
 Making progress but suffer relapses Getting worse Don't know

8. How well do you feel the Service User copes with their mental health problems? Please tick

Very well Quite well Not well at all Don't know

9. Do any of the following services CURRENTLY provide the Service User with mental health care? If so what is your view of the care provided?

(Occ. Therapist = Occupational Therapist, CPN = Community Psychiatric Nurse)

Care provider	Does the Service User receive help?	If yes, how satisfied are you with the care provided?				
		Very satisfied	Quite satisfied	Quite dissatisfied	Very dissatisfied	Don't know
GP						
Psychiatrist						
Psychologist						

Nurse/CPN						
Social Worker						
Occ. Therapist						
Counsellor						
Other therapist						
Other						

Comments.....
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9a. Apart from medication, has the Service User had any other types of treatment or therapy in the LAST 12 MONTHS?

Treatment or therapy provided	Service provider e.g. NHS, Mind etc	Views on service provided.			
		Very helpful	Quite helpful	Quite unhelpful	Very unhelpful
Face to face Cognitive Behavioural Therapy (CBT)					
Computerised CBT					
Psychotherapy					
Anxiety/ Stress Management					
Art/ Music Therapy					
Physical Exercise					
Homeopathy					
Herbal Medicine					
Other.....					
Other.....					

10. Does the Service User have a professional (a Care Co-ordinator) who has overall responsibility for their care? Yes No Don't know

If yes, which of the professionals listed in question 9 has overall responsibility for their care?

.....

Is this arrangement satisfactory? Yes No Don't know

11a. Does the Service User have a Care Plan? Yes No Don't know

11b. If yes, do they feel involved in making decisions about the Care Plan? Please tick

Yes No Don't know

11c. If it is the Service User's wish, do you feel satisfactorily involved in their Care Plan? Please tick

Yes No Don't know

Not relevant, the Service User does not wish their main carer to be involved in their Care Plan

11d. Is the Care Plan working well in practice? Yes No Don't know

12. Tick all who support the Service User in coping with their mental health problems:

Spouse/partner Friends(s) Parent(s) Siblings

Children under 18 yrs Older children Other family members

Faith organisation(s) Work colleague(s) Student Support Services

Other.....

13a. Does the Service User wish their family/friends to be involved in their care?

Yes No Don't know

13b. If yes, have the professionals given them the opportunity to be involved?

Yes No Don't know

14. Have you been told about Advance Statements or Advance Decisions?

Yes No Don't know

15. Has the Service User signed an Advance Decision or Advance Statement?

Yes No Don't know

16a. Has the Service User been referred to a psychiatrist in the LAST 12 MONTHS?

Yes No Don't know

16b. If yes, how long did they wait for an appointment with a psychiatrist?

1 - 7 days 8 - 13 days 14 - 28 days

29 days - 18 weeks Longer

16c. Did the Service User feel that this was an acceptable waiting time?

Yes No Don't know

17. Was there any delay in receiving other services, again in the LAST 12 MONTHS?

Yes No Don't know

If yes, please name the service.....

18a. How long did the Service User have to wait for their first appointment for the service mentioned?

1 - 7 days 8 - 13 days 14 - 28 days

29 days - 18 weeks Longer

18b. Was any delay manageable for the Service User? Yes No Don't know

19a. Is the Service User taking prescribed mental health medication? Yes No Don't know

19b. If yes please indicate what symptom the medication is treating and how effective they have found it at treating their symptoms?

Type of medication	Very effective	Quite effective	Quite ineffective	Very ineffective	Don't know
Antipsychotic					
Antidepressant					
Anti-anxiety					
Mood Stabiliser					
Sleeping tablet					
Other					
Not known					

19c. Has the Service User had any medication side effects?

None Minor Quite severe Very severe Don't know

19d. Has the Service User been given information about possible side effects of medication?

Yes No Don't know

19e. In the LAST 12 MONTHS has the Service User been offered a choice of medication?

Yes No Don't know

19f. In the LAST 12 MONTHS has the Service User discussed any side effects of medication with the doctor who prescribed their medication? Yes No Don't know

19g. If yes, were any concerns dealt with satisfactorily? Yes No Don't know

19h. Which medications are most helpful for the Service User?

1..... 2.....

3..... 4.....

19i. Are there any medications that the Service User is currently taking that are not helping, or which have bad side effects?

1..... 2.....

3..... 4.....

20a. How many times has the Service User received acute care in a place that was NOT their home?

None Once Twice Three or more times

20b. When it was felt necessary, has the Service User been able to get a place in a mental health inpatient unit in the LAST 12 MONTHS?

Yes No Don't know Does not apply

21. If the Service User has received acute care in a place that was NOT their home in the LAST 12 MONTHS how satisfied were they with the treatment?

Place where care was received?	How long did they access this service? Please give number of days.	How helpful were these services?			
		Very helpful	Quite helpful	Quite unhelpful	Very unhelpful
Inpatient unit					
Acute Day Treatment Unit					
Host family					
Non NHS provided unit					
Other					

22a. Has the Service User been admitted to the new HPFT inpatient facilities at Kingfisher Court in Radlett? Yes No Don't know

22b. If yes, how would you rate the service provided?

	Very positive	Quite positive	Quite negative	Very negative	Don't know
Staff support					
Carer support					
Facilities					
Activities programme					
Environment					
HPFT Transport service provision (if accessed by Service User or Carer)					

23. If the Service User has received treatment from services in the community in the LAST 12 MONTHS how satisfied were they with the standard of care?

Very satisfied Quite satisfied Quite dissatisfied

Very dissatisfied Not relevant, (they have not received these services in last 12 months)

24. If applicable, how satisfied are you with the process of the Service User you support being assessed for day services under Fair Access to Care Services?

Very satisfied Quite satisfied Quite dissatisfied
 Very dissatisfied Not relevant, they have not been assessed

25a. Has the Service User been given a Personal Budget / Direct Payment?

Yes No Don't know Waiting to hear

25b. If Yes, how long have they had to wait to receive a Personal Budget/Direct Payment?

Under 2 months 2-6 months 7-11 months
 12 months or longer

26. If the Service User has a direct payment/personal budget, what do they spend it on?

.....

27. In the LAST 12 MONTHS has the Service User been able to access services when they needed them? Yes No Don't know

Please name any service(s) that they have been unable to access:

.....

28. In the LAST 12 MONTHS, has the Service User been offered a physical health check?

Yes No Don't know

29. In the LAST 12 MONTHS, has the doctor responsible for the Service Users mental health treatment had a discussion with them about how and why their physical health needs looking after?

Yes No Don't know

30. In the LAST 12 MONTHS has the Service User received help from any of the following teams? If yes, please assess the quality of treatment.

Team	Your views on the quality of the service?			
	Very helpful	Quite helpful	Quite unhelpful	Very unhelpful
Single Point of Access (SPA)				
Wellbeing Team (Team 1)				
Support and Treatment Team (Team 2)				
Targeted Treatment Team (Team 3)				
They're under the care of one of the Community Mental health Teams but I don't know which.				
Out of Hours Mental Health Helpline				
Crisis Assessment and Treatment Team (CATT)				
Early Intervention Psychosis Service (EIPS)				

Flexible Assertive Community Team				
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31. In the LAST 12 MONTHS has the Service User been involved with, or used any of the services provided by third (voluntary) sector groups such as Viewpoint, Herts Mind Network, Mind in Mid Herts, Guideposts Trust? If so which service was provided and how helpful was it?

Name of group	Service provided e.g. training, meetings, representation, support, consultation, groups, classes.	Your views on the quality of the service?			
		Very helpful	Quite helpful	Quite unhelpful	Very unhelpful
Viewpoint					
Herts Mind Network					
Mind in Mid Herts					
Guideposts Trust					
Other (please write in)					

32. Where do you think the Service User is on their mental health ‘recovery’ journey?

- Major progress Some progress No progress Getting worse
 Making progress but suffer relapses Don't know

Are there any further comments you would like to make about the cared for person’s treatment? Attach another sheet if necessary.

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Thank you very much for completing this questionnaire. Posting arrangements are set out on the first page