



**For better
mental health**



**Cumbria
Mental Health Group**

*Speaking up for the
Mental Health Community*

Mental Health Cumbria Survey

- Have you got personal experience of using mental health services in Cumbria – or do you care for someone who has ?
- Do you have ideas about improved services for people with mental distress you would like to share?

If so, we'd like to hear from you!

Your
chance to win a
£50 grocery token in a
**Free Prize
Draw**

Mind, the Cumbria Mental Health Group and other local providers are interested in hearing about your experience of current local services and ideas for developing new high quality services that support those with mental health needs for the future.

Our target audience for this survey is anyone living in Cumbria with ANY direct experience of mental health distress in the last 12 months and those who care for anyone who has direct experience of mental distress.

Your response to this survey can be completely anonymous; we'd simply ask you to let us know the area of the county your experience is based on. **Alternatively you can provide us with your contact details and automatically be entered into a free prize draw and stand the chance to win a £50 grocery token.**

Which area of Cumbria do you live in ?

- Carlisle Copeland
- Eden South Lakeland
- Allerdale Furness

Contact Details – if you'd like to be entered into the free prize draw

Name

Address

Contact Telephone Number

E mail

Q1 Which of the following best describes you?

- I have had personal experience of some form of mental distress in the last 12 months and accessed services/tried to access services in Cumbria
- I am a carer for someone who has had personal experience of some form of mental distress in the last 12 months and accessed services/tried to access services in Cumbria

If neither of the statements above describes your situation we are grateful for your time and attention with this survey but you do not need you to complete it.

Q2 Please can you highlight what form of mental distress you have sought for support for in the last 12 months ?

- | | |
|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personality disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self harming |
| <input type="checkbox"/> Mixed depression and anxiety | <input type="checkbox"/> Phobia |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bi-polar disorder |
| <input type="checkbox"/> Drug/alcohol problem | <input type="checkbox"/> Post traumatic stress disorder |
| <input type="checkbox"/> Personality disorder | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Don't know/ haven't been told |
| <input type="checkbox"/> Other (please state) | |

Q3 Have you seen or cared for someone who has used any of the services listed below in the last 12 months ? Please tick all those that apply.

- | | |
|---|--|
| <input type="checkbox"/> GP | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Community Psychiatric Nurse CPN |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Care Co-ordinator |
| <input type="checkbox"/> Other (please state) | |

Q4 For each of the services you ticked in Question 3 please provide details of your experience below.

Service Used

How long did you wait for your first appointment?

Was this an acceptable waiting time for you? Yes No

Have you seen the same person each time ? Yes No

If 'no' how frequently have they changed?

Do you fully understand their role? Yes No

How do you rate your experience of this service?

Poor			Met my basic needs			Very good
1	2	3	4	5	6	

Comments

Service Used

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Comments

Service Used

How long did you wait for your first appointment?

Was this an acceptable waiting time for you? Yes No

Have you seen the same person each time ? Yes No

If 'no' how frequently have they changed?

Do you fully understand their role? Yes No

How do you rate your experience of this service?

Poor			Met my basic needs			Very good
1	2	3	4	5	6	

Comments

Q5 Have you received or cared for anyone receiving Mental Health Hospital treatment in the last 12 months ?

Yes No If No please go to question 6

How do you rate your experience of this service?

Poor		Met my basic needs			Very good
1	2	3	4	5	6

Comments

Q6 Have you received or cared for anyone receiving Day Care or some form of Community Support in the last 12 months ?

Yes No If No please go to question 7

Please list the service(s) and who provides it (if known)

A

B

How do you rate your experience of service A?

Poor		Met my basic needs			Very good
1	2	3	4	5	6

Comments

How do you rate your experience of service B?

Poor		Met my basic needs			Very good
1	2	3	4	5	6

Comments

Q7 Relating to your care, (or the care provided to your family member) were you satisfied with the levels of privacy, dignity and respect you were shown by the professionals seen?

Yes No

Comments

Q8 If you have been discharged from any services in the last 12 months were you given a care plan?

Yes No If No please go to question 9

(If YES) When was it last reviewed?

Is there anything in the plan that would help you or anyone else to know what to do if you start to become unwell?

Yes No

Q9 Have you had a carers assessment undertaken?

Yes No If No please go to question 10

(If YES) When was it last reviewed?

Q10 Have you wanted to access a service in Cumbria that was not available?

Yes No If No please go to question 11

Q11 Which of the following statements best describes why you were unable to access the service(s) ?

- I could not find a local service in Cumbria which met my needs
- The service was only available privately and I was unable to meet the costs
- I do not wish to use health services and choose to seek support for my mental distress from elsewhere
- I am on a waiting list for one or more services
- Other (please list)

Comments

Q12 Mind is keen to support the local community in developing services that people need. What services do you feel are needed in your part of Cumbria, which you're not able to access at the present time e.g. physical health/wellbeing projects, information on the link between diet and mental health, support to access services with an individualised budget?

Comments

Q13 Cumbria Mental Health Group's main aim is to help influence and improve the way mental health services are delivered across Cumbria. What services within the county would you like to see delivered differently?

Comments

**Q14 Do you have any other comments you would like to make?
Use this space to comment on any support you may have had, or be having, from agencies supporting those with mental distress e.g. Mind, Croftlands, Turning Point, Making Space, Workbase, Growing Well, or others**

Comments

Thank you very much for taking the time to complete this survey. Before you finish and return the questionnaire in the pre-paid envelope attached, please could you take a few more minutes to tell us about yourself so we can see if responses to the questionnaire vary depending on people's gender, ethnicity, religion and so on.

You do not have to answer these questions if you feel at all uncomfortable with any of them.

We are not collecting people's names or address so confidentiality is assured.

1 Do you consider yourself to be disabled?

- Yes No

2 Are You

- 11-21 22-30
 31-39 40-49
 50-59 60-74
 75-84 85+

3 How would you describe your ethnic origin?

White

British

Irish

Any other white background

Asian or British Asian

Indian

Pakistani

Bangladeshi

Any other Asian Background

Chinese or other Chinese

Chinese

Any other Chinese background

Black

Caribbean

African

Any other black background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Other ethnic origin, please specify

4 How would you describe your religion or belief?

.....
.....
.....

5 What is your gender?

- Male
- Female
- Transgender

6 How would you describe your sexuality?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Rather not say

7 How would you describe the area where you live?

- Rural
- Town

8 Are you currently?

- In work
- In education
- Retired
- Unemployed
- Other

Thank you for taking the time to complete this questionnaire.

Please return in the envelope provided by no later than Friday 29th January to take part in the Free Prize Draw

Please send your completed form to: Cumbria Mind Survey, P.O. Box 9, Armathwaite, Carlisle CA4 9WB