



Kingston Clinical Commissioning Group



Speak Out to improve adult mental health services in Kingston

People who use adult mental health services, their partners, carers, families and friends know what's currently working, what isn't and what needs to change. We need to make sure that this knowledge and understanding is right at the heart of decisions about local services.

You can help by filling in this questionnaire

By taking part, your views will inform the future planning and delivery of adult mental health services in Kingston. The questionnaires will be reviewed and key themes highlighting what's working well, what's not working well and what needs to change or improve will be included in the 'Community Voice' section of the mental health chapter of the Joint Strategic Needs Assessment (JSNA). The updated JSNA will be published on the RBK website in April 2014.

Your participation in this survey is voluntary and if you choose to take part, your answers will be treated in confidence.

What is the MiC Project?

The questionnaire has been developed by service users and carers as part of the MiC Project, which stands for 'Mental health in Co-production'. This exciting new project aims to give local people a greater role in decisions about adult mental health services in Kingston. Local people are supported to work together with representatives from the Royal Borough of Kingston (RBK) and Kingston Clinical Commissioning Group (KCCG) to jointly run consultations with service users and carers and agree suggestions to improve mental health services. The MiC Project is facilitated by the charity Rethink Mental Illness.

Completing the questionnaire

At this time, we are interested in finding out about the experiences of people who have used mental health services. It is important that we also hear from carers, family members and friends who are able to speak on behalf of someone with direct experience.

For each question please tick clearly inside one box using a black or blue pen. If you prefer not to answer a question, leave it blank. Don't worry if you make a mistake; just cross out the mistake and put a tick in the correct box. Please do not write your name or address anywhere on the questionnaire.

Your feedback will be stored and recorded anonymously and kept in line with Rethink Mental Illness and Royal Borough of Kingston policies and the Data Protection Act. This means that we will treat what you say really carefully and make sure that other people don't know it is you who have made a comment or statement.

Only people working on the project will be allowed to read your full answers to this survey.



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This includes people from Rethink Mental Illness, the Royal Borough of Kingston and a research company called McPin. This is important as it means people from the services that work with you will not know exactly what you have said in this survey, but you will have your views heard. So you can be honest.

Please return to: FREEPOST RRYH-TZBZ-GEHU, MiC Project, Rethink Mental Illness, 89 Albert Embankment, London, SE1 7TP.

This questionnaire is also available to complete online at: <https://www.surveymonkey.com/s/MiCKingston>

Deadline: Thursday 12th December. If you have any questions, please contact the MiC Project team on 020 7840 3147 or email champions@rethink.org

Your experience when you first needed help

Q1	What was the reason for your first contact with mental health services?	
Q2	Was this contact with Kingston Services?	
Q3	Service name	
Q4	How did you first access mental health services?	
	Self referral	
	GP referral	
	A&E	
	Family member	
	Other, please state:	



Q5	Is there anything that helped you access services and support?

Your experience of care and treatment

Q6	When was the last time you saw someone from mental health services?	
	In the last week	
	More than one week but less than a month ago	
	1-3 months	
	4-6 months	
	More than 6 months ago	
Q7	How long have you been in contact with mental health services?	
	Less than 1 year	
	1 to 5 years	
	6 to 10 years	
	More than 10 years	
	I am no longer in contact with mental health services	
	Don't know or can't remember	

Medication				
		Yes	Not sure	No
Q8	In the last 12 months, have you taken any prescribed medication for your mental health condition? If no, please go to question 18			
Q9	Have you been on any prescribed medication for 12 months or longer for your mental health condition?			
Q10	In the last 12 months has anyone checked with you about how you are getting on with your medication for example, have your medicines been reviewed?			



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The last time you had medication prescribed for you.....		Yes, definitely	Yes, to some extent	Not sure	No
Q11	Were the purposes of the medication explained to you?				
Q12	Were you given information about the medication in a way that was easy to understand?				
Q13	Were you told about the possible side effects of the medication?				
Q14	If yes to question 14 do you feel that you received enough support around this?				
Q15	Were your views taken into account in deciding which medication to take?				
Q16	Did you receive enough information about coming off your medication?				
Q17	If yes to question 17 did you feel that you received enough support around this?				

Talking Therapies						
By talking therapies we mean therapies such as counselling, cognitive behavioural therapy (CBT), and anxiety management.				Yes	No	
Q18	In the last 12 months have you received any talking therapies for your mental health condition?					
Q19	Did you find the talking therapy you received helpful?	Yes, definitely	Yes, to some extent	No	Too early to say	

Treatment Options					
		Yes, definitely	Yes, to some extent	Not sure	No
Q20	Did you feel your condition was explained appropriately to you?				



Q21	When appropriate, were your treatment options explained?				
Q22	Were you given information about your treatment options in a way that was easy to understand?				
Q23	Did you feel that you were given enough time to discuss your condition and treatment?				
Q24	Did you feel your views were taken into account?				

In order to improve our services it would be really helpful if you could provide any examples from your own experience of Care and Treatment:

What worked well:

What didn't work well:

Ideas for improvement:

Day to Day Living					
		Yes	No	Not sure	Can't remember
Q25	Has anyone in mental health services ever asked you about your alcohol intake?				
Q26	Has anyone in mental health services ever asked you about your use of non-prescription drugs?				
Q27	In the last 12 months, did anyone in mental health services ask you about any physical health needs you might have?				



Q28	In the last 12 months, have you received support from anyone in mental health services in getting help with your physical health needs?	Yes, definitely	
		Yes, to some extent	
		No, but I would have liked support	
		I do not have any physical health needs	
Q29	In the last 12 months, have you received support from anyone in mental health services in getting help with your caring responsibilities, including looking after children?	Yes, definitely	
		Yes, to some extent	
		No, but I would have liked support	
		I did not need any support	
		I do not have any caring responsibilities	
Q30	In the last 12 months, have you received support from anyone in mental health services with finding or keeping suitable accommodation?	Yes, definitely	
		Yes, to some extent	
		No, but I would have liked support	
		I did not need any support	
Q31	In the last 12 months, have you received support from anyone in mental health services in getting help with finding or keeping education, training, employment for example, referral to an employment scheme or other support?	Yes, definitely	
		Yes, to some extent	
		No, but I would have liked support	
		I did not need any support	
		I am unable to work because of my mental health	



Q32	In the last 12 months, have you received any support from anyone in mental health services with getting financial or benefits advice for example, housing benefit or disability living allowance?	Yes, definitely	
		Yes, to some extent	
		No, but I would have liked support	
		I did not need any support	
<p>In order to improve our services it would be really helpful if you could provide any examples from your own experience of things concerning your Day to Day Living:</p> <p>What worked well:</p>			
<p>What didn't work well:</p>			
<p>Ideas for improvement:</p>			

Family or Carer

Q33	Has a member of your family or someone close to you been given enough information about your care and treatment?	Yes, definitely	
		Yes, to some extent	
		No, but they would have liked information	
		No, but they got information from elsewhere	
		No information was needed	
Q34	Has a member of your family or someone close to you been given enough support from mental health services?	Yes, definitely	
		Yes, to some extent	
		No, they have not had any support	
		No support was needed	



Support outside of mental health services

Thank you for sharing your experience of mental health services in Kingston. In addition to understanding how these services can be improved, we're also keen to understand what other things people do and what services people use that support them to stay well and improve their wellbeing.

These could include:

- Developing new skills
- Your networks and connections for example family, groups, friendships or neighbours etc
- Local community organisations or groups
- Things that improve well-being for example physical activity, hobbies etc.

Q35	To what extent does your key worker know about events, groups, social networks, activities and services in your local area that meet your needs?				
	Not at all 1	2	3	4	Extensively 5
Q36	To what extent does your key worker support you to attend events, groups, social networks, activities and other support services?				
	Not at all 1	2	3	4	Extensively 5
Q37	In the last 12 months, have you received any information about local support groups for mental health service users?			Yes	
				No, but I would have liked information	
				I did not need any information	

By better understanding what other sources of support help people to stay well or improve wellbeing, we can build on these and better promote them to other people who may also find this information helpful.

Where or what do you consider your community to be in Kingston?



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What things do you do or services do you use in your community that support you to be healthy in mind, body and spirit?

What helps or supports you to feel more able to cope in times of stress?

Is there anything that makes Kingston a good place to be?

Overall satisfaction

Q38	Overall how would you rate the care you have received in the last 12 months?	Excellent	
		Very good	
		Good	
		Fair	
		Poor	
		Very poor	
Q39	Did you have enough say in decisions about your care and treatment?	Yes, definitely	
		Yes, to some extent	
		No	



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We would really welcome your final comments on mental health services and support in Kingston?

What is working well?

What is not working well?

If you were able to make one change to improve mental health services and support, what would it be?



Equality Monitoring Form

We want to ensure that the MiC project and services are accessible to the whole community. Please help us to monitor this by completing this form. Please tick all of the boxes that apply to you.

Ethnicity

What is your ethnic group?

A White

- British Irish
- Any other White Background

Please tell us.....

B Mixed

- White & Black Caribbean
- White & Black African White & Asian
- Any other Mixed background

Please tell us.....

C Asian or Asian British

- Indian Pakistani Bangladeshi
- Tamil Korean
- Any other Asian background

Please tell us



D Black or Black British

- Caribbean African

- Any other Black background

Please tell us.....

E Chinese or other ethnic group

- Chinese Any other background

Please tell us.....

- F I prefer not to tell you my ethnic group

Disability and Health

Do you have a long-term physical or mental health condition or disability?

- Yes No

- I prefer not to tell you

What is the nature of your disability, mental health or other health issue?

- Physical/Mobility Sensory Mental Health

- Learning Disability Health Diagnosis

- Other – Please tell us.....

- I prefer not to tell you

Gender

- Are you? Male Female

- I prefer not to tell you



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What is your Age?

- Under 16 16 – 25 26 – 35 36 -45
- 46 – 55 56 – 65 66 – 75 76+
- I prefer not to tell you

What is your Religion or Belief?

- Christian Buddhist Hindu Sikh Jewish Muslim
- Atheist Agnostic
- Other – Please tell us.....
- I prefer not to tell you

What is your Sexual Orientation?

- Heterosexual (Man & Woman) Lesbian Gay Bisexual
- Other – Please tell us.....
- I prefer not to tell you

Thank you for taking the time to complete this questionnaire