Patient reported experience measures (PREMs) in the mental health sector – Literature Scan

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Introduction

This literature scan was conducted by Ipsos on behalf of Te Tāhū Hauora Health Quality & Safety Commission to inform the development of a national mental health patient experience survey in Aotearoa New Zealand. The scan focused on international examples of current (from 2020 onwards) mental health patient-reported experience measures (PREMs), and current or recent survey programmes in the mental wellbeing space in Aotearoa. It sought to identify international approaches to designing and implementing PREMs in mental healthcare, and to map the current New Zealand survey landscape and its gaps. PREMs were treated as the principal concern, with patient-reported outcome measures (PROMs) considered a secondary focus. Attention was given to sampling frames, administration modes, and questionnaire content, particularly where there is consistency in question topics between both international surveys and measures already implemented in Aotearoa's existing PREMs programmes.

Internationally, numerous PREMs have been developed and are well-established in the mental health space. [1] However, many instruments have been developed on an ad-hoc, local, or regional basis, producing some variation in question content, sampling strategies, and administration methods. Despite this, commonalities exist that provide transferable lessons: inclusion of both inpatient and community services in sampling frames, increasing use of online distribution supplemented by other modes to improve reach, and established PREMs question sets (e.g., those covering access, communication, respect, safety, and involvement in decisions). These international examples offer practical templates for question topics and implementation approaches, although adaptation to the local context remains a necessity.

In New Zealand, the scan found a mixed measurement landscape with a predominance of activity focused on clinical outcomes, service utilisation, and population wellbeing indicators rather than systematic capture of service users' experiences of care using a national PREM. There is no established, sector-wide mental health PREM that enables consistent benchmarking or supports system-level quality improvement. Given international lessons and the particular cultural and service delivery context of Aotearoa, there is a clear imperative to develop a consistent, well-researched national PREM for mental health care: one that draws on global best practice in question design, sampling, and administration while being explicitly adapted for cultural responsiveness, equity, and the needs of tangata whenua and other priority groups.

Best practice in PREMs and surveying mental health patients

Questionnaire content

Bull et al. (2022) articulate core principles for PREM design that prioritise clarity, inclusivity, and methodological rigour. Question content should elicit patients' concrete reports of care experiences (objective) rather than satisfaction measures (subjective); this is because objective measures are more likely to yield reliable and comparable data that is actionable for quality improvement, whereas satisfaction measures are subject to individual expectations and mood, more prone to bias, and provide less specific guidance for service change. [2]

Questionnaires should also use plain language and avoid technical jargon to ensure comprehensibility across respondents with differing first languages or literacy skills. Involving service users in the development of measures ensures cultural and linguistic appropriateness and supports content validity. Psychometric robustness, particularly demonstrable content validity, is emphasised to establish credibility and enable comparability across settings, thereby generating data that is actionable for service improvement. [2]

With regard to surveying patients with mental illness specifically, Fernandez et al. (2024) highlight that the administration of PREMs in this context requires particular attention to issues of sensitivity, inclusivity, and ethical practice. Unlike general health populations, individuals with mental health conditions often emphasise relational aspects of care (e.g., dignity, respect, autonomy, and the quality of therapeutic interactions) as central to their experiences. Consequently, the development and deployment of PREMs in this field should involve patients directly in survey design to ensure content validity and meaningfulness. [1]

Question content also requires careful consideration. Instruments must avoid framing that risks re-traumatisation or stigmatisation, while still capturing negative experiences when relevant. Clear wording, supportive framing, and the option to skip sensitive items can reduce the likelihood of distress. In addition, researchers are encouraged to provide information about support services alongside survey materials, further safeguarding participant wellbeing. [1]

Sampling and administration

For PREMs in general, Bull et al. recommend approaches that maximise representativeness and minimise bias: random or stratified sampling with adequate sample sizes, attention to groups at risk of exclusion, and use of targeted oversampling or post-survey weighting where appropriate. Invitation and mode strategies should balance accessibility and equity, and multimodal approaches (postal, electronic, in-person) are advised. Timing surveys soon after the care episode, protecting confidentiality, minimising respondent burden, and using non-coercive reminders can improve recall accuracy and response rates. These combined practices support reliable, generalisable PREM data for system-level monitoring and quality improvement. [2]

Among mental health patient populations, accessibility is a critical dimension. Mental health service users may experience fluctuating symptoms, cognitive difficulties, or institutional mistrust, which can inhibit participation. Best practice involves flexible administration methods (e.g., paper, digital, or in-person), the use of plain language, and consideration of timing, particularly avoiding periods of acute crisis. Sampling strategies should also ensure the inclusion of marginalised or severely unwell groups who are often excluded from evaluation efforts. [1]

Employing best practice PREMs in New Zealand

Aotearoa New Zealand’s national patient experience programme embodies recognised PREM best practices. The programme, currently comprising four surveys: adult primary care, adult hospital inpatient, adult hospital outpatient, and home & community support services, has operated at scale since 2014, undergone multiple refreshes with cognitive testing and validation, and deploys representative sampling with targeted oversampling and culturally tailored recruitment to improve Māori and Pacific participation. Surveys are designed with behaviourally anchored items: rather than asking “How did we do?” (satisfaction), PREMs ask about concrete events and processes (e.g. “Were you told what medication you left hospital with?") using objective response options (always–never) to create actionable, comparable metrics. [3]

The programme employs routine weighting and statistical controls to enable fair comparisons, and instrument modularisation to manage respondent burden. Completion rates and item non-response are monitored, data are published via public explorers, and findings are explicitly linked to quality-improvement work and statutory expectations under the Pae Ora Code of Expectations. These operational features align closely with international methodological guidance for robust PREM implementation. [3]

PREMs surveys covering mental health care in New Zealand

Ngā Poutama: Survey of mental health and addiction consumers, family & whānau experience

The Ngā Poutama: Consumer, family and whānau experience survey, conducted by Te Tāhū Hauora (then the Health Quality & Safety Commission), aimed to provide insights into the current state of mental healthcare assessment from the perspective of service users and their families. This survey directly addressed the experiences of consumers, family and whānau in mental health and addiction services, focusing on key aspects such as being treated with respect, feeling listened to and being actively involved in care and support plans. [4]

The Ngā Poutama questionnaire focused on key aspects of consumer, family, and whānau experience, including whether they felt treated with respect, listened to and actively involved in care and support plans. [4] The questionnaire used two different scales for its experience questions, the Agree scale and the Often scale, both on a 1-7 Likert scale which were then converted to the following for reporting: 1–3 = negative; 4–5 = neutral; 6–7 = positive. It is worth noting that the use of the Agree scale, typically used in patient satisfaction measures, in a PREMs context may be problematic, as these scales have typically been criticised for "being biased by acquiescence (tendency to agree with an item irrespective of what is being asked) and straightlining (tendency to give identical or near identical responses to consecutive questions)". [2]

It was also noted that the Ngā Poutama survey faced substantial methodological challenges that impacted its representativeness and limits "how the survey can be generalised to the experience of the broader population". [5] The survey, conducted between September and November 2019, achieved a very low response rate of just 3.3 percent, with a final sample size of 267 respondents (228 consumers and 39 family/whānau members) out of 6,977 invited. [5, 6] This response rate was attributed to a multitude of factors, including insufficient lead-in time for District Health Boards (DHBs) to implement survey processes, a lack of thorough and early engagement with DHB mental health and addiction (MHA) leaders and inadequate support for DHBs to embed survey processes. [5] As acknowledged within the survey's national report, "given the low uptake, this survey serves as a snapshot and is unlikely to be comparable to any future survey with modified methodology" [5]. Additionally, the sample over-represented females and under-represented Māori respondents, further limiting its ability to accurately reflect the broader population of MHA consumers and whānau. [5, 6]

The Ngā Poutama National Report acknowledged these methodological challenges and outlined key recommendations for future iterations of the survey to improve data collection and representativeness. [5] These recommendations included ensuring sufficient lead-in time for District Health Boards (DHBs) to implement survey processes, fostering thorough and early engagement with DHB mental health and addiction (MHA) leaders, and providing adequate support for DHBs to embed survey processes. The report also highlighted the need to address practical barriers to participation, such as improving email collection rates and verifying contact details to ensure more robust and reliable collection of data for systemic improvements.

Marama Feedback Tool

The Mārama Real-Time Feedback (RTF) tool, developed by Reach Aotearoa and funded by the Health and Disability Commissioner, is a digital survey that assesses patient experiences in all health services within Aotearoa New Zealand. Following a successful pilot phase in 2016, Mārama RTF served as a nationwide system for gathering feedback from tāngata whai ora and whānau between 2017 and 2023, aiming to enhance monitoring and drive ongoing enhancements in mental health and addiction services. [7] Although the survey was discontinued at a national level on 31 March 2023 due to structural changes in the health system, it remains accessible for all health services to utilise. However, a critical review of its design and implementation reveals limitations that makes the tool inadequate as an effective PREM for mental health in Aotearoa New Zealand. [7]

Mārama RTF enables services to collect real-time feedback from consumers, family and whānau, allowing for prompt responses to any concerns or issues raised. The survey is formatted as a Likert scale questionnaire, presenting response options as a scale of smiley-face graphics, involving topics and questions such as: Communication/Information (“I am involved in decision making”), Continuity of Care/Coordination (“The people I see communicate with each other when I need them to”) and Recovery and Support (“Our plan is reviewed regularly”) among others. However, the phrasing and nature of these questions suggest that the tool is primarily focused on assessing patient *satisfaction* with specific aspects of care, rather than capturing a comprehensive and objective understanding of the overall patient *experience*. This distinction is crucial: PREMs are designed to capture a patient’s objective report of their care experience, often using frequency-based response scales (e.g., never, sometimes, often, always), whereas satisfaction measures ask patients to subjectively evaluate their care experience, which can be influenced by expectations, appreciation and social desirability bias, particularly when using agreement-based scales (e.g., strongly disagree to strongly agree). [2] Consequently, Mārama RTF's emphasis on satisfaction limits its utility as a robust, objective PREM for comprehensive performance assessment.

The implementation of Mārama RTF, being accessible via website, email, QR code on posters within clinics or printed copy, facilitates an in-situ or random surveying approach where any person can complete it during their treatment. While this enhances accessibility, it inherently lacks control over sampling and representativeness. Without a controlled sampling methodology, there is no systematic way to ensure the feedback collected accurately reflects the diverse experiences of the entire mental health patient population, nor can it reliably identify trends or disparities across different demographic groups or service types. This uncontrolled, convenience-based sampling limits the generalisability of its findings and its capacity to serve as a reliable national measure for identifying systemic issues or tracking improvements over time.

While Mārama RTF offers some utility for real-time feedback and attempts to incorporate culturally relevant insights, its fundamental limitations prevent it from serving as a comprehensive, psychometrically robust national PREM. Its primary focus on satisfaction, coupled with its uncontrolled sampling methodology, means it is better suited as a complementary tool for localised quality improvement rather than one capable of informing broader policy and systemic change.

International surveys covering experiences with mental health care

Australia

Your Experience of Service Survey (YES)

The YES questionnaire is run independently by each state in Australia. In Victoria, it is run by the Victorian Department of Health and is managed by Ipsos. The YES survey is run annually in Victoria, and includes patients receiving care from community ambulatory services (where the survey is completed at discharge), and inpatients (where the survey is completed in-situ, during the patients' stay). [8]

However, the survey will be shifted from in-situ surveying to out-of-service online surveying in 2025. This will allow for better control of the sampling process and greater response rates. Swapping to online surveying also aims to capture more patients' experiences than in-situ and will be more inclusive in terms of sampling (as invites will be sent via email, rather than offered in-person at the time of service). [9]

Alongside the YES survey, the Victorian Department of Health runs the Carer Experience Survey (CES). This is an equivalent survey that gathers the experiences of carers of patients within public mental health services. 'Carers' includes family members, friends, or partners of someone with a mental illness, who provides care and support to that person, and whose lives might also be affected by their illness.

Sampling and survey distribution

Until 2025, the sample was intended to be a census of all patients receiving care from clinical bed-based mental health services, community ambulatory services, or forensic mental health services – however, due to the surveys being collected in-situ, there was little opportunity for control or oversight of who was invited by the clinics.

Once the survey has shifted to out-of-service surveying, invitations will be sent via email and SMS, and the sample will include a complete census of all patients receiving care at the following facilities:

- Mental health clinical ambulatory services delivered by an Adult Mental Health Service (excluding Crisis Assessment and Treatment Teams and Psychiatric Triage services)

- Adult mental health clinical bed-based services (including Acute Inpatient, Secure Extended Care Units, Community Care Units and Adult Prevention and Recovery Care)
- Community support services
- Selected youth mental health clinical services
- Forensic Mental Health Services

Clinics are advised to promote the survey to patients utilising posters in their facilities and also discussing the survey directly with patients. They are also encouraged to ask whether patients have received the survey and offer them assistance to complete it if they need support.

Questionnaires

Both the YES and CES questionnaires consists predominantly of 45 question statements and corresponding Likert-type scales (both PREMs and satisfaction-based statements), 2 open-ended questions (what could be improved, and what went well), and 7 demographic questions. The questions cover a wide variety of experiences, access to support or care, staff behaviours, and patient satisfaction measures.

While the other VHES surveys were collaboratively redesigned across Australian states in 2021 to include a core module of PREM questions, the YES and CES questionnaires did not receive the same update. While there is discussion of updating the mental health questionnaires, it remains in early stages, as such an update requires collaboration and consistency across states.

England

CQC Community Mental Health Survey

The NHS Community Mental Health Survey, administered annually by the Care Quality Commission (CQC), gathers patient-reported experiences from individuals receiving specialist mental health services in England. Using a stratified random sample from NHS trusts, the survey assesses domains such as access, continuity, and involvement in care, supporting service evaluation and improvement. The most recent survey wave was run in May this year (CMH25). [10]

Sampling and survey distribution

The sample cohort included patients aged 16 and above who had contact with NHS mental health services between 1 April – 31 May 2025, and who were at the time receiving treatment or care for a mental health condition.

The inclusion criteria specify patients who had at least one contact (an appointment wherein the patient received assessment, care, or treatment, via face-to-face, video, or telephone call) during the sampling period, AND at least one other contact either outside or within the sampling period. [11]

Alongside standard demographic and administrative data, the sample included mental health inpatient status and an indicator of a severe mental illness (SMI) diagnosis. Disorders classified as SMIs by the NHS include bipolar disorder, disorders exhibiting psychosis (e.g., schizophrenia), complex emotional needs (i.e., personality disorders), and eating disorders. [12]

The questionnaire is held online, but invitations are distributed to patients via a letter containing the survey URL and a QR code that linked to the online survey. Following the initial invitation, there are 4 additional points of contact, sent to respondents who at that point had not completed the survey:

1. SMS invites are sent after 5 working days
2. Additional letter containing the URL/QR code and a hard copy of the questionnaire are sent after 10 days
3. Additional SMS are sent after 15 days
4. Final letter containing URL/QR code and a hard copy of the questionnaire are sent after 20 days

Questionnaire

The questionnaire contains a total of 52 questions, distributed between 10 sections:

1. **Your NHS appointments** (routing questions to determine how and when patient interacted with NHS mental health services)
2. **Accessing care and treatment** (covers waiting period between assessment and first treatment, the effects of any experienced wait, and the support offered (if any) during the wait)
3. **Your mental health team** (covers how health care team treated the patient, and whether they understood the patient's history and current circumstances)
4. **Your care** (covers patient involvement in their care and treatment decisions, and whether or not they have been given a diagnosis)
5. **Your treatment** (covers medication and therapy)
6. **Crisis care** (covers whether patient knows who to contact in a time of crisis and whether they have done so, and what happened if/when they did)
7. **Support and wellbeing** (covers physical health support, advice for finding other forms of support, what support is needed, and whether those needs were met)
8. **Overall** (covers rating experience on a scale of 1 to 10, whether they felt they were treated with respect and dignity)
9. **About you** (closing demographics)
10. **Other comments** (open-ended questions: strengths, weakness, closing comments. These are the only open-ended questions in the survey).

The questionnaire includes multiple questions that align with Te Tāhū Hauora HQSC's core questions – involvement, respect, family involvement, and being listened to by staff. Beyond these, however, the survey does not include any further questions related to cultural safety.

Norway

Psychiatric Inpatient Patient Experience Questionnaire – Continuous Electronic Measurement (PIPEQ-CEM)

The PIPEQ-CEM is a national patient-reported experience measure (PREM) developed and administered by the Norwegian Institute of Public Health (NIPH), as part of Norway's national quality indicator system. It surveys adult inpatients (aged 18 and over) receiving specialised psychiatric care across the country. Developed from earlier hard-copy in-situ surveys, PIPEQ-CEM is designed for continuous measurement and is completed electronically shortly before patient discharge. [13]

There has also been work put into developing a shortened version of the survey, for instances where cognitive abilities or motivation might affect a patient's willingness or ability to complete the longer survey.

Sampling and survey distribution

PIPEQ-CEM is administered to all public and contracted private institutions providing adult inpatient psychiatric care in Norway (including those receiving care for substance use disorders). Each participating unit is expected to engage in ongoing, continuous data collection throughout the year, allowing for near real-time monitoring. Patients are invited to complete the survey electronically (often via iPads provided by the clinic) while they are still in patient care, as close to their discharge as possible.

Questionnaire

The questionnaire contains 37 closed questions with Likert-type scales, 9 demographic questions, and 1 freeform text question prompting patients to write more about their experiences if they wish. Questions are divided into 11 sections:

1. **Wait time and admission** (covers length of admission, whether it was planned or voluntary, whether the patient feels it was necessary, whether they felt welcomed at admission)
2. **Therapists and staff** (covers various aspects of staff actions and quality of care)
3. **Involvement at the institution** (covers treatment and whether the patient had any influence on their treatment decisions)
4. **Information** (whether patient received sufficient information about their diagnosis and treatment options)
5. **Environment and activities** (whether the patient felt safe, whether the meals or range of activities was satisfactory, whether they were satisfied with the level of privacy)
6. **Negative events/incidents** (covers possible mistreatment by staff)
7. **Other assessments** (covers perceived benefits of the treatment received)
8. **Follow-up of physical health** (whether physical tests were taken, and if the patient was given the opportunity to be physically active)
9. **Help from the municipality** (single question asking whether help from the local municipality has been satisfactory – it is unclear what 'help' entails in either the questionnaire or the reliability and validity report the questionnaire was sourced from)
10. **Overall assessment of the health services** (rating of care received, and whether collaboration across different accessed health services was beneficial)

11. **A little about you and your background** (self-described mental and physical health, diagnosis, experience of 'coercion' [involuntary admission, forced medication, or restraint], and closing demographics)

Based on findings in their analysis of the survey's reliability and validity, 7 questions from the full survey were selected for possible inclusion in a shortened version, though it is unclear if this has been implemented. These questions were:

1. Do you find that the treatment has been adapted to your situation?
2. Do you find that the therapists/staff had understood your situation?
3. Have you had enough time for discussions and contact with the therapists/staff?
4. Have you felt safe at the institution?
5. Has the range of activities available at the institution been satisfactory?
6. Are the help and the treatment you are receiving at the institution helping you better understand your mental health issues?
7. Overall, have the help and the treatment you have received at the institution been satisfactory?

Limitations

In-situ administration of PREMs presents notable limitations. Responses collected within care settings may be shaped by social desirability bias, fear of repercussions, or immediate emotional states. This context can compromise candour and lead to inflated satisfaction ratings, thereby reducing the validity and reliability of findings. Furthermore, in-situ methods restrict sample control, often excluding absent or disengaged patients.

Denmark

LUP Psychiatry

Details about the LUP Psychiatry survey were obtained from an international review of mental health surveys conducted by Ireland's *National Care Experience Programme,* who themselves obtained the information via discussions with the Danish research firm *DEFACTUM.* [14]

The LUP Psychiatry survey forms part of the broader LUP (Nationwide Survey of Patient Experiences) programme and has been carried out since 2005, covering both inpatients and outpatients of mental health services. In 2022, the survey shifted from annual paper surveying to an online survey carried out monthly. Like Australia, LUP Psychiatry also includes surveys relatives or carers of mental health patients, although these programmes are run every 3 years rather than monthly. The programme is run nationally by DEFACTUM on behalf of the Danish Ministry of Health and the 5 self-governing regions in Denmark.

Sampling and distribution

The patient survey is offered to a random selection of service users who have received psychiatric inpatient or outpatient care during the defined reference period. Individual patients are to be surveyed no more frequently than every 10 months. The survey programme distinguishes between 5 patient respondent groups based on age or mental health admission:

1. Inpatient adults (those admitted to a hospital or mental health institution, surveyed as close to discharge or transfer as possible)
2. Ambulatory/outpatient adults (those who have had contact with one or more therapists in outpatient psychiatry services in the reference period, AND have had at least three contacts during their current treatment period)
3. Children under 11 years (survey must be completed by a parent with input from the child)
4. Children and youths between 12-18 years (survey can be completed by the patient themselves)
5. Forensic psychiatry inpatients (these respondents receive a shorter questionnaire, and are only surveyed annually)

Prior to 2022, the surveys were distributed via mail. The envelope included both the hard-copy questionnaire in its entirety, and a URL address with a unique login code to allow for electronic completion of the survey. Since 2022, survey invitations are distributed via email (excluding forensic inpatients), allowing for the survey to be run monthly.

Patients have 1 month to complete the survey after their invitation, during which time they will receive two email reminders if they have not completed it.

Questionnaire

Depending on the patient group and the region running the survey the questionnaire can vary in length, though it is not available publicly. Individual regions or organisations can include up to 8 ‘local questions’ in their questionnaire, selected from a prescribed catalogue of available questions (though these are not publicly available). There are 10 ‘core’ questions, included in the questionnaire regardless of region or patient grouping. [15] Translated from Danish, these are:

1. Is the staff friendly and welcoming?
2. Do the staff ask you to describe your illness/condition?
3. Are you involved in making decisions about your examination/treatment at the time you need it?
4. Do you feel that a particular doctor takes overall responsibility for your entire course of visits and/or hospitalizations?
5. Are you getting all the information you need?
6. Overall, are you satisfied with your visit?
7. Please write here if you think [service] could do something better or does something particularly well:
8. Can you get in touch with the staff at the outpatient clinic when you need it?
9. Do you get help to deal with your mental difficulties and problems?
10. Do the staff talk to you about what you can do to feel better if you become, for example, scared, anxious or have difficulty sleeping?

Limitations

The response scales employed in the LUP Psychiatry survey are not publicly available, but if they are consistent with those used in the broader LUP programme, they appear subjective. For example, items such as *“To what extent were you involved in the decisions that were to be made regarding your care and treatment?”* are answered using options like *“too much, appropriately, too little.”* Such categorical and evaluative formats risk imposing subjective judgements rather than capturing concrete experiences. They may also encourage variability in interpretation across respondents, thereby limiting comparability and reducing the precision of the data.

France

Patient-Reported Experience Measure for Improving Quality of Care in Mental Health (PREMIUM)

The PREMIUM (Patient-Reported Experience Measure for Improving Quality of Care in Mental Health) programme is a French-led initiative designed to develop robust item banks and computerised adaptive tests (CATs) for evaluating patient experiences in mental health care. It responds to the need for valid, patient-centred instruments that systematically capture what matters most to service users, particularly those living with severe mental illness (SMI) (e.g., schizophrenia, bipolar disorder, and major depressive disorder). [16]

Within this programme, the PREMIUM-CE (Care Environment) study aimed to construct and validate an item bank to assess patients’ experiences of psychiatric care settings. Conducted as a national, multicentre, cross-sectional study in France between 2016 and 2021, PREMIUM-CE was intended to complement other PREMIUM measures by specifically addressing the care environment in both inpatient and outpatient contexts. [16]

Sampling and survey distribution

Participants were recruited from inpatient and outpatient psychiatric settings of French teaching hospitals, specialised expert centres, and through an online survey circulated by patient associations. In mental health settings, members of care teams also identified “stable” patients who met eligibility criteria and invited them to participate.

Inclusion criteria specified adults aged 18–65 years with one of the three target diagnoses, currently receiving psychiatric care, and able to speak or read French. Exclusion criteria included vulnerable groups such as individuals under legal protection, pregnant or nursing women, or those unable to complete a self-administered questionnaire.

Data collection was carried out using paper-based questionnaires in clinical settings and a web-based questionnaire accessible online.

Questionnaire

Participants provided responses regarding their care environment during the previous four weeks, using a five-point agree-disagree Likert scale with an additional “not applicable” option. Supplementary measures included an overall satisfaction item and a visual analogue scale (VAS).

The PREMIUM-CE consists of 13 items (translated into English):

Over the past 4 weeks, you have found that:

1. The health care facilities were easily accessible (e.g. Distance from home, parking, etc.)
2. The health care facilities were well-laid-out
3. The health care facilities were quiet enough
4. The health care facilities were comfortable (e.g. Chairs, armchairs, beds, etc.)
5. The health care facilities were clean
6. The health care facilities were adapted to your needs
7. The health care facilities were well equipped (e.g. Materials for activities, group rooms, etc.)
8. The waiting time was acceptable
9. You had access to media (telephone, computer, internet / wifi connection, etc.)
10. The sanitary facilities (toilets, bathroom, etc.) Were clean
11. The health care facilities guarantee the respect of your privacy
12. The food was of good quality, if you had to eat
13. The smoking ban was respected

Limitations

One limitation of the study relates to its use of agreement scales, which are more conducive to generating satisfaction scores rather than objective measures of patient experience. Such scales are vulnerable to acquiescence bias and straight-lining, where respondents provide uniform answers without careful consideration. As a result, they may inflate positive responses and obscure meaningful variation. In contrast, frequency-based response options are often regarded as more precise and less susceptible to these response biases, thereby producing more reliable data on care experiences. [2]

A further methodological concern arises from the sampling approach, particularly the potential for healthcare providers to influence the selection of eligible participants. This practice risks introducing selection bias, as patients most likely to provide favourable feedback may be disproportionately included. However, in this case the limitation is somewhat mitigated by the context: the survey was conducted as a one-off psychometric test of newly developed items, rather than as part of an ongoing monitoring programme. Consequently, while these issues highlight challenges in ensuring representativeness and rigour, they are less problematic than they would be in routine survey administration.

United States

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS programme was developed by the Agency for Healthcare Research and Quality (AHRQ), a United States government agency that is part of the Department of Health and Human Services (HHS). Its main role is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. AHRQ conducts research and provides tools, data, and training to help healthcare providers improve their services.

Unlike other national patient experience programmes, AHRQ does not conduct the surveys themselves, rather, they develop and maintain the CAHPS survey tools and provide guidance for independent organisations to run the surveys themselves or via a survey vendor.

The CAHPS Outpatient Mental Health Survey was developed in 2024 to replace the Experience of Care & Health Outcomes (ECHO) Survey, in response to changes in how mental health services are provided in the USA.

Sampling and survey distribution

The survey administration guidelines provided by AHRQ advise that an organisation running the survey collect their sample from a reference period of 6 months (called the 'look-back' period). Patients sampled should be all adults over the age of 18 that have had at least one 'synchronous' visit during the reference period – defined as in-person, telephone, or video consultations with the mental health care facility. [17]

Administrators of the CAHPS surveys are advised to distribute the survey with a mixed-mode approach, using a combination of mail, email, and phone methods of contact. Email, phone numbers, and home addresses should be verified and updated prior to data collection. If distributed digitally, online links should be sent via email, and be sent two email reminders each around 1 week apart. It is also strongly advised to follow up by mail or phone for those who still have not completed the survey. [18]

Questionnaire

The CAHPS Outpatient Mental Health survey questionnaire can be customised with 'supplements' (i.e., additional questions) by whichever organisation aims to use it, but it includes 29 core questions that are mandatory. These are divided into 6 topics:

1. **Prescription medicines** (covers whether patients have taken prescription medicines, who prescribed them, whether it was difficult to get an appointment, and whether counselling was also provided)
2. **Mental health counselling** (whether the patient received counselling, frequency and duration of counselling, whether the counsellor(s) listened or were respectful, etc.)
3. **Getting help between appointments** (support provided between appointments, whether support was sought and/or received)
4. **Rating** (rating of counsellor from 0 to 10)
5. **Getting mental health services** (covers both counselling and prescriptions, and the affordability and accessibility of them)
6. **Your health and wellbeing** (whether mental health services were sought for substance or alcohol use, and ratings of physical and emotional health)

Limitations

A notable limitation of the CAHPS programme is the absence of centralised oversight regarding survey administration and sampling. As implementation is delegated to individual regions, variations in methodology may arise, potentially compromising the consistency and comparability of collected data. Such decentralisation can introduce bias and limit the reliability of findings across different settings.

Canada

British Columbia Patient-Centred Measures (BC-PCM) – Mental Health and Substance Use (MHSU)

The BC-PCM surveys have been conducted in British Columbia since 2003, collecting patient experience data across 9 health care sectors, including mental health and substance use. [19] Little detail is publicly available about the frequency or methodology of these surveys, and it is unclear whether the mental health and substance use survey (MHSU) is carried out continuously or as standalone measures. Data and researcher tools are available to researchers with an application, but efforts to gain access to this information proved unsuccessful.

The first MHSU survey was carried out in 2011 and used a census sample of 6,615 mental health and substance use support clients. This included patients over the age of 13 who had an experience at an inpatient psychiatric unit or an inpatient short-stay unit, or those who received care for substance use at residential treatment settings, support recovery units, or withdrawal management units. Notably, the survey excluded those deemed to have cognitive impairment by staff at discharge from the sample. [20]

The 2011 paper survey consisted of 52 questions divided into 6 sections. The questionnaire itself has many overlapping questions with the current HQSC patient experience surveys, including questions about respect and dignity, frequency of seeing health care staff, whether individual and spiritual needs were met, comfort asking questions and whether responses were understandable, involvement in decisions about care, etc. It is unclear whether the questionnaire itself or survey methodology has been altered or updated since it was first run in 2011.

The most recent reference to the survey retrieved online is from the Provincial Health Services Authority (PHSA) website, stating that the MHSU Provincial Survey had been delayed from its original scheduled date of Autumn 2021. However, this page provides context for which “priority areas” the MHSU Provincial Survey focuses on:

1. Clinics providing access to opioid agonist treatment services
2. Supportive recovery facility services
3. Community substance use outreach services
4. Adult short-term assessment and treatment services
5. Early psychosis intervention (EPI) services
6. Outpatient eating disorder services
7. Youth inpatient mental health treatment services
8. Adult inpatient mental health treatment services
9. Provincial corrections mental health and substance use services

PROMs

Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) are increasingly recognised as valuable tools for assessing the lived experiences and perspectives of mental health service users. However, despite their potential benefits, international reviews find that PROMs and PREMs are currently underutilised in mental health settings. Implementation barriers include clinical ambivalence, limited service user involvement in measure development and selection, lack of consensus on which measures to use and feasibility challenges in routine collection and use of the data. [21]

According to an article by De Bienassis et al., a survey of twelve countries revealed that only five (Australia, Israel, Netherlands, Sweden, and the United Kingdom) reported regularly collecting PROMs and PREMs in mental health settings. Among these, only Australia, the Netherlands, and the United Kingdom (England) reported routine collection and reporting of both PROMs and PREMs. Several countries have implemented comprehensive programmes to gather information about PROMs and PREMs for individuals receiving mental health services. [22]

For instance, in 2020, The Norwegian Institute of Public Health began continuous measurement of patient experiences with specialised mental health care and interdisciplinary treatment for substance dependence. Similarly, in the Netherlands, the collection of PROMs and PREMs in mental health care settings has been routine since 2011, with mental health services being incentivised to submit Routine Outcome Measurement (ROM) data, which includes PROMs, to a national Benchmark. Denmark's PRO-Psychiatry program, initiated in 2016, focuses on patients with unipolar depression and schizophrenia and uses PROMs for clinical consultation and monitoring patient-perceived quality of care. Israel's National Psychiatric Rehabilitation Outcome Monitoring Implementation Project, launched in 2011, also incorporates PROMs and clinician ratings to assess the process and impact of psychiatric rehabilitation services.

Other New Zealand surveys in the mental wellbeing space

Youth Health & Wellbeing Survey

The Youth Health and Wellbeing Survey 2025 builds upon the "Youth2000" survey series (conducted in 2001, 2007, 2012, and 2019) and the "What About Me?" survey (conducted in 2021) to provide a comprehensive assessment of adolescent mental health in Aotearoa New Zealand. These surveys have established a foundational evidence base on youth mental wellbeing over the past two decades, highlighting several key points relevant to assessing youth experiences within mental healthcare. [23]

The Youth2000 series employs a robust sampling methodology to achieve representative samples of New Zealand secondary school students, utilising random selection of both schools and students. For example, the Youth19 survey, the latest in the series surveyed 7,721 Year 9–13 students across 49 secondary schools, including kura kaupapa Māori. Administered anonymously via handheld tablets with options for English or te reo Māori and optional voice-overs, these surveys enhanced accessibility.

While primarily targeting the general youth population within educational settings, the survey developers have actively engaged with mental health communities and youth voices in their design and content. A notable example is the "Harnessing the Spark of Life" project, a Youth19 partner, which involved rangatahi Māori and their whānau in co-designing questions on whanaungatanga (relationships) for inclusion. This demonstrates a commitment to culturally responsive approaches and direct incorporation of youth perspectives.

Building on this foundation of community engagement and robust methodology, the survey series has revealed several key findings pertinent to understanding youth mental health needs and experiences within the healthcare context:

1. **Mental health trends:** The surveys reveal a rapid and unequal decline in adolescent mental wellbeing from 2012-2019, with increasing rates of depression, self-harm, suicidal thoughts, and suicide attempts, particularly among females, Māori, Pacific, Asian students, and those from high-deprivation neighbourhoods. This underscores the urgent need for targeted interventions and equity-focused approaches in mental healthcare.

2. **Complex mental health needs:** Only 40% of adolescents reported good mental wellbeing across all indicators, suggesting a need to rethink mental health service provision to reflect higher levels of distress and more complex patterns of need.

3. **Help-seeking behaviour:** Despite high prevalence of mental health concerns, most youth do not seek professional help, preferring support from friends and family. This highlights the importance of equipping communities to respond to distress and ensuring accessible, youth-friendly mental health services.

4. **Youth voice:** Young people emphasise the need for connection, positive environments, appropriate services and reduced stigma in supporting mental wellbeing. These findings suggest a need for comprehensive, multi-level and a cross-sector approach to promoting youth mental health.

5. **Specific populations:** The surveys provide detailed insights into the mental health needs and experiences of specific populations, including Māori, Pacific, Asian, rainbow and disabled youth, as well as those involved with Oranga Tamariki, in alternative education, or not in education, employment or training (NEET). This highlights the importance of culturally responsive, equity-focused approaches tailored to these populations.

6. **Access to healthcare:** Many students reported difficulties accessing healthcare when needed, particularly among marginalised populations. This underscores the need to integrate questions on access, quality, cultural responsiveness and overall satisfaction with mental healthcare into patient experience surveys.

While these surveys provide valuable population-level data on youth mental health more generally, and demonstrate strong engagement in survey design and content development with youth communities, their school-based sampling approach means there appears to be a gap in routinely assessing individual experiences specifically with mental health services. The focus on general adolescent wellbeing, while crucial for public health, does not directly translate to a comprehensive Patient Reported Experience Measure (PREM) for those actively engaging with mental health services. This evident gap presents a clear need for the development of a survey that specifically captures the perspectives of mental health service users on the accessibility, quality, cultural responsiveness and overall satisfaction with mental healthcare services within Aotearoa New Zealand.

Te Kupenga Survey

Te Kupenga survey, conducted by Stats NZ in 2018, provides valuable insights into Māori cultural wellbeing in New Zealand. As a post-censal survey, Te Kupenga offers a comprehensive overview of four key dimensions of Māori cultural identity and wellbeing: wairuatanga (spirituality), tikanga (Māori customs and practices), te reo Māori (the Māori language), and whanaungatanga (social connectedness). While the survey does not specifically focus on mental healthcare or patient experiences, it contributes to a broader understanding of factors that may influence Māori wellbeing and engagement with health services. [24]

Regarding its sampling and engagement with mental health communities, The Te Kupenga survey is designed to capture the experiences of adults aged 15 years and over who identify as Māori ethnicity and/or descent. The sampling methodology is post-censal, meaning participants are selected from those who identified as Māori in the preceding census. While this approach aims for a broad representation of the Māori population, the 2018 survey faced limitations due to lower-than-expected Māori participation in the census, resulting in considerable under-coverage in the sample frame and raising concerns about its full representativeness of Māori. [24, 25]

Despite not being a mental healthcare patient experience survey, the development of Te Kupenga demonstrated a strong commitment to engaging Māori communities and stakeholders. Māori stakeholders were integrally involved and fundamental to developing the survey's content, ensuring its cultural relevance and alignment with Māori understandings of wellbeing, such as the holistic Te Whare Tapa Whā model. [24, 26] The survey includes questions on general emotional wellbeing, utilising tools like the World Health Organisation-Five Well-being Index (WHO-5) and explores broader factors influencing Māori wellbeing, including whānau circumstances and interpersonal relationships. [24] However, this focus on population-level cultural and general wellbeing, while crucial for understanding the broader context of Māori health, does not extend to specifically capturing the experiences of individuals interacting with mental health services.

The culturally grounded approach of Te Kupenga, which emphasises the importance of Māori values, practices and social connections, aligns with the growing recognition of the need for culturally responsive and equitable healthcare services in New Zealand. Although not directly comparable to patient experience surveys, Te Kupenga's findings on Māori cultural wellbeing provides important context for considering how mental healthcare assessment and delivery can be improved to better meet the needs of Māori communities. The survey's approach to assessing Māori wellbeing can inform the development of more culturally appropriate and meaningful patient experience measures for Māori, underlining the significance of incorporating cultural values and concepts into mental health assessment tools.

Hua Oranga

The Hua Oranga is a brief, one-page Māori health outcome measure designed to assess wellbeing across four interrelated dimensions: taha tinana (physical wellbeing), taha wairua (spiritual wellbeing), taha hinengaro (mental and emotional wellbeing), and taha whānau (social wellbeing). Developed by Te Kani Kingi and Mason Durie, the tool reflects a Māori worldview of health and wellbeing, emphasising the interconnectedness of these domains. [27]

The development of the Hua Oranga itself was a collaborative process, significantly shaped by the input of the very communities it serves. Its construction involved a wide array of groups and individuals, with particular emphasis placed on the commitment, guidance and encouragement provided by numerous tangata whaiora (consumers), whānau (family), and service staff. This foundational engagement ensured the tool's relevance and cultural appropriateness from its inception. [28]

The Hua Oranga is intended for use with tangata whaiora (person seeking wellbeing) aged 16 years and older, as well as their whānau and practitioners, allowing for multiple perspectives on progress and outcomes. It is typically administered at the first appointment to identify strengths, challenges, and goals, and then periodically throughout the intervention to monitor progress and inform adjustments to the approach. This multi-stakeholder application is a key aspect of its engagement, as it involves tangata whaiora, whānau, and clinicians in a partnership approach to developing care plans and interpreting results. [28, 27] Practitioners are trained to collaboratively administer and discuss the Hua Oranga with tangata whaiora and their whānau, ensuring cultural sensitivity and a shared understanding of wellbeing. [27]

Although the Hua Oranga is not specifically a patient experience survey, its culturally grounded, holistic and multi-stakeholder approach to assessing Māori wellbeing provides valuable insights that could inform the development of more culturally responsive mental healthcare assessment practices within Aotearoa New Zealand. However, the lack of peer-reviewed literature on the contemporary use of Hua Oranga within patient experience surveys highlights a gap in research and an opportunity to explore how its principles and values can be integrated into routine patient experience measurement to ensure more equitable and culturally safe mental healthcare for Māori communities.

New Zealand Health Survey

The New Zealand Health Survey (NZHS), conducted by the Ministry of Health, provides valuable context for understanding the mental health landscape in New Zealand. NZHS data is continuously collected via face-to-face interviewing throughout the year, with results reported annually. [29]

The NZHS employs a robust, multi-stage sampling design aimed at achieving a representative sample of New Zealand residents across all ages. [30] This involves the random selection of small geographic areas, followed by households within those areas, and then individuals within selected households. Adults aged 15 years and older are interviewed directly, while information for children aged 0–14 years is collected via a parent or legal guardian. [30] Data collection is primarily conducted through face-to-face interviews in respondents' homes using computer-assisted personal interviewing (CAPI). [30]

The NZHS includes a module on mental health and problematic substance use, which has been featured in recent survey waves. [29, 31] This module utilises screening tools, such as the Kessler Psychological Distress Scale (K10) for psychological distress, and the Generalised Anxiety Scale (GAD-7) and Patient Health Questionnaire (PHQ-9) for anxiety and depression symptoms. [31]

These tools are valuable for identifying population-level trends and estimating the potential demand for mental health support. [32] However, as screening tools, they are not designed to provide a reliable estimate of the prevalence of mental health conditions, nor do they capture the nuanced context in which symptoms are experienced or the impact on individuals, whānau, and communities. [32] Crucially, the NZHS has explicitly removed questions related to patient experiences, noting that such data is "better captured by the Health Quality & Safety Commission patient experience surveys." [33]

Findings from the NZHS, such as the concerning increase in the proportion of adults experiencing high or very high levels of psychological distress, particularly among young adults, disabled individuals, and Māori and Pacific communities , highlight the urgent need for effective mental healthcare. Similarly, the NZHS data on the growing unmet need for professional mental health support, especially among disabled adults and children , underscores the importance of assessing patient experiences related to access, availability and appropriateness of mental healthcare services. [29]

Health and Lifestyles Survey

The Health and Lifestyles Survey (HLS), initiated in 2008, is a biennial monitor of the health behaviour and attitudes of New Zealand adults, employing participants aged 16 and over. The survey collects data via in-home, face-to-face interviews, seeking information relating to Te Whatu Ora (formerly Te Hiringa Hauora Health Promotion Agency) programme areas, including mental health and wellbeing. [34, 35]

Using a multi-stage probability sampling method, the HLS selects a representative sample of New Zealanders. [34] While this approach ensures broad population-level representativeness for general health monitoring, the survey is not specifically designed to oversample or deeply engage with individuals actively receiving mental health services. Its engagement with mental health communities is primarily through the inclusion of general mental wellbeing questions, such as the Kessler Psychological Distress Scale (K10), and questions about personal experience with mental illness or feelings of loneliness. [35, 34]

The 2020 New Zealand Health and Lifestyles Survey (HLS), conducted by Te Whatu Ora, provides relevant population-level data on mental wellbeing in New Zealand. The survey found that 31% of New Zealand adults personally had an experience of mental illness and 13% had high levels of mental or psychological distress in the last four weeks based on the Kessler Psychological Distress Scale (K10). Additionally, 11% felt lonely some, most or all of the time. While the HLS does not directly assess experiences with mental healthcare services, it does report on overall wellbeing, with 88% of adults reporting that their whānau were doing well or very well and 88% being satisfied or very satisfied with their life. The survey also highlights some disparities, with high levels of psychological distress being more prevalent among those in high deprivation areas (18%) compared to low (11%) and medium (12%) deprivation areas. [35]

These findings provide valuable context for understanding the mental health landscape in New Zealand and can help guide the development of patient experience measures that capture the unique needs and challenges faced by different populations.

The Dunedin Study

The Dunedin Multidisciplinary Health and Development Study (DMHDS), a longitudinal study following a cohort of individuals born in Dunedin, New Zealand, has made significant contributions to understanding mental health trajectories and risk factors across the lifespan. [36] The study captures mental health data through comprehensive assessments, including structured interviews, psychological questionnaires, informant reports, medical records and neuroimaging. Key findings from the Dunedin Study include prevalence and long-term impact of mental disorders, the role of social and emotional factors in mental wellbeing and the influence of early life experiences on adult mental health outcomes.

The Dunedin Study began by recruiting a complete birth cohort of 1,037 individuals born in Dunedin, New Zealand, between 1972 and 1973. [37, 36] This approach ensured a population-representative sample, reflecting the full range of socioeconomic status in New Zealand's South Island at the time. [37] A hallmark of the Dunedin Study has been its exceptional participant retention, with over 90% of living members participating in most assessments, including 94% at the 45-year assessment. [38]

Engagement with the community and participants has been central to the study's longevity, including early support from the Dunedin community and ongoing efforts to remove barriers to participation, such as providing travel and accommodation for assessments. [37] Furthermore, the study demonstrates a commitment to culturally responsive engagement, particularly with Māori participants and their whānau, guided by a 'Responsiveness to Māori Policy' developed by Māori researchers within the study. [36]

The “Family Health History Study”, a key sub-study of the DMHDS that began in 2003 and finished in January 2006, sought to explore all aspects of participants’ health. [37] Researchers conducted just under 1,900 in-home interviews, covering a variety of health-related areas (including mental health). Interviews included questioning about: emotional health during the participant’s life and any emotional difficulties that may have been experienced (i.e. depression), familial emotional health, personal views or attitudes on life, people important to them, family members and friends who provide support and relationships with partner or spouse.

Overall, the comprehensive and longitudinal nature of the Dunedin Study provides invaluable context for understanding the long-term mental health landscape in New Zealand, offering critical insights into population-level trends and the factors influencing mental wellbeing across the lifespan.

Discussion / Conclusion

This literature scan confirms that existing PREMs for mental health services in Aotearoa are currently inadequate and that a nationally consistent, psychometrically robust mental health PREM is necessary. International and domestic examples reveal substantial variation in sampling frames, modes, and governance, yet notable consistency in the substantive domains measured: access, communication/information, respect and dignity, safety, involvement in decisions, continuity, and crisis support. These common question topics provide transferable templates for a national instrument.

New Zealand initiatives (Ngā Poutama, Mārama RTF) demonstrate strong intent and some useful practice (e.g., co-design, culturally informed content, and real-time feedback) but also reveal methodological limitations (low and biased response rates, satisfaction-oriented scales, uncontrolled convenience sampling) that constrain their utility for national benchmarking. While international programmes (e.g. England's CQC, Norway's PIPEQ-CEM, Denmark's LUP, CAHPS) vary in their approaches, they illustrate areas of best practice: clear experience-focused items (frequency rather than evaluative agreement), defined sampling frames covering inpatient and community care, multimodal invitations with reminders, timely post-care administration, and active service-user involvement in development.

Crucially, Te Tāhū Hauora's existing core PREM questions map closely onto internationally recommended domains, indicating that development of a mental health PREM will involve an adaptation (as opposed to reinvention) of existing surveys and survey questions: retaining proven core items while adding a small number of mental-health-specific questions (relational quality, experiences of coercion, crisis contact, recovery-focused support, and consider the inclusion of those with substance use disorders), and embedding co-design and cognitive pretesting. Doing so will yield representative, actionable data to support equitable, culturally responsive quality improvement across Aotearoa's mental health system.

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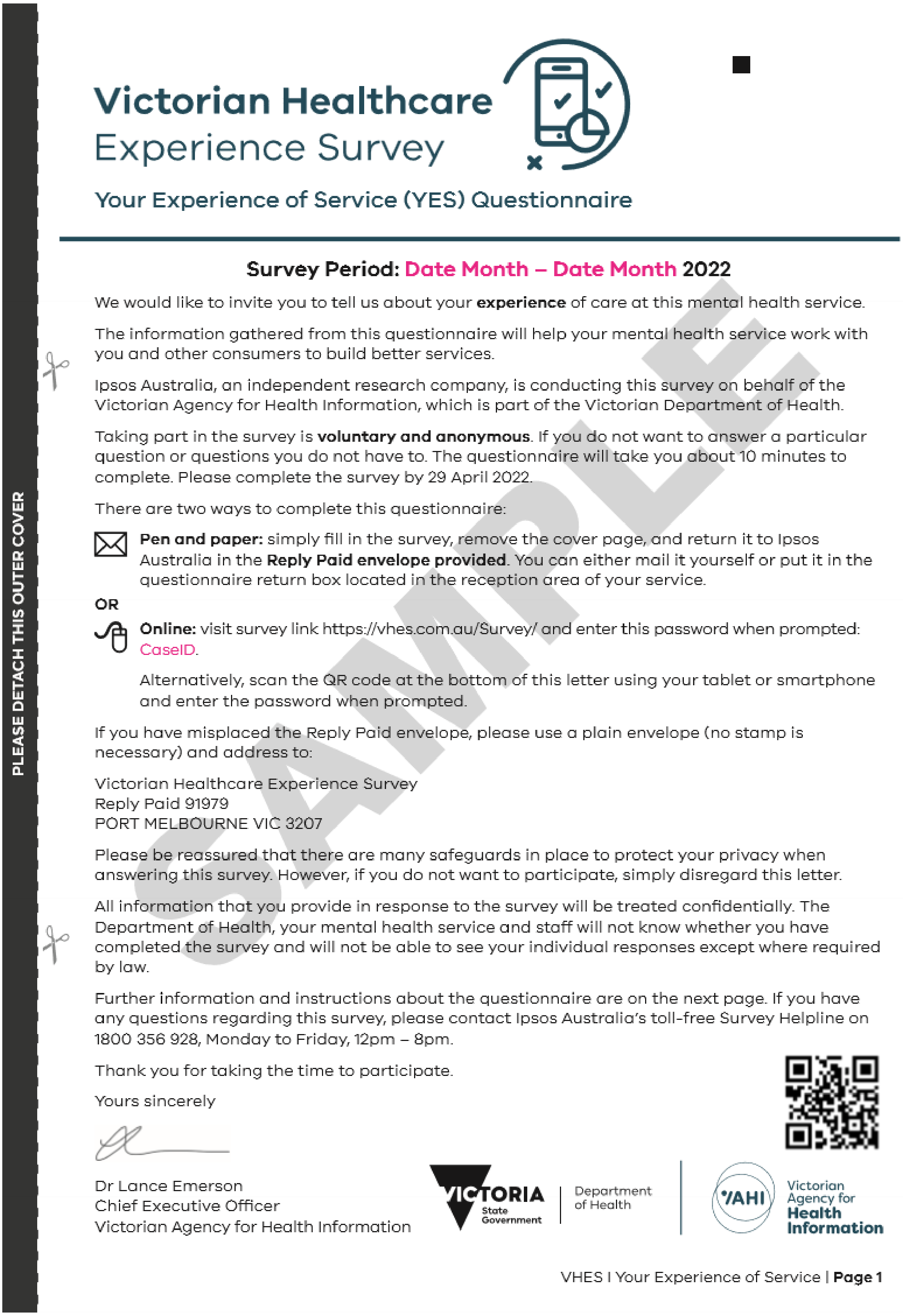
Appendix

Your Experience of Service Survey (YES)



PLEASE DETACH THIS OUTER COVER

Victorian Healthcare Experience Survey

Your Experience of Service (YES) Questionnaire

Survey Period: Date Month – Date Month 2022

We would like to invite you to tell us about your **experience** of care at this mental health service.

The information gathered from this questionnaire will help your mental health service work with you and other consumers to build better services.

Ipsos Australia, an independent research company, is conducting this survey on behalf of the Victorian Agency for Health Information, which is part of the Victorian Department of Health.

Taking part in the survey is **voluntary and anonymous**. If you do not want to answer a particular question or questions you do not have to. The questionnaire will take you about 10 minutes to complete. Please complete the survey by 29 April 2022.

There are two ways to complete this questionnaire:

✉ **Pen and paper:** simply fill in the survey, remove the cover page, and return it to Ipsos Australia in the **Reply Paid envelope provided**. You can either mail it yourself or put it in the questionnaire return box located in the reception area of your service.

OR

Online: visit survey link https://vhes.com.au/Survey/ and enter this password when prompted: CaseID.

Alternatively, scan the QR code at the bottom of this letter using your tablet or smartphone and enter the password when prompted.

If you have misplaced the Reply Paid envelope, please use a plain envelope (no stamp is necessary) and address to:

Victorian Healthcare Experience Survey
Reply Paid 91979
PORT MELBOURNE VIC 3207

Please be reassured that there are many safeguards in place to protect your privacy when answering this survey. However, if you do not want to participate, simply disregard this letter.

All information that you provide in response to the survey will be treated confidentially. The Department of Health, your mental health service and staff will not know whether you have completed the survey and will not be able to see your individual responses except where required by law.

Further information and instructions about the questionnaire are on the next page. If you have any questions regarding this survey, please contact Ipsos Australia's toll-free Survey Helpline on 1800 356 928, Monday to Friday, 12pm – 8pm.

Thank you for taking the time to participate.

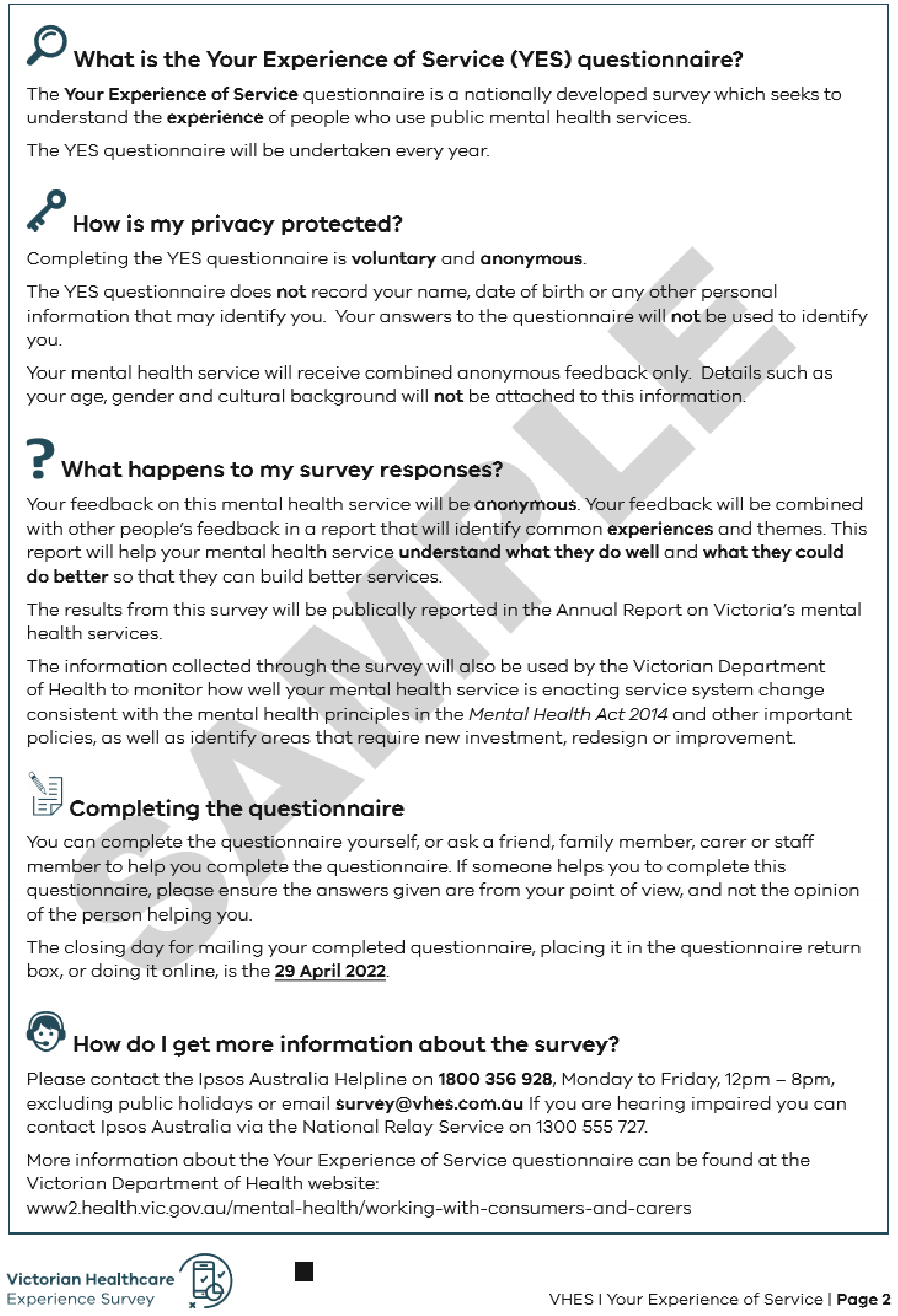
Yours sincerely

Dr Lance Emerson
Chief Executive Officer
Victorian Agency for Health Information

VICTORIA State Government | Department of Health

VAHI Victorian Agency for Health Information

VHES I Your Experience of Service | **Page 1**



What is the Your Experience of Service (YES) questionnaire?

The **Your Experience of Service** questionnaire is a nationally developed survey which seeks to understand the **experience** of people who use public mental health services.

The YES questionnaire will be undertaken every year.

How is my privacy protected?

Completing the YES questionnaire is **voluntary** and **anonymous**.

The YES questionnaire does **not** record your name, date of birth or any other personal information that may identify you. Your answers to the questionnaire will **not** be used to identify you.

Your mental health service will receive combined anonymous feedback only. Details such as your age, gender and cultural background will **not** be attached to this information.

What happens to my survey responses?

Your feedback on this mental health service will be **anonymous**. Your feedback will be combined with other people's feedback in a report that will identify common **experiences** and themes. This report will help your mental health service **understand what they do well** and **what they could do better** so that they can build better services.

The results from this survey will be publically reported in the Annual Report on Victoria's mental health services.

The information collected through the survey will also be used by the Victorian Department of Health to monitor how well your mental health service is enacting service system change consistent with the mental health principles in the *Mental Health Act 2014* and other important policies, as well as identify areas that require new investment, redesign or improvement.

Completing the questionnaire

You can complete the questionnaire yourself, or ask a friend, family member, carer or staff member to help you complete the questionnaire. If someone helps you to complete this questionnaire, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

The closing day for mailing your completed questionnaire, placing it in the questionnaire return box, or doing it online, is the **29 April 2022**.

How do I get more information about the survey?

Please contact the Ipsos Australia Helpline on **1800 356 928**, Monday to Friday, 12pm – 8pm, excluding public holidays or email **survey@vhes.com.au** If you are hearing impaired you can contact Ipsos Australia via the National Relay Service on 1300 555 727.

More information about the Your Experience of Service questionnaire can be found at the Victorian Department of Health website:
www2.health.vic.gov.au/mental-health/working-with-consumers-and-carers

YOUR EXPERIENCE OF SERVICE (CLINICAL MENTAL HEALTH SERVICES)

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principles of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers work together to build better services.

Completion of the survey is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

Please put a cross in just one box for each question, like this...

Never	Rarely	Sometimes	Usually	Always	Not applicable
☐	☐	☐	☒	☐	☐

These questions ask **how often** we did the following things...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt welcome at this service	☐	☐	☐	☐	☐	
2. Staff showed respect for how you were feeling	☐	☐	☐	☐	☐	
3. You felt safe using this service	☐	☐	☐	☐	☐	
4. Your privacy was respected	☐	☐	☐	☐	☐	
5. Staff showed hopefulness for your future	☐	☐	☐	☐	☐	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	☐	☐	☐	☐	☐	
7. Staff made an effort to see you when you wanted	☐	☐	☐	☐	☐	☐
8. You had access to your treating doctor or psychiatrist when you needed	☐	☐	☐	☐	☐	☐
9. You believe that you would receive fair treatment if you made a complaint	☐	☐	☐	☐	☐	☐
10. Your opinions about the involvement of family or friends in your care were respected	☐	☐	☐	☐	☐	☐
11. The facilities and environment met your needs (such as cleanliness, private space, reception area, furniture, common areas, etc.)	☐	☐	☐	☐	☐	

These questions ask **how often** we did the following things...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable
12. You were listened to in all aspects of your care and treatment	☐	☐	☐	☐	☐	
13. Staff worked as a team in your care and treatment (for example, you got consistent information and didn't have to repeat yourself to different staff)	☐	☐	☐	☐	☐	
14. Staff discussed the effects of your medication and other treatments with you	☐	☐	☐	☐	☐	
15. You had opportunities to discuss your progress with the staff caring for you	☐	☐	☐	☐	☐	
16. There were activities you could do that suited you	☐	☐	☐	☐	☐	☐
17. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	☐	☐	☐	☐	☐	☐

These questions ask **how well** we did the following things...

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Poor	Fair	Good	Very Good	Excellent	Not applicable
18. Information available to you about this service (such as how the service works, which staff will be working with you, how to make a complaint, etc.)	☐	☐	☐	☐	☐	
19. Explanation of your rights and responsibilities	☐	☐	☐	☐	☐	
20. Access to peer support (such as information about peer workers, referral to consumer programs, advocates, etc.)	☐	☐	☐	☐	☐	☐
21. Development of a care plan with you that considered all of your needs (such as health, living situation, age, etc.)	☐	☐	☐	☐	☐	
22. Convenience of the location for you (such as close to family and friends, transport, parking, community services you use, etc.	☐	☐	☐	☐	☐	

As a result of your experience with the service in the last 3 months or less please rate the following:	Poor	Fair	Good	Very Good	Excellent
23. The effect the service had on your hopefulness for the future	☐	☐	☐	☐	☐
24. The effect the service had on your ability to manage your day to day life	☐	☐	☐	☐	☐
25. The effect the service had on your overall well-being	☐	☐	☐	☐	☐
26. Overall, how would you rate your experience of care with this service in the last 3 months?	☐	☐	☐	☐	☐

Thinking about the last 3 months, have you experienced any of the following:	Yes, in the last 3 months	Yes, but more than three months ago	No, never	Were you provided with follow up? Yes	Were you provided with follow up? No
27. Being secluded	☐	☐	☐	☐	☐
28. Being restrained	☐	☐	☐	☐	☐
29. Being in a locked unit/ward	☐	☐	☐	☐	☐
30. Having restrictions on communication (eg limited access to your phone)	☐	☐	☐	☐	☐

In the last 3 months has the service advised you about the following:	Yes	No	Not sure	Not applicable
31. Healthy eating and diet	☐	☐	☐	
32. Smoking	☐	☐	☐	☐
33. Alcohol and drug use	☐	☐	☐	
34. Sexual health	☐	☐	☐	
35. Exercise and physical activity	☐	☐	☐	
36. Possible physical side effects of some medications (such as weight gain, diabetes or heart disease)	☐	☐	☐	☐
37. Possible mental or emotional side effects of some medications (such as mood changes, drowsiness, trouble thinking)	☐	☐	☐	☐
38. Accessing the NDIS (National Disability Insurance Scheme)	☐	☐	☐	☐

Please respond to the following comments regarding **advance statements**:	Yes	No	Not applicable
39. You had an advance statement before you came to the service	☐	☐	
40. You were given information about advance statements	☐	☐	
41. You were offered support to create an advance statement by the service	☐	☐	☐
42. Your care was provided in line with your advance statement	☐	☐	☐

	Never	Rarely	Sometimes	Usually	Always
43. Your rights were respected and protected	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Usually	Always	Not applicable
44. Your personal safety was protected while using the service	☐	☐	☐	☐	☐	☐

	Poor	Fair	Good	Very Good	Excellent	Not applicable
45. The service recognised and supported **your** caring responsibilities (including family, family of choice, or other key relationships).	☐	☐	☐	☐	☐	☐

Please provide any extra comments

46. My experience would have been better if...

Please do not provide personal or health information about yourself or any other person, such as names or descriptions.

47. The best things about this service were...

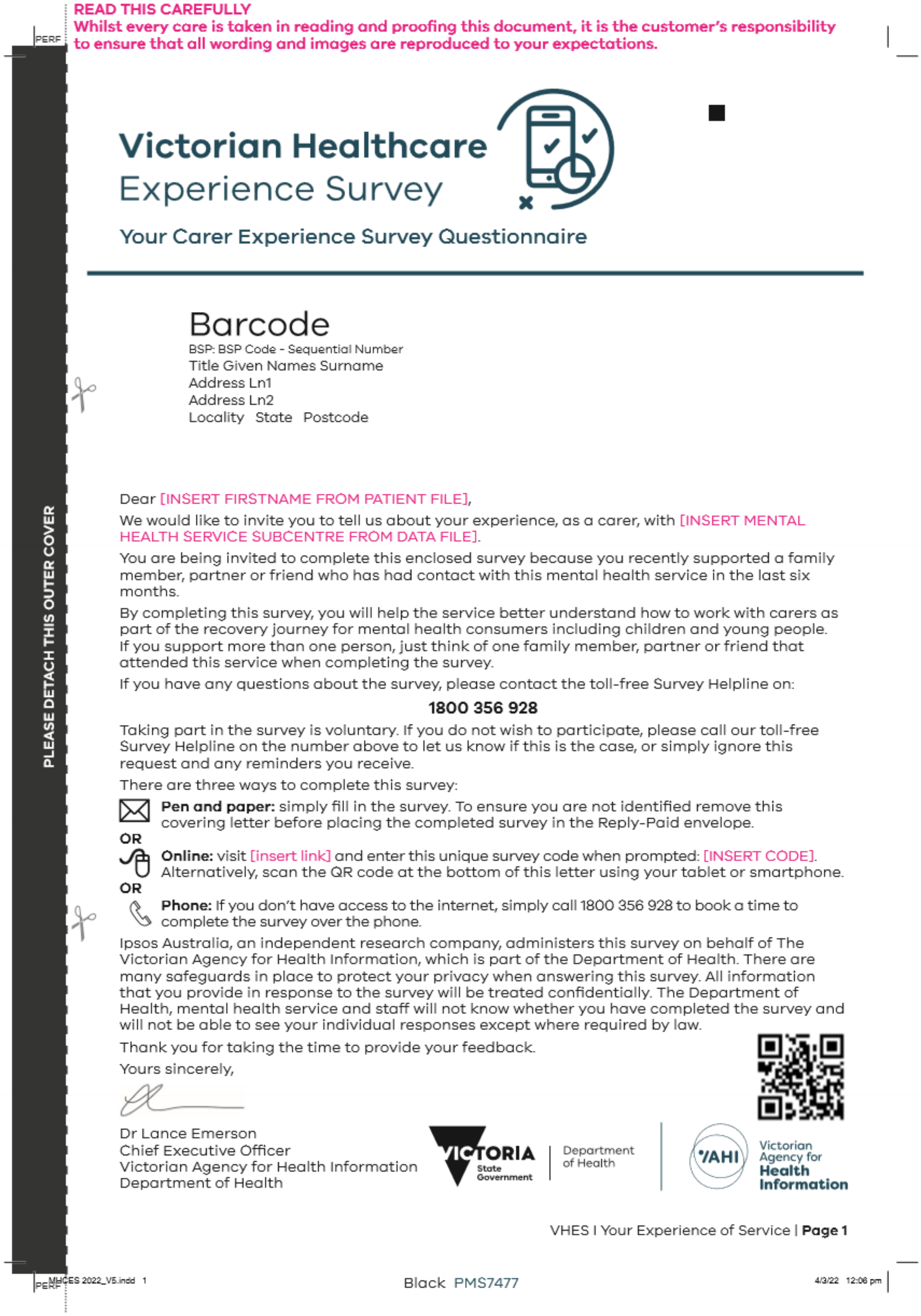
Please do not provide personal or health information about yourself or any other person, such as names or descriptions.

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

What is your gender?	☐ Male ☐ Female ☐ Other
What is the main language you speak at home?	☐ English ☐ Other
Are you of Aboriginal or Torres Strait Island origin?	☐ No ☐ Yes - Aboriginal ☐ Yes - Torres Strait Islander ☐ Yes - Aboriginal and Torres Strait Islander
What is your age?	☐ Under 18 years ☐ 18 to 24 years ☐ 25 to 34 years ☐ 35 to 44 years ☐ 45 to 54 years ☐ 55 to 64 years ☐ 65 years and over
How long have you been receiving care from this service on this occasion?	☐ Less than 24 hours ☐ 1 day to 2 weeks ☐ 3 to 4 weeks ☐ 1 to 3 months ☐ 4 to 6 months ☐ More than 6 months
At any point during the last 3 months were you receiving involuntary treatment (such as an involuntary patient or on a community treatment order) under Mental Health Legislation?	☐ Yes, involuntary patient/on a community treatment order ☐ No, I was always a voluntary patient ☐ Not sure
Did someone help you complete this survey?	☐ No ☐ Yes - family or friend ☐ Yes - language or cultural interpreter ☐ Yes - consumer worker or peer worker ☐ Yes - another staff member from the service ☐ Yes - someone else

BARCODE

Carer Experience Survey (CES)



READ THIS CAREFULLY
Whilst every care is taken in reading and proofing this document, it is the customer's responsibility to ensure that all wording and images are reproduced to your expectations.

PERF

PLEASE DETACH THIS OUTER COVER

Victorian Healthcare Experience Survey

Your Carer Experience Survey Questionnaire

Barcode
BSP: BSP Code - Sequential Number
Title Given Names Surname
Address Ln1
Address Ln2
Locality State Postcode

Dear [INSERT FIRSTNAME FROM PATIENT FILE],

We would like to invite you to tell us about your experience, as a carer, with [INSERT MENTAL HEALTH SERVICE SUBCENTRE FROM DATA FILE].

You are being invited to complete this enclosed survey because you recently supported a family member, partner or friend who has had contact with this mental health service in the last six months.

By completing this survey, you will help the service better understand how to work with carers as part of the recovery journey for mental health consumers including children and young people. If you support more than one person, just think of one family member, partner or friend that attended this service when completing the survey.

If you have any questions about the survey, please contact the toll-free Survey Helpline on:

1800 356 928

Taking part in the survey is voluntary. If you do not wish to participate, please call our toll-free Survey Helpline on the number above to let us know if this is the case, or simply ignore this request and any reminders you receive.

There are three ways to complete this survey:

✉ **Pen and paper:** simply fill in the survey. To ensure you are not identified remove this covering letter before placing the completed survey in the Reply-Paid envelope.

OR

Online: visit [insert link] and enter this unique survey code when prompted: [INSERT CODE]. Alternatively, scan the QR code at the bottom of this letter using your tablet or smartphone.

OR

☎ **Phone:** If you don't have access to the internet, simply call 1800 356 928 to book a time to complete the survey over the phone.

Ipsos Australia, an independent research company, administers this survey on behalf of The Victorian Agency for Health Information, which is part of the Department of Health. There are many safeguards in place to protect your privacy when answering this survey. All information that you provide in response to the survey will be treated confidentially. The Department of Health, mental health service and staff will not know whether you have completed the survey and will not be able to see your individual responses except where required by law.

Thank you for taking the time to provide your feedback.

Yours sincerely,

Dr Lance Emerson
Chief Executive Officer
Victorian Agency for Health Information
Department of Health

VICTORIA State Government | Department of Health | VAHI Victorian Agency for Health Information

VHES I Your Experience of Service | **Page 1**

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INFORMATION SHEET

Completing the survey is voluntary. You don't have to complete the survey if you don't want to, and this will have no impact on any mental health services that may be provided to you or your family member, partner or friend.

Who is a carer?

Someone who is actively supporting, assisting or providing unpaid care to a consumer. A carer may or may not live with the consumer. A carer may be a family member, friend or other person, including a person under the age of 18, who has a significant role in the life of the consumer. Not everyone in providing unpaid support to consumers (this includes children) identifies as a carer; rather, they prefer to be associated by the characteristic of their relationship (such as parent, partner or sibling).

We are interested in **your** experience with this mental health service, from your point of view as a carer. A separate consumer survey, the **Your Experience of Service (YES)** survey, is run each year to understand the experience of those who use public mental health services.

If you decide to take part in the survey, please complete the enclosed questionnaire and return it in the Reply-Paid envelope provided. If you do not wish to participate, please call our toll-free Survey Helpline on: 1800 356 928 to let us know if this is the case, or simply discard this survey and any reminders you receive.

What is the Mental Health Carer Experience survey?

The Mental Health Carer Experience Survey (MHCES) was developed by the Australian Mental Health Outcomes and Classification Network (AMHOCN) and funded by the Australian Government Department of Health in 2017. It reflects the Fourth National Mental Health Plan's emphasis on the importance of engagement with carers in mental health service provision, stating that carers should be informed of service options for consumers as well as carers, and acknowledged in their role as carer.

The Royal Commission into Victoria's Mental Health System heard from thousands of families, carers and supporters and has made clear recommendations in its final report that will ensure the new mental health and wellbeing system better supports and involves families, carers and supporters, and that mental health services continue to be shaped by their views.

What happens to my survey responses?

Your feedback on this mental health service will be de-identified. Your feedback will be combined with other carers' feedback in a report that will identify common experiences and themes. This report will help the mental health service understand what they do well and what they could do better so that they can build better services.

The information collected through the survey will also be used by the Victorian Department of Health to monitor how well the mental health service is enacting service system change consistent with the principles set out in the Royal Commission into Victoria's Mental Health System, the Mental Health Act 2014, and other important policies, as well as identify areas that require new investment, redesign or improvement.

How is my privacy protected?

Your information is used and disclosed in accordance with privacy regulations. Ipsos has been provided with your name and address only for the purpose of sending you this survey. Ipsos engages other companies to assist in sending out surveys and translating responses. Ipsos and these companies will keep your information confidential by use of a unique code.

Your information will be stored for three months. After this time, your identifying information will be destroyed. Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the Survey Helpline to request that some, or all, of your information be deleted.

No information about the person you care for has been provided to Ipsos.

Can I use the survey to make a formal complaint?

As the survey is de-identified, you can't use it to make a formal complaint. If you have a complaint, it should be to the mental health service where the issue occurred. Alternatively, if you feel the mental health service is not responding to your complaint you may contact the Mental Health Complaints Commissioner on 1800 246 054.

How do I get more information about the survey?

Please contact the Survey Helpline on 1800 356 928 (Monday to Friday, 12pm–8pm, excluding public holidays). If you are hearing impaired, you can contact us via the National Relay Service on 1300 555 727 or e-mail survey@vhes.com.au.

More information about the Carer Experience Survey (CES) questionnaire can be found at the Victorian Department of Health website: https://www2.health.vic.gov.au/mental-health/working-with-consumers-and-carers.

What if I would like the survey in a different language?

If you prefer a language other than English, please contact the Survey Helpline on 1800 356 928 (Monday to Friday, 12pm–8pm, excluding public holidays).

Is there a number I can call if I require support?

Tandem is the Victorian peak body representing family and friends supporting people living with mental health issues. Tandem's mission is to provide leadership and coordination for the community of individuals and organisations who seek better outcomes for Victorian mental health carers.

If you have a question about supporting your family member, partner or friend, or if you are seeking emotional or practical support, call the Tandem Support and Referral Line on 1800 314 325 to speak to specially trained carer advocates. If you are a young person, Tandem can link you to young carers support and information.

HOW TO COMPLETE THE PAPER SURVEY

For each question, please use a blue or black pen to cross the box next to the answer you choose, as shown below.

Example only

Never	Rarely	Sometimes	Usually	Always	Not needed
☐	☐	☐	☒	☐	☐

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully, you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, cannot remember or if they are not applicable to you, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and cross the correct box like this:

■ ☒

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

Once complete, please place the survey in the Reply-Paid envelope and post it. You do not have to use a stamp. If you have misplaced the Reply-Paid envelope, please use a plain envelope (no stamp is necessary) and address to:

Mental Health Carer Experience Survey
Reply Paid 91979
PORT MELBOURNE VIC 3207

CARER EXPERIENCE SURVEY QUESTIONNAIRE

As a carer with a family member, partner or friend who had contact with this mental health service in the last six months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not needed
Please tick one box for each statement						
1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend	☐	☐	☐	☐	☐	☐
2. You were given an explanation of any legal issues that might affect your family member, partner or friend	☐	☐	☐	☐	☐	☐
3. You understood your rights and responsibilities	☐	☐	☐	☐	☐	☐
4. Your personal values, beliefs and circumstances were taken into consideration	☐	☐	☐	☐	☐	☐
5. You were able to obtain cultural or language support (such as an interpreter) when you needed	☐	☐	☐	☐	☐	☐
6. You were given the opportunity to provide relevant information about your family member, partner or friend	☐	☐	☐	☐	☐	☐
7. Your opinion as a carer was respected	☐	☐	☐	☐	☐	☐
8. You were involved in decisions affecting your family member, partner or friend	☐	☐	☐	☐	☐	☐
9. You were identified as a carer of your family member, partner or friend	☐	☐	☐	☐	☐	☐

Question continued on Page 4

Question continued from Page 3

As a carer with a family member, partner or friend who had contact with this mental health service in the last six months, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not needed
Please tick one box for each statement						
10. You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information)	☐	☐	☐	☐	☐	☐
11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	☐	☐	☐	☐	☐	☐

As a carer with a family member, partner or friend who had contact with this mental health service in the **last six months**, how often did the following occur?	Never	Rarely	Sometimes	Usually	Always	Not needed
Please tick one box for each statement						
12. You were given the opportunity to enhance your abilities as a carer	☐	☐	☐	☐	☐	☐
13. Staff conveyed hope for the recovery of your family member, partner or friend	☐	☐	☐	☐	☐	☐
14. Staff worked in a way that supported your relationship with your family member, partner or friend	☐	☐	☐	☐	☐	☐
15. You were given information about services and strategies available if your family member, partner or friend became unwell again	☐	☐	☐	☐	☐	☐
16. You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person)	☐	☐	☐	☐	☐	☐

As a carer with a family member, partner or friend who had contact with this mental health service, in the **last six months** have you been given the following?	Yes	No	Don't know	Not needed
Please tick one box for each statement				
17. A brochure or other material about your rights and responsibilities	☐	☐	☐	☐
18. An explanation of how to make a compliment or complaint about the mental health service	☐	☐	☐	☐
19. Information about carer support services (such as local groups, carer peer support workers, counsellors)	☐	☐	☐	☐
20. Information on opportunities to participate in improving this mental health service	☐	☐	☐	☐
21. A number you could call after hours for the service	☐	☐	☐	☐
22. Information about taking a support person to meetings or hearings if you wished	☐	☐	☐	☐

As a result of your experience with this mental health service in the **last six months**, has your life changed in the following areas?	A lot worse	A little worse	No change	A little better	A lot better	Not needed
Please tick one box for each statement						
23. Your relationship with the person for whom you care	☐	☐	☐	☐	☐	☐
24. Your hopefulness for your future	☐	☐	☐	☐	☐	☐
25. Your overall wellbeing	☐	☐	☐	☐	☐	☐

26. Overall, how would you rate your experience as a carer with this mental health service over the last six months?

Poor	Fair	Good	Very Good	Excellent	Don't know
☐	☐	☐	☐	☐	☐

27. Did you feel the service was safe?

Never	Rarely	Sometimes	Usually	Always	Not applicable
☐	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Usually	Always	Not needed
Please tick one box for each statement						
28. Overall, during the last six months, did your family member, partner or friend want you involved in their care?	☐	☐	☐	☐	☐	☐
29. In the last six months how often were you invited to a family meeting with the treating team? This includes face-to-face, telephone or video meetings.	☐	☐	☐	☐	☐	☐

The next two questions mention discharge. Discharge can refer to discharge from a stay at the mental health inpatient unit or discharge from the entire mental health service or both, if relevant. **Please tick one box for each statement**	Never	Rarely	Sometimes	Usually	Always	Not needed
30. As a carer with a family member, partner or friend who has had contact with this mental health service, in the last six months have you been given specific information you needed for your role in the ongoing care, treatment and recovery, including discharge, of your family member, partner or friend?	☐	☐	☐	☐	☐	☐
31. Were your circumstances and those of your family member, partner or friend considered in planning their discharge from the service?	☐	☐	☐	☐	☐	☐

32. My experience with this service would have been better if...

Please do not provide personal or health information about yourself or any other person, such as names or descriptions.

33. The best things about this service were...

Please do not provide personal or health information about yourself or any other person, such as names or descriptions.

DEMOGRAPHICS

Please tick one box for each question

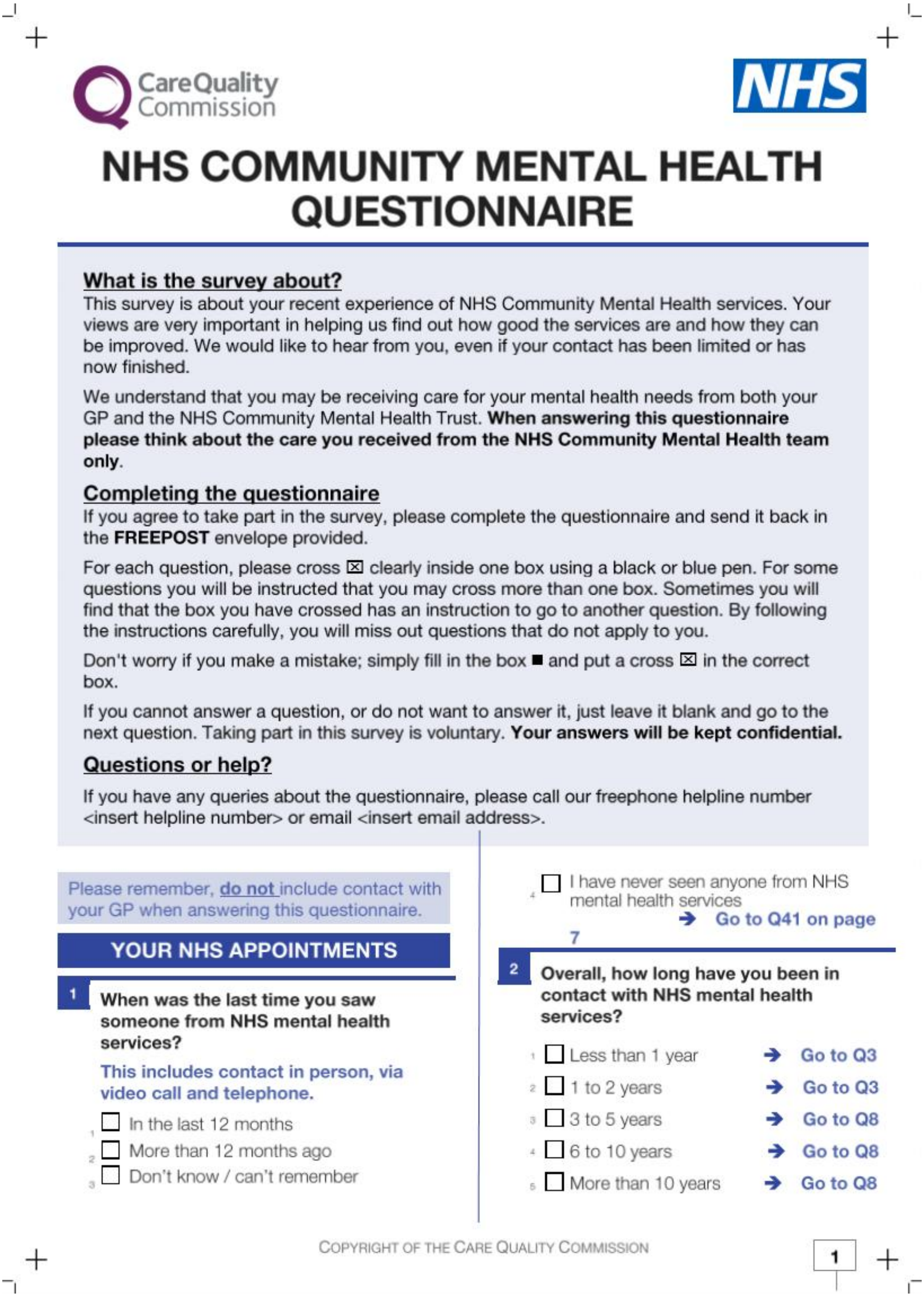
34. What is your gender?	☐ Male ☐ Female ☐ Other ☐ Prefer not to say
35. What is the main language you speak at home?	☐ English ☐ Other ☐ Prefer not to say
36. What is your age?	☐ 17 years or under ☐ 18 to 24 years ☐ 25 to 34 years ☐ 35 to 44 years ☐ 45 to 54 years ☐ 55 to 64 years ☐ 65 to 74 years ☐ 75 years and over ☐ Prefer not to say

37. Are you of Aboriginal or Torres Strait Islander descent?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐ Prefer not to say
38. How long have you been a carer of your family member, partner or friend with a mental illness?	☐ Up to 6 months ☐ 6 months to 1 year ☐ 1 to 2 years ☐ 2 to 5 years ☐ 5 to 10 years ☐ Over 10 years
39. What is your relationship to the family member, partner or friend for whom you are a carer? The person I care for is:	☐ My spouse / partner (including married, defacto) ☐ My mother or father (including step and in-law) ☐ My brother or sister (including step and in-law) ☐ My son or daughter (including step and in-law) ☐ A friend ☐ Other
40. How long has your family member, partner or friend been a client of this mental health service?	☐ Less than 1 month ☐ 1 to 6 months ☐ 6 months – 1 year ☐ 1 to 5 years ☐ More than 5 years
41. Did someone help you complete this survey?	☐ No ☐ Yes – family member, partner or friend ☐ Yes – language or cultural interpreter ☐ Yes – carer or consumer worker/peer worker ☐ Yes – another staff member from the service ☐ Yes – someone else

If you are aware of another person that plays a significant caring role for your family member, partner or friend and they would like to complete the survey also, please give them this unique online code: [INSERT LINK]

THANK YOU FOR COMPLETING THIS SURVEY

BARCODE



Care Quality Commission

NHS

NHS COMMUNITY MENTAL HEALTH QUESTIONNAIRE

What is the survey about?

This survey is about your recent experience of NHS Community Mental Health services. Your views are very important in helping us find out how good the services are and how they can be improved. We would like to hear from you, even if your contact has been limited or has now finished.

We understand that you may be receiving care for your mental health needs from both your GP and the NHS Community Mental Health Trust. **When answering this questionnaire please think about the care you received from the NHS Community Mental Health team only**.

Completing the questionnaire

If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross ☒ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed 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 fill in the box ■ and put a cross ☒ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question. Taking part in this survey is voluntary. **Your answers will be kept confidential.**

Questions or help?

If you have any queries about the questionnaire, please call our freephone helpline number <insert helpline number> or email <insert email address>.

Please remember, **do not** include contact with your GP when answering this questionnaire.

YOUR NHS APPOINTMENTS

1 **When was the last time you saw someone from NHS mental health services?**

This includes contact in person, via video call and telephone.

1 ☐ In the last 12 months
2 ☐ More than 12 months ago
3 ☐ Don't know / can't remember
4 ☐ I have never seen anyone from NHS mental health services ➔ **Go to Q41 on page 7**

2 **Overall, how long have you been in contact with NHS mental health services?**

1 ☐ Less than 1 year ➔ **Go to Q3**
2 ☐ 1 to 2 years ➔ **Go to Q3**
3 ☐ 3 to 5 years ➔ **Go to Q8**
4 ☐ 6 to 10 years ➔ **Go to Q8**
5 ☐ More than 10 years ➔ **Go to Q8**

6 ☐ I am no longer in contact with NHS mental health services → **Go to Q8**

7 ☐ Don't know / can't remember → **Go to Q8**

ACCESSING CARE AND TREATMENT

Your first appointment could have been **in person**, via **video call** or by **telephone.**

3 How long did you wait between your assessment with the NHS mental health team and your first appointment for treatment?

1 ☐ Less than 2 weeks
2 ☐ 2 to 3 weeks
3 ☐ 1 to 2 months
4 ☐ 3 to 6 months
5 ☐ More than 6 months
6 ☐ Don't know / can't remember

4 How did you feel about the length of time you waited between your assessment with the NHS mental health team and your first appointment for treatment?

1 ☐ The waiting time was appropriate
2 ☐ The waiting time was too long
3 ☐ The waiting time was too short
4 ☐ I did not have to wait
5 ☐ Don't know / can't remember

5 While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, did you experience any changes in your mental health?

1 ☐ Yes, my mental health improved
2 ☐ Yes, my mental health got worse
3 ☐ No, my mental health stayed the same
4 ☐ Don't know / can't remember

6 While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?

1 ☐ Yes → **Go to Q7**
2 ☐ No → **Go to Q8**
3 ☐ Don't know / can't remember → **Go to Q8**

7 Was the support offered appropriate for your mental health needs?

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not need any support
5 ☐ Don't know / can't remember

YOUR MENTAL HEALTH TEAM

Thinking about the **last 12 months**, when you have seen someone from NHS mental health services for your mental health needs…

8 Were you given enough time to discuss your needs and treatment?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

9 Did you get the help you needed?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

10 Did your NHS mental health team consider how areas of your life impact your mental health?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No

4 ☐ Don't know / can't remember

11 **Did you have to repeat your mental health history to your NHS mental health team?**

1 ☐ Yes, often
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

12 **Did your NHS mental health team treat you with care and compassion?**

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

YOUR CARE

13 **Do you have a care plan?**

This is a plan for any care and treatment you may receive.

1 ☐ Yes
2 ☐ No
3 ☐ Don't know
4 ☐ Can't remember No, but I wanted to be

14 **Have you and your NHS mental health team decided together what care and treatment you will receive?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

15 **How has your care and treatment been delivered?**

Please cross X in <u>ALL</u> the boxes that apply to you.

1 ☐ In person
2 ☐ By video call
3 ☐ By telephone
4 ☐ Online course(s)
5 ☐ Digital apps

16 **In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?**

1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

17 **Has your NHS mental health team supported you to make decisions about your care and treatment?**

Support includes sharing information on risks and benefits of your care and treatment.

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

18 **Do you feel in control of your care?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ No, I do not want to be in control of my care
5 ☐ My care has now ended
6 ☐ Don't know / not sure

YOUR TREATMENT

19 **In the last 12 months, have you been receiving any medication for your mental health needs?**

1 ☐ Yes ➔ **Go to Q20**

2 ☐ No → **Go to Q23**

20 **Who prescribed medication for your mental health needs?**

1 ☐ GP
2 ☐ NHS Mental Health Team
3 ☐ Both
4 ☐ Don't know

21 Have any of the following been discussed with you about your medication?

	Yes, definitely	Yes, to some extent	No	Don't know
Purpose of medication	1 ☐	2 ☐	3 ☐	4 ☐
Benefits of medication	1 ☐	2 ☐	3 ☐	4 ☐
Side effects of medication	1 ☐	2 ☐	3 ☐	4 ☐
What will happen if I stop taking my medication	1 ☐	2 ☐	3 ☐	4 ☐

No, but I wanted to be

22 **In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?**

1 ☐ Yes
2 ☐ No
3 ☐ I have been receiving medication for less than 12 months
4 ☐ Don't know / not sure

Talking therapies (these can include Cognitive Behavioural Therapy) includes any NHS treatment for your mental health that involves working with a trained therapist (or counsellor, or clinician).

23 **In the last 12 months, have you received any NHS talking therapies for your mental health needs?**

1 ☐ Yes → **Go to Q24**
2 ☐ No, but I would have liked this → **Go to Q26**
3 ☐ No, but I did not want this → **Go to Q26**
4 ☐ This was not appropriate → **Go to Q26**
5 ☐ Don't know / can't remember → **Go to Q26**

24 **How do you feel about the length of time you waited between your assessment with the NHS mental health team and your first talking therapies appointment?**

Don't

1 ☐ The waiting time was appropriate
2 ☐ The waiting time was too long
3 ☐ The waiting time was too short
4 ☐ I did not have to wait
5 ☐ Don't know / can't remember

25 **Thinking about the last time you received NHS talking therapies, did you have enough privacy to talk comfortably?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

CRISIS CARE

A crisis is if you need urgent help because your mental or emotional state is getting worse very quickly. You may have been given a number to contact, such as a 'Crisis Helpline' or a 'Crisis Resolution Team'.

27 **In the last 12 months, have you contacted this person or team?**

1 ☐ Yes → **Go to Q28**
2 ☐ No → **Go to Q31**
3 ☐ I could not contact them → **Go to Q31**
4 ☐ Don't know / can't remember → **Go to Q31**

26 **Would you know who to contact out of office hours within the NHS if you had a crisis?**

This should be a person or a team within NHS mental health services.

1 ☐ Yes → **Go to Q27**
2 ☐ No → **Go to Q31**
3 ☐ Not sure → **Go to Q31**

28 **Thinking about the last time you contacted this person or team, did you get the help you needed?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

29 **Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?**

1 ☐ I got through straight away
2 ☐ I had to wait, but not for too long
3 ☐ I had to wait too long
4 ☐ Don't know / can't remember

30 **Did the NHS mental health team give your family or carer support whilst you were in crisis?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ My family / carer did not want support
5 ☐ Don't know / can't remember
6 ☐ Not applicable

SUPPORT AND WELLBEING

31 **In the last 12 months, has your NHS mental health team supported you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I would have liked support
4 ☐ I have support and did not need this
5 ☐ I do not need support for this
6 ☐ I do not have physical health needs

The following question asks if your NHS mental health team helped you **find** support in these areas. This could be through providing posters, flyers, and leaflets.

32 **In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...**

	Yes, definitely	Yes, to some extent	No	I do not need support
Joining a group or taking part in an activity (e.g. art, sport etc)	1 ☐	2 ☐	3 ☐	4 ☐
Finding or keeping work	1 ☐	2 ☐	3 ☐	4 ☐
Financial advice or benefits	1 ☐	2 ☐	3 ☐	4 ☐
Cost of living	1 ☐	2 ☐	3 ☐	4 ☐

33 **Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, not as much as I would like
4 ☐ No, they have involved them too much
5 ☐ Not applicable

The following four questions ask about the support or assistance your NHS mental health team may have given to help you access your care and treatment.

This could include support accessing the building (such as provision of lifts, ramps, signage), language support (translation, interpreters), format of materials (easy read, braille, large print) and support accessing online appointments.

34 **Has your NHS mental health team asked if you need support to access your care and treatment?**

1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

35 **Do you need support to access your care and treatment?**

1 ☐ Yes ➔ **Go to Q36**
2 ☐ No ➔ **Go to Q38**
3 ☐ Don't know / can't remember ➔ **Go to Q38**

36 **What support do you need to access your care and treatment?**
Please cross X in ALL the boxes that apply to you.

1 ☐ Physical support (e.g. lifts, wide doors, ramps, signage)
2 ☐ Language support (e.g. translated materials, translator, interpreter)
3 ☐ Format of materials (e.g. easy read, braille, large print)
4 ☐ Accessing online appointments (e.g. how to attend online appointment, resolving technical issues)
5 ☐ Other, **please specify**

37 **Do you feel the support provided meets your needs?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not receive any support
5 ☐ Don't know / can't remember

OVERALL

38 **Overall, in the last 12 months, how was your experience of using the NHS mental health services?**

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

1 ☐ 0 – I had a very poor experience
2 ☐ 1
3 ☐ 2
4 ☐ 3
5 ☐ 4
6 ☐ 5
7 ☐ 6
8 ☐ 7
9 ☐ 8
10 ☐ 9
11 ☐ 10 – I had a very good experience

39 **Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?**

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

40 **Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?**

1 ☐ Yes
2 ☐ No
3 ☐ Not sure

ABOUT YOU

This information will not be used to identify you. Your answers will help us find out whether different people are having different experiences of NHS services.

All the questions should be answered from the point of view of the person named on the letter.

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

1 ☐ The person named on the front of the envelope

2 ☐ A friend or relative of the person named on the front of the envelope

3 ☐ Both the person named on the envelope and a friend / relative

4 ☐ The person named on the envelope with the help of a health professional

42 Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

Please cross X in <u>ALL</u> the boxes that apply to you.

1 ☐ Autism or autism spectrum condition

2 ☐ Breathing problem, such as asthma

3 ☐ Blindness or partial sight

4 ☐ Cancer in the last 5 years

5 ☐ Dementia or Alzheimer's disease

6 ☐ Deafness or hearing loss

7 ☐ Diabetes

8 ☐ Heart problem, such as angina

9 ☐ Joint problem, such as arthritis

10 ☐ Kidney or liver disease

11 ☐ Learning disability

12 ☐ Mental health condition

13 ☐ Neurological condition

14 ☐ Physical Mobility

15 ☐ Stroke (which affects your day-to-day life)

16 ☐ Another long-term condition

17 ☐ I do not have any long-term conditions → **Go to Q44**

18 ☐ I would prefer not to say → **Go to Q44**

43 Do any of these conditions reduce your ability to carry out day-to-day activities?

1 ☐ Yes, a lot

2 ☐ Yes, a little

3 ☐ No, not at all

44 What was your year of birth?

Please write in e.g.

1	9	6	4

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups. Your answers will be kept confidential and not linked to your medical records.

45 At birth were you registered as…

1 ☐ Male

2 ☐ Female

3 ☐ Intersex

4 ☐ I would prefer not to say

46 Is your gender the same as the sex you were registered as at birth?

1 ☐ Yes

2 ☐ No, **please write your gender below**

3 ☐ I would prefer not to say

47 What is your religion?

1 ☐ No religion

2 ☐ Buddhist

3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)

4 ☐ Hindu

5 ☐ Jewish

6 ☐ Muslim

7 ☐ Sikh

8 ☐ Other
9 ☐ I would prefer not to say

48 **Which of the following best describes your sexual orientation?**

1 ☐ Heterosexual / Straight
2 ☐ Gay / Lesbian
3 ☐ Bisexual
4 ☐ Other
5 ☐ I would prefer not to say

49 **What is your ethnic group?**

Please cross ONE box only.

a. WHITE

1 ☐ English / Welsh / Scottish / Northern Irish / British
2 ☐ Irish
3 ☐ Gypsy or Irish Traveller
4 ☐ Roma
5 ☐ Any other White background, **please write in**

☐

b. MIXED / MULTIPLE ETHNIC GROUPS

6 ☐ White and Black Caribbean
7 ☐ White and Black African
8 ☐ White and Asian
9 ☐ Any other Mixed / multiple ethnic background, **please write in**

☐

c. ASIAN / ASIAN BRITISH

10 ☐ Indian
11 ☐ Pakistani
12 ☐ Bangladeshi
13 ☐ Chinese
14 ☐ Any other Asian background, **please write in**

☐

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

15 ☐ African
16 ☐ Caribbean
17 ☐ Any other Black / African / Caribbean background, **please write in**

☐

e. OTHER ETHNIC GROUP

18 ☐ Arab
19 ☐ Any other ethnic group, **please write in**

☐

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.

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.

Was there anything particularly good about your care?

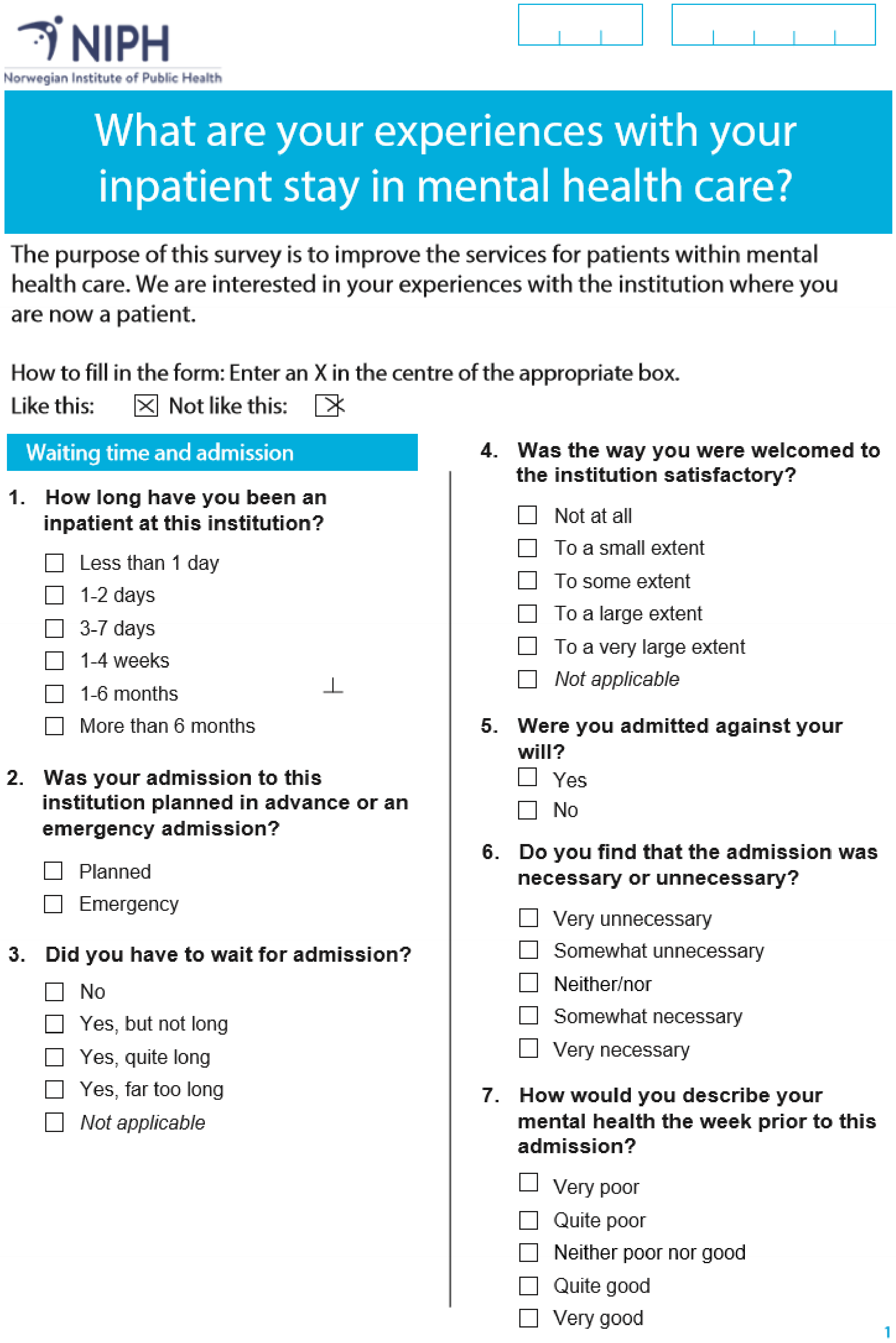
Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP.

Please check that you answered all the

Psychiatric Inpatient Patient Experience Questionnaire (PIPEC-CEM)



NIPH
Norwegian Institute of Public Health

What are your experiences with your inpatient stay in mental health care?

The purpose of this survey is to improve the services for patients within mental health care. We are interested in your experiences with the institution where you are now a patient.

How to fill in the form: Enter an X in the centre of the appropriate box.
Like this: ☒ Not like this: ☒

Waiting time and admission

1. **How long have you been an inpatient at this institution?**
   - ☐ Less than 1 day
   - ☐ 1-2 days
   - ☐ 3-7 days
   - ☐ 1-4 weeks
   - ☐ 1-6 months
   - ☐ More than 6 months

2. **Was your admission to this institution planned in advance or an emergency admission?**
   - ☐ Planned
   - ☐ Emergency

3. **Did you have to wait for admission?**
   - ☐ No
   - ☐ Yes, but not long
   - ☐ Yes, quite long
   - ☐ Yes, far too long
   - ☐ *Not applicable*

4. **Was the way you were welcomed to the institution satisfactory?**
   - ☐ Not at all
   - ☐ To a small extent
   - ☐ To some extent
   - ☐ To a large extent
   - ☐ To a very large extent
   - ☐ *Not applicable*

5. **Were you admitted against your will?**
   - ☐ Yes
   - ☐ No

6. **Do you find that the admission was necessary or unnecessary?**
   - ☐ Very unnecessary
   - ☐ Somewhat unnecessary
   - ☐ Neither/nor
   - ☐ Somewhat necessary
   - ☐ Very necessary

7. **How would you describe your mental health the week prior to this admission?**
   - ☐ Very poor
   - ☐ Quite poor
   - ☐ Neither poor nor good
   - ☐ Quite good
   - ☐ Very good

Therapists and staff

Keep the therapists and staff at the institution in mind when you answer the following questions.

8. Have you had enough time for discussions and contact with the therapists/staff?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

9. Do you find that the therapists/staff have understood your situation?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

10. Have you had the opportunity to tell the therapists/staff about important aspects of your condition?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

11. Do you find that the therapists/staff have cooperated well with your relatives?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

12. Do you find that the therapists/staff have prepared you for the time after discharge?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Involvement at the institution

13. Do you find that the treatment has been adapted to your situation?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

14. Have you had influence on your choice of treatment?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Involvement at the institution

15. Have you had influence on your choice of medication?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not using medication*
☐ *Not applicable*

16. Is the treatment during this stay voluntary or do you feel forced to receive it?

☐ Completely voluntary
☐ Somewhat voluntary
☐ Neither voluntary nor involuntary
☐ Somewhat involuntary
☐ Completely involuntary
☐ *Not applicable*

Information

17. Has the institution provided you with sufficient information on your mental health/diagnosis?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

18. Has the institution provided you with sufficient information on the treatment options available to you?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Environment and activities

19. Have you felt safe at the institution?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

20. Has the range of activities available at the institution been satisfactory?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Environment and activities

21. Have the meals at the institution been satisfactory?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

22. Have you been satisfied with the level of privacy available?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Negative events/incidents

23. Have you been patronised or insulted by the therapists/staff while at the institution?

☐ No, never
☐ Yes, once
☐ Yes, a few times
☐ Yes, many times

24. Do you believe that you have been incorrectly treated in any way while at the institution (according to your own judgement)?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

Other assessments

25. Are the help and the treatment you are receiving at the institution helping you better *understand* your mental health issues?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

26. Are the help and the treatment you are receiving at the institution helping you better *cope with* your mental health issues?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

27. Are the help and the treatment you are receiving at the institution giving you confidence that life will be better after discharge?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Not applicable*

28. Overall, have the help and the treatment you have received at the institution been satisfactory?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent

Other assessments

29. Overall, to what extent have you benefitted from the treatment at the institution?

☐ No benefit
☐ Small benefit
☐ Some benefit
☐ Large benefit
☐ Very large benefit

Follow-up of physical health

30. Has your physical health been examined during this stay (e.g. blood tests, blood pressure, heart rate and weight)?

☐ Yes
☐ No
☐ *Not applicable*

31. Has the institution given you the opportunity to be physically active during admission (e.g. walking, jogging, exercise)?

☐ Yes
☐ No
☐ *Not applicable*

Help from the municipality

32. Overall, has the help you have received from the municipality where you live been satisfactory?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Have not received help*
☐ *Not applicable*

Overall assessment of the health services

When answering question 33 and 34, please consider all health services you have been in contact with, not just this institution.

33. Overall, what do you think of the help you have received from the health services for your mental health issues?

☐ Very poor
☐ Quite poor
☐ Neither poor nor good
☐ Quite good
☐ Very good

34. Do you find that the different health services have collaborated well in order to help you with your mental health issues?

☐ Not at all
☐ To a small extent
☐ To some extent
☐ To a large extent
☐ To a very large extent
☐ *Don't know*
☐ *Not applicable*

A little about you and your background

35. How would you describe your *mental* health?

☐ Very poor
☐ Quite poor
☐ Neither poor nor good
☐ Quite good
☐ Very good

A little about you and your background

36. Overall, how are you feeling today?

☐ Very poor
☐ Quite poor
☐ Neither poor nor good
☐ Quite good
☐ Very good

37. How would you describe your *physical* health?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

---

38. What is the main reason for your admission? *Enter one X only.*

☐ Eating disorder
☐ Substance abuse or dependency problem
☐ Anxiety and/or depression
☐ Psychosis/schizophrenia
☐ Other

39. Have you experienced coercion during this stay (e.g. involuntary admission, forced medication or being restrained)?

☐ Yes >>> go to question 40
☐ No >>> go to question 41

40. If you have experienced coercion, have you been informed that a decision has been made to allow use of coercion in your case?

☐ Yes
☐ No

41. Have you been admitted to a psychiatric institution prior to this admission?

☐ No
☐ Yes, once
☐ Yes, 2 times
☐ Yes, 3-5 times
☐ Yes, more than 5 times

42. Are you female or male?

☐ Female
☐ Male

43. How old are you?

☐ 18-24
☐ 25-44
☐ 45-66
☐ 67 or older

44. Are you married/living with a partner?

☐ Yes
☐ No

45. What is your highest level of education?

☐ Compulsory primary school (grades 1-10)
☐ Upper secondary school
☐ College/university

46. Where were you born?

☐ Norway
☐ In a Nordic country (other than Norway)
☐ Western Europe (other than a Nordic country)
☐ EU country in Eastern Europe
☐ Eastern Europe (not a country in the EU)
☐ Africa
☐ Asia (including Turkey)
☐ North America
☐ South America or Central America
☐ Oceania

Feel free to write more about your experiences with your stay here:

Thank you for taking the time to complete the survey!

NIPH
Norwegian Institute of Public Health

Patient-Reported Experience Measure for Improving Quality of Care in Mental Health (PREMIUM-CE)

Item number	**Item content in English**	**Item content in French**
	Over the past 4 weeks, you have found that:	**Au cours des 4 dernières semaines, vous avez constaté que :**
CE1	the health care facilities were easily accessible (e.g. distance from home, parking, etc.)	les lieux de soins étaient facilement accessibles (ex : distance depuis chez vous, parking, etc.)
CE4	the health care facilities were well-laid-out	les lieux de soins étaient bien aménagés
CE6	the health care facilities were quiet enough	les lieux de soins étaient suffisamment silencieux
CE7	the health care facilities were comfortable (e.g. chairs, armchairs, beds, etc.)	les lieux de soins étaient confortables (ex : chaises, fauteuils, lits, etc.)
CE8	the health care facilities were clean	les lieux de soins étaient propres
CE9	the health care facilities were adapted to your needs	les lieux de soins étaient adaptés à vos besoins
CE10	the health care facilities were well equipped (e.g. materials for activities, group rooms, etc.)	les lieux de soins étaient bien équipés (ex : matériels pour les activités, salles de groupe, etc.)
CE11	the waiting time was acceptable	le temps d’attente au sein des lieux de soins était acceptable
CE12	you had access to media (telephone, computer, internet / wifi connection, etc.)	vous avez eu accès à des médias (téléphone, ordinateur, connexion internet / wifi, etc.)
CE13	the sanitary facilities (toilets, bathroom, etc.) were clean	les sanitaires (toilettes, salle de bain, etc.) mis à votre disposition étaient propres
CE14	the health care facilities guarantee the respect of your privacy	les lieux de soins garantissaient le respect de votre intimité
CE15	the food was of good quality, if you had to eat	la nourriture était de bonne qualité, si vous avez été amené(e) à manger sur vos lieux de soins
CE16	the smoking ban was respected	l’interdiction de fumer dans les locaux était respectée

CAHPS® Outpatient Mental Health Survey

Language: English

Notes

- The Outpatient Mental Health Survey can be used for all patients receiving care for mental, emotional, or behavioral health issues in ambulatory care settings or in health centers with integrated mental health care. Learn more at: CAHPS Mental Health Surveys
- **Front cover**: Users should replace the cover of this document with their own front cover, with a user-friendly title and their own logo.

Last updated: February 5, 2025

Your Prescription Medicines

1. In the last 6 months, have you taken prescription medicine for any kind of mental health reason?

1☐ Yes
2☐ No → **If No, go to #5**

2. What kind of provider is the person who prescribes your mental health medicine?

1☐ Psychiatrist (an MD)
2☐ Primary care provider (a physician or nurse practitioner)
3☐ Other medical doctor, please describe:

____

____

4☐ Not sure what kind of provider

3. In the last 6 months, how difficult was it for you to make an appointment with the person who prescribes your mental health medicine?

1☐ Very difficult
2☐ Somewhat difficult
3☐ Not very difficult
4☐ Not difficult at all

4. In the last 6 months, did the person who prescribed your mental health medicine also provide you with any mental health counseling?

1☐ Yes → **If Yes, go to #6**
2☐ No

Getting Mental Health Counseling

The next questions are about all the mental health counseling you got in the last 6 months.

Counseling can be in person, by phone, or by video. Please include all mental health counseling in your answers.

5. In the last 6 months, did you get any mental health counseling for any reason?

1☐ Yes
2☐ No → **If No, go to #23 on page 3**

6. In the last 6 months, from how many different people did you get any mental health counseling?

1☐ 1 person
2☐ 2 different people
3☐ 3 or more different people

7. In this survey, your main mental health counselor is the mental health counselor you talked with most often in the last 6 months. What kind of provider is your main mental health counselor?

1☐ Clinical psychologist
2☐ Psychiatrist (an MD)
3☐ Social worker
4☐ Primary care provider (a physician or nurse practitioner)
5☐ Other, please describe:

____

____

6☐ Not sure what kind of provider

8. In the last 6 months, about how many times did you see your main mental health counselor?

1☐ 1 to 5 times
2☐ 6 to 10 times
3☐ 11 to 20 times
4☐ More than 20 times

9. How long have you been seeing your main mental health counselor?

1☐ Less than 6 months
2☐ 6 to 11 months
3☐ 1 to 2 years
4☐ More than 2 years → **If more than 2 years, go to #12**

10. How difficult was it to find this mental health counselor?

1☐ Very difficult
2☐ Somewhat difficult
3☐ Not very difficult → **Go to #12**
4☐ Not difficult at all → **Go to #12**

11. Why was it difficult to find your main mental health counselor?

1☐ My counselor was not in the network
2☐ I could not find a counselor who was taking new patients
3☐ No counselors were close to where I live
4☐ Other, please describe:

____
____
____

12. In the last 6 months, how difficult was it to make appointments with your main mental health counselor?

1☐ Very difficult
2☐ Somewhat difficult
3☐ Not very difficult
4☐ Not difficult at all

13. In the last 6 months, how often did your main mental health counselor listen carefully to you?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

14. In the last 6 months, how often did your main mental health counselor show respect for what you had to say?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

15. In the last 6 months, did you talk with your main mental health counselor about setting goals for your treatment?

1☐ Yes
2☐ No → **If No, go to #17**

16. How much did your main mental health counselor consider what is important to you when setting the goals for treatment?

1☐ Not at all
2☐ A little
3☐ Some
4☐ A lot

17. In the last 6 months, did you get any counseling with your main mental health counselor using phone or video?

1☐ Yes
2☐ No → **If No, go to #19**

18. How well did the phone or video visit work for you?

1☐ Not well at all
2☐ Not too well
3☐ Fairly well
4☐ Very well

Getting Help Between Appointments

19. Did your main mental health counselor give you information about what to do if you needed help or support between your scheduled appointments?

1☐ Yes
2☐ No

20 In the last 6 months, did you try to contact your main mental health counselor for help or support in between your scheduled appointments?

1☐ Yes
2☐ No → **If No, go to #22**

21. In the last 6 months, when you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

22. Using any number from 0 to 10, where 0 is the worst mental health counselor possible and 10 is the best mental health counselor possible, what number would you use to rate your main mental health counselor in the last 6 months?

☐ 0 Worst mental health counselor possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best mental health counselor possible

Getting Mental Health Services

23. "Mental health services" include mental health counseling and any medicine you might take for mental health reasons. In the last 6 months, did you get all the mental health services you needed?

1☐ Yes
2☐ No
3☐ I did not need any services → **Go to #27**

24. How much of the mental health services that you got in the last 6 months did you pay for yourself?

1☐ All
2☐ Most
3☐ Some
4☐ None → **If None, go to #26**

25. In the last 6 months, how difficult was it for you to pay for the mental health services you received?

1☐ Very difficult
2☐ Somewhat difficult
3☐ Not very difficult
4☐ Not difficult at all

26. In the last 6 months, were there any mental health services that you thought you needed that you could not afford?

1☐ Yes
2☐ No

Your Health and Wellbeing

27. In the last 6 months, did you get any mental health services to help you with alcohol use or drug use?

1☐ Yes
2☐ No

28. In general, how would you rate your overall health?

1☐ Excellent
2☐ Very good
3☐ Good
4☐ Fair
5☐ Poor

29. In general, how would you rate your overall **mental or emotional** health?

1☐ Excellent
2☐ Very good
3☐ Good
4☐ Fair
5☐ Poor

About You

30. What is your age?

1☐ 18 to 24
2☐ 25 to 34
3☐ 35 to 44
4☐ 45 to 54
5☐ 55 to 64
6☐ 65 to 74
7☐ 75 or older

31. Are you male or female?

1☐ Female
2☐ Male

32. What is the highest grade or level of school that you have completed?

1☐ 8th grade or less
2☐ Some high school, but did not graduate
3☐ High school graduate or GED
4☐ Some college or 2-year degree
5☐ 4-year college graduate
6☐ More than 4-year college degree

33. Are you of Hispanic or Latino origin or descent?

1☐ Yes, Hispanic or Latino
2☐ No, not Hispanic or Latino

34. What is your race? Please mark one or more.

- 1☐ American Indian or Alaska Native
- 2☐ Asian
- 3☐ Black or African American
- 4☐ Native Hawaiian or Other Pacific Islander
- 5☐ White
- 6☐ Other

35. Did someone help you complete this survey?

- 1☐ Yes
- 2☐ No → **Thank you. Please return the completed survey in the postage-paid envelope**

36. How did that person help you? Mark one or more.

- 1☐ Read the questions to me
- 2☐ Wrote down the answers I gave
- 3☐ Answered the questions for me
- 4☐ Translated the questions into my language
- 5☐ Helped in some other way, please describe:

____

____

____

Thank you.

Please return the completed survey in the postage-paid envelope.

BCMHSU Experience of Care Questionnaire (2011)

Your visit to our facility...

Please fill in the circle that best reflects your opinions about your recent stay in this facility. Please mark only one circle for each question unless otherwise requested. You may write any comments you have in the space provided at the end of the survey.

Accessing the facility and staff…

1. **Did you come to the facility through the emergency department?**
   - ○ Yes
   - ○ No

2. **Was the admission process organized?**
   - ○ Not at all
   - ○ Somewhat
   - ○ For the most part
   - ○ Definitely

3. **When you came to the facility, did you have to wait a long time to get to your room?**
   - ○ Not at all
   - ○ Somewhat
   - ○ For the most part
   - ○ Definitely

4. **During your stay, were you able to see a psychiatrist as often as you wanted?**
   - ○ Never
   - ○ Sometimes
   - ○ Usually
   - ○ Always
   - ○ I did not need to see a psychiatrist
   - ○ Not applicable

5. **Were you able to see the staff as often as you wanted?**
   - ○ Never
   - ○ Sometimes
   - ○ Usually
   - ○ Always

Participating in your treatment…

6. **Were your individual needs, preferences and values respected in your treatment?**
   - ○ Never
   - ○ Sometimes
   - ○ Usually
   - ○ Always

7. **Did your care take into account your needs related to your language, culture or race?**
   - ○ Never
   - ○ Sometimes
   - ○ Usually
   - ○ Always
   - ○ Not applicable

8. **Do you feel your spiritual needs are an important part of your overall care?**
   - ○ Yes (Go to question #9)
   - ○ No (Go to question #10)
   - ○ Not Applicable (Go to question #10)

9. **Were your spiritual needs met?**
   - ○ Yes, Completely
   - ○ Yes, Somewhat
   - ○ No
   - ○ I did not want spiritual care

10. **Did you know who to talk to if you had any questions or concerns?**
    - ○ Not at all
    - ○ Somewhat
    - ○ For the most part
    - ○ Definitely

11. Did you feel comfortable asking questions about your treatment, for example, medications and counselling?
○ Never
○ Sometimes
○ Usually
○ Always

12. When you asked questions, did you get answers that you could understand?
○ Never
○ Sometimes
○ Usually
○ Always

13. Did staff explain your treatment options?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely
○ Treatment options not explained

14. Did you understand your treatment plan?
○ Never
○ Sometimes
○ Usually
○ Always

15. Were you involved as much as you wanted in decisions about your treatment?
○ Never
○ Sometimes
○ Usually
○ Always
○ Someone else makes my decisions for me

16. Did staff clearly explain the purpose of your medications?
○ Never
○ Sometimes
○ Usually
○ Always
○ I have not been prescribed medication

17. Were you told about possible medication side effects in a way that you could understand?
○ Never
○ Sometimes
○ Usually
○ Always
○ I have not been prescribed medication

18. Did staff confirm who you were before giving you medications, treatments, counseling or tests?
○ Yes, always
○ Yes, sometimes
○ No
○ I do not know

19. During your most recent inpatient stay, do you believe you or your family members suffered personal injury or harm which resulted from an medical error or mistake?
○ Yes
○ No
○ I don't know

20. Did you notice staff wash or disinfect their hands before caring for you?
○ Yes, always
○ Yes, sometimes
○ Never
○ I did not notice
○ I could not see any facilities for washing/disinfecting hands

21. Do you feel that staff support your improvement and recovery?
○ Never
○ Sometimes
○ Usually
○ Always

22. Were you given reassurance about your ability to recover?
○ Never
○ Sometimes
○ Usually
○ Always

23. Did the staff help you to deal with your problems?
○ Never
○ Sometimes
○ Usually
○ Always

24. As a person living with a mental illness and/or addiction, were you treated with dignity and respect in this facility?
○ Never
○ Sometimes
○ Usually
○ Always

25. Did the staff help you feel that there is nothing shameful about having problems with mental health and/or addiction?
○ Never
○ Sometimes
○ Usually
○ Always

26. Were your family members or support persons involved in decisions about your care as much as you wanted?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely
○ I did not wish them to be involved
○ I did not have family or support persons to be involved

27. Were you involuntarily committed under the Mental Health Act?
○ Yes (Go to question #28)
○ No (Go to question #29)
○ Do not know (Go to question #29)

28. Were your rights under the Mental Health Act explained in a way you could understand?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely
○ Rights not explained

In this facility…

29. Did you have enough privacy in the facility?
○ Never
○ Sometimes
○ Usually
○ Always

30. Did you feel safe in the facility?
○ Never
○ Sometimes
○ Usually
○ Always

31. Was the facility clean?
○ Never
○ Sometimes
○ Usually
○ Always

32. Were you satisfied with the food?
○ Never
○ Sometimes
○ Usually
○ Always

33. Were there enough leisure activities for you in this facility, for example, arts, crafts, movies, music and physical activity?
○ Never
○ Sometimes
○ Usually
○ Always

Preparing for discharge…

34. Were you involved as much as you wanted in planning your discharge?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

35. Did the staff tell you about services and support available in the community?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

36. Were you told whom to contact if you had a problem or crisis after you left the facility?
○ Yes
○ No
○ I do not know

37. Do you understand the plan for your treatment after you leave the facility?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

As a result of your stay…

38. Do you feel better prepared to deal with daily problems?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

39. Do you feel more ready to participate in your work, school, or other usual activities?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

40. Are your symptoms bothering you less?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

41. Overall, were you helped by your facility stay?
○ Not at all
○ Somewhat
○ For the most part
○ Definitely

42. Overall, how would you rate the quality of care and services you received?
○ Poor
○ Fair
○ Good
○ Very Good
○ Excellent

About you…

43. What is your gender?
○ Male
○ Female
○ Other → Please specify: ______________________________

44. In what year were you born?

	1	9		
Example:	*1*	*9*	*6*	*2*

45. The following question will help us to better understand the communities that we serve. Which of the following groups do you consider yourself to be a part of? (Please select as many as you wish.)

○ White
○ Aboriginal (e.g., North American Indian, Métis, Inuit)
○ Arab/West Asian
○ Black (e.g., African, Haitian, Jamaican, Somali)
○ Chinese
○ Filipino
○ Latin American
○ Japanese
○ Korean
○ South Asian
○ Southeast Asian
○ Other → Please specify: ____________________________________
○ None

46. What were you told is your diagnosis? (Please mark all that apply.)

○ Anxiety Disorder (e.g., Post Traumatic Stress, Obsessive Compulsive)
○ Cognitive Disorder (e.g., Delirium, Dementia, Alzheimer's Disease)
○ Mood Disorder (e.g., Depression, Bipolar)
○ Psychotic Disorder (e.g., Schizophrenia)
○ Eating Disorder (e.g., Anorexia, Bulimia)
○ Personality Disorder (e.g., Borderline Personality Disorder)
○ Substance Related Disorder (e.g., Drug or Alcohol Dependence)
○ Other → Please specify: ____________________________________
○ Do not know/Unsure
○ I do not wish to answer

47. What living situation are you going to?

○ Living with family or spouse
○ Living alone in a private home, apartment or room without support
○ Living alone in a private home, apartment or room with support (home or community living support)
○ Mental health residential care facility (24 hour on-site care)
○ Addictions facility (residential treatment or support recovery)
○ Group Home for children and youth
○ Foster Care
○ Supported Housing
○ Emergency Shelter
○ Homeless
○ Other → Please specify: ____________________________________

48. Do you have a regular family physician/ general practitioner who you see when you have health problems?
- ○ Yes
- ○ No

49. In general, how would you rate your physical health?
- ○ Poor
- ○ Fair
- ○ Good
- ○ Very Good
- ○ Excellent

50. In general, how would you rate your mental health?
- ○ Poor
- ○ Fair
- ○ Good
- ○ Very Good
- ○ Excellent

51. What is the most important change we could make to the program?

52. Is there anything else you would like to tell us about your stay? All responses are confidential. Please do not provide personal information such as your name or telephone number in your comment.

When you have finished completing the questionnaire, put it in the enclosed envelope and notify staff you have completed it so you can obtain your $5 Safeway gift card or a $5 Telus Prepaid phone card. Then, put the envelope in the drop box located in your facility (see staff for location). The questionnaire may also be returned by placing it in the enclosed, pre-paid envelope addressed to R.A. Malatest & Associates Ltd., 858 Pandora Ave, Victoria BC V8W 1P4 and dropping it in a Canada Post mail box.

Thank you for taking the time to complete this survey!
Your feedback will be used to improve how we provide care

Document Number: [Survey ID]