



Ngā Poutama survey for consumers

IMPORTANT

Please only complete this survey if you transitioned from a mental health or addiction service, provided by a district health board (DHB), sometime between **1 September** and **15 October 2019**, **AND** you are aged 16 or over.

'Transitioned' means you moved from one service to another, or finished using a service.

What type of service were you transitioned from?

- Inpatient services (in a hospital bed unit) Community services provided by a DHB

What was the name of the district health board (DHB) you were transitioned from?

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Hawke's Bay | <input type="checkbox"/> Northland | <input type="checkbox"/> Waikato |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Hutt Valley | <input type="checkbox"/> South Canterbury | <input type="checkbox"/> Wairarapa |
| <input type="checkbox"/> Canterbury | <input type="checkbox"/> Lakes | <input type="checkbox"/> Southern | <input type="checkbox"/> Waitematā |
| <input type="checkbox"/> Capital & Coast | <input type="checkbox"/> MidCentral | <input type="checkbox"/> Tairāwhiti | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Counties Manukau | <input type="checkbox"/> Nelson Marlborough | <input type="checkbox"/> Taranaki | <input type="checkbox"/> Whanganui |

If you are unsure, please write the region name (for example, South Auckland, Porirua, North Shore, Gisborne)

Your experience of mental health or addiction services

If you have had multiple periods of using services, think about the period of service use you were recently transitioned from between 1 September and 15 October. Do not include any services you are using currently.

Please circle one number below or tick 'Don't know' or 'Not applicable'.

My care and support met my individual needs

| Strongly disagree | | Neither agree nor disagree | | | Strongly agree | | Don't know | Not applicable |
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I was encouraged to be actively involved in my care and support

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I received information about my rights in a way I could understand

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Staff encouraged me to think about my physical health as part of my care and support

(By 'physical health', we mean things like smoking, physical fitness, disability or long-term physical health conditions)

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Staff communicated well with one another about my care and support

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I felt I could raise concerns or make complaints freely

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Please circle one number below or tick 'Don't know' or 'Not applicable'.

| Strongly disagree | | Neither agree nor disagree | | | Strongly agree | | Don't know | Not applicable |
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Staff explained the side effects of medication prescribed in a way I could understand

My family and whānau were included, as much I wanted them to be, throughout the journey

I was able to have a support person with me during sessions with staff

I was able to access peer-support staff
(By 'peer-support staff', we mean staff who have also experienced mental distress or addiction)

My values and beliefs were actively incorporated in my care and support plan

I felt warmly welcomed when I began using the service

My cultural needs were respected (By 'cultural needs', we mean things like your ethnicity, sexuality, religion or beliefs, etc)

I was able to access traditional Māori healing practices (If you feel this does not apply to you, select 'Not applicable')

Staff used te reo Māori during sessions with me (If you feel this does not apply to you, select 'Not applicable')

I had access to kaumātua, kuia or other cultural advisors (If you feel this does not apply to you, select 'Not applicable')

I received enough information from staff on how my care and support will continue to be provided after I left the service
(We mean such things as who, where and what care will continue to be provided)

My care and support was well coordinated between the district health board (DHB) and other health services (By 'other health services', we mean your GP, or mental health and addiction services not provided by the DHB. If you have not transitioned to these other health services, select 'Not applicable')

How often did these things happen?

Please circle one number below or tick 'Don't know' or 'Not applicable'.

| Never | | Sometimes | | | Always | | Don't know | Not applicable |
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I was treated with respect

Staff explained things in a way that was easy for me to understand

I felt listened to

Staff supported me to be hopeful about my recovery

Did your care or support cause you harm?

Yes

No

If yes, then what type of harm? [Tick all that apply]

- Physical harm from others (eg, assault)
 - Physical harm during restraint
 - Medication-related (eg, given wrong medication, wrong dose)
 - Emotional or psychological harm from others
 - Self-harm
 - Handover, referral, discharge errors (eg, miscommunication of information)
 - A fall that caused a broken bone or head injury
 - Another type of harm - please tell us what type
-

Please tell us more about your experience

NOTE It is important to not mention any names or specific details if you wish to remain anonymous.

Please tell us one thing that was good about your recent experience of using mental health or addiction services

Please tell us one thing that could be improved

Please tell us about the services you used

We have just a few questions about your use of services, which will help us understand more about who answered this survey.

What area of mental health or addiction did you receive services from?

If more than one, please choose the **ONE** where the most services were received.

- Mental health
 - Forensic
 - Older persons
 - Addiction
 - Child and youth
 - Intellectual disability services
 - Other service - please tell us what this is
-

Was the service a kaupapa Māori service?

By 'kaupapa Māori service', we mean a specialist service that has a Māori approach to how care is provided, and emphasises Māori culture and values.

- Yes - kaupapa Māori
- No - not kaupapa Māori
- Don't know

How long was the period of using the service, from admission to when you were transitioned out of the service?

- Over a year Between 3 months to 1 year
 Between 1 month to less than 3 months Between 1 week to less than 1 month
 Less than a week

At any time during the recent period of service use, was the Mental Health Act used?

- Yes - I was sectioned No - always voluntary Don't know
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About you

We now have some final questions about you. Some of these questions may seem personal, however, they are important to understand the different experiences of different groups of people.

Which of the following best describes your ethnicity?

Please select as many as apply.

- New Zealand European Other European Māori Samoan
 Cook Islander Tongan Niuean Other Pacific peoples
 Indian Chinese Southeast Asian Other Asian
 Middle Eastern/Latin American/African Prefer not to say
 Other - please tell us which
-

What is your gender?

- Male Female Non-binary Prefer not to say
 A gender not listed here, describe further if comfortable
-

Are you trans?

- Yes No Don't know Prefer not to say

Here, 'trans' is an umbrella term for the experience or status of people whose gender differs from their sex as assigned at birth. People who fit this definition might describe themselves using other words, such as taahine, whakawahine, fa'afafine, fakaleiti, non-binary, transsexual, man, woman, genderfluid - or many others. We recognise that some people who fit this definition may not consider themselves to be 'under the trans umbrella' or 'transgender'.

Which of the following options best describes how you think of yourself?

- Heterosexual or straight Gay Lesbian Bisexual
 Takatāpui Don't know Prefer not to say
 An option not listed here, describe further if comfortable
-

What is your age group?

- 16-19 years 20-29 years 30-39 years 40-49 years
 50-64 years 65 years and over Prefer not to say

**Thank you for your time in filling out this survey.
Please put into supplied envelope and post FREE back to us.**