

## Introduction

Do you have or care for someone with Severe Mental Illness (SMI) and complex needs? Have your say to help improve care and support services in Shropshire, Telford, and Wrekin.

## Definitions

### Severe mental illness

Refers to a mental, behavioural, or emotional disorder that severely limits your usual ability to partake in daily life (such as employment, form lasting relationships and/or anything else that can prevent you from having successful experiences that contribute to good quality of life).

### Complex need

Refers to multiple care and support for mental health, physical health and additional needs such as housing, befriending services, foodbanks etc.

Before you decide whether to complete this survey, please read the following information:

- This is a short voluntary survey that should take no more than 45 minutes to complete
- If you require help to complete the survey and/or would simply prefer to talk to someone directly about your experiences, please contact [rhiannon.worrall@shropshire.gov.uk](mailto:rhiannon.worrall@shropshire.gov.uk) who is leading the project
- The survey is your opportunity to provide feedback on care and support services in the primary care, secondary care, specialist mental health and voluntary care sectors in Shropshire, Telford & Wrekin
- The survey is hosted by Shropshire Council and has been developed in partnership with Shropshire Telford and Wrekin (STW) integrated care system with a view to help inform service design for residents and service users in the STW area
- You can skip any questions you don't feel comfortable answering
- We'll analyse all the survey responses and write the findings up into a report to provide recommendations about improving services in the future
- Your responses will be used for the purpose of this project only, and information collected during this survey will be anonymised (with any identifiable information removed) if included or quoted in the final report

If you have any queries please email [rhiannon.worrall@shropshire.gov.uk](mailto:rhiannon.worrall@shropshire.gov.uk)

## About you

We use this information to make sure we're delivering services to all sections of our community and that the feedback we have is representative of people in our local community. Any data collected will be anonymous. We won't link the data to anyone specific or store any personally identifiable data about any individuals completing this questionnaire.

### 1. Are you...

- A service user?
- A carer?
- Both?

If you have ticked both above, please answer the remaining questions based on your experience as a service user. If you have ticked carer, please answer on behalf of the person you care for.

### 2. How old are you?

### 3. What is your ethnic origin?

- White (British, Irish, Welsh)
- White (Gypsy, Roma, or Irish traveller)
- Other white background (eg Bulgarian, French, Lithuanian, Polish, Portuguese, white South African)
- Asian (Asian British, Bangladeshi, Chinese, Indian, Japanese, Pakistani, any other Asian background)
- Black (black African, black British, black Caribbean, any other black background)
- Mixed (white and Asian, white and black African, white and black Caribbean, any other mixed background)
- Arab
- Other ethnic group
- Prefer not to say

### 4. What is your gender?

- Male
- Female
- Non-binary
- Prefer to self-describe
- Prefer not to say



9. Have you experienced any of the following physical health conditions in the last 12 months (please select all that apply)?

- Diabetes
- Heart disease
- Weight-related problems
- Lung disease
- Liver disease
- High blood pressure
- Cancer
- None
- Don't know
- Other (please specify)

10. Have you been invited for a physical health check in the last 12 months? If so, did you go?

11. Please tell us about your experience of physical health support in the last 12 months...

12. Have you experienced any of the following additional needs in the last 12 months? (Please select all that apply)...

- Lack of safe housing
- Loneliness
- Financial insecurity
- Food insecurity (lack of access to healthy food)
- Relationship issues
- Unemployment
- Substance misuse (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)
- Domestic abuse
- None

Other (please specify)

13. Tell us how easy or difficult it is to get help for mental health, physical health and additional needs (additional needs refers to those needs mentioned in question 11)...

14. If you could pick one concern (either mental/physical or additional need) to have additional support with right now, what would it be and why?

Please explain your answer

## About you

15. When you need help and support where do you go to find this help in the first instance?

Other, please specify..

16. Please tell us about this experience and whether it was helpful to you needs...

Which of the following services is most important to you? Pick your top three, and please use the comment box to explain why. (Please note you must not provide any personal information about yourself in the comment box)

17. First choice...

Please explain your answer..

18. Second choice...

Please explain your answer..

19. Third choice...

Please explain your answer..

20. What support services have you accessed in relation to your needs in the last 12 months (Either physical health/mental health or additional needs). Please check all that apply.

(Please note you must not provide any personal information about yourself in the comment box)

- Voluntary organisations
- Support for additional needs such as housing/debt/foodbanks/befriending services etc
- GP
- NHS talking therapies such as IAPT services (eg counselling, CBT)
- Specialist mental health support from nurse or doctor (eg mental health nurse, psychiatrist)
- A&E
- Crisis team
- Help to stop smoking
- Alcohol liaison support
- Substance misuse support (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)
- I haven't accessed any

Other (please specify)

## About you

21. For each service you've selected above, please use this comment box to state the name of service and how you found out about the service...

22. Regarding the services you have accessed in the last 12 months. Please state how satisfied you are that the treatment was tailored to your individual needs.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
Voluntary organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for additional needs: housing/debt/foodbanks/befriending services etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol liaison support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse support (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS talking therapies such as IAPT services, counselling, CBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Mental Health support from Nurse or Doctor (e.g., Mental health nurse, psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A&E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



23. Regarding the services you have accessed in the last 12 months, please state how satisfied you are with the service you received...

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
Voluntary organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for additional needs: housing/debt/foodbanks/befriending services etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol liaison support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse support (substance misuse refers to the use of alcohol, illegal drugs or over the counter or prescription medications in a way that they are not meant to be used)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS talking therapies such as IAPT services, counselling, CBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist Mental Health support from Nurse or Doctor (e.g., Mental health nurse, psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A&E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (needs option to be able to name the service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**Please tell us more about the ratings you gave above...**

24. What was good about your experience of services and why?

25. What was bad about your experience of services and why?

26. Any further ideas or suggestions to improve services?

27. Would you like to discuss your experience/suggestions as part of a focus group? If so, please email [rhiannon.worrall@shropshire.gov.uk](mailto:rhiannon.worrall@shropshire.gov.uk) or get in touch with **Telford Mind / Shropshire Mental Health Services** to let them know you would like to further discuss your experiences.

Yes

No

## About you

If you haven't accessed services in the last 12 months, please answer the following questions...

28. What are your reasons for not accessing services?

29. Any further ideas or suggestions to improve services?

30. Would you like to discuss your experience/suggestions as part of a focus group? If so, please email [rhiannon.worrall@shropshire.gov.uk](mailto:rhiannon.worrall@shropshire.gov.uk) or get in touch with **Telford Mind / Shropshire Mental Health Services** to let them know you would like to further discuss your experiences.

Yes

No

## How we'll use the information that you've provided

The information that you've provided will be used to support the work of Shropshire, Telford, and Wrekin Council to improve services for patients with SMI and complex need. It will be used for statistical purposes and to inform decision making. We're not collecting any personally identifiable data to ensure that participants can't be identified from the response. We'll only publish anonymised responses, parts of responses, or a summarised version of responses, and will ensure that individual survey respondents can't be identified. Your response will be stored anonymously, in line with Shropshire Council's retention schedule.

The survey report will be shared with the Shropshire, Telford and Wrekin Health and Wellbeing Board. We won't share your information with any other external third parties. Your information will be held securely, and if shared it will be shared securely. We comply with data protection laws concerning the protection of personal information, including the General Data Protection Regulation (GDPR). For more information on how information is held by Shropshire Council and your rights to gain access to the information we hold on you, please see [our corporate privacy policy](#).

By submitting the survey you're consenting for your survey response to be used for the purposes set out in the above privacy statement.

### **Thank you for taking the time to complete this survey**

If you have any questions relating to the survey please email [rhiannon.worrall@shropshire.gov.uk](mailto:rhiannon.worrall@shropshire.gov.uk) and quote the name of the survey within your email.