Have your say: Improving Mental Health Inpatient (Hospital) Services

1.

Local health and care teams are working together to improve hospital services for people with mental health needs.

The NHS has made a <u>plan for 2024 to 2027</u>. This plan was created with help from local hospitals, care services, charities and community groups.

We want to:

- Help people earlier, so they don't get more unwell
- · Avoid hospital stays when they are not needed
- Make sure care in hospital is better when it is needed

We want to hear from people in our community. Your thoughts and ideas will help us make sure the care is right for local people.

If you need this survey in another language or format, or need help filling it in, please call us on 01952 580300.

Your views will help shape the future of mental health inpatient (hospital) services in our area.

We know this topic may be upsetting for some people. You don't have to answer any questions that make you feel uncomfortable.

If you need mental health support, you can find help on our website or call 111 and select the mental health option.

Call 999 if you or someone else is in danger right now.

PUBLIC SURVEY

No

or needed to be admitted to a mental health hospital? This can be either for yourself or for a friend, family member, or someone you care for.	
Yes – for myself	
Yes – for a friend/family member	
Yes – both	

2. Was this care received in the Shropshire, Telford and Wrekin area, or in another location?
Shropshire, Telford and Wrekin
Another location
If you selected "Another location", please tell us where this was
3. If you are a carer/family member, did you feel your needs and views as a carer were considered and responded to appropriately? (if you are answering on behalf of yourself, please skip to question 4)
Yes
□ No
Please give a reason for your response

GP or doctor
NHS 111
999
Ambulance (for example, mental health response vehicle)
Mental health trust support line
In the community (community mental health team)
A&E (for example, Royal Shrewsbury Hospital)
NHS Talking Therapies
Mental health inpatient hospital (for example, Redwoods, Shrewsbury)
Police
Charity (for example, MIND or Rethink Mental Illness)
Other (please specify):

4. Which of the following types of support have you or they accessed?

5. How would you rate the care provided?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
GP or doctor					
NHS 111					
999					
Ambulance (for example, mental health response vehicle)					
Mental health trust support line					
In the community (community mental health team)					
A&E (for example, Royal Shrewsbury Hospital)					
NHS Talking Therapies					
Mental health inpatient hospital (for example, Redwoods, Shrewsbury)					
Police					
Charity (for example, MIND or Rethink Mental Illness)					
[Insert text from Other]					
6. Thinking about this7. Thinking about this		_			

9. How easy did you find it to get this support for yourself, your family or friends?
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9. How easy did you find it to get this support for yourself, your family or friends?
9. How easy did you find it to get this support for yourself, your family or friends?
10. Could anything be done differently to make it easier to get support?
11. To what extent do you agree with the following statement? I felt involved in planning the care and support for myself, my family or friends?
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
12. Did you feel that the support received was tailored to your personal needs and circumstances? This could include making reasonable adjustments for a disability or neurodiversity, or considerations of culture, gender, religion, age, or ethnicity.
Yes
No No
Please give a reason for your response
13. Could anything be done differently to improve the experience for yourself, your family o

14. If you need mental health support in the future, who do you think you would contact	?
GP or doctor	
NHS 111	
Mental health trust support line	
My community mental health team	
NHS Talking Therapies	
Charity (for example, MIND or Rethink Mental Illness)	
Other (please specify):	

15. Have you, a family member or friend recently transferred from child and adolescent mental health services (CAMHS) to adult mental health Services?
Yes
□ No
16. If you answered yes to the previous question, please rate your experience of the transfer. (If you answered no to the previous question, please skip to the next question.)
Very dissatisfied
Dissatisfied
Neutral Neutral
Satisfied
Very satisfied
Do you have any other comments about this?
17. Would you have any concerns about contacting mental health services?
Yes
No
Do you have any other comments about this?

Hea	What concerns do you have, or might you have in the future, about contacting mental alth services?
	Not knowing who to contact or speak to
	Not being listened to
	Being judged
	Feeling embarrassed
	Feeling worried
	People knowing who I am or finding out I have a mental health need
	Having to talk on the phone
	Having to come into a healthcare centre
	Not knowing what to expect
	A previous experience
	Other (please specify):
If yo	ou answered 'A previous experience', please provide details
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	How would you like to be supported with your mental health in the future?

strategy? If so, please provide your email address in the box below. This will only be used to contact you about this opportunity, and will not be shared with any other team for any other purpose.
Yes
□ No
Comment:
To help us ensure that our responses are reflective of the populations that we serve, we ask a series of optional questions to help us to better understand who is responding to our survey. We would be grateful if you could complete the following questions.
22. How old are you?
Under 18
18-20
21-29
30-39
40-49
50-59
60-69
70+

21. Would you like to be contacted to take part in a focus group about our mental health

23.	What is your religion?
	Buddhist
	Christian
	Hindu
	Jewish
	Muslim
	Sikh
	Other religion
	No religion
	Prefer not to say
4.	What is your sexual orientation?
	Asexual
	Bisexual
	Gay
	Heterosexual or straight
	Lesbian
	Pansexual
	Queer
	Prefer not to say
	Other (please specify):
E	Do you consider yourself to be transgender?
ວ.	Do you consider yourself to be transgender?
	Yes
	No
	Prefer not to say

26. V	What is your ethnic group?
	Asian or Asian British – Indian
	Asian or Asian British – Pakistani
	Asian or Asian British – Bangladeshi
	Asian or Asian British – Chinese
	Asian or Asian British – Kashmiri
	Asian or Asian British - Any other Asian background
E	Black or Black British – Caribbean
	Black or Black British – African
	Black or Black British - Any other Black background
	Mixed - White and Black Caribbean
	Mixed - Any other mixed background
	White – British
\	White – Irish
\	White - Gypsy or Irish Traveller
	White - Any other White background
	Other ethnic group - Arab
	Other ethnic group – Other
	Prefer not to say
27. C	Oo you consider yourself to be a disabled person?
	No
`	Yes - learning disability
	Yes - mental ill health
`	Yes - mobility
•	Yes - sensory impairment
•	Yes - Long Term Health Condition
•	Yes – Neuro-diverse
	Prefer not to say
	Yes - other (Please specify)

Thank you for taking time to complete the survey. Your responses will help us to make sure that we deliver the best possible mental health services and care for the people of Shropshire, Telford and Wrekin.

We understand that some of the topics we have covered can be emotionally difficult to think about. If you feel affected by any of the content in this survey, you can access support in the following places:

If you need to access mental health support, more information can be found on our website.

Please call 999 if you are worried about your own or someone else's immediate safety.