

Consumer and Carer Survey

Introduction to the survey

PricewaterhouseCoopers has been asked to prepare a strategic plan for improving the future delivery of mental health services in Western Australia.

We would like your opinion on how well services meet the needs of mental health consumers, their families and carers, and promotes mental health and wellbeing for all Western Australians.

Throughout the project there will be broad consultation with mental health consumers, their families and carers and this survey is one way you can provide input to the project.

The survey below consists of 14 questions, which seek your experiences with the services you have used or the person you care for has used.

The feedback you provide will be **completely confidential**.

If you have any questions please contact mentalhealthsurvey@au.pwc.com

We greatly value your participation in this project.

NOTE:

FOR FAMILIES and CARERS: We would like to include the perspective of people caring for a person with a mental health problem in this survey. For each question could you please answer in terms of the person for whom you care for on a regular practical basis.

FOR CONSUMERS and CARERS: If you are a consumer and also identify as being a carer for someone else with a mental illness problem, you may complete a survey as a consumer and another as a carer.

I am completing this survey as a:

- Consumer (i.e. receive care yourself)
- Carer on a regular basis (including family)
- Family member or close friend
- Other (*please write in*)

Q1a: How many times did you/they use each of these mental health services in the last 12 months?

Please select all that apply. If you have never used a service or don't know about a service, please select '0 times'.

	0 times	1-5 times	6-10 times	11-20 times	More than 20 times
General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Practitioner co-located with a mental health team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public psychologist through a community mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public psychiatrist through a community mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key worker / case manager / specialist nurse through a community mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/inpatient mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private mental health hospital/ service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department (including public and private EDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Emergency Response Line (MHERL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other emergency telephone support lines (eg Samaritans, Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Emergency Response Team (CERT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drugs services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist mental health non-government organisations (for example Richmond fellowship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-government organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer/ carer support groups/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1b: Are there any other services that you/they used in the last 12 months?

Q2: And in the last 12 months, was the main service provider a...?

Please select only one response.

General Practitioner	<input type="checkbox"/>
Psychologist / counsellor	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>
Other mental health practitioner	<input type="checkbox"/>
Hospital / emergency service	<input type="checkbox"/>
Other (please state)_____	

Q3: Now thinking about your/their experiences in the last 12 months with the main service provider selected in Q2, how much do you agree with each of the following statements.

Please select from the responses below the one that best represents your opinion. If the question is about something you have not experienced, please select 'not applicable'.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not Applicable
I like the services that I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had other choices, I would still get services from this provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this service provider to a friend or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location of the services was convenient (parking, public transport, distance etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were willing to see me as often as I felt it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff returned my call within 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. continued - How much do you agree with each of the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not Applicable
I was able to get all the services I thought I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services were available at times that were good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff believe that I can grow, change and recover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable asking questions about treatment and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt free to complain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given information about my rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff encouraged me to take responsibility for how I live my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff respected my wishes about who is and who is not to be given information about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I, not the staff, decided my treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were sensitive to my cultural background (race, religion, language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helped me obtain the information I needed so that I could take charge of managing my condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was encouraged to use consumer-run programs (support groups, drop in centres, crisis phone line etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff from different organisations were informed of my treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4: In the last 12 months, how good was the main service provider selected in Q2 at...?

Please select from the responses below the one that best represents your opinion. If the question is about something you have not experienced, please select 'not applicable'.

	Poor	Average	Good	Very Good	Excellent	Not applicable
Helping you to improve or maintain links with your General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access support groups or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access accommodation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access education and training courses/facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access leisure/recreation groups or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to access financial services (eg. Centrelink, banks, advice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to prepare for when you no longer use the service (ie. discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5: We would now like to ask you about what you think about all the services you/they received in the last 12 months. From your answers we hope to determine how accessible, appropriate and helpful mental health services in WA are to those who need them and identify any areas for improvement.

Please select from the responses below the one that best represents your opinion. If the question is about something you have not experienced, please select 'not applicable'.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not Applicable
I deal more effectively with daily problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to deal with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am getting along better with my family/ friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do better in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do better in school and/or at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My housing situation has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My symptoms are not bothering me as much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to identify and manage early signs of deterioration in my illness or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would now like to ask you some questions about how you think we can improve future services for people with mental health problems and promote mental health and wellbeing for all West Australians.

Q6a: If you could change one thing about the mental health services in WA what would you change?

Q6b: Is there anything else you would change?

Q7: What didn't you like about the services you/they used?

Q8: Overall, what did you like about all the services you/they used in the last 12 months?

Finally, we would now like to ask a few questions about you/them.

Q9: Are you/they:

- Male
- Female

Q10: Which age group do you/they belong to?

- Under 15 years
- 15 – 17 years
- 18 – 24 years
- 25 – 44 years
- 45 – 64 years
- 65 years or more

Q11: Are you/they an Aboriginal or Torres Strait Islander?

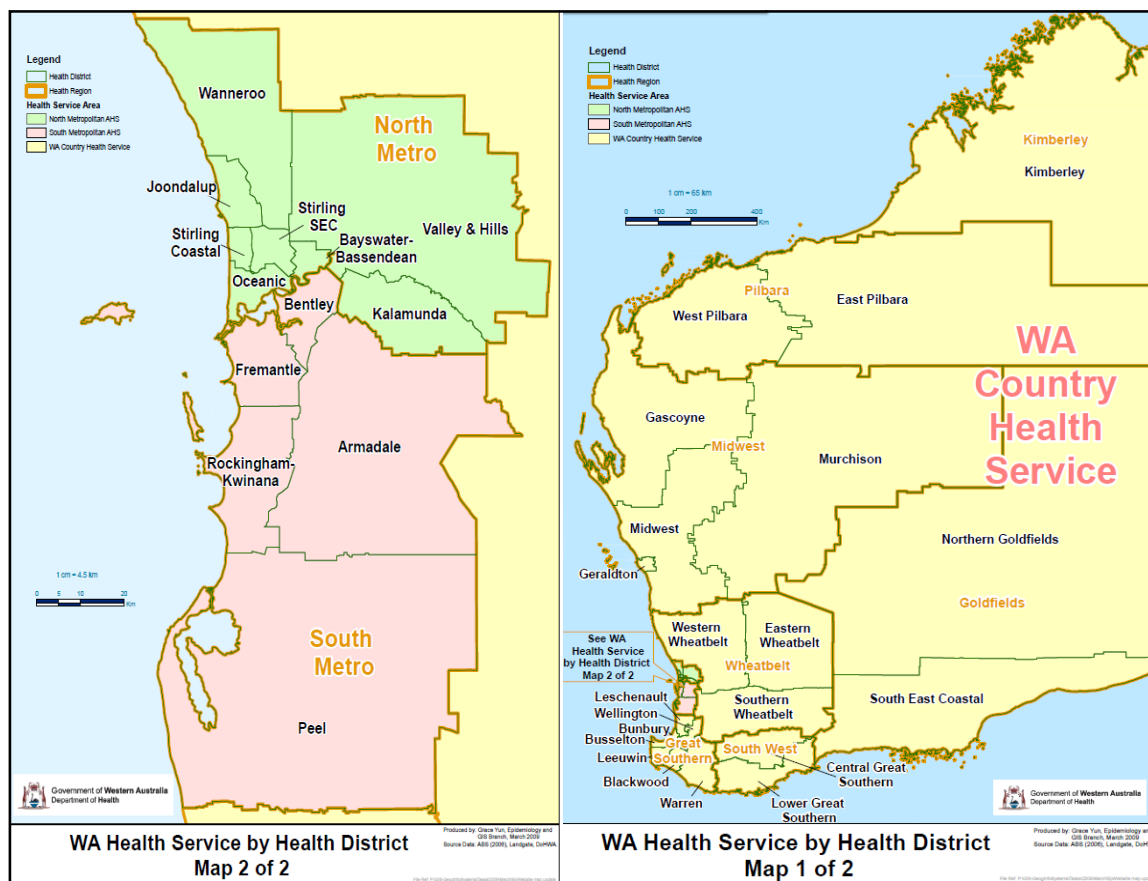
- Yes
- No

Q12: What is the main language you speak at home?

- English
- Language other than English (please specify) _____

Q13: I live in the:

- North metropolitan area (including Joondalup, Inner City, Swan)
- South metropolitan area (including Fremantle, Bentley, Armadale, Kelmscott , Rockingham, Kwinana)
- South West region
- Great Southern region
- Goldfields region
- Wheatbelt region
- Midwest region
- Pilbara region
- Kimberley region



Q14: And is the place you live in a:

- Rural/district (less than 10,000 people)
- Regional centre (greater than 10,000 people)
- Major urban area (greater than 100,000 people)

As part of the consultation, we are also conducting a number of consumer and carer workshops. If you would like to register your interest to attend a workshop could you please complete your name and phone number below.

Name: _____

Phone Number: _____

Please note that this information will not be used for the survey, and is only to contact you about attending a workshop.

Thank you for your participation

The feedback you provide will be ***completely confidential***.

Please send the completed survey Reply Paid (no postage required) to:

PricewaterhouseCoopers
Mental Health Survey
Reply Paid 198
PERTH WA 6840