

QUESTIONNAIRE

What is the survey about?

The National Mental Health Experience Survey is the first national survey to ask adults about their experience of **inpatient mental health care in Ireland**. As a person who has received care in an inpatient mental health service, you are invited to share your experiences by taking part in this survey.

By completing this survey, the information you provide will help to improve and shape services for others.

Your answers will remain confidential. We have tried to be mindful of the language used throughout the survey but acknowledge that people can use many different terms when talking about mental health.

Why did I get this questionnaire?

You received this questionnaire because you are 18 years or older and you were discharged from an inpatient mental health unit or hospital earlier this year.

Can I do the questionnaire online?

Yes, please go to  to complete the survey online or scan the QR code.

Can I ask someone to help me fill in the survey?

Yes, if required. However, please make sure that the answers given reflect your experience of care.

Completing the questionnaire

- This survey takes about **30 minutes** to complete.
- Not all sections or questions will be relevant to you, please only answer those that are.
- At the end of the questionnaire, there is space to write any comments you may have.
- **Please do not write your name or address anywhere on the questionnaire.**

If you have any questions about the survey, please call our Freephone number on 1800 314 093 (Monday-Friday, 9am-5pm), visit www.yourexperience.ie or email us at info@yourexperience.ie.

If you do not want to take part in the survey and would prefer not to hear from us again please call our Freephone number on 1800 314093, email info@yourexperience.ie, or go to our website www.yourexperience.ie

We understand it may be difficult to think about some of the topics asked about in this survey.

If you or someone you know needs any additional support or information about mental health and wellbeing please remember that you can:

- contact your GP or your mental health team or
- visit <https://www2.hse.ie/mental-health/> or
- Free-text HELLO to 50808 for an anonymous chat with a trained volunteer, any time.

Survey Code:

Improving care experiences together



An Roinn Sláinte
Department of Health



National Care
Experience
Programme

Please follow the instructions and answer the questions by ticking the most appropriate box or boxes like this using a black or a blue pen.

Do not worry if you make a mistake; simply fill in the box like this and put a tick in the correct box.

Section 1: About You

The following section asks for some general information about you. This will help us to describe the participants in the survey.

Q1. Who is the main person or people completing this questionnaire?

- 1 The patient or service user (named on the front of the envelope)
- 2 The patient or service user with the help of someone else
- 3 A person acting on the patient's or service user's behalf

Q2. Which of the following best describes you?

- 1 Man
- 2 Woman
- 3 Non-binary
- 4 Prefer to self-describe. Please specify:

- 5 Prefer not to say

Q3. What is your ethnic or cultural background?

(Tick **ONE** box only)

White:

- 1 Irish
- 2 Irish Traveller
- 3 Roma
- 4 Any other white background

Black or Black Irish:

- 5 African
- 6 Any other black background

Asian or Asian Irish:

- 7 Chinese
- 8 Indian/Pakistani/Bangladeshi
- 9 Any other Asian background

Other, including mixed group/background:

- 10 Arab
- 11 Mixed, write in description

- 12 Other, write in description

Q4. What is your age?

- 1 18-24 years
- 2 25-34 years
- 3 35-44 years
- 4 45-54 years
- 5 55-64 years
- 6 65-74 years
- 7 75 years and over

Q5. Do you currently have one of the following? Tick all that apply

- 1 A medical card
- 2 A GP visit card
- 3 Private health insurance
- 4 None of the above
- 5 Don't know

Q6. Which of the following best describes what you are doing at present? Tick all that apply

- 1 In full-time paid work (30 hours or more each week) including self-employment
- 2 In part-time paid work (under 30 hours each week) including self-employment
- 3 In full-time education at school, college or university
- 4 Unemployed
- 5 Unable to work due to long-term sickness or disability
- 6 Fully retired from work
- 7 Looking after the family or home
- 8 Other

Q7. Overall, how long have you been in contact with mental health services?

- 1 Less than 1 year
- 2 1 to 5 years
- 3 6 to 10 years
- 4 More than 10 years
- 5 Don't know or can't remember

Q8. Before this stay, had you previously received care in an inpatient mental health service?

- 1 Yes
- 2 No
- 3 Don't know or can't remember

Section 2: Admission

The following section asks you about your experience of accessing care in the mental health unit or hospital.

Q9. How were you referred to the inpatient mental health unit or hospital?

- 1 Another hospital (psychiatric, mental health or general hospital)
- 2 GP (General Practitioner) or the out-of-hours GP or primary care service
- 3 Outpatient clinic or day hospital or day centre
- 4 Self-referral
- 5 The community mental health team (CMHT) or sector team
- 6 The Gardaí or prison or courts
- 7 Other service or referral source
- 8 Don't know or can't remember

Q10. Before your admission, did you get any mental health treatment or support for your mental health from your GP?

- 1 Yes
- 2 No
- 3 Don't know or can't remember
- 4 Does not apply to my situation

Q11. Was your recent admission as a voluntary or involuntary patient?

(Sometimes a person may have to be admitted to a mental health unit or hospital for mental health treatment without their consent or against their will. This is called involuntary admission.)

- ¹ Voluntary admission for duration of stay
- ² Voluntary admission but status changed to involuntary
- ³ Involuntary admission for duration of stay
- ⁴ Involuntary admission but status changed to voluntary
- ⁵ Don't know or can't remember

Q12. During your stay in the unit or hospital, which of the following best describes your accommodation (where you spent most of your time)?

- ¹ Single bedroom with own bathroom
- ² Single bedroom with a shared bathroom
- ³ Shared bedroom

Section 3: Your care and treatment

The following section asks about the care and treatment you received **during your stay** in the mental health unit or hospital.

Q13. During your stay in the unit or hospital, did a member of staff explain what was happening in a way you could understand?

- ¹ Yes, completely
- ² Yes, to some extent
- ³ No
- ⁴ Don't know or can't remember

Q14. Did staff respect your privacy during your stay in the unit or hospital?

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ Don't know or can't remember

Q15. Did staff respect your values and individuality (such as your culture, beliefs or gender identity, etc.)?

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ Don't know or can't remember

Q16. Did a member of staff explain your mental health condition in a way that you could understand?

- ¹ Yes, completely
- ² Yes, to some extent
- ³ No
- ⁴ Don't know or can't remember

Q17. Were you involved as much as you wanted to be in decisions about your care, treatment and recovery plan?

(This includes care planning, setting goals and making decisions about your care, treatment and recovery plan with you.)

- Yes, completely
- Yes, to some extent
- No
- Don't know or can't remember

Q18. If you were on medication, did a member of staff explain the purpose of the medication you were to take in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I was not on medication
- Don't know or can't remember

Q19. If you were on medication, did a member of staff explain any side effects in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I was not on medication
- Don't know or can't remember

Q20. During your stay, did you receive any talking therapies for your mental health needs?

(Talking therapies involve talking to a trained therapist to support you to deal with your thoughts and feelings.)

- Yes
- No
- Don't know or can't remember

Q21. Did staff provide you with information and support to help you to manage any physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?

- Yes, definitely
- Yes, to some extent
- No
- I did not need support with this
- Don't know or can't remember

Q22. During your stay, were you offered a choice of social or recreational activities to participate in?

(Examples of activities may include outings, games, arts and crafts, television, books, gardening, music, gym, sport, etc.)

- Yes
- No
- Don't know or can't remember

Section 4: Interactions with staff in the mental health unit or hospital

The following section asks about your interactions and experiences with staff in the mental health unit or hospital.

Q23. Did you know who the team of staff caring for you were?

(This may have been referred to as a multi-disciplinary team or MDT. The MDT includes doctors and other health and social care professionals who work together with you to plan your care.)

- Yes
 No
 Don't know or can't remember

Q24. Which of the following people did you meet during your stay? Tick all that apply

- Assigned key worker
 Activities (social and recreational) Coordinator
 Chaplain
 Counsellor or Psychotherapist
 Dietitian
 Nursing staff
 Occupational Therapist
 Peer Advocate (Peer Advocacy in Mental Health)
 Peer Support Worker
 Pharmacist
 Psychiatrist
 Psychologist
 Social Worker
 Speech and Language Therapist
 Other staff member
 Don't know or can't remember

Q25. Did you have an assigned key worker?

(A key worker is a staff member who is in charge of organising your care and services.)

- Yes
 No
 Don't know or can't remember

Q26. Did you feel you had enough time to discuss your care and treatment with staff?

- Yes, definitely
 Yes, to some extent
 No
 Don't know or can't remember

Q27. Did staff answer your questions in a way that you could understand?

- Yes, always
 Yes, sometimes
 No
 Don't know or can't remember

Q28. Were you told about peer advocacy support services?

(Peer Advocacy in Mental Health are an independent organisation that can support you to express your views and wishes, and help you to assert your rights, during your stay in the unit or hospital.)

- Yes
 No
 Don't know or can't remember

Section 5: Family, friends and carers

The following section asks you about your experience of involving family, friends and carers in your care during your stay and in your discharge from the unit or hospital.

Q29. Were your family, friends or carers involved in your care as much as you would have liked them to be?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want them to be involved
- 5 They did not want to be involved
- 6 I was not allowed to have them involved
- 7 Don't know or can't remember

Q30. Were your family, friends or carers able to visit you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want them to visit me
- 5 I was not able to have visitors due to medical reasons
- 6 Don't know or can't remember

Q31. If you had visitors, were you able to find a quiet or private space to meet with them?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Does not apply to my situation
- 5 Don't know or can't remember

Q32. Besides in-person visits, were you supported to stay in contact with your family, friends or carers?

(For example, by phone, video calls, e-mail, messaging apps, etc.)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need support with this
- 5 Don't know or can't remember

Section 6: Discharge planning and care

The following section asks about your experience of discharge planning and care.

Q33. How long was your stay in the unit or hospital?

- 1 Less than one week
- 2 Longer than one week but less than one month
- 3 One to three months
- 4 Three to six months
- 5 Longer than six months
- 6 Don't know or can't remember

Q34. At the end of your stay in the mental health unit or hospital, where did you go?

- 1 Home
- 2 To stay with friends or relatives somewhere other than my usual home
- 3 Homeless service
- 4 Transfer to other mental health unit, hospital or service
- 5 Transfer to a general hospital
- 6 Specialised Rehabilitation Unit or Community Rehabilitation Residence
- 7 Nursing home
- 8 Other, please specify

Q35. Did you feel you were involved in decisions about your discharge from the unit or hospital?

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

Q36. Do you feel that you received enough information from staff on how to manage your mental health after your discharge?

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

Q37. Did you receive information (verbal or written) about how your lifestyle can affect your mental health?

(Lifestyle includes eating, exercise, rest, sleep, smoking, alcohol, drugs, spending time with friends or family, etc.)

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

Q38. In your discharge planning, did staff take into account how your mental health affects other areas of your life (housing, employment, education, etc.)?

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

Q39. Did staff tell you who to contact if you were worried or had any concerns after you left the unit or hospital?

- 1 Yes
- 2 No
- 3 Don't know or can't remember

Section 7: Follow-up care

The following section asks about your experience of the follow-up care you received after you left the mental health unit or hospital.

Q40. After your discharge, what support did you access? Tick all that apply

(This could include online or in-person appointments)

- 1 Community Mental Health Team
- 2 Family, friends or carers
- 3 GP (General Practitioner)
- 4 Mental Health Nurse
- 5 Occupational Therapist
- 6 Peer Support Worker
- 7 Psychiatrist
- 8 Psychologist
- 9 Psychotherapist or Counsellor
- 10 Social Worker
- 11 Support or advocacy service
- 12 Other
- 13 I did not access any support
- 14 Don't know or can't remember

Q41. How soon after your discharge from the unit or hospital did you receive a follow-up appointment?

- 1 Less than one month following discharge
- 2 1-3 months following discharge
- 3 More than 3 months following discharge
- 4 I have not received a follow-up appointment

Q42. Did you feel supported in your mental health care and treatment by the health and social care professionals you met after discharge?

(For example, your GP, members of the Community Mental Health Team, etc.)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Does not apply to my situation

Q43. Since your discharge from inpatient care, are you better able to manage your mental health?

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

Section 8: Overall

The following section asks you to think about your **overall experience of care** during your stay in the unit or hospital.

Q44. Overall, did the facilities meet your needs?

(Facilities include the unit or ward, common areas, furniture, outdoor spaces and other areas of the mental health unit or hospital.)

- Yes, definitely
- Yes, to some extent
- No
- Don't know or can't remember

Q45. Overall, did you feel safe in the unit or hospital?

(Feeling safe means protected from danger or harm including physical, psychological or emotional harm.)

- Yes, definitely
- Yes, to some extent
- No
- Don't know or can't remember

Q46. Overall, did you feel that you were treated with respect and dignity by staff in the mental health unit or hospital?

- Yes, always
- Yes, sometimes
- No
- Don't know or can't remember




Q47. Overall, did you have confidence and trust in the staff caring for you?

- Yes, always
- Yes, sometimes
- No
- Don't know or can't remember

Q48. Overall, how would you rate your experience of the care that you received?

(Please tick a box between 0 (very poor experience) and 10 (very good experience).)

Very poor experience Very good experience

←—————→

0 1 2 3 4 5 6 7 8 9 10

Section 9: Feedback and patient safety

The following section asks you to think about your **experience of giving feedback, making a complaint or experiencing a patient safety incident** during your stay in the unit or hospital.

Q49. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?

- ¹ Yes
- ² No
- ³ I did not want to give feedback or make a complaint

Q50. If you made a complaint, were you happy with how the service responded to it?

- ¹ Yes, definitely
- ² Yes, to some extent
- ³ No
- ⁴ I did not make a complaint

Q51. Did you experience any patient safety incident(s) during your stay in the unit or hospital?

(A patient safety incident is an incident (an event or circumstance) that could have resulted, or did result, in unnecessary injury or harm to you or put you at risk of injury or harm. Examples may include a medication issue or a fall)

- ¹ Yes
- ² No → Please skip to Q53.
- ³ Don't know or can't remember

Q52. If you experienced a patient safety incident, did you have an open disclosure meeting with a staff member to discuss what happened?

(Open disclosure is a formal open discussion between a staff member and you about an incident(s) that resulted in harm to you while you were receiving healthcare)

- ¹ Yes
- ² No
- ³ Don't know or can't remember

Section 10: Other comments

Please feel free to tell us more about your experience of care by answering the questions below.
If you need more space for your written comments, you can use the back page of the questionnaire.

Q53. Was there anything particularly good about your care?

Q54. Was there anything that could be improved?

The following sections ask about restrictive practices and the mental health tribunal process (if you were involuntarily detained):

Section 11 is about **restrictive practices**.

Section 12 is about the **mental health tribunal process**.

If the following sections are not relevant to you, thank you very much for taking part in this survey. Please go to the end of the survey.

Section 11: Restrictive practices

This section has 4 questions that ask about any restrictive practices you experienced during your stay in the mental health unit or hospital (examples of restrictive practices may include being medicated against your will, restraint or seclusion).

We understand that these questions may cause discomfort or be upsetting to some people.

If you would rather not answer these questions, you can go directly to Section 12 of the survey.

Q55. What restrictive practice, if any, did you experience? Tick all that apply

- I did not experience any restrictive practices during my admission
→ please go directly to **Section 12** of the survey
- Medicated against my will
- Restraint (when a person is prevented from moving their body by another person or persons)
- Seclusion (when a person is placed or left in any room at any time, day or night, so that they are prevented from leaving the room)
- Other restrictive practice, please explain:

- Prefer not to say
- Don't know or can't remember

Q56. Following the use of any restrictive practice, were you offered an opportunity to meet with staff and talk about what happened?

- Yes, and I met with staff
- Yes, I was offered an opportunity, but I did not meet with staff
- No, I was not offered an opportunity to meet with staff
- Prefer not to say
- Don't know or can't remember

Q57. Were you given information (verbal or written) about your rights in relation to the use of restrictive practice(s)?

- Yes, definitely
- Yes, to some extent
- No
- Prefer not to say
- Don't know or can't remember

Q58. Is there anything else about your experience of the restrictive practice(s) that you would like to tell us about?

Section 12: Mental health tribunal process experience

This section has 8 questions that ask about your experience of the mental health tribunal process or hearing.

If you did not experience the mental health tribunal process, please skip this section.

We understand that these questions may cause some discomfort or be upsetting to some people. If you would rather not answer these questions, you can skip this next section and go to the end of the questionnaire.

Q59. Did you have a mental health tribunal hearing?

- 1 No, this does not apply to my situation → please skip this section
- 2 No, my admission status changed from involuntary to voluntary → please skip to Q66.
- 3 Yes, and I attended
- 4 Yes, but I did not attend
- 5 Prefer not to say
- 6 Don't know or can't remember

Q60. Was the mental health tribunal process explained to you in a way that you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 Prefer not to say
- 5 Don't know or can't remember

Q61. Before your mental health tribunal hearing, did you meet your legal representative (the solicitor) appointed to represent you?

- 1 Yes
- 2 No
- 3 Prefer not to say
- 4 Don't know or can't remember

Q62. During your mental health tribunal process, did you access any of the following for support? Tick all that apply

- 1 Family or friends or carers
- 2 Advocacy or peer support services
- 3 Staff from the unit or hospital
- 4 Other support
- 5 I did not want any support
- 6 Prefer not to say
- 7 Don't know or can't remember

Q63. Did you attend your mental health tribunal hearing?

- 1 Yes
- 2 No, I did not attend because my involuntary order was revoked (cancelled) → please skip to Q66
- 3 No, I did not attend for another reason. Please explain why you did not attend and then → please skip to Q65:

- 4 Prefer not to say
- 5 Don't know or can't remember

Q64. Did you understand what was happening during the mental health tribunal hearing?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Prefer not to say
- 5 Don't know or can't remember

Q65. Was the outcome or decision of the mental health tribunal hearing explained to you in a way that you could understand?

- ¹ Yes, completely
- ² Yes, to some extent
- ³ No
- ⁴ Prefer not to say
- ⁵ Don't know or can't remember

Q66. Is there anything else about your experience of the mental health tribunal process that you would like to tell us?

Thank you very much for taking part in this survey.

Please return this completed questionnaire in the Freepost envelope provided. No stamp is needed.

We understand it may have been difficult to think about some of the topics asked about in this survey.

If you or someone you know needs any additional support or information about mental health and wellbeing, please remember that you can:

- contact your GP or your mental health team or
- visit <https://www2.hse.ie/mental-health/> or
- Free-text HELLO to 50808 for an anonymous chat with a trained volunteer, any time.

To report a concern or make a complaint please visit <https://www2.hse.ie/complaints-feedback/> for information. To report a concern or make a complaint regarding an independent / private service, please contact the service directly.

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