



# Promoting Positive Mental Health In the Lancaster District



## Mental Health Services Questionnaire

This questionnaire has been designed to help us improve and understand the needs of the public in North Lancashire with regards to mental health services. All of the questionnaires are completed in full confidentially and will remain anonymous.

Q1. Are you a User of the Mental Health Service or Carer?

Q2. Are you (Please circle your answer)

Male

Female

Q3. Which age range do you fall in? (Please circle)

Under 18  
36-45

18-24  
46-55

25-35  
56+

Q4. What is your ethnicity? (Please circle, for other please state)

Asian

Black African

Black Caribbean

Black Other

Bangladeshi

Eastern European

Chinese

Indian

Pakistani

Mixed

White

Other

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Company Limited by Guarantee: 5990592  
Registered in England and Wales



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Q5. Are you **currently** using any mental health services? (If no move to Q8)

Yes

No

Q6. Which service/s do you currently use?

Community Services

In patient

Please list below

Q7. Who referred you to this service? (Please circle, if other, please state below)

Doctor

Social Worker

School

Health Worker

Other \_\_\_\_\_

Q8. How would you rate **your experience** of this service? - If more than one please answer about your main/primary service and give its name (Please circle)

Excellent

Good

Average

Below average

Poor

Why?

Q9. Which of the following **do you think** would improve this service? (Please tick all that apply)

- Different types of forms for example: different translations, Braille, Languages.
- Disability awareness - ramps, hearing/speech needs
- Better understanding of users
- Benefits
- Housing- homelessness
- Legal system- criminal justice system, legal rights
- Education- training, learning skills
- Money- debt, benefits help
- Carers and their rights and help
- More staff
- Offer alternative therapies
- Better communication between services
- Working out of hours
- Better awareness of your cultural and or religious needs
- Other (please list below)

**Note - If this is the only service you have ever used please move to Q16**

Q10. What other improvements could be made to these services?

Q11. Which service/s did you previously use? (Please list below)

Q12. How long did you use this service for? If more than one please answer about your primary service and give its name (Please give an estimate if you are unsure exactly)

Q13. Who referred you to this service? (Please circle, if other please state below)

Doctor	School	Social Worker	Health Worker
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Other \_\_\_\_\_

Q14. How would you rate **your experience** of this service? (Please circle)

Excellent      Good      Average      Below average      Poor

Why?

Q15. Why have you stopped using this service? (Please explain below)

Q16. Are you aware of direct payments? If no move to Q18 (please circle your answer)

Yes

No

Q17. Do you claim/use Direct Payments? (Please circle your answer)

Yes

No

If No, Why?

Q18. Direct Payments are cash payments made to individuals who have been assessed as needing services. If you were aware of this, would you have claimed/used direct payments?

Yes

No

Maybe

Why?

Q19. How did you find out about Direct Payments? (Please write below)

Q20. How would **you** rate the services that are available to service users and carers within Mental health Services in The Lancaster District (Please circle)

Excellent

Good

below Average

Poor

Why?

Q21. What would add value to these services? Eg access to prayer rooms, access to alternate therapies

Q22. If you have had experience of Mental Health services locally, what would have made a difference to your care/treatment?

Thank you for taking time to complete this questionnaire.  
Completed questionnaires to be returned to the address below.

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