

BRIDGEND Mental Health and Well-Being Survey 2009**YEAR 2**

Mental Health Matters Wales will be carrying out an annual survey over the next 5 years to identify how satisfied people are with the mental health service/s they are receiving. Information on an annual basis will be fed back to the Joint Mental Health Strategic Planning Team.

We would be most grateful if this questionnaire could be photocopied and distributed to as many people who use your services as possible, it is also available on our website www.mhmwales.org

Completed questionnaires for this year need to be returned to

**Mental Health Matters Wales,
FREEPOST,
63 Nolton Street, Bridgend, CF31 3AE
by March 31st 2009**

DO NOT WORRY IF YOU ARE UNABLE TO COMPLETE ALL QUESTIONS	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
1. My living situation is safe and feels like home to me.					
2. I have trusted people I can turn to for help.					
3. I have at least one close mutual (give-and-take) relationship.					
4. I am involved in personally meaningful productive activities.					
5. My distressing symptoms are under control.					
6. I have enough income to meet my needs.					
7. I'm not working, but see myself working within 6 months.					
8. I am learning new things that are important to me.					
9. I am in good physical health.					
10. I have a positive spiritual life/connection to a higher power.					
11. I like and respect myself.					
12. I'm using my personal strengths, skills and talents.					
13. I have goals I am working to achieve.					
14. I have reasons to get out of bed in the morning.					
15. I have more good days than bad.					
16. I have a decent quality of life.					
17. I control the important decisions in my life.					
18. I contribute to my community.					
19. I am growing as a person.					
20. I have a sense of belonging.					
21. I feel alert and alive.					
22. I feel hopeful about my future.					
23. I am able to deal with stress.					
24. I believe I can make positive changes in my life.					
25. I believe I have the same rights as others.					
26. I believe I am given appropriate information to make an informed decision about my care and support					
27. I believe that I am respected by service providers					
28. I have a care plan and this is useful					
29. I am involved in all aspects of my care					
30. There is not enough involvement of people who use mental health services in the planning process					

Please turn over

Tick the box that is true for you now.	YES	NO
31. I am working part-time (less than 37 hours a week)		
32. I am working full-time (37 or more hours per week)		
33. I attend college, university or other educational programme.		
34. I am not in paid employment and am happy with my life.		
35. I am a volunteer		
36. I have made a living will/advanced directive		
37. I have not made a living will/advanced directive and would like information		
38. I am a smoker		
39. I would like to give up smoking		
40. I have access to my own transport		

Additional Question

1. What are one or two of the most important things a mental health service and its staff can do to support people with mental health problems in their mental health recovery?

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2. What kind of services are you currently receiving (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> self help or user-run services | <input type="checkbox"/> day care services (health/social services) |
| <input type="checkbox"/> day care services (health) | <input type="checkbox"/> day care (voluntary sector) |
| <input type="checkbox"/> residential services | <input type="checkbox"/> hospital in-patient service |
| <input type="checkbox"/> primary care (nurse or GP) | <input type="checkbox"/> community mental health team |
| <input type="checkbox"/> assertive outreach team | <input type="checkbox"/> home treatment/crisis resolution team |
| <input type="checkbox"/> psychotherapy/talking therapies/counselling | <input type="checkbox"/> supported housing |
| <input type="checkbox"/> employment services | <input type="checkbox"/> supported education |
| <input type="checkbox"/> forensic psychiatric services | <input type="checkbox"/> Community Drug and Alcohol |
| <input type="checkbox"/> probation | <input type="checkbox"/> other (please describe) |

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3. please tick

female			male		
single	Living with a partner	married	divorced	Dependent children	Dependent adult

4. Ethnic Background – tick all that apply

White	Welsh	English	European
Mixed	Asian	Black	Other

5. What age group are you (please tick)

16 – 25	26 – 35	36 – 45	46 – 55	56 – 65	66 – 75	76 +
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Thank you for taking the time to complete this questionnaire. Your input and views are valuable to both us and other providers.