

Mental Health Carer Experience Survey

This survey is about your experiences, as a carer, with <INSERT SERVICE NAME> **over the last three months**. By completing this survey, you will help the service better understand how to work with carers towards the recovery of mental health consumers. If you care for more than one person, just think of one of these people when completing the questionnaire.

WHO IS A CARER?

Carers can come from many different backgrounds but many never think of themselves as carers. Many feel they are doing what anyone else would in the same situation; looking after their family member, partner or friend. Carers are the family member, partner or friend of someone with a mental illness whose lives are also affected by that illness. Carers provide support and assistance to the person with a mental illness.

GETTING STARTED

Your responses to this questionnaire are anonymous. Your experiences are very important to us so we would like you to provide an answer to each question. But you can leave a question blank if you wish. There is space at the end of the survey for you to provide additional feedback about your experiences.

As a carer with a family member, partner or friend who had contact with this mental health service in the **last three months**, how often did the following occur?

| Please tick one box for each statement | Never | Rarely | Some-times | Usually | Always | Not Needed |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. You understood what you could expect from the mental health service for yourself and your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 2. You were given an explanation of any legal issues that might affect your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 3. You understood your rights and responsibilities | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 4. Your personal values, beliefs and circumstances were taken into consideration | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 5. You were able to obtain cultural or language support (such as an interpreter) when you needed | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 6. You were given the opportunity to provide relevant information about your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 7. Your opinion as a carer was respected | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 8. You were involved in decisions affecting your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 9. You were identified as a carer of your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 10. You were given opportunities to discuss the care, treatment and recovery of your family member, partner or friend (even, if for reasons of confidentiality, you could not be told specific information) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |

As a carer with a family member, partner or friend who had contact with this mental health service in the **last three months**, how often did the following occur?

| Please tick one box for each statement | Never | Rarely | Sometimes | Usually | Always | Not Needed |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 12. You were given the opportunity to enhance your abilities as a carer | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 13. Staff conveyed hope for the recovery of your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 14. Staff worked in a way that supported your relationship with your family member, partner or friend | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 15. You were given information about services and strategies available if your family member, partner or friend became unwell again | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 16. You had opportunities to communicate confidentially with the treating doctor if you needed (such as by phone, email or in person) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |

As a carer with a family member, partner or friend who had contact with this mental health service, in the **last three months** have you been given the following?

| Please tick one box for each statement | Yes | No | Don't know | Not needed |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 17. A brochure or other material about your rights and responsibilities | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |
| 18. An explanation of how to make a compliment or complaint about the mental health service | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |
| 19. Information about carer support services (such as local groups, carer consultants, counsellors) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |
| 20. Information on opportunities to participate in improving this mental health service | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |
| 21. A number you could call after hours for the service | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |
| 22. Information about taking a support person to meetings or hearings if you wished | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ⁸ | <input type="checkbox"/> ⁹ |

As a result of your experience with this mental health service in the **last three months**, has your life changed in the following areas?

| Please tick one box for each statement | A lot worse | A little worse | No change | A little better | A lot better | Not needed |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 23. Your relationship with the person for whom you care | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 24. Your hopefulness for your future | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |
| 25. Your overall wellbeing | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |

26. Overall, how would you rate your experience as a carer with this mental health service over the **last three months**?

| Poor | Fair | Good | Very Good | Excellent | Don't know |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁸ |

27. Overall, during the **last three months**, did your family member, partner or friend want you involved in their care?

| Never | Rarely | Some-times | Usually | Always | Not Needed |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁹ |

28. My experience with this service would have been better if...

29. The best things about this service were...

DEMOGRAPHICS

Please tick one box for each question

30. What is your gender?

- ¹ Male ² Female ³ Other

31. What is the main language you speak at home?

- ¹ English ² Other

32. What is your age?

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

33. Are you of Aboriginal or Torres Strait Islander descent?

- ¹ No ² Yes, Aboriginal ³ Yes, Torres Strait Islander ⁴ Yes, both Aboriginal and Torres Strait Islander

34. How long have you been a carer of your family member, partner or friend with a mental illness?

- ¹ Up to 6 months ² 6 months to 1 year ³ 1 to 2 years
⁴ 2 to 5 years ⁵ 5 to 10 years ⁶ Over 10 years

35. What is your relationship to the family member, partner or friend for whom you are a carer?

The person I care for is:

- | | | |
|--|--|---|
| <input type="checkbox"/> ¹ My spouse / partner (including married, defacto) | <input type="checkbox"/> ² My mother or father (including step and in-law) | <input type="checkbox"/> ³ My brother or sister (including step and in- law) |
| <input type="checkbox"/> ⁴ My son or daughter (including step and in-law) | <input type="checkbox"/> ⁵ A friend | <input type="checkbox"/> ⁶ Other |

36. How long has your family member, partner or friend been a client of this mental health service?

- | | | |
|---|---|---|
| <input type="checkbox"/> ¹ Less than 1 month | <input type="checkbox"/> ² 1 to 6 months | <input type="checkbox"/> ³ 6 months – 1 year |
| <input type="checkbox"/> ⁴ 1 to 5 years | <input type="checkbox"/> ⁵ More than 5 years | |

37. Did someone help you complete this survey?

- | | | |
|--|--|---|
| <input type="checkbox"/> ¹ No | <input type="checkbox"/> ² Yes – family member, partner or friend | <input type="checkbox"/> ³ Yes - language or cultural interpreter |
| <input type="checkbox"/> ⁴ Yes – carer or consumer worker/ peer worker | <input type="checkbox"/> ⁵ Yes - another staff member from the service | <input type="checkbox"/> ⁶ Yes - someone else |

Thank you for completing this Survey.

This area would be modified depending on state/territory or organisation, to add

- Instructions for where to send completed questionnaire
- Contact details for extra information