

**Carer Questionnaire 2009 a**

**General Background Questions**

1. Do you consider yourself a carer for someone with mental health difficulties?

- Yes                       No                       Don't Know

2. Who are you caring for? (please tick all that apply)

- Wife             Husband             Daughter             Son             Sister  
 Brother             Neighbour or Friend             Other .....

3. How long have you been caring for someone with mental health difficulties?

- 0-2 years    2-5 years    5-10 years    10-20 years    more than 20 years

4. What area are you currently living in?

- Brent             Harrow             Hillingdon    Kensington & Chelsea    Westminster  
 Other .....

5. Does the person you support live with you?

- Yes                       No                       Sometimes .....

**Information and Support**

6. Do you feel that your role as carer is recognised by mental health professionals?

- Yes                       No                       Don't Know

Comments .....

7. Have you been given CNWL information leaflets on medication?

- Yes                       No                       Don't Know

**8. Have you been given a Carers' Information Pack or any of the following?**

- Carer Information Pack
- Carers' Information leaflet (CNWL)
- Care Programme Approach (CPA) Information Leaflet (CNWL)
- Inpatient Information leaflet (CNWL)
- Carers' Centre Information Leaflet

**9. As a carer, are you in contact with your local Carers' Centre or Association?**

- Yes                       No                       Don't Know

**10. Do you receive support from the Carer Support Worker in your area?**

- Yes                       No                       Don't Know

**Care Planning for the person you support**

*(CPA = Care Programme Approach)*

**11. Do you know the name of the care co-ordinator of the person you care for?**

- Yes                       No                       Don't Know

**12. Does the person you support want you involved in their care planning?**

- Yes                       No                       Don't Know

**13. Do staff involve you in the care planning/CPA?**

- Yes                       No                       Don't Know

**14. If yes, do you receive a copy of the care plan/CPA?**

- Yes                       No                       Don't Know

**15. Do you feel you are able to participate in the care planning/CPA?**

- Yes                       No                       Don't Know

**16. Which of the following professionals are involved in the care planning of the person you care for?**

- |   |  |
|---|--|
| <input type="checkbox"/> CPN/Nurse              | <input type="checkbox"/> Social Worker           |
| <input type="checkbox"/> Psychiatrist           | <input type="checkbox"/> Substance Misuse Worker |
| <input type="checkbox"/> Psychologist           | <input type="checkbox"/> Support Worker          |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Counsellor              |
| <input type="checkbox"/> GP                     | <input type="checkbox"/> Other .....             |

**17. Have you been given information of what to do in a crisis?**

- Yes                       No                       Don't Know

**18. Were you involved in any crisis planning for the person you care for?**

- Yes                       No                       Don't Know

**19. Which team provides support to the person you care for?**

- Community Mental Health Team (CMHT)
- Assertive Outreach Team / Community Support and Rehabilitation Team
- Early Intervention Team
- Psychology / Psychotherapy Department
- Psychiatric Outpatient Department
- Other .....

**20. Have you been given information about Carers' Assessments?**

- Yes                       No                       Don't Know

**21. Have you had a Carers' Assessment?**

- Yes                       No                       Don't Know

**22. Do you have any comments about the Carers' Assessment that you were given?**

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**23. If you have had a Carers' Assessment, when was this done?**

- within 0 -1 year     within 1 -2 years     within 2 – 4 years     can't remember

**Thank you very much for your help, there is one more section to complete.**

**General**

**24. How could mental health services better help you in your role of carer for someone with mental health difficulties?**

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**25. As a Carer, as you a member of CNWL NHS Foundation Trust?**

Yes                       No                       Don't Know

**26. Would you be interested in becoming a member of CNWL NHS Foundation Trust?**

Yes                       No                       Don't Know

If you would like to become a member of CNWL NHS Foundation Trust, please kindly complete the enclosed application form and forward it to the address provided.

**Your comments**

Please feel free to write any additional comments you would like to make in the space below:

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**Thank you very much for taking the time to complete this questionnaire.**

Please return by no later than **17.07.2009** in the pre-paid envelope provided, or to: CNWL NHS Foundation Trust, Greater London House, Hampstead Road, London NW1 7QY

The results of the survey will be made available to the general public