

National Clinical Audit of Anxiety and Depression (NCAAD)

Psychological Therapies Spotlight Audit

SERVICE USER SURVEY

This survey is part of a national clinical audit that looks at the quality of psychological therapy (talking treatment) in England. This survey asks about people's experiences of therapy.

As someone who has received therapy, your response will help us understand what services and therapists are doing well, what they are not doing so well and how we can help them improve.

Confidentiality

You do not need to complete the survey if you don't want to. We don't ask for your name and your survey will be returned directly to the audit team and not your therapist or the service. The audit team will produce reports which describe the views of lots of people who use this and other services in England.

By completing and returning this form, you consent to the use of your answers in the national audit, including in our reports. Further information about how we use data can be found in our privacy notice here:

www.rcpsych.ac.uk/aboutthecollege/dataprotection/privacynoticenationalaudits.aspx

The service ID below tells us which service is providing your therapy. It cannot identify you.

How to complete the survey

This survey should take between approximately **5 minutes** to complete.

Please try and answer the questions as truthfully as you can. If you don't want to, can't remember or don't know the answer to a question, you don't need to answer the question and can move onto the next question. At the end of the survey there is space for you to write any comments you have about your treatment, for example what was helpful and what could be better.

In the survey, the word 'therapy' describes the psychological therapy (talking treatment) you have been receiving, and the word 'therapist' describes the person or people you have been working with.

Please complete this survey by **31 January 2019**. If we get your response after this date, we may not be able to include your response in our reports.

This is not a complaint form. The audit team will look at all the responses but because we don't ask for your name, we will not be able to follow up your individual concerns or complaints.

If you would like to make a complaint, please speak to the service or your local Patient Advice and Liaison Service (PALS) who will be able to offer confidential advice on making a complaint.

If you would like further information please visit our website (www.rcpsych.ac.uk/ncaad) or call 0203 701 2698/2745 to speak to a member of the audit team.

Service ID:

Please answer the following questions about the most recent therapy you have received from this service.

Before your therapy started

1 Based on your personal experience, please rate the following statements:

	Strongly Agree	Slightly Agree	Neutral	Slightly Disagree	Strongly Disagree
I was referred for therapy at the right time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The waiting time for my treatment to start was reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received enough information about my therapy before it began	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your preferences

2 Based on your personal experience, please rate the following statements:

	This was NOT important to me	This was important to me and I was given enough choice	This was important to me and I was NOT given enough choice	This was important to me and I was NOT given ANY choice	Unsure
I was offered a choice about the type of therapy I would receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was offered a choice about the venue where my therapy would take place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was offered a choice about the gender of my therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was offered therapy in another language or with an interpreter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your appointments

3 Based on your personal experience, please rate the following statements:

**Strongly
Agree**

**Slightly
Agree**

Neutral

**Slightly
Disagree**

**Strongly
Disagree**

My appointments were scheduled on a day/time that was convenient for me

I was able to get to my appointment location without too much difficulty

Your therapy

4 Based on your personal experience, please rate the following statements:

	Strongly Agree	Slightly Agree	Neutral	Slightly Disagree	Strongly Disagree
I got the right kind of help from this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received the right number of therapy sessions from this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with empathy, kindness, dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My therapist and I agreed goal(s) for my therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My therapy helped me understand my difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my needs were taken seriously, understood and appropriately considered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a discussion with my therapist about my previous therapy and experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a discussion with my therapist about my overall care (e.g. medication, appointments with your care coordinator)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My therapy helped me cope with my difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced lasting bad effects from my treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand where my information is kept, who can see it and when it might be shared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Did you and your therapist discuss your progress during your therapy?
This may have included completing questionnaires and discussing your results or being asked by your therapist to give feedback on how helpful you are finding your therapy.

Yes

No

Unsure

6 Were you told about the type of therapy you were having before it started?

Yes

No

Unsure

7 What type of psychological therapy did you receive?

Please select ALL that apply

Individual

Couples/Family

Group

Unsure

8 Do you have any other comments about your therapy?

You may like to say what you found helpful, what you would like to be different or say more about any of your other answers.

Background Information

The following questions ask some basic background information about you. This is to see whether people who have responded to the survey are representative of the people in their local area.

We will NOT be able to identify you from this information and you do not have to complete it if you don't want to.

9 How old are you?

10 What is your gender?

Male

Non-binary/other

Female

I would prefer not to say

11 How would you describe your ethnic origin?

White British

Any other mixed background

African

White Irish

Indian

Any other Black background

White Other

Pakistani

Chinese

White and Black Caribbean

Bangladeshi

Any other ethnic group

White and Black African

Any other Asian background

I would prefer not to say

White and Asian

Caribbean

12 How would you describe your sexuality?

Heterosexual

Gay/lesbian

Bisexual

Other

Questioning/unsure

I would prefer not to say

13 Do you consider yourself to have a disability?

You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities

Yes

Unsure

No

I would prefer not to say

14 Type of disability

Please select ALL that apply

Sensory disability (e.g. hard of hearing, deaf, blind)

Disability relating to mental health

Learning disability

Other

Physical disability

Unsure

I would prefer not to say

**Thank you for for being part of the Psychological Therapies
Spotlight Audit and taking the time to complete this
questionnaire**

Please press submit to send your responses to the audit team