



About Mental Health

Halton and St Helens Voluntary and Community Action has been asked to find out what people think about local mental health services.

Who is most likely to have mental ill health?

| | | |
|----------------|-------------------------------------|--|
| (tick one box) | Poor or uneducated people | |
| | People with stressful jobs | |
| | Mental ill health can affect anyone | |

Mental ill health :-

| | | |
|----------------|----------------------------------|--|
| (tick one box) | Is caused by being weak or frail | |
| | Runs in the family | |
| | Could affect anyone | |

Which of the following are or would be important to you about mental health services?

(Tick as many boxes as apply)

| | | |
|--|---|--|
| | Having services available in my community | |
| | Quick access to support when I need it | |
| | Feeling that I am listened to | |
| | Knowing what my treatment options are | |
| | Knowing why a treatment is recommended | |
| | Being given information I can understand | |
| | Being given information that is relevant | |
| | Being part of planning the services I get | |

How would you like to find out about health services?

(tick your top three choices)

| | | | | |
|--|--------------------|--|---------------|--|
| | Facebook/Twitter | | Internet | |
| | DVD | | Radio/TV show | |
| | Family/Friends | | Professionals | |
| | Leaflets / Posters | | News stories | |
| | Other | | | |

The best places for you to get this information is from: -

(tick your top three choices)

| | | | | |
|--|------------------|--|------------------|--|
| | Hospital | | Internet | |
| | Place of worship | | School / College | |
| | Advice Centre | | Community Centre | |
| | Library | | Radio/TV | |
| | Community Group | | Dr's Surgery | |
| | Other | | | |

If you could do one thing to improve mental health services, what would it be?

Do you have any other comments about mental health services?



Please help us check we have reached a wide range of people by telling us about yourself

(tick all boxes that apply to you)

| | | | |
|----------|--------------------------|---------|--------------------------|
| Under 18 | <input type="checkbox"/> | 18 - 25 | <input type="checkbox"/> |
| 26 - 40 | <input type="checkbox"/> | 41 - 50 | <input type="checkbox"/> |
| 51 - 65 | <input type="checkbox"/> | Over 65 | <input type="checkbox"/> |

| | | | |
|--------|--------------------------|------|--------------------------|
| Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| Other | | | |

Describe your racial background e.g. Asian, Black, Chinese, White etc...

If you have had contact with mental health services, who was it for?

| | | | |
|--------|--------------------------|---------------|--------------------------|
| Self | <input type="checkbox"/> | Family Member | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | No contact | <input type="checkbox"/> |
| Other | | | |

Which area is closest to the type of services you or a.n.other accessed?

| | |
|--|--------------------------|
| Hospital Stays; In-Patient; Secure Wards | <input type="checkbox"/> |
| Day Centres; Memory Clinics; Older People's Support Groups; CMHT | <input type="checkbox"/> |
| Talking Therapies; Group Support; GP's | <input type="checkbox"/> |

Finally, please tell us your postcode? _____/_____

To send this back to us, either pass your completed form to the organisation that provided it or send it to us Halton and St Helens VCA, FREEPOST, Licence No: WA1363, Runcorn. WA7 1AZ

Thank you for helping us

Would you like to tell us more about your views and experiences?

If you would be happy to talk more about mental health services, please tell us:

(your confidentiality will be respected)

Your name

Fill in the box(es) for the way(s) you prefer us to contact you,

Phone

Post

Email

You might prefer to contact us: -

on Facebook @

search for talk to us about mental health

on Twitter @

#TalkToUs_MH

by email @

talktous@haltonsthelensvca.org.uk

by phone

01928 592405



Halton & St Helens
Voluntary and Community Action

charity no 1106001 c.l.g. no 2539153



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