

Service:

Mental Health Carer Experience Survey

This survey is about your experiences, as a carer, **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	Sometimes	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You were given an explanation of any legal issues that might affect your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You understood your rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your personal values, beliefs and circumstances were taken into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You were able to obtain cultural or language support (such as an interpreter) when you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
6. You were given the opportunity to provide relevant information about your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your opinion as a carer was respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick one box for each statement	Never	Rarely	Sometimes	Usually	Always	Not Needed
8. You were involved in decisions affecting your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You were identified as a carer of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You were involved in planning for the ongoing care, treatment and recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You were given the opportunity to enhance your abilities as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff conveyed hope for the recovery of your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff worked in a way that supported your relationship with your family member, partner or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You were given information about services and strategies available if your family member, partner or friend became unwell again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. An explanation of how to make a compliment or complaint about the mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Information about carer support services (such as local groups, carer consultants counsellors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Information on opportunities to participate in improving this mental health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A number you could call after hours for the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Information about taking a support person to meetings or hearings if you wished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Your hopefulness for your future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Your overall wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Never	Rarely	Sometimes	Usually	Always	Not Needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

- Male Female Other

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

- English Other

32. What is your age?

- 18 - 24 years 25 to 34 years 35 to 44 years
 45 to 54 years 55 to 64 years 65 to 74 years
 75 years and over

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

- No Yes, Aboriginal Yes, Torres Strait Islander
 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?

- Up to 6 months 6 months to 1 year 1 to 2 years
 2 to 5 years 5 to 10 years 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:

- My spouse / partner (including married, defacto) My mother or father (including step and in-law) My brother or sister (including step and in-law)
 My son or daughter (including step and in-law) A friend Other

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

- Less than 1 month 1 to 6 months 6 months – 1 year
 1 to 5 years More than 5 years

37. Did someone help you complete this survey?

- No Yes – family member, partner or friend Yes - language or cultural interpreter
 Yes – carer or consumer worker/ peer worker Yes - another staff member from the service Yes - someone else

Thank you for completing this Survey. Please place the completed survey in the prepaid envelope provided and return by mail or local collection box.

If you have any questions regarding this survey please email us:

Health.StatewideLivedExperienceRegister@sa.gov.au