

# MH-CoPES questionnaire for people using adult inpatient services

This questionnaire will gather your views about your **experience in the last three months with**

Stamp service name here

(Greater Western Area Health Service) to help the service improve. *Filling in this questionnaire is voluntary.*

**Your questionnaire will be kept private.**

- The hospital staff will not see your completed questionnaire.
- Do not put your name on the questionnaire.
- Reports will not identify you.

**How will the information I give be used to improve services?**

- Your information will be grouped with others from the service.
- A report will be prepared for each Area Mental Health Service summarising what people said needs improvement.
- Each hospital is expected to work with consumers to make improvements to the hospital.

**Where can I find the results?**

- Posters/information sheets will be available at the hospital outlining the results of the questionnaire.

**How do I fill in the questionnaire?**

- You will be asked to say what needs to be improved, from YOUR OWN EXPERIENCE.
- For questions 1–24 choose the coloured circle that is the best answer for you:

RED: needs **LOTS** of improvement

YELLOW: needs **SOME** improvement

GREEN: needs **NO** improvement

If the question does not apply you can leave it blank.

**For example, Q1 says:**

How easy it was to get the services and supports I needed ...

If you feel this was something that needs **SOME** improvement, you would mark the yellow circle with a cross, like this:

**How do I return the questionnaire?**

- Please do not give it back to the service:
  - Put it in the MH-CoPES questionnaire return box at the hospital; or
  - Put it in the reply paid envelope included and return by mail.

**Can I get help to complete the questionnaire?**

Yes. If you would like help to fill in the questionnaire you could ask a friend or carer or a consumer worker.

- How long did you spend in hospital THIS time? Indicate with a cross which fits best:  
 1–2 days     less than 1 week     1 week–1 month     longer than 1 month  
please specify \_\_\_\_\_
- How long have you been using mental health services? Indicate with a cross which fits best:  
 1–12 months     more than 12 months
- Did you fill this questionnaire out:  
 while still in hospital     after leaving hospital

**Based on your experiences during your LAST hospital stay (or THIS stay if you are currently in hospital), indicate how much improvement is needed for the following items:**

needs **LOTS** of improvement  
needs **SOME** improvement  
needs **NO** improvement

**These first few items are about improving the treatment and care in hospital:**

- |           |  |   |
|-----------|--|---|
| <b>1</b>  | How easy it was to get the services and supports I needed ...  | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>2</b>  | How easy it was to see a doctor when I needed to ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>3</b>  | How well the doctor listened to me ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>4</b>  | The amount of time staff spent with me ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>5</b>  | The respect staff showed to me ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>6</b>  | How well staff listened to me ...  | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>7</b>  | The sense of hope staff showed for my future ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>8</b>  | Opportunities for me to have a say in my own care ...  | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>9</b>  | The encouragement by staff for me to join consumer-focused programs (for example: support groups, drop-in centres, phone lines, self-help, peer support, consumer advocacy groups) ... | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>10</b> | The opportunities for my family/carer to be involved in my treatment when I wanted ...   | <input type="radio"/> <input type="radio"/> <input type="radio"/> |



needs **LOTS** of improvement  
needs **SOME** improvement  
needs **NO** improvement

**How much improvement is needed for the following items:**

- 11** How safe I felt in hospital ...
- 12** How safe I felt in raising concerns with the hospital if I had a problem ...
- 13** The hospital's willingness to address problems ...

**The next few questions are about improving the information provided by the hospital:**

- 14** The amount of information I got from staff about my mental illness and treatment ...
- 15** Information about my rights and responsibilities ...
- 16** Information about mental health services and programs available ...
- 17** Information about other support services (eg: housing, employment, family support, Centrelink etc) ...
- 18** Information about how to maintain my mental health ...
- 19** Information about who to contact if I experience a crisis ...

**The next question is about improving privacy:**

- 20** How well my personal information was kept private ...

**The next questions are about improving choice of treatment:**

- 21** The information given to me about different types of treatments available ...
- 22** The choices I had about the treatment I received ...

**The next questions are about improving leaving hospital and going to the community:**

- 23** How much I was involved in planning for leaving the hospital ...

**If you have not yet left hospital, please go to Q25 next.**

- 24** How well the supports I needed when I left the hospital were arranged ...

*... continued overleaf*

**25** Overall, what do you think of the care you received at this hospital?

- Excellent       Very good       Good       Fair       Poor       Don't know

**In this last section, please feel free to make any comments about the hospital services you received.**

**26** Describe what you didn't like about your stay:

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**27** Describe what you liked most about your stay:

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**28** How can the hospital improve?

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**These last questions come from the NSW Health Survey and are about your overall view:**

**29** In the last three months have you attended a hospital emergency department (or casualty) for your own mental health care?

- Yes       No       Don't know

If yes, overall what do you think of the care you received at this emergency department?

- Excellent       Very good       Good       Fair       Poor       Don't know

*Thank you for your time and comments.*