**OPT IN MENTAL HEALTH SERVICE CONSULTATION**

**QUESTIONS**

**If the Council decides to provide services for mental health service users in a different way how will this affect you?**

**1.** **Please tick the box that best describes your interest in this issue? (Please tick one box only)**

* A regular user of opt-in services
* An occasional user of opt-in services
* A friend or relative of a resident of a service user who uses services provided by the opt-in team (Go to **Q3**)
* A member of the public(Go to **Q3**)
* A community or voluntary group (Go to **Q3**)
* A partner organisation (Go to **Q3**)
* A business /private organisation (Go to **Q3**)
* A TMBC staff member(Go to **Q3**)
* An NHS or Pennine Foundation Trust employee (Go to **Q3**)
* Other (please specify below) (Go to **Q3**)

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**2.** **How has the opt-in service benefited you?** *It has helped me to…*

**(Please tick all that apply)**

* Manage my condition better
* Improve my coping skills
* Improve my numeracy and literacy skills
* Sort my benefits
* Manage my money
* Find opportunities to volunteer
* Improve my place in the community e.g. meeting other local people, getting involved
* Get into college
* Obtain employment
* Use local services, for example library or sports centre
* Improve my physical health
* Get help with drug or alcohol issues
* Improve access and contact with other agencies i.e. Mental Health Teams, Probation services
* It has helped me with other things (please specify below)

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**3.** **If the Council decides to provide support for mental health service users in a different way, will this affect any of the following directly? (Please tick all that apply)**

 You

 Your friends

 Members of your family

 None of the above (**Go to Q5**)

**4.** **If the Council decides to provide support for mental health service users in a different way, please describe how it will affect you, your friends, or members of your family**. **(Please specify below)**

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**5**. **Do you have any other comments you wish to make about the future of the current opt-in service in Tameside? (Please specify below)**

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**ABOUT YOU**

**6.** **Are you…..?**

 Male Female

**7.** **What is your age? (Please state)**

**8. What is your postcode? (Please state)**

**9. What is your ethnic group? (Please tick one box only)**

 **White**

 English / Welsh / Scottish / Northern Irish / British

 Irish

 Gypsy or Irish Traveller

 Any other White background (Please specify)

 **Mixed / Multiple Ethnic Groups**

 White and Black Caribbean

 White and Black African

 White and Asian

 Any other Mixed / Multiple ethnic background (Please specify)

**Black / African / Caribbean / Black British**

 African

 Carribbean

 Any other Black / African / Caribbean background (Please specify)

**Asian / Asian British**

 Indian

 Pakistani

 Bangladeshi

 Chinese

 Any other Asian background (Please specify)

 **Other ethnic group**

 Arab

 Any other ethnic group (Please specify)

**10. Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? This may include problems related to old age. (Please tick one box only)**

 Yes, limited a lot

 Yes, limited a little

 No

**11. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: (Please tick one box only)**

* Long term physical or mental ill-health / disability?
* Problems due to old age?

 No

 Yes, 1-19 hours a week

 Yes, 20-49 hours a week

 Yes, 50 or more a week

**HOW DECISIONS WILL BE MADE**

Once the consultation is complete the feedback will be collated, anonymised and analysed. This will then help us to ensure your feedback is taken into account in shaping the Councils actions. A report will then be developed which will be considered by the Council in December 2015 when a final decision will be made.