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| West Coast Mental Health & Addiction System Co-design**Consumer Survey** | | | | | | | | | | | | | | |  | | | |
| This survey is intended for people living on the West Coast who have experienced mental health or addiction challenges. The information collected in the survey will be used to guide how services on the West Coast might be provided in the future.  Responses are anonymous and confidential.  Please answer each question by marking the box to the left of your answer and return in the Freepost envelope provided. | | | | | | | | | | | | | [**Click here to complete online**](https://forms.office.com/r/zACVNxxxL1) **or scan QR code to complete on your phone or tablet** | | | | | |
| 1. What is your experience of mental health or addiction challenges?   I am completing the survey about my own experience living with mental health or addiction challenges.  I am completing the survey on behalf of someone else who is living with mental health or addiction   challenges.  I am completing the survey based on my experiences as a carer, whanau or support person. | | | | | | | | | | | | | | | | | | |
| 1. What type of services have you been involved with on the West Coast related to your mental health or addiction issues?  *Please tick all that apply.*   Inpatient mental health services  DHB community or outpatient mental health services  DHB child and youth services (CAMHS)  DHB drug and alcohol services (Rata AOD)  Non-DHB community mental health services (e.g. PACT, PHO)  Non-DHB addiction services (e.g. Emerge, Salvation Army)  Private counsellor or psychologist  General practice team (GP, Practice Nurse, Nurse Practitioner or Rural Nurse Specialist)  I have not had contact with any of these services on the West Coast  I’m not sure what services I have been involved with | | | | | | | | | | | | | | | | | | |
| 1. When did you last have contact with any mental health services on the West Coast? | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Within the last month | Within the last 6 months | Within the last year | | More than a year ago | Not sure | Never | | | | | | | | | | | | | | | | | | | |
| **Thinking about the most recent time you (or the person you’re supporting) were unwell** | | | | | | | | | | | | | | | | | | |
| 1. How long were you in contact with services, from the time you became unwell until you recovered (or until now if you are still receiving support).  |  |  |  | | --- | --- | --- | | Less than a week | 1 – 4 weeks | 1 – 3 months | | 3 – 6 months | 6 – 12 months | Over a year  Not applicable | | | | | | | | | | | | | | | | | | | |
| 1. How would you rate your mental health right now? *(please tick or circle)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sad face outline with solid fill  1 - Very poor | Confused face outline with solid fill  2 - Poor | Nervous face outline with solid fill  3 - Average | Smiling face outline with solid fill  4 - Good | Grinning face outline with solid fill  5 - Excellent | | | | | | | | | | | | | | | | | | | |
| 1. What have been your most positive experiences of the services you had contact with?   *Even if you haven’t been involved with mental health services it’s helpful for us to know who or what was helpful for you.*  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| 1. What have been your least positive experiences?   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| 1. What are the most important things in your life that help you stay mentally well?   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| 1. Is there anything else you would like to share with us about your experiences and your mental wellbeing?   Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| **Tell us about yourself** | | | | | | | | | | | | | | | | | | |
| Your age | under 16 | | 16-19 | | | 20-29 | | | | 30-39 | | 40-49 | | 50-64 | | | >65 | Prefer not to say |
| Gender | Male | Female | | | | | | | Non-binary | | | | Other | | | | | Prefer not to say |
| Ethnicity | NZ European | | | Māori | | | Pacific | | | | Other (please state) | | | | |  | | |
|  | | | | | Iwi/hapu | | |  | | | | | | | | | | |
| What district do you live in?  Westland  Grey  Buller | | | | | | | | | | | | | | | | | | |

# Thank you for taking the time to share your thoughts

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| Please return this form using the Freepost envelope provided, or mail to:  Freepost 210550, West Coast PHO, PO Box 544, Greymouth 7805  or email your completed survey form to: [codesign@westcoastpho.org.nz](mailto:codesign@westcoastpho.org.nz) | If you have any questions or would like more information please email [codesign@westcoastpho.org.nz](mailto:codesign@westcoastpho.org.nz)  or phone 03 768 6182. |