

Cwm Taf Morgannwg Mental Health Discharge - Patient Survey

Healthcare Inspectorate Wales (HIW), as the independent inspectorate and regulator of healthcare in Wales, is responsible for checking that people in Wales receive good quality healthcare.

As part of our annual reviews programme, we have committed to undertake a local review of the quality of discharge arrangements for adult patients from inpatient mental health services in Cwm Taf Morgannwg University Health Board (CTMUHB).



You should only complete this questionnaire, if you have been admitted and subsequently discharged from a mental health inpatient unit within CTMUHB.

The questionnaire is anonymous so no-one will be able to identify you from your answers. The summary of results will be used alongside any evidence collected through our fieldwork as part of our overall findings.

Thank you for your help.

1. Which hospital were you discharged from?	
Royal Glamorgan	
Princess of Wales	
Other (please specify)	

2. Please let us know which ward(s) they stayed on? (If known)	

3. How long ago were you discharged from the hospital?	
Less than a week	
A week to a month	
1 - 6 months	
6 months to a year	
More than a year	
Not sure	

4. How long ago were they discharged from the hospital?	
Within the last 2 months	
Between 2 months – a year ago	
Over a year ago	

5. Were you detained under the Mental Health Act on this occasion?	
Yes	
No (also known as an informal patient)	
No longer (previously detained at the hospital under the MHA but now an informal patient)	
Don't know	

6. Did you receive or were you given an opportunity to have a copy of your detention papers?	
Yes	
No	

7. Which of the following sections of the MHA were you detained under? Please tick all that apply	
2	
3	
37	
37 (41)	
Don't know	
Other (please specify)	

This questionnaire is also available in Welsh

8. How were you discharged?	
Care and Treatment Order (CTO)	
Long term section 17 leave	
Mental Health Review Tribunal (MHRT)	
Hospital Managers Review Panel	
Don't know	
Other (please specify)	

9. Did you feel safe at this hospital?	
Yes	
No	

10. Why did you not feel safe in this hospital?	
Environment	
Other patients	
Staff	
Other (please specify)	

11. Did you know how to raise your concerns for them to be addressed?	
Yes	
No	
I did not raise concerns	

12. Please provide details and the action taken by the hospital in relation to your concerns:	

13. How do you feel about the frequency that you were involved in discussions around your care whilst in hospital?	
More often than needed	
About the right amount of times	
Not involved enough when needed	

14. To what extent did you feel involved in the development of your discharge care plan?	
Very involved	
Quite involved	
Not very involved	
Not at all involved	

15. Were you given the opportunity to discuss all aspects of your discharge care plan?	
Yes	
No	
I didn't raise any questions	

16. Did you complete a relapse plan with your care co-ordinator or primary nurse prior to discharge?	
Yes	
No	
Not sure	

17. Did you receive or were you given an opportunity to have a copy of your discharge care plan?	
Yes	
No	
Not sure	

18. Were any family members/ carers / advocates involved in the development of your discharge care plan?	
Yes	
No	
Did not want family/ carer/ advocate involvement	

19. If family members/ carers/ advocates were involved in the development of your discharge care plan, how did you feel about their involvement?	
I didn't want them involved	
They were not involved enough	
There was the right level of involvement	
They were involved too much	

20. Did you have trial/ planned leave from hospital as part of your discharge planning?	
Yes – escorted leave	
Yes – unescorted leave	
No – I did not want leave	
No – I was not granted leave	

21. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt ready to be discharged from hospital				
I felt safe being discharged from hospital				
I was involved in decisions about my discharge				

22. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff understood my home circumstances when considering my discharge				
I was able to share my views about my discharge with staff				
I was able to share my views about my discharge with staff				
The timing of my discharge was appropriate				

23. Were you made aware of who your community care coordinator was prior to discharge?	
Yes - a new community care coordinator	
Yes - a long term community care coordinator	
No	

24. Who was your assigned community coordinator?	
CPN	
Psychotherapist/Councillor	
Social Worker	
Psychiatrist	
MH Support Worker	
GP	
Not sure	
Other (please specify)	

25. Do you feel that you had enough support from your community care coordinator at discharge?	
Yes	
No, needed more support	
No, not at all	

26. Have you been able to discuss all your concerns with your community care coordinator? <i>(This could include concerns about care, housing, benefits, finances, medication, advocacy, support groups, GP support)</i>	
Yes	
No	
Not sure	

27. Were the reason(s) for the delay in discharge explained to you?	
Yes	
No	
If known, what were the reasons?	

28. Which service were you discharged to following your stay in hospital?	
Kier Hardie / Merthyr Tydfil CMHT	
Bridgend North CMHT	
Bridgend South CMHT	
Rhondda CMHT	
Ysbyty Cwm Cynon CMHT	
Taff Ely CMHT	
Outreach Team	
Crisis Team	
GP	
Other please specify:	

29. How long after your discharge from hospital was your next follow up appointment?	
Within 48 hours	
2 days – 1 week	
1 week – 2 weeks	
Over 2 weeks	
I haven't heard from them	
Not sure	

30. Who was this appointment with?	
Care coordinator	
GP	
CPN	
Care Worker	
Psychiatrist	
Other (please specify):	

31. Did you receive support from any additional/ other service(s)? <i>(Health, social care, advocacy and/ or voluntary organisations)</i>	
Yes	
No	
If yes, please specify:	

32. Were you provided with enough information for your discharge when you left hospital? <i>(This could include leaflets/ contact details/ support groups)</i>	
Yes	
Yes – but it didn't include everything that I needed	
No	

33. Please rate the following:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
My physical health care needs were met by services					
My accommodation needs were met by services					
My social needs were met by services					

34. Following discharge were you clear on what medication you needed to take?	
Yes	
No	
Not applicable	

35. Was your medication managed and monitored following discharge and you were clearly informed of the changes?	
Yes	
No	
Not applicable	

36. Following discharge, how do you feel about how often you have been seen by healthcare professionals?	
More often than needed	
About the right amount of time	
I have not been seen enough	

37. As part of your discharge plan had you discussed any possible changes in behaviours, or feelings or moods you may experience that may lead to a crises or relapse?	
Yes	
No	
Not sure	

38. Were you informed who you should contact if you notice these changes in behaviours or moods or feelings, or in the event of crisis or serious concerns? (Including out of hours)	
Yes	
Yes – but not out of hours	
No	
Not sure	
If yes, who was this?	

39. Do you feel that you had enough support after discharge?	
Yes	
No (please specify)	

Overall Experience

40. Overall, how would you rate the <i>discharge</i> from this mental health hospital?	
Very good	
Good	
Poor	
Very poor	

41. Overall, how would you rate the <i>support you received in the community</i> following discharge?	
Very good	
Good	
Poor	
Very poor	

42. How could the health board improve the discharge process from mental health hospitals and community support that it provides?	

43. Is there anything else that you would like to tell us about the service you received?	

We often use anonymised comments from our questionnaires in our reports to show what people are saying about the quality of the service provided.

44. Do you agree that HIW can use the comments that you may have provided in the free text boxes of this questionnaire within its inspection report?	
Yes	
No	

Tell us about you

45. Which is your preferred language?	
Welsh	
English	
Other (please specify):	

Only answer questions 46-48 if relevant, otherwise move onto question 49.

46. Were you actively offered the opportunity to speak Welsh?	
Yes	
Sometimes	
No	
If yes, did that make a difference to you?	

47. Did you feel comfortable using the Welsh language regardless of whether you were asked your language preference?	
Yes	
No	
Not applicable	

48. Is healthcare information available to you in Welsh?	
Yes	
No	
Not applicable	

49. Do you feel you can access the right healthcare at the right time? <i>Regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation.</i>	
Yes	
No	
Prefer not to say	
Comments:	

50. Have you or the patient faced discrimination when accessing or using this health service on grounds of:	
No	
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	
Sex	
Sexual orientation	
Other	
Prefer not to say	
Comments:	

51. What is your age?	
17 or younger	
18-29	
30-49	
50-69	
70 and above	
Prefer not to say	

52. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? <i>This is about health conditions, illnesses, or impairments you may have. Consider conditions that always affect you and those that flare up from time to time. These may include for example, sensory conditions, developmental conditions or learning impairments.</i>	
Yes	
No	
Prefer not to say	

53. What is your sex? <i>A question about gender will follow</i>	
Female	
Male	
Prefer not to say	

54. Is the gender you identify with the same as your sex registered at birth?	
Yes	
No	
Prefer not to say	
Enter gender identity, if you wish	

55. Which of the following best describes your sexual orientation?	
Prefer not to say	
Heterosexual or Straight	
Gay or Lesbian	
Bisexual	
Other sexual orientation:	

56. What is your religion?	
Prefer not to say	
No religion	
Christian (<i>including CoE, Catholic, Protestant, and other denominations</i>)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion:	

57. What is your ethnic group?	
Prefer not to say	
White	
Mixed/Multiple ethnic groups	
Asian/Asian British	
Black/African/Caribbean/Black British	
Other ethnic group	
Please describe:	

We will present our findings in an inspection report, which will be published on our website within three months of our visit: www.hiw.org.uk.

If you would like to speak to HIW to discuss any aspects of the care you have received here or any elements of this questionnaire, please ring **0300 062 8163** or send us an email at hiw@gov.wales.

Information on our legal duties in relation to the data collected in this survey can be found here: <https://hiw.org.uk/privacy-policy>

Thank you for completing this questionnaire.