

Service user experiences of remote and digital working

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July 2021

Background

The Learning for the Future project was commissioned by our CEO to capture learning in response to the COVID-19 pandemic.

The first phase of this project was summarised in a report in June 2020. The report highlighted the challenges in hearing from our service users about their needs and experiences. Whilst it was possible to gain large scale feedback from service users who had accessed therapeutic sessions online, this feedback was limited to those who had successfully completed these sessions and completed the online questionnaire.

When we invited a broader range of service users to complete an online questionnaire about their experiences of service delivery during the pandemic, take-up was extremely low. Our report identified the need for a new approach to enable us to hear from our service users about a range of experiences and perspectives in more detail, to further inform future working arrangements and service delivery plans.

Our approach to hearing from service users

In our new approach, we worked together with our People Participation Team.

We aimed to hear from up to 100 'hard to reach' service users from children and young people's services, primary and secondary care, and from service users with Psychosis, Autism, Learning Disabilities and Dementia.

Clinicians were invited to discuss the project with and refer their service users to take part in a telephone or Zoom interview. Experts by Experience co-produced the interview questionnaire. The questionnaire asked about: (i) Nature of contact with Sussex Partnership Trust services since the start of the pandemic in March 2020; (ii) Mental Health Wellbeing and Safety pre and post the onset of the pandemic; (iii) Support provided by Sussex Partnership Trust; (iv) Support needed from Sussex Partnership Trust; (v) Helpful and unhelpful service changes since the start of the pandemic; (vi) Overall experience of contact with Sussex Partnership Trust services since the start of the pandemic; (vii) Needs and preferences for accessing services remotely or face-to-face in the future; and (viii) Detailed demographic information. Please see Appendix 1 for full details of the questionnaire.

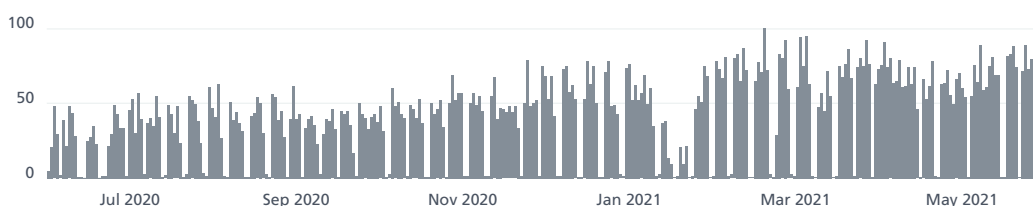
Experts by Experience were trained and supported by researchers and the People Participation Team to conduct the interviews with the service users. This served to aid transparency and openness in responses. The interviews were then collected over a four month period from September 2020 to January 2021, which included episodes of COVID-19 'lockdown' and easing of restrictions. The questionnaire included both qualitative (narrative) and quantitative (numerical) feedback. This report provides specific learning and recommendations from the service user perspective which were prepared in conjunction with the Expert by Experience interviewers.

Large scale feedback from service users who had accessed services online

Feedback from service users and carers who completed a brief Attend Anywhere survey was largely positive.

Over 14,000 brief surveys have been completed by service users and carers who have accessed our services remotely online. Their feedback has been largely positive, with the majority agreeing that they had the equipment and space needed to access virtual appointments, that they were able to express their thoughts and feelings, felt listened to and understood, and reached the outcomes they set out to achieve from the appointment. However, they were also a select sample of people who had received a virtual therapy appointment and filled in the questionnaire at the end of the appointment.

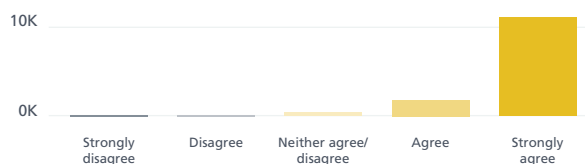
Completed surveys by date



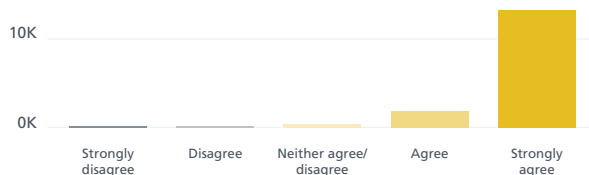
Q. I had the appropriate equipment and living space to be able to use virtual appointments



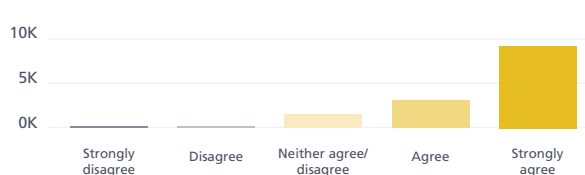
Q. I was able to express my experiences, thoughts and feelings during this appointment



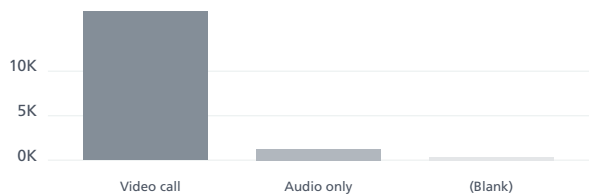
Q. I feel that I have been listened to and understood during this appointment



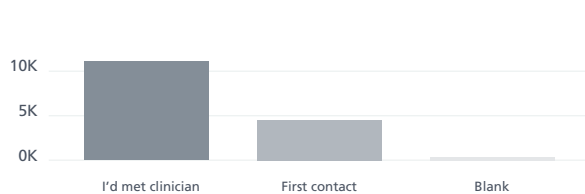
Q. The clinician and I reached the outcomes we set out to achieve during this contact



Video or audio call



Is first contact with clinician



The service users who took part in our project

Fifty-eight referrals were received from our clinical staff, and of those, 35 service users (or carers of children, or people with dementia who completed the interview on behalf of the service user) were available and agreed to complete an interview.

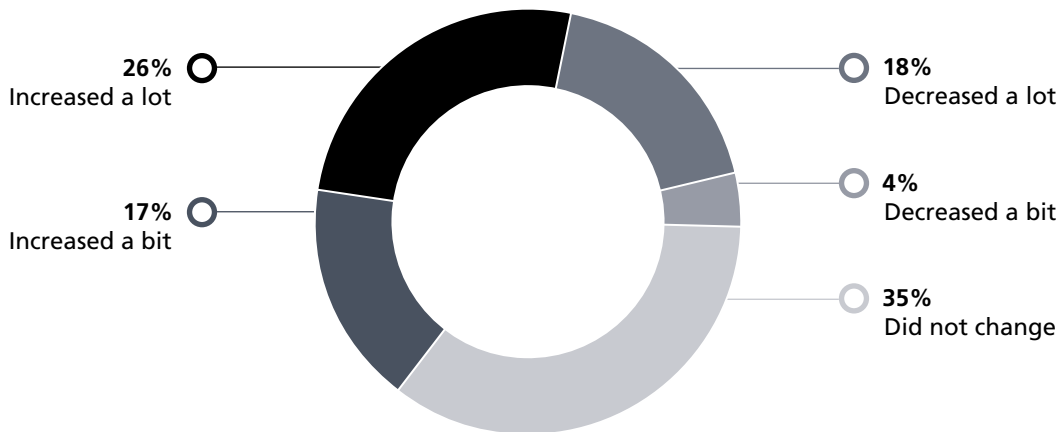
These service users included people with Emotional Unstable Personalities (EUPD), Psychosis, Anorexia, Autism, Learning Disabilities, Dementia, Anxiety and Depression. Their ages ranged from children under the age of 18 to adults over the age of 60. The majority (76%) were either single, separated or divorced. Approximately three quarters (74%) said that their life was limited by disability, one quarter (23%) were male, one quarter (28%) were hearing or visually impaired, one in 10 (11%) identified as from a Black Asian and Minority Ethnic (BAME) group and one in 10 identified as non-binary (9%).

REASON FOR SERVICE USE	AGE	GENDER	ETHNICITY	MARITAL STATUS	SEXUALITY	ACTIVITIES LIMITED BY DISABILITY	HEAR/VISUAL IMPAIRED	RELIGION
EUPD/PTSD/Dissociation = 9	Under 18 = 3	Female = 24	White = 31	Single = 19	Heterosexual = 4	A little = 8	A little = 5	Christian = 17
Depression/Anxiety/OCD = 4	18 – 29 = 10	Male = 8	BAME = 4	Married = 8	Bisexual = 4	A lot = 18	A lot = 5	Buddhist = 1
ASC/Autism/LD/Prader-Willi = 4	30 – 44 = 1	Non-binary = 3		Widowed = 3	Other = 3	No = 9	None = 25	Muslim = 1
Schizophrenia/Psychosis = 3	45 – 59 = 13			Divorced = 3	Prefer not to say = 2			Atheist = 7
Dementia = 8	60+ = 8							Agnostic = 4
Anorexia = 1								Other = 5
Mental health = 4								

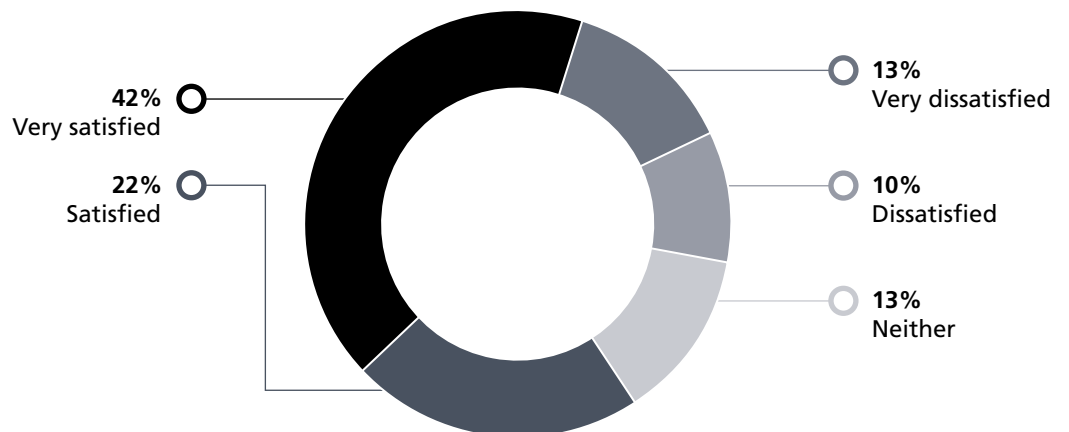


Contact during the pandemic

Approximately one quarter of service users (22%) experienced a decrease in contact during the pandemic, whilst for the majority overall contacts did not change (35%), or even increased (43%).

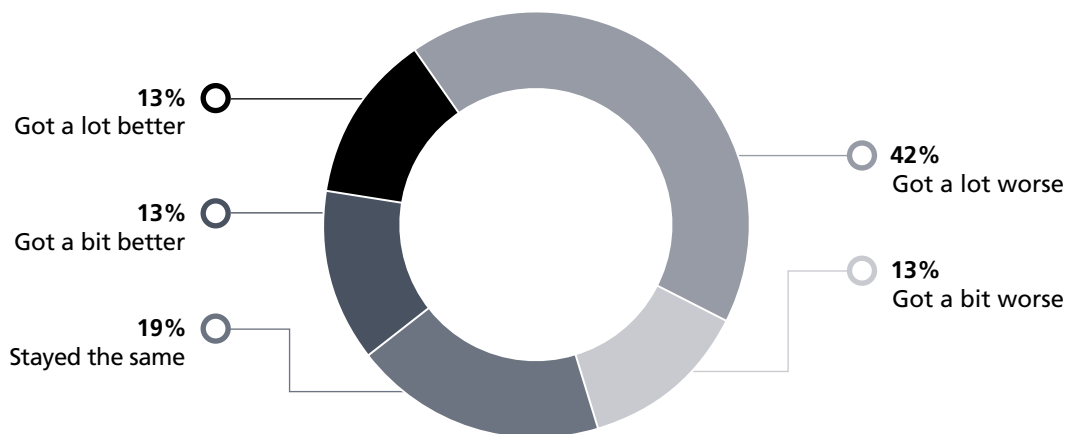


Similarly, approximately one quarter (24%) of service users were dissatisfied with the contact they had received during the pandemic compared to two thirds (64%) who were satisfied, and 13% who were ambivalent.

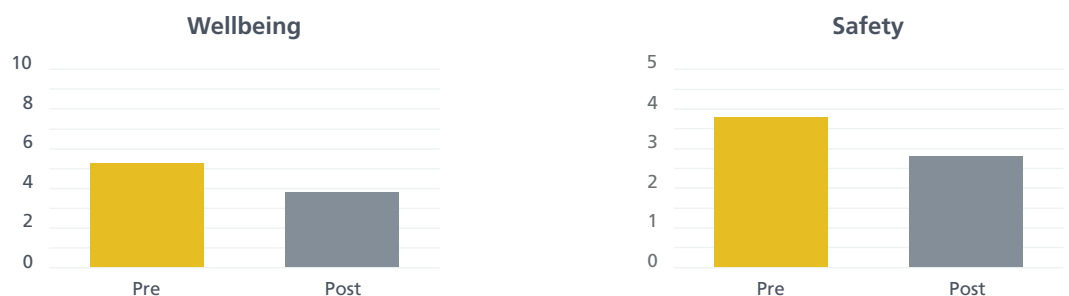


Change in mental health, wellbeing and sense of safety following the onset of the pandemic

Unsurprisingly, over half of service users (55%) said their mental health had got worse following the onset of the pandemic, with only one fifth (19%) saying it had stayed the same. One quarter (26%) said their mental health had improved, which may have been due to their mental health care or other positive experiences since the onset of the pandemic.



Overall, for these service users there was a significant drop in both their reported wellbeing and their sense of safety from pre to post onset of the pandemic.



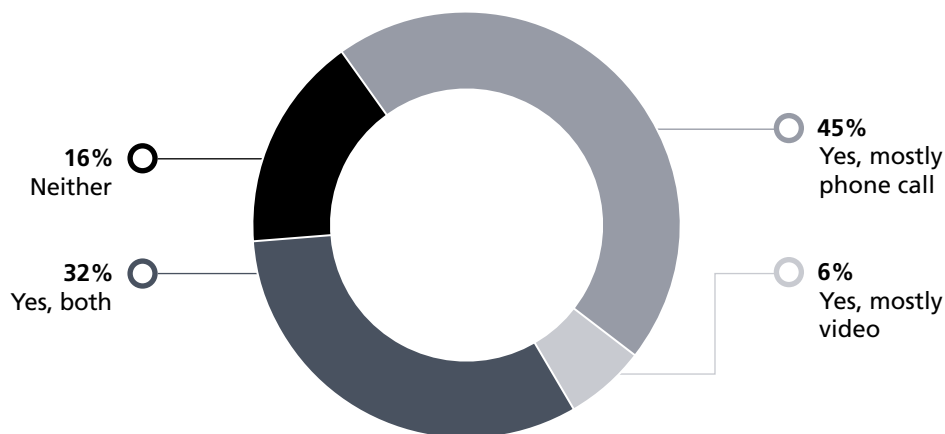
People who had a crisis team contact or inpatient admission during the pandemic had slightly (but not significantly) greater reductions in service contact, and lower wellbeing and sense of safety pre and post the onset of the pandemic. They also reported a lower sense of privacy when engaging with Sussex Partnership staff remotely, which may have impacted on what they disclosed.

Experiences of remote versus face-to-face contact during the pandemic

The majority of service users interviewed had received a video or phone contact during the pandemic, and the majority agreed or strongly agreed that the contacts they had received by video or phone felt safe, private and helpful. However, some service users disagreed, suggesting that some video or phone contacts felt unsafe and were experienced as unhelpful and not private.

Just over one third of people (38%), felt that the video/phone contact that they received had triggered or worsened their mental health.

Have you spoken with SPFT by phone/video post pandemic



Only 10 people (fewer than one third of service users) received a face-to-face contact during the first 6 – 9 months of the pandemic. Everyone experienced their face-to-face contacts as safe, private, and helpful or were neutral on this point.

None of these 10 people experienced their face-to-face contact as unsafe, unhelpful or not private, and only one in five (20% or 2 people) felt that their face-to-face contact triggered or worsened their mental health.

There is some slight suggestion that face-to-face contacts were perceived to be slightly more helpful, safe and private and slightly less triggering of mental health issues than video or phone calls, but the number of service users involved is low.

Differing narratives of service experiences during the pandemic

There were differing narratives relating to service experiences during the pandemic.

Some service users described receiving flexible services and good communication and felt supported and connected. These service users reported receiving extra contacts out of the blue, using the mental health helpline for the first time, or accessing peer support. One person described that a multi-disciplinary assessment was even brought forward because it was easier and quicker to hold a meeting between multiple professionals, when this was held online.

'Assessment being brought forward due to being able to offer virtually.'

At the same time, other service users described 'hit and miss' experiences of services, reduced frequency of calls and treatments, difficulties with contacting staff and services, and contacts from unfamiliar staff who did not know them. One person described that there was no-one to catch you when you fall, and that this was disorientating and disappointing.

'Hit and miss – care coordinator was off so didn't get regular phone calls. Missing the calls didn't help, no one to catch while falling.'



Helpful changes during the pandemic

Some service users described helpful changes during the pandemic.

The fact that the whole nation was talking about mental health alongside physical health was perceived as positive and normalising. Some service users found new support groups for the first time, and there were numerous ways in which phone, virtual and Zoom calls were perceived positively. Service users talked about remote calls saving time, reducing the need to travel, and enabling appointments to be brought forward. One person described the contact they received virtually as pivotal to their mental health.

'Since March services became virtual, which was pivotal for me to receive support.'

'National turn around and greater focus on mental health [perceived positively].'

Unhelpful changes during the pandemic

At the same time, other service users described unhelpful changes due to the pandemic.

These changes related to both continuity of care and virtual contacts. Service users talked about cancellation of appointments, projects and training being delayed, calls not being answered, high volumes of changes of staff, staff who had not read their notes and the system as 'falling apart'.

'The whole system has fallen apart – it's just died!'

Unhelpful impacts of virtual contacts included technical issues, such as problems with access, and lack of protocols for videocalls so that some activities such as peer support were not allowed virtually. Alongside this were experiential challenges, such as concerns about privacy and use of cameras, with some people concerned about what they looked like on camera or concerned when they couldn't see the other person.

'I don't like online appointments. I'm constantly worrying about what I look like.'

What we could do to support wellbeing and sense of safety?

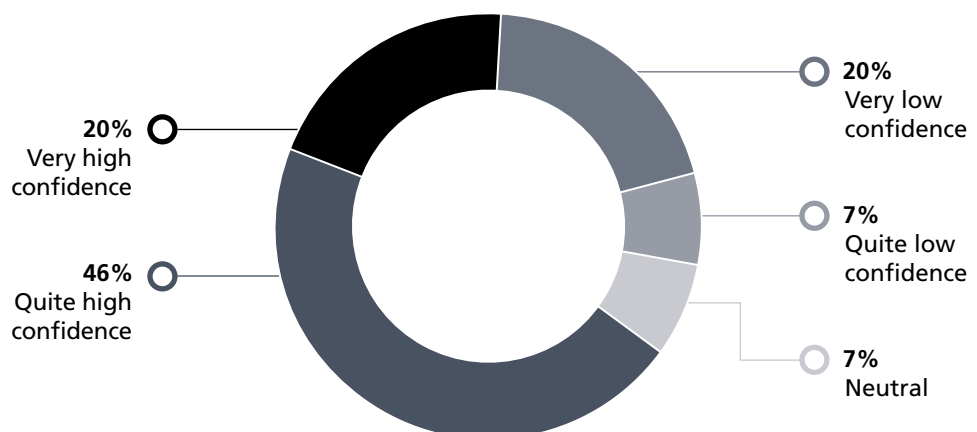
The clear message was that to support service users' wellbeing we should increase informal and formal support and ensure clear communication about what is being offered.

It was proposed that video contact be set up early, face-to-face contact be offered when needed, messages be replied to and support not dropped. More informal contacts were proposed in the form of drop-ins and coffee mornings, online recovery colleges, peer and social support so that service users don't feel lonely.

Support to use technology

All apart from one service user 97% usually had access to a phone, and 84% also usually had access to either an iPad or a computer.

However, whilst two-thirds (66%) described feeling confident in using online websites, 7% were neutral and 27% reported low confidence. 21% said they needed extra support to access online resources and zoom meetings.



Future preferences

Given the choice of face-to-face, phone or video call contact in future, the majority would prefer face-to-face (49%), with approximately equal numbers preferring phone (27%) or videocall (24%).

Summary of learning

Service users experienced reductions in their well-being and sense of safety with the pandemic, but the majority were very positive about the care they received.

Some found virtual contacts to be helpful, easier, and faster than face-to-face meetings. Whilst face-to-face contact was generally preferred, some service users preferred remote video contact.

However, experiences and preferences varied. Up to one third of service users felt unsupported and abandoned. Issues were raised regarding continuity of support and remote engagement. Triggering and worsening of mental health were reported marginally more so following remote compared to face-to-face contact, which may relate to challenges for staff in building therapeutic relationships online.

Research evidence suggests that virtual consultations are as effective as face-to-face contacts, but strong therapeutic relationships may be harder to achieve online (Weinberg et al. 2021; Batastini et al. 2021). Virtual consultations consistently produced treatment effects that were largely equivalent to in-person delivered interventions across 281 individual outcomes and 4,336 clients (Batastini et al. 2021). Goals and tasks could be agreed online but it was harder to achieve the same quality of therapeutic relationship. New training, tips and skills are needed (Simpson et al. 2021; Geller 2020).

Access to face-to-face vs. online support also varied within and between services. We could better support peoples' mental health and well-being by increasing formal and informal support, communicating clearly, and providing support to access online resources and meetings.

Suggestions indicated by the findings

1. Services should provide service users with equitable, clear communication about when and why to expect remote service delivery.
2. Services should offer a hybrid approach with regular video or phone contact and less frequent but regular face-to-face contact. Service user preferences and equity should be carefully considered when deciding whether to offer video or face-to-face contact, bearing in mind also that some service users prefer video contact.
3. All services should consider offering opportunities for informal contacts, to avoid small numbers of flexible services from being overwhelmed. Experts by Experience noted that some informal online peer support services are already full.
4. Training should be offered to staff in how to promote stronger therapeutic relationships and interactions online.
5. Digital leads should co-ordinate support for service users who need it to access online appointments and resources.

'Experiences of People using Sussex Partnership Services During Covid-19'

SERVICE USER QUESTIONNAIRE TEMPLATE

Thank you for taking part in this project! We appreciate your involvement. Everything you tell us today will be anonymous and confidential.

Who are WE?

My name is [add name] and I am an Expert by Experience. This means I have used Sussex Partnership services myself in the past. All the interviewers on this project have used Sussex Partnership service in the past, and have received training to conduct the interviews – so you can be as honest as you like.

Why are we doing this project?

When the Covid-19 lockdown was announced in March, the way Sussex Partnership delivered services had to change quickly. One of the main changes was that most health-related appointments were offered remotely by phone or videocall (not in-person). We would like to hear what your experience of receiving Sussex Partnership services has been since March.

This is because:

- This will help us to provide better services if Covid-19 lockdown measures are increased in future
- Some of the recent changes may have had a negative impact on you, in which case we would like to hear what they are so we can try to reduce or stop those changes.
- Alternatively, some of the changes might have benefitted you, in which case we would like to continue with those

Taking part in this project is very important because it will help Sussex Partnership to learn and plan for the future.

What does this project involve?

You are invited to take part in a telephone interview lasting about 30 minutes.

Do I have to take part?

Someone from your clinical team has said that you might be interested, but you don't have to take part if you don't want to.

What will we do with the findings?

We are asking 100 people to take part. We will make a summary of what we find out. If you would like, we will share the findings with you, and let you know what changes we are making to services as a result of the findings. We will share the findings with staff working in the Trust. We may publicise the findings in the future because this may help other NHS Trusts learn and plan for the future themselves.

Importantly, remember whatever we share, we will make sure everything is anonymous so that no person can be identified.

SETTING UP THE INTERVIEW

[Use 5 minutes at the start to cover the below points]

1. Confidentiality

- Please do not identify yourself or other people in your answers
- We will ensure that when we report the results, they are anonymous

2. Distress

If you become distressed during the interview:

- a. Please let me know
- b. We can end at any time
- c. You can choose to withdraw your data at any time. We will use your initials to find your anonymised answers and delete them.
- d. We have put together a leaflet containing resources that might be helpful

3. Structure

The interview will start and end with an open question so that you can talk freely and share what is important to you. The questions in the middle will be more structured. We have done this so that the interview style will hopefully appeal to both people who like to talk openly and those who prefer more structure. This will also make it easier to analyse the data.

4. Interruptions

From interviewer: I would like to hear your thoughts on all the questions. To make sure you have this opportunity, I might need to interrupt you occasionally to keep us on track to cover everything, so please don't be offended if it feels like I am moving us on.

From others in the household: What will we do if we are interrupted by someone else in your household?

CONSENT

Are you happy to begin the interview?

[Please circle/highlight the response given]

- Yes I am happy to begin the interview
- No I am not happy to begin the interview
[If the person is not happy then do not continue]

**PART 1:
CONTACT WITH SUSSEX PARTNERSHIP SINCE MARCH**

1. If you're happy to – you could start by spending a few minutes sharing what your experience of receiving Sussex Partnership services has been like since March? Or if you'd rather we can come back to this question at the end...

[Allow the participant up to 4 minutes to talk. If they are still talking at 4 minutes, politely interrupt – write the 3 main points below.]

If you could summarise your experience in 3 main points, what would they be?

Point 1:

Point 2:

Point 3:

2. Overall, how did the AMOUNT of contact you had with Sussex Partnership change from before March, to since March (lockdown)?

[Please circle the best response]

1 Decreased a lot	2 Decreased a bit	3 Did not change	4 Increased a bit	5 Increased a lot
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3. Between March and now, have there been any BIG CHANGES IN THE SERVICES YOU'RE IN CONTACT WITH?

[Circle all that apply]

Contact stopped with a service	Contact continued with a service	Contact started with a new service
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4. How satisfied are you with the AMOUNT of contact you've had with Sussex Partnership during the time since March (lockdown) to now?

[Please circle the best response]

1 Very dissatisfied	2 Dissatisfied	3 Neither satisfied nor dissatisfied	4 Satisfied	5 Very satisfied
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Write any important comments about amount of contact here.

.....

5. Have you had any of these TYPES OF MEETINGS with Sussex Partnership since March (lockdown) to now?

Can you rank the top 3 from: 1 (most often meeting type with Sussex Partnership), to 2 (next most often) and 3 (third most often).

Type of meeting	Ranking
New Assessment	
Appointment with psychiatrist	
Appointment with psychologist	
Therapy	
Routine support	
Review of care plan	

Other, please specify

.....

6. Have you received any SUPPORT FROM THE CRISIS TEAM since March?

Yes / No

7. Have you had a MENTAL HEALTH INPATIENT ADMISSION since March?

Yes / No

8. Have you had any CONTACT WITH OTHER PEOPLE WHO USE SUSSEX PARTNERSHIP SERVICES since March (lockdown)?

Yes / No

8.1. If Yes – Did the amount of CONTACT YOU HAD WITH OTHER SERVICE USERS in Sussex Partnership change from before March compared with since March (lockdown)?

1	2	3	4	5
Decreased a lot	Decreased a bit	Did not change	Increased a bit	Increased a lot

8.2. How much have you valued/would you have valued having contact with other Sussex partnership service-users in the period from March (lockdown) to now?

No Value	0	1	2	3	4	5	6	7	8	9	10	Hugely Valued
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Write any important comments about types and methods of contact here

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PART 2: MENTAL HEALTH, WELLBEING AND SAFETY

9. What is the main reason that Sussex Partnership supports you?

.....

10. Has the main reason that Sussex Partnership supports you changed since March?

[Please circle the best response]

1 Reason stayed the same	2 Reason changed a bit	3 Reason changed a lot
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11. Has your mental health changed since March?

[Please circle the best response]

My mental health has...

1 Got a lot worse	2 Got a bit worse	3 Stayed the same	4 Got a bit better	5 Got a lot better
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12. How would you rate your overall wellbeing during February, before the lockdown measures were introduced?

Please think about your sleep, diet, exercise, mood, and mental health.

[Please circle the response given]

0	1	2	3	4	5	6	7	8	9	10
Worst it's ever been				Typical for me			Best it's ever been			

13. How would you rate your overall wellbeing during the period from March (lockdown) to now?

Please think about your sleep, diet, exercise, mood and mental health.

[Please circle the response given]

0	1	2	3	4	5	6	7	8	9	10
Worst it's ever been				Typical for me			Best it's ever been			

14.1. How safe did you feel during February, before the lockdown measures were introduced?

1 Really unsafe	2 Pretty unsafe	3 Neither safe nor unsafe	4 Pretty safe	5 Really safe
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14.2. How safe have you felt during the period from March (lockdown) to now?

1 Really unsafe	2 Pretty unsafe	3 Neither safe nor unsafe	4 Pretty safe	5 Really safe
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14.3. What, if anything, has Sussex Partnership done to help you feel safe or improve your wellbeing since March (lockdown)?

Please summarise in up to 3 main points

Point 1:

Point 2:

Point 3:

14.4. What, if anything, could Sussex Partnership have done to help you feel more safe or improve your wellbeing since March?

Please summarise in up to 3 main points

Point 1:

Point 2:

Point 3:

Write any important comments about your well-being and safety since March (lockdown) here.

.....

**PART 3:
SERVICE CHANGES**

15. Since March, have you experienced any changes to Sussex Partnership services which were HELPFUL?

[Please list up to 3 points below]

Point 1:

Point 2:

Point 3:

16. Since March, have you experienced any changes to Sussex Partnership services which were UNHELPFUL?

[Please list up to 3 points below]

Point 1:

Point 2:

Point 3:

Write any important comments about service changes since March here.

.....

PART 4: EXPERIENCES OF CONTACT

17. Have you spoken with anyone from Sussex Partnership since March by phone or videocall while you were at home?

[Please circle the best response]

Yes mostly by phone	Yes mostly by videocall	Yes by both phone and videocall	No neither
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If yes – then please also answer the following for phone/videocalls since March.

17.1. I had privacy when speaking to someone from SPFT by phone/video from my home

1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
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17.2. I felt safe whilst speaking to someone from SPFT by phone/video from my home

1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
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17.3. What effect has speaking to someone from SPFT by phone/video had on your mental health?

1 Very unhelpful	2 Slightly unhelpful	3 No impact	4 Slightly helpful	5 Very helpful
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17.4. Did speaking to someone from SPFT by phone/video trigger or worsen any mental health difficulty for you?

[Please circle the response]

Yes / Not Sure / No

18. Have you attended an appointment within Sussex Partnership in-person (face-to-face) since March?

[Please circle the response]

Yes / No

If yes – then please also answer the following for in-person/face to face appointments since March

18.1. I had privacy when meeting someone from SPFT in-person

1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
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18.2. I felt safe whilst meeting someone from SPFT in-person

1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree
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18.3. What effect has meeting someone from SPFT in-person had on your mental health?

1 Very unhelpful	2 Slightly unhelpful	3 No impact	4 Slightly helpful	5 Very helpful
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18.4. Did speaking to someone from SPFT in person trigger or worsen any mental health difficulty for you?

[Please circle the response]

Yes / Not Sure / No

19. How many staff have you seen from Sussex Partnership since March?

[Please circle the response given]

Nobody	One main person	A few people	Lots of different people
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20. Do you have usually have:

[Please circle the response given]

- a. Access to a phone that you can use
Yes / No
 - b. What you need at home (e.g. computer/i-pad/smartphone/internet connection) to join videocalls?
Yes / No
-

21. How confident are you using online websites?

1 Very low confidence	2 Quite low confidence	3 Neither low nor high confidence	4 Quite high confidence	5 Very high confidence
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22. Do you feel that you need some extra support in accessing online resources (like websites / Zoom meetings)?

[Please circle the response given]

Yes / Not Sure / No

23. How likely would you be to agree to speak to someone from SPFT by phone in future?

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

24. How likely would you be to agree to speak to someone from SPFT by Videocall in future?

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

25. How likely would you be to agree to attend an appointment with someone from SPFT in-person in future?

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

26. How would you prefer to speak to someone from SPFT.

Please number these in order 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice

Face to face in person	vidoecall	phonecall
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Write any important comments about experiences of contact since March here.

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PART 5: QUESTIONS ABOUT YOU

27. What is your age group?

Under 18	18 – 29	30 – 44
45 – 59	60 and over	Prefer not to say

28. How would you describe your gender identity?

Male	Female	Non binary
I identify as another term		Prefer not to say

29. Do you identify as Transgender?

Yes	No	Prefer not to say
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30. What is your marital status?

Single	Married /Civil Partnership	Cohabiting
Separated/Divorced	Widowed	In a long-term relationship
Prefer not to say		

31. How would you describe your sexual orientation?

Heterosexual	Lesbian	Gay
Prefer not to say	Bisexual	I identify as another term

32. What is your first language?

.....

33. Which of these ethnic groups best describes you?

White (British)	White Other	Asian/Asian British
Black/African/Caribbean/Black British		Chinese/Chinese British
Mixed Ethnicity	Other	Prefer not to say

34. Are your day-to-day activities limited due to identifying as having a disability?

Yes – a little	No
Yes – a lot	Prefer not to say

35. Do you have a visual/hearing impairment?

[Please circle visual/hearing impairment]

Yes – a little	No
Yes – a lot	Prefer not to say

36. Which category best describes your religion or belief?

Agnostic	Atheist	Baha'i
Buddist	Chinese (Confucian or Taoist)	Christian
Hindu	Humanist	Japanese (Shinto)
Jewish	Muslim	Pagan
Rastafarian	Sikh	Spiritualist
Do not wish to disclose		

Other

37. Do you believe that you or your background (e.g. your gender, age, ethnicity, sexuality etc) have impacted on the care you have received from Sussex Partnership?

[Please circle the response given]

Yes / No

38. There is a second phase of this project that is particularly looking at the experiences of people who have had a mental health inpatient admission or crisis team contact. Would you be like to be contacted to contribute to the next phase of this project?

[Please circle the response given]

Yes / No

I DEBRIEFING

Ending

- Thank you for your time
- Your comments and ideas are very valuable to us!
- Would you like further information?
- Talk about EBE experience if the person seems interested
- Provide information about possible future videoconference training
[Offer padlet]
- At the end of the interview, take a minute or two to have a brief chat about how the person found the interview and try to end by talking about something positive or pleasurable. This could be:
 - Plans for the day
 - Plans for meeting up with a family member/friend/someone from SPFT
 - How useful the person's contribution has been