

**Easy Read**

# Improving mental health Services for adults in Gwent

**Use this form to tell us what you think about our plans**

**Response form**

Graphical user interface, text

Description automatically generated

This is an easy read version of Aneurin Bevan University Health Board’s **‘Transforming Adult Mental Health Services in Gwent’.**

**January 2021**

|  |  |
| --- | --- |
| How to use this form | |
|  | Please read the **Improving mental health Services for adults in Gwent** documentbefore you fill out this form. |
| Graphical user interface, text  Description automatically generated | Answer each question by ticking the answer you agree with. |
|  | Please return this form by 21 February 2021 |
|  | **By Post:** Freepost, Gwent MHLD Division |
|  | **E-mail:** ABB.MHLDEngagement@Wales.nhs.uk |
|  | This form was made into easy read by **Easy Read Wales** using **Photosymbols**. |

– Your personal details

|  |
| --- |
| What you think about our plans |

## Level 1 – staying healthy

Please read pages 6 to 9.

1. **Do you agree or disagree with what we want to do here?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

1. **Is there anything else we can do to support your mental health?**

|  |
| --- |
|  |

1. **Do you think it is good or bad to have a choice about how you are supported, face to face or on telephone or video technology?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| It’s good |  | It’s bad |  | I do not know |  |

1. **Would you be happy to travel further for support if it meant you could be helped quicker?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Happy |  | Not happy |  | I do not know |  |

1. **Would you be happy to travel further for support if it meant you could be helped by someone who could support you better?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Happy |  | Not happy |  | I do not know |  |

## Level 2 – help in the community

Please read pages 10 to 12.

1. **Do you think we should employ more people to help GPs support people with their mental health?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I do not know |  |

1. **Do you think we should employ Psychological Well-being Practitioners?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I do not know |  |

1. **Do you think it is a good or bad idea to support people in Neighbourhood Care Centres?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Good idea |  | Bad idea |  | I do not know |  |

## Level 3 – help in a crisis

Please read pages 12 to 13.

1. **Do you agree or disagree that it is good to set up the Crisis Assessment Unit?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

1. **Do you agree or disagree with the Crisis Assessment Unit being at St Cadocs Hospital in Caerleon?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

1. **Do you think it is a good or bad idea to have 1 way for all organisations to contact the Crisis Assessment Unit?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Good idea |  | Bad idea |  | I do not know |  |

## Level 4 – help in hospital

Please read pages 14 to 15.

1. **Do you agree or disagree with having separate wards for people who have just had a crisis and people who are getting better?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

1. **Do you agree or disagree with having 1 ward for anyone in Gwent who has had a crisis to be assessed?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

## Level 5 – Special help

Please read pages 16 to 17.

1. **Do you agree or disagree that we should have a new Specialist In-patient Unit in Gwent?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | I do not know |  |

1. **Do you think it is a good idea or bad idea to move some services from other hospitals to the new Specialist In-patient unit?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Good idea |  | Bad idea |  | I do not know |  |

**16. We want to know what is most important to you. Please tick which box applies the most to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| 16 a: Supported by the best staff for your needs. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
|  |  |
| 16 b. The quality of the place you get support. For example, the hospital Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
| 16 c. Standard of care you received. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
| 16 d. Knowing where to go to get support. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
| 16 e. Being seen quickly. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
| 16 f. Being seen close to home. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |
| 16 g. Being involved in your care. Tick 1 box. | | | |
| Extremely Important |  |
| Very Important |  |
| Quite Important |  |
| Slightly Important |  |
| Not Important |  |

|  |
| --- |
| Is there anything else? |

|  |  |  |
| --- | --- | --- |
|  | | **Please use this space to tell us about anything else you want to say about our plans.** |
|  | |

|  |
| --- |
| Your personal details |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title:** |  | |
|  |  |  | |
|  | **Your full name:** |  | |
|  |  |  | |
|  | **Your address:** |  | |
|  |  |  | |
|  | **Your email address:** | |  |
|  |  | |  |
|  | **Your telephone number:** | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **How old are you?** | | | |
| 16 - 24 years old | |  | 25 - 49 years old |  | |
| 50 - 64 years old | |  | Over 65 years old |  | |
| I do not want to say | |  |  |  | |

|  |  |  |
| --- | --- | --- |
|  | **Are you:** | |
| Male |  |
| Female |  |
| Non-binary - I do not identify as male or female |  |
| I do not want to say |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Are you disabled?** | | | | | |
| Yes |  | No |  | I do not want to say |  |

|  |  |  |
| --- | --- | --- |
|  | **Can you speak Welsh?** | |
| Yes |  |
| No |  |
| I do not want to say |  |

|  |  |  |
| --- | --- | --- |
|  | **Do you consider to be Black and Minority ethnicity (BME)?** | |
| Yes |  |
| No |  |
| I do not want to say |  |

**Thank you**