



GLoucestershire LINK SURVEY

FOR PEOPLE WHO SELF HARM

The survey will only take a few minutes to complete and will be completely anonymous.

Gloucestershire LINK is a network of local people, groups and community organisations who want to help shape health and social care services commissioned and provided in Gloucestershire. It is a mechanism for gathering the views of people throughout Gloucestershire's communities so that these views can be made known to health and social care commissioners and providers. The LINK set up a task group to look at access to health and social care services in relation to self harm and the survey aims to gather patient and carer experiences over the last 12 months.

For the purposes of this survey, self harm also includes eating disorders and substance misuse.

Accessible to All. If you require support in completing this survey please contact Christine Welsh on 01452 528491.

A: INTRODUCTION

A1 Would you describe yourself as someone who self harms by: (tick all that apply)

- Cutting
- Overdosing
- Eating disorder
- Alcohol misuse
- Drugs misuse
- Other, please state:

A2 Please indicate the length of time you have self harmed:

- Less than a month
- 1-6 months
- 7 months to a year
- 1-5 years
- More than 5 years

If more than 5 years, please state how long:

A3 Have you recovered from a period of self harming and restarted at a later time?

- Yes
- No

A4 Do you know where you can get help or information about self harm?

- Yes
- No

A5 How easy is it to get help or information?

- Very easy
- Adequate
- Unable
- Easy
- Difficult

If you ticked difficult or unable, please say why:

What could be done to improve this?

A6 Have you used any of the following services in connection with self harm? Please tick all that apply.

- Hospital Emergency Department
- Community Hospital/Minor Injury Unit
- Walk In Centre
- Ambulance
- GP
- NHS Direct
- 2gether Trust (mental health services)
- Voluntary Support Group
- School/College
- Youth Centre
- Police
- None - Go to Section C
- Other, please state

A7 How useful was the help/information you received from these services and why?

A8 Would you feel confident about using any of these services in the future?

- Yes
 No

If no, why not?

What could be done to improve your confidence in these services?

B: AT HOSPITAL

B1 Have you used the Hospital Emergency Department or Community Hospital/Minor Injury Unit in the last 12 months in connection with self harm?

- Hospital Emergency Department
 Community Hospital/Minor Injury Unit
 No - go to Section C

B2 If you have used the Hospital Emergency Department in the last 12 months in connection with self harm, how would you rate the care given to you?

- Very good Poor
 Good Very poor
 Adequate

If you ticked poor or very poor, please say why:

What could be done to improve this?

B3 If you have used the Community Hospital/Minor Injury Unit in the last 12 months in connection with self harm, how would you rate the care given to you?

- Very good Poor
 Good Very poor
 Adequate

If you ticked poor or very poor, please say why:

What could be done to improve this?

B4 Was pain relief provided at the hospital?
 Yes No N/A

B5 Did you feel that medical and care staff were sympathetic to your needs?
 Yes No

If no, what made you feel they were unsympathetic?

B6 Did you have a detailed psychological assessment at the hospital?
 Yes No - go to B9

B7 Were you satisfied that the psychological assessment identified your needs and risks?
 Yes No

If no, please indicate why not:

B8 Was a management plan put together to address the issues identified during the assessment?
 Yes No Don't know

B9 Have you ever discharged yourself early, for any reason?
 Yes No - go to B11

If yes, please indicate why:

B10 If you discharged yourself early, did you seek help elsewhere?
 Yes No

If yes, please give more details:

B11 Was your hospital visit followed up by:
 Your GP
 Other care professionals
 Referral to 2gether Trust (mental health service)
 Referral to a voluntary/community support group
 Other, please state:

C: CARER INVOLVEMENT

C1 Do you have someone you can confide in, such as a relative or carer?
 Yes No

If you have a carer, please ask them to complete the survey for carers.

C2 Were you asked if you had a carer by any health professionals you have encountered in connection with your self harm?
 Yes No

If yes, please specify which health professionals:

C3 Were you asked if you would like your carer to be involved?
 Yes No N/A

C4 Were you satisfied with the way issues of confidentiality were handled?
 Yes No N/A

If no, please state why:

D: GENERAL INFORMATION

D1 Are there any additional general comments or suggestions you would like to make?

E: ABOUT YOU (OPTIONAL)

To build a more complete picture of issues surrounding self harm we would be grateful if you would complete the following optional questions.

Any personal details you provide will be held by Gloucestershire Rural Community Council on behalf of Gloucestershire LINK and will not be passed onto any third party or used for any purpose other than this survey

E1 Are you:

Male Female

E2 Transgender: is your identity the same as your gender at birth?

Yes No

E3 How old are you?

Under 16 26-35 56-65
 16-18 36-45 over 65
 19-25 46-55

If under 16, please state your age:

E4 What is your sexual orientation? Do you consider yourself to be:

Bisexual
 Gay
 Heterosexual (straight)
 Lesbian

E5 Which of the following best describes your religion/belief?

Buddhist Muslim
 Christian Sikh
 Hindu Other
 Jewish No religion

E6 What is your ethnic origin?

Asian - Indian
 Asian - Bangladeshi
 Black - Pakistani
 Black or Black British - African
 Black or Black British - Caribbean
 Chinese
 Mixed - White & Asian
 Mixed - White & Black African
 Mixed - White & Black Caribbean
 White - British
 White - European
 Other

E7 Do you consider yourself to have a disability?

Yes No

E8 Which district do you live in?

Gloucester
 Cheltenham
 Cotswold
 Forest of Dean
 Stroud
 Tewkesbury

Thank you for taking the time to complete this survey