

Family Experience Survey

Think Child Think Parent Think Family – meeting the needs of Parents with mental health issues and their Children by providing Family focused positive support.

Introduction

1 in every 4 adults experience a mental health issue. Many of these will be parents. With this in mind we have developed the Think Family Experience Survey for Northern Ireland.

“Mental health issue” is a broad term used to describe a range of mental health conditions, from those with mild symptoms to the most severe mental disorders and includes alcohol and drug misuse.

Whether you are a parent with mental health issues, or a partner, care giver, son, daughter, relative or friend, we would like you to share your experiences and the impact on your family. You will help us to introduce a more family-focused approach to services and support in Northern Ireland.

How to take part

1. Describe a real experience that happened to you, your parents or someone you know by typing it into the website or write it down on paper.
2. You will be given a set of questions (in the form of triangles) in the following pages of the website or on the sheet of paper you’ve been given. Answering these questions will tell us what YOU think or feel about your experience.
3. Provide some background information below to help us compare the experiences of different groups of people.

Which of the following best describes you?

- | | |
|---|--|
| <input type="checkbox"/> A Parent with a mental health issue | <input type="checkbox"/> A Family member of someone with a mental health issue |
| <input type="checkbox"/> A Child of a parent with a mental health issue | <input type="checkbox"/> A Friend of someone with a mental health issue |
| <input type="checkbox"/> A Carer of someone with a mental health issue | <input type="checkbox"/> A Partner of someone with a mental health issue |
| <input type="checkbox"/> Other: _____ | |

Project Coordinators and Contact details

If you would like to follow up with an issue which arose for you as you completed this questionnaire, please contact one of the Project Coordinators who can advise you further about local support organisations.

Judith Lees – judith.lees@hscni.net and 028 90 553958

Mary Donaghy – mary.donaghy@hscni.net and 028 90 553958

Denise McCallion (Hidden Harm Co-ordinator) – denise.mccallion@hscni.net and 028 82 253950

Confidentiality

Thank you for taking part in this study. The information you have shared in this questionnaire is anonymous and untraceable. When contributing your experiences, please do not provide the names of family members, caregivers or professionals.

All information will be handled and stored in accordance with the Data Protection Act 1998. By completing and returning the questionnaire you are consenting for your anonymous information to be used with that of others in the development of a study report.

The findings of the study will be presented to the Think Child Think Parent Think Family [project board](#) for the purpose of developing family focused services in N Ireland (see www.scie.org.uk).

If you have questions about the study, you may contact one of the Project Coordinators who will try to answer your questions.

Please visit (<http://www.hscboard.hscni.net>) - click on the 'Think Family' link on the right hand-side of the homepage and then click on the survey link.

Think Child Think Parent Think Family Project - Family Experience

Describe an experience which illustrates the challenges faced by a parent with a mental health issue, including drug and alcohol misuse. Your story may describe what worked really well for you in providing support or describe what went wrong.

You may tell a story that actually happened to you. Or you may be the partner, son, daughter, caregiver, or friend of a parent who has been in this situation, and can describe what happened to them. The experiences that you share should be based on something real that happened to you or your family members.

If you were to give your story a title what would it be? (eg what is the lesson we can learn from this story)

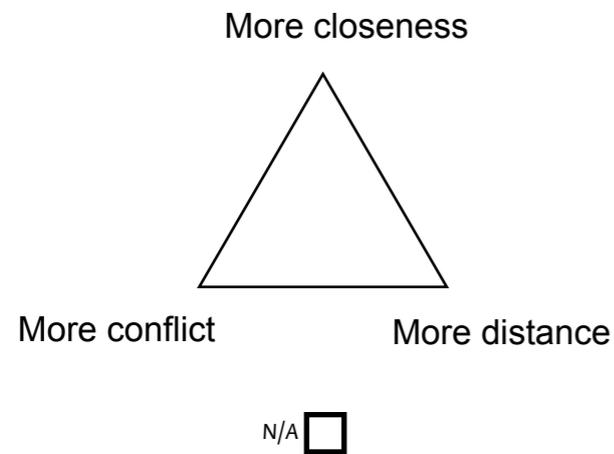
Please list 3 keywords that best describe your story:



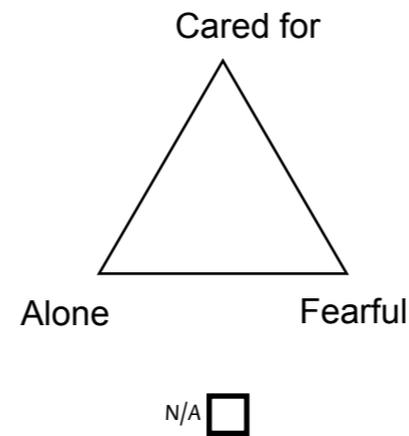
Think Child Think Parent Think Family Project - Family Experience

Instruction: These two triangles are questions related to the experience you just shared. If the triangle's question is relevant, please place an X anywhere INSIDE or ON the edges of the triangle. The position of the X shows how important each issue is to the question. If the triangle is not relevant, please tick the N/A option.

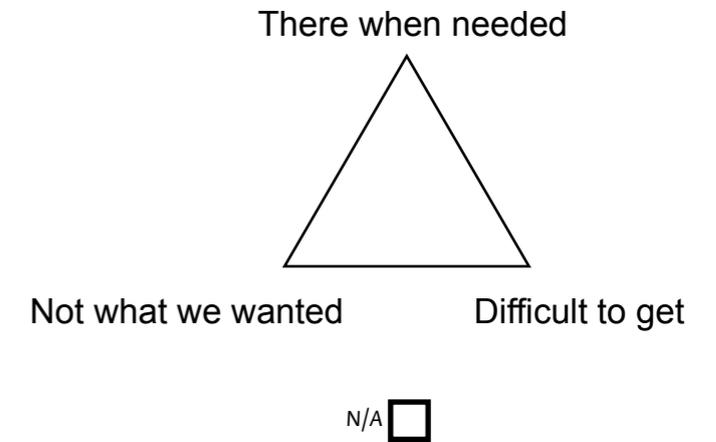
1. How did the experience impact on the parent-child relationship in your story?



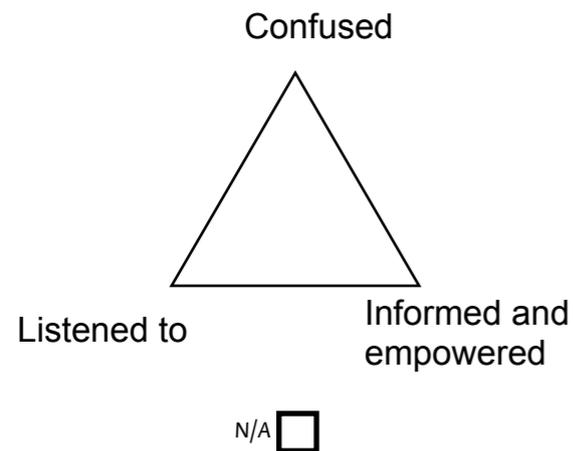
2. How did the parent, caregiver, son, daughter, or friend in your story feel about their situation?



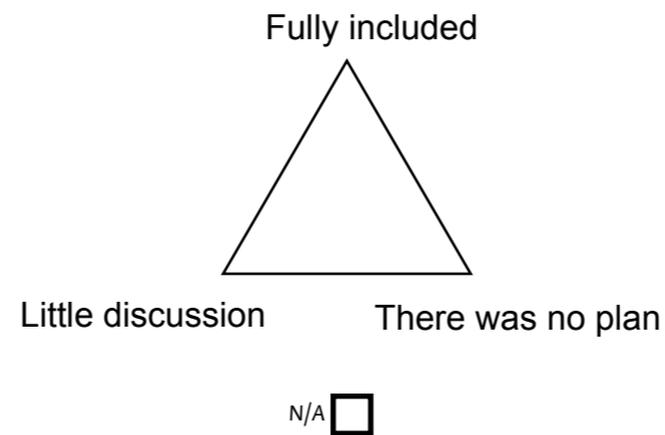
3. How did the family feel about the support from services?



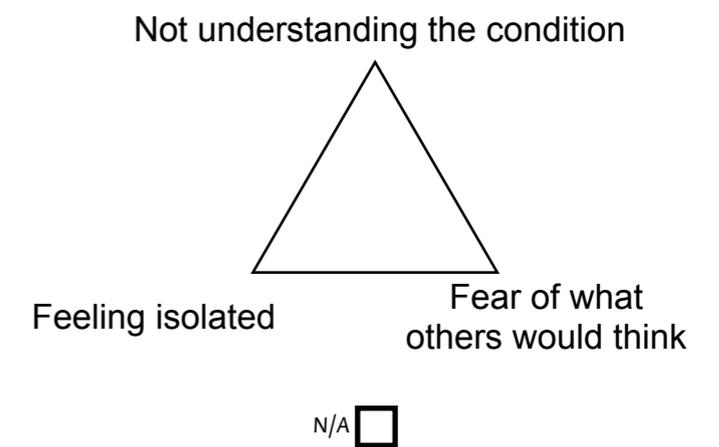
4. How did the family feel about their communication with professionals?



5. How was the family involved in planning care and support?



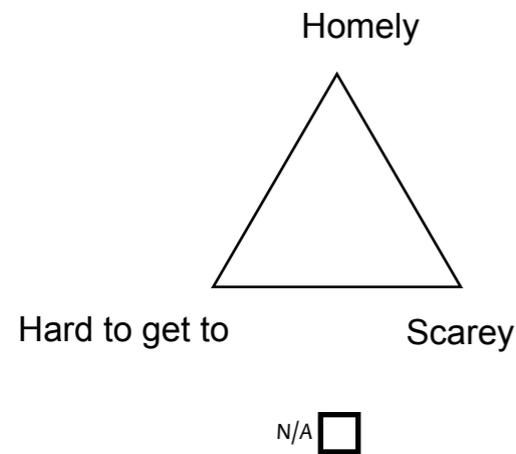
6. In the story, what did the family find hardest to deal with?



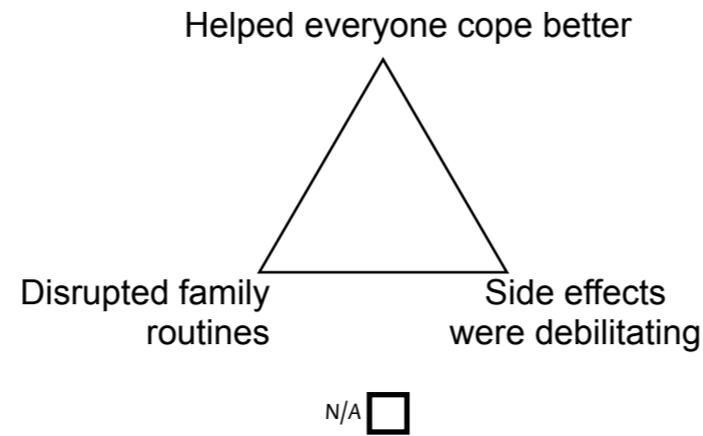
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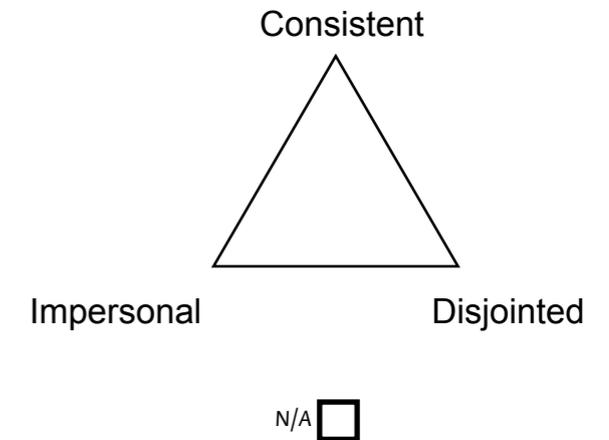
7. What describes the environment where care was provided?



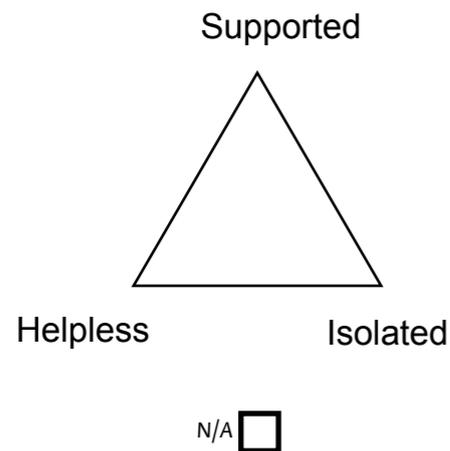
8. How did the care and treatment which was provided impact on family life?



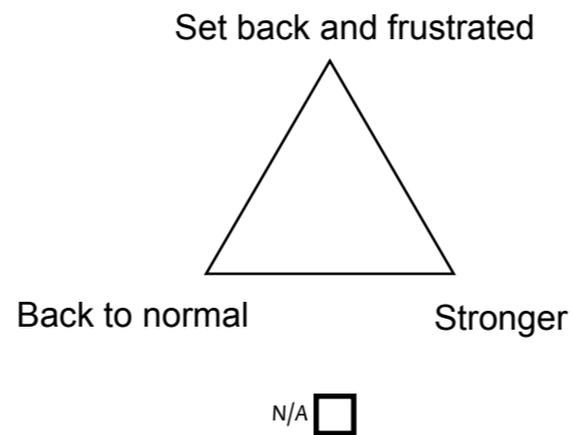
9. What was the family's overall view about how your care and treatment was provided?



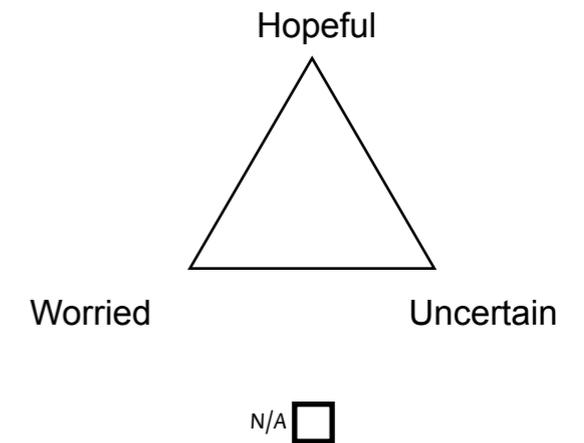
10. At the time, what was the family's main feelings about this experience?



11. How do the family feel now?



12. What is the family's outlook for the future?



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Your age:	12-18	19-25	26-35	36-55	56-65	Above 65

Your gender:	Male	Female

Length of time the condition affected the parent:	Now and again	Ongoing over a long term period	A one-off episode	Not really sure

In which setting were support services provided to the parent?:	At home	Local centre in the community	Hospital Ward	Outpatient clinic	Other (please specify)

Indicate which of the following Professionals and Support services were involved:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Church | <input type="checkbox"/> Community Psychiatric Nurse |
| <input type="checkbox"/> Social Worker - Children's services | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Social Worker - Mental health services | <input type="checkbox"/> Teacher | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Voluntary Organisation | <input type="checkbox"/> Nurse - Children's services | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Nurse - Mental health services | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Health Visitor | _____ |

The nature of the parent's mental health issue (if known please tick):

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol Misuse | <input type="checkbox"/> Anxiety, panic of fears/ phobias | <input type="checkbox"/> Bereavement/grief |
| <input type="checkbox"/> Bipolar disorder (Manic Depression) | <input type="checkbox"/> Depression | <input type="checkbox"/> Drug Misuse |
| <input type="checkbox"/> Eating Disorder (Anorexia or Bulimia) | <input type="checkbox"/> Gambling addiction | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Post natal depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Psychotic illness | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know / not sure |
| <input type="checkbox"/> Self harm | | |

For those completing a paper copy please return to the FREEPOST address below:

Freepost BEL 171
 FAO.
 Project Managers
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 Mental Health and Children's Services Project
 Health and Social Care Board
 12-22 Linehall Street
 Belfast BT2 8BR

