

A Questionnaire about Mental Health Services for adults with an Autism Spectrum Condition* who live in East Lancashire

Instructions

This questionnaire is to provide feedback to East Lancashire Primary Care Trust about what experiences adults with Autism Spectrum Conditions have had when accessing Mental Health services.

The answers that you give on the questionnaire will be kept anonymous; all of the responses received will be used to write a report advising the Primary Care Trust about what kinds of difficulties adults have accessing services, and how mental health services can be improved when providing support for adults with Autism Spectrum Conditions. If you would like further information about this assessment before you decide whether to complete the questionnaire, please read the participant information sheet.

Please answer all questions that apply to you.

If you require assistance completing the questionnaire or would like to give feedback to the project but are not able to complete the questionnaire, please contact Emma by phone on 01282 415455 or by email at emma@actionasd.org.uk to organise an alternative method of feedback.

**Also known as Autism Spectrum Disorder, Autism Spectrum Condition is used here as this is preferred to the term Disorder. This can include Asperger Syndrome, High Functioning Autism, Pervasive Development Disorder Not Otherwise Specified, or suspected Autism without yet having a diagnosis.*

About You

What Village, Town or City do you live in? _____

What is your date of birth? _____

What is your gender? Male Female Other (please tell us)

Which of the following best describes your current work/education status? (Please tick all that apply to you)

Full-time employment

Part-time employment

Voluntary Work

Full-time education

Part-time education

Not in any employment or education

Other (please state) _____

Which of the following social activities do you participate in?

(Please tick all that apply to you)

Go to the pub with family or friends

Go to the cinema with family or friends

Play sports (please tell which sports) _____

Go to ASC group or social evening

Go to non-specific group or social evening

Online Forums

Other (please state) _____

About your ASC Diagnosis

1. How old were you when you got diagnosed?

2. From start to finish, how long did it take you to get a diagnosis?

3. Which of the following best describes your Autism diagnosis? (Please tick all that apply to you)

Autism

High Functioning Autism

Asperger Syndrome

Not yet diagnosed

Other (please state) _____

4. Do you also have a diagnosis of a mental health condition or a specific learning difficulty?

Yes

No

If yes, please tick all that apply to you

ADHD

Dyslexia

Dyscalculia

Anxiety

Depression

Bi-polar

Personality Disorder

Other (please state) _____

About your ASC Diagnosis

All further questions about diagnosis mean your Autism Diagnosis

5. Did you receive your diagnosis through: (please tick one box)

- An NHS practitioner
 A private Practitioner
 Other (please tell us): _____

6. Where did you go to get your diagnosis? (please tick one box)

- In East Lancashire
 Outside of East Lancashire (please state which area): _____

7. Did you pay to get your diagnosis? (please tick one box)

- Yes
 No
(Optional) If yes, how much did it cost?: _____

8. If you tried to get a diagnosis as an adult was it: (please tick one box)

- Easy
 Difficult
 Not possible
 Other (Please state) _____

If you found it difficult or not possible, what were the difficulties?

About your ASC Diagnosis

9. Why did you seek a diagnosis?

10. Describe what you think your autism is, for example a disability, a difference, a set of unique skills?

Access to Services

11. In the last 5 years have you tried to access any help or advice from a GP (General Practitioner) in relation to your autism? (please tick one box)

Yes

No

If yes, was it: (please tick one box)

Easy

Difficult

Not possible

Other (Please state) _____

What were the good or bad points about the experience?

12. In the last 5 years have you asked for a referral to mental health services through your GP? (please tick one box)

Yes

No

If yes, was it: (please tick one box)

Easy

Difficult

Not possible

Other (Please state) _____

What were the good or bad points about the experience?

Access to Services

13. In the last 5 years have you asked for a referral to mental health services through other services (such as social services)? (please tick one box)

- Yes
- No

If yes, was it: (please tick one box)

- Easy
- Difficult
- Not possible
- Other (Please state) _____

What were the good or bad points about the experience?

14. In the last 5 years have you tried to access any help or advice directly from mental health services? (Please tick one box)

- Yes
- No

If yes, was it: (please tick one box)

- Easy
- Difficult
- Not possible
- Other (Please state) _____

What were the good or bad points about the experience?

Access to Services

15. In the last 5 years have you tried to access help or advice from Learning Disability Services? (please tick one box)

- Yes
- No

If yes, was it: (please tick one box)

- Easy
- Difficult
- Not possible
- Other (Please state) _____

What were the good or bad points about the experience?

16. In the last 5 years have you tried to access help or advice from any private service providers? (please tick one box)

- Yes
- No

If yes, was it: (please tick one box)

- Easy
- Difficult
- Not possible
- Other (Please state) _____

What were the good or bad points about the experience?

Support and Help that you need

20. What help or support do you receive from the NHS for your autism (this can be by you visiting the hospital or people visiting you at home)?

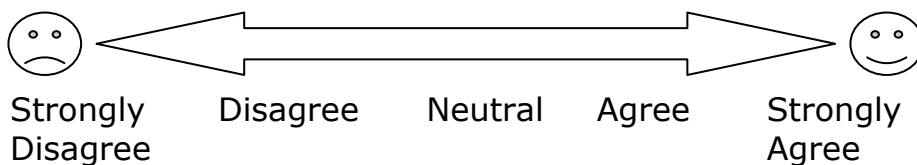
21. What help or support do you receive from Social Services for your autism (this can be by you visiting the hospital or people visiting you at home)?

22. Do you receive help or support from the NHS for any other issues? If so, please give brief details?

23. Is there any form of support or help that you need from the NHS that you're not getting (if yes please state what type of support or help you need)?

Your Opinions

Please read each of the following statements and indicate whether you Strongly Disagree, Disagree, are Neutral, Agree, Strongly Agree in the boxes next to the statement.



Mental Health Services in East Lancashire are accessible for adults with Asperger Syndrome

Strongly Disagree Disagree Neutral Agree Strongly Agree

It is easy to get referred for an ASC diagnosis in East Lancashire

Strongly Disagree Disagree Neutral Agree Strongly Agree

Mental Health staff in East Lancashire understand ASC's

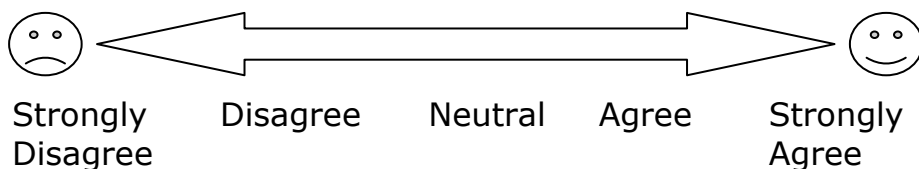
Strongly Disagree Disagree Neutral Agree Strongly Agree

Current Mental Health Service provisions in East Lancashire are adequate for adults on the spectrum

Strongly Disagree Disagree Neutral Agree Strongly Agree

All staff within mental health Services should receive autism awareness training

Your Opinions



Training all staff within current services is the best way to improve services for adults with autism

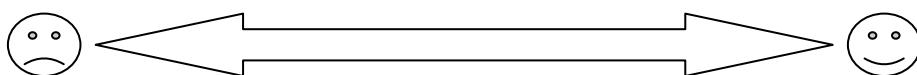
Having one individual in each Mental Health Team who is skilled and experienced in Autism is the best way to improve services for adults with autism

Strongly Disagree Disagree Neutral Agree Strongly Agree

Providing specialist service for adults with autism to be referred to is the best way to improve services for adults with autism

Strongly Disagree Disagree Neutral Agree Strongly Agree

Your Opinions



Strongly Disagree Disagree Neutral Agree Strongly Agree

I have an understanding of Autism Spectrum Conditions

Strongly Disagree Disagree Neutral Agree Strongly Agree

Autism is a mental health condition

Strongly Disagree Disagree Neutral Agree Strongly Agree

Autism is a learning disability

In addition to the questionnaire, further more in-depth feedback will be collected from May 2010 via methods such interviews, diary keeping and blogs, if you would like to be involved in giving further feedback please tick the box and provide contact details below:

Yes, I would like to be involved in giving further feedback

Name _____
(Giving your name is optional but useful for when we contact you)

Email or phone number _____

Thank you very much for completing the questionnaire. If you have filled out the online version please now click to submit your response. If you have downloaded a word document please save a copy and email it to me at emma@actionasd.org.uk. If you have printed off the questionnaire and filled it out by hand please post it to me at Emma Dunn, Action for ASD, Suite 7 Kings Mill, Queen Street, Burnley, BB10 2HX.