

Tobacco and Inequalities Project Small Grants fund

Smoking Cessation Support for Adults with Mental Ill Health

Final Project Report

Clydesdale LHCC



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22nd June 2007

The views expressed in this report are those of the project team and do not necessarily reflect the views of the funding body.

This project was funded by ASH Scotland's Phase 3 Tobacco and Inequalities Project



Acknowledgements

Many thanks to all CPN's who were involved in the very worthwhile cause of helping adults with mental health conditions to stop smoking.

Thanks to Mrs. Roberta Henderson, Smoking Cessation Co-ordinator, for her support with this project.

Thanks to Mrs. Lorraine Smith, Public Health Practitioner, for her support with this project.

Thanks to Mrs. Carol Rattray, Project Administrator, who organised the database and produced figures and results.

Thanks to Mr. Kevin O'Neill, Mental Health Needs Assessment and service Manager, for his help with the initial bid and continued support.

Thanks to Mrs. Marilyn Aitken, General Manager, South Community Health Partnership, Clydesdale Locality, for her support with this project.

Thanks to Mrs. Dorothy Findlay, Pharmacist, for her support with this project.

Thanks to all member of the steering group for their involvement and input to this project.

Published by:
© ASH Scotland, (Year)
ISBN:

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Executive Summary

There are approximately 134 clients, aged 16-64, living in Clydesdale LHCC area, who suffer from severe and enduring mental ill health and access the Community Mental Health Team- Outreach Service. The CMHT-OT provides a lifestyle programme, which addresses topics such as health eating and exercise. Providing training in Brief Intervention and Specialist Smoking Cessation Training to staff has been crucial to providing evidence based interventions to this client group Cigarette smoking is the single largest modifiable risk factor for patients with mental health conditions related morbidity and mortality and is a major cause of health inequalities This project was designed to offer training and support to staff and provide a flexible service to individuals with mental health care needs

1. Introduction

The ONS Survey, psychiatric morbidity amongst adults living in private households (ONS 2000) found that 62% of those clients suffering from psychosis and 42% of those suffering from non-psychotic illness, such as anxiety and depression suffered from a physical health problem. The Sainsbury Centre for Mental Health estimates that people with a severe and /or enduring mental ill health die ten years younger than the general population. For example, an estimated 75% of clients with severe and or enduring mental ill health smoke cigarettes.

Clydesdale comprises a population of 57, 725. 20% are aged 55-64years and 16% are 65 years and over. The rural composition of Clydesdale poses unique challenges to users of services, particularly in terms of social isolation and transport. These issues are particular concern to someone who is excluded not only in terms of rurality, but also because they have mental health care needs. Reducing the number of patients with mental health conditions within the NHS Lanarkshire who smoke is a national and local priority. This client group are a Scottish Executive priority group for reducing smoking prevalence. Staff engaged with this client group have identified a need for more intensive and prolonged support offered than the service was able to provide. This project was designed to offer this client group ways of engaging with services providing a flexible and client centred approach.

Project Aim

1. To provide specialist training to community psychiatric nurses, thereby enabling them to provide specialist outreach smoking cessation support to adults and older people suffering from mental ill health.
2. To provide training that will raise awareness, amongst community psychiatric nurses and others providing care to this client group.
3. To provide mental health training for the members of the smoking cessation team, thereby increasing social inclusion.

Final Project Objectives

1. To develop the capacity of the current community psychiatric team to provide health improvement initiatives to their client group.
2. Support and extend the provision of the current smoking cessation service.
3. Smoking assessments at initial point of referral.
4. Clozapine Protocol - *Appendix 1*

2. Methodology

Community psychiatric nurses and other health professional identified and training in Brief Intervention and Maudsley training.

Mental Health Training was offered to smoking cessation staff engaging in supporting this client group.

Clients were followed up at four weeks, three months, and one year from quit date. Client information was collated and held on the project database by the project administrator.

3. Results

1. Information on the smoking status of 47 clients was collected from January 2006 to November 2006
2. 47 Clients set a quit date
3. 32 clients were smoke free at 1 months
4. 15 clients were smoke free at 3 months
5. 8 clients were smoke free at 1 year
6. 7 clients lost to follow up
7. 3 Failed to finish
8. 1 deceased – *Appendix 2*
9. As a result of the project, psychiatric staff now report feeling more confident in relation to their professional responsibility, discussing potential harmful effects of smoking to this client group and carers.
10. Many staff reported giving up smoking.
11. 9 CPN's have received Maudsley Training. 11 staff undertook Brief Intervention Training.
12. 3 CPN's have been on long term sick leave, which might have had an implication on the project.
13. CO Monitors were used primarily as a motivational tool and to provide validation of smoking cessation outcomes

4. Discussions/Conclusions

1. Benefits gained to both health and financial outcomes.
2. Older client group harder to engage and maintain long term due to mental health issues and crisis.
3. The project as a whole was hugely beneficial not only for client group and cares but across the board from a staff perspective, as many staff have also given up.
4. Now service maintained and offered in area without financial impact.
5. Smoking Assessment now offered at initial point of referral.
6. No guidelines in place at that time for clients prescribed Clozapine who wish to stop smoking. A further development of this project has been the implementation of a protocol for Clozapine clients who wish to stop smoking.
7. Initial group was set up which coincided with then ban on smoking in public places and the staff were inundated with requests for groups and individual support.
8. Maudsley and brief intervention training was reported by all staff as beneficial as this allowed them to broaden their role as service providers and play an active part in Public Health and Health Promotion Initiates.
9. Difficult to undertake work at times, more individual sessions undertaken due to group sessions being disrupted by individuals' ongoing mental health problems.
10. Has been a success with all clients but longer programme identified as some clients require a slower reduction programme and prescription of Nicotine Replacement Therapy for twelve weeks.
11. Running service for this specific client group with CPN's allowed staff to identify for changes in mood and deal with clients as this was happening.
12. A referral form and Patient Group Directive was used in line with NHS Lanarkshire Smoking Cessation Strategy

Appendix 3

13. The project was planned so that it is current staff who were trained and those skills will be retained within the service and the local community. Mental Health Staff will continue to work with clients carers and families within the community and will be best placed to continue to raise awareness and provide support and advice.
14. There will be ongoing training and support for all staff involved.
15. Sustainability has been inherent in the planning of the project to ensure that the project can be delivered in the future without the need for any significant long-term injection of resources.
16. Following the final evaluation the recommendations will be fed into the long term planning of the Smoking Cessation Services within NHS Lanarkshire.

5. Recommendations for Future Work or Research

1. Continued training and updates in Smoking Cessation and pharmacotherapies.
2. Ensure that smoking cessation is discussed with all clients using brief intervention.
3. Maudsley update for all staff.
4. CPN's continue to support their clients, if and when the need arises with support from smoking cessation service and NRT therapy from same.
5. The in-house brief intervention training was approved by PATH and recognised as an example of good practice.
6. For some of the steering group members it was a positive experience with wider more diverse professional remit.
7. The data collected from the project subject to the data protection act, 1998 may be used as evidence for future work on smoking cessation services within their area.
8. Clients to be asked their opinion on services and how best to tailor the smoking cessation services to their needs. *Appendix 4*
9. The project was successful in engaging mental health staff in approaching smoking issues with this client group.

6. Steering Group Members

Roberta Henderson	Smoking Cessation Co-ordinator, Clydesdale Locality
Carol Rattray	Smoking Cessation Support, Clydesdale Locality
George Cruickshank	SCN, Clydesdale Resource Network, Lanark
Tracy Gordon	CPN, Clydesdale Resource Network, Lanark
David Paterson	CPN, Clydesdale Resource Network, Lanark
Lorraine Smith	PHP, Clydesdale Locality
Allison Smillie	Charge Nurse, Comm Mental Health, Roadmeetings
Dorothy Findlay	Pharmacist, Clydesdale Locality
Carol Ann Topping	Practice Nurse, State Hospital, Carstairs
Margaret Milne	Clinical Governance Co-ordinator, Clydesdale Locality
Lorraine Ratter	CPN, Clydesdale Resource Network, Lanark
Maureen Taggart	SCN, Community Mental Health Roadmeetings

7. Dissemination

Owen Watters	General Manager, North Community Health Partnership
Marilyn Aitken	General Manager, South Community Health Partnership
Maureen Taggart	SDM, South Community Health Partnership, Clydesdale
Roberta Henderson	Smoking Cessation Co-ordinator, Clydesdale Locality
Jean Girvan	Smoking Cessation Specialist Nurse, Wishaw DGH
Kevin O'Neill	Mental Health Needs Assessment and service Manager
Jennifer McWilliam	Pharmacist, State Hospital, Carstairs
Carol Anne Topping	Practice Nurse, State Hospital
George Cruickshank	SCN Team Leader, Clydesdale Resource Network
David Paterson	CPN, Team Leader, Clydesdale Resource Network
Tracy Gordon	CPN, Team Leader, Clydesdale Resource Network

Appendix/Appendices

Appendix 1. Clozapine Protocol

Appendix 2. Statistical Summery/ Table

Appendix 3. PGD and Client Questionnaire

Appendix 4. Client Evaluation Questionnaire

Appendix 1.

Smoking Cessation: Brief guide to adjusting psychotropic drugs doses.

Background:

- Polycyclic Aromatic Hydrocarbons (PAHs) in cigarette smoke induce hepatic cytochrome CYP1A2 (i.e. increase the amount and/or activity of enzyme).
- For **smokers**, many drugs (especially clozapine) undergo an **increase in the metabolism** and a **decrease in plasma concentration** resulting in potentially higher doses being required to achieve a therapeutic affect.
- Therefore, **on smoking cessation**, doses of these drugs may need to be lowered to prevent adverse effects from occurring.

(NB. This effect on CYP1A2 is not affected by NRT (nicotine replacement therapy) as it is PAHs not nicotine that interacts with the liver enzymes).

Recommendations for prescribing of psychotropic drugs during smoking cessation.

Initial assessment:

- Ascertain current smoking status and recent medication compliance.
- Determine effect of smoking on the patients current psychotropic medication (see following table)
- Adjust dose if appropriate taking into consideration: age, hepatic function, time delay for onset of changes to levels on smoking cessation (On stopping smoking there is a rapid decrease in activity of CYP1A2 with a new steady state is reached after approx 1 week) 4 and subsequent time delay for changes to the drug's steady state levels (five half- lives)

Review after 5-7 days:

- Monitor client for emergence of possible side effects due to raised serum levels of psychotropic medication. (See table below)

Follow up after 14 days:

- Monitor adverse effects and also ascertain likely smoking status. Adjust dose accordingly if required.

FOR Patients taking CLOZAPINE:

1. Review previous serum clozapine levels or order baseline serum clozapine level if one is not available for current dosage. (The serum level results are obtained from Guys and St Thomas toxicology and can take 7-10 days).
2. Review history of side effects and the serum clozapine levels and dosage at which these occurred.
3. To assess risk of toxicity (i.e. serum levels level > 1000ng/ml).

One study (Meyer 2001) suggested that in 80% of cases the change in serum levels could be estimated by using the following formula:

$$\text{Serum Clozapine (non smoking)} = 1.47 \times (\text{serum clozapine smoking}) + 45.3$$

Example: Clozapine level when smoking of 400ng/ml, therefore estimated Clozapine level when non-smoking would be $(1.47 \times 400) + 45.3 = 633.3\text{ng/ml}$.

NB For clients with a higher initial clozapine level; say above 700ng/ml, serum levels might increase by much more than this formula suggests on smoking cessation e.g. Case report 750ng/ml increased to 3000ng/ml

4. For patients that have a higher serum clozapine level ($> 700\text{ng/ml}$) closer monitoring will be required. Monitoring for adverse effects especially increased risk of seizures.
5. If patient has history of cardiac problems base line ECG and review after 2weeks may be advisable.
6. Stop date for smoking should be set and NRT commenced.
7. Try and set target serum clozapine level and adjust clozapine dose accordingly taking into account mental state.
Faber et al 2004 recommended stepwise daily dose reduction of approx.10% until 4th day post cessation.
8. After 7 days - Monitor for adverse effects and if necessary obtain another serum clozapine level
9. Continue to monitor for adverse effects on a weekly basis. Case reports of seizures occurring after 2-3 weeks after smoking cessation.
10. If patient has change in mental state or increase problems with adverse effects consider repeating serum clozapine levels and altering dosage.
11. Important to reassess if patient resumes smoking. May require increasing dosage.

Recommendations for prescribing of psychotropic drugs during programme to reduce smoking.

Initial assessment:

- Ascertain current smoking status and recent medication compliance.
- Determine effect of smoking on the patients current psychotropic medication (see table below)
- Monitor for adverse effects (see table) after 7 days of each reduction.
- On cessation monitor after 7days and weekly for 3-4 weeks.
- Adjust dose if required taking into consideration: age, hepatic function, time delay for onset of changes to levels on smoking cessation and subsequent time delay for changes to the drug's steady state levels (five half- lives).

FOR Patients taking CLOZAPINE:

- Follow recommendations 1-5 for smoking cessation.
- Monitor for adverse effects.
- Obtain serum clozapine level after 7 days of reduction.

- Continue to monitor for adverse effects and adjust dose if necessary depending on mental health, serum level results and side effects.
- On cessation of smoking refer to number 8-9 for smoking cessation.

DRUG	Expected interaction on stopping smoking	Monitoring /recommendation
Atypical antipsychotics		
Clozapine	Increase in clozapine plasma levels. Mean increase reported in serum levels of 71% (Meyer, 2001)	Monitor for adverse effects – E.g. sedation, hypersalivation, constipation, changes in BP, tachycardia. Case reports of seizures occurring 2-3 weeks after cessation. Dose adjustment should be considered and serum levels monitored.
Olanzapine	Increase in olanzapine plasma levels. Increase half life by 21%	Monitor for adverse effects – e.g. possible sedation, tachycardia, and agitation/aggression, EPSEs. Dose reduction can be considered.
Typical antipsychotics		
Chlorpromazine	Probable increase in CPZ plasma levels but clinical significance unclear.	Monitor for adverse effects – e.g. sedation, postural hypotension, EPSEs. Dose reduction can be considered.
Flupenthixol	Limited data	Monitor for adverse effects – e.g. EPSEs
Fluphenazine	Probable increase in fluphenazine plasma levels	Monitor for adverse effects – e.g. EPSEs Dose reduction can be considered.
Haloperidol	Probable increase in haloperidol plasma levels. (Plasma levels approx 23% lower in smokers.)	Monitor for adverse effects – e.g. EPSEs Dose reduction can be considered.

Antidepressants		
Duloxetine	Probable increase in duloxetine plasma levels. (Plasma levels approx 50% lower in smokers)	Monitor for adverse effects – e.g. nausea, dry mouth, sedation etc Dose reduction can be considered.
Fluvoxamine	Probable increase in fluvoxamine levels.	Monitor for adverse effects – e.g. nausea, sedation, dry mouth etc. Dose reduction may be considered if on high dose.
DRUG	Expected interaction on stopping smoking	Monitoring /recommendation
Antidepressants cont.		
Mirtazapine	Possible increase in mirtazapine plasma levels. May not be significant	Monitor for adverse effects – e.g. sedation. Dose reduction may be considered if on high dose.
Tricyclic antidepressants including Amitriptyline, clomipramine, dosulepin, imipramine	Possible increase in TCA plasma levels. May not be significant.	Monitor for adverse effects – e.g. sedation, nausea, cardiac, dry mouth etc. Dose reduction may be considered if on high dose.
Mood stabilisers		
Carbamazepine	Limited data. Interaction unlikely but possible that carbamazepine levels may increase.	Monitor blood levels. Monitor for adverse effects- e.g. dizziness, headaches, fatigue, nausea etc.
Lamotrigine	Limited data. Possible that lamotrigine plasma levels may increase.	Monitor for adverse effects – e.g. dizziness, headaches, drowsiness, nausea etc. Dose reduction can be considered.
Lithium	Theoretically levels may be lower. If client also takes caffeine on smoking cessation, caffeine levels will rise which will cause lithium levels to fall.	Monitor levels weekly. If taking caffeine may need to increase lithium dose or reduce caffeine intake.
Valproate	Limited data	Monitor blood levels.

<i>Benzodiazepines</i>	Possible increase in plasma levels.	Monitor for adverse effects - e.g. sedation Consider reducing dose. Doses should be reviewed regularly as short term is recommended.
Others		
<i>Beta blockers</i> e.g. Propranolol	Probable increase in plasma levels.	May need to decrease dose.

References:

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2. The Maudsley 2005 –2006 Prescribing Guidelines
3. www.medicines.org.uk (accessed April 2006)
4. Faber MS. Fuhr U. Time response of cytochrome P450 1A2 activity on cessation of heavy smoking. *Clinical Pharmacology & Therapeutics*. 76(2): 178-84, 2004 Aug
5. Meyer J. Individual changes in clozapine levels after smoking cessation: results and a predictive model. *Journal of clinical pharmacology*. 21(6): 569-74, 2001 Dec

Appendix 2.

CPN's Maudsley Trained

9

Brief Intervention

11

3 CPN's have been on long term sick, which might have had an implication on the project.

- Set 1

24 set a quit date

18 not smoking at 4 Weeks

8 not smoking at 3 Months

5 not smoking at 1 year

14 Smoking at 4 weeks (3 of which have cut down)

2 lost to follow up at 4 weeks

75% at 4 weeks

29% at 3 months

21% at 1 year

- Set 2

6 set a quit date

6 not smoking at 4 Weeks

3 not Smoking at 3 Months

2 not smoking at 1 year

1 lost to follow up at 1 Year

1 lost to follow up

1 smoking (ready to make another quit attempt)

1 Died

100% at 4 weeks

50% at 3 Months

33% at 1 Year

- Set 3

3 Set a quit date
2 not smoking at 4 weeks
1 smoking 1-2 daily
1 not smoking at 3 months
1 not smoking at 1 Year

67% at 4 weeks
33% at 3 months
33% at 1 year

- Set 4

2 set a quit date
2 not smoking at 4 weeks
2 smoking at 3 months

100% at 4 weeks
0% at 3 months
0% at 1 year

- Set 5

2 set a quit date
1 not smoking at 4 weeks
1 smoking
1 not smoking at 3 months
1 smoking at 1 year

50% at 4 weeks
50% at 3 months
0% at 1 year

- Set 6

1 set a quit date
1 Failed to finish

- Set 7

1 set a quit date
1 Failed to finish

- Set 8

5 set a quit date

1 not smoking at 4 weeks

1 not smoking at 3 months

Lost to follow-up at 1 year

20% at 4 weeks

20% at 3 months

0% at one Year

- Set 9

1 set a quit date

1 stopped at 4 weeks

1 smoking at 3 months

100% at 4 weeks

0% at 3 months

- Set 10

1 set a quit date

1 not smoking at 4 weeks

1 not smoking at 3 months

1 Smoking at 1 year

100% at 4 weeks

100% at 3 months

0% at 1 year

- Set 11

1 set a quit date

1 failed to finish

0% at 4 weeks

Set a quit date	One month	3 Months	1 Year
24	18	8	5
6	6	3	2
3	2	1	1
2	2	0	0
2	1	1	0
1	0	0	0
1	0	0	0
5	1	1	0
1	1	0	0
1	1	1	0
1	0	0	0
47	32	15	8

Summery

- **47** Set a quit date
- **32** smoke free at 4 weeks /**68%**
- **15** smoke free at 3 months/ **32%**
- **8** smoke free at one year/ **17%**

Appendix 3.

Lanarkshire Smoking Cessation Service ~ Clydesdale Locality

Surname:		Date of Birth:
Forename:	Male Female	GP Name:
Address:		GP Address:
	Postcode:	
Telephone Number:		

Smoking History:

How soon after wakening do you smoke your first cigarette? <input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6-30mins <input type="checkbox"/> 31-60mins <input type="checkbox"/> after 1hour																	
How many cigarettes do you smoke per day? <input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More that 30																	
How easy/difficult would you find it to go a day without smoking? <input type="checkbox"/> Very easy <input type="checkbox"/> Fairly easy <input type="checkbox"/> Fairly difficult <input type="checkbox"/> Very difficult																	
How many times have you tried to quit in the past year? <input type="checkbox"/> No quit attempts <input type="checkbox"/> Once <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more																	
Do you receive free prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
If female, are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Employment status In paid employment Full time student Homemaker/full- time parent or carer Unemployed Retired Permanently sick or disabled Other (Please specify).....	Do you have any special needs/ requirements? Hearing impaired Visually impaired Mobility difficulties English as a second language Other (Please specify).....																
What is your reason for wanting to stop? Money Health Pregnancy Family pressure Other (Please specify).....	How did you learn about this Service? GP Health Visitor Dentist Practice Nurse Friend/relative Newspaper Other (Please specify).....																
Which of the following best describes you ethnic origin? <table border="0"> <tr> <td><input type="checkbox"/> Scottish</td> <td><input type="checkbox"/> White & Black Caribbean</td> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> Caribbean</td> </tr> <tr> <td><input type="checkbox"/> Other British</td> <td><input type="checkbox"/> White & Black African</td> <td><input type="checkbox"/> Pakistani</td> <td><input type="checkbox"/> African</td> </tr> <tr> <td><input type="checkbox"/> Irish</td> <td><input type="checkbox"/> White & Asian</td> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Any other black background</td> </tr> <tr> <td><input type="checkbox"/> Any other white background (Please specify)</td> <td><input type="checkbox"/> Any other mixed background (Please specify)</td> <td><input type="checkbox"/> Chinese Any other Asian background (Please specify)</td> <td>(Please specify)</td> </tr> </table>		<input type="checkbox"/> Scottish	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other British	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Irish	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other black background	<input type="checkbox"/> Any other white background (Please specify)	<input type="checkbox"/> Any other mixed background (Please specify)	<input type="checkbox"/> Chinese Any other Asian background (Please specify)	(Please specify)
<input type="checkbox"/> Scottish	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean														
<input type="checkbox"/> Other British	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African														
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other black background														
<input type="checkbox"/> Any other white background (Please specify)	<input type="checkbox"/> Any other mixed background (Please specify)	<input type="checkbox"/> Chinese Any other Asian background (Please specify)	(Please specify)														
Other Ethnic Background (Please specify).....																	

Appendix 4.



PATIENT SATISFACTION QUESTIONNAIRE

NHS Lanarkshire are trying to improve the service patients receive. To help us to do this we would like to ask your opinion of the treatment you've had.

We would be very grateful if you would take a few minutes to answer the following questions. You don't have to tell us your name and address if you don't want to, and anything you do tell us will be anonymous.

1. INFORMATION (Please circle answer)

How satisfied were you with:

- | | | | |
|--|--------------------|--------------------------|------------|
| a) The information you received about our service | Very
Not at all | Fairly
Not applicable | Not Really |
| b) The communication between yourself and staff | Very
Not at all | Fairly
Not applicable | Not Really |

2. INDIVIDUALITY (Please circle answer)

How satisfied were you that:

- | | | | |
|---|--------------------|--------------------------|------------|
| a) Your rights of privacy and confidentiality were met | Very
Not at all | Fairly
Not applicable | Not Really |
| b) Your cultural and spiritual beliefs and values were respected | Very
Not at all | Fairly
Not applicable | Not Really |
| c) You were approached and treated as an individual | Very
Not at all | Fairly
Not applicable | Not Really |

3. **INVOLVEMENT** (Please circle answer)

How satisfied were you that:

- | | | | |
|---|--------------------|--------------------------|------------|
| a) You were fully involved in the planning and reviewing of your care | Very
Not at all | Fairly
Not applicable | Not Really |
| b) You were fully involved in the planning of your discharge | Very
Not at all | Fairly
Not applicable | Not Really |
| c) Other professionals may be made aware of your details | Very
Not at all | Fairly
Not applicable | Not Really |

4. **SERVICE** (Please circle answer)

How satisfied were you that:

- | | | | |
|---|--------------------|--------------------------|------------|
| a) Staff were friendly and approachable | Very
Not at all | Fairly
Not applicable | Not Really |
| b) Suggestions and complaints were dealt with | Very
Not at all | Fairly
Not applicable | Not Really |
| c) The environment was appropriate | Very
Not at all | Fairly
Not applicable | Not Really |

5. **EXPECTATIONS** (Please circle answer)

- | | | | |
|---|--------------------|--------------------------|------------|
| a) Did you feel your expectations of the service were met | Very
Not at all | Fairly
Not applicable | Not Really |
|---|--------------------|--------------------------|------------|

b) If your expectations of the service were not met, can you tell us a bit more about this?
