

"HAVING YOUR SAY"

Changing Mental Health Services bought by the Pooled Fund

**Please take a little while to complete this information.
All individual information collected from this questionnaire is strictly confidential.**

Key Questions

We want to have your views on the issues listed below.

Please tick one of the boxes to show whether you agree/disagree with each proposal.

A. We intend to gradually reduce block funding to some Mental Health Pooled Fund Services (e.g. Community Support Work, Employment Services) to allow people to purchase their own care services.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

B. We intend to move away from traditional buildings-based mental health day care to a service focused on employment, learning, leisure and use of ordinary community facilities.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

C. We aim to make all Pooled Fund services equally available to people throughout Suffolk.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

D. We intend to provide Countywide mental health information and advice through Libraries and all open access Pooled Fund services.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

E. We aim to gradually shift the balance of spending by increasing the opportunities for people with mild to moderate mental health needs to access Pooled Fund services.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

F. We intend to make Employment services available to everyone with mental health problems and not just to people with the most complex needs.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Please use the space below to let us have your views about the proposals listed at A-F above, or about other issues within the consultation paper.

This consultation runs from 15 February to 18 May 2008 (responses must be received by 18 May 2008). You can complete this form on-line at www.suffolk.gov.uk and submit it automatically.

**If you prefer to post it, please return to: Mental Health Pooled Fund Consultation
FREEPOST NAT 18364
Ipswich
IP1 2BR**

		Original Date:	02/01/2008
Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to specify		
Your age:	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Do not wish to specify		
Are you:			
<input type="checkbox"/> User of Mental Health Services		<input type="checkbox"/> Member of the Public	
<input type="checkbox"/> Family Carer		<input type="checkbox"/> Voluntary Organisation Rep.	
<input type="checkbox"/> Mental Health staff member		<input type="checkbox"/> Do not wish to specify	
What is your postcode:			
<i>(You do not have to give this information. If you provide your postcode we will not use it to identify you; we just need to check that we are surveying people from different areas of the county).</i>			
What is your ethnic group?			
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please specify		
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please specify		
Chinese	<input type="checkbox"/> Chinese		
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please specify		
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background, please specify		
Other ethnic group	<input type="checkbox"/> Other please specify		
Do not wish to specify	<input type="checkbox"/>		
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not want to specify		

If you need help to understand this information in another language please call the number below.

إذا تحتاج إلى مساعدة لفهم هذه المعلومات في أي لغة أخرى فالرجاء الاتصال على الرقم التالي.

Arabic

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন

Bengali

如果你需要其他語言來幫助你了解這些資訊，請撥以下電話。

Chinese

જો તમારે આ માહિતી બીજી ભાષામાં જામણવા મદદ જોઈતી હોય, તો કૃપા કરી નીચેના નંબર પર કૉલ કરો.

Gujarati

بەم زانیاریەشی تەنی ئێه ب ئێه ت گەهی تەنی هه یارمەر پ ئێه ویستیت بەگەئێه
بکە. وهی خوارەم ژمارەندی بەهیه پەزمان ئێه کی تر تکیه

Kurdish

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer.

Polish

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo.

Portuguese

If you would like this information in another format, including audio tape or large print, please call **08456 066 067**.