

# **GAMIAN-EUROPE PAN EUROPEAN SURVEY ON PHYSICAL HEALTH AND MENTAL HEALTH**

**We would like to invite you to participate in this original research project. You should only participate if you want to and choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being carried out and what your participation will involve.**

**This study is looking at the experiences of adults (aged 18 years or older) who have been diagnosed with a mental illness.**

**If you have received this survey and you are less than 18 years of age then please do not complete the survey.**

**If you do not have a diagnosis of mental illness then please do not complete the survey.**

**You are under no obligation to take part. It is entirely up to you to decide whether or not to take part. This survey is anonymous and nobody will know whether you decide to take part or not.**

**By taking part, you will be involved in research which will help us to understand the frequency and nature of physical health problems experienced by people with a diagnosis of mental illness.**

**By completing and returning this questionnaire, you consent to the processing of my personal information for the purposes of this research study.**

**All data collected in this study is anonymous. If you decide to complete the survey, you will not be asked to provide any identifying information such as your name or address.**

**The results of this study may be published in scientific journals or presented at scientific conferences, but as the survey is anonymous there is no way of knowing who has taken part. If you would like to receive a report on the overall findings of this study then please contact Gamian ([info@gamian.eu](mailto:info@gamian.eu)) and we will send you a copy of this report when it is available.**

**1. I agree. I understand that the information will be treated as strictly confidential and handled in accordance with the provisions of the EC Data Protection Directive (95/46.EC)**

## **Background questions:**

**Please answer each question. ('Next page' at bottom only works when all questions are completed)**

### **2. Which gender do you most identify with?**

- Male
- Female

### **3. In which country do you live?**

### **4. What is your nationality?**

### **5. In what year were you born?:**

### **6. What is your civil status?**

- Married/Further Marriage
- Cohabiting Civil/Domestic partnership
- Single/Unmarried
- Divorced/Separated
- Widow
- Unknown

### **7. What is the highest level of education that you have completed?**

- Primary education (-> 12 year)
- Secondary education (-> 18 year)
- University degree (bachelor)
- University degree (master)
- Other (please specify)

### **8. What is your normal/usual housing situation?**

- Own house/flat/apartment
- Rented house/flat/apartment or room(s)
- Live with relative(s)
- Homeless shelter
- Residential care home
- Retirement community
- Hospital
- Supported housing
- Other (please specify)

### **9. Who do you live with?**

- My spouse/partner
- My children
- My parents or relatives

- Friends
- Roommates
- I live alone
- Other

**10. Do you work?**

- I work full-time
- I work part-time
- Unpaid work (volunteer/stagiaire)
- Full-time student
- I'm looking for a job
- Retired
- I receive benefits
- I'm not able to work (disabled)

**11. Did you participate in the GAMIAN survey in 2010 on stigma?**

- Yes
- No

**12. Are you a member of a patients association?**

(Please write the name of the association)

## **Questions on your mental health (treatment)**

**13. Do you know what mental health diagnosis your doctor has made in your case?**

(please check only your primary diagnosis)

- Schizophrenia
- Bipolar Disorder
- Depression
- Anxiety
- Attention Deficit and Hyperactivity Disorder (ADHD)
- Substance abuse/addictions
- Eating disorders
- Obsessive Compulsive Disorder (OCD)
- Post-traumatic Stress Disorder (PTSD)
- I don't know
- I'm not sure
- Other (Please specify)

**14. Who has predominantly been treating you for your mental health problem(s)?**

- Psychiatrist
- Psychologist
- General Practitioner / family doctor
- Psychiatric nurse
- Other (please specify)

**15. When was the last time you saw them?**

- In the last month
- 1-3 months ago
- 4 -6 months ago
- 7-12 months ago
- More than 12 months ago

**16. In the last 12 months, have you taken any prescribed medications or any other treatments for your mental health problem(s)?**

- Yes
- No
- I don't remember

**17. In the last 12 months, has your care professional checked with you how you are getting on with your treatment (medical, psychological or other) (i.e. has your treatment been reviewed)?**

- Yes
- No

**18. Has this review led to any changes in treatment or a referral to a specialist / other healthcare professional? (please check as many as apply)**

- Yes: a change in medication
- Yes: a change in other treatment
- Yes: a referral

### **Questions on your physical health (treatment)**

**19. At the moment of the prescription, did the mental health care professional ask you about the medications that may have been prescribed to you for any physical condition?**

- Yes
- No
- I don't remember

**20. Are you getting treatment for a physical illness? (please check as many as apply)**

- GP/ family doctor
- Endocrinologist/Diabetologist
- Internist
- Heart specialist e.g. cardiologist
- Optician/ophthalmologist
- No treatment
- Other : specify

**21. What are the physical problems you suffer from? (please check as many as apply)**

- Weight gain/ Excessive weight
- Smoking
- Problems in controlling body movements
- Musculoskeletal problems (muscle, bone, joint)
- Problems with sexual life
- Heart problems including blood pressure/cholesterol levels or heart abnormalities
- Diabetes
- Cancer
- Substance abuse/addiction
- Eye problems
- I don't have any
- Other (please specify)

**22. In the last 12 months, have any new treatment been prescribed for your physical condition?**

- Yes
- No

**23. Was your physical illness diagnosed before or after your mental health problem(s) were diagnosed?**

- Before
- After

**24. At the moment of the prescription, did the healthcare professional ask you about the treatment that may have been prescribed to you for any mental health problem(s)?**

- Yes
- No
- I don't know

**25. Do you think your psychiatrist is actively taking care of your physical health?**

- Way too much
- Too much
- About right
- Too little
- Way too little

**26. Did your psychiatrist ever explain how mental illness could affect physical health?**

- Way too much
- Too much
- About right
- Too little
- Way too little

**27. Have you been given or offered advice on maintaining a healthy lifestyle/good physical health?**

- Yes
- No

**28. Do any of the following statements apply to you?**

	Yes	No	Dont know
a. I pay attention to my food intake:			
b. I try to smoke less			
c. I do not smoke			
d. I watch my alcohol consumption			
e. I take regular exercise			
f. I regularly have my blood pressure checked			
g. I go for regular checks with the dentist			
h. I get vaccinations when they are needed e.g. flu/meningitis/tetanus			
i. I go to the GP (family doctor) for health checks			

**29. Please indicate whether any of the following are of concern to you.**

*Only tick one of the five columns on each horizontal line*

	Not concerned at all	Slightly concerned	Concerned	Very concerned	Not applicable/	Do not know
a. Smoking						
b. Alcohol intake						
c. Use of illicit/illegal drugs						
d. Problems with sexual life						
e. Problems in controlling movement of the body (trembling or shaking)						
f. Personal hygiene						
g. Dental health						
h. Not being able to live life as you wish						
i. Heart problems including blood pressure - cholesterol levels or heart abnormalities						
j. Diabetes or blood sugar abnormalities						
k. Weight gain/excess weight						
l. Other diseases or problems						

**30. Is there someone close to you who encourages you to look after your physical health? (please check as many as apply)**

- Spouse
- Children
- Parents
- Friends
- Colleagues
- Neighbours
- No-one

**31. Do you think your physical health problems are related to your mental health problem(s) or treatment?**

- Yes
- No
- I'm not sure

**32. When did you last have the following health checks?**

*Only tick one of the five columns on each horizontal line*

	<b>In the last 3 months</b>	<b>In the last 6 months</b>	<b>In the last year</b>	<b>More than a year</b>	<b>Never</b>
a. Physical examination					
b. Waist measurement					
c. Weight					
d. Body Mass Index (BMI)					
e. Problems in controlling movement of the body (trembling or shaking)					
e. Blood pressure					
g. Blood tests					
h. Eye tests					
i. Hearing tests e.g. for tinnitus					
j. Dental checks					

**33. When was the last time you saw a health or social care worker for your PHYSICAL health condition? (GPs/ Family Doctor included)**

- In the last month
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 12 months ago



- I do not have a physical health condition

**34. Do you keep (attend) appointments regarding physical examinations and tests? (If you changed the date but still attended, answer yes).**

- Yes
- No

**35 Have you experienced any barriers to receiving care for your physical health problems?. If 'yes' please explain why? (check as many as apply)**

- User charges (financial reasons)
- Difficulty getting time off work
- Lack of referral
- Lack of person to accompany you to the appointment
- Fear of disclosing my mental health problem(s)
- Language barrier
- Appointment early in the day and did not get up
- Forgot appointment
- Lack of transport / other logistical problems
- I do not see the importance of seeing another doctor regarding physical examinations and tests
- I have not had any
- Others (please specify)

**36.How well do you think your overall care takes into consideration your mental and physical health?**

- Way too much
- Too much
- About right
- Too little
- Way too little