



# Derby and Derbyshire Clinical Commissioning Group

Print friendly: Accessing Digital Mental Health Support for Parents, Guardians and Carers

## Your experience of Qwell

NHS Derby and Derbyshire Clinical Commissioning Group (CCG) currently commissions two online mental health and wellbeing services, Kooth and Qwell, and we would like to hear from people who have experience of using either of these services to tell us anonymously how useful they found either of the services and if there are any improvements we can consider.

Qwell is a free online Mental Health and Wellbeing resource for parents and carers of young people who are under the age of 18 requiring no formal referral, but instead only for a user to set up an account on the site. Qwell provides easy to access universal mental health support, including information, blogs and 1 to 1 therapeutic conversations.

To take a look at Qwell please click here: [www.qwell.com](http://www.qwell.com)

This survey is aimed at parents and carers who may have used Qwell or parent and carers who may want access to Qwell or a similar platform in the future.

We have a separate survey for Children and Younger people who may have used Kooth or may need to use Kooth (or a similar platform) and this can be found here:

[www.surveymonkey.co.uk/r/Kooth](http://www.surveymonkey.co.uk/r/Kooth)

To take a look at Kooth please click here: [www.kooth.com](http://www.kooth.com)

You can complete this survey online or print and return it to us using our freepost address.

There is no need to add a stamp just write the words below on an envelope:

Freepost NHS DDCCG

**If you require this survey in any other language or more accessible format, please contact us at:**

**Tel: 01332 868730**

**Email: [DDCCG.Enquiries@nhs.net](mailto:DDCCG.Enquiries@nhs.net)**

1. What is really important to you when accessing mental health support online?

- The option to download a mobile app rather than just a website
- Record of all your conversations to look back on
- A way of recording progress you can notice in yourself or your child/ dependent
- Someone to talk with; message directly when you need it, a personal friendly feel
- Instant access to support and advice when things aren't going well
- 24 hours 7 days a week availability
- Discreet support that you can use anywhere at any time without anyone else knowing you are seeking mental health support
- Anonymous support, a way of speaking to someone without giving any personal details
- Printable resources for me to use with my child/ dependent

Other (please specify)

2. Have you used Qwell before?

- Yes
- No

3. If yes then where did you hear about Qwell?

- Online
- Through a friend or family member
- At your place of work
- Through a nurse, Doctor or another healthcare professional
- My child/ dependents nursery, school, college or university
- Other (please specify)

4. If you have never used Qwell is there a specific reason why?

- I have never heard of the service
- I don't have online access, or my online access is limited
- I didn't think it was appropriate for my level of support
- Other (please specify)

5. If you have used Qwell before did you find it easy to sign up?

- Yes
- No

Please explain your answer and tell us more

6. If you have used Qwell before did you find it easy to navigate the site once you were signed up?

- Yes
- No

Please explain your answer and tell us more

7. If you have used Qwell and spoke with a counsellor how happy were you with the time it took to connect you to a counsellor?

- Unhappy
- Satisfied
- Happy
- Very Happy

Please tell us more about your answer

8. Do you feel you got what you needed from Qwell at that time?

- Yes
- No

Anything you can add or wish to tell us?

9. How would you rate your overall experience using Qwell?

1 star, not good at all!

2 stars!

3 stars!

4 stars!

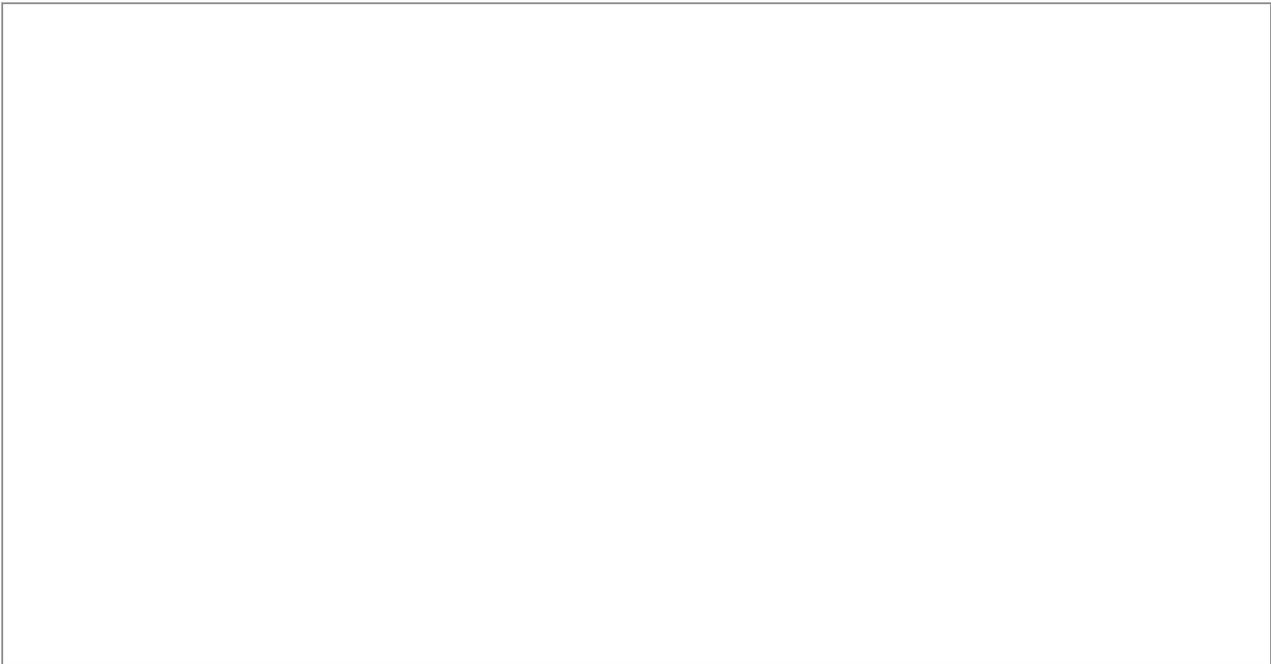
5 stars! Excellent!



10. Do you have anything else to tell us, maybe some final ideas on how we could improve the overall experience with Qwell?



11. Is there anything else you can tell us you would look for if you needed digital mental health support in relation to the care of your child or dependent?





# Derby and Derbyshire Clinical Commissioning Group

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Equality Monitoring Form (strictly confidential)

Derbyshire Clinical Commissioning Groups recognise and actively promote the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that we understand who has given us feedback we would like you to complete the short monitoring section below in relation to yourself or if you are representing another person in relation to them. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

#### **Our Commitment to Data Privacy and Confidentiality Issues**

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

12. First few letters of your postcode? e.g. DE3

13. How old are you? (Qwell is aimed at parents and carers)

- Under 18
- 19 - 25
- 26 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- 71 +

14. How would you describe the gender/sex you identify with?

- Male
- Female
- Non-Binary
- Prefer not to say
- If you describe your gender with another term, please provide this here:

15. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having gender reassignment surgery)

- Yes
- No
- Prefer not to say

16. Please choose one option that best describes how you think of yourself:

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Pansexual
- I'd prefer not to say

Other (please specify)

17. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Memory
- Mental ill-health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- I prefer not to say
- Any other condition or illness, please describe:

18. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental-ill-health/disability
- Problems related to old age
- No
- I prefer not to say
- Other, please describe:

19. Please choose one option that best describes your Ethnic Group or Background?

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- African
- Caribbean
- Chinese
- Arab
- I prefer not to say
- Any other ethnic group, please describe:

20. Please choose one option that best describes your religious identity?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Baha'i
- Jain
- I prefer not to say
- Any other religion, please describe:

21. Are you pregnant or are you currently caring for a child under 24 months of age?

- Yes
- No
- Prefer not to say

22. What is your employment or educational status?

- I am a student at a School or college
- I am a student at university
- I work part-time
- I am in full-time employment
- I am currently unemployed and don't study either
- I would prefer not to say