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***How effective has the implementation of the First Response Service been for those who experience mental health crises?***

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## BACKGROUND

### WHAT IS FIRST RESPONSE SERVICE (FRS)

The First Response Service (FRS) is an urgent mental health service that provides 24/7 assessment and support to people of all ages in mental health crisis (MHC) across Cambridgeshire and Peterborough. The FRS was launched in September 2016 by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) as part of the Urgent and Emergency Mental Health Care Vanguard, which is a national programme to improve emergency care. The aims of the FRS are to 1.) improve access to mental health services; 2.) improve patient care, and 3.) reduce the number of people going to the police or accident and emergency (A&E) departments in a MHC, as these are often sub-optimal solutions.

Individuals experiencing MHC can access the FRS through referrals from GP, social care and voluntary organisations, or by directly contacting the service line. By dialling 111 and selecting option 2, individuals or their carers can speak directly to trained mental health professionals who provide mental health support and make referrals to GP, mental health services or the third sector where required. The telephone staff is supported by trained mental health practitioners; where needed, the FRS can also dispatch staff to make preliminary assessments. In partnership with MIND, FRS is affiliated with the Sanctuary, a safe and supportive space for service users to go to as an alternative to A&E. The Sanctuary can also refer users to other services when appropriate.

FRS is established in accordance with the Crisis Care Concordat (1), a national agreement between organisations and services involved in health care, local government, social care, policing, housing and the third sector. The Concordat's goal is to bring together different agencies (service providers) who are involved in supporting people in crisis. By working together, these agencies can improve and develop better support systems to allow people of all ages to access services when experiencing MHC.

### AIMS AND OBJECTIVES

Prior to the establishment of FRS, there was no standardised, readily accessible procedure for managing MHC. Therefore, individuals experiencing MHC often approached the police and A&E as their first line of contact. However, these options are often sub-optimal for individuals experiencing MHC as the police are not readily equipped to handle health-related situations and A&E can be a stressful environment to spend time in. Therefore, the FRS was created to provide a standard first contact point to provide appropriate care and help to individuals experiencing MHC.

As it has been two years since the FRS was implemented, there should be enough data collected to assess the effectiveness of the service. Although preliminary reports have suggested that the

FRS has reduced the number of individuals approaching the police and A&E, there is currently little reported evidence on the impact of the FRS on user and carer experience (2). Therefore, this study aims to assess user and carer experience of the FRS by addressing three main questions:

- Who is using the service?
- How did they hear about the service?
- What was their experience of the service?

## DEFINITION OF THE QUESTION OF INTEREST

To obtain a better idea of what the County Council was interested in, different groups within the County Council, as well as external players with potential interest in the question, were identified and contacted. Organisations identified included members of the Business Intelligence and Transformation Teams and the Adult Committee of the County Council. External players identified included members affiliated with CPFT and the NHS, the Cambridgeshire Constabulary and mental health organisations such as MIND, HealthWatch Cambridge and the Service User Network (SUN) (Figure 1). However, we only initiated contacts with members of the CPFT and the Cambridgeshire Constabulary due to their direct relevance to FRS.

<Figure showing involved organisations and their relation to the FRS>

During meetings within the council, CPFT and Cambridgeshire Constabulary, we identified two main areas of interest. One area involved assessing whether the FRS had diverted users away from other initial points of contact such as general practitioners, the Cambridgeshire Constabulary and mental health organisations. The second area of interest was user and carer perspective of the FRS. While the first area of interest addresses how the FRS has changed the role of multiple agencies in providing mental health services to those in crisis, the second area focuses on whether the FRS is effective in providing users with mental health support. After discussions with the County Council, CPFT and Cambridgeshire Constabulary, the research team decided to focus on user and carer perspectives of the FRS due to the short timeframe of the project (six months). Therefore, the question for this research was rephrased to become: “How effective has the implementation of the First Response Service been for those who experience MHC?”

## STUDY DESIGN AND CHALLENGES FACED

### REPORTS BY OTHER AGENCIES

Initial online searches identified reports from several health care agencies, such as the CPFT and SUN network, that focused on the impact and outcome of FRS implementation and some with impact on the Sanctuary as well (3, 4). Many of these reports include questionnaires targeting users and providers. Some of the reports also included feedback from service users, focus group and health care professionals. Reports from research institutes commissioned to assess the impact of FRS were also found, but these were inaccessible due to payment barriers.

The impact of FRS, as recorded by the reports, is favourable and positive. As of early 2017, over-half of the referrals to FRS were self-referrals and the FRS was managing 350 referrals a week. There was a decrease in A&E attendance, ambulance conveyance, 111 calls and out-of-hours GP appointments. There was also improvement in users and carer experience, user safety and quality of care. The reports also mentioned collaborative efforts between various groups such as SUN networks and Clinical Commissioning Groups (CCG) and plans to better engage with black and minority ethnic groups in Cambridgeshire and Peterborough, especially in the latter.

While these reports have assessed the effectiveness of the FRS from the perspectives of service providers and service users, they were written in February-July 2017 and were based on a smaller amount of data. Therefore, an opportunity was identified in this project to use additional collected data to build upon these preliminary findings.

### PROJECT PROPOSAL

To assess user and carer perspective of the FRS, two studies were proposed. During initial discussions with the County Council, it was mentioned that CPFT had already collected data regarding FRS. Therefore, one study aimed to determine the kind of data CPFT had, and whether they had analysed it. The research team aimed to gain access to those data and analyse the demographics of FRS users. For the second study, questionnaires would be developed and disseminated to gauge user/carers and service provider experience. The outcomes of these studies are discussed further in the following sub-sections.

#### Assessment of existing data with CPFT

To confirm there is existing data gathered by the CPFT on FRS impact, we identified published articles on the internet report preliminary findings from CPFT. For example, the report found that over 10,700 calls have been made to the FRS within the first eight months of its implementation, resulting in a reduction of 21% of the number of people visiting A&E departments (2). To determine the type of data CPFT has and usefulness of this data for the project, we contacted CPFT personnel, referred by the County Council, through email and phone. However, discussions with CPFT representatives did not provide any insight into the type of data available. Furthermore, as the project had not received Research Governance Framework (RGF) approval at the time (see next section), discussions were stalled to prevent a breach of ethical or data management protocols.

## Questionnaires for users/carers and service providers

The service user questionnaire comprised of questions to determine the following: 1.) how often users or carers accessed the FRS and how they accessed it; 2.) whether their experience was positive or negative, and why; 3.) whether the FRS provided a short- or long-term solution to their problem, and 4.) whether they would use the FRS if they experienced a MHC in the future, and why. Prior to the questionnaire, a statement describing the purpose of the study and what the data would be used for was included. While this questionnaire was also designed to ensure participant anonymity and that no personal information was collected, broad demographic questions were asked, such as the participant's gender, age category and occupation. Furthermore, the questionnaire specifically stated that users and carers should not fill in the questionnaire unless they were in a comfortable environment and not under duress.

In the service provider questionnaire, the questions included were designed to determine the following: 1.) which organisation the participant worked for, and whether they were aware of the FRS and what it was; 2.) the amount of collaboration the participant's organisation had with the FRS, and with other mental health service providers, and 3.) whether service providers believed that collaboration between mental health service providers was important or not. As with the service user questionnaire, a statement describing the purpose of the study and data use was provided. Personal information was not collected in this questionnaire.

To ensure that data was collected and stored safely, the plan was to distribute questionnaires to service users through mental health organisations with access to users' contact details and to service providers through contacts with the County Council. Questionnaires were to be implemented using the website [www.cambridge.eu.qualtrics.com](http://www.cambridge.eu.qualtrics.com), which has been previously used by the County Council to host questionnaires and is the standard website used by the University of Cambridge researchers to gather participant responses.

Transcripts of both questionnaires are provided in the Supplementary Information section.

## **DIFFICULTIES WITH APPLYING FOR RESEARCH GOVERNANCE FRAMEWORK (RGF) APPROVAL**

The RGF application enables research to be carried out on Adults and Children's services while ensuring that the interests and needs of service users, carers and their families are met. During the RGF application process, the RGF approval committee agreed that there is a need to assess the effectiveness of the FRS and determine whether it was helping service users and carers. However, the committee raised concerns that could not be easily addressed within the six months' timeframe. Therefore, the remainder of this report will describe the challenges faced and identify a strategy for future projects that aim to investigate user and carer perspectives of the FRS.

### Population sampling

One concern was that the study would suffer from self-selecting bias, i.e. individuals selecting themselves into a group in such a way that participants are more likely to share certain characteristics. For example, individuals who fill in the questionnaire are more likely to have recovered from a MHC, or who are not currently undergoing one. Although the questionnaire had a question that qualitatively quantified this potential bias (“Have you, or someone you have cared for, experienced a MHC since April 2016? If so, when? (Please give month and year)”), there still could be potential bias. Furthermore, other potential self-selection biases that were not quantified in the questionnaire may also have existed.

Another potential concern regarding self-selecting bias (by time since the last MHC) was that participants would not use the FRS in the future, and therefore have opinions that are not representative of the actual service user population.

### Ethics and data management

Although the questionnaires included statements of purpose and were designed to not collect any personal information, the RGF approval committee expressed concerns about the ethics of the proposed research. One concern was that service users potentially incapable of assessing whether they were under duress. Another concern was that the ethics guidelines of the County Council were not completely aligned with those of CPFT, who owns the research data. This concern posed a major setback for the current project as the research proposal would have had to undergo impractical amendments to satisfy both parties’ protocols.

### Translation of findings into follow-up

In addition to the above, the RGF approval committee was concerned that the proposed research had already been performed by CPFT. However, it was difficult to determine whether this was the case due to limited discussions with CPFT (see previous section). Furthermore, as CPFT is managing the FRS helpline, it was difficult to explain how findings from the proposed research would be considered by CPFT and used to improve the FRS for service users and carers.

### Liability insurance

A smaller issue faced during this project was liability insurance. As the research team comprised of volunteer graduate students from the University of Cambridge, it was unclear whether liability insurance could be provided by the County Council or by the University, as research team members were not employed by either party. Furthermore, discussions with the University of Cambridge confirmed that liability insurance could not be provided by the University unless there was a principal investigator on the team who was employed by the University that could provide ethics approval for the project. However, further discussions with Mr. Mark Greenall, the insurance and risk manager for the Local Government and Shared Services (LGSS), determined that the research team could be covered by the County Council, as the County Council proposed the research and had the authority to determine how to take the research forward. Therefore, liability insurance in the RGF application was addressed by including a statement from Mr. Greenall regarding the status of the research team.

## EVALUATION

Prior to the FRS, there was no standardised route into healthcare for individuals experiencing mental health crises. Although health care agencies such as SUN network has produced reports on FRS impact on the system and also on users and service providers, the reports are dated in the first-half of 2017. During the initial discussions, all involved parties agreed that to have a more up-to-date characterisation of user and carer experience is important for improving the service. Interest was expressed in 1.) the effect of the FRS in changing the roles of the police and mental health organisations to user care, and 2.) user and carer experience of the FRS. Although the research team proposed to focus on the second area given the short timeframe, several issues were raised during the RGF application stage that hindered the study.

One primary issue that hindered the project was lack of engagement with CPFT. While the project aimed to address a question of interest to the County Council, the data required to assess the FRS belonged to CPFT. Although steps were taken to engage CPFT in this research, lack of multi-agency collaboration in this case made it difficult to tailor the research proposal to effectively meet the ethics and data management guidelines of both the County Council and CPFT. A second issue was lack of evidence to show that potential findings from this study would be considered by the CPFT and used to improve the FRS. The third issue was the inability of the research proposal to show that the research had not already been conducted by CPFT.

## RECOMMENDATIONS

Although the current project could not be taken forward due to concerns regarding ethics and data management and to the short timeframe, concerns raised by the RGF approval committee can be addressed in longer-term, collaborative projects. Given a longer project timeline, additional methods could be used to reach out to a larger group of users and reduce self-selecting bias. For example, focus groups with individuals currently suffering mental health crises could be organised with the help of mental health organisations such as the SUN network. For these studies, ethics and users' interests and needs should also be considered. For example, researchers should make the purpose and use of the focus group clear to users, and that they will not pass users' opinions onto their carers unless explicit consent is given.

In addition to these improvements, it is strongly recommended that the County Council reaches out to CPFT to offer collaboration on the project. A major setback was that the research team was not able to identify the type of data that CPFT had collected, or the types of analyses they had already performed. Prior establishment of a collaboration by the County Council would help to coordinate efforts and ensure that research efforts are not duplicated. Another major challenge was satisfying data management requirements across both the County Council and CPFT. However, this can be resolved if members of the County Council are able to work directly with the data within CPFT. Although this approach requires a larger amount of initial planning and collaboration, this is advantageous in that the individual will only need to satisfy RGF requirements for CPFT. Data will not need to be transferred or stored across institutions if members only report their findings to the County Council. Most importantly, supervision of the individual's analyses by CPFT will ensure that the findings are reproducible, reliable and likely to be used for improvement of the FRS. Alternatively, the council could also choose to collaborate with a University or research institute's research group who are also interested in answering the same questions that Council had.

While most of this report focuses on assessing user and carer perspectives of the FRS, another strong area of interest was to determine how the FRS affects the role of alternative mental health service providers in acute mental health crisis. To achieve this, the Crisis Care Concordat could be used as a model framework. The four goals that the Crisis Care Concordat aims to achieve, which were developed by the mental health charity Mind, users and their families, are as follows:

- Access to support before crisis point: Users know who to contact before they experience a mental health crisis, and those people can be easily contacted when needed.
- Urgent and emergency access to crisis care: Users know that in the event of a mental health crisis, they will be treated as urgently and efficiently as if they were experiencing a physical health emergency. In addition, users will be treated with care and respect, and those closest to the user will be notified of their whereabouts as soon as possible.
- Quality of treatment and care when in crisis: During a mental health crisis, users will be treated by trained and skilled health professionals. Their rights must be clearly explained to them, and they retain the right to make decisions about their treatment and care.

- Recovering and staying well/preventing future crises: Users are provided with options for further support. They and their families will have an opportunity to reflect on the experience, and users will have the opportunity to feed back on their experience to help improve services for themselves and for others.

These goals can be used to design assessments for the effectiveness of the FRS for providing mental health support to users and carers. In addition, the role of other organisations such as the Cambridgeshire Constabulary, sanctuaries and mental health charities can be assessed to quantify the need for alternative routes to mental health support. Such a project would require a longer timeframe and clear communication between organisations.

Although the FRS is operated by the CPFT, dealing with urgent MHC is of interest to many agencies such as the police, local charities, and other health care institutions. Therefore, it would be beneficial to the council to have a good understanding of the effectiveness of FRS in relation to other relevant agencies. Longer project timeframe, improved multi-agency collaboration and communication are key to developing a successful project to assess the effectiveness of the FRS in the future.

## REFERENCES

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## SUPPLEMENTARY INFORMATION

### SERVICE USERS' QUESTIONNAIRE

How effective has the implementation of the First Response Service been for those who experience mental health crises?

#### Purpose statement (information for participants):

We're a team of researchers from the Cambridge University Science and Policy Exchange (CUSPE) and together with the Cambridgeshire County Council, we are investigating people's experiences of using the First Response Service (FRS) for a mental health crisis. This questionnaire aims to understand your awareness of the FRS and your experience, either for yourself or on behalf of someone else. Your answers will help to improve the FRS.

This survey takes about 15 minutes to complete and is entirely anonymous, and your results will stay confidential. We will not share any individual responses with anyone. If we use quotes from the open questions, this will always be completely anonymised. None of the questions are mandatory, and you can fill in as much or as little as you feel comfortable with. The more you fill in, the more helpful it is for us, but you are by no means obliged to continue. The submit button is all the way at the bottom.

If you have any questions, please contact Vicky Auyeung ([vpwa2@cam.ac.uk](mailto:vpwa2@cam.ac.uk)).

#### Questions:

1. How would you seek help if you, or someone you cared for, were experiencing a mental health crisis? (Multiple selection multiple-choice question)
  - Call the Council's emergency line (social care)
  - Call the First Response Service
  - Call a friend/family member
  - Contact my GP
  - Go to A&E
  - I wouldn't seek help

-None of the above/other

2. Do you know what the First Response Service (FRS) is? (Yes-no-maybe question)

If you have answered no to the above question, this questionnaire is probably not for you, as it specifically deals with the FRS. (Thank you for your time! Please press submit button at the very end of the survey.)

3. Please describe the FRS in your own words. (Short-answer question)

4. How did you hear about the FRS? (One-choice multiple-choice question)

-Advert

-Family/friends

-Through school/university/college

-Through my GP

-Through my psychiatrist / therapist

-Online

-Other

5. Have you, or someone you cared for, experienced a mental health crisis since April 2016? If so, when? (Please give the month and year) (Short-answer question)

6. Have you used the FRS? (Yes-no question)

7. If you answered yes to question 6...

a. How many times have you used the FRS? (One-choice multiple-choice question)

-1 - 3 times

-3 – 5 times

-5+ times

b. How did you access the FRS? (Multiple-selection multiple-choice question)

-Dialled 111

-Referral from my GP

-Via the police

-Via my carer

-Other

8. If you answered no to question 6 but had a mental health crisis recently...

a. Why did you choose not to use the FRS? (Long-answer question)

b. Would you be likely to use the FRS in the future? (Yes-no-maybe question)

9. Can you tell us about your most recent experience with the FRS? (Long-answer question)

10. What was the outcome of using the FRS? (Multiple-selection multiple-choice question)

- Referred to the emergency services

- Received a face-to-face assessment

- Referred to my GP

- Referred to a sanctuary
- Other

11. Has using the FRS resolved your crisis? (Yes-no question)
12. How satisfactory was your experience? (Scale of 1 to 10)  
(Extremely unsatisfactory) 1 2 3 4 5 6 7 8 9 10 (Extremely satisfactory)
13. Did you feel supported by the FRS? (Scale of 1 to 5)  
(Not at all) 1 2 3 4 5 (Very much so)
14. Did using the FRS provide a longer term solution for you? (One-choice multiple-choice question)
  - Yes, my crisis was resolved and I am receiving (better) care in the long term.
  - Not needed, my crisis was a one-off and I am otherwise well.
  - No, my crisis was resolved but I am still waiting for longer term care.
  - No, my crisis wasn't resolved and my care provision hasn't changed.
15. Would you use the FRS again if you experienced a further mental health crisis? (Yes-no question)
16. Did you experience a mental health crisis before the FRS was introduced? (Yes-no question)
17. Compared to your experience before the introduction of the FRS, would you say the FRS... (One-choice multiple-choice question)
  - Made things worse
  - Didn't change much
  - Made things better
  - I don't know
  - Other

Finally, we'd like to ask you a few demographic questions. (These will help us assess if all sections of the population have access to the FRS, so it would be very helpful if you could answer these!)

18. What is your gender? (One-choice multiple-choice question)
  - Female
  - Male
  - Prefer not to say
  - Other
19. How old are you? (One-choice multiple-choice question)
  - Under 24
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - 65+
20. What best describes your occupation? (One-choice multiple-choice question)

- I'm in school.
- I'm in full-time education (undergraduate)
- I'm in full-time education (postgraduate)
- I'm employed (full-time or part-time)
- I'm a full-time carer (parent or otherwise)
- I'm unemployed
- Other

You've reached the end of the questionnaire, thank you so much for your participation. (If you'd like to read the full report, please contact Vicky ([vpwa2@cam.ac.uk](mailto:vpwa2@cam.ac.uk).)

## SERVICE PROVIDERS' QUESTIONNAIRE

How effective has the implementation of the First Response Service been for those who experience mental health crises?

### Purpose statement (information for participants):

We're a team of researchers from the Cambridge University Science and Policy Exchange (CUSPE) and together with the Cambridgeshire County Council, we are investigating different organisation's experiences in interacting with the First Response Service (FRS) when dealing with mental health crisis (MHC). This questionnaire aims to assess your opinion and awareness of the FRS and to understand your organisation's involvement and interactions with it. Your responses will help to improve the FRS.

This survey takes about 15 minutes to complete and is entirely anonymous, and your results will stay confidential. We will not share any individual responses with anyone. If we use quotes from the open questions, this will always be completely anonymised. None of the questions are mandatory, and you can fill in as much or as little as you feel comfortable with. The more you fill in, the more helpful it is for us, but you are by no means obliged to continue. The submit button is all the way at the bottom.

If you have any questions, please contact Vicky Auyeung ([vpwa2@cam.ac.uk](mailto:vpwa2@cam.ac.uk)).

### Questions:

1. Which organisation do you work for? (One-choice multiple choice)
  - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
  - Police Station
  - Cambridgeshire & Peterborough Clinical Commissioning Group (CCG)
  - The Sanctuary
  - FRS team
  - I'm a GP
  - Cambridgeshire County Council
  - Other
  
2. How did you hear about the FRS? (Multiple-selection multiple choice question)
  - Training, meeting, briefing etc. provided by your employed organisation
  - Colleagues
  - Friends and family who had or know someone who had mental health crisis
  - Media (eg. social media, browsing the web, news)
  - Other service users

- Other service providers
- Other

3. What do you think the FRS does? (Short answer question)
  4. If you are not working in the FRS, has your organisation provided any kind of training or workshop to raise awareness of the FRS and what it does? (Yes-no question)
  5. Do you make potential users aware of the FRS? (Yes-no-maybe question)
  6. Following your answer to question 5, why or why not? (Short answer question)
  7. When would you refer someone to the FRS? (Short answer question)
  8. Has the number of individuals approaching your organisation (if you're NOT working in the FRS) decreased since implementation of FRS? (Yes-no question)
  9. How often do you collaborate with other mental health (crisis) providers? (Scale of 1 to 5)  
(None at all) 1          2          3          4          5 (All the time)
  10. If you do collaborate, which organisations do you collaborate with? (Multiple-selection multiple choice question)
    - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
    - The Police
    - Cambridgeshire & Peterborough Clinical Commissioning Group (CCG)
    - The Sanctuary
    - FRS team
    - GP surgery
    - Service user network
    - CPSL Mind
    - Keep Your Head
    - Other
  11. Do you find this collaboration sufficient? (Yes-no question)
  12. If you answered no to question 11, what do you think is lacking? what could be improved? (Long answer question)
- The following questions are for people who work in the FRS. (If you do not work in the FRS, this is the end of the survey, and thank you for your time!)
13. To your best judgment, what is the proportion of people who came to the FRS on their own (without referral from another mental health crisis agency)? (Scale of 0 to 10)  
(0%) 0 1 2 3 4 5 6 7 8 9 10 (100%)
  14. How did service users find out about the FRS? (One-choice multiple choice)
    - Friends or family

- People they know who used the service before
- Media (eg. social media, websites, news)
- Referred to the FRS by another agency (eg. GP, police)
- Other

15. How often do service users come back to FRS? (One-choice multiple choice)

- Never
- 1 – 3 times
- 3 – 10 times
- More than 10 times

16. Do you refer service users to another agency afterwards? (Yes-no question)

17. If yes to question 16, where? (Short answer question)

18. If not to question 16, why not? (Long answer question)

19. How well do you think other mental health organisations make use of the FRS? (Scale of 1 to 5)  
(Not at all) 1 2 3 4 5 (Very well)

20. How effective do you think the FRS is? (Scale of 1 to 5)  
(Needs lots of improvement) 1 2 3 4 5 (Very effective)

21. Following question 20, why or why not? (Long answer question)

22. If you could improve the FRS, what would you suggest? (Short answer question)

23. What are some comments or feedback you have heard from service users about the FRS? (Short answer question)

You've reached the end of the questionnaire, thank you so much for your participation. (If you'd like to read the full report, please contact Vicky (vpwa2@cam.ac.uk).)