

**Essex Perinatal Mental Health Service Perinatal POEM** Patient rated Outcome and Experience Measure

We are always trying to improve the quality of the service we provide. To help us do this we would be grateful if you could give us your views regarding the service you have received from us. If you have a partner, or someone who has been closely involved in supporting you, who would also like to express their views on the care we offered you, they are also welcome to complete a form.

**Please answer all the questions.**

- I am a patient
- I am a partner/other (when answering questions, 'me' or 'my' means the mum/patient)

<b>1. Please rate how your mental health has been</b>	<i>Very well</i>	<i>Well</i>	<i>Unwell</i>	<i>Very unwell</i>	<i>Extremely unwell</i>
When I first came into contact with the service, I was					
When I was discharged from the service, I was					
<b>2. Please rate your view of the service based on your own experiences. Please try to tick one answer for each of the questions:</b>	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	
Staff <b>did not</b> communicate with others involved in my care					
Staff gave me the right amount of support					
I <b>did not</b> get help quickly enough after referral					
Staff listened to me and understood my problems					
Staff <b>did not</b> involve me enough in my care and treatment					
The service provided me with the information I needed					
Staff <b>were not</b> sensitive to my needs					
Staff helped me to understand my illness/difficulties					
Staff <b>were not</b> sensitive to the needs of my baby					
Staff helped me be more confident with caring for my baby					
The service involved other relevant people in a helpful way					
I would recommend this service to others					



Please use this space for other any other comments about the service and how we could improve it.

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**Would you be interested in contributing to the improvement of our service by participating in discussion/meetings?** No  Yes

**Would you be interested in contributing to lived experience discussion/meetings?** No  Yes

**OPTIONAL: If you want to be contacted about helping with our service improvement, please add your details below and we will get in touch.**

**Name:**

**Email Address:**