SELF DIRECTED SUPPORT

Choice & Control

Supported Self Assessment Questionnaire (Mental Health)



Supported Self Assessment Questionnaire

This is your opportunity to indicate what you consider you need to live your life as an equal citizen in Moray. The questionnaire will help you to tell us enough information about your needs (and outcomes) so that we can fairly and transparently indicate an indicative amount of money that you may get in order to take charge of the support that will work for you. The exact support you may need will be discussed at the next stage, which is when you will have an opportunity to plan your support.

Throughout this questionnaire try to focus on your desired outcomes

- 1. To stay healthy safe and well
- 2. To have the best possible quality of life, including life with other family members, if this is what you choose
- 3. To participate as an active citizen, increasing independence where possible
- 4. To have maximum choice and control
- 5. To live your life safely, free from discrimination or harassment
- 6. To achieve economic well being and have access to work and/or benefits if you choose to do so.
- 7. To keep your personal dignity and be respected by others.

You can complete the questionnaire by yourself or with the support of someone else. However your Care Officer may be asked for their opinion on your answers and if there is a noticeable disagreement a negotiation will have to take place. The Care Officer must be a social worker employed by Moray Council.

All information provided will be kept confidential. This means that only Moray Council officers who are directly involved in assessing your needs (and outcomes) and anyone whom you invite to provide you with support during the assessment process will have access to the information provided on this questionnaire.

Contact Information

Name	
Address	
Postcode	
Telephone	
Date of birth	
Carefirst number (if known)	

This section is for you to provide a personal profile of yourself, it could include your likes and dislikes, your domestic situation, key events in your life, your history of mental health problems, your progress with recovery, your hopes for the future. If you are already supported by a service provider, you could ask them to supply this information for you to review and include in this section.				
11.7				

Mental health and well being

This question is about your mental well being and staying as well as you can be. Please select only one statement from each table, as appropriate.

When I'm well	
	A. I am well and have no concerns about my mental health and well being.
	B. I am usually able to manage with help from family/friends and minimal support from NHS/SW professionals but there are times when I need more support from services, this may include medication.
	C. I have complex needs that cause me concern and I find very difficult to manage. I am prescribed regular medication / "treatment."
	D. I have complex needs that cause my family and professionals concerns. I am prescribed regular medication / "treatment".

When I'm unwell	
	A. I am well and have no concerns about my mental health and well being.
	B. I am usually able to manage with help from family/friends and minimal support from NHS/SW professionals but there are times when I need more support from services, this may include medication.
	C. I have complex needs that cause me concern and I find very difficult to manage. I am prescribed regular medication / "treatment."
	D. I have complex needs that cause my family and professionals concerns. I am prescribed regular medication / "treatment".
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Comments	
Care Officer Agree:	Yes
	No 🔲

Question 1 continued

Mental health and well being

Tick all that apply

In my view the following would help my mental health and well being:

When I'm well	
	A. Taking my medication
	B. Support with shopping for and preparing meals
	C. Support with budgeting and managing my money
	D. Support with managing my house
	E. Prompting with personal care
	F. Support with employment
	G. Support with relationships
	H. Support to do things in my community
	I. Support with managing my physical health

No

When I'm unwell	
	A. Taking my medication
	B. Support with shopping for and preparing meals
	C. Support with budgeting and managing my money
	D. Support with managing my house
	E. Prompting with personal care
	F. Support with employment
	G. Support with relationships
	H. Support to do things in my community
	I. Support with managing my physical health

Comments			
Care Officer Agree:	Yes		

Meeting Personal Care Needs

This question is about looking after yourself and your personal appearance. It is about the assistance / encouragement you may need with things like personal hygiene, dressing, taking medication and moving around the home in order to do such tasks. This could also include assistance to get in and out of bed.

Please select only one statement from each table, as appropriate.

When I'm well		
	A. I do not have any problems with my personal care	
	B. I need some prompting with my personal care	
	C. I have difficulties with my personal care most mornings and/or evenings.	
	D. I have difficulties with my personal care several times during the day.	
	E. I need some assistance with my personal care at intervals throughout day and night.	
	F. I need assistance throughout the day and night with my personal care.	

When I'm unwell	
	A. I do not have any problems with my personal care
	B. I need some prompting with my personal care
	C. I have difficulties with my personal care most mornings and/or evenings.
	D. I have difficulties with my personal care several times during the day.
	E. I need some assistance with my personal care at intervals throughout day and night.
	F. I need assistance throughout the day and night with my personal care.

If you answered B, C, D, E, F above please give an indication of the level of assistance you need

When I'm well		
	The motivating I require with my personal care could take up to two hours each day	
	The assistance I require with my personal care could take more than two hours each day	

When I'm unwell	
	The motivating I require with my personal care could take up to two hours each day
	The assistance I require with my personal care could take more than two hours each day

Comments	Care Officer Agree:
	Yes
	No 🔲

Keeping safe

This question is about keeping safe inside and outside of your home. Staying safe means different things to different people. Examples could be remembering to lock your house door, making judgements about who to let into your house, making judgements about who to socialise with, being able to say no to sexual advances, drinking within safe limits.

Please select only one statement from each table, as appropriate.

When I'm well			
	A. I am able to keep myself safe all of the time		
	B. I need occasional support to keep myself safe		
	C. I often need support to keep myself safe		
	D. I always need support to keep myself safe		

When I'm unwell				
	A. I am able to keep myself safe all of the time			
	B. I need occasional support to keep myself safe			
	C. I often need support to keep myself safe			
	D. I always need support to keep myself safe			

If you answered B,C or D please indicate when you need support, by selecting either day or night, or both

When I'm well		
	I need support to help me keep safe during the day	
	I need support to help me keep safe during the night	

When I'm unwell		
	I need support to help me keep safe during the day	
	I need support to help me keep safe during the night	

Comments	
Care Officer Agree:	Yes

Eating, drinking and prepare my meals

This part is about your needs in relation to eating, drinking and preparing healthy meals.

Please select only one statement from each table, as appropriate.

When I'm well		
	A. I do not have any problems with eating and drinking or preparing meals	
	B. I do not have any problems with eating and drinking, but I have some difficulties in the preparation of meals	
	C. I have some problems maintaining a healthy diet and in the preparation of meals	
	D. I have some concerns about eating safely and also I have some problems maintaining a healthy diet and in the preparation of meals.	
	E. I have concerns about eating and drinking safely. I also have some problems maintaining a healthy diet and in the preparation of meals.	
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No

When I'm unwell		
	A. I do not have any problems with eating and drinking or preparing meals	
	B. I do not have any problems with eating and drinking, but I have some difficulties in the preparation of meals	
	C. I have some problems maintaining a healthy diet and in the preparation of meals	
	D. I have some concerns about eating safely and also I have some problems maintaining a healthy diet and in the preparation of meals.	
	E. I have concerns about eating and drinking safely. I also have some problems maintaining a healthy diet and in the preparation of meals.	

Comments			
Care Officer Agree:	Yes		

Practical Aspects of Daily Living

This is about day to day life and coping in your home for example; shopping, cleaning, cooking, housework, doing your laundry, correspondence and general home maintenance

When I'm well				
	A. I have no difficulty managing household tasks.			
	B. I am having difficulty managing household tasks.			
	C. I am unable to manage household tasks.			
	D. I am unable to manage household tasks and this is putting me at risk.			

When I'm unwell				
	A. I have no difficulty managing household tasks.			
	B. I am having difficulty managing household tasks.			
	C. I am unable to manage household tasks.			
	D. I am unable to manage household tasks and this is putting me at risk.			

Comments	
Care Officer Agree:	Yes
	No

Relationships and social inclusion

This is about things in your community, about learning new things and enjoying life and were appropriate about having a job, – like using local shops, the library, going to the cinema, clubs, community centre, church or other place of worship, going to college, or being involved in local organisations.

When I'm well	
	A. I have no involvement in my community and am happy with this.
	B. I do lots of things in my community and I have a good circle of friends and relatives.
	C. I currently manage to do lots of things in my community; however I only have a small circle of friends and relatives who I rely on.
	D. Sometimes I do things in my community; however I would like to expand my circle of friends and do more
	E. I don't / am unable to do much in my community and I feel that my health and well being would benefit from having more social contacts

When I'm unwell	
	A. I have no involvement in my community and am happy with this.
	B. I do lots of things in my community and I have a good circle of friends and relatives.
	C. I currently manage to do lots of things in my community; however I only have a small circle of friends and relatives who I rely on.
	D. Sometimes I do things in my community; however I would like to expand my circle of friends and do more
	E. I don't / am unable to do much in my community and I feel that my health and well being would benefit from having more social contacts

Comments	
Care Officer Agree:	Yes No

Making Decisions

This is about who decides important things in your life – things like where you live, who supports you, who decides how your money is spent

When I'm w	When I'm well	
	A. I do not need help to make choices or decisions; I make all the decisions and organise my life without support.	
	B. I am able to make most day-to-day decisions, but need more support to make important decisions about my life.	
	C. Other people make most of the decisions about my life. I need support to make more decisions, and take more control.	
	D. Other people make all the decisions in my life. I need a lot of support to make decisions, and take more control.	

When I'm unwell	
	A. I do not need help to make choices or decisions; I make all the decisions and organise my life without support.
	B. I am able to make most day-to-day decisions, but need more support to make important decisions about my life.
	C. Other people make most of the decisions about my life. I need support to make more decisions, and take more control.
	D. Other people make all the decisions in my life. I need a lot of support to make decisions, and take more control.

Comments	
Care Officer Agree:	Yes
	No 🔲

Managing Money

This is about any problems you may have managing money.

When I'm w	vell
	A. I currently manage my money without difficulty or I have an agent or Lasting Power of Attorney who manages my money for me.
	B. I need some financial advice to help me manage my money.
	C. I can manage my budget, but I have some difficulties with the practical aspects of correspondence and banking.
	D. I can handle my money day to day but I have difficulty understanding budgeting and I have difficulty with the practical aspects of correspondence and banking.
	E. I cannot manage my finances.

When I'm unwell	
	A. I currently manage my money without difficulty or I have an agent or Lasting Power of Attorney who manages my money for me.
	B. I need some financial advice to help me manage my money.
	C. I can manage my budget, but I have some difficulties with the practical aspects of correspondence and banking.
	D. I can handle my money day to day but I have difficulty understanding budgeting and I have difficulty with the practical aspects of correspondence and banking.
	E. I cannot manage my finances.

Comments	
Care Officer Agree:	Yes
	No 🔲

Communication

This part is about how easy you find it to communicate with other people and how your communication with people may be affected when you become unwell

When I'm well	
	A. I can communicate with people without any need for assistance. I can understand what people are saying and they can understand me.
	B. I find it difficult to communicate with people in some situations This causes me difficulty when precise communication is important such as doctors' appointments.
	C. I find it difficult to communicate with people in some situations). This causes me difficulty with every day activities such as shopping.
	D. I cannot communicate with others without support from a person who knows my communication needs.

When I'm unwell	
	A. I can communicate with people without any need for assistance. I can understand what people are saying and they can understand me.
	B. I find it difficult to communicate with people in some situations This causes me difficulty when precise communication is important such as doctors' appointments.
	C. I find it difficult to communicate with people in some situations). This causes me difficulty with every day activities such as shopping.
	D. I cannot communicate with others without support from a person who knows my communication needs.

Comments	
Care Officer Agree:	Yes
	No

Parenting and caring

This is about the help that you may need to look after someone who needs your help e.g. dependent child or dependent relative.

When I'm well	
	A. I do not have any parenting/ caring responsibilities.
	B. I do not need any support with my parenting/caring responsibilities.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/ dependent adult.
	E. I need support at intervals throughout the day and night with the practical tasks of caring for my dependent children/ dependent adult
	F. I need constant support throughout the day and night with the practical tasks of caring for my dependent children/dependent adult.

When I'm u	nwell
	A. I do not have any parenting/ caring responsibilities.
	B. I do not need any support with my parenting/caring responsibilities.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/ dependent adult.
	E. I need support at intervals throughout the day and night with the practical tasks of caring for my dependent children/ dependent adult
	F. I need constant support throughout the day and night with the practical tasks of caring for my dependent children/dependent adult.

Comments	Care Officer Agree:
	Yes
	No 🔲

Family carer and social support

This part is about the help you have and the help you need.

When I'm well	
	A. I am able to get nearly all the help I need from my family and friends.
	B. I am able to get most of the help I need from family and friends.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/ dependent adult.
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When I'm unwell	
	A. I am able to get nearly all the help I need from my family and friends.
	B. I am able to get most of the help I need from family and friends.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/dependent adult.

Comments	
Care Officer Agree:	Yes 🔲
	No 🗖

Unpaid Carer

This question gives the unpaid carer the opportunity to show how their caring role affects them on a day to day basis. Unpaid carers include people who may receive carers allowance.

What impact does providing this support have on your own life?

Unpaid carer's view	
	A. Low Impact. I am able and willing to continue in my current caring role. My caring responsibilities have no negative impact on my daily life
	B. Moderate Impact. I have some difficulty and stress in carrying out my day-to-day caring tasks. This has some impact on my lifestyle and leads to minor stress
	C. Substantial Impact. I provide a substantial amount of personal care/support each week. Although this has a big impact on how I organise my life, I am willing to continue in this role. I need regular breaks throughout the year to enable me to continue caring at the present level
	D. Critical Impact. My caring role has a substantial impact on my lifestyle. Playing this role has led to high levels of stress and some health problems. I need regular breaks throughout the year to enable me to continue caring at the present level

Comments	
Care Officer Agree:	Yes
	No 📉

These last two questions are not scored but will help us to understand your needs

This question is to be completed by your main unpaid carer

This question gives the unpaid carer the opportunity to show how their caring role affects them on a day to day basis. Unpaid carers include people who may receive carers allowance.

What kind of support do you provide?

Unpaid carer's view	
	A. Emotional Support (E.g. motivating, maintaining mental wellbeing etc.)
	B. Non Practical Support (Keeping safe, supervising, encouraging/reminding etc.)
	C. Practical Support (E.g. Assistance getting around, shopping, eating etc.)
	D. Personal Care (E.g. Bathing, Toileting, Dressing etc.)

Comments	
Care Officer Agree:	Yes
	No 🗍

Question 2 continued

This question is to be completed by your main unpaid carer

You have the right to a carer's assessment. This is a chance to talk about these issues and find out what support is available.

Unpaid carer's view	
	A. I would like to receive a carer's assessment
	B. I don't want a carer's assessment
	C. I have already had a carer's assessment Please see supplemental question Ci below.
	Ci. If you have already had a Carer's Assessment when was this completed or last reviewed? (If more than a year ago then this should trigger a review). Do you require a review of your Carer's Assessment?

Comments	
Care Officer Agree:	Yes
	No

My Comments:		
My Signature:	Date:	
Assessor's Comments:		
My Signature:	Date:	