

You have been invited to participate in a project carried out by (insert), who is a (insert) at the (insert) and working with (insert) at (insert).

We are interested in **your** experiences in the (insert) and what **you** think about the treatment offered to **older adults with experiences of distressing hallucinations**. It is important to emphasise, that this is an anonymous questionnaire, therefore anything you answer will be deemed confidential.

*Hallucinations –having what seem like real experiences of hearing, seeing, feeling, smelling, or tasting things that other people do not.*

**Age** \_\_\_\_\_ **Gender** Male ☐ Female ☐ Gender nonbinary ☐ Prefer not to answer ☐

**Job title (tick one)** CPN ☐ Social worker ☐ Staff nurse ☐ Psychiatrist ☐ Care co-coordinator ☐  
Support worker ☐ Team manager ☐ Occupational therapist ☐ Psychologist ☐ Other ☐ \_\_\_\_\_

**Length of employment in current role** < 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ > 10 years ☐

**How often do you ask about hallucinations?** At assessment only ☐ I don't ask ☐ Other \_\_\_\_\_ ☐

**How do you find asking clients?** Completely comfortable ☐ Unsure ☐ Not comfortable ☐

**How many older adults on your current caseload have experiences of hallucinations (approx.)** \_\_\_\_\_

**Do you think psychological intervention could be helpful?** No ☐ Yes ☐

**How could psychology help with distressing hallucinations?** \_\_\_\_\_

**Have you previously referred anyone experiencing distressing hallucinations to psychology?** No ☐ Yes ☐

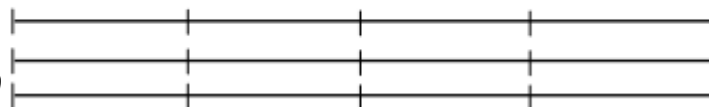
**If yes, please describe your experiences of the referral process** \_\_\_\_\_

**How helpful do you think the following treatments are for older adults with experiences of distressing hallucinations?**

(0=not helpful, 100=very helpful)

0% 25% 50% 75% 100%

1. Medication
2. Psychological Therapy
3. Combined (*medication and therapy*)



Please mark  
your answer  
with a 'X' on the  
line

**Regarding older adults with distressing hallucinations, how much do you believe?** (0=not at all, 100=very true)

0% 25% 50% 75% 100%

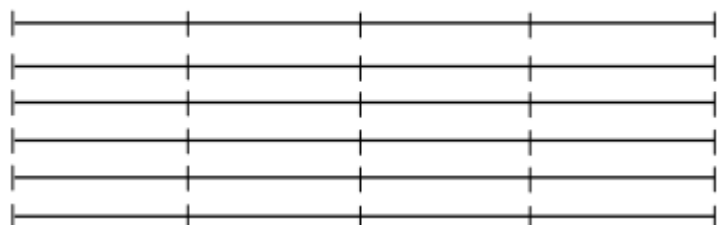
1. They would not engage in psychological intervention
2. Psychological intervention would cause more harm/distress
3. There would be no improvements from psychological intervention
4. Waiting lists for psychology are too long
5. Younger patients should be prioritised
6. They are too complicated for psychological intervention



**Regarding older adults with distressing hallucinations, how confident are you?** (0=not at all, 100=very confident)

0% 25% 50% 75% 100%

1. Asking about their experiences of hallucinations
2. Working with this population
3. Explaining what psychological intervention would involve
4. Discussing the pros and cons of medication
5. Discussing the pros and cons of psychological intervention
6. Referring someone to psychological services



As people are very different, there is no correct answer for this question. Below is a list of possible causes for hallucinations. Please indicate how much you agree or disagree by ticking one of the boxes.

| What factors do you think contribute to the development of hallucinations for older adults? | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---------------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| Drug or alcohol use                                                                         |                   |          |                            |       |                |
| Traumatic event in childhood (e.g., loss of a loved one, abuse, neglect)                    |                   |          |                            |       |                |
| Traumatic event in adulthood (e.g., loss of a loved one, bereavement, abuse)                |                   |          |                            |       |                |
| Recent stress (e.g., financial problems, relationship problems, work stress)                |                   |          |                            |       |                |
| A personal sensitivity (e.g., bottling feelings up, overthinking, unstable personality)     |                   |          |                            |       |                |
| Family history (genes)                                                                      |                   |          |                            |       |                |
| Chemical imbalance in the brain or brain disease                                            |                   |          |                            |       |                |
| The result of religious/spiritual forces                                                    |                   |          |                            |       |                |
| Other _____                                                                                 |                   |          |                            |       |                |

How would you feel about referring older adults with hallucinations to psychology?      Completely comfortable ☐      Unsure ☐      Not comfortable ☐

What factors would influence your decision to refer (tick your top 3)

|                                                    |                                                        |                                                                                  |                                                                                             |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Evidence base <input type="checkbox"/>             | Patient's preference <input type="checkbox"/>          | Resources/availability <input type="checkbox"/>                                  | Understanding what psychological support looks like / how it works <input type="checkbox"/> |
| Clinical guidelines <input type="checkbox"/>       | Current risk <input type="checkbox"/>                  | Training about hallucinations in older adults <input type="checkbox"/>           | How psychological therapies can help <input type="checkbox"/>                               |
| Professional's experience <input type="checkbox"/> | Client's current presentation <input type="checkbox"/> | Support and more options to discuss potential referrals <input type="checkbox"/> | Hearing about good outcomes from psychological therapy <input type="checkbox"/>             |
| MDT opinion <input type="checkbox"/>               | Carers needs <input type="checkbox"/>                  | Quicker referral options <input type="checkbox"/>                                | Other _____ <input type="checkbox"/>                                                        |

What support would you like from psychology regarding older adults with distressing hallucinations?

Any further comments regarding barriers to referring to psychology?

Thank you for completing this survey.

If you have any questions about the study or would like more information, please contact:

(Insert further details)