

Opinions of Neuromodulation Treatments for Mental Health Conditions

Consent to Participate in Survey

This survey is only for UK residents, aged 16 or over. It will take approximately 15-20 minutes to complete. The survey will close on 31st July 2025.

This survey is part of a research study being conducted by researchers at the Institute of Mental Health, University of Nottingham, UK.

We are interested in your initial impressions of neuromodulation (non-invasive brain stimulation) techniques that have been investigated for the treatment of mental health conditions.

You do not need to have prior knowledge or experience of neuromodulation treatments to take part in this survey, nor do you need to have a formal diagnosis of a mental health condition.

To ensure the integrity of our research, please only complete this survey once. Your response is valuable, and duplicate entries will be removed.

After clicking 'Submit' at the end of this survey, a link to a separate Prize Draw and Expression of Interest form will appear. In this separate form, you will have the opportunity to: enter a prize draw to win one of twenty £10 Amazon vouchers; receive a summary of the study findings (once complete); and receive information about follow-up focus groups or interviews.

In this survey, we will ask for your opinions on two neuromodulation techniques and on the combined use of these techniques. For each technique, we will provide a short description, a 90-second video, and an infographic.

Your responses in this survey will help us understand how to better support and inform patients and carers in future neuromodulation research and treatment. Your responses are important to us, whether you have experienced mental health difficulties yourself, or have been a carer for someone with mental health difficulties.

Your anonymised responses, including quotes of any text you enter, may be used in presentations, publications, or other media, aimed at the public, scientists or clinicians, or shared with other researchers. You are free to exit the survey at any time and return to it later before the survey closes. Responses are only submitted once you have completed the whole survey.

1. Please confirm that you have read and understood the above text *

I confirm

We are collecting demographic information to help us better understand the group of participants who have answered this survey. This information will only be used for research purposes and the demographic information will not be used to identify you. To ensure this, please do not enter any personally identifying information into the survey.

At the end of the survey, you will be directed to a separate form where you can enter your contact details. This information will be held separately from your survey responses and is so that we can enter you into the prize draw, send you a summary of the survey findings, and let you know about follow-up focus groups or interviews (you will be able to opt-in or out of each of these options).

To ensure the integrity of our research, please only complete this survey once. Your response is valuable, and duplicate entries will be removed.

2. Please confirm that you have read and understood the above text *

I confirm

Your anonymised data will be held on the Jisc survey platform and downloaded to University of Nottingham-approved storage (including Microsoft OneDrive). Anonymised survey responses will be stored for up to 7 years, after which they will be deleted. Your anonymised responses will be analysed, and results will be presented at conferences, in reports of the research findings, and press releases. Your responses may be shared with other researchers if your anonymity is protected.

Contact details entered into the post-survey form can be deleted at any time if you request this. Contact details will otherwise be stored for a maximum of two years unless you give consent at a later date for storage beyond this time frame.

Please note that we are unable to act upon any information you enter regarding your own, or another person's, mental or physical health, or risk to themselves, others, or from others. Please see sources of support below if you have any concerns about your own or another person's health or safety.

3. Please confirm that you have read and understood the above text *

I confirm

This survey involves viewing and thinking about treatments used for mental health conditions, and you will be asked if you have had any mental health conditions or tried any mental health treatments. If you need support for your mental health, you could see your General Practitioner (GP, Family Doctor), or, if you are under the care of a Local/Community Mental Health Team, please contact them.

If you need urgent support, you can contact 111, where you are able to access mental health crisis support 24/7 in the UK. In an emergency, you can attend your nearest A+E or call 999.

If you need someone to talk to, you can also contact the Samaritans 24/7 on 116 123. You can also text SHOUT to 85258.

The mental health charity Mind also has a support line open Monday to Friday, 9 am to 6 pm (0300 102 1234).

The above resources are free for people residing in the UK. Please contact local sources of support and emergency services if you live outside of the UK.

4. If you are happy to proceed with the survey, please tick to confirm each of the following: *

- I confirm that I am 16 years old or over
- I am currently resident in the UK (England, Scotland, Wales, or Northern Ireland)
- I have read and understood the information on this page
- I have not previously completed this survey
- I consent to participate in this survey

Part 1: Personal Information

Please tell us a bit about yourself.

5. Please enter your age (in years). *

6. How would you identify your gender? Please select one of the following: *

- Man
- Woman
- Trans-man
- Trans-woman
- Non-binary
- Other (self-describe)
- Prefer not to disclose

7. If you have selected 'Other', please self-describe your gender.

8. Which ethnicity is most relevant to you? Please select one of the following (from the UK Office for National Statistics): *

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or multiple ethnic background
- Caribbean
- African
- Any other Black, Black British or Caribbean background
- Indian

- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- Arab
- Any other ethnic group
- Prefer not to disclose

9. If you have selected 'Other', please self-describe your ethnicity.

10. In which region of the UK do you live? *

- Northern Ireland
- Scotland
- Wales
- North East England
- North West England
- Yorkshire and The Humber
- East Midlands
- West Midlands
- East of England
- London
- South East
- South West

11. Are your day-to-day activities **currently** limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? *

- Yes, limited a lot
- Yes, moderately limited
- No
- Prefer not to say

12. Which condition(s) or health problem(s) do you **currently** have? (Select all that apply) *

- Vision (e.g., blindness or partial sight)
- Hearing (e.g., deafness or partial hearing)
- Mobility (e.g., difficulty walking short distances, climbing stairs, lifting and carrying objects)
- Learning, concentrating, or remembering
- Mental health (e.g., depression)
- Stamina or breathing difficulty
- Social or behavioural difficulties (e.g., due to neurodiversity including autism, Asperger's syndrome, ADHD)
- Other impairment
- Prefer not to say

13. Have you **ever (currently or in the past)** had any of the following (either diagnosed or self identified)? (Select all that apply) *

- Mental health condition (e.g., depression)
- Neurological or movement condition (e.g., Parkinson's disease)
- Difficulties with chronic pain (pain lasting more than three months)
- None of the above

14. Please list the mental health, neurological/movement, and chronic pain condition(s)/difficulties that you have experienced (**currently or in the past**): *

15. Which of the following **have you used/ are you using** as part of treatment for the conditions or difficulties you listed in Question 14? (Select all that apply) *

- Prescribed medications
- Non-prescribed (over the counter) medications or remedies (including supplements, herbal remedies, homeopathy)
- Psychological (talking) therapies (e.g. counselling, cognitive behavioural therapy)
- Mindfulness/meditation
- Physical activity/physical therapy/activity scheduling
- Alternative/complementary therapies that don't involve taking a drug (e.g. acupuncture, aromatherapy, reflexology)
- Implanted devices (that involve surgery, e.g. implanted vagus nerve stimulators or deep brain stimulation)

- Non-invasive brain stimulation/neuromodulation (e.g. TMS, TES, non-implanted vagus or peripheral nerve stimulation)
- Electroconvulsive therapy (ECT)
- Support groups
- None of these

16. Have you **ever (currently or in the past)** cared for someone with a long-term illness, disability, or age-related needs? *

- Yes
- No

17. Which condition(s) or health problem(s) does/did the person you care for have? (Select all that apply) *

- Vision (e.g., blindness or partial sight)
- Hearing (e.g., deafness or partial hearing)
- Mobility (e.g., difficulty walking short distances, climbing stairs, lifting and carrying objects)
- Learning, concentrating, or remembering
- Mental health (e.g., depression)
- Stamina or breathing difficulty
- Social or behavioural difficulties (e.g., due to neurodiversity including autism, Asperger's syndrome, ADHD)
- Other impairment
- Prefer not to say

Part 2: Transcranial Magnetic Stimulation (TMS)

TMS uses magnetic pulses from a device placed on a person's head (transcranial) to stimulate their brain non-invasively.

It has been investigated to treat several mental health, neurological, and chronic pain conditions. However, in this survey, we are interested in your views of TMS as a treatment for mental health conditions only.

TMS might also be known as "repetitive transcranial magnetic stimulation" (rTMS) or "theta burst stimulation" (iTBS or cTBS).

18. How much did you know about TMS prior to this survey? *

- I had never heard of it
- I had heard of it but did not know what it is used for
- I had heard of it and knew what it is used for
- I have had TMS as a patient or a research participant

Please watch the 90-second video below, which introduces and demonstrates TMS.

- *If you are viewing this survey on a mobile device, please switch to landscape orientation so you can see the whole video*
- *This video is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this video.*

19. Please confirm you have watched the video. *

I confirm I have watched the video.

Please read the infographic below, which includes details of the potential side effects of TMS.

- *This infographic is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this infographic.*

Types of Neuromodulation (also known as 'non-invasive brain stimulation' therapy)

1 Transcranial magnetic stimulation (TMS)

TMS uses magnetic pulses to stimulate the brain. It is performed in a clinic setting.

Patients usually have multiple treatment sessions spread across several days or weeks.

It has been approved to treat depression in the UK.



Research is studying the role of TMS in treating other mental health conditions, chronic pain, and movement conditions.

Common side effects of TMS include (usually short-lasting):

- At the stimulation site: mild discomfort or pain, face muscle twitching
- General: headache, dizziness or light-headedness, fatigue, nausea, difficulty sleeping.

There is a very small risk of having a fit/seizure with TMS (1 in 10,000). Clinic staff are trained to manage these.

You will need to wear earplugs to reduce the noise heard during treatment.

20. Please confirm you have read the infographic. *

I confirm I have read the infographic.

21. How do you feel, in general, about TMS as a treatment? (Select all that apply) *

- Interested
- Excited
- Comfortable
- Confused
- Worried
- Angry
- Neutral
- Hopeful
- Sceptical
- Other

22. Please list any other feelings you feel, in general, about TMS as a treatment:

23. Given what you know about TMS, how safe do you think it is as a treatment? *

- Very unsafe
- Somewhat unsafe
- Neither unsafe nor safe
- Somewhat safe
- Very safe

24. Given what you know about TMS, how effective do you think it is as a treatment? *

- Very ineffective
- Ineffective
- Possibly effective
- Effective
- Very effective

25. Do you have any concerns or questions about TMS as a treatment for mental health conditions?

Now, imagine you are offered 20 to 30 sessions of TMS (spread across several days or weeks) to treat a mental health condition. You would attend an outpatient clinic to have each treatment session. Given what you know about TMS, answer the following questions based on this scenario.

26. How likely would you be to start the TMS treatment? *

- Very unlikely
- Unlikely
- Possibly
- Likely
- Very likely

27. If you were to start the TMS treatment, how confident are you that you would be able to complete the treatment course? *

- Not at all confident
- Slightly confident
- Moderately confident
- Quite confident
- Very confident

28. Please list any potential factors that might prevent you from starting or completing the treatment course:

29. Please list anything that might help you to start or complete the treatment course:

30. Is there anything else you would like to say about TMS before moving to the next section?

Part 3: Transcranial Electrical Stimulation (TES)

TES uses weak (low-intensity) electrical currents from pads or sponges placed on the scalp to stimulate the brain non-invasively.

It has been investigated to treat several mental health, neurological, and chronic pain, conditions. However, in this survey, we are interested in your views of TES as a treatment for mental health conditions only.

TES (often written as "tES") might also be known as "transcranial direct current stimulation" (tDCS) or "transcranial alternating current stimulation" (tACS) or "cranial electrotherapy stimulation" (CES).

31. How much did you know about TES prior to this survey? *

- I had never heard of it
- I had heard of it but did not know what it is used for
- I had heard of it and knew what it is used for
- I have had TES as a patient or a research participant

Please watch the 90-second video below, which introduces and demonstrates TES

- *If you are viewing this survey on a mobile device, please switch to landscape orientation so you can see the whole video*
- *This video is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this video.*

32. Please confirm you have watched the video. *

I confirm I have watched the video.

Please read the infographic below, which includes details of the potential side effects of TES.

- *This infographic is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this infographic.*

Types of Neuromodulation (also known as 'non-invasive brain stimulation' therapy)

2 Transcranial electrical stimulation (TES)

TES uses a weak electric current to stimulate the brain. It is performed either in a clinic setting or by a patient at home.

Patients usually have multiple treatment sessions spread across several days or weeks.



TES has been studied to treat mental health conditions (including depression), chronic pain, and movement conditions.

Common side effects of TES include (usually short-lasting):

- At the stimulation sites: mild discomfort, tingling, itching, or burning sensation, skin redness or irritation
- General – headache, fatigue, dizziness or light-headedness, nausea, difficulty sleeping.

33. Please confirm you have read the infographic. *

I confirm I have read the infographic.

34. How do you feel, in general, about TES as a treatment? (Select all that apply) *

- Interested
- Excited
- Comfortable
- Confused
- Worried
- Angry
- Neutral
- Hopeful
- Sceptical
- Other

35. Please list any other feelings you feel, in general, about TES as a treatment:

36. Given what you know about TES, how safe do you think it is as a treatment? *

- Very unsafe
- Somewhat unsafe
- Neither unsafe nor safe
- Somewhat safe
- Very safe

37. Given what you know about TES, how effective do you think it is as a treatment? *

- Very ineffective
- Ineffective
- Possibly effective
- Effective
- Very effective

38. Do you have any concerns or questions about TES as a treatment for mental health conditions?

Now, imagine you are offered 20 to 30 sessions of TES (spread across several days or weeks) to treat a mental health condition. Given what you know about TES, answer the following questions.

39. If TES were to be **delivered in an outpatient clinic**, how likely would you be to start the TES treatment? *

- Very unlikely
- Unlikely
- Possibly
- Likely
- Very likely

40. If you were to start **outpatient clinic** TES treatment, how confident are you that you would be able to complete the treatment course? *

- Not at all confident
- Slightly confident
- Moderately confident
- Quite confident
- Very confident

41. If TES were to be **performed in an outpatient clinic**, please list any potential factors that might prevent you from starting or completing the treatment course:

42. If TES were to be **performed in an outpatient clinic**, please list anything that might help you to start or complete the treatment course:

43. If you would need to **deliver TES yourself at home**, how likely would you be to start the TES treatment? *

- Very unlikely
- Unlikely
- Possibly
- Likely

Very likely

44. If you would need to **deliver TES yourself at home**, how confident are you that you would be able to complete the treatment course? *

Not at all confident

Slightly confident

Moderately confident

Quite confident

Very confident

45. If you would need to **deliver TES yourself at home**, please list any potential factors that might prevent you from starting or completing the treatment course:

46. If you would need to **deliver TES yourself at home**, please list anything that might help you to start or complete the treatment course:

47. Is there anything else you would like to say about TES before moving to the next section?

Part 4: Combined Neuromodulation - Transcranial Magnetic Stimulation and Transcranial Electrical Stimulation (TMS+TES)

It is possible to combine TMS and TES in the same treatment session, with a patient receiving both forms of neuromodulation at the same time or one after the other.

We are interested in your views of combined TMS+TES as a treatment for mental health conditions.

Please watch the 90-second video below, which introduces and demonstrates TMS+TES

- *If you are viewing this survey on a mobile device, please switch to landscape orientation so you can see the whole video*
- *This video is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this video.*

48. Please confirm you have watched the video. *

I confirm I have watched the video.

Please read the infographic below, which includes a note on the potential side effects of TMS+TES.

- *This infographic is for research purposes only and should not be used to guide treatment decisions.*
- *Please do not copy or share this infographic.*

Types of Neuromodulation (also known as 'non-invasive brain stimulation' therapy)

3 Combined TMS and TES

It is possible to deliver TMS and TES at the same time. The combination treatment would be performed in a clinic setting.



We are testing whether using TMS and TES together might help more patients get better than using TMS or TES alone.

We think that TES might help a person's brain respond better to TMS. We are planning to test this in larger studies.

Patients may experience the same side effects as when TMS and TES are delivered alone.

Using the techniques together might increase side effects.

49. Please confirm you have read the infographic. *

I confirm I have read the infographic.

50. How do you feel, in general, about combined TMS+TES as a treatment? (Select all that apply) *

Interested

Excited

Comfortable

Confused

Worried

- Angry
- Neutral
- Hopeful
- Sceptical
- Other

51. Please list any other feelings you feel, in general, about TMS+TES as a treatment:

52. Given what you know about TMS+TES, how safe do you think it is as a treatment? *

- Very unsafe
- Somewhat unsafe
- Neither unsafe nor safe
- Somewhat safe
- Very safe

53. Given what you know about TMS+TES, how effective do you think it would be as a treatment? *

- Very ineffective
- Ineffective
- Possibly effective
- Effective
- Very effective

54. Do you have any concerns or questions about TMS+TES as a treatment for mental health conditions?

Now, imagine you are offered 20 to 30 sessions of TMS+TES (spread across several days or weeks) to treat a mental health condition. You would attend an outpatient clinic to

have each treatment session. Given what you know about TMS+TES, answer the following questions based on this scenario.

55. How likely would you be to start the TMS+TES treatment? *

- Very unlikely
- Unlikely
- Possibly
- Likely
- Very likely

56. If you were to start the TMS+TES treatment, how confident are you that you would be able to complete the treatment course? *

- Not at all confident
- Slightly confident
- Moderately confident
- Quite confident
- Very confident

57. Please list any potential factors that might prevent you from starting or completing the treatment course:

58. Please list anything that might help you to start or complete the treatment course:

59. Is there anything else you would like to say about TMS+TES before moving to the next section?

You have come to the end of the survey.

Please click 'Submit' to submit your responses. You will then be taken to the Prize Draw and Expression of Interest Form. Thank you for your participation.