

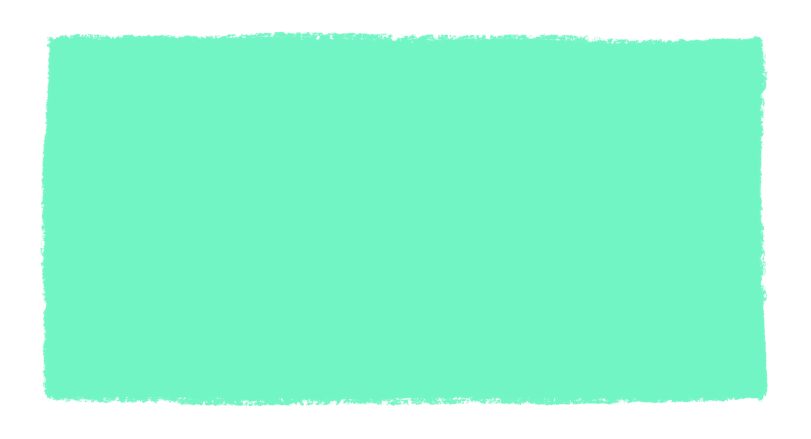
**Every London Voice**

**Your experiences of London Mental Health services**

**Your personal data and responses**

* It should only **take about 10 minutes** to complete this form, depending on what you have to say
* We’ll make the survey results **100% anonymous.** We may share the finding with Mind, Mind in London and the people across London who plan and provide services, but no one will ever know your identity.
* It’s **100% voluntary** – you can drop out any time if you change your mind, but we may keep and use the answers you’ve already given us.
* Your personal data will be **safe and secure** – only our research team will be able to see it. We won’t use it for anything other than this research. Find out more in our **-** [**Privacy Policy**](https://www.mind.org.uk/legal-info/privacy-policy/)

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| --- | --- | --- | --- |
| **About you:** |  | | |
| **What best describes your gender?**  Woman  Man  Non-Binary  Prefer not to say  Other (free text)  ……………………………………………………………………. | | **Do you identify as trans?**  Yes  No  Prefer not to say | |
| **What is your sexual identity?**  Bisexual  Gay Man  Gay Woman/Lesbian  Heterosexual/Straight  Prefer not to say  Other (free text)  ……………………………………………………………………. | | **What is your age range?**  Under 18  18-25  26-35  36-45  46-55  56-65  Over 65 | |
| **How would you describe your ethnic background?**  Asian or Asian British – Bangladeshi  Asian or Asian British – Chinese  Asian or Asian British – Japanese  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Black or Black British – African  Black or Black British – Caribbean  White or White British  White or White Irish  White or White Other (inc European)  Mixed – Black African and East Asian  Mixed – Black African and South Asian  Mixed – Black African and White  Mixed – Black Caribbean and East Asian  Mixed – Black Caribbean and South Asian  Mixed – Black Caribbean and White  Mixed – East Asian and White  Mixed – South Asian and White  Other – Arab  Other – Gypsy / Traveller  Other, please state  ………………………………………………………………………… | | **What is your religion?**  Christianity  Islam  Judaism  Hinduism  Sikhism  Buddhism  No religion / Atheism  Prefer not to say | |
| **What statement best describes your financial situation?**  I’m financially dependent (e.g. on family/parents)  I have enough income to support myself  I get by, but it’s difficult to manage unexpected costs  I’m falling short of a decent standard of living  I can’t afford the basics, like food, housing and utility bills  Prefer not to say  Other  ……………………………………………….. | | |  |
| **Do you consider yourself to have a long term health condition or learning difference that has a substantial impact on your daily activities?** For example, epilepsy, depression, autism spectrum disorder (ASD) or deafness/blindness?  Yes  No  Prefer not to say | | **What London Borough do you access health & care services in?**  **………………………………………………………………** | |
| **SURVEY QUESTIONS** | | | |
| **1. Have you ever experienced difficulties getting help and/or accessing services for your mental health?**  Yes  No  I have not tried to access mental health services  Prefer not to say  Please share your experience with us  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………… | | | |
| **2. Do you think any of the following were taken into consideration when you have accessed or used a service? (Tick all that apply)**  Ethnicity  Religion  Sexual or Gender Identity  Disability  Financial Status  Social Stigma  None of the above  Prefer not to say  Please share your experience with us  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………… | | | |
| **3. What do you think would help reduce health inequalities in mental health services? Is there anything that would have made your experience better?**  **………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………** | | | |



**Thank you for taking the time to complete this survey.** We take your privacy seriously and promise never to sell your data. You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our [Privacy Policy](https://www.mind.org.uk/legal-info/privacy-policy/)

You can **email** this form to: [mindinlondon@mind.org.uk](mailto:mindinlondon@mind.org.uk)

You and **print** and complete this form and return it to your **local London Mind** or alternatively **post it** to:

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