# Peterborough City Council logo [View image on Twitter](https://twitter.com/CambsCC/status/861913726806609920/photo/1)

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| [Easy Read Logo](https://www.photosymbols.com/collections/information/products/easy-read-logo?_pos=1&_sid=c1a4019d3&_ss=r) | **Public Mental Health Strategy Survey**  **February 2022**  **Easy Read version** |
| Picture of a plan. | A **strategy** means a plan of what we will do. |
| Coronavirus picture. | The COVID-19 pandemic has changed the way that many of us live, work, see our family and friends, and take part in activities. |
| Woman putting her thumb up to show something is important. | This means it is important that we make sure that we look after our physical and mental health in future. |
| Research listening. | The Public Health Team at Cambridgeshire County Council and Peterborough City Council would like to hear from people about what they should be doing to help people to have good mental health. |
| Questionnaire 1 | This survey is to help them develop a Public Mental Health Strategy that will:   * Help stop mental health problems happening or getting worse. * Promote good mental health for people and communities. |
| [Market research](https://www.photosymbols.com/collections/research/products/market-research)  Woman thinking. | Please can you give feedback on how your mental health affects   * You. * Your family. * Your friends. * Your work. * Your community.   You need to think about:   * What works for you. * What you think could help people in your community. * What could be done better. |
| Confidential | Your answers are confidential, but feedback will be included in a report that will be used to write a local Public Health Strategy about Mental Health. |
| Data Protection Act image. | You do not have to give us any personal information.  We will keep your information confidential and safe in line with the Data Protection Act 2018. |
| Date. | The closing date for the survey is **28 February 2022.** |
| Email Address | Please e-mail your reply to:  Clair.Dorans@cambridgeshire.gov.uk |
| Thank You 1 | Thank you for taking part in this survey. |

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| Me woman3 | **Information about you**  Please can you tell us more about yourself. |
| Age | 1. How old are you?   Please tick (✓) one box.   |  |  | | --- | --- | | Under 18 years |  | | 19-25 years |  | | 26-35 years |  | | 36-50 years |  | | 51-70 years |  | | 71-85 years |  | | Over 85 years |  | | Prefer not to say |  | |
| Symbol for female.Symbol for male.  Gender Transgender | 1. How would you describe your gender?   Please tick (✓) one box.   |  |  | | --- | --- | | Female |  | | Male |  | | Other, please specify |  | |  | | | Prefer not to say |  | |

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| Research people. | 1. What is your ethnicity?   Please tick (✓) one box.   |  |  | | --- | --- | | White |  | | Mixed / Multiple ethnic groups |  | | Asian or Asian British |  | | Black, African, Caribbean or Black British |  | | Gypsy or Irish Traveller |  | | Other, please specify |  | |  | | |
| Address County | 1. What area do you live in?   Please do not give your full address.  Please tick (✓) one box.   |  |  | | --- | --- | | Cambridge |  | | Peterborough |  | | South Cambridgeshire |  | | East Cambridgeshire |  | | Huntingdonshire |  | | Fenland |  | |
| Image of two people at work. | 1. What is your employment status?   Please tick (✓) one box.   |  |  | | --- | --- | | Employed |  | | Self-employed |  | | Unemployed |  | | Student |  | | Retired |  | | Full-time carer |  | | Other, please specify |  | |  | | |
| Group of different types of people. | 1. What is your marital status?   Please tick (✓) one box.   |  |  | | --- | --- | | Single |  | | Married |  | | In a relationship with unmarried partner |  | | Separated |  | | Divorced |  | | Widowed |  | | Other, please specify |  | |  | | | Prefer not to say |  | |
| Different types of households. | 1. Who do you live with?   Please tick (✓) all boxes that apply.   |  |  | | --- | --- | | Live alone |  | | With partner |  | | With children |  | | With parents |  | | With grandparents |  | | With friends / housemates |  | | Other, please specify |  | |  | | | Prefer not to say |  | |

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|  | **Questions about mental health** |
| Person meeting with a doctor. | 1. Have you been diagnosed with, or do you think you have, a mental health condition?   Please tick (✓) one box.   |  |  | | --- | --- | | Yes – I’ve been diagnosed by a doctor |  | | Yes – But I’ve not been diagnosed by a doctor |  | | No |  | | Unsure |  | | Prefer not to say |  | |
| Wellbeing logo. | 1. How much do the things below help you to say mentally well?   Please tick (✓)one box for each thing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Not at all | Not sure / neutral | A little | A lot | | Time with friends / family |  |  |  |  | | Online sources of support |  |  |  |  | | Physical activity |  |  |  |  | | Hobbies / learning a new skill |  |  |  |  | | Local face to face sources of support |  |  |  |  | | Mindfulness |  |  |  |  | | Other, please specify below |  |  |  |  | |  | | | | | |
| Person thinking about a problem. | 10) How much do you think the things below stop you or others from being mentally well?  Please tick (✓) one box for each thing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Not at all | Not sure / neutral | A little | A lot | | Stress at work / stress at education / unemployment |  |  |  |  | | Problems with family / relationships / friendships |  |  |  |  | | Loneliness / isolation |  |  |  |  | | A lack of community support |  |  |  |  | | Money worries |  |  |  |  | | Physical health worries |  |  |  |  | | Housing or homelessness worries |  |  |  |  | | Social media |  |  |  |  | | Discrimination |  |  |  |  | | Other, please specify below |  |  |  |  | |  | | | | | |
| Person saying you choose. | 11) What would you like to see happen in your community to help promote good mental health?  Please tick (✓) all boxes that apply.   |  |  | | --- | --- | | Additional social support groups in the community |  | | Additional online resources of support |  | | Exercise / activity groups for those struggling with mental health |  | | Resources for money / employment advice |  | | Local campaigns to raise awareness |  | | Mental health support run by services other than the NHS |  | | Other, please specify below |  | |  | | |

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| Mother Daughter 4 | **If you are a carer of anyone with a physical or mental health condition, also please answer the following questions.** |
| Wellbeing logo. | 1. How much would the things below help you to have better mental health?   Please tick (✓) one box for each thing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Not at all | Not sure / neutral | A little | A lot | | Additional social support groups for carers in the community |  |  |  |  | | Additional online resources of support |  |  |  |  | | Exercise / activity groups for those struggling with mental health |  |  |  |  | | Resources for money / employment advice |  |  |  |  | | Local campaigns to raise awareness |  |  |  |  | | Practical support with care |  |  |  |  | | Other, please specify below |  |  |  |  | |  | | | | | |
| Person saying you choose. | 1. What, if anything, would support you to help the person you care for with their mental health?   Please tick (✓) all boxes that apply.   |  |  | | --- | --- | | Educational resources about mental health conditions |  | | Information on local support networks / resources for people struggling with their mental health |  | | Local campaigns to raise awareness |  | | Other, please specify below |  | |  |  | |  | | |

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| Group of children. | **If you have children, also please answer the following questions.** |
| Two children looking fed-up and stressed. | 1. Do you think any of your children have poor mental health now?   Please tick (✓) one box only.   |  |  | | --- | --- | | Yes |  | | No |  | | Unsure |  | | Prefer not to say |  | |
| Wellbeing logo. | 1. How much would the things below help your child or children to have better mental health?   Please tick (✓) one box for each thing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Not at all | Not sure / neutral | A little | A lot | | Additional social support groups in the community |  |  |  |  | | Additional online resources of support |  |  |  |  | | Additional support available through school |  |  |  |  | | Exercise / activity groups for those struggling with mental health |  |  |  |  | | Local campaigns to raise awareness |  |  |  |  | | Mental health support run by services other than the NHS |  |  |  |  | | Other, please specify below |  |  |  |  | |  | | | | | |

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| Person saying you choose. | 1. What if anything would support you to help your child or children with their mental health?   Please tick (✓) all boxes that apply.   |  |  | | --- | --- | | Educational resources about mental health conditions |  | | Information on local support networks / resources for children struggling with their mental health |  | | Local campaigns to raise awareness |  | | Access to family support – such as for money problems, emotional problems, etc. |  | | Other, please specify below |  | |  | | |
| [https://cdn.shopify.com/s/files/1/0606/1553/products/Speak_compact.png?v=1417847450](https://www.photosymbols.com/collections/choices/products/speak) | 1. Do you have any other comments or suggestions? |