## Equality and Diversity Monitoring Form

We won’t give up until everyone experiencing a mental health problem gets both support and respect. We want to know a bit more about you, to understand who we are engaging with our work, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. Completing these questions is voluntary, and the information you provide will be entirely anonymous. Thanks for your help.

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| How old are you (in years)?  |
| ……………………. |
|  | Prefer not to say |

|  |
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| What best describes your gender? |
|  | Female  |
|  | Male |
|  | Non-binary |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

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| Do you identify as trans?  |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

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| --- |
| What is your sexual orientation?  |
|  | Bi  |
|  | Gay man |
|  | Gay woman/lesbian |
|  | Heterosexual / straight |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

**7**

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| How would you describe your ethnic background? Please select one response from the first question and then complete the relevant follow up question |
| Asian or Asian British Black or Black British White or White BritishMixed Other Ethnic Group |
| If you answered **Asian or Asian British**, are you: Bangladeshi Chinese Japanese Indian Pakistani Another Asian background (please specify if you wish) ………………… |
| If you answered **Black or Black British**, are you: African Caribbean Another Black background (please specify if you wish)……………… |
| If you answered **White or White British**, are you: White British White Irish Eastern EuropeanAnother White background (please specify if you wish)……………… |
| If you answered **mixed** ethnicity, are you: Black African & East Asian Black African & South Asian Black African & White Black Caribbean & East Asian Black Caribbean & South Asian Black Caribbean & WhiteEast Asian & White Asian & WhiteAnother Mixed background (please specify if you wish)……………… |
| If you answered **other** ethnic group are you:Arab Gypsy or travellerAnother back ground (please specify if you wish)……………… |

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| Thinking about your financial situation, which of the below statements best describes your situation?If you would like practical tips on managing your money and improving your mental health, follow this link: <https://www.mind.org.uk/information-support/tips-for-everyday-living/money-and-mental-health/the-link-between-money-and-mental-health/> |
|  | I / We feel like we have enough income to support ourselves financially and live a good standard of living. |
|  | I / We get by day-to-day but are under pressure. It is difficult to manage unexpected costs and events. |
|  | I / We are falling short of a decent standard of living. |
|  | I / We can’t afford to eat, keep clean and stay warm and dry. |
|  | Prefer not to say. |

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| Where do you currently live? |
|  | Channel Islands  |  | Wales – Mid  |
|  | East of England  |  | Wales – North |
|  | East Midlands |  | Wales – South  |
|  | London (inc. Greater London) |  | West Midlands |
|  | North East |  | Yorkshire and the Humber |
|  | North West  |  | Another (please specify if you wish)…………………… |
|  | South East  |  | Prefer not to say |
|  | South West |  |  |

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| Which of these categories best represents your experience of mental health problems? (Please tick all that apply)  |
|  | I have personal experience of mental health problems  |
|  | I use / have used mental health services |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health problems |
|  | I care or look after someone who has mental health problems |
|  | Another (please specify if you wish) …………………… |
|  | None of the above |
|  | Prefer not to say |

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| Do you consider yourself to have a long term health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Autism Spectrum Disorder (ASD), or deafness.  |
|   | Yes  |
|  | No  |
|  | Prefer not to say |