





Primary & community mental health survey

Sheffield is one of twelve areas in the country that is trying new ways of supporting people with their mental health in the community. We will be testing new ways of offering mental health services and support in 4 areas across Sheffield called Primary Care Networks (see the table below to see where you are).

North 2	GPA 1	Townships II	University Practices
Burngreave Surgery	Dovercourt Practice	Charnock Health Primary	Student Health at SHU (Porter
		Care Centre	Brook Medical Centre)
Page Hall Medical	Duke Medical Centre	Jaunty Springs Health	University Health Service
Centre		Centre	
Forge Health Group	East Bank Medical	Richmond Health Centre	
	Centre		
Sheffield Medical	Manor & Park Group	Stonecroft Medical	
Centre	Practice	Centre	
Southey Green	Norfolk Park Medical	Woodhouse Medical	
Medical Centre	Practice	Centre	
The Firth Park	The White House		-
Surgery	Surgery		
Upwell Street Surgery		_	

This is an incredibly exciting time for mental health support, care and treatment locally! We are working initially in 4 areas to create a new model for mental health care, support and treatment. We want to align physical and mental health needs and to improve how we work with local communities, voluntary sector organisations and friends/families.

To do this we need your help. We want to hear from local people about what is important to you and your mental health. We will use the information you tell us to design our new services and to make sure they meet the most important local needs that you tell us are important to you.

This	This service will be for people living with a mental health condition. In order for us to understand								
the needs of different people it would be helpful for us to know if you live with any of these									
conditions.									
	Psychosis			Biploar disorder		Eating disorder			
	Personality disorder		Severe Depression						
	Associated conditions such as frailty, cognitive impairment, substance misuse etc.								
	Other Please specify								

What is important for your mental health and wellbeing?								

		s a really important role	-	•					
community groups and organisations help to support you, improve your mental health and lead the									
life that you want.									
What support in your community is important for your mental health?									
Educatio		Community Café/Group							
Spiritual		- 11 11		Hobbies/Interests					
· ·	• •	Budgeting Support		Family Support		'			
Walking		3 3 11		Befriending Suppo	rt				
	g/Gym Grou	IDS		Volunteering/Empl		ent Support			
	Rugby & Tea			Disability Support					
Gardenir	g or Enviror	mental Activities		Day to Day Life Sk	ills S	Support			
	ating/Cooki			Community Café/G		• •			
-	n/Training S	· ·			<u> </u>				
		- F F							
Are there any	other types	of support for people's n	nental	health that you feel	are i	important in your			
community?									
How often do	you access	community support for y	our m	ental health?					
Every day		A few times a week	About once a week						
Once a m	onth	Occasionally		Never					
Please tell us	which GP P	ractice you are registere	d with	?					
If you would like to continue to be involved in this work, please leave your contact details. This									
information will be kept separate from the rest of your answers and will only be used to contact you									
about being involved in developing this service.									
Name									
Address									
Email									
Phone number	r								

Equality Monitoring - OPTIONAL

It is important for us to gather the following information so that we can provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community. No personal information will be released and all information will be protected and stored securely in line with data protection rules.

You do not have to answer all of these questions, but we would be very grateful if you would.

		irst pa	rt o	your po	stco	le (e.g. S9, S3	5)					
Please enter here									Prefe	r not to say		
What is your gender?												
Female				Male		Other			Prefe	r not to say		
Gender reas												
Is your gende	r ident			erent to t	he se	x you were ass		ed to				
		`	Yes			No			Prefer not to say			
What is your	age?			,	years				Prefer no	ot to say		
What is your	sexua	al orie	ntati	ion?								
	xual			Lesbia	n	Gay man			Heterosexual/			
(both se	xes)		(:	same sex	()	(same s	(same sex)		Straight (opposite sex)			
Other: Plea	ise spe	ecify							Prefe	r not to say		
What is your	ethni	c back	gro	und?								
Asian	В	Black		Chinese		Mixed / multip	multiple		hite British	White Other	r	
Prefer not to	o say			Other		Pleas	e sp	ecify	any other etl	nnic group her	re	
Do you cons	ider y	oursel	f to	belong t	o any	religion?						
Yes				No				Prefer not to say				
If yes, which	religio	n do y	ou fo	ollow					Please specify your religion here			
Do you cons	ider y	oursel	f to	be disab	led?							
Yes			S	No					Prefer not to say			
			·									
If yes above,	what	type c	of dis	sability o	r imp	airment do yo	u ha	ave?	(Tick all that	apply)		
		Autisn	า	Learning disability				Mental Health condition				
Physic	mobility	/	Hearing Visual									
Prefer not to say Long-standing health condition or illness												
Other:								Please specif	fy			
Do you provide care for someone?												
	Yes					No	o		Prefe	r not to say		