Data Collection Form

The Neighbourhood Mental Health Cafes are a service commissioned by the NHS. Please note that some of the information you share with us, such as your demographics, will be shared with the commissioners. This data is essential for planning and enhancing our services to ensure a high standard of quality is maintained. If you prefer not to provide specific information, feel free to leave those sections blank.

Neighbourhood Mental Health Cafés
For times when you're struggling to cope

Date of Visit

Time of Visit

How did you visit the cafe?

- ◯ In person
- ◯ Phone
- ◯ Text
- ◯ Email
- ◯ Online / virtual

Is this your...

- ◯ First visit
- ◯ First visit to this cafe, but have visited other cafes
- ◯ Have visited this cafe before
- ◯ Have visited this cafe before & visit other cafes

Other cafes visited:

What are your reasons for attending today? *(please tick up to 3 options)*

- ☐ Anxiety
- ☐ Bereavement
- ☐ Carer strain
- ☐ Debt / finance
- ☐ Depression
- ☐ Domestic abuse
- ☐ Employment issues
- ☐ Family issues
- ☐ Gambling harms
- ☐ Homelessness
- ☐ Housing issues
- ☐ Loneliness / Isolation
- ☐ Long term difficultly managing emotions
- ☐ Memory issues
- ☐ Mood disturbance
- ☐ Physical health
- ☐ Practical support
- ☐ Psychosis experiences
- ☐ Relationship issues
- ☐ Self harm
- ☐ Someone to talk to
- ☐ Stress
- ☐ Substance misuse
- ☐ Suicidal ideation

What would you have done if you hadn't attended the cafe today?

- ☐ Attended A&E
- ☐ Contacted 111 option 1
- ☐ Attended the walk in centre
- ☐ Called an ambulance
- ☐ Called the police
- ☐ Contacted 111 option 2 (CAP)
- ☐ Contacted Crisis Team
- ☐ Attended the GP
- ☐ Stayed home resulting in increase in distress
- ☐ Self harmed
- ☐ Attempted death by suicide
- ☐ None of the above

How did you hear about the cafe?

- ☐ A&E
- ☐ External organisation
- ☐ Police
- ☐ Social Care Services
- ☐ Leaflet / Poster
- ☐ CAP
- ☐ Crisis Team
- ☐ Joy
- ☐ Social Media
- ☐ Community Pharmacist
- ☐ Care Co-ordinator
- ☐ GP
- ☐ Social Prescriber
- ☐ LPT website
- ☐ Mental Health Inpatient Setting
- ☐ CMHT
- ☐ Local Area Co-ordinator
- ☐ Friend / Family / Acquaintance
- ☐ Mental Health Practitioner / Facilitator

Monitoring Information

Age

- ☐ 18 - 25
- ☐ 26 - 40
- ☐ 41 - 64
- ☐ 65+
- ☐ Prefer not to say

Gender

- ☐ Female
- ☐ Male
- ☐ Non - binary
- ☐ Transgender
- ☐ Prefer not to say

Do you consider yourself to have a disability?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Do you consider yourself to be neurodiverse?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

If yes, which of the following are applicable?

- ◯ Autism (including Aspergers)
- ◯ ADHD
- ◯ Other

Are you?

- [ ] Serving armed forces
- [ ] Veteran armed forces
- [ ] Unemployed
- [ ] Volunteer
- [ ] Homemaker
- [ ] Long term sick
- [ ] Asylum seeker
- [ ] Carer
- [ ] Employed
- [ ] Refugee
- [ ] Self employed
- [ ] Student
- [ ] Retired
- [ ] Ex-offender
- [ ] Prefer not to say

Home Address

- [ ] Blaby
- [ ] Charnwood
- [ ] Harborough
- [ ] Hinckley & Bosworth
- [ ] Leicester City East
- [ ] Leicester City North
- [ ] Leicester City West
- [ ] Melton
- [ ] North West Leics
- [ ] Oadby & Wigston
- [ ] Rutland
- [ ] Other

Ethnicity

White

- [ ] English / Welsh / Scottish / Northern Irish / British
- [ ] Irish
- [ ] Traveller / Irish Traveller
- [ ] Western European
- [ ] Other white background

Asian / British Asian

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Other Asian background

Other ethnic group

- [ ] Arab
- [ ] Any other ethnic group
- [ ] Prefer not to say

Mixed / Multiple Ethnic Groups

- [ ] White & Black Caribbean
- [ ] White & Black Asian
- [ ] White & Asian
- [ ] Other mixed / multiple background

Black / African / Caribbean / Black British

- [ ] African
- [ ] Caribbean
- [ ] Other Black / African / Caribbean / Black British background

For Cafe Provider Use

Support received *(tick all that apply)*

- ◯ One to One
- ◯ Group interaction / use of social space

Was the Mental Health Hub contacted during the visit?

- ◯ Yes
- ◯ No

Outcomes *(please tick main 3 outcomes)*

- [ ] CAP contacted
- [ ] Participated in workshop
- [ ] Referred to mental health service
- [ ] None due to inappropriate contact
- [ ] Prevention / reduction in self harming behaviour / suicidal intent
- [ ] Supported at an early stage preventing escalation
- [ ] Development of action plan
- [ ] Decider Skills used
- [ ] Information provision
- [ ] Ongoing support at cafe required
- [ ] Provision of / action on coping strategies
- [ ] Referred to Community Pharmacy
- [ ] Signposted to other services
- [ ] In-house referral
- [ ] No further support required at this time
- [ ] Positive action / plan made - followed up with wellbeing call
- [ ] Self report of improvement in individuals wellbeing / resilience

Notes:

Feedback: