

Data Collection Form



The Neighbourhood Mental Health Cafés are a service funded by the NHS. The information you share with us, like your age, gender, or other demographics, will be passed on to the NHS. This helps us plan and improve our services so we can continue providing the best possible support. If you'd rather not answer any of the questions, that's completely fine — you can leave them blank.

Date of Visit

How did you visit the cafe?

- In person Phone Text Email Online / virtual

Is this your...

- First visit Have visited this or another cafe before

What made you come to the cafe today? (please tick one option)

- To get support for my mental health
 To get support during a crisis
 Because I was feeling suicidal or at risk of self harming
 To meet people / avoid feeling isolated
 To have a safe space where I can maintain my mental health

What are you looking for help with today? (please tick up to 2 options)

- | | | |
|---|---|---|
| <input type="checkbox"/> Adjusting to new life | <input type="checkbox"/> Gambling harms | <input type="checkbox"/> Partying |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Physical health issues |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Psychosis experiences |
| <input type="checkbox"/> Carer strain | <input type="checkbox"/> Housing issues | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Debt / finance | <input type="checkbox"/> Isolation / loneliness | <input type="checkbox"/> Self harming |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Someone to talk to |
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Long term difficulty managing emotions | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Memory issues | <input type="checkbox"/> Substance misuse |
| <input type="checkbox"/> Employment issues | <input type="checkbox"/> Mood disturbance | <input type="checkbox"/> Suicidal ideation |
| <input type="checkbox"/> Exam / study pressures | <input type="checkbox"/> Needing practical support / advice | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Family issues | | |

If you had not visited the cafe today, what do you think you might have done instead?

- | | |
|---|--|
| <input type="checkbox"/> Attended A&E | <input type="checkbox"/> Contacted Neighbourhood Mental Health Team / CMHT |
| <input type="checkbox"/> Attended the GP surgery | <input type="checkbox"/> Called an ambulance |
| <input type="checkbox"/> Attended the Walk-In Centre | <input type="checkbox"/> Called the police |
| <input type="checkbox"/> Contacted NHS 111 (Option 1 - general) | <input type="checkbox"/> Engaged in self harm that may require medical attention |
| <input type="checkbox"/> Contacted NHS 111 (Option 2 - mental health) | <input type="checkbox"/> Attempted death by suicide |
| <input type="checkbox"/> Contacted Crisis Team | <input type="checkbox"/> Stayed at home, feeling increased distress or despair |
| <input type="checkbox"/> Other (please specify): | |

How did you hear about or come to visit this Cafe today?

- | | |
|--|--|
| <input type="checkbox"/> I am a regular / repeat visitor | <input type="checkbox"/> Other mental health professional |
| <input type="checkbox"/> Self referred / decided to come on my own | <input type="checkbox"/> Crisis Team |
| <input type="checkbox"/> Friend / family / acquaintance | <input type="checkbox"/> Central Access Point (CAP) |
| <input type="checkbox"/> Leaflet / poster | <input type="checkbox"/> Mental Health Inpatient Setting / Bradgate Mental Health Unit |
| <input type="checkbox"/> Social media | <input type="checkbox"/> A&E |
| <input type="checkbox"/> Leicestershire Partnership Trust website | <input type="checkbox"/> Police |
| <input type="checkbox"/> JOY | <input type="checkbox"/> Social Prescriber |
| <input type="checkbox"/> GP or GP surgery staff member | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Community Pharmacist | <input type="checkbox"/> Student Union |
| <input type="checkbox"/> Local authority / social care worker | <input type="checkbox"/> University publicity (website / leaflets / social media) |
| <input type="checkbox"/> Local Area Co-ordinator | <input type="checkbox"/> External Organisation: |
| <input type="checkbox"/> Neighbourhood Mental Health Team (CMHT) | <input type="checkbox"/> Prefer not to say |

About You...

What is your age group?

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

Which of the following best describes your sexual orientation?

- Heterosexual / Straight
 Gay / Lesbian
 Bisexual
 Pansexual
 Asexual
 Queer
 Prefer to self describe:
 Prefer not to say

What is your gender?

- Female
 Male
 Non-binary / Gender diverse
 Transgender
 Other
 Prefer not to say

Which of the following best describes your ethnic background?

- White
 Mixed / Multiple ethnic groups
 Asian / Asian British
 Black / African / Caribbean / Black British
 Other ethnic group
 Prefer not to say

Please tick your current main situation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Serving in Armed Forces |
| <input type="checkbox"/> Unemployed / seeking work | <input type="checkbox"/> Long term sick | <input type="checkbox"/> Veteran Armed Forces |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Asylum seeker / refugee | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Carer | | |

Have you ever been involved with the Criminal Justice System? (e.g. probation, prison or community orders)
This question is optional and confidential. It helps us to understand and tailor support for people involved with the criminal justice system

- Yes, currently Yes, in the past No Prefer not to say

Which area do you live in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Blaby District | <input type="checkbox"/> Leicester | <input type="checkbox"/> Rutland |
| <input type="checkbox"/> Charnwood | <input type="checkbox"/> Melton Borough | <input type="checkbox"/> Non LLR |
| <input type="checkbox"/> Harborough & Lutterworth | <input type="checkbox"/> North West Leicestershire | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hinckley & Bosworth | <input type="checkbox"/> Oadby & Wigston | |

Do you consider yourself to have a disability / long term condition?

- Yes No Prefer not to say

Do you identify as neurodivergent?

- Yes No Prefer not to say

If yes, which of the following are applicable?

- Autism (including Aspergers) ADHD Other

About your Visit

How did your visit today help you?

- I felt supported & listened to
- I worked out some positive steps to help my wellbeing
- My feelings of distress or thoughts of harming myself reduced
- I learned new ways to cope
- I felt less alone after spending time with others
- The help I received made a difference and stopped my situation from getting worse
- I was signposted or referred to a service I needed
- I didn't need any further support today

How did you feel after visiting the cafe?



Much worse, not safe or supported



About the same



Much better, very safe & supported

Would you like to provide any more feedback?

What type of support did individual receive during their visit today?

- One to one support
- Group intervention / use of social space
- Both

Which of the following did individual participate in or receive today?

- Participated in a workshop (please provide details):
- Provided with information or resources (e.g. leaflets, advice / guidance)
- Development of action plan / goal setting
- Used Decider Skills
- Discussed coping strategies
- De-escalation of emotional distress
- Opportunity to offload & be listened to
- Other please specify:

What are the next steps for the visitor?

- No further support required at this time
- None due to inappropriate nature or contact
- Ongoing support required
- Positive action / plan made - follow up with wellbeing call
- Safeguarding referral made
- Referred or signposted to another service
- Referred to Central Access Point (CAP)
- Referred to Providers in-house service(s)
- Referred to Student Support Services

Did you have to contact the Mental Health Hub?

- Yes
- No

Did individual go to the Mental Health Hub?

- Yes
- No

Notes: