



Hull's Big Mental Health Conversation

This survey is part of a conversation about your mental health and wellbeing. The Public Health Team at Hull City Council want to understand more about what we can do as individuals, across communities and as a city to prevent people from experiencing mental ill health.

We want to hear your views on what keeps you feeling good, what might affect your mood, different types of support, and how to make it more readily available.

Providing Feedback

People who live, work or study in Hull will have from the 13th of May until the 24th of June to share thoughts on what can be improved and how we can work together to reduce mental ill health in our city. This information will help us understand what our priorities should be and support the creation of a strategy for Hull, which aims to prevent against some of the things that can make us feel worse.

Please feel free to skip any questions you don't want to answer.

Remember, all of your answers will remain entirely anonymous, and your answers will not be tied to you.

Please return your completed survey in the Freepost envelope or to:

Freepost RSJC-KKBE-ABXZ, Public Health, Hull City Council, PO
Box 15, Hull, HU1 2AA

You can complete this survey online, by:

Email PublicHealthAdmin@hulcc.gov.uk

Text: 'panel' to 07795563000

Web: www.yoursay.gov.uk

Or scan the QR code below:



This survey closes 24 June 2024

Your Mental Health

When thinking about poor mental health this can include diagnosed conditions and it can also include feeling anxious, low or stressed. It can be for long or short periods of time.

1. Which of the following describes you? **Please tick all that apply**

- I have experienced / am experiencing mental health difficulties myself
- I have cared for / am caring for someone with mental health difficulties
- I have worked or volunteered / am working or volunteering in places where I meet people who are affected by mental health difficulties
- None of these

2. Have any of the following factors ever affected your mental health or wellbeing?
Please tick one box on each row

	Negative effect	Positive effect	Both negative and positive	No effect
Addiction, habit or dependence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boredom / lack of things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying, including online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring responsibilities / health of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home environment, including family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local environment / neighbourhood / sense of belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationships, including divorce loneliness / feeling connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical injury or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School / College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have any of the following characteristics ever affected your mental health and wellbeing?
Please tick one box on each row

	Negative effect	Positive effect	Both negative and positive	No effect
Your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ethnicity / race / national identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability / health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neurodiversity such as ADHD / autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your biological sex or gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy / becoming a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is there anything we have missed that you feel affects your mental health positively?

5. Is there anything we have missed that you feel affects your mental health negatively?

6. What are the top 3 things you can do or have done, to improve your mental health?

1	<div style="border: 1px solid #ccc; height: 25px;"></div>
2	<div style="border: 1px solid #ccc; height: 25px;"></div>
3	<div style="border: 1px solid #ccc; height: 25px;"></div>

Social and Physical Environments

7. What do you think would encourage more people to talk about their mental health?

Please tick up to 5 boxes

- | | |
|---|--|
| <input type="checkbox"/> If people were more open about mental health issues | <input type="checkbox"/> If challenges to our emotional wellbeing were taken more seriously by society |
| <input type="checkbox"/> If there was more education about mental health | <input type="checkbox"/> If you knew friends / family would understand |
| <input type="checkbox"/> If mental health was promoted more in employment / education | <input type="checkbox"/> If you knew you wouldn't be labelled |
| <input type="checkbox"/> If there were regular mental health checks, | <input type="checkbox"/> If mental health was discussed more openly in the media |
| <input type="checkbox"/> If there was less stigma about having mental health difficulties | <input type="checkbox"/> None of these |
| | <input type="checkbox"/> Other (please state) |

8. What do you think could stop someone talking about their mental health?

Please tick up to 5 boxes

- | | |
|---|--|
| <input type="checkbox"/> Don't see the point | <input type="checkbox"/> Finding a job / getting into employment |
| <input type="checkbox"/> Worry about of being labelled negatively | <input type="checkbox"/> Being financially excluded - getting insurance / assessing bank services / being accepted for a mortgage. |
| <input type="checkbox"/> Don't want to bother anyone with their problems | <input type="checkbox"/> Losing friends / lack of understanding of friends |
| <input type="checkbox"/> Feeling embarrassment / shame | <input type="checkbox"/> Losing job / lack of understanding of employer / colleagues |
| <input type="checkbox"/> Family / friends / colleagues don't take mental health seriously | <input type="checkbox"/> No social network / friends or family to talk to |
| <input type="checkbox"/> Concern about letting themselves / others down | <input type="checkbox"/> Not knowing who to talk to or where to get help |
| <input type="checkbox"/> Feeling judged negatively | <input type="checkbox"/> Not realising there is a problem |
| <input type="checkbox"/> Afraid of being harassed or targeted on social media | <input type="checkbox"/> Worry I will be medicated |
| <input type="checkbox"/> Feeling the need to stay strong | <input type="checkbox"/> Other (please state) |

9. Do you have an example of something that has stopped you from talking about your mental health?

10. What are the 3 most important things that we could do as a society to help people to have good mental health and emotional wellbeing?

1	
2	
3	

Support

11. If you were experiencing mental health difficulties, how likely is that you would talk to, or ask for help from any of the following? **Please tick one box on each row**

	Very unlikely	Unlikely	Neither unlikely nor likely	Likely	Very likely	N/A
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your manager / supervisor / teacher / tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your GP / doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call helpline such as the Samaritans etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist services such as counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Which of the following have you used or would you use if you were experiencing difficulties with your mental health? **Please tick all that apply**

- | | |
|--|---|
| <input type="checkbox"/> Talking one - to - one | <input type="checkbox"/> Doing creative therapies such as joining an art or drama group |
| <input type="checkbox"/> Talking in groups | <input type="checkbox"/> Doing complimentary therapies such as Acupuncture, Reiki |
| <input type="checkbox"/> Talking to someone who has been through the same thing | <input type="checkbox"/> Socialising |
| <input type="checkbox"/> Talking to someone like me same age / background / gender / culture | <input type="checkbox"/> Taking up a new hobby / interest |
| <input type="checkbox"/> Seeking support online | <input type="checkbox"/> Dealing with it on my own |
| <input type="checkbox"/> Prescribed medication | <input type="checkbox"/> Hiding away from the world / isolating myself |
| <input type="checkbox"/> Doing meditation /mindfulness | <input type="checkbox"/> Using alcohol / drugs |
| <input type="checkbox"/> Exercising – such as walking, gym, yoga | <input type="checkbox"/> Eating more / less |
| <input type="checkbox"/> Improving diet / eating more healthily | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Reading about it / researching it | <input type="checkbox"/> Other (please state) |

13. Is there anything else about mental health and how to look after wellbeing you would like to say or to tell us?

About You

These questions help us to make sure that we collect the views of all types of residents and to help us make sure that we deliver all of our services fairly. They are used to understand your answers only

Your answers will be confidential and will not be tied back to you. If you leave your contact details at the end of this survey, they will be removed before analysis of the results is carried out and will not be reported or shared with anyone else.

Leave any question you don't want to answer blank

14. What is your postcode at home?

15. What year were you born?

16. In which of the following age ranges are you? **Please tick one box**

16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 - 74 75+

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17. Which of the following best describes you? **Please tick one box**

Male / Man Non-binary I describe myself
 Female / Woman Gender fluid another way (please
state)

18. Which of the following best describes your ethnic background? **Please tick one box**

White - British / English / Welsh /
Scottish / Northern Irish Asian / Asian British
 Other White (please state) Mixed / Multiple ethnicities
 Black / Black British Arab
 Other (please state)

19. Are your day-to-day activities limited due to a health problem or impairment which has lasted, or is expected to last, at least 12 months? (Please include conditions such as mental health issues or those related to ageing). **Please tick one box**

Yes, a little Yes, a lot No

20. Is there is anything else you'd like to tell us about yourself?

Getting involved in decisions that affect you

Tell us what you think and take part in local and nationally significant research and consultation. The People's Panel is at the heart of decision-making and influences policy and plans for years to come.

We don't share the People's Panel member details with anyone else, and we will not tie any of your answers to you. Everything you say will be kept confidential, so you can tell us what your *really* think.

You don't have to come to any meetings - just leave your details and we will send you a link to our surveys.

Fabulous prizes to be won each time you complete a survey.

It couldn't be easier - just provide your details, including your email address below

Name

Email

Postcode

Thank you for your time.