

About You

You are taking part in a programme called *Scaling Up Change Minds (SCM)*. Its purpose is to use mental health archives for learning, creativity and wellbeing and to understand how this model can be 'scaled up' effectively. There are 6 projects happening around the country within SCM.

We realise that mental health can be affected by life experiences as well as a range of things that shape identity. To understand whether the programme has reached a wide audience, and the context to how your identity, life experiences and mental health may be related, we are asking all participants some questions about how they see themselves. The information we collect cannot be linked to you personally, because we do not ask for your name or collect other identifiable personal information. **All questions in this survey are optional** (you can choose whether to answer them or not), and many offer you the opportunity to self-describe. By responding to this form you consent for your personal information to be used and processed as explained below. You can choose not to complete this form and that decision will not affect your experience during the project.

Each piece of information will be stored securely, separately and digitally (e.g. your age will not be stored with your ethnicity, and once information in this paper form has been transcribed, the paper form will be securely destroyed). When reporting data we will group related data so as to protect individuals' identity (e.g. we may report the range of ages that took part rather than each age) and information in this format will be shared in reports, with the funders (National Lottery Heritage Fund), with the staff helping to manage Scaling Up Change Minds and summaries may be used at conferences. Individual data will be securely destroyed one month after the project ends (expected April 2024).

We really appreciate you taking the time to respond. We think it will take you about 3 minutes to fill out this survey. When you get to the end and are finished, please hand your form to the member of staff running today's workshop.

If you have any questions you can contact Harriet Foster (dr-foster@outlook.com) and you can also ask her for a copy of the Privacy Policy which explains in a bit more detail what we do with your information.

1. Which Record Office are you attending?

2. Please tell us your age, in years

3. Do you consider that you have a disability or long term physical or mental health condition?

Yes

Prefer not to say

Prefer to self-describe



No


I don't know

Please turn over


4. Which of the following best describes your ethnicity?

- | | | |
|---|---|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> Other - Arab |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British - Pakistani | <input type="checkbox"/> Other - Any Other Ethnic Group |
| <input type="checkbox"/> White - Gipsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British - Bangladeshi | <input type="checkbox"/> Other - Prefer Not to Say |
| <input type="checkbox"/> White - Any Other White Background | <input type="checkbox"/> Asian/Asian British - Chinese | <input type="checkbox"/> Other - Not Known |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Asian/Asian British - Any Other Asian Background | <input type="checkbox"/> Prefer to self-describe  |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Black/Black British - African | <input data-bbox="1680 430 2116 494" type="text" value=""/> |
| <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Black/Black British - Caribbean | |
| <input type="checkbox"/> Mixed - Any Other Mixed Background | <input type="checkbox"/> Black/Black British - Any Other Black Background | |

5. Which of the following best describes your gender?

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer to self-describe  |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say | <input data-bbox="1680 766 2116 829" type="text" value=""/> |

6. Which of the following best describes your sexual orientation?

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay woman/Lesbian | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Prefer to self-describe  |
| | <input type="checkbox"/> Prefer not to say | <input data-bbox="1680 1061 2116 1125" type="text" value=""/> |

7. What is your religion?

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian (includes Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Jewish | <input type="checkbox"/> Any Other Religion / Prefer to self-describe  |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim | <input data-bbox="1680 1364 2116 1428" type="text" value=""/> |