



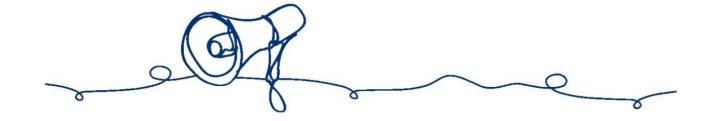
Coronavirus Mental Health Response Fund Final Report

Organisation Name: Bristol Somali Resource Centre

Timepoint: One-off Contact

Date: May 2021

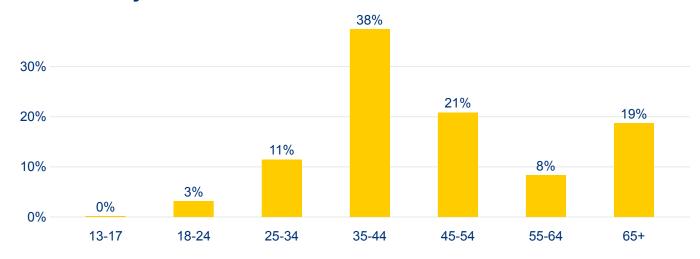
Data correct as of 05/05/2021, 08:02am





Demographics

How old are you?



Percentage of Choices

How old are you?

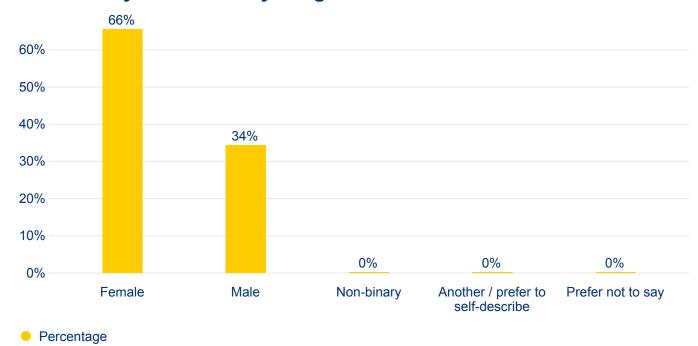
Field	Choice Count
13-17	0
18-24	3
25-34	11

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35-44	36
45-54	20
55-64	8
65+	18
Total	96



How would you describe your gender?

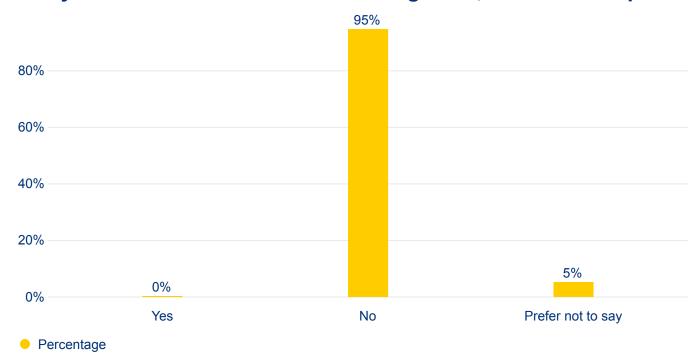


How would you describe your gender?

Field	Choice Count
Female	63
Male	33
Non-binary	0
Another / prefer to self-describe	0
Prefer not to say	0
Total	96



Have you ever identified as trans / transgender, now or in the past?

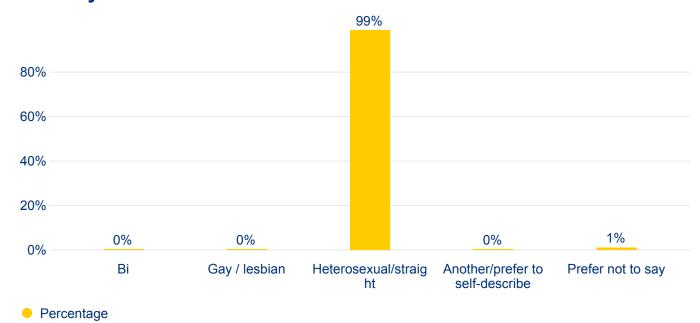


Have you ever identified as trans / transgender, now or in the past?

Field	Choice Count
Yes	0
No	91
Prefer not to say	5
Total	96



What is your sexual orientation?

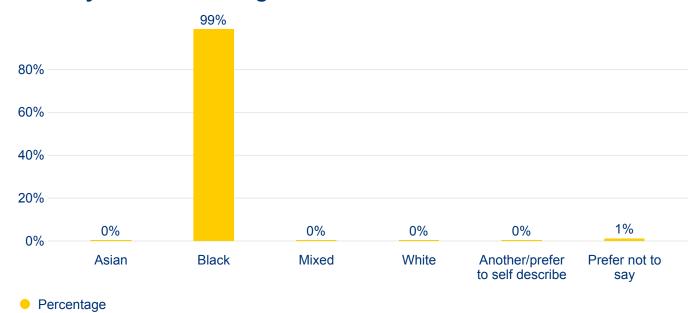


What is your sexual orientation?

Field	Choice Count
Bi	0
Gay / lesbian	0
Heterosexual/straight	95
Another/prefer to self-describe (please state if you wish)	0
Prefer not to say	1
Total	96



What is your ethnic background?



What is your ethnic background?

Field	Choice Count
Asian	0
Black	95
Mixed	0
White	0
Another/prefer to self describe (please state if you wish)	0
Prefer not to say	1
Total	96



Where do you currently live?

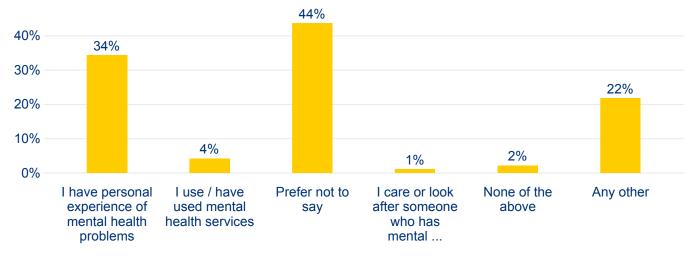


Where do you currently live?

Field	Choice Count
London (inc Greater London)	0
South East	3
South West	92
East of England	0
East Midlands	0
West Midlands	0
Yorkshire and the Humber	0
North East	0
North West	0
Prefer not to say	1
None of the above (please specify below if you wish)	0
Channel Islands	0
Total	96



Which of the following best represents your experience of mental health problems?*



Percentage of Responses

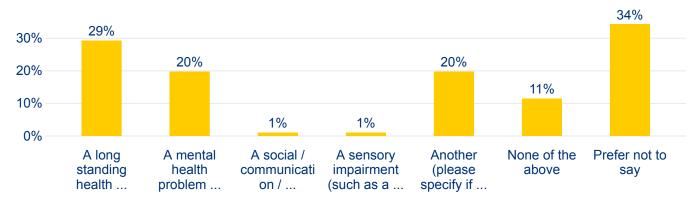
Which of the following best represents your experience of mental health problems?*

	96 Responses
Field	Choice Count
I have personal experience of mental health problems	33
I use / have used mental health services	4
Prefer not to say	42
I care or look after someone who has mental health problems	1
None of the above	2
Any other (please specify below if you wish)	21

^{*}Please note, the percentages in the graph do not add up to 100% as respondents could select multiple response options. Percentages are worked out by dividing the choice count (in the table) by the total number of respondents to this question which are 96.



Do you consider yourself to have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?



Percentage of Responses

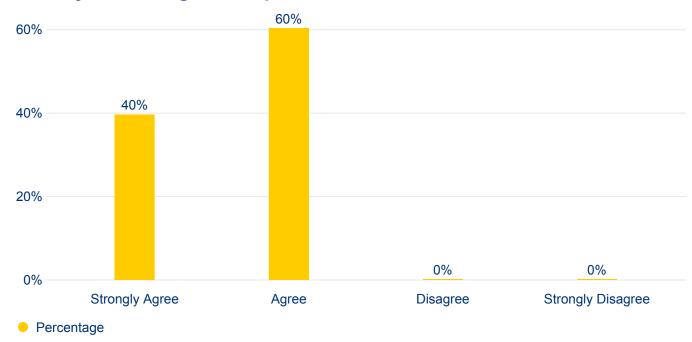
Do you consider yourself to have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

	96 Responses
Field	Choice Count
A long standing health condition or physical impairment (such as epilepsy or using a wheelchair)	28
A mental health problem (such as depression or schizophrenia)	19
A social / communication / learning difference (such as a speech and language impairment or Asperger's syndrome)	1
A sensory impairment (such as a visual or hearing impairment)	1
Another (please specify if you wish)	19
None of the above	11
Prefer not to say	33

*Please note, the percentages in the graph do not add up to 100% as respondents could select multiple response options. Percentages are worked out by dividing the choice count (in the table) by the total number of respondents to this question which are 96.

Wellbeing

I feel my wellbeing has improved

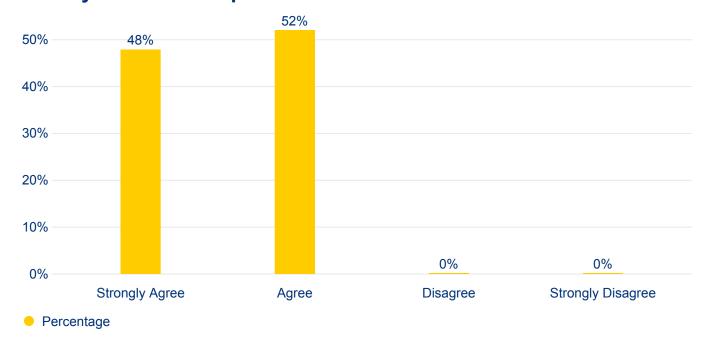


I feel my wellbeing has improved

Field	Choice Count
Strongly Agree	38
Agree	58
Disagree	0
Strongly Disagree	0
Total	96



I feel my mood has improved



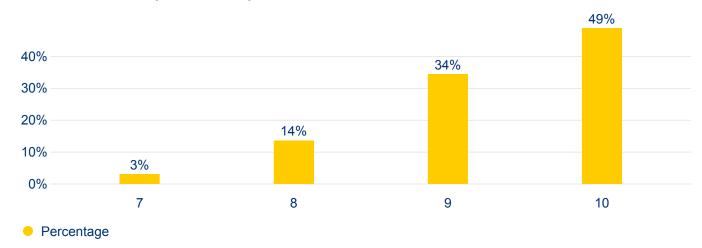
I feel my mood has improved

Field	Choice Count
Strongly Agree	46
Agree	50
Disagree	0
Strongly Disagree	0
Total	96



Service User Feedback

Service score (out of 10)

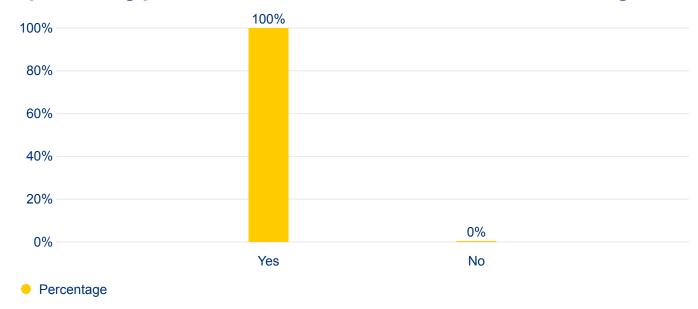


Service score (out of 10)

Field	Mean	Responses
Service score	9	96



Would you recommend this service to a friend or family member experiencing problems with their mental health and wellbeing?



Would you recommend this service to a friend or family member experiencing problems with their mental health and wellbeing?

Field	Choice Count
Yes	95
No	0
Total	95