

# YOUTH DESIGNED MENTAL HEALTH SCHOOL SURVEY

A Comprehensive List of Question Suggestions

## Peer Support Resources

1. Have you or anyone you know heard of these resources? (Insert list of already-school provided resources)
2. What support systems exist, if any, for you when it comes to mental health/suicide prevention?
3. Do you know where to find resources for mental health support?



## Peer Support Resources

1. How often do you feel left out or included by your peers?
2. Have you ever felt pressured by peers to do something that made you uncomfortable or anxious?
3. Do you feel you need to conform to fit in with your peers? If so, how often?
4. Do you feel comfortable reaching out to a peer about mental health?



## Personal Knowledge

1. Do you know what signs of suicidal ideation look like?
2. Do you know what suicide prevention looks like?
3. Can you self-identify when you are having a panic attack?
4. Can you self-identify personal depression symptoms?
5. Do you have coping mechanisms to deal with feelings of isolation, sadness, and unfulfillment?



## Outreach

1. Do you feel comfortable reaching out to an adult in your life about mental health?
2. Does an adult in your life reach out to you about mental health? If so, how often?

Strongly Disagree/Disagree/ Agree/Strongly Agree

1. My school is an open and safe place to talk about mental health.
2. My school meets my mental health needs.



## Substances

1. Have you ever used substances (drugs, alcohol, ect.) to cope with stress or other difficult emotions?
2. Have you ever felt pressured to use substances?

Strongly Disagree/Disagree/Agree/Strongly Agree

1. My own mental health/the mental health of my peers has been negatively impacted by substance abuse.
2. My school is effective in implementing substance abuse strategies for myself/my peers.
3. My school is effective in implementing suicide prevention strategies for myself/my peers.