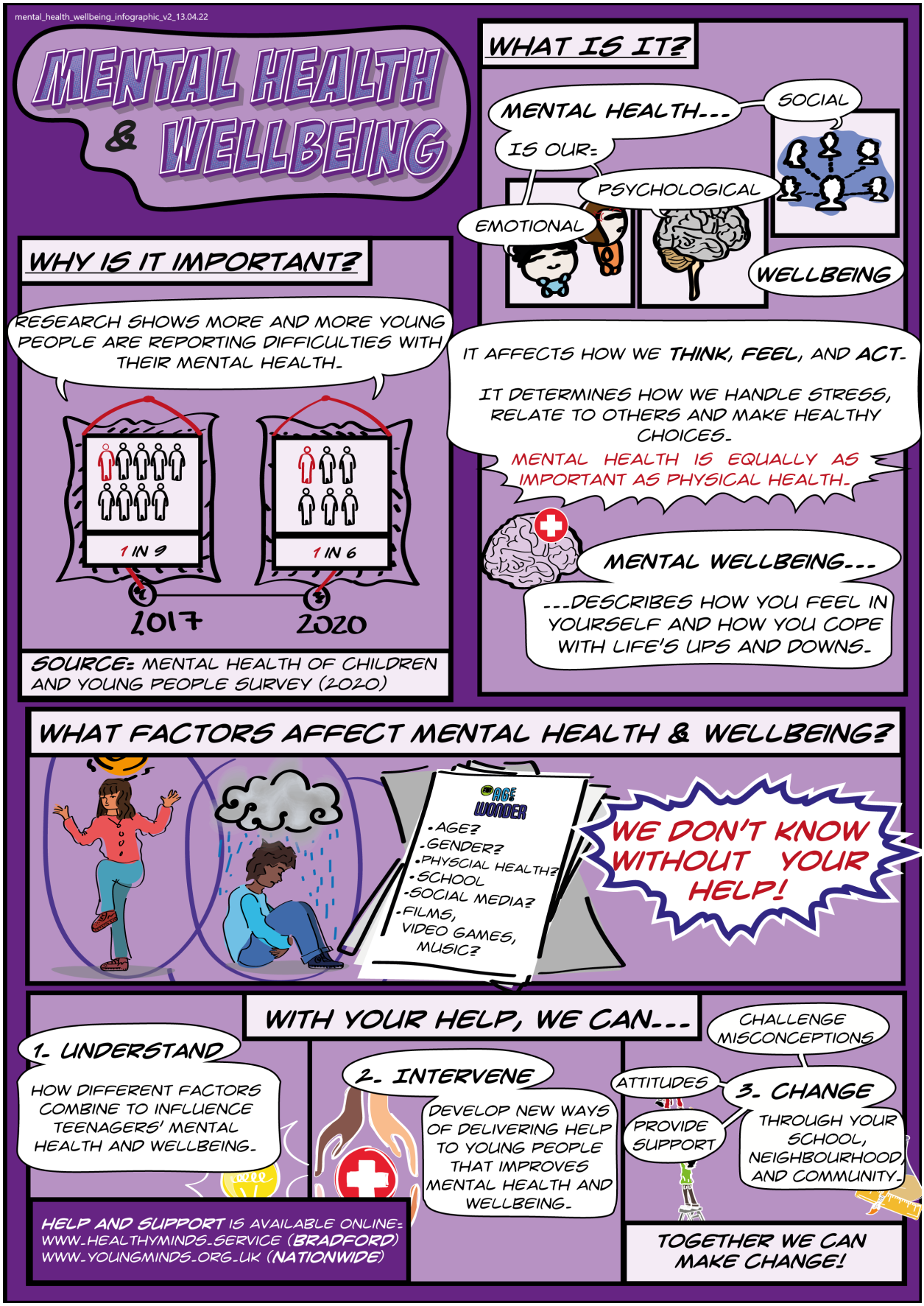
Module 2This survey is part of the Born in Bradford Age of Wonder research project. We will be asking you questions about mental health and wellbeing, and the environment. This will take about 10-20 minutes to complete.

You do not have to take part in this questionnaire. You also do not have to answer any questions you don't want to. If you don't want to answer a question, just leave it blank and move on to the next question.

By completing this questionnaire, you are agreeing to us using the information you provide for our research. We will keep your information completely confidential and will not pass on any of the responses to the questions to anyone. We will write reports based on the data we collect but no-one will ever be able to identify you from anything we publish.

If the answers to any of the questions upset you or you would like to talk about anything that is worrying you, please speak to the member of the research team or the teacher that is doing the survey with you.

The study has been reviewed and approved by Bradford Leeds Research Ethics Committee [Ref 21/YH/0261 date 22.12.21]. Research ethics committees think about the study from the point of view of a person taking part and make sure their rights and privacy are fully respected.


mental_health_wellbeing_infographic_v2_13.04.22
MENTAL HEALTH & WELLBEING
WHAT IS IT?
MENTAL HEALTH---
IS OUR:
SOCIAL
PSYCHOLOGICAL
EMOTIONAL
WELLBEING
WHY IS IT IMPORTANT?
RESEARCH SHOWS MORE AND MORE YOUNG PEOPLE ARE REPORTING DIFFICULTIES WITH THEIR MENTAL HEALTH.
1 IN 9
1 IN 6
2017
2020
SOURCE: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE SURVEY (2020)
IT AFFECTS HOW WE THINK, FEEL, AND ACT.
IT DETERMINES HOW WE HANDLE STRESS, RELATE TO OTHERS AND MAKE HEALTHY CHOICES.
MENTAL HEALTH IS EQUALLY AS IMPORTANT AS PHYSICAL HEALTH.
MENTAL WELLBEING---
---DESCRIBES HOW YOU FEEL IN YOURSELF AND HOW YOU COPE WITH LIFE'S UPS AND DOWNS.
WHAT FACTORS AFFECT MENTAL HEALTH & WELLBEING?
AGE WONDER
-AGE?
-GENDER?
-PHYSCIAL HEALTH?
-SCHOOL
-SOCIAL MEDIA?
-FILMS, VIDEO GAMES, MUSIC?
WE DON'T KNOW WITHOUT YOUR HELP!
WITH YOUR HELP, WE CAN---
1. UNDERSTAND
HOW DIFFERENT FACTORS COMBINE TO INFLUENCE TEENAGERS' MENTAL HEALTH AND WELLBEING.
2. INTERVENE
DEVELOP NEW WAYS OF DELIVERING HELP TO YOUNG PEOPLE THAT IMPROVES MENTAL HEALTH AND WELLBEING.
3. CHANGE
CHALLENGE MISCONCEPTIONS
ATTITUDES
PROVIDE SUPPORT
THROUGH YOUR SCHOOL, NEIGHBOURHOOD, AND COMMUNITY.
HELP AND SUPPORT IS AVAILABLE ONLINE:
WWW.HEALTHYMINDS.SERVICE (BRADFORD)
WWW.YOUNGMINDS.ORG.UK (NATIONWIDE)
TOGETHER WE CAN MAKE CHANGE!

Mental Ill Health In this part of the survey, you will be asked questions about your mental ill health. Some of these questions may be difficult to answer.

Remember, all of your responses are completely confidential and if you do not want to answer a question, you can skip it. If anything upsets you, please talk to your teacher or access the information provided at the end of the survey.

Please select how often each of these things happen to you. There are no right or wrong answers.

I feel sad or empty

◯ Never
◯ Sometimes
◯ Often
◯ Always

I worry when I think I have done poorly at something

◯ Never
◯ Sometimes
◯ Often
◯ Always

I would feel afraid of being on my own at home

◯ Never
◯ Sometimes
◯ Often
◯ Always

Nothing is much fun anymore

◯ Never
◯ Sometimes
◯ Often
◯ Always

I worry that something awful will happen to someone in my family

◯ Never
◯ Sometimes
◯ Often
◯ Always

I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)

◯ Never
◯ Sometimes
◯ Often
◯ Always

I worry what other people think of me

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have trouble sleeping

◯ Never
◯ Sometimes
◯ Often
◯ Always

I feel scared if I have to sleep on my own

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have problems with my appetite

◯ Never
◯ Sometimes
◯ Often
◯ Always

I suddenly become dizzy or faint when there is no reason for this

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have no energy for things

◯ Never
◯ Sometimes
◯ Often
◯ Always

I suddenly start to tremble or shake when there is no reason for this

◯ Never
◯ Sometimes
◯ Often
◯ Always

I cannot think clearly

◯ Never
◯ Sometimes
◯ Often
◯ Always

I feel worthless

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have to think special thoughts (like numbers or words) to stop bad things happening

◯ Never
◯ Sometimes
◯ Often
◯ Always

I think about death

◯ Never
◯ Sometimes
◯ Often
◯ Always

I feel like I don't want to move

◯ Never
◯ Sometimes
◯ Often
◯ Always

I worry that I will suddenly get a scared feeling when there is nothing to be afraid of

◯ Never
◯ Sometimes
◯ Often
◯ Always

I am tired a lot

◯ Never
◯ Sometimes
◯ Often
◯ Always

I feel afraid that I will make a fool of myself in front of people

◯ Never
◯ Sometimes
◯ Often
◯ Always

I have to do some things in just the right way to stop bad things from happening

◯ Never
◯ Sometimes
◯ Often
◯ Always

I feel restless

◯ Never
◯ Sometimes
◯ Often
◯ Always

I worry that something bad will happen to me

◯ Never
◯ Sometimes
◯ Often
◯ Always

I've been feeling optimistic about the future

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been feeling useful

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been feeling relaxed

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been dealing with problems well

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been thinking clearly

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been feeling close to other people

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

I've been able to make up my own mind about things

◯ None of the time
◯ Rarely
◯ Some of the time
◯ Often
◯ All of the time

When I find something really hard, I can work out what to do

◯ Never
◯ Some of the time
◯ All of the time

Relationships This part of the survey will ask you questions about your relationships. This includes questions about your social circle and your peers. Remember, if you do not want to answer a question, you can skip it.

How often do you feel...

...that you lack friendships?

◯ Hardly ever
◯ Some of the time
◯ Often

...left out?

◯ Hardly ever
◯ Some of the time
◯ Often

...isolated from others?

◯ Hardly ever
◯ Some of the time
◯ Often

...alone?

◯ Hardly ever
◯ Some of the time
◯ Often

Trust

Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

◯ Most people can be trusted ◯ Can't be too careful

Girlfriend/boyfriend or partner

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)
◯ I don't have a girlfriend, boyfriend or partner

Friend (not related to you)

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Parent/ Carer

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Other relative/family member

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Mental health professional (e.g. psychologist, social worker, counsellor)

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Phone helpline(e.g. Lifeline/Samaritans/NSPCC)

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Doctor/GP

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Religious leader

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

I would not seek help from anyone

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Teacher or other school staff member

◯ 1(extremely unlikely)
◯ 2
◯ 3(unlikely)
◯ 4
◯ 5(likely)
◯ 6
◯ 7(extremely likely)

Would you seek help from another not listed above?

◯ Yes
◯ No

Please list in the space provided

TW: Self-Harm Please remember all of your responses are completely confidential and will not be shared with your teachers, friends, or parents. If you do not want to answer a question, you can skip it.

In the past year, have you hurt yourself on purpose in any way?

◯ Yes
◯ No

Resilience Please indicate how much you agree or disagree with the following statements

I tend to bounce back quickly after hard times

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

I have a hard time making it through stressful events

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

It does not take me long to recover from a stressful event

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

It is hard for me to snap back when something bad happens

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

I usually come through difficult times with little trouble

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

I tend to take a long time to get over set-backs in my life

◯ Strongly Disagree
◯ Disagree
◯ Neutral
◯ Agree
◯ Strongly Agree

Support

My family really tries to help me

◯ Not true
◯ Somewhat true
◯ Very true

I get the emotional help and support I need from my family

◯ Not true
◯ Somewhat true
◯ Very true

My friends really try to help me

◯ Not true
◯ Somewhat true
◯ Very true

I can count on my friends when things go wrong

◯ Not true
◯ Somewhat true
◯ Very true

I can talk about my problems with my family

◯ Not true
◯ Somewhat true
◯ Very true

I have friends I can share my joys and sorrows with

◯ Not true
◯ Somewhat true
◯ Very true

My family is willing to help me make decisions

◯ Not true
◯ Somewhat true
◯ Very true

I can talk about my problems with my friends

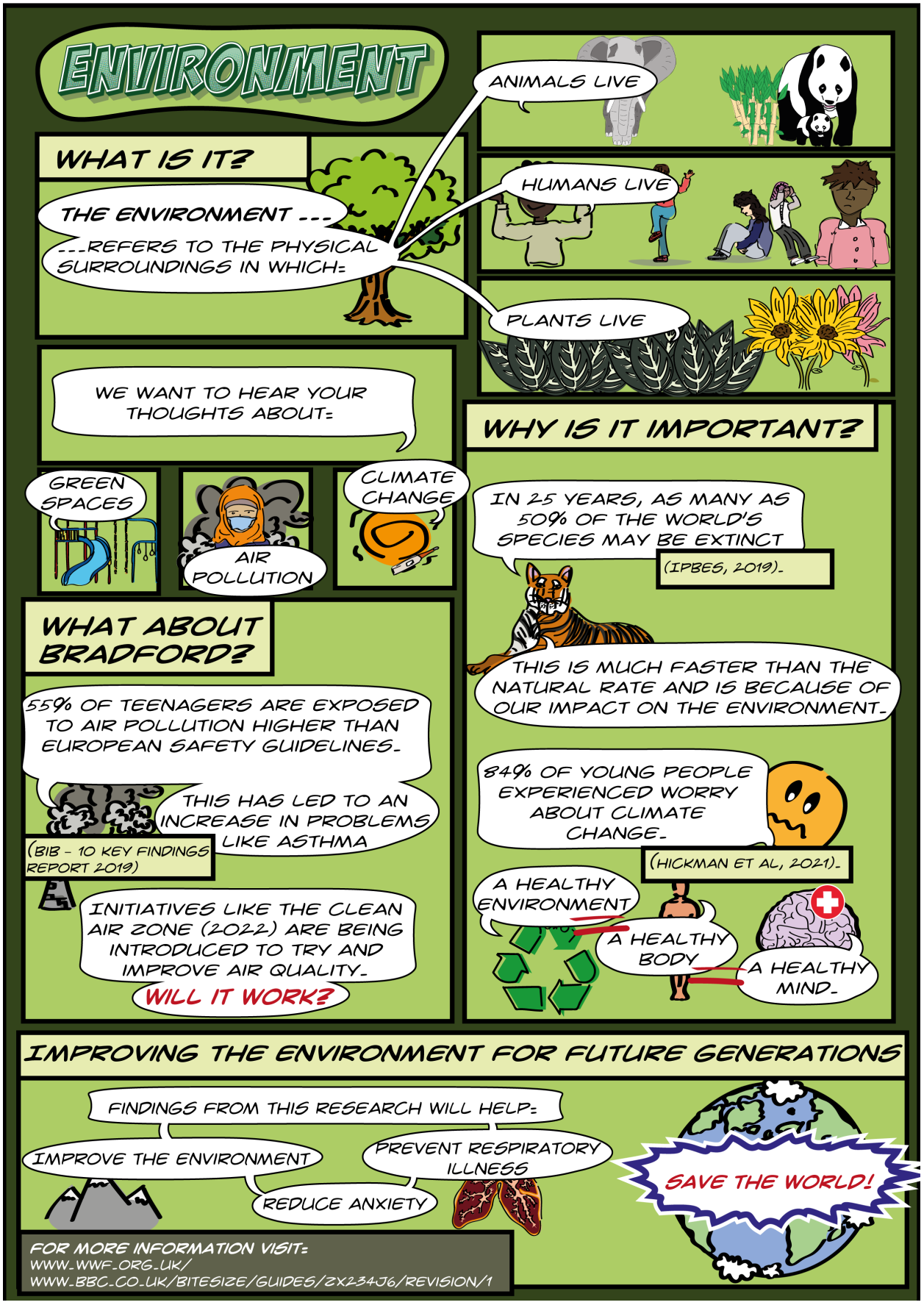
◯ Not true
◯ Somewhat true
◯ Very true

Your question...

If you could ask every teenager in Bradford any question about their mental health, what would it be?

_____

Section 2: Environment



Green Space In this part of the survey you will be asked questions about the green spaces in your area and your usage of them.

Do you have a park or green space near your home where you can play/meet with your friends?

◯ Yes
◯ No

How satisfied or dissatisfied are you with the parks and green spaces in your local area?

By your area, we mean within about a mile or 20 minute walk of your home.

◯ Very satisfied
◯ Fairly satisfied
◯ Neither satisfied nor dissatisfied
◯ Fairly dissatisfied
◯ Very dissatisfied

How often do you visit parks and green spaces?

During the winter months (September - March)

◯ 5 times a week or more
◯ 2-4 times a week
◯ Once a week
◯ 1 to 3 times a month
◯ Less than once a month

How often do you visit parks and green spaces?

During the spring and summer months (April- August)

◯ 5 times a week or more
◯ 2-4 times a week
◯ Once a week
◯ 1 to 3 times a month
◯ Less than once a month

Pollution In this part of the survey you will be asked questions about pollution and air quality.

What do you think about the air quality in Bradford generally?

Air quality is the term we use to describe how polluted the air we breathe is.

◯ Very poor
◯ Poor
◯ Fair
◯ Good
◯ Excellent
◯ Don't know

Climate change

In this part of the survey you will be asked questions about climate change and your feelings about how it affects you and the environment.

How positive or negative do you currently feel when you think about the future of the environment?

◯ Very positive
◯ Fairly positive
◯ Neither positive nor negative
◯ Fairly negative
◯ Very negative

How worried or unworried are you about the impact of climate change?

◯ Very worried
◯ Somewhat worried
◯ Neither worried nor unworried
◯ Somewhat unworried
◯ Not at all worried

For which of the following reasons, if any, are you not worried about the impact of climate change?

◯ I do not think climate change will impact me for a long time to come
◯ I think there are other more urgent priorities to be worried about
◯ I think the impacts of climate change are exaggerated
◯ I do not know much about climate change
◯ Other (please specify)

Please specify

_____

Over the past month how anxious, if at all, have you felt about the future of the environment?

◯ Very anxious
◯ Somewhat anxious
◯ Neither anxious nor unanxious
◯ Somewhat unanxious
◯ Not at all anxious

To what extent have you made changes to your lifestyle to help tackle climate change?

◯ I have made a lot of changes
◯ I have made some changes
◯ I have made no changes

What were these changes?

☐ Changes to your diet (for example, eating more plant based or going vegetarian)
☐ Recycling
☐ Changes to your travel (for example, walking, cycling or getting public transport to school instead of going by car)
☐ Changes to your spending habits (for example, buying from more eco-friendly brands)
☐ Getting more involved with climate activism
☐ Other (please specify)

Please specify

_____

For what reasons have you not made any changes to your lifestyle to tackle climate change?

- ☐ I think large polluters should change before individuals
- ☐ I do not think eco-friendly alternatives are as good
- ☐ It is too expensive to make changes
- ☐ I do not have the time to make changes
- ☐ I do not know how to make changes
- ☐ I do not feel it is my personal responsibility
- ☐ I do not think the changes I make will have any effect on climate change
- ☐ I do not need to make changes because the effects of climate change are exaggerated
- ☐ I am not interested in making changes
- ☐ Other (please specify)

Please specify _____