

Young People's Survey: Module 2

Mental Health and Wellbeing This survey is part of the Born in Bradford Age of Wonder research project. We will be asking you questions about mental health and wellbeing. 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.

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MENTAL HEALTH & WELLBEING

WHAT IS IT?

MENTAL HEALTH... IS OUR=

- EMOTIONAL
- PSYCHOLOGICAL
- SOCIAL
- WELLBEING

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.

WHY IS IT IMPORTANT?

RESEARCH SHOWS MORE AND MORE YOUNG PEOPLE ARE REPORTING DIFFICULTIES WITH THEIR MENTAL HEALTH.

Year	Ratio
2017	1 IN 9
2020	1 IN 6

SOURCE: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE SURVEY (2020)

WHAT FACTORS AFFECT MENTAL HEALTH & WELLBEING?

WE DON'T KNOW WITHOUT YOUR HELP!

- AGE?
- GENDER?
- PHYSICAL HEALTH?
- SCHOOL
- SOCIAL MEDIA?
- FILMS, VIDEO GAMES, MUSIC?

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 Health and Wellbeing

Mental Ill Health

In this part of the survey, you will be asked questions about your mental ill health. Remember, if you do not want to answer a question, you can skip it.

Please tick the word that shows 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

Wellbeing

In this part of the survey, you will be asked questions about your wellbeing. Remember, if you do not want to answer a question, you can skip it.

How do you feel about the following aspects of your life?

Indicate on a scale of 1-7 where '1' means completely happy and '7' means not at all happy

Your school work

- ☐ 1(completely happy)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7(not at all happy)

The way you look

- ☐ 1(completely happy)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7(not at all happy)

Your family

- ☐ 1(completely happy)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7(not at all happy)

Your friends

- ☐ 1(completely happy)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7(not at all happy)

The school you go to

- ☐ 1(completely happy)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7(not at all happy)
-

Your life as a whole

- ☐ 1(completely happy)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7(not at all happy)
-

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks.

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

In this part of the survey, you will be asked 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

Support

We are interested in how you feel about the following statements. Please read each statement carefully. Indicate how you feel about each statement.

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 with whom I can share my joys and sorrows

- ☐ 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

Family

How often does your family get along together?

- ☐ Never
☐ Some of the time
☐ Always

How often do you get along with your brothers, sisters and other young people you live with?

- ☐ Never
☐ Some of the time
☐ Always
☐ I don't live with any siblings

In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

- ☐ Never
☐ 1-2 times
☐ 3-9 times
☐ 10 or more times

In the last 12 months, did you ever stay away over night without your parents knowing where you were?

- ☐ No never
☐ Yes, once or a few times
☐ Yes, lots of times
-

Friends

How many in-person friends do you have?

*By in-person, we mean friends you've met in real life

- ☐ Not many
☐ Some
☐ Lots
-

How many online friends do you have?

*By online, we mean friends you only know online

- ☐ Not many
☐ Some
☐ Lots
-

Do you have any close friends?

*By close friends we mean other young people you feel at ease with or who you can talk to about things that are private

- ☐ Yes ☐ No
-

How many of your close friends are from the same ethnic group?

- ☐ All of them
☐ Most of them
☐ Some of them
☐ None of them
-

How many of your close friends work hard at school?

- ☐ All of them
☐ Most of them
☐ Some of them
☐ None of them
-

How many of your close friends get into a lot of trouble at school?

- ☐ All of them
☐ Most of them
☐ Some of them
☐ None of them
-

Optimism and Trust

In this part of the survey, you will be asked questions about your optimism and your outlook. Remember, if you do not want to answer a question, you can skip it.

Overall, I expect more good things to happen to me than bad

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

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

Help Seeking

In this part of the survey, you will be asked questions about your help seeking to those close to you and others. Remember, if you do not want to answer a question, you can skip it.

How true are the following statements?

There is someone I trust whom I would turn to for advice if I were having problems

- ☐ Not true at all
- ☐ Partly true
- ☐ Very true

There is no one I feel close to

- ☐ Not true at all
- ☐ Partly true
- ☐ Very true

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)

Teacher or other school staff member

- ☐ 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)

Would you seek help from another not listed above?

- ☐ Yes
☐ No

Please list in the space provided

If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

Please indicate your response by choosing the number that best describes your intention to seek help from each help source that is listed (1-7).

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)

Teacher or other school staff member

- ☐ 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)

Would you seek help from another not listed above?

- ☐ Yes
☐ No

Please list in the space provided

Public Self-Consciousness

In this part of the survey, you will be asked questions about your self-consciousness. Remember, if you do not want to answer a question, you can skip it.

Please indicate how you feel about the following statements

It is important for me to look good

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I notice my inner feelings a lot

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I feel scared when I have to talk in front of a group

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Unusual Experiences

In this part of the survey, you will be asked questions about experiences you may feel are original to you. Remember, if you do not want to answer a question, you can skip it.

Have you ever heard voices that other people couldn't hear?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you heard voices that other people couldn't hear in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly every day
- ☐ Not at all

Have you ever seen something or someone that other people could not see?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you seen something or someone that other people couldn't see in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Have you ever thought you were being followed or spied on?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you thought you were being followed or spied on in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Have you ever believed that people were following you or spying on you as part of a plot to harm you in some way, and which your family or friends did not believe existed?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

Some people believe that other people can read their thoughts. Have other people ever read your thoughts?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you believed that other people can read your thoughts in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Do you think people have sometimes used special powers to read your thoughts?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

Have you ever believed that you were being sent special messages through the television or the radio, or that a programme had been arranged just for you alone?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you been sent special messages in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Have you ever felt that you were under the control of some special power?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

At its worst, how upsetting did you find this?

- ☐ Not at all upsetting
- ☐ A bit upsetting
- ☐ Quite upsetting
- ☐ Very upsetting

How often have you thought you were under the control of a special power in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Who did you think was controlling you (at any time in the past)?

- ☐ God/ another religious figure
- ☐ A computer/ other machine
- ☐ Someone/ something else

Did it control what you were doing or thinking, such that you had no will of your own?

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

Have you ever felt that you are somebody really very special, or that you have special powers like reading people's minds, or that you have been chosen to perform great and special tasks? (This doesn't mean that you are just clever or that you come from an important family.)

- ☐ Yes, definitely
- ☐ Yes, maybe
- ☐ No, never

How often have you thought you are somebody really very special, or that you have special powers in the past year?

- ☐ Once or twice
- ☐ Less than once a month
- ☐ More than once a month
- ☐ Nearly everyday
- ☐ Not at all

Eating Habits

The following section will ask you questions about your experiences and feelings towards food. This may contain potentially triggering/distressing subject matter. If any of these 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. Remember, if you do not want to answer a question, you can skip it.

On how many of the past 7 days...

Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you gone for long periods of time (e.g., 8 or more waking hours) without eating anything at all in order to influence your weight or shape?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Has thinking about your weight or shape made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you had a definite fear that you might gain weight?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you had a strong desire to lose weight?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you exercised in a driven or compulsive way as a means of controlling your weight, shape or body fat, or to burn off calories?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Have you had a sense of having lost control over your eating (at the time that you were eating)?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

On how many of these days (i.e. days on which you had a sense of having lost control over your eating) did you eat what other people would regard as an unusually large amount of food in one go?

- ☐ 0 days
☐ 1-2 days
☐ 3-5 days
☐ 6-7 days

Over the past 7 days....

Has your weight or shape influenced how you think about (judge) yourself as a person?

- ☐ 0 - Not at all
☐ 1 - Slightly
☐ 2 - Moderately
☐ 3 - Markedly

How dissatisfied have you been with your weight or shape?

- ☐ 0 - Not at all
☐ 1 - Slightly
☐ 2 - Moderately
☐ 3 - Markedly

Your question...

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

Please confirm you have completed your questionnaire:

☐ Yes, I'm ready to submit