

BiB AGE
OF
WONDER

MODULE TWO

MENTAL HEALTH



ENVIRONMENT



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| Item no | Item | Response format | | |
|---------|----------------------|-----------------|--------|---------|
| 1 | Participant study ID | | | |
| 2 | Year group | Year 8 | Year 9 | Year 10 |

Section 1: Mental Health and Wellbeing

MENTAL HEALTH

In this part of the survey, you will be asked questions about your mental 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.



| Item no | Item | Response format | | | |
|--|---|-----------------|-----------|-------|--------|
| Please select how often each of these things happen to you. There are no right or wrong answers. | | | | | |
| 3 | I feel sad or empty | Never | Sometimes | Often | Always |
| 4 | I worry when I think I have done poorly at something | Never | Sometimes | Often | Always |
| 5 | I would feel afraid of being on my own at home | Never | Sometimes | Often | Always |
| 6 | Nothing is much fun anymore | Never | Sometimes | Often | Always |
| 7 | I worry that something awful will happen to someone in my family | Never | Sometimes | Often | Always |
| 8 | I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds) | Never | Sometimes | Often | Always |
| 9 | I worry what other people think of me | Never | Sometimes | Often | Always |
| 10 | I have trouble sleeping | Never | Sometimes | Often | Always |
| 11 | I feel scared if I have to sleep on my own | Never | Sometimes | Often | Always |
| 12 | I have problems with my appetite | Never | Sometimes | Often | Always |
| 13 | I suddenly become dizzy or faint when there is no reason for this | Never | Sometimes | Often | Always |
| 14 | 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 |
| 15 | I have no energy for things | Never | Sometimes | Often | Always |
| 16 | I suddenly start to tremble or shake when there is no reason for this | Never | Sometimes | Often | Always |
| 17 | I cannot think clearly | Never | Sometimes | Often | Always |

| | | | | | |
|----|---|-------|-----------|-------|--------|
| 18 | I feel worthless | Never | Sometimes | Often | Always |
| 19 | I have to think special thoughts (like numbers or words) to stop bad things happening | Never | Sometimes | Often | Always |
| 20 | I think about death | Never | Sometimes | Often | Always |
| 21 | I feel like I don't want to move | Never | Sometimes | Often | Always |
| 22 | I worry that I will suddenly get a scared feeling when there is nothing to be afraid of | Never | Sometimes | Often | Always |
| 23 | I am tired a lot | Never | Sometimes | Often | Always |
| 24 | I feel afraid that I will make a fool of myself in front of people | Never | Sometimes | Often | Always |
| 25 | I have to do some things in just the right way to stop bad things from happening | Never | Sometimes | Often | Always |
| 26 | I feel restless | Never | Sometimes | Often | Always |
| 27 | 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. Below are statements about feelings and thoughts.

| Item no | Item | Response format | | | | |
|---|--|------------------|--------|------------------|-------|-----------------|
| Please tick the box that best describes your experience of each over the past 2 weeks. | | | | | | |
| 28 | I've been feeling optimistic about the future | None of the time | Rarely | Some of the time | Often | All of the time |
| 29 | I've been feeling useful | None of the time | Rarely | Some of the time | Often | All of the time |
| 30 | I've been feeling relaxed | None of the time | Rarely | Some of the time | Often | All of the time |
| 31 | I've been dealing with problems well | None of the time | Rarely | Some of the time | Often | All of the time |
| 32 | I've been thinking clearly | None of the time | Rarely | Some of the time | Often | All of the time |
| 33 | I've been feeling close to other people | None of the time | Rarely | Some of the time | Often | All of the time |
| 34 | 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 |

| | | | | |
|----|--|-------|------------------|-----------------|
| 35 | 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 peers. Remember, if you do not want to answer a question, you can skip it.

| Item no | Item | Response Format | | |
|---------|---------------------------------|-----------------|------------------|-------|
| | <u>How often do you feel...</u> | | | |
| 36 | ...left out? | Hardly ever | Some of the time | Often |
| 37 | ...isolated from others? | Hardly ever | Some of the time | Often |
| 38 | ...alone? | Hardly ever | Some of the time | Often |

Trust

| Item no | Item | Item Format | |
|---------|---|----------------------------|----------------------|
| 39 | 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

| Item no | Item | Item Format | |
|---------|---|--|----|
| | <u>If you had a personal or emotional problem, how likely is it you would seek help from the following?</u> | | |
| 40 | Girlfriend/boyfriend or partner | 1 (extremely unlikely) 2 3 (unlikely) 4 5 (likely) 6 7 (extremely- likely) | |
| 41 | Friend (not related to you) | | |
| 42 | Parent/Carer | | |
| 43 | Other relative/family member | | |
| 44 | Mental health professional (e.g. counsellor) | | |
| 45 | Phone helpline (e.g. Samaritans) | | |
| 46 | Doctor/GP | | |
| 47 | Religious Leader | | |
| 48 | I would not seek help from anyone. | | |
| 49 | Teacher or school staff member. | | |
| 50 | Would you seek help from another not listed above? | Yes | No |
| 51 | IF YES TO Q.57, Please list in the space provided: | Text box (word limit 250) | |

TW: Self-Harm

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

| Item no | Item | Response Format | |
|---------|---|-----------------|----|
| 52 | In the past year, have you hurt yourself on purpose in any way? | Yes | No |

Resilience

| Item no | Item | Response Format | | | | |
|--|---|-------------------|----------|---------|-------|----------------|
| Please indicated how much you agree or disagree with the following statements: | | | | | | |
| 53 | I tend to bounce back to quickly after hard times | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 54 | I have a hard time making it through stressful event | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 55 | It does not take me long to recover from a stressful event | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 66 | It does not take me long to recover from a stressful event | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 67 | It is hard for me to snap back when something bad happen | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 68 | I usually come through difficult times with little trouble | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 69 | I tend to take a long time to get over set-backs in my life | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

YEAR 10 ONLY: Unusual Experience

Here we ask some questions about some unusual experiences you may have. It can be quite normal to hear things or see things that other people don't. Sometimes people may have strange beliefs or feel a bit out of touch with reality, this can feel upsetting sometimes but is quite common. You can find some services in the BiB resources booklet that might be able to help if any of these questions are upsetting.

| Item no | Item | Response Format | | | | |
|---------|---|----------------------|-----------------|-----------------|----------------|--------|
| 70 | Have you ever heard voices that other people couldn't hear? | Yes, definitely | Yes, maybe | No, never | | |
| 71 | IF YES or MAYBE TO Q.67, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 72 | IF YES or MAYBE TO Q.67, | Once or | Less than | More than | Nearly | Not at |

| | | | | | | |
|----|--|----------------------|------------------------|------------------------|------------------|------------|
| | How often have you heard voices that other people couldn't hear in the last year? | twice | once a month | once a month | every day | all |
| 73 | Have you ever seen something or someone that other people could not see? | Yes, definitely | | Yes, maybe | | No, never |
| 74 | IF YES or MAYBE TO Q.70, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 75 | IF YES or MAYBE TO Q.70, 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 every day | Not at all |
| 76 | Have you ever thought you were being followed or spied on? | Yes, definitely | | Yes, maybe | | No, never |
| 77 | IF YES or MAYBE TO Q.73, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 78 | IF YES or MAYBE TO Q.73, 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 every day | Not at all |
| 79 | IF YES or MAYBE TO Q.73, Have you ever believed that people were following you or spying in 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 |
| 80 | Some people believe that other people can read their thoughts. Have other people ever read your thoughts? | Yes, definitely | | Yes, maybe | | No, never |
| 81 | IF YES or MAYBE TO Q.77, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 82 | IF YES or MAYBE to Q.77, 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 every day | Not at all |
| 83 | Do you think people have sometimes used special powers to read your thoughts? | Yes, definitely | | Yes, maybe | | No, never |

| | | | | | | |
|----|---|------------------------------|--------------------------|------------------------|------------------|------------|
| 84 | 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 | | |
| 85 | IF YES or MAYBE TO Q.81, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 86 | IF YES or MAYBE to Q.81, 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 every day | Not at all |
| 87 | Have you ever felt that you were under the control of some special power? | Yes, definitely | Yes, maybe | No, never | | |
| 88 | IF YES or MAYBE TO Q.84, At its worst, how upsetting did you find this? | Not at all upsetting | A bit upsetting | Quite upsetting | Very upsetting | |
| 89 | IF YES or MAYBE to Q.84, How often have you thought you were under the control of special powers in the past year? | Once or twice | Less than once a month | More than once a month | Nearly every day | Not at all |
| 90 | IF YES or MAYBE to Q.84, Who did you think was controlling you (at any time in the past year)? | God/another religious figure | A computer/other machine | Someone/something else | | |
| 91 | IF YES or MAYBE to Q.84, Did it control what you were doing or thinking, such that you had no will of your own? | Yes, definitely | Yes, maybe | No, never | | |
| 92 | 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 | | |
| 93 | IF YES or MAYBE TO Q.89, 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 every day | Not at all |

Support

| Item no | Item | Response Format | | |
|---------|--|-----------------|---------------|-----------|
| 94 | My family really tries to help me | Not true | Somewhat true | Very true |
| 95 | I get the emotional help and support I need from my family | Not true | Somewhat true | Very true |
| 96 | My friends really try to help me | Not true | Somewhat true | Very true |
| 97 | I can count on my friends when things go wrong | Not true | Somewhat true | Very true |
| 98 | I can talk about my problems with my family | Not true | Somewhat true | Very true |
| 99 | I have friends I can share my joys and sorrows with | Not true | Somewhat true | Very true |
| 100 | My family is willing to help me make decisions | Not true | Somewhat true | Very true |

Your question...

| Item no | Item | Response Format |
|---------|--|---------------------------|
| 101 | If you could ask every teenager in Bradford any questions about their mental health, what would it be? | Text box (word limit 250) |

Section 2: Environment

Environment refers to the surroundings in which animals, humans and plants live.

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.

| Item no | Item | Response Format | | | | |
|---------|--|-----------------|------------------|-------------------|----------------------|--------------------|
| 102 | Do you have a park or green space near your home where you can play/meet with your friends? | Yes | | No | | |
| 103 | How satisfied or dissatisfied are you with the parks and green spaces in your local area? By your area, we | Very satisfied | Fairly satisfied | Neither satisfied | Fairly dis-satisfied | Very dis-satisfied |

| | | | | | | |
|-----|---|------------------------|------------------|-------------|-------------------|-------------------|
| | mean within about a mile or 20 minute walk from your home. | | | | | |
| 104 | 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 | 1-3 times a month | Less than a month |
| 105 | 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 | 1-3 times a month | Less than a month |

Pollution

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

| Item no | Item | Response Format |
|---------|---|--|
| 106 | 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 in. | 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.

| Item no | Item | Response Format | | | | |
|---------|--|--|--|--|---|--------------------|
| 107 | 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 |
| 108 | How worried or unworried are you about the impact of climate change? | Very worried | Some-what worried | Neither worried nor unworried | Some-what unworried | Not at all worried |
| 109 | IF ANSWERED 'SOMEWHAT' or 'NOT AT ALL' WORRIED TO Q.105, For which of the following reasons, if any, are you not worried about the impact of | I do not think climate change will impact me for a long time | I think there are other more urgent priorities to be worried | I think the impacts of climate change are exaggerated. | I do not know much about climate change | Other |

| | | | | | | |
|-----|---|--|--------------------------|--------------------------------|------------------------|--------------------|
| | climate change? | to come | about | | | |
| 110 | IF 'OTHER' TO Q.106, Please specify: | Text box | | | | |
| 111 | Over the past month how anxious, if at all, have you felt about the future of the environment? | Very anxious | Some-what anxious | Neither anxious nor un-anxious | Some-what un-anxious | Not at all anxious |
| 112 | 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 | |
| 113 | IF ANSWERED 'MADE ANY CHANGES' IN Q.109, What were the changes? | Changes to your diet (e.g. going plant based). Recycling. Changes to travel (e.g. cycling). Changes to spending (e.g. eco-friendly products). Getting more involved with climate change. Other. | | | | |
| 114 | IF 'OTHER' TO Q.110, Please specify: | Text box | | | | |
| 115 | IF ANSWERED 'NO CHANGES' TO Q.109, 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 an 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. | | | | |
| 116 | IF ANSWERED OTHER TO Q.112, Please specify: | Text box. | | | | |
| 117 | Form status: Complete? | Incomplete | Unverified | | Complete | |