

BiB AGE
OF
WONDER

MODULE TWO

MENTAL HEALTH



ENVIRONMENT



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CONTENT

Section 1: Mental Health and Wellbeing

Wellbeing

Relationships

Trust

Help seeking

TW: Self-harm

Resilience

Unusual Experience (Only Year 10s)

Support

Your question...

MENTAL HEALTH



Section 2: Environment

Green space

Pollution

Climate Change

ENVIRONMENT



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
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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	