

Mental Health and Social Services School Questionnaire

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**School Health Policies and Practices Study 2014
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Mental Health and Social Services School Questionnaire

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Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED PERSONAL INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE LAPTOP COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. COMMENTS APPEARING IN THE MARGIN REPRESENT ASSISTANCE AVAILABLE TO THE RESPONDENT IF ADDITIONAL CLARIFICATION IS REQUIRED ON THE QUESTION OR THE SPECIFIC TERMINOLOGY USED. WHEN ASKED, THE INTERVIEWER WILL READ THESE STATEMENTS ALOUD TO THE RESPONDENT. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

Job Title

1. What is your job title at the school? (In which role do you spend more time?)
 - 1) Principal
 - 2) Asst. Principal/Other School Administrator
 - 3) School Secretary
 - 4) Physical Ed Teacher
 - 5) Athletic Director
 - 6) Health Ed Teacher
 - 7) Other Teacher
 - 8) Food Service Manager
 - 9) Commercial Food Service Provider
 - 10) Other School Food Service Staff
 - 11) School Counselor
 - 12) Social Worker
 - 13) Psychologist
 - 14) Other Mental Health/Social Services Provider
 - 15) Nurse
 - 16) Health Aide
 - 17) Physician
 - 18) Other Health Services Provider
 - 19) SBHC Health Services Staff
 - 20) SBHC Mental Health/Social Services Staff
 - 50) Other Staff

Staffing Characteristics

This interview asks about standard mental health and social services. By “standard,” we mean services available to all students at your school. Mental health and social services include services such as crisis intervention, identification of emotional disorders, or assistance with enrolling in Medicaid. These services usually are provided by a school counselor, psychologist, or social worker but also could be provided at your school by staff from collaborating community agencies.

First, I would like to ask questions about staffing for standard mental health and social services at your school. Please include both contracted providers and regular school staff.

2. Is there a part-time or full-time school counselor who provides standard mental health or social services to students at your school? Do not include school counselors who provide only academic counseling or college or career placement.

Yes.....1

No.....2 →SKIP TO Q5

3. How many part-time or full-time school counselors provide standard mental health or social services to students at your school?

_____ Counselors

4. During the past 30 days, how many hours per week on average has each school counselor spent at your school?

Counselor 1 _____ Hours/Week

Counselor 2 _____ Hours/Week

Counselor 3 _____ Hours/Week

Counselor 4 _____ Hours/Week

5. At your school, what is the minimum level of education required for a **newly hired** school counselor?

Undergraduate degree in counseling.....1

Master’s degree in counseling.....2

Other degree (Specify).....3

No specific education requirement.....4

6. Is a **newly hired** school counselor required to be licensed, certified, or credentialed by a state agency or board?

Yes.....1

No.....2

State does not license, certify, or credential school counselors.....3

7. Is there a part-time or full-time school psychologist who provides standard mental health or social services to students at your school? Do not include school psychologists who only conduct psychological testing.
- Yes.....1
 No.....2 →SKIP TO Q10
8. How many part-time or full-time school psychologists provide standard mental health or social services to students at your school?
- _____ Psychologists
9. During the past 30 days, how many hours per week on average has each school psychologist spent at your school?
- Psychologist 1 _____ Hours/Week
 Psychologist 2 _____ Hours/Week
 Psychologist 3 _____ Hours/Week
 Psychologist 4 _____ Hours/Week
10. At your school, what is the minimum level of education required for a **newly hired** school psychologist?
- Undergraduate degree in psychology.....1
 Master’s degree in psychology.....2
 Doctorate in psychology.....3
 Other degree (Specify).....4
 No specific education requirement.....5
11. Is a **newly hired** school psychologist required to be licensed, certified, or credentialed by a state agency or board?
- Yes.....1
 No.....2
 State does not license, certify,
 or credential school psychologists.....3
12. Is there a part-time or full-time school social worker who provides standard mental health or social services to students at your school?
- Yes.....1
 No.....2 →SKIP TO Q15

13. How many part-time or full-time school social workers provide standard mental health or social services to students at your school?
 _____ Social workers
14. During the past 30 days, how many hours per week on average has each school social worker spent at your school?
 Social worker 1 _____ Hours/Week
 Social worker 2 _____ Hours/Week
 Social worker 3 _____ Hours/Week
 Social worker 4 _____ Hours/Week
15. At your school, what is the minimum level of education required for a **newly hired** school social worker?
 Undergraduate degree in social work.....1
 Master’s degree in social work.....2
 Other degree (Specify).....3
 No specific education requirement.....4
16. Is a **newly hired** school social worker required to be licensed, certified, or credentialed by a state agency or board?
 Yes.....1
 No.....2
 State does not license, certify,
 or credential school social workers.....3
17. Are **all** school mental health or social services staff required to earn continuing education credits on **mental health or social services topics**?
 Yes.....1
 No.....2

IF THERE IS NO SCHOOL COUNSELOR, PSYCHOLOGIST, OR SOCIAL WORKER AT THIS SCHOOL (Q2, Q7, AND Q12 ARE “NO”), SKIP TO THE INTRODUCTION TO Q21.

18. During the past 12 months, has a school counselor, psychologist, or social worker at your school talked to or taught...

Yes **No**

ANSWER A AND B FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO THE INSTRUCTIONS BEFORE C.

- a. A health education class at your school?.....1.....2
- b. Any other class at your school?.....1.....2

ANSWER C AND D FOR ELEMENTARY SCHOOL ONLY.
OTHERWISE, SKIP TO THE INTRODUCTION TO Q19.

- c. Students at your school as part of a health education lesson or unit?.....1.....2
- d. Students at your school as part of any other lesson or unit?.....1.....2

Collaboration and Promotion

Now I'm going to ask you about collaboration among mental health or social services staff and other school and local agency staff.

19a. During the past 12 months, has a school counselor, psychologist, or social worker at your school worked on standard school mental health or social services activities with health education staff from your school?

Yes.....1

No.....2

School does not have health education staff.....3

19b. What about with physical education staff from your school?

Yes.....1

No.....2

School does not have physical education staff.....3

19c. What about with nutrition or food service staff from your school?

Yes.....1

No.....2

School does not have nutrition or
food service staff.....3

19d. What about with health services staff from your school?

Yes.....1

No.....2

School does not have health services staff.....3

19e. School-based health center staff from your school?

Yes.....1

No.....2

School does not have school-based
health center staff.....3

20. During the past 12 months, has a school counselor, psychologist, or social worker worked on standard school mental health or social services activities for students with staff or members from...

	Yes	No
a. A health organization, such as the American Heart Association or the American Red Cross?.....	1.....	2.....
b. A local health department?.....	1.....	2.....
c. A local mental health or social services agency?.....	1.....	2.....
d. A local juvenile justice department?.....	1.....	2.....
e. A local college or university?.....	1.....	2.....
f. A local business?.....	1.....	2.....
g. A local child welfare agency?.....	1.....	2.....
h. A local hospital?.....	1.....	2.....
i. A local law enforcement agency?.....	1.....	2.....
j. A local service club, such as the Rotary Club?.....	1.....	2.....
k. Communities in Schools?.....	1.....	2.....

The next question asks whether certain groups have helped develop, communicate, or implement mental health or social services policies or activities. Examples of this might include sitting on a committee, presenting to the school board, organizing a school-wide event, or soliciting or providing donations for school mental health or social services.

19. During the past two years, have any of the following groups helped develop, communicate, or implement mental health or social services policies or activities?

	Yes	No
a. Students.....	1.....	2.....
b. Students' families.....	1.....	2.....
c. Teachers.....	1.....	2.....
d. Other community members.....	1.....	2.....

20. During the past 12 months, has anyone from your school...

	Yes	No	N/A
a.....Met with a parents’ organization, such as the PTA, to discuss standard school mental health and social services?.....1.....2	1	2	
b.....Provided families of all students with information on standard school mental health and social services?.....1.....2	1	2	
c.....Invited family members of all students to tour the standard mental health and social services facilities?.....1.....2.....3	1	2	3
d.....Collected suggestions from students about school mental health and social services?.....1.....2	1	2	
e.....Collected suggestions from students’ families about school mental health and social services?.....1.....2	1	2	

Facilities and Equipment

The next question asks about facilities and equipment that might be available for mental health or social services staff at your school to use.

21. Does your school have...

	Yes	No
a. A private room for counseling students?.....	1.....	2
b. A dedicated phone line for standard mental health or social services staff?.....	1.....	2
c. An answering machine or voice mail reserved for standard mental health or social services staff?.....	1.....	2
d. Locked storage space for files related to the standard mental health or social services provided to students?.....	1.....	2

22. Where in relation to your school's main office is the primary location where students go to obtain standard mental health or social services? Are the services offered...

Within the same office suite as the main office,.....	1
Within view of the main office, or.....	2
Not within view of the main office?.....	3

Provision of Mental Health and Social Services

I am going to ask about the activities of mental health or social services staff such as school counselors, psychologists, and social workers. Please do not include activities by teachers in the classroom or activities by nurses or physicians. I'll find out about their activities during a different interview.

SHOW CARD 1

As I read the list on this card, please tell me if each is provided by mental health or social services staff to students **at your school**.

23. Do mental health or social services staff provide...

	Yes	No
a. Case management for students with emotional or behavioral problems?.....	1.....	2.....
b. Family counseling?.....	1.....	2.....
c. Group counseling?.....	1.....	2.....
d. Individual counseling?.....	1.....	2.....
e. Comprehensive assessment or intake evaluation?.....	1.....	2.....
f. Peer counseling or mediation?.....	1.....	2.....
g. Self-help or support groups?.....	1.....	2.....

IF Q25A–G ARE ALL “NO” SKIP TO THE INTRODUCTION TO Q28.

24. Who provides [each service listed in Q25A–G]?

MARK ALL THAT APPLY

School counselor.....	1
School psychologist.....	2
School social worker.....	3
Other (Specify).....	4

Provision of Mental Health and Social Services

25. At your school, how are standard mental health and social services funded?

MARK ALL THAT APPLY

- School district budget.....1
- Medicaid.....2
- State Children’s Health Insurance Program
(SCHIP).....3
- Private insurance.....4
- Public grants.....5
- Private grants.....6
- Other.....7

Student assistance programs provide services designed to assist students experiencing personal or social problems that can impact school performance, physical health, or overall well-being.

26. Is a student assistance program offered to students at your school?

- Yes.....1
- No.....2

Some schools have a team of school staff who collaborate to provide assistance to students with disabilities or those who are experiencing academic difficulties or behavioral problems. These sometimes are called student support teams, student assistance teams, or student guidance teams.

27. Does your school have such a team?

- Yes.....1
- No.....2

→SKIP TO THE
INSTRUCTIONS BEFORE
Q31

28. Does this team include staff from collaborating community agencies?

- Yes.....1
- No.....2

IF THIS IS A PRIVATE OR CATHOLIC SCHOOL, SKIP TO Q34.

29. Does someone from the mental health and social services staff participate in the development of Individualized Education Programs, or IEPs, when indicated?

- Yes.....1
- No.....2

Provision of Mental Health and Social Services

30. Does someone from the mental health and social services staff participate in the development of Individualized Health Plans, or IHPs, when indicated?
- Yes.....1
No.....2
31. Does someone from the mental health and social services staff participate in the development of 504 plans, when indicated?
- Yes.....1
No.....2
32. During the past 12 months, has your school reviewed mental health or social services records to identify students with chronic mental health or social services problems or ways to prevent further occurrences of these problems?
- Yes.....1
No.....2
School does not keep mental health
or social services records.....3
33. Is there backup or after hours coverage when school mental health or social services staff are unavailable, for example after school or on weekends?
- Yes.....1
No.....2

Services Provided at Other Sites

This next set of questions asks about mental health or social services delivered to students or families from your school at **other sites** not on school property regardless of whether the services are paid for by the school system. These services may be provided by mental health or social services professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide mental health or social services to students or families.

34. Currently, do any organizations or mental health or social services professionals have a contract, memorandum of agreement, or other similar arrangement to provide mental health or social services to students or families from your school?

Yes.....1
No.....2 →SKIP TO Q40

SHOW CARD 2

35. Which of the organizations or mental health or social services professionals listed on this card have arrangements to provide mental health or social services to students or families from your school?

MARK ALL THAT APPLY

A school-linked health center.....1
A community health clinic or health center.....2
A local health department.....3
A local hospital.....4
A local mental health or social services
agency.....5
A university, medical school, or
nursing school.....6
A managed care organization.....7
A private psychologist.....8
A private psychiatrist.....9
A private social worker.....10
A private counselor.....11

SHOW CARD 3

As I read the list printed on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide these services to students or families from your school.

36. Are there arrangements with any organizations or mental health or social services professionals to provide...

Yes **No**

ANSWER A AND B FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO C.

- a. Tobacco use cessation?.....1.....2
- b. Alcohol or other drug use treatment?.....1.....2
- c. Counseling after a natural disaster or other emergency
or crisis situation?.....1.....2
- d. Crisis intervention for personal problems?.....1.....2
- e. Identification of emotional or behavioral disorders,
such as anxiety, depression, or ADHD?.....1.....2
- f. Counseling for emotional or behavioral disorders,
such as anxiety, depression, or ADHD?.....1.....2
- g. Stress management?.....1.....2
- h. Weight management?.....1.....2

ANSWER I AND J FOR MIDDLE AND HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO K.

- i. Identification of or referral for eating disorders?.....1.....2
- j. HIV counseling, testing, and referral?.....1.....2
- k. Identification of or referral for physical, sexual, or
emotional abuse?.....1.....2
- l. Identification of or referral for students
with family problems, such as parental divorce,
substance abuse, or violence?.....1.....2
- m. Referrals for after-school programs for students,
such as supervised recreation?.....1.....2

(Q38 continued)

	Yes	No
ANSWER N, O AND P FOR MIDDLE AND HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q.		
n. Referrals for child care for teen mothers?.....	1	2
o. Services specifically for gay, lesbian, or bisexual students?.....	1	2
p. Job readiness skills programs?.....	1	2
q. Assistance with enrolling in WIC or accessing food stamps or food banks?.....	1	2
r. Assistance with securing temporary or permanent housing?.....	1	2
s. Assistance with enrolling in Medicaid or SCHIP?.....	1	2
t. Assistance for accessing benefits for students with disabilities?.....	1	2

SHOW CARD 4

As I read the list on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide to these services to students or families from your school.

37. Are there arrangements with any organizations or mental health or social services professionals to provide...

	Yes	No
a. Case management for students with emotional or behavioral problems?.....	1	2
b. Family counseling?.....	1	2
c. Group counseling?.....	1	2
d. Individual counseling?.....	1	2
e. Comprehensive assessment or intake evaluation?.....	1	2
f. Peer counseling or mediation?.....	1	2
g. Self-help or support groups?.....	1	2

Mental Health and Social Services Coordinator

38. Currently, does someone at your school oversee or coordinate standard mental health and social services?

- Yes.....1
No.....2 →SKIP TO Q56

39. Are you this person?

- Yes.....1
No.....2 →SKIP TO Q56

SHOW CARD 5

40. Please tell me who you work for.
MARK ALL THAT APPLY

- School district.....1
This school.....2
A local mental health or social services
agency.....3
Other.....4

Now, I'd like to ask you some questions about your educational background.

41. Do you have an undergraduate degree?

- Yes.....1
No.....2 →SKIP TO THE
INTRODUCTION TO Q50

42. What did you major in?
MARK ALL THAT APPLY

- Counseling.....1
Psychology.....2
Social work.....3
Education.....4
Other (Specify).....5

43. Did you have an undergraduate minor?

- Yes.....1
No.....2 →SKIP TO Q47

44. What did you minor in?
MARK ALL THAT APPLY
- Counseling.....1
Psychology.....2
Social work.....3
Education.....4
Other (Specify).....5
45. Do you have a graduate degree?
- Yes.....1
No.....2 → SKIP TO Q49
46. In what area or areas was your graduate work?
MARK ALL THAT APPLY
- Counseling.....1
Psychology.....2
Social work.....3
Education.....4
Other (Specify).....5
47. Are you currently licensed, certified, or credentialed by a state agency or board to provide school mental health or social services?
- Yes.....1
No.....2
State does not license, certify,
or credential school mental health
or social services professionals.....3

SHOW CARD 6

Finally, I'd like to ask you a few questions on professional development. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

As I read the list of topics printed on this card, please tell me if you received any professional development on each topic during the past two years.

48. During the past two years, did you receive any professional development on...

	Yes	No
a. Tobacco use cessation?.....	1.....	2
b. Alcohol or other drug use treatment?.....	1.....	2
c. Counseling after a natural disaster or other emergency or crisis situation?.....	1.....	2
d. Crisis intervention for personal problems?.....	1.....	2
e. Emergency preparedness?.....	1.....	2
f. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
g. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....	1.....	2
h. Stress management?.....	1.....	2
i. Weight management?.....	1.....	2
j. Identification of or referral for eating disorders?.....	1.....	2
k. HIV counseling, testing and referral?.....	1.....	2
l. Identification of or referral for physical, sexual, or emotional abuse?.....	1.....	2
m. Identification of or referral for students with family problems, such as parental divorce, substance abuse or violence?.....	1.....	2
n. After-school programs for students such as supervised recreation?.....	1.....	2
o. Child care options for teen mothers?.....	1.....	2
p. Services specifically for gay, lesbian, or bisexual students?.....	1.....	2
q. Enrolling in WIC or accessing food stamps or food banks?.....	1.....	2
r. Securing temporary or permanent housing?.....	1.....	2
s. Enrolling in Medicaid or SCHIP?.....	1.....	2
t. Accessing benefits for students with disabilities?.....	1.....	2
u. Job readiness skills programs?.....	1.....	2

SHOW CARD 6

49. Which of these topics would you like to receive further professional development on?
MARK ALL THAT APPLY

- Tobacco use cessation.....1
- Alcohol or other drug use treatment.....2
- Counseling after a natural disaster or other
emergency or crisis situation.....3
- Crisis intervention for personal problems.....4
- Emergency preparedness.....5
- Identification of emotional or behavioral
disorders, such as anxiety, depression,
or ADHD.....6
- Counseling for emotional or behavioral
disorders, such as anxiety, depression,
or ADHD.....7
- Stress management.....8
- Weight management.....9
- Identification of or referral for eating
disorders.....10
- HIV counseling, testing, and referral.....11
- Identification of or referral for physical,
sexual, or emotional abuse.....12
- Identification of or referral for students with
family problems, such as parental divorce,
substance abuse, or violence.....13
- After-school programs for students
supervised recreation.....14
- Child care options for teen mothers.....15
- Services specifically for gay, lesbian, or
bisexual students.....16
- Enrolling in WIC or accessing food stamps
or food banks.....17
- Securing temporary or permanent housing.....18
- Enrolling in Medicaid or SCHIP.....19
- Accessing benefits for students with
disabilities.....20
- Job readiness skills programs.....21
- None of these.....22

SHOW CARD 7

50. During the past two years, have you received any professional development on...

	Yes	No
a. Nutrition and dietary behavior counseling?.....	1.....	2
b. Physical activity and fitness counseling?.....	1.....	2
c. Pregnancy prevention?.....	1.....	2
d. HIV prevention?.....	1.....	2
e. STD prevention?.....	1.....	2
f. Suicide prevention?.....	1.....	2
g. Tobacco use prevention?.....	1.....	2
h. Alcohol or other drug use prevention?.....	1.....	2
i. Violence prevention, for example bullying, fighting, or dating violence prevention?.....	1.....	2
j. Injury prevention and safety counseling?.....	1.....	2

SHOW CARD 7

51. Which of these topics would you like to receive further professional development on?
MARK ALL THAT APPLY

Nutrition and dietary behavior counseling.....	1
Physical activity and fitness counseling.....	2
Pregnancy prevention.....	3
HIV prevention.....	4
STD prevention.....	5
Suicide prevention.....	6
Tobacco use prevention.....	7
Alcohol or other drug use prevention.....	8
Violence prevention, such as bullying, fighting, or dating violence prevention.....	9
Injury prevention and safety counseling.....	10
None of these.....	11

SHOW CARD 8

52. Finally, during the past two years, have you received any professional development on...

	Yes	No
a. Case management for students with emotional or behavioral problems?.....	1.....	2.....
b. Family counseling?.....	1.....	2.....
c. Group counseling?.....	1.....	2.....
d. Individual counseling?.....	1.....	2.....
e. Comprehensive assessment or intake evaluation?.....	1.....	2.....
f. Peer counseling or mediation?.....	1.....	2.....
g. Self-help or support groups?.....	1.....	2.....
h. Student assistance programs?.....	1.....	2.....
i. Student support teams?.....	1.....	2.....

SHOW CARD 8

53. Which of these topics would you like to receive further professional development on?

MARK ALL THAT APPLY

Case management for students with emotional or behavioral problems.....	1
Family counseling.....	2
Group counseling.....	3
Individual counseling.....	4
Comprehensive assessment or intake evaluation.....	5
Peer counseling or mediation.....	6
Self-help or support groups.....	7
Student assistance programs.....	8
Student support teams.....	9
None of these.....	10

54. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

() -

- 1) Daytime or
- 2) Evening/weekend

Thank you very much for taking the time to complete this interview.