**ATTACHMENT 6:**

***TEACHER MENTAL HEALTH LITERACY SURVEY***

OMB No. 0930-XXXX

Exp. Date MM/DD/YYYY

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0930-0xxx.  Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

**PRESCREENING**

Have you completed a Mental Health First Aid Training program between November 2016 and August 2017?

* **Yes**

*If so:*

Please list the start and end dates of your MHFA training program:\_\_\_/\_\_/\_\_\_ to \_ \_\_/\_\_\_/\_\_\_

Did you complete a survey (*mark all that apply)*:

* Prior to beginning the program?
* Immediately following the program?
* 3 months after completing the program?
* 6 months after completing the program?

(*Your survey is now complete)*

* **No** *(Please continue to* ***Section ONE*** *below).*

**SECTION ONE: DEMOGRAPHICS**

**This section is designed to provide information and you and your role as an educator, which will provide context for future research.**

1. How many years have you worked in schools?

*Less than 1 year 1-2 years 3-5 years 6-10 years 11-15 years*

*16-20 years More than 20 years*

1. How many years have you worked in your current school?

*Less than 1 year 1-2 years 3-5 years 6-10 years 11-15 years*

*16-20 years More than 20 years*

1. What is your main role in your school?

*Leadership Classroom teacher Student welfare/counselor Support Officer (SSO)*

*Other*

1. What subjects do you teach?

*Arts English Technology Language other than English*

*Studies of Society and Environment Science Health & Physical Education Mathematics*

*Not applicable*

1. What is the highest level of schooling that you completed?

*Some high school High school Vocational school certificate*

*Some college Associate degree Bachelor’s degree*

*Some graduate school Graduate degree (e.g., Master’s, Doctorate)*

1. What is your gender?

*Woman Man Transgender Genderqueer Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_*

1. What is your race?

*Black/African American Asian Pacific Islander Native American White*

*Mixed (one or more races) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. What is your ethnicity?

*Hispanic Non-Hispanic*

|  |  |
| --- | --- |
|  |  |

1. How old are you? years
2. Is English the primary language spoken at home?

*Yes No (If no, please specify the primary language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_)*

1. What level of mental health training have you completed?

*No previous mental health training*

*Minimal mental health training (e.g., a few talks and presentations about mental health)*

*Moderate mental health training (e.g., several workshops, trainings, or classes about mental health)*

*Extensive mental health training (e.g., graduate degrees and/or license in social work, psychology, psychiatry, or substance abuse)*

**SECTION TWO: YOUR PERSONAL BELIEFS**

For this survey, please consider the term mental health problem(s) to include a range of signs and symptoms that disrupt daily functioning:

* Physical signs (e.g., changes in normal patterns or appearance)
* Emotional symptoms (e.g., depressed mood, irritability, excessive worry)
* Thinking problems (e.g., racing thoughts, odd ideas, confused thinking)
* Behavioral signs (e.g., difficulty concentrating, avoiding feared situations, excessive alcohol and substance use)
* Extreme distress (e.g., thoughts of suicide or self-harm, experienced or witnessed traumatic event(s) [i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.]

**In this section, we would like to know what YOU BELIEVE about mental health problems. Please select the response that best describes your level of agreement.**

**A1. In general, I believe that I should…**

*Response Category for Qs 8-12:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. Encourage a person experiencing a mental health crisis to get professional help.
2. Listen without expressing my judgment to a person about his/her mental health problems.
3. Give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s).
4. Ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.
5. Encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.

**A2. In general, I believe that people with mental health problem(s)…**

*Response Category for Qs 13-16:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. are easy to talk with
2. are unpredictable
3. get better with treatment
4. are dangerous

**A3. [NO QUESTION STEM]**

*Response Category for Qs 17-21:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. If I had a mental health problem(s), I would not tell anyone.
2. If someone in my family had a mental health problem(s), I would not tell anyone.
3. I intent to take action to help anyone address his/her mental health problem(s).
4. I intend to take action to help anyone address his/her mental health problem(s).
5. I intend to listen without expressing my judgment to anyone I suspect of experiencing a mental health problem(s).

**SECTION THREE: YOUR BELIEFS ABOUT MENTAL HEALTH ACTIONS**

**For each action, please select the response that best describes HOW DIFFICULT it is for you to perform that action.**

**B1. *Currently,* I believe that, for me…**

*Response Categories for Qs 22-26:*

*Not at all difficult* 1 2 3 4 5 *Extremely difficult*

1. Giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is:
2. Listening to a person about his/her mental health problem(s) without expressing my judgment is:
3. Asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:
4. Referring a person experiencing a mental health problem(s) to a mental health provider is:
5. Encouraging a person showing signs of mental health problem(s) to engage in activities that might help decrease symptoms is:

**B2. For each statement below, please select the response that best describes YOUR OPINION about how likely it would be for a person with mental health problems to respond to a specific action of yours.**

*Response Categories for Qs 27-30:*

*Not at all likely* 1 2 3 4 5 *Extremely likely*

1. If I express my concerns to any person about the mental health signs and symptoms that he or she is experiencing, it will help that person to seek timely support.
2. If I listen to any person without expressing my judgment, it will help that person talk to me about his/her mental health problem(s).
3. If I ask about suicidal thoughts directly, a person with such thoughts will feel a sense of relief.
4. If I give information about mental health providers in the community to any person experiencing a mental health problem(s), it will assist that person get help.

**We would like to learn from you whether helping anyone with mental health problem(s) would be personally rewarding—in other words, something that would feel beneficial to you.**

**For each action, please select the response that best describes HOW REWARDING it is for you to perform that action.**

**B3. *Currently,* I believe that, for me…**

*Response Categories for Qs 31-35:*

*Not at all rewarding* 1 2 3 4 5 *Extremely rewarding*

1. Giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is:
2. Listening to a person about his/her mental health problem(s) without expressing my judgment is:
3. Asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:
4. Referring a person experiencing a mental health problem(s) to a mental health provider is:
5. Encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:

**SECTION FOUR: YOUR BELIEFS ABOUT PEOPLE IMPORTANT TO YOU**

**In this section, please tell us what you think PEOPLE WHO ARE IMPORTANT TO YOU *(i.e., people who influence the way you think)* BELIEVE. Select the response that best describes your level of agreement.**

**C1. In general, people who are important to me believe** that I should…

*Response categories for Qs 36-40:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. Encourage a person experiencing a mental health crisis to get professional help.
2. Listen without expressing my judgment to a person about his/her mental health problem(s).
3. Give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s).
4. Ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.
5. Encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.

**C2. In general, people who are important to me believe** that people with mental health problem(s)…

*Response categories for Qs 41-44:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. Are easy to talk with.
2. Are unpredictable.
3. Get better with treatment.
4. Are dangerous.

**SECTION FIVE: YOUR CONFIDENCE IN PERFORMING MENTAL HEALTH ACTIONS**

**Please select the response that best describes your level of agreement with the following statements.**

**D1. *Currently*, I am confident that I can…**

*Response categories for Qs 45-53:*

*Do not agree at all* 1 2 3 4 5 *Strongly agree*

1. Assist a person who may be dealing with a mental health problem(s) to seek professional help.
2. Provide practical resources (e.g., self-help information, crisis hotline number to help a person who may have a mental health problem(s).
3. Recognize the signs and symptoms of mental health problem(s) in a person.
4. Ask a person directly whether he/she is considering killing her/himself.
5. De-escalate a situation where a person is agitated or aggressive.
6. Ask a person directly about experiencing or witnessing a traumatic event(s) (i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.)
7. Listen without expressing my judgment to a person in distress
8. Correct misconceptions in others about mental health and mental illness.
9. Suggest supportive and self-help strategies to a person with mental health problems.

**D2. For each statement below, please select the response that best describes the LIKELIHOOD that you would carry out the following actions *currently.***

*Response categories for Qs 54-60:*

*Not at all likely* 1 2 3 4 5 *Extremely likely*

1. I will approach a person with a mental health problem(s) if I feel I have the knowledge to talk to him/her about their problems.
2. I will help a person with a mental health problem(s) if I have practice in asking about suicidal thoughts or harm.
3. I will talk to a person about their mental health problem(s) if he/she is willing to talk to me about the problem.
4. I will recommend getting help from a mental health provider to a person experiencing a mental health problem(s) if I know the resources in the community.
5. I will encourage a person experiencing a mental health problem(s) to use self-help strategies if I know which strategies to recommend.
6. I will help a person experiencing a mental health symptom(s) to find supports if I know the resources available in the community.

**SECTION SIX: YOUR AGREEMENT WITH VARIOUS ASPECTS OF MENTAL HEALTH**

**E1. Please select the response that best describes your level of agreement with the following statements.**

*Response categories for Qs 61-75*

*Do not agree Agree Don’t know*

1. At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year.
2. Around half of mental disorders start during childhood or adolescence.
3. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.
4. Use of alcohol or other drugs increases the risk of suicide or harm.
5. Schizophrenia is one of the most common mental disorders in the US.
6. Depression can increase a young person’s risk taking behavior (e.g., reckless driving, risky sexual involvements.)
7. When talking to people with eating disorders, it is important to criticize their body size.
8. Exposure to traumatic event(s) is a risk factor in almost every type of mental illness.
9. Males complete suicide four times more frequently than females.
10. People with psychosis are more at risk of being victims of violent crimes.
11. When difficulties are encountered, youth tend to be quite resilient.
12. Physical symptoms such as fast breathing, dizziness, or shaking could be signs of a panic attack.
13. Emotional symptoms such as excessive anger, depressed mood, or hopefulness can be signs of a young person’s distress.
14. Two significant risk factors of suicide are having an organized plan and having a previous attempt.
15. Anxiety disorders are the least common mental health disorders in the US.

**SECTION SEVEN: REFERRALS**

 [NO QUESTION STEM]

1. **In the past 3 months, have you encountered anyone displaying the following *mental health related signs and symptoms:***

[Response options: YES NO If yes, how many people? 1-2 3-4 5-6 7-8 9+]

* 1. Physical signs like significant changes in normal patterns or appearance?
	2. Emotional symptoms like depressed mood, irritability, excessive anxiety or worry?
	3. Thinking problems like self-blame, racing thoughts, or odd ideas?
	4. Behavioral signs like crying, withdrawal, aggression, phobias, excessive use of alcohol or drugs?
	5. Thoughts of suicide or self-harm?
	6. Experiencing or witnessing traumatic event(s) (
	7. Changes in normal behaviors that disrupt daily functioning in school, social settings, work, etc.?
1. **In the past 3 months, how many people have you referred to services and/or supports?**

None (Skip next two questions)

1-2 3-4 5-6 7-8 9+

If you indicated at least 1 person what type(s) of services and supports did you refer the person(s) to? (*Mark all that apply.)*

Mental health professional YES NO

Medical provider (e.g., family doctor, pediatrician, internist, etc.)

Community mental health agency providing mental health services YES NO

Private practice providing mental health counseling YES NO

National crisis hotline phone number YES NO

Local crisis hotline phone number YES NO

Local hospital (including emergency room) YES NO

Family member and/or close friend YES NO

Community member, teacher, colleague, or other caring individual YES NO

Clergy (including church member, ministry, pastor, parish staff, etc.) YES NO

Local support group YES NO

Self-help information strategies (e.g. books, websites, yoga, meditation, etc.) YES NO

Other (*Please specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In the past 3 months, have you reached out to anyone who you believe has a mental health problem(s) in any of the ways listed below?**

[Response options: YES NO If yes, how many people? 1-2 3-4 5-6 7-8 9+]

Brought up signs and symptoms that you recognize

Assessed the situation for the presence of a crisis

Spent time listening to someone without expressing your judgment

Helped someone to calm down

Called a crisis hotline or service for someone

Offered emotional support

Suggested options for getting help

Talked to someone about his/her suicidal thoughts

Encouraged someone to seek professional help

Encouraged someone to get other supports

Helped identify others who may be able to help the person

Engaged family members to help

Recommended self-help strategies

Gave someone information about his/her problem(s)

Gave someone information about local services

Made someone an appointment for services

1. In the past 3 months, have you reached out in other ways to anyone who you believe has a mental health problem(s)?

YES NO If yes, please list the other ways below: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION EIGHT: SCHOOL WELL-BEING**

**All the questions in this section relate to the past month. During the past 30 days,**

G1. How often did you talk with a student about their mental health problem?

*Response categories for Qs 96-100: Never Once Occasionally Frequently*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Once | Occasionally | Frequently |
| 1. Spent time listening to their problem
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Helped to calm them down
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Talked to them about suicidal thoughts
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Recommended they seek professional help
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Anything else
 | [ ]  | [ ]  | [ ]  | [ ]  |

G2. How often did you talk with a school staff member about their mental health problem?

*Response categories for Qs 101-105: Never Once Occasionally Frequently*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Once | Occasionally | Frequently |
| 1. Spent time listening to their problem
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Helped to calm them down
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Talked to them about suicidal thoughts
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Recommended they seek professional help
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Anything else
 | [ ]  | [ ]  | [ ]  | [ ]  |

G3. **[NO QUESTION STEM]**

*Response categories: Never Once Occasionally Frequently*

1. Did you discuss mental health problems of students with other teachers?
2. Were mental health issues raised in staff meetings?
3. Did you talk about your own mental health to a school staff member?
4. Did you visit any websites giving information about mental health problems?
5. Did you read any books or other written materials about mental health problems?
6. How confident do you feel in helping a student with a mental health problem?
7. How confident do you feel in helping a work colleague with a mental health problem?
8. Does your school have a written policy about how to deal with student mental health problems?
9. Over the past month, how often did you put this policy into practice?

**SECTION NINE: YOUR WELL-BEING**

**The following questions ask about how you have been feeling during the past 30 days. For each question, indicate in the column that best describes how often you had this feeling:**

**During the past 30 days, about how often did you feel…**

*Response categories for Qs 115-120:*

*All of the time Most of the time Some of the time A little of the time None of the time*

1. Nervous?
2. Hopeless?
3. Restless or fidgety?
4. So depressed that nothing could cheer you up?
5. That everything was an effort?
6. Worthless?