GEORGETOWN UNIVERSITY
Center for Child and Human Development

MENTAL HEALTH FIRST AID U.S.A.

PRE-TRAINING SURVEY

SURVEY INSTRUCTIONS

Correct marks   Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

PLEASE DO NOT WRITE IN THIS AREA

○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○

CONTACT INFORMATION

Your *email address* is crucial in allowing us to follow-up with you at 3 and 6 months after the training.

Information provided below will be stored separately from the rest of the survey to maintain your confidentiality.

1. Please *print* your primary email address:

2. Please *print* your secondary email address if applicable:

3. Please *print* your name *(Optional)*:

Last:

First:

INSTRUCTION

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.])*

When thinking about the term "a person," please consider BOTH people you know personally AND people you don't know personally.

Throughout the survey, there are a few sections that will ask you to consider the same set of actions or beliefs from different perspectives. Please help us by answering each item even though the items may feel repetitive at times.

3

A. YOUR PERSONAL BELIEFS

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...

	Do not agree at all				Strongly Agree
a. encourage a person experiencing a mental health crisis to get professional help.	①	②	③	④	⑤
b. listen without expressing my judgment to a person about his/her mental health problem(s).	①	②	③	④	⑤
c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s).	①	②	③	④	⑤
d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.	①	②	③	④	⑤
e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.	①	②	③	④	⑤

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

	Do not agree at all				Strongly Agree
a. are easy to talk with.	①	②	③	④	⑤
b. are unpredictable.	①	②	③	④	⑤
c. get better with treatment.	①	②	③	④	⑤
d. are dangerous.	①	②	③	④	⑤

	Do not agree at all				Strongly Agree
A3. If I had a mental health problem(s), I would not tell anyone.	①	②	③	④	⑤
A4. If someone in my family had a mental health problem(s), I would not tell anyone.	①	②	③	④	⑤
A5. I intend to take action to help a person address his/her mental health problem(s).	①	②	③	④	⑤
A6. I intend to reach out and express my concerns to a person experiencing mental health problem(s).	①	②	③	④	⑤
A7. I intend to listen without expressing my judgment to a person I suspect of experiencing a mental health problem(s).	①	②	③	④	⑤

B. 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**...

	Not at all difficult ← → Extremely difficult				
a. 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:	①	②	③	④	⑤
b. listening to a person about his/her mental health problem(s) without expressing my judgment is:	①	②	③	④	⑤
c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:	①	②	③	④	⑤
d. referring a person experiencing a mental health problem(s) to a mental health provider is:	①	②	③	④	⑤
e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:	①	②	③	④	⑤

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

	Not at all likely ← → Extremely likely				
B2. 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.	①	②	③	④	⑤
B3. 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).	①	②	③	④	⑤
B4. If I ask about suicidal thoughts directly, a person with such thoughts will feel a sense of relief.	①	②	③	④	⑤
B5. 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 to get help.	①	②	③	④	⑤

We would like to learn from you whether helping a person with a 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.

B6. *Currently,* I believe that, **for me**...

	Not at all rewarding ← → Extremely rewarding				
a. 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:	①	②	③	④	⑤
b. listening to a person about his/her mental health problem(s) without expressing my judgment is:	①	②	③	④	⑤
c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:	①	②	③	④	⑤
d. referring a person experiencing a mental health problem(s) to a mental health provider is:	①	②	③	④	⑤
e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:	①	②	③	④	⑤

C. 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...

	Do not agree at all				Strongly Agree
a. encourage a person experiencing a mental health crisis to get professional help.	①	②	③	④	⑤
b. listen without expressing my judgment to a person about his/her mental health problem(s).	①	②	③	④	⑤
c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s).	①	②	③	④	⑤
d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.	①	②	③	④	⑤
e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.	①	②	③	④	⑤

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

	Do not agree at all				Strongly Agree
a. are easy to talk with.	①	②	③	④	⑤
b. are unpredictable.	①	②	③	④	⑤
c. get better with treatment.	①	②	③	④	⑤
d. are dangerous.	①	②	③	④	⑤

D. 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**...

	Do not agree at all				Strongly Agree
a. assist a person who may be dealing with a mental health problem(s) to seek professional help.	①	②	③	④	⑤
b. provide practical resources (e.g., self-help information, crisis hotline number) to help a person who may have a mental health problem(s).	①	②	③	④	⑤
c. recognize the signs and symptoms of mental health problem(s) in a person.	①	②	③	④	⑤
d. ask a person directly whether he/she is considering killing her/himself.	①	②	③	④	⑤
e. de-escalate a situation where a person is agitated or aggressive.	①	②	③	④	⑤
f. ask a person directly about experiencing or witnessing a traumatic event(s). *(i.e., events that are perceived to be dangerous and threaten 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.)*	①	②	③	④	⑤
g. listen without expressing my judgment to a person in distress.	①	②	③	④	⑤
h. correct misconceptions in others about mental health and mental illness.	①	②	③	④	⑤
i. suggest supportive and self-help strategies to a person with mental health problem(s).	①	②	③	④	⑤

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

D2. *Currently,* <u>I would</u>...	Not at all likely				Extremely likely
a. approach a person with a mental health problem(s) if I felt I had the knowledge to talk to him/her about their problem.	①	②	③	④	⑤
b. help a person with a mental health problem(s) if I had practice in asking about suicidal thoughts or harm.	①	②	③	④	⑤
c. talk to a person about their mental health problem(s), if he/she were willing to talk to me about the problem.	①	②	③	④	⑤
d. recommend getting help from a mental health provider to a person experiencing a mental problem(s) if I knew the resources in the community.	①	②	③	④	⑤
e. encourage a person experiencing a mental health problem(s) to use self-help strategies if I knew which strategies to recommend.	①	②	③	④	⑤
f. help a person experiencing a mental health symptom(s) to find supports if I knew the resources available in the community.	①	②	③	④	⑤

E. YOUR AGREEMENT WITH VARIOUS ASPECTS OF MENTAL HEALTH

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

	Do not agree	Agree	Don't know
E1. At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year.	①	②	③
E2. Around half of mental health disorders start during childhood or adolescence.	①	②	③
E3. It is not a good idea to ask people if they are feeling suicidal in case you put the idea in their head.	①	②	③
E4. Use of alcohol or other drugs increases the risk of suicide or harm.	①	②	③
E5. Schizophrenia is one of the most common mental disorders in the US.	①	②	③
E6. Depression can increase a young person's risk taking behavior (e.g., reckless driving, risky sexual involvements).	①	②	③
E7. When talking to people with eating disorders, it is important to criticize their body size.	①	②	③
E8. Exposure to traumatic event(s) is a risk factor in almost every type of mental illness.	①	②	③
E9. Males complete suicide four times more frequently than females.	①	②	③
E10. People with psychosis are more at risk of being victims of violent crimes.	①	②	③
E11. When difficulties are encountered, youth tend to be quite resilient.	①	②	③
E12. Physical symptoms such as fast breathing, dizziness, or shaking could be signs of a panic attack.	①	②	③
E13. Emotional symptoms such as excessive anger, depressed mood, or hopelessness can be signs of a young person's distress.	①	②	③
E14. Two significant risk factors of suicide are having an organized plan and having a previous attempt.	①	②	③
E15. Anxiety disorders are the least common mental health disorders in the US.	①	②	③

F. YOUR PERSONAL EXPERIENCES

Please provide the response that best reflects your experience(s) in the <u>PAST 3 MONTHS</u>.

F1. In the <u>past 3 months</u>, have you encountered anyone displaying the following *mental health related signs and symptoms:*

	Yes	No	If yes, how many people?				
			1-2	3-4	5-6	7-8	9+
a. Physical signs like significant changes in normal patterns or appearance?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
b. Emotional symptoms like depressed mood, irritability, excessive anxiety or worry?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
c. Thinking problems like self-blame, racing thoughts, or odd ideas?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
d. Behavioral signs like frequent crying, withdrawal, aggression, phobias, excessive use of alcohol or drugs?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
e. Thoughts of suicide or self-harm?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
f. Experiencing or witnessing 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.)*?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
g. Changes in normal behaviors that disrupt daily functioning in school, social settings, work, etc?	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨

F2. In the <u>past 3 months</u>, how many *people* have you referred to services and/or supports?

⓪ None ⟶ SKIP TO F3　　① 1-2　　③ 3-4　　⑤ 5-6　　⑦ 7-8　　⑨ 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 provider (e.g., psychologist, social worker, substance abuse counselor, etc.)
○ Medical provider (e.g., family doctor, pediatrician, internist, etc.)
○ Community mental health agency providing mental health services
○ Private practice providing mental health counseling
○ National crisis hotline phone number
○ Local crisis hotline phone number
○ Local hospital (including emergency room)
○ Family member and/or close friend
○ Community member, teacher, colleague, or other caring individual
○ Clergy (including church member, ministry, pastor, parish staff, etc.)
○ Local support group
○ Self-help information or strategies (e.g., books, websites, yoga, meditation, etc.)
○ Other *(Please specify):*

F3. In the <u>past 3 months</u>, have you reached out to anyone who you believe has a mental health problem(s) in *any of the ways listed below:*

	Yes	No	If yes, how many people?				
			1-2	3-4	5-6	7-8	9+
a. Brought up signs and symptoms that you recognize	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
b. Assessed the situation for the presence of a crisis	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
c. Spent time listening to someone without expressing your judgment	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
d. Helped someone to calm down	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
e. Called a crisis hotline or service for someone	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
f. Offered emotional support	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
g. Suggested options for getting help	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
h. Talked to someone about his/her suicidal thoughts	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
i. Encouraged someone to seek professional help	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
j. Encouraged someone to get other supports	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
k. Helped identify others who many be able to help the person	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
l. Engaged family members to help	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
m. Recommended self-help strategies	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
n. Gave someone information about his/her problem(s)	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
o. Gave someone information about local services	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨
p. Made someone an appointment for services	Ⓨ	Ⓝ	①	③	⑤	⑦	⑨

F4. In the <u>past 3 months</u>, have you reached out in *other ways* to anyone who you believe has a mental health problem(s)?

○ Yes   ○ No

└──➤ If Yes, please list these *other ways* below.

_____

_____

G. YOUR BACKGROUND INFORMATION

We would like to know a little about you and your background.

G1. What gender are you?

○ Woman   ○ Transgender   ○ Other *(Please specify):*

○ Man   ○ Genderqueer

G2. How old are you? ⬚⬚⬚ years

G3. Please provide the zip code of where you live. ⬚⬚⬚⬚⬚

G4. What is the highest level of schooling that you completed?

○ Some high school   ○ Some college   ○ Some graduate school

○ High school degree   ○ Associate degree   ○ Graduate degree (e.g., Master's,

○ Vocational school certificate   ○ Bachelor's degree   Doctorate)

G5. Are you of Hispanic, Latino, or Spanish origin?

○ No, not of Hispanic, Latino, or Spanish origin

○ Yes, Mexican, Mexican American, Chicano

○ Yes, Puerto Rican

○ Yes, Cuban

○ Yes, I am of other Hispanic, Latino, or Spanish origin–Please *print* origin (e.g., Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

G6. What is your race? *(Mark all that apply.)*

○ White *(e.g., German, Irish, English, Italian, Polish, French, etc.)*

○ Black or African American *(e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)*

○ Asian *(e.g., Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)*

○ American Indian or Alaska Native *(e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)*

○ Middle Eastern or Northern African *(e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)*

○ Native Hawaiian or Other Pacific Islander *(e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

○ Some other race or origin–Please *print* race.

⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

G7. Is English the primary language spoken at home?

○ Yes   ○ No ⟶ If No, please specify the primary language spoken at home:

⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

We would like to know about your training in mental health.

G8. 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 degree and/or license in social work, psychology, psychiatry, or substance abuse)*

G9. Prior to today's course, have you previously taken an Adult or Youth Mental Health First Aid Training?

○ Yes
○ No

We would like to know about your experience of mental health problem(s) in everyday life.

G10. Have you ever experienced a personal mental health problem(s)?

○ Yes
○ No
○ Not sure

G11. To your knowledge, has anyone in your family experienced a personal mental health problem(s)?

○ Yes
○ No

G12. To your knowledge, have any of your friends, co-workers, or neighbors experienced a personal mental health problem(s)?

○ Yes
○ No

G13. In which role(s) have <u>you</u> come into contact with someone experiencing a mental health problem(s)?
(Mark all that apply.)

○ Mental health provider (e.g., psychologist, social worker, school counselor)
○ Substance abuse counselor
○ Camp/Recreational counselor
○ Medical/allied health provider (e.g., non-psychiatric MD, RN, PT, OT, etc.)
○ First responder
○ Coach
○ Teacher
○ Non-instructional school staff (e.g., administrator, security, bus driver, etc.)
○ Case Manager
○ Clergy (including church member, ministry, pastor, parish staff, etc.)
○ Family advocate
○ Child welfare personnel
○ Law enforcement
○ Corrections (e.g., corrections officer, juvenile corrections officer, probation officer)
○ Military personnel (including Veterans)
○ Other government personnel
○ Airline personnel
○ Business employer or manager
○ Friend
○ Neighbor or colleague
○ Family member
○ Parent
○ Other *(Please describe):* _____

G14. Why are you interested in taking this course? *(Mark all that apply.)*

○ Required for work
○ My own mental health history
○ Friend recommended it to me
○ Important for my work
○ A family member or friend has mental health problem(s)
○ My general interest about mental health
○ Other *(Please describe):* _____

Thank you very much for your participation!