

Youth Experience Reflective Journal (YERJ)

Directions: When you answer these questions, please think about the last time you received services or supports for anything related to suicidality or mental health. This might be a few days ago, a few weeks ago, or a few months ago. Do your best to describe how those services affected you. You can type your response, record an audio note or video of your response, or attach a photo and caption it with an explanation of how it relates to the question and your experiences.

[Participant is sent a unique link & verifies information we have on file, i.e., email address or phone number]

Section 1: Week 1

[Complete if first time completing YERJ]

1. Participant ID	
2. Think about a recent experience receiving services. What words come to mind? How did it make you feel?	OPEN ENDED RESPONSE – TEXT BOX

Section 2: Week 2

[Complete if Week 1 YERJ completed]

3. Participant ID	
4. Describe the impact that services had on you. Was it a good impact or bad impact? Was it neutral? How do you feel about the impact that services had on you?	OPEN ENDED RESPONSE – TEXT BOX

Section 3: Week 3

[Complete if Week 1 & 2 YERJ completed]

5. Participant ID	
6. What have you learned as a result of receiving services? What have you learned about yourself? How are you using what you learned?	OPEN ENDED RESPONSE – TEXT BOX

Section 4: Week 4

[Complete if Week 1, 2, & 3 YERJ completed]

7. Participant ID	
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8. In your ideal world, how would you be involved in the services you receive? What role would you play in your services? What impact do you want to have on your services? How would you want your voice to be heard? How would you like to be involved in your treatment goals?	OPEN ENDED RESPONSE – TEXT BOX
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Section 5: Week 5

[Complete if Week 1, 2, 3, & 4 YERJ completed]

9. Participant ID	
10. How does it make you feel to think about getting services in the future if you needed or wanted them? Do you think you would feel relieved? Do you think you would feel nervous? Be as specific as you can.	OPEN ENDED RESPONSE – TEXT BOX

Section 6: Week 6

[Complete if Week 1, 2, 3, 4, & 5 YERJ completed]

11. Participant ID	
12. What made it easy or hard to get services? What would make it easier to get services? Do you need more help from family or friends? Do you need a ride to services? Be as specific as possible.	OPEN ENDED RESPONSE – TEXT BOX