**Dawson Creek Child and Youth Mental Health and Substance Use Collaborative**

**Youth Survey**

The information gathered through this survey is intended to guide the work of the Dawson Creek Child and Youth Mental Health and Substance Use Local Action Team in supporting the development of mental health and wellness in children, youth and families. We want to make changes to the current system so that children, youth and families can get the help they want and need.

We hope that these changes might help everyone to live healthier lives, feeling supported in the community. Thank you for taking the time to respond.

**What community are you from?** Dawson Creek □ Tumbler Ridge □ Chetwynd □ other\_\_\_\_\_\_\_\_\_\_\_\_

**How old are you?** 0-6 years old □ 7-10 years old □ 11-13 years old □

14-16 years old □ 17-19 years old □ 19-24 years old □

**Gender?** □ Male □ Female □ Other

**What does good mental health look like to you?**

□ I attend school regularly □ I have at least one friend

□ I sleep through the night □ I have a supportive friend or family member that supports me

□ I wake up refreshed □ I have hobbies / activities that I enjoy doing in my spare time

□ I can do my chores at home □ I feel like I can learn and get through my school work

□ I am not afraid to speak at school □ I don’t know.

**Are you currently struggling in any of these areas?**

□ school work □ parent’s divorce or separation □ concerns about weight or body image

□ lack of money in family to pay rent and buy food □ I am lonely □ relationship issues

□ anxiety □ self-esteem □ depression / sadness □ having a good day

□ I don’t have any friends □ I don’t have an adult that supports me □ addicted to technology

□ I can’t afford to participate in sports □ I can’t afford to participate in other activities

□ sleeping too much □ using drugs to cope □ communication / language barrier

□ suicidal thoughts □ alcohol use (to cope) □ sexuality or identity □ can’t sleep □ step parent

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Where can you go for support for these issues at school?** □ friend □ school teacher

□ school counsellor □ college instructor □ I don’t know □ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where can you go for support for these issues in the community?**

□ Child and Youth Mental Health □ Parent/ Guardian / Caregiver / Grand Parent

□ Substance Use Counsellor □ Pastor or Youth Group Leader

□ Youth Worker □ Elder □ I don’t know

**Have you ever asked for help with any of these issues?** Yes / No

**If yes – what were the pros and cons of that experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have you ever helped a friend or family member get support for their mental health or substance use? Yes / No**

**Would having more knowledge of WHO to go to for help be useful? Yes / No**

**Would having more knowledge of WHERE to go to for help be useful? Yes / No**

**Is there someone who you can talk to when you are sad, lonely or upset? Yes / No**

Who? □ Parent / Guardian / Caregiver / Grand Parent

□ Teacher/ Instructor □ Friend □ Counsellor □ Other

**Would you feel comfortable getting help for a mental health challenge / a substance use issue?**

**Yes / No If no, Why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you think is needed in this area that would help you manage life easier and improve your mental health?**

□ youth medical clinic □ youth activity center □ more youth activities that are accessible and free

□ easy access to counsellors for mental health and substance use in the school

□ groups to learn skills to help with depression, anxiety and substance use □ wrap around care for youth of all services

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a story of your experience with getting help for mental health or substance use and would be open to sharing it to help change the current system, please give us your name and contact information. This information will not be shared with anyone and everything that you speak about will remain confidential.

**Dawson Creek Child and Youth Mental Health and Substance Use Local Action Team.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Email or Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_