

## **MENTAL HEALTH SURVEY**

Please note that this survey is optional. Answer only those questions with which you feel comfortable. You may decline to answer any or all of the following questions. However, please keep in mind that the more information we receive, the better our understanding of student views of mental health. Your responses will be kept strictly anonymous.

### **Preliminary Information**

1. Before filling out this survey, did you know that your school offers mental health or counseling services?

Yes      No

2. If so, how did you hear about mental health services? (Check all that apply.)

Friends  
Orientation information  
Advisor / Advising Seminar  
GRT / Housemaster / RA  
Professor  
Medical publicity information  
College paper  
Counselor  
Other:

3. Do you know what the fee is for mental health services?

Yes      No

4. Are you aware of the hours for mental health services?

Yes      No

5. Have you looked into what your insurance will reimburse you for outpatient mental health therapy?

Yes      No

### **Emotional Difficulties**

6. While at school, have you had an emotional or stress-related problem that affected your physical or psychological well-being?

Yes      No

7. If you had an emotional or stress-related problem that you wanted to discuss with someone, in what order would you go to the following people? (Please put a "1" next to the first person you'd talk to, a "2" next to the second person you'd talk to, etc. If you wouldn't go to one of the following people, leave that answer blank.)

- Friend
- Resident Advisor
- Chaplain
- Academic advisor
- Faculty member
- Dean of Students
- Mental health services provider
- Medical provider
- Counseling hotline
- Family member (parent, sibling, etc.)
- Other:

8. Have you ever used the mental health services offered at your school?

Yes      No

If you've never used the mental health services offered at your school (i.e. answered question 8 with "no"), please skip to question 19.

**If you've Used the mental health services offered**

9. (Optional) Please briefly describe your experience with the office offering the mental health services:

10. How soon after its scheduling was your initial appointment with a mental health provider?

- Immediately
- 0-2 days
- 3-5 days
- 6-9 days
- 10 days-two weeks
- More than two weeks
- Don't remember

11. How would you characterize your experience with the support staff?

Poor 1 2 3 4 5 6 7 Excellent

12. How would you characterize your experience with the mental health provider you saw?

Poor 1 2 3 4 5 6 7 Excellent

13. How comfortable did you feel talking to your provider?

Very uncomfortable 1 2 3 4 5 6 7 Very comfortable

14. How attentive do you feel your provider was to your problems?

Very inattentive 1 2 3 4 5 6 7 Very attentive

15. If you were prescribed psychiatric medication, how comfortable did you feel taking it (i.e. do you feel your provider adequately explained the medication he or she prescribed)?

Very uncomfortable 1 2 3 4 5 6 7 Very comfortable

16. (Optional) Which provider(s) did you see?

17. How would you categorize your overall experience with the office offering the mental health services?

Poor 1 2 3 4 5 6 7 Excellent

18. What changes or improvements would you like to see made to the mental health services offered or to the office offering the services?

If you've used the mental health services at your school, please skip to question 24. If you've never used the mental health services at your school, please answer questions 19 through 23.

**If you've Never used mental health services**

19. Have you ever thought of seeking professional mental health care?

Yes No

20. The following are some possible reasons why students might not seek mental health assistance. To what extent did each of these reasons influence your decision?

	Not Much				A Lot		
	1	2	3	4	5	6	7
Never felt the need	1	2	3	4	5	6	7
Lack of knowledge about the service	1	2	3	4	5	6	7
Embarrassment / Couldn't work up the courage to call	1	2	3	4	5	6	7
General confidentiality concerns	1	2	3	4	5	6	7
Afraid parents would find out	1	2	3	4	5	6	7
Afraid friends or housemates would find out	1	2	3	4	5	6	7
Heard bad things about the service	1	2	3	4	5	6	7
Received care elsewhere	1	2	3	4	5	6	7
Difficulty making an appointment	1	2	3	4	5	6	7
Long wait for an appointment	1	2	3	4	5	6	7
Didn't have time / Never got around to it	1	2	3	4	5	6	7
Didn't think it would help	1	2	3	4	5	6	7
Didn't think of it	1	2	3	4	5	6	7
Other: _____	1	2	3	4	5	6	7

21. Would you feel comfortable seeking mental health assistance at your school?

Yes      No

22. Have any of your friends sought mental health assistance at your school?

Yes      No

23. What have you heard about the mental health services at your school?

\*Questions 24 through 28 apply to all respondents.\*

**General Questions**

24. If a friend of yours was having a very stressful time, would you recommend they see someone at the mental health services office?

Yes      No

25. How do you think students perceive mental health services?

a. Harmful 1 2 3 4 5 6 7 Helpful

b. Inaccessible 1 2 3 4 5 6 7 Accessible

c. Unfavorably 1 2 3 4 5 6 7 Favorably

26. Your school is interested in learning about the types of services and programs that students find valuable. How important do you think it is for the mental health services office to offer each of the following?

	Not very important				Very important		
Workshops (stress, depression, etc.)	1	2	3	4	5	6	7
Mental health presentations in living groups or department	1	2	3	4	5	6	7
Diverse group therapy options	1	2	3	4	5	6	7
Afternoon and evening group therapy sessions	1	2	3	4	5	6	7
Weekly long-term therapy	1	2	3	4	5	6	7
Accessible afternoon appointments	1	2	3	4	5	6	7
Availability of appointments close to time of scheduling	1	2	3	4	5	6	7
Clinical hours after 5 p.m.	1	2	3	4	5	6	7
Greater diversity of providers	1	2	3	4	5	6	7
Provide on-site 24 hours a day	1	2	3	4	5	6	7
Easy web and email accessibility	1	2	3	4	5	6	7
Awareness of ethnic and gender issues	1	2	3	4	5	6	7
Other: _____	1	2	3	4	5	6	7

27. Have you ever used The Counseling Center?

Yes      No

## Demographic Information

Your answers to the following questions will help us better understand your response. Again, only answer those questions that you feel comfortable with.

28. What year are you?

Freshman

Sophomore

Junior

Senior

Super-Senior

Graduate

Other: \_\_\_\_\_

29. Where do you live?

Dorm

Fraternity

Sorority

On-campus apartment

Off-campus apartment

Other: \_\_\_\_\_

30. Your gender:

31. Your race:

32. Your age:

33. Please typify your sexual orientation:

34. Your ethnicity:

35. Your relation to your parents (biological offspring, adopted, etc.):

36. The marital status of your parent(s):

Single

Married

Divorced

Separated

Deceased

Other:

37. How would you characterize your overall physical health?

Poor 1 2 3 4 5 6 7 Excellent

38. Where are you from?

39. What is your marital status?

Single

Married

Divorced

Separated

Other:

40. How many children do you have?

51. Please tell us anything else about your background that you feel is pertinent: