

2023 Teen Mental Health Survey [DRAFT]

This survey was made by young people for young people from the ages of 12 to 19. This survey will help our San Antonio Youth leaders make suggestions on what would help improve mental health for young people in San Antonio. **All personal information will remain confidential**, which means that we will not share any personal information that you share with us on this survey.

The following survey includes some questions on sensitive topics such as drug use, self-harm, and other mental health challenges that might trigger some uncomfortable thoughts or feelings. Please feel free to stop the survey at any time. If you need immediate assistance, some resources are listed below and at the end of the survey. We know it can be hard to talk about these things, and we appreciate everyone's honesty in responding to these questions.

Call/text **988** or go to 988lifeline.org to get 24/7, free and confidential support from mental health professionals for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

If you or someone you know needs immediate mental health assistance, please call 911 and request their Mental Health Response Team.

Who We Are

The San Antonio Youth Commission is a group of high school students from around the city. Project Worth Teen Ambassadors are youth from 7th – 12th grade who support teen health in the community by volunteering and sharing their voices, creativity, and ideas. These two organizations partner with the Department of Human Services and Metro Health.

Stage 1: Community Engagement

Open Date: **Thursday, March 2nd at 6 am**

Close Date: **Sunday, April 9th at 11:59 pm**

Contact Info:

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Key for color coding:

(R?) Up for removal/ wasn't used in 2022 report. **T - 8**

(U) Used in 2022 Infographics/report. **T - 16**

First 15 questions (9 if all "(R?)" are removed)

1. **(U)** How old are you?

- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17

- ☐ 18
- ☐ 19
- ☐ I am outside of this age range

Commented [JM(1)]: Skip logic – to end of survey

2. **(UI)** On the map shown here, will you please select what district you live in? If you don't know, you can go to this link to find out! <https://www.sanantonio.gov/council/find-my-council-member>

- ☐ District 1
- ☐ District 2
- ☐ District 3
- ☐ District 4
- ☐ District 5
- ☐ District 6
- ☐ District 7
- ☐ District 8
- ☐ District 9
- ☐ District 10
- ☐ I don't live in one of these ten districts, but I live in the San Antonio /Bexar County area
- ☐ I don't live in or near Bexar County

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3. **(R?)** How much do you feel like you know about mental health?

- ☐ I prefer not to say
- ☐ A lot
- ☐ Somewhat knowledgeable
- ☐ A little

4. **(UI)** How would you rate your overall mental health right now?

- ☐ I prefer not to say
- ☐ Excellent most days
- ☐ More good days than bad days
- ☐ More bad days than good days
- ☐ Terrible/struggling most days

5. **(UI)** Have you or a friend experienced any of the issues listed below? (Select all that apply.)

Commented [JM(3)]: Risk of double counting results – consider removing this portion

- ☐ I prefer not to say
- ☐ Eating or sleeping too much or too little
- ☐ Not interested in spending time with people and/or doing usual activities
- ☐ Having low or no energy
- ☐ Feeling numb or like nothing matters
- ☐ Having unexplained aches and pains
- ☐ Feeling helpless or hopeless
- ☐ Smoking, vaping, drinking alcohol, or using drugs
- ☐ Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- ☐ Yelling or fighting with family and friends
- ☐ Experiencing severe mood swings that cause problems in relationships

- ☐ Having persistent thoughts and memories you can't get out of your head
- ☐ Hearing voices or believing things that are not true
- ☐ Thinking of harming others
- ☐ Hurting oneself like cutting skin, pulling hair, burning skin
- ☐ Suicidal ideation – thoughts or feelings about ending one's own life.
- ☐ Inability to perform daily tasks like getting to work or school, finishing your schoolwork, extracurricular/after-school activities, responsibilities at home, or taking care of your kids.
- ☐ None of these.
- ☐ Other:

6. **(R?)** How often do you compare yourself to others?

- ☐ A lot
- ☐ Sometimes
- ☐ A little
- ☐ Not at all

7. **(U)** How much has your mental health been affected by the following?

Question prompt	Does Not Apply	A lot negatively	Somewhat Negatively	A little negatively	Not at All	A little positively	Somewhat positively	A lot positively
COVID-19 Pandemic	-	-	-	-	-	-	-	-
School	-	-	-	-	-	-	-	-
Extracurricular/After-school Activities	-	-	-	-	-	-	-	-
Family/Home Life	-	-	-	-	-	-	-	-
Work	-	-	-	-	-	-	-	-
Social Media	-	-	-	-	-	-	-	-

8. **(R?)** How often do you talk about mental health with your friends?

- ☐ I prefer not to say
- ☐ A lot
- ☐ Sometimes
- ☐ Very Little
- ☐ Not at All

9. **(U)** For these options listed, what do you think are the top 5 most common issues for people your age?

- ☐ I prefer not to say
- ☐ Eating or sleeping too much or too little
- ☐ Not interested in spending time with people and/or doing usual activities

- ☐ Having low or no energy
- ☐ Feeling numb or like nothing matters
- ☐ Having unexplained aches and pains
- ☐ Feeling helpless or hopeless
- ☐ Smoking, vaping, drinking alcohol, or using drugs
- ☐ Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- ☐ Yelling or fighting with family and friends
- ☐ Experiencing severe mood swings that cause problems in relationships
- ☐ Having persistent thoughts and memories you can't get out of your head
- ☐ Hearing voices or believing things that are not true
- ☐ Thinking of harming others
- ☐ Hurting oneself like cutting skin, pulling hair, burning skin
- ☐ Suicidal ideation – thoughts or feelings about ending one's own life.
- ☐ Inability to perform daily tasks like getting to work or school, finishing your schoolwork, extracurricular/after-school activities, responsibilities at home, or taking care of your kids.
- ☐ Other: _____
- ☐ None of these.

10. **[R?]** How often do you use social media?

- ☐ I prefer not to say
- ☐ A lot
- ☐ Sometimes
- ☐ A little
- ☐ Not at all

11. **[R?]** How does social media impact your mental health?

12. **[UI]** Do you know where to find resources if you or someone you know needs help with mental health?

- ☐ No
- ☐ If yes, please tell us where you find mental health resources.
i. _____

13. **[R?]** Where do you feel most comfortable? (Select all that apply.)

- ☐ At school
- ☐ At home
- ☐ Afterschool activities in person
- ☐ Place of worship
- ☐ Online
- ☐ I prefer not to say
- ☐ Other (please specify): _____

Commented [JM(4)]: Select one

Commented [JM(5R4)]: Resolved.

Commented [JM(6)]: Addressed in Q14

14. **(U)** Who would you most likely go to first if you were struggling with a mental health issue? (Select all that apply.)

- ☐ I prefer not to say
- ☐ Friends
- ☐ Sibling(s) or a family member close to your age
- ☐ A trusted adult that is a family member
- ☐ A trusted adult that is not a family member (examples: friend's parent, neighbor)
- ☐ A trusted adult that works in your school (examples: counselor, teacher, principal, etc.)
- ☐ Place of worship
- ☐ Social Media
- ☐ Internet search
- ☐ I don't have anyone to go to.
- ☐ I don't feel comfortable talking to anyone.
- ☐ Other (please specify):

15. **(U)** What are some activities or things that have been most helpful for your mental health recently? Please select your top 5.

- ☐ Arts and crafts projects
- ☐ Being a part of a community organization
- ☐ Being a part of a school organization
- ☐ Exercising
- ☐ Crying
- ☐ Listening to music
- ☐ Hanging out with friends online
- ☐ Hanging out with friends in person
- ☐ Journaling or writing
- ☐ Napping
- ☐ Playing sports
- ☐ Playing an instrument
- ☐ Sleeping
- ☐ Playing video/computer games
- ☐ Watching something online or on TV
- ☐ Nothing
- ☐ Add something that's not listed here:

i. _____

School? – 1 question

16. Are you currently:

- ☐ In middle school
- ☐ In high school
- ☐ Dual enrolled in high school and college
- ☐ In college, university, or a trade school
- ☐ Not in school

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IS – 1-2 questions

17. **[UI]** Do you feel like your school has the resources needed to help with the mental health-related issues that people your age are dealing with?

- ☐ Yes
- ☐ No

18. **[R?]** Are you involved in any school sponsored /extracurricular activities?

- ☐ No
- ☐ Yes
- ☐ If yes, how do they affect your mental health?
- ☐ _____

OOS - 4 questions

19. What is the reason you are out of school?

- ☐ I prefer not to say
- ☐ Graduated
- ☐ Dropped out
- ☐ Other: (please explain)

20. Have you ever thought about going back to school in the future?

- ☐ Yes
- ☐ No
- ☐ Maybe, if these things were different or I had support with:

21. How has your time out of school impacted your mental health?

- ☐ Does Not Apply
- ☐ A lot Negatively
- ☐ Somewhat Negatively
- ☐ A Little Negatively
- ☐ Not at All a Little
- ☐ A Little Positively
- ☐ Somewhat Positively
- ☐ A lot Positively

22. Please tell us more about how being out of school has impacted your mental health.

Commented [JM(8): City Staff will refine questions to identify opportunity youth

Working? 1-3 questions

23. Do you work?

- ☐ Yes
- ☐ No

Commented [JM(9)]: Skip logic to age if "no" is selected

24. How many hours do you normally work each week?

- ☐ 0 - 5
- ☐ 6 - 10
- ☐ 11 - 20
- ☐ 21 - 30
- ☐ 31 - 40
- ☐ 41+

25. How do you feel like work has affected your mental health?

- ☐ A Lot Negatively
- ☐ Somewhat Negatively
- ☐ A Little Negatively
- ☐ Not at All
- ☐ A Little Positively
- ☐ Somewhat Positively
- ☐ A lot Positively
- ☐ Prefer to self describe:
- ☐ _____

DQs - 6 questions

26. (UI) Gender: (Select all that apply.)

- ☐ I prefer not to say
- ☐ Girl/Woman
- ☐ Non-Binary
- ☐ Boy/Man
- ☐ Exploring or unsure
- ☐ Prefer to self-describe:

27. (UI) Are you transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

28. (UI) What is your sexual orientation? (Select all that apply.)

- ☐ I prefer not to say

- ☐ Straight/Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual and/or Pansexual
- ☐ Queer
- ☐ Asexual
- ☐ Exploring or Unsure
- ☐ Prefer to self-describe:

29. **(U)** Please indicate your race/ethnicity(ies). (Select all that apply.)

- ☐ I prefer not to say
- ☐ American Indian or Indigenous American
- ☐ Black or African American
- ☐ East Asian
- ☐ South Asian
- ☐ Hispanic, Latino, Latina, or Latine
- ☐ Jewish
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Middle Eastern
- ☐ White or European Caucasian
- ☐ Another option not listed here (please specify):

30. Are you a person living with a disability?

- ☐ I prefer not to say
- ☐ Yes
- ☐ No

31. If yes, please check all that apply:

- ☐ I prefer not to say
- ☐ Blind or low vision
- ☐ Physical or mobility
- ☐ Mental health
- ☐ Deaf or hard of hearing
- ☐ Chronic medical condition
- ☐ Intellectual or Developmental such as autism, behavior disorders, brain injury, cerebral palsy, down syndrome, fetal alcohol syndrome, intellectual disability, and spina bifida.
- ☐ I prefer not to say
- ☐ Prefer to self describe:

Last 7 questions!

32. Did you see any awareness ads or flyers from the San Antonio Youth Commission? (Select all that apply)

- ☐ Yes, on Instagram

- ☐ Yes, on Tik Tok
- ☐ Yes, I saw some of the printed flyers at school
- ☐ Yes, I saw some of the printed ads around town or at a community event
- ☐ No, I didn't see any of the ads from the Youth Commission

33. Did you go to any community events where you saw the San Antonio Youth Commission promoting local resources for youth and young adults?

- ☐ Yes
- ☐ No
- ☐ Not sure

34. Did you hear about or apply for the microgrants that the San Antonio Youth Commission offered for students, teachers, and school organizations this spring?

- ☐ Yes
- ☐ No
- ☐ Not sure

35. If a Teen Mental Health First Aid Training was available at your school, religious center, or local library, would you go?

- ☐ Yes
- ☐ No
- ☐ Not sure

36. Would you like to attend a free Youth Summit to meet with other people your age and share ideas for positive changes we can make for youth and young adults in San Antonio?

- ☐ Yes
- ☐ No
- ☐ Maybe, if these issues/ activities were addressed/ included:

37. (U) If there is anything else you think would be helpful for the mental health of people your age that wasn't covered in this survey or, that you would like more adults to understand about your current mental health challenges, please share more here.

38. Would you like some more information and resources about mental health that are available here in San Antonio?

- ☐ No
- ☐ If yes, please share an email so we can send more information.
i. _____

If you add your email here, once the survey has closed, we will send a link to view the results so that you can see what your peers in San Antonio had to say. The email will also include a few options for getting

involved and learning more about what the San Antonio Youth Commission and Project Worth Teen Ambassadors plan to do to address the needs highlighted by this survey results.

End of Survey Message

Thank you for taking this survey!

If this survey brought up anything that you would like to talk about or get some judgement free support with, there are people who want to help. Here are some free and confidential resources:

- Call/text **988** or go to 988lifeline.org to get 24/7, free and confidential support from mental health professionals for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.
- SACRD.org has **1,711** mental health resources in the San Antonio area. You can look for resources in your area by going to <https://sacrd.org/MentalHealth/>

If you or someone you know needs immediate mental health assistance, please call 911 and request their Mental Health Response Team.



For more resources to support your mental and emotional health, please visit DreamSA at www.idreamsa.com DreamSA provides information and links to online and local health & well-being resources as well as resources for higher education, careers, volunteering, and the arts in San Antonio.

The items below have tentatively been removed from the survey until we get further instruction from the SAYC and PWTA members.

What do you think our community could do to better help with mental health-related issues? (Select all that apply)

- ☐ city-wide free events to share resources and information
- ☐ mental health programs with mental health professionals (examples: one-on-one counseling, and small group counseling)
- ☐ in-school resources with more access to mental health professionals (examples: mental health programs, counseling, small group counseling available at schools)
- ☐ confidential text, chat, and other telehealth services available through your tablets, computers, and smartphones for help and support
- ☐ information about mental health resources using social media
- ☐ I don't know
- ☐ I prefer not to say
- ☐ Other (please specify):

Room for more suggestions here:

☐ _____

- ☐ Language Preference - click " Continue" to stay in preferred language

[Preferencia de idioma:](#)

[دۆڭې غوره توب:](#)

[Tùy chọn Ngôn ngữ:](#)

[Pagpipilian sa Wika:](#)

Name

Email

Address