



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.

Trigger Warning: 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 included in the survey 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.

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 Humans Services and Metro Health.

Thank you,

Signed,

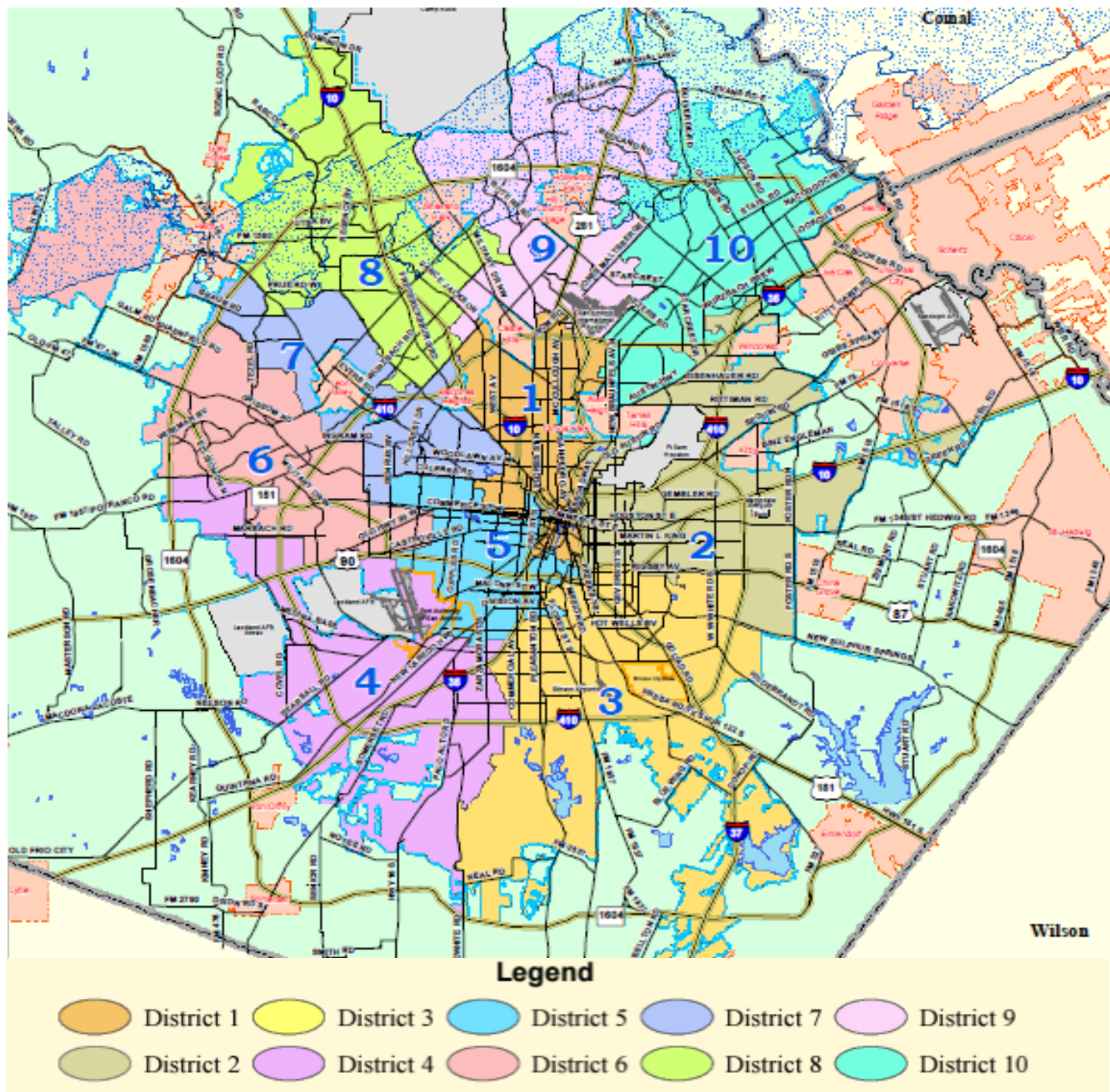
List name of Youth Commission members and Teen Ambassadors, the council district they represent, and school they attend.

For all:


1. Are you currently:
 - ☐ In middle school
 - ☐ In high school
 - ☐ Dual enrolled in high school and college
 - ☐ Not in school
 - ☐ In college, university, or trade school
2. How old are you?
 - ☐ _____
3. Gender: (Select all that apply.)
 - ☐ I prefer not to answer
 - ☐ Girl/Woman
 - ☐ Boy/Man
 - ☐ Not a girl or a boy (non-binary/third gender/two-spirit)
 - ☐ Transgender
 - ☐ Exploring or unsure
 - ☐ Prefer to self-describe: _____
4. What is your sexual orientation? (Select all that apply.)
 - ☐ I prefer not to answer
 - ☐ Straight/Heterosexual
 - ☐ Gay
 - ☐ Lesbian
 - ☐ Bisexual/Pansexual
 - ☐ Queer
 - ☐ Asexual
 - ☐ Exploring or Unsure
 - ☐ Prefer to self-describe: _____
5. Please indicate your race/ethnicity(ies). (Select all that apply.)
 - ☐ I prefer not to answer
 - ☐ American Indian or Alaska Native
 - ☐ Asian or Asian American
 - ☐ Black or African American
 - ☐ Hispanic, Latino, Latina, or Latinx
 - ☐ Middle Eastern
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Another option not listed here (please specify): _____
6. Are you a person living with a disability?
 - ☐ I prefer not to answer
 - ☐ Yes
 - ☐ No

Please use the pin-drop the district map selection on the SASpeakUp portal)

7. On the map shown here, will you please select what district you live in?



☐ I do not live in the San Antonio city limits.

8. How much do you feel like you know about mental health ?

- ☐ I prefer not to answer
- ☐ A lot
- ☐ Somewhat knowledgeable
- ☐ Very Little

9. How would you rate your overall mental health right now?

- ☐ I prefer not to answer
- ☐ Excellent
- ☐ More good days than bad days
- ☐ More bad days than good days

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

- ☐ I prefer not to answer
- ☐ 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.


Source: <https://www.mentalhealth.gov/basics/what-is-mental-health>

11. Do you know where to find resources if you or someone you know needs help with mental health?

- ☐ Yes
- ☐ No
- ☐ If yes, please tell us where you find mental health resources. (Fill in the blank)

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

(Scrolling Side Bar)

 *Mental health* includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Crisis Text Line Crisis Text Line serves young people in any type of crisis, providing them access to free, 24/7, emotional support and information they need via the medium they already use and trust: text. Just text "HOME" to 741-741

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

- ☐ I prefer not to answer
- ☐ 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):

13. How much has your mental health been affected by the following?

	A lot Negatively	Somewhat Negatively	A Little Negatively	Does Not Apply	Not at All	A Little Positively	Somewhat Positively	A lot Positively
COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extracurricular /After-school Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/ Home Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often do you talk about mental health with your friends?

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

15. For these options listed, what do you think are the top 5 most common issues for people your age?

Please rank with 1 being most common and 5 being least common.

- ☐ I prefer not to answer
- ☐ 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.

Source: <https://www.mentalhealth.gov/basics/what-is-mental-health>

16. How often do you use social media?

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

17. How does social media impact your mental health?

- ☐ I prefer not to answer
- ☐ (Open answer)

18. How often do you compare yourself to others?

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

19. What are some activities or things that have been most helpful for your mental health recently?

- ☐ I prefer not to answer
- ☐ (Open Answer)

20. What do you think our community could do to better help with mental health-related issues? Please rank the answers with 1 being most helpful to least helpful at the bottom)

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

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

- ☐ Yes
- ☐ No

Survey Continued: For those who selected Middle and High School

22. Are you involved in activities outside of school?

- ☐ Yes
- ☐ No

i. If yes, how do they affect your mental health? (Open Answer)

23. Where do you feel most comfortable? Please rank the answers with your top choice being most comfortable and your last choice being least comfortable.

- ☐ I prefer not to answer
- i. At school
- ii. At home
- iii. Afterschool activities in person
- iv. Place of worship
- v. Online
- vi. Other (please specify): _____

24. 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

25. Is there anything else you think would be helpful for the mental health of people your age that wasn't covered in this survey?

- ☐ (Open answer)

Survey Continued: Out of School

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

- ☐ I prefer not to answer
- ☐ Graduated high school
- ☐ Dropped out in grade _____
- ☐ Other: (please explain)

23. Do you work?

- ☐ Yes
- ☐ No

24. If you do work, how many hours do you work a week?

- ☐ (Open Answer)

25. If you do work, how do you feel that it has affected your mental health?

- ☐ I prefer not to answer
- ☐ (Open Answer)

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

- ☐ (Open Answer)

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

A lot Negatively	Somewhat Negatively	A Little Negatively	Does Not Apply	Not at All	A Little Positively	Somewhat Positively
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28. Please tell us more about how being out of school has impacted your mental health.

☐ I prefer not to answer

☐ (Open answer)

29. Were there any resources that were not included in the survey would be helpful for you and others your age that are out of school?

☐ (Open answer)

Survey Complete Page

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:

- *Crisis Text Line Crisis Text Line serves young people in any type of crisis, providing them access to free, 24/7, emotional support and information they need via the medium they already use and trust: text. Just text "HOME" to 741-741*

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.*

If you would like to learn more about the results of this survey or how to get involved with the recommendations, we make with the survey results. Please share an email we can send some information to here: _____

- *Once the survey has closed, we will send an email to let you know, along with 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.*