Mental Health Crisis Questionnaire

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Mental Health Crisis Questionnaire

Human Subjects Notifications

This is a research survey about mental health crisis and how and when people get help in crisis situations. The study is being conducted by the West Virginia University School of Social Work for Valley Community Mental Health Center. Your participation in completing this questionnaire is entirely voluntary. All of your responses will be completely anonymous. Please do not put your name, address or phone number anywhere on the questionnaire. Be assured also that if anyone connected with this study accidentally learns of your participation in the study or your responses, that information will be held strictly confidential.

Since you will not be identified in any way, we hope that you will give us your full and frank responses. However, be assured that answering the questions on this questionnaire will not affect you in any way if you are a client with Valley, any clinic or service associated with West Virginia University or any other social service agency.

The information you supply will, however, be very useful in helping us decide whether or not there is a need for additional mental health crisis intervention services in this community. You do not have to answer every question. Answer only those questions which seem to you appropriate. First, we have a few questions about you.

• What is your present age? _______

• Are you.....
  _____ Female
  _____ Male

• Are you currently married?
  _____ Yes
  _____ No

• Do you live alone?
  _____ Yes
  _____ No

• Have you ever received professional substance abuse, mental health or psychiatric counseling or treatment for any reason?
  _____ Yes
  _____ No

• Has someone for whom you provided care (child, parent, family member, friend, etc.) ever received professional mental health treatment for any reason?
  _____ Yes
  _____ No
• How many years of school have you completed? (Check the highest grade/level completed)
  _____ 0-4
  _____ 5-8
  _____ 9-12
  _____ Some college
  _____ Graduated from college
  _____ Attended graduate school
We are also interested in knowing if any of the following have been true for you in any situation at any time you can remember:

1. Have you ever been involved in a situation in which you experienced strong feelings of fear, distress, anxiety, helplessness or despair? (Check all that apply)
   - Yes, Today
   - Yes, This Week
   - Yes, This Month
   - Yes, Within the Last Year
   - Yes, More Than a Year Ago
   - No, Never (If not, skip directly to Question 10)

   If you answered “No, Never” to Question 1, Go to Question 10 and skip all of the questions in between. Otherwise, please describe the most recent event or episode of this type you can recall. (Feel free to add any additional comments in the margins or on the back.)

2. Who else was involved? (Check all that apply)
   - Relatives
   - Friends
   - Strangers
   - Professionals (Police, clergy, doctors, social workers, etc.)
   - Others (Who?) _____________________________
   - No one else

3. Where did the incident happen?
   - At Home
   - Neighborhood
   - In a Public Place (On the street, in a store, etc.)
   - Elsewhere (Where?) _____________________________

4. Did you seek help from anyone at the time?
   - Yes
   - No
   - Can’t Remember

5. Who helped you at the time? (Check all that apply)
   - No one
   - Relative, friend or neighbor
   - Support group member
   - Professional (doctor, clergy, social worker, lawyer, etc.)
   - Other helper (Who?) _____________________________
Did you seek help from anyone later?

- [ ] Yes
- [ ] No
- [ ] Can’t Remember
7. Who helped you later? (Check all that apply)  
   _____ No one  
   _____ Relative, friend or neighbor  
   _____ Support group member  
   _____ Professional (doctor, social worker, lawyer, etc.)  
   _____ Other helper (Who?) _____________________________

8. Did anyone suggest, refer or send you to any type of special “helping place” in the community after this experience? (Check all that apply.)  
   _____ No  
   _____ Yes, Hospital Emergency room  
   _____ Yes, Mental Health Center  
   _____ Yes, Support group meeting (AA, etc.)  
   _____ Yes, Other Place _____________________________

9. Did you wish at the time or later that additional help had been available to get you through this crisis?  
   _____ Yes  
   _____ No

10. Have you ever been involved in a situation in which you or someone else wouldn’t or couldn’t seem to stop shouting, screaming, crying, or hollering? (Check all that apply)  
    _____ Yes, Today  
    _____ Yes, This Week  
    _____ Yes, This Month  
    _____ Yes, Within the Last Year  
    _____ Yes, More Than a Year Ago  
    _____ No, Never (If not, skip to Question 19)  

If you answered “No, Never” to Question 10, Skip to Question 19. Otherwise, describe the most recent event or episode of this type you recall.

11. Who else was involved? (Check all that apply)  
    _____ Relatives  
    _____ Friends  
    _____ Strangers  
    _____ Professionals (Police, clergy, doctors, social workers, etc.)  
    _____ Others (Who?) _____________________________  
    _____ No one else

12. Where did it happen?  
    _____ At Home  
    _____ Neighborhood
_____ In a Public Place
_____ Elsewhere (Where?) _________________________________
13. Did you seek help from anyone at the time?  
   _____ Yes  
   _____ No  
   _____ Can’t Remember  

14. Who helped you at the time? (Check all that apply)  
   _____ No one  
   _____ Relative, friend or neighbor  
   _____ Support group member  
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)  
   _____ No one  

15. Did you seek help from anyone later?  
   _____ Yes  
   _____ No  
   _____ Can’t Remember  

16. Who helped you later? (Check all that apply)  
   _____ No one  
   _____ Relative, friend or neighbor  
   _____ Group member  
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)  

17. Did anyone suggest, refer or send you to any type of special “helping place”?  
   _____ Hospital Emergency room  
   _____ Mental Health Center  
   _____ Support group meeting (AA, etc.)  
   _____ Other Place ________________  

18. Did you wish at the time or later that additional help had been available to get you through this crisis?  
   _____ Yes  
   _____ No  

19. Have you ever been involved in a situation in which someone was threatening, beating, slapping, hitting or kicking you, or you were threatening, fighting, slapping, hitting, kicking or beating someone else? (Check all that apply)
Yes, Today
Yes, This Week
Yes, This Month
Yes, Within the Last Year
Yes, More Than a Year Ago
No, Never (Skip to Question 28)

If you answered “No, Never” to Question 19, Skip to Question 28.
Otherwise, describe the most recent event or episode of this type you recall.

20. Who else was involved? (Check all that apply)
   _____ Relatives
   _____ Friends
   _____ Strangers
   _____ Professionals (Police, clergy, doctors, social workers, etc.)
   _____ Others (Who?) _____________________________
   _____ No one else

21. Where did it happen?
   _____ At Home
   _____ Neighborhood
   _____ In a Public Place
   _____ Elsewhere (Where?) _____________________________

22. Did you seek help from anyone at the time?
   _____ Yes
   _____ No
   _____ Can’t Remember

23. Who helped you at the time? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

24. Did you seek help from anyone later?
   _____ Yes
   _____ No
   _____ Can’t Remember

25. Who helped you later? (Check all that apply)
   _____ No one
26. Did anyone suggest, refer or send you to any type of special “helping place”?

- _____ Relative, friend or neighbor
- _____ Support group member
- _____ Professional (doctor, clergy, social worker, lawyer, etc.)

- _____ Hospital Emergency room
- _____ Mental Health Center
- _____ Support group meeting (AA, etc.)
- _____ Other Place ____________________

27. Did you wish at the time or later that additional help had been available to get you through this crisis?

- _____ Yes
- _____ No
28. Have you even been involved in a situation in which you had an overwhelming feeling that you couldn’t take care of things by yourself?
   _____ Yes, Today
   _____ Yes, This Week
   _____ Yes, This Month
   _____ Yes, Within the Last Year
   _____ Yes, More Than a Year Ago
   _____ No, Never (Skip to Question 37)

   If you answered “No, Never” to Question 28, Skip to Question 37. Otherwise, describe the most recent event or episode of this type you recall.

29. Who else was involved? (Check all that apply)
   _____ Relatives
   _____ Friends
   _____ Strangers
   _____ Professionals (Police, clergy, clergy, social workers, etc.)
   _____ Others (Who?) _____________________________
   _____ No one else

30. Where did it happen?
   _____ At Home
   _____ Neighborhood
   _____ In a Public Place
   _____ Elsewhere (Where?)

31. Did you seek help from anyone at the time?
   _____ Yes
   _____ No
   _____ Can’t Remember

32. Who helped you at the time? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

33. Did you seek help from anyone later?
   _____ Yes
   _____ No
   _____ Can’t Remember

34. Who helped you later? (Check all that apply)
   _____ No one
Relative, friend or neighbor
Support group member
Professional (doctor, clergy, social worker, lawyer, etc.)

35. Did anyone suggest, refer or send you to any type of special “helping place”?

Hospital Emergency room
Mental Health Center
Support group meeting (AA, etc.)
Other Place ________________

36. Did you wish at the time or later that additional help had been available to get you through this crisis?

Yes
No

37. Have you ever had strong or extended feelings of disorientation, confusion, dizzy or feeling “spaced out”? (Check all that apply)

Yes, Today
Yes, This Week
Yes, This Month
Yes, Within the Last Year
Yes, More Than a Year Ago
No, Never (Skip to Question 46)

If you answered “No, Never” to Question 37, Skip to Question 46. Otherwise, describe the most recent event or episode of this type you recall.

38. Who else was around when you had these feelings?

Relatives
Friends
Strangers
Professionals (Police, doctor, clergy, social workers, etc.)
Others (Who?) ________________________
No one else

39. Where did it happen?

At Home
Neighborhood
In a Public Place
Elsewhere (Where?)
40. Did you seek help from anyone at the time?
   _____ Yes
   _____ No
   _____ Can’t Remember

41. Who helped you at the time? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

42. Did you seek help from anyone later?
   _____ Yes
   _____ No
   _____ Can’t Remember

43. Who helped you later? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

44. Did anyone suggest, refer or send you to any type of special “helping place”?
   _____ Hospital Emergency room
   _____ Mental Health Center
   _____ Support group meeting (AA, etc.)
   _____ Other Place ________________

45. Did you wish at the time or later that additional help had been available to get you through this crisis?
   _____ Yes
   _____ No

46. Have you ever been in a situation in which you wished that someone was there to help you, guide you or straighten things out? (Check all that apply)
   _____ Yes, Today
   _____ Yes, This Week
   _____ Yes, This Month
   _____ Yes, Within the Last Year
   _____ Yes, More Than a Year Ago
If you answered “No, Never” to Question 46, Skip to Question 55. Otherwise, describe the most recent event or episode of this type you recall.

47. Who else was involved? (Check all that apply)
   _____ Relatives
   _____ Friends
   _____ Strangers
   _____ Professionals (Police, doctor, clergy, social workers, etc.)
   _____ Others (Who?) _____________________________
   _____ No one else

48. Where did it happen?
   _____ At Home
   _____ Neighborhood
   _____ In a Public Place
   _____ Elsewhere (Where?)

49. Did you seek help from anyone at the time?
   _____ Yes
   _____ No
   _____ Can’t Remember

50. Who helped you at the time? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

51. Did you seek help from anyone later?
   _____ Yes
   _____ No
   _____ Can’t Remember

52. Who helped you later? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

53. Did anyone suggest, refer or send you to any type of special “helping place”?
_____ Hospital Emergency room
_____ Mental Health Center
_____ Support group meeting (AA, etc.)
_____ Other Place ____________________

54. Did you wish at the time or later that additional help had been available to get you through this crisis?
   _____ Yes
   _____ No

55. Have you ever experienced any other type of situation which you would describe as a mental health, substance abuse or family crisis? (Check all that apply)
   _____ Yes, Today
   _____ Yes, This Week
   _____ Yes, This Month
   _____ Yes, Within the Last Year
   _____ Yes, More Than a Year Ago
   _____ No, Never (Skip to The End)

If you answered “No, Never” to Question 55, Skip to the Last Item. Otherwise, Please describe the experience briefly in the space below and then answer the following questions.

56. Who else was involved in this situation? (Check all that apply)
   _____ Relatives
   _____ Friends
   _____ Strangers
   _____ Professionals (Police, doctor, clergy, social workers, etc.)
   _____ Others (Who?) _____________________________
   _____ No one else

57. Where did it happen?
   _____ At Home
   _____ Neighborhood
   _____ In a Public Place
   _____ Elsewhere (Where?)

58. Did you seek help from anyone at the time?
   _____ Yes
   _____ No
   _____ Can’t Remember
59. Who helped you at the time? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

60. Did you seek help from anyone later?
   _____ Yes
   _____ No
   _____ Can’t Remember

61. Who helped you later? (Check all that apply)
   _____ No one
   _____ Relative, friend or neighbor
   _____ Support group member
   _____ Professional (doctor, clergy, social worker, lawyer, etc.)

62. Did anyone suggest, refer or send you to any type of special
   “helping place”?
   _____ Hospital Emergency room
   _____ Mental Health Center
   _____ Support group meeting (AA, etc.)
   _____ Other Place ________________

63. Did you wish at the time or later that additional help had been
   available to get you through this crisis?
   _____ Yes
   _____ No

Thank you very much for taking the time to complete this questionnaire. Please
return it to your group leader or the person you received it from. If no one is available to
collect it, please mail it to:

<insert address here>
Instructions for Group Leaders

1. People from all walks of life experience mental health crisis at some time or another. Therefore we are interested in sampling as broad a cross section as possible. Your group has been selected as one whose members may have been at risk of such a crisis at some time. Therefore, completed questionnaires from as many members as possible will be a very valuable contribution by your group to a better understanding of service needs in the area.

2. Please introduce the questionnaire in a manner consistent with its serious purposes. If at all possible, read or review the entire introductory statement out loud so that all group members have a maximum opportunity to understand all of the questions and ask any questions they may have.

3. Please ask group members not to leave with questionnaires to fill out at home. Experience indicates that most of them will only wind up in the trash or in a drawer. If they cannot be filled out at the meeting, simply return them to us blank.

4. Thank you for your cooperation.