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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?) _____

6. 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

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

26. 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 _____

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?
(Check all that apply)

- 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

_____ No, Never (Skip to Question 55)

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.