

Are suicide prevention interventions useful in school?

“I have read the information sheet provided and I am happy to participate. I understand that by completing and returning this questionnaire I am consenting to be part of this study and for my data to be used as described in the information sheet provided”

1. Yes - continue
2. No - Thank you for your time, please let one of the team know.

The following questions ask about you and information such as your name and school name, as well as your age, gender and any health diagnoses:

Please complete these details:

Full name

School name

Age

How do you describe your gender identity?

1. Boy/man
2. Girl/woman
3. Non-binary
4. Transgender
5. Prefer not to say
6. Other

Have you ever been diagnosed with the following?

1. Depression
2. Anxiety
3. Bipolar Disorder
4. Obsessive Compulsive Disorder (OCD)
5. Anorexia Nervosa
6. Bulimia Nervosa

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7. Any Personality Disorder
8. Post-Traumatic Stress Disorder
9. Substance Misuse Disorder
10. Psychotic Disorder
11. Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD)
12. Attention-Deficit Hyperactivity Disorder (ADHD)
13. Autism Spectrum Disorder (ASD)
14. Unsure
15. Other

The next set of questions focus on your mood and emotions. Remember you can skip any questions that you do not want to answer. Please focus specifically on the last 2 weeks, and select just one answer for each question:

Over the last 2 weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things:

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Feeling down or hopeless

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Trouble sleeping, or sleeping too much

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Feeling tired or having little energy

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Poor appetite or over-eating

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Feeling bad about yourself - or that you are a failure, or that you have let yourself or your family down

1. Not at all
2. Several days

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3. More than half the days
4. Nearly everyday

Trouble concentrating on things, such as reading the newspaper or watching television

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

1. Not at all
2. Several days
3. More than half the days
4. Nearly everyday

Thoughts that you would be better off dead, or of hurting yourself*

1. Not at all
2. Several days*
3. More than half the days*
4. Nearly everyday*

*If you answered 'several days', 'more than half the days', or 'nearly every day' to the above question, please select the option that most accurately describes your current plans or intent:

1. I have no plans or intent to act on the suicidal thoughts
2. I have a specific plan and intent to act on the suicidal thoughts
3. I have a specific plan and intent to act on the suicidal thoughts

The following questions ask about how you are today. Remember you can skip any questions you don't want to answer. For each question, read all the choices and decide which one is most like you today. Then put a select the box next to it. Only select one answer for each question:

Worried

1. I don't feel worried today
2. I feel a little bit worried today
3. I feel a bit worried today
4. I feel quite worried today
5. I feel very worried today

Sad

1. I don't feel sad today
2. I feel a little bit sad today
3. I feel a bit feel sad today
4. I feel quite sad today
5. I feel very sad today

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Pain

1. I don't feel pain today
2. I feel a little bit of pain today
3. I feel a bit of pain today
4. I feel quite a bit of pain today
5. I feel very much in pain today

Tired

1. I don't feel tired today
2. I feel a little bit tired today
3. I feel a bit feel tired today
4. I feel quite tired today
5. I feel very tired today

Annoyed

1. I don't feel annoyed today
2. I feel a little bit annoyed today
3. I feel a bit feel annoyed today
4. I feel quite annoyed today
5. I feel very annoyed today

School work/homework (such as reading, writing, doing lessons)

1. I have no problems with my school work/homework today
2. I have a few problems with my school work/homework today
3. I have some problems with my school work/homework today
4. I have many problems with my school work/homework today
5. I can't do my school work/homework today

Sleep

1. Last night I had no problems sleeping
2. Last night I had a few problems sleeping
3. Last night I had some problems sleeping
4. Last night I had many problems sleeping
5. Last night I couldn't sleep at all

Daily routine (things like eating, having a bath/shower, getting dressed):

1. I have no problems with my daily routine today
2. I have a few problems with my daily routine today
3. I have some problems with my daily routine today
4. I have many problems with my daily routine today
5. I can't do my daily routine today

Able to join in activities (things like playing out with your friends, playing sports, joining in things):

1. I can join in with any activities today
2. I can join in with most activities today
3. I can join in with some activities today
4. I can join in with a few activities today
5. I can join in with no activities today

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Pre-warning - The following questions ask about your knowledge of suicide risk and prevention. Remember you can skip any questions that you do not want to answer.

These questions ask about your beliefs and knowledge about suicide. Please indicate whether you believe each statement is True or False.

Most people who die by suicide are younger than 30.

1. True
2. False

Men are more likely to die by suicide than women.

1. True
2. False

People who want to attempt suicide can change their mind quickly.

1. True
2. False

Media coverage of suicide will influence other people to attempt suicide.

1. True
2. False

Everyone who dies by suicide would be diagnosed as depressed.

1. True
2. False

Talking about suicide always increases the risk of suicide.

1. True
2. False

A suicidal person will not always be suicidal.

1. True
2. False

Seeing a health professional (e.g. GP, counsellor, school nurse) can help prevent someone from attempting suicide.

1. True
2. False

You don't have to be a professional to help someone who is suicidal.

1. True
2. False

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These questions ask about your recent use of healthcare services in the past 3 months and past 12 months. If you don't understand any of the questions, you can ask your teacher or the researcher for help.

Have you seen any of these health professionals or used any of the following services for emotional or behavioural concerns? *The term 'emotional or behavioural concerns' could mean a number of things, for example, being anxious or stressed, feeling depressed, having problems concentrating, or being aggressive or hyperactive.*

In the past 3 months:

	Yes	No
General Practitioner (GP)	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
CAMHS	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Nurse e.g School Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Online Support	<input type="checkbox"/>	<input type="checkbox"/>
Telephone helpline e.g Childline	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Hospital accident and emergency (A&E)	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>

*If you selected other, please state the service you have used:

In the past 12 months:

	Yes	No
General Practitioner (GP)	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>

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Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
CAMHS	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Nurse e.g School Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Online Support	<input type="checkbox"/>	<input type="checkbox"/>
Telephone helpline e.g Childline	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Hospital accident and emergency (A&E)	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>

*If you selected other, please state the service you have used:

Have you been to hospital (e.g. A&E, hospital ward) in the last 12 months for emotional or behavioural concerns?

1. Yes*
2. No
3. Don't know/prefer not to say

Have you been absent from school in the last 12 months for emotional and behavioural concerns?

1. Yes*
2. No
3. Don't know/prefer not to say

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The next set of questions look at help-seeking and how likely you would be to seek help from different sources. Remember you can skip any questions that you don't want to answer.

If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following sources?

	Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely	Not applicable
Parent/step-parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling or step-sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpline (e.g Childline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next 2 questions show you a statement about your thoughts. Please select the box that best applies to you. Remember you can skip any questions that you don't want to answer.

“The future seems to me to be hopeful and I believe that things are changing for the better”

1. Absolutely agree
2. Somewhat agree
3. Cannot say
4. Somewhat disagree
5. Absolutely disagree

“I feel that it is possible to reach the goals I would like to strive for”

1. Absolutely agree
2. Somewhat agree
3. Cannot say
4. Somewhat disagree
5. Absolutely disagree

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The following questions ask about your experience of the safeTALK workshop. You should have taken part in safeTALK in school recently - this is where someone came into your school and talked to you about suicide risk and prevention. Please indicate which of each of the following answers is true for you, please select one box for each question

Please indicate which of the following is true for you:

1. I completed the full safeTALK training
2. I came in late, so did not complete the full safeTALK training
3. I left early, so did not complete the full safeTALK training
4. I did not complete the safeTALK training

How interesting was the workshop?

1. Not at all interesting
2. Somewhat interesting
3. Very interesting

Did the workshop make you feel upset?

1. Not at all upset
2. Somewhat upset
3. Very upset

How useful was the workshop?

1. Not at all useful
2. Somewhat useful
3. Very useful

Would you recommend this workshop to other young people?

1. Yes
2. No

Is there anything else you would like to say about the workshop? E.g. was there anything you found useful or is there anything you would change? Comments/Suggestions:

Would you like to discuss your feelings about either the training or this questionnaire? If you select yes, a member of school staff will be in touch within the next week.

1. Yes
2. No

Thank you for taking the time to complete our survey. If you are experiencing any worries or distress at any time, please talk to a trusted teacher or school support staff (e.g., learning mentor), parent/carer, or other trusted adult. You may also want to get in touch with the relevant organisation below.