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# **Mental Health and Social Services School Questionnaire**

# Mental Health and Social Services School Questionnaire

## Questions

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## **Special Instructions**

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This questionnaire will be administered using Computer Assisted Personal Interviewing. The interviewer will read the questions aloud and type responses to the questions into the laptop computer. The interview program will 1) display the correct tense of verbs, 2) provide alternate answers to questions (e.g., not applicable, "I don't know"), 3) navigate complex skip patterns, 4) access information that was provided in previous contact with a school, and 5) perform other useful functions. The programming specifications for the interview are not included in this printed version of the questionnaire.

If you would like more information about this study or would like clarification of any questions in this questionnaire, please call Tim Smith at 1-800-647-9664, extension 6095.

## Standard Mental Health and Social Services

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What is your job title at the school? (In which role do you spend more time?)

- |                                               |                                                  |
|-----------------------------------------------|--------------------------------------------------|
| 1) Principal                                  | 11) Guidance Counselor                           |
| 2) Asst. Principal/Other School Administrator | 12) Social Worker                                |
| 3) School Secretary                           | 13) Psychologist                                 |
| 4) Physical Ed Teacher                        | 14) Other Mental Health/Social Services Provider |
| 5) Athletic Director                          | 15) Nurse                                        |
| 6) Health Ed Teacher                          | 16) Health Aide                                  |
| 7) Other Teacher                              | 17) Physician                                    |
| 8) Food Service Manager                       | 18) Other Health Services Provider               |
| 9) Commercial Food Service Provider           | 19) SBHC Health Services Staff                   |
| 10) Other School Food Service Staff           | 20) SBHC Mental Health/Social Services Staff     |
|                                               | 50) Other Staff                                  |

Most of the questions that I ask during this interview focus on *standard mental health and social services*, meaning those mental health or social services offered when needed to students at the school, usually by a guidance counselor, psychologist, or social worker. By mental health and social services, I mean services such as crisis intervention, alcohol or other drug use treatment, or identification of or counseling for mental disorders or abuse.

1. First, it would be helpful to know if there is a school-based health center at this school. Please look at the definition card to see what I mean by a school-based health center.

School-based health center: A health center on school property where students from the school enrolled in the health center can receive primary health care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician's assistant. Please do not include a traveling or mobile health center.

Is there a school-based health center at this school?

Yes..... 1  
No..... 2

**Standard Mental Health and Social Services**

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2. A Student Assistance Program (SAP) provides services designed to assist students experiencing personal or social problems that can impact school performance, physical health, or overall well-being. Is a Student Assistance Program (SAP) offered to students from this school?

Yes.....1  
No.....2

3. Does this school have a written plan describing how to respond to the mental health and social services needs of students after a crisis or accident at the school, such as a natural disaster or the death of a student or staff member?

Yes.....1  
No.....2 → Skip to Q5

4. Did any of the groups listed below help develop the plan?

	Yes	No
1. Students?.....1	1	2
2. Parents?.....1	1	2
3. Community members?.....1	1	2

Next, I would like to ask questions about staffing for standard mental health and social services at this school. Please include both contracted providers and regular school staff.

5. Is there a part-time or full-time guidance counselor who provides standard mental health or social services to students at this school?

Yes.....1  
No.....2 → Skip to Q8

6. How many part-time or full-time guidance counselors provide standard mental health or social services to students at this school?

\_\_\_\_\_ Counselors

7. During the past 30 days, how many hours per week has the guidance counselor spent at this

school?

Counselor 1 \_\_\_\_\_ Hours/Week  
Counselor 2 \_\_\_\_\_ Hours/Week  
Counselor 3 \_\_\_\_\_ Hours/Week  
Counselor 4 \_\_\_\_\_ Hours/Week

8. At this school, what is the minimum level of education required for a newly-hired guidance counselor?

Undergraduate degree in counseling ..... 1  
Undergraduate degree in some other field ..... 2  
Master's degree in counseling ..... 3  
Master's degree in some other field ..... 4  
Doctorate in counseling ..... 5  
Doctorate in some other field ..... 6  
Other degree ..... 7  
No requirement ..... 8

9. Is a newly-hired guidance counselor required to be licensed or certified by the state?

Yes..... 1  
No..... 2

10. Is a newly-hired guidance counselor required to be certified by the National Board of Certified Counselors?

Yes..... 1  
No..... 2

11. Is there a part-time or full-time psychologist who provides standard mental health or social services to students at this school?

Yes..... 1  
No..... 2 → Skip to Q14

12. How many part-time or full-time psychologists provide standard mental health or social services to students at this school?

\_\_\_\_\_ Psychologists

13. During the past 30 days, how many hours per week has the psychologist spent at this school?

Psychologist 1 \_\_\_\_\_ Hours/Week  
Psychologist 2 \_\_\_\_\_ Hours/Week  
Psychologist 3 \_\_\_\_\_ Hours/Week  
Psychologist 4 \_\_\_\_\_ Hours/Week

14. At this school, what is the minimum level of education required for a newly-hired psychologist?

Undergraduate degree in psychology ..... 1  
Undergraduate degree in some other field ..... 2  
Master's degree in psychology ..... 3  
Master's degree in some other field ..... 4  
Doctorate in psychology ..... 5  
Doctorate in some other field ..... 6  
Other degree ..... 7  
No requirement ..... 8

15. Is a newly-hired psychologist required to be licensed or certified as a school psychologist by the state?

Yes ..... 1  
No ..... 2

16. Is a newly-hired psychologist required to be certified by the National Association of School Psychologists?

Yes ..... 1  
No ..... 2

17. Is there a part-time or full-time social worker who provides standard mental health or social services to students at this school?

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Yes..... 1  
No..... 2    → Skip to Q20

18. How many part-time or full-time social workers provide standard mental health or social services to students at this school?

\_\_\_\_\_ Social workers

19. During the past 30 days, how many hours per week has the social worker spent at this school?

Social worker 1    \_\_\_\_\_ Hours/Week  
Social worker 2    \_\_\_\_\_ Hours/Week  
Social worker 3    \_\_\_\_\_ Hours/Week  
Social worker 4    \_\_\_\_\_ Hours/Week

20. At this school, what is the minimum level of education required for a newly-hired social worker?

Undergraduate degree in social work..... 1  
Undergraduate degree in some other field..... 2  
Master's degree in social work..... 3  
Master's degree in some other field..... 4  
Doctorate in social work..... 5  
Doctorate in some other field..... 6  
Other degree..... 7  
No requirement ..... 8

21. Is a newly-hired social worker required to be licensed or certified as a school social worker by the state?

Yes..... 1  
No..... 2

22. Is a newly-hired social worker required to have a School Social Work Specialist credential?

Yes..... 1  
No..... 2



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If there is no guidance counselor, psychologist, or social worker at this school (Questions 5, 11 and 17 are No), skip to Q26.

23. During the past 12 months, has a guidance counselor, psychologist, or social worker at this school talked to or taught...

Yes                      No

Answer a-c if this a middle, junior, or senior high school.

- 1. A health education class at this school? ..... 1 ..... 2
- 2. A physical education class? ..... 1 ..... 2
- 3. A biology or other science class?..... 1 ..... 2

Answer d-e if this is an elementary school.

- 4. Students at this school as part of a health education lesson or unit?..... 1 ..... 2
- 5. Students at this school as part of a physical education unit or class?..... 1 ..... 2

24. During the past 12 months, has a guidance counselor, psychologist, or social worker at this school worked on standard school mental health or social services activities with...

Yes                      No

- a. Health education staff from this school? ..... 1 ..... 2
- 2. Physical education staff from this school?..... 1 ..... 2
- c. Food service staff?..... 1 ..... 2
- 4. Health services staff? ..... 1 ..... 2

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25. During the past 12 months, has a guidance counselor, psychologist, or social worker worked on standard school mental health or social services activities for students with staff or members from...

Yes                      No

- 1. A local health department?.....1 .....2
- 2. A local hospital? .....1 .....2
- 3. A local mental health or social services agency? .....1 .....2
- 4. A health organization, such as the American Heart Association or the American Red Cross?.....1 .....2
- 5. A local college or university? .....1 .....2
- 6. A local business?.....1 .....2

26. During the past 12 months, has this school...

Yes                      No

- 1. Provided families with information on the standard school mental health and social services program?.....1 .....2
- 2. Met with a parents' organization, such as the PTA, to discuss the standard school mental health and social services program? .....1 .....2
- 3. Invited family members to tour the standard mental health and social services facilities? .....1 .....2

27. During the past 12 months, has this school collected suggestions from any of the groups listed below about the standard mental health and social services program?

Yes                      No

- 1. Students .....1 .....2
- 2. School staff.....1 .....2
- 3. Family members of students .....1 .....2

**Standard Mental Health and Social Services**

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28. Next, I am going to read a list of facilities and equipment that may be available for mental health or social services staff in this school to use. Does this school have...

	Yes	No
1. A private room for counseling students? .....	1	2
2. A telephone number reserved for standard mental health or social services? .....	1	2
3. An answering machine or voice mail reserved for standard mental health or social services ?.....	1	2
4. Locked storage space for files related to the standard mental health or social services provided to students? .....	1	2

29. Where in relation to the school's main office is the primary location where students go to obtain standard mental health or social services? Are the services offered...

- Within the same office suite as the main office?..... 1
- Within view of the main office?..... 2
- Not within view of the main office?..... 3

I am going to ask about the activities of mental health or social services staff such as guidance counselors, psychologists, and social workers. Please do not include activities by teachers in the classroom or activities by nurses or physicians. I'll find out about their activities during a different interview.

**SHOW CARD 1**

30. As I read the list of services printed on this card, please tell me if each is provided when needed to students as part of standard mental health or social services at this school.

Yes                      No

Answer a and b if this is a middle, junior, or senior high school.

- 1. Tobacco use cessation?..... 1 .....2
- 2. Alcohol or other drug use treatment?..... 1 .....2
- 3. Crisis intervention for personal problems?..... 1 .....2
- 4. Identification of or counseling for mental or emotional disorders, such as anxiety or depression?..... 1 .....2
- 5. Stress management?..... 1 .....2

Answer f if this is a middle, junior, or senior high school.

- 6. Eating disorders treatment?..... 1 .....2
- 7. Identification of or referral for physical, sexual, or emotional abuse? ..... 1 .....2

Answer h is this is a middle, junior, or senior high school.

- 8. HIV (human immunodeficiency virus) testing and counseling?..... 1 .....2
- 9. Referrals for after-school programs such as day-care or supervised recreation? ..... 1 .....2

Answer j, k, and l if this is a middle, junior, or senior high school.

- 10. Services for gay, lesbian, or bisexual students?..... 1 .....2
- 11. Referrals for child care for teen mothers? ..... 1 .....2
- 12. Assistance with enrolling in WIC or accessing food stamps or food banks? ..... 1 .....2
- 13. Assistance with enrolling in Medicaid or CHIP (Children’s Health Insurance Program)? ..... 1 .....2

Answer n is this is a middle, junior, or senior high school.

- 14. Job readiness skills programs?..... 1 .....2

31. Who provides the services listed in Question 30?

MARK ALL THAT APPLY.

- Guidance counselor ..... 1
- Psychologist ..... 2
- Social worker ..... 3
- Other ..... 4

**SHOW CARD 2**

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32. As I read the list of services printed on this card, please tell me if each is provided when needed by mental health or social services staff to students at the school in one-on-one or small-group discussions.

	Yes	No
1. Nutrition and dietary behavior counseling, including weight management?.....	1	2
Answer b if this is a middle, junior, or senior high school.		
2. Eating disorders prevention?.....	1	2
3. Physical activity and fitness counseling? .....	1	2
Answer d, e, and f if this is a middle, junior, or senior high school.		
4. Pregnancy prevention?.....	1	2
5. HIV prevention?.....	1	2
6. STD prevention?.....	1	2
7. Suicide prevention?.....	1	2
8. Tobacco use prevention?.....	1	2
9. Alcohol or other drug use prevention? .....	1	2
10. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
<b>11.</b> Accident or injury prevention?		1
		2

33. Who provides the services listed in Question 32 in one-on-one or small- group discussions?  
**MARK ALL THAT APPLY.**

Guidance counselor .....	1
Psychologist .....	2
Social worker .....	3
Other.....	4

SHOW CARD 3

34. As I read the list of services on this card, please tell me if each is provided when needed by mental health or social services staff to students at the school. Do mental health or social services staff provide...

Yes No

- 1. Case management for students with behavioral or social problems? ..... 1 ..... 2
2. Family counseling?..... 1 ..... 2
3. Group counseling?..... 1 ..... 2
4. Individual counseling?..... 1 ..... 2
5. Comprehensive assessment or intake evaluation?..... 1 ..... 2
6. Peer counseling or mediation?..... 1 ..... 2
7. Self-help or support groups?..... 1 ..... 2

35. Does someone from the mental health and social services staff participate in the development of Individualized Education Plans, or IEP's, for students, when indicated?

Yes..... 1
No ..... 2

36. Does someone from the mental health and social services staff participate in the development of Individualized Health Plans, or IHP's, for students, when indicated?

Yes..... 1
No ..... 2

37. Now, please consider all the standard mental health and social services that students receive at this school. Does this school keep records of standard mental health and social services that students receive?

Yes..... 1
No..... 2 -> Skip to Q39

38. During the past 12 months, has this school reviewed mental health or social services records

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to identify students with chronic mental health or social services problems or ways to prevent further occurrences of these problems?

Yes.....1  
No .....2

39. Is there backup or after hours coverage when school mental health or social services staff are unavailable, for example after school or on weekends?

Yes.....1  
No .....2

## Services Provided at Other Sites

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This next set of questions asks about mental health or social services delivered to students from this school at *other sites* not on school property regardless of whether the services are paid for by the school system. These services may be provided by mental health or social services professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide mental health or social services to students.

40. Currently, do any organizations or mental health or social services professionals have a contract, memorandum of agreement, or other similar arrangement to provide mental health or social services to students from this school?

Yes.....1  
No .....2 → Skip to Q45

### SHOW CARD 4

41. Which of the organizations or mental health or social services professionals listed on this card have arrangements to provide mental health or social services when needed to students from this school?

MARK ALL THAT APPLY.

- 1. A school-linked health center ..... 1
- 2. A local health department .....2
- 3. A local hospital.....3
- 4. A local mental health or social services agency .....4
- 5. A university or medical school .....5
- 6. A managed care organization .....6
- 7. A private psychologist .....7
- 8. A private psychiatrist .....8
- 9. A private social worker.....9
- 10. A private counselor.....10



**SHOW CARD 5**

42. As I read the list of services printed on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide these services when needed to students from this school. Are there arrangements with any organizations or mental health or social services professionals to provide...

Yes No

Answer a and b if this is a middle, junior, or senior high school.

- 1. Tobacco use cessation?..... 1 ..... 2
- 2. Alcohol or other drug use treatment? ..... 1 ..... 2
- 3. Crisis intervention for personal problems? ..... 1 ..... 2
- 4. Identification of or counseling for mental or emotional disorders, such as anxiety or depression?..... 1 ..... 2
- 5. Stress management?..... 1 ..... 2

Answer f if this is a middle, junior, or senior high school.

- 6. Eating disorders treatment?..... 1 ..... 2
- 7. Identification of or referral for physical, sexual, or emotional abuse? ..... 1 ..... 2

Answer h if this is a middle, junior, or senior high school.

- 8. HIV testing and counseling? ..... 1 ..... 2
- 9. Referrals for after-school programs such as day-care or supervised recreation?..... 1 ..... 2

Answer j, k, and l if this is a middle, junior, or senior high school.

- 10. Services for gay, lesbian, or bisexual students? ..... 1 ..... 2
- 11. Referrals for child care for teen mothers? ..... 1 ..... 2
- 12. Assistance with enrolling in WIC or accessing food stamps or food banks? ..... 1 ..... 2
- 13. Assistance with enrolling in Medicaid or CHIP (Children’s Health Insurance Program)? ..... 1 ..... 2

Answer n if this is a middle, junior, or senior high school.

- 14. Job readiness skills programs?..... 1 ..... 2

**SHOW CARD 6**

43. As I read the list of services on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide these services when needed to students from this school in one-on-one or small-group discussions.

	Yes	No
1. Nutrition and dietary behavior counseling, including weight management?.....	1	2
Answer b if this is a middle, junior, or senior high school.		
2. Eating disorders prevention?.....	1	2
3. Physical activity and fitness counseling? .....	1	2
Answer d, e, and f if this is a middle, junior, or senior high school.		
4. Pregnancy prevention?.....	1	2
5. HIV prevention?.....	1	2
6. STD prevention ?.....	1	2
7. Suicide prevention?.....	1	2
8. Tobacco use prevention?.....	1	2
9. Alcohol or other drug use prevention? .....	1	2
10. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
11. Accident or injury prevention? .....	1	2

**SHOW CARD 7**

44. As I read the list of services on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide to these services when needed to students from this school.

	Yes	No
a. Case management for students with behavioral or social problems? .....	1	2
b. Family counseling?.....	1	2
c. Group counseling?.....	1	2
d. Individual counseling?.....	1	2
e. Comprehensive assessment or intake evaluation?.....	1	2
f. Peer counseling or mediation?.....	1	2
g. Self-help or support groups?.....	1	2

## Respondent Background

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45. Currently, does someone at this school oversee or coordinate standard mental health and social services?

Yes..... 1  
No..... 2 → Skip to Q63

46. Are you this person?

Yes..... 1  
No..... 2 → Skip to Q63

### SHOW CARD 8

47. Looking at this card, please tell me who you work for.  
MARK ALL THAT APPLY.

School district ..... 1  
This school ..... 2  
A local health department ..... 3  
A local hospital ..... 4  
A local mental health or social services agency ..... 5  
A university or medical school ..... 6  
A managed care organization ..... 7  
Other ..... 8

48. What is the highest year of education you have completed?

Undergraduate degree ..... 1  
Master's degree ..... 2  
Doctoral degree ..... 3  
Less than undergraduate degree ..... 4

49. What did you major in?  
MARK ALL THAT APPLY.

- Counseling ..... 1
- Psychology ..... 2
- Social work ..... 3
- Nursing ..... 4
- Health care administration ..... 5
- Biology or other science ..... 6
- Business ..... 7
- Education ..... 8
- Other ..... 9

50. Did you have a minor?

- Yes ..... 1
- No ..... 2 → Skip to Q52

51. What did you minor in?  
MARK ALL THAT APPLY.

- Counseling ..... 1
- Psychology ..... 2
- Social work ..... 3
- Nursing ..... 4
- Health care administration ..... 5
- Biology or other science ..... 6
- Business ..... 7
- Education ..... 8
- Other ..... 9

If you have an undergraduate degree, skip to Q53. If you have a master's or doctoral degree, continue with Q52.

52. In what area or areas was your graduate work?

MARK ALL THAT APPLY.

- Counseling ..... 1
- Psychology ..... 2
- Social work ..... 3
- Nursing ..... 4
- Medicine ..... 5
- Health care administration ..... 6
- Biology or other science ..... 7
- Business ..... 8
- Education ..... 9
- Other ..... 10

53. Are you currently certified by a state agency or board to provide mental health or social services?

- Yes ..... 1
- No ..... 2

If you are a social worker, please answer Q54. Otherwise, skip to Q55.

54. Do you currently have a School Social Work Specialist credential?

- Yes ..... 1
- No ..... 2

If you are a guidance counselor, please answer Q55. Otherwise, skip to Q56.

55. Are you currently certified by the National Board of Certified Counselors?

- Yes ..... 1
- No ..... 2

If you are a psychologist, please answer Q56. Otherwise, skip to Q57.

56. Are you currently certified by the National Association of School Psychologists?

- Yes..... 1
- No..... 2

**SHOW CARD 9**

57. As I read the list of topics printed on this card, please tell me if you received any staff development on each topic during the past 2 years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

	Yes	No
1. Tobacco use cessation?.....	1	2
2. Alcohol or other drug use treatment?.....	1	2
3. Crisis intervention for personal problems?.....	1	2
4. Identification of or counseling for mental or emotional disorders, such as anxiety or depression?.....	1	2
5. Stress management?.....	1	2
6. Eating disorders treatment?.....	1	2
7. Identification of or referral for physical, sexual, or emotional abuse? .....	1	2
8. HIV testing and counseling? .....	1	2
9. After-school programs such as day-care or supervised recreation?.....	1	2
10. Services for gay, lesbian, or bisexual students?.....	1	2
11. Child care for teen mothers? .....	1	2
12. Enrolling in WIC or accessing food stamps or food banks? .....	1	2
13. Enrolling in Medicaid or CHIP (Children's Health Insurance Program)?.....	1	2
14. Job readiness skills programs?.....	1	2

58. Which of these topics would you like to receive further staff development on?  
MARK ALL THAT APPLY.

- Tobacco use cessation ..... 1
- Alcohol or other drug use treatment ..... 2
- Crisis intervention for personal problems ..... 3
- Identification of or counseling for mental or emotional disorders, such as anxiety or depression ..... 4
- Stress management ..... 5
- Eating disorders treatment ..... 6
- Identification of or referral for physical, sexual, or emotional abuse ..... 7
- HIV testing and counseling ..... 8
- After-school programs such as day-care or supervised recreation ..... 9
- Services for gay, lesbian, or bisexual students ..... 10
- Child care for teen mothers ..... 11
- Enrolling in WIC or accessing food stamps or food banks ..... 12
- Enrolling in Medicaid or CHIP (Children's Health Insurance Program) ..... 13
- Job readiness skills programs ..... 14
- None ..... 15

**SHOW CARD 10**

59. As I read the list of topics printed on this card, please tell me if you received any staff development on each topic during the past 2 years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

	Yes	No
1. Nutrition and dietary behavior counseling, including weight management?.....	1	2
2. Eating disorders prevention?.....	1	2
3. Physical activity and fitness counseling?.....	1	2
4. Pregnancy prevention?.....	1	2
5. HIV prevention?.....	1	2
6. STD prevention?.....	1	2
7. Suicide prevention?.....	1	2
8. Tobacco use prevention?.....	1	2
9. Alcohol or other drug use prevention?.....	1	2
10. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
11. Accident or injury prevention?.....	1	2

60. Which of these topics would you like to receive further staff development on?  
 MARK ALL THAT APPLY.

Nutrition and dietary behavior counseling including weight management .....	1
Eating disorders prevention .....	2
Physical activity and fitness counseling.....	3
Pregnancy prevention .....	4
HIV prevention .....	5
STD prevention .....	6
Suicide prevention .....	7
Tobacco use prevention.....	8
Alcohol or other drug use prevention.....	9
Violence prevention, for example bullying, fighting, or homicide.....	10
Accident or injury prevention.....	11
None .....	12



**SHOW CARD 11**

61. Finally, as I read the list printed on this card, please tell me if you received any staff development on providing mental health or social services within each modality during the past 2 years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

	Yes	No
1. Case management for students with behavioral or social problems? .....	1	2
2. Family counseling?.....	1	2
3. Group counseling?.....	1	2
4. Individual counseling?.....	1	2
5. Comprehensive assessment or intake evaluation?.....	1	2
6. Peer counseling or mediation?.....	1	2
7. Self-help or support groups?.....	1	2

62. Which of these topics would you like to receive further staff development on?

Case management for students with behavioral or social problems .....	1
Family counseling .....	2
Group counseling .....	3
Individual counseling .....	4
Comprehensive assessment or intake evaluation .....	5
Peer counseling or mediation .....	6
Self-help or support groups .....	7
None .....	8

63. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

(    )        -

Thank you very much for taking the time to complete this interview.

## School-Based Health Center Services

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This set of questions asks about mental health and social services offered to students enrolled in your school-based health center — that is services, including diagnostic and treatment services, offered by a psychologist, social worker, counselor, or other mental health or social services professional at the health center located on school property.

64. Who can be enrolled to receive mental health or social services at the health center?

	Yes	No
1. Can students from this school enroll? .....	1	2
2. Can students from other schools in the community enroll? .....	1	2

65. How many hours per week are mental health or social services at the health center offered to enrolled students?

\_\_\_\_\_ Hours/week

### SHOW CARD 12

66. This card shows different times that mental health or social services at a health center might be offered. When are they offered to students?  
 MARK ALL THAT APPLY.

Selected days during the school week .....	1
Every day during the school week.....	2
Saturdays or Sundays during the school session .....	3
Evenings during the school session .....	4
Vacation or inter-session .....	5
Other.....	6

**School-Based Health Center Services**

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67. Who provides mental health or social services to students enrolled at the health center? Is there...

	Yes	No
1. A counselor ?.....	1	2
2. A psychologist ? .....	1	2
3. A psychiatrist ? .....	1	2
4. A social worker ?.....	1	2

68. Does your health center have...

	Yes	No
1. A private room for counseling students? .....	1	2
2. A telephone number reserved for mental health or social services? .....	1	2
c. An answering machine or voice mail reserved for the staff who provide mental health or social services ?.....	1	2
4. Locked storage space for files related to the mental health or social services provided to students?.....	1	2

69. A Student Assistance Program (SAP) provides services designed to assist students experiencing personal or social problems that can impact school performance, physical health, or overall well-being. Is a Student Assistance Program (SAP) offered to students enrolled in your health center?

Yes.....	1	
No .....	2	

I am going to ask about the activities of mental health and social services staff at the health center such as counselors, psychologists, and social workers. I will find out about the activities of health services staff, such as nurses and physicians, during a different interview.

**SHOW CARD 13**

70. As I read the list of services printed on this card, please tell me if each is provided when needed to students enrolled in the health center.

Yes                      No

Answer a and b if this is a middle, junior, or senior high school.

- 1. Tobacco use cessation?..... 1 .....2
- 2. Alcohol or other drug use treatment?..... 1 .....2
- 3. Crisis intervention for personal problems?..... 1 .....2
- 4. Identification of or counseling for mental or emotional disorders, such as anxiety or depression?..... 1 .....2
- 5. Stress management?..... 1 .....2

Answer f if this is a middle, junior, or senior high school.

- 6. Eating disorders treatment?..... 1 .....2
- 7. Identification of or referral for physical, sexual, or emotional abuse? ..... 1 .....2

Answer h if this is a middle, junior, or senior high school.

- 8. HIV testing and counseling? ..... 1 .....2
- 9. Referrals for after-school programs such as day-care or supervised recreation?..... 1 .....2

Answer j, k, and l if this is a middle, junior, or senior high school.

- 10. Services for gay, lesbian, or bisexual students?..... 1 .....2
- 11. Referrals for child care for teen mothers? ..... 1 .....2
- 12. Assistance with enrolling in WIC or accessing food stamps or food banks? ..... 1 .....2
- 13. Assistance with enrolling in Medicaid or CHIP (Children’s Health Insurance Program)? ..... 1 .....2

Answer n if this is a middle, junior, or senior high school.

- 14. Job readiness skills programs?..... 1 .....2

**SHOW CARD 14**

71. As I read the services listed on this card, please tell me if each is provided when needed in one-on-one or small-group discussions to students enrolled in the health center.

	Yes	No
1. Nutrition and dietary behavior counseling, including weight management?.....	1	2
Answer b if this is a middle, junior, or senior high school.		
2. Eating disorders prevention?.....	1	2
3. Physical activity and fitness counseling?.....	1	2
Answer d, e, and f if this is a middle, junior, or senior high school.		
4. Pregnancy prevention?.....	1	2
5. HIV prevention?.....	1	2
6. STD prevention?.....	1	2
7. Suicide prevention?.....	1	2
8. Tobacco use prevention?.....	1	2
9. Alcohol or other drug use prevention?.....	1	2
10. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
11. Accident or injury prevention?.....	1	2

**SHOW CARD 15**

72. As I read the list of services on this card, please tell me if each if provided when needed to students enrolled in the health center.

	Yes	No
1. Case management for students with behavioral or social problems?.....	1	2
2. Family counseling?.....	1	2
3. Group counseling?.....	1	2
4. Individual counseling?.....	1	2
5. Comprehensive assessment or intake evaluation?.....	1	2
6. Peer counseling or mediation?.....	1	2
7. Self-help or support groups?.....	1	2

73. Does your health center bill for third-party reimbursement for mental health or social

services provided to students?

Yes..... 1  
No..... 2

74. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

(    )       -

- 1) Daytime or
- 2) Evening/Weekend

Thank you very much for taking the time to complete this interview.