## Appendix 1 - Questionnaire

## Declaration

I have read the participant information leaflet for this study and I understand the contents. I freely and voluntary agree to be part of this online research study.

1.	I understand that I may withdraw from this s	study at any time. I consent to partic	ipant in this study
Yes,	<sup>/</sup> No		
2. G	ender		
Mal	e		
Fen	nale		
Oth	er		
3.W	hat age are you?		
16/	17/18 or other		
4. V	/hat type of school do you attend?		
All-	girls school		
All-l	poys school		
Mix	ed school		
5. D	o you feel supported in your school with rega	ards to mental health?	
Extr	emely supported	Somewhat supported	Not at all Supported
	/hat is the most important quality that an addortant to you.	ult needs to be a good support in sch	ool? Tick all the boxes that are
Tru	stworthy		
Goo	od listener		
Rela	atable to		
You	ng and cool		
Son	neone who sticks to the rules		
Sou	nd		
Will	not tell anyone		
Any	other qualities that are important?		
7. ⊦	lave you heard of the any of the following int	erventions that may be available in s	econdary schools?

Please tick all the boxes that you are familiar with. MindOut Program				
YAM - Youth Aware of mental health				
HPST - Health promoting school team				
CAMHS - Child and adolescent mental health service NEPS -				
National educational psychology service				
ASIST - Applied suicide intervention skills training				
None of the above				
Other - Did I miss any in your school?				
8. As part of Social, Personal and Health Education (SPHE) do you think ther curriculum?  Not enough Enough -Just the right amount	re is enough about mental health in the			
9. Please tick any of the following people available in your school, who you feel you could approach to discuss any mental health issues? Tick all the people that maybe helpful.				
Teacher				
Principle				
Chaplain				
Year Head				
Psychologist				
Guidance Counsellor				
Mental Health Professional				
Anyone else not listed?				
10. Please tick the one that applies to your school in relation to mental health supports				
No programs or supports available				
Loads of interventions and supports  If any, name some of these supports				
,				
11. Have you ever used any support service in your school for your	mental health?			
Yes/No				
12. If you have used a support service, can you name the service				

13. Rate the helpfulness of this support?

Extremely helpful
Very helpful
Somewhat helpful
Not so helpful
Extremely Unhelpful
14. What would you recommend for all schools as a 'good support' for mental health?
15. If you were to change anything in your school with regards to mental health supports, what would it be?
16. Do you know what a mental health nurse does? Yes/No
17. Would you use a mental health nurse in your school?
Yes/No
resylvo
18. If you answered No to question 17, please give reason why you answered
19. Has a friend ever spoken to you about their mental health difficulties?
Yes/No
20. Would you feel that you have enough information to support your friend, if they had mental health issues?
Yes/No
21. Would you use online supports if they were available in your school? For example; skype/video call, texting a support line, or any other online services that may be available.
Yes/No