

Survey questions For TFN.

Date:

Demographics

Age:

Gender:

Did you go to elementary school on Bear Island? YES NO

If not, where did you spend your childhood?

Source of Income? _____
(optional)

Family Status? Single Married Common law

Children? Y N

How many? _____

Ages? _____

What Does Mental Wellness mean to you?

What is your opinion about Mental Wellness in our community?

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Access to Mental Health Services:

1. Are you aware of mental health services available in our community?
2. Have you ever utilized mental health services in our community?
3. What are the barriers, if any, to accessing mental health services?

Social Support:

1. Do you feel supported by friends, family, or other members of the community?
2. Do you have someone you can talk to about your mental health concerns?

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3. Are there any social activities or groups in the community that you participate in for support?

Stigma and Awareness:

1. Do you feel there is stigma (a mark of disgrace) surrounding mental health in our community, if so, what do think it is?

2. How comfortable are you talking about mental health concerns with others?

3. Are there any misconceptions about mental health that you have encountered in the community?

Specific Needs and Preferences:

1. Are there any specific mental health services or programs you would like to see offered in the community?

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2. Do you have any preferences regarding the format or delivery of mental health services (e.g., in-person, telehealth, group therapy)?

Suggestion Comments:

1. What are some barriers to improving mental wellness on Bear Island?
2. What are some barriers to accessing mental wellness services on Bear Island?
3. Is there anything else you would like to share about mental health needs in our community?
4. Do you have any suggestions for improving mental health services or support in the community?
5. What are some good aspects of Mental Wellness on Bear Island? (meaning any positives of which you can think of?)