

YOUTH MENTAL HEALTH AND ADDICTION CHAMPIONS (YMHAC) INITIATIVE

Youth Lead Survey on the YMHAC Initiative



SECTION 1: YOUR PARTICIPATION IN THIS INITIATIVE

Please indicate the degree to which you agree or disagree with the following statements.

	Involvement in this initiative has ...	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Disagree	Not Applicable or Not Sure
1.	Increased my knowledge and awareness of mental health and substance use prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Increased my awareness of strategies to prevent substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Increased my harm reduction strategies related to substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Increased my understanding of the impact of stigma on peers with mental illness and substance use challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Increased my awareness of available information and services in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Improved my leadership skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Motivated me to continue to engage in health promotion activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: YOUR EXPERIENCE WITH THE TRAINING

Please indicate the degree to which you agree or disagree with the following statements.

Satisfaction with the training:		Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Disagree	I did not receive training
1.	The training provided me with the necessary information and tools to plan and conduct an activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Overall, I was very satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Which part of the training did you find the most helpful?</p> <p>Which part of the training could be improved?</p> <p>What skills did the training provide that were most important in helping you plan and conduct an activity?</p>							

SECTION 3: YOUR ACTIVITY

Tell Us About Your Work!

Please use the form below to tell us about the activities and events you have completed as part of YMHAC initiative.

We would like to hear about things that you are especially proud of, and which you think will have a lot of impact on the youth in your school or community.

Please try to answer the questions in as much detail as possible so that we may have a good idea of what the goal of the activity was, who was involved, and how it affected youth.

If this is a group effort, you may decide to have everyone involved help complete the profile, or you may select one or two members of the group to complete it. It's really up to you.

This form is just a start. Feel free to be as creative as you want when describing your activity. Some ideas include:

- Write a story
- Create a photovoice in which you share where the idea for your activity came from and support it with pictures (you can consult the guide on how to create a photovoice using the following link: http://www.pwhce.ca/photovoice/pdf/Photovoice_Manual.pdf)
- Produce a video
- Write a blog

Tell Us About Yourself

Name (insert name of group if you have one):

School:
Age range of group members (youngest member to oldest member):
Which of the following adults helped you with this initiative? <input type="checkbox"/> Educator/Teacher <input type="checkbox"/> Guidance counsellor <input type="checkbox"/> Principal <input type="checkbox"/> Community agency staff <input type="checkbox"/> Public health staff <input type="checkbox"/> Other List who:
Tell Us About Your Activity
What is the name of your activity?
What issue does your activity focus on (i.e., decreasing mental health stigma, sharing information and resources, promoting mental health, raising awareness about substance use, etc.)?
Where did the idea for your activity come from and how did you develop the idea?

What was the overall goals of your activity?
What changes were you hoping to see among youth in your school or community?
Do you think the activity reached its goals?
Do you think you have had an impact on youth? If so, how do you know?
How did this activity influence you and your team?
What did you learn about working together?
Please describe your experience:

Do you have anything extra to add to this profile?

- Pictures
- Designs/drawings
 - Videos
 - Websites
- Social Network/ blog pages
 - Photovoice
 - Written story (text)
 - Other

Please attach any extras at the end of this profile, or just list a link below to whatever you would like us to view.

Thank you!