



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE



# State Legislative Tool Kit:

## MENTAL HEALTH FIRST AID

MENTAL  
HEALTH  
FIRST AID



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## Purpose & Goals

In response to rising local and state interest in improving the awareness, recognition and ability to appropriately respond to the needs of persons experiencing symptoms of a mental illness or who may be in crisis, the National Council for Community Behavioral Healthcare (National Council) and Mental Health First Aid—USA offers resources designed to inform and guide policymaking discussions. In particular, this toolkit provides talking points, the evidence base and sample policy language for use by your organizations to advance the use of Mental Health First Aid training in your state.

In seeking policy changes related to inception or increased resources for Mental Health First Aid training in the community, your organizations are encouraged to keep the following goals in mind:

- We seek to elevate the profile and access to Mental Health First Aid as part of a 10-year goal to make the training program a common first aid curriculum, in line with CPR and first aid.
- We seek broadest application of and access to training resources in the community; however, your local or state circumstances may require an incremental focus on one or a few priority audiences (e.g., educators and staff, local law enforcement).
- Mental Health First Aid is a trademarked training program and we urge that language and efforts to seek policy around this program strive to retain reference to the branded program and its tenets (see Appendix 2).
  - Nationally certified instructors are the only individuals authorized/recognized by Mental Health First Aid USA as appropriately trained (via the 5-day certification course) to deliver the official Mental Health First Aid curriculum and train Mental Health “First Aiders.”
  - Fidelity to the Mental Health First Aid USA Model requires at a minimum:
    - Delivery of official curriculum by nationally certified instructors.

### Participation in the interactive training curriculum for minimum of 8 hours

- When possible, your organization should explore mandating Mental Health First Aid training for certain certified professionals (e.g., law enforcement personnel, social workers, child welfare personnel, foster parents). For example:
  - Texas legislators are looking at the program as possible continuing education unit (CEU) options for teachers.
  - Texas implemented a 16-hour requirement for mental health training for every new law enforcement officer in 2005.
- Dedicated funding for this program should be sought in contrast to redirecting existing training or other funds devoted to mental health and substance abuse programs within the local or state jurisdiction.

#### Potential Target Trainee Populations

- Law enforcement officers
- Correction/detention officers
- Teachers
- School counselors
- Emergency first responders
- Education administrators
- Child welfare personnel
- Foster caregivers

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to individuals showing signs of a mental illness or substance use disorder.

Mental Health First Aid was created by Professor Anthony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education in 2001. The Mental Health First Aid Program is conducted in Australia by Mental Health First Aid™ (Mental Health First Aid) Australia, a national non-profit health promotion charity focused on training and research.<sup>1</sup>

The National Council, the Maryland State Department of Health and Mental Hygiene, and the Missouri Department of Mental Health worked with the program's founders to bring Mental Health First Aid to the U.S. in 2008-09.

### ***Strong Evidence Supports Mental Health First Aid***

Mental Health First Aid has a strong evidence base.<sup>2,3</sup> Four detailed studies have been completed and nearly a dozen journal articles published on Mental Health First Aid's impact on public awareness, stigmatizing attitudes about mental illness and application of helping "first aid" behaviors. One trial of 301 randomized participants found that those who trained in Mental Health First Aid:

- Have greater confidence in providing help to others,
- Greater likelihood of advising people to seek professional help,
- Improved concordance with health professionals about treatments, and
- Decreased stigmatizing attitudes.<sup>4</sup>

The study also found that Mental Health First Aid improved the mental health of the participants themselves. Findings from the other studies have echoed these outcomes.

More recently, a randomized control study funded by the National Institute of Mental Health (NIMH) sought to demonstrate the effect of implemented Mental Health First Aid training on knowledge and help-seeking behaviors at 33 college campuses.<sup>5</sup> The study found that resident assistants in those campuses with treatment cohorts demonstrated increased positive affect, perceived knowledge of mental illnesses, positive beliefs about treatment and confidence in assisting someone with a mental health problem. There was also evidence of decreased symptoms of depression and negative behaviors such as binge drinking among those who received the Mental Health First Aid training. While the authors noted that further study is needed to determine long-term effects on attitudes and frequency of resulting mental health service use, this U.S. - focused study was important for its focus on one of the highest priority populations – college students – and for its large-scale study across multiple campuses.

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<sup>1</sup> [www.mhfa.com.au](http://www.mhfa.com.au)

<sup>2</sup> Kitchner, Betty A. and Jorm, Anthony. Mental Health First Aid Training: A review of evaluation studies. *Australian and New Zealand Journal of Psychiatry* 2006; 40:6–8.

<sup>3</sup> Jorm, Anthony F, Kitchener, Betty A., O'Kearney, Richard, and Dear, Keith BG. Mental health first aid training of the public in a rural area: a cluster randomized trial. *BMC Psychiatry* 2004, 4:33.

<sup>4</sup> Jorm AF, et al. Mental health first aid training of the public in a rural area: a cluster randomized trial [ISRCTN53887541]. *BMC Psychiatry*. 2004; 4(33): 1-9.

<sup>5</sup> Eisenberg D, Speer, N. Mental Health First Aid for college students: A multi-campus randomized control trial. Final Report for NIMH1RC1MH089757-01.

## ***What Is Mental Health First Aid?***

Mental Health First Aid is offered in the form of an 8-12 hour [interactive course](#) that presents an overview of mental illnesses and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. A 5-day instructor certification program is also offered to expand the base of educators in this important area.

To date, Mental Health First Aid has been replicated in more than 20 countries, including: England, Scotland, Finland, Canada, Cambodia, China, Ireland, Wales and Singapore.<sup>6</sup>

In the U.S., we value the supporting evidence and strive to achieve fidelity to the original Mental Health First Aid program developed in Australia. Our goal over the next decade is to make Mental Health First Aid in the U.S. as common as CPR and First Aid training.

***Table 1. The five-step action plan of Mental Health First Aid USA***

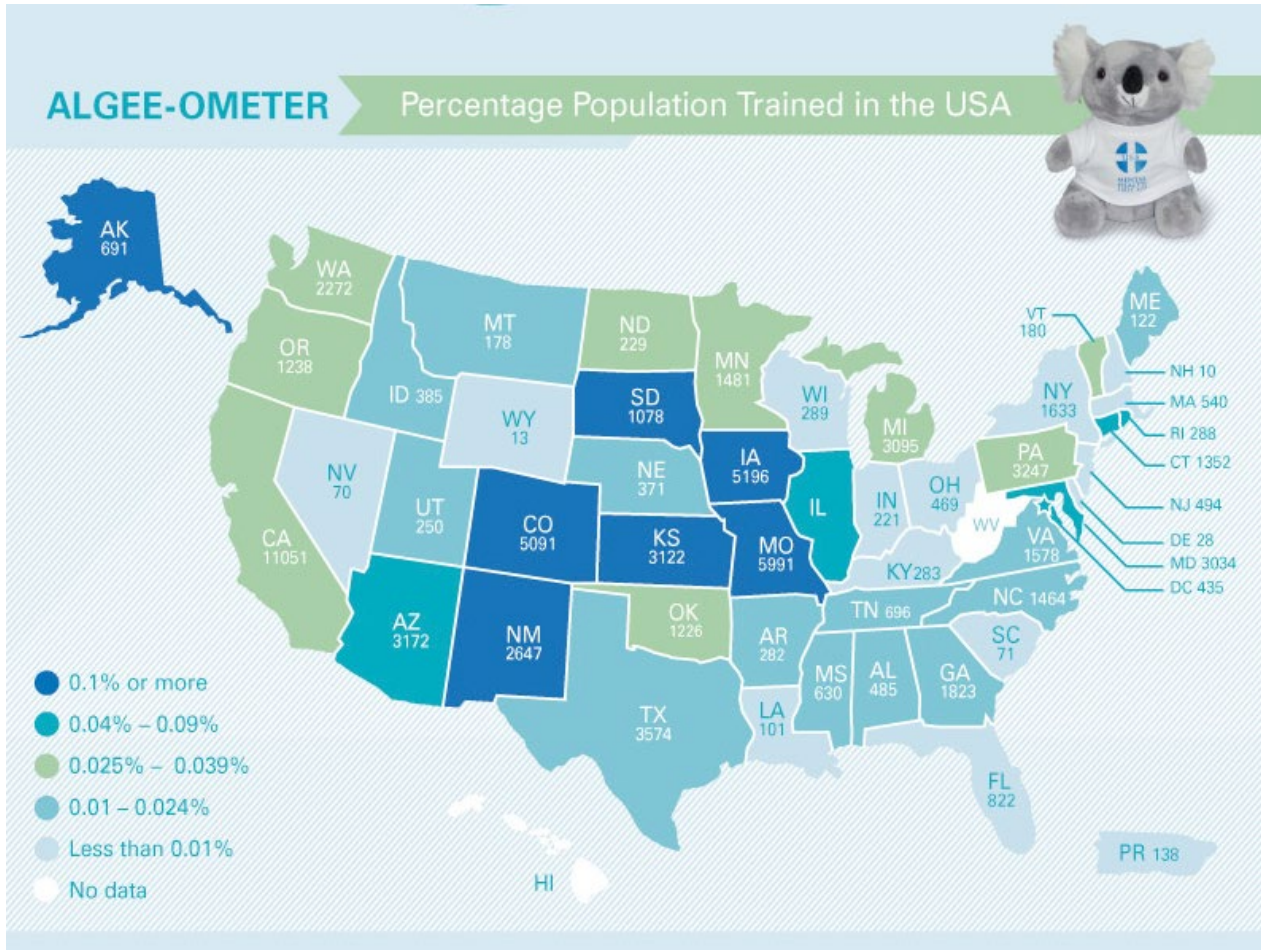
1. Assess for risk of suicide or harm
2. Listen non-judgmentally
3. Give reassurance and information
4. Encourage appropriate professional help
5. Encourage self-help and other support strategies

## ***Why Mental Health First Aid?***

The Mental Health First Aid curriculum is unique in that it is aimed at nonprofessional audiences and specifically seeks to aid in reducing social distance, increasing help-seeking and helping behaviors and providing strategies to assist an individual in crisis.

Below are primary points that emphasize why the notion of a “first aider” approach is vital to the community.

- + Mental health problems are common.
- + People with mental health problems often face negative attitudes and discrimination.
- + Many people are not well informed about mental health problems.
- + Professional help is not always on hand.
- + People often do not know how to respond.
- + People with mental health problems often do not seek help.



This toolkit is intended to help you prepare and optimize your strategy for building legislative and funding support for Mental Health First Aid. Building the case to support your proposal requires **assessment, choosing the best mechanism** to effect change and building and sustaining **support**.

## Assessment

As you consider how this training program may benefit your local community or state overall, you should take time to analyze several factors that are relevant and likely critical to your success.

1. **Identify the need in your community** — It is important to evaluate the need in your community for greater awareness and public education about mental health and consider key target populations for training. Such analysis might focus on service gaps, local health demographics, community attitudes and culture and linkage to other community priorities (e.g. public safety, access to care, rural needs). Below is a series of questions you can use to assess and define community need for a Mental Health First Aid initiative.
  - a. What are current mental health service needs in my community?
  - b. Are there geographical areas or service locations that lack access or linkage to mental health services?
  - c. What are suicide or homelessness rates in my community?
  - d. Are there unique community populations that represent areas of need? (e.g., ethnic groups, military, jail/prison, juvenile facility)

<sup>6</sup> See map at [www.mhfa.com.au/cms/mental-health-first-aid-international/](http://www.mhfa.com.au/cms/mental-health-first-aid-international/)

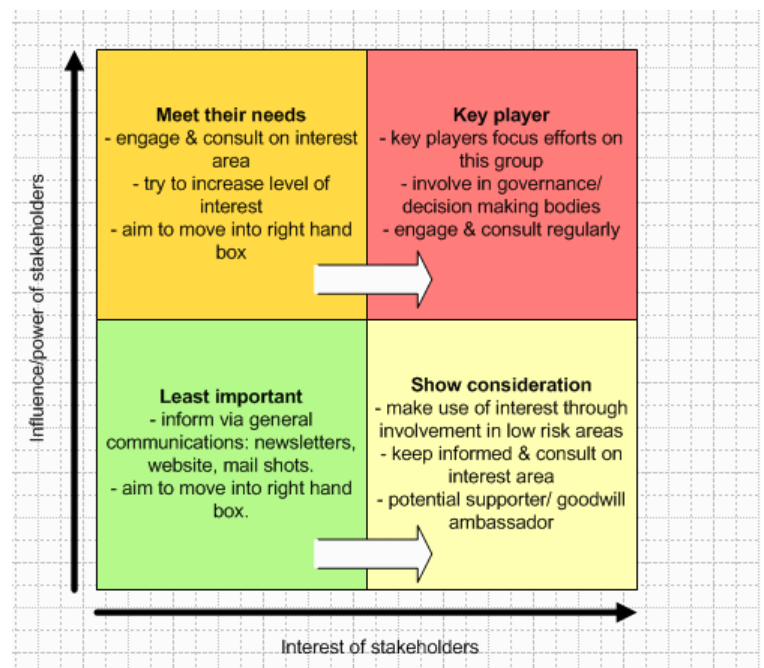
- e. What are the existing community services organizations or other groups that have the greatest contact and visibility within my community?
- f. What kind of training in mental health and substance abuse do professional community helpers and other community-focused organizations currently receive? What do they need?

2. **Identify stakeholders** – Mapping organizations and individuals with interest and decision making responsibility in your local community or state is another vital step to ensure your strategy is relevant and enjoys a broad base of support before you craft and initiate a proposal.

As you define possible stakeholders, stratify them by organization type and rank their likely interest and engagement in this issue. You might do a simple brainstorm or use a quadrant tool like Figure 1 to help you organize your list and prioritize your stakeholders.<sup>7</sup>

Below are examples of local/state organizations you might identify.

- Police and sheriff associations and auxiliaries
- Local school districts or teacher/educator associations
- Hospital systems and hospital associations
- United Way chapters
- Provider and Practitioner organizations (e.g., pediatricians, NASW chapters)
- Family-based organizations (e.g., NAMI)
- Higher education institutions (e.g. community colleges, universities)
- Faith-based organizations
- Civic organizations (including local foundations dedicated to children, public health or community involvement)
- Cultural organizations serving community minorities
- Local foundations dedicated to health, community safety, children and child development



3. **Identify the climate** – assessing the culture and climate of your local/state decision-making environment is essential to planning and successful timing of your proposal.

- a. Are mental health and access to care issues prominent in my community?
- b. Are local news outlets, community forums, civic groups or government entities prioritizing mental health needs?
- c. Are there organizations besides mine that champion mental health issues? Are these organizations outside traditional mental health advocacy organizations?
- d. What are the priority issues in my local council/state legislature? Can this issue attach to any of these issues?
- e. What is the legislative and/or budget schedule in my locality/state?

<sup>7</sup> Power versus interest grid adapted from Eden and Ackermann (1998: 121-5, 344-6). Accessed at [www.stakeholdermap.com/stakeholder-analysis.html](http://www.stakeholdermap.com/stakeholder-analysis.html)

- f. What is the fiscal situation in my locality/state?
- g. Are there budget sources outside healthcare that can be accessed (e.g., law enforcement, teacher or foster parent training budgets)

**4. Learn from others** – review the resources in this manual and within your State Associations and other networks to identify what has worked in other local and state jurisdictions. For example:

- Arizona, Colorado, Georgia, Maryland and Missouri have statewide programs, which require some public workers and citizens to complete training as part of their job.
- In Rhode Island, the course is part of police officer training.
- Austin, Texas offers it to every public library employee.
- Maryland offers it at every community college.
- Missouri partners with faith-based organizations since the clergy is often a first-line resources for individuals in their community.
- Several colleges in Missouri require the course as part of their curriculum for professional studies, such as nursing.

**5. Find your champion** – A critical step in your assessment is identifying a key policymaker or community leader to partner with you in seeking support and implementation of Mental Health First Aid. Some strategies you might try include the following:



### Mental Health First Aid/Maryland (est. November 2008)

- 5,000 Marylanders have been Mental Health First Aid certified
- 200+ instructors certified in the state

#### Trainees:

Aging Department Staff  
 Boy Scout Personnel  
 Cooperative Extension Services  
 College/University Staff  
 and Faculty  
 Department of Social  
 Services Staff  
 Detention Center Staff  
 & Guards  
 Educators

Faith Leaders  
 Family Members of Mental  
 Health Consumers  
 Guidance Counselors  
 Head Start Programs  
 Health & Human Service Providers  
 Homeless Shelter Staff  
 Hospital Personnel  
 Human Resource Professionals  
 Library Staff

Mental Health Consumers  
 Mental Health Providers  
 Military Families  
 Police & Corrections  
 Substance Abuse Providers



- Research local and state policymakers to identify those with interest in mental health, youth and veterans issues.
- Invite one or more legislative or executive agency officials to a local Mental Health First Aid training.
- Host a community forum at which Mental Health First Aid is presented as a community action opportunity and invite legislators and/or their staffs.
- Incorporate Mental Health First Aid into your planned legislative “Hill Day” and bring trained instructors or First Aiders to your meetings.

Remember the key steps to establishing good relationships with legislative, regulatory and/or executive policymakers as outline in the 2011 National Council Policy Guide.<sup>8</sup>

- **KNOW YOUR AUDIENCE** – Advance research about a legislator or policymakers interests and policy history is critical, as is knowing their key staff.
- **KNOW YOUR ISSUES** – Have a good understanding of the background and arguments supporting Mental Health First Aid – and the potential counterpoints or opposition arguments.
- **PREPARE** – Scheduling, preparing talking points, using your face-time wisely and demonstrating appreciation for time with the policymaker are critical to your success in forging and solidifying the relationship.

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<sup>8</sup> National Council for Community Behavioral Health Policy Guide. Accessed at [www.thenationalcouncil.org/galleries/policy-file/Policy%20Guide.pdf](http://www.thenationalcouncil.org/galleries/policy-file/Policy%20Guide.pdf)

## Choosing the Mechanism for Change

Implementing Mental Health First Aid can occur via many mechanisms. While it is ideal to pursue state-wide legislative or regulatory approaches to implementing such programs, your initial assessment may also support localized pilot programs in partnership with your identified target populations (e.g., training at local police academy, juvenile justice facility, within a city or county foster care provider population).

**The scope of this toolkit is focused on model legislative and budget language for use in state and national policy development; however, much of this language is adaptable to local government entities as well.**

Determining a feasible strategy depends on several factors, including your assessment of need, available allies, existing state programs or training initiatives, and fiscal climate.

Here are a few key questions to help you identify possible approaches:

1. Are the assessed needs broad or narrow (e.g., one target population, such as teachers/educators)?
2. What are the priority issues before my local/state legislature? Where could this issue fit into or be redirected from those priorities?
3. What political support do mental health issues have in my locality/state?
4. What is my local/state fiscal climate?
5. Are there existing training programs to which Mental Health First Aid might be attached?
6. Are there certified Mental Health First Aid instructors in your local/state jurisdiction? How many? Who do they currently train/serve?
7. Are you contemplating mandating training or facilitating/expanding the number and diversity of trainees?
8. Is there any opposition (e.g. from competing interests/programs, political, stakeholders)?
9. Is there an identified champion(s) outside of mental health community for Mental Health First Aid?

As you refine your strategy, consider the scope, statewideness and desired result of your policy approach.

Examples of policy goals include, but are not limited to the following:

1. Establishing training and/or certification standards for select groups. For example, requiring Mental Health First Aid training for teachers, first responders, nurses or individuals working in juvenile detention facilities.
2. Mandating Mental Health First Aid training as part of medical education in state university/college system (e.g. for nursing or primary care physicians) or as part of a professional occupation (e.g., all EMS personnel).
3. Increasing (or Establishing) the number of certified Mental Health First Aid instructors in your state.
4. Creating a training grant program to support target audiences in accessing (paying for) Mental Health First Aid training (e.g., teachers, education paraprofessionals, law enforcement personnel).
5. Creating statewide or local training programs targeted to specific audience(s). For example, local training programs for public safety officers, Mental Health First Aid for military personnel and family members, or targeted to specific cultural audiences.
6. Providing grant funding to local public health organizations, community behavioral health centers or another entity to implement Mental Health First Aid training (either general or targeted to a specific audience).
7. Mental Health First Aid training program implementation on college and university campuses (e.g., for resident assistants/resident directors).
8. Establish a pilot program (either local or in several sites in your state) to conduct Mental Health First Aid training and measure feasibility and efficacy of the curriculum in the pilot communities.

The following section outlines sample strategies and model proposed language from both state and federal proposals. The National Council is a ready resource to work with your organization in identifying your local need, prioritizing your policy options and customizing language and resources to support your strategy.

## Sample/Model Language

This section of the toolkit includes sample language taken from current proposals at the state and federal level. The examples are offered as potential models and each outlines key considerations that may indicate their appropriateness for your desired goal and policy climate.

### *Budget Amendment Language*

#### Key Considerations:

- Budget cycle and fiscal status in your local/state jurisdiction
- Agency structure (state and local)
- Source of funds (e.g., dedicated tax revenue for mental health, general revenue)
- Executive support
- Defined use/target population or program(s)
- Authority to carry forward unexpended funds
- Distribution of appropriated funds (e.g. to designated organizations, local governments)

Important metrics for budget calculations include target audience(s), goals for number trained (Mental Health First Aid USA recommends ideally 15-25 per course), scope (i.e., local pilot vs. statewide) and number of trainings projected.

A Mental Health First Aid sample budget (see Appendix 6) outlines approximate direct program costs:

- \$115-180 per individual for 8-12 hour training course
- \$2,000 per individual for 5-day instructor certification course (excluding travel/lodging costs)
- \$35,000 to train 25-30 instructors

#### **Samples:**

**Michigan** proposed FY 2014 budget contains a one-time \$5 million appropriation allowing local innovation projects related to improving mental health for children and youth. The language does not specifically reference Mental Health First Aid, but the fiscal note dedicated this appropriation to comprehensive home-based mental health services, a pilot high-intensity care management program and mental health “first aid” training for public and private groups to increase recognition of mental health programs and linkage to professional help services. The appropriation also allows the Department of Community Health to pilot Youth Crisis Intervention Training for law enforcement officers. The budget allows for carry-forward of unexpended funds to future fiscal years.

#### **One-Time Appropriations**

Sec. 4-1901. (1) The department may expend funds to achieve mental health innovations, which address emerging issues and improve mental health services for children. In addition to the funds appropriated in part 1, the department may receive and spend revenues and donations from any source for this purpose.

(2) The unexpended funds appropriated for mental health innovations are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:

- (a) The purpose of the project to be carried forward is to improve mental health services for children in Michigan.
- (b) The project will be accomplished through early intervention focusing on training and awareness, home-based services, as well as care management and treatment for high-risk youth.
- (c) The estimated completion cost is \$5,000,000.
- (d) The tentative completion date is September 30, 2018.

A **Virginia** budget amendment sought one-time training funding for state grants to local mental health governing bodies to ensure training for mental health professionals in all regions of the state, thereby increasing access for local organizations (e.g. education employees) to trained instructors in Mental Health First Aid.

**Virginia Budget Amendment**

Patron: Rob Krupicka; Co-Patron(s): Dance, Hope, Kory, Lopez, O’Bannon, Ward, Watts, Yost

<b>Health and Human Resources</b>	<b>FY 12-13</b>	<b>FY 13-14</b>
Grants to Localities	\$0	\$2,500,000

**Language:**

Page 285, line 35, strike “\$325,471,560” and insert “\$327,971,560”.

**Explanation:** (This amendment provides \$2.5 million from the general fund the second year to the community services boards (CSBs) to dedicate up to four staff in each of the five Health Planning Regions to be trainers in Mental Health First Aid for the community including school employees. Funding will be used to cover the cost of the staff person dedicated to this activity, training and certification, and manuals and certification for all those receiving the training. Mental Health First Aid is a 12-hour interactive course that teaches the risk factors and warning signs and symptoms of depression, anxiety disorders, trauma, psychotic disorders, eating disorders, and substance use disorders. Mental Health First Aid builds an understanding of how these illnesses affect people, provides an overview of common treatments, and teaches basic skills for providing help to someone who may be experiencing symptoms.)

**Programmatic Legislation**

Key Considerations:

- Ensure fidelity of proposed training program to the original Mental Health First Aid model.
- Define target trainee population(s) (e.g., educators/educational staff only; law enforcement, broader audiences).
- Define target instructor population(s) (e.g., certified peer specialists, staff of community mental health centers, law enforcement officers).
- Define partner department and/or organizations for implementation (e.g., education department, local health department, law enforcement agency, college/university, Mental Health First Aid USA).
- Identify funding source, grant mechanism and parameters for such grants.

**Samples:**

**Washington SB 5333** (Pending 2013) appropriates \$100,000 from general fund to the Department for implementation of Mental Health First Aid training for educators and educational staff. The bill does not specify the training program by branded name, but references the original model in Australia. In addition, this sample language defines a priority target population and links with the superintendent of public school instruction to facilitate local implementation of such training programs.

Creates new section in chapter 71.24 RCW as follows:

**Sec. 2.** (1) The department shall provide funds for mental health first-aid training targeted at teachers and educational staff. The training will follow the model developed by the department of psychology in Melbourne, Australia. Instruction provided will describe common mental disorders that arise in youth, their possible causes and risk factors, the availability of evidence-based medical, psychological, and alternative treatments, processes for making referrals for behavioral health services, and methods to effectively render assistance in both initial intervention and crisis situations. The department shall collaborate with the office of the superintendent of public school instruction to identify sites and methods of instruction that leverage local resources to the extent possible for the purpose of making the mental health first-aid training broadly available.

(2) The sum of one hundred thousand dollars, or as much thereof as may be necessary, is appropriated for the fiscal year ending June 30, 2014, from the general fund to the department of social and health services for the purposes of this section.

**Illinois** Mental Health First Aid Training Act (SB1567/HB 1538) proposes a state grant program to defray training fees for Mental Health First Aid training, with emphasis on equitable distribution and training needs in underserved areas of the state. The language is broadly applied and provisions and objectives are aligned with the Mental Health First Aid USA model and tenets of fidelity.

**Section 5.** Purpose. Through the use of innovative strategies, Mental Health First Aid training shall be implemented throughout the State. Mental Health First Aid training is designed to train individuals to assist someone who is developing a mental health disorder or an alcohol or substance abuse disorder, or who is experiencing a mental health or substance abuse crisis and it can be reasonably assumed that a mental health disorder or an alcohol or substance abuse disorder is a contributing or precipitating factor.

**Section 10.** Definitions. “Illinois Mental Health First Aid training program” means the Mental Health First Aid training program established by the Department of Human Services. “Certified trainers” means individuals who obtain certification in Mental Health First Aid training by successfully completing (i) the Instructor Training Program offered by the Illinois Mental Health First Aid training program or (ii) the Instructor Training Program offered by the National Authorities of Mental Health First Aid USA.

**Section 15.** Illinois Mental Health First Aid training program. The Department of Human Services shall establish and administer the Illinois Mental Health First Aid training program so that certified trainers can provide Illinois residents, professionals, and members of the public with training on how to identify and assist someone who is believed to be developing or has developed a mental health disorder or an alcohol or substance abuse disorder or who is believed to be experiencing a mental health or substance abuse crisis.

**Section 25.** Objectives of the training program. The Illinois Mental Health First Aid training program shall be designed to train individuals to accomplish the following objectives as deemed appropriate for the individuals to be trained, taking into consideration the individual's age:

- (1) Build mental health, alcohol abuse, and substance abuse literacy designed to help the public identify, understand, and respond to the signs of mental illness, alcohol abuse, and substance abuse.
- (2) Assist someone who is believed to be developing or has developed a mental health disorder or an alcohol or substance abuse disorder or who is believed to be experiencing a mental health disorder or an alcohol or substance abuse crisis. Such assistance shall include the following:
  - (A) Knowing how to recognize the symptoms of a mental health disorder or an alcohol or substance abuse disorder.
  - (B) Knowing how to provide initial help.
  - (C) Knowing how to guide individuals requiring assistance toward appropriate professional help, including help for individuals who may be in crisis.
  - (D) Knowing how to provide comfort to the person experiencing a mental health disorder or an alcohol or substance abuse disorder.
  - (E) Knowing how to prevent a mental health disorder or an alcohol or substance abuse disorder from deteriorating into a more serious condition, which may lead to more costly interventions and treatments.
  - (F) Knowing how to promote healing, recovery, and good mental health.

The following language outlines the scope and distribution of grant funds, and requires evaluation for fidelity:

**Section 20.** Mental health first aid training grants. Subject to appropriations made to, or with the use of appropriations directed by, the Department of Human Services and other State agencies, the Department of Human Services and other State agencies shall support training grants for Illinois Mental Health First Aid training. These training grants may support hardship subsidies for Illinois Mental Health First Aid training fees.

**Section 30.** Distribution of training grants. When awarding training grants under this Act, the Department or other appropriate State agency shall distribute training grants equitably among the geographical regions of the State paying particular attention to the training needs of rural areas and areas with underserved populations or professional shortages.

**Section 35.** Evaluation. The Department of Human Services, as the Illinois Mental Health First Aid training authority, shall ensure that evaluative criteria are established which measure the distribution of the training grants and the fidelity of the training processes to the objective of building mental health, alcohol abuse, and substance abuse literacy designed to help the public identify, understand, and respond to the signs of mental illness, alcohol abuse, and substance abuse.

**Texas SB 955** adds a new subchapter to the state Health and Safety Code to create training grants for local mental health authorities (LMHA) in the state to train their employees as Mental Health First Aid trainers and to provide no-cost trainings through the LMHA to educators in the state. The proposal also grants 12 hours of CEU credit to educators who complete the Mental Health First Aid training.

**Sec. 1001.202.** Grants for Training of Mental Health First Aid Trainers. (a) To the extent funds are appropriated to the department for that purpose, the department shall make grants of not more than \$30,000 to local mental health authorities to contract with persons approved by the department to train employees of the authorities as mental health first aid trainers.

(b) The executive commissioner shall adopt rules to establish the requirements for a person to be approved by the department to contract with a local mental health authority to train employees of the authority as mental health first aid trainers. The rules must ensure that a person who contracts with an authority is qualified to provide training in:

- (1) the potential risk factors and warning signs for various mental illnesses, including depression, anxiety, trauma, psychosis, eating disorders, substance abuse disorders and self injury;
- (2) the prevalence of various mental illnesses in the United States and the need to reduce the stigma associated with mental illness;
- (3) an action plan for use by the employees that involves the use of skills, resources, and knowledge to assess a situation and develop and implement an appropriate intervention to help an individual experiencing a mental health crisis obtain appropriate professional care; and
- (4) the evidence-based professional, peer, social and self-help resources available to help individuals with mental illness.

**Section 1001.203.** GRANTS FOR TRAINING CERTAIN EDUCATORS IN MENTAL HEALTH FIRST AID.

(a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to local mental health authorities to provide a 12-hour mental health first aid training program at no cost to educators. The amount of the grant made by the department to a local mental health authority under this section may not exceed five percent of the amount appropriated to the department to make those grants for the year in which the grant is made.

(b) A mental health first aid program provided by a local mental health authority under this section must:

- (1) be conducted by an employee of the authority trained as a mental health first aid trainer;
- (2) provide educators with the skills necessary to help an individual experiencing mental health crisis until the individual is able to obtain appropriate professional care; and
- (3) include:
  - (A) instruction in a five-step strategy for helping an individual experiencing a mental health crisis, including assessing risk, listening respectfully to and supporting the individual, and identifying professional help and other supports for the individual;
  - (B) an introduction to the risk factors and warning signs for mental illness and substance abuse problems;
  - (C) experiential activities to increase educators' understanding of the impact of mental illness on individuals and families; and
  - (D) a presentation on evidence-supported treatment and self-help strategies.

## Federal Legislation

At the Federal level, legislation has been proposed by Senator Mark Begich (D-AK) and Congressman Ron Barber (D-AZ) that encompasses the principles and recommended scope of policy outlined in this guide.

**S. 153/H.R. 274** “Mental Health First Aid Act of 2013” amends section 520J of the Public Health Service Act authorizing Department of Health and Human Services Secretary to administer grants to “states, political subdivisions of states, Indian tribes, tribal organizations and nonprofit private entities to initiate and sustain mental health first aid training programs.” HR 274 appropriates \$20 million in FY 2014 for establishing this grant program. The bill outlines specific criteria for programs, target audiences, expected objectives of such training and parameters for application and award of federal grant monies. Grantees are required to demonstrate proof of fidelity to the requirements and conduct and submit an evaluation of such programs.

The bill contains specific language defining parameters of an eligible program:

### PROGRAM REQUIREMENTS.

(1) IN GENERAL.—To be eligible for funding under subsection (a), a mental health first aid training program shall—

(A) be designed to train individuals in the categories listed in paragraph (2) to accomplish the objectives described in paragraph (3);

(B) ensure that training is conducted by trainers that are properly licensed and credentialed by nonprofit entities as designated by the Secretary; and

(C) include –

(i) at a minimum –

(I) a core live training course for individuals in the categories listed in paragraph (2) on the skills, resources, and knowledge to assist individuals in crisis to connect with appropriate local mental health care services;

(II) training on mental health resources, including the location of community mental health centers described in section 1913(c), in the State and local community; and

(III) training on action plans and protocols for referral to such resources; and

(ii) where feasible, continuing education and updated training for individuals in the categories listed in paragraph (2).



The proposed legislation also defines target audience of the training programs eligible for federal grants:

**(2) CATEGORIES OF INDIVIDUALS TO BE TRAINED.** The categories of individuals listed in this paragraph are the following:

- (A) Emergency services personnel and other first responders.
- (B) Police officers and other law enforcement personnel.
- (C) Teachers and school administrators.
- (D) Human resources professionals.
- (E) Faith community leaders.
- (F) Nurses and other primary care personnel.
- (G) Students enrolled in an elementary school, a secondary school, or an institution of higher education.
- (H) The parents of students described in subparagraph (G).
- (I) Veterans.
- (J) Other individuals, audiences or training populations as determined appropriate by the Secretary.

HR 274 also outlines specific training program objectives as eligibility criteria for grant funding.

**(3) OBJECTIVES OF TRAINING.** – To be eligible for funding under subsection (a), a mental health first aid training program shall be designed to train individuals in the categories listed in paragraph (2) to accomplish each of the following objectives (as appropriate for the individuals to be trained, taking into consideration their age):

- (A) Safe de-escalation of crisis situations.
- (B) Recognition of the signs and symptoms of mental illness, including such common psychiatric conditions as schizophrenia, bipolar disorder, major clinical depression, and anxiety disorders.
- (C) Timely referral to mental health services in the early stages of developing mental disorders in order to—
  - (i) avoid more costly subsequent behavioral health care; and
  - (ii) enhance the effectiveness of mental health services.

## Building and Sustaining Support

Once you have identified potential strategies for seeking mandatory training or dedicated budget resources to promote Mental Health First Aid training in your community, it is important to implement local support strategies and recruit and sustain allies for your plan.

As noted above, mapping your local stakeholders and establishing or enhancing your relationship with those organizations is a crucial first step. Methods of doing this will differ by community, but strategies you might consider include:

- **Work with Mental Health First Aid-USA to identify any certified instructors in your community or state.** Who and where are they? Are they willing to speak out with media, to your local or state policymakers or other stakeholder groups to recruit support for your initiative? Are they part of the local structure that will support implementation of your planned training program(s)? If no certified instructors are in your jurisdiction, are there such individuals in neighboring states? Are any organizations or individuals in the mental health community interested and willing to become certified as an Mental Health First Aid instructor?
- **Consult with the National Council on existing national relationships** that can be leveraged with local chapters or stakeholder groups.
- **Work with existing coalition structures** in your state/locality and ask members to identify and bring one guest representing a stakeholder group outside the coalition.
- **Host a community forum** in partnership with a civic organization or host a by-invitation dialogue with target stakeholders to pitch your plan.
- **Publicize your local assessment** (homelessness/suicide rates, underserved data) working with local or state paper or a local healthcare blogger. Use this window of attention to call for Mental Health First Aid training and invite interested organizations to become involved.
- **Host Mental Health First Aid informational forums** in collaboration with and at the local school board, educator associations and campus counseling or student welfare meetings.
- **Identify local health fairs** or other programs being held at local hospitals, colleges, PTA organizations, faith communities, etc. to showcase Mental Health First Aid and seek support via pledge.

Don't forget that an important opportunity during this phase is to identify potential roadblocks to your proposal. They might be fiscal, philosophical or opposition from specific groups or competing interests.

Once you have identified local support, consider the best methods for sustaining that momentum. Remember that communication and tangible action are key. Strategies you might consider include the following:

- Weekly in-person or phone call meetings of an issue coalition.
- Email bulletins that identify new supporters, scheduled events and other plans related to the Mental Health First Aid proposal
- Monthly forum or coalition meetings to strategize on additional allies, discuss strategy for upcoming legislative or budgetary action, review activity in other states for ideas.
- Ongoing Mental Health First Aid-themed newsletters to update interested stakeholders on your proposal and, when successful, about the implementation and impact of your program.
- Establishing a local blog or other social media communication feed that shares data, identifies new supporters and creates a call to action at critical times in your campaign (e.g., hearings, media events, communicate with policymakers).

Throughout your process, help your fellow State Associations learn from your efforts by sharing your experiences and strategies with the National Council.

## Tools for Building Your Case

The following tools and appendices present resources that you can employ to assess your local needs, build support, make the case for your proposal and garner policy support to succeed. This section includes recommendations and/or samples related to the following:

**Appendix 1 – Mental Health First Aid**

**Appendix 2 – Tenets of Fidelity for Mental Health First Aid**

**Appendix 3 – Definitions**

**Appendix 4 – Mental Health Liaison Group Letter to Federal Legislators**

**Appendix 5 – Sample One-Pagers for Policymakers**

**Appendix 6 – Sample Training Outline/Agenda**

**Appendix 7 – Sample Budget**

**Appendix 8 – Communication and Media Tools**

## Appendix 1 – Mental Health First Aid

### Mental Health First Aid USA

Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. The program is offered in the form of an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the United States and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a five-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The course was developed in Australia, where it developed a strong evidence base to show that it can increase the help provided to others, increase connections to professional help, lessen stigmatizing attitudes and decrease social distance from people with mental disorders.

The course was developed for a general adult audience and is appropriate for both paraprofessionals and laypersons wishing to have an introduction to mental health and substance use concerns. The course teaches an intervention suitable for individual interactions and situations. Mental Health First Aid USA is managed, operated, and disseminated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

## APPENDIX 2: Mental Health First Aid-USA Tenets of Fidelity

*Mental Health First Aid–USA was developed in support of and to extend the international evidence for the original Australian program to the United States. The U.S. program uses the term ‘fidelity’ to describe the core elements of the original Mental Health First Aid kept intact in its adaptation for American cultures. The elements outlined below are expected to be honored by those providing the program throughout the U.S.*

**Presentation:** The course is to be facilitated by one or two certified instructors. Facilitators should present to a group size which they are comfortable managing and which includes enough participants to foster group discussion. The recommended course size is 15-25 participants, although instructors do have flexibility based on their experience to determine a course size which fits the above criteria and works for their needs.

**Delivery:** The Mental Health First Aid–USA Curriculum is specifically designed to appeal to adult learners. The teaching notes offer a variety of suggestions for discussion topics, exercises, and other activities designed to keep participants attentive and actively engaged in the course. This is specifically designed so the pace of the course changes on a regular basis and requires participants to be involved in the content. As such, instructors should not only focus on keeping the content and discussions moving forward at appropriate intervals, but also ensure that all participants are in an environment where they can be involved in discussion.

**Content:** The curriculum is divided into four sessions covering six topic areas. While the program is not scripted to allow for flexibility of discussion, instructors are expected to present all non-optional slides, exercises, and program videos in the order which they are presented in the teaching notes. Additional content added for local purposes is allowed, but should be limited to helpful resources and minimal tailoring for audiences in exercises.

**Spirit:** Mental Health and substance abuse can often be viewed as somber, serious or ‘heavy’ topics. The program itself is designed to give appropriate weight to the severity of certain mental illnesses and addiction disorders while still emphasizing hope for recovery and presenting the material in a relaxed, comfortable environment for course participants.

## Appendix 3: Definitions

**Mental Health First Aid:** Mental Health First Aid is the initial help given to someone manifesting a mental health problem or in a mental health crisis before appropriate professional or other help, including peer and family support, can be engaged.

**Mental Health First Aid–USA:** The Mental Health First Aid program adapted for implementation in the United States, with permission from the founders Betty Kitchener and Tony Jorm.

**Mental Health First Aid Adult Course:** The 12-hour course designed to teach the general public how to provide help and assistance to someone experiencing a mental health problem or crisis until appropriate professional or other help, including peer and family support, can be engaged. A certified Mental Health First Aid–USA Instructor must teach this course.

**Mental Health First Aid Course:** Unless needing to be otherwise specified, both the 8-hour Youth and 12-hour Adult Courses may be referred to as simply the Mental Health First Aid course or the course.

**Mental Health First Aid Curriculum Module:** A packet of materials and information, developed by the Mental Health First Aid USA National Authorities, designed to prepare Mental Health First Aid instructors to tailor the Mental Health First Aid Course to a specific audience group (e.g., Higher Education). A module is designed to overlay Mental Health First Aid Course content, but is not a separate course type.

**Mental Health First Aid Instructor Training Course:** The 5-day (32-hour) training to train and certify Instructors to teach either the 12-hour Adult course or the 8-hour youth course. A certified Mental Health First Aid Trainer or Trainers must teach this course.

**Mental Health First Aid Instructor:** A person who is certified to teach the 12-hour Mental Health First Aid–USA adult course to members of the general public.

**Mental Health First Aid Trainer:** A person who is certified to teach the Mental Health First Aid–USA Instructor training course to Instructors.

**Mental Health First Aid Certification:** The process of getting trained and approved to be a Mental Health First Aider (certified in Mental Health First Aid), an Instructor of any of the public Mental Health First Aid courses (certified Mental Health First Aid instructor), or a Trainer of the Instructors (certified Mental Health First Aid Trainer). Each of these has separate requirements, detailed in the rest of this document.

**Mental Health First Aid-USA National Authorities:** Maryland Department of Health and Mental Hygiene, the Missouri Department of Mental Health, and the National Council for Community Behavioral Healthcare — the three entities licensed to manage and disseminate Mental Health First Aid–USA. Only these three National Authorities are authorized to certify Trainers, Instructors, and Mental Health First Aiders, in accordance with the standards in this document. Any disputes or questions about adherence to or exceptions to these standards must be addressed through discussion and consensus between the three National Authorities.

**Youth Mental Health First Aid Course:** The 8-hour course designed to teach individuals who interact with youth and young adults how to provide help and assistance to a young person experiencing a mental health problem or crisis until appropriate professional or other help, including peer and family support, can be engaged. This course must be taught by a certified Youth Mental Health First Aid–USA Instructor(s).

**Youth Mental Health First Aid Instructor:** A person who is certified to teach the 8-hour Youth Mental Health First Aid- USA course to members of the general public.

## Appendix 4: Mental Health Liaison Group Letter to Federal Legislators

February 22, 2013

The Honorable Mark Begich  
United States Senate  
111 Russell Senate Office Building  
Washington, DC 20510

The Honorable Ron Barber  
United States House of Representatives  
1029 Longworth House Office Building  
Washington, DC 20515

Dear Senator Begich and Congressman Barber:

The undersigned national mental health and substance use disorder organizations in the Mental Health Liaison Group are writing today to thank you for your leadership in authoring the Mental Health First Aid Act of 2013 (S. 153/H.R. 274). This bill is critical to raising awareness of and increasing public education on mental illness and addiction disorders.

As organizations whose mission is to advocate for improved services for Americans living with mental illness and addictions, we have long recognized the stigma associated with behavioral health disorders. Each year, more than 1 in 5 Americans experiences a mental health or substance use disorder, according to data from the Substance Abuse and Mental Health Services Administration. Yet, U.S. society remains largely ignorant about the signs and symptoms of mental illness, ignoring our role as supportive community members to help people experiencing these illnesses.

Far too often, this lack of knowledge – along with the stigma attached to seeking help – prevents people who need treatment from accessing the care they need in a timely fashion. While many Americans know how to administer first aid and seek medical help should they come across a person having a heart attack, few are trained to provide similar help to someone experiencing a mental health or substance abuse crisis.

The Mental Health First Aid Act authorizes \$20 million in grants to fund Mental Health First Aid training programs around the country. Participants would be trained in recognizing the symptoms of common mental illnesses and addiction disorders; de-escalating crisis situations safely; and initiating timely referral to mental health and substance abuse resources available in the community. This legislation will provide critical public education that ultimately will help decrease stigma and increase access to care. Along with other important public education programs, such as Crisis Intervention Team programs for first responders (CIT), Mental Health First Aid is a crucial tool in helping Americans identify, understand, and respond to signs of mental illnesses and substance use disorders. In fact, Vice President Biden's Gun Violence Task Force specifically endorsed Mental Health First Aid as part of a larger set of recommendations to improve America's mental health system.

As Congressman Barber put it in his recent letter to Vice President Biden, "we have failed to give the mental health care needs of Americans due attention for too long – and we paid too high a price for this neglect." Every day, we see the effects of our decades-long neglect of Americans' substance abuse and mental healthcare needs. Thank you for your leadership in sparking investments in mental health that will help all Americans live longer, more fulfilling lives.

Sincerely,

American Academy of Child and Adolescent Psychiatry American Art Therapy Association  
American Association for Geriatric Psychiatry American Association on Health and Disability  
American Association for Marriage and Family Therapy

American Association of Pastoral Counselors  
American Counseling Association  
American Dance Therapy Association  
American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Mental Health Counselors Association  
American Occupational Therapy Association  
American Orthopsychiatric Association  
American Psychiatric Association  
Anxiety and Depression Association of America  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral Health and Wellness  
Bazelon Center for Mental Health Law  
Clinical Social Work Guild  
Depression and Bipolar Support Alliance  
The Jewish Federations of North America  
Mental Health America  
NAADAC, The Association for Addiction Professionals  
National Alliance to Advance Adolescent Health  
National Alliance on Mental Illness (NAMI)  
National Association of Anorexia Nervosa and Associated Disorders  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association for Children's Behavioral Health  
National Association of Mental Health Planning & Advisory Councils  
National Association of Psychiatric Health Systems  
National Association of State Mental Health Directors (NASMHPD)  
National Council for Community Behavioral Healthcare  
National Federation of Families for Children's Mental Health  
School Social Work Association of America  
Treatment Communities of America  
The Trevor Project

Note: The Mental Health Liaison Group is the largest coalition in Washington, D.C. of national organizations representing consumers, family members, advocates, professionals and providers. Communications c/o Trevor Summerfield, American Foundation for Suicide Prevention at [tsummerfield@afsp.org](mailto:tsummerfield@afsp.org) and Julie Clements, American Psychiatric Association at [jclements@psych.org](mailto:jclements@psych.org).



## Appendix 5: Template One-Pagers for Policymakers

### Mental Health First Aid:

Even when friends and family of someone who appears to be developing a mental illness can tell that something is amiss, they may not know how to intervene or direct the person to appropriate help. Research shows that the sooner people get help for mental health disorders, the more likely they are to have positive outcomes.<sup>9</sup>

**[Our/Locale Name] Need:** [Insert short paragraph or bullet points on state/local need]

**The Solution:** [Insert Proposal]

#### Get the Facts:

- Mental Health First Aid is an evidence-based training program to help citizens identify mental health problems in individuals, help connect them with care, and safely deescalate crisis situations if needed.<sup>10</sup>
- Mental Health First Aid is an 8 to 12-hour course taught by certified instructors.
- The adult Mental Health First Aid program has already been delivered to nearly 100,000 Americans through a network of more than 2,500 instructors.
- Mental Health First Aid is appropriate for a wide audience:
  - Friends and family of individuals with mental illness or addiction,
  - Community professionals (such as police officers, human resource directors and primary care workers),
  - School and college leadership,
  - Faith communities,
  - Anyone interested in learning more about mental illness and addiction.
- Mental Health First Aid includes two curricula:
  - Core: General adult population.
  - Youth: for those who work with adolescents and young adults, age 12-25
  - Optional targeted modules for public safety, military which overlay the core curriculum.

**Supporters:** [logos or listing of organizations supporting your proposal]

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<sup>9</sup> LeVine, S.E. (2012) Facilitating recovery for people with serious mental illness employing a psychobiosocial model of care. *Professional Psychology: Research and Practice*, 43 (1), 58-64. Also: Prevention and recovery fact sheet American Psychiatric Association (2012) Prevention and recovery. [www.psychiatry.org/mental-health/more-topics/national-recovery-month](http://www.psychiatry.org/mental-health/more-topics/national-recovery-month)

<sup>10</sup> [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)



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**HB1538, MENTAL HEALTH FIRST AID TRAINING ACT  
House Sponsors: Representative Esther Golar**

**SUPPORT**

Creates the Illinois Mental Health First Aid Training Act

Provides that the Department of Human Services shall administer the Illinois Mental Health First Aid training program so that certified trainers can provide Illinois residents, professionals and members of the public with training on how to identify and assist someone who is believed to be developing or has developed a mental health disorder or an alcohol or substance abuse disorder or who is believed to be experiencing a mental health or substance abuse crisis.

Provides that subject to appropriations made to, or with the use of appropriations directed by, the Department of Human Services and other State agencies, the Department and other State agencies shall support training grants for Illinois Mental Health First Aid training.

Provides that these training grants subject to appropriations made to, or with the use of appropriations so directed:

- (i) may support hardship subsidies for Illinois Mental Health First Aid training fees.
- (ii) shall be distributed equitably among the geographic regions of the state paying particular attention to the training needs of areas with underserved populations and professional shortages.

Provides that the Illinois Mental Health First Aid training program shall be designed to train individuals to accomplish certain objectives including:

- (i) building mental health, alcohol abuse, and substance abuse literacy designed to help the public identify, understand and respond to the signs of mental illness, alcohol abuse and substance abuse.
- (ii) knowing how to prevent a mental health disorder or an alcohol or substance abuse disorder from deteriorating into a more serious condition which may lead to more costly interventions and treatments.

Effective immediately.



Sample Agenda

<p><b><u>SESSION 1</u></b></p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>◆ What is <a href="#">Mental Health First Aid</a>?</li> <li>◆ Mental Health Problems in the USA</li> <li>◆ The <a href="#">Mental Health First Aid</a> Action Plan</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>◆ Understanding <a href="#">Depression</a></li> <li>◆ Crisis First Aid for Suicidal Behavior &amp; Depressive symptoms</li> </ul>	<p><b><u>SESSION 3</u></b></p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>◆ Understanding Disorders in Which <a href="#">Psychosis</a> may Occur</li> <li>◆ Crisis First Aid for Acute Psychosis</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>◆ Understanding <a href="#">Substance Use Disorder</a></li> <li>◆ Crisis First Aid for Overdose</li> <li>◆ Crisis First Aid for Withdrawal</li> </ul>
<p><b><u>SESSION 2</u></b></p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>◆ What is Non-Suicidal Self-Injury?</li> <li>◆ Understanding <a href="#">Anxiety Disorders</a></li> <li>◆ Crisis First Aid for Panic Attacks</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>◆ Crisis First Aid for Traumatic events</li> <li>◆ Crisis First Aid for Acute Stress Reaction</li> </ul>	<p><b><u>SESSION 4</u></b></p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>◆ Understanding <a href="#">Eating Disorders</a></li> <li>◆ Crisis First Aid for Eating Disorders</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>◆ Using Mental Health First Aid</li> </ul>

<b>Youth Mental Health First Aid - Timed Agenda</b>			
<b>Time</b>	<b>Topic</b>	<b>Slide(s)</b>	<b>Exercises &amp; Discussions</b>
0:20	Welcome/Introductions	1	ice breaker; ground rules; parking lot
0:40	Overview of the Youth MHFA Course What is MHFA Why MHFA, MHFA for Youth, Your role	2 to 6	opinions quiz
1:15	What are mental health problems? Prevalence; Age of Onset; Adolescent Development; Resiliency & Recovery; MHFA Action Plan	7 to 17	age of onset: get up & go
2:15	Signs and Symptoms - what do you see? What do they feel? Normal Adolescent development vs. warning signs	18 to 24	Signs & Symptoms A-Z and/or Symptoms: Behavioral, Physical, Emotional, Thoughts; Auditory hallucinations
2:30	<b>Break</b>		
3:00	Signs and Symptoms: Understanding Non-suicidal Self-Injury	n/a	Film - "Can you see my Pain?"
3:40	Risk Factors, Protective Factors	25 to 29	
4:00	What do you do? Assess for Risk of Suicide or Harm	29 to 32	Reviewing ALGEE: Jigsaw; Scenario Scene 1
	<b>End Session 1/Lunch</b>		
5:00	What do you do? Listen nonjudgmentally	33 to 34	Listening vs not listening
5:15	Give Reassurance and Information (advice or Information)	35 to 37	Helpful vs unhelpful; Scenario Scene 2
5:30	What do you do? Encourage Appropriate Professional Help. Types of treatment, professionals who can help, medication, what if they do not want help?	38 to 42	
5:45	What do you do? Encourage Self Help	43 to 45	Useful supports; Scenario Scene 3
6:15	<b>Break</b>		
6:30	MHFA for Crisis Situations: Suicide	46 to 54	Types of crises; Fact or Fiction; Asking the question; Film: The Bridge
7:40	MHFA for Crisis Situations: Other crises	55 to 57	panic attack scenario; crisis scenario
8:00	Quiz /Evaluation / Wrap	58 to 59	taking care of the first aider; MHFA Quiz

## Appendix 7: Sample Budget

	Amount	Description
<b>Revenue</b>		
Training Fees		Variable
<b>Expenses</b>		
Mental Health First Aid Manuals	\$400	\$16/person, incl. shipping
Program Supplies	\$75	Art supplies, name tags, misc handouts
Printing	\$30	Printing of handouts & certificates for course - up to 225 pages for a course of 25
<b>Potential Expenses</b>		
Instructor fee		Variable
Admin/Coordination Fee		Variable
Instructor travel & per diem	\$600	\$0.55/mile reimbursement for auto use, \$50/day per diem for two days
Lodging	\$600	\$150/night for two nights
Room Rental	\$300	\$150/day for 2 days
Audio/Visual Equipment	\$175	Projector, \$75/day for 2 days; flip chart(s)
Breakfast	\$275	\$5/person/day for 2 days + 10% admin fee
Lunch/Snacks	\$440	\$8/person/day for 2 days + 10% admin fee
<b>Total Expenses</b>	<b>\$2,895</b>	
<b>Net</b>	<b>-\$2,895</b>	

\* Budget assumes maximum class size of 25 participants and a full course, led by two facilitators

## APPENDIX 8: COMMUNICATION & MEDIA TOOLS

The following tools and templates can assist you in formulating and preparing necessary media resources to publicize and elevate awareness and support for your Mental Health First Aid proposal(s).

- A. Talking Points
- B. News Release Template
- C. Public Service Announcement Tip Sheet
- D. Sample Matte Article
- E. Checklist for Conducting a News Conference
- F. Media Advisory Template
- G. Speechwriting Tip Sheet
- H. Public Speaking Tip Sheet
- I. Sample Media Quotes, Articles & Testimonials

## Appendix 8a: Talking Points

- Mental Health First Aid is an evidence-based training program to help citizens identify mental health problems, connect individuals with care, and safely deescalate crisis situations if needed.
- Research shows that the sooner people get help for mental health concerns, the more likely they are to have positive outcomes.
- Mental Health First Aid was started in Australia and brought to the US in 2008 by the National Council for Community Behavioral Healthcare, the Missouri Department of Mental Health and the Maryland Department of Health and Mental Hygiene.
- Mental Health First Aid encompasses two curricula. The core program is tailored for adults; a curricula has been adapted for adults working with youth (age 12-25).
- Mental Health First Aid has also created modules to aid instructors in providing specific context to the trainee audience (e.g. law enforcement, faith, higher education).
- Mental Health First Aid is an 8-12 hour course taught by certified instructors. The course can be taught in a number of sessions to fit audience needs.
- The adult Mental Health First Aid program has already been delivered to nearly 100,000 Americans through a network of more than 2,500 instructors.
- Mental Health First Aid is intended for a variety of audiences: key professionals (such as police officers, human resource directors and primary care workers), school and college leadership, faith communities, friends and family of individuals with a mental illness or addiction or anyone interested in learning more about mental illness and addiction.
- Partnerships for providing access to training vary and can include local Chambers of Commerce, professional associations, hospitals, nursing homes, Rotary Clubs, parent organizations, social clubs and other groups who make up the fabric of a community.
- Four detailed studies have been completed and nearly a dozen journal articles published on Mental Health First Aid impact on the public.
- One trial of 301 randomized participants found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.
- To date, Mental Health First Aid has been replicated in more than 20 countries, including: England, Scotland, Finland, Canada, Cambodia, China, Ireland, Wales and Singapore.

## Appendix 8b: News Release Template

Use the template below to draft your own press release, which should answer the “who”, “what”, “where”, “when”, “why”, and how of the event or activity. It also should include a quote from the appropriate person in your organization.

FOR IMMEDIATE RELEASE

**For Immediate Release** – These words should appear in the upper left-hand margin, just under your letterhead. You should capitalize every letter.

CONTACT: Tom Jones

Organization Name

**Contact Information** – Skip a line or two after release statement and list the name, title, telephone, and fax numbers of the person with the most information. It is important to give your cell number since reporters often work on deadline and may not be available until after hours.

Phone: (703) 555-5555

Fax: (916) 555-5500

**Headline** – Skip two lines after your contact info and use a boldface type.

**[NAME OF YOUR ORGANIZATION]**

Proposes/Provides Mental Health First Aid Training to [Target Group]

*Subhead [link to local event, Mental Health Week]*

[CITY, State]—Today, [NAME OF YOUR ORGANIZATION] is hosting a [EVENT], which is expected to involve more than [MINIMUM NUMBER OF EXPECTED PARTICIPANTS] from [NAME(S) OF AREA(S)]. Some of the activities planned for today include [LOCAL ACTIVITIES].

[INCLUDE OTHER PERTINENT INFORMATION REGARDING YOUR EVENT HERE]. It is critical that we do everything we can to spread awareness about mental health,” said [NAME and TITLE of SPOKESPERSON]. Mental Health First Aid offers simple and effective strategies to help our community leaders [INSERT TARGET AUDIENCE IF APPROPRIATE] identify individuals in need and connect them with appropriate care.

**Body** – Double check your release for accuracy; keep it to one page if possible

In all 50 states and over 20 countries, Mental Health First Aid has educated thousands, teaching trainees to assess risk, listen to and support an individual in crisis and identify professional resources and supports. The training program is an 8-12 hour course provided by [list organizations or your proposal details].

“Mental Health First Aid is an evidence-based approach to reducing stigma and broadening and strengthening the community safety net for adults and youth with serious mental illness. Just like CPR, Mental Health First Aid is a vital skill set we should all have to improve safety in our community,” said [ALLY OR CHAMPION].

[INSERT ORGANIZATION/ORGANIZATION WEBSITE, IF APPLICABLE].

###



## Appendix 8c: Public Service Announcement Tip Sheet

Public service announcements (PSAs) offer you the opportunity to promote Mental Health First Aid and related activities to the public for free.

### Motivating Public Service Directors and Producers

Most TV/radio stations have public service directors who decide which PSAs will air. Public service directors are busy people who receive many PSAs every day. They are most likely to use PSAs that they believe are of local interest to their communities, and they often favor issues and causes related to health.

The following tips will help you get your PSAs placed on radio stations.

### Know Who Is in Charge

Radio station public service directors may have various titles, including community affairs director, advertising manager, or general manager. Often, the on-air personalities or the producers decide which PSAs will air. Call the station and ask whom you should contact about placing your PSAs.

### Write a Letter of Introduction

Once you have determined whom to contact, send a letter of introduction that includes the following information:

- The importance of Mental Health First Aid.
- Its proven effectiveness and use in other states.
- Success stories about mental health services
- Your findings or stories about community need for Mental Health First Aid.
- Your proposal to support and implement Mental Health First Aid.
- Your ask to the radio station to support your activities by running PSAs.

Remember to keep it local. The people in charge of PSA placement want to know how the issue affects their community.

### Meet Face to Face

Follow up your letter by scheduling meetings with the public service directors at the radio stations where you want your PSAs to air. These meetings put a face on the issue and provide an opportunity for you to educate public service directors about issues related to mental health and Mental Health First Aid. It generally takes a few weeks for radio stations to put PSAs on the air, so you should schedule your meetings well in advance of your event(s). Then, ask the radio station to run your PSAs before the event.

### Say “Thank You”

Follow up your visits and meetings with thank-you notes. Acknowledge radio stations once they use the PSAs. Let them know you are delighted that they were able to help raise awareness about the importance of Mental Health First Aid.

## Use Your Connections

Perhaps you or someone in your organization, community or coalition of supporters already knows someone in a management position at a radio station. Take advantage of that connection to encourage your contact to use your PSAs.

### Approach Radio Stations that Use PSAs

Not all radio stations use PSAs. Listen to the radio stations in your community and approach those stations that already air PSAs. If you live in a large metropolitan area, it might be challenging to get your PSAs placed on the most popular radio stations. On the other hand, there are probably several less popular radio stations that will be willing to air your PSAs. Ask if there are other ways to get your mental health message out to the community.

### Seek a Media Partnership

Often the media, including TV and radio stations, newspapers, and magazines, will sponsor community events. When they do, they actively promote the event by giving PSAs premium placement and even producing PSAs. If a media outlet does agree to a sponsorship, they usually ask that the organization co-brand the event. For example, they might ask you to name the event “The Channel 4 Mental Health First Aid Community Forum.” There is one downside to a media-sponsored event—competing media will not use your PSAs. This downside could be far outweighed by the benefits of gaining premium PSA placement and visibility with the media outlet with which you form the partnership. Weigh your options and assess whether a media partnership makes sense for your event or organization.

### Reach Diverse Audiences with PSAs

Media serving diverse communities offer an outstanding opportunity for PSA placement, especially if you offer in-language PSAs. The key to placement in ethnic and specialized media is to make all communications meet the needs of that outlet’s target audiences.

Ensure that you share any mental health data for important ethnic communities in your state/local community. Include any research conducted among diverse subgroups that is relevant to their listening audience. For example, if the listening audience is primarily Puerto Rican, convey research findings and include that this was tested among Puerto Ricans.

If you are focusing on Hispanic radio stations, for example, make sure you provide both Spanish and English versions of the PSAs—there has been a growing trend toward Spanish media using both languages. Independently owned Spanish language radio stations at the local level, for example, are more willing to play PSAs if they are culturally relevant. These stations have a vested interest in their communities.

Be sure any correspondence to the media outlet is in Spanish. Although public service directors at Spanish-language radio stations are likely fluent in both English and Spanish, they will appreciate the sincerity of your pitch if it is in Spanish, and the gesture will increase your opportunity for placement.

## Appendix 8d: Sample Matte Article

Audience: General Population (Everyone)

Word count: 558

Subject: Mental Health First Aid

Mental Health First Aid As Vital As CPR To Community Safety

One in five adults in the United States will suffer from a mental illness this year. [Youth-focused sentence: One in four youth in the United States will experience a mental health challenge during adolescence.<sup>11</sup>] Mental health disorders are more common than heart disease and cancer combined — the leading causes of death.

“You’re more likely to see someone having a panic attack than you are to see someone having a heart attack,” says [ORGANIZATION SPOKESPERSON]. “Yet many of us lack the knowledge and skills to appropriately respond.”

Mental Health First Aid is based on the goals of traditional first aid: to create an environment where people know how to help someone in emergency situations. Instead of learning how to give CPR or treat physical injuries, the 12-hour course teaches people how to recognize the signs and symptoms of mental health problems and how to provide initial aid before guiding a person toward appropriate professional help.

Participants learn how to detect a number of mental illnesses — and how to respond to people who have them. Their response is guided by a five-step action plan, termed “ALGEE,” which stands for:

1. **A**ssess for risk of suicide or harm.
2. **L**isten nonjudgmentally.
3. **G**ive reassurance and information.
4. **E**ncourage appropriate professional help.
5. **E**ncourage self-help and other support strategies.

The program is adapted from an Australian model by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Since its introduction in the U.S. in 2008, more than 100,000 people have been trained in all 50 states and the District of Columbia. In at least 22 of those states, state or local governments supported the program, usually paying for employees to take the course.

Studies of the Australian model demonstrate that the course increases mental health literacy and improves the mental health of those taking the training, making them more confident in helping people who have a mental illness or substance abuse disorder.

A Mental Health First Aid course costs about \$170 per person, which pays for instructor time, materials, classroom location and light refreshments.

In addition, anyone can become a certified instructor — regardless of their background or expertise in mental health — after successful completion of a five-day training program. An added bonus of investing in instructor certification: once an agency has its own instructors, it no longer has to pay for the instructors’ time — a primary component of the course’s cost.

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<sup>11</sup> Merikangas, K.R., et. al. (2010, October). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10):980-989.

## Appendix 8e: Checklist for Conducting a News Conference

If properly used, a news conference can be a good way to provide media with information on Mental Health First Aid proposals and events, particularly during legislative sessions or important event weeks. Consider the following items when planning and implementing your press conference.

### Plan Date, Time, and Location

- Have you given the media as much advance time as possible?
- Is your event in a location that is easily accessible to the media?

### Invite Key Media to Attend By Sending Out a Media Advisory

- Have you made sure the media advisory gives the date, time, and location of the news conference, the subject to be discussed, the names of the people who will be speaking or otherwise participating, names of contact people from whom they can obtain advance (and follow-up) information, and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

### Prepare the Room

- Have you made sure your news conference site includes staging, chairs, a podium, and microphones and checked to ensure all equipment is working properly?
- Do you need a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Is your Organization's name (and logo) clearly visible on the front of your podium, or behind the speaker?
- Do you have a backup plan for possible glitches?

### Provide Media Materials

- Have you prepared media kits including news releases, speaker names and bios, fact sheets, or other materials that might help reporters write their stories?

### Be Prepared

- Have the main spokespersons rehearsed the key messages developed for the event and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you developed answers to potentially controversial questions that may be asked?
- Have you discussed in advance which key points will be made by each spokesperson?

- Have you designated a moderator in advance of the news conference to keep the conference on schedule, established ground rules, and fielded reporters' questions?
- Have you set a clear end time for the news conference?
- Have you made a Spanish or other appropriate language spokesperson available at the news conference and have you referenced that in your media materials?

### **Be Thorough**

- Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the team finds the answer after the news conference and makes it available to the reporter as soon as possible. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.
- Have you designated someone to ask questions during the news conference that reporters may not raise?

### **Monitor Attendance and Follow Up**

- Have you asked reporters to sign in? This will provide a list of who attended and who did not attend.
- For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons or sent them a media kit?

## Appendix 8f: Media Advisory Template

Use the template below to create your media advisory. The advisory should answer “who,” “what,” “where,” “when,” “why,” and “how” of the event or activity. It also should include contact information for your organization. A media advisory should be sent out before an event and again the day of the event.

MEDIA ADVISORY FOR IMMEDIATE RELEASE

CONTACT: Tom Jones California Organization of Health Services

Phone: (916) 555-5555

Fax: (916) 555-5500 \_\_\_\_\_

[NAME OF YOUR ORGANIZATION] Holds [EVENT] to Support Implementation of Mental Health First Aid Training

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[CITY, State]—[NAME OF YOUR ORGANIZATION] is hosting a [EVENT], which is expected to involve more than [MINIMUM NUMBER OF EXPECTED PARTICIPANTS] from [NAME(S) OF AREA(S)].

WHO: [LIST ANY VIPS AND OTHER ATTENDEES OF NOTE WHO MAY BE OF INTEREST TO THE PRESS. INCLUDE TITLES WHENEVER POSSIBLE.]

WHAT: [PROVIDE ADDITIONAL DETAILS ABOUT THE EVENT (I.E., WHAT ACTIVITIES ARE SCHEDULED, ETC.)]

WHERE: [ADDRESS OF THE EVENT LOCATION] WHEN: [DATE AND TIME OF THE EVENT]

WHY: Introduced this week, [BILL NUMBER] enhances mental health awareness and community support by implementing Mental Health First Aid training for [TARGET GROUP(S)]. Such training has been shown to improve attitudes about mental health and ensure community actors and citizens can better recognize signs of mental illness and help those in need connect with appropriate professional services and supports.

CONTACT: [NAME, PHONE NUMBER(S), FAX AND EMAIL ADDRESS OF CONTACT] For more information about mental health and Mental Health First Aid visit [URL].

ORGANIZATION/ORGANIZATION WEBSITE, IF APPLICABLE]. ###

## Appendix 8g: Speechwriting Tip Sheet

If you are conducting activities to promote Mental Health First Aid and your proposals, there is a good chance that someone from your organization will deliver your messages through a short speech or presentation. A detailed outline can provide the framework for an organized and compelling speech. The outline should include the topic, purpose, and audience, as well as three main ideas that support the topic and purpose.

A good length for the average speech is **10 to 20 minutes**. If you need more time to make your point, do not be afraid to take it. Because your audience cannot go back and review confusing parts of your speech, it is important for you to deliver a clear, organized presentation and repeat your central points. Below is a general speech outline that you might be able to adapt to suit the special needs of your audience.

I. Introduction—Tell them what you’re going to tell them. This should take 1 to 3 minutes.

- A. Grab your audience’s attention
- B. State your topic and purpose
- C. Preview your speech

II. Body—Tell them. Illustrate the points that support your theme. This should take 8 to 15 minutes.

- A. State first main idea
- B. State second main idea
- C. State third main idea

III. Conclusion—Tell them what you told them. This should take 1 to 2 minutes.

- A. Restate your main ideas
- B. Add a memorable conclusion

After your first draft of the presentation, go back and revise, reword, and rearrange your ideas, as necessary. Refer back to your outline to make sure that items are parallel and logical. Make sure you have sufficient support for each of the statements you have included.

## Speech Writing Dos and Don'ts

### Do:

- Find out everything you can about the group you are speaking to, the venue, and the event.
- Ask how much time you have to give your speech.
- Check to see if they have what you need for visual aids—overhead projector, LCD projector, etc.
- Prepare an outline of your speech before you start to write it.
- Deliver your speech to someone before the event to practice.
- Give facts and figures with references to back them up.
- Have a clear objective in giving the speech (what you want the audience to know and take away from the speech).
- Concentrate on your message(s).
- Visualize yourself giving the speech.

### Don't:

- Use humor unless you are positive about what the reaction will be.
- Assume the audience knows all of the background information about your topic.
- Use jargon or confusing phrases.
- Exaggerate, stretch the truth, or lie.
- Say more than you need to.
- Rely too much on visual aids to tell your message.
- Talk down to the audience.
- Use the same speech for every venue.



## Appendix 8h: Public Speaking Tip Sheet

The best speakers are those who believe in what they are saying and whose sincerity and dedication to their topic are apparent. Before you choose your speakers, consider your audience. What messenger will they best respond to? Would it be physicians or nurses? Community leaders? Someone from the health organization or a respected local community health worker? No matter whom you choose the speaker needs to convey expertise, experience, interest, and commitment to the importance of Mental Health First Aid.

These tips can help you prepare your spokespeople to present a confident and compelling speech.

**Content.** Share information about yourself up front. This personalizes you to the audience and makes listeners feel that they know you. This also is the opportunity to share your own experiences with community mental health needs and/or Mental Health First Aid initiatives.

**Eye Contact.** The only way you will know if your audience is getting the message is through eye contact. Look for eyes and heads nodding with you.

**Facial Expressions.** Your facial expressions can tell the story of how much you care about the issues you are talking about. Allow your passion for the issue to show, as this gives off energy, and energy makes you convincing.

**Gestures.** Some of what people retain from speeches is through body language. Gestures reinforce and highlight your story and give you energy in your delivery.

**Voice.** Try not to speak in a monotone. Avoid “language helpers” such as “ums,” “ahs,” and “you knows.” Never try to camouflage a regional dialect. All you have to do is tell people where you are from and they will expect you to sound the way you do.

**Pauses/Silence.** There are four good times to pause: when you move from one subject to another, when you want the message to sink in, when you want or need to collect your thoughts, and when you receive laughter or applause.

**Avoid Distractions.** Do not fiddle with your hair, shuffle your feet, sway back and forth, jingle change in your pockets, play with your eyeglasses, or otherwise do something that will take away from what you are saying.

**Practice.** Practice, practice, practice. If possible, spend time alone just prior to your speech; take some deep breaths and think about your central theme.

**Being Nervous is Normal.** Try and “reframe” your fear into excitement and enthusiasm. Remember that you are the expert and people have come to hear you talk about what you know.

**Ensure Your Presentation Is Culturally Competent.** When presenting to audiences from different cultural backgrounds, use the following tips from the National Center for Cultural Competence at Georgetown University.

Consult with people from the community about customs and taboos in speaking and presenting. Do not assume anything about practices and customs. Is it acceptable to look a person in the eye when they are speaking? Is it considered rude to shake hands before someone else introduces you?

Consider asking someone from that community who can effectively deliver your message to co-present or conduct the entire presentation. Think about your message. Is it crafted in a way that is relevant (and not offensive or condescending) to your audience?

Be open to suggestions, and be willing to adapt and modify your message and presentation style to your audience.

## If you have to use an interpreter, keep these points in mind:

- Talk directly to the audience and not the interpreter.
- Give the presentation as if they speak your language, and try to connect with them.
- Do not use clichés or jargon that might confuse the interpreter or may not be translatable.
- Jokes are seldom funny when translated, and they may be culturally offensive.
- Give the interpreter as much information ahead of time as possible. If you have a copy of the speech, share it even if you know you won't follow it to the letter.
- Notice the pace and manner of the interpreter.
- Practice with the individual if possible.
- Try to adjust your speech to that pace.
- If you want to put in a few words or phrases in the audience's language, make sure you can pronounce them properly, that you are saying what you mean to say, and that the interpreter knows what you are trying to say beforehand.

## Appendix 8i: Sample Media Quotes, Articles & Testimonials

### People are Saying...

- + “The philosophy of Mental Health First Aid is fabulous. It helps bring awareness and knowledge to the general public allowing for a greater understanding and acceptance of mental illness.”
  - Student Assistance Program Team Leader
- + “Renewal should make this training available to all staff. The information given is invaluable and can be used professionally and personally.”
  - Manager of Supportive Services
- + “Very helpful- when I encounter an individual who talks of suicide, I know what to ask.”
  - Domestic Relations Enforcement Officer
- + “Mental Health First Aid has the power to transform communities, the power to change beliefs and the ability to connect people in ways they never would have connected otherwise.”
  - Larry Fricks, National Consumer Leader

### Policymaker & Media Quotes

On Capitol Hill and in state capitals across the country, bipartisan support for improving treatment for people with mental illnesses is expanding. Below are selected quotes from media and public officials on the subject.

#### Wall Street Journal Editorial Page

Changing the way the way we treat persons with serious mental illnesses “strikes us as a more promising path” for identifying when “erratic, disruptive or alarming behavior tips over into” violence.

Source: “Hard Newtown Questions”, *Wall Street Journal*, December 25, 2012

#### Conservative/Libertarian Think Tanks

“To reduce the risk of multivictim violence, we would be better advised to focus on early detection and treatment of mental illness.”

Source: Robert A. Levy, Chairman, Cato Institute, *New York Times*, December 20, 2012

#### Elected Officials

### Senator Mark Begich (D-AK), Co-Sponsor Mental Health First Aid Act of 2013

“The broad bipartisan support for this bill shows that politics have no place when it comes to keeping our families and communities safe and providing adequate support for those who may be experiencing a mental health crisis. This bill makes smart investments to increase awareness and resources for mental health services in Alaska and across the country. I look forward to seeing it move forward in the Senate.”

Source: Press release found at: <http://www.mhfaco.org/news/mental-health-first-aid-act-of-2013/>

## Senator Michael Bennet (D-Colo.), co-sponsor

“This bill will provide critical resources to help make sure that training is available to help identify the warning signs of mental illness, effectively respond to a crisis and get help to those who need it. It provides a common-sense solution that can help save lives all across our country.”

Source: Sen. Bennet Backs Mental Health First Aid Act,” [www.ourcoloradonews.com](http://www.ourcoloradonews.com), February 14, 2013

## Rep. Kelly Ayotte (R-NH), co-sponsor

“Our bipartisan legislation takes an important first step toward strengthening our mental health system. Improving mental health training for those who work in our schools, communities and hospitals will give them the tools they need to identify warning signs and help individuals get treatment.”

Source: [http://www.sitnews.us/0113News/012513/012513\\_mental\\_health.html](http://www.sitnews.us/0113News/012513/012513_mental_health.html)

## Senator Debbie Stabenow (D-Mich.)

“This isn’t something that has a partisan divide. All our families are touched by this in some way.”

Source: [http://www.mlive.com/news/index.ssf/2013/02/stabenow\\_unveils\\_mental\\_health.html](http://www.mlive.com/news/index.ssf/2013/02/stabenow_unveils_mental_health.html)

## Rep. Jim Sensenbrenner, Jr. [R-WIS], Chairman, Crime Terrorism, Homeland Security Subcommittee

“Our country must also grapple with difficult questions about the identification and care for individuals with mental illnesses.”

Source: “Obama Pledges Action on New Limits on Guns,” *New York Times*, December 20, 2012

## Rep. Howard Coble [R-NC], Chairman, Courts, Commercial and Administrative Law Subcommittee

“I think it’s more of a mental health problem than a gun problem right now.”

Source: “Obama Pledges Action on New Limits on Guns,” *New York Times*, December 20, 2012

## Sen. Marco Rubio (R-FL) and Rep. Jason Chaffetz (R-UT)

“Republicans on Capitol Hill have indicated willingness to have conversations about gun control, but lawmakers like Sen. Marco Rubio, R-Fla., and Utah’s Rep. Jason Chaffetz, have also listed mental illness as an area that should be looked at. ‘We have to deal with the mental health aspect,’ Chaffetz said on This Week. ‘I think we absolutely should talk about the intersection of a lethal weapon and (how) it relates to mental health. Absolutely we’ve got to have that discussion in this country’...Likewise, Rubio ‘remains a strong supporter of the Second Amendment right to safely and responsibly bear arms,’ but he is also open to measures that keep guns out of the hands of criminals and the mentally ill.”

Source: <http://www.deseretnews.com/article/765618133/In-the-wake-of-tragedy-Mental-illness-debated-after-Sandy-Hook-school-shooting.html>

## America's Republican Governors

### Gov John Kasich (OH)

"There are a range of issues at play here in involving mental health, school security and a culture that at times fails to reject the glorification of violence that can desensitize us to the sanctity of and majesty of human life. Going forward, we need to pay close attention to what the expert include from this incident to see if there are lessons to be learned and applied here in Ohio."

Source: "Reaction to Newtown Shootings Spreads to Corporate America," *New York Times*, December 12, 2012

### Governor-elect Pat McCrory (NC)

"The second area I'm very interested in is mental health. Right now we have broken system regarding mental health. And this type of situation could occur here because of some people with serious mental health issues. Those are two immediate areas that I can maybe have an impact on as the next governor."

Source: [www.therightsphere.com/2012/12/nc-gop-governor-elect-mental-health-should-be-focus-of-shooting-response/](http://www.therightsphere.com/2012/12/nc-gop-governor-elect-mental-health-should-be-focus-of-shooting-response/)

### Gov. Tom Corbett (PA)

"The assault weapons are already out there," Mr. Corbett, a Republican, said. "A new ban isn't going to make them safer. I wish it would. It doesn't.

"But if we help with mental health, hopefully that will make us safer...It's very hard to be prepared for that mental illness striking," he said. "It doesn't matter whether it's the assault weapon or a handgun. It's the mental illness issue that we have to work as much as we possibly can on."

Source: <http://www.post-gazette.com/stories/local/state/corbett-says-focus-should-be-on-mental-illness-not-gun-control-667194/#ixzz2FiEGbW9u>

### Gov. Sam Brownback (KS)

"One of the things I want to look at is whether or not we're providing sufficient mental health services," Brownback said. "I think it's going to get a lot more interest now because I think the country's just a lot more serious about dealing with this after Connecticut." Brownback said having a national discussion about mental health services is vital, but, "If you immediately go to the heat-seeking issue, you're not even going to start the discussion."

Source: <http://www.sfgate.com/news/crime/article/Brownback-wants-to-examine-mental-health-services-4135791.php>

### Gov. Nikki Haley (SC)

"(Governor Haley) says the shooting rampage at a Connecticut elementary school should prompt discussions about mental health treatment, not anti-gun laws...she says boosting mental health spending can hopefully detect and treat issues before people become violent. Haley's budget proposal for 2013-14 includes an additional \$11 million for the Department of Mental Health, on top of this year's increase."

Source: <http://charlotte.cbslocal.com/2012/12/20/haley-boost-mental-health-not-gun-control-laws-post-newtown/>

## **Selected Articles and Media Coverage:**

[http://www.washingtonpost.com/local/fairfax-co-employees-learn-mental-health-first-aid/2013/02/06/6ce52238-6c8a-11e2-8740-9b58f43c191a\\_print.html](http://www.washingtonpost.com/local/fairfax-co-employees-learn-mental-health-first-aid/2013/02/06/6ce52238-6c8a-11e2-8740-9b58f43c191a_print.html)

[http://www.governing.com/templates/gov\\_print\\_article?id=153144965](http://www.governing.com/templates/gov_print_article?id=153144965)

<http://www.npr.org/2011/10/18/141473382/a-first-aid-kit-for-mental-health-emergencies?ps=cprs>

<http://www.npr.org/2011/10/10/141153308/mental-first-aid-how-to-help-in-an-emotional-crisis>

<http://abcnews.go.com/Health/video/mental-health-aid-14763882>

## **Additional Resources**

### **General Mental Health First Aid Links:**

Mental Health First Aid: [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)

Frequently Asked Questions: <http://www.mentalhealthfirstaid.org/cs/faqs>

Twitter: @MentalFirstAid

Facebook: Mental Health First Aid USA

### **Mental Health First Aid Studies:**

Evidence from Australia Mental Health First Aid: <http://www.mhfa.com.au/cms/evaluation-publications/>

### **State Mental Health First Aid USA Partners:**

<http://www.mhamd.org/mhfa/aboutmhfa.htm>

<http://www.mhfamissouri.org>

### **Mental Health First Aid Implementation Resources:**

For webinars and other presentations, go to:

[http://www.mentalhealthfirstaid.org/cs/what\\_you\\_learn/webinars](http://www.mentalhealthfirstaid.org/cs/what_you_learn/webinars)

*Rural QuickStart Implementation Guide:* <http://www.mentalhealthfirstaid.org/cs/rural>