



GEORGETOWN UNIVERSITY  
Center for Child and  
Human Development

# MENTAL HEALTH FIRST AID U.S.A. PRE-TRAINING SURVEY

## SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

PLEASE DO NOT WRITE IN THIS AREA



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DO NOT USE WITHOUT PERMISSION

# CONSENT FORM

**STUDY TITLE: Mental Health First Aid Evaluation**  
**IRB #: 2014-0640**

**Georgetown University**  
**INFORMED CONSENT FORM**  
**to Participate in a Research Study**

You are invited to participate in a study to assess the Youth Mental Health First Aid (MHFA) Training. With growing interest in Mental Health First Aid (MHFA) across the country, it is important to learn and understand more about how the MHFA training has impacted participants in the U.S.

You are being asked to take part in this study because you will be completing the MHFA training. Approximately 2000 individuals will take part in this study across the U.S. If you decide to participate in this study, we will ask you to complete four brief surveys about the MHFA training. The Pre- and Post-Training surveys will be completed in paper-and-pencil format at your training site. You will be asked to complete two follow-up surveys online 3 and 6 months after the training.

Data Security, Risks, and Benefits

Every effort will be made to keep any information collected about you confidential. However, it is impossible to guarantee absolute confidentiality. In order to keep information about you safe, the personal identifying information provided on the surveys will be torn-off and kept separate from the actual surveys in a secured, locked cabinet, and entered into a separate password-protected database. The paper and pencil surveys will be scored electronically and then entered into the study database which is stored on a password-protected computer. Qualtrics, the online program that you will use to complete the follow-up surveys, does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. Once imported from Qualtrics, the follow up data will be entered into the study database. Access to the study database is limited to authorized members of the team for data cleaning, organization, and analysis purposes. All data will be reported in aggregate form.

There are minimal risks associated with taking part in this survey. It is possible, but unlikely, that you may become uncomfortable when sharing your opinions. If this happens, you are free to stop the survey at any time. Our previous experience suggests that such occurrences are extremely rare.

If you agree to take part in this survey, there will be no direct benefit to you. However, your participation will help us to better understand the impact of the MHFA training and ways to improve the training for future participants. Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

If you have questions about the study, you may contact Dr. Bruno Anthony 202-687-5086. Please call the Georgetown University IRB Office at 202-687-1506 (8:30am to 5:00pm, Monday to Friday) if you have any questions about your rights as a research participant.

If you agree to participate, each survey will take 15 minutes or less to complete. You will not be required or forced to answer any questions. For the information to be most meaningful, it is extremely important that you help us complete the surveys at all four time points. Although you are not obligated to complete the surveys at each time point, we hope that you will consider doing so in order to best help us understand the longer-term impact of these trainings.

**Please indicate below whether you agree or disagree to participate in the study.**

I understand all of the information in this Informed Consent Script. I freely and voluntarily agree to participate in this study.

- Yes
- No

DO NOT USE WITHOUT PERMISSION



## A. YOUR PERSONAL BELIEFS

In this section, we would like to know what **YOU BELIEVE** about mental health problems. Please select the response that best describes your level of agreement.

**A1. In general, I believe** that I should...

Do not agree at all ←————→ Strongly Agree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. encourage a person experiencing a mental health crisis to get professional help.   | ① | ② | ③ | ④ | ⑤ |
| b. listen without expressing my judgment to a person about his/her mental health problem(s).  | ① | ② | ③ | ④ | ⑤ |
| c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s). | ① | ② | ③ | ④ | ⑤ |
| d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.                         | ① | ② | ③ | ④ | ⑤ |
| e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.          | ① | ② | ③ | ④ | ⑤ |

**A2. In general, I believe** that people with mental health problem(s)...

Do not agree at all ←————→ Strongly Agree

- |                               |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|
| a. are easy to talk with.     | ① | ② | ③ | ④ | ⑤ |
| b. are unpredictable.         | ① | ② | ③ | ④ | ⑤ |
| c. get better with treatment. | ① | ② | ③ | ④ | ⑤ |
| d. are dangerous.             | ① | ② | ③ | ④ | ⑤ |

**A3.** If I had a mental health problem(s), I would not tell anyone.

Do not agree at all ←————→ Strongly Agree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A4. If someone in my family had a mental health problem(s), I would not tell anyone.                                    | ① | ② | ③ | ④ | ⑤ |
| A5. I intend to take action to help a person address his/her mental health problem(s).                                  | ① | ② | ③ | ④ | ⑤ |
| A6. I intend to reach out and express my concerns to a person experiencing mental health problem(s).                    | ① | ② | ③ | ④ | ⑤ |
| A7. I intend to listen without expressing my judgment to a person I suspect of experiencing a mental health problem(s). | ① | ② | ③ | ④ | ⑤ |

## B. YOUR BELIEFS ABOUT MENTAL HEALTH ACTIONS

For each action, please select the response that best describes HOW DIFFICULT it is for you to perform that action.

B1. *Currently*, I believe that, for me...

Not at all difficult ←————→ Extremely difficult

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is: | ① | ② | ③ | ④ | ⑤ |
| b. listening to a person about his/her mental health problem(s) without expressing my judgment is:  | ① | ② | ③ | ④ | ⑤ |
| c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:   | ① | ② | ③ | ④ | ⑤ |
| d. referring a person experiencing a mental health problem(s) to a mental health provider is:   | ① | ② | ③ | ④ | ⑤ |
| e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:                           | ① | ② | ③ | ④ | ⑤ |

For each statement below, please select the response that best describes YOUR OPINION about how likely it would be for a person with a mental health problem(s) to respond to a specific action of yours.

B2. If I express my concerns to any person about the mental health signs and symptoms that he or she is experiencing, it will help that person to seek timely support.

Not at all likely ←————→ Extremely likely

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| B3. If I listen to any person without expressing my judgment, it will help that person talk to me about his/her mental health problem(s).                               | ① | ② | ③ | ④ | ⑤ |
| B4. If I ask about suicidal thoughts directly, a person with such thoughts will feel a sense of relief.   | ① | ② | ③ | ④ | ⑤ |
| B5. If I give information about mental health providers in the community to any person experiencing a mental health problem(s), it will assist that person to get help. | ① | ② | ③ | ④ | ⑤ |

We would like to learn from you whether helping a person with a mental health problem(s) would be personally rewarding—in other words, something that would feel *beneficial* to you.

For each action, please select the response that best describes HOW REWARDING it is for you to perform that action.

B6. *Currently*, I believe that, for me...

Not at all rewarding ←————→ Extremely rewarding

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is: | ① | ② | ③ | ④ | ⑤ |
| b. listening to a person about his/her mental health problem(s) without expressing my judgment is:  | ① | ② | ③ | ④ | ⑤ |
| c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:   | ① | ② | ③ | ④ | ⑤ |
| d. referring a person experiencing a mental health problem(s) to a mental health provider is:   | ① | ② | ③ | ④ | ⑤ |
| e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:                           | ① | ② | ③ | ④ | ⑤ |

## C. YOUR BELIEFS ABOUT PEOPLE IMPORTANT TO YOU

In this section, please tell us what you think PEOPLE WHO ARE IMPORTANT TO YOU (i.e., people who influence the way you think) believe. Select the response that best describes your level of agreement.

- C1. In general, people who are important to me believe** that I should...
- |   | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|---|------------------------|--------|---|---|-------------------|
| a. encourage a person experiencing a mental health crisis to get professional help.   | ①                      | ②      | ③ | ④ | ⑤                 |
| b. listen without expressing my judgment to a person about his/her mental health problem(s).  | ①                      | ②      | ③ | ④ | ⑤                 |
| c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s). | ①                      | ②      | ③ | ④ | ⑤                 |
| d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.                         | ①                      | ②      | ③ | ④ | ⑤                 |
| e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.          | ①                      | ②      | ③ | ④ | ⑤                 |

- C2. In general, people who are important to me believe** that people with mental health problem(s)...
- |                               | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|-------------------------------|------------------------|--------|---|---|-------------------|
| a. are easy to talk with.     | ①                      | ②      | ③ | ④ | ⑤                 |
| b. are unpredictable.         | ①                      | ②      | ③ | ④ | ⑤                 |
| c. get better with treatment. | ①                      | ②      | ③ | ④ | ⑤                 |
| d. are dangerous.             | ①                      | ②      | ③ | ④ | ⑤                 |

## D. YOUR CONFIDENCE IN PERFORMING MENTAL HEALTH ACTIONS

Please select the response that best describes your level of agreement with the following statements.

- D1. Currently, I am confident that, I can...**
- |  | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|--|------------------------|--------|---|---|-------------------|
| a. assist a person who may be dealing with a mental health problem(s) to seek professional help.   | ①                      | ②      | ③ | ④ | ⑤                 |
| b. provide practical resources (e.g., self-help information, crisis hotline number) to help a person who may have a mental health problem(s).  | ①                      | ②      | ③ | ④ | ⑤                 |
| c. recognize the signs and symptoms of mental health problem(s) in a person.   | ①                      | ②      | ③ | ④ | ⑤                 |
| d. ask a person directly whether he/she is considering killing her/himself.  | ①                      | ②      | ③ | ④ | ⑤                 |
| e. de-escalate a situation where a person is agitated or aggressive.   | ①                      | ②      | ③ | ④ | ⑤                 |
| f. ask a person directly about experiencing or witnessing a traumatic event(s).<br><i>(i.e., events that are perceived to be dangerous and threaten serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.)</i> | ①                      | ②      | ③ | ④ | ⑤                 |
| g. listen without expressing my judgment to a person in distress.  | ①                      | ②      | ③ | ④ | ⑤                 |
| h. correct misconceptions in others about mental health and mental illness.  | ①                      | ②      | ③ | ④ | ⑤                 |
| i. suggest supportive and self-help strategies to a person with mental health problem(s).  | ①                      | ②      | ③ | ④ | ⑤                 |



For each statement below, please select the response that best describes the **LIKELIHOOD** that you would carry out the following actions *currently*.

D2. *Currently, I would...*

	Not at all likely	←————→			Extremely likely
	①	②	③	④	⑤
a. approach a person with a mental health problem(s) if I felt I had the knowledge to talk to him/her about their problem.	①	②	③	④	⑤
b. help a person with a mental health problem(s) if I had practice in asking about suicidal thoughts or harm.	①	②	③	④	⑤
c. talk to a person about their mental health problem(s), if he/she were willing to talk to me about the problem.	①	②	③	④	⑤
d. recommend getting help from a mental health provider to a person experiencing a mental problem(s) if I knew the resources in the community.	①	②	③	④	⑤
e. encourage a person experiencing a mental health problem(s) to use self-help strategies if I knew which strategies to recommend.	①	②	③	④	⑤
f. help a person experiencing a mental health symptom(s) to find supports if I knew the resources available in the community.	①	②	③	④	⑤

## E. YOUR AGREEMENT WITH VARIOUS ASPECTS OF MENTAL HEALTH

Please select the response that best describes your level of agreement with the following statements.

	Do not agree	Agree	Don't know
	①	②	③
E1. At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year.	①	②	③
E2. Around half of mental health disorders start during childhood or adolescence.	①	②	③
E3. It is not a good idea to ask people if they are feeling suicidal in case you put the idea in their head.	①	②	③
E4. Use of alcohol or other drugs increases the risk of suicide or harm.	①	②	③
E5. Schizophrenia is one of the most common mental disorders in the US.	①	②	③
E6. Depression can increase a young person's risk taking behavior (e.g., reckless driving, risky sexual involvements).	①	②	③
E7. When talking to people with eating disorders, it is important to criticize their body size.	①	②	③
E8. Exposure to traumatic event(s) is a risk factor in almost every type of mental illness.	①	②	③
E9. Males complete suicide four times more frequently than females.	①	②	③
E10. People with psychosis are more at risk of being victims of violent crimes.	①	②	③
E11. When difficulties are encountered, youth tend to be quite resilient.	①	②	③
E12. Physical symptoms such as fast breathing, dizziness, or shaking could be signs of a panic attack.	①	②	③
E13. Emotional symptoms such as excessive anger, depressed mood, or hopelessness can be signs of a young person's distress.	①	②	③
E14. Two significant risk factors of suicide are having an organized plan and having a previous attempt.	①	②	③
E15. Anxiety disorders are the least common mental health disorders in the US.	①	②	③

## F. YOUR PERSONAL EXPERIENCES

Please provide the response that best reflects your experience(s) in the PAST 3 MONTHS.

**F1. In the past 3 months, have you encountered anyone displaying the following *mental health related signs and symptoms*:**

			If yes, how many people?				
	Yes	No	1-2	3-4	5-6	7-8	9+
a. Physical signs like significant changes in normal patterns or appearance?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
b. Emotional symptoms like depressed mood, irritability, excessive anxiety or worry?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
c. Thinking problems like self-blame, racing thoughts, or odd ideas?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
d. Behavioral signs like frequent crying, withdrawal, aggression, phobias, excessive use of alcohol or drugs?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
e. Thoughts of suicide or self-harm?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
f. Experiencing or witnessing traumatic event(s) ( <i>i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.</i> )?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
g. Changes in normal behaviors that disrupt daily functioning in school, social settings, work, etc?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9

**F2. In the past 3 months, how many *people* have you referred to services and/or supports?**

- 0 None → SKIP TO F3    
  1 1-2    
  3 3-4    
  5 5-6    
  7 7-8    
  9 9+

**If you indicated at least 1 person, what type(s) of services and supports did you refer the person(s) to? (Mark all that apply.)**

- Mental health provider (e.g., psychologist, social worker, substance abuse counselor, etc.)
- Medical provider (e.g., family doctor, pediatrician, internist, etc.)
- Community mental health agency providing mental health services
- Private practice providing mental health counseling
- National crisis hotline phone number
- Local crisis hotline phone number
- Local hospital (including emergency room)
- Family member and/or close friend
- Community member, teacher, colleague, or other caring individual
- Clergy (including church member, ministry, pastor, parish staff, etc.)
- Local support group
- Self-help information or strategies (e.g., books, websites, yoga, meditation, etc.)
- Other (*Please specify*): \_\_\_\_\_

**F3. In the past 3 months, have you reached out to anyone who you believe has a mental health problem(s) in any of the ways listed below:**

			If yes, how many people?				
	Yes	No	1-2	3-4	5-6	7-8	9+
a. Brought up signs and symptoms that you recognize	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
b. Assessed the situation for the presence of a crisis	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
c. Spent time listening to someone without expressing your judgment	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
d. Helped someone to calm down	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
e. Called a crisis hotline or service for someone	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
f. Offered emotional support	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
g. Suggested options for getting help	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
h. Talked to someone about his/her suicidal thoughts	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
i. Encouraged someone to seek professional help	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
j. Encouraged someone to get other supports	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
k. Helped identify others who may be able to help the person	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
l. Engaged family members to help	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
m. Recommended self-help strategies	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
n. Gave someone information about his/her problem(s)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
o. Gave someone information about local services	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9
p. Made someone an appointment for services	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 9

**F4. In the past 3 months, have you reached out in other ways to anyone who you believe has a mental health problem(s)?**

Yes       No

→ If Yes, please list these other ways below.

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## G. YOUR BACKGROUND INFORMATION

We would like to know a little about you and your background.

**G1. What gender are you?**

- Woman       Transgender       Other (Please specify):
- Man       Genderqueer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**G2. How old are you?**

--	--	--

 years

**G3. Please provide the zip code of where you live.**

--	--	--	--	--	--

**G4. What is the highest level of schooling that you completed?**

- Some high school       Some college       Some graduate school  
 High school degree       Associate degree       Graduate degree (e.g., Master's, Doctorate)  
 Vocational school certificate       Bachelor's degree

**G5. Are you of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, I am of other Hispanic, Latino, or Spanish origin—Please **print** origin (e.g., Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**G6. What is your race?** (Mark all that apply.)

- White (e.g., German, Irish, English, Italian, Polish, French, etc.)  
 Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)  
 Asian (e.g., Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)  
 American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)  
 Middle Eastern or Northern African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)  
 Native Hawaiian or Other Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)  
 Some other race or origin—Please **print** race.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**G7. Is English the primary language spoken at home?**

- Yes       No → If No, please specify the primary language spoken at home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**We would like to know about your training in mental health.**

**G8. What level of mental health training have you completed?**

- No previous mental health training
- Minimal mental health training (*e.g., a few talks and presentations about mental health*)
- Moderate mental health training (*e.g., several workshops, trainings, or classes about mental health*)
- Extensive mental health training (*e.g., graduate degree and/or license in social work, psychology, psychiatry, or substance abuse*)

**G9. Prior to today's course, have you previously taken an Adult or Youth Mental Health First Aid Training?**

- Yes
- No

**We would like to know about your experience of mental health problem(s) in everyday life.**

**G10. Have you ever experienced a personal mental health problem(s)?**

- Yes
- No
- Not sure

**G11. To your knowledge, has anyone in your family experienced a personal mental health problem(s)?**

- Yes
- No

**G12. To your knowledge, have any of your friends, co-workers, or neighbors experienced a personal mental health problem(s)?**

- Yes
- No



**G13. In which role(s) have you come into contact with someone experiencing a mental health problem(s)?**

*(Mark all that apply.)*

- Mental health provider (e.g., psychologist, social worker, school counselor)
- Substance abuse counselor
- Camp/Recreational counselor
- Medical/allied health provider (e.g., non-psychiatric MD, RN, PT, OT, etc.)
- First responder
- Coach
- Teacher
- Non-instructional school staff (e.g., administrator, security, bus driver, etc.)
- Case Manager
- Clergy (including church member, ministry, pastor, parish staff, etc.)
- Family advocate
- Child welfare personnel
- Law enforcement
- Corrections (e.g., corrections officer, juvenile corrections officer, probation officer)
- Military personnel (including Veterans)
- Other government personnel
- Airline personnel
- Business employer or manager
- Friend
- Neighbor or colleague
- Family member
- Parent
- Other *(Please describe)*: \_\_\_\_\_

**G14. Why are you interested in taking this course? *(Mark all that apply.)***

- Required for work
- My own mental health history
- Friend recommended it to me
- Important for my work
- A family member or friend has mental health problem(s)
- My general interest about mental health
- Other *(Please describe)*: \_\_\_\_\_

***Thank you very much for your participation!***

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GEORGETOWN UNIVERSITY  
Center for Child and  
Human Development

# MENTAL HEALTH FIRST AID U.S.A. POST-TRAINING SURVEY

## SURVEY INSTRUCTIONS



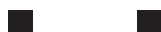
Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

PLEASE DO NOT WRITE IN THIS AREA



## CONTACT INFORMATION

Your *email address* is crucial in allowing us to follow-up with you at 3 and 6 months after the training.

**These details will be stored separately from the rest of the survey to maintain your confidentiality.**

1. Please *print* your primary email address:

2. Please *print* your secondary email address if applicable:

3. Please *print* your name (Optional):

Last:

First:

## INSTRUCTION

For this survey, please consider the term mental health problem(s) to include a range of signs and symptoms that *disrupt* daily functioning:

- physical signs (e.g., *changes in normal patterns or appearance*)
- emotional symptoms (e.g., *depressed mood, irritability, excessive worry*)
- thinking problems (e.g., *racing thoughts, odd ideas, confused thinking*)
- behavioral signs (e.g., *difficulty concentrating, avoiding feared situations, excessive alcohol and substance use*)
- extreme distress (e.g., *thoughts of suicide or self-harm, experienced or witnessed traumatic event(s) [i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.]*)

When thinking about the term “a person,” please consider BOTH people you know personally AND people you don’t know personally.

Throughout the survey, there are a few sections that will ask you to consider the same set of actions or beliefs from different perspectives. Please help us by answering each item even though the items may feel repetitive at times.

## A. YOUR PERSONAL BELIEFS

In this section, we would like to know what **YOU BELIEVE** about mental health problems. Please select the response that best describes your level of agreement.

**A1. In general, I believe** that I should...

Do not agree at all ←————→ Strongly Agree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. encourage a person experiencing a mental health crisis to get professional help.   | ① | ② | ③ | ④ | ⑤ |
| b. listen without expressing my judgment to a person about his/her mental health problem(s).  | ① | ② | ③ | ④ | ⑤ |
| c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s). | ① | ② | ③ | ④ | ⑤ |
| d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.                         | ① | ② | ③ | ④ | ⑤ |
| e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.          | ① | ② | ③ | ④ | ⑤ |

**A2. In general, I believe** that people with mental health problem(s)...

Do not agree at all ←————→ Strongly Agree

- |                               |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|
| a. are easy to talk with.     | ① | ② | ③ | ④ | ⑤ |
| b. are unpredictable.         | ① | ② | ③ | ④ | ⑤ |
| c. get better with treatment. | ① | ② | ③ | ④ | ⑤ |
| d. are dangerous.             | ① | ② | ③ | ④ | ⑤ |

Do not agree at all ←————→ Strongly Agree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A3. If I had a mental health problem(s), I would not tell anyone.   | ① | ② | ③ | ④ | ⑤ |
| A4. If someone in my family had a mental health problem(s), I would not tell anyone.                                    | ① | ② | ③ | ④ | ⑤ |
| A5. I intend to take action to help a person address his/her mental health problem(s).                                  | ① | ② | ③ | ④ | ⑤ |
| A6. I intend to reach out and express my concerns to a person experiencing mental health problem(s).                    | ① | ② | ③ | ④ | ⑤ |
| A7. I intend to listen without expressing my judgment to a person I suspect of experiencing a mental health problem(s). | ① | ② | ③ | ④ | ⑤ |

## B. YOUR BELIEFS ABOUT MENTAL HEALTH ACTIONS

For each action, please select the response that best describes HOW DIFFICULT it is for you to perform that action.

**B1.** *Currently*, I believe that, for me...

Not at all difficult ←————→ Extremely difficult

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is: | ① | ② | ③ | ④ | ⑤ |
| b. listening to a person about his/her mental health problem(s) without expressing my judgment is:  | ① | ② | ③ | ④ | ⑤ |
| c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:   | ① | ② | ③ | ④ | ⑤ |
| d. referring a person experiencing a mental health problem(s) to a mental health provider is:   | ① | ② | ③ | ④ | ⑤ |
| e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:                           | ① | ② | ③ | ④ | ⑤ |

For each statement below, please select the response that best describes YOUR OPINION about how likely it would be for a person with a mental health problem(s) to respond to a specific action of yours.

**B2.** If I express my concerns to any person about the mental health signs and symptoms that he or she is experiencing, it will help that person to seek timely support.

Not at all likely ←————→ Extremely likely

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| B3. If I listen to any person without expressing my judgment, it will help that person talk to me about his/her mental health problem(s).                               | ① | ② | ③ | ④ | ⑤ |
| B4. If I ask about suicidal thoughts directly, a person with such thoughts will feel a sense of relief.   | ① | ② | ③ | ④ | ⑤ |
| B5. If I give information about mental health providers in the community to any person experiencing a mental health problem(s), it will assist that person to get help. | ① | ② | ③ | ④ | ⑤ |

We would like to learn from you whether helping anyone with mental health problem(s) would be personally rewarding—in other words, something that would feel *beneficial* to you.

For each action, please select the response that best describes HOW REWARDING it is for you to perform that action.

**B6.** *Currently*, I believe that, for me...

Not at all rewarding ←————→ Extremely rewarding

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. giving practical resources (e.g., self-help information, crisis hotline number) to a person showing signs and symptoms of a mental health problem(s) is: | ① | ② | ③ | ④ | ⑤ |
| b. listening to a person about his/her mental health problem(s) without expressing my judgment is:  | ① | ② | ③ | ④ | ⑤ |
| c. asking a person experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:   | ① | ② | ③ | ④ | ⑤ |
| d. referring a person experiencing a mental health problem(s) to a mental health provider is:   | ① | ② | ③ | ④ | ⑤ |
| e. encouraging a person showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:                           | ① | ② | ③ | ④ | ⑤ |

## C. YOUR BELIEFS ABOUT PEOPLE IMPORTANT TO YOU

In this section, please tell us what you think PEOPLE WHO ARE IMPORTANT TO YOU (i.e., people who influence the way you think) believe. Select the response that best describes your level of agreement.

- C1. In general, people who are important to me believe** that I should...
- |   | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|---|------------------------|--------|---|---|-------------------|
| a. encourage a person experiencing a mental health crisis to get professional help.   | ①                      | ②      | ③ | ④ | ⑤                 |
| b. listen without expressing my judgment to a person about his/her mental health problem(s).  | ①                      | ②      | ③ | ④ | ⑤                 |
| c. give practical resources (e.g., self-help information, crisis hotline number) to a person experiencing a mental health problem(s). | ①                      | ②      | ③ | ④ | ⑤                 |
| d. ask directly about suicidal thoughts or harm if I suspect a person is experiencing a mental health crisis.                         | ①                      | ②      | ③ | ④ | ⑤                 |
| e. encourage a person experiencing mental health problem(s) to participate in activities that will promote their well-being.          | ①                      | ②      | ③ | ④ | ⑤                 |

- C2. In general, people who are important to me believe** that people with mental health problem(s)...
- |                               | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|-------------------------------|------------------------|--------|---|---|-------------------|
| a. are easy to talk with.     | ①                      | ②      | ③ | ④ | ⑤                 |
| b. are unpredictable.         | ①                      | ②      | ③ | ④ | ⑤                 |
| c. get better with treatment. | ①                      | ②      | ③ | ④ | ⑤                 |
| d. are dangerous.             | ①                      | ②      | ③ | ④ | ⑤                 |

## D. YOUR CONFIDENCE IN PERFORMING MENTAL HEALTH ACTIONS

Please select the response that best describes your level of agreement with the following statements.

- D1. Currently, I am confident that, I can...**
- |   | Do not<br>agree at all | ←————→ |   |   | Strongly<br>Agree |
|---|------------------------|--------|---|---|-------------------|
| a. assist a person who may be dealing with a mental health problem(s) to seek professional help.  | ①                      | ②      | ③ | ④ | ⑤                 |
| b. provide practical resources (e.g., self-help information, crisis hotline number) to help a person who may have a mental health problem(s).   | ①                      | ②      | ③ | ④ | ⑤                 |
| c. recognize the signs and symptoms of mental health problem(s) in a person.  | ①                      | ②      | ③ | ④ | ⑤                 |
| d. ask a person directly whether he/she is considering killing her/himself.   | ①                      | ②      | ③ | ④ | ⑤                 |
| e. de-escalate a situation where a person is agitated or aggressive.  | ①                      | ②      | ③ | ④ | ⑤                 |
| f. ask a person directly about experiencing or witnessing a traumatic event(s).<br>(i.e., events that are perceived to be dangerous and threaten serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.) | ①                      | ②      | ③ | ④ | ⑤                 |
| g. listen without expressing my judgment to a person in distress.   | ①                      | ②      | ③ | ④ | ⑤                 |
| h. correct misconceptions in others about mental health and mental illness.   | ①                      | ②      | ③ | ④ | ⑤                 |
| i. suggest supportive and self-help strategies to a person with mental health problem(s).   | ①                      | ②      | ③ | ④ | ⑤                 |

For each statement below, please select the response that best describes the **LIKELIHOOD** that you would carry out the following actions *currently*.

**D2. Currently, I would...**

	Not at all likely	←————→			Extremely likely
	①	②	③	④	⑤
a. I would approach a person with a mental health problem(s) if I felt I had the knowledge to talk to him/her about their problem.	①	②	③	④	⑤
b. I would help a person with a mental health problem(s) if I had practice in asking about suicidal thoughts or harm.	①	②	③	④	⑤
c. I would talk to a person about their mental health problem(s), if he/she were willing to talk to me about the problem.	①	②	③	④	⑤
d. I would recommend getting help from a mental health provider to a person experiencing a mental problem(s) if I knew the resources in the community.	①	②	③	④	⑤
e. I would encourage a person experiencing a mental health problem(s) to use self-help strategies if I knew which strategies to recommend.	①	②	③	④	⑤
f. I would help a person experiencing a mental health symptom(s) to find supports if I knew the resources available in the community.	①	②	③	④	⑤

## E. YOUR AGREEMENT WITH VARIOUS ASPECTS OF MENTAL HEALTH

Please select the response that best describes your level of agreement with the following statements.

	Do not agree	Agree	Don't know
	①	②	③
E1. At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year.	①	②	③
E2. Around half of mental health disorders start during childhood or adolescence.	①	②	③
E3. It is not a good idea to ask people if they are feeling suicidal in case you put the idea in their head.	①	②	③
E4. Use of alcohol or other drugs increases the risk of suicide or harm.	①	②	③
E5. Schizophrenia is one of the most common mental disorders in the US.	①	②	③
E6. Depression can increase a young person's risk taking behavior (e.g., reckless driving, risky sexual involvements).	①	②	③
E7. When talking to people with eating disorders, it is important to criticize their body size.	①	②	③
E8. Exposure to traumatic event(s) is a risk factor in almost every type of mental illness.	①	②	③
E9. Males complete suicide four times more frequently than females.	①	②	③
E10. People with psychosis are more at risk of being victims of violent crimes.	①	②	③
E11. When difficulties are encountered, youth tend to be quite resilient.	①	②	③
E12. Physical symptoms such as fast breathing, dizziness, or shaking could be signs of a panic attack.	①	②	③
E13. Emotional symptoms such as excessive anger, depressed mood, or hopelessness can be signs of a young person's distress.	①	②	③
E14. Two significant risk factors of suicide are having an organized plan and having a previous attempt.	①	②	③
E15. Anxiety disorders are the least common mental health disorders in the US.	①	②	③

## F. YOUR MHFA TRAINING

Your opinion about the MHFA training that you had completed is very important to us. Please select the response that best describes your level of agreement with the following statements.

	Do not agree at all	←————→			Strongly Agree
F1. I felt safe sharing my opinions with the group.	①	②	③	④	⑤
F2. I received adequate practice in using ALGEE to apply the action steps.	①	②	③	④	⑤
F3. My questions were answered adequately.	①	②	③	④	⑤
F4. Information was provided clearly.	①	②	③	④	⑤
F5. I gained a lot of new knowledge about how to help someone presenting with mental health signs and symptoms.	①	②	③	④	⑤
F6. My instructor was effective in teaching the material.	①	②	③	④	⑤

**F7. Please select the response that best describes the usefulness of various teaching formats used in the MHFA training as well as the training overall.**

	Not at all Useful	←————→			Extremely Useful
a. PowerPoint slides	①	②	③	④	⑤
b. Video clips	①	②	③	④	⑤
c. Small group activities (e.g., discussing scenarios or case examples)	①	②	③	④	⑤
d. Entire class exercises (e.g., opinion quizzes)	①	②	③	④	⑤
e. Manual	①	②	③	④	⑤
f. Overall MHFA Training	①	②	③	④	⑤

**F8. Please select the response that best describes your level of agreement with the following statements.**

	Do not agree at all	←————→			Strongly Agree
<i>Because of my MHFA training...</i>					
a. I am more aware of the signs and symptoms of my own mental health.	①	②	③	④	⑤
b. I am more aware of the signs and symptoms of other people's mental health.	①	②	③	④	⑤
c. I have greater empathy towards someone experiencing mental health challenges.	①	②	③	④	⑤
d. I am more likely to ask someone if he or she is "ok" if I see him or her showing signs and symptoms of distress.	①	②	③	④	⑤
e. I feel more comfortable being around someone who is talking to himself or herself.	①	②	③	④	⑤
f. I am less likely to avoid someone showing signs and symptoms of a mental health problem.	①	②	③	④	⑤
g. I feel more comfortable talking to someone about mental health related signs and symptoms that I had observed in another person.	①	②	③	④	⑤
h. I have been using the information I learned from the MHFA training.	①	②	③	④	⑤

*Thank you very much for your time and participation!*

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