

Is Mental Health First Aid Training effective for First responders?

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Abstract

This thesis is focused on Mental health and Mental Health First Aid aimed at First responders. The purpose of this thesis is to promote awareness about Mental health in first responders and the effectiveness of Mental Health First Aid for First responders. A thorough literature review was conducted in regard to Mental health conditions/disorders, Coping behaviors by first responders, Mental health programs such as Mental Health First Aid, Mental Health First Aid results, and any possible underlying issues in relation to the first responder's workplace. The peer-reviewed articles focused on the topics after 2013 and were made in United States or conducted Americans in the study. There are few that were made exceptions to being America for the sake of the significance in results. All studies held significant results, information, and details. I also provided my original research conducted with John Pratico and Judith Ledoux as a resource. My original research provided direct results on the topics in this thesis. Based on the results and original research conducted, the overall results identify significant improvements in mental wellness by using Mental Health First Aid for first responders.

Acknowledgement

I would like to acknowledge John Pratico and Judith Ledoux for the hard work put into the original research that is still occurring with more plans of expansion. They are amazing in their work ethic and support in and outside research. Acknowledge all Anna Maria faculty and staff that provided resources, guidance, and support. In addition, I credit the local departments such as Paxton Police, for providing insight into Mental health for First responders, listening to their stories and providing some resources on this thesis. I want to acknowledge my family and friends, who I love and have supported me throughout this year. Finally, respects to my father Edwin Diaz-Ruiz, who passed away. My father motivated me to follow my dreams and was one of the primary influences in making this thesis.

May you rest in peace Dad, Edwin Diaz-Ruiz, 04 - 21 - 2023

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Chapter 1: Introduction

The Problem

A Mental health epidemic is happening around the world, causing people to hurt themselves and others, or worse, end their own lives in massive numbers. Mental health is important, as there is a rise in suicide and retirements concerning in America. From first responders to salary men, it has risen in numbers since the 2000s and spiked during global events such as the Covid-19 epidemic. National disasters are occurring and being publicized more. The most effective disaster was Covid-19 affecting people's mental health in the 21st Century. The Covid-19 pandemic had increased social restrictions such as social distance, masks, less occupations, and more. This resulted in more underlying problems in homes, workplace, and schools. This is not to mention the topic of suicide from cyberbullying and harassment happening because of Covid-19 with teens to stories of officers killing themselves with their own duty weapons and failing to cope with their trauma. Mental health epidemic is a serious issue, that touches everyone's life in some way.

Focusing on the scope, we see the mental health epidemic causes the most suffering for first responders. Covid-19 highlighted the awareness needed about mental health of first responders. First responders, like Paramedics, Fire fighters, and Police officers, have been in a record high suicide and turnover rates. The mental health of first responders needs to be publicly aware and needs executive action from the government and the help of our communities. Mental health for first responders is crucial especially since they deal with patients who will likely have a mental health crisis themselves. How can someone manage another's mental health without taking care of their own?

The problem is that first responders are exposed to other people's worst day every day. Some things can be shocking and scary, and the actions and consequences that happen they will feel for the rest of their life. Americans have been experiencing more Mental health crises. There are many Mental health resources and programs, but they are either limited or not effectively used. It's important to find steps to the solution to the problem by finding positive mental health treatments, training, and resources for a first responder to have when their mental health is declining. The United States of America and whole world needs more implementation of programs that handle Mental health such as Mental Health First Aid. Mental Health First Aid can be implemented as a course or training for first responders to bring positive awareness into the departments, to help resolve our first responders' suffering. Treating the problem through training can also provide resources and eventually a safer environment to resolve incidents of first responders committing suicide or leaving the job.

Specific Research Question

The main research question asks:

- Is Mental Health First Aid an effective and appropriate training to help resolve the mental health crisis for First responders?

Additional/Secondary research questions include:

- What mental conditions or disorders do first responders struggle with?
- What are the risk factors of the job in relation to mental health issues?
- How do first responders cope with mental health issues and traumatic events?
- What are the known measurable outcomes of Mental Health First Aid?
- How can Mental Health First Aid be improved for first responders?

Purpose of the Study

The study serves multiple purposes to spread proactive action to resolving the mental health issue in first responders. Firstly, the studies help promote awareness about mental health of first responders. Bringing light to the underreported and high amounts of suicide and turnover rates with first responders. Secondly, to promote a positive peer-to-peer relationship in the workplace. To have good peer-to-peer or coworker relationship is important in the effectiveness of performing as a team like first responders do daily. It can create a comfortable space for coworkers to discuss internal and external problems to identify anyone who may suffer from a mental health issue. Thirdly, providing mental health assistance and resources specialized to all first responders. To provide mental health assistance with discretion and confidentiality is best for first responders who want help without discrimination from their peers or jobs.

Need/Rationale for Study

The need or rationale for the study is three main focuses, with the focus on the mental health crisis for first responders not resolved. Firstly, the study is needed so there can be a detailed synopsis of the current mental health of first responders. Observing possible solutions that will improve mental health of first responders like using Mental Health First Aid training within all departments of first responders. Secondly, provoking a call to action for the mental health of first responders all over the United States of America then all over the world. Thirdly, Analyzing the history of mental health of first responders and results of effective solutions. If I can discover positive results for Mental Health First Aid, then I can determine it's likely that it's an effective method for first responders and eventually help resolve the ongoing mental health crisis.

Significance to Field/ Significance of the Study

My vision for this study is to be a steppingstone in the right direction in resolving the Mental health epidemic in America and eventually. The study's purpose is to discuss several points of interest. Firstly, to provide a original research I conducted with John Pratico and Judith Ledoux directly involved with First responders taking Mental Health First Aid course training. Providing insight on First responder's confidence and effectiveness on using their skills on their peers. While analyzing how well first responders can implement their training to others (mainly within their department). Secondly, promote awareness of Mental health programs and resources such as Mental Health First Aid to departments and the public. Thirdly, explain in depth the effectiveness of programs like Mental Health First Aid for First responders that can be alliterated for other fields. The study's purpose can be to enact positive changes about Mental health in our everyday lives.

The study is highly significant to the future of first responders, considering if the high suicide and turnover rates continue there will be less first responders to help the public or take 911 calls. Less 911 calls being answered the less the public can receive assistance in anything they call, that can define the meaning of life or death. In addition, the significance of the study will determine future mental health resources for first responders and possibly legal solutions to protect the individual from losing their job because they sought out help. With this thesis there can be positive change in the criminal justice system and policies for first responders. Positive change can reduce the concerning suicide and turnover rates for first responders.

Definitions

Mental Health First Aid (MHFA): A Course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. (National Council for Mental Wellbeing, 2022)

Post-traumatic stress disorder (PTSD): Fear of separation from loved ones is common after traumatic events such as a disaster, particularly when periods of separation from loved ones were experienced during the traumatic event. In posttraumatic stress disorder (PTSD), the central symptoms concern intrusions about, and avoidance of, memories associated with the traumatic event itself, whereas in separation anxiety disorder, the worries and avoidance concern the well-being of attachment figures and separation from them. (American Psychiatric Association, 2013)

First responder: someone whose job is to be one of the first people to arrive to deal with an emergency, especially a paramedic, police officer, or firefighter. (Cambridge Dictionary, 2023)

Mental health: a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. (National Council for Mental Wellbeing, 2022)

Mental Wellness: An internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish. (Global Wellness Institute, 2020)

Chapter 2: Methodology

My thesis is a collection of original research and other studies published that met my specific criteria. The original research I conducted with John Pratico and Judith Ledoux processed two separate courses of training, one to be certified to be in Mental Health First Aid and one as a Mental Health First Aid Instructor. The data and research I will be citing (in appendix) is based on Mental Health First Aid Instructor Training Course Evaluations. Everyone must submit an evaluation in our research; they can skip or answer questions in any way they feel comfortable. It's noticeable that the instructor data is a smaller sample and more filled out than standard Mental Health First Aid Training. MHFA Instructor sample was 98 compared to MHFA standard sample 1500 to extract the data from. The original research uses data from before the training and after the training called a pre-evaluation and pos-evaluation. This original research is still ongoing, and we are currently doing 6month- follow-ups. We plan to do a 1-year follow-up to observe the effectiveness of this training.

For my methodology of the articles, I have a process of what I exclude and include to find research articles on this specific issue. In my specific criteria, all articles had to be somewhat relevant, so I made it within 12 years of publication (2012 to 2024) to maintain relevancy with present day. Articles are to be peer reviewed or verified by reliable organizations/sources. I observed the following topics of mental health effects of being a first responder, coping behaviors, under reporting, underlying problems, Mental Health First Aid training, and Mental Health Training on First Responders. There was a focus on articles and studies that were conducted in the United States or that studied on American first responders

since the Original Research I conducted would only directly apply to U.S.A. First responders.

So, it would logically and morally make sense to focus on American first responders.

Chapter 3: Results (Literature Review)

Mental health of First responders

The article “Predictors of Mental health Stigma among Police Officers: The Role of Trauma and PTSD” by S. Soomro and P.T. Yanos (2019) outlines a police officer’s mental health before and while on the job. In addition, it adds additional information on the stigma behind mental health that is creating other issues that prevent police officers from getting help. It finds that *“Police officers experience high rates of trauma exposure and higher rates of current PTSD than the general population. Endorsement of negative stereotypes about people with mental illness was higher among police officers than the general population”* (Soomro, 2019). First responders especially police officers are dealing with a greater workplace trauma that is resulting in more PTSD and negative mental health than the public. This is very significant considering national disaster or pandemics that will increase this intensity and the longer the intensity the worse it gets. A great example again is Covid 19 that lasted at minimum a 1 year and half that increased the workplace trauma and endorsed the negativity.

“A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and Paramedics” by Ian H. Stanley, Melanie A. Hom, and Thomas E. Joiner (2015) research police, EMTs, and Firefighters by examining suicidal thoughts, behaviors, and/or fatalities. In addition, reviewing any job-related risks that are affecting their mental health. The study found a *“Increased risk for mental health morbidities such as posttraumatic stress disorder, suicidal thoughts, and behaviors and hastened mortality, which is death by suicide”* (Stanley, 2015). This study found that being a first responder does take a mental toll on you due to the experiences, it reminds me of the stories I read during my research. Wild stories about first responders giving CPR to dead babies to someone seeing a head get blown off like a

watermelon explosion. Experiences that no human can't unsee and it will still affect you in some way even after proper treatment.

Sharon Lawn, Louise Roberts, Eileen Willis, Leah Couzner, Leila Mohammadi and Elizabeth Goble's "The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: a systematic review of qualitative research" (2020) studies EMT well-being needs and the current effects that the job is having on them. It provides additional information on different effects the job has on someone being an EMT. In this study they found, *"Physical side-effects of continued exposure to occupational stress manifested in predominantly somatic symptoms such as headaches, gastrointestinal distress, sleep disruption, fatigue, and their associated effects on work performance"* (Lawn, 2020). The best way to put it is you can't sleep, eat, and you're tired because of the amount of stress. First responders are dealing with mainly emotional stress that turns into these physical stress symptoms that they don't realize until they treat their emotional stress. If first responders can treat their emotional stress their physical side effects will be "cured" along with it.

Results of Mental Health First Aid

Ensuring Optimal Mental Health Programs and Policies for First responders: Opportunities and Challenges in One U.S. State" by Michael P. Fisher and Catherine D. Lavender made in 2023. This article studies police, firefighters, and paramedics on the policies and programs within Ohio state. The study examines 6 themes of characterized opportunities and challenges from the first responders that affect their job performance and mental health. In the article someone stated, *"[Our department] hasn't had a line-of-duty death on a fire ground [for decades]. And we're losing a member a year to suicide... Yeah, so I've been here a year and a half, and... I've seen two suicides."* (Fisher, 2023). It is also stated that, "On the fire side and

EMS side, mental health is not talked about. I just went through a paramedic refresher through a third-party agency... But there was no discussion about my mental health.” (Fisher, 2023). The article shows that suicide has been on the rise even in rural places like Ohio. This also shows that if first responders don’t know they have mental health help from their peers or others it can lead to suicide. This shows my reason why there needs to be mental health resources or requirements like Mental Health First Aid to help educate all first responders so less responders can be in this situation.

“Implementing mental health training programmes for non-mental health trained professionals: A qualitative synthesis” by a team, Arabella Scantlebury, Adwoa Parker, Alison Booth, Catriona McDaid and Natasha Mitchell made in 2018. This article discusses mental health training for first responders, using the term “non-mental health trained professionals”. In addition, it provides different mental health training including Mental Health First Aid. Includes the results of the training while mentioning some benefits and possible consequences of Mental Health First Aid Training. The study found an *“increased confidence following the training [25,27,30,31]. There were various aspects to this, including increased confidence in asking questions about patients' mental health, as well as dealing with people with mental health problems in general.” (Scantlebury, 2018).* This article shows MHFA has beneficial about mental health knowledge and resolving mental health crises. Applying this to first responders, Mental Health can be used for the public to resolve 911 calls and for their peers. First responders can be more knowledgeable about mental health when applying MHFA.

“Systematic Review and meta-analysis of Mental Health First Aid Training: Effects on knowledge, stigma, and helping behaviour” by Amy J. Morgan, Anna Ross, Nicola J. Reavley made in 2018. This research article shows results and in-depth study into Mental Health First Aid

training. In addition, mentioning the stigma and effects behind mental health that ultimately hurts an individual to seek recovery. Morgan's 2018 Article supports the effectiveness of MHFA training in *"improving mental health literacy and appropriate support for those with mental health problems" following up 6 months after the training. "Beliefs about effective treatments for mental health problems significantly improved at post-intervention," after training and improvement notice at the 6-month follow-up. "Moderate-to-large significant improvement in MHFA knowledge" after the intervention. There was a decrease in significant improvement in MHFA at the 6-month and 12-month follow-up. "Effects on intentions to provide mental health first aid were moderate-to-large" after the intervention. There was a decrease in effects on intentions to provide mental health first aid at the 6-month follow-up and 12-month follow-up. "Quality of mental health first aid provided to a person with a mental health problem showed a moderate, non-significant improvement" after the intervention. After 6 months of follow-up and onwards, the effects were slightly improved"* (Morgan, 2018). This research study shows how Mental Health First Aid has benefits in crisis intervention and resource providing. Considering training first responders, they can be trained even better to cater to their peers and the public, so they know public resources and peer resources that are best fit. For example, EMS providing crisis help hotline on a 911 call and to his coworker providing an anonymous therapist.

Mental Health First Aid and beyond

"Development of Mental Health First Aid Guidelines on how a member of the public can support a person affected by a traumatic event: A Delphi Study" by Claire M Kelly, Anthony F Jorm, Betty A Kitchener made in 2010. This article shows the results of Mental Health First Aid and its effect on people's behavior. It's focused on the members of the public instead of first responders but provides insight on the training being used in everyday life. The article, *"reported*

that their loved ones were not aware of the traumatic event they had experienced, only of the resulting mental health problems.” (Kelly, 2010). This article shows that sometimes when someone goes through an experience they won’t realize or acknowledge, only their mental symptoms. This applies to first responders who are constantly exposed to trauma that they don’t realize they are traumatized, because they are dealing with their stress about their “chronic headaches or triggers”. It takes proper therapy and treatment to acknowledge and treat the trauma.

“Mental health screening amongst police officers: factors associated with under-reporting of symptoms” by a team, Ruth E. Marshall, Josie Milligan-Saville, Katherine Petrie, Richard A. Bryant, Philip B. Mitchell and Samuel B. Harvey made in 2021. This article studies police officers on mental health screening and results of the screening. In addition, reviews the details on police officer’s mental health symptoms and possible trends. It also discusses underlying issues with mental health such as underreporting and peer-to-peer secrecy about their mental health. The study shockingly finds that *“Rank rather than age made a difference to the amount of under-reporting, with those at higher ranks reporting more of their symptoms on the employer-led survey.”* In addition, *“Results indicate that police officers with the most severe symptoms were significantly more likely to under-report symptoms to their employer” (Marshall, 2021).* Through my research and my personal experience, first responders tend not to report anything that might hurt their reputation or career. This article shows that rank influences reporting. It also shows that the worse a first responder gets the less they report. Which means there needs to be an early response to the first responder reporting.

“Suicidality and mood disorders: Gatekeepers' training and Mental Health First Aid” by Rajesh Sagar and Raman Pattanayak made in 2016. This article provides statistics on mental

health and its effect on humans resulting in things like suicide or chronic mental conditions. In addition, it involves studies related to police and other individuals on Mental health. The article found, “*common signs and symptoms of mood disorders, early warning signs, effective help seeking, and mental health resources in addition to attitudinal aspects and intervention behavior, including enhancing self-efficacy to intervene*” (Sagar, 2016). These results show that there are common aspects related to mental health of first responders and the related help to resolve their mental health.

The implication of the studies is to discuss the topic of what can be done for first responders, which is implementing required mental health courses or policies. Policies for first responders to have core required Mental health training and other mental health resources available that can be anonymous, discrete, and non-disciplinary if an individual decides to do use the services. There needs to be a push for knowledge and awareness of Mental health that can be applied for any scenario, from out in the field to inside the department with your coworker. Mental Health crisis assistance should be common knowledge for first responders who it's their duty to protect and serve everyone around them and themselves.

Chapter 4: Results

Anna Maria College received a grant from the school for Mental health First Training. The grant allows us to do Mental Health First Aid (MHFA) Training. The training discusses Mental health within First responders' respected field. Training first responders to be certified in Mental Health First Aid or as a Mental Health First Aid instructor. Informed consent was given when they apply for class/course for the MHFA Certification Class.

The concepts I observed in the original research study involved were divided into four sections. Concept 1 was the changes in Job/Stressors. Concept 2 was the rise of Suicide Risk. Concept 3 was needed for Mental health Awareness and Training. Concept 4 was the underreporting/department concerns in relation to first responders.

For the original study's design participants are required to submit course evaluations before and after upon completion of the Mental Health First Aid (MHFA) Instructor Training. All participants must submit these course evaluations called a Pre-evaluation and a post-evaluation after the Mental Health First Aid (MHFA) Training. In the course evaluations, participants are allowed to skip answers and answers are based on how confident they feel. The design will ensure a standard for morality, the accuracy of the population, and data received from a large data pool.

For the data sampling process subjects are adult first responders who have worked in their specific field. Subjects are recruited by my advisors, John Pratico and Judith Ledoux. My advisors lead the MHFA standard and MHFA instructor Training and retrieved the data for the course evaluations for me. Our original study sampled 100 People who attended MHFA Instructor Trainings. A sample of 92 (92%) Instructors Successfully Completed the MHFA training and became fully certified. A sample of 8 (8%) people dropped out of the instructor

training or did not complete post-work. Meaning there was an 8% margin of error due to individuals dropping out and failure to complete the course.

There is some risk to research subjects by participating in this study. Subjects are asked personal questions in relation to Mental health that can be uncomfortable for some or trigger participants. Questions can include personal mental health and the Mental health of peers and/or relatives. All questions are optional. Subjects will also be provided with mental health resources as part of the Mental Health First Aid (MHFA) Training pre- and post-training. These help resources will be catered to their respective fields to utilize their resources. For example, EMS will have specific resources fit for EMS different from Law Enforcement help resources.

A benefit for participation is receiving the Mental Health First Aid (MHFA) certification. In addition, the course fulfills the requirements for mental health training for first responders in the state of Massachusetts

For each of the learning objectives, first responders selected the answer that best described their level of confidence, both before and after the MHFA training. The first question was to teach all sections of the MHFA curriculum. The second question was to create a safe learning environment. The third question was to create a supportive learning environment. The fourth question was to implement the MHFA curriculum with fidelity.

The results of all the nine sessions from before the Mental Health First Aid Instructor Training showed mixed low level of confidence. For the question of “Implement curriculum with fidelity” in all studies, 36.96% percent who are not confident or neutral. For the question of “Implement curriculum with fidelity” in all studies, 63.04% percent who are confident or very confident. For the question of “Create safe environment” in all studies, 16.30% percent were not confident or neutral. For the question of “Create safe environment” in all studies, 83.70% percent

were confident or very confident. For the question of “Create supportive environment” in all studies, 20.65% percent were not confident or neutral. For the question of “Create supportive environment” in all studies, 79.35% percent were confident or very confident. For the question of “Teach all sections of curriculum” in all studies, 36.96% percent were not confident or neutral. For the question of “teach all sections of the MHFA curriculum” in all studies, 36.96% percent were confident or very confident.

The results of all the nine sessions from after the Mental Health First Aid Instructor Training showed a significant level of confidence. For the question of “Implement curriculum with fidelity” in all studies, 6.52% percent who are not confident or neutral. For the question of “Implement curriculum with fidelity” in all studies, 93.48% percent are confident or very confident. For the question of “Create safe environment” in all studies, 4.35% percent were not confident or neutral. For the question of “Create safe environment” in all studies, 95.65% percent were confident or very confident. For the question of “Create supportive environment” in all studies, 4.35% percent were not confident or neutral. For the question of “Create supportive environment” in all studies, 95.65% percent were confident or very confident. For the question of “Teach all sections of curriculum” in all studies, 6.52% percent were not confident or neutral. For the question of “teach all sections of the MHFA curriculum” in all studies, 93.48% percent were confident or very confident. For the question of “Prepared overall to instruct MHFA in in-person settings” in all studies, 10.87% percent were not confident or neutral. For the question of “Prepared overall to instruct MHFA in in-person settings” in all studies, 89.13% percent were confident or very confident.

The percentage level of confidence showed up to 30.43% percent change, a significant positive improvement from pre to post in MHFA instructor training. For the question of “Implement curriculum with fidelity” in all studies, +30.43% percent change pre- to post-evaluation. For the question of “Create safe environment” in all studies, +11.96% percent change pre- to post-evaluation. For the question of “Create supportive environment” in all studies, +16.30% percent change pre- to post-evaluation. For the question of “Teach all sections of the curriculum” in all studies, +30.43% percent change pre- to post-evaluation.

Our original research with John Pratico and Judith Ledoux, discovered surprising positive results in Mental Health First Aid being effective for first responders. For “Implement curriculum” and “Teach all sections of the curriculum” there is a marked Increase in confidence (30.43) as a result of completing the MHFA Instructor training. For creating a “Safe” or “Supportive” environment Slight Increase in Confidence (~14%) as a result of completing the MHFA Instructor Training. There is data to suggest that first responders have a significantly high degree of confidence in training their peers in Mental Health First Aid to Public Safety Professionals. Meaning, first responders after MHFA Instructor Training are significantly more confident in mental health first aid. This also affects a more likelihood of better performance in mental health crisis with coworkers and public.

Chapter 5: Discussion

Limitations

There were limitations and weaknesses in my thesis on the number of discoverable articles and the significance of the results. I struggled to find many articles around the mental health topics in the study. In addition, if studies had significant data, it was in another country, wasn't specific to first responders, or out of date. The limitation is that this topic is still new and recent and there isn't enough data accessible to the public domain.

The primary limitation of the original study conducted with John Pratico and Judith Ledoux is that the population sampled for this study is largely focused on Massachusetts first responders. As we are training and collecting data from Massachusetts only first responders in the United States. There are plans to expand to all New England states such as Vermont and Rhode Island.

Recommendations for Future Research

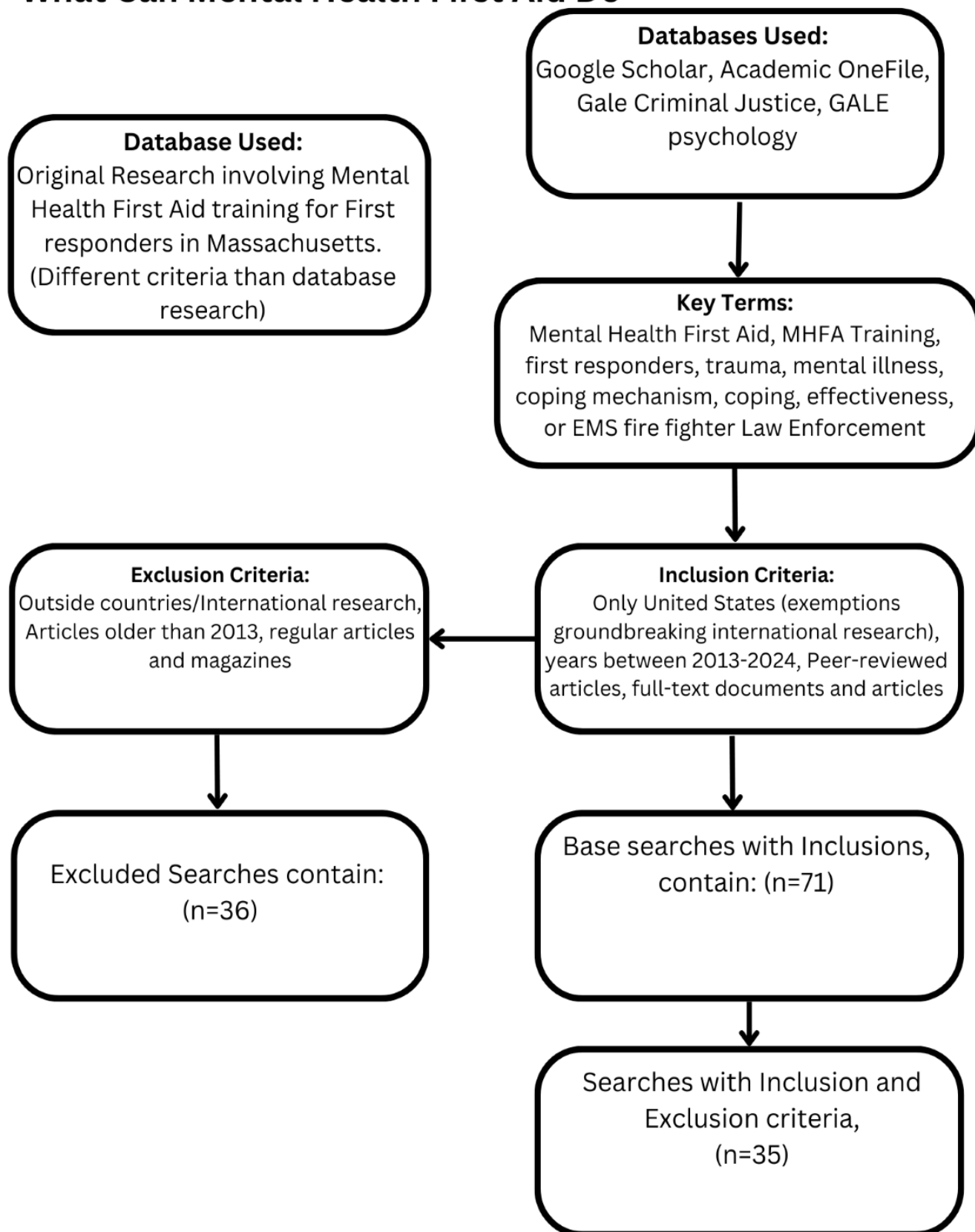
Some recommendations for the studies to be continued or expanded are use of a large population. Some studies didn't have large data pools or a large scale. My hope is that there can be more individuals involved in a study to collect a more accurate consensus for the general population.

Recommendations for the future research of our original research conducted with John Pratico and Judith Ledoux would be expansion of research. Since we only did the study on Massachusetts first responders we are missing out on other states. A good next step is to work on all New England states then proceed to expand outwards, hopefully on an international level in relation to Mental health First Aid Training. Expansion can also apply to the other studies I found to expand on an international scale.

Another recommendation would be to continue conducting 6 months and 1-year follow-ups with first responders who completed the Mental Health First Aid training. I hope there can be third party research that shows Mental health First Aid Training improves their work performance or mental wellness during work, that would be an interesting observation to look study. There is an abundance of hope and greatness for the studies and our original research conducted with John Pratico and Judith Ledoux for Mental Health First Aid Training in the future.

Chapter 6: Appendix

Impact of Mental Health on First Responders; What Can Mental Health First Aid Do





Association of Clinical Research Professionals

certifies that

Ezekial Diaz

has completed and successfully passed the

Ethics and Human Subject Protection: A Comprehensive Intro

Course Completion Date

09/25/23

ACRP Contact Hours: 0

A handwritten signature in blue ink, appearing to read "Bridget Gonzale".

Bridget Gonzale
Head, Educational Programs
Success

CHECKLIST: DO I NEED TO SUBMIT A PROPOSAL TO THE IRB?

Check any of the following that are true of your planned research project:

- ☐ This project involves research that will collect data ONLY from extant (already published) sources (e.g., published articles; existing data sets such as those included in SPSS; research databases such as EBSCOhost, Google Scholar, etc.). As such, this project will not involve interaction with living human subjects or access to data that include identifying information of living persons.
- ☐ This project is a class project (individual or group) will involve interaction with living human subjects or access to data that include identifying information of living persons. HOWEVER, the class project is designed for pedagogical purposes only, in which the primary purpose of the activity is skill development.

Examples:

- learning how to conduct interviews, both structured and unstructured
- learning how to analyze research data
- learning how to conduct ethnographic research
- (These activities usually involve a research question, but there is no intent to contribute to a field of knowledge because the results will NOT be disseminated in any way).

☐ If the results of the project activity will be shared in class, but will NOT be presented publicly in senior theses, websites, social media sites, blogs, conference presentations, or journal articles by EITHER the student(s) or the faculty (Note: students may present their results internally at the college ONLY as a pedagogical exercise to learn how to present research, but neither the student nor the faculty may ever present the results externally).

Please note that in the case of pedagogical exercises:

It is the responsibility of the instructor to ensure that class projects are conducted ethically. For example, if students collect data from other students for the purposes of learning how to do statistical analyses, instructors are responsible for ensuring that the students providing the data cannot be identified, directly or indirectly.

Any person who agrees to take part in student projects needs to be told that the projects are being conducted to meet a course requirement and that any data collected will not be made public, now or in the future.

The results may NOT be disseminated publicly in any way, either now or in the future, by either the student or the instructor.

If you checked any of the boxes above, then your research might not fall under the purview of the IRB. Please proceed to confirm whether you need to submit a proposal to the IRB.

Check any of the following that are true of your planned research project:

☒ This project is student research that is designed to answer a research question and contribute to a field of knowledge, and involves one or more of the following:

Interactions with individuals in person, via mail, email, web survey, or telephone

Interventions (manipulations of the subjects or the subjects' environment)

Access to private identifiable information

☒ This project is a pilot study that may be used to support future, more in-depth research, either by the student or by the instructor.

☒ This project is individual student research that may be included in any larger project that may be published or presented to the public, either by the student, by the class as a group, or by the instructor.

☒ This project is a student-led classroom project, but the instructor may use data gathered by students (for either pedagogical or research purposes) in their own research, either now or in the future.

☒ This project is a class project (individual or group) that is undertaken as both an educational experience AND as research, and which involves collection of data from human subjects.

If you checked ANY of the above, you must submit a research proposal to the IRB. Please proceed to determine whether your research qualifies for an exempt review.

DOES MY RESEARCH PROJECT QUALIFY FOR AN “EXEMPT REVIEW”?

Per federal regulations [45 CFR 46. 110 (b)], ALL of the following criteria must apply in order for proposals to be exempt from IRB review. At least two members of the IRB must be in agreement that the proposal has met the criteria. There can be no members who disagree that the proposal meets criteria to be considered exempt.

Check any of the following that are true of your planned research project:

Part A

☒ The research does not involve participants who are prisoners, fetuses, pregnant women, the seriously ill, those at identified risk of serious illness (e.g., by genetic profile or other personal information), or mentally or cognitively compromised adults, including economically or educationally disadvantaged persons.

☒ The research does not involve the collection or recording of behavior that, if known outside the research, could reasonably place subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

☒ The research does not involve the collection of information regarding sensitive aspects of the subjects' behavior (e.g., drug or alcohol use, illegal conduct, sexual behavior).

☒ The research does not involve subjects under the age of 18 (except as they are participating in projects that fall under categories 1, 3, 4, and/or 5 in Part B). Category B2 (see below) studies that include minors can be eligible for expedited review.

☒ The research does not involve deception.

☒ The procedures of this research are generally free of foreseeable risk to the subject.

Per federal regulations [45 CFR 46. 110 (b)], AT LEAST ONE of the following criteria must apply in order for proposals to be exempt from IRB review:

Check any of the following that are true of your planned research project:

Part B

☒ Research conducted in established or commonly accepted educational settings, such as research on regular and special education, instructional strategies, or cognitive processes, or research on the effectiveness of, or the comparison among, instructional techniques, curricula, or classroom management methods.

☐ Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, or any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

☒ Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or the information is recorded by the researcher in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.

☒ Research and demonstration projects that are conducted by, or subject to the approval of, department or agency heads and that are designed to study, evaluate, or otherwise examine public benefit or service programs; procedures for obtaining benefits or services under those programs; possible changes in, or alternatives to, those programs or procedures; or possible changes in methods or levels of payment for benefits or services under those programs.

☐ Taste and food evaluation and consumer acceptance studies, if either wholesome foods without additives are consumed or if a food is consumed that contains a food ingredient, agricultural chemical, or environmental contaminant that is present at or below the level and for a use found to be acceptable by one of the following: The U.S. Food and Drug Administration, the U.S. Environmental Protection Agency, or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

If you checked ALL of the boxes in Part A above AND at least ONE of the boxes in Part B above, then your project qualifies for an exempt review. You may stop here in this document.

If ANY of the boxes in Part A are NOT checked, or if NONE of the boxes in Part B were checked, then your proposal is NOT exempt. Please proceed to determine whether your research qualifies for an expedited review.

DOES MY RESEARCH PROJECT QUALIFY FOR AN “EXPEDITED REVIEW”?

An expedited review will be conducted by at least two members of the IRB. When evaluating the proposal, the reviewer or IRB Chair has all the authority of the IRB except that of disapproving the research. Per federal regulations [45 CFR 46. 110 (b)], all of the following criteria must apply for expedited review of the research:

Check any of the following that are true of your planned research project:

Part A

- ☒ The research does not involve participants who are prisoners, fetuses, pregnant women, the seriously ill, those at identified risk of serious illness (e.g., by genetic profile or other personal information), or mentally or cognitively compromised adults, including economically or educationally disadvantaged persons.
- ☒ The research does not involve the collection or recording of behavior that, if known outside the research, could reasonably place subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
- ☒ The research does not involve the collection of information regarding sensitive aspects of the subjects' behavior (e.g., drug or alcohol use, illegal conduct, sexual behavior).
- ☒ The procedures of this research present no more than minimal risk to the subject, where “no more than minimal risk” means that the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Per federal regulations [45 CFR 46. 110 (b)], at least one of the following criteria must apply for expedited review of the research:

Check any of the following that are true of your planned research project:

Part B

☐ Research that collects data from voice, video, digital, or image recordings.

☒ Research on individual or group characteristics or behavior, including but not limited to survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodology as follows:

Involving adults, where the research does not involve stress to subjects and where identification of the subjects and/or their responses would not reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Involving children, where the research involves neither stress to subjects nor sensitive information about themselves or their family, where no alteration or waiver of regulatory requirements for parental permission has been proposed, and where identification of the subjects and/or their responses would not reasonably place them or their family members at risk of criminal or civil liability or be damaging to the financial standing, employability, or reputation of themselves or their family members.

☐ Continuations of projects previously approved by the IRB if no new human subjects are enrolled in the study, all research-related interventions on human subjects have been completed, and the research remains active only for long-term follow up of subjects; OR no additional risks to subjects have been identified or the remaining research activities are limited to data analysis.

☐ Certain classes of clinical studies of drugs or medical devices (i.e., clinical studies of drugs for which a new investigational drug application is not required or research on medical devices for which an investigational device application is not required or the device is approved for marketing and is being used according to approved labeling).

☒ Research involving existing identifiable data, documents, records, or biological specimens (including pathological or diagnostic specimens), where these materials, in their entirety, have been collected prior to the research for a purpose other than the proposed research. These sources are not publicly available and, although confidentiality will be strictly maintained, information will not be recorded anonymously (e.g., use will be made of audio or videotapes, names will be recorded, even if they are not directly associated with the data).

☐ Collection of data through use of the following procedures:

Non-invasive procedures routinely employed in clinical practice and not involving exposure to electromagnetic radiation outside the visible range (i.e., not involving x-rays, microwaves, etc.).

Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy.

Weighing, testing sensory acuity, electrocardiography, electroretinography, echography, sonography, ultrasound, magnetic resonance imaging (MRI), diagnostic infrared imaging, Doppler blood flow, and echocardiography.

Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing involving subjects.

Collection of blood samples by finger stick or venipuncture.

☐ Continuations of projects that do not fall into the above categories and have been previously subject to the full review process by the IRB, which has determined that the research involved poses not more than minimal risk and no additional risks have been identified.

If you checked ALL of the boxes in Part A above AND at least ONE of the boxes in Part B above, then your project qualifies for an expedited review. You may stop here in this document

If ANY of the boxes in Part A are NOT checked, or if NONE of the boxes in Part B were checked, then your proposal is NOT eligible for an expedited review and must undergo a full review.

A FULL REVIEW requires all IRB members vote to approve the proposal. Per federal regulations [45 CFR 46], if any of the following criteria apply, the research must undergo a full review by the IRB:

The research involves participants who are prisoners, fetuses, pregnant women, the seriously ill, those at identified risk of serious illness (e.g., by genetic profile or other personal information), or mentally or cognitively compromised adults, including economically or educationally disadvantaged persons.

The research involves the collection or recording of behavior that, if known outside the research, could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

The research involves the collection of information regarding sensitive aspects of the subjects' behavior (e.g., drug or alcohol use, illegal conduct, sexual behavior).

The procedures of the research involve more than minimal risk to the subject, where “more than minimal risk” means that the probability and magnitude of harm or discomfort anticipated in the proposed research is greater than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Any research that does not fall into any of the categories explicitly identified as qualifying for exempt or expedited status.

Consent Form for Participation in a Research Project by a Student Template

Dear Participant,

I am asking for your participation in a research study titled Impact of Mental Health First Aid Training on First Responders. This study is being led by Ezekial Diaz, a student at Anna Maria College, in fulfillment of a research seminar course requirement.

Study Purpose and Procedures *(be specific about any experimental procedures)*

This study is designed to measure the degree to which Mental Health First Aid (MHFA) trainings have an impact on first responders. Your pre- and post-training evaluations will be analyzed to identify the MHFA training's effectiveness at disseminating mental health topics to first responders. Particular focus will be made to survey responses that relate to your professional role as a first responder and/or public safety officer.

Risks, Benefits, Voluntary Participation *(include time commitment, compensation, or lack thereof)*

There is minimal to no risk associated with participating in this study and will involve no direct interaction with you as a research subject. Participation in this research study is voluntary, and you reserve the right to have your course evaluations withheld from this study's data analysis. Although there will be no compensation or incentives for participating in this research study, your participation is greatly appreciated, provides awareness to the mental health and first responder communities, and contributes to the research literature on this important topic.

If you are experiencing a mental health crisis, please contact emergency services or refer to the crisis lines listed below:

Massachusetts Mental Health Hotline at 866-903-3787

Suicide and Crisis Lifeline at 988

The Institutional Review Board (IRB) at Anna Maria College has approved this research project. According to IRB policies, they may inspect study records as part of its mission to protect the safety of research participants. The IRB can be contacted at irb@annamaria.edu. If you have any additional questions related to this study, please contact Ezekial Diaz at eddiaz@amcats.edu or the faculty sponsor John Pratico at jpratico@annamaria.edu.

I have read this information and have had the study purposes, procedures, risks, and benefits explained to my satisfaction. My signature indicates my informed consent to participate in the study. I acknowledge that I have received a copy of this consent form.

Printed name of participant

Signature of participant



Institutional Review Board Proposal Submission Form

This form should be completed by any principal researcher who is proposing to conduct a study with human subjects as affiliated with Anna Maria College. Please complete all aspects of the Proposal Submission form. Submit this form along with all additional documents including Consent Forms, Research with Human Participation Training Certification and any other supporting information as one file to the IRB Recorder. Please allow 30 days for the review of your proposal. A letter providing the results of the review will be sent at that time.

Note: Students conducting research should do so in consultation with their faculty sponsor. Both the student and faculty sponsor must sign the submission form. The faculty sponsor will submit the form to the IRB Recorder. If this proposal has not yet been approved by the research committee of your program or school (as determined by the college department), please do not submit it for IRB review. It will not be reviewed until this requirement has been met.

Part A: Researcher and Basic Project Information

Project title: Impact Of Mental Health First Aid Training For First Responders

Principal researcher: Ezekial Diaz

Street address: 50 Sunset Lane #374

City, state, zip: Paxton, MA 01612

Anna Maria College Email: eddiaz@amcats.edu

School or program: Anna Maria College, Psychology

The principal researcher is (check one):

☐ Anna Maria College faculty member

☒ Anna Maria College Student

☐ Other (please explain):

Names and email addresses of other researchers, as applicable:

If an Anna Maria College student, or other person not affiliated with Anna Maria College is the principal researcher, provide the following information regarding the faculty or Anna Maria College sponsor:

Name: John Pratico

Campus Address: Foundress 234

Campus telephone: 508-849-3413

Anna Maria College email: jpratico@annamaria.edu

Part B: Type of Review Requested

Depending on the level of risk associated with the research, a proposal may be classified as exempt from review, eligible for expedited review, or requiring a full review. Definitions for the types of review are in accordance with federal regulations [45 CFR 46.110] and can be found in the Anna Maria College Manual of Policies and Procedures for Conducting Research with Human Subjects.

☐ Exempt: Briefly Explain:

☐ Expedited: Briefly Explain: Study Involves minimal risk to subjects and is an analysis of pre- and post-training evaluation data, with no human subject interactions.

☐ Full Review:

Part C: Acknowledgements and Signatures

☒ This research involves the use of human participants or data governed by other institutions, such as a government agency, private organization (either for profit or non-profit), school, or other entity.

Written approval that permits your use of the participants or data is required by the appropriate authority of that institution. Please note that you may have to request approval from the IRB at that entity, and they may request a written notice of the College IRB approval. In this circumstance, a formal letter stating that research may be conducted pending IRB approval from Anna Maria College and the entity will suffice to submit your proposal for IRB approval. Once the entity has provided an official decision of their board, the principal researcher must submit a copy of the decision to the Anna Maria College IRB.

Part D: Details of the Proposed Research

Contextual Background: *Provide a brief introduction to the research topic*

Anna Maria College received a grant for the school for Mental Health First Training. The grant allows us to do Mental Health First Aid (MHFA) Training. The Training discusses Mental Health within First responders respected field.

Research Design: *Provide a brief explanation of the research design to be used including why this design was chosen.*

Research Design is course evaluations that are made before and after the participants complete the Mental Health First Aid (MHFA) Training. It is a requirement for all participants to submit a course evaluation after the Mental Health First Aid (MHFA) Training. This design will ensure an accurate population and data received from a large data pool.

Sample: *Provide an in-depth explanation of the sample for the research proposed. This section should include recruitment and marketing techniques, desired number of participants, and time commitment expectations for participants.* Subjects are adult first responders who have worked in their specific field in recent years or several years. Subjects are recruited by my advisors, John Pratico, and Judith Ledoux. My advisors lead the Mental Health First Aid (MHFA) Training and provide the data course evaluations.

Data Collection: *Provide a detailed explanation regarding the procedures and tools to be used for collecting the desired data from the participants. Include the time frame and how are you collecting the data. Include whether the instrument to be used was self-created.*

The data is received by the collection of the course evaluations. All pre and post evaluations are anonymous and contain no identifying information. All of the course evaluations are input and processed into a database. This database helps in analyzing, observing, and reporting the data received from the course evaluations. Course evaluations database can be customized to analysis specific things. Such as the training's effectiveness in teaching about mental health.

Part E: Protection of Human Subjects

Risk to Participants: *Provide an assessment of the physical, emotional and/or psychological risk in your study. Explain how you intend to keep participants from being harmed in these ways.*

There is some risk to research subjects by participating in this study. Subjects are asked personal questions in relation to Mental Health that can be uncomfortable for some, or trigger participants. Questions can include personal mental health Mental health of peers, and/or relatives. All questions are optional. Subjects will also be provided with mental health resources as part of the Mental Health First Aid (MHFA) Training pre and post training. These help resources will be catered to their respected fields to utilize their resources for example EMS will have specific resources fit for EMS different from Law Enforcement help resources.

Benefits to Participants: *Please discuss any benefits to participants, such as compensation.*

Participants will not be compensated for participating in this study. Benefits for participation is receiving the Mental Health First Aid (MHFA) certification. In addition, the course fulfills the requirements for mental health training for first responders in the state of Massachusetts.

☐ I, the principal researcher, have completed the ACRP training regarding Research with Human Participants. The certificate of completion is attached to the end of this form.

☐ I, the principal researcher, attest that all information stated in the Proposal Submission Form is true to the best of my knowledge.



Signature of Principal Researcher: Ezekial Diaz

Date
9/29/23



Signature of College Faculty Sponsor (John Pratico)

Date
10/2/23

The information in parts D and E below should also be included as a part of the Informed Consent Form or Information Sheet.

Informed Consent: Explain how you will obtain consent for participations from the people willing to participate. For persons under age 18, provide a brief explanation of how you will gain the child's permission as well as the parent. Include a copy of the informed consent and, if required, assent form for child participants.

Informed Consent page is attached.

Other: Is there anything else you would like the IRB to know about your research proposal?

MHFA for Higher Education Pre-Evaluation

Second Edition – In-person: Standard Submit-A-Course

Introduction

Welcome to Mental Health First Aid (MHFA) for Adults! Thank you so much for taking this course. Please complete the following survey to help us know more about you and to help us measure what you know and think about Mental Health First Aid before the course. You will take another survey after the course concludes so we can compare what you learned and how your thinking might have changed. You will also have a chance to evaluate your Instructor and the overall course experience. These surveys help us improve Mental Health First Aid, so we thank you for your participation!

To better help us compare your responses before and after the training, please provide the following information. This information will be used only to connect your responses over time. *Note: you may choose to leave the name fields blank if you are not comfortable providing the information.*

1. What is your first name?
2. What is your last name?
3. What is your email address?
4. What is the date you will take the course (MM/DD/YYYY)?
5. What is the name of your instructor(s)?
 Instructor 1:
 Instructor 2:

Mental Health First Aid Knowledge Check

Answer each question to the best of your ability. If you do not know the answer, make your best guess. Please do **not** research the answers to these questions.

6. Which of the following statements is true about the ALGEE action plan?
 - a. The action plan must be performed in linear pattern (e.g., start with A, then move to L, then to G...).
 - b. First aid is not complete until the First Aider has used all steps of the action plan.
 - c. First Aiders do not need to use every step of the action plan if they are not called for in the circumstances.
 - d. If a First Aider forgets to complete a step, they must go back to it to ensure first aid was given appropriately.

7. Which of the following may be an early indicator that an individual is experiencing a mental health or substance use challenge?
 - a. Difficulty separating from loved ones.
 - b. Occasionally losing temper when things do not go their way.
 - c. Sometimes struggling to complete an undesirable task.
 - d. Difficulty remaining focused and maintaining concentration across a variety of tasks and settings.
8. Which of the following is NOT a key factor of recovery?
 - a. Physical health
 - b. Home life and family relationships
 - c. Location of job
 - d. Community ties
9. Which of the following actions are within the scope of a First Aider?
 - a. Listening nonjudgmentally to a person with a mental health or substance use challenge.
 - b. Diagnosing what kind of mental health disorder a person has.
 - c. Recommending treatments a person should use for their illness.
 - d. Telling a person to stop treatments prescribed by a doctor.
10. How can a First Aider cope with feelings of discomfort or frustration associated with providing MHFA?
 - a. Searching online for suggestions to relieve stress.
 - b. Establishing a self-care plan before providing MHFA to cope with any feelings that may arise after the MHFA event.
 - c. Using alcohol or drugs to block out memories of the MHFA event.
 - d. Avoiding social situations that may bring back memories of the MHFA event.

Your Beliefs About Mental Health and Substance Use

In this section, we would like to know what YOU BELIEVE about mental health and substance use challenges and your role in assisting adults with mental health and substance use challenges. Please select the response that best describes your level of agreement.

11. In general, I believe that...

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
a. I intend to take action to help anyone I work with to address their mental health or substance use challenge(s).					
b. I intend to reach out and express my concerns to anyone I work with that might experiencing mental health or substance use challenge(s).					
c. I intend to listen without expressing my judgment to anyone I suspect of experiencing a mental health or substance use challenge(s).					

Your Beliefs About Mental Health First Aid Actions

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

12. Currently, I believe that for me...

	Not Difficult At All	Somewhat Not Difficult	Unsure	Somewhat Difficult	Extremely Difficult
a. Giving practical resources (e.g., self-help information, crisis hotline number) to anyone showing signs and symptoms of a mental health or substance use challenge(s) is:					
b. Referring anyone experiencing a mental health or substance use challenge(s) to a health professional is:					

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

	Extremely Unlikely	Somewhat Unlikely	Neither Likely nor Unlikely	Somewhat Likely	Extremely Likely
a. If I express my concerns to any person about the mental health signs and symptoms that they are experiencing, it will help that person to seek timely support.					
b. If I give information about mental health professionals in the community to any person experiencing mental health or substance use challenge(s), it will assist that person to get help.					

Your Confidence In Performing Mental Health Actions

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

14. Currently, I am confident that I can...

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. Have a supportive conversation with anyone about mental health or substance use challenges.					
b. Ask anyone directly whether they are considering killing themselves.					
c. Respond to a substance use crisis including an overdose and know what to do to keep an individual safe.					

Demographics

The questions below are used to understand more about people who take our Mental Health First Aid courses. All questions are optional. Please leave blank or select "prefer not to answer" for any question you do not feel comfortable answering.

15. Please provide the zip code of where you live.

16. What is your sex assigned at birth?

- a. Female
- b. Male
- c. Prefer not to answer

17. What gender do you identify with?

- a. Female
- b. Male
- c. Non-Binary or Genderqueer
- d. Transgender female
- e. Transgender male
- f. Two Spirit
- g. I do not identify as any of these options
- h. Unsure
- i. Prefer to self-describe as:
- j. Prefer not to answer

18. How do you describe your race?

- a. American Indian or Alaskan Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White or Caucasian
- f. Other (please specify):
- g. Prefer not to answer

19. Are you Hispanic or Latino?

- a. Yes
- b. No
- c. Prefer not to answer

20. What is your age (in years)?

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

- a. Some high school
- b. High school degree
- c. Vocational school certificate
- d. Some college
- e. Associate degree
- f. Bachelor's degree
- g. Some graduate school
- h. Graduate degree (e.g., Master's, Doctorate)
- i. Prefer not to answer

22. What level of mental health training have you completed? *Please note: there is no minimum level of education required to take a MHFA course.*

- a. No previous mental health training
- b. Minimal mental health training (e.g., a few talks and presentations about mental health)
- c. Moderate mental health training (e.g., several workshops, trainings, or classes about mental health)
- d. Extensive mental health training (e.g., graduate degree and/or license in social work, psychology, psychiatry, or substance abuse)
- e. Prefer not to answer

The following two questions ask about lived experience, which may be a sensitive topic. The questions are optional. Please select "prefer not to answer" for any question you do not feel comfortable answering.

23. I identify as a person with lived experience or a person in long-term recovery.

- a. Yes
- b. No
- c. Prefer not to answer

24. I support a family member with lived experience, serious mental illness, or in long-term recovery.

- a. Yes
- b. No
- c. Prefer not to answer

Thank you for completing the survey!

MHFA for Higher Education Post-Evaluation

Second Edition – In-person: Standard Submit-A-Course

Introduction

Congratulations on completing the Adult Mental Health First Aid (MHFA) course. Please complete the following survey to provide feedback about the course and what you have learned. These surveys help us improve the Mental Health First Aid course for everyone, so we thank you for your participation!

To better help us compare your responses before and after the training, please provide the following information. This information will be used only to connect your responses over time. *Note: you may choose to leave the name fields blank if you are not comfortable providing the information.*

1. What is your first name?
2. What is your last name?
3. What is your email address?
4. What is the date you took the course (MM/DD/YYYY)?
5. What is the name of your instructor(s)?
Instructor 1:
Instructor 2:

Mental Health First Aid Knowledge Check

Answer each question to the best of your ability. If you do not know the answer, make your best guess. Please do *not* research the answers to these questions.

6. Which of the following statements is true about the ALGEE action plan?
 - a. The action plan must be performed in linear pattern (e.g., start with A, then move to L, then to G...).
 - b. First aid is not complete until the First Aider has used all steps of the action plan.
 - c. First Aiders do not need to use every step of the action plan if they are not called for in the circumstances.
 - d. If a First Aider forgets to complete a step, they must go back to it to ensure first aid was given appropriately.

7. Which of the following may be an early indicator that an individual is experiencing a mental health or substance use challenge?
 - a. Difficulty separating from loved ones.
 - b. Occasionally losing temper when things do not go their way.
 - c. Sometimes struggling to complete an undesirable task.
 - d. Difficulty remaining focused and maintaining concentration across a variety of tasks and settings.
8. Which of the following is NOT a key factor of recovery?
 - a. Physical health
 - b. Home life and family relationships
 - c. Location of job
 - d. Community ties
9. Which of the following actions are within the scope of a First Aider?
 - a. Listening nonjudgmentally to a person with a mental health or substance use challenge.
 - b. Diagnosing what kind of mental health disorder a person has.
 - c. Recommending treatments a person should use for their illness.
 - d. Telling a person to stop treatments prescribed by a doctor.
10. How can a First Aider cope with feelings of discomfort or frustration associated with providing MHFA?
 - a. Searching online for suggestions to relieve stress.
 - b. Establishing a self-care plan before providing MHFA to cope with any feelings that may arise after the MHFA event.
 - c. Using alcohol or drugs to block out memories of the MHFA event.
 - d. Avoiding social situations that may bring back memories of the MHFA event.

Your Beliefs About Mental Health and Substance Use

11. For each of the topics listed below, please check the box under the number that indicates your level of KNOWLEDGE both before and after completing the Adult MHFA course:

1 = None – have no knowledge of the content

2 = Low – know very little about the content

3 = Moderate – have basic knowledge; there is more to learn

4 = High – consider myself very knowledgeable

How do you rate your knowledge about the following topics:	Knowledge BEFORE the MHFA for Adults course					Knowledge AFTER the MHFA for Adults course			
	1	2	3	4		1	2	3	4
a. Describe the purpose of Adult MHFA and the role of the First Aider.									
b. Recognize the signs and symptoms of mental health or substance use challenges that may impact adults.									
c. Explain ways in which a First Aider may cope with feelings of discomfort in providing MHFA.									

In this section, we would like to know what YOU BELIEVE about mental health and substance use challenges and your role in assisting adults with mental health and substance use challenges. Please select the response that best describes your level of agreement.

12. In general, I believe that...

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
a. I intend to take action to help anyone I work with to address their mental health or substance use challenge(s).					
b. I intend to reach out and express my concerns to anyone I work with that might be experiencing mental health or substance use challenge(s).					
c. I intend to listen without expressing my judgment to anyone I suspect of experiencing a mental health or substance use challenge(s).					

Your Beliefs About Mental Health First Aid Actions

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

13. Currently, I believe that for me...

	Not Difficult At All	Somewhat Not Difficult	Unsure	Somewhat Difficult	Extremely Difficult
a. Giving practical resources (e.g., self-help information, crisis hotline number) to anyone showing signs and symptoms of a mental health or substance use challenge(s) is:					
b. Referring anyone experiencing a mental health or substance use challenge(s) to a health professional is:					

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

	Extremely Unlikely	Somewhat Unlikely	Neither Likely nor Unlikely	Somewhat Likely	Extremely Likely
a. If I express my concerns to any person about the mental health signs and symptoms that they are experiencing, it will help that person to seek timely support.					
b. If I give information about mental health professionals in the community to any person experiencing mental health or substance use challenge(s), it will assist that person to get help.					

Your Confidence In Performing Mental Health Actions

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

15. Currently, I am confident that I can...

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. Have a supportive conversation with anyone about mental health or substance use challenges.					
b. Ask anyone directly whether they are considering killing themselves.					
c. Respond to a substance use crisis including an overdose and know what to do to keep an individual safe.					

16. For each of the actions listed below, please check the box under the number that indicates the likelihood of your completing the action both before and after completing the Adult MHFA course:

- 1 = None – no chance of doing this action
 2 = Low – very little chance of doing this action
 3 = Moderate – may do this action
 4 = High – very likely to do this action

How do you rate your likelihood to do the following actions:	Likelihood BEFORE the MHFA for Adults course				Likelihood AFTER the MHFA for Adults course			
	1	2	3	4	1	2	3	4
a. Have a supportive conversation with an adult experiencing signs and symptom(s) of a mental health or substance use challenge or crisis.								
d. Use the ALGEE action plan to connect an adult experiencing signs and symptom(s) of a mental health or substance use challenge or crisis to appropriate help or resources.								

Overall Course Response

Please answer a few questions about your experience taking MHFA for Adults.

17. What is your overall response to this course (please select all that apply)?
- a. This course was helpful and informative.
 - b. This course has better prepared me for the work that I do professionally.
 - c. This course did not have enough activities and information to prepare me to be a first aider.
 - d. I did not feel that I benefited from this course.
 - e. Other (please specify):
18. There was adequate opportunity to practice the skills learned.
- a. Strongly Disagree
 - b. Disagree
 - c. Uncertain
 - d. Agree
 - e. Strongly Agree
19. How well do you think the course materials (e.g., PowerPoint, manual, etc.) represented the Higher Education population?
- a. Not well at all
 - b. Somewhat not well
 - c. Uncertain
 - d. Somewhat well
 - e. Very well
20. How well do you think the course content (e.g., individual segments, discussion, activities, etc.) represented the Higher Education population?
- a. Not well at all
 - b. Somewhat not well
 - c. Uncertain
 - d. Somewhat well
 - e. Very well
21. How relevant are the existing scenarios to the Higher Education population?
- a. Not relevant at all
 - b. Somewhat not relevant
 - c. Uncertain
 - d. Somewhat relevant
 - e. Very relevant

22. What was your overall reaction to the scenarios presented?

23. What was the most helpful part of the course?

24. Is there anything that could have been done better?

25. How was your experience using the course materials (e.g., Participant Processing Guide)?

- a. Very difficult
- b. Difficult
- c. Neutral
- d. Easy
- e. Very easy

26. How would you rate the pace of the course?

- a. Very difficult
- b. Difficult
- c. Neutral
- d. Easy
- e. Very easy

27. Based on your experience, would you take another MHFA course?

- a. Yes
- b. No

28. Did you receive access to the MHFA for Adults manual?

- a. Yes
- b. No

29. If you received the MHFA for Adults manual...

	Yes	No
a. Is the content accessible to your typical audience?		
b. Do the chapters offer useful, practical guidance that First Aiders can implement right away?		
c. Is there any language a reader might find stigmatizing?		
d. Is the content clear and easy to understand?		

30. If you did not receive the MHFA for Adults manual, please explain:

Presenter Evaluations

31. Instructor #1 Name:

32. Please answer the following questions about Instructor #1.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
a. The instructor's presentation skills were engaging and approachable.					
b. The instructor demonstrated knowledge of the material presented.					
c. The instructor facilitated activities and discussion in a clear and effective manner.					
d. The instructor provided feedback on your achievement of the learning objectives.					

33. What other feedback do you have for Instructor #1?

34. Instructor #2 Name:

35. Please answer the following questions about Instructor #2.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
e. The instructor's presentation skills were engaging and approachable.					
f. The instructor demonstrated knowledge of the material presented.					
g. The instructor facilitated activities and discussion in a clear and effective manner.					
h. The instructor provided feedback on your achievement of the learning objectives.					

36. What other feedback do you have for Instructor #2?

Thank you for completing the survey!

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