

2022 MENTAL HEALTH FIRST AID POLICY HANDBOOK



Mental Health **FIRST AID**

from NATIONAL COUNCIL FOR MENTAL WELLBEING



CONTENT

| | |
|--|-----------|
| What is Mental Health First Aid? | 1 |
| Why Mental Health First Aid? | 6 |
| How to Be Part of the Solution | 9 |
| Drafter’s Checklist | 10 |
| MentalHealthFirstAid.org | 15 |
| The National Council for Mental Wellbeing | 15 |
| Appendix: Enacted Mental Health First Aid Legislation | 16 |



WHAT IS MENTAL HEALTH FIRST AID?

More than 52 million people in the U.S. are experiencing a mental health or substance use challenge, yet over half can't afford help — or don't know how to access care. And the COVID-19 pandemic made the situation even worse: In the first half of 2022, more than 27 million adults with a mental illness did not receive treatment.

Signs of mental health and substance use challenges can be difficult to recognize. Even when friends and family recognize their loved one may be developing a mental health challenge, they often don't know how to intervene or where to direct the person for proper treatment. And the person living with mental health challenges may not know how or who to ask for help either. As a result, all too frequently, those in need of mental health services do not receive them until it is too late. Across the country, completed or attempted suicides and opioid overdoses are increasing.

“The nation’s devastating mental health and substance use crises continue to grow — particularly among youth. Learning how to recognize and respond to the signs and symptoms of a mental health or substance use challenge can help save the lives of your family members, friends, colleagues, students and community members. Through continuing to certify millions of Mental Health First Aiders each year, we can help ensure that every person in America knows someone who can provide support and help in times of need.”

— **Deanna Roepke, Vice President and General Manager, Mental Health First Aid**

It's time that our policies address the reality of this tragic epidemic! This means smarter investments in evidence-based approaches like [Mental Health First Aid](#) (MHFA), a skills-based training that gives people knowledge and tools they need to provide initial help to someone experiencing a mental health or substance use challenge.

Similar to physical first aid or CPR courses, **Mental Health First Aid** teaches individuals how to understand, identify and respond to signs of mental health and substance use challenges. This evidence-based training introduces participants to risk factors and warning signs of mental health and substance use concerns, builds an understanding of their effects and how they manifest, and provides an overview of common treatments and where to find them locally. Through scenarios, interactive exercises, and a 5-Step Action Plan, the training provides participants concrete, context-specific skills to assess a mental health crisis, provide initial help, and connect people to professional, peer and social supports as well as self-help resources.

Mental Health First Aiders learn a 5-step Action Plan to recognize warning signs of a mental health or substance use challenge, provide help in both crisis and non-crisis situations and understand where to turn for additional assistance. The 5-step Mental Health First Aid Action Plan (ALGEE) is:



ASSESS for risk of suicide or harm.



LISTEN non-judgmentally.



GIVE reassurance and information.



ENCOURAGE appropriate professional help.



ENCOURAGE self-help and other support strategies.



[teen Mental Health First Aid](#) (tMHFA) is an evidence-based early intervention and prevention program developed in Australia in 2015 by Dr. Laura Hart at the University of Melbourne and Dr. Claire Kelly at Mental Health First Aid Australia. The [National Council for Mental Wellbeing](#) brought tMHFA to the United States in 2019. tMHFA teaches teens in grades 10–12, or ages 15–18, **just enough** to help a friend or peer avoid a mental health or substance use challenge or crisis while awaiting help from a parent and/or other trusted adult, such as a guardian, teacher, coach or school counselor. Teen First Aiders also learn a 5-step Action Plan, which is to:

1.



LOOK

for warning signs

2.



ASK

how they are

3.



LISTEN UP

4.



HELP

them connect to a parent
or a trusted adult

5.



**YOUR
FRIENDSHIP**

is important!



KEY STATS



MILLIONS TRAINED

More than **2.7 million** people have been trained in Mental Health First Aid by thousands of certified Instructors across the country.



COAST-TO-COAST

Mental Health First Aid courses can be found in all **50** U.S. states and every territory.



STATE POLICY

Twenty-eight states have enacted Mental Health First Aid policies.

How Mental Health First Aid Helps

Mental Health First Aid encourages early detection and intervention by teaching participants about the signs and symptoms of specific mental health challenges like anxiety disorders, depression, bipolar disorders, eating disorders and substance use challenges. The program offers concrete tools and answers key questions like “What can I do to overcome this challenge?” and “Where can I find help for myself or others?”

Instructors introduce participants to local mental health resources, national organizations and hotlines, support groups and online tools for mental health and substance use treatment and support. The training also includes a dedicated section on suicide prevention, including how to recognize suicidal thinking and behavior, and guidelines on how to safely intervene.




In 2008, the [National Council for Mental Wellbeing](#) brought Mental Health First Aid to the U.S. from Australia. **To date, more than 2.7 million people in communities across the country have been trained in Mental Health First Aid through a network of thousands of certified Instructors.**

The National Council for Mental Wellbeing offers three primary courses: Mental Health First Aid for Adults Assisting Adults, Mental Health First Aid for Adults Assisting Youth and MHFA for Teens Helping Their Friends. The program also offers community-specific courses that address the specific needs of groups including law enforcement; military, veterans and their families; older adults; rural populations; fire and EMS; and higher education. Youth and Adult Mental Health First Aid are also offered in Spanish.

Learn more at MentalHealthFirstAid.org.






THIS OVERVIEW REFLECTS WHAT EACH PROGRAM ENTAILS

| |  ADULT MENTAL HEALTH FIRST AID |  YOUTH MENTAL HEALTH FIRST AID |  teen MENTAL HEALTH FIRST AID |
|----------------------|---|--|---|
| Audience | <ul style="list-style-type: none"> ■ For adults 18 and older. <p>Community-specific trainings available include higher education; public safety; military, veterans and their families; older adults; fire and EMS; and law enforcement.</p> | <ul style="list-style-type: none"> ■ For adults 18 and older. <p>This could include parents, family members, caregivers, educators, school personnel and other caring citizens who regularly interact with young people.</p> | <ul style="list-style-type: none"> ■ Teens in 10th-12th grade (or ages 15-18) ■ Schools/youth-serving organizations offering teen Mental Health First Aid training are required to train all teens in the participating grade. <p>Note: At least 10% of the adult faculty and staff at a teen Mental Health First Aid site must be trained in Youth Mental Health First Aid.</p> |
| Format | <p>In-person training: Learners participate in an Instructor-led training conducted in one 7.5-hour day, two 4-hour days or four 2-hour days. No pre-work required.</p> <p>Blended training: Learners complete 2 hours of self-paced pre-work prior to 5.5 hours of live, Instructor-led training (ILT). ILT may be conducted in person or virtually.</p> | <p>In-person: Training is conducted in one 6.5-hour day. No pre-work required.</p> <p>Blended: Learners complete 2 hours of pre-work prior to 4.5 hours of Instructor-led training (ILT). ILT may be conducted in person or virtually.</p> | <p>In-person: Lessons are conducted in person in six 45-minute sessions or three 90-minute sessions. Sessions take place on non-consecutive days with no more than two weeks between sessions.</p> <p>Blended: For each of six units, complete a self-paced online lesson, then participate in live, Instructor-led sessions (virtual or in person) that include skills-building exercises.</p> |
| Key Takeaways | <p>Learn to identify, understand and respond to signs of mental health and substance use challenges in adults. Includes crisis de-escalation techniques and scenarios.</p> | <p>Learn to identify, understand and respond to signs of mental health and substance use challenges in adolescents. Includes and crisis de-escalation techniques and scenarios.</p> | <p>Teens learn how to identify, understand and respond to the signs of developing mental health challenges, mental health crises, suicide and substance use. tMHFA gives young people the skills to have supportive conversations with their friends and teaches them how to get help from a responsible and trusted adult.</p> |



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| |  ADULT MENTAL HEALTH FIRST AID |  YOUTH MENTAL HEALTH FIRST AID |  teen MENTAL HEALTH FIRST AID |
|---|---|---|--|
| Continuing Education Credit | Variable | Variable | TBD |
| Instructor Certification Process | <p>Instructor candidates complete about eight hours of self-paced, online pre-work, then attend three consecutive days of live training (public Instructor trainings will be virtual until further notice) led by two National Trainers.</p> <p>During the training, Instructor Candidates present and teach a 15-minute segment of the curriculum. Class members provide a peer review, and National Trainers evaluate each Instructor individually.</p> <p>Instructors must conduct three courses a year to maintain certification.</p> | <p>Instructor candidates complete about eight hours of self-paced, online pre-work, then attend three consecutive days of live training (public Instructor trainings will be virtual until further notice) led by two National Trainers.</p> <p>During the training, Instructor Candidates present and teach a 15-minute segment of the curriculum. Class members provide a peer review, and National Trainers evaluate each Instructor individually.</p> <p>Instructors must conduct three courses a year to maintain certification.</p> | <p>Instructor candidates complete about six hours of self-paced, online pre-work, then attend three consecutive days of live training (public Instructor trainings will be virtual until further notice) led by two National Trainers.</p> <p>During the training, Instructor Candidates present and teach a 15-minute segment of the curriculum. Class members provide a peer review, and National Trainers evaluate each Instructor individually.</p> <p>Instructors must conduct three courses a year to maintain certification.</p> <p>Note: All tMHFA Instructors must be connected to an implementing site prior to teaching the course. tMHFA Instructor trainings will be delivered virtually until further notice.</p> |
| Cost | <p>Value: \$170 per learner.</p> <p>Cost of materials: \$23.95 per learner.</p> <p>Tuition for one Instructor candidate: \$2,200 (\$2,000 for National Council members).</p> <p>On-site private Instructor training for between 6 and 16 Instructor candidates: Starts at \$26,000 (\$24,000 for National Council members).</p> | <p>Value: \$170 per learner.</p> <p>Cost of materials: \$23.95 per learner.</p> <p>Tuition for one Instructor candidate: \$2,200 (\$2,000 for National Council members).</p> <p>On-site private Instructor training for between 6 and 16 Instructor candidates: Starts at \$26,000 (\$24,000 for National Council members).</p> | <p>Cost of materials: \$12.95 per teen.</p> <p>Tuition for one Instructor candidate (not affiliated with a school or youth-serving organization): \$1,700</p> <p>Tuition plus 125 teen manuals for one Instructor candidate (affiliated with a school or youth-serving organization): \$3,300.</p> <p>Tuition includes 3-day, live, online training plus 1-day optional training for Blended certification.</p> |



WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid is unique among other mental health-related training programs due to its **adaptability**, **evidence-based approach** and **rigorous oversight** by the National Council for Mental Wellbeing.

STUDY UP

Studies show that Mental Health First Aid reduces stigma – the social distance created by negative attitudes and perceptions of individuals with mental health challenges.

ADAPTABILITY

The program continues to innovate with new resources, skills training and flexible training options. The program offers population focused content that emphasizes Mental Health First Aid within various communities. The National Council has adapted the Mental Health First Aid curricula for training in in-person and online formats to provide flexibility for individuals working to complete the course.

EVIDENCE-BASED APPROACH

Mental Health First Aid is an internationally recognized program that is proven to be highly effective. Peer-reviewed studies published in the United States and abroad show that individuals trained in the program:



Grow their knowledge of signs, symptoms and risk factors of mental health and substance use challenges.



Can identify multiple types of professional and self-help resources for individuals with a mental health or substance use challenge.



Increase their confidence in and likelihood to help an individual in distress.



Show signs of enhanced mental wellbeing



RIGOROUS OVERSIGHT

The program is supported and implemented by the National Council for Mental Wellbeing and its network of 82 state association members. Through dedicated Mental Health First Aid staff, the National Council engages in fidelity monitoring of its Instructors, which is designed to ensure they are staying faithful to the program, and manages an ongoing certification and recertification process. Instructors are required to take part in a three-day training, which includes a written exam and a 15-minute “teach-back” presentation during a section of the curriculum. To maintain their certification, Instructors teaching Adult or Youth Mental Health First Aid must conduct at least three courses* per year. Instructors teaching teen MHFA must conduct at least one course a year to stay up to date with the program.

The National Council for Mental Wellbeing operates Mental Health First Aid USA in partnership with the Missouri Department of Mental Health and the Mental Health Association of Maryland, and has a vision that one day, everyone in the U.S. will know someone who is trained in Mental Health First Aid. That means regularly offering courses in every community across the country. To ensure the best program is being offered at all times, the National Council works with its association partners, Instructors and community stakeholders to constantly update the training program and materials with the latest skills and information. Mental Health First Aid courses are implemented by local nonprofits, community groups and businesses. Certified Instructors are often local to the communities they serve. States partnering with the National Council to offer Mental Health First Aid know they are getting a reliable, evidence-based curriculum that is taught by nationally certified Instructors.

Anyone can make the difference for someone facing a mental health or substance use challenge — they just need the basic tools and an action plan. That is why any comprehensive approach to mental wellbeing should include expanded education and Mental Health First Aid training opportunities.

THROUGHOUT THE COMMUNITY

Mental Health First Aid has been taught to a variety of audiences via community-specific trainings, including:



VETERANS



FIRE/EMS



WORKPLACE



RURAL



**PUBLIC
SAFETY**



**OLDER
ADULTS**



**HIGHER
EDUCATION**

**To ease the burdens of teaching during the COVID-19 pandemic, Mental Health First Aid temporarily reduced the teaching requirement to one class per year.*



ADDRESSING KNOWLEDGE AND TRAINING GAPS

Currently, fewer than 1% of people in the U.S. are adequately trained to recognize and respond to signs of mental health and substance use challenges. That lack of training and understanding has led to a sense of helplessness among community leaders, families and the general public. As a result, we've seen the adoption of stop-gap policies or training programs that only scratch at the surface of the challenges posed by our national mental health crisis. Evidence-based programs that address the scope of the challenge and empower individuals to intervene should be widely implemented to fully meet the needs of our communities.

Mental Health First Aid courses are intended for the people and organizations that make up the fabric of a community, professionals who interact with large segments of vulnerable populations (e.g., police officers, teachers, emergency services personnel) and members the general public who are interested in learning more about mental health and substance use challenges and helping their neighbors. Mental Health First Aid Instructors have trained Chambers of Commerce, professional associations, hospitals, nursing homes, Rotary clubs, parent organizations, social clubs and other groups.

State-supported programs should be evidence-based. When evaluating training options and crafting policies, lawmakers should look for programs that are both evidence-based and have clear certification procedures for Instructors. Programs should educate individuals to recognize the signs and symptoms of mental health and substance use challenges, while also training them with proven skills to safely de-escalate crisis situations, develop action plans for individuals showing signs of distress, and direct those individuals to resources within the community. There should also be built-in oversight to ensure that Instructors continue to properly teach the materials and that learners maintain recertification every three years.

Trainings must be sufficient to address the challenge. More than 52 million people in America (one in five adults) have a mental health condition. A staggering 43% of U.S. adults who say they needed substance use or mental health care in the past 12 months did not receive that care, and numerous barriers to access stand between them and needed treatment, according to a new national survey of more than 2,000 U.S. adults conducted online by The Harris Poll on behalf of the National Council for Mental Wellbeing. Furthermore, nearly 50 percent of those living with a mental illness have a co-occurring substance use challenge. The scale and unpredictability of the challenge facing our communities means that trainings have to provide citizens a variety of tools and tactics, including how to apply an action plan in a range of situations, such as helping someone through a panic attack, safely engaging someone who may be showing signs of suicidal thoughts or assisting an individual who has overdosed. An important component of the Mental Health First Aid course is the opportunity to practice its 5-step [Action Plan](#) rather than to just learn about it. This valuable experience can make it easier to apply the knowledge in a real-life situation.

Intervening before a challenge becomes a crisis. Just as CPR training helps a person with no clinical training assist someone experiencing a physical crisis, Mental Health First Aid training helps a person assist someone experiencing a mental health or substance use challenge. In both situations, the goal is to help support an individual until appropriate professional help arrives. Mental Health First Aiders learn the 5-step Mental Health First Aid Action Plan (ALGEE): assess for risk of suicide or harm; listen nonjudgmentally; give reassurance and information; encourage appropriate professional help; and encourage self-help and other support strategies. Participants are also introduced to risk factors and early warning signs for mental health and substance use challenges, engage in experiential activities that build understanding of the impact of mental health and substance use challenges on individuals and families, and learn about evidence-supported treatment and self-help strategies.



HOW TO BE PART OF THE SOLUTION

SINCE 2013, 28 STATES HAVE made Mental Health First Aid a priority by enacting policies that allocate funding for trainings, require certification standards for public sector employees and establish statewide mental health training programs and requirements. A complete legislative tracking chart is located in Appendix I.

BY ENACTING STATEWIDE POLICIES that extend Mental Health First Aid trainings to law enforcement, educators, first responders and many other members of the public, communities can ensure those in need receive timely first aid and professional help.

To truly address the scale of the mental health and substance use challenges facing every state we need to train millions of First Aiders every year nationwide. That is why we are calling on state and local policymakers to establish pathways for their constituents to access Mental Health First Aid trainings by enacting policies that will:

1. Establish clear and comprehensive training objectives.
2. Target the training needs of specific populations.
3. Provide funding for sustained training.
4. Mandate training for public sector employees who engage directly with vulnerable populations, including youth.
5. Ensure Mental Health First Aid is included as an option to satisfy professional development credits.

Additionally, any policy aimed at expanding trainings regarding mental health and substance use treatment or prevention in your state should include clear supervisory authority for streamlined adoption and implementation of programs, timelines for completion and/or reporting back to the legislature, data collection and reporting mechanisms, and methods for impact evaluation to inform how best to sustain programs.

The National Council for Mental Wellbeing can help state and local policymakers, advocates and state associations draft and enact comprehensive training policies and assist communities in bringing Mental Health First Aid training to their citizens.

RECENT LEGISLATIVE SUCCESSES*

Vermont S 197 (2022) — Establishes the Coordinated Mental Health Crisis Response Working Group and offers Youth Mental Health First Aid trainings to educators and school staff through grants provided by the Agency of Education.

Nebraska LB 852 (2022) — Requires mental health and substance use treatment points of contact in school districts and offers Mental Health First Aid trainings through competitive grants provided by lottery funds.

Colorado HB22-1179 (2017-2022) — Annual supplemental budget appropriation of about \$210,000 for in-state Mental Health First Aid trainings.

Arkansas HB 1549 (2021) — Requires school counselors to participate in the Youth Mental Health First Aid course module as part of their training requirements and establishes the Arkansas Center for School Safety of the Criminal Justice Institute Advisory Board.

California SB 14 (2021) — Establishes excused mental health absence days and will require the state Department of Education to recommend evidence-based training programs for schools to address youth behavioral health, inclusive of Mental Health First Aid.

*See [Appendix 1](#) for a full list of laws Mental Health First Aid helped enact.



DRAFTER'S CHECKLIST

PURSUING POLICIES AT THE STATE LEVEL

Providing preventive, community-based mental health and substance use care trainings will take a deep commitment at all levels of government. Every state must be a partner in expanding and creating pathways for citizens to access effective, evidence-based mental health resources and trainings. This checklist provides guidance to lawmakers drafting policies to bring Mental Health First Aid to their states, including key provisions to be incorporated into state training laws.

The following is a detailed description of each of the recommended policies, along with sample language and examples from states that have passed legislation. The National Council for Mental Wellbeing's legislative reforms and recommendations seek to establish a comprehensive approach to bringing Mental Health First Aid trainings to a broad and diverse cross-section of any state's population. Every state should customize the model language to ensure it addresses each state's unique challenges and existing statutes. The National Council for Mental Wellbeing is ready to help in drafting and enacting the best legislation possible.

POLICY #1:

Establish clear and comprehensive training objectives.

Effective policy begins with clear and comprehensive objectives that specify how evidence-based trainings are eligible for adoption, implementation and funding. Defining comprehensive training objectives will differentiate Mental Health First Aid training from other programs that may not achieve the legislative intent. These objectives should include recognizing the signs of mental health and substance use challenges, providing timely referral to services and providing tools for the safe de-escalation of related crisis situations.

SAMPLE LANGUAGE

Training Objectives

Mental health and substance use care trainings that meet the objectives of this legislation, subject to appropriation, and are eligible for funding will utilize evidence-based programs that educate on: (i) recognizing the signs and symptoms of mental health and substance use challenges, including common psychiatric diagnoses such as bipolar disorders, major depressive disorder, anxiety disorders and common substance use disorders, including opioids and alcohol; (ii) providing referral to mental health and substance use care services or other supports in the early stages of a developing mental health or substance use challenge and recommending community, state and national resources for individuals with a mental health or substance use challenge; and (iii) how to safely de-escalate crisis situations involving individuals with a mental health or substance use challenge.

Definitions

For the purposes of this document, "Mental Health First Aid training program" refers to the Mental Health First Aid® training program administered by the agency/department in charge of implementing mental health training in the state, as specified. "Certified Instructors" refers to trainers who are properly certified by a national organization for mental wellbeing to provide such training.



Example Legislation

Nebraska LB 852 (2022) — The State Department of Education shall establish a mental health first aid training program for teachers and other personnel employed by a school district or an educational service unit participating in a grant under subsection (2) of section 79-1054. The mental health first aid training is to be delivered by trainers who are properly certified by a national organization for mental wellbeing to provide training meeting the requirements of this section.

California SB 14 (2021) — The Department of Education shall, on or before January 1, 2023, recommend best practices, and identify evidence-based and evidence-informed training programs for schools to address youth mental health and substance use challenges, including, but not necessarily limited to, staff and pupil training.

Florida SB 7026 (2018) “The Marjory Stoneman Douglas High School Public Safety Act” — Beginning with the 2018-2019 school year, the Department of Education shall establish an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

POLICY 2#:

Provide sustained funding for trainings, right-sized for the stated goals and target populations.

Policies should include a funding amount and sustained timeline that is right-sized for the stated policy goals and target population. This will incorporate cost calculations with differences in impact at various funding levels and a cost-benefit analysis where available. Language around funding should specify what makes a training program eligible for funding (trainers who are properly certified, target population categories, etc.) and take into account the time it will take to achieve the stated policy goals. To ensure that rural areas and other underserved populations receive equitable funding for training, include a provision on the distribution of training grants.

SAMPLE LANGUAGE

Eligibility

To be eligible for funding, mental health training programs shall: (i) be designed to train individuals in the target population categories (e.g., teachers, law enforcement, veterans); (ii) ensure that training is conducted by trainers who are properly licensed and/or credentialed by nonprofit entities as designated by the Secretary; and (iii) include a training course on the skills, resources and knowledge to help individuals in crisis connect with appropriate local mental health care services, training on mental health resources in the community and training on action plans and protocols for referral to such resources.

Training Grants

Subject to appropriations made to the agency/department, the agency/department shall support training grants for Mental Health First Aid. These training grants may support hardship subsidies for (state) Mental Health First Aid training fees.



Distribution of Training Grants

When awarding training grants, the agency/department shall distribute training grants equitably among the geographic regions of the state, paying particular attention to the training needs of rural areas and areas with underserved populations or professional shortages.



Example Legislation

Nebraska LB 852 (2022) — The State Board of Education shall establish a competitive innovation grant program with funding from the Nebraska Education Improvement Fund pursuant to section 9-812. Grantees shall be a school district, an educational service unit, or a combination of entities that includes at least one school district or educational service unit. For grantees that consist of a combination of entities, a participating school district or educational service unit shall be designated to act as the fiscal agent and administer the program funded by the grant. The State Board shall only award grants pursuant to applications that the state board deems to be sufficiently innovative and to have a high chance of success.

Vermont S 197 (2022) — In FY 2023, the Agency of Education shall work collaboratively with the Department of Mental Health to provide grants to applicants utilizing a tiered-support approach for the purpose of providing staff training on Youth Mental Health First Aid and other evidence-based techniques and approaches to crisis prevention and intervention, such as trauma-responsive practices, adolescent brain development, and how to build a culture of connection.

POLICY #3:

Target the needs of specific populations.

Policies perform better when they target the needs of a specific population that is of special concern or importance to a state's legislators and mental health and substance use care association(s). These populations include educators (K-12 and post-secondary), youth, law enforcement, first responders, veterans and rural communities. To ensure successful policy implementation, the policy must be crafted in partnership with and buy-in from organizations that represent the target populations.

SAMPLE LANGUAGE

Target Population

A governing body for standards and training shall prepare and publish mandatory training standards to provide instructions for individuals in identifying and handling incidents involving mental health or substance use crises and shall develop guidelines for responding to incidents involving such persons. The course of instruction shall comply with the National Council for Mental Wellbeing's Mental Health First Aid program. Instruction and the guidelines shall include: (i) identifying and recognizing signs and symptoms of potential mental health or substance use challenges and protecting people experiencing mental health or substance use challenges and (ii) providing information on recognizing the signs and symptoms of common mental health and substance use challenges, de-escalating crisis situations safely and initiating timely referral to mental health and substance use treatment resources available in the community.



Example Legislation

New Jersey S 2861 (2019) — Requires school districts to provide instruction on mental health as part of the health education curriculum.

Texas HB 4429 (2019) — Related to the inclusion of Mental Health First Aid training in the mental health program for veterans.

Kentucky HB 68 (2018) — An act relating to suicide prevention training requiring two hours of in-person suicide prevention professional development training every other school year for high school principals, guidance counselors and teachers.

POLICY #4:

Require Mental Health First Aid trainings for public sector employees who engage with large populations.

Mental Health First Aid policies can achieve long-term success in a state if they require trainings for public sector employees that engage with large populations. For a requirement to be successful and provide accountability, it must include implementation partners, supervisory authority, reasonable timelines for compliance, consequences for non-compliance, data collection and reporting mechanisms, and methods for evaluating impact. Additionally, a well-crafted mandate will provide funding to train Instructors and implement trainings for First Aiders.

SAMPLE LANGUAGE

Administration

A state agency/department shall administer the Mental Health First Aid training program so certified trainers can instruct residents, professionals and members of the public in how to identify and assist someone who is believed to be developing or has developed a mental health or substance use challenge or crisis or who is believed to be experiencing a mental health substance use challenge or crisis.

Evaluation

The agency/department, as the Mental Health First Aid training authority, shall ensure that evaluative criteria are established that measure the distribution of the training grants and the fidelity of the training processes to the objective of building mental health, alcohol use and substance use literacy designed to help the public identify, understand and respond to the signs of mental health and substance use challenges.



TRAIN TODAY

Mental Health First Aid Instructors are the backbone of the movement.

[Sign up](#) for a MHFA training today or apply to become an [Instructor](#).



POLICY #5:

Ensure Mental Health First Aid training satisfies requirements for continuing education (CE) credits.

Providing Mental Health First Aid training as an option to satisfy professional development credit requirements expands training options in a state and incentivizes target populations that require ongoing vocational/professional certification – e.g., educators, first responders and other direct service responders — to complete the training. Where continuing education requirements related to mental health currently exist, the state should standardize the language across sectors to ensure Mental Health First Aid is included as an option in fulfilling the relevant requirements.

SAMPLE LANGUAGE

Professional Development

Not later than one year after the effective date of the act, the [department/agency], in conjunction with the Department of Health and Human Services, shall develop or adopt a professional development course that must include instruction on both of the following:

(i) identifying potential risk factors and warning signs for mental health and substance use challenges, including, but not limited to, depression, anxiety, trauma, psychosis, eating disorders, substance use disorders and self-injury and (ii) a 5-step Action Plan for helping an individual experiencing a mental health or substance use challenge, including, but not limited to, assessing risk, listening nonjudgmentally, supporting the individual and identifying professional help and other resources for the individual. The professional development course developed or adopted may be counted toward the fulfillment of continuing education requirements related to mental health.

Standardizing

Mental health and substance use treatment continuing education requirements for public service employees can be fulfilled through the successful completion of Mental Health First Aid. The [department/agency] in conjunction with the Department of Health and Human Services, shall adopt and standardize the inclusion of Mental Health First Aid as a professional development course where appropriate within existing and/or relevant continuing education requirements.



Example Legislation

Colorado HB 20-1312 (2020) — Requires that of the 90 hours of professional development training required for educator licensure, at least 10 of the hours are dedicated to behavioral health training.

Virginia HB 74 (2020) — Requires school boards to adopt and implement policies that require teachers and other personnel to complete Mental Health First Aid training.

Illinois HB 2767 (2019) — Provides that minimum in-service training requirements, which a police officer must satisfactorily complete every 3 years, shall include mental health awareness and response as reflected in the Illinois Mental Health First Aid Training Act.



MENTALHEALTHFIRSTAID.ORG

To learn more about the Mental Health First Aid training program, visit MentalHealthFirstAid.org, where you will find case studies, details about the courses offered, and our research and evidence base.

The website also includes an extensive resource library to help individuals who are experiencing a mental health crisis, an integrated blog and press release archive to help you stay up to date with news related to Mental Health First Aid trainings, and contact information for our team.

You can also stay up to date with our national and state legislative policy agenda by visiting the National Council for Mental Wellbeing's [Policy Action Center](#), where you'll find downloadable resources to support your Mental Health First Aid advocacy work.

Connect with us on [Facebook](#) (@MentalHealthFirstAidUSA); [Twitter](#) (@MHFirstAidUSA); and [Instagram](#) (@mentalhealthfirstaidusa) and sign up for our newsletter to learn more.

THE NATIONAL COUNCIL FOR MENTAL WELLBEING

Founded in 1969, the National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of nearly 3,200 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. We advocate for policies to ensure equitable access to high-quality services. We build the capacity of mental health and substance use treatment organizations. And we promote greater understanding of mental wellbeing as a core component of comprehensive health and health care. Through our Mental Health First Aid (MHFA) program, we have trained more than 2.7 million people in the U.S. to identify, understand and respond to signs and symptoms of mental health and substance use challenges.

The National Council's professional staff is available to help legislators with the drafting and enactment of comprehensive mental health training policies. We can also connect state leaders with advocacy tools, resources, technical assistance and expert testimony.

To learn more, contact Hello@MentalHealthFirstAid.org



APPENDIX 1:

Mental Health First Aid Enacted Legislation

MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|------------|---------------------------|--|---------------|
| 2022 | | | |
| Arkansas | HB1510 | Requires school resource officers (SRO) to complete Youth Mental Health First Aid (YMHFA) training every four years. | No |
| Colorado | HB22-1179 | Provides supplemental appropriations for MHFA trainings through the Department of Public Health and the Environment. | \$210,000 |
| Georgia | HB 911 | Appropriates \$74,000 for front-line workers to participate in MHFA trainings. | \$74,000 |
| Nebraska | LB 852 | Require behavioral health points of contact for school districts, provide for MHFA training, and change education innovation grants. | No |
| New Mexico | SB 1 | \$100,000 for the public health division to contract to provide youth and teen mental health education and awareness, suicide prevention classes, and professional development trainings for adults working with youth and teens, including rural and frontier areas that lack access to mental health education and training. | \$100,000 |
| Vermont | S 197 | Offers YMHFA trainings to educators and school staff through grants offered by the Agency of Education. | \$2,500,000 |
| Wyoming | SF0066 | \$200,000 to train 103 MHFA Instructors across the state, including in each county, school district, and community college district. | \$200,000 |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|-------------|---------------------------|--|---------------|
| 2021 | | | |
| Arkansas | HB 1510 | Requires SROs to complete specialized training; includes YMHA; must be renewed every four years. | No |
| Arkansas | HB 1549 | Requires school counselors to receive YMHA training as part of their training requirements and establishes Arkansas Center for School Safety of the Criminal Justice Institute Advisory Board. | No |
| California | SB 14 | Provides for YMHA training in schools for faculty, optional tMHA training for students and excused absences for mental health. | No |
| Colorado | SB 21-178 | Extend Care Subfund Deadline for COVID-19 Programs. Office may allocate the appropriation to in-person or virtual MHA trainings. | \$250,000 |
| Connecticut | SB 102 | To allow for MHA training certificates from groups other than the National Council for Mental Wellbeing. The National Council team helped make the language more MHA-friendly. | No |
| Connecticut | SB 2 | To establish a youth suicide prevention training program, (2) require certain licensed health care professionals to complete mental health and suicide screening and prevention training, (3) permit minors to receive more than six outpatient mental health treatment sessions without the consent of a parent or guardian, (4) require local and regional boards of education to integrate the principles of mental health training and more. | No |
| Maryland | SB 0164 | Requiring that the behavioral health services for which the Maryland Department of Health provides service coordination for veterans under certain provisions of law include mental health first aid; requiring that mental health first aid consist of training for veterans and the immediate family members of veterans on how to identify and respond to signs of mental illness and substance use disorder. | No |
| Maryland | HB 0605 | Related to SB 0164. Requiring that the behavioral health services for which the Maryland Department of Health provides service coordination for veterans under certain provisions of law include mental health first aid; requiring that mental health first aid consist of training for veterans and the immediate family members of veterans on how to identify and respond to signs of mental illness and substance use disorder. | No |



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| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|---------------|----------------------------|---|---------------------------------------|
| Massachusetts | H. 4269 | Page 16 of the bill states, “provided further, that not less than \$5,000,000 shall be made available for grants to public institutions of higher education to address student behavioral and mental health needs including, but not limited to, campus public health and safety initiatives, mental health first aid services and training, mental health crisis prevention and intervention and student suicide awareness, prevention and intervention trainings; provided further, that grants shall be awarded in consultation with the department of public health. ...” | \$5,000,000 |
| Ohio | HB123 | Regarding school security and youth suicide awareness education and training, to award public schools for safety funding training grants, to establish a 2021 pilot program to provide funding for certain internet or computer-based community schools, to earmark an appropriation and to declare an emergency. | Earmarked |
| Texas | HR 464 | Recognizing the importance and success of the tMHFA program in the state of Texas. | No |
| Texas | HB 3821 | Related to employing and training mental health professionals for the mental health program for veterans. | No |
| 2020 | | | |
| Colorado | HB 20-1312 | Requires that of the 90 hours of professional development training required for educator licensure, at least 10 of the hours are dedicated to behavioral health training. | No |
| Colorado | HB 20-1411 | The bill appropriates money from the CARES subfund in the general fund to the Department of Human Services, the Department of Public Health and Environment, the Department of Higher Education, and the Department of Law for MHFA trainings. | \$250,000 |
| Colorado | SB 20-1255 | Concerning a supplemental appropriation to the Department of Public Health and Environment. | \$210,000 |
| Kentucky | HB 153 | The Cabinet for Health and Family Services shall establish and administer the Kentucky MHFA training program or a similar program to train professionals and other members of the public. | Act subject to future appropriations. |
| Virginia | HB 74 | Requires school boards to adopt and implement policies that require teachers and other personnel to complete MHFA training. | None |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|----------------------|-------------------------|--|---------------------------------------|
| 2019 | | | |
| Colorado | SB 120 | Supplemental appropriations are made to the Department of Public Health and Environment for MHFA trainings. | \$210,000 |
| Illinois | HB 2766 | Creates the First Responders Suicide Prevention Act. | No |
| Illinois | HB 2767 | Amends the Illinois Police Training Act. Provides that minimum in-service training requirements, which a police officer must satisfactorily complete every 3 years, shall include mental health awareness and response as reflected in the Illinois Mental Health First Aid Training Act. | No |
| Illinois | HB 2152 | Provides that to raise mental health awareness on college campuses, each public college or university in this State must complete specific tasks. | Act subject to future appropriations. |
| Illinois | SB 1731 | Amends school code and includes the safe de-escalation of crisis situations involving individuals with a mental illness. Provides that a school district may utilize the Mental Health First Aid training program to provide required in-service training program on the warning signs of mental illness and suicidal behavior in youth. | No |
| New Hampshire | HB 131 | This bill establishes a commission to develop and promote mental health education programs and behavioral health and wellness programs in kindergarten through grade 12. | No |
| New Hampshire | SB 282 | Provide training for faculty, staff and designated school volunteers on suicide prevention. | No |
| Texas | HB 1070 | Relating to the MHFA training program reporting requirements. | No |
| Texas | HB 18 | Relating to MHFA program training and reporting regarding local mental health authority and school district personnel. | No |
| Texas | HB 19 | Relating to mental health and substance use resources for certain school districts, including MHFA training on a monthly basis. | No |
| Texas | HB4429 | Relating to Mental Health First Aid training for veterans and the immediate family of veterans. | No |
| Virginia | SB 1126 | Establishes the Problem Gambling Treatment and Support Fund administered by the Commissioner of Behavioral Health and Developmental Services and mentions the commissioner's duty to establish and maintain the MHFA program. | No |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|------------------|-------------------------|---|-----------------------|
| 2018 | | | |
| Colorado | HB 1162 | DHS supplemental appropriation. Includes \$210,000 appropriation for MHFA. | \$210,000 |
| Florida | SB 7026 | Marjory Stoneman Douglas High School Public Safety Act. | \$400,000,000 (total) |
| Illinois | HB 4795 | Substance Use Disorder Act (includes MHFA training provisions). | No |
| Illinois | HB 4658 | Mental health awareness in schools (School boards to require MHFA training for school personnel and administrators). | No |
| Indiana | SB 230 | Suicide prevention. Includes a provision for MHFA training. | No |
| Kentucky | HB 30 | An act relating to suicide prevention training. Requires two hours of in-person suicide prevention professional development training every other school year for high school principals, guidance counselors and teachers. | No |
| Louisiana | HB 148 | Implementation of the Zero Suicide Initiative and a state suicide prevention plan. | No |
| Maine | LD 132 | Mandated MHFA training for corrections personnel. | No |
| Virginia | SB 670 | Requires fire departments and emergency medical services agencies to develop curricula for mental health awareness training for their personnel. The bill provides that such personnel who receive the training shall receive appropriate continuing education credits. | No |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|-------------|-------------------------|---|-------------------------------|
| 2017 | | | |
| California | AB 1315 | Mental Health: Early Psychosis and Mood Disorder Detection and Intervention. | No |
| Colorado | SB163 | Funding for MHFA training. | \$210,000 |
| Connecticut | SB 953 | Mandated that the state Board of Education assist local and regional boards of education to offer MHFA training, among other subjects. | No |
| Indiana | HB 1430 | Required schools to offer suicide awareness and prevention training for employees, and include MHFA as part of this training. | No |
| Indiana | HB 1535 | Study of law enforcement training matters, includes MHFA training for law enforcement. | No |
| Maine | LD 1335 | Mandated YMHFA training for secondary school health educators. | No |
| Texas | SB 1533 | Appropriated grant money for MHFA training to university employees. | \$100 per University Employee |
| Virginia | HB 1911 | Required each resident assistant in a student housing facility at a public institution of higher education to receive MHFA training. | No |
| Virginia | SB 1020 | Requires fire departments and emergency medical services agencies to develop curricula for mental health awareness training for their personnel. The bill provides that such personnel who receive the training shall receive appropriate continuing education credits. | No |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

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|---------------------|---------------------------------|---|---------------|
| 2016 | | | |
| Minnesota | STATUE 245.4889 | Allowed the commissioner to make grants from available appropriations to assist MHFA training. | No |
| Rhode Island | S 2401 | Required MHFA training for police recruits. | No |
| 2015 | | | |
| California | SB 29 | Peace officer training requires eight hours of crisis intervention behavioral health training. | No |
| Minnesota | SF 1311 | Appropriated grant funding for MHFA training for teachers, social service personnel, law enforcement and others who work with children with mental illnesses. | \$23,000 |
| Montana | SB 418 | Granted appropriations to Richland County for MHFA to sheriff's deputies and jailers. | \$114,599 |
| North Dakota | SB 2048 | Required MHFA training to be provided by school districts as part of teacher licensure requirements | \$50,000 |
| North Dakota | SB 2046 | Appropriated funding for MHFA training for Highway Patrol. | \$25,000 |
| Texas | SB 133 | Relating to MHFA training for school district employees and SROs. | No |



MENTAL HEALTH FIRST AID ENACTED LAWS (2013-2022)

| STATE | BILL NUMBER | BILL SUMMARY (IN RELATION TO MHFA) | APPROPRIATION |
|-------------------|------------------------|---|---|
| 2014 | | | |
| Colorado | HB1238 | Appropriations for Department of Human Services. | \$266,730 for MHFA and \$12,900 for YMHFA |
| Nebraska | LB901 | Omnibus bill contains Nebraska MHFA Training Act. | \$100,000 annually |
| Oklahoma | SB2127 | Appropriation for YMHFA. | \$570,000 |
| Virginia | HB5002 | Appropriation. | \$600,000 in 2014; \$600,000 in 2015 |
| 2013 | | | |
| Arizona | HB2001 | Appropriations Bill (two programs for mental health interventions). | \$250,000 |
| Illinois | HB1538 | Illinois Mental Health First Aid Training Act. | No |
| Maryland | HB100 | Appropriations. | \$300,000 |
| Minnesota | CH 108 | Appropriations. | \$22,000: 75% of funds to be used for YMHFA |
| Texas | SB955 | Appropriation for training of educators. | \$5,000,000 in 2013-2015 |
| Washington | HB1336 | School health counseling personnel. | No |
| Washington | SB6002 | Appropriation for educators/school health. | \$75,000 in 2014; \$21,000 in 2013 |