

MENTAL HEALTH FIRST AID

Doctoral Student Grant Program



From 2021-2024, the [Mental Health First Aid \(MHFA\) Doctoral Student Grant program](#) provided one-time funds of \$5,000 to full-time doctoral students interested in evaluating the outcomes of different MHFA courses across different communities in the United States.

The conditions of the grant required each recipient to complete their proposed project and pursue dissemination opportunities related to their project's findings and implications within two years. The program's purpose was to fill current evidence gaps within MHFA literature, help MHFA USA with internal programmatic enhancements, and provide passionate doctoral researchers with funds to pursue their research interests.

This document provides an overview of completed research projects from the MHFA Doctoral Student Grant Program at the time of this document's publication. Each grantee's methodology, main findings and implications and/or recommendations are provided in each overview. An implementation takeaway section is also provided to highlight how Instructors and implementing organizations can use this information for their own MHFA courses and initiatives.

In addition to the studies described here, there are forthcoming studies by:

- **Diksha Bali**, *School Psychology at the University of Maryland, College Park*
(Youth MHFA Version 2.0)
- **Morgan Grant**, *Health Education at Texas A&M University* (Youth MHFA Version 2.0)
- **Anaderi Iniguez**, *Prevention Science at Washington State University*
(Youth MHFA for Spanish-speaking Communities Version 2.0)
- **Romy Stancofski**, *School Psychology at the University of Maryland, College Park*
(Youth MHFA Version 2.0)

**Grantee:**

Mazneen Havewala, School Psychology at the University of Maryland, College Park

**Course(s)
Studied:**

Blended Youth MHFA Version 2.0

Significance:

The first randomized controlled study of Youth MHFA in the United States, which showed that the course benefits both the First Aider and the recipients of Mental Health First Aid

Overview

- This waitlist randomized controlled trial followed 99 Asian American parents and 89 of their children. An experimental group and a waitlist control group received the Youth MHFA training. The experimental group received a four-month follow-up.
- Parents were measured on mental health literacy, help-seeking attitudes toward child mental health services, use of MHFA behaviors, confidence using MHFA actions, their youth's mental health challenges and how acceptable they found the training. Their children also filled out measures related to internalizing and externalizing mental health issues at training and at follow-up.
- There were significant improvements in parental mental health literacy, stigmatization, confidence and help-seeking intentions, along with reduced stigma among parents and reduced challenges related to peers and conduct among youth. These changes were maintained after four months.
- Focus group and interview findings with Asian American youth highlighted challenges such as the pressure to excel academically and stress from navigating different customs and beliefs.

Implications

- Community-relevant curricula can help with buy-in and acceptance among Asian American parents.
- The outcomes of the course benefit not only the learners, but also people the learners support with their new skills.



Implementation Takeaways

- Adult learners who engage well with Youth MHFA topics may be able to positively influence their children's mental health after the course.
- Integrate relevant topics at appropriate times when teaching Youth MHFA to Asian American learners, which may include academic pressure and stress from navigating different customs and beliefs.

	Grantee:	Caroline Barry , Behavioral, Social and Health Education Sciences at Emory University
	Course(s) Studied:	In-person Youth MHFA Version 2.0
	Significance:	First study in the United States to look at implementation factors of MHFA in and near Tribal communities

Overview

- This qualitative project included 21 one-on-one in-depth interviews with YMHFA Instructors with experience working in rural schools on or near the Cherokee Nation Reservation in northeastern Oklahoma.
- Two frameworks called the Consolidated Framework for Implementation Research and the Relational Worldview were used to uncover recurring patterns or ideas (referred to as “themes”). A total of 41 themes emerged:
 - » Contextual factors included the high prevalence of mental health/substance use issues and lack of services, the variety of trainer quality, the course content’s ability to relieve teacher burden, and the high acceptability of the course content and design.
 - » Main facilitators included strong partnerships and connections, clear communication about training, buy-in from high-level opinion leaders, community-relevant curricula and Instructors’ fidelity to the training guidelines.
 - » Barriers included difficulties communicating with the National Council, stigma among parents, some difficulties with MHFA’s learning management platform, sites’ time constraints, and insufficient access to materials and equipment.



“You can’t argue with the data. ... I just think that [MHFA] sells itself because of the importance. ... Anyone who works with youth knows.”

— **MHFA Instructor**



Recommendations

- Increase engagement with communities, obtain buy-in from gatekeepers and opinion leaders, and evaluate the relevance of MHFA in Indigenous communities.
- Provide training and technical assistance, expand strategies to engage schools, improve communications and the Connect platform, and facilitate Instructor networking.
- Engage Instructors and implementation teams in trainings to improve relevance, ensure schools can support staff with better promotion of services to increase referral options, and offer refresher trainings.



Implementation Takeaways

- Look for organizations that can support your MHFA courses using grants, contracts and other approaches. This sets you up for success, particularly when implementing in rural and Tribal communities.
- Communicate the need for increased referral options and mental health prevention funding in rural and Tribal schools.
- Strategize with school administrators to use professional development days for mental health training whenever possible.

**Grantee:**

Melanie Soderstrom, *Criminal Justice at University of Central Florida*

Course(s) Studied:

In-person Youth MHFA Version 1.0 and Version 2.0, MHFA for Public Safety

Significance:

First MHFA study in the U.S. focused on implementation factors with law enforcement officers

Overview

- This multi-method study examined the impacts of Youth MHFA on law enforcement officers in Florida and the successes and challenges of implementation in this population.
- The 487 law enforcement officers who took the Youth MHFA course across 53 sessions reported general satisfaction with the training and saw significant improvements in knowledge, attitudes, confidence and helping intentions from before to after the course.
- There were 18 in-depth interviews with MHFA Instructors who had experience teaching law enforcement. The interviews showed that there were many complex and specific challenges with teaching this population. Some challenges included deeply rooted stigma, low buy-in for mandatory trainings, scheduling difficulties, and expectations around accreditation and learning about state and local laws/resources.

Recommendations

- There were several recommendations from this project regarding the provision of implementation guidance when teaching MHFA to law enforcement. These related to providing optional trainings, having Instructors or co-Instructors who have law enforcement experience, contextualizing the training with local and state statutes and resources, and encouraging expectation-setting conversations with the agency before the course.



“A lot of [law enforcement officers] like the training. Almost all of them. And when we ask would they recommend it, they say ‘definitely.’”

— **MHFA Instructor**



“I think [MHFA] is great for newly hired people, because they, especially with the younger generation, don’t know how to talk to people. ... So, it’s good to have them work through the scenarios to think about how they would address things and what they would say.”

— **MHFA Instructor**



Implementation Takeaways

- Ensure that MHFA training is not mandatory for law enforcement agency staff, to improve engagement and buy-in.
- If you have an opportunity to train law enforcement officers, consider whether you have the appropriate experience and credibility with them. If you do not, find a co-Instructor who can train this group.
- Supplement the training with information about state laws and local resources and discuss statutes around mental health crisis response.
- Provide more breaks and amended timelines for this group.
- Encourage conversations on the agency’s expectations and the state, local and agency mental health policies that should be covered during the training.

	Grantee:	Olivia Khoo , School Psychology at Columbia University
	Course(s) Studied:	Blended Virtual Youth MHFA Version 2.0
	Significance:	Filled in evidence gap regarding the Blended Youth MHFA program and the curriculum's relevance to educators and youth with at least one foreign-born parent

Overview

- This mixed-method evaluation of Youth MHFA explored the experiences of 36 educators of youth with at least one foreign-born parent who took the blended virtual version of Youth MHFA during the pandemic.
- Quantitative findings from pre-evaluation, post-evaluation and three-month follow-up showed that participants had significantly improved and sustained knowledge, confidence and attitudes toward mental health challenges after taking Youth MHFA.
- Focus groups with 33 participants showed that 70%-75% of the participants used the training information to help themselves or others three months after training. Participants said that Youth MHFA had high acceptability and community relevance, but there were concerns with timing, scheduling and limited content.

Implications and Recommendations

- This project highlighted the connections among self-care, mental health literacy and helping behaviors, as educators note that not practicing self-care makes it hard to help others.
- Furthermore, the content's relevance to this community can be improved by providing additional content/resources on mental health stigma, unique stressors, community norms, skills training and representative scenarios. It can also be improved by incorporating youth voices when creating these resources.



Implementation Takeaways

- The blended virtual modality of Youth MHFA with virtual Instructor-led training is highly acceptable among educators and is an effective way to teach helping skills to educators.
- Emphasize the connection between self-care and MHFA helping behaviors during the course when training educators.
- When training educators, incorporate information on the role of stigma, community norms and unique stressors at appropriate times.
- Encourage setting up Youth MHFA trainings with educators (including virtually) during school hours, ensure the integration of Youth MHFA into the multi-tiered systems of supports framework, and foster districtwide partnerships with school leaders to ensure sustainability.



	Grantee:	Ami Patel , School Psychology at the University of Maryland, College Park
	Course(s) Studied:	Blended Youth MHFA Version 2.0
	Significance:	Explored the Youth MHFA training for South Asian American and Southeast Asian American parents

Overview

- This mixed methods study of an adapted version of Youth MHFA investigated its effectiveness for South Asian American and Southeast Asian American parents. Participants filled out surveys before the course, one month after the course and four months after the course.
- The 137 parents were randomly assigned to an experimental group or waitlist control group. The experimental group saw significant improvements in confidence to help youth, mental health service use, help-seeking intentions and stigmatization compared to the waitlist control group after the training. Both groups also had significant improvements in mental health literacy, mental health service use, confidence to help youth, attitudes toward psychological services, help-seeking attitudes and stigmatization over time.
- Focus groups with 10 mental health professionals and six parents noted a variety of distinct challenges shared by youth in these communities, including social stigma, perceptions of losing face, and navigating new norms and dynamics.

Implications

- When Youth MHFA is adapted to improve relevance to a community, it can be effective in improving not just knowledge, skills and attitudes, but also the use of any type of mental health service.



Implementation Takeaways

- Incorporate community strengths into the training, share relevant mental health resources and identify ways participants can use existing resources to cope.
- Parents may benefit from booster sessions that focus on practicing challenging skills such as direct communication techniques.

 	Grantee:	Ashley Coburn and Breanna King, <i>School Psychology at the University of Northern Colorado</i>
	Course(s) Studied:	Blended and In-person Youth MHFA Version 2.0
	Significance:	Explored the Youth MHFA training for rural school personnel in the Mountain West region

Overview

- This study evaluated the mental health literacy, attitudes, confidence and help-seeking intentions of 90 public school personnel from rural districts across Colorado, Montana, New Mexico and Wyoming. Participants filled out pre- and post-training evaluations and a six-month follow-up survey.
- Participants who completed Youth MHFA training saw significantly improved mental health literacy, attitudes toward mental health, self-efficacy and confidence. Intentions to provide resources and refer a young person to a mental health professional did not significantly increase. The training was found to be acceptable, appropriate and feasible for rural schools, with some areas for improvement.

Implications

- The content of Youth MHFA training is generally acceptable and appropriate, providing evidence for schoolwide implementation in rural settings.
- Mental health literacy can reduce stigma and improve the confidence and likelihood of providing help to a young person in need, but it does not always translate to more intensive help-seeking behaviors in this community.



Implementation Takeaways

- Information about mental health resources needs to be tailored to the community to make the program more suitable for rural areas, given the limited accessibility of resources.
- Provide language participants can use to dispel misunderstandings about youth mental health. This could further help normalize conversations about mental health.
- Provide guidance on how rural school personnel can pursue help for youth once an issue has been identified.



	Grantee:	Natalie Malone , <i>Counseling Psychology at the University of Kentucky</i>
	Course(s) Studied:	In-person Adult MHFA Version 2.0
	Significance:	First MHFA study on Black faith communities

Overview

- This study explored the longitudinal impacts of Adult MHFA on Black church leaders in Kentucky.
- Ten Black church leaders filled out pre- and post-evaluations after taking the MHFA training. After certification, they also engaged in biweekly check-ins and bimonthly focus groups regarding MHFA content, stressors and other updates.
- A total of 13 biweekly check-ins were conducted and analyzed using reflexive thematic analysis. There were 392 total MHFA engagements and 142 instances of providing mental health resources to church congregants.
- Major themes of the check-ins and focus groups included highlighting improved knowledge of resources, the ability to respond effectively to mental health challenges and crises within the church environment, the breaking of mental health stigma, and improved confidence to provide help. Some recommended improvements were related to how MHFA can more effectively reach and be implemented in faith-based communities.

Implications

- The study highlighted Black church leaders' positive feelings about the application to MHFA in church settings.
- Incorporating community-relevant information and considerations to Black spiritual communities throughout the course likely provided ample relevance to this group of participants.



Implementation Takeaways

- Including community-relevant questions and considerations can improve the effectiveness of the course. Instructors who teach MHFA in similar communities should think about how spiritual experiences intersect with mental health.
- Trainings in faith-based communities could benefit from church-led workshops, leadership training and embedding mental health concepts into faith activities like Bible study.

	Grantee:	Claudia Won , <i>Social Work at the University of Alabama</i>
	Course(s) Studied:	In-person Youth MHFA for Korean-speaking Communities Version 2.0*
	Significance:	First study of the Korean version of Youth MHFA course

Overview

- This mixed methods study investigated the feasibility, effectiveness and acceptability of the Korean version of the Youth MHFA course among 24 Korean-speaking adults born outside the United States.
- Pre- and post-evaluations were given to participants two weeks before the training and up to two weeks after the training, and interviews were conducted a month after the training.
- Quantitative findings showed that study participants experienced increased positive changes in mental health literacy, confidence and attitudes, and endorsed this version of Youth MHFA as helpful, practical and appropriate.
- Qualitative interviews confirmed and expanded on many of the findings from the quantitative results. Participants also voiced a desire for more practice opportunities, more community-relevant scenarios, and splitting the course across two days. When speaking about unmet youth mental health service needs, some themes that emerged included limited cross-generation conversations, lack of access to formal services, and the need for a community empowerment approach.

Implications and Recommendations

- Follow-up/booster sessions and community support groups can help reinforce and maintain knowledge, beliefs and attitudes after taking the training.
- More information about the parent-child relationship may be useful in this course.



Implementation Takeaways

- Creating small groups of trained First Aiders may help with building social connection and discussing mental health experiences after the course is over.
- Recruitment strategies such as collaborations with schools and existing Korean-speaking support groups may be effective ways to engage with this community. Providing stigma-free information sessions may help potential participants understand the training content beforehand.

* This course is no longer available.



	Grantee:	Dee Williams, Social Work at the University of North Carolina, Chapel Hill
	Course(s) Studied:	In-person and Blended Adult MHFA Version 2.0
	Significance:	First mixed methods evaluation of a campuswide implementation of MHFA

Overview

- Between May 2022 and June 2023, over 1,000 students, faculty, staff and community partners were part of a [campuswide implementation of MHFA at the University of North Carolina, Chapel Hill](#).
- This mixed methods evaluation looked at the effectiveness of the campus' MHFA implementation by providing two follow-up surveys and conducting interviews with First Aiders. A total of 264 people completed the three-month follow-up survey, and 184 completed the six-month follow-up survey. Twenty-two people who took MHFA in the past year were interviewed to understand their experiences.
- Participants' satisfaction was high: 98% said they would recommend the MHFA training to others, and 55% said they "very frequently" or "always" used MHFA skills in the past three months, with a significant increase in skill usage from three to six months. Self-efficacy and MHFA knowledge were stable from three months to six months.
- Participants found that the training felt pertinent and validating in the context of their personal and professional lives. Those without a mental health background found the information to be more novel and comprehensive. Information on asking about suicidal ideation was noted as particularly useful.



"[MHFA] made me more aware of other students around me. ... [MHFA] training allowed me to be closer to students and reach out to them when I could, notice if they were in a vulnerable kind of time. It made me more comfortable being able to reach out to people who maybe seem like [they need] a helping hand or an ear to listen to their problems.

— MHFA participant, undergraduate student

Implications

- Large-scale MHFA implementation on university campuses can provide important opportunities to increase awareness and preparedness, practice key skills, reduce stigma, and enhance support networks and crisis response in ways that can improve the campus climate.
- Participants may receive greater benefit from this course if they are self-motivated to take it.
- There are future opportunities to explore the effectiveness of MHFA on subgroups, participants' perceptions of benefits and concerns, and different students' level of access of traditional mental health resources.



“[MHFA] was a good training. ... It’s a very needed training because [of] that psychosocial piece, that every human has. ... [MHFA] just gives us another way to help people that we encounter and are in contact with.”

— MHFA participant, undergraduate student



Implementation Takeaways

- Although most training effects are maintained over time, refresher trainings can help bolster First Aiders' skill sets in the long term.
- Incorporating peer-support pods, ongoing consultation and printed/electronic resources that relate to MHFA concepts may help remind First Aiders about MHFA behavioral skills.
- Encourage any broad implementation of MHFA to include student-led initiatives and solutions.



	Grantee:	Lily Chen , Nursing at University of North Carolina, Chapel Hill
	Course(s) Studied:	Blended Youth MHFA for Chinese-speaking Communities Version 2.0*
	Significance:	First study of the Chinese version of Youth MHFA course.

Overview

- This longitudinal randomized experimental study compared the effectiveness of the Chinese and English versions of Youth MHFA among 75 Chinese Americans.
- Participants were randomly assigned to take either Youth MHFA for Chinese-speaking Communities or Youth MHFA in English, completed pre-and post-evaluations, and took three-month and six-month follow-up surveys related to mental health literacy, beliefs and attitudes.
- Both groups' mental health knowledge increased significantly from before to after taking the training. Both groups' perceptions of mental health and attitudes toward mental health also showed a significant improvement after the training. The differences in these increases between the two language groups were not significant.
- Mental health literacy, beliefs and attitudes all were maintained three months after training, but mental health literacy decreased six months after training.

Implications and Recommendations

- Even though the course provided similar improvements to both Chinese- and English-speaking groups in this study, the Chinese course had greater resonance for people who speak Chinese as their first language.
- The Chinese translation of Youth MHFA may require an update by professionals with MHFA training experience, a mental health background and a good command of the Chinese language across different linguistic backgrounds to improve its accuracy and quality.



Implementation Takeaways

- Follow-up or booster sessions can help reinforce and maintain knowledge, beliefs and attitudes after the training.
- Ensure that MHFA can be carried out in community-centric and linguistically relevant ways that have greater resonance for different communities, for example by providing community-relevant resources and trainers who can navigate mental health terminology in another language.

* This course is no longer available.