



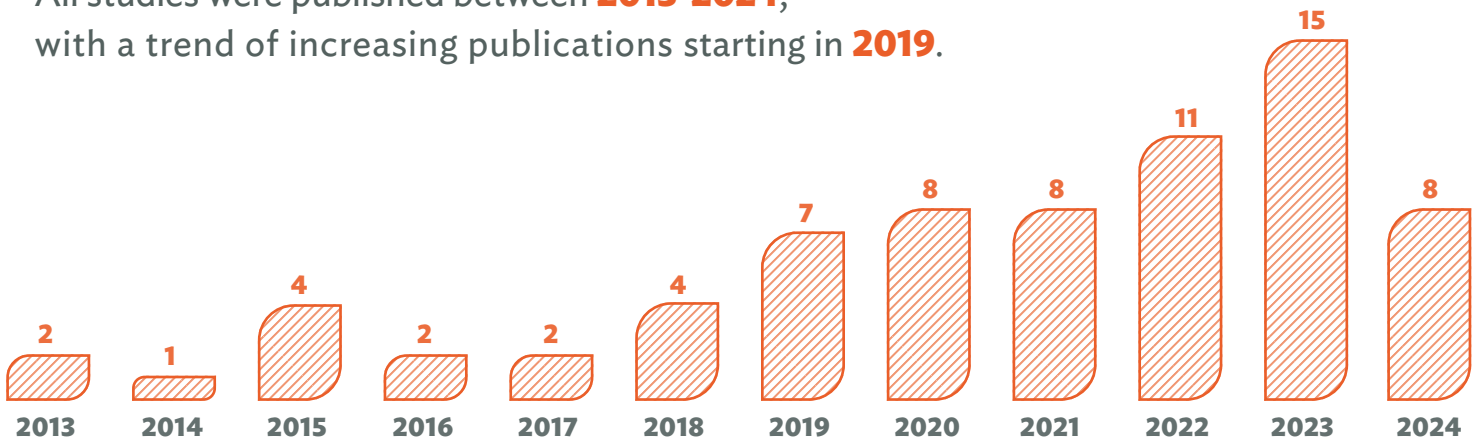
Scoping reviews systematically map published literature on a topic by identifying key concepts, theories, and sources of evidence, often to determine gaps in the literature.

Systematic reviews collect and summarize all available published evidence on a specific research topic.



Meta-analyses use statistics to summarize all available published evidence on a specific research topic.

All studies were published between **2013-2024**, with a trend of increasing publications starting in **2019**.



Of the **59** evaluation studies:



36 studied **Adult MHFA**



14 studied **Youth MHFA**



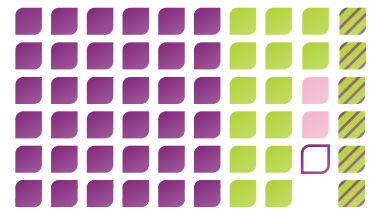
2 studied **Teen MHFA**



1 studied **MHFA for Older Adults**



6 studied **both Adult and Youth MHFA**



Of the **13** reviews/meta-analyses:



3 covered **Youth/teen MHFA**

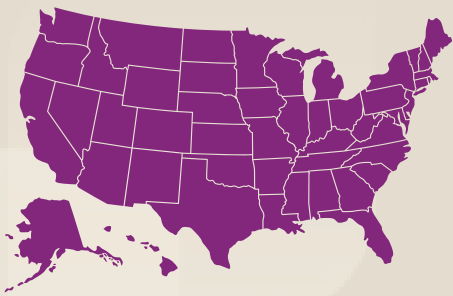


and **10** covered **Adult MHFA**.



NOTE: There are additional miscellaneous publications, including **15 master's theses** and **doctoral dissertations**, **1 pilot description**, and **1 poster abstract** not included in the overall count above.

Don't see your research publication on MHFA listed here? Please contact us at [Hello@MentalHealthFirstAid.org](mailto>Hello@MentalHealthFirstAid.org)



Findings from Adult MHFA Studies in the United States

Adult MHFA studies focused on a variety of populations including:



Adults living in urban and rural areas
7, 11, 14, 18, 36, 55, 64, 66, 73



Students and higher education staff
3-4, 17, 24, 39, 44-45, 53, 62, 65, 68



Medical professionals
6, 24, 44-45, 71-72, 74



Community-based workers
37, 57



Refugee communities
27, 63



Military communities
48



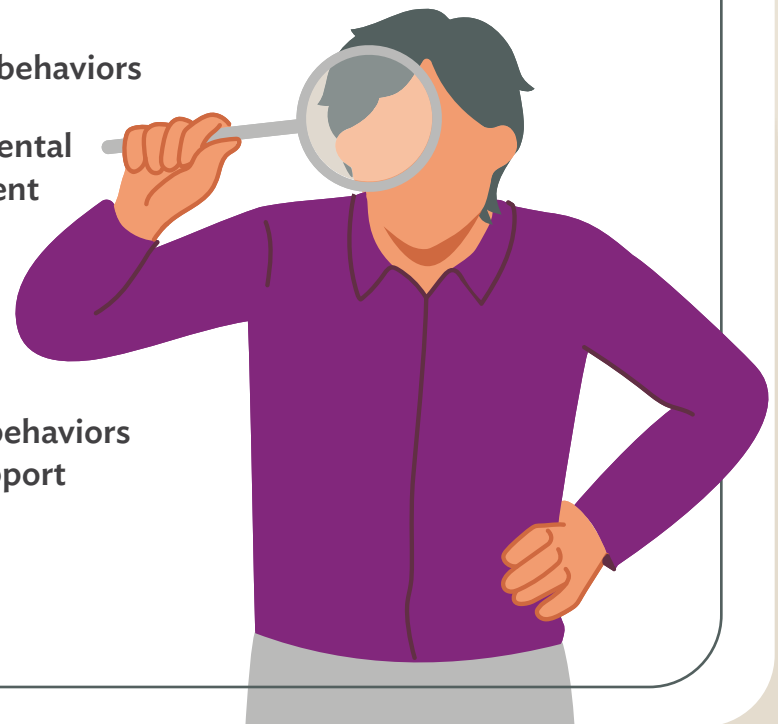
Church members and leaders
13, 41



Justice Professionals
5, 21, 65, 67

Adult MHFA studies tracked a variety of measures, including:

- Mental health literacy
- Confidence
- Self-efficacy
- Attitudes toward mental illness
- Stigma and empathy
- Course satisfaction
- Recognition of mental health issues
- Use of MHFA behaviors
- Seeking out mental health treatment
- Training engagement
- Identification of assistance behaviors treatment/support resources



Major findings for Adult MHFA

FINDING:

Increased mental health literacy, including ^{3-5, 7, 11, 13-14, 17-18, 27, 33, 35, 37, 39, 40, 46-47, 53, 55, 63-65, 68, 74}

- Knowledge of signs, symptoms and risk factors of mental health and substance use challenges.
- Ability to identify appropriate types of professionals and self-help resources for individuals with a mental health or substance use challenge.



FINDING:

Increased confidence/self-efficacy and likelihood to help an individual in distress. ^{3-5, 7, 11, 17-18, 22, 24, 39-40, 45, 48, 53, 55, 63, 66, 67, 71, 73, 74}

FINDING:

Reduced stigma and increased empathy toward individuals with mental health challenges. ^{5, 13, 24, 35, 37, 40, 44-45, 64-66, 68}



FINDING:

Use of MHFA skills after training. ^{36, 57, 62, 71-73, 74}

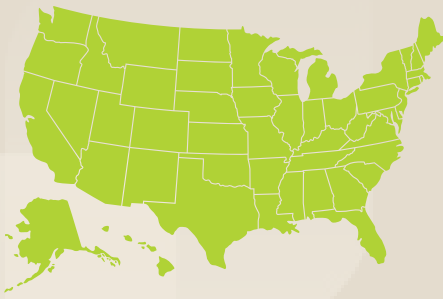
FINDING:

Increased likelihood to seek therapy or mental health care for themselves. ³⁹



FINDING:

Correct application of MHFA skills during a simulation. ⁵¹



Findings from Youth MHFA Studies in the United States

Youth MHFA studies focused on a variety of populations including:



Social work students ⁵⁸



School personnel ^{8, 20, 26, 28, 32, 52}



Parents ^{31, 42, 54, 69}



Youth workers ^{60, 69}



Social services employees ^{1, 9, 20, 28, 74}



Mental health professionals ^{28, 52, 54}



Juvenile justice employees ^{2, 9, 20, 52}

Youth MHFA studies tracked a variety of measures, including:

- Mental health literacy
- Confidence
- Self-efficacy
- Attitudes
- Stigma
- Awareness of treatment resources
- Program satisfaction
- Behavioral intentions
- Recognition of cues to perform MHFA
- Performance of MHFA actions



Major findings for Youth MHFA



FINDING:

Increased mental health literacy, including^{7, 9, 20, 26, 28, 31-33, 42, 52, 58, 60, 69, 745}:

- Knowledge of signs, symptoms and risk factors of mental health and substance use challenges
- Ability to identify appropriate types of professionals and self-help resources for youth with a mental health or substance use challenge.



FINDING:

Increased confidence/self-efficacy and likelihood to help a young person in distress.^{1, 7, 9, 20, 26, 28, 31-32, 42, 52, 58, 60, 69}

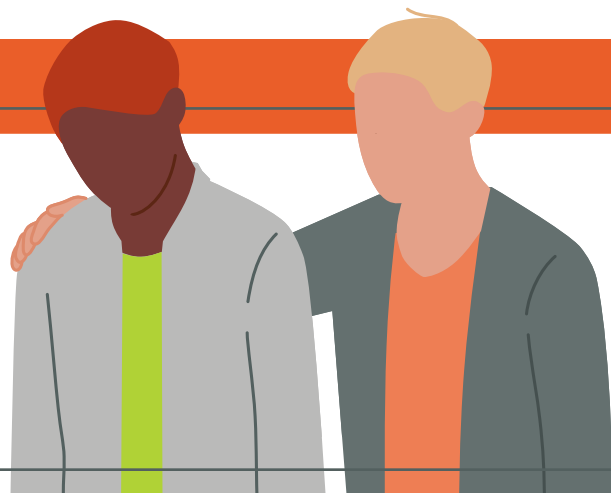


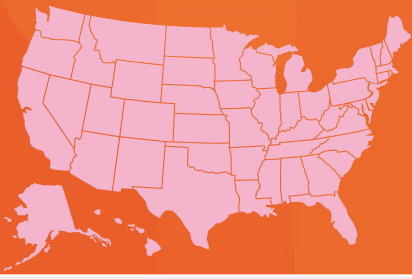
FINDING:

Reduced stigma and increased empathy/acceptance toward youth with mental health challenges.^{20, 26, 31, 35, 42, 52, 58, 60, 69}

FINDING:

Use of MHFA skills after training.^{2, 36, 52}





Findings from teen MHFA Studies in the United States

Starting in Fall of 2018, the National Council for Mental Wellbeing engaged a group of researchers at the Johns Hopkins Bloomberg School of Public Health to conduct a series of research trials. These studies aimed to culturally adapt the Australian version of tMHFA to the United States, and to evaluate the impact of tMHFA in schools across the U.S.

Rosenbaum and colleagues brought together multiple stakeholders such as teens across the US, experts in mental health, MHFA National Trainers and Youth MHFA Instructors to culturally adapt the Australian version of tMHFA to the United States.⁵⁹ Recommendations regarding course topics, safety protocols, implementation guidance, and format were taken to create the US tMHFA program.

A 2023 study examined the effectiveness of the tMHFA program in schools across the country.⁶⁴ Similar to findings in studies by Laura Hart and colleagues in Australia,²⁹⁻³⁰ the effectiveness trial found that after taking tMHFA, students experienced:

 **FINDING:**

Improvements in endorsing helpful intentions to help a peer.

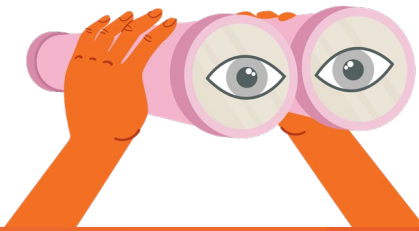


 **FINDING:**

Increases in the number of adults rated as helpful.

 **FINDING:**

Reduction in unhelpful or harmful intentions toward a peer.



 **FINDING:**

Decrease in stigmatizing beliefs.



 **FINDING:**

Improved confidence in helping peers across a range of mental health concerns.

 **FINDING:**

Moderate changes to perceptions of adults as helpful.

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