

NASW Continued Education (CE) Attendance Sheet **(ONLY SIGN IF REQUESTING CE CREDIT)**

To earn CEs for this training you must complete the following steps:

- 1) Sign the attendance sheet daily.
- 2) Provide your license number.
- 3) Provide the state you hold your professional license.

You may only earn CEs if you attend the entire workshop for the full 5 days. **Expedited participants are currently not eligible for these CEUs.** Certificates will be sent from the National Council within **60 days** of program completion. **The training is approved ONLY by the following organizations for 32 Continuing Education Contact Hours:**

❖ **National Association of Social Workers (NASW)** ****Note: No NASW CEUs are offered through MI, NY, WV, NJ, ID, OR**

Printed Name	Sign In – Mon	Sign Out - Mon	Sign in – Tues	Sign Out - Tues	Sign in – Wed	Sign Out - Wed	Sign in – Thurs	Sign Out - Thurs	Sign in - Fri	Sign Out - Fri	License # NASW Only <i>**Must provide**</i>	State
Jane Example	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	LCS12345	AR



Youth Mental Health Opinions Quiz

Please indicate whether you agree, disagree, or are unsure of the statements below.

Q1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea into his or her head.

AGREE DISAGREE DON'T KNOW

Q2. Depression tends to show up earlier in a young person's life than anxiety.

AGREE DISAGREE DON'T KNOW

Q3. If a young person experiences a trauma, it is best to make him or her talk about it as soon as possible.

AGREE DISAGREE DON'T KNOW

Q4. They may not need it right away, but eventually everyone with a mental health problem needs professional treatment.

AGREE DISAGREE DON'T KNOW

Q5. Knowledge about the impact of medication for youth is limited compared to what we know about adults.

AGREE DISAGREE DON'T KNOW

Q6. It is best to get a person having a panic attack to breathe into a paper bag.

AGREE DISAGREE DON'T KNOW

Q7. A first-aider can distinguish a panic attack from a heart attack.

AGREE DISAGREE DON'T KNOW

Q8. Exercise can help relieve depressive and anxiety disorders.

AGREE DISAGREE DON'T KNOW

Q9. Schizophrenia is a relatively common diagnosis for youth under the age of 18.

AGREE DISAGREE DON'T KNOW

Q10. It is best not to try to reason with people having delusions.

AGREE DISAGREE DON'T KNOW

Q11. People who talk about suicide don't complete suicide.

AGREE DISAGREE DON'T KNOW

Q12. When talking to someone about suicide, it is best to be indirect and not use the word "kill" so that you don't upset the person.

AGREE DISAGREE DON'T KNOW

Q13. Trauma is a risk factor in almost every type of mental illness.

AGREE DISAGREE DON'T KNOW

Q14. Spirituality can be a protective factor --- keeping a young person from developing a mental illness or minimizing the impact of the illness.

AGREE DISAGREE DON'T KNOW

Q15. People with mental health problems tend to have a better outcome if family members are not critical of them.

AGREE DISAGREE DON'T KNOW

Age 8-12

Age 13-17

Age 18-24

Age 25-35



Anxiety Disorders

Schizophrenia



Substance Use Disorders

Bipolar



Depression

Eating Disorders



Schizophrenia

Anxiety Disorders



Bipolar

Substance Use Disorders



Eating Disorders

Depression



Anxiety Disorders

Schizophrenia



Substance Use Disorders

Bipolar



Depression

Eating Disorders



Schizophrenia

Anxiety Disorders



Bipolar

Substance Use Disorders



Eating Disorders

Depression



Anxiety Disorders

Schizophrenia



Substance Use Disorders

Bipolar



Depression

Eating Disorders



YOUTH
MENTAL
HEALTH
FIRST AID®

Auditory Hallucination Script

Why are you talking to him (her)?

Don't trust him.

Is he looking at you?

Why would he (she) want to talk with you?

Do you think you can trust him (her)?

You can't trust him (her). You can't trust anyone.

DEFINITIONS EXERCISE: FIND YOUR MATCH

Before showing slide #8, have the class participate in an exercise to connect commonly heard terms with appropriate definitions. Using the template included in the handouts, give each participant a card with either the name of a disorder or the definition of a disorder. Depending on the size of your class, allow the group about 3-5 minutes to find their mate, thus pairing the disorder with its definition. (You may need to make more than one set of cards so that everyone in your class can participate.)

Once every participant is paired up, show slide #8 and walk through the disorders listed. Read the disorder from the slide, and then invite the groups to share the definition. Stress that these are not the only disorders that can affect youth, but are disorders that many of us may have heard about. The goal of the exercise is simply to add appropriate definition to commonly heard terms, so that the class has shared meaning during the rest of the course.

Alternative Exercise: If your class is very large or your space very tight, you can do a table version of this exercise. Just assign a disorder to each table (or small group) and have them use the manual to answer the following questions:

What is the definition of this disorder?

What are the key symptoms of this disorder?

What are three risk factors for this disorder?

Give each group approximately 5 minutes to find the answers and then have them report their findings to the full group.

Remember when discussing these disorders to model person-first language for your class. Even though we are defining disorders, the emphasis should remain on the impact of the disorders on the lives of youth.

<p>Attention Deficit Hyperactivity Disorder</p>	<p>A disorder affecting 3-5% of school-aged children in which inattention, overactivity, impulsivity or a combination of these symptoms are present. Symptoms include being easily distracted, having difficulty finishing schoolwork, putting off tasks that require sustained mental effort and being disorganized.</p>
<p>Depression</p>	<p>A mood disorder that affects 9% of youth ages 12-17 characterized by an unusually sad mood, loss of interest/enjoyment, and, for some, irritability and a tendency to “snap” at others.</p>
<p>Bipolar Disorder</p>	<p>Youth with this disorder experience times of depression mixed with episodes of normal mood and mania (elevated mood, increased energy and overconfidence). Youth may experience more rapid mood changes than adults, appear more irritable or aggressive, and engage in increased risk-taking.</p>
<p>Anxiety Disorders</p>	<p>One in eight youth will experience one (or more) of these disorders, which can be ongoing or situational. Symptoms include general worry, fear in social settings and physical problems such as headaches and an upset stomach.</p>

<p>Eating Disorders</p>	<p>A third of the people, often female, who develop these disorders experience their first episodes between the ages of 11-15. Youth may have low self-esteem, may measure their worth based on their weight or body shape, and may take extreme measures in an attempt to control their weight.</p>
<p>Psychosis</p>	<p>Youth with these disorders experience episodes in which they lose some touch with reality, which can severely disrupt the young person's thinking, emotions and behavior.</p>
<p>Substance Use Disorders</p>	<p>Often co-occurring with other types of mental health problems, these disorders can lead to difficulty fulfilling school or family responsibilities, increased risk-taking and legal problems.</p>

EXERCISE: Typical Adolescent Development

Post four sheets of flip chart paper around the room; one each with the following headers: Physical, Mental, Social and Emotional. Note that youth are going through a lot of changes and typical development between the ages of 12-18. Before showing slides 13 and 14, ask participants to think about the types of changes and growth that youth go through. Encourage them to think about how these changes show physically, mentally, emotionally and socially. Now, invite participants to grab a marker and add a bullet to any or all of the lists around the room that gives an example of typical youth development. (Don't worry about clear distinctions between the mental and emotional categories.)

Note: Participant responses will often be more specific than the information on slides 13 and 14. Use their specific examples to demonstrate the categories of changes that a youth may experience.

Alternative: A quicker version of this exercise can be done as table assignments. Break the room into four groups and assign each group the task of identifying examples of how you might see typical developmental changes in each category: Physical, Mental, Social and Emotional.

SIGNS & SYMPTOMS WORD SEARCH

Look across, forward and backward, up and down, and diagonally to find 20 potential signs and symptoms you might see when a youth is experiencing a mental health problem.

Q S S B U B V D Z L Y Q I Q E N A G N R
H T F S R G R N W Z A S R L O K L P K M
M N H N E Y E S J Q H U J I R Z Q N U X
P O D O M L F J X N D O T P L K T G N G
P P O O U N E X P L A I N E D A C H E S
W S U D Z G W P A T B X Y O L E C M X K
C T T N S Q H W O I K N H K Y I P G P Q
H R T H B W A T H H W A I G Z L P P L S
P Y Y O G R I N S P Y N C P S H X D A E
H D J I D U I N N O G C C T A E D E I G
E J Z H N F O Z G R F C M F D O Q L N N
B G T R O G E H A S F D O O J J D U E A
C I C K D Z C P T R Z A E E Q H P S D H
W C C A T Y I I P G H L S A S H B I F C
D A X U G D Q L P B N U S T T X M O E P
L S S E L T S E R T G I D W P H T N A E
H C Z Y S S E N S U O I C I P S U S R E
J M Q K N Y O U R S J S F A T I G U E L
N H S W S C K D Q A M O N P R I O C H S
C O M P U L S I V E L Z O Z I O M N W O

ANXIOUS
DELUSIONS
FATIGUE
MOOD SWINGS
SAD
TALKING RAPIDLY
UNEXPLAINED FEAR

COMPULSIVE
DRUG USE
HOPELESS
RACING THOUGHTS
SLEEP CHANGES
THOUGHTS OF DEATH
WITHDRAWAL

CRYING
DRY MOUTH
LACK OF INHIBITION
RESTLESS
SUSPICIOUSNESS
UNEXPLAINED ACHES



Draw the following chart on a white board or flip chart page. Then, have tables compete by selecting categories and dollar amounts.

Things You Can Do	Things a Youth Can Do	Wildcard
\$100	\$100	\$100
\$200	\$200	\$200
\$300	\$300	\$300
\$400	\$400	\$400
\$500	\$500	\$500

Once a group selects a box, read the corresponding statement from the box below. The players then select a category from slides titled “Protective Factors” (28 & 29). Remind players to deliver their answers in the form of a question.

Things You Can Do	Things a Youth Can Do	Wildcard
\$100 “You did a good job”	\$100 Get enough sleep	\$100 Talk about issues as a family
\$200 Have dinner together as often as possible	\$200 Meditate	\$200 Exercise
\$300 Friend them on Facebook or follow them on Twitter	\$300 Participate in soccer, gymnastics or another sport	\$300 Volunteer
\$400 “How was your day?”	\$400 Pick your friends wisely	\$400 Brainstorm solutions
\$500 Know their friends...and their friends’ parents	\$500 Recognize his/her strengths	\$500 Just be there — and listen!



What Is...The Answer Key

Things You Can Do	Things a Youth Can Do	Wildcard
<p>\$100 What is Good Self-Esteem? (also accept familial support)</p>	<p>\$100 What are Healthy Practices? (also accept: consistent home routine)</p>	<p>\$100 What is Good Problem Solving Skills?</p>
<p>\$200 What is a Consistent Home Routine? (also accept: familial support)</p>	<p>\$200 What is Spirituality? (also accept: feeling of control, healthy practice)</p>	<p>\$200 What are Healthy Practices?</p>
<p>\$300 What is High Monitoring of Activities?</p>	<p>\$300 What is Constructive Recreation? (also accept: social support system, community bonding)</p>	<p>\$300 What is Community Bonding? (also accept: good social support system, spirituality)</p>
<p>\$400 What is Feeling Close to At Least One Adult? (also accept: familial support)</p>	<p>\$400 What is A Good Social Support System? (also accept: feeling in control, avoiding alcohol and drugs)</p>	<p>\$400 What are Good Problem Solving Skills?</p>
<p>\$500 What is High Monitoring of Youth's Activities?</p>	<p>\$500 What is Good Self Esteem?</p>	<p>\$500 What is Feeling Close to at least one adult?</p>

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

Youth Mental Health First Aid Scenarios

Kim's Story**Scene 1**

Kim is a 12-year-old girl who recently moved to the area, just in time to start a new middle school. She has struggled to fit in and establish close friends, although she is generally an outgoing, happy young girl. Lately, she seems moody and you notice that she's not trying as hard to cultivate friendships. Even her appearance seems a little off—like she's not paying as much attention to her wardrobe or her hair.

Group Discussion: You are a teacher at Kim's school. How would you approach her?

**Kim's Story****Scene 2**

When you talk with Kim, you learn that she's really lost her confidence and is feeling desperate to fit in. She feels hopeless, ugly and rejected. She says that she'll be better liked if she could just lose weight. (Kim is already quite thin).

**Kim's Story****Scene 3**

As you continue to talk, Kim is very focused on losing weight and avoiding food. She eventually shares that she's overwhelmed and feels like she has no control over her life.

The Crisis Scenario

Kim's Story**Final**

In class today, Kim seems like she can barely stay awake. When you try to talk with her after class, she seems disoriented and wobbly. As you're trying to connect with her, she passes out.

Clayton's Story**Scene 1**

Clayton is a 16-year-old high school sophomore and top seed on the school tennis team. He is a student leader and one of the most popular boys in school. He has “gone steady” with his next door neighbor for the past two years. They recently broke up and Clayton appears to be taking it hard. He seems sad, has been showing up late for school and even missed tennis practice on Monday.

Group Discussion: You are Clayton's tennis coach. How would you approach him?

**Clayton's Story****Scene 2**

Clayton says everything is fine, and reassures you that the break-up was “no big deal.” He seems to have legitimate reasons for being late and missing practice, but you are still concerned as he just seems to go through the motions at practice. You also notice that he doesn't leave school with his friends as he usually does.

**Clayton's Story****Scene 3**

Clayton admits that he feels more devastated than he ever thought he would. He feels stuck because he sees his ex-girlfriend everyday—on the bus, at school, in the neighborhood. They are friends on Facebook, so he even sees her posts about the new guy she likes. He says he can't escape the sense of loss and sadness, even though it's been almost two months since they broke up.

The Crisis Scenario

Clayton's Story**Final**

At practice on Friday, Clayton seems back to his old self. He sweeps the match on Saturday and seems to be having a great time. He high-fives with his friends, tells his opponent to “remember his name,” and you even overhear him making plans for a big night out that evening. He says it will be a “the party of a lifetime.” You hope this means Clayton's back on track. However, in the locker room, you notice that Clayton hangs around after everyone else is gone. You see him put his letterman jacket in his best friend's locker and then try to slide an envelope into another friend's locker. You walk out to see what's going on, and notice that the envelope has his ex-girlfriend's name on it.

Keisha's Story**Scene 1**

Keisha is a 14-year-old girl who just never seemed to fit in. She doesn't have a lot of friends, often seems to struggle to find people to sit with at lunch, is usually selected last in PE and is picked on by Fred, a boy who likes to make a public display of his comments. She has a few close friends, and other kids don't seem to pick on her, but avoid Keisha so that Fred doesn't turn his attention on them. You've noticed that Keisha seems less outgoing lately and does not engage as much as she used to in group activities.

Group Discussion: *You are Keisha's youth group leader. How would you approach her?*

**Keisha's Story****Scene 2**

Keisha seems embarrassed that you've noticed that she gets picked on. She tells you everything is okay, pointing out that her grades are good, she just got a role in the school play and that she just placed in the state art contest. As you talk, however, she begins to open up about just wanting to disappear when Fred starts picking on her.

**Keisha's Story****Scene 3**

As the conversation continues, Keisha seems relieved to have someone to talk to. She eventually admits to "playing sick" a lot recently to avoid going to school—and thus avoiding Fred. She says she's having trouble concentrating and shares that she got a lower than usual grade on her algebra test last week. She's even thinking of dropping out of the school play, because she's afraid that it will only give Fred more reason to pick on her.

The Crisis Scenario

Keisha's Story**Final**

A few weeks later the group goes swimming and you see several cuts on Keisha's thighs. You pull her aside to ask what happened and she starts to tell you a long, complicated story about falling. You note that the cuts don't look like injuries from a fall, and that some look infected. She eventually admits that she's been cutting herself with a nail file.

Lauren's Story**Scene 1**

Nearing graduation, 17-year-old Lauren is in the top ten of her class and has been accepted into the college of her choice—as well as her back-up school. However, lately she's not been studying as much as usual and seems distracted. She's even been skipping her voice lessons—something she's been passionate about since she was 8-years-old.

Group Discussion: *Lauren is your daughter. How would you approach her?*

**Lauren's Story****Scene 2**

Lauren seems surprised that you're concerned and quickly reassures you that everything is fine. After all, her life is going according to plan, right? She says she's just busy. What she says sounds fine, but she just doesn't seem herself to you. Your best friend tells you not to worry that "it's just a stage" Lauren is going through. You're not convinced—especially when you learn that Lauren didn't submit her on-campus housing form that she'd told you was already done.

**Lauren's Story****Scene 3**

A week later, things don't seem any better for Lauren. She doesn't have any enthusiasm about going to college, she's still not going to her voice lessons and she seems like she's barely getting any sleep. She's always been a "night owl," but lately, you don't think she's even going to bed most nights. She seems exhausted and full of energy at the same time. You notice that she's pretty grumpy and that she is not spending much time with her friends.

The Crisis Scenario

Lauren's Story**Final**

You come home late one night to find Lauren agitated and pacing. When you try to talk with her, she speaks rapidly and says she doesn't feel right. She says she feels disconnected from herself. It's hard to get her to focus; she seems confused --- almost as if she's not really sure where she is. You cannot get her to calm down.

Raul's Story

Scene 1

13-year-old Raul is a sensitive only child, who makes friends easily, does well in school and succeeds in most things that he attempts. However, he has to be encouraged to try new things, seems to worry a lot about normal transitions and sometimes struggles to keep his emotions in check.

Group Discussion: *You are the director of Raul's summer camp. How would you approach him?*

**Raul's Story**

Scene 2

Raul says everything is fine, although as you talk more, it is clear that he is concerned about the upcoming relay race. He's also upset that one of his teammates seemed annoyed when Raul fell during an earlier race, even though he recovered quickly and their team came in second. As you talk, you realize that Raul worries about nearly every activity, from swimming to arts and crafts.

**Raul's Story**

Scene 3

You talk to one of the camp counselors who tells you that Raul has trouble saying goodbye to his dad in the morning and tries to hide that he gets teary. It takes him a long time to "warm up" to activities, but once he does, he seems okay—until the activity changes. Then he gets moody again. The other kids still like to play with him, but they do seem to be losing patience with his mood swings.

The Crisis Scenario

Raul's Story

Final

As the summer program winds down, campers and counselors alike are excited about the camp Olympics, camp show and overnight campout. Raul seems very worried about it all and even tries to get you to call his Dad to come get him. Raul eventually gets distracted with his friends and seems okay, but after the first Olympic race he's breathing very heavily, is pacing back and forth running his fingers through his hair. He says his chest hurts and that he can't breathe.

Jessica's Story**Scene 1**

16-year-old Jessica is one of the most popular girls in school. She's a cheerleader, near the top of her class academically and has tons of friends. She wants to cheer for a professional team and open her own dance studio when she's older.

Jessica and her boyfriend Sam recently broke up, but it seems that plenty of guys are lined up to take Sam's place. However, Sam and Jessica still seem to text one another constantly and spend a lot of time together on Facebook. When she's home, Jessica is so moody that you never know what to expect, she yells at her younger sister constantly and all she does is stay in her room or sleep.

Group Discussion: Jessica is your daughter. How would you approach her?

**Jessica's Story****Scene 2**

At dinner, Jessica announces that she quit the summer job that she'd gotten as a camp counselor at a cheerleading camp for young kids. When you try to talk to her about it, she just says that it's a lousy way to spend the summer and that she just wants to stay home and be left alone.

**Jessica's Story****Scene 3**

You see some texts on Jessica's cell phone and grow concerned. Sam says he is depressed, has no reason to live without her and wants everyone but her to leave him alone. Jessica's texts to Sam are all about how sorry she is about their breakup, that no one understands her either and that it would be her fault if Sam tried to kill himself. When you ask her about the texts, she's annoyed that you looked at her phone and tells you that you're "over reacting as usual."

The Crisis Scenario

Jessica's Story**Final**

However, late one night you see that she's left her laptop on and is still logged into Facebook. You are amazed to see Jessica's instant messages to Sam, saying that she's depressed too. She writes that if Sam kills himself that she will too. In fact, as you scroll through, you see that she's even tried different types of knives to see what really cuts skin and she's been getting pills from her grandmother's bathroom every time she goes to visit. You can see that these messages actually go back more than two weeks.

Jandell's Story

Scene 1

Jandell is a 15-year-old boy that you've known for years. He seems typical in every way: He has a normal amount of friends, has decent grades and is involved in a few activities after school. He seems to get along well with his friends, teachers and parents. You heard that over the summer, he was involved in a pretty serious car accident with his older brother and another friend. The friend was driving and everyone healed well from their injuries. Jandell doesn't seem like himself this year. He seems less interested in things, although he still manages to keep solid grades. You notice, however, that he seems a bit more emotional than he used to and that he doesn't hang out much with friends. Instead, he seems to only want to be with his brother.

Group Discussion: You are Jandell's teacher. How do you approach him?

**Jandell's Story**

Scene 2

Jandell blows off your initial outreach, telling you that everything is fine and nothing has changed. As you gently probe a bit deeper, you can see that he's stressed and upset, but he makes it clear that he doesn't want to talk.

**Jandell's Story**

Scene 3

Nothing seems to change much for Jandell as the semester continues. He still doesn't really seem like himself. He's stopped all of his afterschool activities, and spends most afternoons watching his older brother's basketball practice. He seems really jumpy and over-reacts to almost any loud noise. He looks tired, as if he's not getting much sleep.

The Crisis Scenario

Jandell's Story

Final

A student stops you in the hall to tell you that Jandell is "freaking out" in the bathroom. You rush in to see a group of students just staring at Jandell, who is in the corner of the bathroom, rocking back and forth, sweating profusely, with his hands over his ears. You ask another student what happened and he said that Jandell just started screaming right after the bell rang. He said two other guys were goofing around and slamming doors, but that nothing unusual was happening.

Leslie's Story**Scene 1**

Leslie is a 13-year-old girl, an average student who has never “fit in.” You’ve always noticed that she’s alone between classes and in the cafeteria --- usually reading a book. Lately, she seems to be moving more slowly, engage less in class and the book is absent, replaced by eyes that seem unfocused or disconnected from what’s going on around her.

Group Discussion: You are a teacher at Leslie’s school. How would you approach her?

**Leslie's Story****Scene 2**

When you talk with Leslie, she does not have much to say. She eventually shares that she’s just tired of not having friends and doesn’t see much point in school. You try to get her to say more, but she says she has to go.

**Leslie's Story****Scene 3**

Leslie’s grades begin to slip and she’s absent or late for school more and more. She “behaves” in class, but no longer engages unless forced to do so. She seems to be just going through the motions at school.

The Crisis Scenario

Leslie's Story**Final**

You overhear two students calling Leslie a “stoner,” and talking about seeing pills in her purse. You find Leslie alone near the lockers. She is startled when you call her name, but appears groggy and sullen when you try to talk with her.

Shelly's Story**Scene 1**

Shelly is the best babysitter you've ever found; in fact, she's like a part of your family and watches the kids every day after school and sometimes on weekends. One of the reasons you all love her so much is her energy and positive attitude: she gets on the floor to play Legos, creates special kid menus, and hosts "dance parties" for the kids and their friends. Lately, Shelly seems off. She still shows up on time, she still takes good care of the kids, but she doesn't seem to engage with them as much. She seems distant and distracted.

Group Discussion: *You are the parents who employ Shelly as a babysitter. How would you approach her?*

**Shelly's Story****Scene 2**

Shelly tells you that she and her boyfriend have just broken up. They had been applying to the same colleges and had even talked about getting married one day. She says she's not sleeping well and feels sad most of the time.

**Shelly's Story****Scene 3**

When you get home from work several days later, Shelly seems upset. She says she's having trouble handling the kids when they are fussy or uncooperative. She's convinced that the kids are "playing her," and says she can't babysit for you anymore.

The Crisis Scenario

Shelly's Story**Final**

Late Friday night, Shelly knocks on your door. She tells you that someone is following her, that she thinks he's after the kids and that they aren't safe. She says she has to leave right away – and take the kids to a safe place. She says her friend told her to take the kids to Canada. She's frustrated that you aren't packing the kids. She seems to be getting more and more agitated as she talks with you.

Sasha's Story**Scene 1**

Everyone knows 14-year-old Sasha's story. The school has called children's services several times because of reports of physical abuse and illegal drug use at home by her stepfather. Sasha seems pretty resilient and she is very protective of her younger brothers and sisters. In spite of the problems, she is generally upbeat and manages to make passing grades. Lately, Sasha's appearance seems to have changed. She looks sloppy, even dirty, at times. She no longer sits with her best friend at lunchtime and has been late to school more and more often.

Group Discussion: You are an administrator at Sasha's school. How do you approach her?

**Sasha's Story****Scene 2**

Sasha tells you that it's the "same old, same old" at home, but begs you not to call children's services again. She doesn't believe it will do any good, and says things at home always get worse after he comes back.

**Sasha's Story****Scene 3**

During the next few weeks, Sasha's grades begin to drop and her behavior becomes somewhat erratic. Some days she seems increasingly rebellious and even aggressive. Other days, she's withdrawn and moody.

The Crisis Scenario

Sasha's Story**Final**

Sasha gets into trouble at school for fighting. To make matters worse, she shoves a teacher who tries to break up the fight, causing the school safety officer to get involved. After a three-day suspension, she does not return to school, and no one seems to know why.

Johnny's Story**Scene 1**

Johnny has always been impatient. In elementary school, both his teachers and his parents would have to coerce him to behave appropriately. Lately, his behavior is getting worse. He refuses to do what you tell him to do, whether it is going to school, picking up after himself or simply being nice to his sister.

Group Discussion: You are Johnny's parent. How do you approach him?

**Johnny's Story****Scene 2**

At the store last night, Johnny's behavior was particularly upsetting. He screamed at you and threw a videogame across the store – all because you told him he had to save his own money to pay for the game. On the drive home, he continued to yell, blaming you for his behavior. When you get home, Johnny's sister tells you that she doesn't want her upcoming birthday party at home as you'd been planning. In fact, she says firmly, she doesn't want a party at all if Johnny is going to be there.

**Johnny's Story****Scene 3**

A few weeks later, you get a call from school that Johnny has again been kicked off the school bus for his continued use of foul language toward other students and, to make matters worse, he's now expelled from school for a week.

The Crisis Scenario

Johnny's Story**Final**

Johnny's sister calls you sounding completely panicked. Apparently she and Johnny got into an argument about whose turn it was to use the computer. When she insisted that it was her turn, she says that Johnny started yelling and cursing at her. He threw the laptop on the ground and is now throwing almost anything he can pick up. She says he's also pounding on the walls and seems out of control.

Sean's Story

The dark circles under his eyes makes it look like fifteen-year-old Sean hasn't slept in a week, but he remains high-energy most of the time. In fact, sometimes his energy level gets him into trouble, as it is in your classroom today. Sean can't seem to stay in his seat, is blurting out answers and does not seem tuned into the fact that his behavior is disruptive ---and annoying --- to the other students.

Group Discussion: You are Sean's teacher. How do you approach him?



Sean's Story

Scene 2

Sean says his behavior is fine and complains that all the teachers in the school "just need to lighten up." He does not seem concerned about the issues you raise and tells you that there is no problem. He seems to settle down a bit, though, so you are hopeful that your talk got through to him.



Sean's Story

Scene 3

You see Sean in the hall later that day. He's alone, walking slower than usual and doesn't even acknowledge you when you say hello. After school, however, he seems up to his usual antics. Just as you are about to leave, you see Sean get behind the wheel of his friend's car and start the engine. He then begins driving around the parking lot erratically. When his friend gets control of the car back, Sean climbs out of the passenger side window and tries to "surf" on the roof.

The Crisis Scenario

Sean's Story

Final

Sean does not seem like himself at all when you see him early in the day, but at least he seems calm. Suddenly you hear a lot of commotion in the hall. Students are running out the side door because they say someone's on the roof. When you get outside, you realize it is Sean.

Kara's Story

Here we go again. You've been assigned Kara's case --- in part, because she's gone through every other staff member during the past three years. This is the sixth time in those three years that she's been in custody of your facility. You know she's difficult to work with; after all, you've heard all the stories.

When you meet with her, you find that those stories were not wrong. At best, Kara won't answer your questions. At least that's better than her hostile rants. Her file says her history includes multiple charges of criminal mischief. She's here now because she upped the ante to reckless behavior and a parole violation.

Group Discussion: You are Kara's case manager. How do you approach her?



Kara's Story

Scene 2

"The judge is full of crap," Kara tells you. "I don't need to be here, and I don't need anyone's help." At nearly 17, Kara acts like she has all the answers, but sometimes you get a glimpse of a sad young woman.



Kara's Story

Scene 3

You finally have a couple of days where you feel like you and Kara are beginning to work well together, only to have her refuse to talk to you at your next meeting. She says she knows that you're not on her side, that you are just trying to help them put her away and that you don't care about her. She clearly states that she doesn't trust you and you feel as if you are back at square one.

The Crisis Scenario

Kara's Story

Final

Upon release, Kara reoffends again—this time on a more serious charge and the stakes are higher because of her age. She's sentenced to a detention center, but she'll soon age out. There's little doubt that she'll re-offend as an adult if she doesn't receive ongoing community-based mental health services.



Fact, Fiction or Somewhere in Between: Youth Suicide & Self-Injury

STATEMENT	ANSWER
Self-Injury	
1. Self-harm is a mental illness.	Fiction: It is actually a behavior and is often a symptom of a mental illness, such as depression, psychosis or borderline personality disorder. It can become addictive.
2. Self-harm is more than just cutting, burning and things we can see.	Fact: Excessive exercise, pinching oneself, increased drinking, overdose with non-fatal intention, sabotaging relationships, staying with people who treat you terribly, pulling hair and mixing meds with alcohol can all be forms of self-injury.
3. Self-harm is a failed suicide attempt.	Fiction: Intention is to harm self, not kill self.
4. Self-harm can be a good thing.	Fact: It may stop suicide, perhaps sacrificing a part of the body to save the whole. Self-harmers often say there is a build-up of pressure—harming can be like opening the lid of a boiling pot to give some release. So, it can temporarily be a relief until new coping strategies are learned, and/ or an underlying mental health problem is treated.
Suicide	
1. If you ask a young person about his or her suicidal intentions, you will encourage the person to kill themselves.	Fiction: The opposite is true. Asking someone directly about their suicidal feelings will often lower their anxiety level and act as a deterrent. Your openness and concern in asking about suicide will allow the person experiencing pain to talk about their problems. This may allow the person with suicidal thoughts to feel less lonely or isolated, and perhaps a bit relieved.
2. Suicide is the third leading cause of death for young people.	Fact: In the United States in 2008, an average of one young person (age 15-24) died of suicide every 2 hours and 3 minutes.



Fact, Fiction or Somewhere in Between: Youth Suicide & Self-Injury

<p>3. A young person who attempts suicide will always be “suicidal.”</p>	<p>Fiction: Most people who are at risk feel suicidal for only a brief period in their lives. With proper assistance and support, they will probably never be suicidal again.</p>
<p>4. When administering mental health first aid to a young person experiencing a suicidal crisis, the role of family members or other caregivers cannot be overstated.</p>	<p>Fact: For the young person, family may mean the biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers, or other individuals with primary relationships to the child whether they be blood, adoptive, legal, or social relationships. Remember, parent, caregiver, or family notification is a vital part of suicide prevention for young people.</p>
<p>5. Suicide happens without warning.</p>	<p>Fiction: Studies reveal that a person who is suicidal generally gives many clues and warnings regarding their suicidal intentions. Alertness to these cries for help may prevent suicidal behavior.</p>
<p>6. Suicide occurs across all classes of young people.</p>	<p>Fact: Suicide is neither a rich man’s disease nor the poor man’s curse. Showing no class prejudice, suicide is represented throughout society.</p>



YOUTH
MENTAL
HEALTH
FIRST AID®

Mental Health First Aid Quiz

Youth Mental Health First Aid Quiz

PLEASE CIRCLE THE BEST ANSWER

1: One of your students was a victim of physical assault some years ago and has since been diagnosed with an anxiety disorder. You're with her when she breaks into a sweat, doubles over as if in pain and starts to hyperventilate.

Do you:

- a) Move with her to a quiet place, reassure her, and help her to slow her breathing.
- b) Give her some time alone because giving her attention during these episodes will only encourage similar behavior in the future.
- c) Take her somewhere quiet and help her calm down over a Diet Coke. Gently point out that her attacker is long gone and her fears are unfounded.

2: You notice that a family friend who is a High School Junior has been functioning less well as the school year progresses. At the beginning of the semester, she was vibrant and seemed to enjoy her classes. Now, she has clearly lost weight, seems depressed, has a hard time paying attention, expresses odd ideas sometimes when you talk with her, and seems to have lost her motivation.

Do you:

- a) Tell her she needs substance abuse treatment and you are sorry she succumbed to the drinking and drugs that are all too common in high school today.
- b) Suggest that she get academic counseling or tutoring to help her get back on track.
- c) Express your concern and offer to help her get an appointment with a counselor or other services after discussing the situation with her parents.

3: You have long suspected that a young man in your church youth group has been using marijuana and possibly drinking. Lately he has seemed preoccupied with both substances wearing pot leaf t-shirts, beer company hats, etc., as well as confused and anxious. In fact he seems to have undergone a significant personality change.

Do you:

- a) Tell him you're concerned about him and that you've noticed changes in his behavior. Ask him to talk with you about these changes.
- b) Tell him to quit drinking because alcohol dulls your thinking while marijuana is a natural substance that doesn't interfere with brain function.
- c) Tell him that he has a drug problem and you cannot see him again until he has gotten it under control.



Mental Health First Aid Quiz

4: You are at a high school football game and excuse yourself to go get a hot dog. Near the restrooms you notice a young man ranting and raving about things that don't appear to be real. You don't recognize him and everyone around him seems a little frightened by his behavior.

Do you:

- a) Ignore him. He's not your problem as long as he doesn't come anywhere near you or your family.
- b) Assess the situation for risk of harm to yourself or others. If needed, encourage others not to be confrontational with him. If you feel safe and able to approach him non-confrontationally, ask if he's okay and what help he might need. Consider notifying school personnel.
- c) Approach him directly, standing squarely in front of him and making clear eye contact. Put your hand on his shoulder and be assertive, telling him that he needs to leave the area.

5. You are concerned about a family friend who is having a really hard time at school lately. Every morning he can hardly get out the door because his anxiety is so intense. When you talk with him he says that he is having trouble sleeping and worries all the time about school work, what the other kids think of him, and if he is safe in your town.

Do you:

- a) Ask him a bit about his diet and caffeine intake. Suggest that sometimes a little extra exercise, or even some yoga or mediation can help with anxiety. Suggest to him that if his anxiety persists, he can always talk to his mom and maybe go see someone at the health center.
- b) Tell him that you understand exactly what he is going through. When you were a kid growing up on a military base in Japan you were afraid too, but one day your Dad shook you and told you to be a man. It was hard at first, but eventually your nervousness went away.
- c) Tell him that it is obvious that he is suffering from Generalized Anxiety Disorder and the best thing for him to do is get some medication.



Mental Health First Aid Quiz

6: You are on Facebook one Sunday morning and click on a nice picture someone has tagged of your niece in Tampa. When you look below, you notice a long series of comments—a conversation really—between your niece and someone else. Seems someone needs to adjust their privacy settings! Your niece is pretty open in the conversation about being fed up with school and all the cliques, and wondering if they would even notice if she were to kill herself with the bottle of pills she has in her room right now.

Do you:

- a) Log off immediately—it is not your business what your sister’s kid is up to. Anyway, kids make jokes and threats all the time about this stuff.
- b) Email your brother about it—tell him what you saw and suggest that he had better check up on her at some point this weekend.
- c) Call your niece immediately on her cell phone, tell her what you overheard/saw, and tell her that you are concerned about her. Even though you are at home, use your own cell phone so you can use the land-line to call a hotline or even 911 if you have to.

7: Your son seems to have lost all pride in his appearance and enthusiasm for life. His speech is sluggish, he’s sad all the time and he’s recently given away several favorite possessions.

Do you:

- a) Ask if there’s anything he’d like to talk about and try to find out if he seems depressed or has had any thoughts about ending his life.
- b) Keep the conversation light—avoiding any discussion of suicide or death—he is upset enough already and you wouldn’t want to put the idea in his head.
- c) Tell him to snap out of it. He is lucky to have what he has. When you were a kid you didn’t have half the things he does and he should be grateful.

8: While you are all sitting around watching TV one weekend, you notice that a young friend of your daughter has some symmetrical scarring on the backs of his calves. Looks like from a knife, or possibly a sharp pointed object, like a needle. Although his pants usually cover them, when he crosses his legs some of the scars are visible.

Do you:

- a) Call his parents and notify them that their son is either a cutter, or worse, involved in some sort of scarification cult.
- b) Ask your daughter later if she has seen these scars and if she has talked to him about it. Tell her a bit about non-suicidal self-injury, why some people might do it, and what kind of help might be available. Offer to talk to him if she would be more comfortable.
- c) Point out the scars during a commercial break and ask him directly what they are from. Watch his face closely to see if he seems to be lying and call him on it.



YOUTH
MENTAL
HEALTH
FIRST AID®

Mental Health First Aid Quiz

9: You get along well with your little sister but her mood swings and love of partying are wearing thin. She can go without sleep for days and expects everyone else to do the same, coming up with poorly thought out projects and becoming annoyed at anyone less than enthusiastic about them. On other days she rarely leaves her house or says hello.

Do you:

- a) Try to catch her in one of her quieter moments and share with her that you're concerned about her moods, encouraging her to see her physician and offer to go along if she wishes.
- b) Distance yourself from her. She might be a lot of fun at times, but you shouldn't invest time and energy in the relationship as her split personality is draining for both of you.
- c) Be direct with her about her unrealistic projects and lifestyle. You can only help her by forcing her to confront her obvious mental illness.

10: When you see your niece at Thanksgiving she appears to have lost a great deal of weight. She says she is working on a project for school and takes her plate of turkey and trimmings to her room. You go up to see her later and notice she has not touched her dinner.

Do you:

- a) Compliment her on her self-control during such a high-calorie opportunity and tell her she looks great—her to keep it up!
- b) Engage her in conversation, maybe asking how school is going. Mention that you notice her weight loss, are concerned, and tell her you're there for her if there's ever anything she wants to talk about.
- c) You know she is a 4.0 student, so it's okay to leave her alone to concentrate on her schoolwork.

Passing score: at least 6 correct out of 10



MENTAL HEALTH FIRST AID

Youth Mental Health First Aid Quiz

PLEASE CIRCLE THE BEST ANSWER

1: One of your students was a victim of physical assault some years ago and has since been diagnosed with an anxiety disorder. You're with her when she breaks into a sweat, doubles over as if in pain and starts to hyperventilate.

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2: You notice that a family friend who is a High School Junior has been functioning less well as the school year progresses. At the beginning of the semester, she was vibrant and seemed to enjoy her classes. Now, she has clearly lost weight, seems depressed, has a hard time paying attention, expresses odd ideas sometimes when you talk with her, and seems to have lost her motivation.

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MENTAL HEALTH FIRST AID

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MENTAL HEALTH FIRST AID

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MENTAL HEALTH FIRST AID

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Passing score: at least 6 correct out of 10

YOUTH MENTAL HEALTH FIRST AID PARTICIPANT EVALUATION



Location of the course: _____ Dates of the course: _____

Instructor(s): _____

I. Overall Course Evaluation

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals and objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

I received an official, soft cover-bound Mental Health First Aid USA manual to take home with me.

Yes _____ No _____

II. Presenter Evaluation: Instructor #1 Name: _____

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The instructor facilitated activities and discussion in a clear and effective	1	2	3	4	5
8. Feedback for this instructor.					

III. Presenter Evaluation: Instructor #2 Name: _____

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The instructor facilitated activities and discussion in a clear and effective	1	2	3	4	5
12. Feedback for this instructor.					

IV. Practical Application

As a result of this training, I feel more confident that I can...	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13. Recognize the signs a young person may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
14. Reach out to a young person who may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
15. Ask a young person if they're considering killing themselves.	1	2	3	4	5
16. Actively, compassionately listen to a young person in distress.	1	2	3	4	5
17. Offer a distressed young person basic "first aid" level information and reassurance about mental health and substance use challenges.	1	2	3	4	5
18. Assist a young person who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.	1	2	3	4	5
19. Assist a young person who may be dealing with a mental health problem, substance use challenge or crisis to connect with community, peer and personal supports.	1	2	3	4	5
20. Be aware of my own views and feelings about mental health problems, substance use challenges and disorders.	1	2	3	4	5
21. Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.	1	2	3	4	5

What is your overall response to this course? (Please check all that apply):

- This course was helpful and informative
 This course has better prepared me for the work that I do professionally
 This course did not have a sufficient amount of activities and information to prepare me to be a First Aider
 I did not feel that I benefited from this course
 I choose not to respond
 Other If other, please explain:

What do you consider to be the strengths of the course? (Please check all that apply):

- ALGEE and the hands-on practice in class
- The instructor's presentation style and engagement.
- The length of the course.
- I choose not to respond
- Other If other, please explain:

What do you consider to be the weakness of the course? (Please check all that apply):

- The course was too short and I need more time to practice what I learned
- The course was too long
- There were not enough hands-on exercises
- I choose not to respond
- Other If other, please explain:

Was there any issue/topic you expected this course to cover which it did not address?

Any other comments?

Why did you attend this course? (Please check all that apply):

- My employer asked/assigned me
- Personal interest
- Other professional development (specify profession)
- Community or volunteer interest (please specify)
- Other If other, please explain:

In what role do you see Mental Health First aid being used? (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> At work (please describe your work position): | <input type="checkbox"/> As a volunteer / mentor |
| <input type="checkbox"/> As a parent / guardian | <input type="checkbox"/> Other, please explain: |
| <input type="checkbox"/> As a family member | _____ |
| <input type="checkbox"/> As a peer / friend | _____ |

Would you recommend this course to others? Yes No

If no, why not? _____

How do you describe your race/ethnicity (Please circle all that apply)			
a	American Indian or Alaskan Native	e	Native Hawaiian or other Pacific Islander
b	Asian	f	Caucasian / White
c	Black or African American	g	I choose not to respond
d	Hispanic or Latino origin	h	Other:

What is your age?

18-24 years
 25-44 years
 45-60 years

61-80 years
 81 years or older

What is your gender?

Male Female I identify as neither male nor female

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

Yes No

I support a family member with serious mental illness.

Yes No

How did you hear about this course?			
a.	My employer asked /assigned me.	f.	Newsletter or bulletin
b.	Word of mouth, not employer (who?)	g.	Radio
c.	Website (which one?)	h.	Newspaper
d.	Email notice (From whom)	i.	T.V. Station
e.	Flier or brochure	j.	Other:



www.MentalHealthFirstAid.org