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EVALUATION OF YOUTH MENTAL HEALTH FIRST AID TRAININGS FOR ILLINOIS SCHOOLS, 2022-2023

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
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Abstract: Many students struggle with mental health issues. Training on mental health is one way for schools to equip personnel with the tools needed to help and support students. We evaluated Youth Mental Health First Aid training offered to Illinois K-12 public school personnel, including school administrators, teachers, nurses, and other support staff. The training taught participants about mental health and ways to support students. We conducted field observations of two trainings and administered pre- and post-tests to evaluate the program. Ninety-one training participants responded to a pre-test before the training, and 48 completed both a pre- and post-test. Our evaluation found that participants gained mental health knowledge from training and reported increases in responsiveness and preparedness to help youth with mental health concerns.

Introduction

Mental health and mental disorders among youth continue to be a significant U.S. public health concern. Youth mental health is associated with other facets of a youth's life, including physical health, health risk behaviors, social relationships, education, and employment. National data from 2013 to 2019 indicated that, for three to 17-year-old youth, approximately one in 11 had attention deficit hyperactivity disorder (ADHD) or anxiety.[1] For 12–17-year-olds, 21% experienced a major depressive episode.[2] Further, suicide was and still is the second leading cause of death for youth aged 10-14.[3]

Schools can make efforts toward improving mental health awareness, identification, support, and referrals for students and their families.[4] One meta-analysis found that schools were the most common way students obtained mental health services.[5] Further, teachers reported a desire for training on ways to identify and support students.[6] When schools implement efforts, such as training, to foster supportive interactions with adults and students, youths' symptoms, behavior, social skills, and overall well-being may improve.[7]

Mental health training for Illinois public schools was funded through a U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance grant called the Student, Teachers, and Officers Prevention (STOP) School Violence Program.[8] The Illinois State Board of Education was awarded this grant to offer Youth Mental Health First Aid (YMHFA) training for Illinois K-12 public school personnel.

YMHFA teaches participants about mental health and how to identify and respond to signs of mental health issues among youth.[9] According to the developer of the YMHFA training, the National Council for Mental Wellbeing, over 3.4 million U.S. adults have been trained in youth (YMHFA) or adult (MHFA) mental health first aid. According to YMHFA, as of September 2024, 44,326 were trained youth first aiders, and 128,222 were trained adult first aiders in Illinois, including those in our study.[10] In-person training is instructor-led for 6.5 hours. The blended sessions feature a 2-hour, self-paced online course and a 4.5- to 5.5-hour, instructor-led training. Before the start of the virtual training, the online course is to be at least 69% complete. Participants who complete the training become certified first aiders. For the Illinois school staff, the training is voluntary and offered at no cost.

To date, more research focuses on MHFA, with relatively limited research on YMHFA. In studying MHFA (adult) training, a 2019 meta-analysis found that participants benefited from it, but one qualitative review found limited positive effects.[11] In addition, a 2018 systematic review and meta-analysis of MHFA training for adults and youth found increased mental health literacy and improved support for persons with a mental health problem six months following training. In findings specific to YMHFA, the 2018 study indicated that the training was particularly informative for those without mental health training or experience.[12] Correspondingly, outcomes from a more recent evaluation of YMHFA training in Illinois schools showed that training participants gained knowledge on mental health and were satisfied with the training.[13]

Sensitive to the relative scarcity of research on youth mental health first aid, we evaluated the YMHFA training through pre- and post-tests and observations of two YMHFA training. We sought to answer the following research questions:

- What are the demographics and job types of school personnel voluntarily attending the YMHFA training, and did they have any prior mental health training?
- To what extent did training lead to gains in mental health knowledge and literacy, attitudes about mental health, and self-reported helping-related behaviors?
- To what extent did training change confidence and comfort in helping students with mental health issues?
- To what extent were there differences in post-test scores based on training participant characteristics?
- How were the observed trainings conducted and received?

Methods

To evaluate the training, we used a five-point Likert scale pre- and post-tests and observed two training sessions, similar to prior evaluations of YMHFA training.[14]

Sample

Training Participants Sample

A total of 98 participants took the pre-test, and 81 took the post-test, but some duplication occurred. After removing duplicates and incomplete tests, the sample comprised 91 pre-test and 71 post-test respondents. We matched pre- and post-test respondents of 48 participants. However, some respondents only answered a portion of the items.

Field Observations Sample

We conducted field observations of two YMHFA trainings. The first training had eight participants. Seven were White, and one was Black; six were women, and two were male. Three participants were non-K-12 school staff. One was employed with a college sorority, one was a college professor, and one was retired. In the second training, all seven participants were White, six were women, and the other was a man; all worked in a K-12 school.

Materials

The pre- and post-tests were predominantly designed to measure changes in participant knowledge before and after training completion. The same test was given at two points: before the training started and immediately after it concluded. The questions were developed using the YMHFA curriculum manual and literature on school violence and safety.[15] The pre-test that was administered at the training is provided in Appendix A.

On the pre- and post-test, nine items measured mental health knowledge. Two items provided vignettes with four multiple-choice responses, one of which was correct. The vignette items described a scenario with choices on how the respondent would act. The additional seven

knowledge items had three response options: agree, disagree, or do not know. The knowledge questions also had one accurate answer. The correct responses were based on the literature and the YMHFA curriculum.

We provided five items requiring respondents to reflect on and self-evaluate their youth mental health preparedness and responsiveness. The questions asked them to rate their knowledge, comfort level, confidence, and likelihood of intervening or reporting concerning student behaviors to others. The responses to these questions were on a 5-point Likert scale.

We offered ten items to assess the prior use of mental health-related skills before taking or completing the YMHFA training. The skill items asked respondents to recall their actions in the past 6 months regarding a young person with a mental health problem. Responses were on a 5-point Likert scale from 1 = never to 5 = very often. Finally, the pre-test only included four items on participant characteristics, including gender, age, job title, and prior mental health training.

Procedure

Field Observations

On June 23, 2023, a researcher observed a 6.5-hour (8 a.m. to 2:30 p.m.) virtual training via Zoom video conferencing. On August 1, 2023, another researcher observed a six-hour training (9 a.m. to 3 p.m.) in person at the Professional Development Alliance Training Center at 2705 McDonough St., Joliet, Illinois. We recorded field notes to describe the instructors and participants and the training's content, engagement level, and delivery. We summarized our notes in Microsoft Word.

Pre- and Post-Tests

We created the pre- and post-tests online using Qualtrics software. The surveys were to be shared by the instructors at the YMHFA training. The online pre-test was provided in the observed virtual training a little later in the morning because the instructor needed to be reminded to share it. For the in-person observed training, a link to the pre-test was provided in an email 1 week before the training. The unmatched pre-test respondents took a median of 5.9 minutes to complete the pre-test, and the matched sample took a median of 5.5 minutes. The respondents were allowed varying times to complete the tests based on the instructor.

We extracted the survey data on October 13, 2023, from Qualtrics survey software and exported them to Microsoft Excel. We used IBM SPSS (Statistical Package for the Social Sciences) software version 23.0 to perform data analyses. We ran descriptive statistics, a t-test, and linear regression to measure differences in post-training outcomes by participant demographics. For linear regression, the dependent variable was the post-test score; the independent variables were the categories of gender, age, job title, and prior training. We dichotomized variables of participant characteristics as follows: gender (1= woman, 0 = man); age (1 = age 24 - 42, 0 = age 43 - 62); job category [teacher (1 = yes, 0 = no)], [school administration including principals and assistant principals (1 = yes, 0 = no)]; and prior mental health training (1 = yes, 0 = no).

Findings

YMHFA Training Observations

We conducted two field observations to provide context for a nuanced understanding of the YMHFA training. Observations allowed us to witness the training first-hand to reveal details about the training environment and the trainers and capture participant engagement and interactions.[16] What is learned can help guide and improve future YMHFA training. In June 2023, we observed a six-and-a-half-hour virtual training; in August 2023, we observed a six-hour in-person training. Both trainings had the same requirements and instructors and followed a similar format, with the only main difference being the virtual setting rather than in-person. Therefore, they are described together.

Self-Paced Online Pre-Training

Trainees completed a two-hour online self-paced pre-training course before the training. The course objectives were to:

- Describe the purpose of YMHFA and the role of the first aider.
- Recognize signs and symptoms of mental health or substance use challenges for youth.
- Explain the role of resilience and the impact of traumatic experiences.
- Learn steps of the YMHFA Action Plan,

Knowledge checks were conducted during the pre-training course but were not formally documented. The course was to be completed 69% before the training.

Instructor-Led Training Course

In addition to the two same instructors, there were eight virtual and seven in-person training participants. Participants in both sessions completed the entire training. Both instructors were former teachers for decades, with expertise in trauma-informed care, adverse childhood experiences, and social-emotional learning. During the day, there was one morning break for five minutes and a half hour for lunch.

The instructors took attendance for the virtual session through a link provided in the chat and in-person with a paper sign-in. Following attendance, the instructors introduced themselves and had each participant give their name and role, say why they were attending, and share about a vacation they would like to take. This icebreaker appeared to get everyone talking as they made connections on the topic of travel.

The same training materials were available for both sessions. The virtual session participants were to download them, and the in-person participants were provided hard copies. The materials included:

- Participant Processing Guide (43 pages).[17]
- Manual for Adults Assisting Children and Youth (408 pages).[18]

The instructors noted that discussions were confidential, and participation was welcome but not required. They asked the group to minimize distractions to the greatest extent possible and to

practice self-care. The instructors noted the importance of maintaining fidelity to the YMHFA curriculum and mentioned that the YMHFA manual could be referenced later.

During the day, topic areas included:

- ALGEE techniques to assess youth:
  - **A**pproach, assess risk of suicide or harm, assist.
  - **L**isten nonjudgmentally.
  - **G**ive reassurance and information.
  - **E**ncourage appropriate professional help.
  - **E**ncourage self-help and other support strategies.
- Cultural considerations and ways to engage parents.
- Stigma toward youth with mental health issues, such as fear of judgment, discrimination, or misunderstanding, can make youth reluctant to reach out for support.
- Non-crisis situations when youth have strong emotions that do not require immediate crisis intervention, such as anxiety about grades.
- Crisis situations, including types, safety, de-escalation, responses, psychosis, and suicide
- Substance use, including drug overdose and basic first aid.
- The practice of self-care for first-aiders.

The instructors forecasted that the "hard" part of the training would come after lunch when they focused on mental health crisis. Self-care was stressed several times (e.g., walking away, taking a break, and directly messaging instructors in the chat).

The virtual session included technical difficulties, such as hearing the presenter (e.g., due to muting or broken audio), switching presenters through the share screen feature, and using chat and breakout rooms (one instance). However, for the most part, the audio, video, and screen sharing worked. The in-person session was smooth in sharing slide shows and videos.

The presenters were interactive and engaging. They used several methods to present the curriculum. One was the use of break-out groups: four groups in the Zoom session discussed ways to respond to young people in crisis, and three discussed the same topic during the in-person session. Another method was role-playing, with the instructors providing scenarios and participants enacting how a first aider might respond. Additionally, videos were used to show youth who have mental health issues and examples of engaging and talking to them. Sprinkled throughout the session, the instructors used several true/false knowledge checks in which the participants indicated their response by giving thumbs up or down. Other methods included instructors displaying and discussing artwork by youth and instructors sharing examples of their interactions with youth. The instructors were open to questions and comments in both sessions, although they received a few unprompted questions.

Participants were engaged, had thoughtful conversations, appeared to understand the content, and based on their discussions, cared about youth. The small size of the groups in the two observations, eight and seven participants, respectively, may have aided discussions. In the virtual session, participants remained on camera.

A professional development evaluation form and sign-out sheet were distributed online for virtual sessions, and paper forms were used for the in-person session. At the end of the virtual training, the ICJIA online post-test was distributed for completion through the chat. All participants received a follow-up email with resources and further instructions. The in-person group received the online post-test in an email immediately following the training. The email also instructed them to take the YMHFA's final exam through the online YMHFA portal (not shared with the evaluation team), with a certificate to follow from YMHFA.

Summary of Training Observations

The instructors introduced participants, moderated large and small group conversations, and presented and discussed videos. They appeared capable and trained with fidelity to the components of the YMHFA curriculum. The participants were engaged, provided comments, asked questions, and completed the required paperwork. Our observation findings suggest that the training works well in either an online or in-person format. Further research could compare how the two formats improved mental health knowledge. In addition, the research could learn the motivations of school personnel for voluntarily taking the YMHFA training.

Training Participants

Table 1 displays the demographics of the 91 participants pre-test and 48 matched pre- and post-test respondents. The pre-test respondents represent more participants than the matched pre- and post-test respondents. The matched respondents were used to measure changes in knowledge and perceptions before and after the training. Most YMHFA training participants choosing to take the training were women, teachers, or other support staff; most had at least some prior mental health training. The average age of participants responding to the pre-test was 42.7 years old. A total of 23 school districts or regional offices of education were represented in the matched and unmatched respondents.

Table 1
YMHFA Training Participant Demographics

Characteristic	Pre-test respondents		Matched pre- and post-test respondents	
Age	*n*	%	*n*	%
18-24	4	4.4	2	4.2
25-35	19	20.9	9	18.8
36-45	31	34.1	17	35.4
46-55	25	27.5	14	29.2
56+	11	12.1	6	12.5
Unknown	1	1.1	0	0
Gender				
Woman	75	82.4	38	79.2
Man	15	16.5	10	2.08
Prefer not to say	1	1.1	0	0
Job category				

Characteristic	Pre-test respondents		Matched pre- and post-test respondents	
Teacher	23	25.3	15	31.3
Support staff	23	25.3	10	20.8
Counselor/social worker	12	13.2	7	14.6
School administration	14	15.4	5	10.4
Principal/Assistant Principal	6	6.6	4	8.3
School nurse	5	5.5	3	6.3
Other	8	8.8	4	8.3
Prior mental health training				
Yes	73	80.2	36	75.0
No	18	19.8	12	25.0

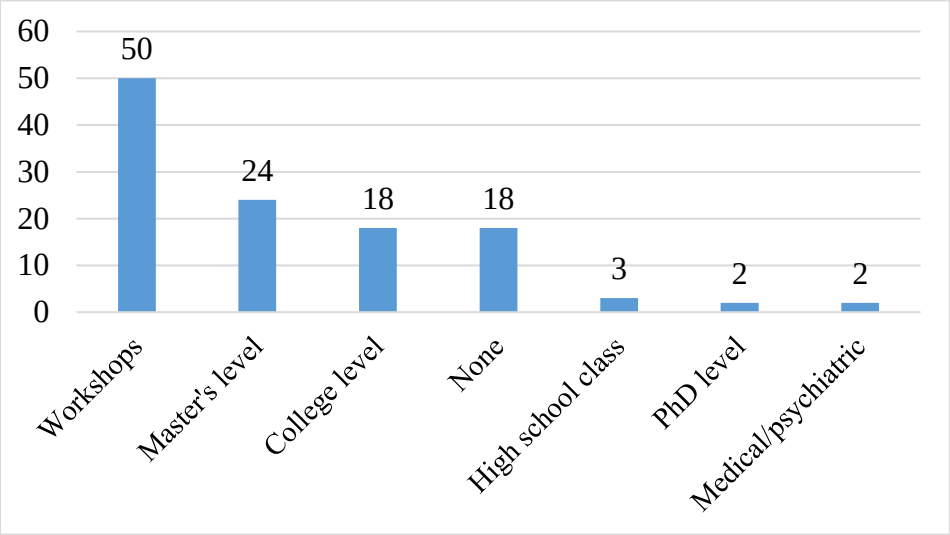
Note. The sample included 91 pre-test respondents and 48 matched pre- and post-test respondents. Gender and job categories were self-identified.

Prior Mental Health Training

We asked training participants to share prior mental health training (Figure 1). Of the 91 persons responding to the pre-test, 80.2% had prior mental health training. Just over half (54.9%) had prior training through workshops, and just over one-fourth (26.4%) through master's level training.

Figure 1

YMHFA Training Participants' Prior Mental Health Training by Type



Note. The sample was 91 Youth Mental Health First Aid training participants. Responses were collected from pre-tests. Respondents could choose all training types that applied.

Prior Experience Helping Youth

Most YMHFA training participants had talked to a young person (age 12-18) about a mental health problem in the past six months (83.5%, *n* = 76). Of those 76 participants, 63 (82.9% of the 83.5%) detailed the frequency with which they helped youth in various ways. Table 2 provides the results.

Table 2

YMHFA Training Participants' Prior Experience Helping Youth with a Mental Health Problem

	Very Often	Often	Some-times	A little bit	Never
Spent time listening to young person's mental health problems.	12	23	19	9	0
Encouraged young person to use self-help strategies.	15	18	15	8	7
Encouraged young person to seek professional help.	9	13	17	16	8
Helped de-escalate a mental health crisis.	8	14	12	20	9
Gave young person information about local mental health resources.	8	13	13	13	16
Talked with young person about self-harm.	3	7	20	22	11
Talked with young person about suicidal thoughts.	3	7	19	19	15
Gave young person information about mental health disorders.	6	9	10	18	20
Gave young person information about national mental health resources.	3	4	11	13	32

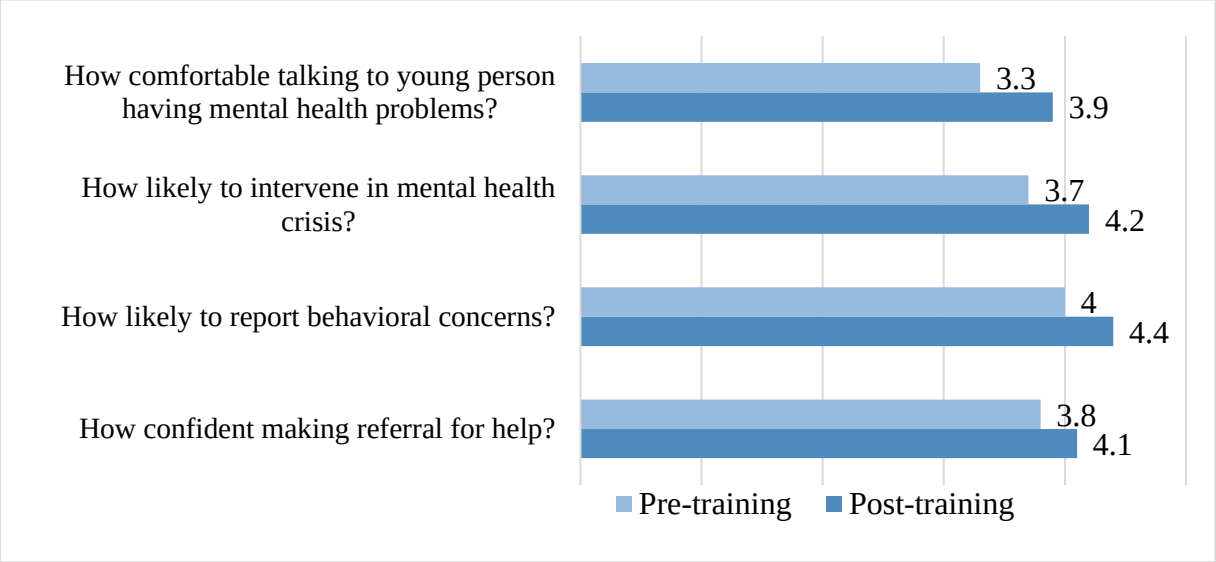
Note. The sample consisted of 63 Youth Mental Health First Aid training participants who answered these items on the pre-test.

Changes in Mental Health Preparedness and Responsiveness

We asked five questions about youth mental health preparedness and responsiveness. In Figure 2, we share the responses to four items about their comfort level, confidence, and likelihood of intervening or reporting. The 48 participants reported improvement in the items measuring readiness and ability to address mental health concerns (Figure 3) effectively.

Figure 2

YMHFA Training Participants' Assistance of Youth, Before and After YMHFA Training

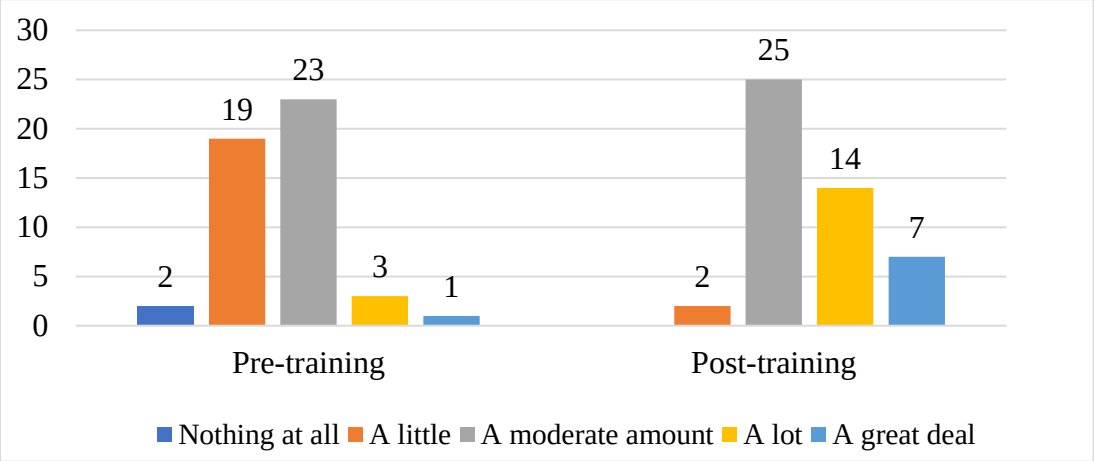


Note. The sample included 48 Youth Mental Health First Aid training participants who completed these items on both pre- and post-tests. Mean responses were based on a Likert scale of 1 = Not at all, 2 = Slightly, 3 = Moderately, 4 = Very, and 5 = Extremely.

A final question on their preparedness and responsiveness asked participants to indicate their knowledge of youth mental health. Participants responded that they thought their knowledge increased based on the YMHFA training. The mean score on this item on the pre-test was 2.63, and the mean score on the post-test was 3.54.

Figure 3

Self-Reported Level of Knowledge of Youth Mental Health, Before and After YMHFA Training



Note. The sample included 48 Youth Mental Health First Aid training participants who completed the pre- and post-tests. Mean was the average of responses based on a Likert scale of Nothing at all = 1 to A great deal = 5.

Mental Health Knowledge Gains

In addition to asking participants to report if they thought they gained mental health knowledge, we provided items with correct responses to measure knowledge gains objectively. The items and the correct responses were based on the material covered in the training. Based on multiple choice options, the proper response to the first vignette item was *to Ask the student what you can do to help them feel more comfortable at meetings*. The appropriate response to the second vignette from the multiple-choice options was *Provide them reassurance and listen to their concerns*. The second vignette had the highest improvement in scores of 30%, increasing from a collective participant average of 70% correct to all the participants answering that item correctly. On the other knowledge items, respondents could "Agree" or "Disagree." Scores increased on all but one item in the post-test: Young persons who self-harm are always trying to die (Table 3).

Table 3

YMHFA Training Participants' Knowledge of Youth Mental Health, Before and After YMHFA Training

Item	Average pre-test score	Average post-test score	Percent change in scores
Vignettes			
As a school club supervisor, you notice one of the students refuses to join in activities and often seems nervous when asked to participate. They frequently complain of headaches when given tasks and become highly embarrassed when asked to contribute to discussions. You have the opportunity to chat with the student after tonight's meeting.	91.2	95.8	4.6
You notice that one of your students has recently had difficulty participating in your class at school. Though they used to be outgoing, they have recently been confused and withdrawn, often choosing to sit alone or skip class entirely. After chatting with the student, they mention to you that they sometimes hear unfamiliar voices speaking to them that no one else can hear. At this moment, you have determined through your conversation that the student is fearful but not at risk for suicide or self-harm.	70.3	100	29.7
Knowledge Items			
The first step in helping a young person with a mental health problem should always be to refer them to a counselor or other professional.	69.3	86.4	17.0
Mental health disorders often start in adolescence or early adulthood.	77.3	93.2	15.8
It is important to know reasons why a young person is having a mental health problem before offering assistance.	78.7	86.4	7.7
Asking a young person if they are feeling suicidal can put the idea into their head.	94.7	97.7	3.1
It is possible to recover from a mental health disorder.	94.7	95.5	0.8
Trauma is a risk factor for many mental health disorders.	97.3	97.7	0.4

Item	Average pre-test score	Average post-test score	Percent change in scores
Young persons who self-harm are always trying to die.	100.0	97.7	-2.3

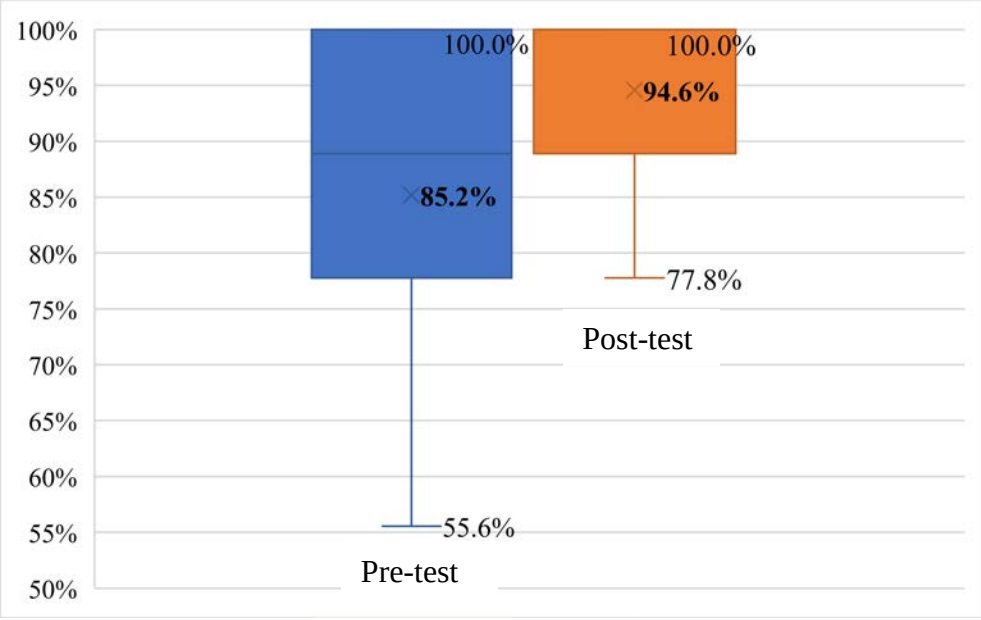
Note. The sample included 39 Youth Mental Health First Aid training participants who completed all nine pre- and post-test items. Scores were based on correct responses to the items. Vignettes had multiple choice responses, and the knowledge items were true/false.

Figure 4 displays the high and low ends of the score distribution for the items listed in Table 3. The bottom and top of the box are the lower and upper quartiles, the horizontal line is the median score, and the two lines outside the box are the minimum and maximum scores. The lowest score pre-test was 55.6% and 77.8% post-test. The highest scores were 100% for both pre- and post-test. The average pre-test score was 85.32%; the average post-test score was 94.6%. A t-test found a statistically significant difference in scores before and after the training, $t(38) = -4.389$, $p < .001$. This indicates that the training improved the knowledge of youth mental health.

We ran linear regression to examine participant characteristics and post-test scores, $R^2 = .055$, $F(1, 14) = .386$, $p = .854$. None of the independent variables of gender, age, job type, or prior training predicted post-test scores.

Figure 4

Distribution of Participants' Knowledge, Before and After YMHFA Training



Note. The sample included 39 Youth Mental Health First Aid training participants who completed all nine pre- and post-test items. The table displays the minimum, maximum, and average pre- and post-test scores.

Study Limitations

One limitation was that we relied on instructors to administer the online pre- and post-tests independently, so we could not be sure it was done for every training or administered the same way. Second, the Illinois state board of education did not share a complete list of all the trainings conducted and their dates to determine the extent to which pre- and post-tests were administered at each training. Another limitation was that not all participants took both the pre- and post-test, limiting the number of matched participants for analysis. In addition, respondents could use reference materials to answer their pre- and post-tests. Finally, we were only invited to attend two trainings to conduct observations, which the same instructors conducted, so we were limited in what we observed and the conclusions we could draw.

Conclusion

Illinois public school personnel were offered YMHFA training, and they completed it. Participants included school administrators, teachers, nurses, counselors, social workers, and other support staff. We observed two training sessions of 15 participants, which were engaging and successful overall. In addition, we had a sample of 91 trainees who completed a pre-test before the training and 48 who completed both a pre- and post-test. Most respondents were women in their early 40s, on average, and were mainly teachers or other school support staff. Most had some prior training, most commonly through workshops. A majority of respondents reported talking to a young person about a mental health problem in the past 6 months. We found post-training improvements in mental health literacy and in the extent to which participants reportedly were confident, comfortable, and likely to help young persons with mental health problems or crises. There is a small body of research on YMHFA, with more research focusing on the MHFA for adults. Evaluation should continue, and outcomes should be further examined over time among different types of participants to measure the impact on youth and adolescents.

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SUGGESTED CITATION

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Appendix A

Youth Mental Health First Aid Evaluation Pre-Test

Please write your unique code here:

To create your unique code:

1. Start with the first letter of your **legal first name**.
2. Add your numeric **month of birth** (e.g., 01, 02, 03, etc. through 12).
3. Add the first three letters of the **city or town** you were born in.
4. Add your numeric **day of birth** (e.g., 01, 02, 03, etc. through 31).

Example:
John Smith, born January 31st in Chicago, IL would be: J01CHI31.

These codes will be used for research purposes only. All information will be kept confidential.

Please answer the following questions:

1. What is your gender identity?
   - ☐ Man
   - ☐ Woman
   - ☐ Prefer to self-describe: _____
   - ☐ Prefer not to say

2. What is your age? (in years) _____

3. What is your job title? _____

4. Have you ever had previous mental health training? Check all that apply.
   - ☐ None
   - ☐ High school class
   - ☐ College level
   - ☐ Master's level
   - ☐ PhD level
   - ☐ Medical/psychiatric
   - ☐ Workshops

Please circle the best option from the choices provided.

5. As a school club supervisor, you notice one of the students refuses to join in activities and often seems anxious when asked to participate. They frequently complain of headaches when given tasks and become highly embarrassed when asked to contribute to discussions. You have the opportunity to chat with the student after tonight's meeting.

   The best response would be to:

   a) Share a story of your anxiety from when you were in school and how you recovered

b) Let the student know that they have nothing to be afraid of
c) Ask the student what you can do to help them feel more comfortable at meetings
d) Prefer not to answer

6. You notice that one of your students has recently had difficulty participating in your class at school. Though they used to be outgoing, they have recently been confused and withdrawn, often choosing to sit alone or skip class entirely. After chatting with the student, they mention to you that they sometimes hear unfamiliar voices speaking to them that no one else can hear. At this moment, you have determined through your conversation that the student is fearful, but not at risk for suicide or self-harm.

   The best response would be to:

   a) Explain to them that what they're hearing isn't real
   b) Refer them to a school resource officer
   c) Provide them reassurance and listen to their concerns
   d) Prefer not to answer

7. Please respond to the following statements:	Agree	Disagree	Don't Know
a) Asking a young person (age 12-18) if they are feeling suicidal can put the idea into their head.	☐	☐	☐
b) Trauma is a risk factor for many mental health disorders.	☐	☐	☐
c) The first step in helping a young person with a mental health problem should always be to refer them to a counselor or other professional.	☐	☐	☐
d) It is important to know the reasons why a young person is having a mental health problem before offering assistance.	☐	☐	☐
e) Young persons who self-harm are always trying to die.	☐	☐	☐
f) It is possible to recover from a mental health disorder.	☐	☐	☐
g) Mental health disorders often start in adolescence or early adulthood.	☐	☐	☐

8. How much do you know about mental health disorders in young persons?

Nothing at all	A little	A moderate amount	A lot	A great deal
☐	☐	☐	☐	☐

9. How comfortable would you be talking with a young person who is having a mental health problem?

Not at all comfortable	Slightly comfortable	Moderately comfortable	Very comfortable	Extremely comfortable
☐	☐	☐	☐	☐

10. How likely is it that you would intervene with a young person who is having a mental health crisis?

Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
☐	☐	☐	☐	☐

11. How confident are you that you could refer a young person with a mental health problem to appropriate help?

Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident
☐	☐	☐	☐	☐

12. How likely would you be to report behavioral concerns among the young persons you work with?

Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
☐	☐	☐	☐	☐

13. Over the past 6 months, how often, if ever, have you talked with a young person about a mental health problem?

Never	A little bit	Sometimes	Often	Very often
☐	☐	☐	☐	☐

If your answer to question 13 was Never, please skip question 14. Otherwise, please continue to question 14.

14. If you have talked with a young person in the past 6 months about a mental health problem, have you done any of the following?	How often?				
	Never	A little bit	Sometimes	Often	Very often
a) Talked with a young person about suicidal thoughts	☐	☐	☐	☐	☐
b) Talked with a young person about self-harm	☐	☐	☐	☐	☐
c) Spent time listening to a young person's mental health problems	☐	☐	☐	☐	☐
d) Helped de-escalate a mental health crisis	☐	☐	☐	☐	☐
e) Gave a young person information about mental health disorders	☐	☐	☐	☐	☐
f) Gave a young person information about local mental health resources	☐	☐	☐	☐	☐
g) Gave a young person information about national mental health resources (e.g., NAMI, SAMHSA)	☐	☐	☐	☐	☐
h) Encouraged a young person to seek professional help	☐	☐	☐	☐	☐
i) Encouraged a young person to use self-help strategies	☐	☐	☐	☐	☐

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