

Evaluation of Mental Health First Aid in New York City

Appendixes

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Appendix A. MHFA Trainee Web Survey and Outcome Measures

Appendix A.1. MHFA Trainee Web Survey

This appendix shows the items and logic for the MHFA trainee web survey, fielded in summer 2021.

SC1 [Screening item for incentive eligibility]

Are you currently employed by any of the following New York City agencies? Please select all that apply.

1. Administration for Children Services (ACS)
 2. City University of New York (CUNY)
 3. Department for the Aging (DFTA)
 4. Department of Corrections (DOC)
 5. Department of Education (DOE)
 6. Department of Health and Mental Hygiene (DOHMH)
 7. Department of Homeless Services (DHS)
 8. Department of Housing Preservation and Development
 9. Department of Information Technology & Telecommunications (DoITT)
 10. Department of Parks & Recreation (DPR)
 11. Department of Probation (DOP)
 12. Department of Transportation (DOT)
 13. Department of Veterans' Services (DVS)
 14. Department of Youth and Community Development (DYCD)
 15. Fire Department of New York (FDNY)
 16. Housing Authority (NYCHA)
 17. Human Resources Administration (HRA)
 18. Office of Emergency Management (OEM)
 19. Office of Labor Relations
 20. Office of the Chief Medical Examiner
 21. Office to End Domestic and Gender-Based Violence (ENDGBV)
 22. Mayor's Office (MO)
 23. NYC Health and Hospitals (HHC)
 24. Police Department (NYPD)
 25. Small Business Services (SBS)
 26. Taxi and Limousine Commission (TLC)
 27. NO– I am not currently employed by any agency affiliated with New York City
- PROGRAMMER: FORCE ANSWER TO SCS1

SC2

Have you participated in a Mental Health First Aid training course?

1. Yes
2. No
3. I don't know/Not sure

PROGRAMMER: FORCE ANSWER TO SCS2

SC3

How did you find out about Mental Health First Aid training? Please select all that apply.

1. Not applicable (I have never heard of Mental Health First Aid)
2. My job or a co-worker
3. Religious community or place of worship (e.g., church, synagogue, mosque, temple)
4. A community group
5. A friend or family member recommended it
6. Social media
7. A website; A flyer or some other print advertisement
8. Other [SPECIFY]

These first questions ask about your experiences with Mental Health First Aid trainings.

MHFA1

Was Mental Health First Aid training a requirement for your job?

1. Yes
2. No
3. I don't know/Not sure

MHFA2

Which of the following Mental Health First Aid training courses did you participate in?

Check all that apply.

1. Adults
2. Youth
3. Veterans
4. Older Adults
5. Higher Education
6. Public Safety

[PROGRAMMER CHECK ALL THAT APPLY]

MHFA3

When did you participate in the Mental Health First Aid training (note: if you have taken multiple trainings, please consider the most recent training)?

1. Past 12 months
2. 2 years ago
3. 3 years ago
4. 4 years ago
5. more than 5 years ago

MHFA4

As a result of the Mental Health First Aid training, I have . .

		Never	Rarely	Occasionally	Frequently
	Reached out to someone who may be dealing with a mental health problem or crisis	1	2	3	4
	Asked a person whether they are considering killing themselves	1	2	3	4
	Actively and compassionately listened to someone in distress	1	2	3	4
	Offered a distressed person basic "first aid" level information and reassurance about mental health problems	1	2	3	4
	Assisted a person who was dealing with a mental health problem or crisis to seek professional help	1	2	3	4
	Assisted a person who was dealing with a mental health problem or crisis to connect with community, peer, and personal supports	1	2	3	4
	Become aware of my own views and feelings about mental health problems and disorders	1	2	3	4
	Recognized and corrected misconceptions about mental health and mental illness as I encounter them	1	2	3	4
	Used the information to support my own wellbeing	1	2	3	4
	Obtained counseling or therapy for my mental or emotional health from a health professional (such as a psychiatrist, psychologist, social worker, or primary care doctor)	1	2	3	4

MHFA5

Please rate how much you agree or disagree with the following statements.

The Mental Health First Aid training I completed . . .

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	. . . was HIGH QUALITY	1	2	3	4	5
b	. . . was RELEVANT	1	2	3	4	5
c	. . . was USEFUL	1	2	3	4	5
d	. . . took too LONG	1	2	3	4	5
e	. . . was too SHORT	1	2	3	4	5
f	. . . was INCONVENIENT	1	2	3	4	5
g	. . . addressed topics that are IMPORTANT TO MY COMMUNITY	1	2	3	4	5

MHFA6

Are you currently or do you plan on becoming a TRAINER in Mental Health First Aid in the future?

1. I am currently certified as a MHFA trainer
2. I am currently enrolled in coursework to become a MHFA trainer
3. I am not currently enrolled in coursework but plan to become certified as a MHFA trainer in the future
4. I am not and do not plan on becoming a MHFA trainer

MHFA7

Other than Mental Health First Aid training, have you received any other education or training in mental health or a related field? (check all that apply)

1. Yes—as part of my formal education (e.g., undergraduate or graduate coursework in psychology, social work, or related field)
2. Yes—as part of my job or through a workplace training
3. Yes—as part of a stand-alone training or certification program, but not as part of job training or formal education
4. Yes—as part of a COVID-19 Mental Health Community Conversations program
5. No

[PROGRAMMER: MHFA7 IS CHECK ALL THAT APPLY; DO NOT ALLOW BOTH 4 AND NON 4 (CAN'T SAY BOTH NO AND YES)]

SCENEA

The following section concerns a hypothetical person named Jay. The description below outlines how he has been recently.

Jay is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Jay doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making decisions. Even day-to-day tasks seem too much for him. This has come to the attention of Jay's supervisor who is concerned about his lowered productivity. Jay feels he will never be happy again and believes his family would be better off without him. Jay has been so desperate, he has been thinking of ways to end his life.

What, if anything, do you think is wrong with Jay? Please type your answer below.

[PROGRAMMER: OPEN-ENDED. ALLOW 500 CHARACTERS]

SCENEA2

The next few questions contain statements about Jay's problem. Please indicate how strongly YOU PERSONALLY agree or disagree with each statement.

Jay is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Jay doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making

decisions. Even day-to-day tasks seem too much for him. This has come to the attention of Jay's supervisor who is concerned about his lowered productivity. Jay feels he will never be happy again and believes his family would be better off without him. Jay has been so desperate, he has been thinking of ways to end his life.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	Jay could snap out of it if he wanted.	1	2	3	4	5
b	Jay's problem is a sign of personal weakness.	1	2	3	4	5
c	Jay's problem is not a real medical illness.	1	2	3	4	5
d	Jay is dangerous.	1	2	3	4	5
e	It is best to avoid Jay so that you don't develop this problem yourself.	1	2	3	4	5
f	I would not tell anyone if I had a problem like Jay's.	1	2	3	4	5
g	I would not employ someone if I knew they had a problem like Jay's.	1	2	3	4	5
h	I would not vote for a politician if I knew they had suffered a problem like Jay's.	1	2	3	4	5

MHG1

Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	Half of all people who experience a mental illness have their first episode by age 14.	1	2	3	4	5
b	Depressive disorders are the most common mental illnesses in the United States.	1	2	3	4	5
c	If a person who is depressed does not want to seek professional help, it is important to force them to if you can.	1	2	3	4	5
d	When interacting with a person experiencing psychosis, you should not offer them choices of how you can help them because it could add to their confusion.	1	2	3	4	5
e	A person experiencing psychosis is less likely to relapse if they have a good relationship with their family.	1	2	3	4	5
f	A good way to help a person with a drug or alcohol problem is to let them know that you strongly disapprove of their substance use.	1	2	3	4	5
g	It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.	1	2	3	4	5
h	If someone has a traumatic experience, it is best to make them talk about it as soon as possible.	1	2	3	4	5
i	It is best not to try to reason with a person having delusions.	1	2	3	4	5
j	Most people in my community feel that seeking treatment for mental health challenges is a sign of personal failure.	1	2	3	4	5
k	Most people in my community think less of someone with a history of mental health challenges.	1	2	3	4	5

MHG2

How confident do you feel in helping someone with a mental health problem?

1. Very Confident
2. Fairly Confident
3. Slightly Confident
4. Not Confident At All

MHG3

How much do you agree or disagree with this statement?

“I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use.”

1. Strongly Disagree
2. Disagree
3. Neither Agree Nor Disagree
4. Agree
5. Strongly Agree

MHG4

In the past 6 months, how many people with a mental health problem have you had contact with?

1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 or more people

MHG5

In the past 6 months, of the people with a mental health problem that you have had contact with, how many have you . . .

		0 people	1	2	3	4	5	6	7	8	9	10 or more people
a	. . . spent time listening to their mental health problem?	0	1	2	3	4	5	6	7	8	9	10
b	. . . provided reassurance and information about effective ways to help address a mental health problem?	0	1	2	3	4	5	6	7	8	9	10
c	. . . encouraged using self-help strategies to help cope with a mental health problem?	0	1	2	3	4	5	6	7	8	9	10
d	. . . helped to connect to a mental health hotline (e.g., NYC Well) or directly helped them engage with a mental health provider (e.g., walked them to a psychiatric emergency room)?	0	1	2	3	4	5	6	7	8	9	10

		0 people	1	2	3	4	5	6	7	8	9	10 or more people
e	... talked with about their suicidal thoughts or self-harm?	0	1	2	3	4	5	6	7	8	9	10
f	... encouraged to get professional mental health treatment?	0	1	2	3	4	5	6	7	8	9	10

MHG6

For each type of person, please indicate how many people you have used Mental Health First Aid skills within the past 6 months.

		0 people	1	2	3	4	5	6	7	8	9	10 or more people
a	A friend or family member	0	1	2	3	4	5	6	7	8	9	10
b	A neighbor or someone from my community who I occasionally see socially	0	1	2	3	4	5	6	7	8	9	10
c	A co-worker or someone who I see as part of my job	0	1	2	3	4	5	6	7	8	9	10
d	A client or someone to whom I provide services as part of my job	0	1	2	3	4	5	6	7	8	9	10
e	A stranger or someone I don't know	0	1	2	3	4	5	6	7	8	9	10

MHG7

In the past 6 months, how many of the individuals you provided help to sought professional help for their mental health problem? Please answer to the best of your knowledge.

1. 0 people
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10 or more people

ATTN

You're more than halfway through—keep it up! To make sure you're still paying attention, please select "always" below.

1. Never

2. Sometimes
3. Usually
4. Always

WK1

These following questions ask about your workplace. Please indicate how much you agree or disagree with each statement.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
a	I feel comfortable utilizing mental health services with my current employer.	1	2	3	4	5	6
b	I can discuss mental health openly and honestly with my supervisors.	1	2	3	4	5	6
c	I can discuss mental health openly and honestly with my coworkers.	1	2	3	4	5	6
d	I worry about retaliation, or being fired, if I seek mental health care.	1	2	3	4	5	6

SLF1

The following questions ask about how you have been feeling during the past 30 days. For each question, please choose the answer that best describes how often you had this feeling.

During the past 30 days, about how often did you feel . . .

		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a	. . . nervous?	1	2	3	4	5
b	. . . hopeless?	1	2	3	4	5
c	. . . restless or fidgety?	1	2	3	4	5
d	. . . so depressed that nothing could cheer you up?	1	2	3	4	5
e	. . . that everything was an effort?	1	2	3	4	5
f	. . . worthless?	1	2	3	4	5

SLF2

In the past 12 months, did you ever think you needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous?

1. Yes
0. No

SLF3

During the past 12 months, did you take prescription medication to help you with emotions or with your concentration, behavior or mental health?

- 1. Yes
- 0. No

SLF4

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

- 1. Yes
- 0. No

RCS1

Please rate how much you agree or disagree with the following statements.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	I could use additional training to apply Mental Health First Aid skills in my workplace.	1	2	3	4	5
b	I could use additional training to apply Mental Health First Aid skills in my community.	1	2	3	4	5
c	I could use additional training in other mental health skills/topics (different than what was covered in Mental Health First Aid).	1	2	3	4	5

RCS2

What other topics would you be interested in learning more about in the future? Please select all that apply.

- 1. Additional intervention skills
- 2. Grief/bereavement
- 3. Coping skills
- 4. Domestic violence/intimate partner violence
- 5. Eating disorders
- 6. Effective communication
- 7. Self-care
- 8. Stress management
- 9. Suicide
- 10. Trauma/post-traumatic stress disorder (PTSD)
- 11. How to promote mental health at work
- 12. Substance use
- 13. Discrimination-related stress

14. Other (please specify) [SPECIFY BOX]

[PROGRAMMER: CHECK ALL THAT APPLY]

RCS3

What are the top 3 topics you would be most interested in learning more about? Please rank them in order by entering 1, 2 and 3.

1. Additional intervention skills
2. Grief/bereavement
3. Coping skills
4. Domestic violence/intimate partner violence
5. Eating disorders
6. Effective communication
7. Self-care
8. Stress management
9. Suicide
10. Trauma/post-traumatic stress disorder (PTSD)
11. How to promote mental health at work
12. Substance use
13. Discrimination-related stress
14. Other (please specify) [SPECIFY BOX]

[PROGRAMMER: WANT R TO SELECT UP TO 3 BOXES AND RANK ORDER THEM

AS 1, 2, 3]

RCS4

How helpful would it be to get additional information on mental health topics in the following ways?

		Not at All Helpful	Somewhat Helpful	Helpful	Very Helpful	Extremely Helpful
a	Online training modules	1	2	3	4	5
b	In-person trainings	1	2	3	4	5
c	Emailed newsletters	1	2	3	4	5
d	Social media posts	1	2	3	4	5
e	Links to websites or online resources	1	2	3	4	5
f	Some other way (please specify)	1	2	3	4	5

[PROGRAMMER: SPECIFY BOX AT ITEM F]

DESC1

In one or two words, please describe the most important mental health challenge that people in your community face.

[PROGRAMMER: OPEN-ENDED Q, ALLOW 30 CHARACTERS]

DEM1

Which of the following best describes the type of work you do?

1. Mental health and social services
2. Faith based
3. Education
4. Health care
5. Law enforcement/public safety
6. Other (Specify)
7. Not applicable

DEM2

Which of the following best describes your current work affiliation?

1. NYC Government Agency
2. Community Based Organization
3. Faith Based Organization
4. Other
5. Not Applicable

DEM3

What is the zip code of your primary residence?

[PROGRAMMER: BOX, ALLOW 5 NUMBERS]

DEM4

What is the zip code of your primary place of employment?

[PROGRAMMER: BOX, ALLOW 5 NUMBERS]

DEM5

Have you ever served, or do you currently serve, in any branch of service, reserves, or national guard, regardless of length of time in service, even if it was one day of basic training and you never reported to a unit?

1. Yes
0. No

DEM6

Has any family member living in your household ever served, or currently serve, in any branch of service, reserves, or national guard, regardless of length of time in service, even if it was one day of basic training and they never reported to a unit?

1. Yes
0. No

DEM7

Do you currently identify as:

1. Woman
2. Man
3. Non-binary person
4. Transgender person
5. Not listed

DEM8

Which of the following best describes you?

1. Straight (heterosexual)
2. Lesbian
3. Gay
4. Bisexual
5. Asexual
6. None of these describe me
7. Not sure/questioning

DEM9

Which of the following languages are you fluent in? (Select all that apply)

1. Spanish
2. Mandarin
3. Cantonese
4. Korean
5. Russian
6. Bengali
7. French Creole (Haitian Creole)
8. Arabic
9. English
10. Other (specify)

[PROGRAMMER: SELECT ALL THAT APPLY]

DEM10

Are you Hispanic or Latino?

1. Yes
0. No

[PROGRAMMER: SELECT ALL THAT APPLY]

DEM11

Which of these groups best represents your race? (Select all that apply)

1. American Indian or Alaskan Native
2. Asian

3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other (specify)

DEM12

What is the highest level of education you completed?

1. Did not attend high school
2. Some high school
3. High school diploma or GED
4. Some college
5. College degree
6. Postgraduate degree

DEM13

Which category best represents your total combined family income from all sources during the past 12 month, before taxes and other deductions?

1. Less than \$10,000
2. \$10,000–\$14,999
3. \$15,000–\$19,999
4. \$20,000–\$24,999
5. \$25,000–\$29,999
6. \$30,000–\$34,999
7. \$35,000–\$39,999
8. \$40,000–\$44,999
9. \$45,000–\$49,999
10. \$50,000–\$74,999
11. \$75,000–\$99,999
12. \$100,000–\$149,999
13. \$150,000 or more

DEM14

What is your age in years?

[FIELD FOR 3 DIGITS] years

Appendix A.2. MHFA Training-Related Outcomes

Outcome	Measure/Item	Response Options
Knowledge		
MHFA knowledge	<p>Half of all people who experience a mental illness have their first episode by age 14.</p> <p>Depressive disorders are the most common mental illnesses in the United States.</p> <p>If a person who is depressed does not want to seek professional help, it is important to force them to if you can.</p> <p>When interacting with a person experiencing psychosis, you should not offer them choices of how you can help them because it could add to their confusion.</p> <p>A person experiencing psychosis is less likely to relapse if they have a good relationship with their family.</p> <p>A good way to help a person with a drug or alcohol problem is to let them know that you strongly disapprove of their substance use.</p> <p>It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.</p> <p>If someone has a traumatic experience, it is best to make them talk about it as soon as possible.</p> <p>It is best not to try to reason with a person having delusions.</p>	1 = Strongly disagree; 5 = Strongly agree
Recognition of mental disorders	<p><i>Vignette: Jay is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Jay doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making decisions. Even day-to-day tasks seem too much for him. This has come to the attention of Jay's supervisor who is concerned about his lowered productivity. Jay feels he will never be happy again and believes his family would be better off without him. Jay has been so desperate, he has been thinking of ways to end his life.</i></p> <p>What, if anything, do you think is wrong with Jay? Please type your answer below.</p>	Open-ended free write-in
Knowledge of referral resources	I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use.	1 = Strongly disagree; 5 = Strongly agree
Stigma	<i>Depression vignette</i>	
Personal stigma	<p>Jay could snap out of it if he wanted.</p> <p>Jay's problem is a sign of personal weakness.</p> <p>Jay's problem is not a real medical illness.</p> <p>It is best to avoid Jay.</p>	1 = Strongly disagree; 5 = Strongly agree
Perceived public stigma	<p>Most people in my community feel that seeking treatment for mental health challenges is a sign of personal failure.</p> <p>Most people in my community think less of someone with a history of mental health challenges.</p>	1 = Strongly disagree; 5 = Strongly agree

Outcome	Measure/Item	Response Options
Helping Behaviors		
Confidence in helping	How confident do you feel in helping someone with a mental health problem?	1 = Very confident; 4 = Not at all confident
Self-perceived impact of MHFA on helping behaviors	<p><i>As a result of the Mental Health First Aid training, I have . . .</i></p> <p>. . . Reached out to someone who may be dealing with a mental health problem or crisis</p> <p>. . . Asked a person whether they are considering killing themselves</p> <p>. . . Actively and compassionately listened to someone in distress</p> <p>. . . Offered a distressed person basic “first aid” level information and reassurance about mental health problems</p> <p>. . . Assisted a person who was dealing with a mental health problem or crisis to seek professional help</p> <p>. . . Assisted a person who was dealing with a mental health problem or crisis to connect with community, peer, and personal supports</p> <p>. . . Become aware of my own views and feelings about mental health problems and disorders</p> <p>. . . Recognized and corrected misconceptions about mental health and mental illness as I encounter them</p>	1 = Never; 4 = Frequently
Recent use of MHFA Skills		
Recent contact	<i>In the past 6 months, how many people with a mental health problem have you had contact with?</i>	0 to 10 or more people
Recent application of MHFA skills	<p><i>In the past 6 months, of the people with a mental health problem that you have had contact with, how many have you . . .</i></p> <p>. . . spent time listening to their mental health problem?</p> <p>. . . provided reassurance and information about effective ways to help address a mental health problem?</p> <p>. . . encouraged using self-help strategies to help cope with a mental health problem?</p> <p>. . . helped to connect to a mental health hotline (e.g., NYC Well) or directly helped them engage with a mental health provider (e.g., walked them to a psychiatric emergency room)?</p> <p>. . . talked with about their suicidal thoughts or self-harm?</p> <p>. . . encouraged to get professional mental health treatment?</p>	0 to 10 or more people
Reach Within Social Network	<p><i>For each type of person, please indicate how many people you have used Mental Health First Aid skills with in the <u>past 6 months</u>?</i></p> <p>A friend or family member</p> <p>A neighbor or someone from my community who I occasionally see socially</p> <p>A co-worker or someone who I see as part of my job</p> <p>A client or someone to whom I provide services as part of my job</p> <p>A stranger or someone I don't know</p>	0 to 10 or more people

Outcome	Measure/Item	Response Options
Recipients' Use of Mental Health Services	In the past 6 months, how many of the individuals you provided help to sought professional help for their mental health problem?	0 to 10 or more people
Trainee Well-Being		
Self-perceived impact of MHFA on supporting own well-being	<i>As a result of the Mental Health First Aid training, I have . . .</i> . . . used the information to support my own wellbeing . . . obtained counseling or therapy for my mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)	1 = Never; 4 = Very frequently
Perceived need	In the past 12 months, did you ever think you needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous?	Yes/No
Mental health therapy/counseling	In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?	Yes/No
Psychotropic medication	In the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior or mental health?	Yes/No
Psychological distress	<i>During the past 30 days, about how often did you feel . . .</i> . . . nervous? . . . hopeless? . . . restless or fidgety? . . . so depressed that nothing could cheer you up? . . . that everything was an effort? . . . worthless?	1 = none of the time; 5 = all of the time
Workplace Mental Health Climate	I can discuss mental health openly and honestly with my coworkers. I can discuss mental health openly and honestly with my supervisors. I feel comfortable utilizing mental health services with my current employer. I worry about retaliation, or being fired, if I seek mental health care.	1 = Strongly disagree; 5 = Strongly agree
Perceptions of MHFA Training	<i>The Mental Health First Aid training I completed . . .</i> . . . was high quality . . . was relevant . . . was useful . . . took too long . . . was too short . . . was inconvenient . . . addressed topics that are important to my community	1 = Strongly disagree; 5 = Strongly agree

Outcome	Measure/Item	Response Options
Perceptions of Future Training Needs	<p>I could use additional training to apply MHFA skills in my workplace</p> <p>I could use additional training in other mental health skills/topics (different than what was covered in MHFA)</p>	1 = Strongly disagree; 5 = Strongly agree
Topics of interest	<p>Would you like additional information on any of the following topics? Please select all that apply.</p> <ul style="list-style-type: none"> • additional intervention skills • bereavement/grief • coping skills • domestic violence/intimate partner violence • eating disorders • effective communication • self-care • stress management • suicide • trauma/post-traumatic stress disorder (PTSD) • how to promote mental health at work • substance use • discrimination/bias and mental health 	
Future training modes	<p>How helpful would it be to get additional information on mental health topics in the following ways?</p> <p>Online training modules</p> <p>In-person trainings</p> <p>Emailed newsletters</p> <p>Social media posts</p> <p>Links to websites or online resources</p>	1 = Not at all helpful; 5 = Extremely helpful
Mental health challenge	In one or two words, please describe the most important mental health challenge that people in your community face.	Open-ended

Appendix B. Supplemental Tables of MHFA Helping Behaviors Across Respondent Subgroups

This appendix includes tables with supplemental data from the MHFA web survey on respondents' self-perceived impact of Mental Health First Aid training on helping behaviors, confidence in helping, and knowledge of resources.

Appendix Table B.1. Descriptive Results for Respondents' Self-Perceived Impact of MHFA on Frequency of Engaging in Helping Behaviors

As a result of MHFA training, I have . . .	Percentage			
	Frequently	Occasionally	Rarely	Never
Reached out to someone who may be dealing with a mental health problem or crisis	20.65	47.48	17.08	14.80
Asked a person whether they are considering killing themselves	7.97	21.64	30.11	40.28
Actively and compassionately listened to someone in distress	55.27	31.96	8.19	4.59
Offered a distressed person basic "first aid" level information and reassurance about mental health problems	23.34	44.52	18.94	13.21
Assisted a person who was dealing with a mental health problem or crisis to seek professional help	24.58	40.12	20.06	15.24
Recognized and corrected misconceptions about mental health and mental illness as I encounter them	48.08	35.61	10.77	5.54
Become aware of my own views and feelings about mental health problems and disorders	56.81	30.03	7.70	5.46

SOURCE: RAND MHFA web survey, summer 2021.

Appendix Table B.2. Associations Between Training Experiences and Self-Perceived Impact of MHFA on Helping Behaviors

Engaging in Helping Behaviors as a Result of MHFA Training ^a						
	Reached out to someone who may be dealing with a mental health problem or crisis	Asked a person whether they are considering killing themselves	Actively and compassionately listened	Offered basic “first aid” and reassurance	Assisted with seeking professional help	Assisted with connecting to community supports
Training experiences	Main effect p-value Group contrasts (OR, 95% CI)					
Time since MHFA training	p = 0.02	p = 0.35	p = 0.01	p = 0.18	p = 0.04	p = 0.01
Less than 3 years ago	(ref)	--	(ref)	--	(ref)	(ref)
3 or more years ago	0.81 (0.69, 0.97)*	--	0.74 (0.58, 0.93)*	--	0.84 (0.71, 0.99)*	0.81 (0.68, 0.95)*
MHFA trainer status	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001
Not a trainer	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
Certified trainer	2.89 (1.86, 4.48)***	1.77 (1.22, 2.55)**	3.92 (1.81, 8.49)***	2.48 (1.62, 3.78)***	2.19 (1.47, 3.26)***	1.59 (1.10, 2.32)*
Working on becoming a trainer	2.88 (2.38, 3.48)***	1.81 (1.52, 2.16)***	3.33 (2.48, 4.48)***	2.63 (2.18, 3.17)***	2.46 (2.06, 2.95)***	2.37 (1.98, 2.83)***
Number of MHFA courses completed	p < 0.0001	p = 0.002	p = 0.003	p = 0.0001	p = 0.0001	p < 0.0001
One course	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
Multiple courses	1.58 (1.31, 1.90)***	1.33 (1.11, 1.59)**	1.51 (1.16, 1.97)**	1.44 (1.19, 1.72)***	1.42 (1.19, 1.70)***	1.51 (1.26, 1.80)***
Other mental health training	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001	p < 0.0001
None	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
Formal education	2.72 (2.24, 3.30)***	2.60 (2.09, 3.24)***	2.78 (2.13, 3.62)***	2.40 (1.98, 2.92)***	2.66 (2.19, 3.22)***	2.84 (2.34, 3.44)***

Engaging in Helping Behaviors as a Result of MHFA Training^a

Training experiences	Reached out to someone who may be dealing with a mental health problem or crisis	Asked a person whether they are considering killing themselves	Actively and compassionately listened	Offered basic “first aid” and reassurance	Assisted with seeking professional help	Assisted with connecting to community supports
	Main effect p-value Group contrasts (OR, 95% CI)					
Other training (COVID conversations or stand-alone)	1.96 (1.44, 2.68)***	1.26 (0.88, 1.81)	2.40 (1.53, 3.79)***	2.00 (1.46, 2.73)***	1.73 (1.28, 2.34)***	1.80 (1.33, 2.42)***
Not formal education but as part of job/workplace training	3.01 (2.35, 3.86)***	2.45 (1.90, 3.17)***	3.19 (2.23, 4.58)***	2.82 (2.20, 3.61)***	2.71 (2.13, 3.44)***	2.95 (2.32, 3.74)***

SOURCE: RAND MHFA web survey, summer 2021.

NOTE: This table shows estimates of associations between training experience variables and respondents’ likelihood of endorsing “frequently” or “occasionally” engaging in helping behaviors.

Estimates are from separate bivariate logistic regression models.

^a “As a result of the Mental Health First Aid training, I have . . .” (response options, never to frequently). Dichotomized for analysis as 1 = occasionally or frequently, 0 = never or rarely.

CI = confidence interval. MHFA = Mental Health First Aid. OR = odds ratio.

(–) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant group main effect, $p < 0.05$.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Appendix Table B.3. Associations Between Training Experiences and Helping Self-Efficacy and Knowledge of Resources

Training experiences	Confidence in Helping ^a	Knowledge of Referral Resources ^b
	Main effect p-value Group contrasts (OR, 95% CI)	
Time since MHFA training	p = 0.02	p = 0.41
Less than 3 years	(ref)	--
3 years or more	0.81(0.67, 0.97)*	--
MHFA trainer status	p < 0.0001	p = 0.002
Not a trainer	(ref)	(ref)
Certified trainer	3.67 (2.56, 5.25)***	1.70 (1.06, 2.72) *
Working on becoming a trainer	2.70 (2.26, 3.22), ***	1.35 (1.11, 1.64) **
Number of MHFA courses completed	p < 0.0001	p = 0.002
One course	(ref)	(ref)
Multiple courses	1.73 (1.45, 2.06)***	1.38 (1.12, 1.70)**
Other mental health training	p < 0.0001	p < 0.0001
None	(ref)	(ref)
Formal education	2.54 (2.04, 3.16)***	1.84 (1.48, 2.28)***
Other training (COVID conversations or stand-alone)	2.05 (1.47, 2.85)***	1.48 (1.05, 2.09) *
Not formal education but as part of job/workplace training	2.41 (1.87, 3.11)***	1.55 (1.19, 2.01)**

SOURCE: RAND MHFA web survey, summer 2021.

NOTE: This table shows estimates of associations between training experience variables and respondents' confidence in helping others with a mental health problem, and knowledge of mental health treatment or referral resources. Estimates are from separate bivariate logistic regression models.

^a "How confident do you feel in helping someone with a mental health problem?" (response range: not confident at all to very confident). Dichotomized for analysis as 1 = very confident, 0 = fairly confident, slightly confident, or not confident at all.

^b "I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use." (response range: strongly disagree to strongly agree). Dichotomized for analysis as 1 = agree or strongly agree, 0 = strongly disagree, disagree, or neither agree nor disagree.

(--) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant group main effect at $p < 0.05$, after multiple test false discovery rate (FDR) correction.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Appendix Table B.4. Differences in City Agency Employee Trainee Outcomes by Agency Affiliation and Agency Group Characteristics

	Engaging in Helping Behaviors as a Result of MHFA Training ^a				
	Actively and compassionately listened	Offered basic “first aid” and reassurance	Assisted with seeking professional help	Confidence in helping ^b	Knowledge of referral resources ^c
	Main effect p-value Group contrasts (OR, 95% CI)				
Agency affiliation	p = 0.35	p = 0.59	p = 0.04 [†]	p = 0.01	p = 0.88
Department of Health and Mental Hygiene (DOHMH)	--	--	--	(ref)	--
Administration for Children’s Services (ACS)	--	--	--	2.29 (1.04, 5.04) [†]	--
City University of New York (CUNY)	--	--	--	0.30 (0.14, 0.62)**	--
Department for the Aging (DFTA)	--	--	--	0.69 (0.18, 2.61)	--
Department of Corrections (DOC)	--	--	--	NR	--
Department of Education (DOE)	--	--	--	0.88 (0.56, 1.37)	--
Department of Homeless Services (DHS)	--	--	--	1.70 (1.05, 2.77) [†]	--
Department of Housing Preservation and Development	--	--	--	1.15 (0.10, 12.94)	--
Department of Information Technology & Telecommunications (DoITT)	--	--	--	0.33 (0.04, 2.73)	--
Department of Parks & Recreation (DPR)	--	--	--	0.31 (0.07, 1.39)	--
Department of Probation (DOP)	--	--	--	1.15 (0.28, 4.77)	--
Department of Transportation (DOT)	--	--	--	1.38 (0.32, 5.98)	--
Department of Veterans’ Services (DVS)	--	--	--	NR	--
Department of Youth and Community Development (DYCD)	--	--	--	0.12 (0.02, 0.93) [†]	--
Fire Department of New York (FDNY)	--	--	--	0.57 (0.06, 5.26)	--
Housing Authority (NYCHA)	--	--	--	0.76 (0.24, 2.48)	--
Human Resources Administration (HRA)	--	--	--	0.88 (0.54, 1.44)	--
Mayor’s Office (MO)	--	--	--	NR	--

	Engaging in Helping Behaviors as a Result of MHFA Training ^a				
	Actively and compassionately listened	Offered basic “first aid” and reassurance	Assisted with seeking professional help	Confidence in helping ^b	Knowledge of referral resources ^c
	Main effect p-value Group contrasts (OR, 95% CI)				
NYC Health and Hospitals (HHC)	--	--	--	1.50 (0.87, 2.58)	--
Office of Labor Relations (OLR)	--	--	--	2.29 (0.14, 37.40)	--
Office of the Chief Medical Examiner	--	--	--	NR	--
Office to End Domestic and Gender-Based Violence (ENDGBV)	--	--	--	NR	--
Police Department (NYPD)	--	--	--	0.79 (0.37, 1.69)	--
Small Business Services (SBS)	--	--	--	1.15 (0.20, 6.46)	--
Taxi and Limousine Commission (TLC)	--	--	--	0.21 (0.03, 1.66)	--
Multiple agencies	--	--	--	1.20 (0.55, 2.59)	--
Agency size	p = 0.59	p = 0.68	p = 0.74	p = 0.02 [†]	p = 0.90
Small	--	--	--	--	--
Medium	--	--	--	--	--
Large	--	--	--	--	--
MHFA training dose	p = 0.06	p = 0.36	p = 0.02 [†]	p = 0.72	p = 0.87
Low	--	--	--	--	--
Medium	--	--	--	--	--
High	--	--	--	--	--
Agency service type	p = 0.02 [†]	p = 0.20	p = 0.02 [†]	p = 0.001	p = 0.97
Health, community, social, or human services	--	--	--	(ref)	--
Education	--	--	--	0.59 (0.43, 0.81)**	--
Housing/transportation/infrastructure	--	--	--	0.46 (0.24, 0.88)*	--
Other	--	--	--	0.30 (0.09, 1.01)	--
Public safety/criminal justice	--	--	--	0.63 (0.34, 1.16)	--

SOURCE: RAND MHFA web survey, summer 2021.

NOTE: This table shows estimates of associations between agency affiliation and agency group characteristic variables and respondents' self-perceived frequency of engaging in helping behaviors "as a result of Mental Health First Aid training," confidence in helping others with a mental health problem, and knowledge of mental health treatment or referral resources. Estimates are from separate bivariate logistic regression models.

^a "As a result of the Mental Health First Aid training, I have . . ." (response range: never to frequently). Dependent variable in logistic regression model = occasionally or frequently.

^b "How confident do you feel in helping someone with a mental health problem?" (response range: not at all confident to very confident). Dependent variable in logistic regression model = very confident.

^c "I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use." (response range: strongly disagree to strongly agree, Dependent variable in logistic regression model = agree or strongly agree.

NR = not reported due to small cell size and/or contrast could not be estimated due to complete/quasicomplete separation.

(--) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant effects at $p < 0.05$ and after correction for multiple tests.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

† Effects not statistically significant after adjusting for multiple tests using Benjamini-Hochberg FDR correction.

Appendix Table B.5. Self-Perceived Impact of MHFA on Helping Behaviors by Sociodemographic and Community Groups

	Engaging in Helping Behaviors as a Result of MHFA Training ^a					
	Reached out to someone who may be dealing with a mental health problem or crisis	Asked a person whether they are considering killing themselves	Actively and compassionately listened to someone in distress	Offered a distressed person basic “first aid” level information and reassurance about mental health problems	Assisted a person who was dealing with a mental health problem or crisis to seek professional help	Assisted a person who was dealing with a mental health problem or crisis to connect with community, peer, and personal supports
	% occasionally/frequently					
Age group						
25 or under	61.72%	28.13%	89.84%	60.94%	64.84%	64.06%
26–35	68.60%	26.28%	86.44%	66.15%	62.14%	61.92%
36–49	69.47%	31.24%	89.11%	68.28%	66.04%	64.97%
50–64	69.86%	31.79%	85.71%	68.98%	66.26%	65.46%
65+	58.73%	23.41%	85.71%	69.17%	59.52%	59.68%
Gender						
Woman	68.87%	29.54%	88.18%	68.52%	65.80%	65.27%
Man	65.33%	29.14%	83.65%	65.90%	60.31%	59.24%
Another identity	66.10%	37.29%	NR	62.71%	66.10%	62.71%
Sexual orientation						
Straight	67.54%	29.58%	86.86%	67.95%	64.51%	63.49%
Other sexual orientation	71.33%	30.12%	89.16%	67.47%	65.78%	66.99%
Race/ethnicity						
Hispanic	73.87%	33.90%	89.91%	72.98%	68.63%	69.88%
Non-Hispanic AI/AN only	NR	NR	NR	NR	NR	NR
Non-Hispanic Asian only	56.16%	22.83%	83.11%	56.16%	56.16%	56.62%
Non-Hispanic Black only	70.86%	29.17%	87.55%	71.26%	68.07%	64.30%

Engaging in Helping Behaviors as a Result of MHFA Training^a

	Reached out to someone who may be dealing with a mental health problem or crisis	Asked a person whether they are considering killing themselves	Actively and compassionately listened to someone in distress	Offered a distressed person basic "first aid" level information and reassurance about mental health problems	Assisted a person who was dealing with a mental health problem or crisis to seek professional help	Assisted a person who was dealing with a mental health problem or crisis to connect with community, peer, and personal supports
	% occasionally/frequently					
Non-Hispanic NH/PI only	NR	NR	NR	NR	NR	NR
Non-Hispanic White only	60.65%	26.18%	84.23%	61.14%	57.56%	58.37%
Non-Hispanic other race	69.11%	32.52%	90.24%	62.60%	64.75%	65.04%
Non-Hispanic, multiple races	77.66%	41.49%	NR	76.60%	73.40%	73.40%
Borough of residence						
Bronx	71.56%	34.35%	88.84%	68.69%	64.02%	65.73%
Brooklyn	66.76%	26.73%	85.94%	65.69%	64.09%	61.84%
Manhattan	67.98%	30.26%	86.40%	70.46%	68.49%	67.40%
Queens	65.35%	27.50%	86.44%	65.73%	60.83%	60.64%
Staten Island	68.63%	33.33%	87.25%	64.71%	64.71%	69.61%
Other/unknown	70.96%	31.23%	90.14%	72.05%	67.67%	65.66%
Education						
Postgraduate degree	69.68%	32.71%	87.83%	68.69%	66.73%	66.24%
College degree	66.44%	25.93%	87.21%	67.42%	62.94%	62.43%
Some college	72.08%	31.98%	88.33%	70.17%	67.70%	66.59%
High school diploma or GED or less	59.88%	27.33%	80.81%	59.88%	55.81%	54.07%
Language						
English only	67.34%	29.01%	86.47%	67.38%	64.32%	62.72%

Engaging in Helping Behaviors as a Result of MHFA Training^a

	Reached out to someone who may be dealing with a mental health problem or crisis	Asked a person whether they are considering killing themselves	Actively and compassionately listened to someone in distress	Offered a distressed person basic “first aid” level information and reassurance about mental health problems	Assisted a person who was dealing with a mental health problem or crisis to seek professional help	Assisted a person who was dealing with a mental health problem or crisis to connect with community, peer, and personal supports
	% occasionally/frequently					
Fluent in a language other than English	69.68%	30.74%	88.52%	68.76%	65.64%	66.42%

SOURCE: RAND MHFA web survey, summer 2021.

^a “As a result of the Mental Health First Aid training, I have . . . ” (response range: never to frequently). Values are percentages of respondents endorsing “occasionally” or “frequently.”

AI/AN = American Indian or Alaska Native. NH/PI = Native Hawaiian or Pacific Islander.

NR = not reported due to small cell size.

Appendix Table B.6. Differences in Confidence, Knowledge of Resources, and Self-Perceived Impact of MHFA on Helping Behaviors Across Sociodemographic and Community Groups

	Engaging in Helping Behaviors as a Result of MHFA Training^a				
	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Confidence in Helping ^b	Knowledge of Referral Resources ^c
	Main effect p-value Group contrasts (OR, 95% CI)				
Age group	p = 0.20	p = 0.38	p = 0.21	p = 0.006	p = 0.29
36–49	--	--	--	(ref)	--
25 or under	--	--	--	0.72 (0.47, 1.10)	--
26–35	--	--	--	0.72 (0.55, 0.92)*	--
50–64	--	--	--	1.02 (0.84, 1.25)	--
65+	--	--	--	0.69 (0.50, 0.95)*	--
Sexual orientation	p = 0.20	p = 0.85	p = 0.62	p = 0.63	p = 0.87
Heterosexual/straight	--	--	--	--	--
Other sexual orientation	--	--	--	--	--
Gender identity	p = 0.02	p = 0.36	p = 0.06	p = 0.21	p = 0.96
Woman	(ref)	--	--	--	--
Another identity	0.74 (0.36, 1.53)	--	--	--	--
Man	0.69 (0.52, 0.90)**	--	--	--	--
Race/ethnicity	p = 0.04	p < 0.0001	p < 0.0001	p < 0.0001	p = 0.01
Non-Hispanic White only	(ref)	(ref)	(ref)	(ref)	(ref)
Hispanic	1.67 (1.19, 2.33) **	1.72 (1.35, 2.18)***	1.61 (1.28, 2.03)***	2.27 (1.76, 2.93)***	0.91 (0.70, 1.20)
Non-Hispanic AI/AN only	(not estimated)	(not estimated)	(not estimated)	(not estimated)	(not estimated)
Non-Hispanic Asian only	0.92 (0.61, 1.39)	0.81 (0.60, 1.11)	0.94 (0.69, 1.29)	1.10 (0.75, 1.61)	0.54 (0.38, 0.76)***
Non-Hispanic Black only	1.32 (0.98, 1.76)	1.58 (1.27, 1.96)***	1.57 (1.27, 1.94)***	2.24 (1.76, 2.85)***	0.96 (0.74, 1.23)
Non-Hispanic NH/PI only	(not estimated)	(not estimated)	(not estimated)	(not estimated)	(not estimated)

Engaging in Helping Behaviors as a Result of MHFA Training^a					
	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Confidence in Helping ^b	Knowledge of Referral Resources ^c
	Main effect p-value Group contrasts (OR, 95% CI)				
Non-Hispanic other race	1.73 (0.92, 3.26)	1.06 (0.71, 1.59)	1.35 (0.90, 2.03)	1.84 (1.20, 2.84)**	0.84 (0.53, 1.32)
Non-Hispanic, multiple races	1.77 (0.86, 3.63)	2.08 (1.26, 3.44)**	2.03 (1.25, 3.30)**	2.45 (1.54, 3.89)***	0.71 (0.43, 1.17)
Borough	p = 0.37	p = 0.18	p = 0.16	p = 0.007	p = 0.52
Manhattan	--	--	--	(ref)	--
Bronx	--	--	--	1.58 (1.20, 2.10)**	--
Brooklyn	--	--	--	1.04 (0.80, 1.34)	--
Other/unknown	--	--	--	1.11 (0.82, 1.50)	--
Queens	--	--	--	0.98 (0.74, 1.30)	--
Staten Island	--	--	--	1.17 (0.74, 1.87)	--
Education	p = 0.07	p = 0.09	p = 0.01	p = 0.003	p = 0.0003
Graduate degree	--	--	Ref	(ref)	(ref)
College degree	--	--	0.85 (0.71, 1.02)	0.91 (0.75, 1.10)	0.68 (0.55, 0.85)***
Some college	--	--	1.05 (0.82, 1.33)	1.33 (1.04, 1.69)*	0.60 (0.46, 0.78)***
High school diploma or GED or less	--	--	0.63 (0.45, 0.87)**	1.45 (1.04, 2.03)*	0.65 (0.44, 0.95)*
Non-English language fluency	p = 0.13	p = 0.47	p = 0.50	p = 0.23	p = 0.09
English only	--	--	--	--	--
Fluent in a language other than English	--	--	--	--	--

SOURCE: RAND MHFA web survey, summer 2021.

NOTES: This table shows estimates of associations between sociodemographic group variables and respondents' self-perceived frequency of engaging in helping behaviors "as a result of Mental Health First Aid training," confidence in helping others with a mental health problem, and knowledge of mental health treatment or referral resources. Estimates are from separate bivariate logistic regression models. GED = general educational development.

^a "As a result of the Mental Health First Aid training, I have . . ." (response range: never to frequently). Dichotomized for analysis as 1 = occasionally or frequently, 0 = never or rarely.

^b “How confident do you feel in helping someone with a mental health problem?” (response range: not confident at all to very confident). Dichotomized for analysis as 1 = very confident, 0 = fairly confident, slightly confident, or not confident at all.

^c “I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use.” (response range: strongly disagree to strongly agree). Dichotomized for analysis as 1 = agree or strongly agree, 0 = strongly disagree, disagree, or neither agree nor disagree.

(--) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant effect, $p < 0.05$ after correction for multiple tests.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Appendix Table B.7. Differences in Self-Perceived Impact of MHFA on Helping Behaviors Across Sociodemographic and Community Groups

Engaging in Helping Behaviors as a Result of MHFA Training ^a						
	Reached out to someone	Assessed suicide risk	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Assisted with using personal, peer, or community support
	Main effect p-value					
	Group contrasts (OR, 95% CI)					
Age group	p = 0.006	p = 0.04	p = 0.20	p = 0.38	p = 0.21	p = 0.40
36–49	(ref)	(ref)	--	--	--	--
25 or under	0.71 (0.48, 1.04)	0.86 (0.57, 1.30)	--	--	--	--
26–35	0.96 (0.75, 1.23)	0.78 (0.61, 1.01)	--	--	--	--
50–64	1.02 (0.83, 1.25)	1.03 (0.84, 1.25)	--	--	--	--
65+	0.63 (0.47, 0.84)**	0.67 (0.49, 0.93)*	--	--	--	--
Sexual orientation	p = 0.13	p = 0.82	p = 0.20	p = 0.85	p = 0.62	p = 0.17
Heterosexual/straight	--	--	--	--	--	--
Other sexual orientation	--	--	--	--	--	--
Gender identity	p = 0.29	p = 0.42	p = 0.02	p = 0.36	p = 0.06	p = 0.04
Woman	--	--	(ref)	--	--	(ref)
Another identity	--	--	0.74 (0.36, 1.53)	--	--	0.90 (0.52, 1.53)
Man	--	--	0.69 (0.52, 0.90)**	--	--	0.77 (0.64, 0.94)*
Race/ethnicity	p < 0.0001	p = 0.004	p = 0.04	p < 0.0001	p < 0.0001	p = 0.0003
Non-Hispanic White only	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
Hispanic	1.83 (1.44, 2.33)***	1.45 (1.13, 1.84)**	1.67 (1.19, 2.33)**	1.72 (1.35, 2.18)***	1.61 (1.28, 2.03)***	1.65 (1.31, 2.09)***
Non-Hispanic AI/AN only	NR	NR	NR	NR	NR	NR
Non-Hispanic Asian only	0.83 (0.61, 1.14)	0.83 (0.58, 1.20)	0.92 (0.61, 1.39)	0.81 (0.6, 1.11)	0.94 (0.69, 1.29)	0.93 (0.68, 1.27)

Engaging in Helping Behaviors as a Result of MHFA Training ^a						
	Reached out to someone	Assessed suicide risk	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Assisted with using personal, peer, or community support
Main effect p-value						
Group contrasts (OR, 95% CI)						
Non-Hispanic Black only	1.58 (1.27, 1.96)***	1.16 (0.92, 1.46)	1.32 (0.98, 1.76)	1.58 (1.27, 1.96)***	1.57 (1.27, 1.94)***	1.28 (1.04, 1.58)*
Non-Hispanic NH/PI only	NR	NR	NR	NR	NR	NR
Non-Hispanic other race	1.45 (0.96, 2.20)	1.36 (0.89, 2.06)	1.73 (0.92, 3.26)	1.06 (0.71, 1.59)	1.35 (0.90, 2.03)	1.33 (0.89, 1.99)
Non-Hispanic, multiple races	2.25 (1.35, 3.76)**	2.00 (1.28, 3.13)**	1.77 (0.86, 3.63)	2.08 (1.26, 3.44)**	2.03 (1.25, 3.30)**	1.97 (1.21, 3.20)**
Borough	p = 0.29	p = 0.08	p = 0.37	p = 0.18	p = 0.16	p = 0.12
Manhattan	--	--	--	--	--	--
Bronx	--	--	--	--	--	--
Brooklyn	--	--	--	--	--	--
Other/unknown	--	--	--	--	--	--
Queens	--	--	--	--	--	--
Staten Island	--	--	--	--	--	--
Education	p = 0.01	p = 0.005	p = 0.07	p = 0.09	p = 0.01	p = 0.008
Graduate degree	(ref)	(ref)	--	--	(ref)	(ref)
College degree	0.86 (0.72, 1.04)	0.72 (0.59, 0.87)***	--	--	0.85 (0.71, 1.02)	0.85 (0.71, 1.02)
Some college	1.12 (0.87, 1.44)	0.97 (0.76, 1.23)	--	--	1.05 (0.82, 1.33)	1.02 (0.80, 1.29)
High school diploma or GED or less	0.65 (0.47, 0.91)*	0.77 (0.54, 1.11)	--	--	0.63 (0.45, 0.87)**	0.60 (0.43, 0.83)**
Non-English language fluency	p = 0.22	p = 0.35	p = 0.13	p = 0.47	p = 0.50	p = 0.06

Engaging in Helping Behaviors as a Result of MHFA Training ^a						
	Reached out to someone	Assessed suicide risk	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Assisted with using personal, peer, or community support
	Main effect p-value					
	Group contrasts (OR, 95% CI)					
English only	--	--	--	--	--	--
Fluent in a language other than English	--	--	--	--	--	--

SOURCE: RAND MHFA web survey, summer 2021.

NOTE: This table shows estimates of associations between sociodemographic group variables and respondents' self-perceived frequency of engaging in helping behaviors "as a result of Mental Health First Aid training," confidence in helping others with a mental health problem, and knowledge of mental health treatment or referral resources. Estimates are from separate bivariate logistic regression models.

^a "As a result of the Mental Health First Aid training, I have . . ." (response range: never to frequently). Dichotomized for analysis as 1 = occasionally or frequently, 0 = never or rarely.

(--) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant effect, $p < 0.05$.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Appendix Table B.8. Differences in Confidence, Knowledge of Resources, and Self-Perceived Impact of MHFA on Helping Behaviors Across Sociodemographic and Community Groups Adjusting for Training and Occupation Factors

	Engaging in Helping Behaviors as a Result of MHFA Training ^a			Confidence in Helping ^b	Knowledge of Referral Resources ^c
	Actively and compassionately listened	Offered “first aid” information and reassurance	Assisted with seeking professional help		
	Main effect p-value				
	Group contrasts (AOR, 95% CI)				
Age group	p = 0.22	p = 0.53	p = 0.35	p = 0.03	p = 0.10
36–49	--	--	--	(ref)	--
25 or under	--	--	--	0.75 (0.48, 1.18)	--
26–35	--	--	--	0.70 (0.53, 0.92)*	--
50–64	--	--	--	1.07 (0.86, 1.32)	--
65+	--	--	--	0.83 (0.59, 1.18)	--
Sexual orientation	p = 0.27	p = 0.75	p = 0.83	p = 0.96	p = 0.51
Heterosexual/straight	--	--	--	--	--
Other sexual orientation	--	--	--	--	--
Gender identity	p = 0.02	p = 0.16	p = 0.06	p = 0.55	p = 0.83
Woman	(ref)	--	--	--	--
Another identity	0.67 (0.31, 1.42)	--	--	--	--
Man	0.67 (0.51, 0.90)**	--	--	--	--
Race/ethnicity	p = 0.60	p = 0.0009	p = 0.03	p = 0.0001	p = 0.009
Non-Hispanic White only	--	(ref)	(ref)	(ref)	(ref)
Hispanic	--	1.45 (1.12, 1.86)**	1.38 (1.08, 1.77)*	1.85 (1.40, 2.44)***	0.86 (0.65, 1.13)
Non-Hispanic AI/AN only	--	(not estimated)	(not estimated)	(not estimated)	(not estimated)
Non-Hispanic Asian only	--	0.76 (0.55, 1.06)	0.90 (0.65, 1.26)	0.95 (0.63, 1.42)	0.52 (0.36, 0.74)***
Non-Hispanic Black only	--	1.27 (1.00, 1.60)*	1.30 (1.03, 1.64)*	1.71 (1.32, 2.22)***	0.91 (0.70, 1.19)
Non-Hispanic NH/PI only	--	(not estimated)	(not estimated)	(not estimated)	(not estimated)
Non-Hispanic other race	--	0.76 (0.50, 1.16)	1.04 (0.68, 1.60)	1.32 (0.83, 2.09)	0.72 (0.45, 1.16)
Non-Hispanic, multiple races	--	1.60 (0.95, 2.72)	1.66 (0.99, 2.77)	1.82 (1.10, 3.01)*	0.68 (0.41, 1.14)
Borough	p = 0.41	p = 0.04	p = 0.02	p = 0.009	p = 0.44
Manhattan	--	(ref)	(ref)	(ref)	--

Engaging in Helping Behaviors as a Result of MHFA Training^a					
	Actively and compassionately listened	Offered "first aid" information and reassurance	Assisted with seeking professional help	Confidence in Helping^b	Knowledge of Referral Resources^c
	Main effect p-value				
	Group contrasts (AOR, 95% CI)				
Bronx	--	0.80 (0.59, 1.09)	0.69 (0.52, 0.94)*	1.49 (1.10, 2.03)*	--
Brooklyn	--	0.75 (0.58, 0.98)*	0.76 (0.58, 0.99)*	0.97 (0.73, 1.28)	--
Other/unknown	--	1.06 (0.77, 1.46)	0.94 (0.69, 1.28)	1.19 (0.86, 1.65)	--
Queens	--	0.71 (0.53, 0.94)*	0.63 (0.48, 0.84)**	0.90 (0.67, 1.22)	--
Staten Island	--	0.78 (0.48, 1.26)	0.86 (0.53, 1.39)	1.28 (0.77, 2.12)	--
Education	p = 0.30	p = 0.35	p = 0.05	p = 0.0001	p = 0.0003
Graduate degree	--	--	--	(ref)	(ref)
College degree	--	--	--	0.85 (0.68, 1.05)	0.65 (0.52, 0.81)***
Some college	--	--	--	1.38 (1.04, 1.84)*	0.57 (0.42, 0.76)***
High school diploma or GED or less	--	--	--	1.72 (1.16, 2.54)**	0.66 (0.44, 1.00)*
Non-English language fluency	p = 0.29	p = 0.68	p = 0.72	p = 0.32	p = 0.0487
English only	--	--	--	--	(ref)
Fluent in a language other than English	--	--	--	--	0.82 (0.68, 1.00)*

SOURCE: RAND MHFA web survey, summer 2021.

NOTE: This table shows estimates of associations between sociodemographic group variables and respondents' self-perceived frequency of engaging in helping behaviors "as a result of Mental Health First Aid training," confidence in helping others with a mental health problem, and knowledge of mental health treatment or referral resources. Estimates are from separate multivariable logistic regression models. All models controlled for agency employee status, occupation type, time since MHFA training, MHFA trainer status, number of MHFA courses completed, and history of other mental health training.

^a"As a result of the Mental Health First Aid training, I have . . ." (response range: never to frequently). Dichotomized for analysis as 1 = occasionally or frequently, 0 = never or rarely.

^b"How confident do you feel in helping someone with a mental health problem?" (response range: not confident at all to very confident). Dichotomized for analysis as 1 = very confident, 0 = fairly confident, slightly confident, or not confident at all.

^c"I know where I can refer individuals for help with their emotional or mental health challenges, including alcohol or substance use." (response range: strongly disagree to strongly agree). Dichotomized for analysis as 1 = agree or strongly agree, 0 = strongly disagree, disagree, or neither agree nor disagree.

(--) denotes no follow-up contrast test to nonsignificant overall main effect.

Bolded values indicate significant effect, p < 0.05.

* p < 0.05; ** p < 0.01; *** p < 0.001.

Appendix C. Focus Group Protocols

Focus Group Guide – Community Organization Leadership

Based on RE-AIM Semi-Structured Protocol for Post-Implementation Evaluation with Participants (RE-AIM, 2021)

Prior to the interview:

- **Review the consent forms with all participants and provide hard copies of the consent form for individuals' personal records.**
- **Confirm that all participants agree to have the discussion audio-recorded.**
 - IF YES -> Begin recording.
 - IF NO -> DO NOT record the interview. One interviewer should take detailed notes.

***Interviewer:** Thank you again for taking the time to talk to us today. We'd like to hear from you about some of your experiences with Mental Health First Aid. Today's discussion is meant to be a conversation – we're interested in hearing your point of view! Again, there are no right or wrong answers to any of these questions. Also, if you have any questions for us as we're talking, please don't hesitate to ask. Finally, when you are discussing community experiences with MHFA, please do not share names of individuals or specific details, like locations, that could identify an individual. Are there any questions before we get started? [ANSWER ANY QUESTIONS] Let's begin!*

DISCUSSION QUESTIONS

Background

1. First, please describe your job title/role in the organization and how long you have been employed in this position.
2. Do you have any previous experience working in mental health or a related field?

Probes:

- Any education in psychology/counseling/social work/other related fields?
- Any other training/certificates/etc. in mental health treatment or counseling?

Reach

3. How did you learn about the MHFA training opportunity?
4. What made you interested in offering the MHFA training in your community?

Probes:

- Were there mental health needs or issues in your community that you thought could be addressed through mental health first aid training?
 - Why did you think your community, in particular, needed mental health support?
5. What did you hope or expect that MHFA could accomplish in your community?

6. What do you think are the best ways to advertise and tell your community about programs like MHFA?
7. Are there reasons that some community members did not participate?

Effectiveness

8. What aspects of MHFA have been most helpful in your community?
9. In general, do you know whether and how your community members have used their MHFA knowledge and skills? *[Remind participants that they should not disclose names, highly detailed descriptions of events, locations, or anything that could be linked back to an individual.]*

Probes:

- Have you asked community members about their use of MHFA? Why or why not?
 - To your knowledge, to what extent have community members been supported by people trained in MHFA?
10. What aspects of MHFA have been least helpful?
 - Are there any changes you would recommend (e.g., content)?
 11. How did MHFA training negatively impact your community?

Adoption

12. Did you have any concerns or reservations about offering the MHFA training to your community? If so, what were they? Why?
13. How, if at all, have community members who have been trained in MHFA shared their MHFA knowledge or skills with other community members who did not receive MHFA training?
14. How has MHFA changed mental health knowledge/attitudes/stigma within your community?

Probes:

- Have you seen changes in how your community members recognize the signs and symptoms of mental health needs, and their skills around offering support and encouraging people in need to seek professional care?
15. What aspects of the training team did you like best (diverse, clinical experience, etc.)?

Probe:

- Who would you like to see as trainers for MHFA or similar programs in the future?

Implementation

16. Do you have any other suggestions for when, where, or how programs like MHFA should be delivered?
17. The 8-hour training was offered in a single session. What did you think of that approach?

Probe:

- Advantages/disadvantages of single session vs. multiple sessions
 - In-person or online

Maintenance

18. After having offered MHFA training in your community, have you done anything to provide community information or training about mental health or how to address mental health situations?

Future directions

19. What other mental health trainings or resources would you like to see offered for your community?

Probes:

- To reduce stigma, improve mental health literacy, and increase linkage to mental health care
- How would you deliver these trainings or resources?

20. In addition to what we've already discussed, is there anything else you'd change or improve upon from your experiences with MHFA in your community?

Interviewer: Thank you again for your time today!

Following the interview:

- **Stop the audio recording (if applicable).**
- **Ensure that researcher copies of oral consent forms are signed and dated.**
- **Ensure that any hard-copy notes or other materials are securely stored.**

Focus Group Outline – Agency Staff

Based on RE-AIM Semi-Structured Protocol for Post-Implementation Evaluation with Participants (RE-AIM, 2021)

Prior to the interview:

- **Review the consent forms with all participants and provide hard copies of the consent form for individuals' personal records.**
- **Confirm that all participants agree to have the discussion audio-recorded.**
 - IF YES -> Begin recording.
 - IF NO -> DO NOT record the interview. One interviewer should take detailed notes.

***Interviewer:** Thank you again for taking the time to talk to us today. We'd like to hear from you about some of your experiences with Mental Health First Aid. Today's discussion is meant to be a conversation – we're interested in hearing your point of view! Again, there are no right or wrong answers to any of these questions. Also, if you have any questions for us as we're talking, please don't hesitate to ask. Finally, when you are discussing your experiences with MHFA, please do not share names of individuals or specific details, like locations, that could identify an individual. Are there any questions before we get started? [ANSWER ANY QUESTIONS] Let's begin!*

Background

1. First, please describe your job title/role in the organization and how long you have been employed in this position.
2. Do you have any previous experience working in mental health or a related field?

Probes:

- Any education in psychology/counseling/social work/other related fields?
- Any other training/certificates/etc. in mental health treatment or counseling?

Reach

3. How did you learn about the MHFA training opportunity?
4. What made you interested in the MHFA training?
5. What did you think or expect the MHFA could help you accomplish?
6. What do you think are the best ways to advertise and tell your colleagues about programs like the MHFA training opportunity?

Effectiveness

7. What aspects of MHFA have been most helpful to you?
8. How have you used MHFA? *[Remind participants that they should not disclose names, highly detailed descriptions of events, locations, or anything that could be linked back to an individual.]*

Probe:

- How have you used MHFA at work?

- How have you used MHFA with co-workers?
 - How have you used MHFA with friends and family?
 - How have you used MHFA for yourself?
 - How has MHFA helped you to address mental health situations?
 - Any other ways you have used MHFA?
9. What was least helpful?
- Are there any changes you would recommend (e.g., the way it was delivered, content)?
10. How was MHFA different than other professional training you've taken on mental health topics?
11. Did MHFA training have any negative impacts on your job or on your life?

Adoption

12. What did you think of the trainers?

Probe:

- Who would you like to see as trainers for MHFA or similar programs in the future?
 - What traits of trainers would you like to see?
13. How has MHFA changed staff mental health knowledge/attitudes/stigma within your agency?
14. How has MHFA changed staff awareness of mental health resources available to clients, to City employees, and to New Yorkers in general?

Implementation

15. The 8-hour training was offered in a single session. What did you think of that approach?

Probe:

- Advantages/disadvantages of single session vs. multiple sessions
 - In-person or online; On-site or off-site from your job
16. Do you have any other suggestions for when, where, or how programs like MHFA should be delivered?

Maintenance

17. After having completed MHFA training, have you done anything to learn more about mental health or how to address mental health situations?

Future directions

18. What other mental health trainings or resources would you like to see offered for your agency?

Probes:

- To reduce stigma, improve mental health literacy (how to identify if someone may have mental health needs and what you can do to help, including offering

support and connection to professional mental health services), and increase linkages to mental health care

19. In addition to what we've already discussed, is there anything else you'd change or improve upon from your experiences with MHFA in your agency?

Interviewer: Thank you again for your time today!

Following the interview:

- **Stop the audio recording (if applicable).**
- **Ensure that researcher copies of oral consent forms are signed and dated.**
- **Ensure that any hard-copy notes or other materials are securely stored.**