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EXPANDING IMPLEMENTATION OF MENTAL HEALTH AWARENESS TRAINING (MHAT) IN THE WORKPLACE

In 2020, approximately 21 percent of U.S. adults aged 18 and older (52.9 million people) were living with a **mental illness** in the past year. Nearly five percent of adults (12.2 million people) and 12 percent of young people (3 million) reported **suicidal ideation** over the same period. In addition, 17 percent of young people aged 12 to 17 (4.1 million) experienced a past-year major depressive episode. Further, throughout the COVID-19 pandemic, concerns related to mental health issues increased, especially among the workforce.

Many who experienced mental illness could not or did not access mental health services; among the 52.9 million adults with any mental illness, 30.5 percent (16.1 million people) felt their need for mental health services was not met in the past year.[1]

Understanding the signs and symptoms of individuals who may need support for their mental health can be beneficial to millions of Americans. This understanding can:[2,3,4]

- Reduce stigma
- Spread knowledge and awareness of mental health resources and services
- Connect people to treatment
- Build more compassionate, inclusive, and supportive environments

The workplace is key to promoting mental health awareness. Nearly two-thirds (64 percent) of the U.S. population aged 16 and over are employed and work alongside colleagues for hours each day.[5] Further, many employees encounter members of the community through the services they provide (e.g., educators interact with students, emergency first responders with the public, military leaders with active-duty service members, and social service providers with their clients).

> ### Definitions
>
> **Mental illness** is defined as any mental, behavioral, or emotional disorder of sufficient duration to meet DSM-IV criteria[a] (excluding developmental and substance use disorders).
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> **Suicidal ideation** is defined as having thought seriously about trying to kill oneself at any point during the past 12 months.[1]

> Some trainings listed in this advisory may also assist in recognizing the signs and symptoms of someone misusing substances.

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[a] The definitions of mental illness and suicidal ideation utilized in this advisory are from the 2020 National Survey of Drug Use and Heath (NSDUH) data, cited herein. The NSDUH data referenced DSM-IV criteria, which is why DSM-IV is used here, and not the current DSM-V.

Providing mental health awareness training (MHAT) in the workplace can equip an organization's employees with the knowledge and skills to:[6]

- Recognize people who may need mental health support
- Respond appropriately
- Facilitate getting these individuals the help they need

MHATs refers to trainings that increase awareness of and sensitivity to the needs of individuals with or at risk for mental illnesses and/or suicide. It provides tools to recognize when someone needs help and know how to respond. It can also help reduce stigma.

There are numerous benefits for organizations that implement MHAT alongside broader efforts to support employees' mental wellbeing. These employers can:[7,8]

- Reduce healthcare costs for their businesses and employees
- Reduce turnover, disengagement, and days off work
- Identify and address employee issues before they become critical
- Create a healthier workplace and community

MHATs can also enable workers who interact with or encounter others in the community to recognize the signs and symptoms of individuals needing mental health support and respond safely and appropriately, including de-escalating crisis situations.[7] Trainings can be sponsored for the organization as a whole, for key personnel groups, or sought out by individual employees.

While MHATs can and should be for anyone, this advisory focuses on assisting organizations and individuals in the selection and implementation of training programs for the workplace. The advisory highlights several evidence-based MHAT programs for specific settings and professions and provides guidance for selecting and implementing appropriate training courses.

Key Messages
- MHATs refers to trainings that aim to increase awareness of and sensitivity to the needs of individuals with or at risk for mental illnesses and/or suicide.   - The workplace is an opportune venue for promoting mental health awareness, given employment rates and the amount of time spent every day with colleagues.   - Workplaces can implement MHATs successfully and achieve positive outcomes. Participants undergoing training have reported: — Enhanced basic mental health knowledge and increased confidence in assisting someone in emotional distress   — Higher likelihood of, and comfort with, helping someone in emotional distress[9,10,11]   — Better understanding of local resources and how to make referrals[12,13]   - While a MHAT is a good first step to creating a healthy workplace environment, organizations should have a comprehensive plan for supporting employees' mental health. The advisory provides additional resources.

Evidence-Based Mental Health Awareness Trainings

Selecting an evidence-based training reassures both the employer and the participant that the training has been evaluated and works as intended. Many trainings to improve mental health awareness have been developed; however, few have been evaluated, which is required to determine effectiveness.[b]

While this advisory highlights eight MHAT programs with an evidence base, it is not an exhaustive list. Other evidence-based programs, some of which are presented in a text box at the end of this section, are also available for various work settings.

Employers seeking to support employees' mental health should also review and adapt organizational policies and practices to promote a healthy work environment. Resources are provided at the end of the advisory.

The following sections provide examples of evidence-based MHAT for specific work settings and professions:[c]

1. General workplaces
2. Educators and those in school settings
3. Health providers and those in healthcare settings
4. First responders
5. Active-duty military service members

The number of individuals included in a given training initiative varies depending on needs and capacity of the organization providing and receiving the training.

Mental Health Awareness Trainings for General Workplaces

General workplaces, for the purpose of this advisory, encompass workplaces such as office settings, manufacturing and distribution warehouses, construction sites, and public places in the community where people frequent, such as retail stores, faith-based organizations, hairdressers and barbershops, gyms, libraries, restaurants, and coffee shops.

Mental Health First Aid (MHFA)	
Mental Health First Aid (MHFA) teaches participants how to recognize signs and symptoms of a mental or substance use disorder in adults aged 18 and older, offer and provide initial help, and guide a person toward appropriate care, if necessary. Covered topics include anxiety, depression, psychosis, and substance misuse.	
Intended participants	Adults
Length of training	6 to 7.5 hours blended (self-paced online and video conference) or 8 hours (in-person).
Cost	Cost varies by instructor and format but is generally $40 to $125 per participant, though can occasionally be free.[d]
Format (in-person, online, blended)	In-person, blended

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[b] An evidence-based training, in this context, means a training in which one or more peer-reviewed articles have shown evidence of improvement in participants' knowledge, attitudes, or behaviors in a given work setting. Most studies used pre-post-test designs with follow-up three to nine months after the training.

[c] Some training programs are included in more than one section if there is evidence of effectiveness in multiple work settings.

[d] Cost of trainings are accurate at the time of publication but are subject to change.

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Mental Health First Aid (MHFA)	
Evidence base	The MHFA training increases confidence in the ability to interact effectively with individuals struggling with mental health and/or substance use and enhances basic mental health knowledge in both the short-term and at six-month follow-up. Research on implementing MHFA in churches shows post-training improvements in knowledge, beliefs, self-efficacy, and reduction of stigma.[3,14]
Link to more information	Mental Health First Aid[15]

Mental Health First Aid (MHFA) at Work	
Mental Health First Aid (MHFA) at Work is a modified MHFA training intended for the workplace. The training teaches participants how to: 1) identify, understand, and respond to signs and symptoms of mental illness and substance use disorders encountered in the workplace; 2) navigate conversations; 3) tackle stigma in the workplace; and 4) learn strategies to alleviate burnout and build resilience, among others.	
Intended participants	Adults in the workforce
Length of training	Four training options ranging from 60 to 90 minutes on essentials to a 6-hour training that certifies participants to become Mental Health First Aiders.[e]
Cost	$3,500 to $9,750 per training initiative, depending on the selected training option and delivery format.
Format (in-person, online, blended)	In-person, online
Evidence base	The MHFA at Work training enhances basic mental health knowledge and increases confidence in the ability to interact effectively with individuals struggling with signs and symptoms of mental illness and substance use disorders.[2]
Link to more information	Mental Health First Aid at Work[6]

MHAT in Action:
Center for Alternative Sentencing and Employment Services (CASES)

Since 2018, CASES has delivered MHFA training to residents and people working in Harlem, New York where there are high rates of criminal legal system involvement. In 2020, CASES trained 200 people, building community capacity to respond to and support those with mental health needs. CASES also actively seeks to identify accessible behavioral health resources in Harlem—having developed a resource guide listing local community providers including outpatient programs, support groups, telehealth providers, and more. CASES has also implemented MHFA as a core-required onboarding training for new CASES employees to promote efforts to reduce stigma surrounding mental illness in their own workplace and to support employees in addressing mental health needs.

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[e]   Certification in MHFA can be obtained by completing the full training program in a given area (e.g., youth, work, military). Certification simply implies those individuals have completed the full training course. It does not certify an individual to teach an MHFA course for others. Certification to become an MHFA instructor requires an application process and completion of a three-day training course.

Mental Health Awareness Trainings for Educators and Those in School Settings

The trainings below have been found effective for educators and others working with youth in school settings, such as librarians, administrators, and coaches. School settings, for the purpose of this advisory, encompass grades K–12. A training for higher education settings is given in a text box at the end of the section, and additional information for those in higher education settings can be found here and in the Resources section.[16]

Mental Health First Aid (MHFA) for Youth	
Mental Health First Aid (MHFA) for Youth teaches adults who regularly interact with young people (e.g., parents, family members, caregivers, teachers, school staff, coaches, peers, neighbors, health and human services workers, and other caring citizens) how to help adolescents (ages 12 to 18) exhibiting signs and symptoms of mental illness and/or substance use disorders. The course identifies common signs and symptoms of mental health disorders for youth, reviews typical adolescent development, and teaches a five-step action plan for how to help young people in both crisis and non-crisis situations. Covered topics include anxiety, depression, substance use, behavioral disorders that may precipitate psychosis, and disruptive behavior disorders, such as attention deficit hyperactivity disorder and eating disorders.	
Intended participants	Adults working with youth
Length of training	8 hours
Cost	Cost varies by instructor and format but is generally $40 to $125 per participant, though can occasionally be free.
Format (in-person, online, blended)	In-person, blended (mixed self-paced online sessions and instructor-led in-person or video conference).
Evidence base	MHFA for Youth participants demonstrate significant overall improvement in utilizing MHFA for Youth strategies and report increased confidence in, likelihood of, and comfort with helping a young person in emotional distress or crisis. These effects were sustained at six-month follow-up.[10]
Link to more information	Mental Health First Aid for Youth[17]

Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training	
Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training is a suicide prevention training that educates participants on how to identify and get help for someone in crisis. It reviews the warning signs of suicide and common causes of suicidal behavior.	
Intended participants	Adults
Length of training	1 hour
Cost	Individual: $30 per participant Organization: Between $10 and $15 per participant, depending on the number of participants.
Format (in-person, online, blended)	In-person, online

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Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training	
Evidence base	While the QPR Suicide Prevention Gatekeeper Training is intended for the public, research shows positive results with school personnel. Participants report increased knowledge related to adolescent suicide prevention, including warning signs of suicide, how to ask someone about suicide and persuade them to get help; they also report having more information about local resources for help with suicide. These effects were sustained at six-month follow-up.[4,18]
Link to more information	Question, Persuade, Refer[19]

MHAT in Action:
Tennessee Department of Education's (TDOE's) Project AWARE

Since September 2020, the TDOE's Advancing Wellness and Resiliency in Education (AWARE) project has trained over 1,300 school employees in MHFA for Youth, including teachers, school mental health professionals, social workers, and administrators. In addition to training school staff, AWARE leaders are prioritizing staff wellness as a critical component of additional trainings. The TDOE has also developed a learning management system where any public user can access learning modules on a variety of topics such as trauma, teacher self-care, and maintenance of mental wellness.

Mental Health Awareness Trainings for Healthcare Providers and Those in Healthcare Settings

The staff in healthcare settings includes doctors, nurses, physician assistants, case managers, medical and nursing students, administrators, front-desk staff, security personnel, and others directly involved with patient care. Healthcare settings include primary care clinics, urgent care centers, emergency rooms, hospitals, and nursing facilities.

National Alliance on Mental Illness (NAMI) Provider	
National Alliance on Mental Illness (NAMI) Provider introduces healthcare providers to the unique perspectives of people with mental illness and their families. The course is taught by a team consisting of an adult with a mental illness, a family member, and a mental health professional who is either a family member or has a mental illness themselves. The training program provides participants with an understanding of the realities of living with a mental illness, so they can develop empathy for patients' daily challenges.	
Intended participants	Adults trained as healthcare providers
Length of training	15 hours (six 2.5-hour sessions)
Cost	Free
Format (in-person, online, blended)	In-person
Evidence base	The NAMI Provider training improves attitudes, beliefs, and behaviors in third-year medical students working with individuals with mental illness.[20]
Link to more information	NAMI Provider[21]

Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training	
Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training is a suicide prevention training intended to educate participants on how to identify and get help for someone in crisis. It reviews the warning signs of suicide and common causes of suicidal behavior.	
Intended participants	Adults
Length of training	1 hour
Cost	Individual: $30 per participant Organization: Between $10 and $15 per participant, depending on number of participants.
Format (in-person, online, blended)	In-person, online
Evidence base	While the QPR Suicide Prevention Gatekeeper Training is intended for the public, research shows positive results with healthcare workers, such as physicians, clinicians, nurses, case managers, administrators, and support staff. Research indicates that training participants increased knowledge related to suicide prevention, including warning signs of suicide, how to ask someone about suicide and persuade them to get help, and how to refer someone to local resources for immediate assistance.[12,13]
Link to more information	Question, Persuade, Refer[18]

Question, Persuade, Refer (QPR) for Nurses	
Question, Persuade, Refer (QPR) for Nurses is intended to prevent suicide not just among patients, but also among nurses, their co-workers, and family members. The training enables participants to recognize and screen someone at risk for suicide, inquire about suicidal intent and capacity for suicide, address immediate safety needs, and determine the most appropriate setting for care.	
Intended participants	Adults trained as nurses
Length of training	6 hours
Cost	$89 per participant
Format (in-person, online, blended)	Online
Evidence base	Research indicates that QPR for Nurses improves knowledge, beliefs, attitudes, personal competency, and self-efficacy related to suicide prevention among nurses. These effects were sustained at nine-month follow-up.[22]
Link to more information	QPR for Nurses[23]

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> **MHAT in Action:**
> **St. Peter's Health (SPH) & Lewis and Clark Public Health (LCPH)**
> **Suicide Prevention Program**
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> SPH Regional Medical Center is the only hospital in rural Lewis and Clark County, Montana. The SPH Population Health Office, in partnership with the LCPH Suicide Prevention Program, have been providing QPR Suicide Prevention Gatekeeper Training to new hospital staff every other week since October 2021. Additional trainers are recruited from SPH staff to ensure the success and sustainability of the program. Through May 2022, 271 new hospital staff have been trained.

Mental Health Awareness Trainings for First Responders

First responders are workers dispatched to crime scenes, accidents, and emergencies. They include law enforcement officers, firefighters, and emergency medical technicians.

While MHATs are available for each of these populations, evaluation findings are readily available for only one training designed for law enforcement personnel. More research is needed on the effectiveness of MHAT programs for firefighters and emergency medical technicians.

Question, Persuade, Refer (QPR) for Law Enforcement	
Question, Persuade, Refer (QPR) for Law Enforcement is a suicide prevention training designed to meet the specific needs of those working in law enforcement or planning a career in criminal justice. The course teaches these individuals how to detect, intervene, and initially assess acute suicide risk with the goal of protecting their co-workers, friends, families, and the communities they serve.	
Intended participants	Adults trained as law enforcement professionals
Length of training	3 hours
Cost	Individual: $60 per participant Organization: $50 per participant for 10+ participants
Format (in-person, online, blended)	Online
Evidence base	Research indicates improvements in knowledge and attitudes for QPR for Law Enforcement participants post-training. These effects were sustained at three-month follow-up.[24]
Link to more information	QPR for Law Enforcement[22]

Mental Health Awareness Trainings for Active-Duty Military Service Members

Active-duty military service members include anyone from the six branches of the United States Armed Forces. Trainings for this population can also be relevant to other uniformed service members and those engrossed in uniformed service culture, such as veterans, spouses, family members, and friends.

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Mental Health First Aid (MHFA) for Military Members, Veterans, and Their Families	
Mental Health First Aid (MHFA) for Military Members, Veterans, and Their Families teaches people how to notice, understand, and respond to signs of mental illness and substance use disorders, with a specific focus on the cultural factors related to military life. The training covers specific risk factors many service members face, such as mental and physical trauma, stress, and separation. It provides guidance on how to break down the stigma associated with substance use disorders and mental illnesses like anxiety, depression, and post-traumatic stress disorder and how to reach out to those who may be suffering in silence to connect them to care.	
Intended participants	Adults serving or who have served in the military, their families, friends, and others who interact with them.
Length of training	8 hours
Cost	Cost varies by instructor and format but is generally $40 to $125 per participant.
Format (in-person, online, blended)	In person, blended (mixed self-paced online sessions and instructor-led in-person or video conference).
Evidence base	Research involving active-duty military service members indicate significant improvements in confidence, knowledge of mental health resources, and attitudes towards help-seeking behaviors and stigma. These effects were sustained at eight-month follow-up.[25]
Link to more information	Mental Health First Aid for Military Members, Veterans, and Their Families[26]

Additional Evidence-Based MHAT Programs
While several trainings are described in the sections above, the following additional trainings can be considered, depending on the workplace setting: ● LivingWorks Applied Suicide Intervention Skills Training (ASIST) has shown effectiveness with college personnel.[27] ● Emotional CPR (e-CPR: Connecting, emPowering, and Revitalizing) has shown effectiveness with healthcare personnel, such as peer support specialists and clinicians.[28] ● Crisis Intervention Team (CIT) training has shown effectiveness with communities that prescribe to the CIT Program model partnership, including law enforcement, mental health and substance use professionals, and individuals with lived experience.[29]

Considerations for Selecting and Implementing MHAT

There are many MHAT programs available. Selecting and implementing the right evidence-based training for the setting and trainee is important. Employers, organizations, individuals, and communities should consider a few variables before selecting and implementing a training program. This section provides guidance for organizations interested in providing MHAT to their employees, as well as individuals seeking a training program.

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Tips to Select a Training

Organizations should consider the following factors when selecting a training.

- *Audience:* Organizations sponsoring MHAT must determine which employees they plan to train. While those in professions such as law enforcement, the military, education, and health care may wish to train all employees, there are strategies for employing MHAT in general workplace settings that could save time, energy, and money. For example, some organizations may wish to identify a small number of qualified people to become certified as Mental Health First Aiders, which requires a 6- to 8-hour course.[f] Others may want to make a shorter, one-hour training available to all employees. Other organizations may decide to require only frontline managers and senior leadership to take a four-hour course.[30]

- *Relevance:* When available, organizations may wish to provide their employees with a training tailored to their profession and workplace setting. Organizations employing professions that have high rates of suicide may opt to provide a suicide prevention-focused training, such as QPR.

- *Cultural relevance:* Organizations should review the content of the training and its materials to ensure they are culturally appropriate for their employees and address diversity, equity, and inclusion as it relates to the needs of people with mental illness. Organizations should also check with the entity providing the training to ensure that their assigned trainer is skilled at addressing cultural issues specific to the participants and larger community.

- *Training length and intensity:* Trainings can vary greatly in length; some are as short as 45 minutes, while others can be several hour-long sessions spanning multiple weeks. Certain trainings, such as MHFA, offer both short and long options. Understanding the needs of the organization, profession, and workplace setting is important to determine how in-depth the training should be. Personnel who are more likely to encounter someone at risk of suicide or in crisis, such as those in law enforcement, would likely benefit from a longer, more in-depth training, whereas a shorter training may be more appropriate for those working in a general office setting. It is important to keep in mind the workload of the staff and their time available; staff should not be over-burdened and should be provided with time to complete the training. Organizations should also consider interest levels and involvement among employees. If staff feel forced to take a lengthy training, the likelihood of retaining key information decreases.[29]

- *Cost:* Some programs offer training for a flat fee; others charge per participant. Training programs may also offer discounts when training many employees. It is important to consider all options in relation to available funding resources.

- *Training format (online, in-person, blended):* Many training programs have different options available. If in-person training is preferred, organizations should consider whether the training can be conducted at the workplace or if employees will have to go off-site. Many online trainings are available on demand, making it easier for employees with busy work schedules to attend.

Individuals should consider the following factors when selecting a training.

- *Relevance:* Individuals who may encounter persons experiencing or exhibiting symptoms of suicidal ideation or a mental illness during their professional activities may want to select a training tailored to their profession and workplace setting.

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[f]   Certification in MHFA can be obtained by completing the full training program in a given area (e.g., youth, work, military). Certification simply implies those individuals have completed the full training course; it does not certify an individual to teach an MHFA course for others. Certification to become an MHFA instructor requires an application process and completion of a three-day training course.

- **Cost:** While some trainings are inexpensive, others can be quite costly. Individuals should determine whether their employer will sponsor the training as a wellness activity or part of a benefits package. Free options may be also available: federal, state, or local government as well as non-profit organizations may provide funding for training or allow individuals to join planned sessions.
- **Training format (online, in-person, blended):** Individuals should decide on the training format that best meets their needs—online, in-person, or blended (combines an on-demand component with an interactive session that could be virtual or in-person). Cost may also be a factor in making this decision.

Tips for Successful Implementation

To ensure organizations and their employees benefit from the training, they should consider the following factors prior to training roll-out.

- **Handle the topics of mental health and suicide sensitively:** Mental health is a sensitive topic for many. Ensure the sponsoring organization and all involved in implementation, including planners, project managers, and especially those communicating the availability and benefit of the training, handle the topic sensitively and without stigma or judgement.
- **Communicate effectively about the purpose of implementing the training:** Employees may wonder why their organization is implementing the training. Those involved in implementation should be clear and honest with staff members when communicating the benefits of implementing the training and how it aligns with other organizational strategies and policies on workplace health and wellbeing.[29]
- **Ensure buy-in:** Buy-in throughout the organization, including from trainees, is crucial for successful implementation and uptake of skills learned in the training. One way to increase buy-in throughout the organization is for individuals in leadership positions to attend the training and encourage others to do the same.[29]

Tips for Post-Implementation

Once a training has been rolled out to employees, organizations should consider how to support participants in retaining and utilizing their skills and promote mental wellbeing of the workplace as a whole.

- **Understand and improve how the workplace impacts employee mental health:** Work-related causes of employee mental health issues are commonplace. Organizations should examine their workplace culture, policies, and practices and determine how they can produce a work environment that is conducive to the employees' mental health.[29]
- **Provide periodic refresher trainings:** Regular refresher trainings are helpful for staff to review what they have learned, especially if they are in a profession where the knowledge and skills are not used regularly. Not all training programs will have dedicated refresher trainings, but many provide opportunities to stay current: QPR sends periodic recap and review emails to participants; MHFA has shorter trainings that could suffice as a refresher; and NAMI developed a 45-minute continuing education DVD for healthcare providers.[31]
- **Facilitate an ongoing learning community or support group for those trained:** Organizations can provide a safe space for employees to come together and continue to learn and discuss experiences using their skills.

Resources

This collection of resources is intended to serve as a supplement to MHATs and other organization-based mental health initiatives. Organizations and employees who have completed a training should use these resources to supplement and reinforce their skills, make mental health an organizational priority, and create more equitable and supportive workplace environments.

Resources for Diversity, Equity, and Inclusion	
Supporting Minority Mental Health in the Workplace	This document provides guidance on how to support minority mental health at work.
5 Ways to Support Diversity, Equity, and Inclusion as a First Aider	This document provides guidance to certified Mental Health First Aiders on supporting diversity, equity, and inclusion.
NAMI Sharing Hope: Mental Wellness in the Black Community	This three-part video series explores the journey of mental wellness in Black communities through dialogue, storytelling, and a guided discussion on the following topics: ● Youth and Mental Wellness: "How Do You Heal?" ● Community Leaders and Mental Wellness: "The Art of Healing" ● Black Families and Mental Wellness: "Smiling on Our Journey"
NAMI Your Journey: LGBTQ+	This document provides information on important risk factors for mental illness among LGBTQ+ individuals, tips on how to find the right mental health professional, and resources for more information.
Providing Mental Health First Aid to LGBTQ+ Communities	This document provides guidance on how to support LGBTQ+ communities.
Resources to Create Supportive Workplace Environments	
Cultivating Wellness: Mental Health Training in the Workplace	This report is a resource for companies considering a workplace mental health training program for their employees. The report provides an overview of mental health in the United States, research that supports programs, and a list of questions to guide companies when choosing a training program.
The Working Well Toolkit	This toolkit provides practical information and strategies, assessment tools, mental health programs, and case studies to educate employers about current best practices to create supportive workplace environments.
2021 Pulse Survey: Mental Health and Well-being in the Construction Industry	This document discusses the state of mental health in the construction industry and provides leaders with resources and strategies to raise mental health awareness.

Resources for Educators and Those in School Settings	
School Mental Health Teacher's Training Guide	This guide provides teachers and educators with an overview of the most common mental illnesses and disorders. It provides guidance on how to identify signs and symptoms, as well as key questions to ask students for more information. The guide also provides next steps for teachers who may be concerned about their students' mental health.
The Jed Foundation Mental Health Resource Center	The Mental Health Resource Center provides information and resources for educators who are concerned a student is struggling emotionally and want to offer help. The site offers tips and tools to help recognize the problem, start a conversation, and provide the support teens and young adults need.
Resources for Healthcare Professionals	
NAMI Competent Caring: When Mental Illness Becomes a Traumatic Event (DVD)	This 45-minute video provides tools and strategies that emergency room doctors, nurses, techs, administrative assistants, executives, and other emergency room or healthcare agency staff can use to respond effectively when an individual is experiencing a mental health crisis in an emergency room setting.
American Association for Critical-Care Nurses – Six Standards for Healthy Work Environments	This webpage explains AACN's six essential standards to provide healthy work environments for both nurses and patients.
Resources for Law Enforcement Professionals	
Police-Mental Health Collaboration Toolkit	This toolkit provides resources for law enforcement agencies to help ensure safety, respond effectively, and improve access to services and supports for people with mental illness and/or intellectual and developmental disabilities.

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