

# Adult Mental Health First Aid Instructor Agreement and Expectations

The Lake County Health Department intends to train and certify over 2,000 people in Mental Health First Aid over a five-year period. The purpose of this campaign is to significantly increase the number of people who are prepared to help individuals with behavioral health challenges. This initiative is also designed to reduce stigma so that people who face behavioral health challenges have community support and feel comfortable seeking help for their challenges.

Adult Mental Health First Aid is a skills-based training that teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human service workers and any other citizen how to identify, understand and respond to an adult who may be experiencing a mental health or substance challenge. At this time, classes are taught both in-person, and online using the instructor's Zoom application.

This project is funded by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

## **Instructor Training**

The Adult Mental Health First Aid Instructor Training course is a 3-day in-person training session. It prepares individuals to be certified to teach the 8-hour class. Prior to training, all participants are required to complete an 8-hour self-paced online class in order to participate in the training. National Trainers will guide candidates through the training with an emphasis on coaching and preparing candidates to be ambassadors of Mental Health First Aid. Courses typically run from 8:30 a.m.–4:30 p.m. or 9:00 a.m.–5:00 p.m. each day.

The National Trainers will conduct an individual evaluation of each candidate, and each candidate will provide a peer review for their colleagues. There are three possible outcomes from the instructor training: **full certification**, **provisional certification**, or **no certification**. Attendance is not a guarantee of certification. Once certified as an instructor, a person is eligible to teach the 8-hour Adult Mental Health First Aid course. There is an additional 2-hour self-paced class afterwards in order to add the virtual certification.

## **Instructor Agreement**

An Adult Mental Health First Aid instructor is required to serve as a presenter, facilitator and, most importantly, an ambassador of the Mental Health First Aid USA program. As a prerequisite to applying to become a Lake County Health Department Adult Mental Health First Aid Certified trainer, all applicants must read, understand and agree to abide by the following:

Adult Mental Health First Aid Instructors must exhibit positive attitudes towards individuals
with behavioral health challenges and should have enthusiasm to reduce the
stigma/discrimination associated with mental illness and addiction disorders, as this is an
aim of Adult Mental Health First Aid and the curriculum is specifically designed to promote
recovery.

- Instructors agree to conduct each Adult Mental Health First Aid training in pairs. If an
  instructor does not have a partner, the Lake County Health Department will assist with
  finding a training partner. Virtual AMHFA classes last 4 hours. In-person training session lasts
  approximately 9 hours and consists of 8 hours of training content. The in-person training
  sessions can be conducted in one day or broken up into two 4-hour days.
- Prior to conducting the training and then following the training, Instructors agree to commit the time necessary to prepare for the training, enter data and summarize the training.
- As a condition of maintaining certification and status with the Lake County Health
  Department Mental Health First Aid project, Instructors who are certified at the expense of
  the Lake County Health Department agree to teach the Adult Mental Health First Aid course
  a minimum of three times in the year following the training to Lake County Health Department
  approved groups.
- Instructors who are certified as part of this project agree not to charge any fee for their time for trainings conducted in partnership with the Lake County Health Department Mental Health First Aid project.
- Instructors agree, pending availability, to attend quarterly Instructor support meetings. These will be held virtually for the foreseeable future.
- Instructors agree to register all Adult Mental Health First Aid trainings they conduct with the national Mental Health First Aid website: "Connect".
- Instructors agree to utilize the project website (mentalhealth.today) for all training registrations.
- Instructors understand and agree that the Lake County Health Department Mental Health
  First Aid project assumes no responsibility or liability for injury to either person or property
  resulting from any incident that occurs during training sessions attended by or conducted by
  instructors.
- Instructors understand that they are agents representing Mental Health First Aid and are
  expected to dress and groom in a manner that is appropriate for business and enhances
  a positive image of Mental Health First Aid both locally and nationally.
- Instructors agree to collect and enter course evaluations and incorporate feedback.
- Instructors who are certified to teach Blended courses with both in-person and virtual Instructor-led trainings will pay a \$150 annual fee to MHFA and maintain a Zoom license at instructors cost.

#### **Lake County Health Department Agreement:**

The Lake County Health Department will support the training efforts in the following ways:

- Providing LCHD certified trainers with Adult Mental Health First Aid manuals for trainings conducted in partnership with the LCHD Mental Health First Aid project.
- Providing the Adult Mental Health First Aid Instructor training at no cost to approved individuals, including materials. A value of \$2,000.
- Providing logistical and technical support as needed, for setting up training courses to be held virtually, and help with outreach and publicity, connection with co-trainers.
- Providing instruction and assistance regarding systems for scheduling, registration, and reporting of data

Check the box if you have read the Mental Health First Aid Instructor Agreement and
Expectations in its entirety and are in full agreement with the above terms and
expectations.

## PRE-APPLICATION ASSESSMENT: AM I READY TO BE AN INSTUCTOR?

This self-assessment is designed to help you determine your level of readiness to become a Mental Health First Aid instructor. The self-assessment score will not be included in your final application score, should you choose to apply. Please rate yourself on the following items using the scale below.

1 – Strongly disagree 2 – Disagree 3 – Neither agree or disagree 4 – Agree 5 – Strongly Agree					
		Agree of disagree 4 Agree 6 Chongry Agree			
Score	Training				
Before the		Allealth First Aid program			
	I have solid knowledge of the goals of the Mental Health First Aid program.				
	I have solid knowledge of mental health, mental illness and substance use.				
	I am comfortable presenting in front of groups of 15-30 participants.				
	I am familiar with the use of PowerPoint, Zoom, and a remote.				
I am comfortable adhering to a set curriculum of objectives, required talking points and activities.  My organization has made this program a priority for me and my time.					
During the		y for the and my time.			
During the	I have cleared my schedule of any conflicts durir	ng tho 2 day training timeframe			
	I am ready to give adequate time to work on my				
After the T	· · · · · · · · · · · · · · · · · · ·	exam and presentation.			
Arter the i		and a surious the annuis of the survey of th			
	I am willing and able to spend an average of 40-hours learning the curriculum prior to teaching my 1 <sup>st</sup> course.				
	I intend to solicit feedback from others to improve my instruction (i.e., other instructors, participants).				
	I am confident that I can plan and deliver 3 cour				
	I intend to invest in learning activities to support				
	I will promote and maintain the fidelity of the M				
		courses with both in-person and virtual Instructor-led trainings			
1	will <b>pay a \$150 annual fee</b> to MHFA and will <b>ma</b>	aintain a Zoom license at the instructor's cost.			
<u>Interest</u>					
	I am passionate about teaching a mental health public education model of intervention.				
	De-stigmatization of mental health and substance	ce use disorders is important to me.			
Interperso	<del></del>				
	People describe me as someone who can conne				
		allenged and am able to understand the emotion underneath			
	the challenge and respond respectfully.				
	When facilitating groups, I can effectively draw p	people out or limit participation.			
	I have the flexibility needed to work well with an	other instructor who has a different style of instruction.			
Regulation	<u>1</u>				
	My life experiences will serve as an asset to teaching Mental Health First Aid.				
	I am confident that I am emotionally ready to be	e an instructor (i.e., if I have experienced a trauma in my own			
	life, enough time, and healing has taken place).				
	I am able to maintain my composure when participants disagree/challenge me or the course content.				
Organizati	onal Skills				
	I can organize my thinking, speaking and materials to effectively teach the course.				
	I can monitor myself and adhere to a timed ager	nda throughout the course.			
TOTAL SC	DRE:				
Scoring Ru	bric:				
Highly read		109 -120			
Very ready Very ready		97-108			
Moderately ready		84 - 96			
May not be	May not be ready at this time below 84				

APPLICATION: INSTRUCTOR CERTIFICATION TRAINING					
Part I: Applicant Information					
Name (First Last):					
Title:					
Email:					
Primary Phone Number:					
Secondary Phone Number:					
Mailing Address:					
Gender:					
Applicant Type: (Check all that apply)	<ul> <li>□ I am a current instructor – this is an expedited application</li> <li>□ I am applying as an independent trainer (not affiliated with org) I am applying as an agent of my employer</li> <li>□ Other (please specify:</li> <li>□ I identify as a person with lived experience or a person in long term recovery</li> <li>□ I support a family member with serious mental illness</li> </ul>				
Organization Name: (if applying as an agent of your employer)					
Industry Type: (Check all that apply)	□ Faith community □ Corporate □ Human Resources/Employee Assistance Program □ Law enforcement/Public Safety □ Higher Education □ Primary/Secondary Education □ Hospitality □ Older Adults Social Services □ Behavioral Health Care □ Other Health Care □ Government □ Other (please specify):				
How did you find out about the instructor training program?	<ul> <li>□ Employer email / Employer requirement</li> <li>□ Professional relationship</li> <li>□ Personal relationship</li> <li>□ Internet search</li> <li>□ Mental Health First Aid USA website</li> <li>□ Mental Health First Aid instructor</li> <li>□ Have taken the 8-hour course</li> <li>□ Other (please specify):</li></ul>				

## APPLICATION: INSTRUCTOR CERTIFICATION TRAINING

Part II: Applicant Experience and Qualifications			
1.	Why do you want to become an instructor? (max 200 words)		
2.	Please provide a description of your personal and/or professional experiences in the field of mental health that qualify you to teach a Youth Mental Health First Aid course (i.e. clinical experience, personal or family history, social service experience, etc.). Please provide time frames for any relevant experience. (max 300 words)		
3.	Please provide a description of your experiences in adult instruction that would qualify you as a strong candidate to be an effective Youth Mental Health First Aid instructor (i.e. group facilitation, teaching, etc.). Please provide time frames for any relevant experience. (max 300 words)		
4.	Have you taken a Mental Health First Aid course?		
	□ Yes □ No		
	If so, when did you take the course? (mm/yyyy)		

5.	What do you believe are the skills and attitudes Health First Aid instructor? (max 150 words)	s needed to be an effective Youth Mental
6.	What would you do if during one of the Adult M conducting, approaches you privately about a pexperiencing? (max 250 words)	
	Name	Date

NOTE: Upon completion, email this form to <a href="mailto:info@mentalhealth.today">info@mentalhealth.today</a> and someone will contact you about the next steps. Incomplete or illegible applications will not be considered