

PUB REF #	Publication	Google Scholar Citations	Study In U.S.?	Publication Type	Control Group	Outcomes Measured	Relevant Finding(s)
1	Betty A. Kitchener and Anthony F. Jorm, "Mental Health First Aid Training for the Public: Evaluation of Effects on Knowledge, Attitudes and Helping Behavior," <i>BMC Psychiatry</i> 2, no. 1 (October 2002).	471	0	Pre- and post-test or survey	0	Trainee recognition of mental illnesses Trainee treatment beliefs concordant with professionals Trainee self-reported using MHFA Trainee mental health or help-seeking change Trainee attitudes toward mental illness Trainee self-reported confidence they could help	Trainees surveyed were not more likely to have contact with someone with a mental health problem post-training; there were significantly fewer contacts with someone with a mental health problem post-training. Trainees saw a decrease in advising professional help.
2	Gergo Hadlaczki et al., "Mental Health First Aid Is an Effective Public Health Intervention for Improving Knowledge, Attitudes, And Behaviour: A Meta-Analysis," <i>International Review of Psychiatry</i> 26, no. 4 (August 2014).	356	NA	Meta-analysis or review of studies	NA	Trainee recognition of mental illnesses Trainee attitudes toward mental illness Trainee self-reported using MHFA Trainee treatment beliefs concordant with professionals Trainee knowledge of content taught	Studies included in this meta-analysis find MHFA effective for mental health literacy, but authors note that an important question remains as to whether MHFA actually improves mental health of the general public.
3	Anthony F. Jorm et al., "Mental Health First Aid Training for High School Teachers: A Cluster Randomized Trial," <i>BMC Psychiatry</i> 10, no. 1 (June 2010).	354	0	RCT	1	Trainee self-reported using MHFA Trainee recognition of mental illnesses Trainee mental health or help-seeking change Any measure related to outcomes for recipients of MHFA help Trainee treatment beliefs concordant with professionals Trainee self-reported confidence they could help Trainee attitudes toward mental illness Trainee knowledge of content taught Trainee mental health or help-seeking change	Beneficiaries were students broadly (regardless of baseline mental illness or need for services). Students of MHFA-trained teachers were more likely to report that they received information about mental health problems like a "class lesson from teacher"; student outcomes and student mental health were not improved as a result of training. Students with worse mental health did not receive help more often from MHFA-trained teachers than the control group.
4	Betty A. Kitchener and Anthony F. Jorm, "Mental Health First Aid Training in a Workplace Setting: A Randomized Controlled Trial," <i>BMC Psychiatry</i> 4, no. 23 (August 2004).	323	0	RCT	1	Trainee self-reported confidence they could help Trainee attitudes toward mental illness Trainee knowledge of content taught Trainee mental health or help-seeking change Trainee self-reported using MHFA Trainee mental health or help-seeking change	This study found no change in trainee's reported contact with anyone with a mental health problem. There were no statistically significant effects on recognizing mental illnesses for trainees as compared to the control group when the mental illness vignettes were presented separately. The control group saw a statistically significant decrease in advising professional help to a recipient of MHFA.
5	Betty A. Kitchener and Anthony F. Jorm, "Mental Health First Aid Training: Review of Evaluation Studies," <i>Australian & New Zealand Journal of Psychiatry</i> 40, no. 1 (2006).	285	0	Meta-analysis or review of studies	NA	Trainee recognition of mental illnesses Trainee mental health or help-seeking change Trainee treatment beliefs concordant with professionals Trainee self-reported using MHFA Trainee attitudes toward mental illness Trainee self-reported confidence they could help	This study acknowledges that there is a limited evidence base on the best way for a member of the public to provide help to people in mental crisis situations or with developing mental disorders; acknowledges that benefits of being a recipient of MHFA are unknown.
6	Amy J. Morgan, Anna Ross, and Nicola J. Reavley, "Systematic Review and Meta-Analysis of Mental Health First Aid Training: Effects on Knowledge, Stigma, and Helping Behaviour," <i>PLoS ONE</i> 13, no. 5(2018).	223	1	Meta-analysis or review of studies	NA	Trainee treatment beliefs concordant with professionals Trainee knowledge of content taught Trainee attitudes toward mental illness Trainee self-reported using MHFA Trainee recognition of mental illnesses Trainee self-reported quality of help provided Trainee mental health or help-seeking change Trainee self-reported confidence they could help	No improvements were seen in the amount of help provided to a person with a mental health problem; there was no statistically significant effect on the quality of help provided post-training.
7	Betty A. Kitchener and Anthony F. Jorm, "Mental Health First Aid: An International Programme for Early Intervention," <i>Early Intervention in Psychiatry</i> 2, no. 1 (2008).	205	0	Program Description	NA	Number trained in MHFA	Notes that members of the public are far more likely to have contact with someone in mental health crisis than physical health crisis as a defense for MHFA training, but does not provide how either situation occurs.

8	Anthony F. Jorm et al., “Mental Health First Aid Responses of The Public: Results from an Australian National Survey,” <i>BMC Psychiatry</i> 5, no. 9 (2005).	170	0	Pre- and post-test or survey	NA	Trainee self-reported using MHFA Trainee attitudes toward mental illness Trainee knowledge of content taught Trainee recognition of mental illnesses	The study acknowledges its limitation that it only assesses intended first aid to a hypothetical person as opposed to asking respondents how they actually treated people they knew with mental health problems
9	Claire M. Kelly, “Youth Mental Health First Aid: A Description of the Program and an Initial Evaluation,” <i>International Journal of Mental Health Systems</i> 5, no. 4 (January 2011).	161	0	Pre- and post-test or survey	0	Trainee attitudes toward mental illness Trainee self-reported confidence they could help Number trained in MHFA Trainee recognition of mental illnesses Trainee self-reported using MHFA Trainee knowledge of content taught	There was a significant increase in the reported frequency of talking to a young person about their mental health problem compared to before training, but pre-training reported frequency was high (75.2% of participants, compared with 88.4% of participants at 6-month follow-up). No indication that the help led to improved outcomes for recipients.
10	Anthony F. Jorm et al., “Mental Health First Aid Training of the Public in a Rural Area: A Cluster Randomized Trial,” <i>BMC Psychiatry</i> 4, no. 33 (October 2004).	146	0	RCT	1	Trainee attitudes toward mental illness Trainee self-reported confidence they could help Trainee recognition of mental illnesses Trainee treatment beliefs concordant with professionals Trainee self-reported using MHFA Trainee mental health or help-seeking change	There was no change in the number of people with mental health problems that trainees had contact with nor in the percentage advising someone to seek professional help; significant increase in the percentage of trainees who perceived themselves as having a mental health problem post-training.
11	Anthony F. Jorm et al., “Mental Health First Aid Training by e-Learning: A Randomized Controlled Trial,” <i>Australian & New Zealand Journal of Psychiatry</i> 44, no. 12 (December 2010): 1072–81.	122	0	RCT	1	Trainee attitudes toward mental illness Trainee recognition of mental illnesses Trainee mental health or help-seeking change Trainee self-reported using MHFA Trainee self-reported confidence they could help Trainee treatment beliefs concordant with professionals	The e-learning version of MHFA was modestly superior in reducing stigma and changing helping / supportive behavior as compared to giving trainees a written manual of MHFA content.
12	Laura M. Hart et al., “ ‘Teen Mental Health First Aid’: A Description of the Program and an Initial Evaluation. ,” <i>International Journal of Mental Health Systems</i> 10, no. 3 (2016): 1.	110	1	Pre- and post-test or survey	0	Trainee attitudes toward mental illness Trainee treatment beliefs concordant with professionals Any measure related to outcomes for recipients of MHFA help Trainee self-reported confidence they could help Trainee mental health or help-seeking change Trainee satisfaction with MHFA Trainee recognition of mental illnesses Trainee self-reported quality of help provided	Change in quality of help not analyzed because only a small portion of trainees reported having contact with a person with a mental health problem at follow-up; rates of providing MHFA were high before receiving the training; only a small number of student trainees reported a MH problem at follow-up so changes in help received were not conducted. At both baseline and follow-up, students were more likely to receive help from a non-health professional source, and a large majority of trainees reported not receiving professional help at both baseline and follow-up
13	Kathy S. Bond et al., “Mental Health First Aid Training for Australian Medical and Nursing Students: An Evaluation Study,” <i>BMC Psychology</i> 3, no. 11 (April 2015).	103	0	Pre- and post-test or survey	0	Trainee knowledge of content taught Trainee attitudes toward mental illness Trainee satisfaction with MHFA Trainee attitudes toward mental illness Trainee self-reported confidence they could help Trainee recognition of mental illnesses	Recognizing mental illnesses is reported as statistically significant for nurse trainees of face-to-face MHFA, but that statistically significant measure represents an increase in recognizing depression from 92.5 percent of the time to 100 percent of the time, pre- and post-training, respectively; attitude changes were statistically significant for trainees but not for their perception of others' attitudes; effect on social distance for face-to-face trainees was not statistically significant (possibly due to small sample size) but was for online trainees.
14	Sharyn Burns et al., “What’s Wrong with John? A Randomised Controlled Trial of Mental Health First Aid (MHFA) Training with Nursing Students,” <i>BMC Psychiatry</i> 17, no. 111 (March 2017)	77	0	RCT	1	Trainee knowledge of content taught Trainee attitudes toward mental illness Trainee self-reported confidence they could help Trainee recognition of mental illnesses Trainee attitudes toward mental illness	Social distance and attitude changes were small; the study notes its limitation that the sample does not generalize to the broader population.

15	Alina Morawska et al., “Evaluation of Mental Health First Aid Training in A Diverse Community Setting,” <i>International Journal of Mental Health Nursing</i> 31, no. 3 (2012).	67	0	Pre- and post-test or survey	0	<p>Trainee treatment beliefs concordant with professionals</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee self-reported confidence they could help</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee self-reported using MHFA</p> <p>Any measure related to outcomes for recipients of MHFA help</p>	<p>Prior to training, most trainees felt "moderately" to "quite a bit or extremely" confident in their ability to help a person in crisis; most participants had contact in the past 6 months with someone with a mental illness, and on average, had helped 15.7 (standard deviation 25.78) individuals. The study does not report whether more help was provided, or referrals were made as a result of MHFA (as opposed to a function of participants' jobs as health care providers, for example). Many participants reported barriers to helping beneficiaries: beneficiary resistance to treatment, discomfort with helping), or the beneficiary was already receiving help. Discomfort with helping was present in an example of an individual with schizophrenia.</p>
16	Amy J. Morgan et al., “Does Mental Health First Aid Training Improve the Mental Health of Aid Recipients? The Training for Parents of Teenagers Randomised Controlled Trial,” <i>BMC Psychiatry</i> 19, no. 99 (Mar. 27, 2019)	NA	0	RCT	1	<p>Trainee self-reported confidence they could help</p> <p>Trainee knowledge of content taught</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee mental health or help-seeking change</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee self-reported quality of help provided</p> <p>Any measure related to outcomes for recipients of MHFA help</p>	<p>Other primary outcomes were the number of cases of adolescent mental health problems (no significant difference between intervention and control groups over time) and parental support provided towards their adolescent if they developed a mental health problem, as well as help-seeking for mental health problems. No difference in quality of parental support (which was generally low) was reported by either the parents or the children. The study did not reach its recruitment target of 990 families and faced greater attrition rates than expected. Parents found it difficult to commit to a two-day program and wanted to choose their preferred course type; courses had to be cancelled because of low numbers.</p>
17	Maria S.Y. Hunga et al., “Effectiveness of The Mental Health First Aid Programme for General Nursing Students in Hong Kong: A Randomised Controlled Trial,” <i>Collegian</i> 28, no. 1 (2021).	NA	0	RCT	0	<p>Trainee attitudes toward mental illness</p> <p>Trainee knowledge of content taught</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee self-reported confidence they could help</p> <p>Trainee treatment beliefs concordant with professionals</p> <p>Trainee attitudes toward mental illness</p>	<p>The authors acknowledges that positive changes in knowledge of mental illnesses is not surprising as the content of MHFA is designed to teach it; the study does not find a reduced perception of danger and dependency of mental illness.</p>
18	Nicola J. Reavley et al., “Longer-Term Effectiveness of eLearning and Blended Delivery of Mental Health First Aid Training in the Workplace: 2-Year Follow-Up of a Randomised Controlled Trial,” <i>Internet Interventions</i> 25 (September 2021): 100434	NA	0	RCT	1	<p>Trainee attitudes toward mental illness</p> <p>Trainee knowledge of content taught</p> <p>Trainee self-reported confidence they could help</p> <p>Trainee mental health or help-seeking change</p> <p>Trainee mental health or help-seeking change</p> <p>Trainee treatment beliefs concordant with professionals</p> <p>Trainee self-reported using MHFA</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee self-reported quality of help provided</p>	<p>Acknowledges the lack of evidence of impact on any recipients of first aid; while 129 people across treatment and control groups report having helped or supported a person, the help is not explicitly attributed to MHFA nor is it an increase from help that would have been offered anyway; statistically significant effects were largely for blended MHFA training that had some aspect of in-person learning (vs eLearning, a problem for scalability) and for outcomes related to depression (but not other mental illness) such as desire for social distance, beliefs that people with depression were dangerous or unpredictable, and confidence/intentions to help); quality of intended help (rated based on whether intended help is of the nature taught in MHFA) was statistically significant in blended-MHFA-trainees for vignettes of PTSD and for self-reported behaviors toward someone outside work who developed a mental health problem</p>

19	Laura M. Hart et al., "Helping Adolescents To Better Support Their Peers with a Mental Health Problem: A Cluster-Randomised Crossover Trial of Teen Mental Health First Aid," <i>Australian & New Zealand Journal of Psychiatry</i> 52, no. 7 (2018).	NA	0	RCT	1	<p>Trainee self-reported quality of help provided</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee knowledge of content taught</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee self-reported confidence they could help</p> <p>Trainee attitudes toward mental illness</p>	Effect of teen MHFA on stigmatizing attitudes toward depression were statistically significant, though they were not for anxiety disorder, and in any case were reasonably low at baseline. Recognition of depression was high at baseline (79% and 74% for control and treatment groups, respectively). Recognition of social anxiety at baseline was much lower (47% and 45%) but MHFA had a statistically significant effect on recognition despite social anxiety not being taught as a specific mental illness in the training.
20	E. Bethan Davies, "A Pilot Randomised Controlled Study of the Mental Health First Aid eLearning Course with UK Medical Students," <i>BMC Medical Education</i> 18, no. 45 (March 2018).	NA	0	RCT	1	<p>Trainee mental health or help-seeking change</p> <p>Trainee knowledge of content taught</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee self-reported confidence they could help</p> <p>Trainee self-reported quality of help provided</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee satisfaction with MHFA</p> <p>Trainee self-reported using MHFA</p>	More participants were lost follow-up in the MHFA group (51.9%) compared to control (21.4%). MHFA eLearning did not have a statistically significant effect on the number of med student trainees who provided help compared to a control group; perhaps unsurprisingly, MHFA trainees reported a greater number of actions taught in MHFA at follow-up. Baseline recognition of mental illness was high.
21	Bengt Svensson and Lars Hansson, "Effectiveness of Mental Health First Aid Training in Sweden. A Randomized Controlled Trial with a Six-Month and Two-Year Follow-Up," <i>PLoS ONE</i> 9, no. 6 (2014).	NA	0	RCT	1	<p>Trainee knowledge of content taught</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee self-reported using MHFA</p> <p>Trainee attitudes toward mental illness</p> <p>Trainee self-reported quality of help provided</p> <p>Trainee self-reported confidence they could help</p>	Only individuals who completed MHFA and had been in contact with a person with a mental disorder after its completion were included. Small but statistically significant change in social distance for depression. Fewer than half of trainees report that they had provided both information about effective help and where to get it "on quite a lot more occasions" or "on many more occasions". This study does not suggest that more people with mental illness seek help.
22	Amy J. Morgan et al., "Long-Term Effects of Youth Mental Health First Aid Training: Randomized Controlled Trial with 3-Year Follow-Up," <i>BMC Psychiatry</i> 20, no. 1 (2020).	NA	0	RCT	1	<p>Trainee self-reported confidence they could help</p> <p>Trainee mental health or help-seeking change</p> <p>Trainee recognition of mental illnesses</p> <p>Trainee attitudes toward mental illness</p> <p>Any measure related to outcomes for recipients of MHFA help</p> <p>Trainee knowledge of content taught</p> <p>Trainee self-reported quality of help provided</p> <p>Trainee self-reported using MHFA</p>	The study acknowledges it could not demonstrate clear benefits to the recipients of MHFA. Between baseline and 3-year follow-up, there was not a statistically significant reduction in adolescent cases of mental health problems for MHFA trainees compared to a control group. No statistically significant effect was found for MHFA trainees that parental support improved as reported by adolescents with a mental health problem. The only effects of this study that were statistically significant were parental knowledge about youth mental health problems and adolescent perceptions of general social support from their parents but both effects were modest.
23	Azmeta Chowdhary et al., "How Do Mental Health First Aid Interventions Influence Patient Help-Seeking Behaviours? A Dilemma for Pharmacist Mental Health First Aid Responders," <i>Research in Social and Administrative Pharmacy</i> 15, no. 1 (January 2019).	NA	1	Meta-analysis or review of studies	NA	Any measure related to outcomes for recipients of MHFA help	This meta-analysis finds that "over 90% of the articles retrieved focused on the educational benefits of the MHFA training program on the program participants not of the effectiveness of MHFA on the help-seeking behaviours of individuals who experienced an MHFA intervention. No studies were found which focused on the effectiveness of MHFA on patient help-seeking behaviours."
24	Sarah Lipson et al., "Gatekeeper Training and Access to Mental Health Care at Universities and Colleges," <i>Journal of Adolescent Health</i> 55, no. 5 (2014).	NA	1	RCT	1	<p>Trainee recognition of mental illnesses</p> <p>Trainee knowledge of content taught</p> <p>Trainee self-reported quality of help provided</p> <p>Trainee mental health or help-seeking change</p> <p>Trainee attitudes toward mental illness</p> <p>Any measure related to outcomes for recipients of MHFA help</p> <p>Trainee self-reported using MHFA</p> <p>Trainee self-reported confidence they could help</p>	MHFA was provided to Resident Assistants (RAs) and residents of a college campus. Outcomes for beneficiaries (residents) were measured through survey data (individual self-reported treatment utilization) and the counseling center utilization data (residence hall-level observed utilization). Primary outcomes for mental health were measured using a scale of psychological distress. MHFA had no effect on the beneficiaries (residents) or the broader student

							community. There was no apparent impact on residents' help seeking despite the availability of free mental health services. RAs were more likely to seek professional mental health services for themselves.
25	Kathy S. Bond et al., "Effects of The Mental Health First Aid for The Suicidal Person Course on Beliefs About Suicide, Stigmatising Attitudes, Confidence to Help, and Intended and Actual Helping Actions: An Evaluation," <i>International Journal of Mental Health Systems</i> 15, no. 36 (2021).	NA	0	Pre- and post-test or survey	0	Trainee satisfaction with MHFA Trainee knowledge of content taught Trainee self-reported confidence they could help Trainee self-reported quality of help provided Trainee attitudes toward mental illness	This study evaluated a 4-hour supplement to MHFA that taught MHFA for responding to suicidal behavior. While a statistically significant effect was found for improving the quality of help provided, in that trainees provided the types of help taught in the course, the baseline quality of help provided was already very high because most trainees had already participated in other MHFA and suicide prevention educational courses. Whether or not recipients of the training benefited from the help was not studied. Effects on confidence providing help did not last over time, and effects on attitudes were small.
26	Cristina Mei and Patrick D. McGorry, "Mental Health First Aid: Strengthening Its Impact for Aid Recipients," <i>Evidence-Based Mental Health</i> 23, no. 4 (2020).	NA	0	Meta-analysis or review of studies	NA	Trainee self-reported using MHFA Trainee treatment beliefs concordant with professionals Trainee mental health or help-seeking change Trainee attitudes toward mental illness Trainee self-reported confidence they could help Any measure related to outcomes for recipients of MHFA help Trainee knowledge of content taught	Effects of MHFA have been small-to-moderate up to 6 months post-training but unclear by 12 months; no improvements in mental health of trainees were found, nor was an effect on the quality of MHFA provided found at less than 6-months post-training. The impact of both youth and adult MHFA on recipients is even less convincing. These "results cast some doubt on the programme's current ability to directly benefit people experiencing mental illness."
27	Matthew Witry, Hacer Karamese, and Anthony Pudlo, "Evaluation of Participant Reluctance, Confidence, and Self-Reported Behaviors Since Being Trained in A Pharmacy Mental Health First Aid Initiative," <i>PLOs ONE</i> 15, no. 5 (2020).	NA	1	Pre- and post-test or survey	0	Trainee self-reported confidence they could help Trainee self-reported quality of help provided Trainee self-reported using MHFA	Among MHFA trainees who were surveyed, 19% to 82% self-reported use of MHFA skills, such as asking someone about their distressed mood (82%), asking someone if they were considering suicide (44%) of participants had asked someone if they were considering suicide, or referring someone to resources out of concern the person might be experiencing a mental health crisis (61%). Without a control group, it can't be necessarily determined that these behaviors would have happened still in absence of training; no reports of outcomes for the recipients of aid were mentioned.
28	Eunice C. Wong, Rebecca L. Collins, and Jennifer L. Cerully, "Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?" RAND Corporation, 2015	NA	1	Meta-analysis or review of studies	NA	Trainee treatment beliefs concordant with professionals Trainee attitudes toward mental illness Trainee self-reported using MHFA Any measure related to outcomes for recipients of MHFA help Trainee self-reported confidence they could help Trainee self-reported quality of help provided Trainee knowledge of content taught	This meta-analysis finds that for individuals trained in MHFA, reasonably strong evidence suggest it improves knowledge, attitudes, and help-provision behaviors. However, the majority of studies included focus on trainee outcomes while "only two studies examined outcomes among the people MHFA is intended to assist, that is, individuals who may be at risk for or are experiencing mental health problems." While these studies had rigorous designs, they did not demonstrate support of MHFA's effectiveness.
29	Claire L. O'Reilly et al., "Impact of Mental Health First Aid Training on Pharmacy Students 'Knowledge, Attitudes and Self-Reported Behaviour: A Controlled Trial," <i>Australian & New Zealand Journal of Psychiatry</i> 45, no. 7 (2011).	NA	0	Non-randomized control trial	1	Trainee attitudes toward mental illness Trainee self-reported confidence they could help Trainee treatment beliefs concordant with professionals Trainee recognition of mental illnesses	NA
30	Kamilla B. Jensen et al., "Effectiveness of Mental Health	NA	0	RCT	1	Trainee attitudes toward mental illness Trainee treatment beliefs concordant with professionals	This study acknowledges that "it is still up to future research to show if improved confidence and ability to

	First Aid Training in Denmark: A Randomized Trial in Waitlist Design,” <i>Social Psychiatry and Psychiatric Epidemiology</i> 51 (2016).					Trainee attitudes toward mental illness Trainee self-reported using MHFA Trainee recognition of mental illnesses Trainee self-reported confidence they could help Trainee knowledge of content taught	recognize mental illness among the general public will get people in need to seek help."
31	Sarira El-Den, Timothy F. Chen, Rebekah J. Moles, and Claire O'Reilly, "Assessing Mental Health First Aid Skills Using Simulated Patients," <i>American Journal of Pharmaceutical Education</i> 82, no. 2 (2018).	NA	0	Simulation	0	Trainee self-reported quality of help provided Any measure related to outcomes for recipients of MHFA help Trainee self-reported confidence they could help Trainee self-reported using MHFA	This study observed performances of simulated situations helping a person in mental distress to evaluate whether MHFA trainees effectively provided help as taught by MHFA. It found that trainee's self-evaluated confidence levels in providing MHFA did not always reflect observed performance: for example, students did not respond to suicide-related simulations using direct language of "suicide" that MHFA requires. Authors recommend that observed behaviors of actual help to recipients be used to assess MHFA in supplement to self-reporting help and confidence in helping.
32	Amy K. Maslowski et al., "Effectiveness of Mental Health First Aid: A Meta-Analysis," <i>Mental Health Review Journal</i> 24, no. 4 (2019).	NA	1	Meta-analysis or review of studies	NA	Trainee self-reported confidence they could help Trainee attitudes toward mental illness Trainee mental health or help-seeking change Any measure related to outcomes for recipients of MHFA help Trainee self-reported using MHFA Trainee knowledge of content taught	This meta-analysis, which included a systematic review RCTs and nRCTs, found that of the few that examine effects of MHFA for recipients, both quantitative and qualitative studies had no evidence of MHFA's success. A narrative review of indirect effects for students of MHFA trained teachers found students were more likely to report a teacher share information about mental health problems in the form of a class lesson, poster, pamphlet, brochure, or book. No effects were detected for improvement in the mental health of students, even for those with worse mental health at baseline. For studies that reported effects on trainees' outcomes (on mental health literacy, attitudes, confidence, helping-related behaviors, and changes in trainees' psychological distress as a secondary outcome), effect sizes were inversely related to study quality.
33	Sarah Forthall et al., "Mental Health First Aid: A Systematic Review of Trainee Behavior and Recipient Mental Health Outcomes," <i>Psychiatric Services</i> 73, no. 4 (April 2022).	NA	0	Meta-analysis or review of studies	NA	Trainee self-reported quality of help provided Any measure related to outcomes for recipients of MHFA help Trainee self-reported using MHFA	NA
34	Texas Health and Human Services Commission, Behavioral Health Division. (2018).	NA	1	MHFA website impact case study	NA	Trainee recognition of mental illnesses Trainee self-reported using MHFA Trainee knowledge of content taught Trainee satisfaction with MHFA Number trained in MHFA Trainee self-reported confidence they could help Any measure related to outcomes for recipients of MHFA help	All outcomes were collected from self-reports of MHFA trainees who responded to a survey. The associate commissioner of mental health coordination claims MHFA was a factor in improved retention in state-funded programs, saying that because government staff can now identify potential struggles, people with mental health issues are "likely to follow through with treatment and services and we can help them better." However, no rates of retention are provided for any state-funded programs (which are not named). No beneficiaries who receive MHFA help from a trainee are surveyed.
35	University of California Santa Cruz (UCSC). (2018).	NA	1	MHFA website impact case study	NA	Trainee satisfaction with MHFA Trainee self-reported confidence they could help Number trained in MHFA	NA
36	Charlotte-Mecklenburg Police Department. (2018).	NA	1	MHFA website	NA	Trainee recognition of mental illnesses	MHFA is credited in one instance when a police officer de-escalated a situation with a young man who had

				impact case study		Any measure related to outcomes for recipients of MHFA help Trainee self-reported using MHFA Trainee satisfaction with MHFA Number trained in MHFA	autism, getting on the ground to sit and talk with the man in crisis. However, in a CNN video report of the interaction, the officer was asked "Was the getting down on his level training, or something you have just learned?" to which the officer's response was: "Just something that I have learned over the years."
37	Astellas Pharma US. (2018).	NA	1	MHFA website impact case study	NA	Trainee attitudes toward mental illness Trainee satisfaction with MHFA	NA
38	Philadelphia's Department of Behavioral Health and Intellectual disAbility Services. (2018).	NA	1	MHFA website impact case study	NA	Number trained in MHFA Trainee self-reported confidence they could help	"Mental Health First Aid was a long-term solution for DBHIDS, as they developed a vision of moving from treating the unwell to a population health focus that would allow those who were at-risk or well to build resilience to avert a crisis." According to an assistant director of health promotion at the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), MHFA was most valued for being an opportunity to provide education to all people, "no matter their health status."
39	Carolinas HealthCare System. (2018).	NA	1	MHFA website impact case study	NA	Trainee attitudes toward mental illness	MHFA impacts are, foremost, touted for the number of individuals trained. Some anecdotal 3evidence is provided that MHFA trainees self-report helping people, or are "willing to step in and ask someone, 'Are you OK? How can I help?'"
40	Providence St. Joseph Health. (2018).	NA	1	MHFA website impact case study	NA	Trainee attitudes toward mental illness	The senior director of mental health and social care management described that "A Public Health-Oriented Approach" focused on behavioral health and wellness that is committed to early intervention could prevent patients from entering the ER as often. In 2016, the organization provided the National Council of Mental Wellness with a \$700,000 grant to deliver 1,300 MHFA courses training 50,000 people, and certifying 60 as instructors. While this case study was posted in 2018, no number is provided for trained or courses delivered, and only 45 instructors had been certified.
41	The Behavioral Health and Recovery Division in King County, Washington. (2018).	NA	1	MHFA website impact case study	NA	No outcome measures are mentioned	This organization chose to implement MHFA in an effort to transition to a population-based health approach to target prevention, because of "significant stigma and prejudice experienced by people living with behavioral health issues".
42	Jacksonville Hospital Collaborative. (2018).	NA	1	MHFA website impact case study	NA	Number trained in MHFA	This impact case study cites a troubling wait experienced by individuals with mental health service needs to access them, but attributes the wait to stigma. Regardless of whether stigma is responsible for the time taken to receive services, no impacts of MHFA on stigma for trainees are mentioned.
43	University of North Carolina (UNC). (2018).	NA	1	MHFA website impact case study	NA	Number trained in MHFA Trainee attitudes toward mental illness	This study includes testimonials of trainees, but not of beneficiaries of help from a trainee. One trainee describes suggesting a potential beneficiary to seek treatment, but it is not reported whether that beneficiary did in fact seek or receive treatment as a result.
44	Missouri Department of Mental Health. (2018).	NA	1	MHFA website impact case study	NA	Trainee satisfaction with MHFA Number trained in MHFA	NA

