

Mental Health First Aid International

Measures for evaluating Mental Health First Aid courses

May 2026



**MENTAL HEALTH
FIRST AID**
INTERNATIONAL

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Introduction

This document, compiled by Mental Health First Aid® (MHFA) International with advice from its International Evaluation and Research Advisory Committee, presents recommended evaluation measures drawn from tools used across MHFA International programs, including partners in Australia, Austria, England, India, Taiwan and the United States. It is intended as guidance for those conducting research on MHFA programs.

Each section of this guide focuses on a specific outcome area. Each section includes:

- a description of the outcome area
- recommended measures or scales for evaluating the outcome
- response options and scoring
- references to supporting research (where available).

For some outcome areas, more than one measure is provided.

Vision and purpose

Embedding consistent and validated evaluation measures across countries holds immense potential.

By conducting regular, systematic monitoring, and in accordance with data protection requirements and ethical research practices, MHFA International and partner organisations will be able to bring together global insights to strengthen the impact of MHFA programs and better support communities worldwide.

Important recommendations

MHFA International conducts, and encourages others to conduct, rigorous and ethical

research. The following are some important considerations when planning to use measures.

Consent for future contact

Consider including a question in the post-training survey asking whether respondents are willing to be contacted for future research. This can support follow-up data collection, such as inviting participants to complete longitudinal surveys or take part in additional studies.

Any such contact should be conducted in accordance with relevant ethical and data protection requirements.

Demographics

For population health studies, collecting minimum demographic data is recommended, such as:

- Age (select from a range, rather than open-ended)
- Gender
- Level of education
- Country of birth or language spoken at home

Evaluators can also ask about occupation and postcode/postal code/zip code.

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Do's and don'ts of evaluating the adults-supporting-adults MHFA course



Do's

Baseline measures are key. Implement surveys both pre- and post-MHFA training and prioritise using the same questions in both surveys. This will enable an objective comparison of the change in participants' scores over time.

Treat learners' self-appraisals as indicators of perceived confidence or competence.

Ensure that measures in surveys align with the content of the course evaluated.

Focus on measuring outcomes that can be expected to change as a direct result of the course.

Use construct-specific scales wherever possible. For example: *Confidence scale from (1) Not at all confident to (5) Extremely confident.*

Use a true neutral midpoint representative of the construct being measured, such as *Neither agree nor disagree.*



Don'ts

Do not measure outcomes only after the intervention. This relies on participants' self-assessment of their own growth, which can introduce bias.

Do not assume learners' self-appraisals alone reflect measurable changes in actual ability or skill.

Do not ask learners about concepts or outcomes that are not explicitly taught in the course.

Do not focus on measuring outcomes that are likely to be influenced by external factors.

Do not use agreement scales to measure constructs other than agreement, as respondents tend to agree regardless of the statement presented (acquiescence bias).

Do not use Unsure as the neutral midpoint on the scale. Unsure reflects certainty of knowledge, not agreement, or another construct being measured.

Mental Health Literacy

Mental health literacy is understood as comprising several components, including mental health knowledge, recognition of a mental health problem, beliefs about help-seeking and beliefs about what constitutes effective treatments.

The Mental Health First Aid Knowledge Check measures learners' knowledge of the ALGEE Action Plan and additional knowledge required of the MHFAider®.

Mental Health Literacy

Measurement items

Answer each question to the best of your ability. If you do not know the answer, make your best guess. Please do not research the answers to these questions.

1. Which of the following statements is true about the ALGEE action plan?

- The action plan must be performed in linear pattern (e.g. start with A, then move to L, then to G...).
- First aid is not complete until the First Aider has used all steps of the action plan.
- First Aiders do not need to use every step of the action plan if they are not called for in the circumstances.
- If a First Aider forgets to complete a step, they must go back to it to ensure first aid was given appropriately.

2. Which of the following may be an early indicator that an individual is experiencing a mental health or substance use challenge?

- Difficulty separating from loved ones.
- Occasionally losing temper when things do not go their way.
- Sometimes struggling to complete an undesirable task.
- Difficulty remaining focused and maintaining concentration across a variety of tasks and settings.

3. Which of the following is NOT a key factor of recovery?

- Physical health.
- Home life and family relationships.
- Location of job.
- Community ties.

4. Which of the following actions are within the scope of a First Aider?

- Listening non-judgmentally to a person with a mental health or substance use challenge.
- Diagnosing what kind of mental health disorder a person has.
- Recommending treatments a person should use for their illness.
- Telling a person to stop treatments prescribed by a doctor.

5. How can a First Aider cope with feelings of discomfort or frustration associated with providing MHFA?

- Searching online for suggestions to relieve stress.
- Establishing a self-care plan before providing MHFA to cope with any feelings that may arise after the MHFA event.
- Using alcohol or drugs to block out memories of the MHFA event.
- Avoiding social situations that may bring back memories of the MHFA event.

Source

Banh, M. K., Chaikind, J., Robertson, H. A., Troxel, M., Achille, J., Egan, C., & Anthony, B. J. (2019). Evaluation of Mental Health First Aid USA Using the Mental Health Beliefs and Literacy Scale. *American Journal of Health Promotion: AJHP*, 33(2), 237–247.
<https://doi.org/10.1177/0890117118784234>



Intention to provide support

Two options for measuring intentions to provide support are provided. Both options are measured using a 5-point scale.

Both options should be measured pre- and post-training.

Option 1 asks learners to think about someone they know well and their intentions to provide support aligned with the ALGEE action plan.

Option 2 asks learners about their beliefs regarding their intention to provide support.

Option 1: Mental Health Support Scale – Intended

Measurement items

Take a moment to think about someone you know well, such as a family member, friend or colleague. Imagine this person is experiencing a mental health problem, experiencing a worsening of an existing mental health problem, or is in a mental health crisis (e.g. they are suicidal).

How likely is it that you would take the following actions with the person?

1. Ask if they have been having thoughts of harming themselves or others. (A)
2. Discuss with them their wishes about privacy and confidentiality. (A)
3. (*) Listen to their problems and try to provide solutions. (L)
4. Let them know you are listening to what they are saying by restating and summarising what they have said. (L)
5. Communicate clearly and simply, and repeat things where necessary. (L)
6. (*) Tell them they have to get their act together. (G)
7. Convey a message of hope by telling them help is available and things can get better.(G)
8. (*) Try to cheer them up by telling them that things don't seem that bad. (G)
9. Offer them information and resources appropriate to their situation. (G)
10. Discuss their options for seeking professional help. (EP)
11. Ask whether they have other supportive people they can rely on. (EO)
12. Discuss with them whether they are interested in self-help strategies. (EO)

For the next few questions, imagine you suspect that this person may be thinking about suicide. How likely is it that you would take the following actions with the person?

13. Ask if they have been thinking about suicide. (S)
14. (*) Tell them how much it will hurt their family and friends if they were to kill themselves. (S)
15. (*) Try to make them understand that suicide is wrong. (S)
16. Ask if they have a plan for suicide – for example, how, when and where they intend to die. (S)

Imagine this person is at immediate risk of suicide. How likely is it that you would take the following actions?

17. Encourage them to get appropriate professional help as soon as possible – for example, see a mental health professional or someone at a mental health service. (I)
18. Make sure they are not left on their own. (I)

For the next few questions, imagine this person was out of contact with reality, for example, experiencing delusions, hallucinations, or paranoia. How likely is it that you would take the following actions with the person?

19. Acknowledge they might be frightened by what they are experiencing. (P)
20. (*) Try to convince them that their beliefs and perceptions are false. (P)
21. Listen to them talk about their experiences even though you know they are not based in reality. (P)

Imagine the person's mental health problem is having a major impact on their life but they are reluctant to seek professional help. How likely is it that you would take the following actions?

22. Find out if there are specific reasons why they do not want to seek professional help. (R)
23. Let them know they can contact you if they change their mind about seeking help. (R)

Note for evaluators

* denotes item on the Not Recommended Scale and is reverse scored. Remove the letters from the questions when presenting the survey to the end user.

A: Approach, assess & assist with any crisis.

L: Listen and communicate non-judgmentally.

G: Give support and information.

EP: Encourage the person to get appropriate professional help.

EO: Encourage other supports.

S: Suicidal behaviour.

I: Immediate risk of suicide.

P: Psychotic symptoms.

R: Reluctance to seek help.

Measure items on a 5-point scale, where: 1 = Very unlikely, 2 = Unlikely, 3 = Neither likely nor unlikely, 4 = Likely, 5 = Very likely.

Source

Morgan, A. J., Wright, J., Mackinnon, A. J., Reavley, N. J., Rossetto, A., & Jorm, A. F. (2023). Development of the mental health support scale: A new measure of mental health first aid behaviors. *Assessment*, 30(5), 1486-1498. <https://doi.org/10.1177/10731911221106767>

Option 2: Beliefs About Mental Health and Substance Use

Measurement items

In this section, we would like to know what YOU BELIEVE about mental health and substance use challenges and your role in assisting adults with mental health and substance use challenges. Please select the response that best describes your level of agreement.

In general, I believe that...

1. I intend to take action to help anyone I work with to address their mental health or substance use challenge(s).
2. I intend to reach out and express my concerns to anyone I work with that might be experiencing mental health or substance use challenge(s).

3. I intend to listen without expressing my judgment to anyone I suspect of experiencing a mental health or substance use challenge(s).

Response scale and scoring

Measure items on a 5-point scale, where: 1 = Strongly disagree; 2 = Somewhat disagree; 3 = Neither agree nor disagree; 4 = Somewhat agree; 5 = Strongly agree.

Source

Banh, M. K., Chaikind, J., Robertson, H. A., Troxel, M., Achille, J., Egan, C., & Anthony, B. J. (2019). Evaluation of Mental Health First Aid USA Using the Mental Health Beliefs and Literacy Scale. *American Journal of Health Promotion: AJHP*, 33(2), 237–247.

<https://doi.org/10.1177/0890117118784234>

Mental health support provided

Learners' experiences providing Mental Health First Aid to another person are assessed by asking if they have had recent contact with someone who they thought might have a mental health problem or crisis.

If they respond 'Yes' to this question, they are asked a number of questions about their

experience, using the Mental Health Support Scale – Provided. If using this scale, questions should be asked pre- and post-training and the results across the two timepoints compared.

Mental Health Support Scale – Provided

Measurement items

In the last 12 months, has anyone you know well, such as a family member, friend or colleague, developed a mental health problem, experienced a worsening of an existing mental health problem, or had a mental health crisis (e.g. they were suicidal)?

Yes No

(If Yes) If you knew more than one person in the last 12 months, for the next few questions, think about the most recent person. What was your relationship to the person?

- Family member
- Intimate partner
- Friend
- Work colleague
- Other: _____

Did you do any of the following to try to support that person?

1. Asked them whether they had thoughts of harming themselves or others. (A)
2. Discussed with them their wishes about privacy and confidentiality. (A)
3. * Listened to their problems and tried to solve them. (L)
4. Let them know you were listening to what they were saying by restating and summarising what they have said. (L)
5. Communicated clearly and simply, and repeated things where necessary. (L)
6. * Told them they had to get their act together. (G)
7. Conveyed a message of hope by telling them help is available and things can get better. (G)
8. * Tried to cheer them up by telling them that things don't seem that bad. (G)
9. Offered them information and resources appropriate to their situation. (G)

10. Discussed their options for seeking professional help. (EP)
11. Asked whether they had other supportive people they could rely on. (EO)
12. Discussed with them whether they were interested in self-help strategies. (EO)

Response scale and scoring

* denotes item on the Not Recommended Scale and is reverse scored. Remove the letters from the questions when presenting the survey to the end user.

A: Approach, assess and assist with any crisis.

L: Listen and communicate non-judgmentally.

G: Give support and information.

EP: Encourage the person to get appropriate professional help.

EO: Encourage other supports.

For guidance and scoring, and supplementary items, see the publication by Morgan et al. (2023).

Source

Morgan, A. J., Wright, J., Mackinnon, A. J., Reavley, N. J., Rossetto, A., & Jorm, A. F. (2023). Development of the mental health support scale: A new measure of mental health first aid behaviors. *Assessment*, 30(5), 1486-1498. <https://doi.org/10.1177/10731911221106767>



Mental health support received

Learners' experiences receiving mental health support from another person are assessed by asking if they have had recently experienced a mental health problem or crisis and whether they had received any help from that person.

If they respond 'Yes' to these questions, they are asked a series of follow-up questions about their experience, using the Mental Health Support Scale – Received.

Mental Health Support Scale – Received

Measurement items

For the purposes of this survey, a 'mental health problem' refers to a period of weeks or more when you were feeling depressed, anxious or emotionally stressed, and this interfered with your life. It could include, for example, depression, anxiety disorders, eating disorders, substance use disorders, schizophrenia, bipolar disorder, or personality disorders.

In the last 6 months, did you develop a mental health problem, experience a worsening of an existing mental health problem, or have a mental health crisis (e.g. you were suicidal)?

- Yes
- No (If no skip to Section 4)

What do you think the problem was? *(select all that apply)*

What do you think the problem was? *(select all that apply)*

- Depression/major depression
- Attempted suicide or self-harm
- Anxiety / anxiety disorder
- Agoraphobia or panic disorder
- Social phobia
- Generalised anxiety disorder/GAD
- Post-traumatic stress disorder/PTSD
- Obsessive-compulsive disorder/OCD
- Eating disorder / anorexia / bulimia
- Schizophrenia / paranoid schizophrenia
- Schizoaffective disorder
- Psychosis / psychotic
- Bipolar / bipolar disorder/ manic-depressive disorder
- Personality disorder / borderline personality disorder
- Attention deficit-hyperactivity disorder/ADHD
- Alcohol problem/ alcoholism
- Drugs/ drug addiction
- Something else

Did anyone you know well, such as a family member, friend or colleague, try to support you with your problem?

- Yes
- No (Skip to end)

If more than one person tried to help you, think about the person who tried to help you most recently. What was your relationship to the person?

- Family member.
- Intimate partner.
- Friend.
- Work colleague.
- Other: _____

What is this person's gender?

- Female
- Male
- Other: _____

Take a moment to reflect on your experience of receiving support from this person. In the next section, you will be presented with statements of actions that the person may have used.

Please reflect carefully on your experience when responding to these. Did they do any of the following to try to support you?

Response scale: No, Yes, Not sure

1. Asked whether you had thoughts of harming yourself or others.
2. Discussed with you your wishes about privacy and confidentiality.
3. Let you know they were listening to what you were saying by restating and summarising what you had said.
4. Communicated clearly and simply, and repeated things where necessary.
5. * Told you that you had to get your act together
6. Conveyed a message of hope by telling you that help is available and things can get better.
7. * Tried to cheer you up by telling you that things don't seem that bad.
8. Offered you information and resources appropriate to your situation.
9. Discussed with you your options for seeking professional help.
10. Asked whether you had other supportive people you could rely on.
11. Discussed with you whether you were interested in self-help strategies.

Response scale and scoring

* denotes item on the Not Recommended Scale and is reverse scored.

For guidance on scoring, see the publication by Morgan et al. (2025)

Source

Morgan, A.J., Wright, J., Mackinnon, A.J., Reavley, N.J., Rossetto, A., Le LK-D, et al. (2025). Receiving support for mental health problems from family and friends: Measurement and impact on mental health, relationships, and help-seeking. *PLOS Ment Health* 2(12): e0000502. <https://doi.org/10.1371/journal.pmen.0000502>



Confidence

Two options for assessing confidence are provided:

Option 1 asks learners about their confidence in providing Mental Health First Aid support in alignment with the ALGEE Action Plan.

Option 2 presents learners with a vignette and asks about their confidence to provide Mental

Health First Aid support in alignment to that person.

Confidence should be assessed both pre- and post-training and the results at both timepoints compared.

Option 1

Measurement items

Rank your confidence in carrying out the following actions based on your current confidence level.

- Recognise the signs that someone may be experiencing a mental health problem or mental health crisis
- Approach someone who may be experiencing a mental health problem or mental health crisis
- Ask a person whether they are having thoughts of suicide OR Ask a person directly whether they are considering killing themselves
- Listen to and interact with a person without expressing judgement about their situation
- Encourage a person to seek appropriate professional help

- Offer a person information and support about mental health problems
- Encourage a person to access other support

Additional possible items

- Have a supportive conversation with anyone about mental health or substance use challenges.
- Respond to a substance use crisis including an overdose and know what to do to keep an individual safe.

Response scale and scoring

Items are scored on a 5-point Likert scale, where: 1 = Not at all confident; 2 = Slightly confident; 3 = Moderately confident; 4 = Very confident; 5 = Extremely confident.

Option 2

Measurement items

Present a vignette to learners, then ask one of the following questions:

- At this time, how confident are you in your ability to help [person named in vignette],
or
- At this time, how confident are you in your ability to provide Mental Health First Aid to [person named in vignette]?

Response scale and scoring

Items are scored on a 5-point Likert scale, where: 1 = Not at all confident; 2 = Slightly confident; 3 = Moderately confident; 4 = Very confident; 5 = Extremely confident.

Source

The following studies contain examples of confidence to provide help questions:

Crawford, G., & Burns, S. (2020). Confidence and motivation to help those with a mental health problem: experiences from a study of nursing students completing mental health first aid (MHFA) training. *BMC Medical Education*, 20(1), 69.
<https://doi.org/10.1186/s12909-020-1983-2>

El-Den, S., Chen, T. F., Moles, R. J., & O'Reilly, C. (2018). Assessing mental health first aid skills using simulated patients. *American Journal of Pharmaceutical Education*, 82(2), 6222.
<https://doi.org/10.5688/ajpe6222>



Stigma

Stigma is measured using the Social Distance Scale. Two options are provided – with and without a vignette.

The social distance measures should be included in both the pre- and post-training surveys and the changes compared.

Option 1: Social Distance Scale

Measurement items

Participants are shown a vignette depicting a person with a mental health problem (e.g. schizophrenia, major depressive disorder, substance use disorder) and asked the following questions:

- How willing would you be to move next door to the person depicted in the vignette?
- How willing would you be to spend an evening socialising with this person?
- How willing would you be to make friends with this person?
- How willing would you be to start working closely with this person?
- How willing would you be to have this person marry into your family?

Response scale and scoring

A 5-point scale is recommended, such as: 1 = Definitely willing, 2 = Probably willing, 3 = Neither willing nor unwilling, 4 = Probably unwilling, 5 = Definitely unwilling.

Source

Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*(9), 1328-1333. Link to the [paper](https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.89.9.1328).
<https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.89.9.1328>



Option 2: Without a vignette

Measurement items

The following questions can be asked in the absence of the vignette. Provide guidelines to establish a shared understanding of what is meant by mental illness.

- How willing would you be to move next door to a person with a mental illness?
- How willing would you be to spend an evening socialising with a person with a mental illness?
- How willing would you be to make friends with a person with a mental illness?
- How willing would you be to start working closely with a person with a mental illness?
- How willing would you be to have a person with a mental illness marry into your family?

Response scale and scoring

Score items on a 5-point scale, where:
1 = Definitely willing, 2 = Probably willing, 3 = Neither willing nor unwilling, 4 = Probably unwilling, 5 = Definitely unwilling.

For questions about research and evaluation, contact our team at
research@mhfa.com.au

Level 18, 150 Lonsdale Street
Melbourne VIC 3000 Australia

mhfainternational@mhfa.com.au
+61 3 9079 0200

mhfainternational.org



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