



# YOUTH MENTAL HEALTH FIRST AID®



## WHAT IS MENTAL HEALTH FIRST AID FOR YOUTH?

Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental health problems and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

**Youth Mental Health First Aid** is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.



**Mental Health First Aid Matters.** Most of us would know how to help if we saw someone having a heart attack—we'd start CPR, or at the very least, call 9-1-1. But too few of us would know how to respond if we saw someone having a panic attack or if we were concerned that a friend, co-worker, student, or child might be showing signs of alcoholism.

Mental Health First Aid helps you start conversations about mental health and substance use problems by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental health problem or substance use disorder. Learn more at [www.MentalWellnessAwareness.org](http://www.MentalWellnessAwareness.org)

**Online Registration Available!**

## TRAINING DETAILS

NASW-PA is a co-sponsor of this workshop. 8 CEUs will be awarded for completion of this course. NASW has been designated as a pre-approved provider of professional continuing education for social workers (Section 47.36), marriage and family therapists (Section 48.36), and professional counselors (Section 49.36) by the PA State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors. EMS personnel, Pastors, PA Certification Board, and Athletic Trainers. Act 48 with Superintendent's approval.



**Full Name:**

(will be used on certificate, valid for 3 years)

**Address:**

**Phone Number:**

**Email Address:**

**Occupation and Employer:**

**Brief description of why you are enrolling in this course:**



Please return registrations to [MWAA@MentalWellnessAwareness.org](mailto:MWAA@MentalWellnessAwareness.org) or 25 Spruce Rd, Marysville PA 17053  
**ONLINE REGISTRATION AVAILABLE:** Please visit [www.MentalWellnessAwareness.org](http://www.MentalWellnessAwareness.org) to register!



THE MENTAL WELLNESS  
AWARENESS ASSOCIATION