

# San Mateo County Behavioral Health & Recovery Services

## Mental Health First Aid



Join us for a  
Free training!

### When:

Saturday, July 18<sup>th</sup>  
AND July 25<sup>th</sup>

12:00pm-4:30pm

*Must attend BOTH sessions to  
receive certification*

*Please register by  
July 10th*

### Where:

Fair Oaks  
Community Center  
2600 Middlefield Road  
Redwood City, CA 94063

**To register for this class,**  
Please fill out the attached form  
and return to:

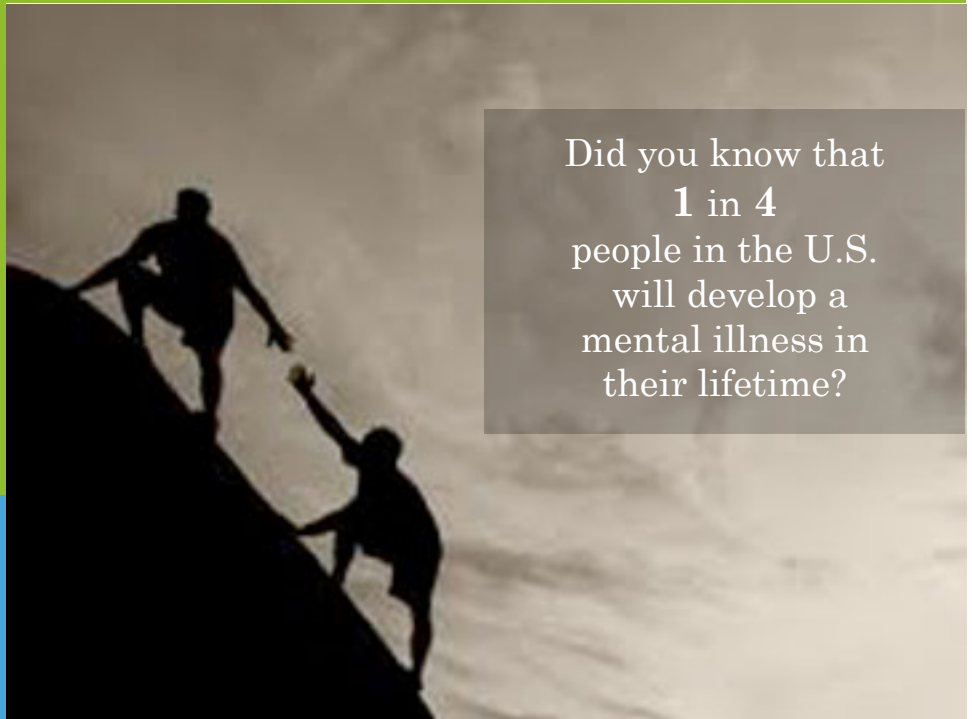
Kathy Reyes

Email: [ekreyes@smcgov.org](mailto:ekreyes@smcgov.org) or

Fax#: 650-573-2841

Ph#: 650-573-2174

**Lunch and materials  
will be provided!**



Did you know that  
**1 in 4**  
people in the U.S.  
will develop a  
mental illness in  
their lifetime?

## Learn how you can help someone in emotional distress

Someone you know could be experiencing a mental illness or crisis. **YOU** can help them. **Take this 8-hour training and become CERTIFIED as a Mental Health First Aider.**

### What you will learn:

#### Recognize Symptoms

How to recognize signs and symptoms of common mental illnesses.

#### Potential Risks

The potential risks factors for developing a mental illness

#### 5 Step Action Plan

A step-by-step plan to help a person who may be experiencing a mental health crisis



This class is sponsored by San Mateo County's Office of Diversity and Equity, Behavioral Health and Recovery Services and CareIndeed. Partial funding provided by the Mental Health Services Act (Prop 63)



**CONFIDENTIAL**



**Mental Health First Aid  
Application  
Office of Diversity and Equity**

Thank you for your interest in Mental Health First Aid, sponsored by the Office of Diversity and Equity (ODE). Please complete this application to register for Mental Health First Aid.

All of this information is completely **confidential**.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Which class are you interested in taking (city and date)? \_\_\_\_\_

Home or work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preferred phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Gender:  Male  Female  Transgender  Other (specify: \_\_\_\_\_)

How do you identify your sexual orientation?

- Heterosexual  Gay/Lesbian  Bisexual  Questioning  Decline to state  
 Unknown  Other (specify: \_\_\_\_\_)

Age:  Under 18 years  18-25  26-29  30-39  40-49  50-59  60+

Race/ethnicity: **(Check all that apply)**

- African American  Chinese  Filipino  Latino  
 Native American  Pacific Islander  White  Other (specify: \_\_\_\_\_)

Where were you born?  In the U.S.  Outside of the U.S (specify: \_\_\_\_\_)

Your preferred language: **(Choose one)**

- English  Spanish  Tagalog  Mandarin  
 Cantonese  Tongan  Samoan  Other (specify: \_\_\_\_\_)

Do you speak any other language fluently? **(Check all that apply)**

- English  Spanish  Tagalog  Mandarin  
 Cantonese  Tongan  Samoan  Other (specify: \_\_\_\_\_)

What is the highest level of education you have completed?

- Less than high school  Graduated from high school  Some college  
 Graduated college  More than college



**CONFIDENTIAL**



How often do you encounter someone experiencing a mental health problem or crisis?

- A lot       Sometimes       Rarely       Never

How often do you suggest, recommend or make a referral to mental health resources for a someone?

- A lot       Sometimes       Rarely       Never

How confident are you to recognize the signs that a person may be dealing with a mental health problem or crisis?

- Very       Somewhat       A little       Not at all

Are you staff at Behavioral Health and Recovery Services?

- Yes       No

Do you work or volunteer for an organization?

- Yes (specify organization: \_\_\_\_\_)       No

Have you ever taken Mental Health First Aid, sponsored by the Office of Diversity and Equity before?

- Yes, completed       Yes, but did not complete       No

Would you like to receive information bulletins from the Office of Diversity and Equity?

- Yes       No

If **YES**, how? (**Check all that apply**)

- Mail       Email       Text

How did you learn about this Mental Health First Aid course? (**Check all that apply**)

- School       BHRS Staff       Your organization  
 Church       Flyer       Friend  
 Community Center       ODE Healthy Equity Initiatives  
 Other (specify: \_\_\_\_\_)

Why are you interested in taking this course?

Please provide the name and contact information of someone we may contact in case of an emergency.

Emergency contact name: \_\_\_\_\_ Phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

**Thank you for your time. We look forward to seeing you in Mental Health First Aid!  
If you have any questions about Mental Health First Aid in San Mateo County, contact:**

Kathy Reyes  
650-573-2174  
[ekreyes@smcgov.org](mailto:ekreyes@smcgov.org)