


The Impact of Mental Health First Aid (MHFA) Training in Libraries: A Pilot Study

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Abstract

Objective: This study seeks to explore how Mental Health First Aid (MHFA) training impacts librarians working in both academic health sciences and public libraries. Specifically, it aims to investigate how MHFA training affects their mental health literacy, professional confidence, and their ability to provide mental health information and resources.

Methods: This qualitative research study explores the perspectives and experiences of seven librarians from two different types of libraries, an academic health sciences library and a public library system. Semi-structured interviews were conducted to gather participants' experiences and insights regarding MHFA training. This project received IRB approval.

Results: Mental Health First Aid training enhances participants' awareness of mental health challenges, boosts their professional confidence, and improves mental health literacy. In addition to being a skills-based training that teaches de-escalation techniques, it also helps reduce stigma surrounding mental health conditions. After completing MHFA training, participants report increased confidence in supporting individuals experiencing mental health challenges and assisting them in obtaining appropriate help.

Conclusion: Mental Health First Aid is a valuable workplace training for both academic and public libraries, benefiting all types of library staff. It enhances awareness of mental health conditions and reduces stigma while simultaneously increasing mental health literacy and professional confidence. Additionally, it equips participants with the skills and confidence to appropriately assist individuals, both library staff and users, experiencing mental health challenges. Furthermore, Mental Health First Aid training cultivates greater empathy and compassion, contributing to a more supportive workplace culture that is welcoming and inclusive.

Content warning: this paper discusses mental illness and suicide.

Introduction

Mental illness is very common. According to the National Institute of Mental Health, "more than one in five U.S. adults live with a mental illness (59.3 million in 2022; 23.1% of the U.S. adult population)"^{1(p1)}. However, even though it is very prevalent, Henderson et al., report that "more than 70% of people with mental illness receive no treatment due to a combination of discrimination, stigma, and access to health care"^{2(p777)}. Furthermore, the COVID-19 pandemic led to an increase in mental health conditions and exacerbated existing ones. The World Health Organization reported that the COVID-19 pandemic triggered a 25% increase in prevalence of anxiety and depression worldwide³.

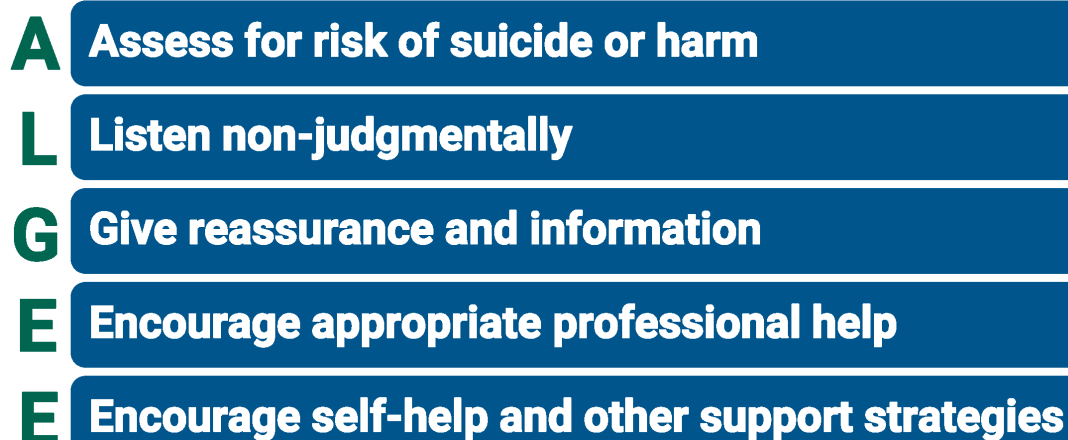
According to Corrigan and Rao, who study mental illness stigma, "people with mental illness have long experienced prejudice and discrimination"^{4(p1)}. They go on to explain stigma as, "negative stereotypes, such as notions of dangerousness or incompetence, often associated with mental illness, can be harmful to people living with mental illnesses"^{4(p1-2)}. Concealing a mental illness, especially long-term, can have negative impacts. This statement clarifies the challenges of stigma and thus the importance of feeling comfortable disclosing as well as

discussing mental health conditions.

Mental health training programs, of which there are several kinds, are an effective way to reduce stigma^{5,6}. Mental Health First Aid (MHFA) is generally considered the gold standard of mental health training programs because it is an evidence-based, early-intervention course in addition to one of the most comprehensive mental health training programs available⁷. MHFA is a mental health training program for laypeople. It is a standardized educational program developed to address mental health problems and prevent suicide by educating the public to destigmatize mental illness as well as providing de-escalation techniques. Mental Health First Aid is often likened to CPR as both are skills-based training programs; however, MHFA focuses specifically on mental health^{7,8}. It is a required eight-hour minimum educational training program taught by certified instructors. Mental Health First Aid was originally developed and implemented in Australia but has since spread worldwide⁸. There are different versions and add-ons to MHFA. For example, Higher Ed is one version which focuses on supporting college students, the youth version is specific to adolescents, and a popular add-on to MHFA is Narcan training.

MHFA includes many interactive learning opportunities that make applying the skills learned in a real-life situation easier such as role-playing and scenarios. MHFA participants, called Mental Health First Aiders, learn the five-step ALGEE action plan which is used during a crisis. The ALGEE action plan is detailed below in Figure 1.

Figure 1. Five-Step ALGEE Action Plan



Mental Health First Aid addresses many misconceptions, such as the belief that asking someone if they are thinking about killing themselves will cause them to act on it^{9,10}. Coupled with dispelling common myths, it also teaches Mental Health First Aiders to ask difficult questions such as, "are you thinking of hurting yourself?" to people in distress⁹. While ALGEE, the five-step action plan, was designed to be used in crisis situations, it can be used in non-emergency situations as well. Typically, instructors bring Algee to the training, a stuffed koala wearing a MHFA shirt. See Figure 2. He is the mascot but also helps Mental Health First Aiders remember the mnemonic for the action plan.

Figure 2. Algee Koala



The ALGEE action plan was developed to guide Mental Health First Aiders, typically laypeople, in providing effective help and support to individuals experiencing a mental health crisis. The first step of ALGEE, "assess for risk of suicide or harm," helps determine the urgency of the situation and if immediate action is needed. This step is crucial but can be difficult especially when asking someone if they are thinking of killing themselves. However, this step gets easier with practice. The next four steps are more natural for library professionals, in the author's opinion, as they are already a part of their professional skill set. "Listen nonjudgmentally" is important to make the other person feel comfortable and allow them to say as much as possible. Oftentimes, if a person feels judgment or senses stigma, they may choose not to disclose their true feelings or share their experiences. The "giving reassurance and information" step is important to offer support and validate what they are experiencing. "Encouraging appropriate help" is vital since so many people with mental illness do not seek treatment but to also assist them in finding appropriate treatment. These two steps correspond with providing consumer health information, a skill possessed by many librarians. The final step is to "encourage self-help or self-care"⁵. It is essential that Mental Health First Aiders prioritize their own mental health when supporting an individual experiencing any type of mental health crisis, not only serious crises such as individuals considering suicide or self-harm. Providing support can be exhausting. Even less stressful mental health challenges necessitate self-care, such as supporting a friend going through a divorce.

Efficacy of MHFA Training

Numerous studies, including systematic reviews, have been conducted to evaluate the effectiveness of this training as an intervention. Currently, the majority of these studies focus on populations such as healthcare professionals (e.g., pharmacists and nurses) or specific settings such as the MHFA youth training for adolescents. Advincula et al., found in their systematic review that, "Pharmacists who completed MHFA training were found to engage in conversations about mental health more frequently, offer compassionate support, and demonstrate a willingness to assist individuals struggling with mental health crises"^{11(p2)}. The most frequently reported outcomes following MHFA training are increased confidence regarding mental health issues and reduced stigma¹¹.

Connection to Libraries

In libraries, mental health challenges come in a variety of situations and are not solely an issue for public-facing staff¹²⁻¹⁴. There is a widespread belief that mental health challenges in libraries are limited to public-facing roles, such as dealing with a disruptive patron at the service desk or supporting a student in psychological distress¹⁵⁻¹⁷. While these examples are valid, it is equally important to recognize that mental health challenges arise in a variety of other situations within library settings. Potential scenarios for applying MHFA skills in non-public-facing situations include listening to a coworker who is struggling and helping them identify appropriate help, or a supervisor encouraging their employee to utilize the Employee Assistance Program (EAP).

It is common for workplaces, including libraries, to offer a variety of training sessions such as CPR and Stop the Bleed to better equip staff for emergency situations. Mental health challenges occur regularly in all types of libraries, both for staff as well as users. Navigating these situations can be intimidating, and library staff may not feel comfortable assisting an individual with appropriate mental health help or treatment in the same way they would when assisting with a physical health condition.

MHFA training can help with this, since it increases participants' knowledge of mental health conditions, professional confidence, and mental health literacy. It also reduces mental illness stigma. After completing MHFA training, participants feel more confident helping someone experiencing a mental health challenge¹¹. MHFA teaches participants that a person experiencing a panic attack should be treated similarly to a person who broke their arm since they are both health conditions and require treatment. In a randomized control trial, Kitchner and Jorm found "improvements in participants' mental health literacy, including knowledge, stigmatizing attitudes, confidence and help provided to others"^{18(p1)} post MHFA training.

Many people do not feel comfortable disclosing or discussing their mental illness with a supervisor or coworker due to stigmatization and fear^{19,20}. In their article *Academic Librarians' Experiences and Perceptions on Mental Illness Stigma and the Workplace*, Burns and Green discuss the results of their study on academic librarians living with mental illness in their workplaces (academic libraries). They found that due to stigmatization and shame, "many people felt that they could not share their mental health diagnosis with their coworkers or supervisors"^{17(p649)}. Unfortunately Burns and Green's most obvious finding was, "there is a fear of disclosing one's own mental illness in the academic library environment"^{17(p653)}. Burns

and Green's findings underscore the importance of training programs like MHFA that provide education on mental health conditions and teach non-stigmatizing language. Supervisors and administrators have a huge impact on their employees' lives and by appropriately handling mental health challenges, they create positive work environments and foster overall well-being in their libraries.

Many types of libraries support students, particularly academic libraries serving large undergraduate populations, and can help students navigate and access healthcare. In her article *Libraries as a Mental Health Resource*, Lozano makes the connection as to how uniquely situated academic libraries are in supporting students' mental health. She explains that libraries are

often thought of as information hubs and are already established as free sources of academic support. Since the library is already used for research and study, information obtained at the library has more gravitas and is more likely to be trusted^{14(p67)}.

A considerable number of colleges and universities have student counseling centers where students can access behavioral health treatments. Lozano suggests that libraries create resources such as flyers with 988, the suicide and crisis Lifeline, along with other resources and services for students¹⁴. This highlights the importance of libraries utilizing their information expertise to provide resources and better support the communities they serve.

Public libraries are at the forefront in implementing Mental Health First Aid training. This is unsurprising given that many public libraries act as safety nets for their communities and that their staff interact regularly with patrons living with serious and persistent mental illness²¹⁻²³. Throgmorton, a public librarian, recommends Mental Health First Aid as a workplace training for libraries, noting that "while Mental Health First Aid may not work miracles, it can deescalate library disruptions"^{24(p23)}.

Study Purpose

To date few studies exist examining the impact of Mental Health First Aid training on librarians. The purpose of this study is to investigate the benefits and remaining gaps of MHFA training in libraries, whether and how librarians are utilizing the training in their jobs, and whether the training is sufficient for librarians to provide mental health resources to their communities. By understanding these effects, this study hopes to inform future implementation of MHFA training programs in library settings to better support both library staff and patrons.

Theoretical Framework

The theoretical framework that most informs this research study is mental health literacy. Mental health literacy is a subcategory of health literacy and is a major component of the Mental Health First Aid program. Health literacy focuses on improving people's ability to understand medical information and make effective medical decisions, primarily concerning physical health conditions. Jorm et al., defines mental health literacy as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention"^{11(p182)}. Jorm et al., later built on the previous definition by adding the following components:

knowledge of how to prevent mental disorders; recognition of when a disorder is developing; knowledge of help-seeking options and treatments available; knowledge of effective self-help strategies for milder problems; and first aid skills to support others who are developing a mental disorder or are in a mental health crisis^{25(p231)}.

Consequently, improved mental health literacy strengthens help-seeking behaviors, resulting in more people getting help.

Methods

This study included seven participants from two contrasting libraries within the state of Colorado: four participants were from an academic health sciences library and three participants were from a public library system. The Strauss Health Sciences Library is located on the University of Colorado's Anschutz Medical Campus and serves a large public research university situated in an urban area. Douglas County Libraries is a public library system with eight libraries located in suburban areas within Douglas County.

Participants were invited to take part in this study via emails sent to their respective libraries, as the author was aware those libraries had previously held Mental Health First Aid training programs. Requirements for participants were as follows: hold a master's degree in library and information science, must be working as a library professional, and have taken MHFA training within the past five years. This study employed convenience sampling to select participants and included all individuals regardless of whether they held public-facing or behind-the-scenes positions. See figures 3 and 4 for participant demographics.

Figure 3. Participants' Library Type

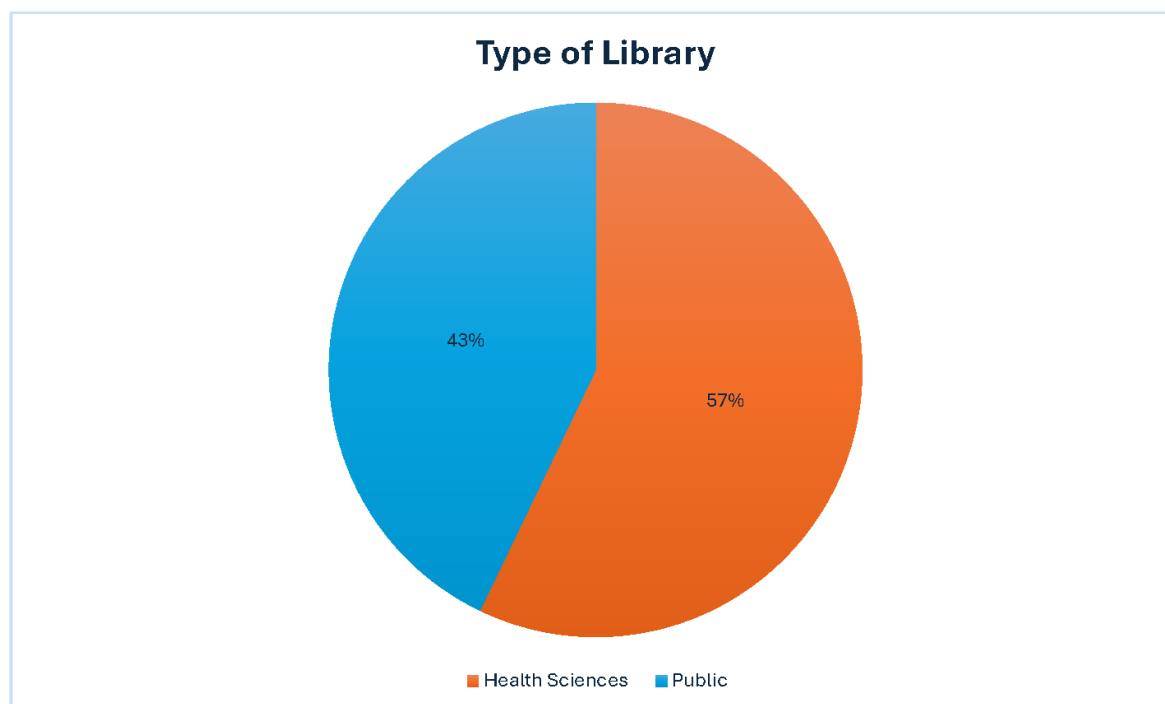
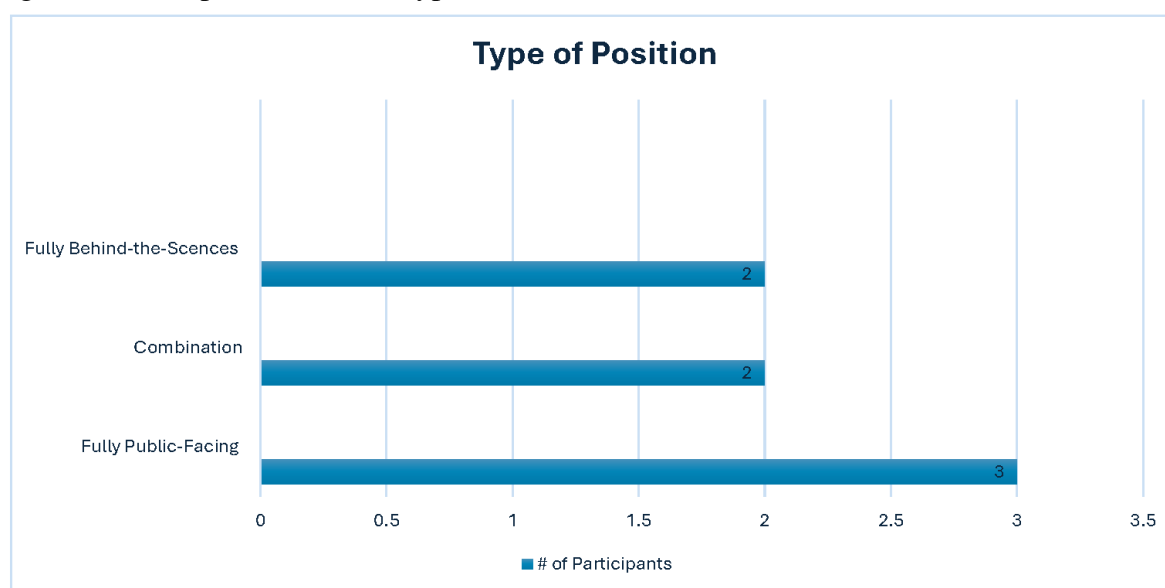


Figure 4. Participants' Position Type



Semi-structured interviews lasting 30-45 minutes were conducted with each participant during the spring of 2022 via Zoom. The interviews were designed in sections, beginning with simpler questions to ease participants into the interview, with questions getting more difficult as time went on. The first section began with participants sharing factual details, such as when they completed MHFA, the format of the training, and an example of something they learned. In the next section, participants were asked to describe their job, how MHFA has influenced their work as librarians, and whether they had developed any digital or physical mental health resources, such as LibGuides or bookmarks. Participants were also asked whether their library offered physical health resources, in order to compare with mental health resources. Then they were asked how MHFA has shifted their professional confidence, to rate their professional confidence after MHFA, and to explain what confidence means to them. The last section covered the gaps of MHFA training and whether interviewees would recommend MHFA to other librarians, along with anything else they wished to share. See figure 5 below for a complete list of interview questions.

This is a qualitative study. Therefore, the author performed a content analysis of the qualitative data and a descriptive analysis of the quantitative data. Excel and Word were used for the descriptive analysis visualizations.

The Institutional Review Board at Emporia State University granted permission to conduct this research study (Protocol ID: 22044).

Figure 5. Participants' Interview Questions

Mental Health First Aid (MHFA) Interview Questions	
About Mental Health First Aid (MHFA) Training <ol style="list-style-type: none"> 1. Approximately when did you complete MHFA training? 2. Can you share a little about the training? 3. What did you like and not like about it? 4. Can you share what you learned during the MHFA training? <ol style="list-style-type: none"> a. Can you give me an example? b. Can you give me more details? 	
Participant Job Demographics <ol style="list-style-type: none"> 1. To give me a better idea of how you would implement mental health (MH) information at your library, can you tell me what type of librarian/library professional are you? 2. What is your role at your library? 3. Are you public facing or technical services? 	
Application of MHFA in your Job <ol style="list-style-type: none"> 1. How has MHFA training informed your practice as a librarian? (e.g., Think back to the last time you used MHFA training in real life) 2. What, if anything, that is job-related have you changed as a result of MHFA training? 	
Researcher Commentary Commonly librarians will often create resources on a variety of topics, have you already created mental health (MH) resources for your community or have MH resources ready to give out to the community? For the purposes of this study, I am defining resources as any kind of information for your patrons on education/background and treatments for mental health conditions like LibGuides, websites, pamphlets etc.	
Application of MHFA in your Job (Cont.) <ol style="list-style-type: none"> 1. Where are the resources located? <ol style="list-style-type: none"> a. (Physically and/or digitally)? <ol style="list-style-type: none"> i. What all did you include in your MH resource guide? ii. Can you explain it for me? 2. Do you feel like MHFA training better prepared you to give out MH information? 	
Researcher Commentary As you know there is significant stigma that surrounds mental health. As a result of this mental health advocates have been working towards pursuing parity with medical or physical health. For this study, parity refers to providing equal information and resources for mental health as for physical health.	
Mental Health Resources and Professional Confidence <ol style="list-style-type: none"> 3. Do you have physical health resources at your library, physical or digital? 4. Are the mental health resources comparable to physical health resources? <ol style="list-style-type: none"> a. If not, what do you feel like would better prepare you? b. Any type of guess would be great here. c. Also, if you had unlimited resources? 5. If you have not created mental health resources for your community, can you please explain why you have not created these resources? <ol style="list-style-type: none"> a. Can you please explain more? b. What does it mean to not feel confident? 6. How has MHFA shifted your professional confidence concerning mental health information? <ol style="list-style-type: none"> a. Or on a scale of 1-5 with 1 being much less confident and 5 being much more confident where would you say you are after MHFA training? b. Would you say that you are now: Likert scale is 5 much more confident, 4 more confident, 3 no difference, 2 less confident, or 1 much less confident after completing the MHFA training? 7. Feeling confident professionally about a topic feels different to everyone, what does it mean to you to feel confident about it? 	
Remaining Gaps and Conclusion <ol style="list-style-type: none"> 8. What do you see as the remaining gaps not addressed by MHFA training? <ol style="list-style-type: none"> a. For instance, what areas did it not touch on or areas that you wish were covered more in depth? b. Or is there anything you else you wished would have been covered or that you had learned during MHFA? 9. If you were going to create a mental health training and you had access to unlimited resources, what would you include? 10. Would you recommend MHFA training to other librarians/library professionals? <ol style="list-style-type: none"> a. Can you tell me more as to why or why not? 11. Is there anything else that you would like to share with me that you feel is important for me to know or understand? 12. Or do you have any questions for me? 	

Results

Unanimously, participants agreed that Mental Health First Aid training was beneficial. They were also grateful that the training came to their library, making it more convenient for them to attend. Additionally, every single participant would recommend it to others without reservations.

Themes

During the content analysis of the interview transcripts five themes emerged. The first theme identified in this study is that Mental Health First Aid is a skills-based training. Participants learn the five-step action plan, ALGEE, and de-escalation techniques for crisis situations. In addition to the ALGEE action plan, participants repeatedly mentioned the MHFA manual as a most liked item. They found it to be a useful resource and appreciated being able to keep it.

The second theme that emerged is that MHFA supports building better relationships. It improves listening skills which enhances awareness of users' needs. It also elevates non-judgmental behavior which is important for gaining trust and destigmatization.

The third and fourth themes are interconnected. The third theme that stood out is that MHFA plays a key role in raising awareness about mental illness and mental health challenges. The fourth theme revealed increased mental health literacy post MHFA. These themes are interwoven because increased mental health awareness typically leads to increased mental health literacy. Furthermore, enhanced mental health literacy fosters more effective professional dialogues among supervisors, employees, and coworkers, as well as enriching personal relationships outside the workplace.

The fifth theme revealed that the majority of participants applied the knowledge and skills gained from MHFA training in their personal lives while supporting friends and family. Participants shared that the most frequently used skills and tools included drawing on their background knowledge of mental illnesses, using appropriate and educated language, recognizing signs of individuals in distress, navigating mental health information and treatment options, and providing support to individuals experiencing mental health conditions.

Professional Confidence

Mental Health First Aid elevates professional confidence regarding mental health. Six out of seven participants saw an increase in their professional confidence regarding mental health treatments and resources post MHFA training. The seventh participant already had high professional confidence prior to MHFA training, thus there was no change. Unfortunately, the five-point Likert scale was too limiting, and a seven-point Likert scale would have been preferable, since two participants responded "confident" which was not available on the five-point scale. Accordingly, only the participants' textual labels of confidence (e.g., "more confident") were included. See figure 6.

Figure 6. Connection between Participants' Professional Confidence and Position Type

Relationship between Professional Confidence and Position Type		
Position Type	Professional Confidence Levels	# of Participants
Fully Public-Facing	More Confident	4
Fully Behind-the-Scenes	Confident	2
Combination	No Difference	1

Among the six librarians who reported an increase in their overall professional confidence after MHFA training, scores were related to their position type. All librarians with public-facing roles responded, "more confident" while the behind-the-scenes librarians responded "confident." Both participants who responded "confident" clarified what they meant with hypothetical scenarios involving assisting patrons at the service desk. One participant who responded "confident" explained what professional confidence meant to them as:

yeah, so that I was thinking, it would mean that I would know like right off the top of my head, like some resources, probably web-based resources to go to, and that I just know them off the top of my head or maybe a specific like if there was like a database that focused on mental health. So right now, I'd be using my librarian skills like from a known association or government entity, not being able to rattle off a list of them that I learned.

It is noteworthy that professional confidence levels after MHFA training vary depending on the type of position held. The author speculates that librarians in public-facing roles reported higher confidence levels because they possess a stronger skill set as practicing information professionals regarding assisting patrons with mental health information, resources, and treatments. However, more research is needed to determine the true cause or if this is a coincidence. Additionally, the reduced levels of professional confidence reported by participants who selected "confident" may be attributed to the researcher's lack of clarity regarding the scope and definition of professional confidence, since both participants who responded "confident" elaborated on their responses by referencing scenarios in which they assisted patrons at the service desk. Accordingly, the author recommends that future researchers explicitly acknowledge that mental health challenges can arise in various library settings, including behind-the-scenes environments, and are not confined solely to public-facing roles.

Shortcomings

This study examined whether participants used MHFA to create mental health resources, digital (e.g., LibGuides) or physical (e.g., bookmarks), in their current positions. Unfortunately, due to several factors, none of the librarians interviewed created mental health resources. Although some librarians were constrained by their current roles and unable to develop mental health resources themselves, these resources were being created elsewhere within their library system by other staff members. Others felt it was unnecessary for their patrons, given the availability of nearby mental health resources such as a crisis center. Additionally, some librarians noted that their health sciences library already had appropriate resources within the collection. Finally, those who were not public-facing did not consider it part of their position. Moreover, the use of convenience sampling may have introduced bias, as participants could have self-selected based on favorable perceptions of MHFA. Despite these shortcomings, the author still recommends MHFA as a worthwhile training program for its effectiveness in reducing stigma.

Lessons Learned

Another finding from this study is that the MHFA training format matters. One participant reported feeling "emotionally burned out" after the training and requested trigger warnings

before tough subjects. They explain below why an all-day training session was too much:

It was underestimated how emotionally difficult it (MHFA) is. I know it took me probably two to three days to get out of the emotional burnout or fog. The videos are so well done, the exercises are so well done that you really get involved in this. And having an all-day thing you deal with personal memories and maybe personal experiences.

This training deals with serious emotional content, includes many realistic scenario videos, and may trigger and cause difficult memories to resurface for some participants. Therefore, based on participant feedback, the author recommends changing the format of the training by breaking it up into multiple sessions on different days, offering a quiet room for breaks, and using trigger warnings.

Furthermore, the quality of the instructor matters. Participants reported an overall more positive experience and held a more favorable perception of MHFA training when the instructor was enthusiastic and engaged, compared to those who were indifferent. Moreover, given that all participants were librarians, they particularly valued instructors who recognized and addressed the unique challenges of libraries, an insight that most instructors lacked.

Additionally, participants were questioned about ways to improve the training. A few participants felt there was not enough role play practice in MHFA. They wanted more practice including scripted language to use in real-life situations or practice focusing on a couple of specific situations. Ryan Dowd's Homelessness training, a series of online training courses aimed at improving library professionals' interactions with individuals experiencing homelessness, were given as an example since this training gives scripted responses for certain situations²⁶.

Figure 7. Participants' Perspectives on MHFA Training

Quotes from Participants about MHFA
"I'd love for everybody to take it."
"Anyone, not just librarians, interacting with the public should take it."
"Learned how to potentially say something or ask a question in a way that's not aggressive or judgmental."
"I feel empowered."
"Not harming, can move forward doing better. It's not something you can say it'll get better- that's the worst thing you can say!"
"Learned: it's part of their life but it's not something you can solve. You can just be along on their journey."
"Allows me to lean into the community and it helps me make a difference in my community."
"100% recommend MHFA training to library professionals."

Conclusion

Given the small scale and qualitative nature of this study, further research is recommended to explore the impact of Mental Health First Aid in library settings. There is a need for more awareness of Mental Health First Aid and other mental health training programs in addition to implementing these training programs in libraries, especially academic libraries. Currently,

most libraries implementing MHFA are public libraries; however, this training program teaches beneficial skills that are applicable in other types of libraries as well. Even though participants in this study did not use their MHFA skills to create mental health resources, the program remains valuable and with broad applications. This is especially important given how pervasive stigma is, as MHFA serves as an effective tool in combating it.

Since mental health challenges occur outside of work, knowing how to handle these situations anywhere is beneficial. As previously stated, many Mental Health First Aiders, including participants in this study, use their MHFA skills in their personal lives, listening, encouraging, and assisting friends and family with getting help. Consequently, the widespread use of Mental Health First Aid skills by participants has the potential to generate a positive ripple effect, enhancing overall well-being across the broader community.

Overall, this study establishes that Mental Health First Aid is beneficial and relevant training for academic and public libraries. MHFA training helps libraries educate staff, destigmatize mental illness, and provide de-escalation techniques to better meet their community's needs. The COVID-19 pandemic underscored the need for greater advocacy and interventions regarding mental health. Mental Health First Aid increases mental health awareness and literacy, fostering greater empathy and compassion for individuals experiencing mental health challenges. Additionally, it enhances librarians' professional confidence regarding mental health, contributing to a more supportive and inclusive workplace culture. MHFA supports an integrative approach to well-being by addressing mental health conditions and improves parity between mental and physical health.

Library professionals routinely interact with individuals, both library staff and users, experiencing mental health challenges. The goal is to ensure these individuals receive the same level of empathy, support, information, and resources as those experiencing physical health conditions. Moreover, MHFA is a natural extension of librarians' skill sets since librarians are information professionals who possess existing expertise in navigating accurate and reliable information. Libraries strive to be welcoming and inclusive. Mental Health First Aid helps create both a psychologically welcoming and physically safe environment for library users and staff.

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