



Mental Health First Aid

8-Hour Class

Kalamazoo Community Mental Health and Substance Abuse Services invite you to attend Mental Health First Aid 8-hour certification training. Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.

After taking this course you will be equipped with a five-step action plan which includes the skills, resources and knowledge to assist someone who would benefit from professional, peer support or social support.

Details for each one-day event:

Time: 8:15– 4:30 pm (lunch included)

Location: Varies, please check website for location

Cost: **\$30.00**

Adult Mental Health First Aid is appropriate for anyone 16 years and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem.

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. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people.

To Register for a training:

Please send completed Registration form to Colleen Kimberly by email ckimberly@kazooemh.org, mail to **2030 Portage St, Kalamazoo, MI 49001** or Fax **269-364-3954** (space is limited). Any questions or concerns, please contact Colleen Kimberly at ckimberly@kazooemh.org.

Social Worker and Human Resource professional Continuing Education credits will be offered.

More information on the program can be found at: www.kazooemh.org/MentalHealthFirstAid

To Register: Please complete the following information and email Colleen Kimberly at the above email address to secure a spot.

SCHOLARSHIPS ARE AVAILABLE!

Please email Julie Helmer at (jhelmer@kazooemh.org)

Attendant Information:

Name	
Title	
Date of Training	
Organization	
Email	
Daytime Phone	
Postal Address	

Please list any special dietary needs you have below:
Please list any accommodations you may need below: