

Mental Health First Aid Form			
Name of Mental Health First Aider (Required)			
MHFA contact number/ email (Required)			
Date of conversation (Required)			
Client Name (Optional)			
Client Contact Number (Optional)			
Client email address (Optional)			
Status - please tick relevant box			
Staff		Student	
		UG	
		PGT	
		PGR	
		Prefer not to say	
Nature of stated/ presenting mental health issue(s) Please tick all that apply			
Suicidal Thoughts/behaviour		Psychosis	
Self-harming		Unsure	
Substance dependency		Stress work-related	
Depression		Stress study - related	
Anxiety		Stress personal matter-related	
ASK			
Were you concerned the client could be suicidal at this time?		Yes	No
If Yes, did you ask the client if they were feeling suicidal?		Yes	No
If yes, how did they respond - did they say that they felt suicidal?		Yes	No
If yes, were you able to take measures to help keep the client safe?		Yes	No
Give details			
LISTEN			
Is the client currently receiving any other support for their issue(s)?		Yes	No
If Yes, what support are they receiving? Please tick all that apply			
GP		Counselling	CaPS
CBT			EAP
Clinical Psychologist			NHS
Psychiatrist			Private
Other - Description			

If the client had not met with the mental health first aider, what did they say they would have done? (Please tick all that apply)					
Nothing					
Approached	GP		Counselling	CaPS	
	Clinical Psychologist			EAP	
	Psychiatrist			NHS	
	Other (Description)			Private	
GIVE INFORMATION					
What information was given to the client?					
Information on In-house support	Yes - Give details			No	
Information on external services	Yes – Give details			No	
Self-help options	Yes – Give details			No	
ENCOURAGE					
Did the client say they intended to get help?	Yes - Give Details			No	
Did the client say they intended to take up self-help options?	Yes - Give Details			No	
SELF CARE FOR MHFA					
How are you, the MHFA, feeling following this interaction? Please tick relevant option					
Very comfortable with the outcome					
Fairly comfortable with the outcome					
Unsure about the outcome					
Concerned about the outcome					
Worried about the outcome					
Do you feel you would like some support following this interaction?	Yes	No			
If yes, are you happy to contact in-house/ external support yourself?	Yes	No			
If no, would you like some help accessing support?	Yes	No			
If yes, provide your preferred contact details					

Please send this to:

Selina Woolcott, Director of Health, Safety & Wellbeing, 63 Oakfield Avenue, G12 8LP

Selina.Woolcott@glasgow.ac.uk

0141 330 3232