



# MENTAL HEALTH FIRST AID TRAINING AND RESEARCH PROGRAM

## The Mental Health First Aid Training and Research Program

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Auspiced at Orygen Youth Health Research Centre, University of Melbourne

### Summary

- Mental Health First Aid is an award winning training program for members of the public in how to support someone in a mental health crisis situation or who is developing a mental illness.
- The program has solid evidence for its effectiveness from randomised controlled trials and qualitative studies. It increases knowledge, reduces stigma and, most importantly, increases supportive actions. It even improves the mental health of first-aiders.
- Mental Health First Aid training can assist in early intervention and in the on-going community support of people with mental illnesses. It is useful for people employed in areas which involve increased contact with mental health issues and for carers of people with mental illnesses.
- It is recommended that Mental Health First Aid training becomes a prerequisite for practice in certain occupations which involved increased contact with people having mental health problems, such as teachers and any emergency service personnel and first responders such as police, ambulance personnel and fire officers.

### Overview of Mental Health First Aid Training

First aid training is widespread throughout the world to give members of the public skills to help an injured person before medical help arrives. However, first aid courses typically teach little or nothing about helping people with mental health issues. This is curious given how common these problems are. Most first-aiders would never get a chance to use their CPR skills, but they would have a good chance of having close contact with someone in a mental health crisis.

We have data from a national survey of Australian adults showing that many people lack adequate skills in supporting someone they know who has a mental health problem (Jorm et al., 2005). Because of the need for training in this area, we developed the world's first Mental Health First Aid (MHFA) course in Australia in 2001 (Kitchener & Jorm, 2002a). This course had its beginnings back in Canberra in June 1999 when we formed an Advisory Group to direct the curriculum of the MHFA course. The Advisory Group consisted of 3 mental health consumers, 2 mental health carers, 2 teachers, 1 psychiatrist, 1 mental health nurse, 2 first aid instructors (Red Cross) and two mental health researchers.

The MHFA course is a 12-hour course that is usually run over 4 x 3-hour sessions. At the end of the course, participants receive a Mental Health First Aid certificate. The course can be taken by any member of the public. Most participants choose to do the course for one of three reasons: their work involves people contact, they have someone close who is affected by a mental health problem, or they see it as their duty as a citizen to learn first aid skills. We

emphasize that the course is not therapy and that it is not a substitute for getting professional help. However, it is useful for people who may have experienced a mental health problem but are currently functioning reasonably well. We also emphasize to participants that the course does not qualify them to be a counsellor, just as a conventional first aid course does not qualify someone to be a doctor or a nurse. Its role is to promote first aid—the initial help that is given before professional help is sought.

### Course Content

The course teaches the symptoms, causes and evidence-based treatments for: depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. The crisis situations include a person who is feeling suicidal; a person having a panic attack; a person who has had a recent traumatic experience; a person who is acutely psychotic and perceived to be threatening violence; and a person who has overdosed.

Although crises are dramatic consequences of mental health problems, it is better to intervene early before such crises develop. We therefore emphasize in the course the need for early intervention for mental disorders as they are developing.

Just as conventional first aid courses teach a series of actions under the acronym DRABC, we teach mental health first-aiders to use the acronym ALGEE (ALGEE is also the name of the MHFA mascot pictured below).



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## Mental Health First Aid **ACTION PLAN**



- A**pproach, assess and assist with any crisis
- L**isten non-judgmentally
- G**ive support and information
- E**ncourage appropriate professional help
- E**ncourage other supports

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For example, for a person who may be depressed, the first-aiders will initially assess if the person is suicidal. Of course, this will not be an issue in all cases, but it is important that the first-aiders know how to enquire about suicidal thoughts and how to respond. If the person is not suicidal, the first-aiders need to listen actively and non-judgmentally before giving appropriate reassurance and information. Such reassurance may help the person to feel hope and optimism by realizing that: they have a real health problem; depression is a common

illness; depression is not a weakness or character defect; effective treatments are available for depression; appropriate and effective help is available from a GP and / or counsellor; depression is not laziness, rather it makes people motivationally challenged; depression takes a while to develop and sometimes takes a while to resolve, but will get better faster with the right help. The fourth action is to encourage the person to get appropriate professional help, such as seeing a GP or a clinical psychologist; and the final action is to encourage the person to use self-help strategies and seek the support of family, friends and others.

### Mental Health First Aid Materials

To give participants information that they can take away from the course, we have developed a Mental Health First Aid Manual, now currently in its second edition (Kitchener & Jorm, 2002a). The manual gives information about the major types of mental disorders, the best types of help available, local resources, and how to apply the steps of Mental Health First Aid to various situations.

There is also a Mental Health First Aid web site ([www.mhfa.com.au](http://www.mhfa.com.au)) which is very easy to navigate. Basic mental health first aid information is available, along with information about the 12-hr Mental Health First Aid course and the 5-day Mental Health First Aid Instructor Training Course. Instructors are able to advertise the courses they are conducting on the website. The Mental Health First Aid Manual is available to be purchased.

### Instructor Training

Because the Instructor Training Course is only 5 days long, successful applicants need to meet the following criteria: substantial knowledge about mental illness and treatments, good teaching skills, and “fire in the belly” to improve the mental health literacy of the community and to reduce the stigma surrounding mental illness. There are now over 900 instructors in Australia, covering all states and territories. The interest in training as an instructor has been strongest in rural areas, both because of the shortage of mental health services in these areas and the greater concern to support others in the local community. Instructors usually work through an employer such as: an NGO (e.g. Lifeline, Red Cross, Anglicare), a state area health service, a government-funded human service (e.g. Family Court, welfare housing service, corrective service, police), a large employer (e.g. a university, government department), or work as fee-for-service private practitioners. There are currently over 600 accredited instructors delivering the 12-hour Standard Mental Health First Aid course across Australia: [www.mhfa.com.au/instructor\\_list.php](http://www.mhfa.com.au/instructor_list.php)

### Evidence That it Works

A factor that really sets Mental Health First Aid apart from other educational approaches is the rigorous evaluation of its effectiveness. This began with an uncontrolled trial with 210 participants who were given questionnaires at the beginning of the course, at the end, and 6 months later. The course was found to produce a number of benefits, such as improved knowledge of mental health problems, a decrease in stigmatizing attitudes, increased confidence in providing help to others, and an increase in the amount of help actually provided (Kitchener & Jorm, 2002b).

A problem with this evaluation was, of course, that there was no control group. So we next did a randomized controlled trial with a wait-list control group (Kitchener & Jorm, 2004). This was done in a workplace setting with 301 public servants. The results were similar to the earlier uncontrolled trial, but one surprising additional finding is that the course had a mental health benefit to participants. This effect was unexpected because the course does not provide

therapy and promises no personal benefits. Also, participants are not recruited because of their own mental health problems; however, we found that the people in the trial tended to have somewhat worse mental health than the general population. We think the course may have improved mental health by providing participants with good quality information which allows them to make better choices about their own mental health care.

While this randomised control trial provided stronger evidence that the course is effective, the teaching was all done by Betty Kitchener who is the originator of the course. Perhaps she was an exceptional teacher who could inspire participants. We next wanted to find out if other instructors could achieve similar changes. We therefore conducted a second randomized controlled trial in a large rural area of Australia, using staff from the local health services as the instructors (Jorm et al., 2004). The results of this study were similar to the earlier trial, confirming that the benefits of the course were present with other instructors.

As another approach to evaluation, we have also collected systematically stories from people who have used the skills learnt from a mental health first aid course (Jorm, Kitchener & Mugford, 2005). We have found that most participants actually use their skills to help someone and that there are usually positive effects. Importantly, we have found no evidence of negative effects, for example through the first-aider being over-confident and taking on more than they should.

An independent evaluation has been conducted by the Centre for Rural and Remote Mental Health in NSW with similar positive outcomes (Sartore et al., 2008). There are two journal articles which give a summary of the evaluations undertaken for the MHFA program in Australia (Kitchener & Jorm, 2006; Jorm et al., 2007).

The MHFA evaluation webpage contains links to all the above mentioned articles:  
[www.mhfa.com.au/evaluation.shtml](http://www.mhfa.com.au/evaluation.shtml)

#### Mental Health First Aid for Culturally and Linguistically Diverse Australians

The Mental Health First Aid program has core elements that translate across various cultural groups. However, there is always a need for some cultural modification and translations. In Australia, we have developed the course to suit the mainstream of society, but we recognize this is not suitable for cultural minority groups.

A cultural adaptation of the course has been developed for Vietnamese people now living in Australia. Seven instructors have been trained from this community.

#### Mental Health First Aid for Aboriginal and Torres Strait Islander people

A version of the course has been developed for Aboriginal and Torres Strait Islander people and Aboriginal instructors trained across the country. The course was developed in close consultation with Aboriginal and Torres Strait Islander health professionals and community representatives. There are currently over 90 instructors of the 14-hour Aboriginal and Torres Strait Islander MHFA course in Australia.

#### Youth Mental Health First Aid

The most critical time for early intervention is when people are first developing a mental disorder. Often this occurs during adolescence and early adulthood. To cover this crucial period of life adequately, we have developed a 14-hour Youth Mental Health First Aid Program which is aimed at adults who have frequent contact with young people. It emphasizes the mental disorders and the crisis situations that are most common in this age group and includes additional modules on eating disorders and deliberate self-harm. There are currently almost 300 Youth Mental Health First Aid instructors in Australia.

## The Need for National Guidelines for Mental Health First Aid

Just as there are national guidelines for conventional first aid, we need to develop guidelines for how best to help someone in a mental health crisis situation or who is developing a mental disorder. Over the last four years, we have carried out a large scale research project to develop mental health first aid guidelines using the expert consensus of international panels of mental health professionals, consumers and caregivers (Kelly et al., 2008a, 2008b; Langlands et al., 2008a, 2008b, Hart et al., 2009a). Guidelines have been developed for the following crises situations: suicidal thoughts and behaviours; non-suicidal self-injury; panic attacks, adult and child trauma and the following developing disorders: depression, psychosis, eating disorders, problem drinking and problem drug use. A separate project has been carried out to develop guidelines for helping Aboriginal and Torres Strait islander people using the expert consensus of Aboriginal mental health professional (Hart et al., 2009b). Copies of all the MHFA guidelines are downloadable from: [www.mhfa.com.au/Guidelines.shtml](http://www.mhfa.com.au/Guidelines.shtml)

Now that these guidelines projects are complete, we have revised the MHFA curricula of all the MHFA programs to conform to the new guidelines. This work required us to retrain all MHFA instructors in 2010 to be able to deliver the new and improved edition of the MHFA courses.

With the guidelines complete this will facilitate getting national accreditation of courses. Our ultimate aim is that a Mental Health First Aid certificate will be a prerequisite for certain professions such as teachers, police and nurses.

## Mental Health First Aid in Other Countries ([www.mhfa.com.au/international.shtml](http://www.mhfa.com.au/international.shtml))

As of June 2011, the Mental Health First Aid Program has spread to 17 other countries including USA, England, Japan, New Zealand and Japan (Kitchener & Jorm, 2008). See [www.mhfa.com.au/international.shtml](http://www.mhfa.com.au/international.shtml) for a comprehensive guide to MHFA International and information on adapting the MHFA Australia Program for another country.

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Current 14 July 2011