

Perspectives in Public Health

<http://rsh.sagepub.com>

Mental Health First Aid a life skill we should all have?

Anna Zilnyk

Perspectives in Public Health 2010; 130; 61

DOI: 10.1177/1757913909360452

The online version of this article can be found at:
<http://rsh.sagepub.com/cgi/content/abstract/130/2/61>

Published by:



<http://www.sagepublications.com>

On behalf of:



Royal Society for Public Health

Additional services and information for *Perspectives in Public Health* can be found at:

Email Alerts: <http://rsh.sagepub.com/cgi/alerts>

Subscriptions: <http://rsh.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.co.uk/journalsPermissions.nav>

Citations <http://rsh.sagepub.com/cgi/content/refs/130/2/61>

Mental Health First Aid – a life skill we should all have?

Dr Anna Zilnyk, Accreditation Officer at the Royal Society for Public Health, explains the importance of early intervention in addressing mental health problems

Imagine yourself faced with one of the following situations:

- ◆ You notice that a work colleague has been losing weight recently and looks tired; she does not seem to be coping with her normal work activities and tells you she has stopped doing her normal hobbies. One day you find her tearful and crying.
- ◆ Your teenage son seems to be becoming more and more isolated and does not interact with his friends any longer. He spends a lot of time alone in his bedroom. One day when you enter his room you see that he has covered the window with dark material and also covered his television, radio and mirror. You feel uneasy.
- ◆ You are shopping in a large crowded supermarket and join a long queue at a checkout. You notice that the woman in front of you is looking around in a distracted manner; she seems to become increasingly confused and very breathless.

Would you know what to do in these situations?

While people are often aware of common physical health problems, there is a lack of knowledge about mental

health problems. This leads to stigma and prejudice, discouraging those affected from seeking help. Those

witnessing signs of distress in the individual can also be uncertain of how to respond.

It is because of this uncertainty that Mental Health First Aid (MHFA) has been developed. MHFA does not intend to train people to become therapists, but to provide the non-expert with knowledge of the signs and symptoms of a range of mental health problems and the confidence to intervene when a problem is observed – analogous to the competency provided in physical 'first aid' programmes.

The aims of MHFA are:

- ◆ to preserve life where a person may be a danger to themselves or others
- ◆ to provide help to prevent the mental health problems developing into a more serious state
- ◆ to promote the recovery of good mental health
- ◆ to provide comfort to a person experiencing a mental health problem
- ◆ to raise awareness of mental health issues in the community
- ◆ to reduce stigma and discrimination

Early intervention not only reduces the distress of the individual, it also means that professional treatments have the best chance of leading to

recovery.

An MHFA training programme was originally developed in 2000 at the Centre for Mental Health

Research at the Australian National University in Canberra. Following adaption and implementation in

Scotland, the programme was then introduced in England by the National Institute for Mental Health in England and the Care Services Improvement Partnership. The Royal Society for Public Health has accredited the training provided to programme instructors.

The MHFA training programme includes an examination of the signs and symptoms of a number of mental health problems, including depression, anxiety disorders and psychosis. By listening to the comments of sufferers, it also explores the feelings that can be experienced by those trying to cope with their mental health problems.

The programme also gives participants guidance on how they could provide help if they were faced with a range of situations involving a person experiencing a mental health problem. The guidance is given the acronym ALGEE: Assess risk of suicide or self-harm; Listen non-judgementally; Give reassurance and information; Encourage person to get appropriate help; Encourage self-help strategies.

The MHFA programme helps those working in businesses to support their work colleagues and provides additional training for those whose work involves contact with the general public or with potentially higher-risk groups such as those working with the homeless, the police or the prison service. The knowledge provided in the programme is particularly welcome in helping to reduce the stigma experienced by those with mental health problems.

Does the MHFA programme work?

It is difficult to test whether early interventions by those who have undertaken training have made a difference to the outcomes for the distressed individual. However, there is certainly evidence that

Would you know what to do?

many of those who have taken part in the programmes have benefited from positive changes in their knowledge, attitude and behaviour. In Australia the programme has been extensively evaluated, including two randomized control trials.¹ These have shown statistically significant benefits five to six months after training in improved helping behaviour, greater confidence in providing help to others and decreased social distance from people with mental health problems.

An evaluation commissioned by NHS Health Scotland in 2007² indicated that participants in the Scottish MHFA programme reported an increase in their knowledge and awareness of mental health issues, including their ability to recognize if somebody was experiencing mental health problems. There was also a notable increase in the proportion of participants who said that they thought they would be prepared to help somebody in difficulty, compared with their attitude before the training. An

evaluation project in Hull in 2008³ reported similar findings.

Trainees have also commented on their increased empathy and understanding of friends, family and work colleagues who are experiencing mental health problems. Many have also reported recognizing early warning signs of potential mental health problems in their own feelings and behaviour, and that the programme helps them to seek coping strategies. The improvement in participants' own mental health has been recognized by evaluations of the MHFA programme, such as a study of participants in the workplace.⁴

MHFA is therefore proving to be a valuable programme in providing education on a range of mental health problems, reducing stigma and encouraging early intervention. As such it adds constructive support to the government's welfare agenda.

Following its introduction through the National Institute for Mental Health in

England and the Care Services Improvement Partnership, Mental Health First Aid (England) became a Community Interest Company in October 2009. Those wishing to enquire about MHFA training programmes should go to the website: www.mhfaengland.org.uk

References

- 1 Kitchener BA, Jorm AF. Mental Health First Aid Training: Review of Evaluation Studies. *Australian and New Zealand Journal of Psychiatry* 2006; 40: 6–8
- 2 Stevenson R, Elvy N. Evaluation of Scotland's Mental Health First Aid. Edinburgh: NHS Health Scotland, 2007
- 3 MacDonald KM, Cosquer C, Flockton A. An Evaluation of the Impact of MHFA Training in Kingston upon Hull. Hull: Mental Health First Aid, 2008. Available at: <http://www.mhfaengland.org.uk/silo/files/mhfa-hull.pdf> (accessed 30 December 2009)
- 4 Kitchener BA, Jorm AF. Mental Health First Aid training in a workplace setting: A randomized controlled trial. *BMC Psychiatry* 2004; 4: 23

Spiritual wellbeing for older New Zealanders

Penny Eames, a Social Science Researcher, and Simon Cayley, Chief Executive of the Bishop's Action Foundation, explain that spirituality cannot be overlooked in the pursuit of cultural wellbeing and good health

The UNESCO definition of 'culture'¹ includes the word 'spiritual', yet many of us working in social services or health sectors tend to ignore the word, either because we do not understand what it means, or because we fail to see how important spirituality or spiritual matters are in the lives of the many individuals, clients and patients in our communities.

'...culture should be regarded as the set of distinctive spiritual, material, intellectual, and emotional features of society or a social group, and... it encompasses, in addition to art and

literature, lifestyles, ways of living together, value systems, traditions and beliefs.'¹

The words 'spirituality' and 'spiritual' mean different things to different people, and the way in which our clients or patients respond to health and wellbeing matters and issues is influenced by their belief systems. The diversity of our understanding of these concepts encouraged the Bishop's Action Foundation, a community development organization in New Plymouth, Taranaki, New Zealand, to commission Penny

Eames to interview 40 older New Zealanders about what they thought the words meant and how their belief in spiritual matters has influenced their lives, particularly in times of stress or crisis.²

An interesting finding from these interviews was that 90% of the participants were enthusiastic about discussing the words 'spiritual' or 'spirituality'. This enthusiasm led the researchers to the conclusion that there should not be a fear of using the words in social policy and practices, within community organizations, the media, schools and organized religion. Most of the adults interviewed very much enjoyed having the opportunity to talk about spirituality, what it means to them and the part it plays in their lives.

The interview sample came from urban and rural communities in different