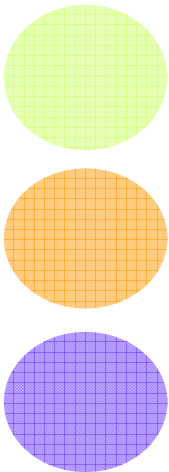


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## Executive Summary

### Evaluating Mental Health First Aid Training for Line Managers working in the public sector

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Mental health and mental ill health are prominent issues in society today; which is not surprising given that 1 in 4 people will experience some form of mental ill health ([www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)). Specifically mental ill health can be a barrier in terms of employment; surveys have shown that less than 40% of employers would be willing to consider employing an individual that disclosed a mental health issue ([www.rethink.org.uk](http://www.rethink.org.uk)). Working to increase mental health literacy in the workforce has been cited as a way to increase understanding of mental ill health to build a more supportive working atmosphere (Kitchener & Jorm, 2002).

Mental Health First Aid (MHFA) is a concept that was pioneered by Betty Kitchener and Anthony Jorm in 2000 with the aim of increasing mental health literacy among the Australian community. The concept of MHFA is that people should be taught how to perform basic 'first aid' for those exhibiting signs of mental health distress, just as they are commonly taught first aid for physical afflictions. Kitchener and Jorm claim that MHFA is able to increase knowledge, reduce stigma and increase supportive reactions in terms of mental health (Kitchener & Jorm, 2004). MHFA was first adapted for the UK in 2006 and the first sessions began in England in 2007, funded by the National Institute for Mental Health in England (NIMHE) as part of a national initiative to improve mental health awareness in England. The course lasts for a total of 12 hours split over two days and is led by 1 or 2 instructors. The content of the course covers a variety of mental health issues with information regarding the symptoms, treatment and ways in which first aid should be approached. The mental health issues covered include: Depression, anxiety, psychosis, self harm and suicide. The first aid principles of MHFA are based on a mnemonic, ALGEE:

- A- Assess the risk of suicide or self harm
- L- Listen non judgementally
- G- Give reassurance and information
- E- Encourage the person to seek appropriate professional help
- E- Encourage self help strategies

Through investigation of the previous evaluations of MHFA, it is clear that an independent evaluation was necessary to gain greater understanding of its value. Also, an evaluation of the course as adapted for England had not yet been completed.

# Executive Summary



The research questions related to whether training line managers in MHFA: Increased mental health literacy, improved confidence in offering MHFA and positively changed attitudes towards workers/the public with mental health issues.

The sample consisted of line managers and front line staff working for the public sector in roles where they might encounter issues relating to mental health, without this being a core part of their role. Overall the sample consisted of 55 individuals that were a combination from the three organisations: Selwood Housing, Wiltshire Council and NHS Wiltshire (See Table 1 for full breakdown of the sample).

A variety of different data collection methods, both qualitative and quantitative, were used: Course evaluation, Mental Health Problems Perceptions Questionnaire (MHPPQ), Quiz and semi structured interviews. These measures were used with the intention of evaluating whether there was a significant change in knowledge, confidence and stigma in relation to mental health between time 1 (pre-training) and time 2 (post-training).



*The five cohorts of MHFA training evaluated in this research project were facilitated by Bernie Graham, Director, Mental Health Support Training and Consultancy Ltd.*

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The results were extremely positive. Significant results ( $p < 0.01$ ) were found for all quantitative measures, showing an increase in knowledge and confidence and an improvement in the perception of mental health issues between time 1 and time 2. The semi structured interviews revealed positive reactions to and enthusiasm for the training. In particular this related to the facilitation and the course materials provided. The thematic analysis of the interviews was broken down into six themes: Supporting one another, stigma and attitude change, increased knowledge, facilitation, course applicability and research participation. The only negative views to come across in the interviews related to the venues, particularly Devizes and Chippenham. Also, one participant expressed distress at the intensity of the content and felt that more support was needed for individuals that may be affected.

The results have demonstrated answers to the research questions. Both the quantitative measures have shown that MHFA was able to increase knowledge and confidence of the participants in relation to mental health. The interviews and the MHPPQ have shown a positive change in attitude and understanding of mental health.

In light of the results the following recommendations have been made:

- Continuation and expansion of MHFA training for public sector organisations and beyond
- Long term follow up
- Integration of a quiz into requirements for certification
- Add a 'debrief' into the timetable of the training so that participants have more time to discuss the personal implications of the training

