



MHFA England



Call for Expressions of Interest: academic research partner

Research into the impact of Mental Health First Aid (MHFA) on MHFA beneficiaries

Mental Health First Aid England and Centre for Mental Health

Mental Health First Aid England (MHFA England) and Centre for Mental Health are inviting expressions of interest from qualified academic research institutions to participate in a mixed methods evaluation of the impact of Mental Health First Aid in the workplace.

Background

MHFA England has partnered with independent research charity Centre for Mental Health to conduct the research.

The evaluation aims to expand the knowledge base for MHFA significantly beyond established evidence on its benefits for 'mental health first aiders' who have received MHFA training. These benefits relate to improved mental health awareness, literacy, confidence, and improvements in the wellbeing of trainees themselves. The new evaluation will seek evidence on its impact on 'end beneficiaries' – e.g. those experiencing mental health distress at work – and, more generally, its overall benefits to the organisations which adopt the MHFA programme.

A more detailed outline of the rationale and proposed evaluation is enclosed (Appendix A).

Specification

The academic research partner would be expected to:

- Support the design of a detailed methodology and project plan;
- Contribute to a thorough evidence review of workplace mental health and workplace mental health interventions;
- Co-develop and pilot an outcome measurement protocol;
- Provide participating workplace partners with implementation support for data collection;
- Lead in collecting quantitative and qualitative data from participating workplace partners; and
- Provide data analysis and lead in the writing of a comprehensive evaluation report.

Centre for Mental Health will:

- Project manage the evaluation;
- Co-design the methodology and project plan;
- Recruit method experts and an expert reference group;
- Supervise and contribute to all aspects of data collection and analysis;

- Provide mental health economic expertise;
- Support the writing of and publish a comprehensive evaluation report;
- Write and publish a report translating key findings in an accessible format.

MHFA England will:

- Provide evaluation funding;
- Recruit sites; and
- Facilitate data collection and share information as required.

It is anticipated that the evaluation will take place over three years, commencing in April 2019. A small amount of preparatory work will be required before April 2019 as part of an initiation phase (Appendix B).

Budget

Proposals from academic partners of a total value of under £200,000 (exclusive of VAT) are welcomed.

Expressions of Interest

In your expression of interest, please include:

1. Confirmation that your organisation would be able to complete the work within the budget and timescales outlined above; and
2. An outline of the proposed delivery team, including relevant method expertise and capacity, and a description of any post which would be recruited to the team to facilitate the evaluation.

Please note that while we are seeking one lead academic partner, this partner does not have to have all the necessary expertise.

The expertise of Centre for Mental Health and the selected academic partner can be supplemented by a number of method experts with experience in theoretical approaches, workplace mental health, and analytical methodologies.

We also welcome enquiries and expressions of interest from potential method experts. Please direct your correspondence to Graham.Durcan@centreformentalhealth.org.uk

Timescales

Call for Expression of Interest	17 December 2018
Window for Expressions of Interest closed	7 January 2019
Interviews with interested parties	w/c 21 January 2019
Selection of lead evaluation partner	28 January 2019
Initiation phase/refinement of methodology	1 February – 31 March 2019
Evaluation commences	1 April 2019

Appendix A: Outline Proposal

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Background

This document outlines a proposal to explore the benefits of Mental Health First Aid (MHFA) on those who receive MHFA interventions (i.e. the beneficiaries). MHFA England have partnered with Centre for Mental Health to explore this and are seeking expressions of interest from academic partners to take part in this research. This document provides an outline only, and the academic partner(s) chosen will collaborate with MHFA England and Centre for Mental Health in the more detailed research design.

Centre for Mental Health's recent economic study demonstrated that the business costs of mental ill health at work is almost £35 million (Parsonage and Saini, 2017). This relates to staff turnover, reduced productivity at work (presenteeism) and sickness absence.

At the same time, we know that promoting mental health and early intervention when people first display symptoms can both improve recovery and the quality of people's lives as well as saving considerable costs in the longer term (Knapp, M.; McDaid, D.; Parsonage, M., 2011). There is increasing understanding that employers can act to both make savings and create healthier, more productive businesses. Mental Health First Aid (MHFA) has an international reputation as a successful mental health literacy programme for use in workplaces, schools, colleges and universities.

MHFA claims to benefit organisations by:

1. Giving employees the tools to keep themselves and their colleagues healthy
2. Encouraging help-seeking
3. Empowering people with long term mental health concerns or disabilities to thrive in work
4. Building a supportive culture that stops preventable health issues arising
5. Embedding positive, long term cultural change across organisations

This is an opportunity to test these claims and to build on an expanding and varied evidence base to further understand the specific value and impact of adopting MHFA, both for individuals with mental health problems and organisations.

For the sake of clarity, this document defines two separate groups of individuals:

'Mental Health First Aiders' – those who have completed the two-day MHFA training course

'Beneficiaries' – individuals receiving support from MHFA Mental Health First Aiders when experiencing mental health difficulties

The evidence base for MHFA

Mental health literacy interventions are noted to increase knowledge, attitude, confidence, and skills in recognising mental health problems. There is some evidence that MHFA is superior to some other methods of achieving these outcomes amongst participants. This has been evidenced in a range of settings: including nursing and other frontline health professionals, the fire service, BME communities, and the military.

There is also evidence of reductions in stigma occurring after MHFA training has been introduced (Kelly, et al., 2007) (Jorm, et al., 2010) (Welsh Assembly Health Improvement Initiative, 2012). In some studies, MHFA training has also been shown to improve the mental health and wellbeing of those being trained. (Kitchener & Jorm, 2004).

There is additional evidence that participants in mental health literacy programmes will intervene when they recognise potential mental health distress. Reviews of MHFA in Camden (Brett-Jones, 2010), Islington (Heer, 2010), and Kingston Upon Hull (Macdonald et al., 2008), found between 68% and 88% of Mental Health First Aiders had used their skills when in contact with someone experiencing mental health difficulties. An evaluation of MHFA's impact of the usage of skills after training in Kingston Upon Hull took this somewhat further without addressing the impact on the person being supported in great detail.

Evidence is less consistent and convincing in demonstrating that interventions result in improved access to professional services for those identified with mental health problems (Jorm & Kelly, 2007). Finally, there is no evidence as yet that widespread mental health first aid training has the potential to impact on population mental health outcomes (Kitchener & Jorm, 2006) (Kelly, et al., 2007) (Welsh Assembly Health Improvement Initiative, 2012).

Evaluations currently in progress

Youth Mental Health First Aid (MHFA) in schools: an impact evaluation

MHFA and University College London (UCL) are working together to evaluate the impact in schools. There are six participating sites, with four or five teachers trained in MHFA in each site. Pre and post questionnaires are being used, with the follow-up questionnaire completed around three months after training. This will be supported by case studies and interviews with teachers that explore the extent to which MHFA influences dialogue around mental health and approaches or strategies.

Wellbeing in Secondary Education (WISE) project

The University of Bristol and Cardiff University are evaluating the effectiveness of MHFA courses in secondary schools in supporting staff and students alike. The study consists of three parts: Training a group of school staff in Adult MHFA and providing peer support to colleagues; teachers attending a Youth MHFA one day (Schools and Colleges) with a practical focus on supporting young people experiencing mental distress; and teachers attending a Youth MHFA half day (Lite) awareness course.

The study will measure if the training has an effect on a range of outcomes:

- Teacher wellbeing and depression
- Student wellbeing and mental health difficulties
- Teacher absence and presenteeism (self-rated poor performance at work)
- Student attendance and attainment

25 schools from Bristol and the surrounding area and from South Wales are taking part in this large study and results will be available in 2019.

MHFA's priorities

Previous evaluations of MHFA have produced extensive evidence on the benefit to Mental Health First Aiders in terms of confidence, attitude and knowledge around mental health. This has mostly been achieved through self-evaluation and qualitative interviews with training participants. Studying the immediate or short-term benefits of MHFA on the Mental Health First Aiders has been done extensively and further evaluations will add little in the way of new knowledge.

As a method of 'first aid', MHFA has not been robustly tested in terms of the benefit to recipients of that 'first aid'.

Research into MHFA's impact on the First Aider's usage of skills may advance knowledge of impact and effectiveness further without addressing the impact on the person being supported in detail. This is the significant gap in the evidence. The knock-on effect of changes in self-reported improvements in confidence and knowledge on the subsequent actions of the First Aiders is also not robustly researched. These actions may lead to improvements in the experiences and outcomes of beneficiaries but, again, there is little evidence to demonstrate this.

MHFA England therefore seeks to establish clear, credible evidence of its two-day course as the gold standard tool for supporting people who are experiencing mental health difficulties. Related to this is the potential economic benefit to employers or commissioners of having Mental Health First Aiders in the workplace or other environment. Additionally, a robust evaluation of these impacts would incorporate learning around implementation, measurement, and longitudinal impact of MHFA within various environments.

A secondary objective will be to advance the learning about the longevity of the benefits of the two-day MHFA training course around the confidence, knowledge, and likelihood to employ skills learned amongst Mental Health First Aiders. There is, as yet, limited evidence of effects lasting beyond 6 months (Welsh Assembly Health Improvement Initiative, 2012). Follow-up studies have generally been conducted weeks after the training is completed. There is a paucity of knowledge on how long the benefits of increased mental health awareness and reduced stigma are sustained after the initial training has been completed. This separate but related research topic would identify whether and how long it takes for the benefits of MHFA to lapse, and whether the benefits can be refreshed with additional training.

Impact on beneficiaries: outline of the required research

Research objectives

An academic partner or partners will work with Centre for Mental Health on a research project that aims to:

- 1) Measure the impact of MHFA training on the frequency and efficacy of support provided to beneficiaries – how many new interventions take place and with what effect (e.g. self-reported productivity, evidence of changes in help seeking, self-reported wellbeing)?
- 2) Quantify the other potential benefits of using MHFA training on workplace environments (e.g. changes to work place policy and practice)
- 3) Explore whether MHFA training or interventions can be linked to wider social impact, beyond the work place (e.g. do those trained in MHFA report using those skills outside work).
- 4) Model potential economic benefits of MHFA, and this can be based on what currently available research suggests and be supplemented by the results of this research
- 5) Understand how long does the MHFA 2-day training remain effective and when should repeat training take place

Period of research

The research will be conducted over three years. This allows the intervention to take place, even if staggered, some bedding-in time and sufficient time for follow-up.

Which MHFA Training will be included in the research

The research will explore MHFA's 2-day training course provided to work places. It is possible that some work-places may also have utilised other MHFA training and the research will account for this.

Sites

A range of work-places both corporate and public sector, and a range of industries will be included in the research.

Essentially there will be three types of site.

1. Those about to embark on their first MHFA 2-day training at the outset of the research (providing an 'intervention' group of work-place sites)
2. Those who are interested in embarking on MHFA 2-day training but will commence training 12 months or later after the research commences (providing a 'control' group in the period prior to launching)
3. Those who have already embarked on their MHFA training and who have data on their baseline and their 'MHFA' journey (providing a further element to the 'intervention' group and some detailed case studies)

Site sample size

This will depend somewhat on the size of organisations that partake but we would estimate:

- The intervention group would be in the region of 6-8 sites
- The control group would be in the region of 10 -12 sites
- The intervention/case study sites would consist 2 to three organisations

The number of sites in the main intervention and control groups, allows for some drop-out (possibly more so from the control) but also for some matching between sites (i.e. type of work site and sector).

Outcome measures

A mixed methods approach to track a number of outcomes should be used. This would help identify and measure the healthiness of the workplace environments and any changes taking place between sites. These may include:

- Number of work-based interventions
- Wellbeing measures for potential beneficiaries (equivalent of Patient Recorded Outcome Measures 'PROM' taken at intervals)
- Productivity measures (self-report and other)
- Changes to policy and practice

At all sites, there would be a before and after element to data collection. Using common measures at the outset across all sites will establish a baseline against which to measure change.

Mixed-method research

Although the trial element of the research proposed is critical, it is also important that the research utilises a range of methods and, in particular, collect qualitative data (e.g. from interviews and group discussion) from managers, Mental Health First Aiders, and where possible beneficiaries.

It would also be important to do some research into the process and implementation. It will be equally important to account for the wider context in which each of the workplaces operates. Changes in the immediate and wider economy and politics (e.g. Brexit) may impact on the wellbeing of a workforce and the ability to participate in the research. We would therefore need to gather contextual data on each site periodically throughout the project, to ensure that potential confounding factors are understood and used where appropriate to explain unexpected patterns in data.

Contextual data and data collection from workplace observations will provide further valuable insight into changes in organisational practice. An initial review of participating sites' policies and procedures will establish a benchmark at project commencement which will be followed up during the evaluation. We will thus be able to monitor and analyse any changes in organisational practice which may influence or be influenced by the presence of MHFA First Aid within the workplace. Reports from staff and managers will add to the documentary evidence of changes in practice and our understanding of their impact.

Economic component

A part of the research would be to:

1. Review the current research literature and with regards to modelling the potential economic benefits
2. Supplementing this at the researches conclusion with further lessons learned from this research on the potential economic benefits

Outcomes

Answering the research questions would significantly advance learning around the wider impact of the MHFA two-day course, and – where possible – deliver valuable evidence to support MHFA's claims:

1. Giving employees the tools to keep themselves and their colleagues healthy
2. Encouraging help-seeking
3. Empowering people with long term mental health concerns or disabilities to thrive in work
4. Building a supportive culture that stops preventable health issues arising
5. Embedding positive, long term cultural change across organisations

Understanding organisational or environment risk and success factors could also support the refinement of MHFA implementation strategies. An economic component, supported by use of meaningful outcome measures, may demonstrate quantifiable benefits to commissioners or employers considering the wellness of their workforce or client groups.

A secondary aim of the research: The 'half-life' of MHFA

Given that the research will be taking place over three-year period this would also provide an ideal opportunity to test the knowledge and 'skills' of MHFA First Aiders, to establish when further 'top-up' or updating training is required for the best effect.

This would begin with the monitoring and evaluation questionnaires to gauge initial reactions to the course and require an additional data collection at six monthly intervals with all those trained. Ideally this would use standardised tools for gauging mental health and MHFA specific knowledge. It would include, for example:

- A measure of attitudes and perceptions
- A scored assessment of knowledge and skills to measure acquisition and retention

- A competency/capability assessment

MHFA First Aider interviews will provide documentary examples and opportunities to assess capability. Evidence points to benefits of participation for MHFA First Aiders, too, so the evaluation will explore this as an additional theme.

Phased approach to the research

There will be a phased approach to the design where some phases can run concurrently, at least in part.

One phase that would be wise, given this is very much 'breaking new ground' for MHFA research, is a piloting period where most aspects of the design are embedded in a small number of the initial sites recruited to test its feasibility and learn about any required changes to the final design. This would provide an opportunity to test the utility of proposed outcome measures etc.

This can run concurrently with a recruitment of sites phase and the beginning of the process evaluation. Other phases will concern themselves with major tranches of data collection, analysis and reporting.

Appendix B: Project timeline

	Initiation Phase			Year 1 (April 2019 - March 2020)												Year 2												Year 3												
Month	1	2	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
Invite EOI from academic partners																																								
Interview/selection of academic partner																																								
Refinement of methodology and detailed project planning																																								
Recruitment of workplace sites																																								
Set up expert reference group																																								
Thematic evidence review: workplace mental health, presenteeism																																								
Establishing data collection protocols with sites																																								
Evaluation design; development of outcome measurement protocol																																								
Piloting measures: early sites implementation and refinement																																								
Economic analysis: literature review and economic modelling																																								
Dissemination: briefing on economic model																																								
Quantitative evaluation: support sites to implement data collection protocol																																								
Expert reference group meetings																																								
Quantitative evaluation: data collection																																								
Qualitative evaluation: interviews																																								
Interim report writing and dissemination points																																								
Economic analysis: data review																																								
Final analysis and report writing																																								
Publication of comprehensive research report (editing, design, proofing, layout)																																								
Publication of translational research report (editing, design, proofing, layout)																																								