Background to Project in Hull

This evaluation was commissioned by Humber Mental Health NHS Teaching Trust to assess the impact of the delivery of Mental Health First Aid (MHFA) Training which took place between 2007 and 2008 in the city of Kingston Upon Hull. The project was funded through the Neighbourhood Renewal Fund as part of a larger project with discreet components around suicide and worklessness. The MHFA component of the project included the training of four MHFA Instructors and delivery of the training to 200 people across the 10 target NRF geographies within Hull. Participants were followed up after completion of course (mean time 83 days, range 33-158 days) with a questionnaire designed to measure the impact of the training. In addition they were invited to a consultation event to elicit more in depth feedback and to discuss the future direction of MHFA in Hull. Seventy two respondents returned the follow up questionnaire, representing a 53% response rate.

Impact of Training – Overall Findings

This evaluation reflected previous studies in demonstrating an increase in confidence in helping someone with a mental health problem, a greater understanding of mental health problems and the stigma associated with them, and a positive impact on personal mental health. Participants were able to use the skills and knowledge gained to help people across a range of settings including the workplace, relatives and friends and the general public.

What is Mental Health First Aid (MHFA)?

MHFA is the help given to someone experiencing a mental health problem before professional help is obtained. It aims 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 recovery of good mental health and
- to provide comfort to a person experiencing a mental health problem.

The course is a 12 hour programme which covers the symptoms and risk factors of depression, anxiety, psychotic and substance use disorders and associated mental health crises situations: suicidal thoughts and behaviours, panic attack, experiencing a traumatic event, behaviour which is perceived as threatening and drug overdose.
MHFA – An International Programme

MHFA was developed in Australia in 2001 and has been evaluated extensively including two randomised controlled trials. All studies showed statistically significant benefits 5-6 months post training in the following: improved helping behaviour, greater confidence in providing help to others, decreased social distance from people with mental disorders and improved concordance with health professionals about treatments. One trial carried out in the workplace also evaluated the mental health benefits to participants themselves and found positive effects.

MHFA has now been delivered in seven other countries and was further developed in Scotland through the Scottish Health Executive in 2004. Independent evaluation of the initial pilot project in Scotland demonstrated impacts upon both learning and behaviour of the participants. In particular it showed that they had more confidence in identifying and addressing mental ill health issues (in self and others) and increased knowledge and reduced ‘fear’ of mental ill health which it was envisaged would impact on the effectiveness of joint working and overall on general levels of mental health in Scotland.

MHFA was adapted for use in England by the Care Services Improvement Partnership (CSIP) and National Institute for Mental Health In England (NIMHE) in 2007 and the first cohort of instructors completed their training in November 2007. To date over 100 instructors have been trained across England with the 12 hour MHFA courses being delivered to approximately 2000 participants. MHFA has also been developed in Ireland and Wales.

1.2 Delivery of MHFA in Hull

Hull was the first city to initiate the delivery of a programme of MHFA courses in England following the training of instructors which took place in November 2007. To date, 220 MHFaiders have been trained in the city. Training was advertised via a series of roadshows held across the city earlier in the year (March 2007). The aim was to target members of the general public living in the ten most deprived neighbourhoods of the city with the view that the best way to impact directly into these communities would be through the people who lived in them rather than focussing on organisations or workplaces alone. A database was set up of interested individuals (a total of 345) and basic demographic information was collected including background (statutory, voluntary agency or general public) and whether they spoke a second language, in order to try and target training places to a cross section of the population and in particular engage with people from existing and new black and minority ethnic (BME) groups as well as economic migrant groups within the city around mental health. The demographic profile of participants who went on to participate in the training is based on information from one hundred and thirty eight course attendees who completed the MHFA evaluation form immediately after the course. This form is distributed nationally to everyone who attends a MHFA course.

I feel better equipped to relate to people who have mental health difficulties and cope with someone who is suffering. I don’t shy away from the subject. I will spread the message to others and encourage work colleagues to go on the course.

In common with other studies of MHFA, the majority of participants were female (75.6%) with a fairly even spread across the age ranges 26-55 years. Although the recruitment strategy was to open places to the general public, the majority of participants came from organisations working with people experiencing mental health problems and were likely to come across people experiencing mental health problems (see Figure 1). Expectations of how they would make use of the knowledge gained reflected this with the majority stating work related applications (see Figure 2). Participants rated the training content (83%), structure (88%) and facilitation (84%) as ‘excellent’ or ‘very good’.

Impact of MHFA Training in Hull

A follow up questionnaire was distributed to 138 participants who had attended the 12 hour MHFA course and had agreed to be contacted to assess the impact of the training. The questionnaire design was based on variables used in the Australian and Scottish evaluations. Participants were also invited to a consultation event which aimed to gather further information on the impact of training and to explore the future development of MHFA in Hull and East Riding. Seventy two respondents returned the follow up questionnaire, representing a 53% response rate. Sixteen attended the consultation event held in April 2008.

93% of respondents reported an increase in their confidence to help someone with a mental health problem (see Figure 3).

The 7% who reported no change were already highly confident in their ability to help prior to training, therefore the lack of change most likely represents a ‘ceiling effect’ in the measurement of confidence rather than a lack of benefit in the training itself. There was no relationship between the length of time since the course and respondents’ confidence levels suggesting that the course had an immediate impact that was maintained over time.
Following the MHFA course I have a greater awareness and confidence in dealing with issues.

I’ve been a physical first aider for over 20 years and never needed to use it. The evening I finished the course, a friend rang who was feeling suicidal. I feel the course gave me the confidence to say the right things.

The course helps to reduce isolation and stigma. It has given me more confidence in recognizing people who need help and asking them!

89% of respondents stated they had had contact with someone who had a mental health problem since completing their training (median 2, range 1-150). 85% offered help with 13% offering a little, 44% some and 28% a lot. The most common type of help offered was listening (83%) and giving reassurance and information (80%). However, 61% felt able to offer advice or self-help strategies and 65% encouraged people to seek appropriate professional help including contacting the GP (32%) and secondary mental health services such as the Community Mental Health Team (32) and the Early Intervention in Psychosis Service (4%). Eleven per cent of respondents recommended voluntary support agencies such as Mind to the people that they helped and 5% recommended psychotherapy or counseling. Only 8% of respondents reported any barriers in implementing their training. These barriers were around reluctance of people to seek help, not being listened to by a GP and work procedures making it difficult to offer support to a colleague.

Benefits in the workplace were also evident with 15% of people offered help being colleagues of the respondents. However, the training also demonstrated a significant benefit to the wider community with friends (28%), relatives (9%), members of the public (3%) or members of a faith group (2%) being offered help by respondents.

Seventy four per cent of participants reported that MHFA training had had a positive impact on their own mental health (see Figure 6).

The training has impacted on a wide range of people across the community. Many of the people helped (42%) were encountered through the respondents’ work either as clients (32%), tenants (8%) or students (2%) (see Figure 5).

The consultation event held in April 2008 was attended by 16 MHFA participants who were asked to comment on and contribute to ideas for the future development of MHFA within Hull and to explore ideas of how MHFAiders could be supported and contribute to the programme in the future. There was general agreement that it would be useful to establish a Programme Board in order to develop the strategic direction of MHFA in partnership with key stakeholders in the city including providers of MHFA training. Marketing MHFA was seen as a priority to raise awareness of the training and mental health issues in general. Target areas identified included the workplace and education. Other ideas included the establishment of MHFA Ambassador’s who would spread the word within their communities, to identify individuals who could become MHFA Champions (people with a high profile in the city who could raise awareness of the training in their networks), and the establishment of a MHFA Graduate Network. The Network would have a number of functions including continuing learning, contributing to the strategic direction of the programme and giving opportunities for MHFAiders to share stories and support each other.

Discussion

This evaluation supports existing evidence that MHFA increases knowledge about mental health, increases participants confidence to help and support people in distress and promotes mental well being of course participants having a positive impact on their own mental health. The impact of having MHFAiders in the community is that mental health problems are more likely to be recognized earlier, people are directed to appropriate professional and/
or self-help and that there is a reduction in stigma associated with mental health problems. It reaches into the family, communities and the workplace. Although the training was open to all across the 10 NRF geographies in Hull, the majority of participants came from organizations already likely to have some knowledge of and/or direct contact with people experiencing mental health problems who, because of the nature of their work, realized they had a gap in knowledge around mental health – they knew what they didn’t know. A challenge is how to influence people who do not already have an interest in or don’t see the relevance of mental health issues in their day to day life or workplace; those who don’t know they don’t know.

The majority of participants were women (76%). Another challenge is how to target men and individuals from different cultural groups. Hull is a city which has diversified quickly and it is important to find ways of engaging with new and established BME communities around mental health issues within the city.

Government policy is driving mental health commissioning and provision increasingly down the health and wellbeing route. MHFA is gathering a world renowned reputation as an effective mental health promotion initiative which supports early recognition of mental health problems and tackles stigmatising and prejudicial attitudes and behaviours.

The establishment of a programme board is a possible solution to developing a strategy which meets the needs of Hull across One Hull partnerships, earning, learning, health and well-being and safe. Membership would include stakeholders across these programme areas and MHFA training providers. Developing such a programme would be conducive to co-operative working across organisations within the statutory and third sectors promoting an enterprising, innovative culture whilst working to a common vision. The programme would enable the reach of the training to go further and have greater impact by linking into work programmes across One Hull partnership areas creating the environment for positive mental health to flourish.

One of our friends had suffered with severe depression since we did our mental health first aid course. We have been able to help her by listening and keeping an eye on her so she doesn’t slip back. Our other friend was so upset, she nearly gave her job up but by us listening to her problem she found her own solution and is now happy in her job.

For more information please contact:
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This course really helped me to understand barriers and fears people have and also I know I would help people with mental health problems. I feel my confidence has grown and would recommend this course to others. I would really be interested if you did a youth MHFA.

References