



Evaluation of Youth Mental Health First Aid Training in the North-East of England

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Executive Summary

- Youth Mental Health First Aid Training (YMHFA) was delivered to 224 people across 18 venues in North-East England.
- In **Stage One** of the evaluation, the participants completed standard evaluation questionnaires immediately after the training. The questionnaire responses provided ratings of all elements of the training content and delivery, along with pre- and post ratings of perceived knowledge and confidence.
- Overall the training was evaluated as Very Good, (Median rating of 4/4)
- Median ratings of 4/4 (Very Good) were obtained for the Training Manual and the Content of Sessions.
- Median ratings 3/4 (Good) were obtained for: Presentation Slides, Video Clips, Interactive Learning Exercises, Training Environment, Structure of Sessions.
- Self-reported confidence in the ability in helping young people with mental health problems increased from a median rating of 5/10 pre-training to a median rating of 8/10 post-training. The increase in ratings of confidence was highly statistically significant ($p < .001$).
- Participants' median rating of their knowledge in supporting young people with mental health problems increased from 5/10 at the start of the training to 8/10 after completing training. This increase in ratings of knowledge was highly statistically significant ($p < .001$).
- **Stage two** of the evaluation focussed on the impact and implementation of the training in practice, 3-6 months after the training
- Responses to the follow-up questionnaire were limited in number, but provide some clear examples of the implementation of YMHFA in school settings, including early recognition and intervention with individual pupils, posters to increased awareness for staff and pupils, a new strategy for pastoral care, use of the ALGEE plan, and increased access to self-help resources.
- The low response rate at Stage 2 resulted in only two examples being provided of barriers to implementing the learning, one referring to personal time pressures and the other to limited time between the training and the follow-up.
- Responses from schools at follow-up indicated that after the YMHFA training they were able to identify the symptoms of mental health problems from two hypothetical scenarios and were able to provide appropriate strategies for support and further care.

1. Introduction

Mental Health First Aid (MHFA) training was developed in 2001 in Australia. The main aim was to address mental health needs in the community by promoting mental health awareness and enhancing skills. The intended outcome was that members of the public who were experiencing mental health problems and distress could be identified and supported earlier, leading to quicker and more effective professional intervention where required. The rationale for mental health first aid is similar to the conventional first aid in medical emergency i.e. to provide assistance in the moment of crisis until professional help arrives.

MHFA training originated from a small volunteer project and expanded beyond Australia to the United Kingdom, Canada, the USA, South Africa, New Zealand, Hong Kong, Japan, Sri Lanka, Singapore, Sweden and Finland (Kelly, 2011). It was piloted in the UK in Scotland (2003 -4) and introduced in England in 2006, with funding from the National Institute for Mental Health England. Mental Health First Aid Training equips participants with basic mental health awareness and enhances their skills in spotting signs of mental distress/ crisis, as well as in acting as first point of contact and supporting a person in crisis. The range of mental health illnesses and resulting behaviours covered by the training includes: depression, anxiety, psychosis, substance misuse, self harm and suicidal ideation. The training lasts for 12 hours and is delivered by certified instructors.

Australian evaluations of the generic Mental Health First Aid Training provided evidence that participants' ratings of mental health related knowledge, confidence in supporting a person in crisis as well as actions taken to help that person, increased after the training (Kitchener & Jorm, 2008, 2006). In England, an independent evaluation by the University of Bath (Brandling & McKenna, 2010) combined evaluation forms with the Mental Health Problem Perception Questionnaire and selected interviews to examine the findings for public sector managers and front-line staff. Further brief evaluations based on immediate feedback questionnaires were carried out for courses in the private sector (Borrill, 2010) and the North East of England (Borrill, 2011). All the evaluations indicated that participants enjoyed and appreciated the course, commented positively on the content and delivery of the training, and reported increases in knowledge and confidence in helping people with mental health problems. Evidence from a small number of follow-up studies suggests that knowledge is being applied to practice more than a year after training (Jorm, Kitchener, Mugford, 2005; NHS Islington).

In 2007 the new Youth Mental Health First Aid (YMHFA) Training was introduced in Australia and was adopted in other countries including England. It was designed specifically for training parents, teachers and other adults working with or caring for young people from the age of 11-18 (Kelly et al., 2011). YMHFA Training covers the usual range of mental health problems, but with exercises and examples focused specifically on young people. As in the generic MHFA training, YMHFA is based around the ALGEE memory tool (A- Assess the risk of suicide or harm, L-listen non judgementally, G-give reassurance and information, E-encourage the person to get appropriate professional help, E-encourage self-help strategies) (Kelly et al., 2011).

Two Australian trials of YMHFA have been conducted: a cluster randomised controlled trial of modified program with school staff (Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010) and an uncontrolled trial with the public (Kelly et al., 2011). Both studies found that attending a YMHFA course increased mental health knowledge and the number of likely actions undertaken by participants to support young people in mental distress. Those outcomes could lead to earlier diagnosis and interventions (Kelly et al., 2011).

The aim of the current study was to evaluate the impact of YMHFA on participants working in a range of schools and other youth organisations in the North East of England . The Evaluation was designed to have two stages:

- an analysis of the immediate feedback received from participants after completing the training
- an exploration of the impact of the training 3-6 months later, including inviting examples of how the training has been implemented in practice
- The outcomes from both stages of evaluation are described below.

2. Stage 1: Immediate Feedback

2.1 Methods and Participants

Questionnaire data was collected from 224 participants who had attended training in the north-East of England. There were 18 training groups, based in a range of schools, colleges, clubs and other venues holding activities for adolescents. Each training course was carried out over two days. The number of participants per group varied between 9 and 17, with the average number of participants per group being 12.

The training course used three main methods to enhance the learning sessions: slides to present and summarise information, video clips showing case study examples, and interactive exercises (for example engaging in a simulated voice-hearing experience). In addition all participants received a copy of the training manual which they could take away afterwards.

The evaluation questionnaires were completed after the final training session. The participants were asked to rate aspects of training using a four-point Likert scale (very good, good, neither good nor poor, poor). The questions included the content of the course, individual training elements ratings (presentation slides, video clips, training manual and interactive exercises) as well as the structure of the sessions and the general training environment. Participants also had the opportunity to express their perceptions of aspects of the training by responding to open-ended questions. Perceived knowledge and confidence were rated before and after the course, and participants were invited to comment on the extent to which their attitudes and feelings had changed.

2.2 Findings

2.2.1. Overall findings for training content and delivery.

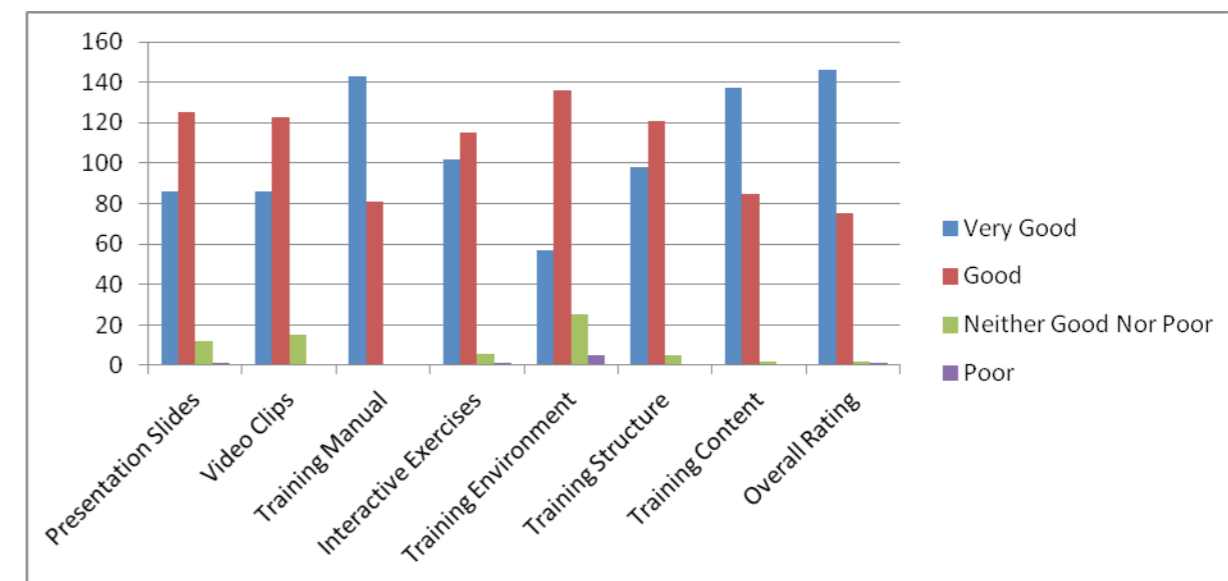
The overall median rating for the training was 4 (Very Good), with 65% rating the training as Very Good and 34% of participants rating it as Good. Of the 244 participants only 2 rated the training overall as Neither Good nor Poor and only 1 rated the training overall as Poor.

The ratings for each element of the training are show in Table 1. Details of median ratings, percentages, and relevant comments for each aspect of the training are provided in the subsequent sections.

Table 1. Overall Ratings (%) of content and delivery

	Very Good	Good	Neither Good Nor Poor	Poor
Presentation Slides	86 (38%)	125 (56%)	12 (5%)	1 (<1%)
Video Clips	86 (38%)	123 (55%)	15 (7%)	0
Training Manual	143 (64%)	81 (36%)	0	0
Interactive Exercises	102 (46%)	115 (51%)	6 (3%)	1 (<1%)
Training Environment	57 (25%)	136 (61%)	25 (11%)	5 (2%)
Training Structure	98 (44%)	121 (54%)	5 (2%)	0
Training Content	137 (61%)	85 (38%)	2 (1%)	0
Overall Rating	146 (65%)	75 (34%)	2 (1%)	1 (<1%)

Graph 1. Overall content and delivery of training ratings



2.2.2. Quality of Trainers

Although there was no specific question rating the quality of trainers, 36 participants spontaneously commented on these aspects within the 'Interactive Exercises' and 'Other' comment sections. Participants recorded their positive feedback regarding trainers' ability to explain information clearly and in a 'sensitive', 'relaxed', 'humorous', 'thought provoking' manner and rated training delivery as 'excellent', 'informative', 'enjoyable'.

Examples of typical comments are given below:

(T) was fantastic - great banter, whilst being very informative, knowledgeable and supportive
Excellent instructor who used very real exp which enabled me to see how skills and interventions could work first hand
Very sensitively delivered - tutor was aware, humorous and empathetic throughout the 4 sessions
Trainer very knowledgeable, very experienced and very encouraging and engaging
Informative; S (trainer) clearly has a wealth of knowledge on this particular subject. Made a difficult subject enjoyable.
Delivered very well - personal analogy of certain situations was very good
The tutor kept the class engaged and was very supportive throughout keeping us informed of next steps etc
(T) 's sense of humour helped immensely to lift the group when the subject matter became difficult. I felt he challenged appropriately and sensitively. I believe him to be an excellent facilitator.

Only one of the 224 participants provided a negative comment about trainer facilitation, as follows: 'The trainer spent a lot of time on personal anecdotes and tangents which were often not relevant to the course. The trainer made a lot of sweeping statements and judgements which were at times inappropriate'

2.2.3. Slides

Overall, the median rating for the presentation slides was 3 (Good) with 38% of participants rating them as 4 (Very Good). 12 participants rated the presentation slides as Neither Poor nor Good and 1 rated slides as Poor. 11 participants gave positive feedback on the clarity of slides, 8 people commented on slides as being informative/knowledgeable, and 4 attendees liked the fact that the slides were concise.

Examples of typical comments are presented below:

Colourful and easy to understand.
Easy to read and kept me focused
Reference to booklet was helpful
Lots of info with straightforward and clear info.
Accessible and provoked discussion after a days work.
Excellent examples shown, excellent graphics and content.

A small number of participants suggested improvements to the slides, as shown below:

Slides were good but the colours and size of font were not good for the size of TV used
Too much info which is already in course manual
some need updating on percentages of young people affected by different mental health issues
Some spellings need checking
Some slides were very repetitive
In some instances there were too many

In 'Other Comments' one participant raised the issue of accessibility of training for deaf people:

The slides in advance or emailed afterwards would really help me as a deaf person. I did request but was told it was not possible. I think this is a major access issue.

2.2.4 Video Clips

The overall median rating for the video clips was 3 (Good) with 38% of participants rating them as 4 (Very Good). 15 participants rated Video Clips as 'Neither Good nor Poor' and none of them rated slides as Poor. 4 participants commented positively on emotional/personal aspects and sensitivity of slides. Attendees found them 'informative' (4), 'insightful' (4), 'empowering' (1), 'clear' (1), 'up-to-date' (1), 'great' (1), 'interesting' (1), 'concise and appropriate' (1). Participants liked the fact that slides were linked with real life situations although one person commented that 'sometimes the schools' young person point of view seemed pointless'

A video on tackling depression received positive feedback that was expressed not only in this section of comments but also spontaneously in other sections. Typical positive comments were:

Very personal and emotional. Empowering to constantly be linking it to real people and situations.
Good mix. Very informative. The video really helped me to understand depression.
Nice to see students giving opinions and thoughts
Gave the course some personalisation
current and up to date

However two of the participants commented that the population sample presented in the videos was not representative of the general youth population. 3 participants complained that the clips were too lengthy, 2 felt that the clips were being repetitive or too similar, and one reported that the clip did not work.

Real students with real views and opinions. Varied in age and sex. Wasn't general to the population. Only applicable to that area/school. Interesting clips.

The video clips re: the young people seemed to be from a certain socio-economic background. Would be good to have a perspective from young people in a very poor background.

A bit repetitive and obvious, the videos say things that have already been said during discussions

2.2.5 Interactive Learning Exercises

The overall median rating for the interactive learning exercises was 3 (Good) with 46% of participants rating them as 4 (Very Good). 6 participants rated interactive learning exercises as Neither Good Nor Poor and 1 of the participants rated exercises as Poor. The one person who scored the interactive learning exercises as 'Poor' commented that the exercises 'did not cater to a variety of learning styles'. Another participant commented that it was not 'learning disability friendly – found myself getting frustrated'.

Comments described learning exercises as 'interactive' (8), 'informative' (2), 'relaxed' (3), insightful (3) and promoting discussion (6). Participants liked the use of case studies (2) and fed back positive comments on the 'hearing voices' exercise (also spontaneously in other sections of the questionnaire). Some participants suggested that there should be more exercises and less reading from slides. Examples of typical positive comments are below:

Fun exercises to do, but accurate and helpful in being able to understand specific factors. Right amount of time spent on exercises.

lightened subject matter

Created discussion and learned about other participants views

Hearing voices exercise good to understand psychosis

Empathy exercises were really useful to aid understanding.

2.2.6 Training Manual

The overall median rating for the training manual was 4 (Very Good), as rated by 64% of participants. The remaining 36% of participants rated it as Good (3), with no lower ratings. The comments made about the manual demonstrated that participants found it helpful and easy to use (11), a good source of reference (7), informative (4), clear (4) and well structured (2). One of the participants commented that they liked the way course content linked to the manual, although another participant reported that information from some of the slides was not included in the manual. Two participants noted that the statistics covered in manual needed updating. One participant commented positively on the use of diagrams and colour, and another found the large print excellent. Examples of typical comments are given below:

excellent tool to refer back to when working with young people

Clear, spaced out, good and easy to read.

Good structure

Need a little updating

Good use of diagrams. Helpful resources throughout. Chapters in colour help the manual. Colourful, easy to read.

Clear and easy to use, well linked with areas covered in the course

2.2.7. Training Structure

The overall median rating for the training structure was 3 (Good) with 44% of participants rating it as 4 (Very Good). 5 participants rated training structure as Neither Good nor Poor and none of them rated it as Poor. There were recurring comments describing the training as concise and clearly delivered, and two participants commented that the training was well-structured:

A very informative, structured course with relevant, up to date material. Relaxed atmosphere.

Enjoyable, well structured course. Info provided was good and the course leader delivered the session well. Everyone was engaged in group discussions and practical exercises

One participant felt that the training could have been delivered within a shorter time frame and two participants noted the intensity of the course and the large amount of information delivered within too short an amount of time:

I think course could (have) been condensed into a shorter time frame, it's a long time to be out of school/work 2 days

I felt the course was too lengthy, too much info to cover in 2 days. Maybe over 3 days might be more productive or a longer course with half days

A very valuable course in the present climate, too much to fit into the time given, if you say you'll finish at 4:30- then finishing at 5:05 lost me after a long day

2.2.8. Content of Sessions

The overall median rating for the training sessions content was 4 (Very Good) with 38% of participants rating it as 3 (Good). Only 2 participants rated the content of the sessions as Neither Good Nor Poor and none rated it as Poor. Participants provided positive comments about the training sessions in the 'Other comments' section, with some participants reporting that the module about suicide and self-harm was particularly useful:

Thought the section on suicide and self harm was particularly useful as I think these areas of mental health are not usually covered (more on conditions in my experience)

Comments suggested that the level of mental health awareness varied between groups and participants. One participant felt that the training was more appropriate for people who already had some knowledge of mental health, while a participant from a more experienced group suggested that the training should be adjusted to meet their higher expectations. Several participants said that they would like more learning exercises and tools/strategies on how to support youth with mental health included in the course, and one participant suggested including more discussion of referral processes. Examples of the comments are presented below.

Very intense course, better for people who already have some knowledge of topics

More practical guides on how to talk to students, rather than just knowledge on disorders.

Would have been nice to change groups at times to gain different perspectives and share ideas with new people. Would also be useful to include some relevant referrals processes, barriers and ways to overcome them, positive success stories specific to South Tyneside. As for me the big barrier is still supporting young people through the referral. Over the last few years I have struggled with this.

The knowledge of the group was already quite well informed and the training would have been better taking this into account. For a Youth course it lacked focus/specialism, with the exception of the videos, the young people specifics felt limited.

2.2.9 Training Environment

The overall median rating for the training environment was 3 (Good) with 25% of participants rating it as 4 (Very Good). 25 participants (11 %) rated training environment as Neither Good Nor Poor and 5 (2%) rated it as Poor. Although the questionnaire did not provide a specific opportunity for participants to comment on this aspect, participants used the opportunity to comment on training environment later in the questionnaire. The ratings and comments indicate that there were a number of obstacles in delivering the training in at least two venues, including school noise, workmen, cold temperature and insufficient space. Nevertheless, participants noted that on several occasions the trainer took the initiative to intervene and adapt to adverse circumstances

Interruptions of tany very annoying, pupils walking past noisy - late start 2:10 - waiting for the room to become available.

One of the rooms too small, lots of interruptions of staff on intercom, asking staff or certain young people to go to different areas in the school

Environment was too big for amount of spaced needed to accommodate people numbers and was constantly too cold

Interrupted by drilling and open doors whilst snowing outside. People coming in and out of the room with furniture was disruptive

Poor environment due to building works. However,(T) did express concerns to builder but centre manager said work had to continue. Trevor adapted activities well whilst noise was happening

One of the attendees commented positively on the atmosphere of the actual training and its delivery: ' Safe environment, comfortable, reassuring - good variety of exercises and looking back on exercise changes - videos personally helped me understand better through experience'.

2.2.10. What do participants feel they have gained from training?

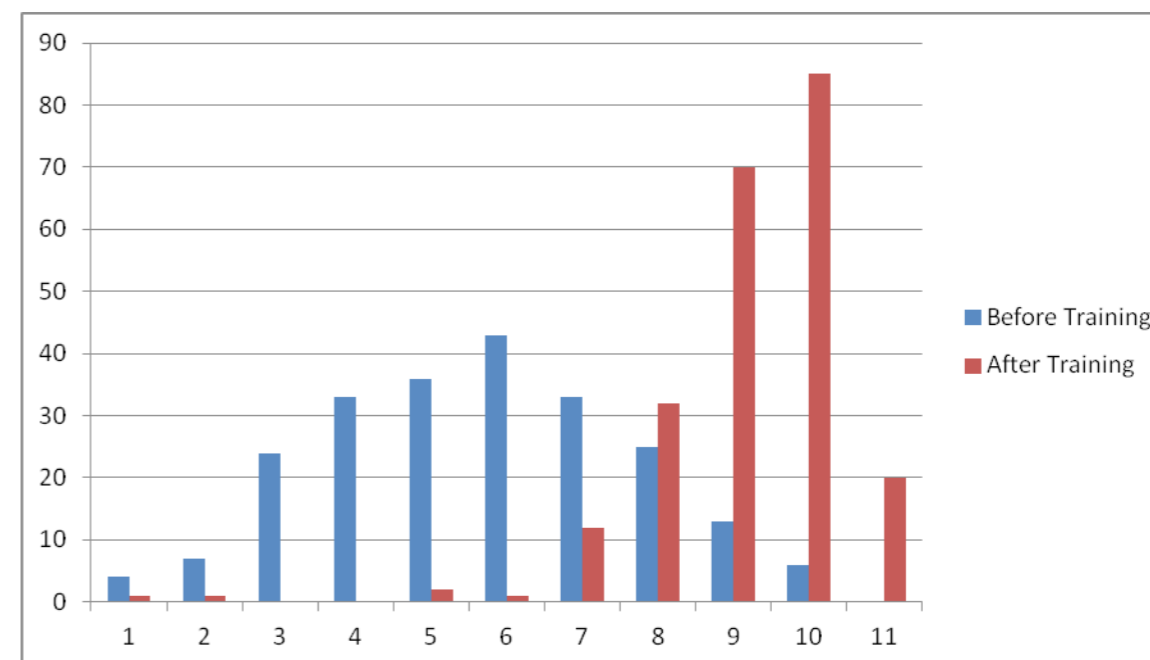
Knowledge

Participants were asked to rate their level of knowledge about mental health before starting of the course and after the course was delivered on a scale from 0 to 10. The ratings are presented in Table 2 below:

Table 2

Level of Knowledge	Before Training	After Training
0	4 (2%)	1 (<1%)
1	7 (3%)	1 (<1%)
2	24 (11%)	0
3	33 (15%)	0
4	36 (16%)	2 (1%)
5	43 (19%)	1 (<1%)
6	33 (15%)	12 (5%)
7	25 (11%)	32 (14%)
8	13 (6%)	70 (31%)
9	6 (3%)	85 (38%)
10	0	20 (9%)

Graph 2 Pre-Post Gains in Knowledge



As shown above, the clear majority of the participants reported an increase in knowledge after the training. This increase was highly statistically significant (<.001). 8 participants did not report any improvement in their knowledge levels but this is likely to reflect a 'ceiling effect', since their mental health knowledge before starting the training was already rated as high (8 or 9). (One person scored their level of knowledge as 0 after the training despite rating the level of knowledge before the training as 8. This may have been a mistake, as they rated every aspect of training as Good or Very Good, and provided a positive comment.) Feedback in the 'other comments' section supported this:

I felt that I took away a lot from the course and my mental health knowledge is a lot better.

A good informative course with lots of opportunity to interact and discuss issues/content. Very good working in group sessions. Learned a lot of info to take on further and use.

It refreshed my knowledge.

Improved my confidence and knowledge or working with young people who access the project around mental health issues.

Participants reported that after the training they developed greater mental health awareness and a deeper understanding of youth mental health needs:

Extremely informative course; certainly made aware of signs/symptoms to keep in mind when coaching young men and/or women. Thank you, a great course

This course has made me very aware of how many young people have mental health problems and I wish to do further study, such as ASSIST-SUICIDE and anything else I feel would be appropriate to help

Found the course very interesting and informative - it has raised my awareness of young people, mental health, and the processes needed to deal with issues that may arise.

A really useful course that pulls together a lot of info. It has made me more aware of issues faced by the young people.

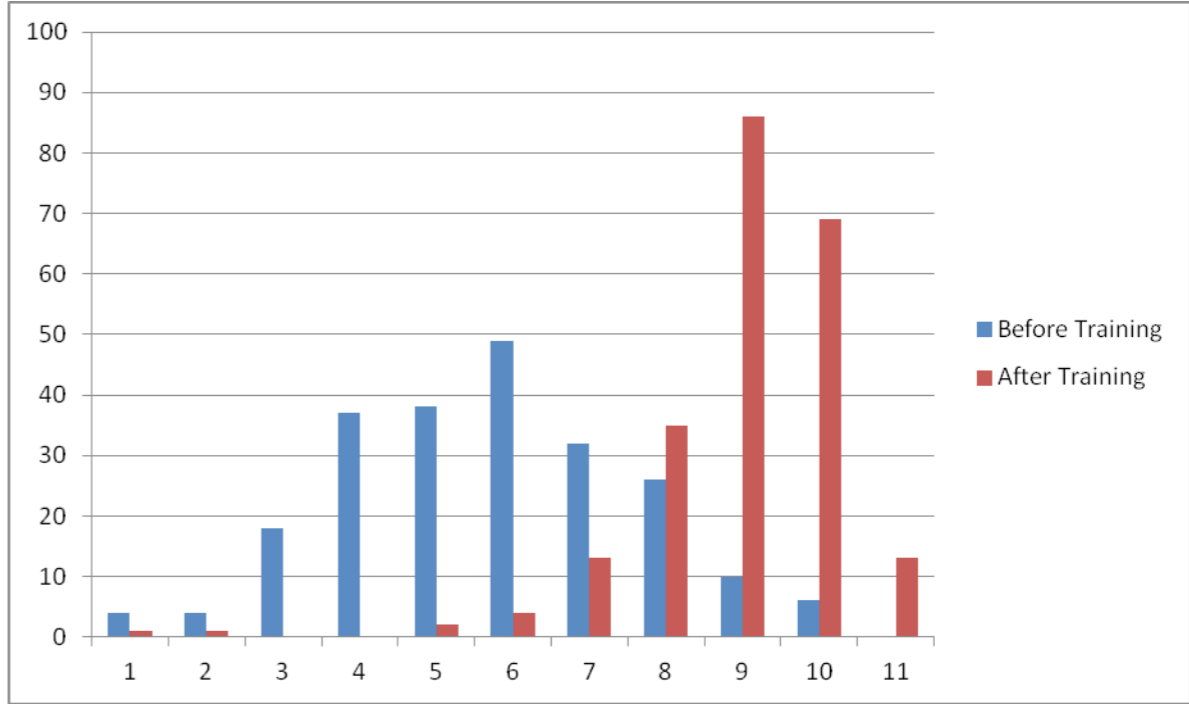
2.2.11. Pre-post Confidence in supporting others with mental health problems

Participants rated their confidence in helping people with mental health problems before and after the training. The ratings are presented in Table 3 and Graph 3 below:

Table 3 Pre-post confidence

Level of Confidence	Before Training	After Training
0	4 (2%)	1 (<1%)
1	4 (2%)	1 (<1%)
2	18 (8%)	0
3	37 (17%)	0
4	38 (17%)	2 (1%)
5	49 (22%)	4 (2%)
6	32 (14%)	13 (6%)
7	26 (12%)	35 (16%)
8	10 (5%)	86 (38%)
9	6 (3%)	69 (31%)
10	0	13 (6%)

Graph 3 Pre-post confidence



The majority of participants said they had experienced an increase in confidence after the training, as shown in the comments below. This increase was highly statistically significant (<.001). Again a ceiling effect was noted, with a very small number of participants who rated themselves as very confident at the start and therefore did not show an improvement in their confidence levels.

Improved my confidence and knowledge or working with young people who access the project around mental health issues

I do feel more confident in how I will support students in the correct way

Gained confidence in many areas.

Much better understanding and confident to support young people.

2.2.12. General comments

Participants addressed their gratitude towards the trainers and recalled what they liked the most about the course. They included interactive exercises (such as hearing voices) and videos. They also enjoyed the relaxed atmosphere that enabled them to share personal experiences. They found the course informative, enjoyable, insightful, relevant and accessible. Several participants would recommend it to their friends and colleagues. They reported the training increased their mental health awareness and improved their support skills. Examples of typical positive comments are given below:

Great balance of video clips, exercises and written content. I felt that I took away a lot from the course and my mental health knowledge is a lot better. The tutor kept the class engaged and was very supportive throughout keeping us informed of next steps etc

One of the very best courses I have ever been on. Very informative, lovely instructor, and very well delivered

Excellent course, and very inclusive trainer. Comprehensive, clear and concise, well paced and good use of activities to developed group dynamics

Very informative and a stimulating range of activities. There was an honest sharing of thoughts and experiences in an accepting environment. This is one of the best courses I have ever attended! Thank you.

Put some fun into a hard topic but explained things in a manner we could all understand

Excellent insight into mental health & how I can support the young people I come in contact with.

Some participants were already considering how they would use the skills and knowledge acquired through the training. They referred to YMHA as being applicable on multiple professional levels. For some participants the training supported prior training while for others it encouraged further training.

I work in tier 2 CAMHS already so attending course for view of info being provided to primary workers. Very impressed with the idea and this presentation of MHFA.

Very useful on lots of levels as a teacher, manager and parent. Supported prior learning. Opened opportunities for further learning and progression

Course delivered fantastically well. Will take lots of positives around mental health into the workplace.

This course has made me very aware of how many young people have mental health problems and I wish to do further study, such as ASSIST-SUICIDE and anything else I feel would be appropriate to help

Comments from 2 participants who gave an overall rating of Neither Good nor Poor' were linked to their relatively high level of previous knowledge and their desire for more specialised information:

The knowledge of the group was already quite well informed and the training would have been better taking this into account. For a Youth course it lacked focus/specialism, with the exception of the videos, the young people specifics felt limited.

Although really enjoyed enthusiasm of trainer for subject sometimes I found quite submissive of opinions. Would have been nice to change groups at times to gain different perspectives and share ideas with new people. Would also be useful to include some relevant referrals processes, barriers and ways to overcome them, positive success stories specific to South Tyneside.

Comments from the only participant who rated the training as Poor also suggested that they were expecting a higher level of information: 'Wasn't what I was expecting, felt very informal - haven't really learned any new techniques to help young people - there was a lot of talking which seemed not factual but more conversational'.

Participants also described increased skills in supporting young people

Very useful, feel more equipped to deal with some situations than before

I found this course very informative and interesting - I would recommend it highly. It has helped with my understanding and ability to help young people.

This course will help me to increase my ability in working/understanding with young people with mental health issues.

Enjoyed going through the different mental health issues young people can have. Also being able to follow the ALGEE model will help to support these people

3. Stage 2: Follow up of Impact and Implementation

3.1 Method

Materials were developed, adapted from previous Australian questionnaires (Jorm et al 2005, 2010) which were made available by Judi Kidger, from the University of Bristol (The Wise Project). The content was discussed in collaboration with Andy Flockton (MHFA) . The selected materials contained:

- A set of questions inviting participants to describe how they had implemented their training into practice with young people, and what barriers may have prevented or hindered implementation.
- Two hypothetical scenarios of young people with mental health problems, provided by researchers from the University of Bath (Brandling & McKenna), and designed to assess participants' retention of their learning. Participants were asked to comment on the mental health symptoms of the two cases (one male and one female) , and to suggest strategies for helping and supporting them

The questions and scenarios were emailed to all participants three months after the final training sessions, and re-sent at the 6 month point, so that participants whose training was at the latest date would have sufficient time to reflect on their experiences. The response rate was low, so to address any problems with online completion, paper copies were also posted to the majority of organisations/venues (excluding those who had already sent an online reply) with a stamped addressed envelope for return. Those receiving a paper copy were advised that they could complete the questionnaires individually or as a group.

Despite reminders, the rate of reply remained relatively small, representing only 5 of the 18 organisations. All responses received were from school settings. Letters to participants emphasised that we wished to hear about difficulties and barriers to implementation as well as hearing about successful outcomes. However it is likely that organisations that were less able to identify actions they had taken following the training were less willing to send back the questionnaires. Nevertheless, the feedback from those who did respond was detailed and enthusiastic, and provides some clear examples of what has already been achieved, especially in school settings.

3.2. Findings

3.2.1. Examples of Implementation and Impact in practice

Participants were asked whether they had been able to a) change the way they themselves supported young people, and b) change the way other people supported young people. The comments made about their own changes are recorded in Box 1 below.

Box 1: Comments on personal change in supporting young people:

' straight after the first session I was able to use the ALGEE technique with a student .. (who) had anxiety for a number of years which manifested in panic attacks during stressful situations. ..By listening, reassuring her and helping her to recognise her mental health she became more confident in discussing her concerns and we were able to give her the appropriate help during her examinations.'

'My awareness is more heightened in situations and using the ALGEE plan has had a more positive outcome in some situations'

'gaining more up-to-date knowledge about mental health has given me more confidence in myself. The information given and discussed ..has certainly made me look at how I can improve my practice to best support others... I have personally benefited from the training and will continue to look at changes that can be made when meeting with my line manager '

'..confidence to challenge students and staff about their behaviours so that they feel confident to seek support ; .. (I) have been able to ask the 'right' questions/openers to engage individuals in an honest discussion about their needs.'

' developed observational and listening skills to pick up signs of difficulties at an early stage .. further developed close links with external agencies'

' I suggest my senior coach to give me the groups of kids who are shy or hyperactive ; (I) take it as a challenge to explore the talent of those kids.'

'(I) have led assemblies on mental well-being to raise the issue and revive my pupil drop-in and parent drop-in after school.'

'Intervened directly with a pupil who was beginning to experience anxiety symptoms.. '

'The sessions that covered the different types of mental disorders and problems ...have all been very useful as I now have a better awareness and know what advice /help to give.'

Participants also provided examples of working with colleagues and others to implement the learning from YMHA in practice. These comments are reported in Box 2:

Box 2: Comments on implementing change with others

'Conducted some training on stress and anxiety with my team of tutors'

'As a support base we have arranged for a delivery of books based around mental health. We have now identified pupils that we feel need help on certain areas and will work 1 to 1 with them using these books.'

'We have also delivered an awareness session to teachers'

'Developed a pastoral structure within school, which supports all the young people in school. We are now picking up difficulties at an earlier stage and supporting the young people with their problems before they escalate.'

'students and staff are now aware of the mental health first aid provision'

'One particular success was with a student who was presenting significant behavioural / engagement issues... By recognising and linking his poor behaviour to his mental health we were able to modify our approach and degree of intervention appropriately... he finally agreed to a referral to school health for support ; this was a massive step for him in recognising that what he was feeling was not a weakness or defect ...'

' We are very fortunate to now have 17 trained YMHFA staff in school. I have spoken to many who are using the ALGEE plan as a tool to enable students to find solutions and strategies or referring them on to other professionals'

'permission has been granted .. to create a poster linking ALGEE to the school's 6 R's (Resilience, Respectful, Reflective, Resouceful, Responsible, Reasoning) – to be placed in central areas to promote more awareness of mental health, along with a photograph of

each trained YMHFA member so staff and students are aware of who to approach. and for the poster to hopefully create discussions with students in their social areas.'

3.2.2. Barriers to implementation

Participants were asked whether they could identify any barriers to implementation. Only two people commented about this, both raising issues concerned with time pressures:

'What has prevented me is not enough time to complete and find other resources. Hopefully now the Year 7s are settled ..I will find more time'

'While changes have been made, it is difficult at the end of the summer term when there is little time to initiate new things with staff ; this is on the agenda for meetings and training from September'; ...the only issue at the moment is having the time to put into practice what I have learned as well as balancing a full teaching commitment.'

Participants may not wish to disclose a lack of activity, hence the small number of comments on barriers to implementation and the small return rate overall. The two comments above reflect the fact that some participants were responding at the very end of a school year; a longer period of time for reflection would probably be helpful future evaluations.

3.2.3 Memorable points from the YMHFA Training

Participants were asked to identify particular activities or learning points that they remembered from the training, and to comment on the usefulness of these. The responses to this question are listed in Box 3:

Box 3: Memorable points from the training

'ALGEE has made me more aware of what I CAN do realistically and has made the process more manageable'

'FRAME OF REFERENCE - I used the "Window on the World" with students in highlighting their attitudes to their own mental well-being and to initiate discussion of wider issues of self-being.'

'Express the feeling of distress, depression, anxiety and disappointment through drawings.'

'Different case studies and scenarios.'

'Anxiety Disorder – has been hugely relevant due to a current issue, and the focus on physical as well as behavioural effects widened my understanding and ability.'

'That there is a network within the Academies that we can go to'

'collaboration, useful information and contacts'

ALGEE – creating a poster (see Box 2)

'Having the manual to hand – the helpful resource index is a valuable form of information'

'The case studies we built up – this was ..a very good and clear exercise to gather information to enable us to effectively support students and to seek professional help from outside agencies.'

3.2.4. Evidence of Knowledge - Scenarios

In order to gain more insight into the depth of learning that the training provided, the participants were asked to consider two hypothetical scenarios, obtained from researchers at the University of Bath (Brandling & McKenna). One case described a young person with typical symptoms of depression and the other focussed on a case portraying social anxiety. For each case, participants were asked to comment on what they thought was 'wrong' with the young person and what they would do to help her/him.

Scenario 1: Depression ('Emma')

All but one of the participants who provided follow-up feedback also demonstrated an understanding of the first scenario and identified issues around depression. Strategies suggested for providing help were appropriate and some were quite comprehensive. One respondent interpreted the scenario as an example of psychosis rather than depression, although some of the strategies they suggested were helpful. Two good examples of the responses were as follows:

- Ask her about how she is feeling and raise the issue of self-harm and suicide; listen to her responses and allow her time to vocalise what she is feeling non-judgementally. Then offer reassurance that the issue is not 'weakness' and that it can be dealt with, as well as suggesting ways in which she can access help via the school nurse or her own GP. I would also work with her to investigate self-help strategies to enable her to cope more effectively with her own needs.'
- If Emma continues to present the above symptoms it would be advisable for a friend or family member to reassure Emma ...and listen to how she is feeling, so that they can enable her to seek appropriate support...The school would keep a close eye on Emma and work with her. If there were any changes to her circumstances or symptoms further action would be necessary and support would be offered. This may be in the form of ALGEE and helping Emma to understand her own mental health, identifying strategies that may help her if this happened again.

Scenario 2: Social Anxiety ('Paul')

One participant did not complete the question identifying the problem. Other participants identified it as anxiety, particular relating to social situations, shyness and possible social phobia. Participants suggested some relevant and appropriate strategies. Two examples of the more detailed responses were as follows:

- Listen to Paul, try and get him to explain why he is anxious about things and what he is finding the most difficult. Get him to visit his GP, give advice on where help could come from. Possible referral to CAMHS. Encourage self-help : practice relaxation methods daily, encourage him to engage in lunchtime/ after-school activities. Encourage him to talk about his problems, give him website addresses to look at e.g. Young minds; Get Connected
- Use ALGEE – ask Paul about his concerns to assess any potential risk of self-harm/ suicide. Listen and reassure as well as offering information about the need to focus on what he can control , and looking at the psychological processes rather than on the physical. Enable him to access further advice and support via GP or Counsellor or School Nurse. Work with him (and parents if they are involved) on encouraging self-help strategies – relaxation, leisure and exercise, controlled breathing methods etc.

4. Conclusions

The immediate feedback on the training (Stage One of the evaluation) demonstrated that almost all participants reported increased levels of knowledge and confidence after they attended the training. The key aspects of the training such as videos, slides, interactive exercises and manual were rated predominantly as Good or Very Good and participants reported their intention to use the newly acquired skills at work when supporting young people experiencing mental distress. Some participants recommended tailoring the training to fit with the level of prior knowledge within particular groups of participants. Other suggestions for improvements were: sending slides in advance; updating statistics on the slides and in the manual; incorporating more exercises and support tools/strategies; mixing or rotating group membership; and demonstrating greater diversity in the video presentations. These ratings – and the suggestions for improvement - are very similar to the feedback received on the generic MHFA training in Australia (Jorm et al 2010) and England (Borrill 2011), suggesting that the youth-oriented training is equally well-received.

The purpose of Stage 2 was to explore the extent to which positive reactions to the training were followed up with positive action, and also to identify any barriers to implementation. The low return rate means that responses can not be generalised to all organisations, and it is likely that many participants did not respond to the follow-up because they have not yet found the time or opportunity to put their learning into practice. Nevertheless, the examples that were received from schools show that learning has certainly been implemented in some settings, with a high level of enthusiasm and motivation to continue. Furthermore, school staff members who were already working to address mental health issues were able to feel more confident in taking this further as a result of the training. This is expressed in the final statements below:

“Can I just say a big thank you for the last few weeks’ Mental Health First Aid sessions. This year we have faced some very difficult circumstances with our Year 11 students, including many of the issues covered during the course. Although we have always supported our students in the best way possible prior to this, the training re-affirmed the things we were doing well along with providing new approaches to supporting our young people”

“The training has already helped me to recognise mental health problems in young people and given me the confidence to ask questions, give advice and ultimately support students to improve their own mental health. I think this is an incredibly important course for anyone working closely with children and young people”.

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