

NHS CAMDEN
MENTAL HEALTH FIRST AID
PROGRAMME REVIEW

A review of the progress of the NHS Camden Mental Health First Aid Programme to September 2010.

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NHS CAMDEN'S MENTAL HEALTH FIRST AID PROGRAMME

REVIEW

September 2010

SUMMARY

- ✓ Mental Health First Aid (MHFA) courses deliver **high quality mental health awareness** training to all
- ✓ The course educates and delivers the message that **mental health problems are everybody's business**; afflicting neighbours, friends, colleagues, relatives and ourselves
- ✓ MHFA courses have been shown to **increase mental health literacy, to reduce stigmatising attitudes** and to increase confidence in dealing with people with mental health problems
- ✓ **23 MHFA instructors** have been trained in Camden to date
- ✓ These instructors have **delivered 57 MHFA courses in Camden** between March 2009 and August 2010, with ongoing delivery expected of between 2 and 4 courses per month
- ✓ The courses have so far **delivered training to nearly 700 workers in Camden** from a wide variety of backgrounds
- ✓ Courses have been delivered to priority groups, in particular, those working with the homeless, the elderly and with carers
- ✓ Regular demographic audit of all courses takes place, and a detailed evaluation of 6 courses will be available later this year
- ✓ MHFA has been a **successful joint venture** between NHS Camden and local partners
- ✓ MHFA has led to a particularly **successful partnership** with Camden Metropolitan Police Service
- ✓ MHFA has helped to **embed mental health** within health promotion
- ✓ The model of delivery has been of core and cluster: a core of trainers within health promotion with a cluster of instructors based in local partner organisations. Strengths and weaknesses are discussed, costs are summarised and future options considered

1. Background to the Programme

Greater awareness and understanding of mental health issues was recognised locally in both the Mental Health Promotion Strategy (2007) and the Mental Health Accommodation strategy (2008) as vital to improving mental health literacy and reducing stigma amongst both staff and the public.

Mental Health First Aid (MHFA) is a 12-hour intensive training course, usually delivered over 2 days. The course provides an overview of common adult mental health problems, causes, symptoms and treatments, as well as an overview of local and national service provision. The course is for **anyone** who may come into contact with a person with a mental health problem either in their workplace or at home. The course delivers the message that a person with a mental health problem is your neighbour, relative or colleague, not the stereotypical individual that the media conveys. Research¹ has shown that participants of the courses show increases in

mental health literacy, decreases in stigmatising attitudes and improvements in their own mental health. Delivery of the training within the borough would empower workers to feel more confident when dealing with mental health issues, improve access to services and reduce the stigma attached to mental health issues both at a personal and a professional level. Greater understanding can also decrease associated social problems such as tenancy loss and complaints of anti-social behaviour.

MHFA is a licensed product, developed in England by the National Institute for Mental Health in England. The national training programme for MHFA course instructors is now delivered by MHFA England, a Community Interest Company supported by the Royal Society for Public Health, Commissioning Support for London and the Centre for Public Innovation. The instructor training is accredited by the Royal Society for Public Health.

- **The Camden Programme**

PCT funding of £44,000 was granted in November 2008 to train 20 instructors, as well as to buy in an initial set of 3 x 2-day courses (to raise awareness and understanding of the programme). The aim was for each instructor to run 4 courses in the first year after qualifying as an accredited instructor, to people living or working in Camden. This was expected to give the capacity to deliver the 2-day course to approximately 750 individuals over the first year/eighteen months (as the roll out of instructors was staggered). The intention was for the instructors to be recruited from statutory and voluntary sector organisations in order for provision of the courses to be widespread across the borough.

A further £10,000 grant was received from Working for Wellness in October 2009 as part of a larger grant application by the Camden IAPT service. This funded a further 4 instructor training places as well as the provision of some additional courses and other resources.

The commitment for instructors is extensive, consisting of 7 days initial training followed by regular delivery of the 2-day courses. Courses are generally delivered to between 12 and 15 participants.

- **National Policy**

MHFA training has been recognised in a number of major policy documents during the last year as a very effective tool in raising awareness, building skills and influencing organisational culture. These include the London Health Inequalities Strategy², and the Boorman³ report on staff health within the NHS.

2. Outcomes

- **Instructors**

Since February 2010, 23 instructors have completed their training, with 1 more due to complete in November. Instructors have been recruited from a variety of organisations as follows:

NHS Camden (health promotion)	9
Voluntary Action Camden (CDWs)	3
London Borough Camden	2
Freelance trainers (one providing training to LBC)	2

Holy Cross Centre Trust	1
London Irish Centre	1
Young Minds	1
St Mungo's	1
Camden BME alliance	1
London Metropolitan University	1
MH Housing Development Officer (seconded from LBC)	1
Camden Carers Centre	1

One instructor identified them self as a service user.

Initial problems in recruiting instructors decreased as knowledge of the programme spread. We have had several very appropriate enquiries from people interested in training as instructors that we are now unable to fund.

- **Support for instructors**

It was recognised that it would require considerable enthusiasm and drive for many of these newly qualified instructors to deliver the courses within their respective organisations. The vast majority were not in posts with time dedicated to delivering training, some were the only instructor within their organisation, and both the administrative and delivery elements of the 2-day course are demanding. A network of instructors was set up, coordinated and supported by the Mental Health Promotion Lead in NHS Camden. This enables instructors to be in contact with each other, to arrange to deliver courses together (on a time exchange basis), and to come together for network meetings where instructors can meet, hear of MHFA progress in Camden, discuss joint issues and improve their knowledge of local mental health services. The team of instructors within health promotion has acted as a solid core for this group.

Trainers also receive support from the national MHFA programme, and must attend annual update and development days to maintain accreditation.

- **Courses**

The initial three courses were delivered in Camden by an independent training organisation in March 2009. These were attended by delegates from London Borough of Camden, NHS Camden and several third sector organisations. These initial courses proved useful in raising the profile of the MHFA programme and generating interest in the training.

The roll-out of courses by “Camden” instructors began in April 2009, and since then a total of 57 courses have taken place (to end August 2010). 24 of these courses have been delivered through the Health Promotion group, the remaining 33 courses by instructors from other partner organisations. A full list of the courses offered since March 2009 is given in appendix 2.

The courses (usually 12 – 15 participants per course) have so far been delivered in total to approximately 700 people from a wide variety of backgrounds but predominantly working in health, social care and housing support. The courses delivered by voluntary sector organisations have generally been attended by their own staff, or community organisations with whom they work. These organisations cover a number of the priority areas for health inequalities.

Of the courses delivered by instructors working in Health Promotion, some have been delivered to mixed groups, with publicity aimed at certain target populations (see

appendix 1). Other courses have been offered to specific groups of people or staff: Five courses have been delivered to Camden Metropolitan Police Service, one to Homestart, one to UCL staff, two to Camden Carers, one to an Asian women's group and one to a Jewish community organisation.

- **Feedback**

Feedback from MHFA courses in other regions has been very positive⁴ and we have anecdotal evidence of this locally. Some comments on the course are noted in Appendix 3. A more rigorous evaluation is currently in progress (see below).

Demand for the courses has been overwhelming and the supply of courses is limited by the availability of instructors. With very limited advertising, courses are now running at a rate of approximately three per month and are full until the end of 2010.

- **Relative Output of Instructors**

The original programme aim was for each instructor to take part in delivery of 4 courses within the first year after accreditation. There was no particular expectation for delivery beyond the first year, but it can be assumed that most will continue to deliver the courses.

The output of instructors varies considerably, from none to a pro-rata average of 9 a year. The average output of all instructors during the first 17 months of the programme was delivery of 4.26 courses per instructor per annum. Many of the instructors have had less than a year since completing their training and their output has been adjusted accordingly. There is some difference between the average output of instructors working within public health (6.22) and those working for other organisations (3.35). It is expected that overall output might increase with time as instructors gain more confidence.

The output of all instructors is given in appendix 4.

- **Instructor Attrition**

A number of instructors have left employment in Camden since completing their training. This is inevitable, but obviously represents a loss of skills within the borough as a whole. In the period to the end of August 2010, 5 instructors left, and 2 have changed roles such that they are no longer able to deliver courses. These instructors left between 4 and 14 months after completing their MHFA instructor training and had taken part in the delivery of between 1 and 5 courses each, and a total of 24 courses.

On the other hand Camden has gained 2 members of staff who were already qualified MHFA instructors. These staff have joined the network of instructors and have played a significant role in delivery of the programme, taking part in the delivery of 9 courses between them.

- **Audit and Evaluation**

Regular audit of those who attend the courses gives a clear account of to whom the course is being delivered, and therefore where increased understanding of mental health issues is being achieved.

The gender balance, ethnic background and ages of all those trained, as well of the organisational sector for which they work, is given in appendix 5. This data covers the

first 12 months of delivery. The organisations for which trainees work covers a wide range of local Statutory (NHS Camden, Camden Metropolitan Police, UCL, C&IFT, FWD drug & alcohol service) and voluntary organisations (Age Concern, Mind, Single Homeless Project, Homestart, Irish Centre, British Somali Community, Hopscotch Asian Women's Centre, Camden Mental Health Consortium, St Mungo's, Princes Trust, Holy Cross Centre Trust). 68% of those trained were front line staff, 20% managers and 12 % working in admin and finance.

It can be seen from these figures that the training is reaching a wide range of organisations and people who work in key areas such as mental health, health, older adults, housing, homelessness and a wide range of BME community organisations.

A local evaluation of effectiveness of the MHFA courses is taking place for 6 courses delivered in January – March 2010. This evaluation report should be available by December 2010. This will give an indication of the impact of the course on participants' knowledge of, confidence and attitudes towards mental health, as well as whether they feel they have made use of the skills gained in the course in the six months following completion.

3. Successes and Limitations

- **Good joint Working – two examples**

The MHFA project has been a good example of cross-sector joint working and has led to some excellent liaison with other agencies.

1. Camden Carers Centre

The experience of the Camden Carers Centre (CCC) shows how the project enabled a third sector organisation to develop internal capacity. CCC invited us to deliver an MHFA course to a group of Carers. The course was well attended, a significant demand identified and it was agreed to fund training of the training coordinator at CCC as an MHFA instructor. On completion of her training she delivered two courses in tandem with experienced trainers from within public health. The training coordinator now has the confidence to deliver the course within CCC, has delivered a third course, and has planned regular sessions to the 500 or so carers who use the centre.

2. Camden Metropolitan Police Service

After much initial liaison work with Camden MPS, MHFA training has been taken up enthusiastically within the force with support from the borough commander. Initial doubts focussed on the length of the course (2 days) and whether this amount of training time could be justified. However the demand has been overwhelming and the quality of the course and its delivery have been highly commended. This has resulted in the delivery of 5 courses to the service, with a further 2 planned for this year. The officers have included those from safer neighbourhood teams and custody officers, as well as counter staff and they feel it has changed their approach to people with mental health problems, with whom they come into very frequent contact. Officers previously received no statutory or non-statutory mental health awareness training despite the knowledge that most officers come across someone with a mental health problem nearly every day.

The force would like to extend the training to include all newly trained officers (who then receive 18 weeks local training). We have had some useful discussions about sustainability and developing capacity within the force. The Camden MPS are now

looking for funding to train 2 or 3 of their training officers as instructors in order to have internal capacity to deliver MHFA, with the support of the Camden MHFA programme.

- **Embedding of mental health within health promotion**

Eight instructors have been trained from within health promotion (the final one training in November), both within the workplace team and the health inequalities teams. This has hugely facilitated the embedding of mental health as an integral element within health promotion. Mental Health has become a regular feature of community health promotion events and health screening, with good understanding of its relevance by staff in health promotion. The good fortune of acquiring an experienced MHFA instructor as head of health promotion added considerable support to the programme.

All the instructors have greatly increased their understanding and knowledge of mental illness and the associated services. Given the limited resources within mental health promotion, this has been a very effective means of widening the scope of delivery of mental health awareness and enabled a very good working relationship.

- **Difficulties for instructors**

Some instructors have had difficulties in delivering the course on a regular basis. There are a number of reasons for this:

- a. The course is ideally delivered by two trained instructors; in some organisations this was not possible and only one was trained.
- b. There is a considerable administrative burden associated with delivering the course. Particularly for a lone instructor it is a hard task to carry out all the organisation, administration, preparation and IT requirements of the course
- c. Potential instructors and their managers had not always given sufficient thought to the time commitment that would be required for delivery, or it was not given priority within the organisation

We have tried to support instructors by providing networking and suggesting joint delivery and in some cases this has been successful (e.g. Camden Carers, a collaboration between London Metropolitan University and Young Minds). The core of trainers based in public health has considerably enabled this process and has provided a solid foundation for delivery across the borough. The difference in output between the group of trainers in public health and those in other organisations reflects some of these difficulties and the benefits of working within a team.

- **Reaching target populations**

Certain groups have been targeted and our audit shows that a wide range of organisations and people who work in key areas such as mental health, older adults, housing, homelessness and a wide range of BME community organisations have been given access to this training. Considerable effort has been made to deliver to local Councillors, including providing an evening course, and 4 have so far received the training. We are aware of other groups who have so far not attended who might have great influence within the community, for example Faith Leaders. A course is planned for delivery to ambulance staff.

Many other groups have been identified who might benefit from the training including parks staff, street wardens, health visitors, pharmacists, foundation trust reception staff and district nurses. The capacity to deliver to these groups is limited only by staff time.

As yet, few local residents have attended courses. Although the courses are open to the public, marketing has been restricted to those who work in relevant settings within the borough.

4. Costs

- **Initial costs**

The initial pump-priming capital investment by the PCT was £44,000 in November 2008. This was boosted by a further grant of £10,000 from "Working for Wellness" in October 2009. The vast majority of this capital was spent on training instructors.

- **Running costs**

The costs of running courses have been the responsibility of the organisation to which the instructor belongs. Therefore the courses run by partner organisations carry no running costs to the PCT.

For those courses run by instructors in NHS Camden no budget was allocated for running costs. These running costs have been subsumed partly by the health promotion budget, and principally within the mental health budget. The course is free to participants except in the case of non-attendance at very short notice, when a fee of £100 is charged.

Running costs within NHS Camden have included venue hire, catering and provision of manuals to participants. Courses are currently being run at a cost of approximately £220 per course (refreshments + manuals). Catering no longer includes lunch and venues are free. In 2009 there were occasions when it was necessary to hire a venue at short notice as local facilities were used for swine flu services, and lunch was generally provided to participants. Costs were consequently higher for 2009.

The staff time per course is 4 days (2 x 2 staff) + preparation time (this varies according to the experience of the trainer). The staff time to enable and coordinate the development of the whole MHFA programme has consisted of approximately one day per week of admin time and between half and one day per week of mental health promotion lead time. Approximately half a day a fortnight is spent on audit by a primary care mental health worker. The cost of the staff time involved in coordination, administration and evaluation of the programme has been very approximately £10,000 per annum.

- **Cost per course**

The cost per course will decrease with every course that is delivered as there will be no further capital expenditure. By the end of 2010, the total direct cost to the PCT will have been approximately £56,600 (initial capital cost + ongoing delivery costs). The coordination/admin staff costs will have been very approximately £16,000.

Making the projection of delivery of an additional 13 courses before the end of 2010, the average direct cost per course will have been £809, and including the indirect staff costs, £1037. This compares with a commercial cost of approximately £2000 per course.

These costs exclude internal staff time in delivering the courses, which might well be construed as falling within existing job descriptions. The considerable advantages of developing the programme within our own workforce have been discussed.

5. Future Options for MHFA in Camden

The MHFA programme in Camden is expected to reach its ambitious target of delivering the training to 750 people by the end of 2010. It has achieved this at a very low cost relative to other options.

MHFA England have recently introduced a youth MHFA course that would add considerable depth to the programme of MHFA within Camden, but requires additional instructor training (and therefore funding).

Without further capital investment, the programme of MHFA training in Camden is likely to continue at roughly the current rate for some months yet. In the longer term, the programme will gradually wane as instructors move on to other posts outside the borough.

There are several options for the future that could be considered:

- a) Continue as above with no change
- b) Continue on current model with some annual capital expenditure to replenish instructor pool
- c) Develop the service internally on a more independent footing with more clearly identified staff time and funding
- d) Develop the service on a more independent footing as a contracted service

Once the current uncertain future of Public Health in Camden has been resolved, these options could usefully be considered.

The advantages and disadvantages of each of these models are summarised in the following table:

	Advantages	Disadvantages	Costs
1.Continue as currently	<p>a) Maintains high profile of mental health within public health</p> <p>b) Good control of delivery</p> <p>c) Promotes multi-agency work</p> <p>d) Develops internal capacity of other organisations</p> <p>e) Develops staff competencies within public health</p>	<p>a) High staff time investment</p> <p>b) Gradual attrition of service</p> <p>c) Little quality and performance control over delivery by external partners</p>	<p>a) No further capital expenditure (initial spend £40,000)</p> <p>b) Ongoing delivery costs approx £220 per course</p> <p>c) Admin and management approx £16,000 per annum</p> <p>d) Staff time for delivery: none for courses run by external partners, 2 x 2 days for courses run internally</p>
As above with annual investment	<p>a, b, c, d, e as above maximised</p> <p>f) Allows introduction of youth MHFA</p>	a & c as above	a) Capital investment, say - £6700 giving 3 new instructors per year
	g) Maintains service at current level		b, c, d as above
Develop service internally with identified staff commitment	<p>a, b, c, d, e, f as above maximised</p> <p>Gives MHFA protected capacity within public health</p>	Without new staff, existing staff flexibility would be reduced.	a, b, c, d as above + new dedicated staff costs
Contract service to partner organisation	<p>Releases existing staff time</p> <p>Better quality and performance control of instructors</p>	<p>Still requires commissioning involvement</p> <p>Lose facility to develop internal capacity of partner organisations</p> <p>Potentially wastes considerable investment already made</p>	A comparable contract was £69,000 per annum for delivery to 400 participants

Appendix 1: Target populations for MHFA training by Public Health Instructors

Carers
 Those working with the homeless
 Those working with older people
 Housing staff
 Staff in Public Health
 Libraries
 Human Resources
 Homestart
 Foundation trust employees
 Pharmacists
 GP practice managers
 Joint commissioning staff in LA
 Children, schools and families directorate
 Job Centres

Appendix 2: Full list of MHFA courses to April 2010

Mental Health First Aid Courses in Camden					
		Courses run by health promotion instructors	Courses run by other instructors	Total	Running Total
2009	March		3	3	3
	April		1	1	4
	May			0	4
	June	1	1	2	6
	July	2	3	5	11
	August	3	1	4	15
	September	1	2	3	18
	October	2	3	5	23
2010	November	2		2	25
	December	2		2	27
	January	2	4	6	33
	February	2		2	35
	March	2	6	8	43
	April	1	3	4	47
	May	1	2	3	50
	June	1	3	4	54
	July	1	1	2	56
	August	1	0	1	57

Appendix 3: Anecdotal feedback

Participant quotes from course feedback forms

Quote from police officer “we receive compulsory resuscitation training annually, which I have never put into practice. This is the first mental health training for the vast majority of our officers, and yet they are meeting people with mental health difficulties almost daily”

“(The course) will make me more tolerant with mental health sufferers”

“Will be very, very useful!! Very informative”

“I believe that my awareness of mental health issues has been improved and I feel I will be able to use the knowledge gained every day and in one-off situations”

“The exercises were really good but spelling mistakes in handouts”

“A well run and delivered course and a useful tool to have in life”

“Very helpful to remove stigma related to mental illness, helped me think more in terms of mental wellbeing”

“A lot to take in but very well put together”

“Very detailed information and resources clearly laid out”

“I have learned how useful and well-structured this course is and will look to train to deliver it myself”

“Feel I have a better understanding, so feel more confident if faced with someone who may or does have mental health issues. Had no previous training”

“A well run and delivered course + a useful tool to have in life”

Appendix 4: Course Delivery rates to end August 2010

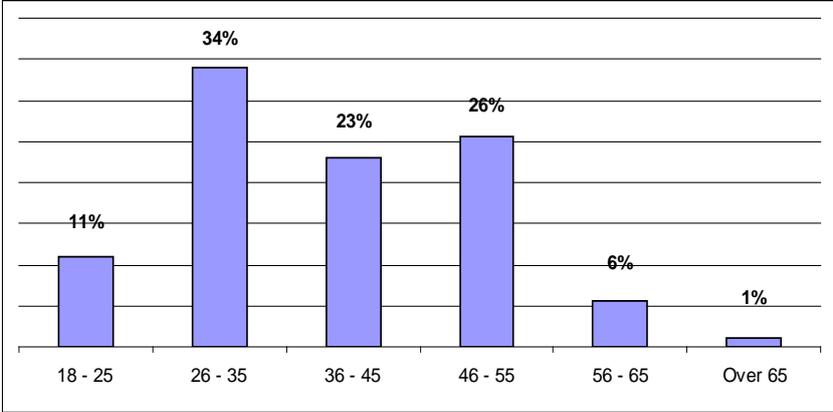
Month completed instructor training	Instructor ID	Months since completed instructor training*	Number courses delivered	Output per month	Pro-rata output per year
Mar-09					
Left May 2010	1	14	5	0.36	4.29
	2	17	5	0.29	3.53
	3	17	4	0.24	2.82
Left December 2009	4	9	5	0.56	6.67
	5	17	5	0.29	3.53
Apr-09					
	6	16	4	0.25	3.00
Left August 2009	7	4	3	0.75	9.00
	8	16	5	0.31	3.75
Left January 2010	9	9	5	0.56	6.67
Jul-09					
Left March 2010	10	8	1	0.13	1.50
	11	13	6	0.46	5.54
	12	13	5	0.38	4.62
Reduced role May 2010	13	9	2	0.22	2.67
Oct-09					
	14	10	1	0.10	1.20
Changed role May 2010	15	7	3	0.43	5.14
	16	10	1	0.10	1.20
Nov-09					
	17	9	3	0.33	4.00
	18	9	5	0.56	6.67
Feb-10					
	19	6	4	0.67	8.00
	20	6	3	0.50	6.00
	21	6	2	0.33	4.00
Mar-10					
	22	5	0	0.00	0.00
Total instructor training sessions (nb ≠ total number of courses delivered as many courses delivered by two instructors)			77		
Annual average public health trainers (=7)					6.22
Annual average others (=15)					3.35
Overall Annual average output					4.26

Shaded rows represent instructors from Public Health

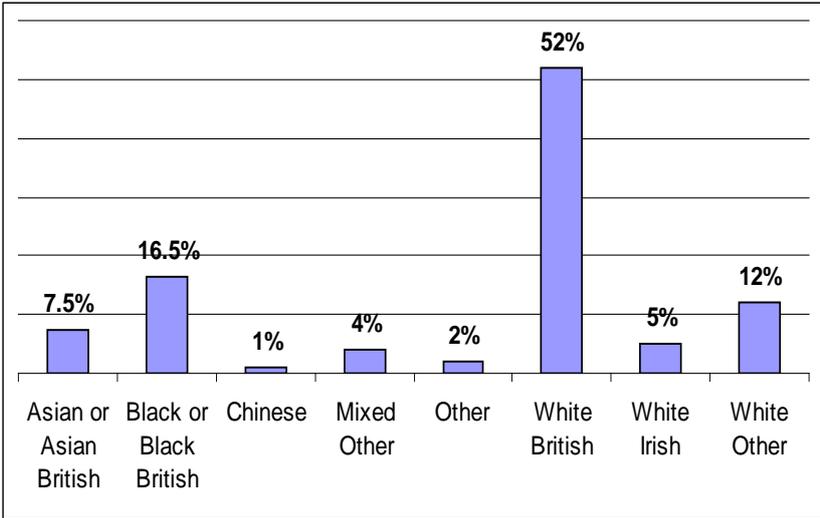
*Where instructors have left, months available to train from completion of instructor training to leaving

**Appendix 5: Audit of course participants
March 2009 – April 2010**

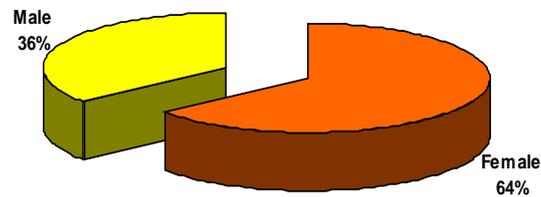
Age



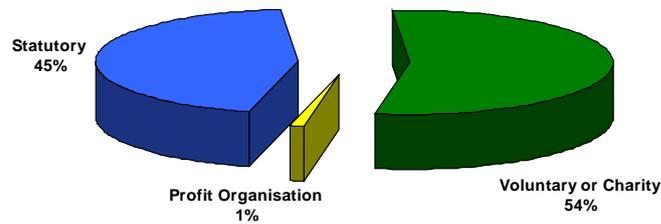
Ethnic Background



Gender



Organisational Sector



References

¹ Evaluation of Scotland's Mental Health First Aid, NHS Health Scotland, (2007), Robert Stevenson and Natalie Elvy, available at www.healthscotland.com/uploads/documents/5015-RE037FinalReport0506.pdf

² The London Health Inequalities Strategy: First Steps to Delivery to 2012, Greater London Authority (2010)

³ NHS Health and Well-being, Staff Health and Well-being Case Studies, (2009), Department of Health

⁴ An Evaluation of the Impact of MHFA Training in Kingston Upon Hull, Macdonald, K.M., Cosquer, C., Flocton, A. (2008), Jellycat Media