

Mental Health First Aid training evaluation

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1. Background

Mental Health First Aid (MHFA) training has been delivered in Islington since April 2008, first provided and then commissioned by NHS Islington. This evaluation is intended to help us understand how it has worked locally, what it has achieved and how we may want to extend and/or expand training. The first part of the evaluation focussed on participants' immediate reactions to the quality of the course and its perceived value and relevance as well as the demography of participants. The second stage looked at the longer-term view and use of the course and change in knowledge, attitudes and behaviour.

MHFA aims to improve people's understanding and ability to respond effectively to mental health problems, preserve life where a person may be a danger to themselves or others and to provide comfort and help to a person experiencing a mental health problem.

2. Methodology

The evaluation was conducted in 2 stages. The 1st incorporated desk-based analysis and telephone and face-to-face interviews with instructors and the course provider (Mind). This report focuses on the 2nd stage which involved a survey to all past participants of the training.

An electronic anonymous retrospective survey was designed using the web based software Survey Monkey. It was distributed by email to all past participants of the MHFA training. The survey was piloted and amended accordingly before distribution. 1 reminder email was sent halfway through the 6 week 'live' period.

The survey covered questions about when and why the participant chose to attend the training; if they had used the training to help anyone and if so, who and how; what the participant had learnt from the training and a question about attitudes to mental illness. Respondents were also asked to complete a series of questions on age, gender, ethnicity, sexuality, postcode and disability. See appendix 1 for complete survey.

3. Results

3.1. Survey response

The survey email was sent to 414 past participants and 322 participants were estimated to have received it. There were 146 responses, giving a response rate of 45%.

The software automatically recorded all respondents who started the survey regardless of whether all of it was completed and submitted. 136 completed all of it which is 92% of people who started it.

Survey population and responses	
Total Past participants (April 08 – September 09)	503
Number of participants who gave an email address	414 (82%)
Number of emails returned or undelivered	92
Estimated recipients of survey email	322
Total responses	146
Response rate	45%

3.2. Representativeness of respondents

Comparing the gender and age profiles of the survey respondents with the participants of the course showed that the respondents do adequately reflect the target group. The only significant differences were amongst the older age groups, where both the 56-65 and over 65 year groups were over represented in the survey population. This suggests the methodology employed in this survey (electronic media) was not a barrier for older groups.

Gender and age of past participants and survey respondents		
	Participants (April 08 – May 09)	Respondents (April 08 – September 09)
Gender	N=329	N=134
Male	25.5%	26.9%
Female	74.5%	73.1%
Age	N=245	N=136
18-25	11.4%	7.4%
26-35	35.9%	26.5%
36-45	23.3%	23.5%
46-55	21.6%	26.5%
56-65	6.9%	12.5%
over 65	0.8%	3.7%

The survey population came from diverse backgrounds with regards to ethnicity, sexuality and disability. See appendix 2 for full data. The ethnicity of the survey population was relatively similar to the Islington population, with the white British groups making up similar proportions; 42.6% for Islington and 45% for the population. The black African and black Caribbean groups were both over-represented in the survey population. The full data is given in appendix 2.

Selected ethnic groups	Islington Population	Survey Respondents
White all	70.9%	63.6%
White British	42.6%	45.0%
White Irish	4.3%	5.4%
Black all	12.8%	23.3%
Black African	6.2%	14.7%
Black Caribbean	3.6%	6.2%
Asian All	7.7%	5.4%
Asian Bangladeshi	2.4%	0.8%
Asian Indian	1.6%	2.3%
Asian Pakistani	0.6%	0.0%
Asian Chinese	1.8%	2.3%

There was a good mix of respondents with regards to when they attended the training. See table below.

When did you attend the MHFA training in Islington?		
Answer Options	Percent	Count
0 – 3 months ago	27.4%	40
4 – 6 months ago	24.0%	35
7 – 12 months ago	34.9%	51
More than 1 year ago	13.7%	20
answered question		146

3.3. Attending the training

Over half of respondents found out about the training through a colleague or work (60%) and nearly a quarter did through the Islington Gazette (23%). Other local media were also an important source (7.5%). Males were just as likely to hear about the course through the Gazette as through a colleague or work. However females were less likely to hear about it through the Gazette (19%) compared to hearing about it through a colleague or work (62%). The Gazette was also the least common response for the under 35-years age group. For the 18-25 age group the vast majority heard about it through a colleague or work (90%).

Work also featured very highly in the reason for attending the training, accounting for 75% of responses. See table below.

What was your <u>main</u> reason for attending MHFA training?		
Answer Options	Percent	Count
Work related reasons (own choice)	64.4%	94
Asked to go by manager	11.0%	16
Community involvement/volunteering	10.3%	15
Just interested	8.2%	12
Reasons related to family or close friends	5.5%	8
Reasons related to your own mental health	0.7%	1
Other (please specify)	0.0%	0
answered question		146

3.4. Use of MHFA

68.5% (n=100) said they had used the MHFA training to help or advise at least one person since the course. Many respondents had helped more than one person. For all age groups about two thirds reported helping someone, except the over-65 age group where only 40% (n=2) gave this response. The highest proportion of beneficiaries came from the client/customer group. Over a quarter used the training to help a family member or friend.

Females reported helping themselves (n=11), a partner (n=6) or a family or friend (n=29) more frequently than males (themselves n=1, partner n=0, and family or friend (n=7).

Who did you help? (Please select all that apply)		
Answer Options	Percent	Count
Client/customer through work	44.3%	62
Family or friend	26.4%	37
Colleague	11.4%	16
Yourself	8.6%	12
Partner	4.3%	6
Stranger	3.6%	5
Neighbour	1.4%	2
answered question		95

The help given by survey respondents was most usually a combination of the things they had learnt on the course rather than just one element of it. Listening, giving reassurance and providing information were the most common ways of helping people. Over half of the respondents encouraged the beneficiary to get professional help with significant proportions encouraging self-help or support group approaches. Two others added that they used breathing techniques to help a person calm down and one phoned the emergency services. These methods of help are within the 5 basic steps of MHFA. Therefore these findings suggest that the take home message of MHFA has been received, understood and used.

What type of help were you able to offer? (Please select all that apply)		
Answer Options	Percent	Count
Listen to them	83.2%	79
Give them reassurance	75.8%	72
Provide them with information	71.6%	68
Encourage them to get professional help	57.9%	55
Encourage them to adopt a self help approach	31.6%	30
Put them in contact with an appropriate support group	37.9%	36
Other (please specify)	5.3%	5
answered question		95

Respondents gave many excellent examples of how they have helped others using MHFA (63 responses). All examples given were positive with no examples of the respondent feeling out of their depth or suffering an adverse outcome as a result of helping someone.

The responses show that the MHFA training is used in a variety of ways. For example it can be used in a way similar to physical first aid; providing help in a crisis until other assistance arrives.

“I was visiting a local Secondary school when I came across a 14/15yr old girl having a panic attack in corridor. While other help was coming I encouraged her to do the 'breathing out' technique taught in the course - and she soon calmed down. A member of the school staff then came and took over.”

“One of my clients was feeling anxious about something that had happened while out in the community. I took them through the breathing techniques demonstrated on the course and this seemed to help, the person was able to calm down enough to explain what had happened.”

For many respondents the training supported them in their jobs.

“I listened to a client who suffers from and is medicated for depression, referred this person to psychology and to a specific support group. Encouraged client to see GP about other issues that were affecting their mood and mental health.”

“I work at a residential scheme in Islington to people with mental health issues. The course helped me to understand direct ways of working with the clients whom I support.”

Many examples focussed on the help given to friends or family:

“A friend of mine has had a traumatic and difficult life in the past and struggles to move forward, by listening and trying to offer support and getting her to see a qualified psychiatrist along with helping to put some things in place for her to help herself, she seems to be able to cope a little better and in time hopefully will cope just fine.”

“A close friend has been referred for CBT sessions by her doctor to aid her with depression. She is sceptical, doesn't know what it is and has her own somewhat

'unique' perception and fear of what CBT is and means. I listened to her and reassured her about what I've heard service users say about CBT - good and bad. I've given her a leaflet and pointed her to the CBT online resources.'

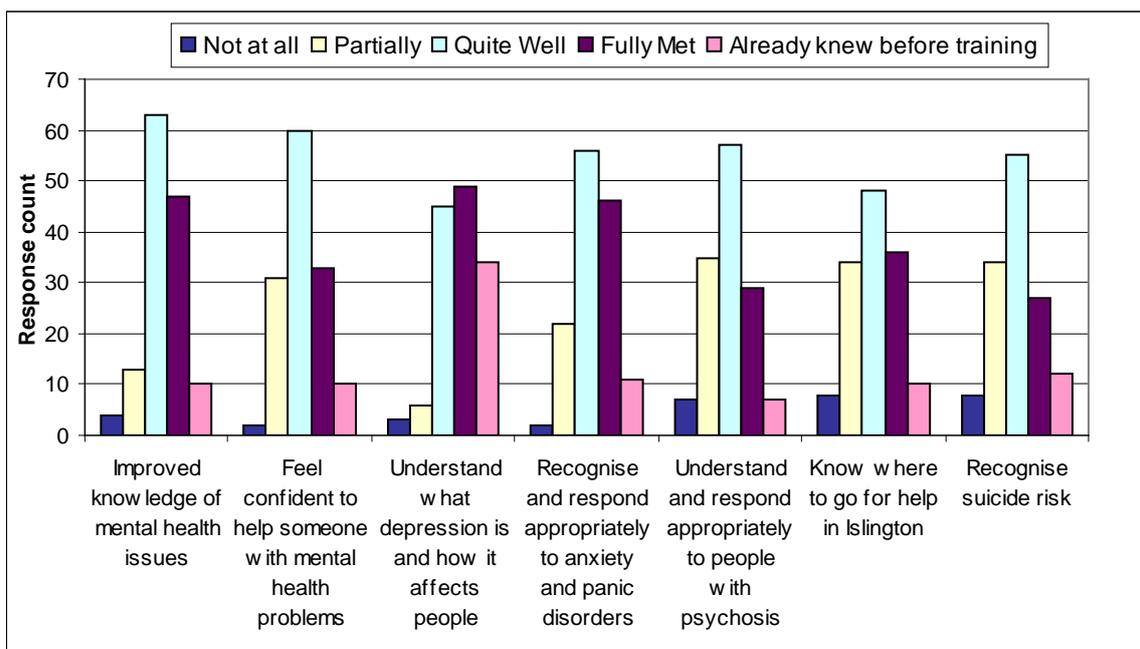
Several of the examples showed how the MHFA training can bring about long-term beneficial impacts on beneficiaries:

"I was particularly pleased that I was able to advocate very strongly for a young student with schizophrenia to be given a chance at college when he was on the point of not being offered a place because tutors did not feel they would be able to cope with him, due to misconceptions about the nature of his illness."

"My friend felt low for days. I encouraged her to go to the doctor after talking to her and listening what she had to say, which she did. Currently I encourage her to find ways to release the stress. For example, we went swimming together a couple of months ago. She now swims regularly."

3.5. Increasing knowledge and skills

When people were asked about how the course had helped them to improve their understanding, confidence or skills the results were mixed. The course was most successful at improving knowledge of mental health issues with over 80% saying it helped them reach this outcome quite well or fully. Only 3% said it did not at all.



For all outcomes approximately two thirds of respondents said they were met quite well or fully. The lowest at 60% was recognising suicide risk and the highest was recognising and responding to anxiety and panic disorders at 74%. Outcomes focussed on improving knowledge or understanding, ('knowledge of mental health issues' and 'understand what depression is...') were more likely to be rated as fully or quite well met. Outcomes focussed on putting learning into action, such as responding to people with psychosis or feeling confident to help someone were less likely to be met or only partially so. These findings suggest that the training needs to focus more on supporting participants on converting learning into action and skills development rather than just increasing knowledge and awareness. Perhaps through more practical demonstrations of help, more use of role play and case studies and provision of information of local services.

Respondents' general views on the training were varied but largely positive. Many commented on the content, exercises, usefulness and the skills of the instructors.

"Very good course. Loads of useful information."

“Thought it was truly excellent, useful and very illuminating, have recommended it to work colleagues and friends and clients”

“The trainers were fantastic and I wish there were more courses like this!”

However, 5 responses directly mention the trainers/instructors as being poor, indicating a need for greater quality control of instructors. Other issues included the structure of the course and how it was taught. Many felt that it is too rigid and a “tick-box exercise”.

“I feel that it needs to be ensured that proper training is provided for deliverers of the MHFA course. Having attended this course in 2 different areas, on both occasions I was unimpressed.”

“Course was badly delivered and read mainly from a powerpoint presentation. Lacked creativity and facilitators seemed to lack knowledge and confidence.”

3.6. Changing attitudes

Respondent were asked to score a series of statements using five point Likert scales to indicate how much they agreed or disagreed with each one. These statements were taken from the Department of Health’s national Attitudes to Mental Illness survey. The 2 surveys are not directly comparable as the NHSI survey introduces a two-stage selection bias, in that the sample population may have self-selected themselves on the course and then self-selected to complete the survey. The national survey uses a randomly selected sample from the general public. Nonetheless, it is interesting to see the differences between the results. The data indicates that the people who completed the MHFA survey show greater tolerance towards mental illness.

Percentage of respondents agreeing with statement		
	National survey 2008	MHFA survey 2009
I would not want to live next door to someone who has been mentally ill	12%	5%
People with mental illness should not be given any responsibility	15%	2%
Virtually anyone can become mentally ill	72%	91%
As far as possible, mental health services should be provided through community based facilities	89%	79%
People with mental illness are far less of a danger than most people suppose	57%	76%
Mental illness is an illness like any other	74%	73%
There is something about people with mental illness that makes it easy to tell them from normal people	17%	19%

The slightly higher agreement rate among the MHFA survey respondents with the last statement about people with mental illness being easier to tell apart from normal people, could be explained by the fact that the MHFA course teaches participants to recognise signs and symptoms of mental health problems, including changes in appearance and behaviour.

4. Conclusion

The survey elicited a largely positive response on a relatively high response rate for a retrospective web-based survey. Over two thirds of the survey group said they have used MHFA and were able to give specific examples of how. The data also shows that two thirds of the group felt they had raised awareness and were confident in recognising and responding to a range of mental health issues. However, one third of respondents did not feel the course

helped them reach the set outcomes sufficiently, with a subset of them being disappointed by the delivery of course and/or its content. The findings also suggest that the training needs to focus more on supporting participants on converting learning into action, perhaps through more practical demonstrations of help, more use of role play and case studies and provision of information of local services.

These findings concur with those from the 1st stage of the evaluation where most participants overall ratings were also strongly positive with high proportions of very good and excellent ratings, but with some indicators being rated less favourably than others, particularly those around course delivery and content (video clips, presentation slides and local information). The instructors interviewed within the evaluation were also very positive about MHFA in Islington and considered it to be an important component of the mental health promotion campaign. Issues that they felt needed addressing to improve the service included localisation of content, quality assurance standards and careful partnering of instructors to maximise experience and knowledge.

As a result of this evaluation there are clear recommendations to support improvements of the MHFA course but it also clear that the local scheme has had very positive results.

5. Recommendations

Taking both stages of the evaluation together the following major recommendations are indicated.

- Continue providing MHFA training to all persons living or working in Islington with a targeted marketing approach to engage under-represented groups, such as men, older people and the private sector.
- Ensure instructors have local knowledge and information about Islington services and that this is passed onto course participants.
- Ensure instructors work effectively with their groups to support skills development so that participants are confident in turning the learning into action. This could be through greater use of practical demonstrations of help, role play and case studies.
- Consistency and on-going quality assurance of instructors, including instructor evaluation forms, regular information and networking meetings, clear selection criteria and planned partnering of instructors to maximise experience and knowledge available during the course.
- Feedback to employers, commissioners and stakeholders of how MHFA is being used to encourage greater participation, particularly of how it is being used in the workplace.
- Liaise with the national team about feedback on the course, such as views on the content, materials and instructors.
- Continue monitoring and evaluating the impact of MHFA training in Islington.

Appendix 1: Survey questions

MHFA evaluation

Dear MHFA participant

As a past participant of the Mental Health First Aid training in Islington we would like hear your views about the course you attended and how useful you have found it.

Please could you complete this survey by Friday 20th November 2009. It should take only a few minutes and all responses will be anonymous so that no trainee can be identified from the survey.

Your views are very important and will only be used to help improve the way the course is delivered and ensure it meets your needs. If you have any questions about this survey please contact Baljinder Heer on 020 7527 1233 or Baljinder.Heer@islingtonpct.nhs.uk

Thank you for your time

1. When did you attend the MHFA training in Islington?

- 0 – 3 months ago
 4 – 6 months ago
 7 – 12 months ago
 More than 1 year ago

2. How did you first find out about the MHFA training?

- Islington Gazette
 Other local media
 Through colleague/work
 Through friend
 Other (please write below)

3. What was your **main** reason for attending MHFA training? (*Please tick one box that represents your main reason*)

- Work related reasons (own choice)
 Told to go by manager
 Reasons related to family or close friends
 Reasons related to your own mental health
 Community involvement/volunteering
 Just interested
 Other reason (please write in below)

4. Have you used your mental health first aid training to help or advise anyone since the course?

- Yes No

4.1 Who did you help?

Partner	<input type="checkbox"/>
Family or friend	<input type="checkbox"/>
Colleague	<input type="checkbox"/>
Client/customer through work	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Stranger	<input type="checkbox"/>
Yourself	<input type="checkbox"/>
Other (please write below)	<input type="checkbox"/>
<input type="text"/>	

4.2 What type of help were you able to offer? (*Please select all that apply*)

Listen to them	<input type="checkbox"/>
Give them reassurance	<input type="checkbox"/>
Provide them with information	<input type="checkbox"/>
Encourage them to get professional help	<input type="checkbox"/>

Encourage them to adopt a self help approach	<input type="checkbox"/>
Put them in contact with an appropriate support group	<input type="checkbox"/>
Other (please write below)	<input type="checkbox"/>

4.3 Please could you give more details about the situation in which you helped? (Optional.)

5. To what extent do you think MHFA training has helped you to reach the following outcomes:

	Not at all	Partially	Quite Well	Fully Met	Already knew before training
Improved knowledge of mental health issues	<input type="checkbox"/>				
Feel confident to help someone with mental health problems?	<input type="checkbox"/>				
Understand what depression is and how it affects people?	<input type="checkbox"/>				
Recognise and respond appropriately to anxiety and panic disorders?	<input type="checkbox"/>				
Understand and respond appropriately to people with psychosis?	<input type="checkbox"/>				
Know where to go for help in Islington?	<input type="checkbox"/>				
Recognise suicide risk?	<input type="checkbox"/>				

6. Here are some people's opinions on mental illness. Please say how much you agree or disagree with each one.

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
I would not want to live next door to someone who has been mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with mental illness should not be given any responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtually anyone can become mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As far as possible, mental health services should be provided through community based facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with mental illness are far less of a danger than most people suppose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness is an illness like any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is something about people with mental illness that makes it easy to tell them from normal people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Is there anything else you would like to add about how you have used MHFA since the training or and general comments about the course?

Equality Monitoring

It is important that this course is open to all people from all parts of our community. In order to check that we are reaching this goal please can you answer the following questions about yourself. All information is confidential.

How old are you (in years)?

- 18-25
 26-35
 36-45
 46-55
 56-65
 over 65

What is your gender?

- Male
 Female

What are the first parts of your home and work postcodes? (For example N5, NW2, EC1.)

Home

Work

Please select the option which best describes your ethnic origin

- White British
 White Irish
 White other
 Black African
 Black Caribbean
 Black other

- Asian Bangladeshi
 Asian Indian
 Asian Pakistani
 Asian Chinese
 Asian other
 Mixed White & Asian
 Mixed White & Black African

- Mixed White & Black Caribbean
 Mixed other
 Turkish/ Turkish Cypriot
 Greek/Greek Cypriot
 Any other ethnic group
 Prefer not to say

Please select the option which best describes your sexuality

- Lesbian
 Gay
 Bisexual

- Heterosexual
 Prefer not to say

Do you consider yourself to have a disability?

- Yes
 No
 I do not wish to disclose this information

If you answered yes to the above question, please state the type of impairment, which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.

- Physical Impairment
 Sensory Impairment
 Mental Health Condition
 Learning Disability/Difficulty
 Long Standing Illness
 Other, please specify _____
 Prefer not to say

Would you be willing to participate in a 20 minute telephone interview to tell us more about your thoughts on the MHFA training? If so, please provide your details below.

These details will be kept separately from your answers to the survey and we will ensure all your responses remain confidential.

Name

Telephone number

Email address

Appendix 2: Respondent demographics

Please select the option which best describes your ethnic origin				
Answer Options	Survey Response Count		Islington's registered population for 2008/09	
White – British	58	45.0%	74,076	42.6%
White – Irish	7	5.4%	7,567	4.3%
White – other	17	13.2%	41,701	24.0%
Black – African	19	14.7%	10,871	6.2%
Black – Caribbean	8	6.2%	6,187	3.6%
Black – other	3	2.3%	5,169	3.0%
Asian – Bangladeshi	1	0.8%	4,259	2.4%
Asian – Indian	3	2.3%	2,765	1.6%
Asian – Pakistani	0	0.0%	959	0.6%
Asian – Chinese	3	2.3%	3,092	1.8%
Asian – other	0	0.0%	3,236	1.9%
Mixed – White & Asian	1	0.8%	1,198	0.7%
Mixed – White & Black African	0	0.0%	2,046	1.2%
Mixed – White & Black Caribbean	1	0.8%	2,469	1.4%
Mixed – other	3	2.3%	2,598	1.5%
Turkish/ Turkish Cypriot	2	1.6%	n/a	n/a
Greek/Greek Cypriot	2	1.6%	n/a	n/a
Any other ethnic group	1	0.8%	5,830	3.4%
Prefer not to say/Not available	7	5.1%	33,273	16.1%
Total known	129	94.8%	174,023	83.9%
Total	136	100.0%	207,296	100.0%

Please select the option which best describes your sexuality		
Answer Options	Percent	Count
Lesbian	3.7%	5
Gay	2.2%	3
Bisexual	3.0%	4
Heterosexual	75.4%	101
Prefer not to answer	15.7%	21
	answered question	134
	skipped question	12

Do you consider yourself to have a disability?		
Answer Options	Response Percent	Response Count
Yes	13.3%	18
No	84.4%	114
Prefer not to answer	2.2%	3
	answered question	135
	skipped question	11