

Mental Health First Aid Training: Initial Evaluation by Private Sector Participants

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Executive Summary

- Mental Health First Aid (MHFA) Training was delivered to 29 middle or senior managers in the private sector, predominantly from MITIE.
- Participants completed a confidential questionnaire which required them to rate key aspects of the training on a five point scale and to rate their confidence in working with people with mental health problems before and after training
- All ratings received were Excellent, Very Good, or Good. Overall, ratings were equivalent to or higher than those received from public sector participants in a previous evaluation of MHFA
- Median ratings of Excellent (5/5) were received for the Instructors, the Video clips, the Information manual, and the Content of the training.
- Median ratings of Very Good (4/5) were received for the Presentation Slides, the course Structure, and the course Environment
- Self-reported confidence in the ability to support a person with mental health problems increased from a median rating of 3/10 pre-training to a median rating of 8/10 post-training . The increase in ratings of confidence was highly statistically significant.
- Comments from participants were extremely positive about the training and its relevance. Participants identified many ways in which they intended to apply the training, including supporting the Real Apprentice scheme and influencing and educating colleagues about mental illness.
- Participants also reported that they would apply their learning to their personal lives and to other settings outside the workplace. Comments included: "MHFA is just as important as physical first aid knowledge" and "All people who manage others need to do this course".
- Longer-term follow-up of the impact of training on practice would be helpful in assessing the overall value of this very well-received training.

The training evaluated in this report was provided by:

Jane James, Regeneration Director MITIE group, and facilitator of the Real Apprentice scheme

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Mental Health First Aid Training: Initial Evaluation from Private Sector Participants

1. Introduction

Mental Health First Aid (MHFA) training was originally developed in Australia by Betty Kitchener and Professor Anthony Jorm. It was subsequently piloted in Scotland from 2003/4 and then developed for use in England in 2006, with funding from the National Institute for Mental Health in England. MHFA training aims to teach people from a range of backgrounds to be able to recognise the symptoms of mental health problems, provide initial support, and guide people towards appropriate professional help. MHFA was evaluated by its developers in Australia (Kitchener & Jorm 2002) and an independent evaluation of its use with 55 participants from public sector organisations in England was carried out by the University of Bath (Brandling & McKenna 2010).

The purpose of this report is to provide preliminary feedback on the use of MHFA for employees in the private sector, in particular employees from MITIE, a strategic outsourcing company that provides facilities, property and asset management for public and private sector businesses. MITIE also runs the Real Apprentice scheme – a ten week training programme targeted at disadvantaged communities, open to anyone over 18, and leading in many cases to paid employment within the company. All managers taking on Apprentices through this scheme undertake MHFA training, so it is important to establish the extent to which they perceive the training to be useful and relevant to their work.

2. Evaluation Method

MHFA Training was delivered to 29 middle or senior managers in the private sector, predominantly from MITIE. The training was conducted by Jane James (Regeneration Director MITIE Group and facilitator of the Real Apprentice scheme) and Bernie Graham (Director, Mental Health Support Training & Consultancy).

Participants completed a confidential questionnaire which required them to rate aspects of the training content and delivery on a five point scale. They also rated their pre-training and post-training confidence in working with people with mental health problems on a ten point scale. The responses to the questionnaire were collated by a Psychology graduate and descriptive statistics were obtained using SPSS/PASW. A Wilcoxon test (for non-parametric repeated measures data) was used to test the significance of pre-post changes in confidence ratings.

3. Findings

3.1 Key aspects of the training

The overall ratings are shown in Table 1. Details of median ratings, percentages and relevant comments for each aspect of the training are collated in the subsequent sections.

Table 1. Rating percentages for key aspects of training

	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
Instructors	72%	28%	0	0	0
Slides	35%	55%	10%	0	0
Video clips	52%	45%	3%	0	0
Manual	55%	41%	3%	0	0
Structure	48%	48%	3%	0	0
Content	65%	31%	3%	0	0
Environment	38%	55%	7%	0	0

3.1. 1. Feedback on Instructors

The median rating for instructors was 5 - the maximum rating. 21/29 participants (72%) rated the instructors as Excellent, with the remaining 8 (28%) rating them as Very Good.

- Instructors were commended both for their knowledge and for their skills in engaging participants, as demonstrated in the following comments:

very good – adequate patience for questions and personal experiences people wanted to talk about
expressed patience with a range of questions, welcoming and encouraging throughout
superb knowledge base and the ability to translate that to people with less knowledge
made everyone at ease and got them involved; made to feel very comfortable
a lot of passion for what he is talking about
interactive ; the instructors were very insightful; detailed and thorough
a great team

3.1.2. Feedback on training methods and resources

Participants were positive in their ratings of the three key training resources, namely presentation slides, video clips and the information manual.

- The median rating for the **presentation slides** was 4 out of 5. 10 participants (35%) rated the slides as Excellent, 16 (55%) as Very Good, and 3 (10%) as Good. The slides were described as: easy to read and understand; thought provoking and insightful; clear and uncomplicated.
- The median rating for the **video clips** was 5 out of 5. 15 participants (52%) rating the clips as Excellent, 13 (45%) as Very Good, and 1 (3%) as Good. The video clips were described as informative and powerful, with two participants commenting on the way the video clips brought things to life, giving a real life experience of the issues.
- The **Information Manual** was also given the highest rating of 5/5. It was rated as Excellent by 16 participants (55%) with 12 (41%) rating it as Very Good and 1 (3%) as Good. Participants described it as very handy and concise, with a great deal of information to take away and digest and simple language.
- Two participants indicated that they would definitely be making further use of the manual after the training: I will certainly be dipping into it again; this will help in my continual learning and provide reference points I need to consider.

3.1.3. Feedback on course content, structure and environment

- The course structure received a median rating of 4 out of 5. 14 participants (48%) rated it as Excellent, 14 (48%) Very Good, and 1 (3%) Good.
- The course content received a maximum median rating of 5 out of 5. 19 participants (65%) rated it as Excellent, 9 (31%) very Good, and 1 (3%) Good.
- One participant commented that the interactive sessions were very helpful, particularly the breathing exercises. Two suggestions were made: that the trainers could perhaps refer more to the handbook, and that there could perhaps have been more examples specifically related to the Real Apprentice scheme.
- Another comment was that two full days of information is a lot to take in, needing time to reflect.
- The course environment also appeared to be well received. The majority of participants (55%) rated it as Very Good and the median rating was 4.

3.2. What do participants feel they have gained from the training?

3.2.1 Confidence

- Participants reported their levels of confidence in supporting people with mental health problems pre and post-training, providing a subjective indicator of perceived change. Self-ratings of confidence before the training ranged from 0 to 9 (out of a maximum of 10). The median rating was 3 and more than half of the participants (55%) rated their confidence as 3 or lower. Only 3 of the 29 participants rated their confidence as 7 out of 10 or higher.
- The self-ratings of confidence after the course showed a statistically significant increase compared with ratings before the course ($z = 4.55, p = <.0001$). The median rating after the training was 8 out of 10, with no ratings below 5. 26 of the 29 participants now rated their confidence as 7/10 or higher compared with 3 before the training, as shown in the table below:

Table 2 . Confidence ratings pre and post training (0 = lowest level of confidence; 10 = highest level of confidence)

	0	1	2	3	4	5	6	7	8	9	10
Pre	10%	17%	21%	7%	14%	14%	7%	3%	3%	3%	0
Post	0	0	0	0	0	7%	3%	21%	41%	24%	3%

- Two participants commented specifically on these perceived changes:

I will be more confident to support my workers .. who may need some training; (I have) increased confidence and (am) more competent

3.2.2 Acquisition and Application of Knowledge

- Participants were not asked to provide a numerical rating of any increases in their knowledge about mental health. However their comments indicate that in addition to acquiring new knowledge they had a deeper understanding of mental health needs:

I have come out with a much wider knowledge of mental health; ... more aware in such cases; consideration for those around me; (the training) raises awareness.

- There were numerous comments indicating how participants intended to apply what they had learned within their work settings, for example:

I will) use the background knowledge to support the Real Apprentice scheme; by being a part of the Real Apprentice programme; I will ensure that both my team and myself are supportive of the apprentice;

I will use the information to influence managers;
...by trying to educate others about what mental illness means;
I will apply it to individuals in the workplace;
I will try and help anybody who needs help, both inside and outside the workplace;
I will use it throughout my day and work settings;
I will lobby to improve services at work

- Participants also intended to apply their learning in their personal lives:

(I will) use what I have learned with my family members; (to) support my family; communicating to my family...
use it in my own specific way, to cater for me;
(use it) when I can see people in need of help around me;
(use) talking and listening techniques;

4. Conclusions

The feedback from this group of participants can only give a snapshot of their immediate reactions to the training, and further follow up would be required to measure the longer term impact of this intervention. Nevertheless, the high ratings and enthusiastic comments provide a strong sense of the participants' overwhelmingly positive response to the training. The overall ratings are even more positive than those obtained in the public sector evaluation by Brandling & McKenna, although the sample size is too small to make meaningful comparisons at this stage.

The feedback therefore suggests that MHFA training can be just as appropriate for private sector clients as for those in the public sector. Participants perceived it as highly relevant and valuable, as expressed below:

It seems to me that MHFA is just as important as physical (first aid) knowledge, and having some understanding of mental health issues should be compulsory

The course was great and I was glad I undertook it

All people who manage others need to do this course

Thank you so much for inviting me!

References

Brandling J & McKenna S (2010) Evaluating Mental Health First Aid Training for Line Managers working in the public sector. Mental Health Research & Development Unit, University of Bath

Kitchener BA & Jorm AF (2004). Mental health first aid training in a workplace setting: a randomised controlled trial. *BMC Psychiatry*, 4, 23