Mental Health First Aid: A Primer

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Mental Health First Aid: The Definition
MHFA is “the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.”

- Mental Health First Aid USA, page 12
Mental Health First Aid seeks to

- Preserve life when a person may be a danger to self or others
- Provide help to prevent the problem from becoming more serious
- Promote and enhance recovery
- Provide comfort and support

- Mental Health First Aid USA, page 12
“Mental Health First Aid teaches the public how to recognize the symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatments and other supportive help.”

- Mental Health First Aid USA, page 12
Mental Health First Aid does not

- teach people to be therapists*
- teach people to diagnose mental illness**
- replace appropriate professional help**
- supplant any legal reporting requirements

* Mental Health First Aid USA, page 12
** Youth Mental Health First Aid USA, pages ix-x
Mental Health First Aid: The Course
Mental Health First Aid Instruction

- 8 hour manualized course for groups of 12-30 adults
- Combines didactic, discussion, group activity, role playing and video portions in two 4-hour sections
- Typically facilitated by two certified Mental Health First Aid Instructors
- Separate courses focus on adult or youth mental health
Adult MHFA Session 1

- What is Mental Health First Aid
- Mental Health Problems in the United States
- Mental Health First Aid Action Plan
- Understanding Depression and Anxiety
  - Suicidal Behavior
  - Depressive Symptoms
  - Nonsuicidal Self Injury

- Mental Health First Aid USA 8 Hour Teaching Notes, page 4
Adult MHFA Session 2

- Panic attacks
- Traumatic Events
- Anxiety Symptoms

- Understanding Psychosis

- Mental Health First Aid Action Plan
  - Acute Psychosis
  - Disruptive or Aggressive Behavior

- Understanding Substance Use Disorders

- Mental Health First Aid Action Plan
  - Overdose
  - Withdrawal
  - Substance Use Disorders

- Using your Mental Health First Aid Training

- Mental Health First Aid USA 8 Hour Teaching Notes, page 5
Youth MHFA Session 1

- What is Youth Mental Health First Aid
- Adolescent Development and Mental Health Problems in Youth
- What you may see
  - Signs and Symptoms
  - Risk Factors and Protective Factors
- Mental Health First Aid Action Plan

- Youth Mental Health First Aid USA Teaching Notes, page 5
Youth MHFA Session 2

- Using Mental Health First Aid Action Plan
  - In Non-Crisis Situations
  - In Crisis Situations

- Youth Mental Health First Aid USA Teaching Notes, page 6
Mental Health First Aid: Action Plan

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and Information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

- Mental Health First Aid USA, page 13
MHFA ≠ PFA

**Mental Health First Aid***
- 5-point algorithm
- For adult laypersons
- Assists individuals in mental health crises
- Aims to increase recovery
- Developed by AMHFATRP and adapted by MDHMH, MDMH and NCBH
- Evidence-based

**Psychological First Aid**
- 8 point algorithm
- For disaster response workers
- Assists those recently exposed to disaster/terrorism
- Aims to decrease PTSD
- Developed by NCTSN and NCPTSD
- Evidence-informed

*Mental Health First Aid USA, page i-iii, and http://nrepp.samhsa.gov
**http://www ptsd va gov/professional/materials/manuals/psych first aid asp
Mental Health First Aid: Timeline

- 2001, MHFA developed, Australia
- 2008, MHFA introduced in the US
- 2006-2008, Australian MHFA Training & Research Program developed guidelines
- 2011, October. 1% of Australians certified in MHFA
- 2011, YMHFA Manual drafted
- 2013, Obama calls for MHFA for those who interact with youth
- 2013, MHFA Act of 2013 introduced
- 2013, July, MHFA added to SAMHSA’s National Registry of Evidence-based Practices
- 2013, September, MHFA USA shortened training to 8 hours

Developed by NCTSN and NCPTSD
References for Previous Slide

- Mental Health First Aid USA, page i
- Mental Health First Aid USA, page i
- Cournoyer, “Governments Discover the Importance of Mental Health First Aid,” Governing Magazine, June 2012
- Youth Mental Health First Aid USA, page iii
- Jorm and Kitchener, “Noting a Landmark Achievement: Mental Health First Aid Training Reaches 1% of Australian Adults.” Aust N Z J Psychiatry 2011 45:808
- http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf
- https://www.govtrack.us/congress/bills/113/s153
MHFA is now in more than 20 countries and every state in the US.

To date, more than 100,000 people in the US have been trained through a network of more than 3500 instructors.

The City of Philadelphia plans to train 10% of the city's population (more than 150,000) in MHFA over the next two years.

An MHFA module for Military Members, Veterans and their Families will be released in January 2014.

Mental Health First Aid: The Evidence
Effects on the Public, 2002

- Kitchener and Jorm surveyed the first 210 participants in public courses in Australia
- MHFA course
  - Improved ability to recognize psychosis in vignette ($P < 0.001$)
  - Changed beliefs about treatment of mental illness to be more like those of mental health professionals ($P < 0.001$)
  - Decreased social distance from people with mental disorders ($P < 0.001$)
  - Increased confidence in providing help to someone with a mental disorder ($P < 0.001$)
  - Increased the amount of help provided to others ($P 0.036$)
- MHFA effective at improving mental health literacy
Effects on the Workplace, 2004

- Kitchener and Jorm randomized 301 government workers
- MHFA course
  - Increased confidence in providing help to others (P 0.001)
  - Increased likelihood of advising people to seek professional help (P 0.007)
  - Improved concordance with healthcare professionals about treatments (P 0.036)
  - Decreased stigmatizing attitudes (P 0.020)
  - Improved the mental health of participants themselves (P 0.035)
- MHFA improves mental health literacy and participants’ own mental health.
Effects on a Rural Area, 2004

- Jorm and colleagues randomized 753 rural participants into courses taught by local instructors
- MHFA course results
  - Greater recognition of mental health disorders ($P < 0.001$)
  - Increased agreement with mental health professionals about which treatments are likely to be helpful ($P 0.001$)
  - Decreased social distance ($P 0.032$)
  - Increased confidence in providing help to others ($P 0.001$)
  - Increase in help actually provided ($P 0.031$)
- MHFA produces positive changes in knowledge, attitudes and behaviors when taught by local instructors
MHFA for Teachers, 2010

- Jorm and colleagues randomized 423 highschool teachers

MHFA course results
- Increased teachers’ knowledge (P <0.001)
- Aligned beliefs about treatment with professionals
- Reduced some aspects of stigma (P <0.01)
- Increased confidence in providing help (P <0.01)
- Increased amount of information given to students (P <0.001)

MHFA “has positive effects on teachers’ mental health knowledge, attitudes, confidence and...behavior.”
More Evidence

- Jorm, et al, 2005 – Qualitative data confirms that most MHFA trainees subsequently provide support to people with mental health problems, and that this support generally has positive effects.
- Morawska, et al, 2013 – MHFA training increased participant recognition of mental illnesses, concordance with PCP about treatments, confidence in providing first aid, actual help provided to others, and a reduction in stigmatizing attitudes.
- Ganshorn and Michaud, 2012 – Majority of 45 articles and evaluation studies had similar findings.
Evidence against

- Jorm 2002 – Results less robust at 6 months post-course.
- Kitchener 2004 – No significant changes between groups in regard to participants' knowledge of mental health support and treatment resources over time when data from each individual vignette group were analyzed.
- Jorm 2004 – No change in number of individual contacts, nor in the rates of advising someone to seek help.
- SAMHSA 2013 - In two studies, no instrument was used to measure fidelity. One study lacked a control or comparison group. In one study, participants in the intervention group had a lower response rate to the follow-up questionnaires than control group participants.
- Jorm 2010 – No effects on student mental health or on teachers’ individual support toward students with mental health problems
- Mental Illness Policy 2013 – minimal evidence of any impact on persons with mental illness, and no evidence that MHFA improves outcomes
Resources

http://www.mentalhealthfirstaid.org
http://nrepp.samhsa.gov/
Bibliography

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