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Mental Health First Aid: An International Early Intervention Training Program for Members of the Public

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Abstract

Early intervention is usually discussed among formal health providers. Many people with mental disorders delay seeking help, but they are more likely to receive professional help when this is suggested by family, friends and other members in their social network. The Mental Health First Aid (MHFA) Training Program is a method of achieving this by providing members of the public skills to give the first early intervention. This paper gives a brief description of the MHFA program, its development in Australia, its roll-out in other countries, especially in Hong Kong, and evaluation studies which have been carried out. The future directions for MHFA are also discussed.

Keywords: mental health, early intervention, training

Introduction

Mental Health First Aid (MHFA) is a training program for members of the public in how to assist a person who is developing a mental disorder, such as a depressive, anxiety or psychotic disorder or in a mental health crisis situation (e.g. the person is suicidal, out of contact with reality, or had a traumatic experience). This assistance can be given until appropriate professional help is received or the crisis resolves. This training program began in Australia in 2001 and has since spread to many other countries, including Hong Kong. The purpose of this article is to describe why the program is needed, the content of the training, the evidence that it works, and its international spread, with a focus of the MHFA Program in Hong Kong.

The Need for MHFA

Mental disorders are common but under-treated

National surveys of mental disorders have now been carried out in many countries (Wang et al., 2007). Most of these surveys showed that mental disorders are common, but only a minority of people affected seek professional help and. Even where people do eventually seek help, they may delay for many years. There can be serious consequences if people with mental disorders do not seek, or delay

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seeking professional help. Treatment can reduce the amount of disability that the person experiences (Andrews, 2004), but the benefits are reduced if treatment is delayed. Many studies showed that the longer the duration of untreated illness, the poorer the outcomes of treatment tend to be (de Diego-Adlino et al., 2010; Marshall et al., 2005).

A person's social network can facilitate help-seeking

Because mental disorders are so common, members of the public will inevitably have contact with family, friends and work colleagues who are affected. There is evidence that people experiencing a mental disorder are more likely to seek professional help if someone they knew suggests it (Cusack et al., 2004; Dew et al., 1991).The assistance of others in facilitating recognition and help-seeking may be particularly important during adolescence, when mental disorders often have first onset, because adolescents often lack the knowledge and experience to take optimal action.

Social support can facilitate recovery

Another way in which people in the social network can assist is to provide on-going social support. For example, there is evidence that recovery from depression is assisted when family members provide good social support (Keitner et al., 1995) and that positive social support helps reduce the impact of traumatic life events (Charuvastra & Cloitre, 2008).

In crisis situations, professional help may not be immediately available

Mental disorders often develop over a period of time, so that it is possible to assist the person to get professional help. However, sometimes crises arise quickly and professional help is not at hand. Such crises include being suicidal or self-injurious behaviour, experiencing a traumatic event, experiencing a panic attack, being psychotic, being aggressive, or being severely affected by alcohol or other drugs. In such cases, members of the public need to take action to reduce harm to the person or to others.

MHFA Training

The MHFA Action Plan

In order to guide the design of MHFA training, a number of Delphi studies have been carried out across English speaking developed countries to find the best actions and strategies to use in providing assistance for a broad range of mental disorders and mental health crisis situations (Hart et al., 2009; Kelly, Jorm & Kitchener, 2009; Kelly, Jorm & Kitchener, 2010; Kelly et al., 2008a, 2008b; Kingston et al., 2009; Kingston, et al., 2011; Langlands et al., 2008a; Langlands et al., 2008b). These studies identified the strategies that were recommended by the consensus of expert panels consisting of mental health professionals, consumers and caregivers. This consensus was used by the MHFA Australia program to develop the MHFA Action Plan. These actions are: 1). Approach the person, assess and assist with any crisis; 2). Listen non-judgmentally; 3). Give support and information; 4).Encourage the person to get appropriate professional help; 5). Encourage other supports.

MHFA training courses for the public

The Standard MHFA course involves 12-hours of classroom instruction in which participants are taught about the signs and symptoms of the major mental disorders, their risk factors, which treatments are known to be effective, and services available locally (Kitchener & Jorm, 2002; Kitchener, Jorm & Kelly, 2010). The bulk of the course involves learning how to apply the MHFA Action Plan to a range of mental disorders and crisis situations. The Standard MHFA course has also been modified for delivery by e-learning

for members of the public who have difficulty attending face-to-face course (Kitchener & Jorm, 2008). Recently, a version of the standard manual was written to be applicable to give mental health first aid to people with intellectual disability (Kitchener et al., 2010).

There is also a 14-hour Youth MHFA course, which is for adults who want to assist adolescents (Kelly, Kitchener & Jorm, 2010; Kelly et al, 2011). It includes additional material on how to communicate with and assist an adolescent and gives information on treatments and services appropriate for this age group. The topic of eating disorders is also covered.

In Australia, there has also been adaptation of the Standard MHFA course to suit various cultural minorities, including Indigenous Australians (Kanowski, Jorm & Hart, 2009), Vietnamese Australians (Minas, Colucci & Jorm, 2009) and Chinese Australians (Lam, Jorm & Wong, 2010).

MHFA instructor training

Only accredited MHFA instructors can conduct a MHFA course for the public. Successful applicants attend an intensive 5-day MHFA instructor training program to become accredited. Ongoing support, which is perceived by MHFA instructors as essential (Terry, 2010), is provided to these instructors by the National MHFA organisation in each country. A list of these national organisations in 15 countries can be found on the MHFA Australia website www.mhfa.com.au- MHFA International webpage.

Evidence that MHFA Training Works

MHFA training has been extensively evaluated through uncontrolled trials, randomized controlled trials and qualitative studies. The most rigorous evidence comes from four randomized controlled trials conducted in Australia.

The first of these trials involved 301 public servants who were randomly assigned to receive training in their workplace or be placed on a waiting list of later training (Kitchener & Jorm, 2004). When participants were assessed 5 months later, those who received training were found to be more confident in providing help to others, had beliefs about treatment for like those of mental health professionals, had reduced stigma and were more likely to have advised someone to seek professional help.

The second trial involved 753 members of the public from a large rural area (Jorm, Kitchener, O'Kearney & Dear, 2004). Again, they were randomly assigned to either receive training or be placed on a waiting list. The participants trained were found to have improved knowledge of mental disorders, reduced stigma, more confidence in providing help, and they actually provided more help to others following the course. Subsequently, these participants were followed up 19-21 months later for a qualitative study looking at how they used their first aid skills (Jorm, Kitchener & Mugford, 2005). This evaluation found that most people had used their skills to take better action than they could have previously, they had increased empathy and confidence, and were better able to handle crises.

The third trial examined Youth MHFA training of high school teachers (Jorm, Kitchener, Sawyer, Scales & Cvetkovski, 2010). Teachers at 7 high schools were given an abbreviated form of MHFA training that was tailored to the role of a teacher, while teachers at another 7 schools were placed on a waiting list. The training was found to increase mental health knowledge, change beliefs about treatment to be more like those of mental health professionals, reduce some aspects of stigma, and increase confidence in providing help to students and colleagues. There was an indirect effect on the students (who received no intervention), because they reported that their teachers provided them with more mental

health information. However, no effect was found on teachers' individual support towards students with mental health problems in the 6 months following the training.

A recent trial looked at MHFA training delivered by an e-learning CD and involved 262 members of the public. MHFA by e-learning was compared to studying a MHFA manual or being on a waiting list (Jorm, Kitchener, Fischer & Cvetkovski, 2010). Both e-learning and the printed manual were found to increase knowledge and confidence and reduce stigma. However, the e-learning version was superior at reducing stigma and produced greater changes in helping actions towards others in the 6 months following the training.

Links to other MHFA evaluation trials are on the MHFA website: www.mhfa.com.au - MHFA Evaluation webpage.

Spread of MHFA Internationally

Between 2004 and 2010, the MHFA Australia Program has been adopted and adapted in 15 other countries- Canada, China, England, Finland, Hong Kong, Japan, Nepal, New Zealand, Northern Ireland, Scotland, South Africa, Sweden, Thailand, USA and Wales. A licensing fee and conditions of use are agreed upon in a Memorandum of Understanding. Different models have been utilised, e.g. in Australia and Sweden a university mental health research centre have developed, evaluated and rolled out the MHFA program for their country. In China it is a major hospital, in Hong Kong a peak mental health NGO, in Scotland and Canada a government agency. The key to the success within these various models has been the local curriculum adaptation and control of the delivery of the program.

MHFA in Hong Kong

There is a strong sense of obligation in the mind of Chinese people to take care of their ill relatives (Wong 2004; Lam et al, 2011). Also, in the past decade mental health services in Hong Kong have moved hospitalised psychiatric patients into community settings (Yip, 1998). This has increased the opportunity for members of the public, especially caregivers, to have more direct contact with people with mental disorders. These situations have created the demand for a structured psychoeducation program giving the knowledge and skills of helping people with mental health problems. The introduction of MHFA program in Hong Kong perfectly fills this service gap.

In 2004, the Mental Health Association of Hong Kong (MHAHK) began its work on adopting and adapting the MHFA Australia program. From then on, MHAHK became the authorized organization to issue both the certificate for the standard course and conduct the instructors' training course. A MHFA program tailored for Hong Kong was formally offered to the public in July 2004. Generally, the development of the MHFA Hong Kong Program occurred in two phases. First was the promotion of the program to the public and second was the development of the curriculum for local instructor training and the program evaluation as well.

The promotion of MHFA in Hong Kong has not been all plain sailing. First of all, psychiatric stigma could be quite deep-rooted in non-Western communities, such as Hong Kong., because of the meager expenditure on mental health care, limited access to medical information, prohibitive risk of disclosure of psychiatric treatment, and the paucity of advocacy work (Lee, 2002). In this environment, it is no surprise that the development of the MHFA program receives only limited support from government. Initially, the development of MHFA was sponsored by the Mindset, a philanthropy initiative to raise the awareness and understanding of mental health issues by

the Jardine Matheson Group. Subsequently, the project had to shift into a self-financed mode to continue its development. In addition to the problem of limited resources, the development of MHFA in Hong Kong is particularly challenging. The Mental Health Association of Hong Kong has to pay extra effort to translation and cultural adaptation of the content and teaching material to be appropriate for the Chinese culture. In 2005, to help this, one of the authors (Lam, AYK) published a romance novel in Chinese which communicates the principles of mental health first aid via a story about some people who do a MHFA course to learn how to help a friend with a mental health problem and their relationship with the instructor (Lam, 2005).

Where there is a will, there is a way. MHAHK finally published the Chinese MHFA manual in 2006. Based on the cumulative experience of teaching MHFA and local expert opinion, the instructor training curriculum was developed by MHAHK in 2007. Thereafter, to become an accredited MHFA standard course instructor in Hong Kong, qualified mental health practitioners can take the 5-days comprehensive training. Up to the end of 2010, a total of 108 MHFA instructors with diverse backgrounds had been trained locally in Hong Kong through MHAHK. On the other hand, with the support of the Hong Kong Bank Charity Trust Fund, MHAHK launched a 3-year programme for the popularization of MHFA training from 2008-2011. Over 70 MHFA induction talks have been held and have been heard by over 4,500 people. In addition, media releases about MHFA have been disseminated via different means like exhibitions, TV programs, newspaper coverage and other educational programs. In fact, from 2007 onwards, the MHFA training has undergone a remarkable progress. Up to 2010, a total of 380 MHFA standard courses had been launched and over 10,000 participants had been trained. Apart from the general public, many of these first aiders came from NGOs and human service sectors. As well, the MHFA instructors in Hong Kong have also provided MHFA training to people in Macau and Guangdong Province of Mainland China. Since then, the pace of development of MHFA has increased and is closely following similar innovations from MHFA Australia. In June 2010, the 2nd edition of MHFA Hong Kong was formally launched. The adaptation of the MHFA program for adults assisting youth has also been developed and the first round of instructor training was completed in January 2011.

Thus far, no formal evaluation done for MHFA in Hong Kong.. However, a preliminary study with 447 participants was conducted with results suggesting that the MHFA program had brought beneficial changes in the participants' knowledge of mental illness, understanding of treatments and initiative in seeking treatment from professionals (Lam, 2009). Thus, in the summer of 2010, the Mental Health Association of Hong Kong had contracted out a research project to the City University of Hong Kong to explore the mental health literacy of Hong Kong people. Subsequently, a randomized controlled trial with pre-, post- and follow-up measures commenced and it is expected to be completed in the first quarter of 2012.

Conclusion

MHFA has successfully spread within Australia and intercontinentally covering different languages and ethnic groups. The concept of first aid training and its application to the mental health area, which has previously been neglected, make the program a landmark in the development of mental health services internationally. However, there is a lot of work ahead. Mental health problems affect people across age and ethnic groups. The MHFA program could be extended to teach the public to help people in other age or ethnic groups. There is also a vision that MHFA training will

become as common as regular first aid across the world, and that a MHFA certificate will become a prerequisite for many professions that provide human services (Jorm et al, 2007). A distinguishing feature of the MHFA Program from other psychoeducation program, is that it is strongly evidence-based. Further studies such as cross-nation comparison and meta-analysis are planned for the future.

摘要

精神健康急救：國際性早期介入公眾教育課程

早期介入已在醫護界獲得充份的討論，但面對精神健康問題，不少人仍延誤求助。然而，若由親人、朋輩或身邊的人伸出援手及提供意見，人們顯得較為願意接納精神科專業人員的服務。精神健康急救訓練課程的目標正是如此。本文將為精神健康急救訓練於澳大利亞及國際上的發展，尤其是香港，提供一個概略的描述。當中包括了課程的內容，其相關的成效研究成果，及其展望。

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