

## Mental Health First Aid Efficacy: A Compilation of Research Efforts

### 2015

#### 1 Evaluation of Mental Health First Aid

Anthony, B., Banh, M., Goldman, S., Yoon, I. Evaluation of Mental Health First Aid Summary of Psychometric Study. Georgetown Center for Child and Human Development, 2015.

The Georgetown University Center for Child and Human Development and its National Technical Assistance Center for Children's Mental Health in collaboration with the National Council for Behavioral Health conducted a nation-wide research project, creating tools to evaluate the immediate and long-term impact on attitudes and behavior of individuals trained in MHFA. Four different tools were used: pre-training questionnaire, post-training questionnaire, and two follow-up questionnaires, (3 and 6 months). Preliminary results suggest significant increase in knowledge, increased participant self-efficacy and confidence in performing MHFA actions, and 17% - 58% reported using MHFA when encountering individuals with mental health problems. (Study still in process)

### 2014

#### 2 Effectiveness of MHFA Training in Sweden, an RCT with a 6-month and 2-year follow-up

Svennson B, Hansson L. Effectiveness of Mental Health First Aid Training in Sweden. [A randomized controlled trial with a six-month and two-year follow-up](#). *PLOS ONE*, 2014; 9; 1-8.

This study, a randomized controlled trial, investigates if MHFA training in a Swedish context provides a sustained improvement in knowledge about mental disorders, a better ability to be helpful in contacts with people who are ill and if it changes attitudes in a positive direction. Participants were mainly public sector employees from a county in the west of Sweden. The study included an experiment group (n = 199) and a control group (n = 207) placed on a waiting list during a 6-month follow-up. At a two-year follow-up, findings demonstrated that the intervention group improved in knowledge and confidence in providing help for someone in need, with improvements maintained to a great extent.

#### 3 Evaluating the effectiveness of Mental Health First Aid training among student affairs staff at a Canadian university

Massey J, Brooks M, Burrow, J. [Evaluating the effectiveness of Mental Health First Aid training among student affairs staff at a Canadian university](#). *Journal of Student Affairs Research and Practice*, 2014; 51:3; 323-336.

This study evaluated the effectiveness of providing the Mental Health First Aid training program to student affairs staff. The objective of the training was to increase knowledge of mental health, enhance sensitivity, and raise confidence to intervene and assist individuals experiencing a mental health issue. Results demonstrated that the training successfully met its objectives and offers great potential to student affairs practitioners.

#### 4 Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis

Hadlaczky G, Hokby S, Mkrtchian A, Carli V, Wassmerman D. [Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis](#). *International Review of Psychiatry*, 2014; 4; 467-475.

The paper aimed to synthesize published evaluations of the MHFA programme in a meta-analysis to estimate its effects and potential as a public mental health awareness-increasing strategy. Fifteen relevant papers were identified through a systematic literature search. Standardized effect sizes were calculated for three different outcome measures: change in knowledge, attitudes, and helping behaviours. Standardized effect sizes were calculated for three different outcome measures: change in knowledge, attitudes and helping behaviors. Mean effect sizes were 0.56 for knowledge, 0.28 for attitudes, and 0.25 for behaviors, indicating that MHFA training had a medium effect on changing knowledge and small effects on influencing attitudes and behaviors. Thus findings from the meta-analysis indicate promising gains among individuals trained in MHFA, particularly in knowledge, and possibly in attitudes and helping behavior. The results demonstrate that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental

health problems.

**5 Promoting well-being and reducing stigma about mental health in the fire service**

Moffitt J, Bostock J, Cave A. [Promoting well-being and reducing stigma about mental health in the fire service](#). *Journal of Public Mental Health*, 2014; 13; 103-113.

This study evaluated the impact of three mental health promotion interventions, including MHFA, on attitudes and knowledge towards mental health in fire service managers at Northumberland Fire and Rescue Service in the UK. The results from this study indicated that providing MHFA was considered helpful by managers in the Fire Service and had positive outcomes for attitudes and understanding about mental health. Specifically, the MHFA course was associated with statistically significant improvements in attitudes to mental illness and knowledge/self-efficacy around mental health.

**6 Mental Health First Aid attained SAMHSA's NREPP Status**

Substance Abuse and Mental Health Services Administration. Mental Health First Aid. (Jan. 28, 2014). Available at: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321>

Mental Health First Aid is now listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

**2013**

**7 Mental Health First Aid USA in a rural community: Perceived impact on knowledge, attitudes and behavior**

Mendenhall AN, Jackson SC, Hase S. [Mental Health First Aid USA in a rural community: Perceived impact on knowledge, attitudes and behavior](#). *Social Work in Mental Health*, 2013; 11:6; 563-577.

This study investigated the perceived impact of Mental Health First Aid (MHFA) on individuals who took the class through a community mental health center in rural Kansas. One hundred and seventy-six MHFA graduates completed an online survey assessing their perception of the impact of completing the MHFA course. Findings corresponded with previous Australian MHFA studies that found outcomes including improved mental health literacy and changed attitudes and behaviors, but the study sample limits generalizability.

**8 Mental Health First Aid as a promising intervention for Indigenous Australians**

Day A, Francisco A. [Social and emotional wellbeing in Indigenous Australians: Identifying promising interventions](#). *Australian and New Zealand Journal of Public Health*, 2013; 37; 350-355; doi:10.1111/1753-6405.12083.

This article reviews evidence that supports a range of psycho-social interventions implemented to improve social and emotional wellbeing in Aboriginal and Torres Strait Islander individuals and communities. A systematic review of the available literature was conducted with relevant evaluations classified using the Maryland Scientific Methods Scale. Sixteen interventions are reviewed and scored for strength of scientific evidence. Mental Health First Aid tops the list as having the strongest evidence in terms of scientific rigour, with a score of 5 out of 5.

**9 Evaluation of Youth Mental Health First Aid Training in the North-East of England**

Borrill J, Kuczynska P. (2013). Evaluation of Youth Mental Health First Aid Training in the North-East of England, December. 2013. Available online at: [http://mhfaengland.org/files/1813/9057/6593/NE\\_Youth\\_2013\\_Evaluation.pdf](http://mhfaengland.org/files/1813/9057/6593/NE_Youth_2013_Evaluation.pdf)

The Youth Mental Health First Aid training was delivered to 224 individuals regularly interacting with adolescents across 18 venues in North-East England. Results from phase one demonstrated that almost all participants reported increased levels of knowledge and confidence after they attended the training. The second phase of the evaluation focused on the impact an implementation of the training in practice 3-6 months after the training. The response rate was low, indicating that participants did not respond to the follow-up because they have not yet found the time or opportunity to put their learning into practice. Examples that were shared in phase two indicated a high level of enthusiasm to continue the program,



and participants felt more confident in taking this further as a result of the training.

## 2012

### 10 Evaluation of Mental Health First Aid training in a diverse community setting

Morawska A, Fletcher R, Pope S, Heathwood E, Anderson E, McAuliffe C. [Evaluation of Mental Health First Aid training in a diverse community setting](#). *International Journal of Mental Nursing*, 2013; 22:1; 85-92.

The present study aimed to investigate the effectiveness of Mental Health First Aid (MHFA) in multicultural communities. A total of 458 participants, who were recruited from multicultural organizations, participated in a series of MHFA training courses. Participants completed questionnaires pre and post the training course, and 6-month follow-up interviews were conducted with a subsample of participants. Findings suggested that MHFA training increased participant recognition of mental illnesses, concordance with primary care physicians about treatments, confidence in providing first aid, actual help provided to others, and a reduction in stigmatizing attitudes. A 6-month follow up also yielded positive long-term effects of MHFA.

### 11 MHFA Guidelines: An evaluation of impact following download from World Wide Web

Hart LM, Jorm AF, Paxton SJ, Cvetkovski S. [MHFA Guidelines: An evaluation of impact following download from the World Wide Web](#). *Early Intervention Psychiatry*, 2012; 6; 399-406.

The aim of this study was to evaluate the usefulness and impact of the MHFA Guidelines on web users who download them. Web users who downloaded the documents were invited to respond to an initial demographic questionnaire, then a follow up about how the documents had been used, their perceived usefulness, whether first aid situations had been encountered and if these were influenced by the documents. A majority of those who provided first aid reported feeling that they had been successful in helping the person, that they had been able to assist in a way that was more knowledgeable, skillful and supportive, and that the guidelines had contributed to these outcomes. Findings supported the conclusion that information made freely available on the Internet, about how to provide mental health first aid to someone who is developing a mental health problem or experiencing a mental health crisis, is associated with more positive, empathic and successful helping behaviours.

**12 Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi consensus study**

Ross AM, Hart LM, Jorm AF, Kelly CK, Kitchener BA. [Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi consensus study](#). *Early Intervention Psychiatry*, 2012; 6; 229-238; doi: 10.1111/j.1751-7893.2012.00345.x.

This article describes key messages about knowledge and actions to form the basis of a basic MHFA course for adolescents to increase recognition of and help seeking for mental health problems by teaching the best knowledge and helping actions a young person can undertake to support a peer with a mental health problem. The Delphi method was used to achieve consensus among Australian and Canadian youth mental health experts regarding the importance of statements that describe helping actions a young person can take, and information they should have, to support a friend with a mental health problem. There were two expert panels, one consisting of 36 youth mental health consumer advocates and the other of 97 Youth MHFA instructors. Panelists rated each statement according to how appropriate it would be as a basic mental health first aid message for both a junior adolescent (12-15 years) and a senior adolescent (16-18 years). Out of 98 statements, 78 were endorsed as key basic MHFA messages for junior adolescents and 81 were endorsed for senior adolescents. The study has identified key messages for adolescents on how they can help a peer. These messages will form the basis of the curriculum for an MHFA course for adolescents.

**13 Young people's mental health first aid intentions and beliefs prospectively predict their actions: Findings from an Australian National Survey of Youth**

Yap MBH & Jorm AF. [Young people's mental health first aid intentions and beliefs prospectively predict their actions: Findings from an Australian National Survey of Youth Psychiatry Research](#), 2012; 196; 315-319

This study examined whether young people's first aid intentions and beliefs predicted the actions they later took to help a close friend or family member with a mental health problem. Participants in a 2006 national survey of Australian youth (aged 12-25years) reported on their first aid intentions and beliefs based on one of four vignettes: depression, depression with alcohol misuse, psychosis, and social phobia. At a two-year follow-up interview, they reported on actions they had taken to help any family member or close friend with a problem similar to the vignette character since the initial interview. Of the 2005 participants interviewed at follow-up, 608 reported knowing someone with a similar problem. Overall, young people's first aid intentions and beliefs about the helpfulness of particular first aid actions predicted the actions they actually took to assist a close other. However, the belief in and intention to encourage professional help did not predict subsequent action. Findings suggest that young people's mental health first aid intentions and beliefs may be valid indicators of their subsequent actions.

2011



**14 Youth mental health first aid: a description of the program and an initial evaluation**

Kelly CM, Mithen JM, Fischer JA, Kitchener BA, Jorm AF, Lowe A, Scanlan C. [Youth mental health first aid: a description of the program and an initial evaluation](#). *International Journal of Mental Health Systems*, 2011; 5:1; 4.

In this study, the Youth Mental Health First Aid program was evaluated through an uncontrolled trial with 246 adult members of the Australian public, who completed questionnaires immediately before attending the 14 hour course, one month later and six months later. Outcome measures were: recognition of schizophrenia or depression; intention to offer and confidence in offering assistance; stigmatising attitudes; knowledge about adolescent mental health problems and also about the Mental Health First Aid action plan. Most results were maintained at follow-up.

**15 Impact of Mental Health First aid Training on Pharmacy Students' Knowledge, Attitudes and Self-Reported Behaviour**

O'Reilly CL, Bell JS, Kelly PJ, Chen TF. [Impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial](#). *Australian and New Zealand Journal of Psychiatry*, 2011 45(7): 549 - 557.

The aim of this study was to assess the impact of delivering Mental Health First Aid (MHFA) training for pharmacy students on their mental health literacy and stigma towards mental illness. A non-randomized controlled design was used, with all third year pharmacy students at the University of Sydney (n = 272) in 2009 invited to participate in one of two MHFA training courses, each of 12 hours duration. Of these, 174 students applied for MHFA training, of whom 60 were randomly selected and offered MHFA training. Outcome measures that were completed by all participants in the MHFA and non-MHFA groups before and after the MHFA training included an evaluation of mental health literacy, the 7-item social distance scale, and 16 items related to self-reported behaviour. This study demonstrated that MHFA training can reduce pharmacy students' mental health stigma, improve recognition of mental disorders and improve confidence in providing services to consumers with a mental illness in the pharmacy setting.

**16 Mental Health First Aid for college students: A multi-campus randomized control trial**

Eisenberg D, Speer N. [Mental Health First Aid for college students: A multi-campus randomized control trial](#). Final Report for NIMH1RC1MH089757-01, 2011.

The project implemented a randomized control trial of MHFA on 32 campuses representing a range of higher education institutions, from community colleges in rural areas to research universities in large, urban areas. Residential advisors (RAs) received MHFA training, and data was collected from campus mental health services and pre- and post-intervention surveys to assess service utilization, knowledge, attitudes, and help-seeking behavior among college students as a result of the training. RAs reported that the training increased their confidence in recognizing and responding to developing mental health problems and crisis situations. Results did not show any reported influence of the intervention of RAs' interaction with students. There were no reported changes in referrals for mental health services from RAs, or reported increases in interactions with RAs by students or RAs.

**17 Mental health literacy: Empowering the community to take action for better mental health**

Jorm, Anthony F. [Mental health literacy: Empowering the community to take action for better mental health](#). *American Psychologist* 2011; doi:10.1037/a0025957

For major physical diseases, it is widely accepted that members of the public will benefit by knowing what actions they can take for prevention, early intervention, and treatment. However, this type of public knowledge about mental disorders (mental health literacy) has received much less attention. There is evidence from surveys in several countries for deficiencies in (a) the public's knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge of help-seeking options and treatments available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others affected by mental health problems. Nevertheless, there is evidence that a range of interventions can improve mental health literacy, including whole-of-community campaigns, interventions in educational settings, Mental Health First Aid training, and information websites. There is also evidence for historical improvements in mental health literacy in some countries. Increasing the community's mental health literacy needs to be a focus for national policy and population monitoring so that the whole community is empowered to take action for better mental health.



**18 The influence of stigma on first aid actions taken by young people for mental health problems in a close friend or family member**

Marie Bee Hui Yap, Anthony Francis Jorm. [The influence of stigma on first aid actions taken by young people for mental health problems in a close friend or family member: Findings from an Australian national survey of youth](#). Journal of Affective Disorders 2011; 134: 473 – 477.

Young people are an important source of first aid for mental health problems in people they are close to, but their first aid skills remain inadequate. This study examined the influence of stigma on first aid actions taken by young people to help someone close to them with a mental health problem. Participants in a national telephone survey of Australian youth (aged 12-25years) reported on their stigmatizing attitudes based on one of three disorders in vignettes: depression, depression with alcohol misuse, and social phobia. At a two-year follow-up interview, they were asked if they knew a family member or close friend with a problem similar to the vignette character since the initial interview, and those who did reported on the actions taken to help the person. Of the 1520 participants interviewed at follow up, 507 reported knowing someone with a similar problem. Young people's stigmatizing attitudes (weak-not-sick, social distance and dangerousness/unpredictability) influenced their first aid actions. Reducing stigma may help to improve the first aid that people with mental health problems can receive from young people who are close to them.

**2010**

**19 Mental health first aid training for high school teachers**

Jorm, AF, Kitchener, BA, Sawyer, MG, Scales, H, & Cvetkovski, S. [Mental health first aid training for high school teachers: a cluster randomized trial](#). *BMC Psychiatry*, 2010; 10:51.

A Mental Health First Aid training course was modified for teachers in South Australian high schools and evaluated in a cluster randomized trial. Teachers at 7 schools received training and those at another 7 were wait-listed for future training. The effects of the training on teachers were evaluated using questionnaires pre- and post-training and at 6 months follow-up. The questionnaires assessed mental health knowledge, stigmatizing attitudes, confidence in providing help to others, help actually provided, school policy and procedures, and teacher mental health. The indirect effects on students were evaluated using questionnaires at pre-training and at follow-up which assessed any mental health help and information received from school staff, and also the mental health of the student. The training increased teachers' knowledge, changed beliefs about treatment to be more like those of mental health professionals, reduced some aspects of stigma, and increased confidence in providing help to students and colleagues. There was an indirect effect on students, who reported receiving more mental health information from school staff. Most of the changes found were sustained 6 months after training. However, no effects were found on teachers' individual support towards students with mental health problems or on student mental health.

**20 Evaluation of Mental Health First Aid training by e-learning**

Jorm AF, Kitchener BA, Fischer J, Cvetkovski S. [Mental health first aid training by e-learning: a randomized controlled trial](#). *Australian and New Zealand Journal of Psychiatry* 2010; 44: 1072-1081.

A randomized controlled trial was carried out with 262 members of the Australian public. Participants were randomly assigned to complete an e-learning CD, read a Mental Health First Aid manual or be in a waiting list control group. The effects of the interventions were evaluated using online questionnaires pre- and post-training and at 6-months follow up. The questionnaires covered mental health knowledge, stigmatizing attitudes, confidence in providing help to others, actions taken to implement mental health first aid and participant mental health. Both e-learning and the printed manual increased aspects of knowledge, reduced stigma and increased confidence compared to the control group. E-learning also improved first aid actions taken more than the control group, and was superior to the printed manual in reducing stigma and disability due to mental ill health.

**21 Improving football coaches' recognition and response to mental health problems in others**

Pierce D, Liaw ST, Dobell J, Anderson R. [Australian rural football club leaders as mental health advocates: an investigation of the impact of the Coach the Coach project](#). *International Journal of Mental Health Systems* 2010; 4: 10.

The Rural Health Academic Centre in the rural city of Ballarat in Victoria delivered the MHFA course to 36

football coaches from 12 rural clubs in Victoria. More than 50% of club leaders who undertook the training showed increased capacity to recognise mental illness and 66% reported increased confidence to respond to mental health difficulties in others. The study concluded that rural football clubs appear to be appropriate social structures to promote rural mental health awareness. Club leaders, including many coaches, benefit from MHFA training, reporting increased skills and confidence. Benefit to club players from this approach was less obvious. However, the generally positive findings of this study suggest further research in this area is desirable.

## **22 Evaluation of Mental Health First Aid training with members of the Chinese community in Melbourne, Australia**

Lam AY.K, Jorm AF, Wong DF.K. [Mental health first aid training for the Chinese community in Melbourne, Australia: effects on knowledge about and attitudes toward people with mental illness](#). International Journal of Mental Health Systems 2010; 4: 18.

This is the third published paper on an evaluation of a cultural adaptation of the MHFA Australia program. MHFA Hong Kong Instructor Angus Y Lam spent some time studying in Melbourne. Whilst here, he carried out an evaluation of the 12-hr MHFA delivered to 108 people from the Chinese community in Melbourne. Angus used the adapted Chinese translated MHFA manual from the MHFA Hong Kong Program. He also conducted the course in Cantonese, which was simultaneously translated into Mandarin by another participant. Pre and post measurements in this uncontrolled trial found this training to be effective in improving recognition of mental disorders, in reducing negative stigmatizing attitudes and in changing beliefs about the helpfulness of treatment.

2009

## **23 Evaluation of Mental Health First Aid training with members of the Vietnamese community**

Minas H, Colucci E, Jorm AF. [Evaluation of Mental Health First Aid training with members of the Vietnamese community in Melbourne, Australia](#). International Journal of Mental Health Systems 2009; 3: 19.)

This is the second published paper on an evaluation of a cultural adaptation of the MHFA Australia program. Pre and post measurements in this uncontrolled trial of the Vietnamese MHFA program found significant reductions in stigmatizing attitudes, improved knowledge of mental disorders and improved knowledge about appropriate forms of assistance to give to people in the Vietnamese community with mental disorder.

## **24 Enhancing mental health knowledge and skills of agents working with farmers**

Hossain D, Gorman D, Eley R. [Enhancing the knowledge and skills of Advisory and Extension Agents in mental health issues of farmers](#). Australian Psychiatry 2009; 17: 116-20.

The aim of this study was to increase knowledge and skills of Advisory and Extension Agents (AEAs) in recognizing the symptoms of mental disorders, providing initial help, and offering the referral pathway for appropriate professional help. Mental Health First Aid (MHFA) training was provided to AEAs and knowledge and skills pre-training were compared to 6-months post-training. The MHFA training improved the AEAs' ability to recognize a mental disorder, it increased their confidence level in providing help to someone with a mental health problem, it decreased social distances and positively changed their beliefs about treatment. MHFA training is effective in enhancing the mental health knowledge and skills of AEAs. The agents, who are a main line of contact of farmers, are able to recognize mental disorders of people and help them appropriately. They are more willing to work with stigmatized people and know who to refer people to for help.

2001-2008

## **25 Mental Health First Aid in drought-affected rural NSW**

Sartore GM, Kelly B, Stain HJ, Fuller J, Fragar L, Tonna A. [Improving mental health capacity in rural communities: Mental health first aid delivery in drought-affected rural New South Wales](#), Australian Journal of Rural Health 2008; 16: 313-318.

The Centre for Rural and Remote Mental Health in NSW evaluated the effectiveness of the MHFA training in drought-affected rural and remote Australia, as part of a strategy to improve capacity among farming communities to provide early intervention for mental health problems. Data were obtained from 99 participants recruited across 12 New South Wales towns, before and after delivery of MHFA seminars



emphasizing the role of front-line workers from agricultural-related services. Surveys assessed knowledge of, confidence in dealing with, and attitude towards people experiencing mental illness, along with the impact of training on response to mental health problems among target population of farmers and farming families. A majority of responses reflect a concern with giving appropriate advice and support well outside narrow job definitions. Participants' ability to identify high prevalence disorders and endorse evidence-based interventions for both high and low prevalence disorders increased following MHFA training, as did their confidence in their ability to provide appropriate help. The study concluded that MHFA training can form an effective part of a strategy to improve systems of care and pathways to early intervention in rural communities by using local networks to provide mental health support.

**26 Mental Health First Aid training: review of evaluation studies**

Kitchener BA, Jorm AF. [Mental Health First Aid training: review of evaluation studies](#). Australian and New Zealand Journal of Psychiatry 2006; 40: 6-8.

This paper reviewed studies evaluating mental health first aid (MHFA) training. The results found that most mental health first aiders tend to be middle-aged women whose work involves people contact. All trials found the following statistically significant benefits 5–6 months post-training: improved concordance with health professionals about treatments, improved helping behaviour, and greater confidence in providing help to others and decreased social distance from people with mental disorders. Only one trial evaluated the mental health benefits to participants and this found positive effects. The paper concluded that although MHFA training has been found to change knowledge, attitudes and helping behaviours, and even benefit the mental health of participants, there has not yet been an evaluation of the effects on those who are the recipients of the first aid.

**27 Experiences in applying skills learned in a mental health first aid training course**

Jorm A, Kitchener B, Mugford SK. [Experiences in applying skills learned in a mental health first aid training course: a qualitative study of participants' stories](#). BMC Psychiatry 2005; 5: 43.

People who have completed the Mental Health First Aid course often tell stories about how they have used their first aid skills to help someone. These stories are particularly interesting because they tell about the effects of the first aid on the person helped. In order to systematically analyse such stories, 131 former course participants were approached 19-21 months following the course and asked to complete a questionnaire about their experiences. 94 of these people responded. It was found that 78% had used their first aid skills. Many positive effects were reported, including increased empathy and confidence and being better able to handle crises. There was no evidence that people were over-reaching themselves because of over-confidence. Participants were very positive about the benefits of the course and keen to see it repeated and extended.

**28 Mental health first aid training in a workplace setting**

Kitchener BA, Jorm AF. Mental health first aid training in a workplace setting: A randomized controlled trial. *BMC Psychiatry* 2004; 4: 23.

This randomized controlled trial was carried out in 2002 with employees of two Australian government departments who did the course during their work time. This trial involved 301 participants who were randomized to either participate immediately in a course or to be wait-listed for 5 months before undertaking the training. The trained group saw greater confidence in helping others, decreased stigmatizing attitudes, and improved mental health in the participants themselves. There was no change in the percentage who reported contact with anyone with a mental health problem or in the percentage reporting giving "some" or "a lot" of help.

**29 Controlled trial in a rural area**

Jorm A, Kitchener B, O'Kearney R, Dear K B.G. [Mental health first aid training of the public in a rural area: a cluster randomized trial](#). BMC Psychiatry 2004; 4: 33.

A trial was carried out with members of the public in a large rural area of New South Wales, as a partnership between the New South Wales Southern Area Health Service and the Centre for Mental Health Research. Eight of 16 local government areas on the Southern Area Health Service received the course immediately and the other 8 were placed on a waiting list to receive the training later in the year (the controls). There were 753 participants in total in the trial: 416 were in areas that received the course immediately and 337 in the control group. People who did the course showed a number of changes



relative to the control group including better recognition of disorders from case descriptions of a person with either depression or schizophrenia, less negative attitudes towards people with mental disorders, greater confidence in providing help to someone, and more likely to actually provide help to someone. The course did not change the number of people with mental disorders that the participant had contact with, or advising people to seek professional help.

*Still in progress*

**30 Experiences of Graduates of the Mental Health First Aid-USA Course**

Alicia A. Lucksted, University of Maryland  
(in press)

This qualitative study used semi-structured interviews to ask graduates of Mental Health First Aid (MHFA-USA) about its impact. Interviewees described gaining knowledge, skills and confidence to help someone in distress, empathy for people with mental illness, and developing a sense of responsibility and permission to try to help when needed. They gave varied examples of using MHFA-USA skills with strangers, acquaintances, coworkers, clients, and family members, and to help themselves, in a range of situations. Our results suggest that the distressed people encountering this study's interviewees likely experienced more supportive, non-judgmental, constructive interactions than they would have if encountering the same person prior to MHFA training, or, by extension, untrained people generally. However, interviewees' inability to know what happened after their encounter underlines the complexity of defining "benefit" in future research and the pros and cons of various research approaches.

**31 Evaluation of Philadelphia's Mental Health First Aid Program**

Nancy E. Epstein, Drexel University  
(research ongoing)

A Drexel University School of Public Health Associate Professor is leading an evaluation of Philadelphia's Mental Health First Aid (MHFA) training. The evaluation will focus on Public Safety and Faith-based audiences assessing the impact of MHFA in the work, community and personal lives First Aiders and their improved individual ability to recognize the signs and symptoms of mental illness, improved confidence levels in taking action, decreases in stigma and how First Aiders are applying what they learned in community, neighborhood, workplace and congregational settings.

**32 Mental Health First Aid: Outcomes Evaluation Strategies**

Western Interstate Commission on Higher Education (WICHE) and the University of Michigan School of Public Health  
(results not formally published)

WICHE and the University of Michigan School of Public Health conducted a study sponsored by the National Institute of Mental Health where they trained some 470 resident advisors (RAs) on 33 campuses nationwide in the 2010-2011 school year. The study found that RAs who were trained reported increased confidence in recognizing and responding to developing mental health problems and crises, had greater knowledge of mental illnesses, and had positive beliefs about treatment. Ninety-nine percent said they would recommend the training to others. For students who were not trained, there was no change in the use of mental health services, interactions with RAs regarding mental health, symptoms of mental illnesses, or use of campus counseling centers.

**33 University of Kansas Study on Efficacy of Mental Health First Aid**

Amy Mendenhall, University of Kansas  
(research ongoing)

A University of Kansas researcher is leading efforts to determine the effectiveness Mental Health First Aid by interviewing mental health providers who teach the course and surveying people who took the course. Preliminary findings indicate that Mental Health First Aid has a positive impact on public mental health in Kansas. Thus far, people taking part in the research have indicated that the course provides a solid base of knowledge for people with a limited mental health background who are taking it for the first time, and can even act as a useful refresher for individuals with previous mental health education or experience. Others taking the course claim the knowledge and confidence they gained have empowered them to speak up and make a difference by helping themselves or others.