

An evaluation of instructors' views and experiences of delivering Mental Health First Aid training in Wales

Background

To increase public mental health literacy, a 12 hour mental health promotion programme has been developed called 'Mental Health First Aid'(MHFA), to give people skills to recognise the signs of mental distress and enable them to provide support. The programme originates from Australia, where evaluations have shown increased confidence and decreased stigmatising attitudes (Kitchener & Jorm, 2006; Kitchener & Jorm, 2008). MHFA is now being delivered in 16 countries internationally.

There is little qualitative data in relation to delivery of mental health training; and participant recruitment, training delivery, and marketing are important facets. In order that MHFA training be delivered in an effective and efficient way, this study explored views and experiences of instructors delivering the MHFA programme in Wales.

Method – a descriptive qualitative study

Study aims:

- To explore instructors' views and experiences of delivering the MHFA course
- To identify from their perspective, the benefits and challenges of MHFA training
- To compare the findings in the national context for the delivery of MHFA programmes

A sample of 14 were drawn from 49 MHFA instructors, who had delivered at least one training programme, and were either independent, or employed in the voluntary or private sector. Participants took part in semi-structured interviews, which were taped and transcribed. Ethical approval was obtained from the School of Health Science Research Ethics Committee, Mind Cymru and the Welsh Assembly Government. Measures to ensure rigour were peer review, audit trail and reflexivity. Transcripts were read for recurrent themes, resulting in 5 overarching themes and 23 categories.

Results

Participants were recruited from North Wales (n=3), Mid and West Wales (n=3) and South and South East Wales (n=8). Average interview time was 54 minutes.

The following themes were identified:



Selection of participant quotes:

"the other person I ...delivered with was very open with the group about having mental health issues herself and I thought that was really quite powerful,...that made quite an effect on the group to...think, oh look, here's somebody who's delivering this course who's admitted that they experienced mental health issues ...that helped bridge that gap really that people have between thinking it's them and us..."

(Prerequisite skills – mental health expertise)

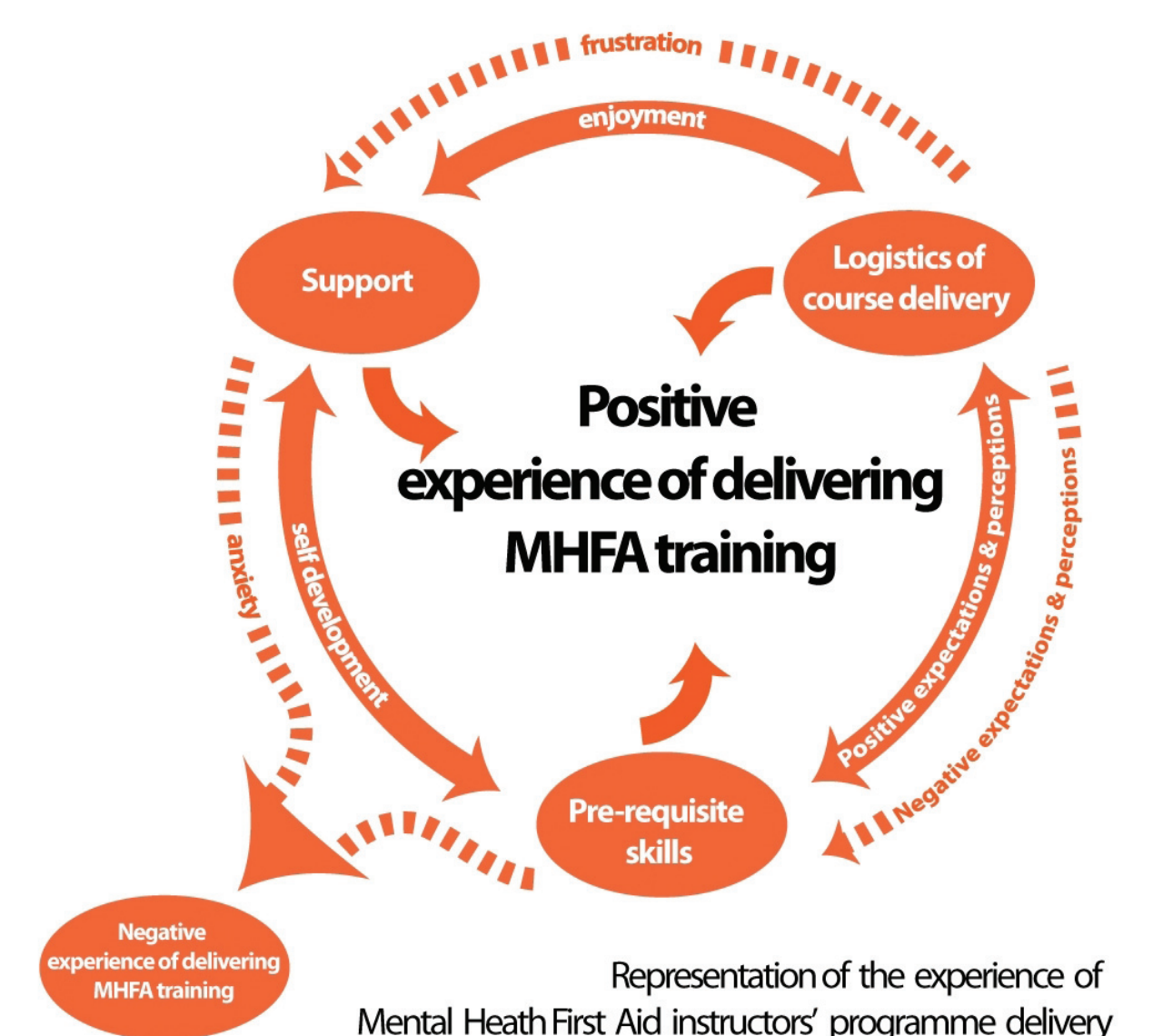
"you tend to forget when you work in mental health some of the things we deal with on a day to day basis or discuss or talk about are just, that's part of what we do, that's our job, but for a lot of people they are not openly discussed or recognised and there's still a lot of misunderstanding and fear around things"

(Prerequisite skills – emotional labour)

"it's given me the confidence that there is something out there that anyone can learn and you don't have to know anything about mental ill health...also it spreads the word to destigmatise mental health... If you hear people talking about it you've cracked it, you've won"

(Expectations & perceptions – course potential)

The experiences of MHFA instructors' programme delivery are represented in the diagram on the right. Instructors with the necessary prerequisite skills and appropriate support, experienced enjoyment and self development, and with the essential components of a national infrastructure had a positive experience of delivering the MHFA programme. Conversely, instructors who perceived a lack of support, an undefined infrastructure and lacked prerequisite skills, experienced anxiety, frustration and logistical difficulties in course delivery, leading to a negative experience.



Conclusion

Being a MHFA instructor was perceived as a positive experience, with instructors reporting increased confidence and self development attributes, despite challenges associated with course delivery. Universal mental health training programme require rigorous selection of instructors, ongoing quality assurance processes, and reliable support structures.

Instructors highlighted the frequency of course attendees relating to the MHFA course material, becoming distressed or discussing their own mental health problems during courses; requiring considerable expertise on behalf of the instructor. The ensuing process of emotional labour and managing a learning group, whilst promoting dignity, require ongoing support, in order to sustain instructors themselves. Further research is needed to understand how mental health programmes impact on wide populations, to study their effectiveness, and to explore if, over time, they improve mental health.

References:

- Kitchener, B., Jorm, A. (2006) 'Mental health first aid training: review of evaluation studies' Australian and New Zealand Journal of Psychiatry, 40:6-8
Kitchener, B., Jorm, A. (2008) 'Mental health first aid: an international programme for early intervention' Early Intervention in Psychiatry, 2008:2,55-61