



MHFA Newsletter, December 2005

Dear Instructors and Friends of the MHFA Program

This year has seen the continued growth of the MHFA Program. The MHFA Team wishes to thank you for all the MHFA courses that have been conducted across Australia during 2005. We now have over 300 MHFA Instructors accredited and there are Instructors based in every state and territory of Australia.

In April this year the MHFA Program moved from Canberra to Melbourne to be auspiced by the ORYGEN Research Centre at the University of Melbourne. This move has been an excellent decision for a number of reasons. We have now been able to expand our staff to 6 full time members (7, counting Algee the koala). http://www.mhfa.com.au/our_team.htm

We hope you all enjoy the Christmas break and good luck with all the courses you have planned for the coming year. We look forward to hearing your stories.
Below is an overview of some of the achievements in 2005 by the MHFA Program.

SOME CHANGES IN OUR CONTACT DETAILS

At the end of November, our offices relocated down the road to be on the same site as the ORYGEN Research Centre. If you are visiting us, the location of the MHFA Program is:

House 24
35 Poplar Rd
Parkville
VIC 3052

Please note that the postal address has not changed (see at top of this Newsletter).

We have different office phone numbers but our email addresses & mobile phone numbers remain unchanged.

THE LATEST RESEARCH ON MHFA PUBLISHED

Mental Health First Aid Stories

Experiences in applying skills learned in a Mental Health First Aid training course: a qualitative study of participants' stories

Jorm AF, Kitchener BA & Mugford SK *BMC Psychiatry* 2005, 5:43 (9 November 2005)

Available online: <http://www.biomedcentral.com/content/pdf/1471-244X-5-43.pdf>



We now have the proof that you are definitely contributing to your communities' well being every time you conduct a MHFA course. This research was reported in the last MHFA Newsletter. The journal article has now been published, again in BMC Psychiatry. Tony & I are trying to get all of the research papers on the MHFA program published in this journal as it has free public web access to the whole article. Often people who complete MHFA training tell of interesting experiences they subsequently have in applying their first aid skills. In some cases, they report major effects on someone's life because of what they have done. Such stories are important sources of information about the effects that MHFA can have. We completed a research project which systematically gathered information on such experiences from 94 course participants around 20 months after completing the course. 78% of the participants reported that they had used their skills to help someone. Most reported positive effects, including being able to take practical steps that led to better outcomes than might otherwise have been the case. Training also helped people be more empathetic and have better relationships with people experiencing mental health problems. Importantly, there were no negative effects reported such as from trainees being over-confident and acting outside their capabilities.

MHFA INSTRUCTOR REFRESHER WEEKEND.

The MHFA Instructor Refresher Weekend was conducted in October this year in Melbourne. Over 50 MHFA Instructors' attended, some from as far away as Western Australia. Again the feedback from Instructors was that this was a very successful activity to attend. In January, we will be putting up on the Instructors' resources webpage some of the talks and activities from this weekend.

AN UPDATE ON THE MHFA STANDARDS PROJECT

You will remember that earlier this year, we embarked on trying to establish the National Standards for Mental Health First Aid for different mental health crises and developing mental illnesses. We have 2 F/T researchers working on this project. Dr Claire Kelly has begun work on the crisis topic of suicide and Robyn Anderson on the topic of developing depression. After combing thousands of web pages, journal articles and books galore for any claims people have made about how to help someone who is depressed or suicidal, the questionnaires to establish the MHFA standards for depression and suicidal ideation are close to completion. The depression questionnaire has been divided into 5 sections: providing immediate assistance to someone who may have depression; interacting with someone with depression; overcoming resistance or inaccurate diagnoses; ongoing help to promote recovery; and age-specific ways of helping someone with depression. The suicidal ideation questionnaire is divided into asking someone if they are suicidal, determining level of suicide risk, talking to a suicidal person, and ensuring safety. Once they have been piloted, they will be sent out to panels of experts-consisting of consumers, clinicians and carers-from Australia, New Zealand, the UK, Canada and the United States. The panel members will respond to the statements on a 7-point likert scale ranging from 'strongly agree' to 'strongly disagree'. We are aiming for at least 80% consensus so several rounds may be required where panel members get the chance to revise their ratings in accordance with others on the panel. The next stage in the project is to begin working on first aid standards for psychosis, including how to manage perceived threatening behaviour, and how to encourage someone to seek or accept help when they don't believe they need it. We are also planning to develop standards for anxiety disorders, substance use disorders and eating disorders in the near future.



VERSIONS OF THE MHFA PROGRAM BEING DEVELOPED

MHFA in the Schools Version

Adolescence is a time of life when mental health problems first become apparent. It is important that teachers and other youth workers have the appropriate skills to give first aid to these young people. To fill the need for greater skills in this area, we are collaborating with the South Australian Department of Education and Children's Services to develop a version of MHFA which is suitable for training teachers of adolescents in South Australian schools. This MHFA course variant will draw largely on the content of the existing course, but will focus on mental health problems most common in young people and the resources available to help this age group. Additional modules will be added to cover eating disorders and deliberate self harm.

MHFA for the Family Law Courts Version

Relationship breakdown is a known risk factor for the common mental health problems. With a grant from the Department of Health and Ageing (from the National Suicide Prevention Strategy) the Family Court of Australia and Federal Magistrates Court are piloting a Mental Health Support Initiative aimed at supporting the mental health of clients of the Court in Adelaide and Darwin and ultimately reducing the risk of suicide. One key aim of the project is to ensure that clients are appropriately referred using newly developed protocols and referral pathways from the Family Law Courts to organisations that have the capacity and capability to provide mental health services. Another key aim is to improve the mental health literacy of court staff and clients.

The Mental Health First Aid Program successfully tendered to provide the staff skilling, protocol development and evaluation components of the project. Six Court staff members were accredited as MHFA Instructors and an adapted version of the MHFA course was conducted to 60 staff in the Darwin and Adelaide Registries.

A preliminary evaluation has been completed with very positive results including a high level of satisfaction with the MHFA course and significant improvement in mental health knowledge and referral procedures amongst court staff.

Aboriginal and Torres Strait Islanders MHFA Version

There is a high level of support and interest amongst Aboriginal and Torres Strait Islander Mental Health Workers in Aboriginal MHFA. Len Kanowski has been working with Aboriginal people from Western Australia, the Northern Territory, New South Wales and the Australian Capital Territory to develop the adapted version of the MHFA Manual for Aboriginal people.

We are pleased to advise that a draft version of the manual is currently being reviewed by a Commonwealth Department of Health and Ageing Aboriginal Mental Health Editorial Committee consisting of an Aboriginal Psychiatrist (Dr Helen Milroy), Professor Ernest Hunter (non-Aboriginal psychiatrist specialising in Aboriginal mental health) and a number of Aboriginal people working in Aboriginal Medical Services and Social and Emotional Wellbeing (Mental Health) Centres. Once the draft manual, complete with Aboriginal artwork, has been endorsed by the Editorial Committee and the Suicide Prevention and Health Promotion Section of the Commonwealth Department of Health and Ageing we will be in a position to put the new manual up on the MHFA website.

The manual includes an introductory chapter on Aboriginal and Torres Strait Islander social and emotional wellbeing (mental health) and the impact past Government policies and a range of other factors have had on the social and emotional wellbeing (mental health) of Aboriginal and Torres Strait Islander peoples. The manual utilises the ALGEE steps to cover all of the



disorders covered in the existing MHFA Manual. The manual also provides cultural manifestations of mental disorders in Aboriginal and Torres Strait Islander communities and advises people where they can receive culturally appropriate mental health treatment and care. The Course Teaching Notes will be adapted early next year and we hope to train 30 Aboriginal and Torres Strait Islander MHFA Instructors by the end of 2006.

MHFA INSTRUCTOR TRAINING COURSES FOR 2006

Courses are being organised in Brisbane, Sydney, Perth and Melbourne for the early months of 2006. These are advertised on the MHFA website at this URL:

http://www.mhfa.com.au/instructor_courses.htm

MHFA Instructor Training Courses can be arranged anywhere in Australia for a minimum of 6 trainee Instructors.

INTERNATIONAL MHFA NEWS

Scottish MHFA (SMHFA)

<http://www.healthscotland.com/smhfa/>

The Scottish MHFA Program was launched nationally on 20 June 2005. SMHFA continues to be rolled out across Scotland by NHS Health Scotland, as part of the work of the Scottish Executive's national programme for Improving Mental Health and Well-being. Currently there are over 100 SMHFA Instructors listed on the above SMHFA website, with more Instructor Training to be conducted in March 2006. The aim is to have another 200 SMHFA Instructors trained in the next two years.

The SMHFA course is poised to be piloted in England, Wales and Ireland in 2006. Already SMHFA has trained 15 new Instructors in Ireland who will deliver the course in a Cross Border Initiative allowing people in both the North and the South to get SMHFA. So, in a very short time SMHFA will have rolled out their MHFA course across the United Kingdom and Ireland. CONGRATULATIONS to the team at SMHFA on this wonderful achievement.

MHFA in Hong Kong

In September this year, the Mental Health Association of Hong Kong (<http://www.mhahk.org.hk/>) again brought Betty over to Hong Kong to train more MHFA Instructors. The MHFA slides have been translated into Chinese characters, with some modifications for the Hong Kong culture. This association is planning to modify the MHFA program to be suitable for mainland China.

Other Countries Interested In the MHFA Program

Organisations in both New Zealand and Canada are presently assessing whether to modify the MHFA Program for their countries.

RESEARCH UPDATES RELEVANT TO MHFA

Update on St John's Wort

St John's wort has become a popular treatment for depression in Australia, being widely available in supermarkets and health food shops. Early research supported its effectiveness compared to placebo. However, more recent research has led to a more confusing picture. Whereas, some recent large studies comparing St John's wort to placebo did not find any benefits, other studies found that it did not differ from standard antidepressants. A review of this confusing evidence has come up with the following conclusions:

- St John's wort shows only minor benefits to patients with major depression and no benefits to patients with long lasting depression.
- The evidence suggests benefits in patients with mild to moderate depression seen in general practice.



- Many people buy St John's wort products without disclosing this to their doctor. This can cause problems, because St John's wort can have serious interactions with a number of frequently used drugs.
- The quality of St John's wort products varies a lot. It is recommended to avoid "products that do not contain important information on content, such as the amount of total extract (e.g. 900 mg), the extraction fluid (e.g. methanol 80% or ethanol 60%), and the ratio of raw material to abstract (e.g. 3-6:1)."

Reference

K. Linde et al. St John's wort for depression. *The Cochrane Library*, 2005, Issue 4.

IMPORTANT TEACHING NOTE: *In light of this new evidence we ask that you now teach that St John's Wort is rated as only one smiley face (Slide 33 on What works for Depression) - i.e. may be of some help to some people.*

New Evidence that Depression Often Precedes Onset of Schizophrenia

Schizophrenia and depression are usually thought of as quite separate types of mental disorders. However, new research shows that in the earliest stages there is a lot of overlap in symptoms. A German research group asked groups of people with schizophrenia and major depression about symptoms they had experienced in the years leading up to the onset of their disorder. They found that depressed mood (lasting at least 2 weeks) was the most common symptom in those who developed schizophrenia, appearing more than four years before first admission to hospital and long before psychotic symptoms. In fact, in the very earliest stages, schizophrenia and depression showed a lot of overlap. The distinction between the disorders only became clear after symptoms such as hallucinations, delusions and thought disorder appeared in the people with schizophrenia.

Reference

H. Hafner et al. Schizophrenia and depression: challenging the paradigm of two separate diseases—a controlled study of schizophrenia, depression and healthy controls. *Schizophrenia Research*, 2005, 77, 11-24.

LOOKING FOR MORE TRAINING IN YOUTH MENTAL HEALTH?

Graduate Diploma in Mental Health Sciences (Young People's Mental Health)

The Graduate Diploma in Mental Health Sciences (Young People's Mental Health) is offered via the Department of Psychiatry at The University of Melbourne in conjunction with ORYGEN Youth Health, and is specifically designed to address issues of mental health in young people. The Graduate Diploma is a two-year, part-time program that is delivered exclusively via the method of distance education. Teaching materials consist of DVD lectures and lecture notes with reading materials (CD-ROM format). The web site link is:

<http://www.orygen.org.au/contentPage.asp?pageCode=GRADEDMENTALHS>

Cost: Fee for local students starting in 2006: \$10,400

There are also a number of distance education short courses in young people's mental health available (depression, bipolar disorder, psychosis and dual diagnosis). For further information and an application form, please contact:

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