Youth Mental Health First Aid:

A course for adults who live with, work with or care for adolescents

Dr Claire Kelly,
Coordinator, Youth Mental Health First Aid, Orygen Youth Health Research Centre, University of Melbourne

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Background

Mental illness is common, and each year at least one in five adults in Australia are affected by at last one of the common mental illnesses. However, knowledge about mental illness and its treatment is lacking, meaning that many people do not seek help for mental illness or do not receive an evidence-based treatment.

The Mental Health First Aid (MHFA) course was first developed in 2001 in Canberra, Australia. The course was designed to enhance the mental health literacy of participants, and to enable them to assist friends, family members and other people in their networks who are developing mental illness, experiencing untreated mental illness or experiencing a mental health-related crisis.

Originally imagined as a small-scale volunteer project by the authors, it spread rapidly to all states and territories across Australia and has now spread to a number of other countries, including Scotland, England, Wales, Northern Ireland, New Zealand, Canada, the USA, Sweden, South Africa, Hong Kong, Singapore, Finland, Sri Lanka and Japan, with a number of countries currently preparing to adopt and adapt the program for their own populations.

Although the course is designed to enable participants to assist people of any age, from very early on, there was demand for a course that focussed on adolescents. Adolescence is the peak age of onset for mental illness, meaning that adults who work with adolescents are an ideal target for training. Facilitating early intervention in mental illness is important and provides the best chance for the young person to recover quickly. In 2007, the Youth Mental Health First Aid (YMHFA) course was launched, designed for adults who work with or care for adolescents. YMHFA instructors are available across Australia, and the course has been adapted in Canada, Singapore and Sweden, with Hong Kong soon to follow.

Both the Youth and Standard versions of the MHFA course, as well as the course manuals, were re-written to incorporate the results of a series of research projects to develop consensus-based guidelines. These guidelines were developed using the Delphi method; a method for achieving consensus within and between groups. The groups involved in developing the MHFA guidelines were consumers, carers and mental health professionals. These guidelines are a rich resource, freely available on our website, so that people who are unable to attend a course still have access to the important information they contain. The new edition was launched in February this year, and instructors across Australia have attended workshops to reorient themselves to the new materials. Many are reporting that previous participants are asking to do the course again as they have heard about the changes and improvements and wish to refresh their knowledge.

The Mental Health First Aid Action Plan

MHFA is defined as the assistance given to someone who is developing a mental health problem or experiencing a mental health-related crisis. The assistance is given until appropriate professional help is received or the crisis resolves.

A major difference between conventional first aid and mental health first aid is that in a medical emergency, helpers can be confident that the medical professionals assisting – from ambulance officers who arrive to transport the person to the hospital, to the doctors and nurses who render treatment – will be able to identify the medical problem and treat it effectively. Unfortunately, when it comes to mental health, not all medical professionals have the skills and experience to diagnose the problem and provide evidence-based treatment. In addition, people may lack the appropriate language to describe their symptoms of mental illness, which is a presenting problem.

Conventional first aid often uses the acronym DRABC (danger, response, airway, breathing and circulation) to describe the steps taken to assist someone experiencing a medical emergency. MHFA uses the acronym 'ALGEE'. A significant difference is that the actions in the Mental Health First Aid Action Plan are not sequential, and while some are necessary, others may not be used, depending on the situation. The actions are:

A – Approach, Assess and Assist with any crisis
L – Listen non-judgmentally
G – Give support and information
E – Encourage appropriate professional help
E – Encourage other supports

Course description

The MHFA course is 12-hours long and covers four main categories of mental illness; depression, anxiety, psychosis and substance misuse. The YMHFA course is 14-hours long and also incorporates eating disorders and a component on adolescent development. The course does not teach participants to diagnose mental illness or provide any kind of therapy, nor does it act as pseudo-therapy for participants. Each participant is given a manual, which covers more than the course itself is able to, and everyone who completes a course is given a certificate of completion.

The course is broken up into six main parts. The first section of the course covers the basics: the prevalence of mental illness, the burden of disease from mental illness, different professionals and how they can help, the impact of stigma, and the MHFA Action Plan. The other five sections cover the illnesses. For each mental illness, the course describes the signs and symptoms, risk factors, evidence-based treatments, the importance of early intervention and specific considerations when applying the MHFA Action Plan, including advice on what to do if the person you are assisting needs professional help but doesn't want it.

Each session includes practical exercises, which are designed either to put the learning into practice or gain a deeper understanding of the experience of mental illness. Videos are also used to enhance learning.

In each session, two crisis situations are covered, with the exception of the eating disorders session, where only one crisis is described. As most crisis situations are not specific to any one mental illness, crises other than the ones covered are mentioned. For example, while suicide is covered in the depression session of the course, we make the point that suicide is a risk with any mental illness. The crisis situations covered are suicidal thoughts and behaviours and non-suicidal self-injury (depression), panic attacks and traumatic events (anxiety), medical emergencies from eating disorders, severe psychotic states and aggressive behaviour (psychosis), and severe intoxication and medical emergencies from substance misuse.

The manual

The YMHFA manual, provided to each participant, contains far more information than can be covered in the course. The introductory section includes some basic information about mental illness and MHFA and includes a chapter on adolescent development. Additional information is included on young people's medical rights, the roles and responsibilities of different sorts of first aiders (including parents), and communicating with adolescents. Additional information on communicating with adolescents with a background different to the first aider's own (young Aboriginal and Torres Strait Islander people, young people from migrant and refugee backgrounds) or a history of having been betrayed by an important adult (such as a history of abuse or neglect and possible involvement in the foster care system).

The second section includes additional information about each of the disorders covered, including more detailed information about treatment. As symptoms of mental illness may look different in adolescents, descriptions of what might be observed at home by parents, at school by staff and socially by friends, are also provided. Resources including books, websites and helplines are provided for each illness. The third section provides the crisis first aid guidelines, making them easy to find when needed.

Course dissemination

Instructors in the MHFA courses are not employed by the program. They pay to attend instructor training and then run courses in their own communities. Instructors need to have good knowledge of mental illness in adolescence, experience in running training and either organisational support or a good business plan. The course runs for five and a half days, and all new instructors must present a section of the course well in order to pass and receive accreditation.

At present, there are almost 300 YMHFA instructors across Australia. Some pay their own way and run training privately, charging participants to attend. Some are trained at the expense of organisations and run training either for the community, or for their own staff. A number of government departments have made MHFA and YMHFA a priority training area and are rolling out the training to their staff across Australia.

The YMHFA course has been targeted at school staff, parents, staff in youth health and welfare organisations, sports coaches, recreation groups and youth workers. Police in some states have also shown an interest in receiving the training, and other emergency services staff would also be ideal targets. Other useful targets could include large employers of adolescents such as supermarkets, fast food and retail outlets and foster carers, however, anyone who has regular contact with adolescents would benefit from attending a course.

Staff benefit from the training in a number of ways. Many work for welfare organisations or government agencies and see many clients who have mental illness for which they have never sought help, and this may be the motivation to facilitate the training. However, staff can also look out for each other and recognise early signs of mental illness, which is helpful for everyone, but particularly in these sorts of organisations where burnout can be an issue. Additionally, staff can use what they learn in their own families, and there is some evidence that attending the training has a beneficial effect on participants' own mental health (Kitchener & Jorm, 2006).

Evidence that the course is effective

Two trials of the YMHFA program have been conducted. The first was an uncontrolled trial with the public (manuscript in preparation), and the second was a cluster randomised controlled trial of a modified program with school staff (Jorm, Kitchener, Sawyer, Scales & Cvetkovski 2010).

The uncontrolled trial included a survey conducted pre-course, post-course and at six-month follow-up. A total of 246 people completed the pre-course survey, 221 completed the post-course survey and 138 completed the survey sent to them at six-month follow-up. Participants were presented with two vignettes of a 15-year-old, one portraying major depression and one portraying schizophrenia. They were given the open-ended question 'what, if anything, do you think is wrong with [this person]?' They were then asked questions about what they would do to help the young person described, and how confident they would feel in offering that help. They also completed stigma scales, stating their preferred social distance from adolescents with mental illness, and a mental health knowledge quiz.

After attendance at a course, improvements were demonstrated in a number of different areas; recognition of schizophrenia (but not depression, as participants scored highly in this at pre-test), first aid intentions, confidence in offering help and knowledge of mental health. These improvements had declined at the six-month follow-up but were still significantly better than at pre-course.

At pre-course and six-month follow-up, there were additional questions around first aid actions taken. These were classified in terms of how they fit into the ALGEE Action Plan. At six-month follow-up, participants reported more first aid actions taken and also more appropriate actions. The cluster randomised controlled trial of school staff also showed some good results; however, for this study, a modified version of the course was provided. For that study, students were also surveyed to see if they perceived any differences.

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Overall, attendance at a YMHFA course does improve both knowledge and likely actions, hopefully leading to earlier intervention for young people experiencing mental illness. Future research is planned with families. We hope to provide the training to parents of adolescents, and track them over time to see if increased knowledge translates effectively to early intervention.

Personal impact

Research can only tell part of the story. In my role as the coordinator of YMHFA and trainer of instructors, I read the feedback participants provide after attending a course. Many express the sentiment that they wished that a course like this was available when they were adolescents themselves, or when their children were. Instructors come from a range of backgrounds, but regardless of professional background, frequently what draws them to YMHFA is personal experience. It may be their own history of mental illness, a child or other family member, or a close friend, and they talk about being glad to have the opportunity to enhance the capacity of their community in helping people who are in need. All have a passion for working with young people and advocate for the health of young people at every opportunity they get.

I also receive personal correspondence from time to time from young people or their parents, as well as first aiders who have made a difference and want to share it with us. Their stories are what inspire our instructors to keep delivering the training and what has helped the program to grow to the size that it is today.

▸▸▸ FIND OUT MORE: For information about courses, to find an instructor in your area, to read more about the course or to get information about becoming an instructor, please visit this website www.mhfa.com.au

References

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