A QUALITATIVE STUDY ON MENTAL HEALTH FIRST AID OFFICERS IN WORKPLACES

Physical first aid officers (PFAOs) are mandated in Australia under workplace health and safety legislation; however, there is no equivalent requirement for mental health; despite the high prevalence and impact of mental health problems in the workplace.

Researchers from University of Melbourne, Deakin University and University of Trisoma (undertaken a study that explored the emerging trend of workplaces voluntarily appointing mental health first aid officers (MHAFOs), and recommendations for organisations considering this approach.

HOW ARE THEY DIFFERENT FROM PHYSICAL FIRST AID OFFICERS?

- Mental health problems are less visible.
- Mental health first aid officers require training in a state.
- Personal qualities of the MHAFO are important.
- Documentation requirements are different; it is not as easy to document for MHAFOs and may require when risk of harm to self or others.
- MHAFOs are more informal, suitable and accepted process.

WHAT WERE THE BENEFITS AND CHALLENGES EXPERIENCED?

Three main benefits of MHAFOs in the workplace were:
- Increased support and encouragement, help-seeking.
- Improved knowledge of mental health.
- Improved workplace culture.

Four main challenges reported were:
- Providing appropriate support to MHAFOs, including adequate internal resources.
- Lack of support from senior management and/or training of staff.
- MHAFOs not promoted sufficiently.
- Difficulties with selection of MHAFOs and participation in training.

HOW DID WORKPLACES DIFFER IN THEIR APPROACHES?

Workplaces tended to differ in their approach to appointing MHAFOs, according to their level of experience, with three broad categories emerging:

- Early program:
  - MHAFOs within a particular team (e.g. HR).
  - Provide more support and training to MHAFOs.

- Established program:
  - Clear processes (both selection and documentation) and a broad internal support, engagement or monitoring of program.
  - Make wider organisational changes.
  - Improve internal design of the role.

- Embedded program:
  - MHAFOs fit into a broader framework, with clear structure and strong leadership and continuous improvement and evaluation.
  - Involve leaders.

SHOULD EVERYONE BE TRAINED IN MHAFO OR JUST DESIGNATED INDIVIDUALS?

Most respondents felt that it would be desirable for all staff in an organisation to be offered MHAFO training; for a number of reasons including that the course provides skills that are beneficial both at work and outside of work. However, where not practical or feasible, a more basic course may be more appropriate which includes suicide first aid skills or letting people know about the support MHAFOs can provide.

RECOMMENDATIONS FOR ORGANISATIONS APPOINTING MHAFOs

1. Early leadership support will build credibility and sustainability.
2. Other non-MHAFO first aid officers will support MHAFOs whenever possible.
3. Have selection processes to appoint appropriate people.
4. Thoroughly explain the influence and benefit of the role.
5. Clear processes (both selection and documentation) and a broad network of pathways across workplaces.
6. Support and promote skills.
7. Make data about any documentation and training so that it does not translate into a barrier to seeking assistance.

READ THE FULL STUDY

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