

Teen Mental Health First Aid (teen MHFA): Summary of evidence for safety and efficacy

The following published scientific studies outline the evidence for the teen MHFA

1: “Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi consensus study” Ross, Hart, Jorm et al (2012)

The actions and information taught in the teen MHFA program came from the expert consensus developed in this Delphi study. Participants from Australia and Canada – one panel of young people with a history of mental health problems who had taken on an advocacy role, another panel of MHFA instructors - rated the importance of key messages adolescents could be taught in a basic mental health first aid course. Messages that reached 80% consensus across both panels were included as endorsed learning outcomes for the curriculum. **Endorsed key messages included:** Don't stigmatize, recognise warning signs, approach your friend, communicate well, know and share information, involve an adult, recognise confidentiality and its limits, respond in a crisis, be a good friend, don't be the fixer, and look after yourself. The results of this study, along with reviews of the literature on suicide prevention, mental health literacy and barriers to help-seeking in adolescence, were used to create the teen MHFA program (both Years 7-9 and Years 10-12).

2: “teen Mental Health First Aid: a description of the program and an initial evaluation” Hart, Mason, Kelly, et al (2016)

An uncontrolled trial was conducted with 988 students in Years 10-12 from 4 schools across Victoria. Students received the 3x 75-minute session program over three weeks, and completed surveys before, immediately after, and at 3-month follow up. At follow-up, **students showed significantly increased: recognition of mental health problems, number of adults considered helpful for adolescent mental health problems, confidence in helping a friend with a mental health problem, and intentions to seek help if experiencing a problem within mental health themselves.** Students reported significantly decreased stigmatising attitudes towards mental illness and decreased psychological distress (i.e. reported better mental health). *See Infographic 1*

3: “Helping adolescents to better support their peers with a mental health problem: A cluster-randomised crossover trial of teen Mental Health First Aid” Hart, Morgan, Rossetto, et al (2018)

A randomised controlled trial was conducted across four schools in Victoria, comparing 979 Year 10 students who received teen MHFA with 948 Year 10 students who received physical first aid training. The students were surveyed before and immediately after training. After the training students who received teen MHFA showed **significantly increased: recognition of mental health problems (3x more likely to recognise social anxiety), quality of first aid skills likely to be used when helping a friend, number of adults considered helpful, confidence in helping, and intentions to seek help if experiencing a problem within mental health themselves.** Students reported significantly decreased stigmatising attitudes and unhelpful strategies to assist a friend (i.e. ignore them). *See Infographic 2*

4: “teen Mental Health First Aid as a school-based intervention for improving peer support of adolescents at risk of suicide: Outcomes from a cluster randomised crossover trial” Hart, Cropper, Morgan et al (2020)

Using data from the same trial as study 3 (1605 Year 10 students from 4 schools), this study examined how effective teen MHFA was in helping students to specifically support a friend at risk of suicide, and whether talking about suicide during the training program increased student distress of students. After receiving teen MHFA, **students were significantly more likely to recognise warning signs of suicide in a friend, and 35 times more likely to report adequate first aid skills for helping a friend at risk of suicide,** as compared to students who received the physical first aid training. These results were still present when followed up 12-months after training. Discussion of suicide was distressing for a small minority of students, but adolescents reported that this distress was temporary and not associated with risk of harm.

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5: “Teen Mental Health First Aid for years 7–9: a description of the program and an initial evaluation” Hart, Bond, Morgan et al (2019)

An uncontrolled trial was conducted in five Victorian schools with 475 Year 8 students. Students received the 3x 75-minute session program over three weeks, and completed surveys before, immediately after, and at 3-month follow up. **Sustained improvements at follow-up were found for: the number of adults that students thought would be helpful for a mental health problem, recognition of anxiety disorder, and quality of support provided to a peer.** Some stigmatising attitudes were found to be significantly reduced at follow-up. Most students found the information presented to be new, easy to understand, and useful. Over time, there was an unexpected decline in willingness to tell others about a mental health problem, so further research is required to understand the program’s impact on discussing mental health problems among younger adolescents. *See Infographic 3*

6: “Teaching mental health first aid in the school setting: a novel approach to improving outcomes for common adolescent mental disorders” Hart, Cox, Lees (2018)

This study reviews the literature on school-based mental health interventions and describes the benefits of Mental Health First Aid training in the school setting, over other mental health interventions. Specific prevention and treatment programs have been widely evaluated (i.e., for depression or suicide prevention in adolescents), though none have achieved wide-spread dissemination. MHFA takes a universal approach to train adolescents in how to recognise early signs of mental illness, decrease stigmatising beliefs and barriers to help-seeking, and to use appropriate first aid strategies for assisting peers experiencing a mental health crisis. **Providing adolescents with MHFA training in the school setting appears to be an efficient and effective method for responding to mental health problems in students,** as it teaches whole school communities life-long skills that prompt lower stigmatising beliefs, greater support of peers and appropriate, timely help-seeking.



teen Mental Health First Aid: Results from a pilot evaluation study

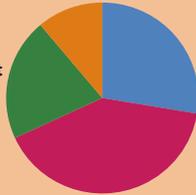
Laura Hart, Tony Jorm, Claire Kelly, Betty Kitchener, Stefan Cvetkovski, Rob Mason

■ Inner-city public

■ Inner-city Independent

■ Rural public

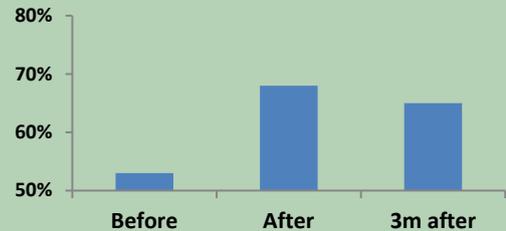
■ Rural Catholic



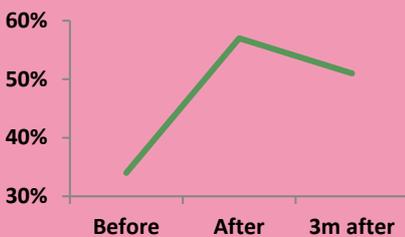
One thousand year 10 and 11 students were trained across **four schools** in the greater Melbourne region.

87% of students with parent consent completed evaluation surveys **before, after and three months after** the training.

Recognition of an **anxiety disorder** in a vignette **significantly increased** after the course. This effect was still seen after **three months**



Recognition of depression was already quite high: 86% of students correctly identified depression in a vignette before the course.



Students' **confidence in helping a peer with a mental health problem** significantly increased after the course. This effect was also maintained after three months.

Students also reported they were **more willing to disclose their own mental health problem** to others (47% before vs 61% after).

There were also positive changes to the attitudes of students towards people with a mental health problem. Students:

were **LESS LIKELY** to believe that mental health problems **increase dangerousness**



showed **LESS DESIRE** for **social distance** (likelihood of rejecting a person with a mental illness in certain situations, such as working on a school project together)



were **LESS LIKELY** to believe that mental health problems are **a sign of personal weakness**



Visit mhfa.com.au for more information about Mental Health First Aid courses.



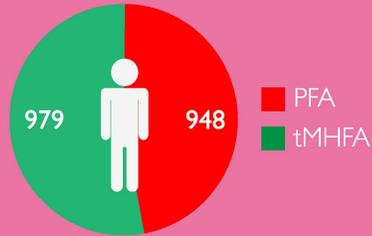
This research was funded by *beyondblue: the national depression and anxiety initiative*

Infographic 2 teen MHFA: results from a cluster-randomised crossover evaluation study¹



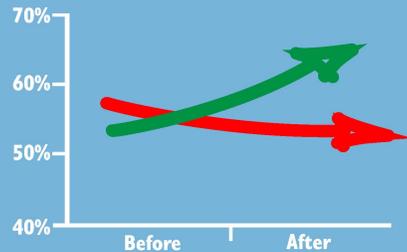
NUMBER OF STUDENTS

A total of 1942 year 10 students in 4 schools over 2 school years were trained in either tMHFA or physical first aid (PFA). Of these, 1116 completed evaluation surveys before and after the training.



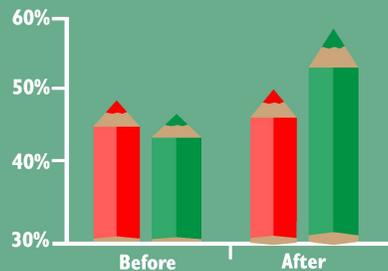
CONFIDENCE IN HELPING A PEER WITH A MENTAL HEALTH PROBLEM

Students reported increased confidence in helping a friend with a mental health problem. Pre-training 52.2% reported 'quite confident' or 'extremely confident' vs 64.9% at post-training. Students who received PFA: 58.4% before vs 52.3% after



RECOGNITION OF SOCIAL PHOBIA/ANXIETY DISORDER

Students who received tMHFA were three times more likely to report the correct label after their training than students receiving PFA. Correct recognition of social phobia/anxiety disorder: 45% before vs 58.2% after.



'Had more helpful intentions to support a friend with a mental health problem'



'Were less likely to believe that mental health problems would make someone dangerous or unpredictable'



'More likely to talk to someone if they had a problem like depression'



'More likely to believe that depression is an illness, not a sign of weakness'



'Better recognised teachers and school counsellors as helpful with a mental health problem'*



*66.6% before
84.3% after

'Showed less desire for social distance'*



*Likelihood of rejecting a person with a mental illness in certain situations, such as working on a school project together.

Positive changes to student attitudes towards people with a mental health problem.

Students who received the teen MHFA Program...

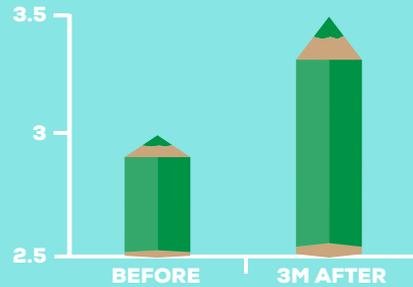


3 sessions of teen MHFA were compared with 3 sessions of physical first aid

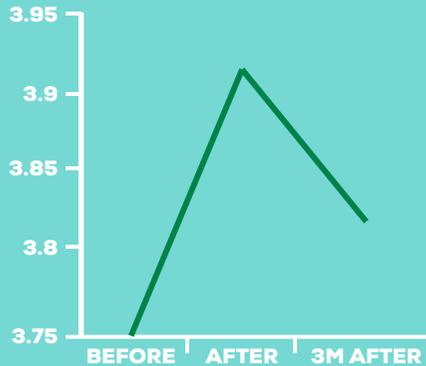
teen MHFA for Students in Years 7-9: Results from a pilot evaluation study

Laura Hart, Amy Morgan, Kathy Bond, Fairlie Cottrill,
Alyssia Rossetto, Claire Kelly, & Anthony Jorm.
Infographic compiled by Kathy Bond.

The **quality of the actions** students took to **help a friend** with a mental health problem **significantly improved** after the course.



Students' **confidence** in helping a peer with a mental health problem significantly increased after the course. Confidence remained higher after three months.



“ The strength of this program was that it made you feel that you could make a difference to someone’s life. ”
Student

475

year 8 students were trained across **five schools** in Victoria.

63%

of students with parent consent completed evaluation surveys **before, after and three months after** the training.

Students were **less likely** to believe that mental health problems **increased dangerousness**



Students showed **less desire for social distance***

*Likelihood of rejecting a person with mental health problems in certain situations, such as working on a school project together



There were positive changes to the attitudes of students towards people with a mental health problem, including:

Students were **less likely** to believe that mental health problems are a **sign of personal weakness**



Students were significantly **more likely** to identify **adults as helpful** for a peer with a mental health problem.

“ When talking with students about problems, well-being staff have found students referring back to things they learned in the course. ”
Well-being Coordinator

mhfa.com.au



The Ian Potter Foundation