

Literature Review

Table 2.2 Overview of MHFA investigations/ evaluations

Source	Country	Study aim	Study design	Sample	Key findings
<p>Alberta Mental Health Board (2007)</p> <p>Selected findings from the Mental Health First Aid Canada Evaluation - November 2006-June 2007</p>	Canada	Evaluation of Canadian adaptation	Uncontrolled Quantitative rating and qualitative description of program effectiveness	656 course participants – recruitment not identified	<p>Easy to understand, well presented and relevant. Strengths identified as ALGEE, ease of understanding, facilitated learning and the knowledge gained.</p> <p>Weaknesses included lack of specific population consideration, too much material, poor material coordination, venues and lack of Canadian content in the videos</p>
<p>Hossain, Gorman, Eley and Coutts (2009)</p> <p>Farm advisors' reflections on MHFA training. <i>Australian e-Journal for the Advancement of Mental Health. Vo8: 1</i></p>	Australia	Evaluate effectiveness of course for farm advisors	Uncontrolled pre and post course surveys	32 farm advisors	Increased literacy and skills to be able to manage mental health issues. Course materials were positively evaluated, being well presented and relevant.
<p>Jorm, Kitchner, O'Kearney & Dear (2004)</p> <p>Mental health first aid training of the public in a rural area: a cluster randomised trial <i>BioMed Central Psychiatry</i> 4,33</p>	Australia	Evaluate effects of training on knowledge, attitudes and helping behaviour using a more rigorous experimental design in less well controlled rural environment	9 hour course. Randomised control trial using 5 month wait listed control group. Survey as per Kitchener and Jorm (2002) administered before and 4 months after training	416 trained and 337 controls matched by local government area and size, geographic and socioeconomic status. Recruited via media advertising	Improved recognition of disorders, increased agreement with health professionals regarding options, decreased social distance, increased confidence in providing help and increase in help provided.

Literature Review

Source	Country	Study aim	Study design	Sample	Key findings
<p>Jorm, Kitchener and Mugford (2005)</p> <p>Experiences in applying skills learned in a mental Health first Aid training course: A qualitative study of participants' stories. <i>BioMed Central Psychiatry</i>. Nov 9,5,43</p>	Australia	Retrospective study of participants use of MHFA skills	Qualitative survey of participants involved in study associated with Jorm, Kitchener, O'Kearney & Dear (2004)	Surveys sent to 131 past participants with 94 returned	73 reported having used the training and stated that the intervention had beneficial effects. Increased empathy and confidence and better able to handle a crisis in a wide range of situations. No evidence of over use of skills as a result of over confidence. Course described as very useful and keen to see the course repeated and extended.
<p>Kitchener & Jorm, (2002)</p> <p>Mental Health First Aid training for the public: Evaluation of effects on knowledge, attitudes and helping behaviour. <i>BioMed Central Psychiatry</i>, 2,10.</p>	Australia	Evaluate effects of training on knowledge, attitudes and helping behaviour	9 hour course. Non-randomised uncontrolled pre, post and 6 month surveys. Identification of disorders from vignettes using intention to treat questions.	210 attendees of publicly advertised courses.	Improved recognition of mental disorders presented in vignette. Treatment beliefs more like those of professionals, decreased Social distance, increased confidence and increase in amount of help provided.
<p>Kitchener & Jorm, (2004)</p> <p>Mental health first aid training in a workplace setting: A randomised control trial. <i>BioMed Central .Psychiatry</i> 4,23.</p>	Australia	Evaluate effects of training on knowledge, attitudes and helping behaviour using a more rigorous experimental design	9 hour course. Randomised control trial using 5 month wait listed control group. Survey as per Kitchener and Jorm (2002) with addition of SF-20 (health survey)	301 participants from within government departments. Training during work hours.	Increased confidence in helping others, increased likelihood of recommending seeking professional assistance, increased concordance with health professionals about treatment and decrease in stigmatising attitudes. Improved mental health of participants.

Literature Review

Source	Country	Study aim	Study design	Sample	Key findings
<p>Macdonald, Cosquer & Flockton, (2008).</p> <p>MHFA – Hull: An Evaluation of the Impact of MHFA Training in Kingston On Hull</p>	England	Evaluation of course application in England using Scottish adaptation.	Uncontrolled Questionnaires completed at the end of the course as a pre requisite for receiving certificate.	200 members of the public (41% statutory sector, 39% voluntary, 67% women and 86.5% completing for work purposes.	Increased confidence in helping someone, greater understanding of mental health issues and associated stigma. Content of the course was highly regarded by the participants as was the expertise of the presenters. Course materials (quantity) and intensity were problematic.
<p>Sartore, Kelly, Stain, Fuller, Frager and Tonna (2008)</p> <p>Improving capacity in rural communities: MHFA delivery in drought- affected rural NSW. <i>Rural and Remote Health</i>, 8 (online), 950</p>	Australia	Assess MHFA effectiveness as part of a strategy to improve capacity for rural communities to be able to offer early intervention care for mental health issues	Uncontrolled. Surveys of participants before and following training	99 course participants from front line agricultural related services	Increased ability to identify mental health issues with increased confidence to be able to assist. Concern was expressed in giving advice outside the roles identified within their job definitions.
<p>Scottish Development Centre for Mental Health (2004)</p> <p>Evaluation of MHFA pilot project in Scotland Jan-June 2004.</p>	Scotland	Evaluation of pilot project. Adaptation included inclusion of self harm, key learning points and DVDs with personal testimonies	Uncontrolled Evaluation of course by participants and instructors following training	15 instructors recruited following information session. 75 post course assessments assessed (150 send out – 50% response rate) – mostly from public sector employees	Increased competency and confidence in managing mental health concerns. Increased knowledge and understanding and reduced stigma. Content, training activities and delivery were considered effective but too text dependent. Instructors were concerned at the level of course administration
<p>Speer, N. & Eisenberg, D. (2011)</p> <p>MHFA : Outcomes evaluation strategies. Webcast: National Council for Community and Behavioural Healthcare</p>	USA	Impact of MHFA training on knowledge of mental health issues and use of mental health services.	Pseudo-random allocation of training and control groups across and within university campuses. Pre and post training surveys.	33 university sites. Surveying 469 Residential Advisors of students in residence within the universities. Surveys of 7650 students who also completed training.	Residential Advisors reported increased knowledge about mental health. There was no change in referrals to mental health services or change in mental health service use by students. Students reported improved affect, increased knowledge of mental health issues and more positive beliefs about treatment options and confidence to assist someone experiencing a crisis.

Literature Review

Source	Country	Study aim	Study design	Sample	Key findings
<p>The Health Promotion Agency (2008)</p> <p>Summary evaluation of the MHFA pilot programme in the CAWT region.</p>	Ireland	Cross boarder pilot program using Scottish training resources with the inclusion of local regional data	Uncontrolled qualitative assessment by instructors and pre and post questionnaires completed by participants focusing on knowledge, awareness, attitudes and behaviour.	15 instructors and 204 course participants	<p>Instructors expressed concern about time commitment in offering training, admin, having to respond to needy participants, recruitment and lack of support for their own needs.</p> <p>Participants satisfied that MHFA had had a positive impact on confidence, skills, motivation and knowledge. More local content was requested inc videos and examples.</p>
<p>Welsh Assembly Government (2009)</p>	Wales	Evaluation of value of the course in Wales	Uncontrolled pre and post course questionnaires. Follow-up survey of email registered participants	1744 participants completed post course feedback forms. 87% attended in work capacity.	<p>Reports of improved preparedness to manage mental health crises, most who responded to the follow-up survey reported helping someone post training with reports of increased awareness, willingness to discuss issues, confidence and skills to manage. More willing to discuss issues of concern for themselves</p>