

Improving Mental Wellbeing in Kent: Evaluation of Mental Health First Aid

Prepared for Kent County Council
Public Health by Agnes Hann

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Introduction

The Mental Wellbeing Programme

In recent years, there has been a shift within public mental health policy and practice towards the prevention of mental illness, and the promotion of mental wellbeing. In line with this shift, Kent County Council Public Health commissioned a series of projects and services to tackle a range of issues and address broad cross-sections of the population. The Mental Wellbeing Programme in Kent was one of the first of its kind among local authorities to put prevention at its core, and was unusual in terms of both the level of investment, but also the scope and depth of its evaluation of the projects commissioned.

The Mental Wellbeing Programme had a number of overarching aims, located along a spectrum. Promoting positive mental wellbeing, or 'keeping people well' was at one end of this spectrum, reducing suicide rates at the other. Early intervention for emerging or low-level mental health problems was located in the middle.

To meet these objectives, projects were commissioned that varied in their approach, investment and scale, target populations and outcomes.

The Mental Wellbeing Programme began in late 2013 and finished in spring 2016. The evaluation was commissioned in November 2014, and looked at all data available since the programmes were implemented. The McPin Foundation carried out data collection from November 2014 – January 2016.

The Mental Wellbeing Programme consists of the following projects: Primary Care Link Workers; Kent Sheds; Mental Health First Aid; Six Ways to Wellbeing Campaign; Library Wellbeing Hubs; Creative Arts Partnerships; and Happier@Work Workplace Wellbeing Pilot. This report provides an overview of the findings from the McPin Foundation's evaluation of one of these projects – Mental Health First Aid.

Suicide prevention



Early intervention



Mental health promotion



Background

Mental Health First Aid (MHFA) is a nationally recognised educational training course that teaches people how to identify, understand and help a person who may be developing a mental health condition. The MHFA training is accessible to a wide cross-section of the population, including members of the public and people with a professional interest. The training spans the whole spectrum of mental health, including promoting wellbeing, intervening early for mental health problems, and supporting those with more severe mental health problems who are most likely to be at risk of suicide. It aims to improve attendees' knowledge, attitudes and behaviours surrounding mental health.

The training is available in three formats: MHFA standard – a two day course aimed primarily at adults in a position to support others; MHFA Lite – a half day introductory course for those who have little or no prior knowledge of mental health; and MHFA Youth for those who may be in a position to support children and young people with their mental health and wellbeing. As part of its Mental Wellbeing Programme, Kent County Council commissioned all three types of MHFA course, held in a range of locations across the county in 2014 and 2015.

The trainings were delivered by Sevenoaks Area Mind.

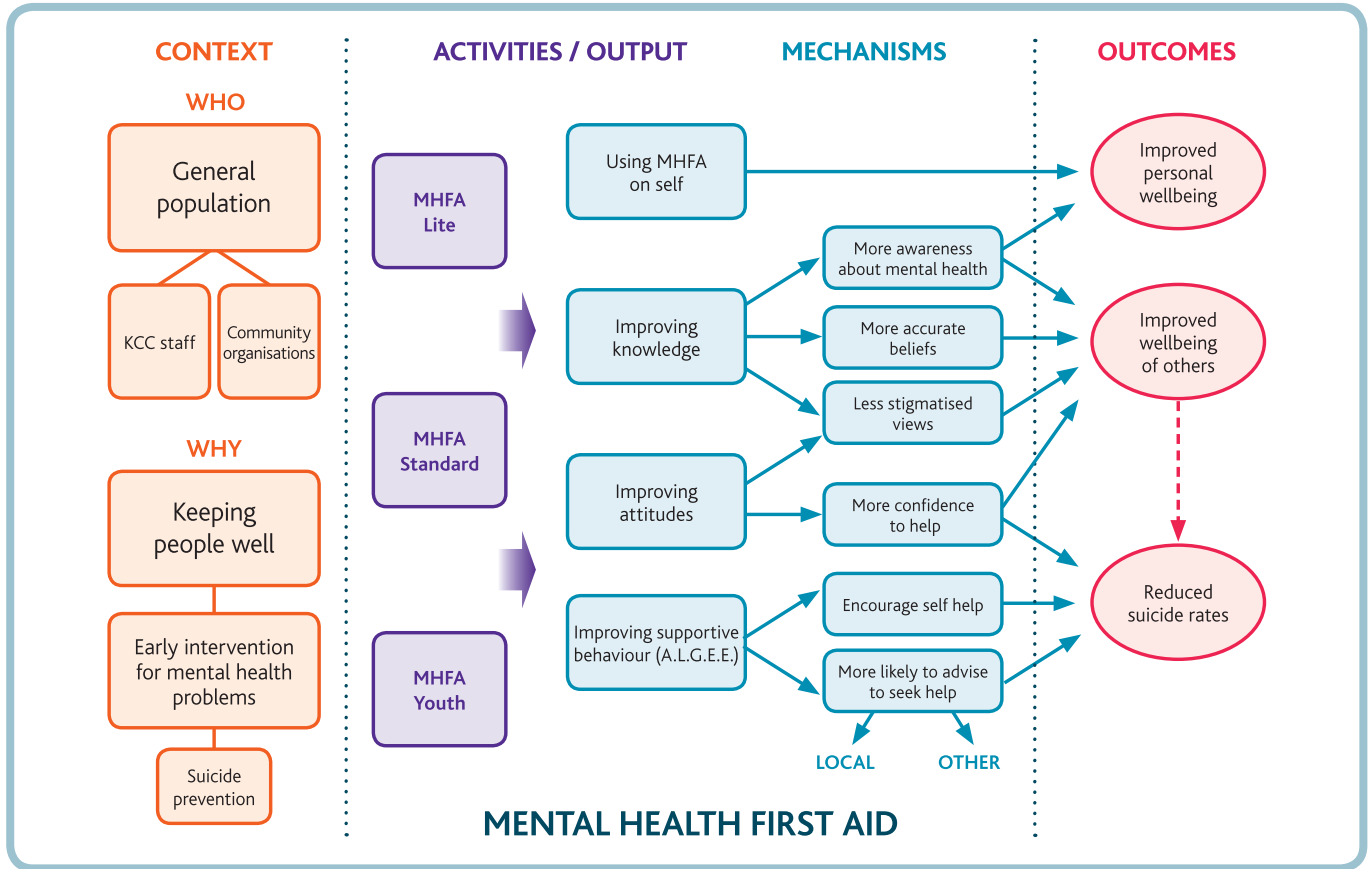


Method

The McPin Foundation's approach to evaluating Mental Health First Aid comprised a number of different strands and types of data. These were as follows:

- Theory of Change work (2 x interviews with project leads)
- Key Performance Indicator (KPI) data collected by MHFA, including course attendee numbers and evaluation summaries based on data collected by the MHFA delivery team after each training
- Interviews with 10 MHFA attendees
- Survey of MHFA attendees (N=367)
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) data, collected within 1 week before, and 6 months after training for MHFA attendees
- Observational data of one MHFA Lite training

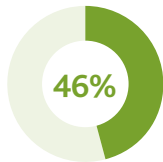
Theory of Change



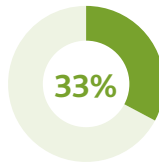
Reach

Between October 2014 and December 2015, 35 Standard MHFA courses, 16 Youth courses and 17 Lite courses took place

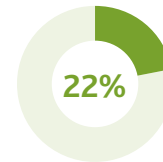
A total of 1,102 people completed a training course, with...



attending a Standard course



attending a Lite course



attending a Youth course



On average, 92% of those who had signed up for a MHFA training course went on to complete the course.



Most of those attending had a professional interest in mental health.

Process

Overall satisfaction with MHFA training

People were overwhelmingly satisfied with the MHFA training they had attended. Amongst those that had attended either a Standard or Youth course, evaluation data collected by the MHFA team indicate that **99% of attendees felt that overall the training was either 'very good' or 'good'**. In addition to this, the McPin Foundation's survey data (N=367) found that **96% of participants would recommend the training to others**.

Training on specific mental health issues

During our interviews with participants, we learnt that people were impressed with the detailed knowledge of individual mental health conditions that was relayed in the training.

"It was very informative, I think it covered lots of things that we deal with on a day to day basis and perhaps don't even really know we are. It clarified different types of mental illnesses, what to do with different situations. So yes, it was good." MHFA Attendee

"The activities were really helpful. Like learning, explaining symptoms and getting together in a group, all the case studies that we did together as a group." MHFA Attendee

Activities and resources

Interview participants were particularly positive about the inclusion of activities in the training and felt that these had been very useful. This is supported by evaluation data collected by MHFA, in which **95% of attendees rated the learning exercises as either 'good' or 'very good'**. Participants valued the resources given at the training and felt that they helped them retain the large amount of information provided during the training course.

"I've got some good resources, and also the other good thing is they point you to other resources as well. So I now know where to look if I'm stuck on issues. I was giving a talk on mental health and I wanted to check a few things, so I used it for that." MHFA Attendee

Networking

Participants were positive about the reflexive and discursive nature of the training. For instance, many felt that the opportunity to network and to hear other people's experiences was particularly valuable.

"It was a good session because we had a mix of people from Social Services, from school teachers to teaching assistants, to people like myself. It was a good mix of people participating and adding value to the course." MHFA Attendee

Mental Health First Aid facilitators

Attendees were very positive about the trainers who had led the MHFA courses. Evaluation data collected by the MHFA team shows that **98% of attendees felt that their instructor was either good or very good.**

During interviews, some participants mentioned the lived experience that both trainers and other attendees brought to the sessions. Opinion on how helpful this was varied. Whilst some felt that it was inspiring and aided understanding, others felt that it hindered their ability to learn about the 'facts' of mental health.

"I don't want to criticise the person who did it, because he did a really good job. But I felt that he harped on his experiences, which [is] fine, because personal experiences are really good. But the problem with that was everybody then opened up. 'Oh, I've had this, I've had that, I've done this, I've seen this, I've seen that'. So that was, for me, the downside of it...It was almost like he was sort of 'therapying'..." MHFA Attendee

"She was so inspiring, the lady that ran the course. Talking about her own life and what she has gone through herself." MHFA Attendee

Improving knowledge

92% of survey respondents agreed or strongly agreed that the training had helped to improve their knowledge of mental health problems. This finding was backed up by our interview data. Interview participants said that the following aspects of the training helped them improve their knowledge of mental health problems:

- Being given detailed facts about individual mental health conditions
- Examining case studies of people with mental health issues
- Interactive group exercises
- Hearing personal stories from the trainer which “stick with you more” and improve self-awareness and understanding
- Being provided a clear process to follow (A.L.G.E.E.¹)

Attendees were asked to rate their level of knowledge of mental health before and after attending training by the MHFA organisers. Analysis of this data revealed that on average, knowledge scores increased from 4.9 before training to 8.4 post training (out of a maximum of 10), suggesting that attendees’ knowledge of mental health had increased following attendance.

Improving attitudes

Some participants felt that the training improved their attitudes towards mental health problems, both in relation to themselves and others.

“In society we tend to think, you just get over it, shake it off, you’ll be fine. [The training] made me realise that mental health is a real illness, people do suffer it. It isn’t a weakness.” MHFA Attendee

1. ALGEE is an acronym for a tool that helps people remember how to respond to somebody presenting with mental health difficulties. It stands for: **A**ssess for risk of suicide or harm; **L**isten non-judgmentally; **G**ive reassurance and information; **E**ncourage appropriate professional help; **E**ncourage self-help and other support strategies.

We also looked at people's confidence to help somebody presenting with a mental health problem. Data on this was captured before, immediately after and 6 months after attending the MHFA training. Self-rated measures of confidence to help somebody with mental health problems improved from 5.1 pre-training to 8.2 post-training (of a maximum of 10; data captured from evaluation summaries; N=1014). Data from the McPin Foundation survey (N=366) found that 6 months after having attended the training, personal ratings of confidence had dropped to 7.6 – which is still considerably higher than pre-training scores. However, the data indicates a potential need for a refresher course that might aid with retaining the MHFA training learning's.

Improving supportive behaviour

Data from the McPin Foundation survey (N=333) found that **89% of participants felt that the training had improved their ability to help people with mental health problems.**

More specifically, **almost three quarters of respondents said they had used their MHFA training to advise or support somebody since completing the training.** This was often, though not always, in a professional capacity (see table below).

Who participants used their MHFA training to help (N=333)

	N	%
Client / customer through work	177	69%
Friend	71	28%
Family member	62	24%
Colleague	55	22%
Yourself	33	13%
Stranger	14	6%
Other	10	4%
Neighbour / acquaintance	9	4%
Total	333	100%

The case study above provides an example of how one attendee had used their training in a professional capacity since attending a MHFA standard course.

Improving personal wellbeing

Finally, it is worth highlighting that in addition to helping others, the MHFA training also impacted positively on attendees' own wellbeing. **13% of respondents to the McPin Foundation's survey (N=333) stated that they had used the MHFA training on themselves.** Participants explained how the training had improved their awareness of their own mental health, enabling them to recognise early symptoms and find support.

"I found it really valuable because it also taught me about my own personal resilience to stress and stress management and anxiety. But I didn't expect to get that." MHFA Attendee

We also collected WEMWBS measures for MHFA attendees before and after training. There was a very slight increase in average WEMWBS scores of 1.3 points before and after training. This is lower than the 3 points deemed meaningful by WEMWBS's developers, but because we were not able to link individuals' scores, we could not test for statistical significance.

Costs

Cost per head figures across the service as a whole were calculated. With a total spend of £75,744 and 1102 attendees, they are as follows:

- Total spend = £68.73 per head

It is worth noting that although the cost per head is £68.73, survey results suggested that 74% of attendees had used the training to help or advise somebody since attending the course. If 74% of the 333 attendees who completed our survey shared their learning with at least one other person, this would mean that the number of people reached as a result of the MHFA training courses was 1,912. Thus it is worth highlighting that in addition to the number of people reached directly, a much larger number of people are likely to have benefitted from the project indirectly.

In addition to these cost-per-head calculations, it is worth noting that one of the aims of the KCC funding of MHFA in Kent was that individuals who attend in a professional capacity would then encourage their employers to fund the training for other staff within their organisation. Although it is not conclusive evidence, data obtained from MHFA England suggests that the number of MHFA commissions in Kent almost doubled between 2014 and 2015.²

MHFA mean WEMWBS scores

	Mean score	N	National mean	Kent mean
Before MHFA training	51.0	139	51.6	51.3
6 months after MHFA training	52.3	237		

- There was no data available for MHFA Lite for 2014. It is important to note that a) this includes multiple commissions from the same organisation / agency, b) KCC appears as a listed organisation and has been include in the figures provided, as it is not clear which departments were involved, and c) organisations may not be included here, as MHFA were only able to search for commissions where the word 'Kent' appeared in the organisational name.

Case study

Sam works on the front desk in a police station, where she comes into contact with a wide range of people, many of whom are experiencing mental health difficulties. She attended a Standard MHFA course to gain insight into mental health so she could better help people in this situation. Sam felt that the training had a positive impact on her knowledge of mental health. She especially liked the group discussions and the activities that focussed on case studies of different types of mental health problems.

Since attending the training, Sam had experienced a situation at work where a 10 year old boy had approached her and told her that he wanted to be put into care and wanted to kill himself. Sam recognised that the young boy was experiencing mental health problems due to what she had learned about depression and other disorders during the training. The boy made an attempt to harm himself in front of Sam, but she was able to sit with him and engage him in a conversation about football. She was able to gain his trust and help him open up – another tool she learnt on the training.

Sam feels that she managed to prevent the young boy from seriously harming himself. Later, Sam accessed the Liveitwell website and printed off a list of resources for families and children to give to the boy's mother. Sam has since received a letter of gratitude from the boy's mother, explaining that her son was finally being properly supported due to Sam's efforts. Sam has also received an award of recognition for her good work.

"If I had not been on the MHFA course, I would not have known how to speak to him, or how to approach him. I might have panicked a bit. But I felt a lot more confident in how I needed to speak to him. Even though he was ten, I knew what he was saying. I knew how he felt."

Conclusions and Recommendations

The main conclusions from our evaluation of Mental Health First Aid training are as follows:

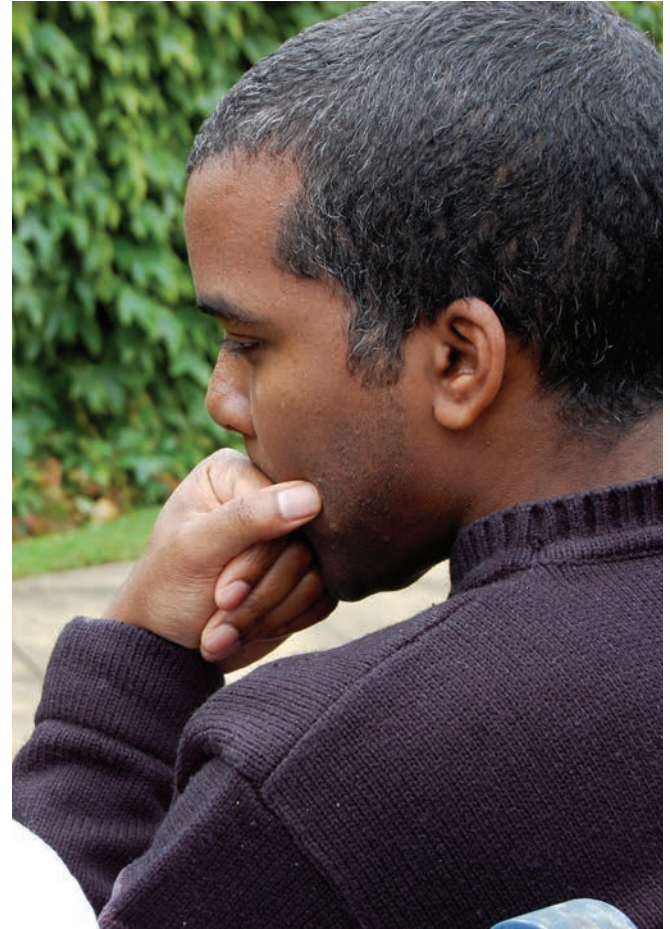
- A total of 1,102 people attended the various courses; mainly professionals who have some prior knowledge and experience of mental health problems, rather than the general public.
- MHFA training impacted on people's knowledge of mental health issues, with 92% of survey respondents agreed or strongly agreed that the training had helped to improve their knowledge of mental health problems.
- The training improved supportive behaviour: 89% of participants felt that the training had improved their ability to help people with mental health problems, and almost three quarters of said they had used their MHFA training to advise or support somebody since completing the training .
- More specifically, almost three quarters of respondents said they had used their MHFA training to advise or support somebody since completing the training
- MHFA attendees' WEMWBS scores improved on average from 51 points before training to 52.3 points after training.
- There appears to have been an increase in Kent-based commissions of MHFA following the introduction of the KCC-funded initiative.

Recommendations

1. The structure of the Standard training could be improved by having a shorter training, followed by a follow-up or 'booster' session. This could be done electronically, for instance by sending out an activity for attendees' to complete to aid them in refreshing their knowledge.
2. MHFA instructors should be aware of the impact that personal disclosure can have on people and aim to be mindful of this when conducting training.
3. There should be more promotion of the course amongst the general public so that MHFA becomes 'mainstreamed' beyond professionals who work with vulnerable people.
4. An evaluation framework to monitor attendees' personal wellbeing before and after attending training could be developed. This would involve assigning anonymous identifiers to all attendees in order to be able to track individual improvements in wellbeing.

Next Steps

The pump priming of MHFA has enabled a wide range of organisations and individuals to improve their mental health knowledge and it is hoped they will continue to use the learning in their work, for instance by employing the A.L.G.E.E. procedure, and sharing it further. The widespread interest in the training meant that it has been invested in by a range of organisations that recognise its value to staff. The evaluation has helped the delivery team to source external funding, which has enabled them to subsidise some programmes.





About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research
- Collaborative research studies in partnership with organisations interested in user focused mental health research
- Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

020 7922 7877
contact@mcpin.org
www.mcpin.org

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