

Part B

1 Additional Information about Entry – up to 1 x A4 page.

Rationale for the Program

Mental health problems are common in the community, so members of the public are likely to have close contact with people affected. However, many people are not well informed about how to recognize mental health problems, how to provide support and what are the best treatments and services available. Furthermore, many people developing mental disorders do not get professional help or delay getting professional help. Someone in their social network who is informed about the options available for professional or other support can assist the person to get appropriate help. In mental health crises, such as a person feeling suicidal, deliberately harming themselves, having a panic attack or being acutely psychotic, someone with mental health first aid skills can reduce the risk of the person coming to harm. There is also stigma and discrimination against people with mental health problems, which may be reduced by improving public understanding of their experiences.

History of the Program

The Mental Health First Aid Program was developed in Australia by Betty Kitchener and Anthony Jorm in Canberra in 2000. Initially, the program was run through the Australian National University and subsequently the University of Melbourne. Since 2012 it has been run by the not-for-profit charity Mental Health First Aid International (which trades as Mental Health First Aid Australia). Since 2003, this Mental Health First Aid Program has spread to a number of other countries (Bermuda, Cambodia, Canada, China, Denmark, England, Finland, Hong Kong, Ireland, Japan, Malta, Nepal, Netherlands, New Zealand, Northern Ireland, Portugal, Saudi Arabia, Singapore, Scotland, South Africa, Sweden, United States, Wales). By 2017, over 2 million people had been trained in MHFA worldwide.

What the Program Provides

The *Standard MHFA course*, for adults assisting other adults, was developed in 2000 and is currently in its 4th edition. Since then, other courses have been developed for specific phases of the lifespan: *Youth MHFA* (for adults assisting adolescents), *teen MHFA* (for adolescents supporting their peers), and soon-to-be-launched *MHFA for the Older Person* (for adults supporting older people). Tailored MHFA training for white collar workplaces, pharmacists, legal professionals, financial counsellors and tertiary students is available in both face-to-face and/or blended modes. Cultural adaptations have been made for Aboriginal and Torres Strait Islander, Chinese and Vietnamese Australians, with courses taught by Instructors from those communities. A shorter specialized course in *MHFA for the Suicidal Person* was launched last year.

The Dissemination Model

MHFA Australia trains, supports and accredits instructors working in local communities. These MHFA Instructors provide MHFA courses as part of their work for a government department, NGO or on a private practice basis. MHFA Instructors choose if there is a fee. All MHFA Instructors must provide a MHFA manual to each course participant. The instructors are not employed by MHFA Australia. This devolved model has meant that there is training available across Australia from instructors who know the needs of their local communities. Currently, there are 1,386 MHFA Instructors based across Australia.

2 Address each of the criteria below - up to 10 X A4 pages

Evidence of a significant contribution to the field of mental health on a local, state or national level

Mental Health First Aid (MHFA) is a training course for members of the public to learn the knowledge and skills to offer initial help to a person who is developing a mental health problem, experiencing the worsening of an existing mental health problem, or in a mental health crisis situation. The first aid is given until the person receives professional or other help, or until the crisis resolves. The course teaches how to give mental health first aid using the following action plan:

- Approach the person; assess and assist with any crisis
- Listen and communicate non-judgmentally
- Give support and information
- Encourage the person to get appropriate professional help
- Encourage other supports.

MHFA Australia offers a number of courses, aimed at assisting various sectors of the community:

- *Standard MHFA* is a 12-hour face-to-face course for members of the public to learn how to assist adults with mental health problems. There are also culturally-adapted versions of this course for Chinese and Vietnamese Australians. There are also specific occupational adaptations for medical students, nursing students, tertiary students and financial counsellors:
<https://mhfa.com.au/courses/public/types/standardedition4>
- *Youth MHFA* is a 14-hour course for adults to learn how to assist adolescents:
<https://mhfa.com.au/courses/public/types/youthedition4>
- *Teen MHFA* is a 3.5-hour course for adolescents to learn how to assist peers with mental health problems: <https://mhfa.com.au/courses/public/types/teen>
- *Aboriginal and Torres Strait Islander MHFA* is a 14-hour course on how to assist Indigenous Australians. It is taught by Aboriginal or Torres Strait Islander instructors:
<https://mhfa.com.au/courses/public/types/aboriginal>
- *Blended and eLearning adaptations of Standard MHFA* are available for tertiary students, white collar workplaces, pharmacists, legal professionals and financial counsellors:
<https://mhfa.com.au/what-blended-mhfa-course>
<https://mhfa.com.au/courses/elearning>
- *MHFA for the Older Person* is a soon-to-be-launched 12-hour course for assisting older people with mental health problems, including dementia:
<https://mhfa.com.au/courses/public/types/olderperson>
- *MHFA for the Suicidal Person* is a 4-hour course for how to assist a person who is suicidal: <https://mhfa.com.au/courses/public/types/suicide>

MHFA Australia trains, accredits and supports instructors for these courses. Currently, there are 1,386 MHFA Instructors active in offering courses across Australia. More than 4,000 MHFA courses are run in Australia each year. As of 2017, over 500,000 Australians have completed a MHFA course, which is more than 2% of the Australian population.

MHFA Australia has agreements with organizations in over 20 other countries (including New Zealand) for them to culturally adapt and conduct MHFA courses. Globally, there are over 15,000 MHFA Instructors and over 2 million people have completed a MHFA course.

In 2015, MHFA Australia launched the *Mental Health First Aid Skilled Workplaces Initiative* to recognise and reward the many workplaces across Australia that are doing wonderful work in increasing mental health literacy by rolling out MHFA Courses for employees. Workplaces can get Gold, Silver or Bronze recognition, depending on the percentage of their workforce trained: <https://mhfa.com.au/cms/mental-health-first-aid-skilled-workplace-initiative>

There are currently 74 workplaces that have the highest Gold recognition, and 31 with Silver or Bronze recognition.

As part of this initiative, employees trained as accredited Mental Health First Aiders are eligible to be appointed as Mental Health First Aid Officers in the workplace:

<https://mhfa.com.au/mental-health-first-aid-officers>

Evidence of innovation and/or recognised best practice

An important factor in the uptake of MHFA is that it builds on a familiar concept. First aid training for physical health emergencies dates back to the 19th century in English-speaking countries and is now widely available internationally. First aid is seen as not only required for professional practice in certain fields, but also as part of a citizen's responsibility to care for others in their community. By using the first aid model, MHFA links to an existing social concept of early lay assistance and is readily understood and accepted by the public. While widely accepted for physical health emergencies, this model had not been previously extended to the area of mental health anywhere in the world until MHFA was developed by Betty Kitchener and Tony Jorm in 2000.

To ensure best practice in what is taught in MHFA courses, a program of research was begun in 2005 to develop expert consensus guidelines on what actions a member of the public should take to assist a person developing a mental health problem or in a mental health crisis situation. The experts in these studies are professionals, consumer advocates and carer advocates, and they are recruited internationally from English speaking developed countries. These guidelines are redeveloped every decade to ensure they represent current best practice. A list of the current guidelines can be found at: <https://mhfa.com.au/resources/mental-health-first-aid-guidelines>

MHFA training has been recognized for its innovation and excellence by many awards:

- Suicide Prevention Australia - 2005 Life Award
- Victorian Public Health Programs Award for Innovation, 2006
- Gold Achievement Award 2007 - The Winner of the Mental Health Promotion Mental Illness Prevention Program or Project category at the TheMHS Conference
- Excellence in Mental Health Education 2008, National Council of Behavioral Healthcare, USA.
- Enterprise and Resourcefulness Award 2010 - NSW Aboriginal Health Awards.
- Silver Achievement Award for Aboriginal and Torres Strait Islander Program 2010- Mental Health Promotion or Mental Illness Prevention Program or Project category at the TheMHS Conference
- Silver Achievement Award for Youth Mental Health First Aid Program 2014 - Mental Health Promotion or Mental Illness Prevention Program Category at the TheMHS Conference.

Betty Kitchener, the co-founder of MHFA and former CEO of MHFA Australia, has also received numerous awards acknowledging the innovation and significance of her MHFA work, including:

- Australasian Society for Psychiatric Research Consumer Researcher Award, 2004.
- Order of Australia Medal (OAM), 2008.
- Exceptional Contribution to Mental Health Services Award, TheMHS, 2009.
- Australian Rotary Health Knowledge Dissemination Award, 2010.
- Induction to the Victorian Honour Roll of Women, 2011.
- Addressed Parliamentary Breakfast for Canadian Parliamentarians, Ottawa, 5 June 2012.
- Finalist, Victorian Senior Australian of the Year, 2014.
- Australia's 100 Women of Influence Award, 2014.
- Member of the Order of Australia (AM), 2015, for significant service to the community through mental health support, research and education programs.
- Australia Day Ambassador, Victoria, 2015, 2016, 2017.
- Chancellor's Alumni Award, University of Canberra, 2015.
- Alumni Award, University of New South Wales, 2016.
- Finalist, Australian Mental Health Prize, 2016.

A list of all awards can be found at: <https://mhfa.com.au/our-impact/awards>

A particular innovation of MHFA training is that it is a research and training program with a sustainable funding model. A problem with many mental health education or training programs for the public, is that they require on-going government funding. By contrast, MHFA training can sustain itself on a fee-for-service basis, just like physical first aid training. A UK report has cited MHFA as an example of ‘radical efficiency’ in the provision of public services, because it delivers services in an innovative way at a lower cost and with better outcomes than a government controlled service could (See Report at: http://www.nesta.org.uk/sites/default/files/radical_efficiency.pdf).

In 2016, the World Federation for Mental Health recognised the global importance of MHFA by designating “Psychological and Mental Health First Aid for All” as the theme for World Mental Health Day 2016 (See article by the President of the World Federation at: www.huffingtonpost.com.au/entry/making-psychological-and-mental-health-first-aid-for-us_578d508ae4b07cc1115abf60).

Evidence of participation of mental health consumers in the planning, implementation and evaluation as relevant

MHFA training teaches members of the public how to act in positive and supportive ways towards people with mental health problems. To determine what actions are likely to be positive and supportive, the MHFA Program has carried out a large number of Delphi expert consensus studies to develop a range of mental health first aid guidelines (see <https://mhfa.com.au/cms/guidelines>). Guidelines have been developed for how a member of the public can assist a person who is developing depression, psychosis, alcohol or drug misuse, gambling problem, eating disorder or dementia, and for assisting people who are suicidal, self-injuring, having a panic attack or have experienced a traumatic event. Expert consensus guidelines have also been developed on cultural considerations in assisting Aboriginal and Torres Strait Islander people and LGBTIQ people, using experts from those communities. All helping actions taught in the course have been endorsed at a high level as likely to be helpful by expert panels of mental health consumers and professionals (and for some guidelines, carers). By including mental health consumers as experts who guide the content, MHFA training is respecting their personal experience and asking them how other

people like themselves should be treated if they develop a mental health problem or are in a crisis. Similarly, by using carers as experts to guide the content of training, their practical experience of caring for a loved one is being drawn on.

Positive contact with consumers is also important to reduction of stigma. MHFA training draws heavily on the talents of consumers and carers as staff and MHFA Instructors. Betty Kitchener AM, who is the founder and former CEO of MHFA Australia, is a mental health consumer, as is its Youth Programs Manager, Dr Claire. Many of the people who work as MHFA Instructors are consumers or carers.

Consumers also participate by involvement in Reference Groups in the development of new MHFA courses and films used as part of MHFA training. These involve people talking about their personal experience of mental health problems and what other people have done that has assisted them.

Evidence of Partnerships and Linkages (collaboration for continuity between organisations)

Because of the devolved dissemination model of training, whereby MHFA Australia trains, supports and accredits instructors, but does not itself run courses at a local level, MHFA courses are run in Australia by a wide variety of organizations, including:

- State and Australian Government Departments
- Primary Health Networks
- Headspace
- Australian Defence Force
- Australian Red Cross
- Victoria and Western Australia Police
- Relationships Australia
- Lifeline
- Anglicare
- Norton Rose Fulbright
- Ernst and Young
- Lendlease
- 18 universities in Australia
- Centre for Rural and Remote Mental Health, NSW

MHFA Australia has set up agreements with organizations and government departments in many other countries to offer MHFA training in those countries. These organizations include:

- Counties Manukau District Health Board, New Zealand
- Mental Health Association of Hong Kong
- Mental Health Commission of Canada
- National Council of Community Behavioral Healthcare, USA
- Public Health Authority, Northern Ireland
- Saint John of God Hospital, Republic of Ireland
- National Health Service for Scotland
- Richmond Foundation, Malta
- AMAN Foundation, Pakistan
- National Committee on Mental Health, Saudi Arabia
- The National Prevention of Suicide and Mental Ill-Health Center at the Karolinska

Universitet, Sweden

- Danish Mental Health Foundation (PsykiatriFonden)
- Finnish Association of Mental Health.

MHFA Australia has a close research partnership with the Centre for Mental Health of the University of Melbourne's School of Population and Global Health (specifically with Prof Tony Jorm, A/Prof Nicola Reavley, Dr Laura Hart, Dr Alyssia Rossetto, Dr Amy Morgan). This has involved the conduct of trials to evaluate efficacy of the MHFA courses and Delphi studies to develop expert-consensus guidelines. Over the last 4 years, MHFA Australia staff have been Chief Investigators jointly with University of Melbourne researchers on 2 NHMRC Project Grants, 2 NHMRC Targeted Call for Research Grants, 1 Australian Rotary Health grant, 1 Victorian Responsible Gambling Foundation and 1 *beyondblue* grant. In addition, there has been a partnership with Deakin University, with two MHFA Australia staff, Adjunct Professor Betty Kitchener and Dr Claire Kelly, holding honorary academic appointments.

Verification and evaluation of the program's effectiveness

MHFA training has been extensively researched to evaluate its effectiveness. Many evaluation studies have been carried out on the effects of MHFA training, not only in Australia, but increasingly in other countries (Canada, Denmark, Hong Kong, Sweden, UK, USA). These include at least 9 randomized controlled trials, 3 quasi-experimental trials, 15 uncontrolled trials and 7 qualitative evaluations (for a complete list see: <https://mhfa.com.au/research/mhfa-course-evaluations>).

A recent meta-analysis of 15 studies involving the Standard and Youth MHFA courses carried out by an independent Swedish research team concluded that: "The results demonstrate that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems. The MHFA programme appears recommendable for public health action." (Hadlaczky G, et al. Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: a meta-analysis. *Int Rev Psychiatry*. 2014;26:467-75.) This meta-analysis gives MHFA training Level I evidence of effectiveness on knowledge, attitudes and behaviour according to the NHMRC Levels of Evidence.

More recently, the teen MHFA course has been evaluated in an uncontrolled trial (Hart LM et al., *Int J Ment Health Syst*. 2016;10:3) and a randomized controlled trial (yet to be published). These trials showed improvements in intentions to offer help to peers, in confidence to help and reductions in stigma.

In recognition of the evidence base of MHFA training, it has been listed in the National Registry of Evidence-based Programs and Practices by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) (<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=321>).

3. Conclusion

MHFA is an Australian innovation which started in 2000 and has had a major national and global impact. Over 500,000 Australians have been trained and MHFA courses have been tailored to suit the needs of various sections of the population. MHFA Australia has

agreements with organisations in over 20 countries to provide MHFA training in those countries, which is adapted to the local culture and health system. Over 2 million persons have been trained globally, with the numbers rapidly increasing. Extensive research has been carried on to develop MHFA guidelines which inform the curriculum, based on the expert consensus of mental health consumers and professionals about what first aid actions are likely to be helpful. Many trials have been carried out on the effects of MHFA training, both in Australia and other countries, showing that people trained have improved knowledge, reduced stigma and increased helping behaviour.

4. Referees

Removed for privacy

5. Appendix of Support Material: up to 8 x A4 pages

- ABC News item on Mental Health First Aid 2015
- First page of Hadlaczky et al article.
- Jorm, A.F. & Kitchener, B.A. (2011). Noting a landmark achievement: Mental Health First Aid training reaches 1% of Australian adults. *Australian and New Zealand Journal of Psychiatry*, 45, 808-813.

Mental Health First Aid: Program grows from humble Canberra beginnings to train people worldwide

By Elise Pianegonda

Updated Sat 10 Oct 2015, 3:44pm

A first aid program for mental health, developed by a couple as they walked their dog in Canberra, has grown to provide training to more than 1 million people worldwide.

Since its inception in 2000, with a few classes taught per year in Canberra, Mental Health First Aid (MHFA) has spread to more than 20 countries.

Earlier this year First Lady of the United States Michelle Obama endorsed the program as part of an increased focus on mental health.

To date, more than 360,000 Australians have received MHFA training, about 2 per cent of the adult population.

The not-for-profit program has been designed to teach members of the public how to provide initial help to a person developing or experiencing a mental illness.

Four-time University of Canberra graduate, Betty Kitchener, and her husband Professor Tony Jorm came up with the idea while they were walking their cavalier king charles spaniel, named King, in Weetangera in Canberra's north.

"I had some fairly severe episodes of depression, I was hospitalised in a psychiatric ward for that, I'd been suicidal and I wouldn't be here without my best friend and husband," Ms Kitchener said.

"So when he said 'we need first aid for depression, in fact for all mental health problems' I was a bit taken aback and I thought 'silly me, why didn't I think of that?'.

"But that's exactly what we needed because I knew that many mental health problems are so much more common than physical problems and there's so much more stigma around having a mental health problem.

"People don't know how to talk about it, they don't know where to go for help.

"But I always think if we didn't have our dog, we wouldn't have a MHFA program."

At the time, Ms Kitchener was employed as a trauma research officer at the Canberra Hospital and taught first aid courses for the Australian Red Cross in her spare time.

Her husband was a leading mental health expert in his own right, through his vast research experience.

Now, the program they developed together has revolutionised the ways in which mental health problems are responded to and treated within the community.

"The idea of first aid has been in the Australian society for quite a long time," Ms Kitchener said.



PHOTO: Betty Kitchener with husband Professor Tony Jorm created Mental Health First Aid while walking their dog. (Supplied)

EXTERNAL LINK: [Mental health first aid fills knowledge gap](#)

EXTERNAL LINK: [Mental As - talk, give, seek](#)

MAP: [Weetangera 2614](#)

Mental Health First Aid action plan

- Approach, assess and assist with any crisis
- Listen non-judgementally
- Give support and information
- Encourage appropriate professional help
- Encourage other supports

The idea of first aid has been in the Australian society for quite a long time... our society was really ready for Mental Health First Aid.

MHFA chief executive Betty Kitchener

"In some countries it isn't yet, for example in Japan ... their first aid would be to immediately ring the ambulance.

"Whereas we do learn some of the things we can do to prevent that person getting worse or to keep that person stable and safe and prevent further suffering.

"So our society was really ready for MHFA. Why someone didn't think of it before Tony and I did, I don't know."

'A course for everybody: teachers, taxi drivers, hairdressers'

Ms Kitchener said many people were aware of the statistics around mental illness, but did not have the skills to feel they could help.

"You still think 'well, I've got to wait for the professionals, I'll stand back and just look because I don't want to make it worse or maybe I'll catch it'," she said.

"Initially I thought people like high school teachers and police should do the course, but then people would say to me 'and taxi drivers and hairdressers'.

"Of course the answer is it's for everybody. Everyone should do it."

In addition to the 360,000 Australians who have taken part in the program, 400,000 people in the United States are now qualified mental health first-aiders.

"Bermuda has trained something like 350,000 people - but that's a huge percentage of their population," Ms Kitchener said.

"So of all countries, Bermuda actually has by population more mental health first aiders than any other country.

"We're now worldwide at about 1.2 million mental health first aiders, so we're predicting now how this is going to rise - when we will hit the two million mark."

Last month Ms Kitchener was awarded the University of Canberra Chancellor's Alumni Award for her work developing MHFA. She is now an Adjunct Professor at Deakin University.

Ms Kitchener has received numerous other awards, including an Order of Australia Medal in 2008 and an Exceptional Contribution to Mental Health Services Award.

She became a Member of the Order of Australia earlier this year.

Topics: mental-health, health, weetangera-2614, canberra-2600, act

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Join us to raise money for mental health research, funding Australia's next generation of emerging researchers.



Of all countries, Bermuda actually has by population more mental health first aiders than any other country.

MHFA chief executive Betty Kitchener

Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis

GERGÖ HADLACZKY, SEBASTIAN HÖKBY, ANAHIT MKRTCHIAN, VLADIMIR CARLI & DANUTA WASSERMAN

National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institutet, Stockholm, Sweden

Abstract

Mental Health First Aid (MHFA) is a standardized, psychoeducational programme developed to empower the public to approach, support and refer individuals in distress by improving course participants' knowledge, attitudes and behaviours related to mental ill-health. The present paper aims to synthesize published evaluations of the MHFA programme in a meta-analysis to estimate its effects and potential as a public mental health awareness-increasing strategy. Fifteen relevant papers were identified through a systematic literature search. Standardized effect sizes were calculated for three different outcome measures: change in knowledge, attitudes, and helping behaviours. The results of the meta-analysis for these outcomes yielded a mean effect size of Glass's $\Delta = 0.56$ (95% CI = 0.38 – 0.74; $p < 0.001$), 0.28 (95% CI = 0.22 – 0.35; $p < 0.001$) and 0.25 (95% CI = 0.12 – 0.38; $p < 0.001$), respectively. Results were homogenous, and moderator analyses suggested no systematic bias or differences in results related to study design (with or without control group) or 'publication quality' (journal impact factor). The results demonstrate that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems. The MHFA programme appears recommendable for public health action.

Background

Mental health problems are major contributors to the global burden of disease, with mental and substance abuse disorders accounting for 7.4% of the total disease burden in 2010, as measured by disability-adjusted life years (DALYs) (Whiteford et al., 2013). In the European Union (EU) alone, this number was more than 25% in 2010 for mental and other brain disorders, which are also the largest contributors to the morbidity burden (Wittchen et al., 2011). The most frequent mental disorders are depression, anxiety and substance abuse (Whiteford et al., 2013). These mental disorders further represent one of the most important risk factors for suicide, and constitute one of the largest public health problems in the world (Ferrari et al., 2014).

Although treatment for these disorders exists, only a minority of individuals experiencing mental health problems receive it. It has been estimated that in serious cases of mental disorders alone, only 11% to 62.1% receive treatment over the course of a year (Wang et al., 2007). There are various putative explanations for this. Individuals with mental health problems may be unaware that they are experiencing a

diagnosable and treatable condition, or in regions where professional care is available, they may be unaware of how it can be accessed. The general public could be an important asset in these situations. Social contacts could inform or refer afflicted individuals to professionals and may even provide actual support during mental health crises. However, stigmatized attitudes and a general lack of knowledge regarding mental ill-health, including causes, determinants and treatment options for various illnesses, or how they might be expressed by affected individuals, constitute serious obstacles to the prospective benefits of social support (Ahmedani, 2011; Baumann, 2007; Hatzenbuehler, 2013; Henderson et al., 2013; Kelly et al., 2007; Rickwood & Thomas, 2012). Thus, it can be assumed that improving the quality and frequency of social support may facilitate earlier detection and referral, which in turn could increase the odds of successful treatment outcome and reduce individual suffering (WHO World Mental Health Survey Consortium, 2004; Wang et al., 2005). An important public health strategy towards a general improvement of the overall mental health in communities might be widespread psychoeducation (Dumesnil & Verger, 2009).

Noting a landmark achievement: Mental Health First Aid training reaches 1% of Australian adults

Anthony F. Jorm, Betty A. Kitchener

Australian and New Zealand Journal of Psychiatry 2011; 45:808–813
DOI: 10.3109/00048674.2011.594785

Mental Health First Aid (MHFA) is a training course for members of the public in how to assist someone who is developing a mental illness or in a mental health crisis situation (e.g. the person is suicidal or has had a traumatic experience). This first aid is given until the person receives professional help or until the crisis resolves. The course teaches how to give mental health first aid using the Action Plan shown in Table 1.

MHFA began in Australia in 2001 with one part-time volunteer instructor (B.A.K.) working in partnership with a researcher (A.F.J.). From this small beginning it has expanded rapidly, so that in 2011 there are over 850 instructors in Australia who have trained over 170,000 adults. This is 1% of the adult population. Furthermore, the programme has spread internationally, starting with Scotland in 2004. Since then it has spread to Canada, China, England, Finland, Hong Kong, Japan, Nepal, New Zealand, Northern Ireland, Singapore, South Africa, Sweden, USA and Wales.

This rapid expansion far exceeded our expectation as the developers. Here we discuss some of the factors that have contributed to this remarkable growth.

MHFA builds on the familiar first aid model

An important factor in the uptake of MHFA is that it builds on a familiar concept. First aid training dates back to the 19th century in English-speaking countries and is now widely available internationally. In Australia, for

example, 11% of adults have done first aid training in the previous 3 years [1]. First aid training is seen not only as required for professional practice in certain fields such as child care, but also as part of a citizen's responsibility to care for other members of their community. By using the first aid model, MHFA links to an existing social concept of early lay assistance and is readily understood and accepted by the public. This model is accepted for medical emergencies, but has not been traditionally associated with mental illnesses.

MHFA fulfils a public need

National surveys have shown that mental illnesses are very common [2–3], so that it is inevitable that members of the public will often have contact with people who are affected. Furthermore, many people with mental illnesses either do not get professional help or they delay getting professional help [4]. In such cases, the person's social network can play a role in facilitating professional help-seeking [5–7].

While contact with people affected by mental illnesses may be common, members of the public often lack mental health first aid knowledge and do not feel confident in providing assistance. For example, national surveys of mental health literacy in Australian adults and youth have found that many people believe it would be harmful to ask a person about suicidal feelings, and there are substantial minorities who would not encourage professional help [7–9]. Similarly, prior to receiving MHFA training, many people report that they are not confident about assisting someone with a mental health problem [10,11], and this may be a factor motivating their attendance.

Anthony F. Jorm, Professorial Fellow and NHMRC Australia Fellow (Correspondence); Betty A. Kitchener, Senior Lecturer

Mental Health First Aid Training and Research Program, Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Victoria, Australia. Email: ajorm@unimelb.edu.au

Table 1. The Mental Health First Aid action plan

- | |
|---|
| <ol style="list-style-type: none"> 1. Approach the person, assess and assist with any crisis 2. Listen non-judgmentally 3. Give support and information 4. Encourage the person to get appropriate professional help 5. Encourage other supports |
|---|

Despite the obvious need, traditional first aid courses have ignored mental illness, creating a gap that MHFA has been able to fill.

The course has been tailored to meet different needs

The MHFA Program began with delivering a standard face-to-face MHFA course (currently 12 h), written to be applicable to a broad range of people [12]. However, it soon became apparent that tailoring was needed for specific cultural, age and special needs groups.

Versions of the MHFA course have now been developed for Aboriginal and Torres Strait Islander peoples [13] and Vietnamese Australians [14], and a course for Chinese Australians is near completion. All these courses are taught by MHFA instructors from the relevant cultural group.

Because mental illnesses often have their first onset during adolescence, a Youth MHFA course has been developed for adults to assist adolescents [15]. This 14-h course focuses on mental illnesses as they present during adolescence, and has additional training on adolescent development and communication.

An adaptation has also been produced to provide MHFA to people with an intellectual disability, with additional content on how mental illnesses may appear and how appropriate assistance may be given to people with an intellectual disability [16]. Another adaptation for people with special needs is the captioning of film clips used in MHFA courses to be suitable for those with hearing impairment.

While maintaining fidelity to the course curriculum, MHFA instructors can also enhance the relevance of the training to various audiences by adapting the activities and examples used during the course. This has been done for specific occupation groups (e.g. teachers, police, court staff) and for particular geographical areas (e.g. farming communities).

Similarly, as the course has been taken up by other countries, the MHFA teaching materials have been adapted to the culture and mental healthcare system of the adopting country. This tailoring to various national

needs has contributed to the acceptability of the MHFA Program in diverse countries.

There is a strong partnership with research

Research findings have been very influential in the international spread of MHFA, with many countries first learning of the programme through research publications. From the very first courses taught, evaluation data were collected on the effects of MHFA training. The first evaluation study was published in 2002 and was followed by a succession of others. To date, there have been five controlled trials, nine uncontrolled trials and three qualitative studies, as summarised in Table 2. While the initial evaluations were carried out by the originators of the programme, there are now many independent evaluations from Australia and other countries. There are a number of consistent findings that have emerged across these studies. Participants show increased knowledge of how to provide mental health first aid, their attitudes towards appropriate treatments become more positive, stigma reduces, they become more confident in providing support, and they report more supportive behaviours towards others. These benefits are still evident half a year after completing the training.

Research has also been important in guiding the contents of the training. Again, conventional first aid training has been a model to follow. International guidelines have been developed about how to give resuscitation and other first aid techniques, based on systematic reviews of the literature and expert consensus [33]. These guidelines provide the content that is taught in first aid courses. Similarly, there is a need for mental health first aid guidelines that provide the content for MHFA training. To fill this need, a series of Delphi expert consensus studies has been carried out using panels of professionals, consumer advocates and carer advocates. Guidelines have been produced covering a range of developing mental illnesses and mental health crisis situations [34–44] and are publicly available from the MHFA website (www.mhfa.com.au) and the National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines Portal (www.clinicalguidelines.gov.au). These guidelines have formed the basis of the second edition MHFA manuals and curriculum content [12,13,15,16].

This commitment to evidence-based content and evaluation of outcomes in controlled trials has enhanced the perception of the training programme within the mental health sector and has resulted in numerous Australian and international awards.

Table 2. Summary of studies that have evaluated MHFA training

	Version of MHFA	Study design	Country	Sample	Main findings
Kitchener & Jorm. [17]	Standard	RCT with waiting list control	Australia	Public servants (n = 301)	<ul style="list-style-type: none"> • Beliefs about treatment became more like professionals' • Decreased social distance • Increased confidence in providing help • Increased advice to others to seek professional help • Improved personal mental health
Jorm <i>et al.</i> [18]	Standard	Cluster RCT with waiting list control	Australia	Public in a rural area (n = 753)	<ul style="list-style-type: none"> • Improved recognition of disorders • Beliefs about treatment became more like professionals' • Decreased social distance • Increased confidence in providing help • Increased help provided to others
Jorm <i>et al.</i> [19]	Modified Youth	Cluster RCT with waiting list control	Australia	High school teachers (n = 327) in 14 schools	<ul style="list-style-type: none"> • Improved mental health first aid knowledge • Beliefs about treatment became more like professionals' • Increased confidence in providing help • Reduction in some aspects of stigma • Provided more mental health information to students • No change in teachers' individual support for students • Improved recognition of schizophrenia • Beliefs about depression treatment became more like professionals'
Jorm <i>et al.</i> [20]	e-learning	RCT with printed manual and waiting list controls	Australia	Public (n = 262)	<ul style="list-style-type: none"> • Increased confidence in providing help • Reduction in stigma • Increased help provided to others
O'Reilly <i>et al.</i> [21]	Standard	Controlled trial with untrained controls	Australia	Pharmacy students (n = 223)	<ul style="list-style-type: none"> • Improved recognition of disorders • Beliefs about treatment became more like professionals' • Decreased social distance • Increased confidence in providing services to consumers with a mental illness
Kitchener & Jorm [10]	Standard	Uncontrolled trial with pre, post and follow-up measures	Australia	Public (n = 210)	<ul style="list-style-type: none"> • Improved recognition of disorders • Beliefs about treatment became more like professionals' • Decreased social distance • Increased confidence in providing help • Increased help provided to others
Kelly <i>et al.</i> [11]	Youth	Uncontrolled trial with pre, post and follow-up measures	Australia	Public (n = 246)	<ul style="list-style-type: none"> • Improved recognition of schizophrenia • Improved mental health first aid knowledge • Increased confidence in providing help • Reduction in stigma • Increased help provided to young people • Improved recognition of disorders • Beliefs about treatment became more like professionals' • Decreased social distance
Lam <i>et al.</i> [22]	Standard	Uncontrolled trial with pre and post measures	Australia	Chinese speaking public (n = 108)	<ul style="list-style-type: none"> • Beliefs about treatment became more like professionals' • Decreased social distance

(Continued)

Table 2. (Continued)

Minas <i>et al.</i> [23]	Standard	Uncontrolled trial with pre and post measures	Australia	Vietnamese speaking public (n = 114)	<ul style="list-style-type: none"> Improved recognition of disorders Improved mental health first aid knowledge Reduction in some aspects of stigma
Pierce <i>et al.</i> [24]	Standard	Uncontrolled trial with pre and post measures supplemented with qualitative focus groups	Australia	Rural football club leaders trained in MHFA (n = 36) and club players not trained (n = 275)	<ul style="list-style-type: none"> Improved recognition of disorders Project perceived as valuable by stakeholders Little indirect benefit to club players who were not trained
Hossain <i>et al.</i> [25,26]	Standard	Uncontrolled trial with pre and follow-up measures and supplementary qualitative data	Australia	Rural advisory and extension agents (n = 32)	<ul style="list-style-type: none"> Improved recognition of disorders Increased confidence in providing help More positive beliefs about treatment Decreased social distance
Sartore <i>et al.</i> [27]	Standard	Uncontrolled trial with pre and post measures	Australia	Rural support workers and community volunteers (n = 99)	<ul style="list-style-type: none"> Course seen by stakeholders as beneficial Improved ability to identify high-prevalence disorders Increased endorsement of evidence-based interventions
Stevenson & Elvy [28]	Standard Scottish	Uncontrolled trial with pre, post and follow-up measures and supplementary qualitative data	Scotland	Public (n = 306 at post-test and n = 223 at follow-up)	<ul style="list-style-type: none"> Increased confidence in providing help Improved recognition of schizophrenia Improved mental health first aid knowledge Increased confidence in providing help Reduction in some aspects of stigma Increased optimism about recovery
Branding & McKenna [29]	Standard English	Uncontrolled trial with pre and post measures	England	Managers working in the public sector (n = 55)	<ul style="list-style-type: none"> Increased help provided to others Improved mental health first aid knowledge Increased confidence in providing help More positive attitudes to helping people with mental health problems
Jorm <i>et al.</i> [30]	Standard	Qualitative analysis of participant stories about applying first aid	Australia	Public in a rural area (n = 94)	<ul style="list-style-type: none"> Participants were very positive about the training Most participants used what they had learned to help someone Empathy, confidence and ability to handle crises increased The course met the needs of a wide range of people Participants did not over-reach themselves through over-confidence
Kanowski <i>et al.</i> [31]	Aboriginal	Qualitative study using focus groups and quantitative data on course uptake	Australia	Aboriginal instructors (n = 34) and course participants (n = 22)	<ul style="list-style-type: none"> Participants found the course useful and wanted to see it repeated and extended Course is seen as culturally appropriate and empowering Course is seen as providing information that is relevant and important
Terry <i>et al.</i> [32]	Standard Welsh	Qualitative study using semi-structured interviews	Wales	Instructors (n = 14)	<ul style="list-style-type: none"> Course is being taken by many Aboriginal people Instructors believed there needs to be clear infrastructure to train, support and monitor those delivering courses

RCT, randomized controlled trial.

There are procedures for quality control

It is important for the reputation of the MHFA Program that there are procedures for quality control. A range of procedures have been implemented to protect the quality of the training delivered. These include rigorous selection, training and assessment of candidate instructors; well documented teaching materials; annual requirements for the number of courses taught by each instructor to maintain accreditation; standardised feedback questionnaires from course participants; and continuous updating of instructors through newsletters, website (www.mhfa.com.au) and annual instructor conferences. Similar procedures have been adopted by the overseas MHFA organizations.

There is a sustainable funding model

In Australia, MHFA has received a number of start-up grants from governments to launch into new areas, such as Youth MHFA, Aboriginal and Torres Strait Islander MHFA and e-Learning MHFA. However, it receives no on-going government funding. Like conventional first aid training, it is primarily funded on a fee-for-service basis, either from training instructors or running courses. A UK report has cited MHFA as an example of 'radical efficiency' in provision of public services, because it delivers services in an innovative way at a lower cost and with better outcomes than a government controlled service could [45].

In other countries, there have been a variety of models, with MHFA either run through non-government organisations or through government agencies. However, all rely on income from running courses. In this regard, the conventional first aid model of funding, which is known to be sustainable, has been very influential.

The future

While growing from 0 to 1% of the adult Australian population over a decade is a notable milestone, it is likely to be only the beginning. In 2006, the Australian Senate's Select Committee on Mental Health recommended that MHFA programmes aim for 6% of the population to be trained and accredited, 'targeting those with the greatest probability of coming in contact with mental health issues – teachers, police, welfare workers and family carers' [46]. Even this goal might be modest. If 11% of Australian adults have done conventional first aid training in the previous 3 years [1], it is feasible to equal this with MHFA training. To do so would require that, like conventional

first aid, MHFA certification becomes a requirement of certain occupations and roles, and that periodic refresher courses are required to stay current.

In this way, it will be possible to spread the skills to assist people affected by mental illness beyond health professionals to the whole community, encouraging earlier recognition and treatment, reduced stigma and enhanced social support.

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References

1. Pfizer Australia. *Australians and first aid*. Health Report, 2007, Issue 37. Available from URL: www.healthreport.com.au.
2. Wells JE, Oakley Browne MA *et al*. Te Rau Hinengaro: the New Zealand Mental Health Survey: overview of methods and findings. *Aust N Z J Psychiatry* 2006; 40:835–844.
3. Slade T, Johnston A, Oakley Browne MA, Andrews G, Whiteford H. 2007 National Survey of Mental Health and Wellbeing: methods and key findings. *Aust N Z J Psychiatry* 2009; 43:594–605.
4. Wang PS, Angermeyer M, Borges G *et al*. Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007; 6:177–185.
5. Cusack J, Deane FP, Wilson CJ, Ciarrochi J. Who influence men to go to therapy? Reports from men attending psychological services. *Int J Adv Couns* 2008; 26:271–283.
6. Dew MA, Bromet EJ, Schulberg HC, Parkinson D, Curtis EC. Factors affecting service utilization for depression in a white collar population. *Soc Psychiatry Psychiatr Epidemiol* 1991; 26:230–237.
7. Yap MB, Wright A, Jorm AF. First aid actions taken by young people for mental health problems in a close friend or family member: findings from an Australian national survey of youth. *Psychiatry Res* 2011; 188:123–128.
8. Jorm AF, Wright A, Morgan AJ. Beliefs about appropriate first aid for young people with mental disorders: findings from an Australian national survey of youth and parents. *Early Interv Psychiatry* 2007; 1:61–70.
9. Jorm AF, Blewitt KA, Griffiths KM, Kitchener BA, Parslow RA. Mental health first aid responses of the public: results from an Australian national survey. *BMC Psychiatry* 2005; 5:9.

10. Kitchener BA, Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behaviour. *BMC Psychiatry* 2002; 2:10.
11. Kelly CM, Mithen JM, Fischer JA, Kitchener BA, Jorm AF, Lowe AJ, Scanlan C. Youth Mental Health First Aid: a description of the program and an initial evaluation. *Int J Ment Health Syst* 2011; 5:4.
12. Kitchener BA, Jorm AF, Kelly CM. *Mental health first aid manual*, second edition. Melbourne: Orygen Youth Health Research Centre, 2010.
13. Hart LM, Kitchener BA, Jorm AF, Kanowski LG. *Aboriginal and Torres Strait Islander mental health first aid manual*, second edition. Melbourne: Orygen Youth Health Research Centre, 2010.
14. Kitchener BA, Jorm AF, Kanowski LG. *Cam nang cap cuu tam than: Vietnamese mental health first aid manual*. Melbourne: ORYGEN Research Centre, 2008.
15. Kelly CM, Kitchener BA, Jorm AF. *Youth mental health first aid manual*, second edition. Melbourne: Orygen Youth Health Research Centre, 2010.
16. Kitchener BA, Jorm AF, Kelly CM, Pappas, R, Frize, M. *Intellectual disability mental health first aid manual*, second edition. Melbourne: Orygen Youth Health Research Centre, 2010.
17. Kitchener BA, Jorm AF. Mental health first aid training in a workplace setting: a randomized controlled trial [ISRCTN13249129]. *BMC Psychiatry* 2004; 4:23.
18. Jorm AF, Kitchener BA, O'Kearney R, Dear KB. Mental health first aid training of the public in a rural area: a cluster randomised trial [ISRCTN53887541]. *BMC Psychiatry* 2004; 4:33.
19. Jorm A, Kitchener B, Sawyer M, Scales H, Cvetkovski S. Mental health first aid training for high school teachers: a cluster randomized trial. *BMC Psychiatry* 2010; 10:51.
20. Jorm AF, Kitchener BA, Fischer J-A, Cvetkovski S. Mental health first aid training by e-learning: a randomized controlled trial. *Aust N Z J Psychiatry* 2010; 44:1072–1081.
21. O'Reilly CL, Bell JS, Kelly P, Chen TF. The impact of mental health first aid training on pharmacy students' knowledge, attitudes and self-reported behaviour: a controlled trial. *Aust N Z J Psychiatry* 2011; 45:549–557.
22. Lam AY, Jorm AF, Wong DF. Mental health first aid training for the Chinese community in Melbourne, Australia: effects on knowledge about and attitudes toward people with mental illness. *Int J Ment Health Syst* 2010; 4:18.
23. Minas H, Colucci, Jorm AF. Evaluation of mental health first aid training for members of the Vietnamese community in Melbourne, Australia. *Int J Ment Health Syst* 2009; 3:19.
24. Pierce D, Liaw ST, Dobell J, Anderson R. Australian rural football club leaders as mental health advocates: an investigation of the impact of the Coach the Coach project. *Int J Ment Health Syst* 2010; 4:10.
25. Hossain D, Gorman D, Eley R. Enhancing the knowledge and skills of Advisory and Extension Agents in mental health issues of farmers. *Australas Psychiatry* 2009; 17:S116–S120.
26. Hossain, D, Gorman D, Eley R, Coutts J. Value of mental health first aid training of advisory and extension agents in supporting farmers in rural Queensland. *Rural Remote Health* 2010; 10:1593.
27. Sartore GM, Kelly B, Stain HJ, Fuller J, Fragar L, Tonna A. Improving mental health capacity in rural communities: mental health first aid delivery in drought-affected rural New South Wales. *Aust J Rural Health* 2008; 16:313–318.
28. Stevenson R, Elvy N. *Evaluation of Scotland's mental health first aid*. Edinburgh: NHS Scotland, 2007.
29. Brandling J, McKenna S. *Evaluating mental health first aid training for line managers working in the public sector*. Bath: University of Bath, 2010.
30. Jorm AF, Kitchener BA, Mugford SK. Experiences in applying skills learned in a Mental Health First Aid training course: a qualitative study of participants' stories. *BMC Psychiatry* 2005; 5:43.
31. Kanowski LG, Jorm AF, Hart LM. A mental health first aid training program for Australian Aboriginal and Torres Strait Islander peoples: description and initial evaluation. *Int J Ment Health Syst* 2009; 3:10.
32. Terry J. Experiences of instructors delivering the Mental Health First Aid training programme: a descriptive qualitative study. *J Psychiatr Ment Health Nurs* 2010; 17:594–602.
33. Van de Velde S, Broos, P, Van Bouwelen M *et al*. European first aid guidelines. *Resuscitation* 2007; 72:240–251.
34. Langlands RL, Jorm AF, Kelly CM, Kitchener BA. First aid recommendations for psychosis: using the Delphi method to gain consensus between mental health consumers, carers and clinicians. *Schizophr Bull* 2008; 34:435–443.
35. Langlands RL, Jorm AF, Kelly CM, Kitchener BA. First aid for depression: a Delphi consensus study with consumers, carers and clinicians. *J Affect Disord* 2008; 105:157–165.
36. Kelly CM, Jorm AF, Kitchener BA, Langlands RL. Development of mental health first aid guidelines for deliberate non-suicidal self-injury: A Delphi study. *BMC Psychiatry* 2008; 8:62.
37. Kelly CM, Jorm AF, Kitchener BA, Langlands RL. Development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. *BMC Psychiatry* 2008; 8:17.
38. Kelly CM, Jorm AF, Kitchener BA. Development of mental health first aid guidelines for panic attacks: a Delphi study. *BMC Psychiatry* 2009; 9:49.
39. Hart LM, Jorm AF, Paxton SJ, Kelly CM, Kitchener BA. First aid for eating disorders. *Eating Disorders* 2009; 17:357–384.
40. Kingston AH, Jorm AF, Kitchener BA *et al*. Helping someone with problem drinking: mental health first aid guidelines – a Delphi expert consensus study. *BMC Psychiatry* 2009; 9:79.
41. Kelly CM, Jorm AF, Kitchener BA. Development of mental health first aid guidelines on how a member of the public can support a person affected by a traumatic event: a Delphi study. *BMC Psychiatry* 2010; 10:49.
42. Kingston AH, Morgan AJ, Jorm AF *et al*. Helping someone with problem drug use: a Delphi consensus study of consumers, carers, and clinicians. *BMC Psychiatry* 2011; 11:3.
43. Hart LM, Jorm AF, Kanowski LG, Kelly CM, Langlands RL. Mental health first aid for Indigenous Australians: using Delphi consensus studies to develop guidelines for culturally appropriate responses to mental health problems. *BMC Psychiatry* 2009; 9:47.
44. Hart LM, Bouchier SJ, Jorm AF, Kanowski LG, Kingston AH, Stanley D, Lubman DI. Development of mental health first aid guidelines for Aboriginal and Torres Strait Islander people experiencing problems with substance use: a Delphi study. *BMC Psychiatry* 2010; 10:78.
45. Gillinson S, Horne M, Baeck P. *Radical efficiency: different, better, lower cost public services*. London: NESTA, 2010.
46. Senate Select Committee on Mental Health. *A national approach to mental health – from crisis to community: final report*. Canberra: Commonwealth of Australia, 2006.