Central Region Partnership
Mental Health First Aid Instructor Training
Outcomes Report

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Why Mental Health First Aid Training in the Central Region of California?

The Central Region Workforce Education and Training Partnership of California is a collaboration of 20 counties, provider agencies, state and community colleges, community-based organizations, consumers and family members. It spans from Sutter, Yuba and Placer Counties on the north, to Kings, Tulare and Inyo Counties on the south. It borders Bay Area counties on the west, and the state of Nevada on the east. The Central Region Partnership’s purpose is to increase and improve the public mental health workforce in our area through workforce development, career and educational pipeline improvement and coordinated training efforts. Funded by the Mental Health Services Act dollars through the California State Department of Mental Health, the lead county and fiscal agent, Placer County, contracts management services for the partnership through the California Institute for Mental Health (CiMH).

Mental Health First Aid (MHFA) was created by Professor Anthony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education. The program is auspiced at the ORYGEN Research Center at the University of Melbourne, Australia.

The research studies demonstrating the success of the program in Australia led the National Council for Community Behavioral Healthcare, the Maryland State Department of Health and Mental Hygiene, and the Missouri Department of Mental Health to bring the program to the United States in 2008. Mental Health First Aid USA is a collaboration between these entities.
Mental Health First Aid is an evidence-based program, which uses role-playing and simulations to demonstrate how to assess a mental health crisis, select interventions and provide initial help. The training also addresses the risk factors and warning signs of specific illnesses like anxiety, depression, schizophrenia, bipolar disorder and substance use disorders.

**Where the Partnership and Mental Health First Aid Intersect**

Since its inception at the University of Melbourne in 2001, Mental Health First Aid has undergone several studies to indicate its effectiveness in Australia. Major findings of MHFA studies found that participants gained a better recognition of mental disorders, a better understanding of treatments, more confidence in providing help to others, improved mental health for themselves, lessened stigmatizing attitudes and decreased social distance from people with mental disorders. Additional studies addressed MHFA’s impact on the community including increased help provided to others, increased guidance to professional help, and improved concordance with health professionals about treatment. Furthermore, evaluation studies have addressed MHFA’s impact on the public, workplace, rural areas, and participant’s experiences.

Mental Health First Aid in the US has experienced dramatic growth and has been immensely successful in the organizations and communities that have embraced it. More than 50,000 Mental Health First Aiders have been certified since the program was introduced in 2008, and this success has been made possible by the efforts of a dedicated network of 1,800+ instructors who have delivered the program in 47 states, the District of Columbia, and Puerto Rico.
As part of its strategic effort, the Central Region Partnership sponsored two Mental Health First Aid trainings for instructors, which has resulted in an additional 54 certified instructors from 16 of the counties in the region. The partnership’s leaders agreed that training over 50 Mental Health First Aid instructors would be an effective way to provide much needed, high-quality, evidence-based training to those in the communities of the Central Region.

The Mental Health First Aid Challenge Grant

The National Council for Community Behavioral Healthcare (National Council) believes that Mental Health First Aid can change the way America thinks about mental illness — that this simple yet powerful program holds the key to combating stigma, increasing health literacy, and connecting people to care. The National Council’s goal is to have 150,000 individuals trained and certified as “Mental Health First Aiders” by 2014. To reach this goal, 25,000 people need to be trained as instructors in 2011.

In the summer of 2011, the National Council made a challenge grant proposal to Mental Health First Aid instructors to ensure growth in the number of people trained. One of the 18 entities nationwide to be awarded a grant was the Central Region Partnership. As part of the grant application, the Central Region Partnership promised to:

1. Develop a support group for Mental Health First Aid Instructors where they could share and learn from one another
2. Provide 150 trainings over the 18 months following the receipt of grant funds
3. Train 1500 community members in the Central Region of California over the 18 months following the receipt of grant funds

How Are We Doing?

A Mental Health First Aid Instructor support group began meeting monthly in the Central Region in August 2011. The facilitated discussions provide instructors an opportunity to share resources, ideas, and best practices. More instructors are participating in each subsequent meeting.
Additionally, outside of the grant responsibilities some instructors in the Central Region conduct a pre- and post-quiz with their participants to measure knowledge and skills gained within their area. To get information on which instructors in which counties are collecting this information, please contact the Central Region Partnership Coordinator.

Nationally, as the Mental Health First Aid program spreads, there are efforts underway by the National Council to evaluate the effectiveness of the program. Current evaluation projects include:

- The University of Maryland, via a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), is conducting a thorough review of MHFA USA for its fidelity to the original, tested Australian model. This study is reviewing the materials, structure, and delivery of the course:
  
  **UM DSR Final Report Re SAMHSA MHFA US**

- The Western Interstate Commission for Higher Education (WICHE) secured a challenge grant from the National Institute on Mental Health (NIMH) in order to conduct a multi-year study to identify if MHFA can decrease barriers preventing college students from obtaining needed mental health services. Their findings have been compiled in this report:
  
  **NASPA MH 2012.pptx**

**Number of Instructors Trained and Number of Participants Receiving Training in the Central Region**

The 54 instructors sponsored by the region scheduled or provided 79 trainings in the first 9 months of being certified and completed at least 100 trainings in their collective first year. As of July 2011, we celebrated certifying an estimated 500 individuals in our communities as Mental Health First Aiders since October 2010 when our first cohort of instructors became certified.
Participants Evaluate the Quality of the Training and Trainers

Evaluations are collected at the end of each Mental Health First Aid course and results are reported back to the national program in an effort to track the response to the program nationwide. Averaged evaluation scores (and corresponding chart) from the National Council regarding trainings provided by the Central Region’s certified instructors through October 2011 follow:

### Quality of Training Evaluated

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the signs that someone may be dealing with a mental health problem or crisis</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
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<tr>
<td>Reach out to someone who may be dealing with a mental health problem or crisis</td>
<td>4.64</td>
<td>4.64</td>
<td>4.64</td>
<td>4.64</td>
<td>4.51</td>
<td></td>
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<tr>
<td>Ask a person whether s/he is considering killing him- or herself</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
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<tr>
<td>Actively and compassionately listen to someone in distress</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
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<tr>
<td>Offer a distressed person basic &quot;first aid&quot; level information and reassurance about mental health problems</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
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<tr>
<td>Assist a person who may be dealing with a mental health problem or crisis to seek professional help</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
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<tr>
<td>Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
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<tr>
<td>Be aware of my own views and feelings about mental health and mental illness as I encounter them</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
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<tr>
<td>Recognize and correct misconceptions about mental health problems and disorders</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
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<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
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<tr>
<td>Course goals were clearly communicated</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
</tr>
<tr>
<td>Course goals &amp; objectives were achieved</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
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<tr>
<td>Course content was practical and easy to understand</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
</tr>
<tr>
<td>There was adequate opportunity to practice the skills learned</td>
<td>4.49</td>
<td>4.50</td>
<td>4.46</td>
<td>4.61</td>
<td>4.52</td>
<td>4.49</td>
<td>4.53</td>
<td>4.56</td>
<td>4.53</td>
<td>4.64</td>
<td>4.64</td>
</tr>
</tbody>
</table>

1 = Strongly Disagree; 5 = Strongly Agree

As of October 2011, Average Content Score for CRP Instructors = 4.44  National Average = 4.60
Quality of Trainers as Evaluated by Participants

<table>
<thead>
<tr>
<th>The instructor's presentation skills were engaging and approachable</th>
<th>The instructor demonstrated knowledge of the material presented</th>
<th>The instructor facilitated activities and discussion in a clear and effective manner</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.28</td>
<td>4.34</td>
<td>4.31</td>
</tr>
</tbody>
</table>

As of October 2011, Average Presentation Score for CRP Instructors = 4.31 Average National Average = 4.64

Participants Who Were Positively Impacted Six Months After the Training

A number of instructors in the Partnership have also been surveying participants and collecting data six months after trainings to determine whether these community members continue to find the tenets of the training and the Mental Health First Aid action plan beneficial. This information is collected via an electronic survey and is aggregated for the region, but can also be filtered to view outcomes by county or by instructor. (See references on page 15 for a report on survey results.)
In summary, in the Central Region, six months after their Mental Health First Aid trainings, participants reported that the course impacted them *moderately, quite a bit* or *a lot* in these areas:

- Relationships with family, friends and co-workers;
- Interactions with those with whom participants come across daily;
- Confidence in talking about mental health-related issues;
- Ability to speak to someone in crisis;
- Ability to directly ask someone whether he or she is planning to kill him or herself;
- Ability to listen non-judgmentally; and,
- Awareness of available professional and self-help resources.

Some quotes from these participants: “*Two of my children suffer from mental and emotional disorders and this has helped me to understand and be more sensitive to their behaviors and my own reactions.*”

“I am more aware that there are specific differences in other cultures’ needs.”

“*Gave me some insight as to how I might approach different cultures.*”

Finally, 99.1% of participants said they do or would recommend the Mental Health First Aid course to others.

**Program and Related Costs**

The cost of the training for instructors was $30,000. This covered the costs of manuals, supplies, handouts, and national trainers’ food, travel and lodging expenses. The Central Region also paid for travel expenses for instructors to attend, meals for the full-week of training, hotel costs for instructors for the training week, and for 100 student manuals per instructor so they could provide Mental Health First Aid trainings at no cost, or a very low cost, in the region. The venues were free. The total cost to the Central Region for all of these expenses was about $150,000.
Lessons Learned

1. It was critical to send people with training or presentation experience. Some individuals that were not experienced in training or presenting publicly did not pass the course. Recommendation: Better screen potential trainers for this skill set.

2. There was not 100% attendance. Recommendation: Maintain a waiting list so every slot is filled and emphasize the importance of early cancellation.

3. The Mental Health First Aid curriculum is not culturally competent for those who do not speak English. Recommendation: Clarify the limits of the curriculum when advertising the training.

4. Mental Health First Aid Training must be supported by counties for on-going free training. Recommendation: Each county have a plan for sustaining their training commitment.

Who’s Talking About It?

Mental Health First Aid has been a source of community and media interest. The first four of the following stories tracked trainings provided by instructors in the Central Region:

National Public Radio’s (NPR) Morning Edition (7 min):

Capital Public Radio, Insight, Sacramento (10 min):

Sacramento News and Review article:
http://www.newsreview.com/sacramento/emotional-rescue/content?oid=1961954

Grass Valley Union article:
http://www.theunion.com/article/20111004/NEWS/111009933/1066&parentprofile=1053
The following note came from an agency representative of the National Alliance on Mental Illness (NAMI), California whose staff member attended one of the first Mental Health First Aid courses we provided in the Central Region: “We had our [staff member] go through your training class and she cannot say enough of how it has built up her confidence in her everyday interactions with the various inquiries we get on a daily basis. She has actually put what she learned into practice many times over, unfortunately one incident could have gotten volatile and due to her mental health first aid training she was able to diffuse the situation where all parties were safe and valued...thanks you guys.” This message embodies the effect we want our target populations, our community members and those with mental health problems with whom our participants interact to experience because of the region’s Mental Health First Aid training efforts.

### Cultural Competence

Instructors around the region have trained individuals from diverse cultural backgrounds. The following tables and graphs display and compare the ethnic diversity of individuals trained with the diversity of the population in the Central Region:

<table>
<thead>
<tr>
<th>Races/Ethnicities of those who have received training in the Central Region as of December 2011</th>
<th>994 – Total # Identified</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>30</td>
<td>3.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>54</td>
<td>5.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>72</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hispanic or Latino origin</td>
<td>292</td>
<td>29.4%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Caucasian / White</td>
<td>539</td>
<td>54.2%</td>
</tr>
</tbody>
</table>
### Race/Ethnicity Information of Central Region Counties, combined – US Census Bureau, 2010

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaskan Natives</td>
<td>3.14%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.09%</td>
</tr>
<tr>
<td>Black</td>
<td>3.04%</td>
</tr>
<tr>
<td>Hispanic or Latino origin</td>
<td>28.88%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0.27%</td>
</tr>
<tr>
<td>White</td>
<td>71.00%</td>
</tr>
<tr>
<td>Persons reporting two or more races</td>
<td>4.53%</td>
</tr>
</tbody>
</table>

*Data obtained from US Census Bureau*
Central Region MHFA Participants by Race/Ethnicity

- Caucasian / White: 54%
- Hispanic or Latino origin: 29%
- Black or African American: 7%
- Asian: 6%
- American Indian or Alaskan Native: 3%
- Native Hawaiian or other Pacific Islander: 1%

**Legend:**
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino origin
- Native Hawaiian or other Pacific Islander
- Caucasian / White
What’s Next?

We will continue to provide Mental Health First Aid trainings throughout the region. We will hold another training session for new instructors in the fall of 2012. The Mental Health First Aid Instructor Support Group will continue to provide a venue for instructors to share training strategies, information, methodologies and protocols. We will continue to measure outcomes and survey participants to determine qualitatively whether and how our communities are affected by the training. Reducing stigma, increasing mental health literacy and assisting those who may be developing a mental illness or experiencing a mental health crisis will be the continued focus of our Mental Health First Aid instructors.
References:

Mental Health First Aid USA website:  
http://www.mentalhealthfirstaid.org/cs/

Central Region Mental Health First Aid Challenge Grant Application:  
MHFA Challenge  
Grants Info and Appl

National Public Radio’s (NPR) Morning Edition:  

Capital Public Radio, Insight, Sacramento:  

Sacramento News and Review article:  
http://www.newsreview.com/sacramento/emotional-rescue/content?oid=1961954

Grass Valley Union article:  
http://www.theunion.com/article/20111004/NEWS/111009933/1066&parentprofile=1053

NPR’s Talk of the Nation:  

ABC News:  
http://abcnews.go.com/Health/video/mental-health-aid-14763882

USA Today:  
http://yourlife.usatoday.com/health/story/2012-03-11/Classes-teach-first-aid-for-mental-health-crisis/53489150/1

SurveyMonkey® Survey Data for MHFA Evaluations of Participants 6 months after training:  
https://www.surveymonkey.com/sr.aspx?sm=D6fDvPGy8y3GaaFdPGqEi7X_2baMmIMTMh8w6NGrwEY18_3d

Central Region Mental Health First Aid Evaluation Data:  
MHFA course data_aggregated_20

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University of Maryland (UMD) Fidelity Study: See study on page 6 of this report

Western Interstate Commission for Higher Education (WICHE) multi-year study on decrease barriers to mental health services for college students: See PowerPoint® presentation on page 6 of this report