



Whole School Approach to Emotional and Mental Well-being: What Works Toolkit

Mental Health First Aid

Public Health Wales | Date of Review: 2021

This summary is part of a series produced for the Whole School Approach to Emotional and Mental Well-being What Works Toolkit. They are intended to help schools make informed decisions when choosing interventions to improve and promote mental well-being. The interventions reviewed are not endorsed by Welsh Government or Public Health Wales.

Public Health Wales, on behalf of Welsh Government, have examined the best available evidence for interventions to find out if they are effective in improving mental and or emotional well-being outcomes in learners or staff, when delivered in a school setting.

Further information about the methodology and how using evidence can support decision-making is presented as supplementary information.

Mental Health First Aid

A training course, which teaches people how to identify, understand and help someone who may be experiencing a mental health issue. Like traditional first aid, mental health first aid does not teach people to treat or diagnose mental health or substance use conditions. Instead, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves.

MHFA was created in Australia in 2001 by Betty Kitchener, a nurse specialising in health education, and Anthony Jorm, a mental health literacy professor.

Further information about the programme is available from https://mhfainternational.org/

Evidence rating:

Public Health Wales reviewed the best available evidence of effectiveness for this intervention in Autumn 2021. An expert panel concluded that there is **some evidence** from studies that Mental Health First Aid is ineffective at improving health and wellbeing, but this is not conclusive.

Further information about how consensus on this evidence rating was reached is available within supplementary information.

Implications for practice:

This intervention requires a significant investment in terms of financial cost and curriculum time. Therefore, schools should think carefully about what they expect this intervention to achieve and how they will make a judgement about whether or not it has worked.

As with all programmes of this type, delivering all of the programme components as the developer intended is usually critical to success. Schools and their partners should ensure they can commit the time required before starting the programme.

If already using this intervention, schools should think about how they might assess the impact for participants and the wider school community.

Aspect(s) of well-being it intends to support:

Mental Health First Aid supports trainees to recognise signals in the emotions and behaviours of others that may indicate a developing mental health problem.

Find out more about mental well-being and the things that influence it here. 1

Mechanism of action:

The intervention aims to increase knowledge and skills in how to respond to people experiencing mental health difficulties, including in a crisis involving suicidal thoughts or behaviours, panic attacks, and psychotic behaviour.

More common mental illnesses such as depression and anxiety are also described, in addition to substance use disorders. The Youth Mental Health First Aid training is similar to the adult course but is modified to be more age-appropriate and specific to the needs of an adolescent population.

The programme teaches techniques that have their origins in Cognitive Behavioural Therapy (CBT). The NHS describes CBT as a talking therapy that can help manage problems by changing the way people think and behave. However, Mental Health First Aid is not a therapeutic or treatment programme. It uses the theory to inform programme delivery that focusses on prevention, early intervention and referral into treatment.

Intended recipients:



Universal (for everyone)

It is suitable for all children. It is usually delivered to a whole class/group of learner

Age range: 8 years – Adult



Staff



Student

Resource requirement:



Delivered by the school



Delivered by a third party

- Training is typically a 2-day course, delivered face to face or online.
- Must be refreshed every 3 years by attending a half-day training course.
- Manuals for trainees are provided as part of the package, these are either digital or print copies.
- Other resources including posters, wall charts, badge pins and lanyards are available to purchase from the developers.
- Training costs range from £75-£300 per participant.²

Language:

Training and intervention delivery resources are available in English and Welsh. Many of the supplementary resources can be reproduced in Welsh.

² All estimate costs dated 2021 Mental Health First Aid

Supplementary Information

In March 2021 Welsh Government published the 'Framework on Embedding a Whole School Approach to Mental and Emotional Well-being', with the objective of supporting schools to meet the mental health and well-being needs of their students and staff (Education Wales, 2021). One of the ten key requirements and actions documented in this framework was that schools should ensure they only implemented well-being interventions with a 'sound or innovative and developing evidence base'. The What Works Toolkit aims to provide a summary of the evidence of effectiveness to help schools make informed decisions when choosing interventions.

Methodology

- Information was gathered about the intervention from documentary sources or through direct contact with the provider/developer.
- A review of the best available evidence found in the published literature was undertaken.
- A multidisciplinary panel of experts from health, academia and education agreed on the evidence of effectiveness and an evidence rating statement to support it.
- To reach consensus on an evidence rating, the outcomes considered are those that the
 intervention intends to improve. Mental and emotional well-being outcomes can include
 self-confidence or self-esteem, emotional intelligence, and relationship skills, as well as more
 clinical outcomes such as anxiety.
- The evidence ratings used in the review were:

Rating	Evidence
++	There is good evidence from reliable studies that this intervention is likely to have a positive effect on health and well-being.
+	There is some evidence from studies that this intervention is likely to have a positive effect on health and well-being but this is not conclusive.
+/-	There is some evidence from studies that this intervention may have a positive effect on health and well-being but further research is needed.
0	There is no research evidence on the effectiveness of this intervention or, what is available has significant methodological weaknesses preventing conclusions on effectiveness to be drawn
-/+	There is some evidence from studies that this intervention may be ineffective in improving health and well-being outcomes but further research is needed.
-	There is some evidence from studies that this intervention is likely to be ineffective at improving health and well-being outcomes but this is not conclusive.
	There is good evidence from reliable studies that this intervention is likely to be ineffective at improving health and well-being outcomes.

 A full technical report with detailed information on the methods, findings, conclusions and recommendations is available upon request. Please email: hi-programme.support@wales.nhs.uk

Understanding mental health and well-being

Public Health Wales has developed a <u>Conceptual Framework for Mental Well-being</u>³. This demonstrates the relationship between mental well-being and other health determinants as well as describing areas for action to promote and protect well-being. The framework presents the building blocks of individual mental well-being, how we think; how we understand our feelings and those of others; how we form relationships; how we understand and make sense of life experiences and how we see our place in the world.

It also recognises the importance of community mental well-being which arises from the connections, networks, and sense of belonging within a community; the shared identity and experience that comes from place, and from how power is experienced and shared.

The 'Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing' covers a pathway from prevention and promotion of good mental well-being to treatment of mental ill health. It is important that when considering interventions schools can understand where on the pathway an intervention is trying to act, and what aspects of mental well-being an intervention aims to improve.

Understanding and using evidence

There are many different types of evidence. It can come from formal research and evaluation, expert opinion, or lay knowledge and experience.

Certain types of research and more helpful than others in understanding whether an intervention or programme actually makes a difference. Usually, to answer that question fully, you need to compare those pupils, classes or schools who received a programme with those that did not. Other forms of evidence are really important to understand whether people found the programme helpful; whether it was easy to deliver or use.

The number of studies which have been carried out and the number of participants involved in a study are also important. We would have more confidence in a study on hundreds of people than one on 20 or 30 for example. The quality of the research, and how well it was carried out, are also important. We can be much more confident that the findings of a good quality study are true rather than by chance than we can poor quality studies.

Using evidence to understand whether an activity is achieving the aims it set out to helps to make the best use of available resources. Basing decisions on published evidence supports credibility and gives schools confidence in the approaches taken.

³ https://phw.nhs.wales/topics/promoting-individual-and-community-wellbeing/