<table>
<thead>
<tr>
<th>Title</th>
<th>Mental health First Aid in an Irish Context</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Shanahan, Anne-Lisa</td>
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<tr>
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<td>Item record</td>
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Table 2.2 Overview of MHFA investigations/ evaluations

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

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<tr>
<td>Jorm, Kitchener and Mugford (2005)</td>
<td>Australia</td>
<td>Retrospective study of participants use of MHFA skills</td>
<td>Qualitative survey of participants involved in study associated with Jorm, Kitchener, O’Kearney &amp; Dear (2004)</td>
<td>Surveys sent to 131 past participants with 94 returned</td>
<td>73 reported having used the training and stated that the intervention had beneficial effects. Increased empathy and confidence and better able to handle a crisis in a wide range of situations. No evidence of over use of skills as a result of over confidence. Course described as very useful and keen to see the course repeated and extended.</td>
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<tr>
<td>Kitchener &amp; Jorm, (2004)</td>
<td>Australia</td>
<td>Evaluate effects of training on knowledge, attitudes and helping behaviour using a more rigorous experimental design</td>
<td>9 hour course. Randomised control trial using 5 month wait listed control group. Survey as per Kitchener and Jorm (2002) with addition of SF-20 (health survey)</td>
<td>301 participants from within government departments. Training during work hours.</td>
<td>Increased confidence in helping others, increased likelihood of recommending seeking professional assistance, increased concordance with health professionals about treatment and decrease in stigmatising attitudes. Improved mental health of participants.</td>
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<td>Macdonald, Cosquer &amp; Flockton, (2008).</td>
<td>England</td>
<td>Evaluation of course application in England using Scottish adaptation.</td>
<td>Uncontrolled</td>
<td>200 members of the public (41% statutory sector, 39% voluntary, 67% women and 86.5% completing for work purposes.</td>
<td>Increased confidence in helping someone, greater understanding of mental health issues and associated</td>
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<td>Questionnaires completed at the end of the course as a pre requisite for receiving certificate.</td>
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<td>stigma. Content of the course was highly regarded by the participants as was the expertise of the</td>
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<td>presenters. Course materials (quantity) and intensity were problematic.</td>
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<tr>
<td>Sartore, Kelly, Stain, Fuller, Frager and</td>
<td>Australia</td>
<td>Assess MHFA effectiveness as part of a strategy to improve capacity for</td>
<td>Uncontrolled</td>
<td>99 course participants from frontline agricultural related services</td>
<td>Increased ability to identify mental health issues with increased confidence to be able to assist.</td>
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<td>Tonna (2008)</td>
<td></td>
<td>rural communities to be able to offer early intervention care for mental</td>
<td>Surveys of participants before and</td>
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<td>Concern was expressed in giving advice outside the roles identified within their job definitions.</td>
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<td></td>
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<td>health issues</td>
<td>following training</td>
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<tr>
<td>Scottish Development Centre for Mental</td>
<td>Scotland</td>
<td>Evaluation of pilot project. Adaptation included inclusion of self harm,</td>
<td>Uncontrolled</td>
<td>15 instructors recruited following information session.</td>
<td>Increased competency and confidence in managing mental health concerns. Increased knowledge and</td>
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<tr>
<td>Health (2004)</td>
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<td>key learning points and DVDs with personal testimonies</td>
<td>Evaluation of course by participants and instructors following training</td>
<td>75 post course assessments assessed (150 send out – 50% response rate) – mostly from public sector employees</td>
<td>understanding and reduced stigma. Content, training activities and delivery were considered</td>
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<td>effective but too text dependent. Instructors were concerned at the level of course administration</td>
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<tr>
<td>Speer, N. &amp; Eisenberg, D. (2011)</td>
<td>USA</td>
<td>Impact of MHFA training on knowledge of mental health issues and use of</td>
<td>Pseudo-random allocation of training</td>
<td>33 university sites. Surveying 469 Residential Advisors of students in residence within the universities. Surveys of 7650 students</td>
<td>Residential Advisors reported increased knowledge about mental health. There was no change in</td>
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<td></td>
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<td>mental health services.</td>
<td>and control groups across and within</td>
<td>who also completed training.</td>
<td>referrals to mental health services or change in mental health service use by students. Students</td>
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<tr>
<td></td>
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<td>university campuses. Pre and post training surveys.</td>
<td></td>
<td>reported improved affect, increased knowledge of mental health issues and more positive beliefs about</td>
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<td>treatment options and confidence to assist someone experiencing a crisis.</td>
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<td>The Health Promotion Agency (2008)</td>
<td>Ireland</td>
<td>Cross boarder pilot program using Scottish training resources with the inclusion of local regional data</td>
<td>Uncontrolled qualitative assessment by instructors and pre and post questionnaires completed by participants focusing on knowledge, awareness, attitudes and behaviour.</td>
<td>15 instructors and 204 course participants</td>
<td>Instructors expressed concern about time commitment in offering training, admin, having to respond to needy participants, recruitment and lack of support for their own needs. Participants satisfied that MHFA had had a positive impact on confidence, skills, motivation and knowledge. More local content was requested inc videos and examples.</td>
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<tr>
<td>Welsh Assembly Government (2009)</td>
<td>Wales</td>
<td>Evaluation of value of the course in Wales</td>
<td>Uncontrolled pre and post course questionnaires. Follow-up survey of email registered participants</td>
<td>1744 participants completed post course feedback forms. 87% attended in work capacity.</td>
<td>Reports of improved preparedness to manage mental health crises, most who responded to the follow-up survey reported helping someone post training with reports of increased awareness, willingness to discuss issues, confidence and skills to manage. More willing to discuss issues of concern for themselves.</td>
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