<table>
<thead>
<tr>
<th>Title</th>
<th>Mental health First Aid in an Irish Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Shanahan, Anne-Lisa</td>
</tr>
<tr>
<td>Publication Date</td>
<td>2013-02-01</td>
</tr>
<tr>
<td>Item record</td>
<td><a href="http://hdl.handle.net/10379/3407">http://hdl.handle.net/10379/3407</a></td>
</tr>
</tbody>
</table>
## Appendix F

Table F.1. Questions taken or modified from the Scottish Development Centre for Mental Health (2004) pilot study of MHFA and used in the current study.

|---|---|
| **Pre training only (Participant baseline assessment)**
Please indicated your level of competence in addressing MHFA issues, Prior to attending pilot training
(1) Fully competent, (2) Somewhat competent, (3) Not competent | Pre and post training, 2 month and 6 month follow up
If you encountered a mental health emergency today what would be your level of competence to deal with it?
(1) Not at all, (2) Somewhat, (3) Adequate, (4) Good, (5) Completely |
| Note briefly your reasons for taking part in the MHFA pilot training programme. | Pre training
Note briefly your reasons for undertaking the MHFA programme. |
| **What do you expect that the MHFA training will enable you to do in the future, that you currently cannot do?** | Pre training
What do you expect MHFA training will enable you to do in the future, that you currently cannot do? |
| **Participant final assessment**
Have you gained knowledge in MHFA issues as a result of the training?
(1) Yes, (2) No | Pre and post training, 2 month and 6 month follow up
What is your current level of knowledge of MHFA issues?
(1) None, (2) Some, (3) Adequate, (4) Good, (5) Complete. |
| Have you gained skills in MHFA issues as a result of the training?
(1) Yes, (2) No | How skilful are you in managing mental health emergencies?
(1) Not at all, (2) Somewhat, (3) Adequate, (4) Good, (5) Completely |
| Have you gained confidence in MHFA issues as a result of the training?
(1) Yes, (2) No | How confident are you that you could manage a mental health emergency?
(1) Not at all, (2) Somewhat, (3) Adequate, (4) Good, (5) Completely |
| Please indicated your level of competence in addressing MHFA issues, as a result of the training pilot
Fully competent, (2) Somewhat competent, (3) Not competent | See question 1 above. |
| **Participant diary and course evaluation survey**
Do you think anything was missing for the MHFA training? Please detail | Post training
Do you think there was anything missing form the course that could/should have been included? |
| Please detail what appear to have been the most important learning messages? | At 2 month and 6 month follow up
What was the most relevant/important/memorable message of the course? (ie what is the strongest message?) |
| Please comment on the relevance of the course aims and objectives and whether you feel these have been met. | Post training
Please comment on the relevance of the course aims and objectives and whether you feel these have been met. |
| Have you had an opportunity to reflect upon your MHFA training with your manager and/or colleagues? Please detail | If you have discussed the course with others can you briefly describe the exchange? |
| Overall, can you point to any difference which the training has made to you, to your organisation or to others? | Has your approach to your own mental health changed since doing the course? Significant change, Some change, No change |
Please tick one of the 0-4 options for the following questions, where 0 indicates “not satisfied” and 4 “very satisfied”
a) how would you rate the training course materials in terms of relevance (presentation, workbooks, videos etc)?
b) how would you rate the training course activities?
c) how would you rate the overall timing and pacing?
How effective were the instructors?

Please evaluate the following elements of the course structure and presentation
- Needs attention, Fair, Good, Great, Perfect
- Content
- Time frame/session length/times
- Materials (manual and handouts)
- Venue
- Videos
- Case studies
- “lecture style” information provision
- Discussions (whole group)
- Discussions (small group)
- Group dynamics (mix/ contribution by members etc)
- Quizzes
- The presenter’s knowledge of the material
- The presenter’s support of the participants
- Delivery style of the presenter
- Administration associated with the course.

Please note any recommendations for improvement of the MHFA training course?
If you identified any element(s) that need attention, what needs to be done?
Appendix G

Vignettes and recording template applied at MHFA course participants at two and six months following MHFA training.

Vignette Number 1

John is 24 and lives at home with his parents. He has had a few temporary jobs since finishing school but is now unemployed. Over the last 6 months he has stopped seeing his friends, and has begun locking himself in his bedroom and refusing to eat with the family or to have a bath. His parents also hear him walking about in his bedroom at night while they are in bed. Even though they know he is alone, they have heard him shouting and arguing as if someone else is there. When they try to encourage him to do more things, he whispers that he won’t leave home because he is spied upon by the neighbour. They realise he is not taking drugs because he never sees anyone or goes anywhere.

You are a friend of John’s parents and they ask you for help. What do you do?
Vignette  Number 2

Mary is 30 years old.  She has been feeling unusually sad and miserable for the past few weeks.  Even though she is tired all the time, she has trouble sleeping nearly every night.  Mary doesn’t feel like eating and has lost weight.  She can’t keep her mind on her work and puts off making any decisions.  Even day to day tasks seem too much for her.  This has come to the attention of Mary’s boss who is concerned about her lowered productivity.

You are Mary’s friend.  What do you do?
Vignette markers (used during the telephone interview to identify appropriate responses)

Assessing risk to self and person in vignette
Diagnosis
Listening to problem
Provision of reassurance
Provision of information/ advice
Need for professional help identified
   Professional assistance identified?
      o GP
      o Chemist/ pharmacist
      o Counsellor
      o Social worker
      o Telephone service (eg Samaritans)
      o Psychiatrist
      o Psychologist
      o Family
      o Friends
      o Clergy
      o Natural/ alternate therapist
      o Medication

Self help strategies identified
   o Physical activity
   o Relaxation (yoga/ meditation etc)
   o Reading about the problem (self help book etc)
   o Talking to friends
   o Reducing alcohol
   o Reducing other drug use (non prescribed)
   o Seeking assistance from professionals
   o Changing diet

Assistance provided
   o Getting help for the individual (eg calling GP or ambulance)
   o Providing written information
   o Helping the individual to professional assistance (eg to hospital/ GP/ EAP)
   o Helping the persons family to deal with the problem (ie advising them how/where to get assistance.