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# Mental Health First Aid Training: Evaluating a brief training intervention for college students

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MENTAL HEALTH FIRST AID TRAINING: EVALUATING A BRIEF TRAINING  
INTERVENTION FOR COLLEGE STUDENTS

By

Erica D Sandtorv

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## **ABSTRACT**

### **Background**

Mental health literacy, or the public's knowledge and beliefs about mental health, has been shown to be lacking; therefore, the proper first aid actions are not always taken to recognize and encourage treatment for psychological disorders (Burns & Rapee, 2006; Jorm et al., 1997; Jorm, 2012; Yap, Wright, & Jorm, 2011). This issue is particularly relevant in a university setting where mental health issues are common and students often rely on their peers for support (Hefner & Eisenberg, 2009; Kitzrow, 2009; Morse & Schulze, 2013). Studies have shown mental health first aid (MHFA) training to be successful in equipping people with the skills they need to help others in acute mental health crises (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014; Kitchener & Jorm, 2002; Morse & Schulze, 2013).

### **Method**

To assess the efficacy of a brief mental MHFA training intervention, the current study collected data from 75 undergraduate students at a small, Midwestern university. We tested whether college students who read the Depression First Aid Guidelines would choose more appropriate first aid actions than a control group when responding to a vignette of a peer exhibiting depression.

## **Results**

Data were analyzed using an independent samples *t*-test. No statistically significant difference was found between the experimental and control groups, indicating that the brief training intervention was not substantial enough to improve knowledge of first aid actions. However, students who had read the guidelines did report a greater sense of confidence in their ability to provide MHFA.

## **Conclusion**

These results indicate that there is a risk of increasing confidence beyond actual knowledge when using such a minimal training procedure. Future research should seek to explore the relationship between knowledge and confidence and devise a training program that is more effective at increasing practical first aid skills.

Keywords: mental health first aid, training, college students, depression

## **REVIEW OF LITERATURE**

Despite the prevalence of mental disorders, they have been stigmatized and misunderstood since ancient times. Recently, some efforts have been made to promote mental health and reduce stigma; however, media coverage still displays the mentally ill in largely negative and inaccurate ways. For the many who suffer with mental health problems, this stigmatization can have detrimental effects on social relationships, limit employment opportunities, and reduce likelihood of help-seeking (Rossler, 2016). College students are not immune to the effects of mental illness and the accompanying pain of being misunderstood by peers. Research shows that students are now entering college with more severe mental health problems than the simple maladjustment issues that were faced in previous decades (Kitzrow, 2009). Not only are the problems more serious, but they are also more numerous. Campus counseling centers have seen a drastic rise in demand for services which has led to delays of around two weeks for students seeking help. For Creighton University in Omaha, NE the wait times can reach one month during busy times, which tend to be around midterms and finals. While making an appointment a few weeks in advance to see a specialist might seem typical, this waiting time can be detrimental for students facing a mental health crisis (Thielking, 2017). This increased prevalence of mental health problems at universities may be due to a variety of factors such as instability at home, greater social pressures, and effectiveness of

medications that allow individuals with psychological disabilities to attend college who would not have been able to in the past (Kitzrow, 2009).

One of the most alarming problems faced by college students is suicidality. Researchers estimate that suicide is the second most common cause of death for college students (Drum, Brownson, Denmark, & Smith, 2009). This kind of data requires college communities to closely examine the causes of suicidality and how it can be prevented. Hefner and Eisenberg (2009) found that perceived social support was a strong predictor of mental health. Students who perceived a higher quality of social support had a lower likelihood of problems such as depression, anxiety, suicidality, and eating disorders (Hefner & Eisenberg, 2009). Additionally, Drum et al. (2009) found that the first line of defense against suicide is often a person's romantic partner, roommate, or friend—essentially one's peers. Due to this finding, the researchers suggested that students themselves should be educated about mental health issues and how to refer a peer in need to the proper professional services available on campus (Drum et al., 2009).

### **Mental Health Literacy**

Efforts to increase awareness and understanding of mental health to date have focused around the idea of *mental health literacy*, a term coined by Jorm et al. (1997) and defined as "knowledge and beliefs about mental disorders which aid in their recognition, management or prevention" (p. 182). Burns and Rapee (2006) sought to assess the mental health literacy of Australian adolescents

using vignettes of individuals exhibiting symptoms of depression. The participants were asked a series of open-ended questions including what they “think is the matter” with the person and who they needed to help them cope with their problems (Burns & Rapee, 2006). Over 40% of the sample listed friends as one viable source of support for a depressed person, further emphasizing the need for young people to be informed about mental health, so that they can adequately support their peers and point them towards professional help if needed (Burns & Rapee, 2006). Additionally, extensive research has been done on mental health literacy and has uncovered widespread deficiencies in the public’s knowledge about prevention, detection, and treatment options (Burns & Rapee, 2006; Jorm et al., 1997; Jorm, 2012; Yap, Wright, & Jorm, 2011). For this reason, Jorm (2012) calls for the implementation of community-wide training programs known as MHFA Training.

### **Mental Health First Aid**

A basic outline of MHFA as used by Kitchener and Jorm (2002) consists of helping people in acute mental health crises and in the early stages of mental disorders, using a five-step action plan: (a) assess risk of suicide or harm, (b) listen non-judgmentally, (c) give reassurance and information, (d) encourage appropriate professional help, and (e) encourage self-help strategies. Morse and Schulze (2013) implemented this model of MHFA training on a college campus with a series of 50-minute classes over 6 weeks. They found that the program led to a statistically significant improvement in scores for crisis responding skills,

stigma reduction, number of counseling consultations, and overall psychological flexibility. A similar strategy was also shown to be effective with younger age groups. In one study, high school students gave a presentation lasting approximately 60 minutes aimed at sixth- through eighth-graders in an after school program. The goal was to decrease the stigma attached to mental illness and to increase knowledge of mental health (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014). The pilot of the program significantly improved the students' answers to knowledge questions, but also showed that they have more to learn.

Each of these previous studies have concluded that there is room for improvement in what is known about mental health and how to react to problems faced by peers. They also show that MHFA training programs can be effective for increasing knowledge of MHFA techniques. Unfortunately, multi-week training courses that require trained faculty can be taxing on resources and limited in the number of students that can be accommodated. However, Bulanda et al. (2014), found a significant increase in mental health knowledge of middle school students after just a 1-hour presentation. In light of the success of this less involved training, the present research implemented a procedure that required minimal time and resources from students and staff, so as to be a realistic option for training all students in the future. One group of students read a PDF file on depression first aid guidelines (Mental Health First Aid Australia, 2008) while the other group did not read anything. This was chosen because it is free and accessible online, therefore it is readily available to anyone who would

like to use it for educational purposes. Additionally, MHFA Australia has been instrumental in researching and developing MHFA training courses that are now in use worldwide (Our Impact, 2019). Our hypothesis was that those who have had exposure to the evidence-based practices in the guidelines would record more appropriate responses to a vignette of a peer exhibiting depressive symptoms than those who were simply relying on their previous knowledge. This study adds to the research on MHFA training by evaluating if a minimalistic intervention, implemented at a small Christian university, could yield the same kind of improvements that have been seen with other MHFA programs.

## **METHOD**

To test these hypothesis, we collected data in the spring of 2018 at Olivet Nazarene University from a sample of Olivet students.

### **Participants**

There were a total of 75 participants (55 women, 17 men), with 38 in the control condition and 37 in the experimental condition. There were 36 freshmen, 27 sophomores, seven juniors, and five seniors. The racial distribution was 53 white, seven Hispanic, six black/African American, four Asian/Pacific Islander, and five other. All participants were undergraduate students recruited from Psychology and Biology classes at Olivet Nazarene University. Some were offered extra credit for participation, at the discretion of individual professors.

## Materials

*MHFA Depression Guidelines (Mental Health First Aid Australia, 2008).*

These guidelines are designed for use by the public and contain the first aid actions that have been deemed important or essential by a panel of experts. The Depression First Aid Guidelines is a three-page document containing the signs and symptoms of depression, such as “an unusually sad or irritable mood that does not go away” and “loss of enjoyment and interest in activities that used to be enjoyable,” and tips for how to approach a person who may be exhibiting these signs including “Offer consistent emotional support and understanding” and “Do not blame the person for their illness.” This document was read by the experimental group only.

*Depression (Young Adult) Vignette (Jorm, 2007) (Appendix A).* This is a short paragraph describing “John,” a 21-year-old male who is exhibiting some common signs of depression (fatigue, insomnia, decrease in appetite, weight loss, diminished ability to concentrate, and indecisiveness). This vignette was presented to all participants in an effort to simulate some of the struggles a peer might approach them with and set the stage to determine which first aid actions they would deem helpful for a person like John.

*First Aid Options (Jorm, 2007) (Appendix B).* A list of ten possible first aid actions were used in order to assess how participants perceived the helpfulness of each one for addressing a peer like John from the vignette. All participants were asked to label the actions as either helpful, harmful, or neither. Sample

items include “listen to problems in an understanding way” and “talk to firmly about getting act together.”

### **Procedure**

Students signed up for a 20-minute time slot to participate, with groups of up to six participants going at a given time. Upon arriving to the psychology lab, we informed participants of the purpose of the study, which was to gain a greater understanding of the mental health knowledge of Olivet students, and gave them a verbal overview of the informed consent document, which stated that participation was voluntary, confidentiality would be maintained, and a participant could withdraw at any time without penalty. Then we allowed each participant to choose a room with a computer that was randomly assigned to run either the Control Survey or the Experimental Survey. All participants answered a few demographic questions. They answered a few questions about prior experience with mental health problems in others (“How confident do you feel in helping someone with a mental health problem?” “In the last 6 months have you had contact with anyone with a mental health problem?” “Have you offered any help?”) (Kitchener & Jorm, 2002). At this point, the participants in the experimental condition clicked on a link that opened the Depression First Aid Guidelines (MHFA Australia, 2008) and read the entire document before moving forward. The control condition proceeded directly to the outcome measures without requiring any reading. Next, we asked all participants to carefully read the Depression (Young Adult) Vignette (Appendix A) and to “Imagine John is

someone you have known for a long time and care about. You want to help him” (Jorm, 2007). We then presented them with a list of possible first aid options (Appendix B) (Jorm, 2007) and asked them to determine whether these actions were harmful, helpful, or neither. Finally, participants rated their post-test confidence on a scale from 1 (*not at all confident*) to 5 (*extremely confident*) in response to the question “Having read and reflected on John’s story, how confident would you be in your ability to help John or someone like him?” This is a rewording of the confidence-rating question at the beginning of the survey in order to look for differences in confidence that may occur due to exposure to the topic and the added context of a tangible example.

## **RESULTS**

Using the data obtained from survey responses, we evaluated the impact of the MHFA training on students’ knowledge as well relationships between the other variables that were measured.

### **Effect of Training Intervention**

In order to obtain a concise measure of MHFA knowledge for each of the two groups, we scored responses to each of the first aid actions proposed in response to the depression vignette. For each item, the correct response was determined by the consensus of more than 70% of health professionals of what is actually helpful and harmful for helping a friend or family member with a mental health problem (Yap, Wright & Jorm, 2011). We gave a score of 1 for the keyed response, and a score of 0 for incorrect responses. Each participant was

then given a total knowledge score out of a possible 10. In order to test the main hypothesis of the study, we conducted an independent-samples  $t$ -test to compare knowledge scores of the control group ( $M=6.54$ ,  $SD=1.07$ ) and the experimental group ( $M=6.40$ ,  $SD=1.14$ ). We found that there was no difference between control and experimental groups in total score earned,  $t(68)=0.54$ ,  $p=.87$ ,  $d=0.13$ .

### **Other Relationships**

Next, bivariate correlations were run to look for any significant relationships between the variables that were measured. Table 1 shows the Pearson correlation coefficients for selected variables. Despite no actual improvement in scores, there was a difference between the experimental and control conditions in terms of post-test confidence with the experimental condition reporting that they would feel more confident in helping out a person like the one in the vignette. An independent samples  $t$  test and Cohen's  $d$  was calculated to examine the magnitude of the difference between the conditions in post-test confidence. The results confirm that the control condition ( $M=2.97$ ,  $SD=0.67$ ) reported higher levels of confidence than the experimental condition ( $M=3.38$ ,  $SD=0.68$ ),  $t(72)=-2.55$ ,  $p=.01$ ,  $d=-0.59$ . The experimental manipulation led to significantly higher confidence with a moderate effect size, indicating that a small intervention increased confidence by slightly more than half a standard deviation.

## Interest in Learning More

When asked to rate their “level of interest in learning more about how to help others who are struggling with mental health” participants responded very positively. The distribution of responses was very similar for both the control and experimental groups, so they were collapsed together to find the total percent frequency for each response. As shown in Table 2, the most common response (48.65%) was “*extremely interested*” in learning more, and over half (51.35%) of respondents were either “*a little*” or “*somewhat interested.*” None of the participants said they had zero interest in learning more. A number of factors seem to influence students’ level of interest in learning more about how to help others who are struggling with mental health problems. As shown in Table 1, interest in learning more increased with years of education ( $r=.23, p=.05$ ), and was greater for those who had previous experience helping a friend in need ( $r=.27, p=.04$ ). Both pre-test ( $r=.40, p<.001$ ) and post-test ( $r=.27, p=.02$ ) measures of confidence were related to level of interest, with those who were more confident in helping peers with mental health problems also having greater interest in learning more.

Table 1

*Pearson Correlation Coefficients for Selected Variables*

Variables	<i>r</i> ( <i>p</i> -value)
Condition (1=control, 2=experimental)	
Sex	-.23* (.05)
Year in college	.07 (.54)
First aid actions score	-.07 (.59)
Confidence (pre)	-.02 (.90)
Confidence (post)	.29* (.01)
First aid actions score	
Confidence (pre)	.32** (.01)
Confidence (post)	.07 (.54)
Interest level	
Year in college	.23* (.05)
Offered help previously	.27* (.04)
Confidence (pre)	.40** (<.001)
Confidence (post)	.27* (.02)

\* denotes significance at the .05 level (2-tailed)

\*\* denotes significance at the .01 level (2-tailed)

Table 2

*Percent Frequency of Interest Level*

	Control	Experimental	Total	% Total
1="not at all interested"	0	0	0	0.00%
2="a little interested"	7	4	11	14.86%
3="somewhat interested"	12	15	27	36.49%
4="extremely interested"	18	18	36	48.65%
Total	37	37	74	100.00%

**DISCUSSION**

My initial hypothesis, which stated that students who read the MHFA Depression Guidelines would perform better on a measure of appropriate first aid actions for depression, was not supported. Rather than the experimental group knowing more about what is helpful and harmful for a friend exhibiting signs of depression, they actually had an average score that was insignificantly lower than the control group who had not read the guidelines; therefore, there was no evidence of a difference in first aid actions score due to the experimental manipulation. It is of note that the two groups differed in terms of post-test confidence in their ability to help. This is in line with the hypothesis that the

experimental group would feel more confident from baseline to post test, after having read clear guidelines on what are helpful first aid actions for depression, while the control group would remain relatively constant in confidence levels. However, considering that the experimental group did not demonstrate more knowledge of appropriate helping behaviors, this could indicate that the training intervention only served to create a false sense of confidence, without actually increasing knowledge and skills. This could be due to the brief and non-engaging nature of the training procedure. Perhaps spending a few minutes reading an informational document was sufficient to increase a perceived sense of knowledge, but a more extensive and comprehensive training program that gets students engaged in the topic would be necessary to actually make the first aid guidelines stick. In light of these findings, future program implementers should be cautioned not to rely solely on students' confidence as a valid measure of their knowledge about MFHA.

Overall, students reported high levels of interest in learning more about MFHA. No one said that they were not at all interested in learning more about the topic, rather, an overwhelming majority were either somewhat or extremely interested. This finding validates the initial assumption of this study that students at Olivet not only have a need to know more about first aid actions to help their peers, but that they also have a desire to learn these skills. Additionally, students who are further along in their college career reported greater interest, as did students who have offered help to a friend in need in the past six months. One

possible explanation is that these people have had more opportunities to encounter peers who are struggling with mental health and have made more attempts to help. These experiences could serve to highlight the importance of knowing effective MHFA strategies, which in turn makes students more apt to seek them out and learn more. Surprisingly, greater confidence for both the pre- and post-test measures was associated with greater interest in learning more. One might think that those who are lacking confidence would be more eager to seek out more information. However, it is encouraging that confidence does not necessarily mean complacency, and the majority of students still believe they have room for improvement.

These findings are somewhat in contrast with previous research that has shown MHFA training for students to be effective; however, many of those other programs were more extensive. For example, Kitchener and Jorm (2002) developed a MHFA training program for adults in the general population that consisted of three 3-hour courses given over three consecutive weeks. The training significantly improved participants' beliefs about effectiveness of treatments, reduced social distance, and increased confidence in helping others. Similar results were found in a university population. Morse and Schulze (2013) reported statistically significant improvement in scores for crisis responding skills and stigma reduction as a result of their Student Support Network program, which consists of 50-minute classes that students attend for six weeks. These

examples suggest that MHFA training can be effective, but must be more substantial than a few minutes to reap the desired benefits.

Unfortunately, it is not always feasible to provide multiple weeks of training to a large number of participants, and the authors of the previous two studies noted problems with retention over time as well as limitations in capacity of the courses. The logical next step to bridge the gap between a comprehensive six-week training program and a brief six-minute training program would be a more substantial, one-time presentation. This is modeled by Bulanda et al. (2014) in their work with middle school students. MHFA training was provided during after-school programs and consisted of a PowerPoint presentation, a Q&A session, and showing a short PSA video. The session lasted about one hour and was associated with practically meaningful improvements in knowledge from pre to posttest. This approach would be ideal for a context like Olivet, where it could be integrated into one of the 50-minute class periods of a precursory course. An ideal option would be the Freshman Connections course, which meets once a week and prepares freshmen for success in college by discussing good habits and completing self-discovery exercises.

One limitation of this study is that there was no equivalent activity for the control group to do while the experimental group was reading the MHFA document. This could have potentially introduced a confound due the extra time and effort that the experimental group put in. The fact that there were extraneous differences between the groups limits our ability to attribute the

differences in the dependent variables to the independent variable that was manipulated. This study was also limited in terms of diversity of participants; therefore, it can only be said to generalize to small, private universities in the Midwest of the United States. With that in mind, it adds a piece to the body of literature on MHFA and what that might look like in a setting like Olivet Nazarene University. The findings indicate a need for students to become more educated about the first aid strategies recommended by professionals, but fortunately it also appears that students are very willing and eager to learn more about this topic. By working together, faculty and students would be well-advised to create a more extensive MHFA training program that gets students more engaged in learning about this important topic.

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## **APPENDIX A**

### **Depression (Young Adult) Vignette**

John is a 21-year-old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his marks have dropped. He puts off making any decisions and even day-to-day tasks seem too much for him. His parents and friends are very concerned about him.

**APPENDIX B****First Aid Responses**

## Keyed Response

- |  |         |
|--|---------|
| 1. Listen to problems in an understanding way  | Helpful |
| 2. Talk to firmly about getting act together   | Harmful |
| 3. Suggest seek professional help              | Helpful |
| 4. Make an appointment for person to see GP    | Helpful |
| 5. Ask whether feeling suicidal                | Helpful |
| 6. Suggest have few drinks to forget troubles  | Harmful |
| 7. Rally friends to cheer up                   | Helpful |
| 8. Ignore until gets over it                   | Harmful |
| 9. Keep busy to keep mind off problems         | Neither |
| 10. Encourage to become more physically active | Helpful |