



Mental Health First Aid in the workplace: a feasibility study

Summary report 2018

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All recipients of funding from our Research for Public Benefit Fund are asked to compile a comprehensive research report of their findings, which is subject to peer review.

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In this document, you'll find a summary of the independent study we commissioned from the University of Nottingham, Mental Health First Aid: A longitudinal study.



The University of
Nottingham

What's the problem?

Mental health problems are a global issue and the economic consequences are large. In the UK alone, the annual cost to the economy is estimated to be between £70 and £100 billion, with around 15.8 million working days lost per year. The consequences for employers can include increased staff turnover, burn-out, exhaustion and presenteeism. There is therefore an increasing recognition of the need to address mental health in the workplace. A number of initiatives have arisen in response.

One of these, Mental Health First Aid (MHFA), trains individuals to recognise the signs and symptoms of mental health problems and to initiate appropriate responses such as listening, advising and signposting to other support and services. In the UK, employers are increasingly funding members of their workforce to receive MHFA training. However, MHFA is not specifically a workplace intervention and there has been little research conducted on its impact or success in the workplace or on the mental health of those receiving it.

We commissioned Professor Avril Drummond and her team at the University of Nottingham to investigate the implementation, use and utility of MHFA in the workplace. The objectives were to:

- investigate the extent and variability of the implementation of MHFA in organisations where at least one member had received training
- explore the perceptions and experiences of key stakeholders regarding the active ingredients of MHFA, including awareness, acceptability, delivery, impact and barriers and facilitators to implementation
- identify how the impact of MHFA might best be measured from the perspective of stakeholders, particularly employees
- make recommendations regarding content and delivery of the intervention in the workplace, and how it could best address employees' mental health needs.

What did our researchers do?

The team had to obtain ethical approval and there were three parts to the study.

First, the researchers conducted a scoping review of workplace training courses in the UK that addressed mental health and suicide awareness. Internet searches were conducted using key words. Information was taken directly from websites and ascertained from enquiries made directly to the course or training providers. Information was extracted to enable a comparison of course objectives, content, format, duration and cost.

Second, they conducted a survey of organisations in which at least one person had attended MHFA training, in order to explore perceptions around the implementation and use of MHFA in their workplaces. They developed a questionnaire which covered individual and organisational demographics; pre-training circumstances such as selection processes for attending the course; training experience; post-training circumstances such as workplace changes; and MHFA promotion strategies within the organisation, for example, how contact details of those who have been trained are circulated. The questionnaire underwent three rounds of review and piloting before it was made available online or in hard copy.

Individuals could complete the questionnaire anonymously or could use a unique code which would enter their organisations into a free prize draw to win a tablet computer. Data were subjected to descriptive analysis to provide an overview of the extent and variability of the implementation of MHFA in different workplaces.

Finally, an interview study was conducted with participants from a sample of these organisations in order to gain richer insight into workplace MHFA. The interview schedule was developed, informed by the literature, the research team and an expert panel. It was piloted with a member of the research team, an expert panel member and an individual from a participant organisation in the questionnaire survey.

Six organisations that had participated in the questionnaire survey were selected from public, private and third sectors. The lead contacts identified from the survey were re-contacted and information about the interviews circulated among the workforces of the organisations. The perceptions and experiences of the MHFA programme, including awareness, acceptability, delivery and impact, were explored using semi-structured interviews. Mini-case studies of the six organisations were produced, providing descriptions and examples of implementation of MHFA in the workplace, without disclosing their identities. The data underwent thematic analysis, which involved coding the data for recurrent ideas. Seven themes were identified which captured participants' thoughts on the implementation, use, barriers and facilitators to workplace MHFA.

What did our researchers find out?

The scoping review identified 25 mental health awareness courses and 14 suicide awareness courses in the UK. The researchers documented the findings and produced a summary comparison table. Some mental health course providers were more forthcoming than others with details of their courses.

Broadly, the findings showed that other mental health courses and initiatives in addition to MHFA training were available and used in workplaces. Based on the course details extracted, the content for some courses seemed to be more specific to the workplace than MHFA England courses. Where prices could be ascertained, the

longer MHFA England courses (two days) were among the most expensive. However, this was partly due to the fact that other training providers offered online options which cost less.

For the survey phase, 139 responses were received from 81 different organisations. Nearly all of the survey respondents had taken part personally in some form of MHFA training (89.9%). Overall there was a good spread of response across the sectors, with higher education (16.5%), construction/ engineering (10.8%) and health (10.8 %) having the highest response levels. Most training had been delivered in the workplace (71%) and the adult two-day MHFA course (62.6%) was the one most attended. Although the majority of respondents (32.4%) felt training had been offered in recognition of existing or potential mental health problems among members of their organisation, a number questioned whether this was done just to make it seem that mental health issues were taken seriously.

For the interview study, 27 individuals were interviewed across the six organisations: four MHFA-trained coordinators; 19 MHFA-trained employees; and four employees who were not MHFA-trained. Seven themes were identified following analysis. Six mini-case studies of the organisations were described in order to provide contextual background information; the identities of these organisations were withheld.

Generally the perceived organisational motivations articulated for implementing MHFA training supported the survey data, around wanting to address staff wellbeing. However, as with the survey data, there were some negative perceptions around organisational motivations. The majority of respondents were positive about the actual training. One respondent commented:

“I thought it was really good training. I thought it was practical. I thought it took the fear out of stuff. Because to me something like psychosis or self-harm or talking about suicide, it's quite scary in some ways. And it was a safe place to do it and it was done in a supportive manner.”

Most interviewees had clarity over the roles and responsibilities of the trained person, most notably about the fact that they were not a mental health professional, the importance of the signposting aspect and the limitations of the role. However, across organisations there were wide variations in expectations of the responsibilities of the trained person within the workplace. Most importantly, significant issues were identified concerning the lack of clarity around boundaries and safety issues for the trained person. One respondent described how there had been:

“...a few situations where people have given personal contact details, and somebody's phoning them in the middle of the night and it's got completely out of hand.”

The interview data suggested that there were challenges to assessing the impact and success of MHFA. This was largely because of the informal ways in which help and support were given, even to the extent that the trained person did not necessarily reveal their status. On the other hand, interviewees also gave examples of responding to individuals and attributing this to the training they had received. It was acknowledged that there may be differences between the organisation and individuals in perceptions of what would constitute success.

Survey and interview data suggested that the active ingredients of successful workplace MHFA included

- clear rationales for introducing training
- well-motivated MHFA coordinators and
- the existence of MHFA networks.

These elements appeared to contribute to a positive perception of workplace MHFA.

Barriers to organisational success of the MHFA programme in organisations included

- the challenges of measuring impact and success
- establishing boundaries for the role of the MHFA trained person and
- inconsistent strategies to identify trained workplace members and promote their role.

Such factors were considered to restrict the success of the MHFA programme. In addition, specific MHFA course issues were identified, including duration, opportunities for evaluating MHFA in the workplace and the need for refresher training.

What does the research mean?

Although MHFA is only one of a number of training programmes to raise awareness of mental health issues in the workplace, it seems to be the most widely used. MHFA appeared to be a useful “vehicle” for raising awareness around mental health issues, but we cannot ascertain whether it is the best or only means of doing so or indeed whether it is cost-effective.

Although the majority of respondents were largely positive about MHFA, a number of areas were identified which merit further attention. These included the use of training as a way of demonstrating that the organisation was taking mental health seriously, inadequate operationalisation of boundaries for the trained person and concern around the lack of supporting evidence for MHFA.

There should be a focus on whether and how the impact of MHFA on end-users can be measured and recorded. Without further research and evaluation into the effectiveness and cost-effectiveness of MHFA training, it cannot be ascertained

whether MHFA is the best means of addressing and managing mental health issues in the workplace and therefore if it is a cost-effective intervention.

Our key recommendations overall are the need for:

1. further research and evaluation into the effectiveness and cost-effectiveness of MHFA training.
2. a clear definition of the trained person's role within the organisation, with guidelines around role, boundaries and safeguarding procedures.

Our recommendations specific to the MHFA course are for:

1. more evaluation opportunities at different times, post-training.
2. a review of the standard adult MHFA two-day course, in terms of length, format and content.
3. the provision of refresher training to trained members, to give them the opportunity to refresh skills, knowledge and awareness.

The six mini-case studies from this project can help organisations and practitioners see how others have introduced MHFA into their workplace.

Based on the research, we have also produced a couple of resources that might be useful if you are thinking about having, or already have, workers trained in mental health awareness.

- Factsheet: Mental Health First Aiders - that will help to have a more comprehensive view of their current practices, their place in the organisation and their limitations.
- Mental Health in the Workplace: Gap Analysis - to assist organisations to identify any gaps in their mental health management system and evaluate its design.

To access these resources search 'mental health first aid' on the IOSH website.

Don't forget...

The study has limitations that should be taken into account. Most notably, all data collected were from UK-based organisations and individuals who had an interest in MHFA, and so the sample could be regarded as biased. Moreover, the data was based on individual perspectives, as opposed to those of the organisations. In particular, while survey respondents may have responded on behalf of their organisations, we cannot make the assumption that this is what was actually done in the workplace. Finally, we were unable to recruit as many individuals who had

received MHFA in the workplace as we had wished; this would have provided further insights.

Other IOSH resources

We have a range of resources on some of the topics covered in this research, which you can find by searching on our website, including:

- Return to work after common mental health disorders – search ‘return to work’
- Exploring ill treatment at work – search ‘workplace behaviour’
- Unacceptable behaviour, health and wellbeing at work – search ‘unacceptable behaviour’

Our summary gives you all the major findings of the independent study by the University of Nottingham. If you want to read about the study in more depth, you can download the full report at [iosh.com/research](https://www.iosh.com/research).

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