MENTAL HEALTH FIRST AID

THIRTEEN TRAININGS

FEBRUARY 6, 2013 – JUNE 16, 2014

EVALUATION REPORT

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- “It helped me be more understanding and empathetic of people with mental health problems. Also, more knowledgeable of how to help.”

- “It was eye opening for me. I realized that I am very unaware of all the mental health issues that are around us. I learned that compassion and patience can really go a long way in helping an individual with mental issues. I realized that I sadly shared many of the taboo feelings widely known towards people with mental health issues.”

- “This course helped in how to approach a person who is mentally ill and not be afraid. Also how to act and to ask them if they are having thoughts of suicide, when before I was afraid to ask, but not any more.”

- “I work and live with people with mental illness every day. This course helped me feel more confident in approaching someone in a mental health crisis.”

- “I learned the different types of mental disorders. I also learned how to identify the symptoms of any mental disorder, how to help them. I also know what resources are available to help someone with a mental disorder. Another thing that I learned was that it is OK to ask someone if they are having suicidal thoughts. If they are it's OK to ask how they are going to do it and when. I really enjoyed this course and I feel confident to help someone with a mental disorder.”

- “After completing this course I feel more confident to approach and offer assistance to persons displaying signs of mental illness. Educational opportunities such as these serve to reduce stigma and open communities to dealing with common psychological disorders.”

- “I feel more comfortable when discussing, or encountering common mental disorders/illnesses. I know when it would be appropriate to begin a dialogue with someone I may suspect of experiencing an issue. I also know how to go through a conversation with someone and the options/actions to take based on the conversation. I am happy, encouraged to know ALGEE! :-)”

- “It has given me the tools needed when dealing with individuals who are suffering from a mental illness. I wish I would have taken this course years ago because I have had to deal with several situations regarding mental health and I did not know what to say or do.”

- “[I can] assess situations involving possible suicidal people as well as knowing how to ask questions that could help them steer away from suicidal thoughts.”

- “I know someone who is generally healthy. Due to broken family relationships, this person began drinking to the point that depression and psychotic episodes began. I shared with others that seeking mental health assistance doesn’t mean you’re ‘crazy.’ I explained that from time to time someone needs a mental check-up just as someone needs a medical check up.”

– Mental Health First Aid participants, Kings and Tulare Counties, 2013-2014

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I. Executive Summary

Mental Health First Aid (MHFA) is a workshop that introduces participants to some of the most prevalent mental illnesses and teaches them how to help people developing a mental illness or crisis by connecting them with a trained mental health professional and encouraging self-help and other support strategies. Participants learn basic facts about depression and mood disorders, anxiety disorders, trauma, psychosis, and substance use disorders.

MHFA provides participants with a five-step action plan to assess a situation and get an individual help, which has the mnemonic "ALGEE":

1. *A*ssess for risk of suicide or harm.
2. *L*isten nonjudgmentally.
3. *G*ive reassurance and information.
4. *E*ncourage appropriate professional help.
5. *E*ncourage self-help and other support strategies.

Participants learn how to apply the action plan in a variety of situations, including presentation of suicidal thoughts or behaviors and non-suicidal self-injury, and practice the action plan through role-plays, scenarios, and activities. The course originally lasted two days, but was later abbreviated to one day in 2013. The first daylong MHFA training offered by the Tulare and Kings Counties Suicide Prevention Task Force (SPTF) was on December 9, 2013.

From February 6, 2013 through June 16, 2014 there were 13 trainings sponsored by the SPTF. One was offered in Kings County and the remaining 12 were provided in Tulare County, although Kings County residents attended trainings in Tulare County. Eight of the trainings were offered at 210 West Center Avenue in Visalia, one was given at the Visalia Arts Consortium (specifically for staff members and instructors of the My Voice Media Center), one was offered at the Milan Institute's facility at 6500 South Mooney Boulevard in Visalia (especially for staff and students of the vocational school), one was provided in Cutler-Orosi, and one was given at the Tulare Public Library.

On average, participants' knowledge about mental health increased significantly on 14 of the 15 indicators, from immediately before to immediately after MHFA. The participants' mean knowledge score, calculated by summing their correct responses to the knowledge indicators, increased by 35%. The change was statistically significant

These results provide good evidence that the participants who completed MHFA, on average, did learn things they did not know before about mental health, including suicide, from the course. The knowledge indicators on which there were statistically significant increases in correct responses include three statements about suicide: "It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head."

(False), “Males complete suicide four times more frequently than females.” (True), and “People who talk about suicide don’t attempt suicide.” (False).

The participants with no previous education or training in mental health had a somewhat lower knowledge score before MHFA compared to those with previous education or training, however by the end of the training the knowledge scores of the two groups were virtually identical. The increases in both groups’ knowledge scores were statistically significant, as was the difference in changes in scores between the two groups.

The results from a six-month follow-up survey show that the mean knowledge score of the participants decreased by 13% in the time since the participants completed MHFA, however their mean knowledge score remained far higher than it was before they participated in MHFA.

MHFA training appears to have reduced stereotypical and discriminatory thinking about people with mental illness on the part of the participants, at least in the short term. There was a moderate (18%), statistically significant improvement (decrease) in the participants’ mean mental health stigma attribution score from the beginning to the end of the training. There were statistically significant decreases in stereotypical or discriminatory thinking on nine out of the 12 indicators, including perceived dangerousness, fear, anger, and avoidance of people with mental illness. Six months following MHFA, the participants’ mean mental health stigma attribution score remained virtually identical to what is was immediately after they completed MHFA.

Immediately following MHFA, the participants were asked to indicate the degree to which they felt more confident that they could take a variety of actions related to mental health. The participants responded to these nine statements on a five-point Likert scale, with response options ranging from “strongly agree” to “strongly disagree”:

“As a result of this training, I feel more confident that I can …”

1. “Recognize the signs that someone may be dealing with a mental health problem or crisis.”
2. “Reach out to someone who may be dealing with a mental health problem or crisis.”
3. “Ask a person whether s/he is considering killing her/himself.”
4. “Actively and compassionately listen to someone in distress.”
5. “Offer a distressed person basic ‘first aid’ level information and reassurance about mental health problems.”
6. “Assist a person who may be dealing with a mental health problem or crisis to seek professional help.”
7. “Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.”

8. "Be aware of my own views and feelings about mental health problems and disorders."
9. "Recognize and correct misconceptions about mental health and mental illness as I encounter them."

The responses of all of the statements listed above fell right between or very nearly right between "agree" and "strongly agree."

On the six-month follow-up survey, the participants were asked, "Have you been able to help anyone or refer anyone to help because of what you learned in Mental Health First Aid training?" Of the 45 individuals who answered the question, 22 (49%) said that they have. This finding indicates the positive impact that MHFA has had, and will likely continue to have, in Kings and Tulare Counties in helping more people who may have mental illnesses to get the help they need.

Participants' mean assessments of the MHFA training in general also all fall between "agree" and "strongly agree." The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before MHFA; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

In open-ended responses, the largest number of participants (151) report having increased their knowledge of mental illness and developed or improved their skill with interacting with individuals who may have a mental illness and need help. Many (15) also report having a higher level of empathy or compassion for people with mental illness. Several mentioned having a less stigma-driven mindset toward individuals with mental illness.

While many (57) participants indicate that MHFA needs no improvement, participant suggestions for improving MHFA include: more interaction (17) (such as more role playing and more group exercises), more videos (6), more breaks (4), and updated statistics in the curriculum (3).

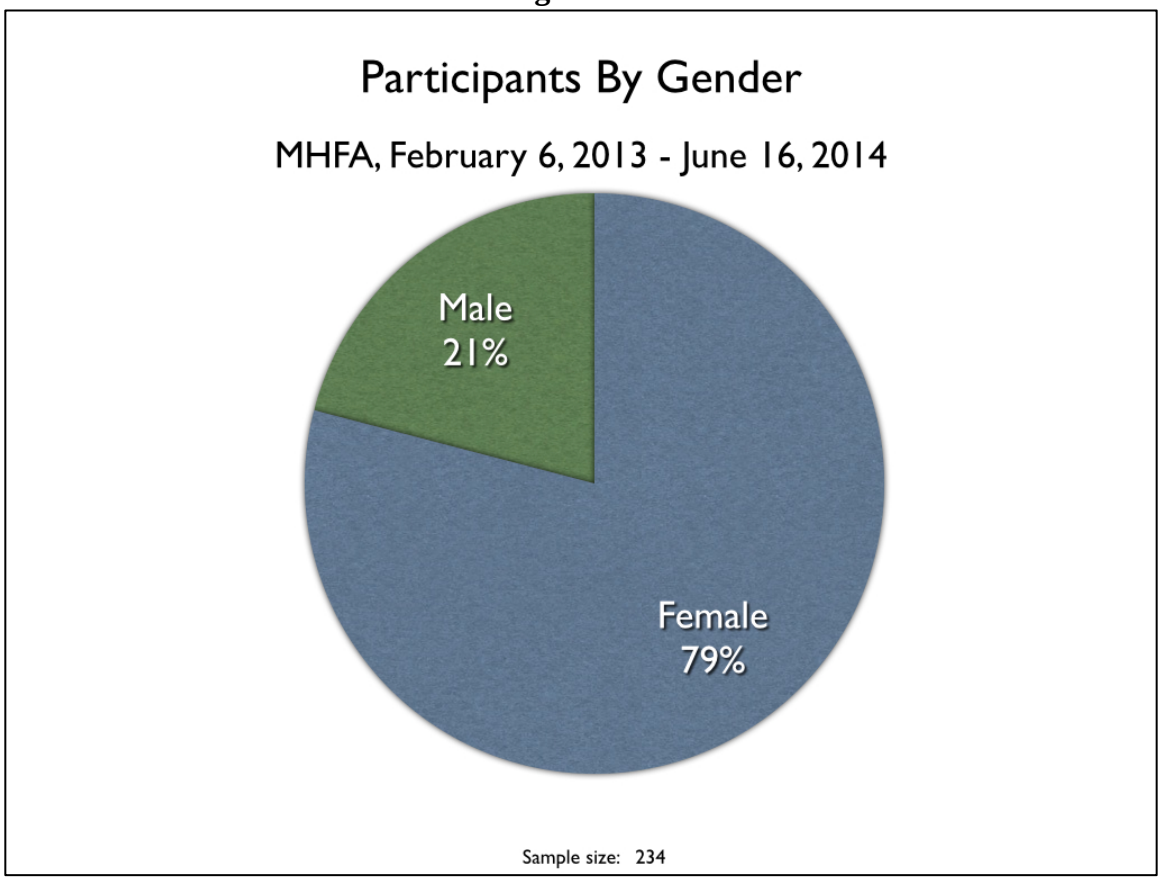
(The author wishes to thank Distinguished Professor Patrick W. Corrigan, Psy.D., Director of the National Consortium on Stigma and Empowerment and one of the foremost scholars of mental health stigma, for the development and offer of public use of assessments pertaining to mental health stigma. The participant survey used in this evaluation includes one of these assessments (the AQ-9) along with several questions from another, longer assessment (the AQ-27) of mental health stigma attribution. These assessments are included in Prof. Corrigan's *A Toolkit for Evaluating Programs Meant to Erase the Stigma of Mental Illness* (2012), published on the website of the National Consortium on Stigma and Empowerment.)

II. Participants

A. Gender

Of the 234 participants in the MHFA trainings (who responded to the survey question), 185 (79%) were female and the remaining 49 (21%) were male.

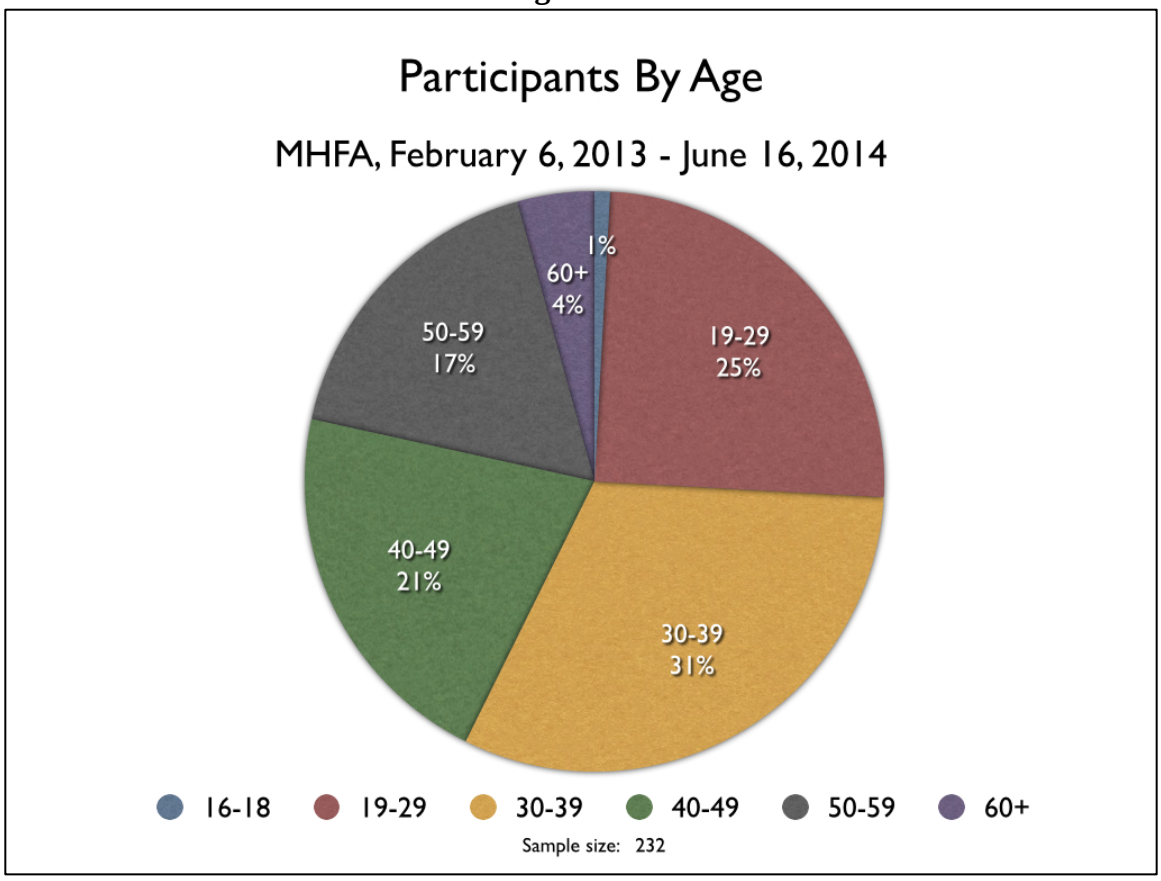
Figure 2-1



B. Age

Two (2, 1%) of the participants were 16-18 years of age, 56 (25%) were 19-29 years of age, 73 (31%) were 30-39, 49 (21%) were 40-49, 40 (17%) were 50-59, and the remaining 10 (4%) were 60 years of age or older.

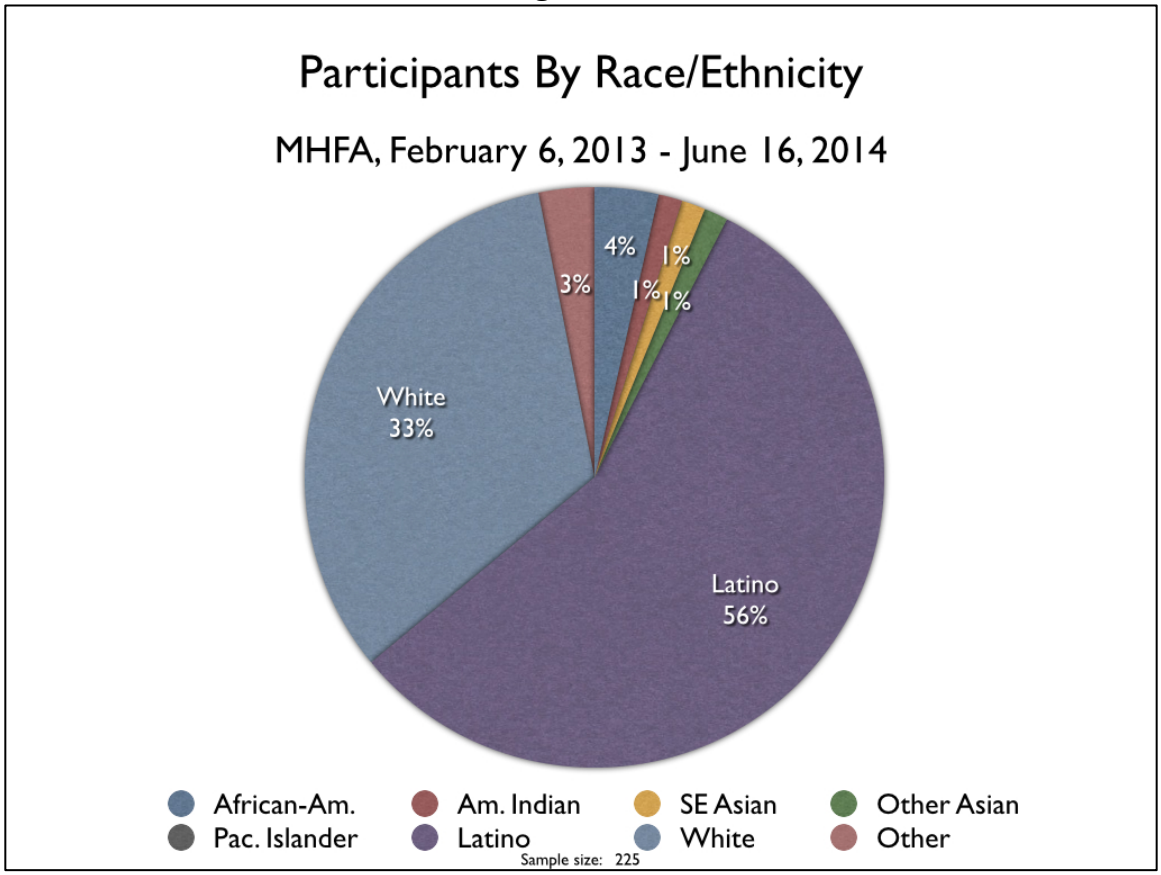
Figure 2-2



C. Race/Ethnicity

Over half (127, 56%) of the participants indicated that they were Latinos while 74 (33%) were White/Caucasian. Eight (8, 4%) were African-American, three (3, 1%) were American Indian or Alaska Native, three (3, 1%) were Southeast Asian, and three (3, 1%) were Asian, other than Southeast Asian. Seven (7, 3%) participants identified their race/ethnicity as "Other."

Figure 2-3



D. Place of Residence

The table below displays the places of residence of the participants. A plurality (40.6%) lives in Visalia, followed by Porterville and Tulare (11.1% each). The next most common communities of residence are Hanford, Dinuba, Exeter, Corcoran, Fresno, Lindsay, and Woodlake.

Table 2-1
Participant Places of Residence

Place of Residence	Number of Participants	Percentage*
Visalia	95	40.6%
Porterville	26	11.1%
Tulare	26	11.1%
Hanford	13	5.6%
Dinuba	12	5.1%
Exeter	8	3.4%
Corcoran	6	2.6%
Fresno	6	2.6%
Lindsay	6	2.6%
Woodlake	6	2.6%
Orosi	3	1.3%
Bakersfield	2	0.9%
Cutler	2	0.9%
Lemoore	2	0.9%
Pixley	2	0.9%
Reedley	2	0.9%
Armona	1	0.4%
Delano	1	0.4%
Farmersville	1	0.4%
Ivanhoe	1	0.4%
Kingsburg	1	0.4%
Lemon Cove	1	0.4%
Madera	1	0.4%
Oakhurst	1	0.4%
Parlier	1	0.4%
Poplar	1	0.4%
Richgrove	1	0.4%
Riverdale	1	0.4%
Sanger	1	0.4%
Terra Bella	1	0.4%
TOTAL	234	100%

*Percentages may not total to 100%, due to rounding.
Sample size: 234

E. Place of Work

The table below displays the workplaces of the participants who report being employed. (Please note that survey respondents were able to indicate more than one place of work.) Nearly half of the participants (48.9%) work in Visalia. The next most common workplace is Porterville (10.7%). Other top places of work include Hanford, Tulare, Woodlake, and Tulare County (unspecified).

Table 2-2
Participant Places of Work

Workplace	Number of Participants	Percentage*
Visalia	114	48.9%
Porterville	25	10.7%
Hanford	19	8.2%
Tulare	14	6.0%
Woodlake	9	3.9%
Tulare County (unspecified)	8	3.4%
Exeter	6	2.6%
Cutler	5	2.1%
Fresno	5	2.1%
Bakersfield	3	1.3%
Dinuba	3	1.3%
Lindsay	3	1.3%
Farmersville	2	0.9%
Lemoore (including NAS)	2	0.9%
Cutler-Orosi	1	0.4%
Clovis	1	0.4%
Delano	1	0.4%
Earlimart	1	0.4%
Kings County	1	0.4%
TOTAL	233	100%

*Percentages may not total to 100%, due to rounding.
Fifteen (15) respondents mentioned more than one place of work.
Sample size: 234

F. Previous Education or Training in Mental Health

Over half (54%, 120) of the 222 participants who answered the question say they have previous education or training in mental health. There is a wide variety of education and training they report, including Applied Suicide Intervention Skills Training (ASIST), NAMI Family-to-Family, college classes, Masters in Social Work and Marriage and Family Therapy training, and medical school.

III. Outcomes

A. Knowledge of Mental Health

In order to gauge participants' knowledge of mental health before and after the workshop, the developers of MHFA wrote statements for participants to respond to (agreeing or disagreeing with them) immediately before and immediately following the training as well as six months afterward. We selected 15 of these statements for our evaluation. The statements are:

1. "It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head." (False)
2. "Schizophrenia is one of the most common mental disorders." (False)
3. "If someone has a traumatic experience, it is best to make him or her talk about it as soon as possible." (False)
4. "Males complete suicide four times more frequently than females." (True)
5. "Antidepressant medication works right away." (False)
6. "It is best to get someone having a panic attack to breathe into a paper bag." (False)
7. "A first-aider can distinguish a panic attack from a heart attack." (False)
8. "Exercise can help relieve depressive and anxiety disorders." (True)
9. "People with psychosis usually come from dysfunctional families." (False)
10. "It is best not to try to reason with people having delusions." (False)
11. "People who talk about suicide don't attempt suicide." (False)
12. "Psychosis is a lifelong illness." (False)
13. "People with psychosis are more at risk of being victims of violent crime." (True)
14. "Smoking is much more common among people with mental health problems." (True)
15. "People with mental health problems tend to have a better outcome if family members are not critical of them." (True)

1. Immediately Before and After MHFA

Figures 3-1 through 3-3 on the following pages show the percentage of participants who responded to each statement correctly at each time point (before the workshop in blue and after the workshop in green). Red asterisks indicate that the difference between the pre and post responses is statistically significant (one-tailed t-test, 95% confidence interval). There were statistically significant increases in correct responses to 14 of the 15 statements. These results provide good evidence that the participants who completed MHFA, on average, learned things about mental health that they did not know before they completed the workshop.

The increases in percentages of participants who answered the questions correctly vary substantially from question to question. For instance, the percentage who agreed with the true statement, "Smoking is much more common among people with mental health problems" increased from 33% to 80%, while there was only a nine-point increase in the percentage of participants who disagreed with the false statement, "It is best not to try to reason with people having delusions."

It is also important to note the statements that the participants overwhelmingly answered correctly before they took the course. It is gratifying to see, for instance, that before they took MHFA, 85% of the participants disagreed with the false statement, "People who talk about suicide don't attempt suicide." Similarly, before MHFA 78% of participants disagreed with the false statement, "It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head." There were statistically significant increases in the percentage of participants who responded to these two statements correctly, as well as the third (true) suicide-related statement: "Males complete suicide four times more frequently than females."

In addition, prior to the workshop, 89% of participants agreed with the true statement, "Exercise can help relieve depressive and anxiety disorders" and 82% disagreed with the false statement, "Antidepressant medication works right away."

Figure 3-1

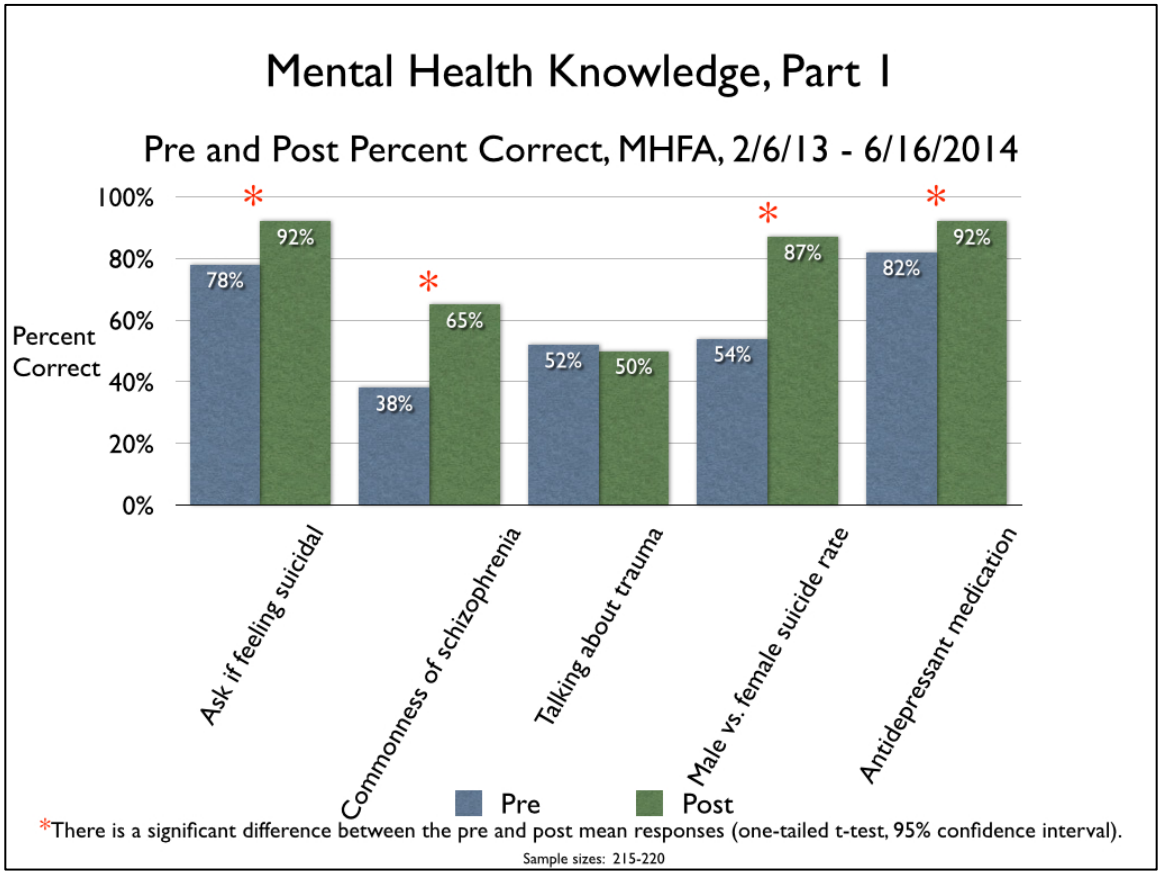

Mental Health Knowledge, Part 1
Pre and Post Percent Correct, MHFA, 2/6/13 - 6/16/2014
Percent Correct
100%
80%
60%
40%
20%
0%
78%
92%
38%
65%
52%
50%
54%
87%
82%
92%
Ask if feeling suicidal
Commonness of schizophrenia
Talking about trauma
Male vs. female suicide rate
Antidepressant medication
Pre
Post
*There is a significant difference between the pre and post mean responses (one-tailed t-test, 95% confidence interval).
Sample sizes: 215-220

Figure 3-2

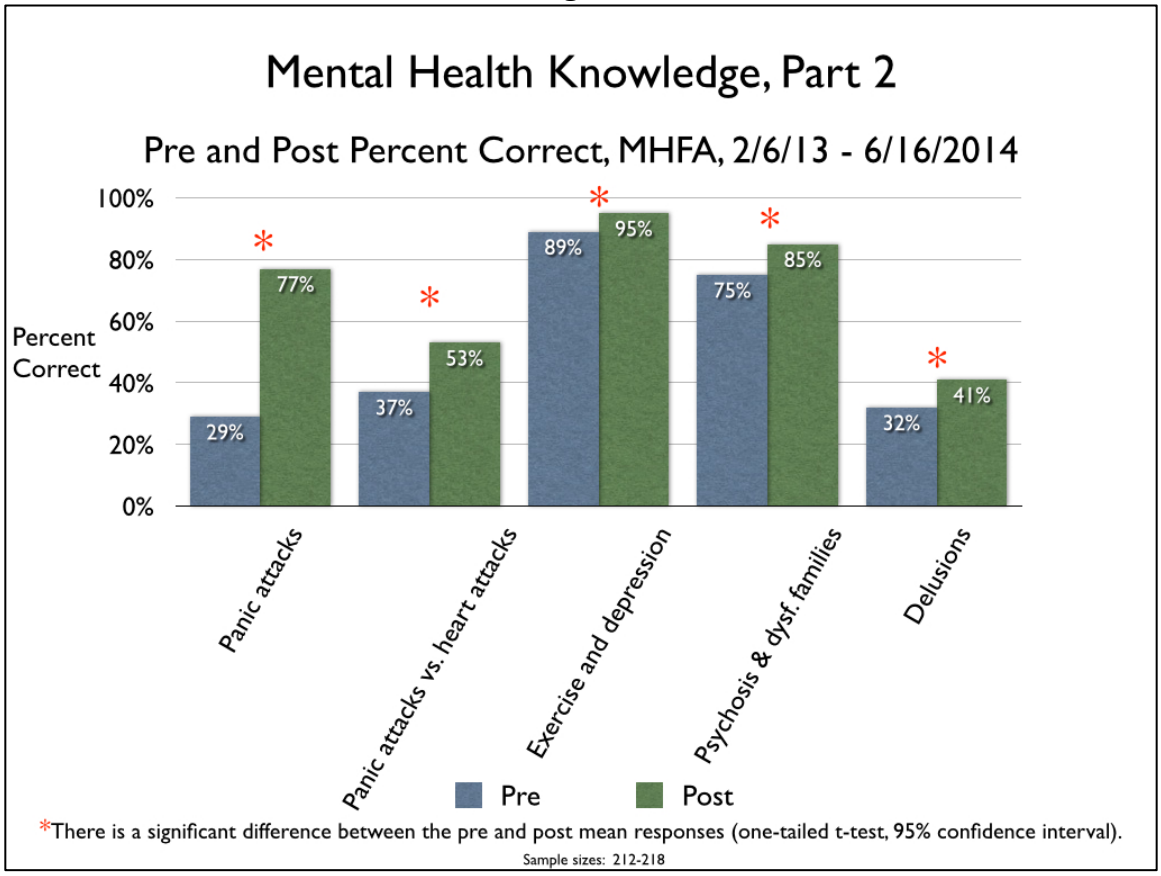
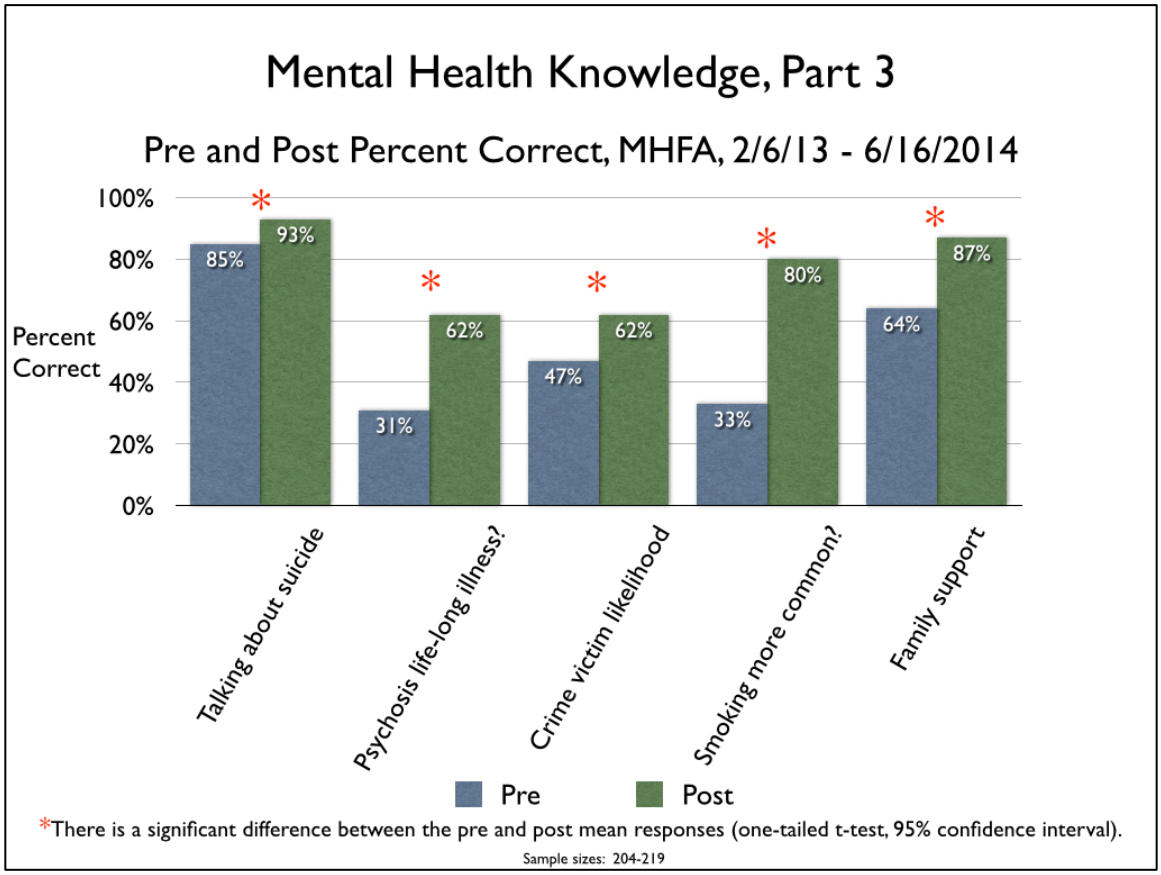

Mental Health Knowledge, Part 2
Pre and Post Percent Correct, MHFA, 2/6/13 - 6/16/2014
Percent Correct
100%
80%
60%
40%
20%
0%
29%
77%
37%
53%
89%
95%
75%
85%
32%
41%
Panic attacks
Panic attacks vs. heart attacks
Exercise and depression
Psychosis & dysf. families
Delusions
Pre
Post
*There is a significant difference between the pre and post mean responses (one-tailed t-test, 95% confidence interval).
Sample sizes: 212-218

Figure 3-3



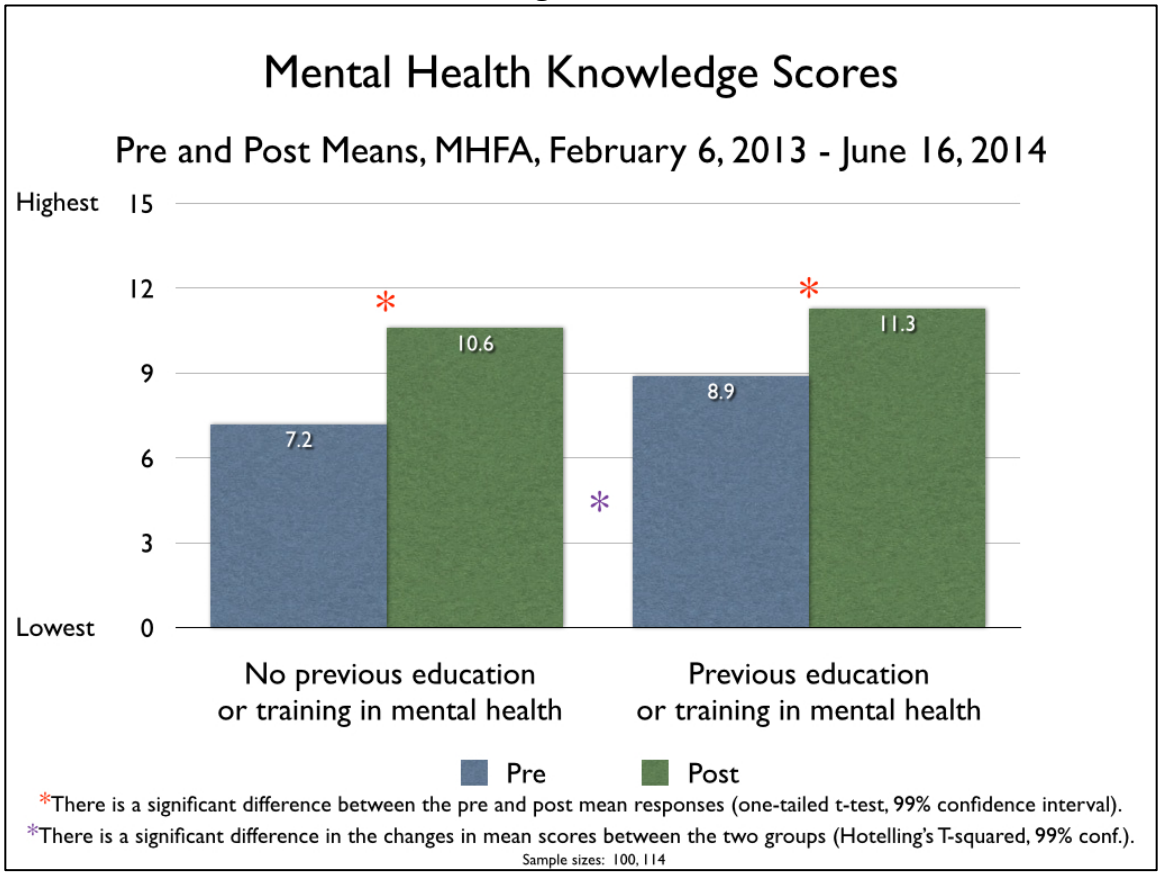
I hypothesize that individuals who had previous education or training in mental health and those who had none will both increase their knowledge of mental health by taking MHFA, but the mean knowledge score of participants who had no previous education or training in mental health will increase more than the knowledge score of those who had previous education or training in mental health.

For each participant who responded to all of the knowledge questions on the surveys given both immediately before and immediately following MHFA, a mental health knowledge score was calculated at each time point, with one point given for each correct response to each of the 15 knowledge statements.

The participants' mean knowledge score increased from 8.1 to 11.0 (35%), from immediately before MHFA to immediately after. That is, on average they answered eight (8) questions correctly before MHFA and 11 questions correctly after MHFA. This increase is statistically significant (one-tailed t-test, 99% confidence interval).

Figure 3-4 presents the mean responses, both immediately before and immediately after MHFA, of the two groups: those with previous education or training in mental health and those without. As expected, those without prior education and training started off with lower knowledge scores, but both groups' scores increased significantly. After MHFA, those without previous education or training in mental health had knowledge scores nearly equal to those with previous education or training. The difference in changes in scores between the two groups, from before to after MHFA, is also statistically significant.

Figure 3-4



2. Immediately After MHFA and Six Months Later

Figures 3-5 through 3-7 display the mean responses for the individuals who filled out the online follow-up survey, about six months following their MHFA training.[1] The green bars show their mean responses immediately after MHFA and the gold bars show their mean responses on the follow-up survey six months later. Note that the sample sizes are rather small, only 45 or 46.

The results show decreases in the percentage of participants who responded correctly, to 12 of the 15 knowledge statements. There were statistically significant decreases in correct responses to seven of these statements. The largest declines were a 24-point drop in the percentage of participants who responded correctly to the statement about panic attacks and a 20-point decline in the percentage of participants who responded correctly to the statement about the commonness of schizophrenia.

The mean knowledge scores for the 42 participants who responded to all of the knowledge questions on both the survey after MHFA and the six month follow-up survey decreased a statistically significant 1.5 points, or 13%, from 12.0 to 10.5 (99% confidence interval, one-tailed t-test). As time since the training elapses and memories naturally fade, some decline in knowledge is expected.

On the positive side, this reduced knowledge score six months after MHFA is still far higher than the mean knowledge score of the participants prior to MHFA (8.1). In addition, there was a statistically significant 12-point increase in the percentage of participants who responded correctly to the true statement, "People with psychosis are more at risk of being victims of violent crime." The reason for this increase in knowledge is unknown.

[1]E-mail messages requesting that the recipients fill out an MHFA follow-up survey and providing a link to the online survey were sent to all individuals who completed MHFA a minimum of six months after the training they attended and no more than six months and two weeks after the training. Forty-eight (48) people filled out a follow-up survey, for a completion rate of 21%.

Figure 3-5

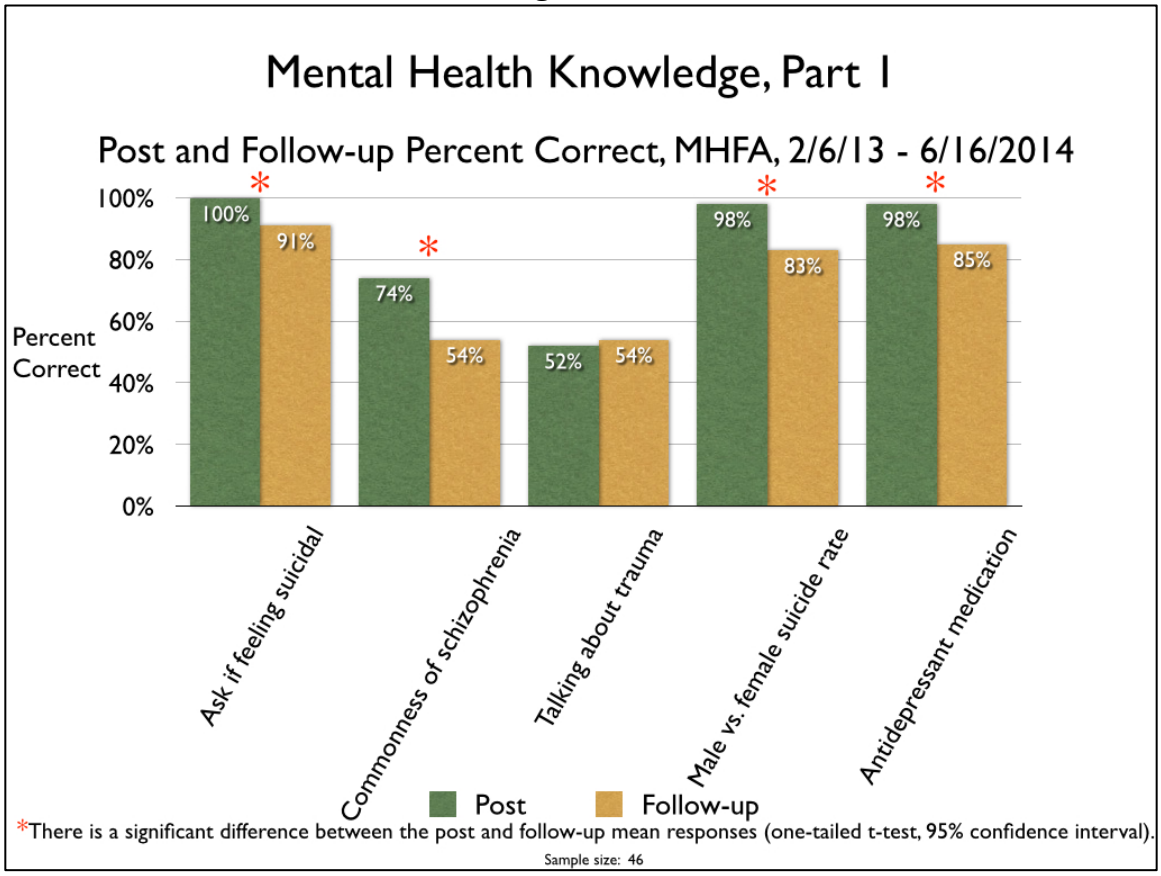

Mental Health Knowledge, Part 1
Post and Follow-up Percent Correct, MHFA, 2/6/13 - 6/16/2014
Percent Correct
100%
80%
60%
40%
20%
0%
100%
91%
74%
54%
52%
54%
98%
83%
98%
85%
Ask if feeling suicidal
Commonness of schizophrenia
Talking about trauma
Male vs. female suicide rate
Antidepressant medication
Post
Follow-up
*There is a significant difference between the post and follow-up mean responses (one-tailed t-test, 95% confidence interval).
Sample size: 46

Figure 3-6

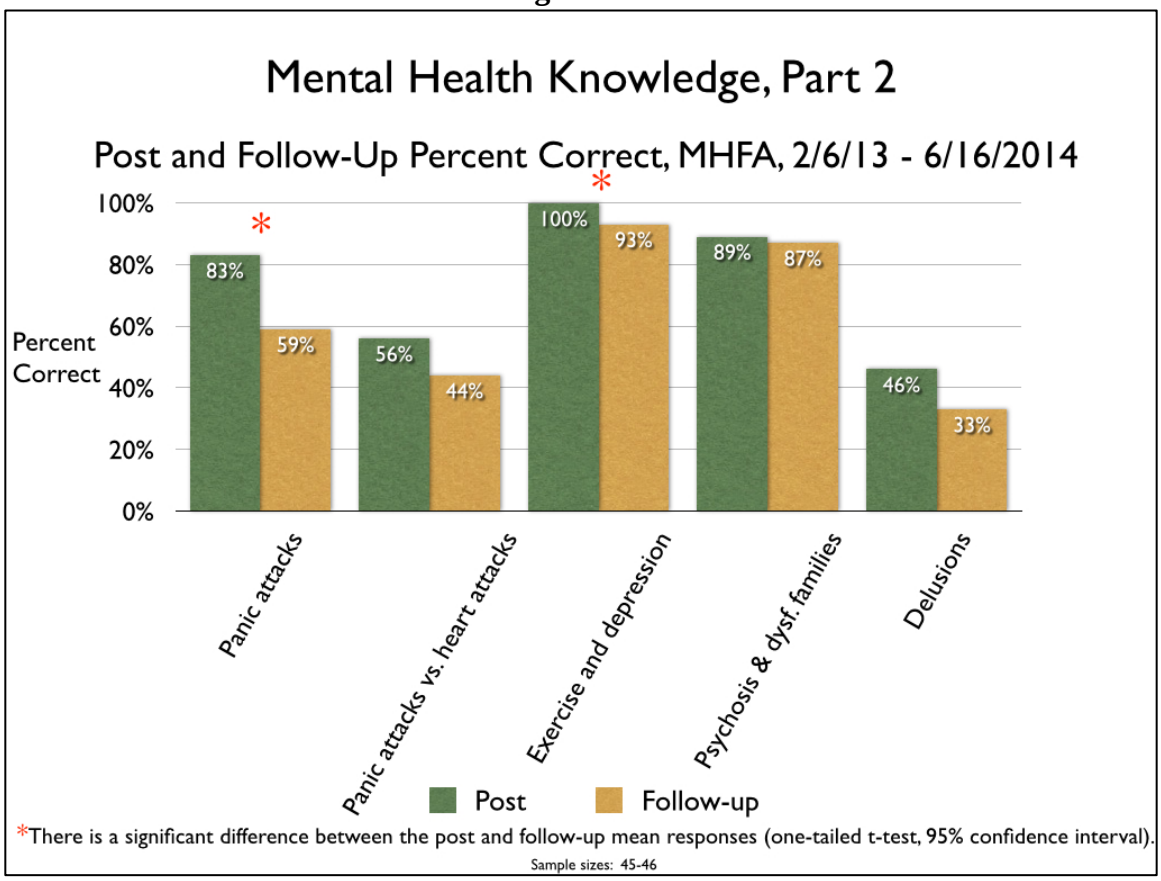
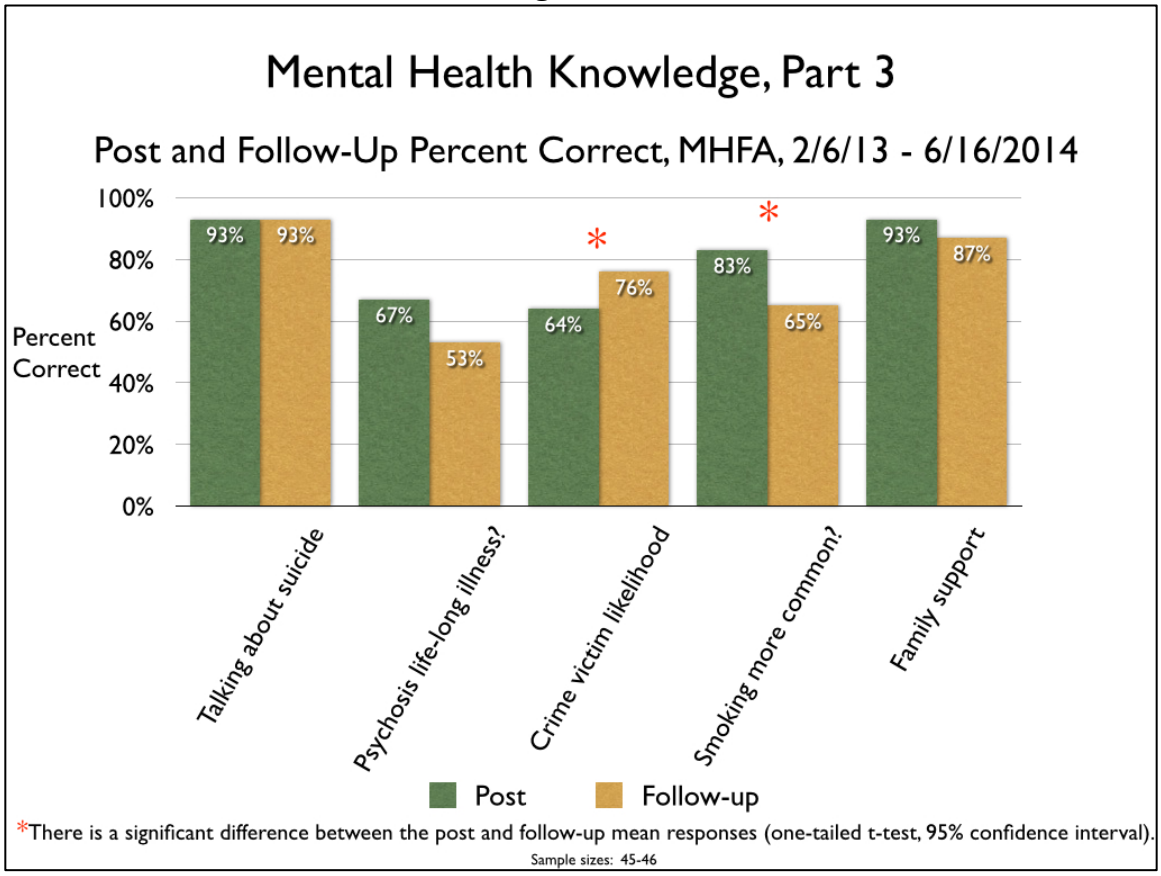

Mental Health Knowledge, Part 2
Post and Follow-Up Percent Correct, MHFA, 2/6/13 - 6/16/2014
Percent Correct
100%
80%
60%
40%
20%
0%
83%
59%
56%
44%
100%
93%
89%
87%
46%
33%
*
*
Panic attacks
Panic attacks vs. heart attacks
Exercise and depression
Psychosis & dysf. families
Delusions
Post
Follow-up
*There is a significant difference between the post and follow-up mean responses (one-tailed t-test, 95% confidence interval).
Sample sizes: 45-46

Figure 3-7


Mental Health Knowledge, Part 3
Post and Follow-Up Percent Correct, MHFA, 2/6/13 - 6/16/2014
Percent Correct
100%
80%
60%
40%
20%
0%
93%
93%
67%
53%
64%
76%
83%
65%
93%
87%
*
*
Talking about suicide
Psychosis life-long illness?
Crime victim likelihood
Smoking more common?
Family support
Post
Follow-up
*There is a significant difference between the post and follow-up mean responses (one-tailed t-test, 95% confidence interval).
Sample sizes: 45-46

B. The Stigma of Mental Illness

An assessment of mental health stigma attribution was included in the pre, post, and six-month follow-up surveys. The nine-question assessment, called the AQ-9, was developed and made publicly available by one of the foremost scholars of the stigma of mental illness, Distinguished Professor Patrick W. Corrigan, Psy.D., who serves as the Director of the National Consortium on Stigma and Empowerment. Added to this assessment were three questions from Dr. Corrigan's 27-question AQ-27 survey that address specific types of discrimination against people with mental illness.

I chose to include these three additional indicators of discrimination that fall into the category of "avoidance" in the participant survey. They are notable because they address some of the most flagrant forms of discrimination against people who suffer from mental illness. The statements refer to a man named Harry who has schizophrenia and are worded thus: "If I were an employer, I would interview Harry for a job."; "I would share a car pool with Harry every day."; and "If I were a landlord, I probably would rent an apartment to Harry." (Note: The means of these final three indicators shown in Figure 3-12 are reversed for comparison to the other indicators because the wording of these three indicators is positive, whereas the wording of the other indicators is negative. This "reverse scoring" is specified by the assessment's author.)

The following are the nine questions in the AQ-9 assessment and the three additional questions from the AQ-27 assessment that MHFA participants responded to on a nine-point Likert scale, before and after the workshop and six months later. The section begins with an introductory paragraph about a man with mental illness named Harry:

> "Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness. CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION."

1. "I would feel pity for Harry."
2. "How dangerous would you feel Harry is?"
3. "How scared of Harry would you feel?"
4. "I would think that it was Harry's own fault that he is in the present condition."
5. "I think it would be best for Harry's community if he were put away in a psychiatric hospital."
6. "How angry would you feel at Harry?"
7. "How likely is it that you would help Harry?"
8. "I would try to stay away from Harry."
9. "How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?"

10. “If I were an employer, I would interview Harry for a job.”

11. “I would share a car pool with Harry every day.”

12. “If I were a landlord, I probably would rent an apartment to Harry.”

I hypothesize that participation in MHFA training will make at least some of the participants more sensitive to the plight and needs of people with mental illness and, thus, be less likely to hold stereotypical or discriminatory opinions about them.

1. Immediately Before and After MHFA

The mean mental health stigma attribution score[2] of the participants decreased from 27.7 before MHFA to 22.8 after MHFA (an 18% decrease), a large, statistically significant improvement. This result indicates support for the hypothesis that MHFA reduces stereotypical and discriminatory thinking regarding people with mental illness in MHFA participants, at least in the short term.

Figures 3-8 and 3-9 show the mean responses on the individual indicators included in the mental health stigma attribution assessment. (The final three indicators in Figure 3-9 are not included in the AQ-9 assessment and are, thus, not included in the stigma attribution score.)

In Figure 3-8 there are statistically significant changes in the expected direction in the mean responses to five of the six indicators. The largest changes were reductions in the fear and perceived dangerousness of people with mental illness.

In Figure 3-9 there are statistically significant changes in the expected direction in the mean responses to four of the six indicators. The largest is a decrease in the mean response to the coercion indicator: “I think it would be best for Harry’s community if he were put away in a psychiatric hospital.”

[2] The mental health stigma attribution score is calculated by summing the responses to the nine statements on Dr. Patrick W. Corrigan’s AQ-9 assessment, the first nine stigma-related statements out of the 12 used on the surveys for this program. They are listed on the previous page. Higher stigma attribution scores indicate higher levels of stereotypical and discriminatory thinking about people with mental illness.

Figure 3-8

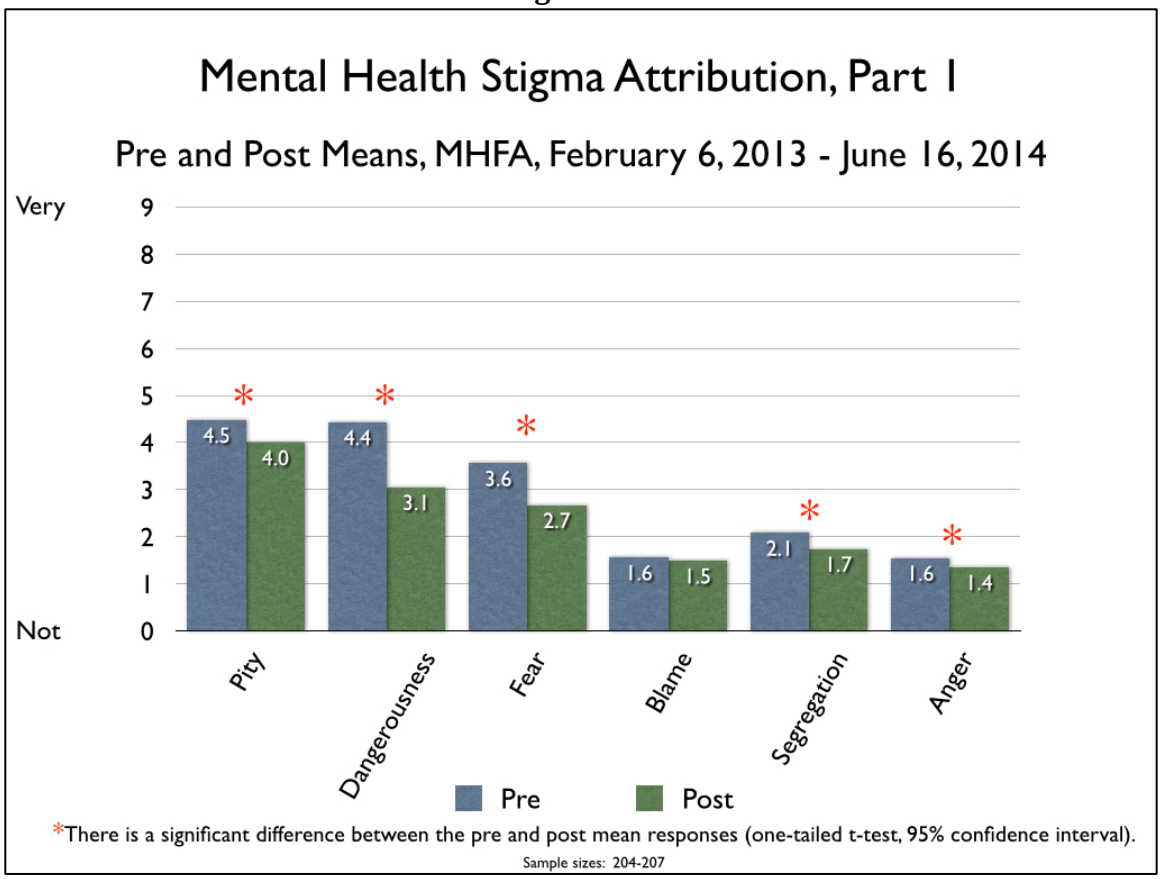
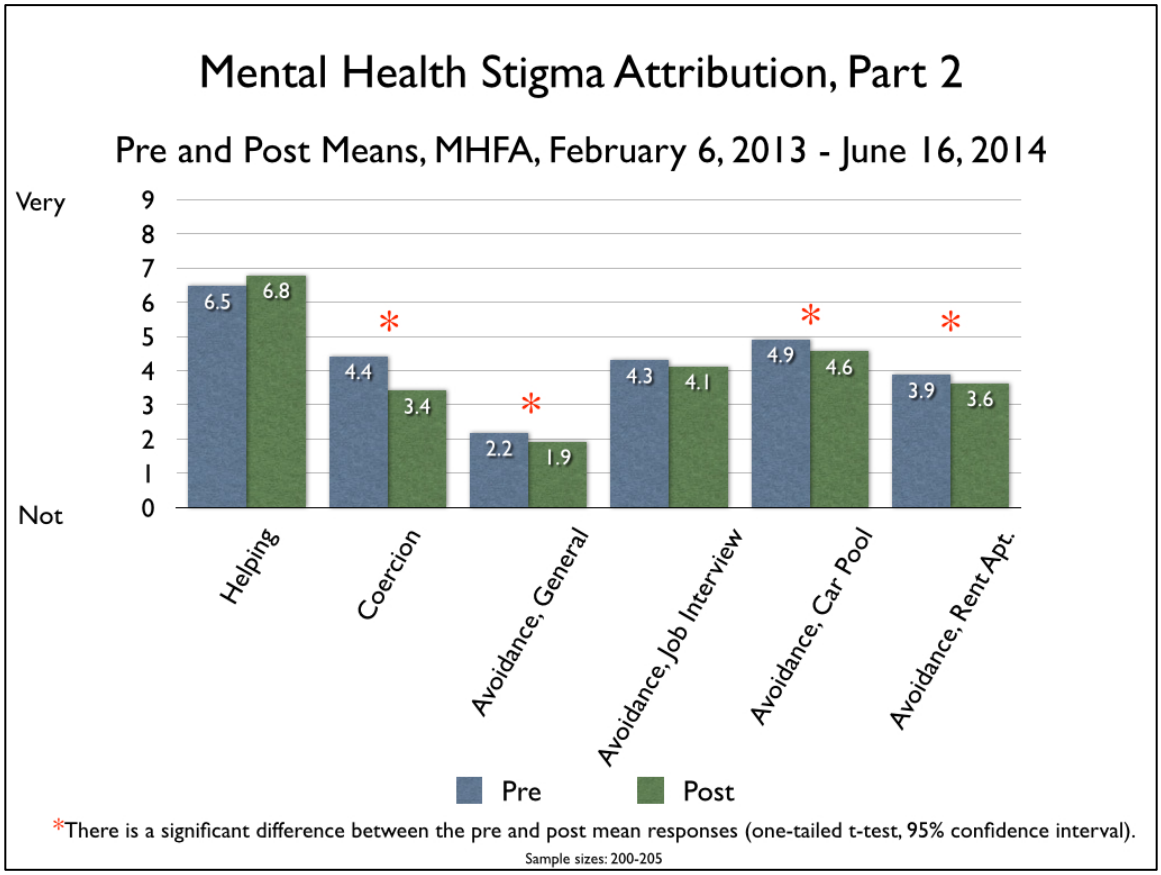

Mental Health Stigma Attribution, Part 1
Pre and Post Means, MHFA, February 6, 2013 - June 16, 2014
Very
Not
9
8
7
6
5
4
3
2
1
0
4.5
4.0
4.4
3.1
3.6
2.7
1.6
1.5
2.1
1.7
1.6
1.4
Pity
Dangerousness
Fear
Blame
Segregation
Anger
Pre
Post
*There is a significant difference between the pre and post mean responses (one-tailed t-test, 95% confidence interval).
Sample sizes: 204-207

Figure 3-9



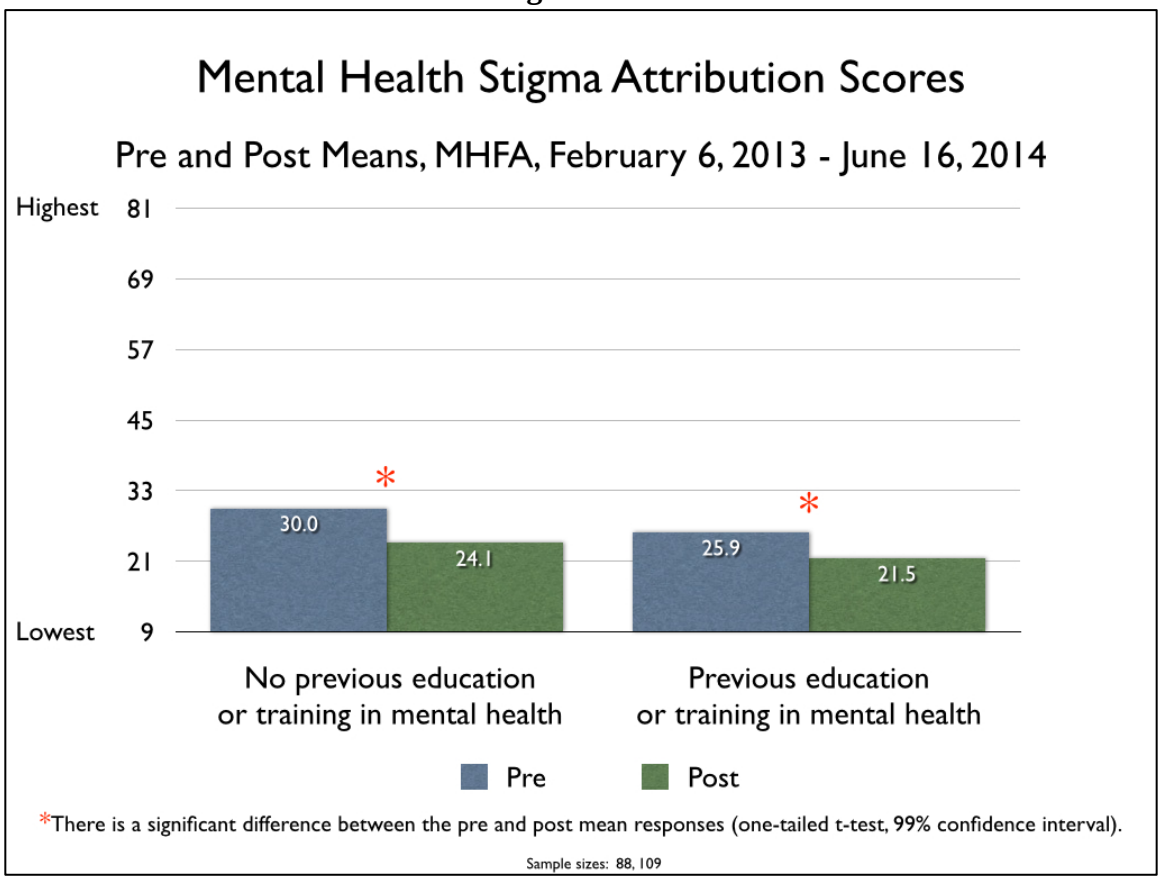
I further hypothesize that any decrease in stereotypical or discriminatory thinking will be greater for those without any previous education or training in mental health than for those with it. It is possible to test this hypothesis because enough members of both groups attended MHFA trainings. Over half (54%) of the participants indicate that they had previous education or training in mental health.

The mean stigma attribution score for participants without previous mental health education or training decreased by 5.9 points (19.7%), from the beginning to the end of MHFA. (See Figure 3-10.) The mean score for participants with previous mental health education or training decreased by 4.4 points (17.0%). These changes are statistically significant at the 99% confidence level. However, the difference in changes in scores between the two groups, from before to after MHFA, is not statistically significant.

As might be expected, both the initial and final mean stigma attribution scores for participants with mental health education or training were lower than those for participants without it. Those with previous mental health education or training simply came to MHFA with lower levels of stereotypical and discriminatory thinking, on average, than those without such education or training. However, for both groups, the level of ex-

pressed stereotypical or discriminatory thinking declined significantly from the beginning to the end of MHFA.

Figure 3-10



1. Immediately After MHFA and Six Months Later

Figures 3-11 and 3-12 present the mean responses of the individuals who filled out the online follow-up survey, about six months following their MHFA training. The green bars show their mean responses immediately after MHFA and the gold bars show their mean responses on the follow-up survey. Note that the sample sizes are rather small, only 43 or 44.

The mean stigma attribution score for the 43 participants who responded to all of the stigma questions used to compute the score (the first nine), both immediately after MHFA and six months later, remained virtually the same, increasing by a mere 0.05 points from 21.02 to 21.07. This change is not statistically significant. The only statistically significant change in mean response among all twelve stigma indicators is that fear of people with mental illness decreased significantly. This result is unexpected, but positive.

Since the sample sizes are so small and the rest of the indicators show no statistically significant changes, it would be incorrect to put much stock in them. The changes are generally positive (e.g., lower levels of blame and avoidance), but on the other hand, the perceived dangerousness of people with mental illness and the desire to put them away in psychiatric hospitals increased, on average. It is expected that there will be some movement in the mean responses away from the desired responses, as time since the training elapses and memories fade. The fact that there is so little change in stigma attribution over the course of the six months since MHFA training is a positive result.

Figure 3-11

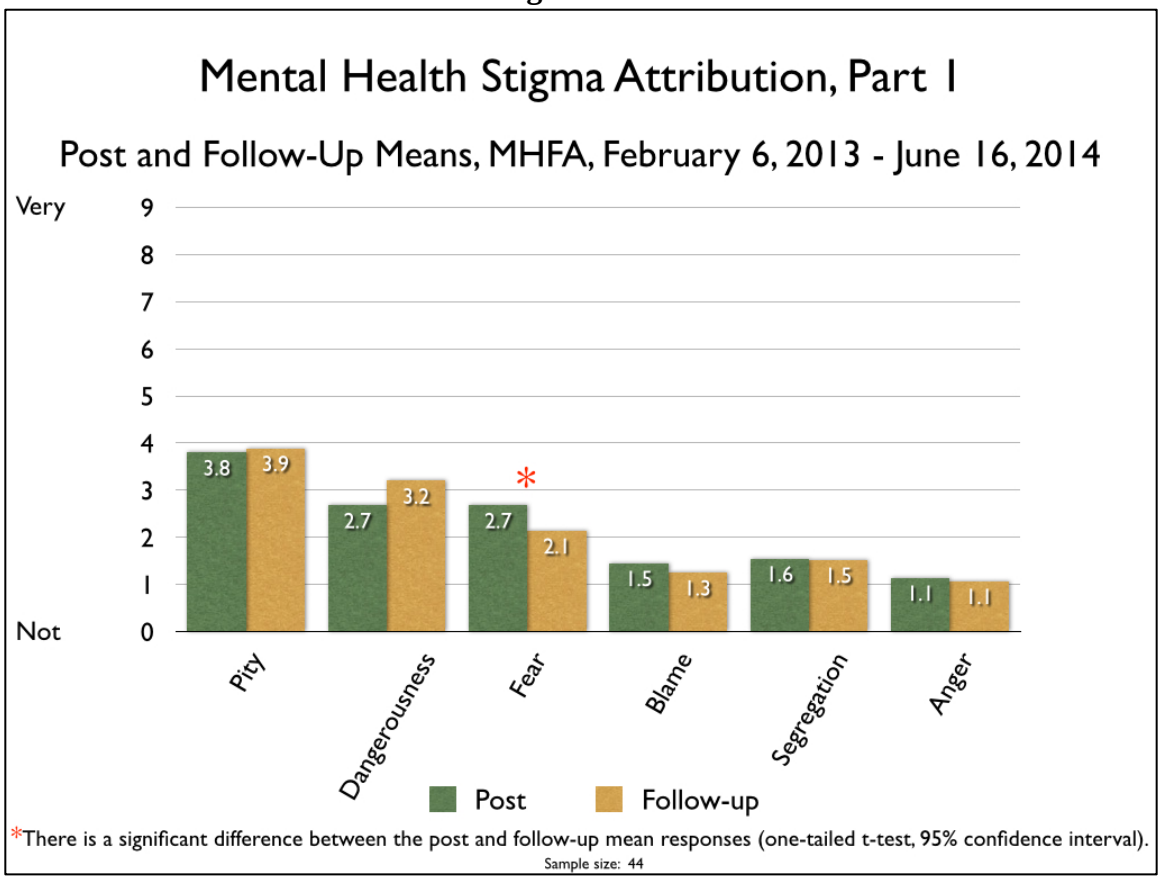
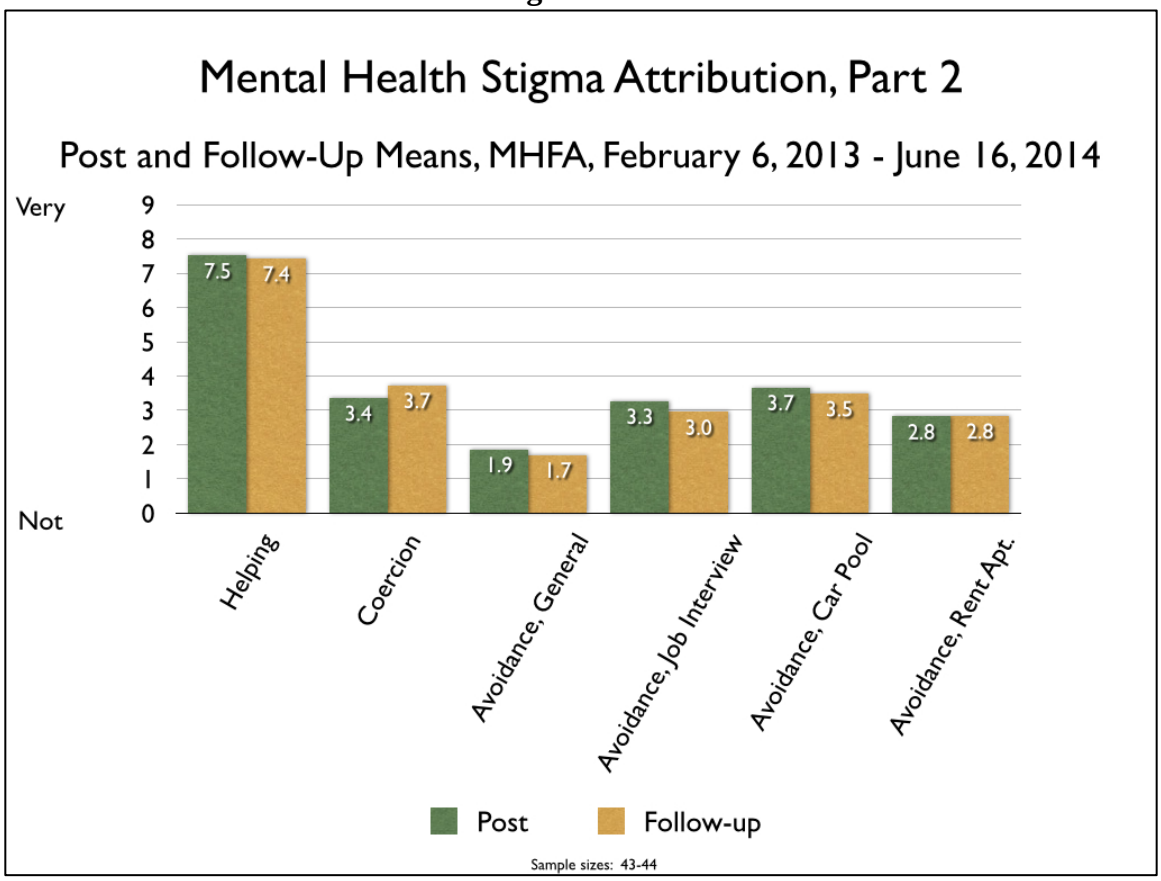

Mental Health Stigma Attribution, Part 1
Post and Follow-Up Means, MHFA, February 6, 2013 - June 16, 2014
Very
Not
9
8
7
6
5
4
3
2
1
0
3.8
3.9
2.7
3.2
2.7
2.1
1.5
1.3
1.6
1.5
1.1
1.1
*
Pity
Dangerousness
Fear
Blame
Segregation
Anger
Post
Follow-up
*There is a significant difference between the post and follow-up mean responses (one-tailed t-test, 95% confidence interval).
Sample size: 44

Figure 3-12


Mental Health Stigma Attribution, Part 2
Post and Follow-Up Means, MHFA, February 6, 2013 - June 16, 2014
Very
Not
9
8
7
6
5
4
3
2
1
0
7.5
7.4
3.4
3.7
1.9
1.7
3.3
3.0
3.7
3.5
2.8
2.8
Helping
Coercion
Avoidance, General
Avoidance, Job Interview
Avoidance, Car Pool
Avoidance, Rent Apt.
Post
Follow-up
Sample sizes: 43-44

C. Skill Development and Confidence Building

Following MHFA, the participants were asked to indicate the degree to which they felt more confident that they could take a variety of actions related to mental health. The participants responded to these nine statements on a five-point Likert scale, with response options ranging from "strongly agree" to "strongly disagree":

"As a result of this training, I feel more confident that I can …"

1. "Recognize the signs that someone may be dealing with a mental health problem or crisis."
2. "Reach out to someone who may be dealing with a mental health problem or crisis."
3. "Ask a person whether s/he is considering killing her/himself."
4. "Actively and compassionately listen to someone in distress."
5. "Offer a distressed person basic 'first aid' level information and reassurance about mental health problems."
6. "Assist a person who may be dealing with a mental health problem or crisis to seek professional help."
7. "Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports."
8. "Be aware of my own views and feelings about mental health problems and disorders."
9. "Recognize and correct misconceptions about mental health and mental illness as I encounter them."

The mean responses, shown in Figures 3-13 through 3-15, to these nine statements are very similar: eight of the mean responses are 3.5 and the remaining one is 3.6. That is, the mean responses are all right between or nearly right between "agree" and "strongly agree."

Figure 3-13

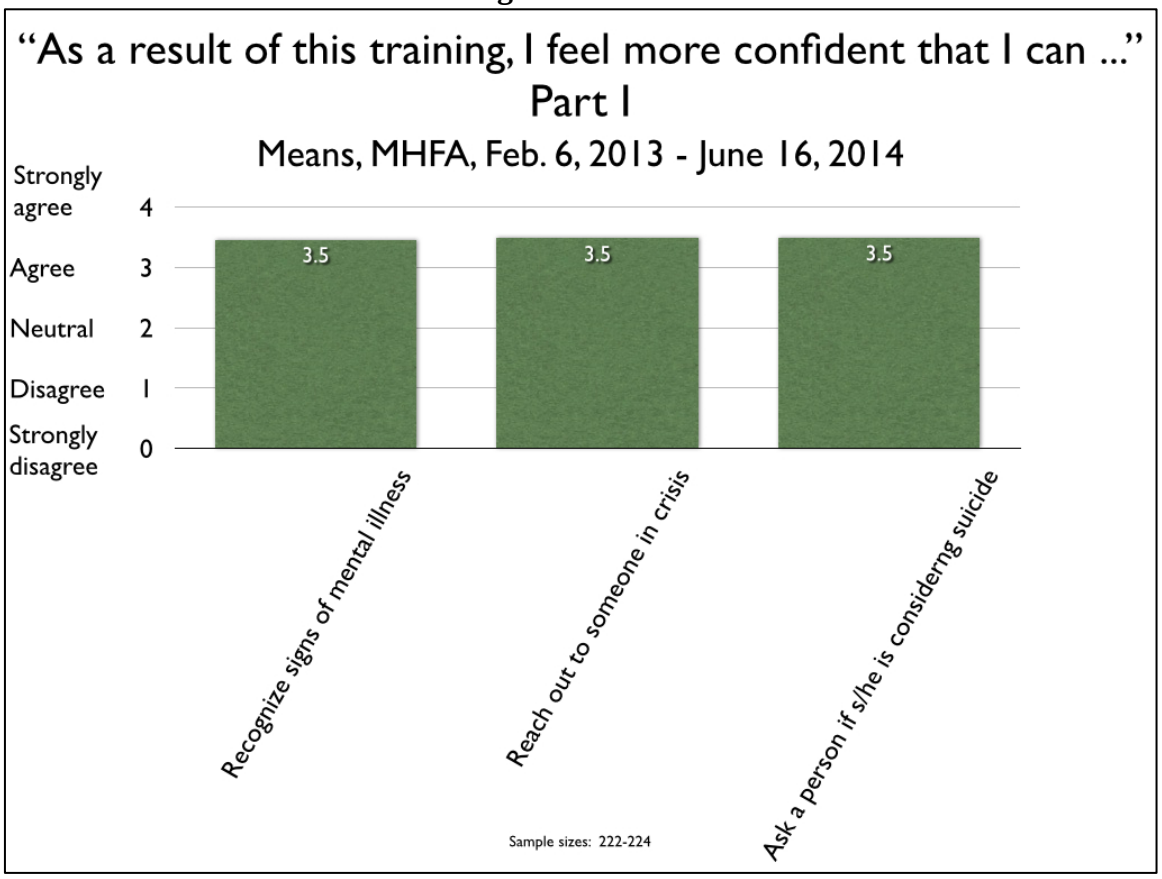

"As a result of this training, I feel more confident that I can ..."
Part I
Means, MHFA, Feb. 6, 2013 - June 16, 2014
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
4
3
2
1
0
3.5
3.5
3.5
Recognize signs of mental illness
Reach out to someone in crisis
Ask a person if s/he is considerng suicide
Sample sizes: 222-224

Figure 3-14

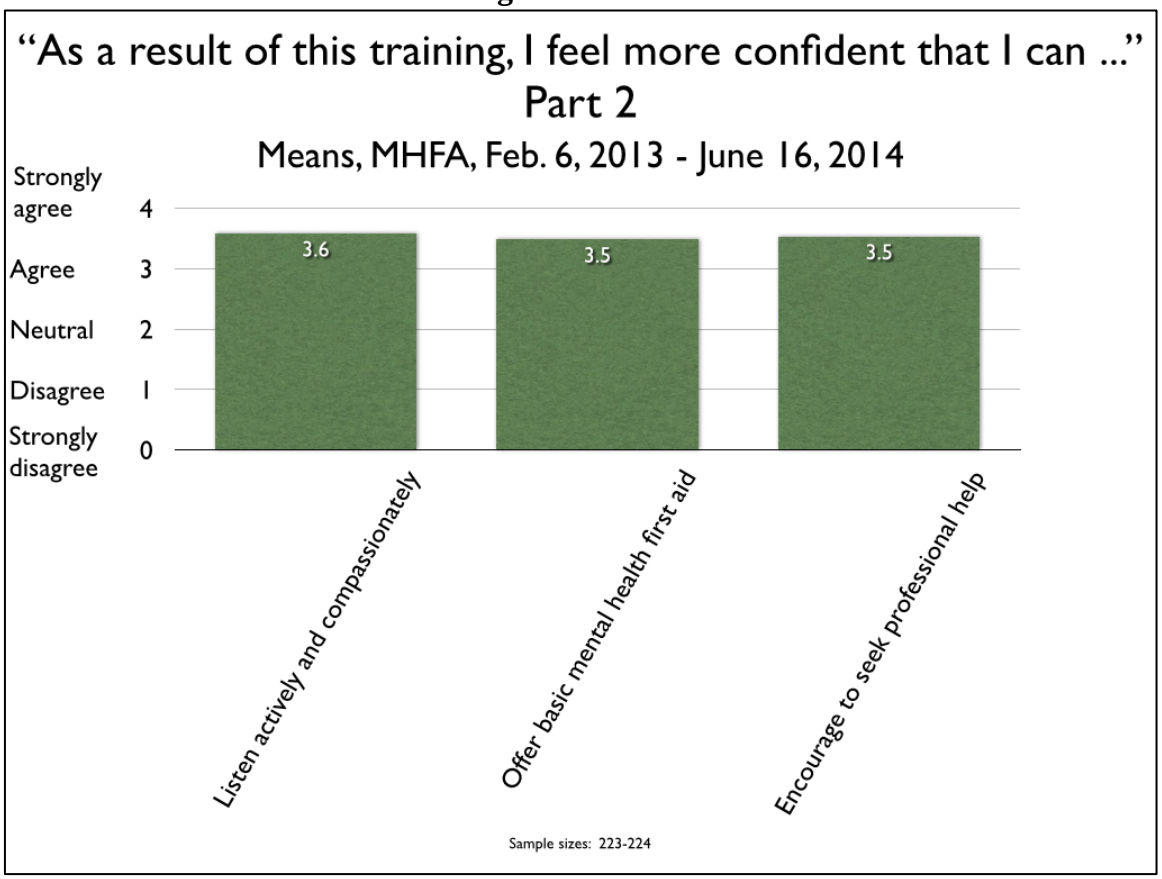
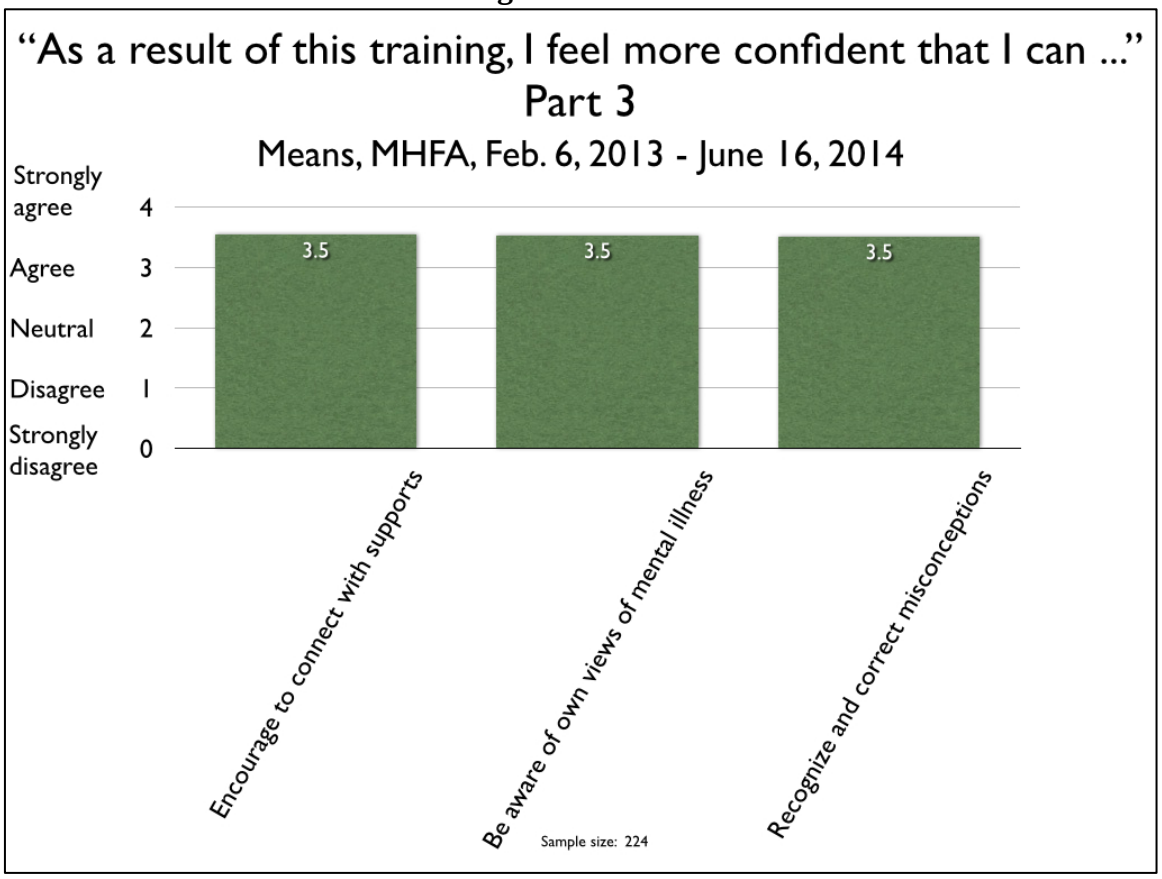

"As a result of this training, I feel more confident that I can ..."
Part 2
Means, MHFA, Feb. 6, 2013 - June 16, 2014
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
4
3
2
1
0
3.6
3.5
3.5
Listen actively and compassionately
Offer basic mental health first aid
Encourage to seek professional help
Sample sizes: 223-224

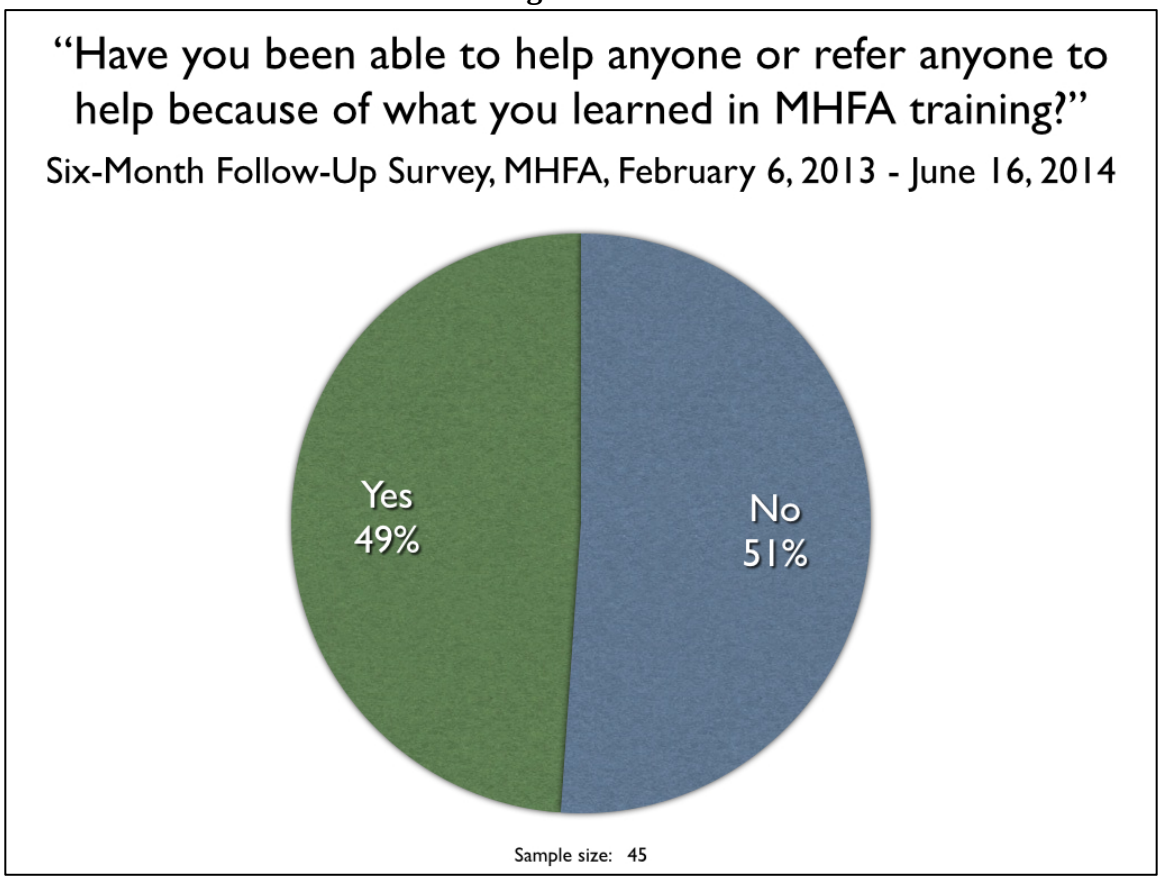
Figure 3-15


"As a result of this training, I feel more confident that I can ..."
Part 3
Means, MHFA, Feb. 6, 2013 - June 16, 2014
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
4
3
2
1
0
3.5
3.5
3.5
Encourage to connect with supports
Be aware of own views of mental illness
Recognize and correct misconceptions
Sample size: 224

D. Participants Helping Others in the Six Months After MHFA

On the six-month follow-up survey, the participants were asked, "Have you been able to help anyone or refer anyone to help because of what you learned in Mental Health First Aid training?" Of the 45 individuals who answered the question, 22 (49%) said that they have. This finding indicates the positive impact that MHFA has had, and will likely continue to have, in Kings and Tulare Counties in helping more people who may have mental illnesses to get the help they need.

Figure 3-16



Next the follow-up survey respondents were asked, "If you answered 'Yes' to the question above, would you please tell us (without divulging any personally identifying information) about the person or people you helped to get assistance with a mental health problem or problems and how you got them help?" Seventeen (17) individuals submitted the following responses:

- "Consumer from a minority family that does not believe in mental health illnesses, client explained to me that since childhood she always felt sad and scared for no reason, her siblings were 'normal' kids running around and being kids but she could not do it. Her family never got her any help; they call

her 'crazy' because she suffered night terrors and was always sad, she felt that her family always felt embarrassed of her. As she grew up she was promiscuous and turned to drugs and alcohol, which helped at first but then she had all the regrets of her new found reputation, which made everything worse. I referred her for counseling and she stated that she did not believe in counseling and mental issues. I asked her to give it a try. She accepted and I referred her for counseling. She was doing great and a month after she started counseling she attended a follow-up appointment with me and she was wearing matching clothes and make-up and her hair was done very beautifully. She stated that she was diagnosed with depression and panic attacks and just knowing that what she always told her family was real made her feel better. She knew her sadness and different behavior was real and felt validated. She stopped attending counseling and failed to attend other follow-up appointments with me after that. When I was able to get a hold of her she requested that her case be closed and stated that she was doing well, but her ex-boyfriend had come back home from jail and he was upset that she was taking counseling."

- "I have a friend who is a mother of four, married and husband is sole provider who has been in and out of the hospital due to a blood disease. My friend has also lost a brother to suicide; she suffers from severe anxiety, depression, bipolar and a physical disability that [prevents her from working]. She does receive resources out of Kings County, however every day is a different or difficult challenge, ranging from not having food for her children to eat; the stopping/starting of her husband's job due to illness; the continued ongoing applying for disability for her husband and food stamps for her family. The process of the wait time leaves the family struggling constantly. She keeps on her meds, but runs into copay cost problems. I give her financial support at times, but I mostly am a good friend to support that she needs to breathe, have faith, show gratitude and believe that she is strong enough to get through these difficult times."
- "A consumer in my OCD group stated that the thought of suicide was frequently on his mind. After class I spoke with him privately and once I felt confident he wasn't planning on acting on those thoughts I assisted him in making an appointment to speak to someone from Mental Health."
- "I have a close friend who is in need of mental heath intervention. I referred her. I also have gotten involved in [taking care of] of my aunt who has been schizophrenic for many years. She is in treatment and balanced as result of her medication."
- "A woman with depression was emotionally and physically battered by her husband for 57 years. The husband died but the woman still hears his voice. I referred her to Mental Health."
- "I know someone who is generally healthy. Due to broken family relationships, this person began drinking to the point that depression and psychotic episodes began. I shared with others that seeking mental health assistance

doesn't mean you're 'crazy.' I explained that from time to time someone needs a mental check-up just as someone needs a medical check up."

- "My friend's dad was having an episode. I gave them a number to the hotline and I was informed they called and he received help."
- "I was able to help a niece of mine who recently lost her father and was becoming more and more depressed. She started to cut herself and I was able to talk to her before it became worse. I talked her through her problems and then contacted an agency with her so she could begin counseling for her depression. She is doing much better now."
- "I've provided phone numbers to the Mental Health Crisis Line and Warm Line in addition to referring numerous consumers to Mental Health because of their history of depression, anxiety and suicide attempts."
- "I have a friend who dealt with depression for a little while, and I helped him just by being there for him and doing fun activities to help take his mind off of things."
- "Yes, referring a person with multiple signs of suicide risk, disclosing to appropriate persons in spite of person's objection. Person got help."
- "I work in a clinic and we see many mental health patients. We have been able to refer quite a few lately."
- "Crisis response and connected them to therapeutic resource, contact and follow-up with parent."
- "Referred them to proper resources."
- "Just information received from workshop"
- "Family member"
- "I have referred people to take the class to include family members, consumers, and professionals."

E. Training Feedback

Figures 3-17 and 3-18 present the participants' mean responses regarding the training in general. All of the mean responses, on average, fall in a narrow range between "agree" and "strongly agree." The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before MHFA; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

Figure 3-17

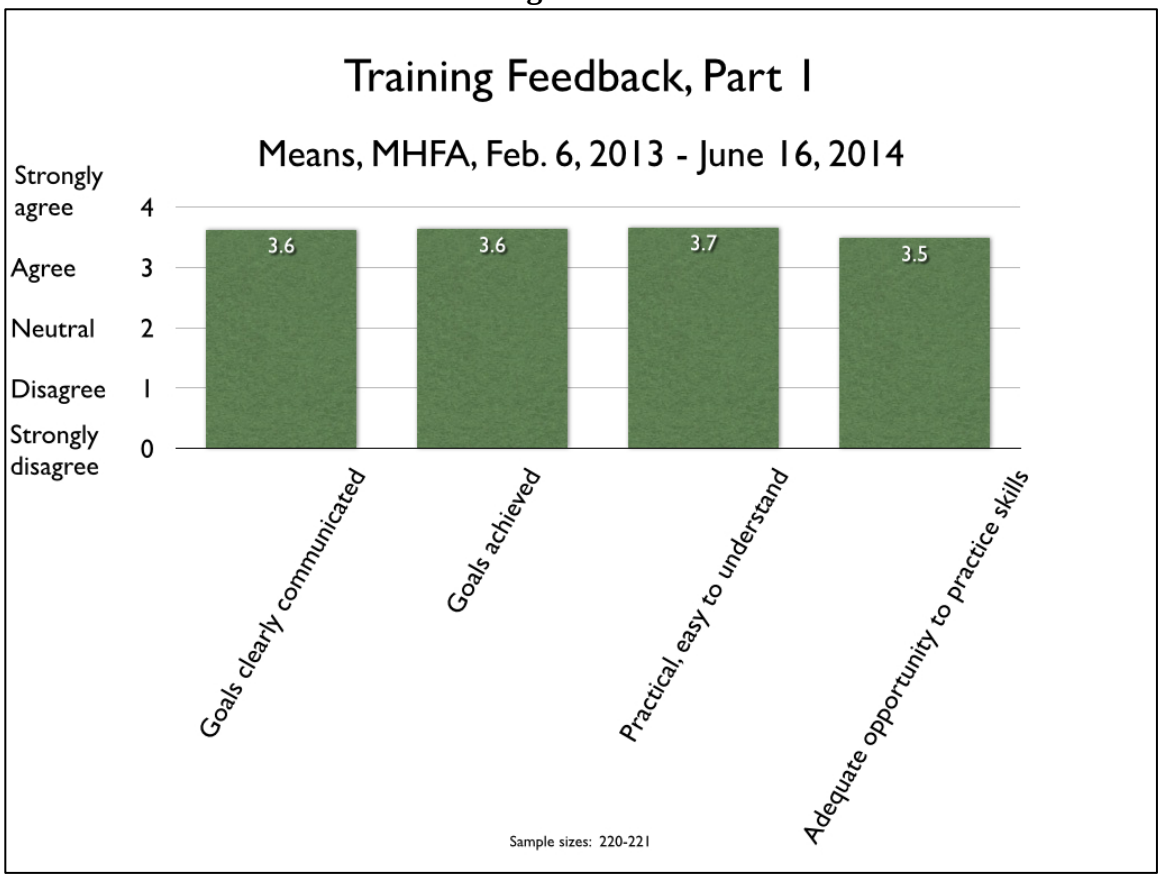
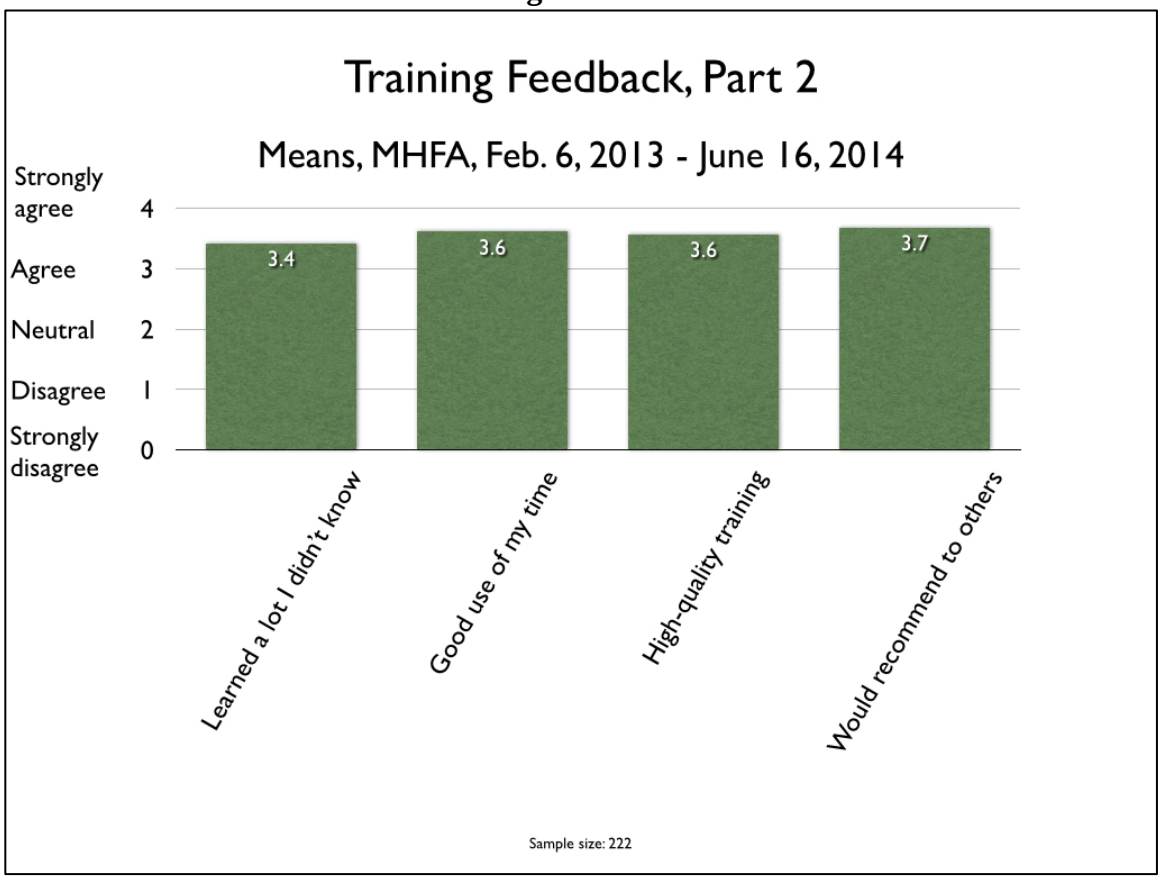


Figure 3-18


Training Feedback, Part 2
Means, MHFA, Feb. 6, 2013 - June 16, 2014
Strongly agree
Agree
Neutral
Disagree
Strongly disagree
4
3
2
1
0
3.4
3.6
3.6
3.7
Learned a lot I didn't know
Good use of my time
High-quality training
Would recommend to others
Sample size: 222

F. General Open-Ended Responses

We asked the participants two open-ended questions on the post survey:

- "How did this course help you?"
- "How, if at all, could this course be improved?"

The responses to each question are listed below, sorted by category.

1. How MHFA Helped the Participants

<u>Increase in Knowledge of Mental Illness and Related Skills (151 responses)</u>

"This course helped me a lot as I feel like I can understand mental disorders and recognize them a little easier now and feel I have more resources to assist people in dealing with their issues."

"This course helped me because it provided skills I can use at work and during my personal life. I learned a lot of the information I had was incorrect or distorted. This was very helpful."

"It gave me resources that I didn't know about. Gave me a better picture of what schizophrenics experience."

"Helped me by improving my listening skills."

"It gave me knowledge of what mental illness is."

"It helped me be able to acknowledge signs and symptoms better."

"Telling the difference between a heart attack and panic attack. ALGEE acronym - First Aid action plan and how to apply to mental health disorders. Be able to handle mental health crises in a more calm way"

"It has helped me to identify various types of disorders and how to better help the person when they need help. Also the manual is full of valuable resources and tools I will refer to, to better my skills in helping others. The presenters were very knowledgeable and passionate about teaching these topics. I enjoyed this training very much."

"Remember to listen non-judgmentally"

"It helps being able to know how to handle a situation if it arises."

"I now have a better understanding about what to do when I see signs of a mental health illness & suicide."

“Better equipped to help youth & adults. Great tools!”

“It was good to learn more about mental health issues and ways to help those in crisis. Food was also great!”

“Gave me insight into a broad range of general MH [mental health] issues.”

“Learned skills for assessment and listening and reassuring.”

“This course gives practical skills that you can use, and examples”

“This course helped me learn new things and help me help others when that time comes and now I know the right steps to do as well.”

“I would say that this course helped me understand more about people with a mental health, anxiety disorder, eating disorder, depression, that there are many ways to help them, and that there are resources available for them. Also, it taught me to listen more to others without judging them. And ALGEE really helped a lot too.”

“With ‘ALGEE’ a great remembering tool for crisis situations.”

“I learned a lot about all kinds of disorders and how they affect people around.”

“This course taught me a lot about the different disorders that are out there and how they affect people’s lives.”

“Helped me to understand the differences in mental health. I learned there’s not a lot I can do if they don’t want help. I can help in immediate situation but they need to seek help for overall care.”

“I have a better understanding of how to talk to someone/anyone about suicide.”

“Very much I have a different outlook on it and I am more comfortable asking and helping people with mental illness.”

“Understand how those who attempt and/or complete suicide think, behavior, how to relate to and encourage help. Understanding eating disorders, substance abuse, signs and symptoms. Understanding more about psychoses, causes, etc. Mostly, all the websites and books, other resources available.”

“Was a nice refresher course and gave more current info on mental health.”

“It helped me understand how I may help someone else - gave me confidence in assisting someone in crisis.”

“This course helped me overcome some fears I had and realize that I didn’t know as much as I assumed.”

“I learned more about symptoms or types of mental health disorders and how to communicate with individuals who are suffering from a disorder.”

“Better understand what mental health stigma is.”

“During this course I was able to see more of the statistics of the mental health disorders.”

“I have a better understanding of mental illness and how to help.”

“It helped me understand more about all of the topics. It also opened my mind more.”

“Helped me understand the differences in so many disorders.”

“Better comfort level - more confident with my ability to help”

“Gave me tools to help deal with clients in my office.”

“Helped me understand how to go about helping someone with mental health problems or issues.”

“I have a greater understanding.”

“It has given me the tools needed when dealing with individuals who are suffering from a mental illness. I wish I would have taken this course years ago because I have had to deal with several situations regarding mental health and I did not know what to say or do.”

“It has allowed [me] to view mental health illness in a different light. Additionally I have learned what are the best strategies to help someone [who] experiences a mental health crisis.”

“Gained a clear understanding in working with clientele with mental health needs and on stressors.”

“Recognize the signs and problem in mental health”

“I’m more aware of how mental disorders are connected and do not mean that a person has to separate themselves from society.”

“I was able to bring [?] needed symptoms of disorders in depth and could apply them to my professional [work], understanding our clients’ struggles.”

"I better understand that daily struggle of someone suffering from a psychological disorder. I feel that I would be able to help somebody in need of Mental Health First Aid."

"Worked in mental health for 25+ years - good refresher!"

"Helped me understand Mental Health First Aid - I am more aware of these issues. I understand it more and how to assist in an emergency"

"Recognize symptoms of a mentally ill person"

"Understanding all the different types of disorders"

"Understand mental health a bit more."

"I was able to understand the differences between mental health disorders. This helped me break down the disorders instead [of] grouping them."

"Very much - improved my communication"

"This course has helped me in understanding the vast information available regarding Mental Health First Aid like disorders, types of people, or different ways you could help them."

"This course not only helped me understand why my clients do what they do. It has also helped answer questions about psychosis to help me help my father in the care home."

"It was fun, interactive and very informative. Provided more info about degrees of mental health and information about steps to crisis."

"Became aware of general mental health illness and/or disorders and how it relates to suicide attempts or risk."

"I feel that I have gained a heightened awareness in regards to the appropriate action plan, that being A.L.G.E.E. when dealing with persons suffering from mental health disorders."

"Better understand how to approach people with mental health issues and/or in crisis."

"Helped me to identify symptoms and stigmas of various illnesses"

"This course was excellent in the prep for understanding mental health and to dismiss the stigma."

"This course will help me not only at a professional level, but also personally."

“This course helped in how to approach a person who is mentally ill and not be afraid. Also how to act and to ask them if they are having thoughts of suicide, when before I was afraid to ask, but not any more.”

“I have a better understanding of mental health disorders and how to implement the MHFA Action Plan. This course has given me more information that I wasn't already aware of.”

“I work and live with people with mental illness every day. This course helped me feel more confident in approaching someone in a mental health crisis.”

“I will be much more confident approaching and assisting a person in a mental health crisis.”

“Understand the truth behind mental illness not assume someone is crazy because how they are acting but to recognize and understand that they may be struggling with a mental illness.”

“Learned the Action Plan. And learning that the Action Plan is not there so you can assess, but rather is there for you to make the individual feel comfortable and important and also to facilitate the process of getting the individual help.”

“It gave me knowledge of the disorders that depression brings to the client.”

“Very informational regarding mental health problems. Broke information down. Easy to understand. Learned about action plan.”

“It helped me to understand a wide range of mental health issues. Furthermore, it helped me learn to recognize the seriousness of mental health issues in the community. Lastly, I feel confident that I will be able to identify the signs and symptoms of someone enduring a mental health crisis if I see it in the future.”

“All the consumers view in handling their problem”

“Informed me of areas of depression, anxiety, eating disorders, everything I knew about but now know much more about. Helped me very much. Great course. Great teachers.”

“Help me understand tool Action Plan - excellent tool.”

“I learned ALGEE and feel much more competent to manage a mental health crisis.”

“It helped refresh information I have heard before.”

“Practical steps for Action Plan. Helpful tips to recognize mental disorders. Repetition = increased memory.”

“To better recognize mental health symptoms, develop a better rapport with consumers and how to effectively implement ALGEE.”

“A better understanding of mental health illness and definitely how to use ALGEE.”

“Learned more on mental health illnesses and what each one are composed of.”

“This course was really helpful and I learned so much. I knew these disorders, substance abuse, and other mental health problems but this training gave me a better understanding of these topics. I also liked how we all shared our personal stories which made this more interesting.”

“It helped me understand a lot more about mental health and the many symptoms that are out there. How to help our clients if we ever come across any of the symptoms.”

“I was able to identify a plan to help people in distress.”

“This course helped me identify the different mental health disorders and how I can refer and better assist my students.”

“To learn and help others using all information from this training such as: preventing suicide, mental health problems, eating disorders, etc. And having information about different resources such as books, online even reading our Mental Health First Aid manual to assist families.”

“I learned the different types of mental disorders. I also learned how to identify the symptoms of any mental disorder, how to help them. I also know what resources are available to help someone with a mental disorder. Another thing that I learned was that it is OK to ask someone if they are having suicidal thoughts. It they are it's OK to ask how they are going to do it and when. I really enjoyed this course and I feel confident to help someone with a mental disorder.”

“Useful to update knowledge. Learned a few things.”

“I really like the information on how to respond using ALGEE steps.”

“It helps to know the information being disseminated to the community and its members.”

“Help me in learning to provide Mental Health First Aid.”

“Gave me a better understanding”

“It helped me to identify mental health issues and how to assist someone in a crisis.”

“Helped me to understand more what mental illness is and how to recognize the signs.”

"It helped me to understand how to respond to someone with mental illness"

"It gave me an insight into mental health and awareness of assistance."

"To be a better listener"

"Great info. Easy to understand. Manual is easy to apply."

"It will help better understand problems that may come up."

"Made me more comfortable with one-on-one interviews with inmates / mental health clients"

"I enjoyed the interactive activities (scenarios) during the training."

"Given me a better understanding of how to approach and handle episodes"

"I learned some ways to approach a person in crisis that I had not known before."

"Learned: 29% of female adolescents engage in self-harm. First-time tried drugs/alcohol is age 15 during the summer. Change: More I can talk to my son about education regarding drugs/alcohol. Take with me: Workbook and share with my husband and family"

"A better understanding of mental health"

"Taught me that mental health issues are treatable, and with some reassuring and comfort I can help someone."

"Raise awareness of mental health"

"It gave me the tools to help others."

"Good review of basic info. Learned much re: psychosis and related disorders, more aware of local resources, videos very helpful"

"It helped broaden [my] knowledge base of identifying mental health symptoms and how to respond to someone in a crisis. It also helped to broaden [my] skill set in [my] ability to do [the] aforementioned."

"To better deal with possible MH crisis while dealing with OCD clients"

"More awareness of mental illness, approaches - signs to look for"

"Helped make me more aware of mental health concerns. Gave me ALGEE."

“I am more confident in approaching some with mental health crisis.”

“Learned about acronym ALGEE.”

“Educated me on symptoms for mental illnesses.”

“Identifying when to seek professional help. How to assist during a crisis.”

“It cleared up questions that I had. It also gave me resources and gave me access to others that may be able to help in situations that I am not sure of.”

“Helped to better understand mental illness and how to better deal with and be more aware of mental illness and how to help in a variety of ways.”

“It helped me understand a little more about mental health. Refreshed my memory.”

“Learned how to handle mental health crisis situations.”

“It helped me understand how to deal with people with mental illnesses. Helped break that barrier.”

“It provided a lot of good basic information on prevalent MH issues.”

“After completing this course I feel more confident to approach and offer assistance to persons displaying signs of mental illness. Educational opportunities such as these serve to reduce stigma and open communities to dealing with common psychological disorders.”

“I feel more comfortable when discussing, or encountering common mental disorders/illnesses. I know when it would be appropriate to begin a dialogue with someone I may suspect of experiencing an issue. I also know how to go through a conversation with someone and the options/actions to take based on the conversation. I am happy, encouraged to know ALGEE! :-)”

“With the basic info I need to help”

“It helped me understand more about recognizing the different diagnoses.”

“Assess situations involving possible suicidal people as well as knowing how to ask questions that could help them steer away from suicidal thoughts.”

“It helped me understand my disorders and others and helped me to learn how to help others and what steps I have to take.”

“By giving me the methodology to cope with most mental health crises, as they present themselves in my volunteer work with Tulare County Mental Health, VAIC.”

"Great review of Mental Health First Aid techniques; crisis intervention"

"This will help me in future events as a public artist. I can see how this will help me with family and friends in the future."

"Addressing the various types of mental illness and steps to be taken for that specific illness. Reduce the stigma."

"Providing valid info, tips, facts"

"Understanding of mental health"

"More aware/some gaps in my knowledge"

"It was a good refresher course for me. I have been working with mentally ill people for a while. I have also attended many trainings."

"I learned a lot of new things."

"Learned a lot about specific topics such as depression that I didn't know before."

"Better understand key terms and procedures. Better understand what not to do"

"Good overview/review of mental health problems and basic strategies to help them."

"Increase First Aid in mental health."

"Very much needed info. More understanding of disorders."

"Good practice information I can use and pass on to others"

"Was informative on mental health symptoms"

"I'll comment on some of the aspects which I thought were especially helpful. - The Australian video depicting a man in a psychotic episode was very realistic. It aptly demonstrated how easy it is to make good-intentioned mistakes when trying to help a person in this scenario. The exercise in which we ranked disabilities in order of severity was useful and nicely blended physical and mental health. My recommendation would be to add a caveat about the hazards of comparing disabilities/suffering. Whether someone's issue falls on the high end or low end of the disability severity spectrum, it can feel highly disabling to that person. The firm information and anecdotes about people having cultural blinders to the real consequences and severity of mental illness was provocative. I appreciated the explanation about how to gently educate them about what is known about various disorders, even if it conflicts with cultural or spiritual beliefs. The auditory hallucination exercise was powerful. The small index card was great. One that fit in a wallet would

be even better, but I am pleased to get any reminder card at all. The demonstration of how to keep the woman from aspirating was helpful."

"I learned a lot about different types of mental disorders and how to respond to them."

"Helped me recognize ways in which I could better assist clients."

"Revisit motivational talk, staying positive."

"This course helped me to understand more about people who are diagnosed with mental health illness. This course helped me to formulate an intervention plan when dealing with someone who is facing mental health issues and how to provide the right resources for the individual."

"It really helped me understand better how to approach people with a mental health problem."

"Better understanding of mental illness"

"I learned stuff that I didn't know before. Thank you."

Increase in Empathy or Compassion / Reduction in Stigma (15 responses)

"It was eye opening for me. I realized that I am very unaware of all the mental health issues that are around us. I learned that compassion and patience can really go a long way in helping an individual with mental issues. I realized that I sadly shared many of the taboo feelings widely known towards people with mental health issues."

"The course made me re-evaluate the mentally unstable people that I have seen in public."

"Opened my eyes to how other people can feel and how to talk or approach them. I feel confident I could help."

"Helped me to be more aware and open minded to how people suffering from mental illness feel."

"It helped me be more understanding and empathetic of people with mental health problems. Also, more knowledgeable of how to help."

"To understand people's point of view on this subject. I do understand now that mental health is a big issue that we have in our community. And I hope I can help a lot of my families in our district."

"Not to say people are 'crazy' who have mental issues. Not labeling, being critical or judgmental. Realizing mental illness is a sickness, a disease. Anyone can have it."

"Reduced stigma and raised awareness"

"It helped me understand what some people are feeling and understand them."

"To recognize and assess a person and to have compassion for them and their illness."

"To be more considerate with persons with mental illness"

"I feel much more comfortable with mental health clientele in general."

"Awareness of mental health disorders and how to address them non-judgmentally."

"More compassionate"

"Understand others"

Miscellaneous (11 responses)

"To heal me a lot"

"Good resource and would recommend to paraprofessionals, parents, other community agencies."

"ALGEE will stick with me. Helpful to hear everyone's perspectives. Enjoyed the videos."

"Provided a great overview."

"Good overview"

"CD clips well done - good use of content to objectives. Nice instructors."

"Has helped me a lot"

"Really helped out."

"Help out very good"

"Much, understand."

"Yes"

2. How MHFA Could Be Improved

No Improvement Needed (57 responses)

"Activities, groundwork and presented material was great."

"All wonderful."

"Book and presenters were wonderful."

"Continue as it is."

"Course was great."

"Does not need to be improved."

"Everything was great. Scenarios were excellent and videos really helped to understand mental health visually."

"Excellent training!! Thank you."

"Excellent training."

"Exercises were fun, interactive and helpful in applying knowledge in a 'hands on' way."

"Good as presented"

"I feel it was very informative, interactive, and I never dozed off once (which is saying a lot, from prior trainings)."

"I feel that it covered all that I understand about mental health D/C and more. Can't think how it could improve."

"I feel that the course needs no improvement."

"I feel the material was easy to follow and understand and the instructors were good at presenting and explaining it. No improvements suggested."

"I found the material and presentation to be most satisfactory."

"I have no complaints or suggestions. The facilitators were awesome!"

"I like everything about it."

“I like the dynamics, very interactive. Thanks!”

“I like the movies and interactive activities.”

“I think both instructors did really well in training.”

“I think it was fantastic - made learning enjoyable - use multiple teaching methods to address different learning styles. Van & Lupe were very knowledgeable, energetic and made the class fun as well as educational.”

“I think the course is great as is.”

“I think the course was great and informative.”

“I think the presenters did a great job! :-)”

“I think there was some very good information.”

“I think this course is wonderful the way it is.”

“It is excellent as it is!”

“It was a great course which I wanted to always attend. Facilitators were great and very knowledgeable in this field.”

“It was excellent.”

“It was great, no changes.”

“It was great.”

“It was great. David and Paula are awesome. Thanks!”

“It's fine the way it is!”

“N/A. Everything was very helpful. Thanks!”

“No changes recommended this time.”

“No improvements needed.”

“No need for changes. Thank you.”

“None - facilitated very well.”

“None. Real good course.”

"None. Thoroughly enjoyed it!"

"Nothing at all."

"Overall great course."

"The course was good."

"Very fun! and informative training."

"Was good"

"Was important"

"N/A" / "None" / "Unknown" (10)

More Interaction (17 responses)

"Course was great, more hands-on activities, too long sitting"

"Having more play role activities."

"More role playing."

"Maybe more role playing"

"Maybe some role playing with each other to make sure we are doing it correctly."

"It was a very good training, however I would probably add more interactive activities."

"Making 1st day of material more interactive."

"More group exercises"

"More hands-on activities"

"Great course, maybe providing a bit more examples/scenarios of the Action Plan. Thanks."

"More one on one training or hands on practice. Perhaps role playing scenarios."

"More practice / peer interaction to better understand."

"One way this course can be improved is maybe by being a little more hands on and more activities rather than sitting down most of the time."

"Role-plays to ALGEE process to practice conversation"

"Perhaps have the audience be more involved in sharing stories."

"Maybe have more role playing and movie/video examples."

"Including scenarios in the program."

More Videos (6 responses)

"A couple more videos showing consumers' point of view."

"More (short) videos of mental illnesses. Great Job!!"

"More video"

"Maybe more videos."

"Videos, more."

"Maybe a video for each section. I liked the video on psychosis and how to assist."

Update Statistics in the Curriculum (3 responses)

"Only if information on stats were updated"

"Up to date stats"

"Pictures and more updated statistics"

General Curriculum Suggestions (16 responses)

"Add food disorders back into the program."

"I wanted to know about eating disorders."

"More time to cover eating disorders, OCD, and minor symptoms often looked at by med. Research on the brain (further) and damages. Medical research on chronic diseases and mental illness"

"Give and show pictures of people on drugs or anorexia photos of before and after."

"Videos need [to be] updated (use YouTube!)"

"I would love to hear from first hand patients that have these disorders, to better understand the course."

"Maybe talk about more ways to understand and notice when someone needs help."

"More in depth information on the mental health disorders"

"More resources in the community"

"More techniques for Mental Health First Aid (demonstrations). Really good training and facilitators were very supportive and connected with audience."

"A lot of work on ALGEE, but a list or some discussion of exactly where and who to find help was really what I'm looking for. If we can identify the need for intervention (aside from suicide) who can we call? The training could be condensed. Videos were really good though. Thanks for the help! Yay for ALGEE."

"Maybe a couple of practice tests to test our knowledge throughout the two-day course."

"Keep accepting new developments in the science"

"Probably focus more on actual first aid with the mentally ill?"

"Telling others about the drugs"

"Cognitive/biological information. Stress related to flight/fight - bowels shut down for - need to feet/hands to bowel somatic symptoms" [sic]

Length of Training (7 responses)

"I think it can be condensed to a 1-day training."

"Shorten the length."

"Not be such a long training. Too much to comprehend in 2 days, 8 hours."

"I'm thinking expanding the course back to its original 2 days length would allow more time for role play and additional examples."

"Make it a two-day course."

"TAKE MORE TIME!!"

"Maybe 4 days instead of two."

Breaks (4 responses)

"Breaks on the 2nd day!"

"More breaks but shorter"

"More exercise, relaxing, games"

"Too long in between breaks"

More People Should Take MHFA (2 responses)

"Continue identifying community workers, teachers, leaders, etc. who can use this information in our community."

"I'd like to see this offered on a mandatory basis!"

Miscellaneous (12 responses)

"Be more organized, staying on topic."

"Explain page # as teacher goes through material."

"Provide copies of the up-to-date statistics, Tailor presentation to target audience: Professionals? Students? Community members? M.H. consumers?; Announce when breaks/lunch will be and keep to that schedule. If you ask people to write questions, then address the questions adequately. Hand out dates of future trainings."

"Allow for us to 'test' before more papers (surveys) are passed out. It was hard for me to focus."

"I felt that the survey questions referring to Harry with schizophrenia did not provide enough information for me to judge the situation. Knowing that he had been hospitalized didn't explain if he was a member of the albeit very small percentage of violent people experiencing a psychotic episode. I was unsure what 'sometimes ... he becomes upset' meant in terms of my safety when interacting with Harry. Answering questions 34, 35, and 41 proved difficult. I also felt that the questions with the words 'always', 'best', and 'force' had a pushy connotation that made me question myself."

"I would say a little more excitement from the speakers so it won't be like listening to a robot (sorry) a little more enthusiasm."

“It was excellent. Maybe breaking up into groups one more time.”

“Room was very cold. More time for practice.”

“If possible having small breakfast would be nice before the class starts.”

“It could be on the weekends”

“Make the course back to back instead of a week apart.”

“Some of the group members talked frequently during presentation. A gentle urging from instructors may have helped (may not have).”