Mental Health First Aid: Training and Resources for Rural Populations

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MHFA:
Agenda

• Background
• About Mental Health First Aid
• Promotional strategy
• Campaign status
• Upcoming activities and presentations
• Evaluation plans
• Q&A
Project Background

Project: Reaching Rural Safety Net Providers with MHFA
Funder: Health Resources and Services Administration
Manager: Atlas Research
Timeline: October 2012 – September 2013
Purpose: Extend the reach of MHFA into rural communities nationwide

MHFA: About Mental Health First Aid

- Evidence-based public education program
- Developed in Australia and introduced in the U.S. in 2008
- Demystifies mental illness and gives people the capacity to obtain, process, and understand information needed to make decision and seek care
- Low-cost, high-impact program
- Capable of working and spreading effectively throughout society (more than 100K people have been trained since 2008)
- Operated in the U.S. by the Mental Health First Aid USA (members include the National Council for Behavioral Health, the Maryland Dept. of Health and Mental Hygiene, and the Missouri Dept of Mental Health)
- Vision: By 2020, Mental Health First Aid in the USA will be as common as CPR and First Aid
MHFA:

About Mental Health First Aid (continued)

• Help offered to a person developing a mental health problem or experiencing a mental health crisis
• Given until appropriate treatment and support are received or until the crisis resolves
• Not a substitute for counseling, medical care, peer support or treatment

MHFA:

Why Mental Health First Aid?

• Mental health problems are common
• Professional help is not always on hand
  — Individuals with mental health problems often do not seek help
• Many people...
  — are not well informed about mental health problems
  — do not know how to respond
• MHFA creates proven results
• MHFA is relevant for many different populations and places including school, community, workplace, and home
• MHFA is low cost and sustainable
• MHFA supports workplace wellness (e.g., employee assistance program, etc.)
MHFA:

The training consists of:

• Live, in-person training by certified instructors in your community (online training is not currently available)
• 8 hour session (can be offered in 1 day or in consecutive sessions)
• Interactive exercises

Instructor training

• 5-day instructor course
• Offered by national authorities to obtain certification
• Written exam and presentation exam

MHFA:

Participants Learn:

• Overview of mental health problems
  – Depressive/Mood disorders
  – Anxiety disorders
  – Disorders in which psychosis occurs
  – Substance use disorders
  – Eating disorders
• Mental Health First Aid for crisis situations
• Mental Health First Aid for non-crisis situations
• Action Plan
  – Assess for risk of suicide or harm
  – Listen non-judgmentally
  – Give reassurance and information
  – Encourage appropriate professional help
  – Encourage self-help and other support strategies
MHFA:
Evidenced Effectiveness

- Four published randomized control trials and a qualitative study (in Australia)
  - Increases mental health literacy
  - Expands individuals’ knowledge of how to help someone in crisis
  - Connects individuals to needed services
  - Reduces stigma
- Study on 33 US college campuses 2009-2011
  - Increased mental health literacy
  - Reduction in social distance (decreased stigma)


MHFA:
Who can take the training course?

Anyone! Examples include:

![Audiences Trained Chart]

- General Community/Not Specified
- Higher Education
- Behavioral Health
- Faith-Based
- Primary Care
- Law Enforcement/Criminal Justice
- Youth-focused entities
- Indian/NA Reservations
MHFA: Public Policy

• **MHFA in President Obama’s Report:** Recommendations from the Gun Violence Prevention Task Force
  
  – **Make Sure Students and Young Adults Get Treatment for Mental Health Issues:**
    Three quarters of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental health problems receive treatment. To increase access to mental health services for young people, we should:
    
    • Provide “Mental Health First Aid” training to help teachers and staff recognize signs of mental illness in young people and refer them to treatment.
    
    • Support young adults ages 16 to 25, who have the highest rates of mental illness but are the least likely to seek help, by giving incentives to help states develop innovative approaches.
    
    • Help break the cycle of violence in schools facing pervasive violence with a new, targeted initiative to provide their students with needed services like counseling.
    
    • Train 5,000 more social workers, counselors, and psychologists, with a focus on those serving students and young adults.
MHFA: Public Policy

- **April 19, 2013**: US Senate passed Harkin/Alexander MH Amendment (vote of 95-2) – which included authorization for mental health awareness training grant program at SAMHSA (*modeled after Mental Health First Aid*)

- **Mental Health First Aid Act 2013** (H.R. 274) (S.153): *Status Pending*
  - In a statement on the Senate floor, Majority Leader Reid expressed his commitment to allowing votes on a number of additional amendments, including Senator Stabenow’s, that did not receive a vote

- **State Legislative Action**: Arizona, Virginia, Texas, Washington, Illinois, Michigan, Florida, California, Maryland

- **Toolkit for State Legislative Options**

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Mental Health: Challenges facing rural communities

20% of our nation’s population lives in rural areas. Many health disparities exist for people who live in rural communities.

The most substantial barriers to an individual’s ability to obtain mental health and substance abuse services are:

- **Availability** – limited number of providers;
- **Accessibility** – distance, transportation, financing of services; and
- **Acceptability** – willingness to seek services given stigma surrounding mental health and substance abuse.

Rural communities have a chronic shortage of behavioral health providers. Approximately 57% of the federally designated mental health professional shortage areas are in non metropolitan counties.
Q: How does the rural curriculum differ from the regular curriculum?

It’s culturally adapted. It features:

- **Discussions** on what rural communities can do with a lack of or limited resources and services, and

- **Practice sessions** include rural-relevant scenarios such as farming-related situations and long-distance travel to health care.

Trainers can become **rural-certified**.

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**MHFA: Promotional Strategy**

- Created a contact database (4,000 items so far)
- Created a web presence
- Partnered with HRSA and SAMHSA Regional Offices
- Distributed letter from Dr. Terry Adirim (Director of the Office of Special Health Affairs) and Rural Quick Start Guide
- Sent a news release to rural media outlets
- Followed up with everyone who received the letter from Dr. Adirim
- Provide ongoing technical assistance and referrals
- Published article in May issue of *Rural Roads* magazine
- Published article in *National Council Magazine*
MHFA:

Target Audiences

- AHECs
- Social work
- State offices of rural health
- Counselors
- Co-op extension service
- Medical associations
- Emergency response
- Law enforcement
- CAHs
- Community colleges
- United Way
- Community action
- Nurses
- Primary care
- Case managers
- Mental health
- Fire

MHFA:

Campaign Status

- 70+ (documented) training referrals to date
- 35+ states represented
- Round 1: all regions have been contacted
- Round 2: focusing on states not represented
- 1 month of campaign activity remaining
### MHFA: Presentations

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<tr>
<th>Date</th>
<th>Conference Name</th>
<th>Organization</th>
<th>Location</th>
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<tr>
<td>Apr 9</td>
<td>Annual Conference</td>
<td>National Council for Behavioral Healthcare</td>
<td>Las Vegas, NV</td>
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<tr>
<td>May 7-10</td>
<td>Annual Rural Health Conference</td>
<td>National Rural Health Association</td>
<td>Louisville, KY</td>
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<td>Jul 17-20</td>
<td>Rural Areas Conference</td>
<td>National Institute for Social Work and Human Services in Rural Areas</td>
<td>Millersville, PA</td>
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<td>Aug 1</td>
<td>Annual Conference</td>
<td>National Association for Rural Mental Health</td>
<td>San Antonio, TX</td>
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<td>Aug 7</td>
<td>Webinar</td>
<td>National Area Health Education Centers</td>
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<td>Aug 29</td>
<td>Annual Convention</td>
<td>Community Action Partnership</td>
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<td>Sept 5</td>
<td>Webinar</td>
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<td>Oct 22</td>
<td>West Virginia Rural Health Conference</td>
<td>WV Rural Health Association</td>
<td>Roanoke, WV</td>
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### Rural Quick Start Guide

**Purpose:** To assist people in coordinating a MHFA training course in their community

**Guide includes information and suggestions regarding:**

- Potential participants
- Ways to find an instructor
- Cost
- Supplies and equipment
- Organization tips
- Marketing tips

Available on MHFA website
Meeting Your Community’s Need for Access to Mental Health Services: Community Conversations Toolkit (in development)

**Purpose:** To assist rural communities in bringing together behavioral health and primary care providers and collaborating around important services and resources to improve access to care for those in need.

**Guided discussions include:**
- Community values about behavioral care
- Current benefits and services
- Needed services
- Financing and sustainability
- Action steps

**The toolkit contains:**
- Planning guide
- Facilitation tips
- Facilitation script
- Outreach flyer
- Sample agenda
- Summary template

**MHFA:**

**Plans for Evaluation**
- How is RMHFA training associated with the delivery of mental health services and community behavioral health partnerships?
- Case study approach
- Multiple sources of information (e.g., direct observations, participant observations, interviews and/or focus groups, documents, archival records, audiovisual materials, or physical artifacts)
- Consulted with HRSA and SAMHSA evaluators on design and methodology
THANK YOU

FOR MORE INFORMATION

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Mental Health First Aid
www.mentalhealthfirstaid.org

www.mentalhealth.gov