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Mental Health First Aid USA: The Implementation of a Mental Health First Aid Training Program in a Rural Healthcare Setting

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Abstract. Nearly one-quarter of adults in the United States suffer from a documented mental disorder. Consequently, anyone could encounter a person with symptoms of mental illness at some point as they carry out their daily life activities. Although laypersons may accurately identify physical illnesses, they may lack necessary skills to identify symptoms of mental disorders, or know how to adequately respond to persons in a mental health crisis. Mental Health First Aid USA is an evidence-based certification program designed to teach lay citizens to recognize certain symptoms of common mental illnesses, offer and provide first aid assistance, and guide a person toward appropriate services and other support. The program targets a broad audience, from teachers, police officers, clergy members, and healthcare professionals to the average citizen volunteer. This practice note describes a pilot implementation of Mental Health First Aid USA by a social worker at a rural hospital in Central California. The process and results of program implementation are discussed as well as implications for social work practice in rural healthcare settings.

Keywords: Mental health, social work, hospitals, Mental Health First Aid USA

Mental health awareness is an increasingly significant societal issue in the United States. An estimated one in four adults will be affected by a mental disorder each year (Kitchener, Jorm, & Kelly, 2009); however, the general public may lack the necessary information to recognize symptoms of mental health problems, and therefore may not be equipped to provide initial assistance to an individual experiencing a mental health crisis, nor help them obtain adequate help (Zanjani, Kruger, & Murray, 2012). Moreover, the widespread stigma attached to mental disorders in today's society may encourage individuals to conceal mental health problems and not seek proper treatment (Caine, 2013; Kitchener, Jorm, & Kelly 2009; Livingston, Tugwell, Korf-Uzan, Cianfrone, & Coniglio, 2013; O'Connor, Gaynes, Burda, Soh, Whitlock, 2013; Wasserman et al., 2012).

Clinical social workers provide more mental health care services than all other professionals (Sable, Schild, & Hipp, 2012). Those who work in healthcare settings bear witness to the intimate relationship between physical and mental health. However, not all members of a health care team necessarily aspire to a holistic approach in terms of how they treat their patients, preferring instead the traditional medical model. Many healthcare professionals focus primarily on presenting physical problems, and may not address possible emerging mental health issues due to inadequate information or awareness, lack of available reimbursable insurance, or the belief that mental health is simply not connected to the presenting physiological problems.

Trained in the bio-psycho-social-spiritual approach, social workers are uniquely positioned to develop individualized interventions that target and educate medical professionals who may benefit from further education and training in mental disorders (Buckner, Heimbeg, Ecker, & Vinci, 2013; Matzer et al., 2012). Social workers can assess systemic barriers to competent health care services, and utilize their expertise and skills to alleviate stigma associated with mental illness. Once stigma and isolation barriers are identified, it becomes possible to begin mitigating disparities in mental illness diagnosis and treatment (Sable, Schild, & Hipp, 2012).

Hospital social workers presently serve on multidisciplinary health care teams throughout medical settings, providing opportunities to enlighten doctors, nurses, nutritionists, physical therapists and respiratory therapists (Dziegielewski, 2013). Hospital social workers have competencies and skills that are needed to promote mental health awareness and literacy among various target audiences, including patients, family members, paraprofessional hospital staff, and administrators (Liechty, 2011). Social workers can use their front-line knowledge of policy and practice issues facing patients to advocate for changes at the organizational, community, regional, state, and national levels.

Mizrahi and Berger (2005) assert that hospital social workers “must be able to function at three levels: the hospital/macro level, the internal (department or program) level, and the external/community level” (p. 164). Thus, social workers in hospital settings have multiple responsibilities which oftentimes must be rapidly executed. It is critical that they perform patient interventions efficiently, simultaneously identify hospital system needs, and communicate effectively with administrators about viable solutions. All this must be achieved while monitoring ever-present pressures of internal services utilization review, timely discharges, and hospital accreditation by The Joint Commission.

Cultivating relationships within the hospital and community is one of the most crucial activities hospital social workers perform (Gregorian, 2005). Relationships among social workers and nurses, physicians, and hospital administrators often determine the status and scope of social work practice and stature within the institution. Social workers can ultimately add value to a medical team by voicing their willingness to help the hospital meet (even exceed) its goals at multiple levels, which can then hypothetically transcend to social work involvement in Joint Commission preparation, Board of Ethics, and Implementation of Educational Training Programs, including Mental Health First Aid, for employees.

Description of the Program

Mental Health First Aid USA (MHFA-USA) was designed to address invisible societal barriers of stigma and reluctance by training mental health first aid volunteers to recognize, guide, and refer individuals in mental health crisis to the appropriate mental health services and support.

MHFA-USA is an evidence-based program initiated in Australia in 2001 and has since expanded its curriculum worldwide to train natural helpers in 14 countries. The program, “...teaches the public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatments and other

supportive help” (Kitchener et al., 2009, p. 12). In the United States, MHFA-USA is administered by the National Council for Community Behavioral Healthcare, the Maryland State Department of Health and Mental Hygiene, and the Missouri Department of Mental Health (Jorm, Kitchener, Kanowski, & Kelly, 2007). MHFA-USA certification requires an interactive 12-hour training session delivered over either a two, three, or four day period. Participants learn basic risk factors, warning signs, and typical medical and psychological interventions for mental health disorders such as depression, anxiety, psychosis, and substance misuse. MHFA-USA certification is renewable every three years in order to remain current on emerging mental health knowledge. One program goal is certification of all professionals who provide direct human services (Jorm et al., 2007). Mental Health First Aid USA targets a vast audience including professionals in law enforcement, emergency medical first responders, nursing home staff, school teachers, staff and administrators, state and local policymakers, Chambers of Commerce members, as well as community volunteers.

This program is particularly well suited for implementation in rural community-based acute care hospitals, as such facilities are frequently the first to assist individuals suffering from mental health challenges and their families or caregivers. Rural medical settings continue to encounter multiple challenges as primary care providers migrate towards more urban areas (Bhattacharya, 2013). This phenomenon is not unique to the United States, but an increasingly global problem that constrains services for those in need (Carey, Wakerman, Humphreys, Buykx, & Lindeman, 2013; Lin, et al., 2013). Mental health needs of individuals in rural communities have been particularly difficult to address for multiple reasons, including lack of mental health professionals, spotty public transportation, and the stigma of seeking out mental health services (Humble, Lewis, Scott, & Hertzog, 2013). The MHFA-USA curriculum seeks to overcome such obstacles by expanding mental health awareness to multiple providers and natural laypersons within the broader rural community. In rural settings, one goal of implementing this training program would be the removal of stigmas associated with mental illness as no diagnoses are given, only informed support and referrals for appropriate care.

Pilot Program Implementation

This pilot project aimed to identify the necessary sequence in order to implement the Mental Health First Aid USA program by a healthcare social worker in any rural acute care setting. The Mental Health First Aid USA program was implemented within a rural hospital in Central California in May, 2013. In addition to receiving an overview of common mental disorders, interventions, and treatments, participants also developed individualized strategies to incorporate program information into various daily routines within the hospital. Multiple charge nurses attended the program, which is a major advantage for any new hospital program as charge nurses have power and authority within their managerial positions which directly influence the hospital system (Krugman, Heggem, Linney, & Frueh, 2013). These nurse leaders often function in multiple capacities as they mentor other nurses and paraprofessionals, and share knowledge on current medical practices. This enables them to teach and model appropriate patient and family interactions in numerous health and mental health situations.

Key Actions

Many steps were taken to prepare for this project's success. The first action included identifying key stakeholders in order to facilitate the necessary processes for MHFA-USA to be brought to the medical center. Next, a reasonable program implementation timeline had to be developed and implemented. Schiller, Winters, Hanson, and Ashe (2013) recognized the importance of involving community stakeholders in public health problems, and recommended concept mapping as one possible way to identify those who can impede program implementation. Logistical considerations were considered during the project-planning phase, such as finding an appropriate venue for training sessions, staffing considerations and coverage, and recertification planning for the MHFA-USA program.

Next, MHFA-USA curriculum was proposed as a program that could help various members of the medical staff identify and appropriately triage individuals suffering from mental health issues. Normalizing mental health into primary care has been a successful modality for treating patients at primary care hospitals (Reiss-Brennan, 2014; Sword, Busser, Gannan, McMillan, & Swinton, 2008). Therefore, rural hospital staff members might be better equipped to help this population once training on mental health was provided.

Rural hospitals are also uniquely positioned to provide outreach services to community members. Consequently, one project objective was to provide a new dimension in the hospital's educational activities focusing on increased awareness of common mental disorders. Implementing the MHFA-USA program might ideally help foster a hospital culture as competent in addressing psychiatric disorders as it is in addressing physiological disorders treated within this rural setting each day, thereby reducing the pervasive stigma associated with such diagnoses (Clark, et al., 2013; Cummings, Lucas, & Druss, 2013). The hospital might ultimately serve as a mental health resource by providing information and training for both hospital personnel and the general rural public.

Planned Change Process

Implementing new programs in hospital settings is complex and includes gathering input and obtaining approval from key administrators and personnel in many departments. Consequently, several steps were taken to implement the MHFA-USA program. This process was based on Kirst-Ashman's (2011) seven steps of the planned change process in generalist social work practice: engagement, assessment, planning, intervention, evaluation, termination, and follow-up.

The first step was for the program leader, in this case a social worker, to obtain certification in MHFA-USA in order to have a more thorough understanding of MHFA-USA program structure. This further comprehension of the program allowed for better presentation of MHFA-USA to key stakeholders within the hospital, including the Vice President of Patient Care Services, Emergency Department Medical Director, Bioethicist, Chaplain, and Nursing Directors. Further collaboration with the Vice President of Patient Care Services and senior nursing leadership included brainstorming which staff members would most benefit from becoming certified in MHFA-USA. A formal presentation about MHFA-USA to the Nursing Leadership Committee was made in February 2013. All members expressed their support for the

project and noted that increased mental health awareness among hospital staff was, indeed, a significant need at this time.

Next, a partnership was built between the hospital and local behavioral health center to explore timeframes for bringing the MHFA-USA program to the hospital, including the certified instructors who would conduct the sessions. The certified instructor is usually responsible for implementing the program in selected agencies throughout the county. In this case, the certified instructor provided trainings at no cost to the hospital. This individual stated that bringing the program to the hospital would mark the first time that MHFA-USA training would be provided at a hospital in rural Central California and they were very excited about this landmark partnership.

In early March of 2013, two MHFA-USA facilitators were selected to present the training at the hospital. These individuals were contacted by the social worker in order to coordinate dates given by hospital administrators. A follow-up meeting with the trainers and the social worker occurred shortly before the program commenced in May. This meeting facilitated tailoring some of the training examples to our specific audience which was, in this case, rural health care professionals.

All key stakeholders provided the essential support required to implement the Mental Health First Aid USA program at the rural hospital. The Vice President of Patient Care Services at the hospital chose the initial 22 hospital employees to participate in the training. The majority of those in attendance were Charge Nurses representing various medical units, including the Emergency Department, Medical-Oncology Floor, Surgical Floor, Progressive Care Unit, and House Supervision. As most of these attendees hold supervisory positions in the hospital, hopefully skills acquired in the Mental Health First Aid USA program will be shared with their line staff in their respective departments.

The initial feedback from program participants was generally positive. A few nurses discussed how the training would help with patient care, in particular how they could more effectively interact with patients who might exhibit signs of mental health issues. One of the nurses also said that this kind of training would be very beneficial to a broader cross-section of hospital employees including line nurses, nursing aides, unit secretaries, and even physicians. Two nurses remarked that the pace of the training was not quick enough for them, and that they wanted to learn more about how to apply this material to specific situations they are likely to encounter.

Word spread quickly throughout the hospital after the first graduating class completed their certification. Most charge nurses are known for their commanding take-charge attitudes and have the power to make or break a program such as MHFA-USA (Wilson, Talsma, & Martyn, 2011). In this case, the feedback thus far has been fairly positive, and charge nurses are allowing employees to attend trainings during their shifts which builds momentum; quarterly trainings were held as long as a minimum of fifteen people attended.

Conclusions and Implications for Social Work Practice

The successful implementation of this program has certain implications for the future of social work practice in rural health care settings, particularly as it is practiced in acute care hospitals. Social workers in hospitals are frequently the primary resource for colleagues who seek further guidance regarding patients with mental health diagnoses. Developing a program like MHFA-USA in a hospital further enhances social workers' reputation. It shows how they can use their unique training to proactively address identified hospital and community needs and mobilize necessary resources accordingly.

Beyond mental health issues, hospital social workers are increasingly involved in helping patients manage various chronic diseases, such as diabetes, heart disease, and HIV/AIDS. Implementing a mental health awareness program sets a precedent for the possibility of future program development at hospitals. For example, social workers could collaborate with colleagues from other disciplines (as well as community partners) to create programs and trainings that assist patients and caregivers in their efforts to manage chronic illnesses, including mental disorders.

The implementation of the MHFA-USA program demonstrates that social workers should have opportunities to utilize leadership skills in hospital settings. Indeed, the National Association of Social Workers Standards for Practice in Health Care Settings states that social workers "across all health care settings have a responsibility to provide leadership...to improve and maintain the quality of care provided by an agency or institution" (National Association of Social Workers, 2005). Social workers must demonstrate leadership skills by serving on key hospital committees (such as Quality Services) and spearheading community outreach activities. Obtaining administrative positions, thereby directly influencing hospital policy, would also help give more voice to the role of social work in any medical facility. The unique educational training that social workers receive in simultaneously developing micro and macro perspectives on complex issues will enable practitioners to play key roles in the provision of health care in the United States for many years to come.

Lastly, longitudinal data are needed to assess whether MHFA-USA is effective. Hypothetically, data to assess Mental Health First Aid USA should come from mixed methods evaluative research that assesses both staff awareness and patient outcomes. Currently, the only assessment occurring is a short open-ended questionnaire given after the final training. Although this provides useful information, more structured and larger scale assessment efforts will be needed as the program reaches larger hospitals.

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