The Effects of Mental Health First Aid Preparation on Nursing Student Self-Efficacy in their Response to Mental Health Issues

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The Effects of Mental Health First Aid Preparation on Nursing Student Self-Efficacy in their Response to Mental Health Issues

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Research shows that most mental health problems have an onset before the age of 25 (Burns et al., 2017). For example, an Australian study showed an estimated 86% of postsecondary students who withdrew from programs were affected by mental health problems (Reavley et al., 2012). We define mental health problems as "a broader term that includes both mental health disorders and symptoms of mental disorders which may not be severe enough to warrant a diagnosis of a mental disorder" (Mental Health Commission of Canada [MHCC], 2019, p. 8). We model the MHCC in our use of "mental health problems" as generic nomenclature for these conditions and their overlapping symptoms. The MHCC definition also includes among the conditions substance use disorders, suicidality, eating disorders, and trauma-induced symptoms.

Increased stress increases a student's risk for mental health problems. The stress that nursing students experience is known to increase with each additional year of study (Crawford & Burns, 2020). Experiencing mental health problems as a postsecondary nursing student negatively affects not only their current education but also their future career trajectories (Burns et al., 2017). In light of the high rates of mental health problems in postsecondary students ages 25 and younger, it is important for nursing students to develop the skills necessary to support their peers, as well as current and future clients. Having the self-efficacy to respond to mental health problems with both nursing student peers and current and future clients may benefit nursing students, who are likely to be exposed to these challenges during their studies. This paper reports on an undergraduate student-initiated project (KEM, SB, EC, AM, MP-E, SS) that was supported by a faculty adviser (TN) to explore whether nursing students who attended a mental health first aid (MHFA) training program would self-report increased self-efficacy in helping peers and clients in need of mental health intervention. Writing support was provided by team members MC and KMM.

Background

Mental Health and Postsecondary Students

According to the American College Health Association (ACHA, 2019), recent data show 63.6% of Canadian postsecondary students "felt things were hopeless," 88.2% "felt overwhelmed by all [they] had to do," and 69.6% "felt very lonely" (p. 13). The same survey found that 76.2% of students "felt very sad" (p. 14) and 51.6% "felt so depressed that it was difficult to function" (p. 14), but only 19.1% of participants reported being diagnosed or treated for depression by a professional (ACHA, 2019). There were similar findings regarding anxiety: 68.9% of students reported experiencing "overwhelming anxiety," but only 23.7% were diagnosed or treated for anxiety by a professional (ACHA, 2019, p. 15).

Multiple studies show that nursing students are at an increased risk for poor mental health and have been found to have multiple sources of stress, including academic workload, clinical placements, difficulties with studies, and financial burden (Chapman & Orb, 2001; Lo, 2002; Pulido Martos et al., 2012). Academic-related stress in nursing students has been shown to increase the prevalence of anxiety and depression and may negatively affect academic achievement, quality and quantity of sleep, substance use, physical health, and overall quality of life (Ibrahim et al., 2013; Pascoe et al., 2019; Tung et al., 2018).

Studies show that students identify peers as a source of support when they experience emotional distress. They are more likely to turn to a close friend for support than to seek formal support services (Chapman & Orb, 2001; Chew-Graham et al., 2003). For example, an Australian study found that four out of five postsecondary students reported seeking support from a friend when experiencing mental health problems (Reavley et al., 2012). One factor that leads

postsecondary students to avoid seeking professional help when experiencing mental health problems is a lack of knowledge and understanding of mental health (Reavley et al., 2012). Although postsecondary students are often sought out as sources of support, studies have shown that many lack confidence in their ability to provide MHFA-type support to their peers. For example, Davies et al. (2016) found that only 13% of surveyed students expressed confidence in their ability to support a friend experiencing depression. This same study found that students who had taken MHFA or a similar course had increased self-efficacy in supporting their peers.

Mental Health and Nursing

Many nurses specialize in mental health. In Australia, half of mental health professionals are nurses (Crawford & Burns, 2020). In addition to encountering mental health problems among clients, nurses themselves, including nursing students, are at an increased risk of experiencing poor mental health related to heavy workloads, stress, emotional exhaustion, and caring for clients (Burns et al., 2017; Perry et al., 2015). A study by Diekmann et al. (2020) found that 38.8% of nurses had poor mental health, the highest percentage of the four professions studied (medical assistants, nurses, bank employees, and teachers). Exacerbating the situation, nurses who have shared their mental health problems with colleagues report being the targets of harassment, bullying, and stigmatization (Bond et al., 2015). Unaddressed, these mental health problems can negatively affect a nurse's performance and client care (Perry et al., 2015).

Understanding mental health in practising nurses begins with habits and mindsets formed while still students. Nursing students exposed to mental health education can foster positive attitudes towards mental health, resulting in increased awareness of social supports for mental illness, including a reduction in stigma (Burns et al., 2017; Crawford & Burns, 2020). This enhanced knowledge and positive attitude towards mental health care can transcend their time as students into their future careers, and it impacts their attitudes as practising nurses. The purpose of the present study was to examine how participating in a MHFA training program affects nursing students' perceptions of their ability to effectively respond to a peer experiencing mental health problems in the educational environment or to a client experiencing mental health problems in a clinical setting.

Mental Health First Aid

Adults Who Interact with Youth is a MHFA training program administered by the MHCC (n.d.-b), which certifies and supports a network of trainers throughout the country. Although the MHCC is the lead organization for the Canadian versions of MHFA, MHFA was first developed in Australia in 2000 by Betty Kitchener and Tony Jorm to educate members of the public on how to respond to individuals experiencing mental health problems (Jorm et al., 2004). The program is designed to improve mental health literacy and to reduce the stigma that surrounds mental health problems and illness. According to MHFA Canada's website, "participants who take this course are well prepared to interact confidently about mental health with the young people in their lives, including at schools, extra-curricular activities, social services, family, friends, and communities" (MHCC, n.d.-b., para. 1). Through 14 hours of lecture (2 days), discussion, videos, and interactive activities, participants gain a deeper understanding of several common mental disorders (mood-related disorders, anxiety and trauma-related disorders, psychotic disorders, feeding and eating disorders, and substance-related disorders), as well as self-injury behaviour. They are taught how to respond in crisis situations (panic attacks, suicidal behaviour, acute stress reaction, overdose, and psychosis) and how to engage in a caring conversation with someone who is experiencing a

mental health problem. Non-judgmental listening skills, along with informal assessment and referral skills, are taught in six modules over two days. The assess, listen, give, encourage, encourage (ALGEE) framework is used to help participants learn to have a confident conversation about mental health with friends, strangers, clients, and others: **a**ssess the risk of suicide and/or harm, **l**isten non-judgmentally, **g**ive reassurance and information, **e**ncourage professional help, and **e**ncourage other supports. Participants receive a workbook filled with evidence-based information and a wallet card with key reminders (MHCC, 2019, adapted from Jorm et al., 2004).

In the context of MHFA, assessing risk refers to "evaluating the situation to decide how best to help. It does not refer to clinical assessments used by professionals" (MHCC, 2019, p.12). A goal of MHFA is to initially evaluate the person in distress and determine the most appropriate way to connect the person with professional help.

The mental health curriculum in nursing programs teaches students higher level mental health care and assessment. That curriculum is developed to meet the entry-level competencies for registered nurses (e.g., College of Registered Nurses of Manitoba [CRNM], 2019) and the Canadian Association of Schools of Nursing Education framework (CASN, 2022). These documents identify that students, upon exiting programs, should be competent to manage mental health assessment, decision-making, and recovery-oriented care in stabilized environments. By partnering with clients, the mental health curriculum focuses on mental health promotion, care for specific mental health conditions and addiction, and suicide prevention (CRNM, 2019). CASN (2022) adds that students should learn mental health advocacy for clients and health care professionals and learn to attend to their own mental health self-care and wellness. This study was designed to introduce MHFA to students before mental health content was formally taught within the nursing program. The goal was to equip students earlier in their program with mental health content since before they are taught mental health content, students are at high risk of coming in contact with both classmates and patients who are experiencing a mental health problem. The MHFA course provides participants with a basic ability to respond appropriately and know when someone needs to seek professional help.

Theoretical Framework

The theoretical framework for this project is Bandura's self-efficacy theory. Bandura (1997) defined perceived self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations" (p. 2). Bandura states that a strong self-efficacy level is needed to succeed, as people need to believe they can overcome the obstacles they face. Perceived efficacy impacts human agency or confidence to act to improve abilities in a particular domain (Bandura, 2006b). Self-efficacy is influenced through four sources: mastery of a task, emotional response, feedback from significant and respected others, and self-comparison with like individuals who are of similar status (Bandura, 1997). Exposing students to MHFA training was expected to positively affect the mastery source of self-efficacy through enhancing their awareness, knowledge, and skill in MHFA. The expected outcome was a corresponding increase in self-efficacy when responding to someone experiencing mental health problems and in their own ability to manage their emotional response to that problem.

Methods and Procedures

Methods

The study employed a one-group pretest and post-test design. Interested participants were invited to take part in the MHFA training program during a break week in their studies. Participating in the MHFA training program required attending a two-day workshop with a certified MHFA instructor. The student research team and the faculty adviser completed the workshop at an earlier date to help provide insight into the program, form the research questions, and facilitate the development of a self-efficacy measure appropriate to the program. The workshop was delivered in person using MHFA Youth standard procedures (MHCC, 2019). As part of the workshop, the participants earned MHFA certification. The following research questions guided the study:

1. How does participation in MHFA training affect nursing students' self-reported self-efficacy to respond to a simulated mental health scenario in a clinical setting?

2. How does participation in MHFA training affect nursing students' self-reported self-efficacy to respond to a simulated mental health scenario involving a student peer?

Ethical Approval

Ethical approval was obtained from the institution where the study took place. Informed consent was obtained in writing at the start of the workshop. A faculty member with no direct teaching responsibilities assisted the students to obtain consent from the sample. This faculty member also distributed and then collected pre- and post-workshop questionnaires from research participants. Participants were supplied with a list of resources to contact if any of the MHFA training content resulted in emotional trauma.

Sample Recruitment

Participants were students in the first or second year of a three-year accelerated baccalaureate nursing (BN) program at a polytechnic institution in a Canadian Prairie province in fall 2019. Third-year students were excluded from participation because they complete their mental health theory and clinical in third year and would therefore have more knowledge related to mental health interventions. Recruitment included poster campaigns on bulletin boards, notifications within the program's learning management system, and in-class recruitment by the researchers and a third-year nursing student volunteer to ensure that all first- and second-year students were aware of the opportunity to participate in this study. Participants registered by email with the MHFA course facilitator, who kept student names confidential from the student researchers and faculty adviser.

Approximately 350 first- and second-year students were enrolled in the BN program at the time of recruitment. Interest in participating in the MHFA training was high. A total of 45 first- and second-year nursing students emailed with interest in being placed in the workshop. Because the workshop could accommodate only a limited number of participants, 25 were registered, and participants were enrolled on a first-come, first-served basis. The final attendance at the workshop was 22 students.

Because of time and scheduling, only one workshop could be offered. The training was delivered by a certified instructor (BS) in accordance with MHFA Canada's standard procedures and included all mandatory training components, along with several optional exercises to increase

engagement and learning (MHCC, 2019). Over two days (14 hours of instruction) various teaching strategies were used, including PowerPoint presentation, large- and small-group discussion, video viewing, case study review, and other interactive exercises. Participants were provided with the MFHA Youth manual, along with additional print materials that highlighted local mental health resources.

Data Collection

Participants responded to a researcher-designed questionnaire at the beginning and end of the workshop. Data were collected anonymously. To protect participant identity and to facilitate matching of the pre- and post-MHFA workshop questionnaires, participants labelled their survey responses with a self-chosen four-digit number.

Measures

To provide context for the survey items, two scenarios were developed: a clinical mental health scenario about depression and a peer mental health scenario about anxiety. The descriptions of the scenarios were generic and asked responders to visualize a potentially suicidal client (facility-based scenario) and a highly anxious student waiting to enter an exam room (peer scenario). The questionnaire items were developed by the six student researchers (KEM, SB, EC, AM, MP-E, SS) under the guidance of a faculty adviser (TN). All the student researchers were in the second year of the three-year program at the time of data collection. Nurses with mental health expertise were consulted on the content of the questionnaires (experience ranging from 17 to 28 years in the field). Through these conversations, essential actions for providing initial mental health support were determined for each scenario. These actions formed the basis for measuring self-efficacy in the questionnaire (10 items total). The scale format followed Bandura's (2006a) guidelines for constructing self-efficacy scales. The style of items for the questionnaire were modeled from Schwarzer and Jerusalem's (1995) General Self-Efficacy Scale. Since Bandura (2006a) states regarding internal consistency reliabilities that "including only a few items will limit the alpha level" (p. 316), several items were developed for each scenario (see Tables 1 and 2 for item details). Participants were asked to rate their self-efficacy for responding to the student or client on a scale of 0 to 100, with 0 meaning "no confidence" and 100 meaning "the highest confidence possible." Three demographic questions were also included in the survey to assess year in program, volunteer or work experience with individuals with mental health issues, and prior learning in response to mental health crises. Cronbach's alpha for each scenario's scale were calculated: scenario 1, pre-worskshop survey, $\alpha = 0.76$; scenario 2, pre-worskshop survey, $\alpha = 0.79$; scenario 1, post-worskshop survey, $\alpha = 0.79$; and scenario 2, post-worskshop survey, $\alpha = 0.71$.

Results

Microsoft Excel and SPSS (version 27) were used to perform descriptive and statistical analyses of the survey responses in collaboration with authors TH and KMM. Most participants were currently enrolled in the second year of the nursing program (72.73%), did not have prior mental health work or volunteer experience (90.91%), nor any prior mental health training outside of what they may have been exposed to in the nursing program to date (90.91%). Tables 1 and 2 present the results for the pre- and post-test mean scores for each of the scenario questionnaire items, the difference between means, and the paired *t*-test results for change in mean over time. The data for the survey items were normally distributed with the exception of question 5 in scenario 1, where the difference between means had a kurtosis > 2. A Wilcoxon signed rank test was used

on this item. Change in self-efficacy rating from pretest to post-test for all items were statistically significant ($p < .001$) indicating that participants, on average, perceived their self-efficacy had improved as a result of the training for each key mental health response action reflected in the items.

The components of mental health responses that the students were most and least confident about were also examined. For scenario 1, at pretest, participants had the lowest self-efficacy for their ability to assess for suicidal risk and ask the facility-based client about thoughts of suicide. They had the highest self-efficacy about their ability to engage in therapeutic listening skills. By post-test, the participants had similar self-efficacy levels in all critical aspects of responding to the scenario. For scenario 2, at pretest, participants had the least self-efficacy in their ability to effectively assess their peer's mental health. They had the highest self-efficacy in their ability to remain calm and provide reassurance to their peer. By post-test, the participants had similar self-efficacy levels in all critical aspects of responding to the scenario.

Table 1

t-*test for Items Means Pretest to Post-Test Scenario 1 (Facility-Based Scenario: Client with Possible Suicidality)*

	Pretest mean (SD)	Post-test mean (SD)	Difference mean (SD)	95% CI	t value t(df)	p value
I feel confident in my ability to explore the client's feelings of worthlessness and loneliness.	50.23 (19.3)	89.1 (8.68)	38.86 (20.81)	9.23 (29.63–48.09)	−8.76 (21)	< .001
I have the skills to therapeutically listen to the client while they discuss their emotional state.	70.68 (14.66)	93.64 (7.9)	22.95 (16.38)	7.26 (15.69–30.21)	−6.57 (21)	< .001
Even if it's hard, I have the skills to ask the client about thoughts of suicide.	41.82 (19.91)	86.36 (9.02)	44.55 (20.64)	9.15 (35.4–53.7)	−10.12 (21)	< .001
I am confident in my ability to assess the client's suicide risk.	27.73 (19.74)	82. 05 (11.61)	54.32 (18.92)	8.39 (45.93–62.71)	−13.47 (21)	< .001
I have the ability to connect the client with further professional support if needed.	51.36 (18.85)	88.18 (9.07)	36.82* (18.62)	8.25 (28.57–45.07)	$Z = -4.04$ (21)	< .001

* Data failed assumption of normality Wilcoxon Signed-Rank Test used.

Table 2

t-Test for Items Means Pretest to Post-Test Scenario 2 (Postsecondary Institution-Based Scenario: Peer with Possible Anxiety Attack)

	Pretest mean (SD)	Post-test mean (SD)	Mean difference (SD)	95% CI	*t* value *t*(df)	*p* value
I am confident in my ability to get medical help for my peer.	61.82 (22.81)	90.45 (8.99)	28.64 (20.77)	9.21 (19.43–37.85)	−6.47 (21)	< .001
I have the skills to effectively assess my peer's state of mental health.	40.91 (22.23)	88.64 (8.89)	47.73 (22.02)	9.76 (37.97–57.49)	−10.16 (21)	< .001
I am able to remain calm and provide reassurance to my peer.	70.91 (17.43)	93.18 (7.8)	22.27 (17.98)	7.97 (14.3–30.24)	−5.81 (21)	< .001
I can coach and support my peer through their use of coping strategies (such as breathing together).	63.41 (20.43)	92.05 (8.54)	28.64 (20.31)	9.00 (19.64–37.64)	−6.61 (21)	< .001
I am able to be present and available for my peer even though I will also be writing an exam soon.	60.45 (21.71)	83.64 (14.32)	23.18 (19.61)	8.7 (14.48–31.88)	−5.54 (21)	< .001

Discussion

Similar to previous studies exploring pre- to post-test self-efficacy in nursing students experiencing the MHFA course (Bond et al., 2015; Burns et al., 2017; Crawford & Burns, 2020; Davies et al., 2016), our sample of first- and second-year nursing students had improved self-efficacy after completing the 14-hour MHFA (two-day) training program. Without self-efficacy to respond to these acute mental health situations, students who regularly come in contact with individuals at high risk of mental health problems may hold back and choose not to respond, creating a risk that the mental health problem will exacerbate unchecked (Happell et al., 2014). According to Bandura (1997, 2006a), increasing self-efficacy levels increases agency in the responder, resulting in more willingness to act to resolve difficulties they are facing—in this case, to help another individual exhibiting symptoms of a mental health problem and control their own emotions while responding. After completing the MHFA training, the participants reported increased self-efficacy for completing each action that was proposed to them in the scenarios. At the start of the workshop, students indicated they already possessed some self-efficacy in aspects

of therapeutic communication such as reassurance, listening, and maintaining control of their own emotional response to the situation. As all students were in either first or second year of their nursing program, their initial self-efficacy likely emerged from communication skills they had already learned during communication and clinical courses they had completed.

When compared to participants in Crawford and Burns's (2020) study, the participants in the present study had similar varying levels of self-efficacy before taking the MHFA course, which ranged from feeling extremely confident to having no confidence in their ability to help someone experiencing a mental health problem. Since previous work has shown that nursing students tend to report higher self-efficacy than the general population in their abilities to help people experiencing a mental health problem (Crawford & Burns, 2020), it is important that nursing students are given opportunities to develop this knowledge as early as possible in their program and beyond the generic knowledge they may learn in health assessment, communication, or clinical practice courses.

Student participants had the lowest self-efficacy at the start of the MHFA training with higher level actions such as asking about suicidal ideation. After developing more knowledge on mental health through the MHFA training, students on average reported greater self-efficacy on all the critical aspects of responding to an acute mental health problem, as well as on asking about suicidal ideation. Nursing programs need to ensure students have the ability and capacity to initially evaluate and then respond to mental health problems they may encounter among classmates or in the clinical environment. Other research studies have shown that MHFA participants have increased knowledge and awareness regarding mental health, increased ability to recommend professional supports, and confidence when it comes to assisting people through mental health situations (Crawford & Burns, 2020). Introducing nursing students to MHFA before immersing them in the BN mental health curriculum can give them early confidence in their mental health communication skills and lead to early recognition of symptoms in themselves and in others before these escalate into mental health crises. One goal of MHFA training is for the mental health first-aider to help guide an individual to professional help. Timely intervention can lead to a better prognosis.

Most important is the connection between what is offered in MHFA courses in comparison to courses that are offered typically in BN education in Canada. MHFA could fill a gap between the therapeutic communication courses students take early in their programs, which may not include mental health scenarios, and the core mental health content often taken later in programs (as was the case in our program context). Student participants in our sample had not yet been taught formalized mental health content and indicated through their participation and interest in the research a stated desire and willingness to learn about MHFA.

Our study identified that students early in their nursing program, before being exposed to mental health content, indicated they had low self-efficacy in areas of assessment and intervention specific to mental health problems (suicidality and anxiety). This represented a critical gap in our nursing program as students are likely to be exposed to mental health problems, such as the ones presented in the questionnaire and MHFA program as a whole, while interacting with their peers and with some clients they care for in clinical practice environments before they have taken any mental health focused nursing courses. Burns et al. (2017) suggested that mental health education needs to be implemented earlier in nursing programs. When it is introduced earlier, nursing students have the opportunity for increased mental health understanding and reduced stigmatization surrounding mental health problems. It also provides an opportunity for greater

scaffolding of mental health theory to build mental health literacy throughout the program. Additionally, an earlier introduction of mental health content would give nursing students the knowledge to be able to assist peers who may be experiencing mental health problems. This is especially important given that research shows young adults are not seeking mental health support from professionals but are rather turning to peers for support (Crawford & Burns, 2020). MHFA is given to the person in need until the mental health problem has resolved or the proper supports are found for the individual experiencing the mental health problem (MHCC, n.d.-a). As students progress through nursing programs, they may be exposed to increased stressors each year, along with additional risk factors that increase their risk for mental health problems long-term (Crawford & Burns, 2020). Students may therefore benefit from a scaffolded approach to mental health content, introduced early in a program, which builds year to year.

Student participants recognized the importance of MHFA training to their future nursing careers. This is indicated by the positive response to requests for study participation, which exceeded the number of participants the workshop was able to accommodate. One recommendation to consider based on the results of this study is to integrate MHFA as a prerequisite for entry to nursing programs. This would be similar to the requirement for certification in cardiopulmonary resuscitation for admission to many nursing programs, which must be maintained throughout a student's education and future career. Having MHFA training as a prerequisite has been recommended previously by Kitchener and Jorm (2016). Being able to respond to people experiencing a mental health problem is a skill that all nursing students and graduates need. Adopting MHFA as a prerequisite for nursing programs could enhance the pre-nursing knowledge students possess upon entry to the program. This training would begin mental health awareness and act as a steppingstone to the introduction of mental health theory and practice. Having MHFA as a prerequisite, similar to cardiopulmonary resuscitation, would prevent the need to find space for it in an already full curriculum and therefore leave space to further develop mental health education for more effective learning outcomes (Happell et al., 2014). Other authors (Bond et al., 2015) have suggested the MHFA program could benefit from revisions to support higher-level content for health professionals seeking MHFA training. This presents an excellent opportunity for a future research partnership with the developers of the MHFA program to explore implementing such a revision.

Limitations

This study's main limitation was its small volunteer sample. The design of this study lacks a control group, which limits our ability to conclude that the MHFA program had a directly causative effect on the increase in mental health knowledge and confidence. The study scenarios and survey items also assessed only students' confidence in responding to depression/suicidality and anxiety. Different confidence levels may have emerged if the scenarios had presented different mental health problems, such as obsessive-compulsive disorder, schizophrenia, or eating disorders. These identified limitations will reduce generalizability of the study findings to the local context, although we feel the study findings might have some limited generalizability to similar programs that introduce mental health content later in the curriculum. Generalizability is best assessed by individual readers through a comparison of their context to the curriculum context described in this paper.

Conclusion

After completing the 14-hour MHFA training program, first- and second-year nursing students had improved self-efficacy to complete mental health situation-specific first aid tasks in response to both a clinical scenario and a peer scenario. In each scenario provided, the students felt greater self-efficacy in completing each proposed first aid action following the training. Given students' initial lower self-efficacy specific to mental health assessment and intervention, we recommend that nursing programs consider introducing content to help students intervene in mental health problems earlier if not before the program. A short training opportunity such as the MHFA course may be effective in helping nursing students manage non-complex mental health problems.

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