Training 52 Mental Health First Aiders in the Roanoke Valley

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BACKGROUND

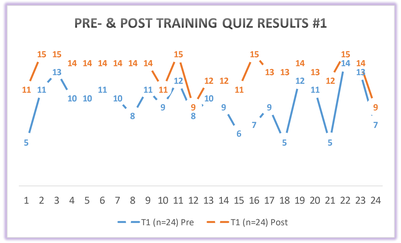
High prevalence and low rates of treatment perpetuate the devastating human and financial toll of mental illness and substance use disorders (SUDs) across the nation, and these unmet needs disproportionately affect the Roanoke Valley surrounding rural and non-rural localities. In Mental Health First Aid (MHFA), participants learn to recognize risk factors and early signs of mental illness and SUDs, and connect a person to the support they need. The present study sought to evaluate the utility and effectiveness of MHFA in community mental health education and outreach.

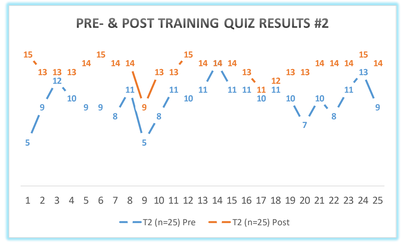
METHODS

Two MHFA training sessions were completed in Vinton, VA, in January (N=26) and February (N=26) 2019, and data was collected before and after each session for analysis. Paired sample *t*-test was used on pre- and post-training opinions quiz scores to examine changes in participants' mental health knowledge and stigmatizing attitudes and beliefs, and the Practical Application questions were used to assess confidence to intervene and provide first aid, as well as awareness of own views and opinions about mental health. One-month follow-up survey results were used to assess the utility of training to highlight actual help provided, including frequency, help recipients, and crisis types. Additionally, data was collected to ascertain each participant's place of residence and occupation.

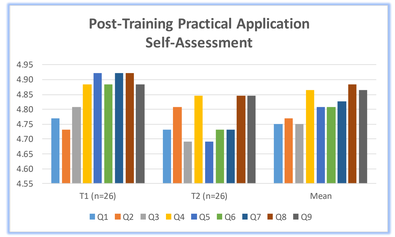
RESULTS

The mean post-training opinions quiz score was 13.24 (Range: 0-15; N=49; SD=1.57) compared with the mean pre-training opinions quiz score of 9.57 (SD=2.36), and paired *t*-test results showed a significant overall improvement (38.38%; $p < .001$; d=1.31; 99% CI: 1.07-3.19).





The mean score on the Practical Application self-assessment was 4.81 (n=52; SD=0.40), rated on a 5-point scale (5: Strongly Agree).



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

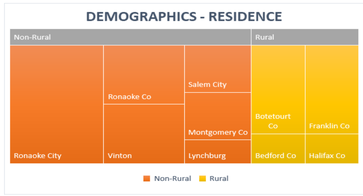
Q1: Recognise signs of distress Q2: Reach out to person in distress

Q3-Q7: Apply the 5-step ALGEE action plan

Q8: Awareness of own views and feelings about MH and Mental DOs

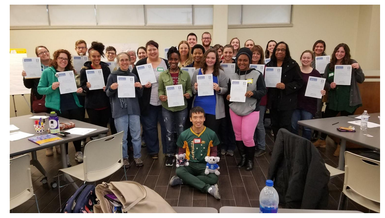
Q9: Recognise and correct misconceptions

Demographics survey showed one-quarter of all participants (n=13) came from rural communities



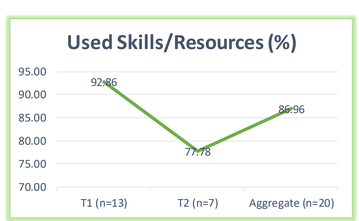
		T1 (n=26)	T2 (n=26)	Total	
Non-Rural	Ronaoke City	7	10	17	n=39
	Ronaoke Co	3	3	6	
	Salem City	2	2	4	
	Vinton	3	1	4	
	Lynchburg	1	4	5	
	Montgomery Co	2	1	3	
Rural	Bedford Co	1	1	2	n=13
	Botetourt Co	3	0	3	
	Franklin Co	3	4	7	
	Halifax Co	1	0	1	

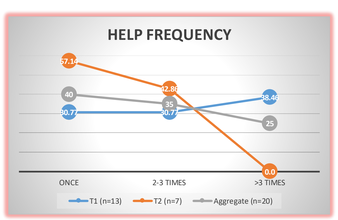
TRAININGS

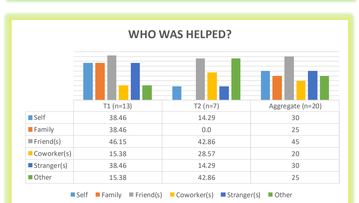


1-MONTH FOLLOW-UP SURVEY RESULTS

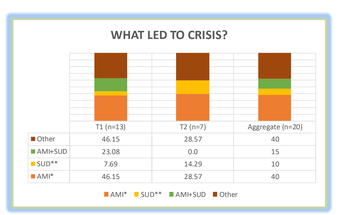
One-month follow-up survey results (N=23) revealed application of skills (n=20), including frequency (≥ twice, 60%; once, 40%), common help recipients (friend(s), 45%; self, 30%; family, 25%), and crisis types (mental illness, 40%; combined mental illness and SUD, 15%; SUD, 10%).







	T1 (n=13)	T2 (n=7)	Aggregate (n=20)
Self	38.46	14.29	30
Family	38.46	0.0	25
Friend(s)	46.15	42.86	45
Coworker(s)	15.38	28.57	20
Stranger(s)	38.46	14.29	30
Other	15.38	42.86	25



	T1 (n=13)	T2 (n=7)	Aggregate (n=20)
Other	46.15	28.57	40
AMI+SUD	23.08	0.0	15
SUD**	7.69	14.29	10
AMI*	46.15	28.57	40

**AMI= Any mental illness; **SUD=substance use disorder*

DISCUSSIONS AND CONCLUSIONS

MHFA training was associated with significantly increased mental health literacy and reduced stigma. 1-month follow-up survey results revealed also that the majority of respondents provided first aid to themselves and/or others in distress. Other notable findings relate to participants' demographics: Participants came from ten localities, all of which are Mental Health Professional Shortage Areas designated by the federal Health Resources and Services Administration. Further, twice as many participants from rural communities were non-healthcare professionals and traveled farther to attend the trainings. These findings parallel previous observations that while the prevalence of mental illness is similar between rural and non-rural communities, rural residents travel long distances to access mental healthcare and face a chronic mental health professional shortage. Thus, this study highlights a potential role for MHFA to help address behavioral healthcare disparities in rural communities through education, stigma reduction, and early intervention.

REFERENCES

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2. Wells, R., Cody, M., Alpino, R, Van Dyne, M., Abbott, R., & King, N. (2017). Physician Assistants: Modernize laws to improve rural access. https://tinyurl.com/y5rsa3ws

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