



**Mental Health
First  Aid**

SELECTED FINDINGS

FROM THE

MENTAL HEALTH FIRST AID CANADA

EVALUATION

FOR THE

COURSE INSTRUCTION PERIOD: NOVEMBER 2006 - JUNE 2007

Information Management Team, Alberta Mental Health Board

July, 2007

OVERVIEW

Taken as a whole, the evaluation approach for Mental Health First Aid (MHFA) Canada includes attention to each of the six domains of the quality matrix (i.e., acceptability, accessibility, appropriateness, effectiveness, efficiency and safety). These domains are utilized broadly in the Canadian health care system and are consistent with those in the *Health System Performance* component of the Canadian Institute for Health Information (2004) *Health Indicator Framework*. A combination of qualitative and quantitative methods is employed in the evaluation of MHFA Canada. Immediate, mid-term and long-term outcome studies are a part of the evaluation plan.

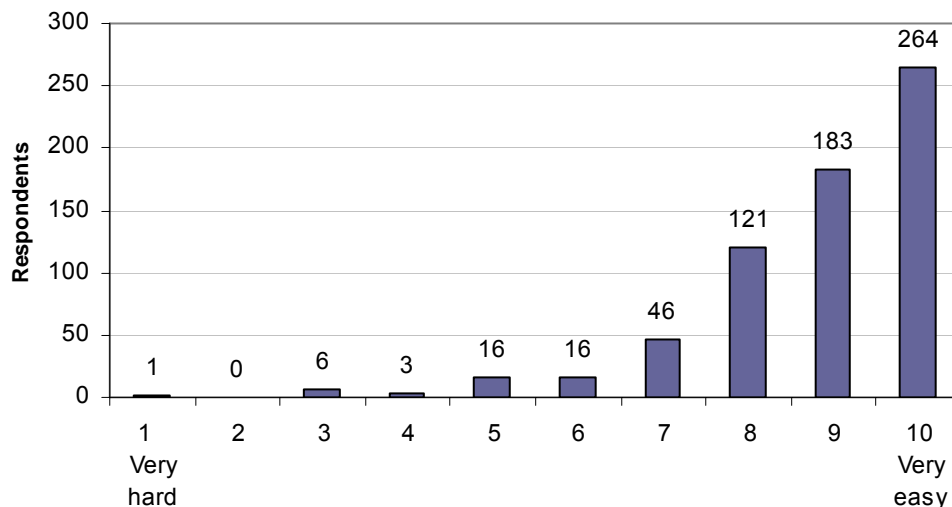
The current analysis focuses on one component of the overall evaluation, i.e., participant perspectives related to the effectiveness of the 12-hour MHFA Canada course. From November 2006 to June 2007, all course participants were provided feedback surveys upon completion of the MHFA Canada course. Responses to five particular questions were analyzed quantitatively and qualitatively, as appropriate.

RESULTS

Over the eight months included in the current analysis, 656 course participants from Alberta (586) and Manitoba (70) provided responses to the MHFA Canada survey, reflecting a response rate of approximately 95%. Five questions related specifically to the effectiveness of the course.

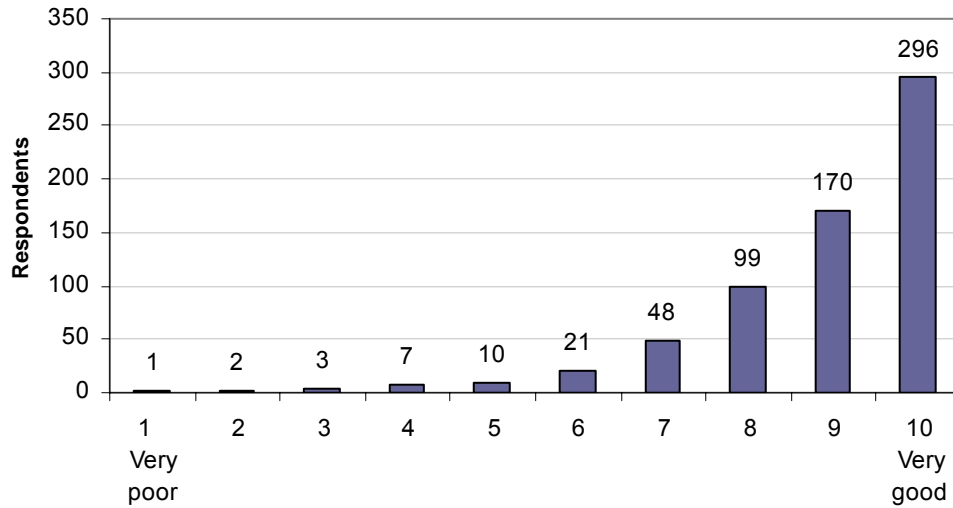
Q1. How easy was [the course material] to understand? Ratings were on a 10-point scale with anchors of “very hard” (1) and “very easy” (10). Results indicated that respondents found the course easy to understand. The average (mean) rating was 8.8, and the most common rating (mode) was 10. As Figure 1 (below) indicates, 40% (264/656) of respondents rated the course “very easy” to understand.

Figure 1.



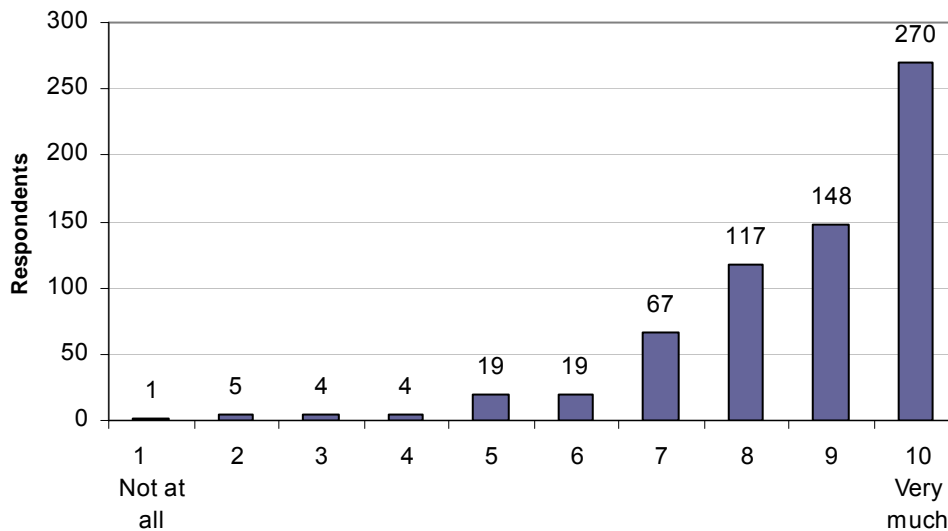
Q2. How well was the course content presented? Ratings were again on a 10-point scale, this time with anchors of “very poor[ly]” (1) and “very good [well]” (10). Results indicated that respondents considered the course to be very well presented. The average rating was 8.9 and, as in Q1, there was little variance among responses.

Figure 2.



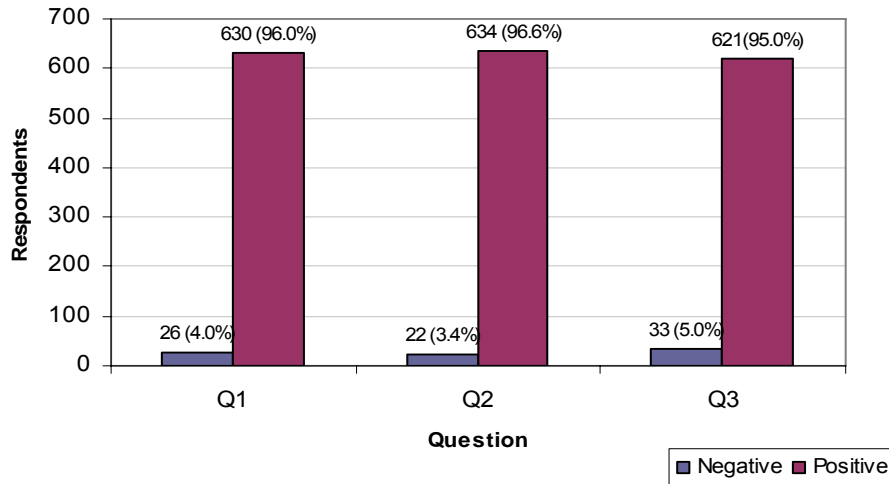
Q3. How relevant was the content for you? Ratings were on a 10-point scale with anchors of “not at all” (1) and “very much” (10). Results indicated that respondents found the content very relevant (see Figure 3, below). The average rating was 8.7. Once again, variance among responses was low.

Figure 3.



Q1, Q2, Q3 Summary. Figure 4 (below) splits responses to each of the three questions into two parts: negative (ratings 1 through 5) and positive (ratings 6 through 10). When viewed in this manner, each question was provided a positive rating by at least 95% of respondents.

Figure 4.



Q4. What do you consider to be the strengths of the course? Qualitative analysis of this narrative based question indicated a number of themes in responses by course participants:

- **A.L.G.E.E. (i.e., the five first aid steps).** This core component of the MHFA course was repeatedly listed as a strength. It was the most consistently cited strength listed across all sessions.
- **Ease of Understanding.** Respondents frequently listed ease of understanding to be a strength of the course, which reinforces the quantitative results reported earlier to the question *How easy was [the course material] to understand?* Examples of responses (verbatim) include: “material was easy to follow”, “design of the course was well laid out”, “straight forward”, and “realistic, basic, down to earth information that’s relevant”.
- **Facilitated Learning.** Many respondents commented on aspects of the course that facilitated learning, such as the use of videos, written material, verbal descriptions, interactive aspects, small teams, and role-play. Examples of responses (verbatim) include: “variety of teaching methods”, “well organized, well-researched”, “enthusiasm of the presenters and the non-judgmental, empathetic delivery”, “all learning styles included: variety in presentation”, “dynamic: group discussion, activities, examples”, and “combination of printed, audio and hands on work”. These results support those presented earlier regarding the question *How well was the course presented?*
- **Knowledge Gained.** Respondents frequently remarked that their understanding had increased about mental health in general, as well as about specific disorders and practical support for them. Examples of responses (verbatim) include: “gives a simple, user friendly approach to something that can feel very overwhelming”, “reinforcement of listening”, “encourages awareness”, “learning how to recognize mental health issues”,

and “overviews of each illness and its symptoms”. These results are consistent with the positive ratings described earlier to the question How relevant was the content for you?

- **Skills Learned.** In addition to the prominent response that the use of ALGEE was helpful, a considerable number of respondents indicated that they felt they had learned useful strategies to help those with mental health problems. Examples of responses (verbatim) include: “I now have the basic steps to help someone in distress”, “walk away with tools to help others”, “excellent introduction to mental illness and how to respond to people in need of support”, “strategies that help people with a mental illness”, and “awareness and confidence that you can help somebody with an illness”. This theme also supports the positive ratings to the question How relevant was the content for you?

Q5. What do you consider to be the weaknesses of the course? A number of themes arose in analyzing the responses by course participants to this question:

- **Specific Populations.** One theme that emerged was that some respondents were interested in learning about specific populations not covered in the MHFA course content. There were suggestions to tailor the content of MHFA Canada to populations such as aboriginal groups, children and youth, and ethnic groups, as well as to specific audiences such as police.
- **Amount of Time - Material.** The amount of material in relation to the amount of time in the course was a theme among the weaknesses cited by respondents. Some comments indicated that there was too much material presented in the time period. Examples of responses (verbatim) include: “the course should be over 3 days instead of 2”, “there is too much material covered”, and “there is not enough time to digest all the content”. An occasional respondent indicated an opposing view, and suggested the material could be condensed into less time.
- **Personal Learning Styles and Preferences.** Some weaknesses indicated by respondents related to personal learning styles/preferences, i.e., auditory versus visual. Other comments related to the amount of time for group interactive work, i.e., some preferred more group interaction time while others preferred less.
- **Presentation.** Weaknesses listed in relation to the presentation of courses were primarily associated with an inconsistency in page numbering in the binder, as well as a discrepancy in flow between slide content and binder material, i.e., “the power point does not flow with the binder” and “binders did not follow the slides”.
- **Venue.** The venue for the training comprised a significant component of listed weaknesses. The temperature of the room was the most frequent remark related to venue.
- **Canadian Videos.** A portion of comments related to acoustics of the venue and technical difficulties associated with video player technology. Another small portion of respondents indicated that they would prefer videos used in the course be comprised of Canadian actors and speakers. One participant indicated that “the video was hard to understand because of the Australian accents”.

SUMMARY OF FINDINGS

Ratings to date demonstrate that respondents found the MHFA Canada course effective, in that most indicated that the course was easy to understand, well presented and relevant. Most responders endorsed the highest possible rating, thereby indicating that the course was “very easy” to understand, “very well” presented, and “very relevant” to participant needs. Over 95% of all responders provided positive ratings to the three questions that were analyzed quantitatively, and there was very little variance among responses.

Further evidence to support these positive ratings was demonstrated by remarks provided to the open-ended questions. When prompted for an indication of the strengths of the course, participants responded according to several main themes: (1) the overall approach of A.L.G.E.E. (i.e., the five steps of first aid) was easy to understand and applicable to a wide range of mental health problems, (2) the MHFA Canada course was well presented with understandable material through a variety of adult learning principles, and (3) the course resulted in the acquisition of new knowledge and skills that could be used in real life situations.

Opportunities for improvements were also identified. Striving to maintain a balance between the preferences and learning styles of participants will continue to be a goal for instructors. Exploration of the potential benefits of producing the videos using Canadian actors and speakers may be considered, depending on the consistency of this type of feedback over time. Attention will need to be paid to the amount of material covered within the allotted time of the course. Further exploration is warranted with respect to tailoring the content of MHFA Canada to specific populations. Efforts should be made to ensure consistency between slide presentations and binder material.

LIMITATIONS

These results are a key component of the MHFA evaluation. They provide a summary of participants’ immediate reactions to the quality of the MHFA course as well as its perceived value or relevance to their needs and/or objectives. However, the results should be interpreted with some caution in that the data was collected from participants only. Participant reaction is one element of a comprehensive evaluation. Other elements might include gains in participant knowledge and/or skill, and changes in participant attitude (i.e., towards mental illness). A comparison in knowledge gained by participants versus non participants is another consideration. An examination of instructor perspectives may be undertaken, and explorations may be made into impact on organizations and communities at a broad level. It is important, therefore, to consider the results of the current evaluation within the context of the overall MHFA evaluation.
