

Large-Scale Training in Mental Health First Aid

An Evaluation of New York City's 2016–2020 Efforts

More than one in five New York City dwellers report experiencing mental health challenges and needing professional mental health care but are unable to obtain needed services (New York Health Foundation, 2021). In 2016, ThriveNYC¹ took a community-based approach to addressing access to mental health services by launching a city-wide effort to train 250,000 New Yorkers in Mental Health First Aid (MHFA) by December 2020. Although the coronavirus pandemic cut the trainings short, more than 155,000 individuals had been trained in MHFA by March 2020.

Implemented in more than 25 countries, MHFA has been shown to improve trainees' mental health knowledge, reduce stigma, and enhance confidence and engagement in helping behaviors (Jorm, Kitchener, and Reavley, 2019; Forthall et al., 2022). The eight-hour program uses instruction, role-playing, and simulations to help laypeople identify, understand, and respond to individuals experiencing mental health challenges. MHFA trainings were disseminated in more than 25 city agency partners,

multiple community-based organizations (CBOs), and other public venues throughout the city with the goal of transforming cultural norms and responses to mental health challenges.

To evaluate the impacts of and stakeholders' experiences with the MHFA trainings, RAND researchers conducted a mixed-methods study that used a web-based survey (fielded from July to August 2021) and five focus groups (held between June and November 2021). An invitation to complete the 15-minute survey was emailed to all individuals who had completed MHFA training during the city-wide rollout. Four of the focus groups examined the perspectives of underserved communities (Latinx, African American, Chinese, and sexual and gender minorities [SGM, representing the LGBTQ+ community]), and one concentrated on experiences of frontline city agency staff who work directly with city residents.

Analyses of the survey results and the focus group discussions examined key outcomes at the individual, agency, and community levels. The observed associations with MHFA training are based on survey responses from more than 2,600 individuals—1,084 city agency-based trainees and 1,555 community-based trainees—and three to four participants in each of the five focus groups. This research brief summarizes key findings based on a

¹ ThriveNYC served as the foundation for what has now become the Mayor's Office of Community Mental Health, which was established as a permanent part of city government through a New York City Charter amendment enacted on December 22, 2021.

synthesis of survey and focus group responses, which guided the RAND team's recommendations to city health officials.

Key Findings and Recommendations

Leverage Future Mental Health Trainings to Address Identified Needs and Strengthen Helping Behaviors

- Survey respondents who had completed training three or more years ago were less likely to engage in certain helping behaviors than more recently trained individuals were. Refresher trainings could be tailored to areas that need reinforcement.
- Survey respondents scored on average 50 percent correct on a mental health knowledge test, indicating that mental health literacy may be an area in need of targeted training.
- More than one in five respondents expressed little or no confidence in assisting someone with a mental health problem, suggesting a need to identify and target factors that undermine such confidence.

Consider MHFA or Similar Training to Further Strengthen Social Support Networks Broadly

- About 90 percent of survey respondents had contact with at least one person with a mental health challenge in the past six months, and nearly all implemented key MHFA skills.
- Of those who had contact, 84 percent of survey respondents had used their MHFA skills to help a friend or family member, and nearly half reported applying skills as part of their job, to a coworker, or to a neighbor or acquaintance.
- Respondents applied MHFA skills extensively across their social networks, suggesting that the city-wide trainings may have enhanced the capacity of individuals to act as first-line responders for those with mental health needs.

Assess Whether MHFA or Similar Trainings Could Help Address Trainee Well-Being

- About 80 percent of survey respondents reported using MHFA to frequently or occasionally support their own well-being; in fact, 40 percent indicated obtaining counseling because of MHFA training.
- CBO leaders and agency staff described using their own mental health needs as motivation for taking the MHFA training and then using that information to support their well-being in daily life.

Continue to Improve the City Agency Workplace Mental Health Climate

- More than half of city agency survey respondents indicated feeling comfortable discussing mental health with coworkers or supervisors; only 11 percent would fear retaliation from their employer for seeking mental health care.
- However, nearly one in three city agency respondents expressed discomfort with using mental health services through their employer or discussing mental health with coworkers or supervisors.

Factor the Impact of Community Stigma into Future Training Plans

- About half of survey respondents agreed that their community thinks less of someone with a history of mental health problems and that seeking treatment is seen as a sign of personal weakness.
- CBO leaders relayed that stigma was a primary motivator for facilitating MHFA training but also a barrier to participating in training and accessing treatment in underserved communities.
- Racial/ethnic minority survey respondents were more likely to report needing additional training to apply MHFA skills in their communities, compared with non-Hispanic White respondents.

Adapt MHFA Training to the Cultural Needs of Communities

- Though survey respondents indicated overwhelmingly favorable attitudes toward MHFA training with respect to its utility, convenience, and content, CBO leaders underscored the value of offering culturally competent trainings in terms of language and lived experience.
- Latinx and Chinese CBO leaders felt that providing training in native languages greatly facilitated MHFA acceptance. However, SGM CBO leaders indicated a need for more culturally tailored MHFA training and culturally informed trainers.

Weigh Trade-Offs Between Programming and Desired Outcomes Carefully

- Survey and focus group respondents had mixed preferences for the mode of training. More data on potential trainees' preferences could

be collected—with attention to differences by sociodemographic characteristics—before pursuing future training initiatives.

- In weighing mental health programming options, the city should consider the strength of the evidence base for prioritized outcomes (e.g., knowledge, stigma, helping behaviors; city agency and community norms).

Altogether, these findings suggest that MHFA is a promising approach to building supportive social networks, organizations, and communities that are primed to recognize and come to the aid of those with mental health challenges. The positive findings must be tempered by the fact that this evaluation is limited in its ability to causally link the self-reported outcomes to MHFA training and to establish its generalizability to the broader population of trainees. Rigorous, contemporaneous evaluation of future initiatives will be critical to understanding and validating the potential effectiveness of mental health education programs like MHFA to engender impact at the individual, interpersonal, organizational, and community levels.

References

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