

The Mental Health First Aid (MHFA) course was originally developed at the Centre for Mental Health Research at the Australian National University in Canberra.

The original Australian version of this manual was written by Betty Kitchener and Professor Anthony Jorm from the Australian National University.

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introduction



Introduction

England's mental health first aid

Thank you for choosing to undertake training in Mental Health First Aid (MHFA). Over the past three years the Scottish Executive has worked hard to raise awareness about the need for good mental health and well being among the general public in Scotland and help improve the quality of life and social inclusion of people who experience mental health problems. Building on that, Lewes and Wealden Mind are working with us, the National Institute for Mental Health for England (NIMHE) on the roll out of MHFA in England.

Further information on MHFA in general is available at:
www.mentalhealthfirstaid.csip.org.uk.

Mental health problems are common. In any one year 1 in 4 British adults experience at least one diagnosable mental health problem¹ and the World Health Organisation forecasts that by 2020 depression will be the second leading contributor to the global burden of disease².

The long-standing stigma around mental health problems means that many people's understanding of mental ill health is limited. Rosie Winterton, Minister of State for Health Services, when launching the government's five year plan to tackle stigma and discrimination on mental health grounds³ - said that

“people with mental health problems frequently tell me that the stigma and discrimination they face because of their diagnosis has a bigger impact on their lives than the underlying symptoms of mental illness. They tell me they can manage their symptoms and get on with their lives, but fear, prejudice and the resulting discrimination take away the rights that most of us take for granted.”

To help educate the public and support people to be able to make a difference, the National Institute for Mental Health in England (NIMHE) are investing in the development of a national training programme in MHFA. England's mental health first aid programme is based on MHFA work pioneered in Australia and Scotland. The Australian MHFA programme is an award-winning training course that has demonstrated its effectiveness in promoting the understanding of mental health and increasing mental health literacy. An evaluation of the Australian MHFA is available to view at
www.mhfa.com.au/evaluation.shtml

NHS Health Scotland ran a pilot project to test its reception and usefulness in Scotland. During 2003, Betty Kitchener, pioneer of MHFA, trained 15 people in Scotland to be instructors. The instructors came from a variety of backgrounds and brought a broad range of experience and knowledge about mental health and training. This group ran courses in different parts of Scotland during the first half of 2004 for nearly 900 participants. Certain key groups of people were targeted to participate in the pilot courses, including the ambulance service, nurses, the prison service, the police, those working in further education, people who work with and support young people, business, local authorities, different voluntary organisations, and members of the public. The success of the Scottish MHFA pilot owes a very great deal to the enthusiasm and commitment of the instructors.

The course as you find it now and this manual have been redesigned from the Scottish materials. We are very grateful to Health Scotland for allowing us to use the materials, the Scottish Development Centre for Mental Health for their support, and Lewes and Wealden Mind for helping us to bring Mental Health First Aid to England.

On a final note, I hope that everyone who participates in the training finds something of benefit in it and enjoys having the opportunity to be involved.



Dave Belshaw
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Context

Mental Health – a priority for England

The Department of Health is committed to improving health in England and addressing barriers that create inequalities in health. Mental health is a key priority area and features strongly in the government's recent White Paper on reforming health and social care⁴. Areas the public have identified as important include a greater emphasis on general well being, more information and support and easier access to services.

In 1999 the Department of Health set out national standards, national service models and local actions in a ten year plan to address the mental health needs of working age adults⁵.

These standards came under the following headings:

- **Standard 1:**
Mental Health Promotion
- **Standards 2 and 3:**
Primary Care and Access to Services
- **Standards 4 and 5:**
Effective Services for People with Severe Mental Illness
- **Standard 6:**
Caring about Carers
- **Standard 7:**
Preventing Suicide

In 2004 a report⁶ by the National Director for Mental Health detailed progress made in implementing this plan and confirmed the direction for the next five years – which included a broader focus on the mental health and well being of the community as a whole. The areas detailed for continued action, or a new focus, are:

- Inpatient care
- Services for people with dual diagnosis
- Social exclusion
- Services for ethnic minorities
- The care of long term mental disorders
- The availability of psychological therapies
- Better information and information systems
- Workforce redesign and new roles

The National Institute for Mental Health in England (NIMHE)

is a Department of Health funded programme to work on a regional basis with providers and commissioners of mental health services, as well as with service users and carers, to help them to implement national policy in a way that best meets the needs of their local population.

Despite the continued efforts of the Government and other organisations, there are still a lot of misconceptions that arise about mental illness. It is these misconceptions that often lead to the exclusion of people from the very things we take for granted; things like going to the pub, joining a gym, going to college or university, getting a job, or keeping a job. This can be even harder for people from ethnic minority backgrounds.

Health policy for England is complex, and mental health policy is no exception, but we hope that MHFA will contribute towards the following key areas aimed at:

- raising awareness and promoting mental health and well-being
- reducing the period of untreated illness through earlier detection
- eliminating stigma and discrimination
- preventing suicide through raising awareness of risk factors
- promoting and supporting recovery and social inclusion for people who have experienced mental health problems/mental illness.

Mental health legislation in England

When we consider the implementation of mental health first aid, as with any care service, we have to be mindful of the legal frameworks within which we deliver care. Mental Health services are undergoing an unprecedented time of change with the Introduction of the Mental Capacity Act 2005 and the Mental Health Bill. However it would be wrong to assume that these are the only statutes within which we work. What follows is an overview of key legislation.

NHS and Community Care Act (1990)

There are six key objectives of this Act:

- to promote the development of home care, day care and short stays in residential units, thus enabling people to stay in their own home for as long as possible
- to ensure that the needs of the carers are also taken into consideration by service providers
- to make full assessments of the needs of the individual and to promote care management to ensure a high quality of care
- to encourage the development of the independent sector alongside good-quality public provision
- to clarify the responsibilities of both social services and health authorities and to be held accountable for their performance
- to secure value for the taxpayers by introducing a new funding structure for social and health care.

The Mental Health Act (1983)

1. The Mental Health Act 1983 makes provision for the compulsory detention and treatment in hospital of those with mental disorder. The Act is in ten parts:

- I Application of the Act (the scope)
- II Compulsory admission to hospital and Guardianship
- III Patients concerned in criminal proceedings or under sentence
- IV Consent to treatment
- V Mental Health Review Tribunals
- VI Removal and Return of Patients within UK etc
- VII Management of property and affairs of patients
- VIII Miscellaneous functions of local authorities and the Secretary of State
- IX Offences
- X Miscellaneous and Supplementary

2. Individuals may be detained under a number of different sections of the Act on the basis of the presence of mental disorder as described in the Act and which requires hospital treatment. Admission to hospital under the civil sections of the Act (Part II) may only be made where there is a formal application by either an Approved Social Worker (ASW) or the nearest relative, as described in the Act. An application is founded on two medical recommendations made by two qualified medical practitioners, one of whom must be approved for the purpose under the Act. Different procedures apply in the case of emergencies.

3. Patients may apply to Mental Health Review Tribunals within each period of detention who consider whether the conditions for continued detention are still present. The Tribunal may order a conditional or absolute discharge. Patients can also apply to the hospital managers to review their case. The patient's own responsible medical officer must also continue to review the appropriateness of detention. Patients may also be received into guardianship under the Act.

4. Patients may contact the Mental Health Act Commission which has responsibility to protect the interests of detained patients. It does this by visiting hospitals and registered mental nursing homes and talking to patients about their care and treatment. It also has the responsibility to investigate complaints and operates the "Second Opinion Appointed Doctor" service for second opinions required under Part IV of the Act. The Commission is required to produce a report on their activities every two years.

5. Part III of the Act concerns the criminal justice system. It provides powers for Crown or Magistrates Courts to remand an accused person to hospital either for treatment or a report on their mental disorder. It also provides powers for a Court to make a hospital order (on the basis of two medical recommendations) for the detention in hospital of a person convicted of an offence who requires treatment and care. The Court may also make a Guardianship order. A Restriction Order may be imposed at the same time which places restrictions on movement and discharge of a patient detained under section 37; all movement is then subject to the Home Secretary's agreement. This part of the Act also contains powers to transfer prisoners to hospital for treatment of a mental disorder.

6. The Act is supplemented by the Memorandum on Parts I to VII, VIII and X.

7. Section 118 of the 1983 Act places a duty on the Secretary of State to prepare and, from time to time, revise a Code of Practice for the guidance of those concerned with admission of patients under the Mental Health Act and the treatment of patients suffering from mental disorder. The most recent Code was published in March 1999.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

The whole Act is underpinned by a set of five key principles:

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and

- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The Act enshrines in statute current best practice and common law principles concerning people who lack mental capacity and those who take decisions on their behalf. The Act:

- Deals with the assessment of a person's capacity and acts by carers of those who lack capacity
- Deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity
- Creates two new public bodies to support the statutory framework, both of which will be designed around the needs of those who lack capacity
- Includes three further key provisions to protect vulnerable people
 - Independent Mental Capacity Advocate (IMCA)
 - Advance decisions to refuse treatment
 - A new criminal offence of ill treatment or neglect of a person who lacks capacity.
- Sets out clear parameters for research.

Mental Health Bill (2006)

The Mental Health Bill 2006 amends the Mental Health Act 1983 and the Mental Capacity Act (2005). The Bill introduces supervised treatment in the community to ensure that patients comply with treatment when they are discharged from hospital and enable action to be taken to prevent relapse. This will benefit patients and improve public safety.

The Bill also gives new rights and extra protection to people who are unable to decide about their care and who may be unfairly deprived of their liberty. These new safeguards will affect about 5,000 people who have a serious mental disorder but up until now have not been covered by existing mental health laws. Known as the 'Bournewood provisions', they include independent checks of whether they should be detained, rights to appeal and a representative appointed to look after their rights.

It also introduces a new simplified definition of mental disorder and removes the "treatability" test. The "treatability" test has meant that in the past, some people who needed treatment to prevent them harming themselves or others did not receive it.

The Bill was introduced into Parliament on 16 November 2006. It was returned to the Lords following Report Phase, to enter into a process called "Ping Pong", where the bill passes back and forth between the two houses until the final wording is agreed. The Lords returned the Bill back to the Commons on 4th July 2007 for consideration of the Lords amendments. These have now been passed by the Commons & Royal Assent will now be sought.

Disability Discrimination Act (1995)

The Disability Discrimination Act (DDA) outlaws discrimination against disabled people in employment, in relation to "the supply of goods, facilities and services, in the disposal of premises, in education, and contains measures designed to facilitate access to certain types of public transport". It includes a duty on employers and service providers to make 'reasonable adjustments' to enable disabled people to work and access services. Currently, 23% of DDA employment cases have involved people with psychiatric impairments⁷.

Course Outline

Session 1

- Why mental health first aid?
- English mental health policy
- Common mental health problems
- Attitudes and the SHIFT anti-stigma campaign
- The five steps of mental health first aid
- What is depression?
- Symptoms of depression
- Alcohol, drugs and depression
- Risk factors for depression

Session 2

- Suicide in England
- Crisis first aid for suicidal behaviour
- Crisis first aid for overdose
- First aid for depression
- Treatment and resources for depression

Session 3

- What are anxiety disorders?
- Symptoms of anxiety disorders
- Alcohol, drugs and anxiety disorders
- Crisis first aid for panic attacks
- Crisis first aid for acute stress reaction
- Treatment and resources for anxiety disorders
- Expressions of distress and despair including self harm

Session 4

- What is psychosis?
- Symptoms of psychosis
- Risk factors for psychosis
- Crisis first aid for acute psychosis
- Treatment and resources for psychosis
- Action planning for using MHFA