An evaluation of Mental Health First Aid First Nations

Summary Report

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Background

This report presents the evaluation for the Mental Health First Aid First Nations (MHFAFN) program (2013 – 2017), which assessed the reach of the course, process of implementation, impacts for individuals and communities, and degree of cultural safety for the course. MHFAFN, an extension of the Mental Health First Aid (MHFA) program, was developed in partnership with the Mental Health Commission of Canada (MHCC) and six First Nations organizations/ communities to advance and implement culturally relevant programming that decreases the risk of mental health emergencies. MHFAFN is a program aimed at increasing mental health literacy within First Nations populations. Since its inception in 2012, the program has sought to promote individual's skills and knowledge that help prevent mental health problems from arising and to de-escalate any current mental health problems in development.

Mental Health First Aid (MHFA) began in Australia in 2001 with an initial focus on providing early support for mental health emergencies. Subsequent versions of the program were adapted across various international settings. Cultural adaptation of the program began in Australia for implementation among the Aboriginal and Torres Strait Islander people; this process, and its subsequent evaluations, emphasized the importance of culturally relevant programming in first aid mental health (Hart et al., 2010).MHFAFN is an adaptation of the Canadian MHFA Basic model whereby First Nations people in Canada have access to relevant and culturally appropriate mental health first aid care.

MHFAFN takes a population health approach to education and intervention surrounding mental health challenges for First Nations people. MHFAFN aims to equip the community with adequate and relevant mental health first aid skills for early intervention. In addition, MHFAFN aims to build capacity at the community level through the population health approach and further a culture of prevention for First Nations communities.

The central focus of the MHFA program, ALGEE, was adapted to EAGLE for MHFAFN. Derived from Indigenous ways of thinking and doing, the EAGLE framework facilitates meaningful conversations in connection with mental health. EAGLE stands for:

- ☑ **E**ngage and Evaluate the risk of suicide or harm
- ☑ **A**ssist the person to seek professional help
- ☑ **G**ive reassurance and information
- ☑ **L**isten without judgment
- ☑ **E**ncourage self-help strategies and gather community supports

Evaluation Purpose and Approach

This evaluation gathered both quantitative and qualitative information about MHFAFN. Data collection methods evolved over an iterative process, based on participant and community buy-in and reflections from the research team. Data were gathered from MHFAFN facilitators and course participants through a number of di erent ways, including:

- ☑ Interviews with course participants to understand the program strengths and challenges, impacts, and cultural relevance and safety (89 participants)
- ☑ Surveys with course participants to assess individual level outcomes, issues and changes in stigma, course strengths and challenges, and participant satisfaction. (91 participants; only 40% overlap with interview participants)
- ☑ Follow-up surveys with participants (around six months after taking MHFAFN) to understand their utilization of the MHFA skills, changes in stigma in communities, and further course feedback (31 participants)
- ☑ Interviews with facilitators to assess the reach and reception of MHFAFN in communities, strengths and barriers to delivering the course, cultural relevance and safety, and impacts in communities and organizations (9 participants)
- ☑ Surveys with facilitators to collect information on their satisfaction with the course, outcomes for participants, changes they have made to the course during delivery, and recommendations (19 participants)
- ☑ Observational data through researcher field notes in terms of cultural safety, implementation, and impacts (10 visits)
- ☑ Interviews with administrators on the organizational decisions made around implementation (5 participants)

Implementation Findings

Reason for Attending

Participants explained that they heard about the MHFAFN training through various sources, including through their employers, health directors, word-of-mouth, social media and websites, and previous MHFA training. They also reported one of five main reasons for attending the MHFAFN training:

- To develop skills to help others
- For the First Nations cultural perspective
- To become certified to train others
- Job related reasons
- Personal interest in the content

> “The parts that I really liked were the interactive activities... I think that’s because of who I am as a First Nations person—the more I am engaged with others, it seems to resonate most with me.”

Facilitators and participants largely expressed satisfaction with the course design and delivery. Participant feedback was positive with respect to the balance between learning aides, and the value of EAGLE and the Circle of Support. The activities were also described as relatable, meaningful, and helpful in applying newly learned skills.

Participants also explained a primary strength of MHFAFN is the inclusion of Indigenous specific content (i.e., historical content, cultural teachings), and the integration of Indigenous knowledge and worldviews. Facilitators also noted that the flexibility to personalize MHFAFN is a strength of the curriculum. Despite this, it was noted that there were challenges due to the diversity across communities (i.e., literacy and cultural connectedness differed across Canada).

“Story telling is important for the connection between Western style; so for them to express their ‘aha’ moments is important to retain MHFA-FN knowledge. I can’t stress that enough”

Additional noted successes of the course implementation include:

- Opportunities for sharing personal stories
- The safe space created for discussions
- The organization of the training material
- Infrastructure support for example operating within larger organization
- Support and buy-in from community members

"I truly walked away with so much through this training because not only did it help my position in my work place but also as a person – I grew roots through my soul and all my beings."

Evaluation participants expressed several implementation challenges, including: triggering content within the curriculum, geographic limitations and infrastructure challenges that interfered with course delivery (i.e., weather and travel complications, technological challenges), and external priorities of those taking the training (e.g., job related and community priorities). Timeframes to delivery MHFAFN were also a notable challenge; for example, some participants indicated they thought it was too long or too short.

A barrier to delivering the training in First Nations communities is the associated cost when the training was not covered by employment. A potential next step is to raise awareness of the MHFAFN course among varies community agencies who may be able to pay to provide the training to the general population. Training for non-Indigenous individuals was noted to be of equal importance as training Indigenous populations because MHFAFN training provides an alternative worldview with which to view mental health and wellness.

Community reception and readiness

- ✓ Facilitators widely noted that the MHFAFN course has been well received within community
- ✓ They indicated that people are sharing positive feedback about MHFAFN; this may be due to the cultural content within MHFAFN, which is attracting both Indigenous and non-Indigenous community members, as well as the skills that are taught throughout the training
- ✓ Most of the facilitators noted that there is readiness in the communities that they have worked in for MHFAFN
- ✓ Facilitators also noted that they are seeing higher attendance for MHFAFN training events than they have for other training opportunities in the past
- ✓ Facilitators indicated the importance of pre-implementation work when training in a First Nations community that they are not from and stressed the importance of learning the community specific protocols.

Impact Findings

As a result of their participation in MHFAFN, participants identified a number of personal gains in mental health knowledge and awareness, as well as shifts in skills, attitudes, and self-efficacy (Figure 2).

Additionally, stigma beliefs among participants also decreased significantly between pre-training and post-training results, based on participants' self- reported ratings. Most facilitators believed that the MHFAFN course had an impact on mental illness stigma within communities, attributing impacts to the educational tools and conversations around mental health and stigma.

Facilitators also noted that communities are more open and accepting of others, and have a desire help others. Participants and facilitators identified aspects of the course and shared personal impacts that surprised them. Participants noted that the course allowed them to reflect on their personal experiences, as well as the ways in which they can apply the teachings to their work.

"The residential school part triggered some stuff in me that I didn't think would. But it's a good thing. It's never happened to me before, I was avoiding it I guess. That's the first time I've said in a circle that I've been to residential school." - Participant

"There is always going to be a stigma, but I didn't think it would be decreased as much as it has in the last 2 years. We have always wanted to break down stigma and get people talking, just with this course, it is breaking down the stigma without realizing it. That was an outcome I didn't expect, I had basic MHFA training and it wasn't breaking down stigma" - Trainer"

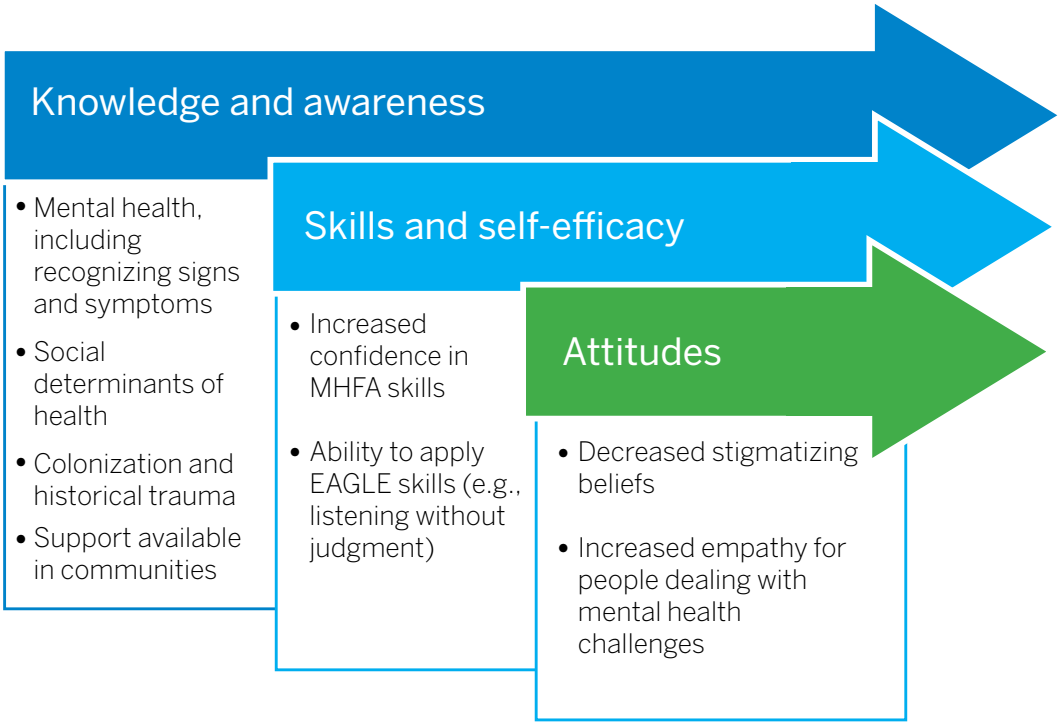


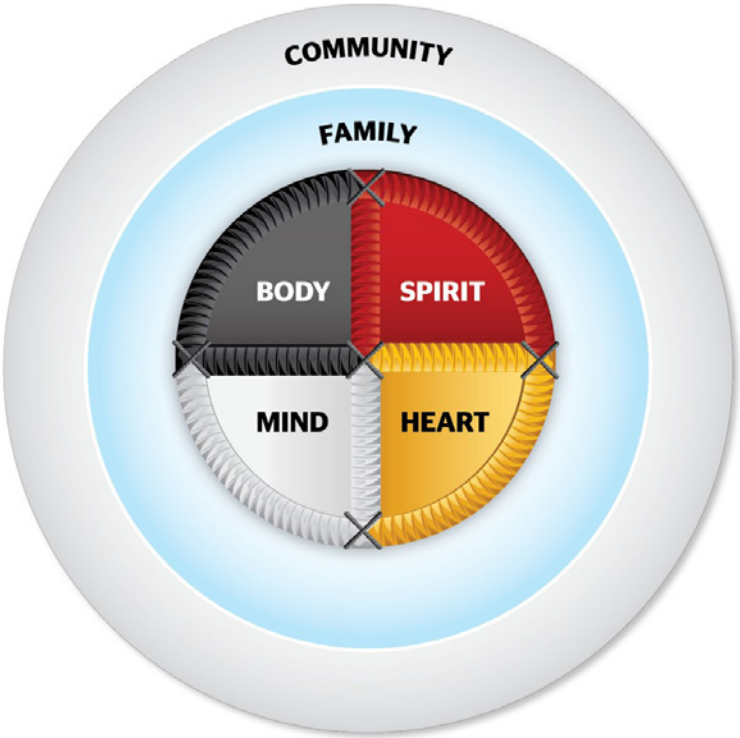
Figure 2: Outcomes for participants and facilitators

Other outcomes for participants commonly included:

- New knowledge about traditional teachings
- Contributions toward personal healing
- Enhanced personal networks and new friends

A smaller number of participants completed Follow up surveys (n=31), which identified participants' use of the MHFA FN skills in their lives. Although it was a small sample, the real world examples of mental health crises intervention are extremely powerful.

- Approximately 6 months after course completion, follow-up surveys were sent out to participants
- 63% of follow up survey respondents identified they had a situation where they could have applied their MHFA skills
- 94% of the respondents who had the opportunity, did use their skills



"They [non-Indigenous participants] are realizing our reality, we had one lady say that she never thought white privilege was real, she just never saw it. But now she sees it, she sees white privilege because she sees our history and what we have to live with."

"I have had someone close to me come to me with suicidal thoughts and urges.. with my knowledge from the training about dealing with mental health emergencies I was able to listen and direct this person to the resources I knew available in our community. Person is currently receiving help at the professional level."

Cultural Relevance and Safety Findings

MHFAFN was largely experienced as culturally relevant and safe by both participants and co- facilitators. Nearly all participants and co- facilitators reported that the course is culturally relevant (97%). Aspects of the course content and delivery that contribute to the cultural relevance of MHFAFN included:

- The holistic design and worldview
- Walking in Two World
- EAGLE
- Content in colonization and historical trauma
- Traditional teachings

"Participants sharing that they took the course. A lot of them said they took the basic MHFA but they didn't get it as much as they did taking the First Nations one; they were able to connect with it better

In speaking about the value of both western and Indigenous cultures, one facilitator shared:

"There is only so much that our culture can do and also so much that mainstream can do. We have to learn to walk in both and have awareness of everything out there."

Those who reported that MHFAFN is not culturally relevant (3%) most commonly noted that there is insufficient cultural content in the course. They spoke about the need for more teachings from Elders and First Nations-specific content on mental health. Similarly, in terms of suggestions for enhancing the curriculum, participants and co- facilitators suggested including more information on intergeneration trauma and impacts of colonization.

> In community the historical section can turn into a whole day—it deserves a whole day. The other stuff I can go over quickly, it's important to spend a whole day and have Elders present.

During the interviews, participants often reported that the people present at the courses create cultural safety. This included the importance of having First Nations facilitators, who often bring a cultural and strengths-based lens, and having Elders present for emotional and spiritual support.

"Facilitators did an amazing job sharing personal experiences and stories that were relatable and directly link to the material. They also opened up and held a safe space for participants to share their experiences and stories..."

Facilitators also spoke about the challenges that time restrictions place on delivering the course in a culturally safe way through honouring time to share between participants and facilitators. They spoke about the need to adapt the course structure to ensure that it is community and culturally responsive: by allowing for more time to share and build relationships.

Conclusion

The evaluation findings indicate that MHFAFN is an effective and feasible public health approach as it offers benefits to a wide range of participants across di erent community settings. MHFAFN is reaching a broad range of audiences, including both Indigenous and non-Indigenous people. Facilitators and participants also expressed high levels of satisfaction with the design and delivery of MHFAFN. However, despite the overall strength of Indigenous-specific content within the course curriculum, there is a need for invested efforts to address challenges in delivering MHFAFN to diverse communities across Canada.

Recommendations

Based on this evaluation here are some key recommendations to enhance MHFAFN:

1. Modify the facilitator application

Review and modify the facilitator application process to reduce the burden for applicants (i.e., time required to complete) and reflect important qualities for MHFAFN facilitators (e.g., knowledge of First Nations history and culture).

2. Garner community buy-in for MHFAFN

Facilitators who had community support and promotion of the MHFAFN training with an emphasis on the cultural components found great success and uptake. Explore additional modes for garnering community buy-in for the course. This could include community consultations led by facilitators, as well as orientation presentations to leaders and staff.

3. Enhance representation of diverse First Nations cultural teachings

Consider adding examples of diverse First Nations cultural teachings and languages. Instruct co- facilitators to adapt the course to their specific communities and to open discussions for sharing of traditions that are unique to their groups. Curriculum and the Circle of Support was noted to be a key resource and activity in the course.

4. Maintain flexibility in MHFAFN design

Maintain the flexibility of the course curriculum to allow for storytelling and sharing components, as this was commonly reported as an enabler for cultural relevancy.

5. Extend the course delivery to three days

Extend the MHFAFN course delivery to three full days as participants and facilitators across sites consistently reported the need for more time to spend on the MHFAFN course; this would allow for more time to be spent on digesting course content, having group discussion and debriefs, and offering more activities.

6. Ensure that adequate supports are available to participants

Discussions with content of residential school and suicide, as well as certain activities can be triggering for some participants. Many organizations and facilitators ensured that supports were available during and after the course.

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