



## Research Snapshot

# Outcomes of Mental Health First Aid course adapted in First Nations contexts



### What is this research about?

The Mental Health First Aid course is a public health approach to mental wellness because the general population is trained to understand and respond to mental health crises in others. Many First Nations peoples in Canada experience higher rates of negative health outcomes than other Canadians due to impacts of colonization (residential schools, reserve system, cultural suppression, deterioration, etc.). Mental Health First Aid First Nations (MHFAFN) course was adapted as a way to address the need for social solutions and community-based-efforts when reclaiming wellness among Indigenous peoples. Community members with strong mental health literacy (knowledge on mental illness and the skills to help) is a way to build individual and community resiliency. The purpose of this research was to conduct a feasibility study of the MHFAFN course in First Nations communities, looking at the acceptance of the course, how much participants accepted the First Nations content, and the early participant outcomes of taking the course.

### What did the researchers do?

Data were collected to assess the acceptability of the course, satisfaction with the cultural adaptation, and individual-level impacts on knowledge, awareness, stigma, self-efficacy and skills. The researchers were consciously aware of the need to create respectful rapport with all study participants. The research team used a two-eyed seeing approach, which means bringing together the strengths of Indigenous ways of knowing and Western ways of knowing.

### What you need to know:

The Mental Health First Aid First Nations (MHFAFN) course was adapted from Mental Health First Aid Basic to create a community-based, culturally safe and relevant approach to promoting mental health literacy in First Nations contexts. Ensuring cultural relevance is critical in First Nations contexts. Other widely used mental health trainings that are implemented without First Nations adaptation have had minimal or even negative results.

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Courses were offered in four provinces across Canada in diverse First Nations communities and organizations in both urban and rural areas. The 10 groups involved ranged in size from nine to 23 participants for a total of 149 participants. The majority of participants completed the pre-course survey (91) as well as identified as being of Indigenous background (81.3%).

Participants took the MHFAFN course over a 2.5 day period. Both participants and the course facilitators were invited to complete interviews and surveys that collected information on prior mental health training, the overall experience of the course, feelings, outcomes, the extent to which the course was perceived culturally relevant and safe, and acceptability of the course. Participants also completed surveys asking they felt their knowledge, stigma, and self-efficacy had changed over the course of the training. The researchers also participated in and observed the course and collected field notes.

## What did the researchers find?

The findings of this study provided meaningful insight into the overall usefulness of the MHFAFN course for First Nations. Participants in general were very accepting of the course and described it as much needed. The inclusion of Indigenous-specific content was identified as a primary strength of the course and many felt that the course addressed the needs of First Nations. There was a very small percentage of participants who felt the Indigenous content was not sufficient.

The personal impacts that the course had on participants was identified as a valuable aspect. Some participants identified the course helped them to better understand the impacts of historical trauma in their own history and their community histories. The participants indicated significant increases in their mental health literacy: increased knowledge of mental illness, increased self efficacy and skills, and decreased stigma beliefs.

Participants were very successfully able to apply their skills that they learned in MHFAFN to a vignette in the survey, specifically describing what and how they would respond to a mental health crisis scenario.

Participants were able to learn from not only facilitators, but also other participants where stories, new strategies, and traditional teachings were shared.

In conclusion, participants reported a high level of acceptability, gains in knowledge related to mental health signs and symptoms, and increased self-efficacy and decreased stigma beliefs. The results of this feasibility study suggest that MHFAFN is acceptable and a potentially effective approach for promoting mental health literacy in First Nations contexts.

## Original Research Article:

For a complete description of the research and findings, please see the full research article:

Crooks, C.V., Lapp, A., Auger, M., van der Woerd, K., Snowshoe, A., Rogers, B.J., Tsuruda, S., & Caron, C. (2018). A feasibility trial of Mental Health First Aid First Nations: Acceptability, cultural adaptation, and preliminary outcomes. *Am J Community Psychol*, 0, 1-13. doi: 10.1002/ajcp.12241.

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