



TUESDAY
SEPTEMBER
5
1:00-1:45 p.m.

Ann Seymour

Indigenous Program Specialist, Mental Health Commission of Canada



Topic: Program Development and Vision

A discussion of why and how the Mental Health First Aid (MHFA) for First Nations by the Mental Health Commission of Canada was adapted from the MHFA Basic course. The MHFA First Nations course will be examined, with specific attention to the overarching themes of walking in two worlds, circles of support, and EAGLE. The goals and visions of the course will also be discussed, such as: situating First Nations mental wellness in a colonial context and increasing community capacity for mental health approaches.



TUESDAY
SEPTEMBER
12
1:00-1:45 p.m.

Claire Crooks

Director, Centre for School Mental Health

Topic: Program Outcomes

MHFA FN gives participants the skills and self-efficacy to have open and honest conversations about mental health problems. This webinar will present the impacts and outcomes of the Mental Health First Aid First Nations course. Course participants indicated an increase in their mental health knowledge, skills application, and self-efficacy to engage with and help a person with a mental health problem. Data from the 4 year mixed-methods evaluation of Mental Health First Aid First Nations will be shared.



TUESDAY
SEPTEMBER
19
1:00-1:45 p.m.

Andrea Lapp

Project Coordinator, Centre for School Mental Health

Topic: Importance of Cultural Safety in Programming and Research

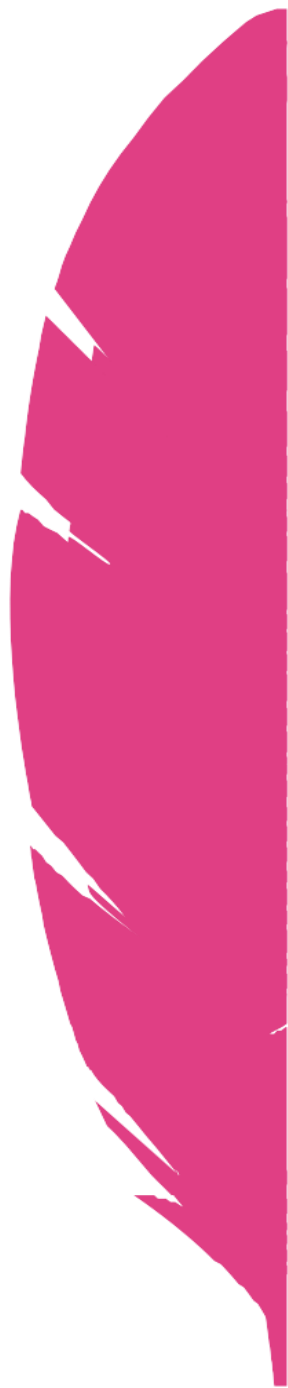
This webinar will describe the paradigm of cultural safety and the necessity of cultural safety within mental health promotion programming and research. Mental Health First Aid was modified significantly to increase cultural relevancy and safety for First Nations contexts. This webinar will present the extent to which the course was experienced as culturally safe by participants, and the factors that attributed to this experience. The mixed methods, multi-informant national evaluation of MHFA FN was developed in partnership with First Nations community members, First Nations consultants, and MHCC. Evaluators will reflect on this experience of culturally appropriate program evaluation and research.

Mental Health First Aid First Nations

Program Outcomes

Claire Crooks

September 12, 2017



Research Team



This study was supported by the Canadian Institutes of Health Research



What is Mental Health First Aid

Mental Health First Aid (MHFA) is the **help** provided to a **person** developing a **mental health problem** or in a **mental health crisis**.

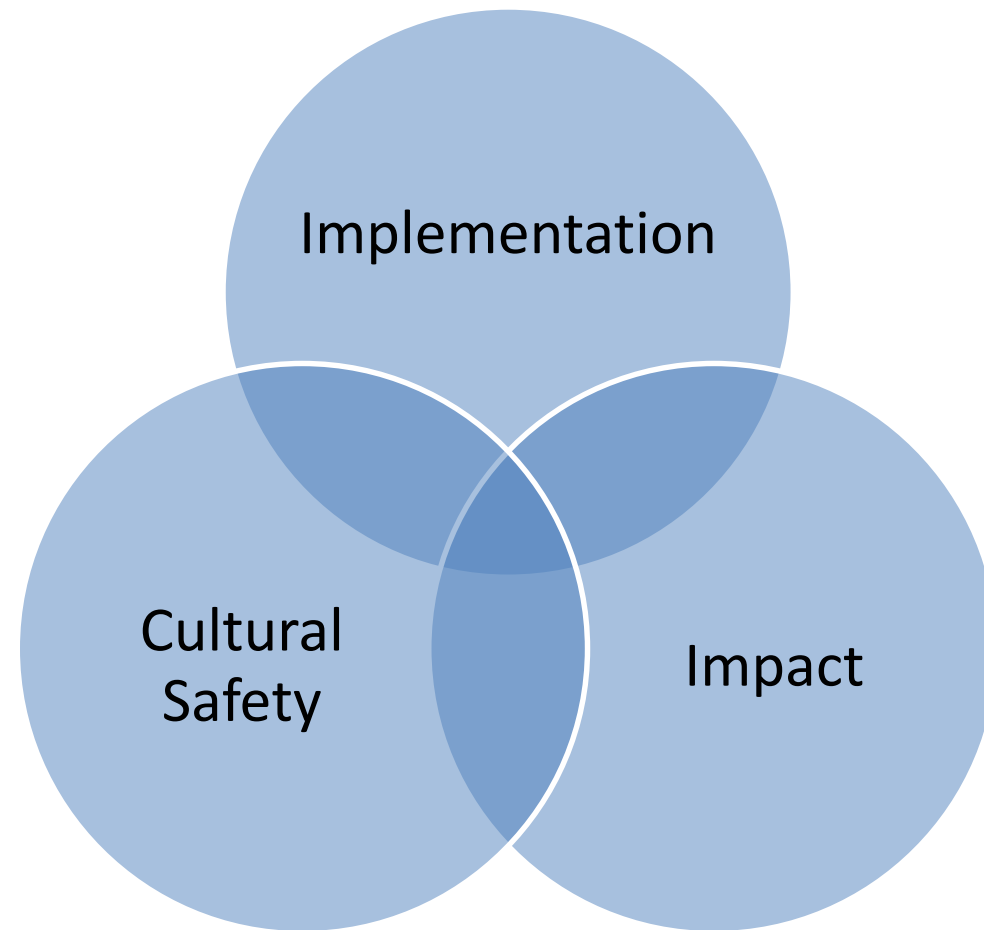
The first aid is given **until** appropriate professional **treatment is received** or until the **crisis is resolved**.



EAGLE



Evaluation



Impacts

- Knowledge
- Stigma attitudes
- Self-efficacy
- Application



Evaluation Approach

- Co-created
- Mixed methods – looking for convergence across methods and groups
- Privileging voices over numbers
- Indigenous community-based partnership framework
- Wanted to assess whether participants felt it *mattered* in their everyday lives and roles



Data Collection

Target group	Methods	n	Timing
Course participants	Interview	89	During the last day of the training
	Paper/ online surveys	91	During the last day of the training or after training
	Follow up surveys	27	3-6 months post training
Course facilitators	Interview	9	After delivery of at least one training
	Surveys	19	Following a course

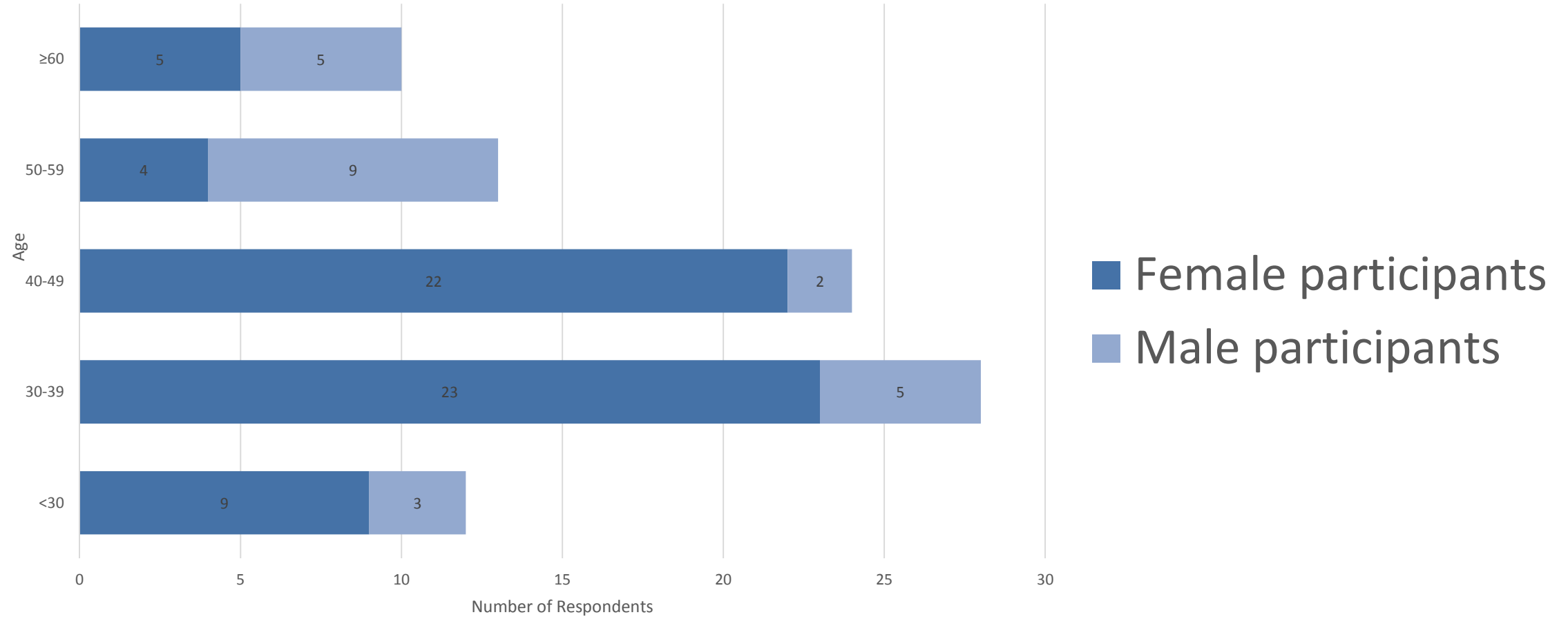


Data Collection Considerations

- Advantages and disadvantages of retrospective pre-post
 - Methodologically
 - Ethically
- Balancing culturally relevant approaches with logistics and community preferences



Survey Participants



Participants

- Most participants identified as Indigenous (81%)
- Group composition varied
 - 7/10 groups entirely Indigenous participants
 - Community organization vs. Open registration
 - Previous training/ professional roles



Mental Health Literacy

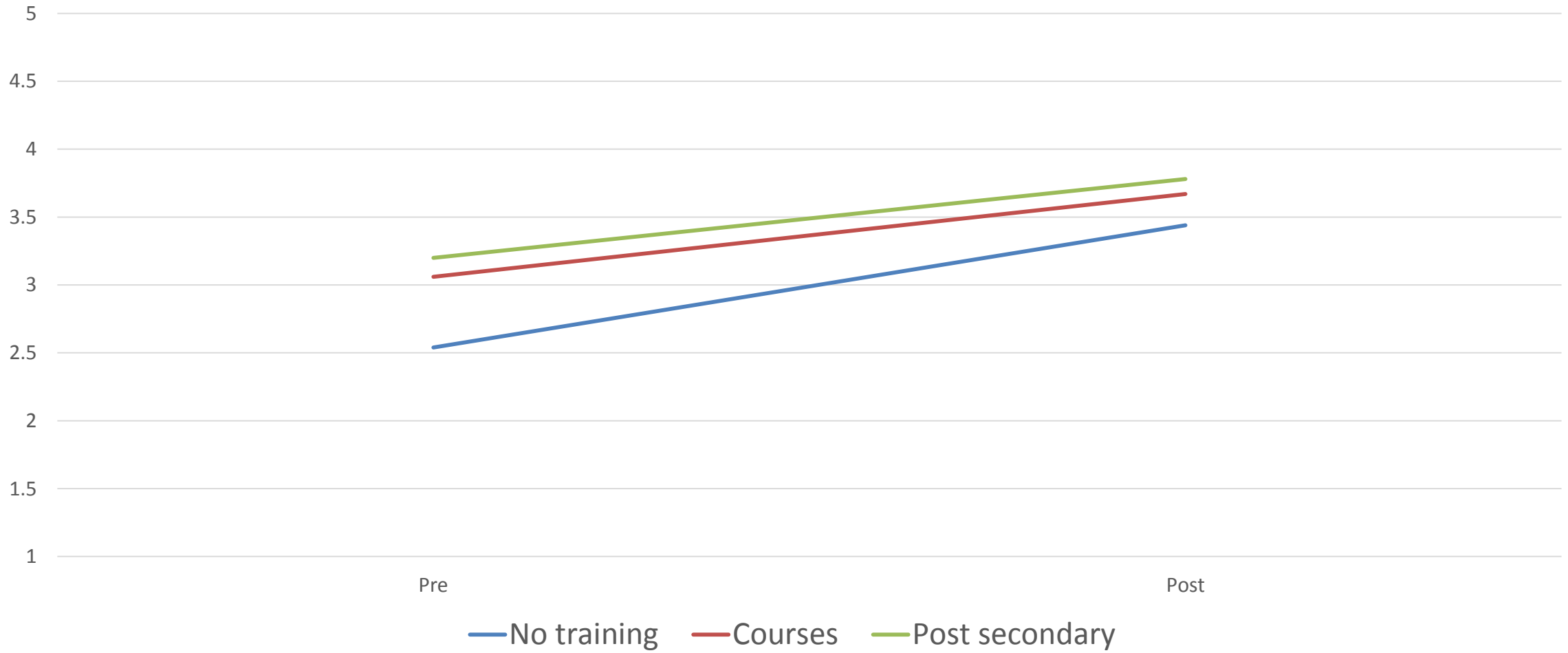
Scale	Postsecondary M (SD)	Other training / certification M (SD)	No Formal Training M (SD)	F (df)
Knowledge-MH	3.18 (.62)^a	3.06 (.63)^a	2.54 (.68)^b	8.22 (2,88) ^{***}
Knowledge-SDOH	3.35 (.51)^a	3.20 (.63)^{a,b}	2.85 (.69)^b	4.87 (2,88) ^{**}
Self-efficacy	3.16 (.79)^a	3.15 (.64)^a	2.55 (.70)^b	7.47 (2,88) ^{***}
Stigma	2.08 (.58)^a	1.94 (.42)^b	2.28 (.54)^a	3.60 (2,87) [*]

Differences across training groups at pre-test.

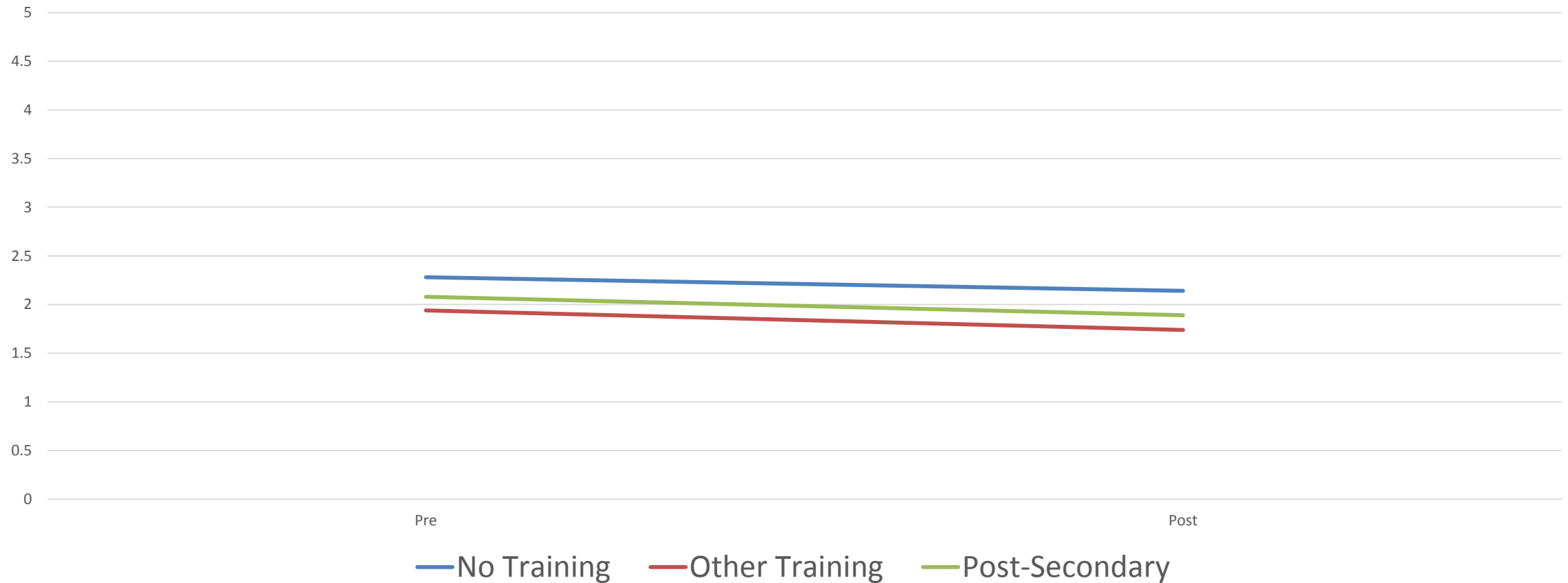
*p < .05, **p = .01, *** p = .001

a, b, denote equivalent or different means at the p < .01 level

Mental Health Literacy: Knowledge



Mental Health Literacy: Stigma



Application of Skills to Scenario

- In response to the scenario about a hypothetical friend who is described as suffering from a possible mental health crises:
 - All respondents identified that they were concerned about John and that he might be dealing with an issue that required assistance
 - Participants described approximately three EAGLE strategies in their responses
 - Overall, the most popular EAGLE strategy participants described they would use in their scenario responses was “Engage and evaluate the risk of suicide or harm” (79.1%)



But does it matter?

- Conducted follow-up surveys approximately 6 months later
- Small sample
- Did you learn anything that you use in your daily life? Have you have the opportunity to use your first aider skills? Did you use them? Why or why not? What happened?



Real World MHFAFN Skill Application



- **85%** of follow up survey respondents identified they had learned things in the course that they use in everyday life
- **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

Real World MHFAFN Skill Application



“ 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.”

- Participant, Eskasoni, Nova Scotia

Real World MHFAFN Skill Application



“ I knew how to respond to someone contemplating suicide and I knew how to use my body language with our First Nations people. It is different than the regular population, as well the eye contact. I hope my actions helped the individual. This person is still here with us today. As well, they confide in my completely. Thankful for MHFAFN.”

- Participant, The Pas, Manitoba

It is an effective community-level intervention for stigma?



“ *Within my company yes, within the community it is more difficult as they have not received the training.* - Participant ”



It is an effective community-level intervention for stigma?



“ [Community] is quite a small community compared to others, and when this training was provided to many people, I feel it created a ripple effect on breaking stigma and negative attitudes as these people were going to their own families and telling them what they had learned and starting many conversations about mental health- Participant ”



Conclusion

MHFAN shows promise as an effective and feasible public health approach to promoting wellbeing across a range of First Nations contexts.



Next Steps for Evaluation

- Larger sample size
- More community-based participants
- Comparison to other models or not being involved in training



Closing thoughts...

“

I like the program. It's something I needed a long time ago. I wish it could have been brought to my attention a long time ago before my brother died. It should be offered to the public, not just service providers.

”



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”

“

Because I don't have any counselling background. I never thought I was capable at helping people. I knew I could, but I didn't feel confident. But with this I think I would be able to help more in my job. I mostly work with youth programming.

”





<http://www.csmh.uwo.ca/research/mhfa-fn>

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