Governments Discover Need for Mental Health First Aid

Mental disorders are more common than heart disease and cancer combined -- one reason states and localities are teaching their employees how to recognize the signs of mental health problems and how to help.

BY: CAROLINE COURNOYER | JUNE 2012

One in four adults and 10 percent of children in the United States will suffer from a mental health illness this year. Mental disorders are more common than heart disease and cancer combined -- the leading causes of death.

"You're more likely to see someone having a panic attack than you are to see someone having a heart attack," says Linda Rosenberg, CEO of the National Council for Community Behavioral Healthcare (National Council). Yet most people, she says, don't know how to react to the former. That's why in 2008, the National Council, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health joined forces to bring the Australian concept of Mental Health First Aid (MHFA) to the U.S.

The idea behind MHFA is no different than that of traditional first aid: to create an environment where people know how to help someone in emergency situations. But instead of learning how to give CPR or how to treat a broken bone, the 12-hour course teaches people how to recognize the signs and symptoms of mental health problems and how to provide initial aid before guiding a person toward appropriate professional help.

Since its introduction in the U.S. four years ago, more than 50,000 people have been trained in 47 states and the District of Columbia. In at least 22 of those states, state or local governments supported the program, usually paying for employees to take the course, says Susan Partain of the National Council. Several states -- including Arizona, Colorado, Georgia, Maryland and Missouri -- already have statewide programs, which require some public workers and citizens to complete training as part of their job. For example, in Rhode Island the course is part of police officer training. Austin, Texas, offers it to every public library employee. Maryland offers it at every community college -- something several other states are looking to do. And Missouri partners with faith-based organizations since the

clergy is often "the first place people go when they feel stressed," says Edwin Benton Goon, the state's program coordinator. Arizona toyed with the idea a few years ago, but really invested in the program after a mentally ill man shot U.S. Rep. Gabrielle Giffords in Tucson in January 2011.

Sometimes it takes a tragic event for governments to take notice of the program, says Rosenberg, but she believes it has the ability to prevent future incidents like the Giffords shooting. Chief Anthony Silva, the executive director of Rhode Island's Municipal Police Training Academy agrees. "The training helps our officers better understand people with mental illnesses so they can respond appropriately without compromising safety," he said in a testimonial.

Not only does the course increase mental health literacy, according to studies of the Australian model, but it's also shown to improve the mental health of those taking the training, making them more confident in dealing with people who have a mental health illness.

Some universities have started offering training to their staff and students. At least seven colleges in Missouri use MHFA, according to Goon, and at some of them, the course is integrated into the required curriculum for certain majors, like nursing.

Many high schools -- faced with the fear of school shootings and everyday issues like bullying -- have expressed interest in bringing the program into their classrooms. But most are waiting for a pilot program that tailors mental health training to young people. Plans are under way to roll out such a program sometime this year.

An MHFA course costs about $180, which pays for instructor time, materials, classroom location and snacks. State and local agencies find several ways to finance this: Some pay for it using private donations; some use federal or state mental health funds; some partner with nonprofits; and some reduce costs by holding the training in public buildings for free. Maryland and Missouri pay for it out of the proceeds they receive for every MHFA training manual sold. As part of the national founding organization, they each get $1 for every sale.

The most cost-effective way to train people, according to Goon, is for agencies to have their employees become MHFA certified instructors. Anyone can become an instructor -- regardless of their background or expertise in mental health -- after successful completion of a five-day training program. Once an agency has its own instructors, it no longer has to pay for the instructors' time -- which makes up most of the course's cost. "This is very cheap to do," says Rosenberg. "You're not talking about millions of dollars. You're talking about hundreds."

And though it's difficult to quantify, increasing the public's mental health literacy can save money. In most municipalities, people with untreated mental health illnesses cost the government money because they're either unaware that they have a mental disorder or they lack health care. This segment of the population takes up a lot of police and fire department time by dialing 911 when they usually need a counselor or doctor.

Many public safety agencies are testing ways to stop this. For example, Baltimore tried connecting repeat 911 callers with a nurse and a case manager, and counties in Oregon and Washington began forwarding nonemergency calls to first responders who specialize in social service referral. But if enough people are trained to detect mental health problems, "not everything has to rise to the level of a professional intervention … [Mental Health First Aid] creates a better-educated community where people can take care of themselves and take care of each other," says Rosenberg.

The course is typically administered over two or three days. The majority of the training is interactive and uses teaching techniques like role play. For example, one exercise simulates what it's like for people who hear voices. According to Goon, participants tend to be quiet when the course starts, but once it gets rolling, they're eager to learn and share their stories. "It's like they've wanted to have these conversations for a long time," he says.

Participants learn how to detect a number of mental illnesses -- including schizophrenia, bipolar disorder, psychosis, substance use disorders, depression, anxiety and eating disorders -- and how to respond to people who have them. Their response is guided by a five-step action plan, termed "ALGEE," which stands for:

1. **A**ssess for risk of suicide or harm.
2. **L**isten nonjudgmentally.
3. **G**ive reassurance and information.
4. **E**ncourage appropriate professional help.
5. **E**ncourage self-help and other support strategies.

One of the program's main goals is to erase the stigma associated with mental health illnesses. "It wasn't long ago that cancer wasn't openly spoken about," Rosenberg says. "Mental illness is the last illness that people talk about in whispers." But that will change, she says, once Mental Health First Aid becomes as common as CPR training -- something she sees as inevitable.

http://www.governing.com/topics/health-human-services/gov-governments-discover-mental-health-first-aid.html?utm_source=related&utm_medium=direct&utm_campaign=gov-governments-discover-mental-health-first-aid