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Farm Advisors' reflections on Mental Health First Aid training

Delwar Hossain,[1] Don Gorman,[1] Rob Eley[1] and Jeff Coutts[2]

1. Centre for Rural and Remote Area Health, University of Southern Queensland, Toowoomba, Queensland, Australia

2. Coutts J&R, Toowoomba, Queensland, Australia

Abstract

This paper describes an evaluation of the use of Mental Health First Aid (MHFA) training with Farm Advisors. The specific objectives of the training were to: i) determine whether changes to mental health literacy were evident; ii) investigate whether changes were affected by demographic factors such as age, sex, work experience and experience with mental health problems; and iii) describe the experience of participants in terms of the relevance and ease of understanding of the presentation format. Data were collected from 32 Farm Advisors working in Southern Queensland, Australia, who attended MHFA training. Results indicated that the training had significantly improved their mental health literacy and skills in dealing with people with a mental illness. Older Farm Advisors, and younger Farm Advisors with field experience, were more knowledgeable about mental health prior to the training. However, no effects of these factors were found in post training, indicating that, irrespective of their age, sex, work experience and mental health experience, the Farm Advisors gained similar literacy in mental illness at the completion of training. The participants expressed that they now know how to recognise symptoms associated with mental illness, provide initial help, and offer a referral pathway for appropriate professional help to increase wellbeing among farming communities. They reported that the course materials were new, well presented, and relevant for them.

Keywords

mental health literacy, Farm Advisors, Mental Health First Aid, rural mental health, evaluation

Introduction

The distress and trauma associated with natural disasters such as prolonged drought affect the entire community (Farberow, 1985), and rural and remote communities suffer additional disadvantage due to their isolation and limited access to health and mental health resources (Judd, 2003; Judd, Jackson, Komiti et al., 2002; Stain, Kisely, Miller et al., 2003). Natural disaster can give rise to feelings of loss of control and mastery, fear, helplessness and futility, and in the long term there may be an increased risk of psychiatric morbidity (Raphael, 1986). The distress arising from drought is likely to be associated with mental illness such as depression and anxiety (Sartore, Kelly, Stain et al., 2008).

In the last few decades, farming life has dramatically changed (Blainey, 2001) as farmers age, work harder and longer, and the family farm disappears (Todd, in Brumby, Martin & Willder, 2005). This may contribute to the situation whereby rural people have above average rates of premature mortality and death through heart disease, cancer and suicide (Australian Institute of Health and Welfare: AIHW, 2002). Suicide rates across most age groups for men are higher in rural and remote areas and for women in the

Contact: Dr. Delwar Hossain, Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland, Toowoomba, Queensland, Australia Delwar.Hossain@usq.edu.au

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30-44 year age group (Brumby et al., 2005; Caldwell, Jorm & Dear, 2004).

Community surveys of mental health literacy have found that many members of the public lack knowledge about mental illness. They do not correctly recognise specific illness, have beliefs about treatments which are at variance with those of health professionals, have simplistic beliefs about causes, and frequently hold stigmatising attitudes (Angermeyer, Breier, Dietrich et al., 2005; Croghan, Tomlin, Pescosolido et al., 2003; Jorm, Argermeyer & Katschnig, 2000; Jorm, Kitchener, Kanowski & Kelly, 2007; Lauber, Nordt, Falcato & Rössler, 2003; Magliano, Fiorillo, De Rosa et al., 2004; Martínez-González & Trujillo-Mendoza, 2005; Priest, Vize, Roberts et al., 1996).

This lack of knowledge and the stigma associated with mental illness contribute to the lack of appropriate support that may be offered to sufferers by colleagues and family members. In many cases, it is simply because they do not know how. There is a gap between required and existing knowledge, skills, attitudes and aptitude required to support people to efficiently and effectively solve their mental health problems.

Recently in Australia, this deficiency in general knowledge has been addressed through the introduction of Mental Health First Aid training (MHFA). The MHFA training program was developed by Kitchener and Jorm and has been used extensively (Kitchener & Jorm, 2006). The MHFA program is aimed at enhancing people's knowledge and skills in recognising the symptoms of mental illness, provide initial help, and offer a referral pathway for appropriate professional help. Evaluation studies undertaken by the developers of the training in a variety of settings have all indicated a significant improvement in the mental health literacy of the participants (Jorm et al., 2007; Kitchener & Jorm, 2006).

Farm Advisors, who have regular contact with farmers, are in a position to be the first to recognise a mental health concern and provide initial support, yet they are limited by their qualifications, skills and role in what support they might offer (Turpin, Bartlett, Kavanagh & Gallois, 2007). The Department of Primary Industries and Fisheries has more than 350 Farm Advisors, the Department of Natural Resources and Water 150, Queensland Murray Darling Committee 300, and the Condamine Alliance 40. Being at the forefront of contact with farming communities, Farm Advisors could benefit from the knowledge of how to assist people in the community. By training them in mental health issues and individual resilience, it was anticipated that they would have increased knowledge and skills in recognising and supporting farmers who are experiencing difficult times.

A training program was therefore developed, which aimed to improve the mental health of farmers through training industry advisory staff to not only recognise behaviour that raised concerns about the mental health of their clients, but also to provide advice on the location of resources (such as educational materials or health professionals). The 32 Farm Advisors in this study included Extension Officers, Landcare Officers, Financial Counsellors, Agribusiness Officers, Catchment Management Officers, Customer Service Officers, Facilitators, and Farm Inspection Officers.

To our knowledge, the evaluation reported herein is the first that has been done independently of the MHFA developers and was undertaken with the Farm Advisors to:

i. determine whether changes to mental health literacy were evident;
ii. investigate whether changes were affected by demographic factors such as age, sex, work experience and experience with mental health problems; and
iii. describe the experience of participants in terms of the relevance and ease of understanding of the presentation format.

Method

Ethics approval for this study was granted by the University of Southern Queensland's Human Research Ethics Committee.

Participants

In July 2007, prior to the first training session, three focus groups were held with representation from farmers, rural organisations/agencies dealing with farmers, and with health professionals working in rural areas. The participants discussed the mental health issues

affecting farmers and what measures they thought necessary to resolve these issues. Full outcomes of those focus groups are presented elsewhere (Hossain, Eley, Coutts & Gorman, 2008); however, a key recommendation was the need for training of Farm Advisors on mental health issues.

Thirty two Farm Advisors participated in the training course. They were recruited from two government agencies (the Department of Primary Industries and Fisheries and the Department of Natural Resources and Water) and two non-government organisations (the Queensland Murray Darling Committee and the Condamine Alliance). Prior meetings with each organisation had revealed interest in the program and the organisations solicited self-nomination from within their staff. Once identified, the participants were divided into two groups, balancing across the groups as much as possible for employer, sex and age. The initial intention was to do this randomly; however, owing to ongoing job commitments some participants self-selected into a group. Seventeen Farm Advisors attended the training in September 2007 and 15 attended in March 2008.

Training

Accredited trainers of the MHFA course offered the training. The same instructors taught all the courses in both groups. The course involved 12 hours of training over two consecutive days with two sessions of 3 hours on each day. Further details of the course can be found at the Mental Health First Aid website (www.mhfa.com.au). Each participant received an accompanying course manual (Kitchener & Jorm, 2007).

The course gave an overview of the major mental health problems in Australia, introduced the five steps of MHFA (i.e., assess risk of suicide or harm, listen non-judgementally, give reassurance and information, encourage to seek professional help, and encourage self-help strategies) and then applied these steps to problems of depression, anxiety disorders, psychosis and substance use disorders. Participants learnt the symptoms of these disorders, possible risk factors, and where and how to get evidence-based effective help. The course also covered how to help a person in the following mental health crisis situations: a person who is suicidal; a person having a panic attack; a person who has experienced a traumatic event; a person who is acutely psychotic and perceived to be threatening; and a person who has taken an overdose of drugs.

Knowledge and evaluation of program

Pre- and post-training assessment of knowledge and skills was undertaken, as well as a course content evaluation at the end of each training session. Assessment of knowledge and skills was undertaken with the Mental Health First Aid Literacy Assessment Tool which is now widely used by the MHFA trainers (Kitchener & Jorm, 2007). The assessment questionnaire contains 25 statements on how to identify symptoms of mental illness, referral pathways (who to go to for help), how to take action, and the right medications. One point is given to each of the correct answers and the final score can range from 0 (indicating no knowledge) to 25 (the highest level of knowledge).

Evaluation of the Farm Advisors' experience of the MHFA training course used an existing 9-item questionnaire developed by the originators of the MHFA for evaluation of their own course (Kitchener & Jorm, 2007). Four questions were based on the newness of the content to the participants, ease of understanding, quality of presentation, and relevance of content to the trainees. The participants were asked to evaluate those four questions on a ten point scale with 1 indicating *not at all/very hard/really bad* and 10 indicating *very much/very easy/really good*. Five open ended questions asked participants to comment on strengths, weaknesses, other issues, and overall impressions of the program.

Data analysis

Quantitative data were analysed using SPSS 15.0 for Windows. Frequency counts and percentages, as well as means and standard deviations, were calculated for the descriptive data. A t-test was used to determine whether there was a significant difference in participant knowledge between pre- and post-training. Univariate analysis of variance was used to determine whether there were significant effects of age, sex, work experience in the field as a Farm Advisor and prior experience in mental health situations, on participants' mental health literacy. Differences in knowledge were tested for significance at $p<.05$.

Results

Characteristics of the Farm Advisors

The age of participants ranged from 21 to 60 years (M = 38.22, SD = 13.14). To identify the effect of age on the mental health literacy of the participants, age was categorised into two groups: 40 years and below, and over 40 years of age (see Table 1). The majority of participants were female (59%) and had 5 years or less work experience in the field as Farm Advisors (56%). In response to the question 'Have you ever experienced a mental health problem yourself or in someone else in your family?' the vast majority (72%) had not.

Mental health knowledge

The mental health knowledge scores of participants ranged from 1-17 with a mean of 10.75 (SD = 3.56) at pre-test, and from 18-24 with a mean of 22.19 (SD = 1.46) at post-test. This difference was significant, t (31) = -15.80, p = .001, demonstrating an improvement in mental health first aid literacy.

Table 1. Descriptive characteristics of Farm Advisors (N = 32)

Characteristics	n	%
Age		
≤40 years	19	59.38
>40 years	13	40.62
Sex		
Male	13	40.62
Female	19	59.38
Work experience as Farm Advisor		
≤5 years	18	56.25
>5 years	14	43.75
Experience of mental health problem		
Yes	9	28.13
No	23	71.87

Table 2. MHFA course evaluation by Farm Advisors (N = 26)

Evaluation criteria	Range	Mean (SD)
How new was this material to you?	1-10	7.35 (2.23)
How easy was it to understand?	6-10	8.46 (0.99)
How well was it presented?	6-10	8.46 (1.10)
How relevant was the content for you?	5-10	8.31 (1.41)

The effects of sex, age and work experience on mental health knowledge both pre- and post-training were determined by univariate analysis. In pre-training, age was a factor, with participants over 40 years of age (M = 12.20, SD = 3.78) having better mental health knowledge than those who were ≤40 years of age (M = 9.54, SD =2.87), F(1, 21) = 6.18, p = .02). No main effect of work experience on mental health knowledge was detected. There was, however, a significant interaction effect between age and work experience: The Farm Advisors who were ≤40 years of age with more than 5 years of work experience (M = 13.17, SD = 2.08) had better mental health knowledge than those who were >40 years of age with 5 or less years of work experience (M = 10.28, SD = 1.57), F(1, 21) = -6.33, p = .006. Post-training there were no effects of age, sex or work experience on knowledge.

Evaluation of Mental Health First Aid course

At the end of the training the participants were asked to evaluate the MHFA course based on the newness of the materials, ease of understanding, presentation format and relevance of content.

The mean ratings indicated that the participants reported that the course material was new to them, easy to understand, was presented very well and the content was very relevant for them (see Table 2).

In their open ended comments, the participants noted that the course covered a *'broad range of relevant topics. Course materials were easily understood and the manual was clear and concise.'* They considered accredited teachers to be well informed: *'Gave me a better understanding of how to handle situations for safety and a positive outcome.'* They also said it helped them to break down their stereotypical thinking: *'… better understanding that people with mental illness can live [a] normal life if they take medication.'*

They said they enjoyed the course and appreciated the fact it was presented in a clear way. *'This course was presented well with facts and provided insight into mental health as well as the treatments.'* The Farm Advisors now understand the differences between various mental health disorders. *'Good balance with videos of application; for example, flight or*

fight, beyondblue, understanding schizophrenia and understanding manic depressive illness.'

The participants believed that working with people they should understand mental illness, and stated that the course should be offered to more people who work with people at risk. They indicated that the course should be a part of conventional first aid training (along with cardiopulmonary resuscitation, etc.). They further indicated that more interactive parts, for example more role playing, should be included in the course presentation.

Some other comments were:

'Something I have wanted to do.'

'Received new materials that would help to understand people with mental illness.'

'It was very helpful information that I can use personally and at the workplace with clients.'

'It gives me a much greater awareness of mental health.'

Discussion

Training of the non-health sector has been shown to be a valuable approach in supporting people with mental health problems (Kitchener & Jorm, 2002). During focus groups run by the authors, the need for this training was identified by the employers of Farm Advisors who recognised that those advisors are often the first access point to farmers with mental health problems.

The pilot study has demonstrated that the training was effective. A limitation to the study is that the participants were self-nominated and it is possible that other employees would not have benefitted in a similar fashion. However this limitation is considered to be minor and as a result of the pilot two of the participating organisations now intend adopting this training for their employees in future.

As a result of attending the course, the majority of the Farm Advisors indicated that they would be able to recognise the symptoms of mental illness, provide initial help, and offer a referral pathway to appropriate professional help. These findings are congruent with those published by the developers of the MHFA training program (Kitchener & Jorm, 2002; Kitchener & Jorm, 2006; Jorm et al., 2007), who asserted that those who did the training showed a number of changes such as improvement in recognising mental illness and being more like health professionals in their beliefs about what treatments are likely to be helpful.

Knowledge of mental health was poor prior to training and this is in agreement with previous research that assessed members of the general public in Switzerland (Brandli, 1999) and Australia (Jorm et al., 2007) and employees of Australian government departments (Jorm, Kitchener & Mugford, 2005). These studies found in their pre-training assessment that the participants lacked knowledge and skills to provide support to people with mental health problems. However, the post-training assessment reported a significant improvement in knowledge of mental illness (Jorm et al., 2005).

Older Farm Advisors, and younger Farm Advisors with field experience, were more knowledgeable about mental health prior to the training. This would suggest that it is experience either through age or work that provided some knowledge about mental health issues within the farming community. However, no effects of these factors were found in post-training, indicating that, irrespective of their age, sex, work experience and mental health experience, the Farm Advisors had similar literacy in mental illness at the completion of training. The participants reported that the course materials were new, well presented, and relevant for them. Further they indicated that the course was easy to understand, that it was extremely enlightening, and should be very useful to anyone working with people who may experience mental illness. They stated that the course gave them a better understanding of how to handle situations and break down their stereotypical thinking. It gave them much greater awareness of mental health. It also gave them a better understanding that if people with mental illness take timely measures they do not have to live a life that is any different from someone without a mental illness.

The fact that the Farm Advisors felt more competent to handle situations is extremely important. Whilst this is just one of a wide range of strategies to address mental health issues (AIHW, 2007), access to someone with the ability to understand and where necessary advise on where further help can be accessed is a critical first step.

Whilst identifying the need for referral does not solve the problem of a lack of professional resources (Buikstra, Fallon & Eley, 2007), it is still important to identify the need so that steps can be taken to lobby for new services, better access to existing ones, or development of strategies to utilise alternate community resources such as partnerships between different non-mental health organisations and individuals. This project with Farm Advisors is in itself an example of this approach.

Farm Advisors spend considerable time talking to the farmers about their concerns and this training puts them in a better position to deal with difficult situations faced by the farming community. We recommend that in addition to routine training of Farm Advisors, employers also offer the opportunity to discuss the consequences of that training with their employees on a regular basis.

This study has not investigated any impact of the Mental Health First Aid training program on the quality of farmers' lives and consequent farm management and farm productivity in the drought affected regions of Queensland. Future studies are planned, the first of which is to hold follow-up focus groups with employers, course participants and farmers to determine actual use and impact of the training over a one year period. These feedback sessions will add further to evaluation of the training and also should provide information as to other strategies that may help Farm Advisors support farmers in the future.

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