

The 'first aid' concept of mental health support.

(is it right to focus on this as the only solution for workplace mental health?)



The concept of Mental Health First Aid originated in the late 1990s and, after its initial launch in Australia, has spread globally. It was introduced in the UK in 2008 with support from public health England. However, it is essential to recognise that 'Mental Health First Aid' is a commercial product rather than a regulated qualification. It is provided by a single commercial provider through a combination of direct and freelance licensed trainers.

This product is undoubtedly a commercial success for its parent company, but this commercial success also attracts scrutiny, not only due to the sole-source approach encouraged by public bodies, but also regarding the effectiveness of the mental health first aid concept.

In January of this year, Dean Russell MP introduced a motion in Parliament to make mental health first aid a legal requirement for companies. This proposal would require businesses to purchase a specific mental health awareness course from a single commercial provider, based on a specific concept and founded on specific principles. This idea did not receive universal support, and the concerns were not solely about the associated costs (averaging £300 per person) and the single supplier issue. Critics also raised concerns about the risks of assuming that this is the only solution to the complex issue of public mental health.

To propose such a radical shift and essentially place all public mental health training in one basket would logically be based on compelling independent evidence. However, the existing evidence is, at best, unclear.

Research conducted in 2022 by the Manhattan Institute, which examined 46 studies (including 16 studies conducted by the course creators), concluded that:

"The evidence that MHFA achieves this goal is lacking. Two decades of research show that it does not improve outcomes on relevant metrics, such as fewer crises or tragedies, reduced prevalence or disease burden of mental illness, or greater access to high-quality treatment and services."



A previous study from 2018 by the Health and Safety Executive (HSE), while acknowledging that training had raised awareness, also noted:

"There is no evidence that the introduction of MHFA training improved the management of mental health in workplace settings; and limited evidence that the content of MHFA training has been adapted to workplace settings."

Furthermore, the HSE highlighted the issue of the commercial provider marking their own homework, noting that:

"In most of the published studies the training was evaluated by the individuals who developed MHFA, and by the wider consultancy group that developed this methodology with affiliated research organisations."

The broader and more serious concern we see is that 'first aid' is fundamentally reliant on a narrow concept of what mental health is. Psychology as with any science does not stand still, in fact psychology is a relatively under-researched subject with only a tiny proportion of research budgets when compared to other areas of human health. It is a young science and one which continues to develop at pace.

Mental health first aid was founded in the late 1990s / early 2000s, a time when the medical or clinical concept of mental health was in its ascendancy. Its assumptions are based on the

Diagnostic and Statistical Manual or DSM, which is now in its 5th and most voluminous iteration. In simple terms the DSM views mental health as a classification of disorders, illnesses, and dysfunctions. However, this is only one school of Psychology, which promotes labels, classification, treating and medicating. Many alternative views from within Psychology, Psychiatry, Psychotherapy and Counselling are moving away from the 'labelling' concept and the need to 'diagnose', towards a more holistic view of psychological distress.

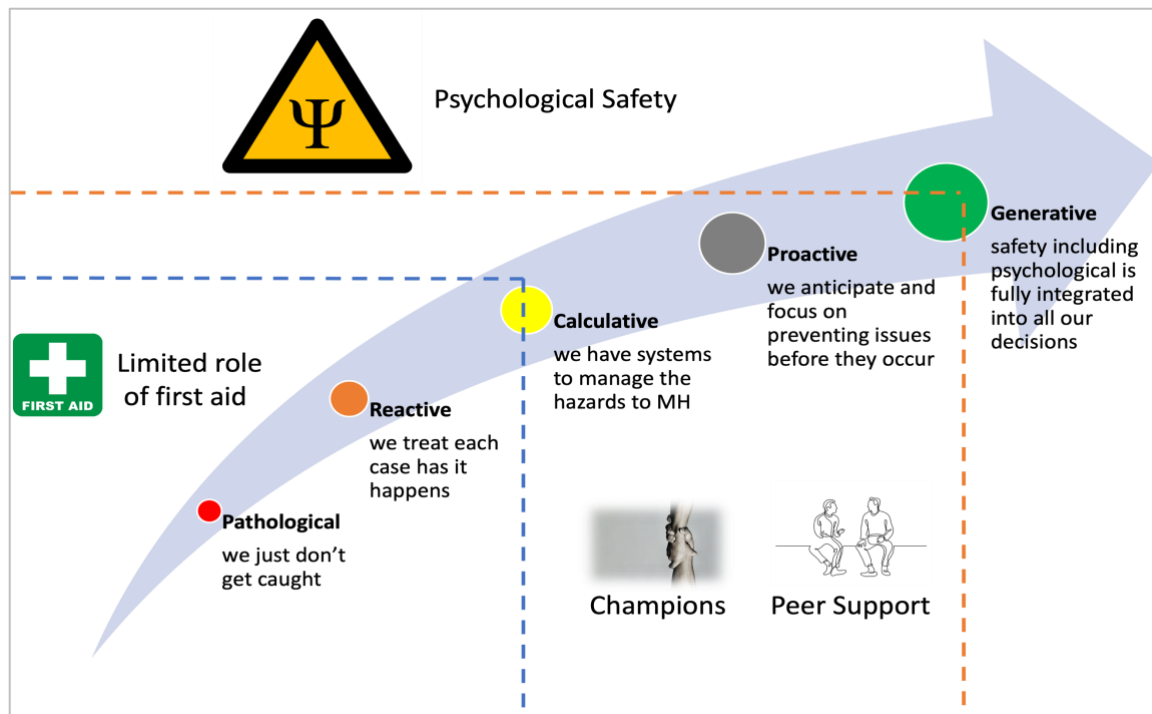
This holistic view moves attention away from the individual as the 'problem' to an understanding that the individual is also part of a larger ecology, society, and culture. Furthermore, this wider ecology is often unique to the individual, rarely fits into the neat classifications of the DSM and are a complex influence of culture, society, work, politics, and the individual.

If we look beyond the scientific criticism and towards the realities on the ground, even former MHFA executives are cautious about making this 'first aid' approach to mental health the single and legally bound concept, warning against:

"Organisations using it as a 'tick box' exercise, by training only a few people rather than looking at how to support workplace mental health in its entirety".

We may desperately want to find one, but unfortunately there is no 'simple fix'. Our approach is to not over sell the role of awareness. Instead, we provide a structured approach to how businesses can support their employees with their psychological wellbeing and fundamental to this is our belief that first aid must fit within a broader view of safety in the workplace.

Our view is that, to be effective, awareness (including first aid) must be backed up by access to qualified psychological support and a culture where psychological safety is equal to other business priorities. The Space to Talk approach to psychological wellbeing in the workplace is to prioritise the business culture rather than focussing on the application of responsive 'first aid' type solutions. As with development of physical health and safety, we need to focus on prevention and not just how we treat the symptoms.



If we apply the 5-step maturity model to mental health in the workplace, awareness (or first aid as is commonly adopted) is effective but is limited in its function. Our model for psychological wellbeing in the workplace takes a 'culture first' approach and imbeds employee awareness, mental health champions and peer support as supporting functions not the primary responsibilities for psychological wellbeing.

And we are not pursuing this agenda alone. The publication of ISO 45003 in 2021 became the first global standard for managing psychological wellbeing in the workplace. This standard puts the employer front and centre of managing psychological wellbeing beyond just responding to mental health as an illness in a 'first aid' sense.

To find out more about Space to Talk Training CIC and our approach to Psychological Wellbeing in the workplace contact us at info@space2talk.co.uk or visit our business information at www.space-wellbeing.co.uk/business.

References:

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