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Research report

First aid for depression: A Delphi consensus study with consumers, carers and clinicians

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Abstract

Background: It is unclear how members of the public can best support individuals who are developing a depressive episode before appropriate professional help is received.
Methods: To assess expert consensus, we used the Delphi Method. An expert panel consisting of 167 mental health consumers, carers and clinicians was recruited from developed English-speaking countries. A 99-item questionnaire about how to help someone with depression was developed from a variety of resources. The panel members rated each item according to whether they believed the statement should be included in the first aid recommendations. The results were analysed by comparing consensus rates across the three groups. Three rounds were required to consolidate consensus levels.
Results: Sixty-four items were endorsed by ≥80% of panel members from all three groups as essential or important. These items were grouped under the following headings: recognising and acknowledging depression; approaching someone who may be depressed; how to be supportive; what is not helpful for a person who may have depression; whether to encourage the person to seek professional help; whether to encourage the person to use self-help strategies; what to do if the person does not want help.
Limitations: These recommendations may not be applicable outside developed English-speaking countries.
Conclusions: By informing the content of training courses, these recommendations will improve the provision of first aid to individuals who are developing a depressive episode and facilitate the uptake of appropriate professional help.
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Keywords: Depression; Mental Health First Aid; Delphi consensus

1. Introduction

Family and friends are often the first to recognise the development of a depressive episode and can provide valuable information and support to the person with depression. In this way, family and friends can be the earliest point for early intervention and important facilitators of pathways to professional care (Dew et al., 1988). The actions they take, or fail to take, may make a substantial difference to whether a person who is developing depression accesses appropriate help without delay if such help is necessary. However, despite the pivotal role that family and friends can have in facilitating this support and help-seeking process, many lack the knowledge and skills to intervene effectively (Highet et al., 2005).

To address this lack of information and expertise, two of the authors (BAK and AFJ) developed the world's first Mental Health First Aid (MHFA) course following the model applied to physical first aid (Kitchener and

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Jorm, 2002a). Mental Health First Aid is defined as 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 resolves. The 12-hour course trains members of the public to give early help to people developing a mental disorder (including depression and related disorders) and to give support in mental health crisis situations (such as assisting someone who is suicidal). The course has an associated MHFA Manual (Kitchener and Jorm, 2002b) which can be downloaded for no cost from www.mhfa.com.au.

Several trials have been carried out to evaluate the effects of the MHFA course. An initial uncontrolled evaluation with members of the public showed that the course improved recognition of mental disorders, changed beliefs about treatments to be more like those of health professionals, reduced stigmatising attitudes, increased confidence in providing help, and increased the amount of help provided to others (Kitchener and Jorm, 2002a). More recently, randomised control trials have been carried out with employees in a workplace setting and with members of the public in a large rural area (Kitchener and Jorm, 2004; Jorm et al., 2004). In comparison to wait-list control groups, the trained groups showed greater confidence in providing help to others, improved helping behaviour, greater concordance with health professionals about treatment and decreased social distance from people suffering from depression. The MHFA course has been widely disseminated in Australia and has been adapted by a number of other countries, including Scotland, England, Ireland, Hong Kong, Canada, Singapore and Finland.

Although the MHFA course content is designed to be as evidence-based as possible, there is very little evidence on pre-clinical interventions for developing mental disorders. As such, there is limited knowledge about the best actions for a lay person to take to help someone who may be developing a mental disorder. While randomised control trials provide the highest standard of evidence, it is not feasible or ethical to carry out such trials to evaluate Mental Health First Aid strategies. In such situations, expert consensus provides an alternative. The aim of this research was to develop recommendations for first aid for depression using the expertise of mental health consumers, carers and clinicians.

2. Methods

2.1. The Delphi method

To survey expert opinion, we used the Delphi method which involves a group of experts making private, independent ratings of agreement with a series of statements (Jones and Hunter, 1995). A summary of group ratings is fed back to the panel who then complete a second round of rating. The panel members can choose whether to change or maintain their original ratings. Several rounds may be required, depending on the desired level of consensus. The output from the process is statements for which there is substantial consensus in ratings.

2.2. Panel formation

For the present study, we recruited mental health consumers, carers and clinicians from Australia, New Zealand, the UK, the USA and Canada. To recruit consumers and carers, we approached mental health organisations (e.g. ARAFEMI in Australia, Rethink in the UK) to request that they pass on information about the study to any consumers (those who had experienced depression) and carers (those who had looked after someone with depression) who they thought might be interested in participating in the study. We specified that any consumers and carers who participated needed to be comfortable reflecting on their experiences with depression and as a result, the project was particularly appropriate for consumers and carers in publicly visible roles (for example, those who were working in advocacy positions or with support groups). We also approached consumers and carers who had authored books, articles or websites about their experiences to invite them to participate. The clinical experts approached were international authorities in depression, as well as mental health clinicians working within clinical settings. Each potential participant was sent an information sheet about the study. Once they had agreed to participate, written informed consent was obtained from each panel member by email or letter. In some cases where the participants did not have access to email, consent was obtained via the telephone. Panel members were given the option of completing the questionnaires online using SurveyMaker (an application service provider affiliated with Griffith University), via email or by paper mail. See Fig. 1 for the number of panel members who completed each round. This project received Ethics approval from the Human Research Ethics Committee at the University of Melbourne.

2.3. Questionnaire development

A systematic literature review was conducted of websites, books, carer and consumer manuals, and journal articles for statements about how to help someone who may have depression. This involved a comprehensive

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