Collegian (2015) 22, 433—438

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/coll

Undergraduate mental health nursing education in Australia: More than Mental Health First Aid

Brenda Happell, RN, BA (Hons), PhD[a,*],
Rhonda Wilson, RN, BNc, MNurs (Hons)[b,1],
Paul McNamara, FACMHN, RN, BN, MMHN[c,2]

[a] *Central Queensland University, Institute for Health and Social Science Research and the Centre for Mental Health Nursing Innovation, Australia*
[b] *School of Health, University of New England, Australia*
[c] *Perinatal Mental Health, Cairns & Hinterland Mental Health Service, Australia*

Received 27 September 2013; received in revised form 21 May 2014; accepted 1 July 2014

KEYWORDS
Attitudes to mental illness;
Mental Health First Aid;
Mental health nursing;
Nursing students;
Undergraduate nursing

Abstract Mental Health First Aid training is designed to equip people with the skills to help others who may be developing mental health problems or experiencing mental health crises. This training has consistently been shown to increase: (1) the recognition of mental health problems; (2) the extent to which course trainees' beliefs about treatment align with those of mental health professionals; (3) their intentions to help others; and (4) their confidence in their abilities to assist others. This paper presents a discussion of the potential role of Mental Health First Aid training in undergraduate mental health nursing education. Three databases (CINAHL, Medline, and PsycINFO) were searched to identify literature on Mental Health First Aid. Although Mental Health First Aid training has strong benefits, this *first responder* level of education is insufficient for nurses, from whom people expect to receive professional care. It is recommended that: (1) Mental Health First Aid training be made a pre-requisite of pre-registration nurse education, (2) registered nurses make a larger contribution to addressing the mental health needs of Australians requiring care, and (3) current registered nurses take responsibility for ensuring that they can provided basic mental health care, including undertaking training to rectify gaps in their knowledge.

* Corresponding author at: Central Queensland University, Engaged Research Chair in Mental Health Nursing, Director of Institute for Health and Social Science Research, Director of Centre for Mental Health Nursing Innovation, Professor of School of Nursing and Midwifery, Building 18, Bruce Hwy, Rockhampton, Queensland 4702, Australia. Tel.: +61 07 49232164; fax: +61 07 49306402.
E-mail addresses: b.happell@cqu.edu.au (B. Happell), rhonda.Wilson@Une.edu.au (R. Wilson), PMHcairns@health.qld.gov.au (P. McNamara).
[1] Tel.: +61 0267733952.
[2] Tel.: +61 07 4226 3411/04 5980 0267; fax: +61 07 4226 6674.

http://dx.doi.org/10.1016/j.colegn.2014.07.003
1322-7696/

Introduction

In 2013, Mental Health First Aid (MHFA) were successful in gaining funding from the Australian Department of Health and Aging grant with the aim of training at least one nursing academic from every Australian University (Department of Health & Ageing, 2013) to become a Mental Health First Aid trainer. Upon successful completion of the programme nurse academics are then able and expected to provide this training to undergraduate nursing students. Under this arrangement nursing academics are required to attend a five-day training workshop and complete a supplementary online module. The training workshop largely consists of basic mental health knowledge, well below the level one should expect from nurses appointed as nursing academics.

The rationale for requiring academic nurses to attend the MHFA training is to ensure their compliance with instructor materials because the programme is trademark and copyright protected. The infiltration of such rigid compliance to material in the higher education sector is however, cause for concern, because the peer review process that teaching materials are usually subjected to in University processes is circumvented by a trademark organisation. Nurse academics who have undertaken the training are bound by their agreement to comply with administering the MHFA course without changing any of the materials, and by ensuring that it is conducted across a 13 h training period (Mental Health First Aid, 2013). While the intention may be actuarial and risk aversive to protect the MHFA organisation from litigation, it serves to constrict the actions of nursing academics and is restrictive for universities who have their own quality frameworks to adhere to. The regulation of nursing education in this way, and with significant curriculum time requirements amount to a significant proportion of teaching time, and without the flexibility to adapt materials to include relevant regional, international or new research-based evidence is a limitation that needs to be considered carefully. The educational pedagogy of the MHFA may also be poorly aligned to some new and future nursing curriculums.

The value or otherwise of MHFA in facilitating the mental health knowledge of nursing students above and beyond the core mental health nursing components would in itself be worthy of further debate. However the focus of this paper is consideration of the potential implications of introducing MHFA into undergraduate nursing curricula.

The potential introduction of MHFA must be considered within the broader context of mental health within undergraduate nursing curricula in Australia. An extensive literature now documents the underrepresentation of mental health nursing content in pre-registration nursing in Australia (Brunero, Jeon, & Foster, 2012; Happell & Gaskin, 2013; Moxham, McCann, Usher, Farrell, & Crookes, 2011; Stevens, Browne, & Graham, 2013; Wynaden, 2010, 2012). Mental health nursing content has been the subject of numerous reports and inquiries emphasising the prevalence and severity of mental illness and mental distress within our community and therefore highly relevant for nursing students. However, the underrepresentation of mental health content continues (Happell, 2010). These ongoing issues were acknowledged by the Mental Health Nurse Education Taskforce and informed the development of a framework for mental health nursing in undergraduate nursing curricula (MHNET, 2008).

If MHFA is to be offered to all nursing students at the participating university, it is quite likely this will become included as part of core curriculum, to ensure as many students as possible complete it. In light of already crowded curricula (McAllister, Williams, Gamble, Malko-Nyhan, & Jones, 2011), this would need to occur at the expense of other content. The precarious position mental health often occupies that MHFA might be seen as a viable alternative at least in part to the mental health nursing component of undergraduate nursing education in Australia.

The authors have all heard statements suggesting that registered nurses and nursing students learned more from MHFA than from their undergraduate mental health nursing component. This appears to reflect a view that the programme is of sufficient quality and more relevant to their educational needs. In an extreme example, an on-line article from the US (Thayer, 2008) describes the MHFA programme as teaching nurses how to respond to mental illness, crediting the programme with the capacity to avert mass killings if sufficient nurses are trained in its use. Clearly this article is an opinion piece rather than research based, and it is not clear how similar or different the content is to that used in the Australian context. Nevertheless, the idea that MHFA might be as good as, or better than mental health nursing education is an issue of concern. The evidence to date is largely anecdotal and we are not intending to present it as definitive.

Notwithstanding these limitations, the aim of this paper is to commence the debate about MHFA and its relationship to mental health nursing education. The paper will include: an overview of MHFA, its intended purpose and the evaluation of its effectiveness. This will be discussed in light of a broader focus on undergraduate mental health nursing education; the inherent limitations of MHFA for the education of health professionals; and, the potential implications should MHFA be used as a substitute for all or part of a core mental health component.

Background

MHFA is similar to the familiar, established concept of first aid, whereby lay people render assistance to other injured members of their community until professional help is available (Jorm & Kitchener, 2011). It is important to note that MHFA 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 (Kitchener, Jorm, & Kelly, 2010). There are five steps to guide the implementation of MHFA and these are: (1) assess risk of suicide or harm, (2) listen non-judgementally, (3) give support and information, (4) encourage person to get appropriate professional help, and (5) encourage self-help strategies (Kitchener et al., 2010). It is anticipated that any person, regardless of vocation, once they have undertaken a 12 h MHFA training programme could render this type of assistance, in much the same way as a traditional first-aider could render basic life support assistance, until such time as professional help is available.