

An Evaluation of Phase One of the Youth Mental Health First Aid (Youth MHFA) in Schools programme:
'The training has given us a vocabulary to use.'

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Research: *'What we hoped to learn about effectiveness of Youth MHFA One Day training.'*




To what extent, if any, has Youth MHFA One Day training enhanced Youth MHFA Champions' perception in the following six perceptual constructs:

					
Knowledge of Mental Health,	use of MHFA ALGEE Dialogic Process,	Evidence-based Practice,	Inclusive Mental Health Practice,	Implementation of Youth MHFA and	Self-Regulation?
(recognising signs and symptoms of, and potential reasons for, different mental health issues in young people)	(Ask, assess and act: Listen non-judgementally; Give reassurance; Enable help seeking and Encourage self-help in young people)	(assess young people's mental health, research published information, know government guidance on professional support, engage in mental health training and sharing knowledge of mental health)	(practitioner joint confidence in helping young people with mental health issues)	(embedding Youth MHFA training and building upon current provision for mental health within educational setting)	(Youth MHFA Champions' self-help, help-seeking and if needed, openness to speak with others about their mental health)

2




Aims: *'What we were aiming to understand about effectiveness of Youth MHFA One Day training'*

The evaluation aims were to understand whether Youth MHFA Champions':

		
confidence and perception of the six perceptual constructs was enhanced after Youth MHFA One Day training,	professional, contextual and personal skill characteristics influenced their confidence and perception of the six perceptual constructs,	insight and experience of supporting young peoples' mental health in their educational setting.

3

Phase One Methods: *'What we've done so far about the effectiveness of Youth MHFA One Day training.'*

		
OVER ONE YEAR, FROM MAY 2017 TO APRIL 2018	OVER ONE YEAR, FROM JUNE 2017 TO JULY 2018	FROM JUNE 2017 TO DECEMBER 2018
1000 SCHOOL STAFF	825 QUESTIONNAIRE RESPONSES	6 FOCUS GROUP CASE STUDIES
trained on Youth MHFA One Day course to become Youth MHFA Champions.	received before and one to three terms after Youth MHFA One Day training.	in schools involving Youth MHFA Champions, school staff and 112 young people.

RESPONDENTS: 45% of respondents were pastoral and support provision leaders, middle leaders or senior leaders. 55% of respondents held mental health, social-emotional learning, medical, pastoral, safeguarding support roles, teacher or teaching assistant roles, of this 12% were teachers.

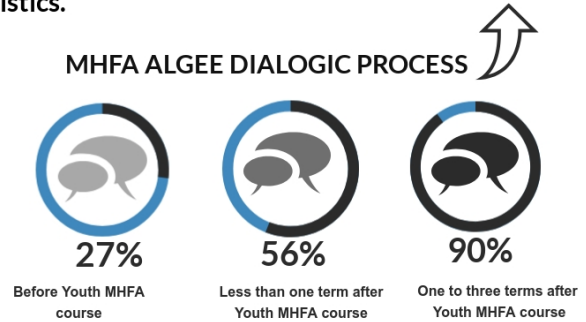
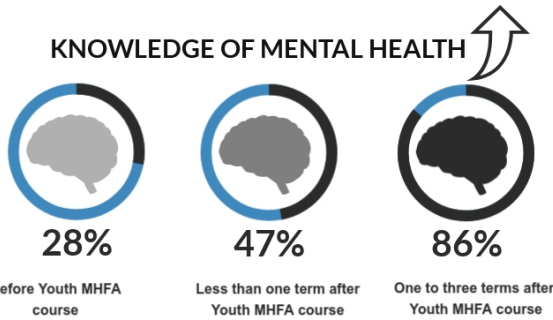
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Phase Two Methods: *'What else do we hope to learn about effectiveness of Youth MHFA One Day training?'*

Longitudinal evaluation of Youth MHFA Champions' implementation of Youth MHFA within their educational settings would enable: (i) further validation of Champions' perception of the six perceptual constructs and the influence their professional, contextual and personal skills characteristics has upon this and (ii) gaining further insights into the mental health provision Champions establish within their educational settings from Champions' and young people's' voices.

5 Findings: 'What we've learnt so far'

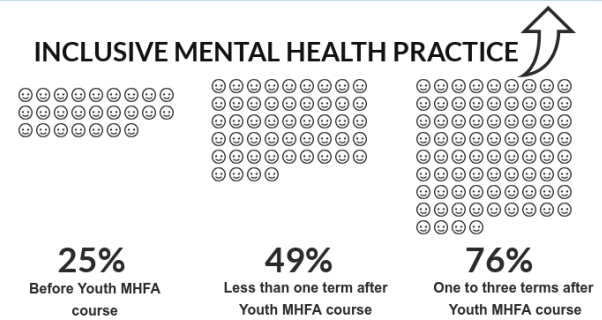
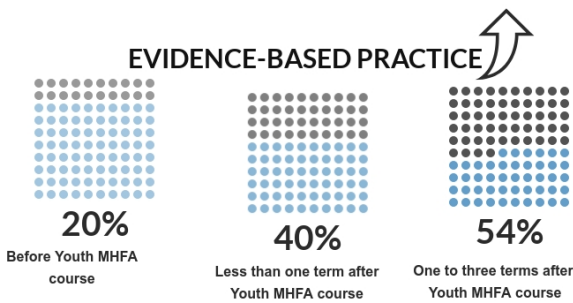
Overall, before the Youth MHFA training, 30% of Champions were already highly confident in their ability to support young people address their mental health issues. Following training, this increased to 59% within one term and then 87% up to three terms later. This increasing confidence in being able to help young children with their mental health issues may be influenced by Champions' professional, contextual and personal skills characteristics. Champions' perception of HIGH confidence for each perceptual construct is shown below along with the likely influence of Champions' characteristics.



Increasing confidence in mental health knowledge was influenced by Champions' who did not hold mental health qualifications as they become equally as likely to have high confidence in their knowledge of mental health as participants who held mental health qualifications.

Increasing confidence in using the ALGEE dialogic process was more likely to be influenced by high perceptions from Champions in support roles relating to pastoral, welfare, safeguarding and learning support than by Champions in special education needs, alternative or medical support roles.

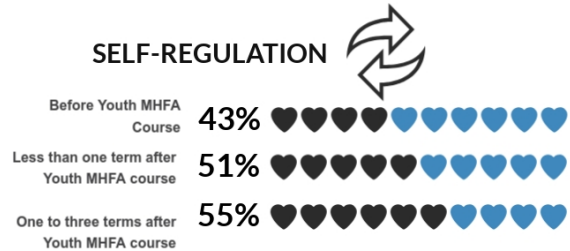
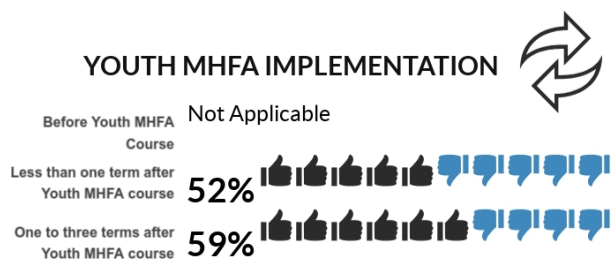
ALGEE 'The training has given us the vocabulary to use, so it's telling us that it's okay to talk about ... things that perhaps we would have shied away from previously:' '... after the training we are more up front about it (mental health) and we talk to children to say it's okay to have these feelings, let's see if we can find a way for you to deal with them.' (Practitioner Focus Group)



Increasing high perception in using evidence-based practice was more likely to be influenced by high perceptions from Champions holding leadership roles, including leadership of support provision, than by Champions holding non-leadership roles.

Increasing high perception in establishing Inclusive mental health practice was more likely to be influenced by high perceptions from Champions working in academy, faith and free schools than by Champions working in special education needs, alternative SEMH or hospital schools.

BARRIERS '... because the school curriculum has become perhaps very narrow... with lots of rigour with regard to exam, exam preparation. ... (F)or students who perhaps learn in a different manner, although they're being told not to worry about this, you've got time, at that moment in time of course they're preparing for exams, and having the anxiety that goes with it.' (Practitioner Focus Group)



The tentatively increasing perception in the extent Youth MHFA was implemented within educational settings was influenced by Champions, who were more likely to perceive high levels of barriers and developing mental health provision to a lesser extent than participants who perceived low levels of barriers.

Champions who reported they had high levels of personal mental health issues were tentatively more likely to perceive they were managing self-regulation than Champions reporting they had lower levels of personal mental health issues.

STUDENT IDEAS '..Have more assemblies on it (MHFA)'; 'Talk to the students in small groups not just assemblies'; 'They (practitioners) could help you more in lessons so you can have support when you need it.'; 'Have lessons earlier on in school in year 7.' (Student Comments)