



## Evaluation of Aboriginal and Torres Strait Islander Mental Health First Aid training delivered to Groote Eylandt and Bickerton Island

Mental health is essential to the overall health and wellbeing of individuals and includes emotional, psychological and social wellbeing. In 2014-15, almost one-third of Aboriginal and Torres Strait Islander Australian adults reported experiencing high to very high levels of psychological distress (Australian Health Ministers' Advisory Council, 2017).

The Aboriginal and Torres Strait Islander Mental Health First Aid (AMHFA) course developed by Mental Health First Aid Australia aims to raise awareness of mental health. The course teaches participants to recognise the signs of mental health issues and to intervene early as a prevention measure. The course was developed with input from professionals in Indigenous mental health and wellbeing and is underpinned by culturally appropriate consensus-based best practice guidelines.

AMHFA training was delivered to 255 Groote Eylandt and Bickerton Island community members between December 2016 and May 2017. The evaluation included:

- a desktop analysis conducted by the Department of the Prime Minister and Cabinet (PM&C) examined the extent to which the training increased mental health literacy among participants and was planned and implemented effectively, and
- a participatory study conducted by independent evaluators to examine what difference the training made in the short to medium term and to further review the planning and implementation of the training.

### Desktop analysis

#### Methods

The desktop analysis is based on formal course feedback, training provider reports, and insights gained through the Department's participation on the AMHFA Working Group. Data collection took place between December 2016 and May 2017 as part of continuous quality improvement practices.

#### Key Findings

Participant feedback indicates that the training was viewed as being highly relevant and was well received. Almost all participants indicated they would recommend the training to others, while 85 per cent felt they would need to use the skills learned in the next 12 months.

Overall, the analysis found the training appears to have been effective in increasing the ability of participants to recognise the signs of mental health issues and participants' knowledge of how to implement the Mental Health First Aid action plan. In particular:

- the proportion of participants who said they could recognise the signs of mental health issues more than doubled (27 per cent before training to 68 per cent after), and
- there was a substantial increase in participants' self-reported knowledge of how to approach, assess and assist with any crisis (10 per cent before training to 64 per cent after).

The analysis also found that involving stakeholders in decision-making, offering a flexible delivery format and addressing local cultural considerations were important to ensure the training meets participant needs and that the training is delivered in a culturally relevant and safe way.

The evaluation identified some areas of planning and implementation that could be improved. Using local AMHFA trainers is viewed as a way of strengthening community capability and improving the sustainability of the training. While funding was provided to support locally based people to become AMHFA trainers, the training provider indicated difficulties in identifying suitable candidates.

The evaluation also found that participants with low literacy needed to be better supported, and some participants would benefit from access to interpreters. The training provider reported difficulties engaging interpreters and as such, interpreters were not available for all workshops.

## Participatory Study

### Methods

Local Warnindilyakwa researchers were employed to support the design and conduct of the study. Ethics approval was granted from the Australian Institute of Aboriginal and Torres Strait Islander Human Research Ethics Committee (EO65-02112017). Data collection methods included a literature review, quantitative and qualitative data from surveys with 74 community members (23 of which attended the training), and observations in community<sup>1</sup>. Data collection took place in May 2018, a year after the training was delivered.

### Key Findings

The study aimed to assess the effectiveness, relevance, appropriateness, impact, and sustainability of the AMHFA training. The study reported a number of positive outcomes for those who participated in the training, as well as areas that would improve the training when delivered in remote Aboriginal and Torres Strait Islander community settings.

**Effectiveness:** To determine effectiveness, the study investigated whether the training was understood by participants and whether it helped them when they needed to use the training. The survey found, that of those who attended the training:

- just under half (11) said they understood the training
- around two thirds (15) reported the training was 'good', and
- a third of participants (8) said they would need a refresher course and more training in how to deal with mental health issues.

Almost all of the community members who responded to the survey (71) said they would attend more training if it was available. These results suggest that the training was effective overall, but also that some aspects of the training could be improved to increase understanding and application of the learning in the community.

**Relevance:** The study investigated whether the training was needed, wanted and valued. Based on the survey results:

- 19 of 23 survey participants reported that they were worried about mental health in their community (demonstrating need).
- Of 51 survey participants who did not attend the training, over half (34) said they would do the training if it was held again (demonstrating want).
- Of the 23 survey participants who had attended the training, 16 had used the training on 384 occasions (demonstrating value).

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<sup>1</sup> Bickerton Island was excluded from the research due to Sorry Business.

These findings suggest the training was highly relevant to community members, and the importance of providing more training in the future.

**Appropriateness:** The study investigated stakeholders' and community perceptions of the training. The survey found a quarter of those who participated in the training thought it would have been better if translated into their local language. Just under half of the 23 participants said they understood the training, which suggests elements relating to language and literacy levels may have been a contributing factor to lack of understanding.

**Impact:** To assess impact, the study investigated whether the community was better off for having done the training. Some survey participants talked about the training increasing their ability to talk about mental health and reducing the stigma of getting help. Others reported that the training had helped them to identify if people were having mental health issues; and that they felt more confident in talking to people about getting help. The survey found:

- 15 out of the 23 participants who had attended the training said they thought it had helped to talk about mental health in the community.
- Some participants said they shared the information with family who were not at the training.
- Others reported they felt that there was still shame and stigma about mental health.

Noting that 16 training participants had used the training on 384 occasions, suggests that the training may have contributed to the project's overall goal of 'improving community awareness and understanding of mental health in order to reduce the stigma associated with mental health issues and to increase self-help capacity'.

**Sustainability:** Some survey participants felt that the training should have been centred on 'strengths' around the family. Survey participants also thought that providing training in a safe and comfortable learning environment where participants can speak up and ask questions about mental health without shame was important. There was a general sentiment that the capacity to continue AMHFA training could be built in the community.

While the training was reported to be 'good', participants also pointed out that there were few resources, support or services available in the community to refer people with a mental health concern to. This issue reinforces the importance of the training to give self-help capacity to manage mental health issues.

## Recommendations

**Recommendation 1:** Training of the frontline workforce needs to be repeated often due to regular churn of Indigenous and non-Indigenous staff. Training provided by local trainers would build community capacity to do this.

**Recommendation 2:** Consider options to train local community members to become accredited AMHFA trainers, which may improve the sustainability of the initiative and increase potential access.

**Recommendation 3:** Future delivery could be improved by:

- A. Embedding local language into the training and strengthening arrangements to ensure participants who require language services are appropriately supported.
- B. Adapting the training modules to ensure the content is culturally relevant to the target community. This might include discussion of local traditional and contemporary healing practices and addressing deeper cultural norms and protocols within the training.
- C. Exploring the suitability of delivering the training to smaller family groups as one of a number of delivery options.