

Bill Cunningham MHFA Training

Accredited by CSIP and NIMHE to deliver Mental Health First Aid Training in England
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As a newly qualified therapist back in 2004, one area where I knew I definitely needed to know more was mental illness. I wanted to be better informed about the different common types of mental ill-health; to be able to recognise their symptoms in a client, and know what to do. This, I reasoned, would give me a better understanding of clients with a past history of mental health problems - whatever their current reason for consulting me - and would also equip me to cope if I encountered someone in serious crisis. I had heard of clients experiencing a psychotic episode during therapy : as a responsible practitioner, what should I do in that situation? I honestly wasn't sure.

Then, late in 2005, I heard a radio discussion about Mental Health First Aid (MHFA), a new Scottish NHS initiative which seemed to offer what I wanted in an intensive 12-hour course. Researching further, I discovered it had originated in Australia, and that Scotland was one of a growing number of countries to adopt it. It covered a wide range of mental health problems, was aimed at ordinary people not doctors, and taught the diagnosis, support and signposting skills I wanted. Bingo! I hurried to book a place - only to discover that I couldn't. Scottish residents only; no exceptions. Until the English NHS adopted the scheme, which they might do sometime (or not), I couldn't take the course. It was infuriating - I was happy to pay; I just wanted the training. I got it thanks to the support of colleagues, many from the APHP. I found an accredited Scottish trainer prepared to travel, and a letter to other therapists attracted sufficient interest to make a course viable if we shared the costs, so I hosted a course at a local hotel in March 2006.

I remain truly grateful to those who responded to an enquiry from an obscure colleague and joined me for what turned out to be a fantastic two days of training, networking and chat, and also to the APHP for accepting the course as a credit towards our CPD requirement. Afterwards, MHFA manual in the bookshelf and NHS Scotland certificate proudly on the wall, I went back to my practice with increased confidence and understanding about mental health issues.

Now, two years on, the English NHS has indeed launched a version of MHFA. It's based very closely on the Scottish model, with input from Lewes and Wealden MIND and from NIMHE (the National Institute for Mental Health in England), and is now being rolled out throughout the country. It teaches the same theory, techniques and strategies as the Scottish version, but instead of NHS Scotland, the accrediting body is

the Care Services Improvement Partnership, commissioned by the Department of Health. Successful participants receive a certificate issued centrally by CSIP and a Mental Health First Aid (England) manual. Like its counterparts elsewhere, the English MHFA initiative is not aimed at qualified mental health professionals but at all adults: anyone can take the course. That said, the priority target groups are those who may be likely to encounter a person experiencing mental health problems, so health ancillary workers, frontline staff in advice and counselling, prison and probation officers and the like will be high on the list in England, as elsewhere.

The aims of MHFA are fourfold:

- To preserve life where a person may be a danger to themselves or others; for example, where there are suicidal thoughts, self-harm or psychosis
- To provide help to prevent the mental health problems developing into a more serious state
- To promote the recovery of good mental health
- To provide comfort to a person experiencing a mental health problem

By educating more people about mental health issues, the course also aims to increase awareness and thus reduce the stigma and prejudice that can be directed at those experiencing mental illness.

It must be stressed that this is *not* a course that trains therapists to treat clients' mental health problems, particularly not clients in crisis. My initial hypnotherapy training taught me to direct such clients straight to professional medical help, and MHFA teaches the same. Where I have always seen us in the equation is in the pre- or post-emergency phases, under the "self-help" sign - the things that a person can do for themselves in addition to any treatment or medication prescribed by their doctor. We cannot treat severe clinical depression, but once a patient is stable and receiving medication and/or treatment, we can help them learn relaxation, develop confidence and feelings of self-worth, and take positive steps to contribute to their recovery. By providing a really good grounding in the practicalities of mental ill-health, plus a toolkit of strategies for use in an emergency, MHFA has made me better at reading my clients and helping them find their way to recovery, and has prepared me for anything I may meet in the way of crisis or extreme distress.

My interest in this aspect of my work was so much stimulated by the original training that I stayed in contact with those involved, and was fortunate enough last year to gain a place in the first cohort to train as accredited MHFA trainers in England. This article isn't a plea for business, although I am now delivering several courses a month to groups of up to fifteen participants, mainly in the voluntary sector, in addition to my continuing clinical practice. Rather, I would like to alert

colleagues to the existence of this initiative, which is running now in England, is rolling out shortly in Wales, and has been established in Scotland for several years. I believe that hypnotherapy and psychotherapy fall firmly into the category of "priority target groups", whether the local PCT identifies us as so or not, and if training is available locally colleagues will find it rewarding and useful.

Unfortunately trainer places at present are going mainly to large organisations and public bodies who wish to appoint internal trainers to serve their workforce, but there are freelance trainers and with luck or persistence a local course may be found. I'd be happy to answer any queries about the course content, or help source a trainer or course, if colleagues wish to contact me.

A representative of our local air ambulance, who has been a skilled firstaider for years, remarked to me how much satisfaction he got, outside of work, when he chanced on an emergency and had the skills to help. I thought of him shortly afterwards, during an MHFA course I led for advice workers whose clients are often distressed or in crisis. When we reached the material on recognising and responding to suicidal thoughts I discovered some of them had recently lost a close colleague in this way, and were affected as people always are by a tragedy of this kind. Although training for work purposes, it was clear from what was said that they saw their new skills applying equally to their personal lives; in other words, if they chanced on another emergency, perhaps next time they would be able to help. With one Briton in four experiencing some kind of mental health problem in any one year, according to one statistic, it seems obvious to me that Mental Health First Aid may turn out to be equally as important as the kind that comes in a green box with a white cross on it.

If you would like to find more information on MHFA you can visit my website at :

www.mentalhealthfirstaidnortheast.co.uk