

# 2017-2018 Bright Spot Award Nomination Form

The Bright Spot Awards are an effort to recognize examples of meaningful Primary Prevention initiatives taking place across our state. Here are the steps to nominate your initiative:

- 1.) All nominations must be submitted by July 1, 2018. One nomination form must be completed per initiative nominated. Email completed nominations to Matt Coleman ([Matthew.Coleman@TN.gov](mailto:Matthew.Coleman@TN.gov))
- 2.) All nominations received are redacted so that the review committee will not know the exact location and persons involved with the initiative. The review committee is made up of individuals from each region of the state. They will review, score, and discuss each submission. An average of the final scores given by the review committee will be used to determine the award level earned.
- 3.) Award levels include Platinum, Gold, Silver, Bronze, and Honorable Mention.
- 4.) Awardees will be announced in the fall of 2018.
- 5.) Each nomination will be presented with a comprehensive feedback report from the committee, which will include strengths of the initiative and opportunities for improvement.

## **Application:**

**County:** Northeast Region (Carter, Greene, Hancock, Hawkins, Johnson, Unicoi, Washington Counties) and Sullivan County

**Initiative Name:** Adult Mental Health First Aid Certification Course & Youth Mental Health First Aid Certification Course, each 8-hours in length

**Primary Prevention Focus Area(s):** Mental health training and response prior to, during, and after disaster situations

## **Primary Contact Name, Email, Phone:**

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## Bright Spot Award Questions

**Please explain why you think this initiative should be considered for the TDH Bright Spot Awards.**

(150 words max); (10 points available)

Mental health training and response has been identified as a gap across the spectrum of responder and receiver organizations. The Mental Health First Aid (MHFA) training seeks to proactively provide individuals with the knowledge/skills needed to identify anyone experiencing a mental health issue or crisis. It gives participants the tools to approach the person having an issue and provide basic intervention until professional help can be sought, if needed.

The MHFA Certification course provides an opportunity for any team member within TDH to participate in saturating our geographic area with the certification training. While only certified instructors may lead courses, anyone can join the Disaster Mental Health Committee (decision-making body associated with creating annual work plan and securing resources), secure/schedule training sessions among groups within target audiences, assist with setting up and evaluating a course, or assist with marketing MHFA among targeted community members and groups.

**Is this initiative contributing to a policy, systems, and/or environmental change<sup>1</sup> in the community?** (300 words max); (75 points available)

This initiative seeks to change the culture and stigma related to mental health issues while giving individuals the knowledge and skills to assist those experiencing a mental health issue or crisis. In the Northeast Region we have begun including MHFA in all new employee orientation trainings and we have seen this done in other organizations in our region (such as local fire departments and school systems).

We currently have a focus group (comprised of NE Region EP Nurse Consultant, Regional Hospital Coordinator from TDH (Chattanooga) and 2 individuals from TN Association of Fire Chaplains) to identify things that can be done to address the entire state across the spectrum of pre-, during, and post-disaster. The outcome of this focus group will be to provide mental health training across the state and develop response teams that can be deployed during and after disasters to address mental health issues that arise.

As instructors are certified within public health, the primary prevention initiative is to provide training and outreach to not only public health employees but first responders, first receivers, and the community at large. This provides opportunities for anyone within THD to support these trainings and systems change.

**What are the SMART objective goals and major purpose(s) of this initiative? (SMART objectives are Specific, Measurable, Attainable, Relevant, and Time Bound. Example: By May 2019; all soft drink machines in Lauderdale County Schools will be turned off during the school day, per school board policy.)** (300 words max); (10 points available)

Requirements associated with MHFA Certification Initiative:

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<sup>1</sup> Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases (<http://www.cookcountypublichealth.org/files/CPW/PSE%20Change.pdf>)

- [1] Instructors for MHFA need to be certified to teach and provide certification by successfully completing a MHFA Train-the-Trainer Program.
- [2] Once instructors are certified, they are required to teach a minimum of 3 classes/year to maintain certification.
- [3] Each MHFA certification is in effect for 3 years, then must be recertified.
- [4] Each person certified in MHFA must retain a copy of the participant manual as a resource.
- [5] Target audience(s) to receive MHFA certification in Northeast Region: First responders and first receivers, all public health employees within the NE region, and educators are primary target audience. Anyone living or working within the NE region.

Northeast Region SMART Goals:

- Goal -- As long as resources are available, all MHFA classes taught for target audiences will be done for free.
- By the end of May 2017, conduct MHFA Instructor Training for at least 15 and up to 30 new instructors to build capacity for MHFA Certification throughout the region.
- Between May 2017-May 2018, certified instructors will teach at least 3 courses for between 5-30 participants each.
- Between May 2017-May 2018, at least 4 employees from the Regional Office will participate in supporting this initiative through Primary Prevention Encounter Forms.
- Between May 2017-May 2018, market the MHFA Program using multiple venues (at least 2 radio and 2 TV interviews, a panel discussion open to the public, and a video of the panel discussion posted to You Tube).
- Between May 2018-May 2019, certified instructors will teach at least 3 courses for between 5-30 participants.
- Between May 2018-May 2019, at least 4 employees from the Regional Office will participate in supporting this initiative through Primary Prevention Encounter Forms.
- By July 2018, Regional Disaster Mental Health Committee members will create a MHFA marketing plan to guide efforts through May 2019.

**What is the annual budget and funding source for this initiative? If no funding is available, how have you implemented or sustained the initiative? (150 words max); (5 points available)**

There is no budget for this project in the NE Region. Materials have been purchased through donations by groups participating in the Disaster Mental Health Committee and through the acquisition of carry-over funds from the previous (earmarked for mental health) budget year. The Disaster Mental Health Committee will continue to seek support through donations to purchase participant manuals and training materials (each manual costs approximately \$20).

In the absence of funding, participants could be charged a nominal fee to cover the cost of the manual and no-cost space to hold the training within the community could be utilized.

**Have community partners helped with the initiative? What are the roles of these partners? (300 words max); (20 points available)**

The success of this initiative has been based on partnerships. The following organizations are actively involved with the Disaster Mental Health Committee: Frontier Health, Ballard Health, Mental Health Transformation Alliance, American Red Cross, TN Federation of Fire Chaplains, Veteran's Affairs, Northeast Region and Sullivan County Public Health Emergency Preparedness, AVOCA Fire Department (Sullivan County), Johnson City/Washington County EMS and EMA, TN Department of Intellectual and Developmental Disabilities, and multiple private mental health providers. In addition to TDH staff members, representatives from these organizations have been certified to facilitate MHFA and leaders co-facilitate sessions. The Disaster Mental Health Committee has secured funding to provide manuals at no cost to first responders and educators attending MHFA training. Members of the committee have also used professional connections to market sessions and hold them in locations that have not charged room

rental fees. As a result of these partnerships, MHFA instructors have held close to 50 training sessions for between 5-30 participants each by May 31, 2018. Without involvement from such a broad base, only a fraction of the training events would have taken place.

**What is the timeline for the initiative? (When does planning occur? When is/was the initiative implemented? When is the initiative evaluated?)** (250 words max); (5 points available)

The Disaster Mental Health Committee, formerly chaired by TDH Nurse Consultant Melissa Taylor, is the group involved in planning and securing many project resources (i.e. funds to purchase participant MHFA manuals). The initial instructor certification course took place by May 2017, so initial planning happened during FY2016-2017. Between June 2017 and May 2018, each of the certified instructors taught at least 3 MHFA courses for groups of 5-30 participants. As we enter FY2018-2019, the same number of courses will be taught (at a minimum). The Disaster Mental Health Committee spent time in December 2017, and plans to again in July 2018, to prepare the marketing plan for educating first responders, educators, and community members at-large about the need for MHFA certification. The initiative will continue during subsequent years. Each training session is evaluated by participants at the end of the training. The 2017-2018 evaluation report has not been completed yet.

**In what way is this initiative especially innovative? How is this initiative different from other similar programs? Is there a specific idea tested with this approach? Is this work informed by relevant literature or research studies?** (400 words max); (20 points available)

This is the first initiative in our region that seeks to change the culture and approach to mental illness and crisis situations. In addition to teaching the content, we also seek to eliminate the stigma associated with mental illness and give individuals the knowledge and tools to be able to recognize mental health issues and crisis within the population they serve as well as coworkers and themselves.

We are unaware of any similar programs.

The MHFA Training and Research Program was developed by Betty Kitchener and Anthony Jorm in Australia in 2001. The current MHFA manuals are based on Australian Mental Health First Aid Training and Research Program material from 2006-2008 and are the result of consensus from international expert panels of mental health consumers, caregivers, and professionals. The National Council for Behavioral Health has permission to reproduce and update Kitchener and Jorm's copyrighted material to improve mental health knowledge and skills among US citizens in responding to mental illness and mental health crises. [excerpt from Mental Health First Aid USA © 2015 National Council for Behavioral Health and the Missouri Department of Mental Health; ISBN: 978-0-692-60748-0]

There are 10 pages of references citing mostly peer reviewed literature that support teaching topics throughout the certification training. Additionally, the MHFA website lists eleven peer-reviewed evaluation studies demonstrating the efficacy of this program: <https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/10/MHFA-Research-Summary-UPDATED.pdf> (accessed 6/29/2018).

**Are the measures clearly listed describing what makes the program effective? Is data provided or referenced that supports the conclusion? What makes this program effective? How is the program evaluated? Does this initiative achieve its stated goals?** (350 words max); (20 points available)

The link from the last paragraph in the question above lists peer-reviewed research summaries. A notable meta-analysis of MHFA evaluations conducted in 2014, is copied below:

***Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis*** Hadlaczky G, Hokby S, Mkrtchian A, Carli V, Wassmerman D. *Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. International Review of Psychiatry, 2014; 4; 467-475.*

*The paper aimed to synthesize published evaluations of the MHFA programme in a meta-analysis to estimate its effects and potential as a public mental health awareness-increasing strategy. Fifteen relevant papers were identified through a systematic literature search. Standardized effect sizes were calculated for three different outcome measures: change in knowledge, attitudes, and helping behaviours. Standardized effect sizes were calculated for three different outcome measures: change in knowledge, attitudes and helping behaviors. Mean effect sizes were 0.56 for knowledge, 0.28 for attitudes, and 0.25 for behaviors, indicating that MHFA training had a medium effect on changing knowledge and small effects on influencing attitudes and behaviors. Thus findings from the meta-analysis indicate promising gains among individuals trained in MHFA, particularly in knowledge, and possibly in attitudes and helping behavior. The results demonstrate that MHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems.*

Additionally, MHFA earned approval by National Registry of Evidence-based Programs and Practices (NREPP) in 2014:

***Mental Health First Aid attained SAMHSA's NREPP Status***

*Substance Abuse and Mental Health Services Administration. Mental Health First Aid. (Jan. 28, 2014). Available at: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321>*

*Mental Health First Aid is now listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.*

**What limitations or obstacles might be expected if others wished to replicate this initiative? (300 words max); (50 points available)**

Limitations or obstacles to making this initiative scalable to other regions, or the state, involve:

- Costs and administrative tasks associated with bringing the initial instructor training to build capacity
- Securing trainers who are willing and able to carry out the required 3 training sessions per year
- Another potential obstacle may be securing funds for participant manuals, although there is always the option to charge a nominal fee to cover the cost of manuals as each certified participant is required to retain the training manual as a resource
- People certified in MHFA need to be recertified every 3 years so the infrastructure will need to be put in place to ensure this can happen

Counties and regions that have meaningful working relationships with first responder and receiver organizations, mental and behavioral health service providers, and faith communities as well as school systems will encounter fewer barriers as they work together to create a pool of certified MHFA trainers and move forward to train key professionals throughout their communities.

**Is this initiative sustainable without the resources of the local health department being involved? (250 words max); (20 points available)**

The MHFA Certification Course in the Northeast Region arose out of efforts by TDH Emergency Preparedness employees. Yet, early on these efforts were seeded within the community-based Disaster Mental Health Committee, a group with representation of the TDH but also many other organizations. Now that capacity and infrastructure has been built in the form of 28 certified MHFA instructors, the MHFA Certification Course will continue and many trainers in this region have been certified from organizations other than TDH. This initiative is sustainable without the resources of the Regional Health Department, although remaining involved is the right thing to do!