

# Mental Health Literacy and Social Work Education

**Jennifer Martin**

School of Global Urban and Social Studies RMIT University, Melbourne

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**Address for Correspondence:**

Email: [jenny.martin@rmit.edu.au](mailto:jenny.martin@rmit.edu.au)

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**ABSTRACT**

The aim of this article is to investigate the relevance of mental health literacy for social work education by presenting the findings of a three-stage study conducted in 2014. In Stage 1, the Youth Mental Health First Aid (YMHFHA) mental health literacy course was mapped against the mental health curricula required for social work degree programs accredited by the professional body, the Australian Association of Social Workers (AASW). During Stage 2, a scoping study was undertaken to ascertain what Mental Health First Aid courses were being taught in social work and human service programs across Australia. Survey responses from bachelor and master's social work students commenting on the newness and relevance of the YMHFHA course content are presented in Stage 3. The results of this study suggest that coursework in mental health literacy is of benefit to social work students and that the YMHFHA course meets a considerable amount of the AASW required content. It is concluded that studies in mental health literacy provide social work students with a strong basic foundation in mental health knowledge, values and skills.

**Keywords:** *Mental health literacy; Social work mental health education; Youth mental health*

Mental health problems are becoming increasingly prevalent worldwide yet there is a wide gap between the need for, and the provision of, treatment (World Health Organisation, 2011). Mental health literacy focuses on the basic values, knowledge, and skills in identifying and responding appropriately to someone experiencing mental health difficulties. This includes knowledge and skills in assessment for recognising the presence of a mental health problem, whether or not the person is in crisis, and the provision of an informed response. This article details the main features of mental health literacy courses offered by Mental Health First Aid Australia and the rationale for selecting the Youth Mental Health First Aid (YMHFA) course for inclusion in the social work curriculum at the university where this study was conducted. This is followed by consideration of social work student experiences of the YMHFA course. It is argued that the YMHFA course is appropriate for social work education in Australia as it provides foundational knowledge and skills in mental health that are universally recognised. However, this needs to be supplemented by additional social-work-specific content and tailored to social work professional practice and the level of the degree offering.

## BACKGROUND

The term “mental health literacy” was coined by Australian Professor Anthony Jorm and is defined as:

knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking. (Jorm et al., 1997, p. 182)

In 2011, the author was approached by the manager of social work services at one of the largest publicly funded mental health services in Australia to consider including a Mental Health First Aid (MHFA) course in the curriculum of the bachelor and masters professional qualifying social work degree programs offered by the university. This mental health service provided community mental health and in-patient services to a population of over 1.2 million people in metropolitan, regional, and rural areas. Previously the standard MHFA course was offered to students by this mental health service across a range of disciplines as part of an orientation program for new workers and students. It was not included in the social work curriculum at the university where this study was conducted as students had numerous other opportunities to take the course. There was also some reluctance to being locked into teaching a prescribed curriculum not specifically designed for social work. However, it was now argued by this service manager that social work education in mental health literacy was the responsibility of universities and should be in qualifying degrees and that they were no longer going to provide this. This reflects broader debates and questions for consideration including location, level of offering and pedagogy (Cullen, Broderick, Connolly & Meagher, 2012; Martin, 2013; Nissen, Pendall, Jivanjee, & Goodluck, 2014). Currently MHFA courses are offered in qualifying social work degrees as well as being approved for Continuing Professional Development by the Australian Association of Social Workers (AASW, 2015). Given the basic level of the content in these courses it was agreed that the university would

consider a trial offering a MHFA course in the social work curriculum at both bachelor and master's levels as preparation for field education practicums.

## **SOCIAL WORK AND MENTAL HEALTH EDUCATION**

Australian social work education in mental health focuses predominantly on issues of social justice and human rights drawing from theories of critical social work, philosophy and critical sociology (Payne, 2014). In 1992, the national mental health policy laid the foundations for the development of mental health practice standards that were endorsed by federal, state and territory health ministers. These standards were influenced by the United Nations Principles for the Protection of Persons with Mental Illness and were underpinned by a strong commitment to human rights, dignity and empowerment (Bland, Renouf, & Tullgren, 2015). In the late 1990s, the AASW introduced mental health practice standards for social workers that were aligned with the national mental health practice standards. Standards were developed for social work direct practice, service management, organisational development and systems change, policy, research and evaluation, and education and professional development (AASW, 1999, 2014a). These standards applied to all social workers and are aligned with the AASW social work practice standards (AASW, 2013). A focus on evidence, accountability and review in the standards led to calls for the development of specific mental health content for social work degrees accredited with the AASW. Debates ensued between the AASW, social work educators and key stakeholders about what to include in this mental health curriculum and whether or not a prescribed curriculum was desirable (Morley & Macfarlane, 2010). This resulted in the development of education and accreditation standards for social work in mental health (AASW, 2008). These standards covered attitudes and values, knowledge and skills. This includes knowledge of currently used diagnostic frameworks and treatment approaches and the implications of these, as well as appropriate interdisciplinary service responses (AASW, 2012).

Mental Health First Aid Australia can potentially assist with the provision of this required mental health content for social workers as part of an overall education strategy as a considerable amount of the AASW-required mental health content is covered in the MHFA courses. MHFA educators are required to have personal or professional experience with people diagnosed with mental illness and a very good knowledge of mental illnesses, contemporary approaches to treatment, and the mental health service context (MHFA, 2015a).

## **MENTAL HEALTH FIRST AID**

The MHFA program commenced in Australia in the year 2000. Since then it has been adapted for delivery in 23 countries around the world including the United States and Canada, the Asia-Pacific region, Europe, China, and Saudi Arabia (MHFA, 2015a). The MHFA course is a mental health literacy program aimed at assisting a person who is developing a mental health problem, or experiencing a mental health crisis, until the crisis is resolved, or until appropriate professional assistance is provided (Kelly, Kitchener, & Jorm, 2013). The standard course focuses on how to identify signs and symptoms of common mental health problems and how to respond appropriately, including crisis intervention. This involves accessing professional assistance and mobilising family and other supports. Attitudes and values

are consistent with those of social work as discussed later in this article. Assistance is provided according to the MHFA Action Plan, ALGEE:

**A**pproach, assess and assist with any crisis;

**L**isten non-judgmentally;

**G**ive support and information;

**E**ncourage appropriate professional help; and

**E**ncourage other supports.

(MHFA, 2015b, p. 1)

A number of MHFA 12-hour courses are on offer including the standard course that also has versions developed for nursing students, medical students, and financial counsellors (Bond, Jorm, Kitchener, & Reavley, 2015). Other MHFA courses include Youth, Teen, Aboriginal and Torres Strait Islander, and Vietnamese and the more recent e-learning blended delivery MHFA courses for pharmacists, white collar workplaces and tertiary students (MHFA, 2015c). These MHFA courses are targeted at all members of the community including social workers:

In particular, it is recommended that MHFA becomes a prerequisite for all employed in human services. This includes police officers, prison officers, high school teachers, TAFE and university lecturers, social and welfare workers, youth workers, Aboriginal health workers, nurses, social workers, occupational therapists, speech pathologists, lawyers, dieticians, physiotherapists, chiropractors, security officers, rehabilitation counsellors and anyone in a team leader/management role. (MHFA, 2015c)

Mental health problems covered in MHFA courses include anxiety, depression, substance use, and psychosis. Crisis situations include suicidal thoughts and behaviours, non-suicidal self-injury, panic attacks, traumatic events, severe effects of alcohol and other drug use, severe psychotic states, and aggressive behaviours (MHFA, 2015c). The YMHFA course is slightly longer than the other MHFA courses with an additional two hours of content on adolescent development and eating disorders. This is the only MHFA course that includes theory (MHFA, 2015d). The YMHFA course was chosen for delivery by the university where this study was conducted due to the emphasis on prevention and early intervention consistent with Australian government mental health policy and practice directions (Australian Government, 2014; Victorian Government, 2013). This is due to the fact that most mental illnesses develop between the ages of 16 to 24 as discussed later in this article (McGorry, Bates, & Birchwood, 2013; Mooney, 2012). As most of the undergraduate students were also within this age range it was thought that, as a secondary benefit, this course may also be helpful on a personal level and with family and friends who may be experiencing mental health difficulties.

Further content areas covered in both the bachelor and master's degrees included reality states and the social construction of mental illness; power, stigma and discrimination; mental health legislation, policies, practice standards and services; major life transitions including young children and older people; impact of parental mental health problems on children; schizophrenia, post-natal depression, and personality disorder. Social work assessment skills included how to conduct a mental status examination, consumer and carer partnerships, wellbeing and mental health recovery, and social work interventions using a social justice and human rights approach informed by critical social work theory and cultural safety theory (Abraham & Martin, 2014). An emphasis was on Indigenous perspectives on social and emotional wellbeing (Edith Cowan University, 2012). Some AASW-required content was also covered in other courses in the social work degrees. A main challenge is how to teach the YMHA course from a social work human rights perspective underpinned by social work critical theory.

### **Theory and practice considerations**

Critical social work theory provides a useful framework for the application of the MHFA action plan (ALGEE) by providing a focus on power. This is particularly important given that the MHFA courses do not include theory, apart from the YMHA that has a small section on adolescent development. Reflection on personal, social, economic and political contextual factors highlights areas of possible stigma and discrimination (Macfarlane, 2009). For instance how are young people viewed and treated within Australian society? How might this differ according to gender, race, culture and ethnicity, socio-economic status, sexuality, mental health status and so on? Critical theory acknowledges the uniqueness of each person's story and lived experience (Bland et al., 2015). A dialogical relationship is formed that does not involve the imposition of power. This is particularly relevant when approaching, assessing and assisting with a mental health crisis. The personal discomfort created by critical theory through reflection on the exercise of power and control hopefully means that social workers will engage in controlling practices only as a last resort and be cautious, thoughtful and respectful with any exercise of power (Martin, 2012). Engaging the person in an effective working relationship that includes working with resistance is paramount.

Core critical social work skills include demystifying the social work contact, creating a safe place, believing the person and clear contracting (Allan, 2009). Active listening requires skilled observation and critical questioning. A tentative assessment is made about the situation with an agreement to work together. Information is provided and resources shared as needed to support the person to make informed decisions. This includes normalising the person's feelings, thoughts and behaviours given the circumstances. This skill is demonstrated in a film clip in the YMHA materials on depression. Reframing is useful to assist people to consider other possibilities and to think more positively. Encouraging professional help and other supports includes the critical skill of universalising to create linkages between people with similar experiences if this is considered helpful and empowerment by recognising the person's own strengths and resourcefulness in this process. Advocacy and consumer partnerships are central to a critical social work approach and the work of Mental Health First Aid Australia.

## YOUTH MENTAL HEALTH

Worldwide trends in the literature reveal highest levels of onset of mental illness amongst young people (16–24 years of age) and the inadequacy of many of the services provided (McGorry et al., 2013; Mooney, 2012). In Australia, the National Survey of Mental Health and Wellbeing (2007) revealed one in four (26.4%) young people aged 16–24 years had a diagnosable mental disorder (Australian Bureau of Statistics [ABS], 2007). The Australian national study of psychosis conducted in 2010 found that, for the majority of people, onset was in late teens or early adulthood (64.8%) with the average age of onset 24 years for males and 25 years for females (Australian Government, 2011, p. 30). Three quarters of mental disorders will have developed by 25 years of age (McGorry & Goldstone, 2011). Over half (57.2%) of those diagnosed with a psychotic illness in Australia report experiencing a traumatic or distressing event in their childhood with sexual abuse reported by 16.1% (Australian government, 2011, p. 10). Vulnerable populations include young people who are homeless, gay, lesbian, bi-sexual, transgender or queer (GLBTQ), using substances, in residential care, or in juvenile detention (Ranahan, 2010).

Engagement in appropriate services and the provision of effective assistance are widely recognised as protective factors facilitating the provision of early intervention and prevention services (Orygen Youth Health, 2014; Rickwood, Deane, & Wilson, 2007). The first contact a young person has with a service is crucial as it will strongly influence whether or not they decide to continue to use services in the present and in the future. It is important to be mindful of the young person's developmental stage and their growing autonomy, uncertainty, concern for their reputation, and fears of not fitting in or belonging.

Comprehensive early intervention must address both symptomatic and functional needs that support engagement in education and employment or viable return pathways (Orygen Youth Health, 2014). A main goal is to prevent loss associated with mental illness (Martin, 2012). Mental health literacy includes knowledge and skills in assessing suicide risk and accessing professional and other supports. Ranahan (2010) suggests that educators consider “adopting elements of mental health literacy into existing curricula as a comprehensive means for addressing the complexities of practice with suicidal adolescents and investigate students’ mental health literacy, such as in field placement settings” (p. 21).

## METHOD

This study involved three stages of data collection undertaken during 2014. In Stage 1, a comparison was made between the YMHA course content and the required mental health curriculum content detailed in the Australian Social Work Education and Accreditation Standards (AASWS, 2012, 3.3.1, p. 3). Stage 2 involved a scoping study to ascertain MHA teaching practices in social work degree programs nationally as well as in other human services degree programs. An audit was conducted of course offerings listed on the MHA Australia website. In Stage 3, course evaluation data was analysed from third-year, first-semester undergraduate social work students and first-year, second-semester master of social work students who had undertaken the YMHA course as a core component of their social work degree studies.



Socio-demographic data was not collected in this study. However, entry into the master's degree required an undergraduate degree relevant to the human services as well as two years of relevant practice experience. The four-year single bachelor degree and five-year bachelor double degree with psychology allowed for school leaver entry and did not require any previous studies or work experience in the human services. The bachelor degree students completed the four-day version of the 14-hour YMHFA course in the first four weeks of a 12-week mental health course in semester 1, 2014. This was just under one third of the 36 hours of class time. The master's students completed the two-day, 14-hour YHHFA intensive version in semester 2, 2014 in the first two days of a four-day course (comprising just over half of the 24 hours of total class time). In both courses, all teaching was done face to face with full attendance required to be awarded a YMHFA Certificate. Students were engaged in preparatory readings; presentation of content and class discussions; and assessment and analysis of case studies and scenarios. Film clips with actors demonstrating symptoms of a mental disorder and appropriate responses were used for depression, severe psychotic states and acute effects of prolonged alcohol use. Students were required to apply the MHFA intervention model of ALGEE to the case studies.

All of the YMHFA case studies were used in the first-semester undergraduate course. However, following undergraduate student feedback collected at the end of the semester, a smaller number of targeted case studies were used with the master's students the following semester that were directly relevant to social work practice. Also, in response to undergraduate student feedback, greater consideration was given to the professional social work response in the master's course when applying ALGEE – "Encourage appropriate professional help". The question was posed, "What might be considered appropriate professional help from a social worker?"

On successful completion of the course participants were awarded a YMHFA certificate. A YMHFA course evaluation survey was distributed to a combined total of 189 students with an overall response rate of 129 (68%). The survey was distributed to 91 bachelor degree students with a response rate of 56 (61%). Surveys were distributed to 98 master's students with a response rate of 73 (74%). These evaluation surveys were conducted on behalf of MHFA Australia as a requirement of convenors running MHFA courses. Students were asked nine questions related to their experience of the course. Only four questions were used for the current study. Questions 1 and 2 collected quantitative data with questions 3 and 4 collecting qualitative data.

Quantitative questions were:

1. How new was this material to you?
2. How relevant was the content for you?

Responses were recorded on a 10- point ordinal scale with (1) not at all and (10) very much. These responses are reported in percentages to allow for comparison across both cohorts of students.

Qualitative questions were:

3. What do you consider to be the strengths of the course?
4. What do you consider to be the weaknesses of the course?

These qualitative questions allowed for open-ended text responses that were coded into categories according to themes identified with categories added or modified according to survey responses. This approach allowed for all responses to be captured.

The MHFA evaluation survey was chosen for this study as it is a standardised instrument with pre-existing internal validity used to evaluate all MHFA courses. Ethics approval was sought from RMIT University for Stage 2 of this project following permission from MHFA Australia to use the evaluation data collected for 2014. This project was deemed “exempt from ethics review” as a secondary analysis of an existing data set was being conducted, the respondents were non-identifiable and written permission had been obtained from the MHFA Australia to use this data.

## FINDINGS

The results of the mapping of the YMHFA curriculum against the ASWEAS core mental health curriculum content conducted in Stage 1 reveal that a total of 33 (57%) out of 58 required areas of mental health curriculum content listed in the ASWEAS (AASW, 2012, 11.1) were covered in the YMHFA course. The areas not covered were in relation to social-work-specific values, knowledge, and skills. This highlights the focus of the ASWEAS required mental health curriculum content on basic mental health literacy including values, knowledge, and skills in identifying and responding appropriately to someone experiencing mental health difficulties. Attitudes and values required by ASWEAS, and included in the YMHFA course, are presented in Table 1.

**Table 1: Attitudes and values**

ASWEAS attitudes and values	YMHFA
Valuing of the person	✓
Respect of the person	✓
Respectful partnerships and collaboration with family and friends	✓
Empathy, compassion, hope, and confidence	✓
Honesty and integrity	✓
Confidentiality	✓
Ethics of care and legal responsibilities regarding access to and refusal of treatment	✓
Powerlessness, stigma, marginality, and disadvantage	X



Seven out of the eight attitudes and values required in the ASWEAS were covered in the YMHFA course. The only ASWEAS area not covered was “powerlessness, stigma, marginality, and disadvantage”. Knowledge for social work practice: mental health problems and interventions, required by ASWEAS and included in the YMHFA course, is presented in Table 2.

**Table 2: Knowledge for social work practice: Mental health problems and interventions**

ASWEAS knowledge of mental health problems and interventions	YMHFA
Issues during major life stage transitions (adolescence)	✓
Beginning understanding of mental health problems and contextual factors	✓
Beginning appreciation of inter-disciplinary understandings and collaboration	✓
Basic grasp of a psychiatric diagnostic framework of psychotic and non-psychotic conditions	✓
How a client might present with anxiety, depression, and eating disorders	✓
Mental health and alcohol and other drug uses issues	✓
Purpose of psychiatric diagnosis	✓
Contemporary approaches to mental health care including early intervention, relapse prevention, rehabilitation, and recovery approaches	✓
Introductory knowledge of contemporary treatment modalities	✓
How a client might present with bi-polar, schizophrenia, and post-traumatic stress disorder	✓
How a client might present with personality disorders	X
Issues during major life stage transitions following childbirth and early childhood	X
Mental status examination and implications for social work practice	X
Contemporary approaches to mental health care and implications for social work practice	X

Ten of the 14 areas of essential knowledge for social work practice were covered in the YMHFA course. However, mental health issues during other major life-stage transitions such as following childbirth and early childhood, and the mental status examination were not included. Contemporary approaches to mental health care including early intervention, relapse prevention, rehabilitation, and recovery approaches were covered—however this did not include implications for social work practice.

Knowledge for social work practice: social work assessment and intervention, required by ASWEAS and included in the YMHFA course, is presented in Table 3

**Table 3: Knowledge for social work practice: Social work assessment and intervention**

ASWEAS knowledge of social work assessment and intervention	YMHFA
Appreciation of emergence of mental health problems and age, gender, ethnicity, socio-economic status, and geographical location	✓
Impact of a child or adolescent's emotional and psychological problems on parents and siblings	✓
Content of social work assessment	X
Impact of parental mental health problems on children	X
Consumer experiences including social stigma and self-stigmatisation and social work practice	X
Family and carer experiences, stigma, and social work practice	X
Basic grasp of application of social work individual, family, group, and community interventions with clients experiencing mental health problems	X

Five of the seven ASWEAS areas for essential knowledge for social work practice: social work assessment and intervention were *not* covered in the YMHFA. These included social work assessment, impact of parental mental health problems on children, consumer, family and carer experiences, stigma, and social work interventions. The two areas included in the YMHFA were appreciation of emergence of mental health problems and the impact of an adolescent's emotional and psychological problems on parents and siblings. Knowledge for social work practice: relevant policies, services, and legislation required by ASWEAS and included in the YMHFA course, is presented in Table 4.

**Table 4: Knowledge for social work practice: Relevant policies, services, and legislation**

ASWEAS knowledge of relevant policies, services, and legislation	YMHFA
Knowledge of services and resources and availability in local area	✓
Knowledge of basic structures of mental health services including referral pathways and when to refer	✓
Understanding when a referral for assessment for involuntary treatment might be necessary and how to do this	✓
A beginning appreciation of how research and evaluation applies to social work practice with people with mental health problems	✓
Basic knowledge of legislation and policies relevant to social work practice, involuntary treatment and guardianship	X

Four of the five areas specified in the ASWEAS under required knowledge for social work practice (relevant policies, services, and legislation) were met in the YMHFA course. The area not met was "basic knowledge of legislation relevant to social work

practice, involuntary treatment and guardianship”. Skills for social work practice, required by ASWEAS and included in the YMHFA course, are presented in Table 5.

**Table 5: Skills for social work practice**

ASWEAS Skills for social work practice	YMHFA
Engage with clients with mental health problems	✓
Build a trusting relationship with those who may have difficulty in communicating or relating to others	✓
Work collaboratively with family and friends	✓
Assess likelihood of client self-harm, suicide risk and identify appropriate responses	✓
Assess possibility of harm to others and identify appropriate interventions	✓
Advocate for client and/ or family access to relevant resources	✓
Work collaboratively with other practitioners including general practitioners and disability support workers	✓
Make effective referrals	✓
Obtain and provide relevant consultation where necessary	✓
Seek out relevant research and evaluation on a regular basis to inform practice	✓
Take account of possible mental health problems when undertaking a comprehensive, collaborative social work assessment	X
Develop an individual service plan based on the maximum level of collaboration possible with the client and their family	X
Undertake social work individual, family, group, and community interventions	X
Respond appropriately to referrals	X

Ten of the 14 areas listed under skills for social work practice were covered in the YMHFA course. Areas not included were taking account of possible mental health problems when undertaking a comprehensive, collaborative social work assessment; developing an individual service plan; undertaking social work individual, family, group and community interventions, and responding appropriately to referrals.

The scoping study conducted in Stage 2 to ascertain practices in social work degree programs nationally as well as other human services degree programs found that a MHFA course was included in professional education for social workers, nurses, and medical practitioners. Courses offered included standard MHFA, standard MHFA for Nursing Students, standard MHFA for Medical Students, Youth MHFA, and Indigenous and Torres Strait Islander MHFA. Three universities in Australia were offering a MHFA course as part of their qualifying social work degree programs. Two of these universities provided the standard MHFA course with one university offering the YMHFA course.

A further university required social work students to complete the standard MHFA course during their field education placement. Nursing students were required to undertake the standard MHFA course for Nursing Students as a hurdle requirement prior to commencing placement at one university. Two medical schools provided a MHFA course. The standard MHFA for Medical Students was offered to students living in college residences aimed more at self-care and was not included as a formal course requirement. One medical school provided the Aboriginal and Torres Strait Islander MHFA course as an elective credited as equivalent to one undergraduate course.

MHFA courses are recognised for Continuing Professional Development (CPD) points by a wide range of professional bodies. The standard MHFA course has been endorsed for CPD points for chiropractors, nurses, physiotherapists, and pharmacists. Other professions including social work, psychology, teaching, dietetics, speech pathology, audiology, and law recognise CPD for MHFA courses when this is linked to a relevant CPD goal (MHFA, 2014a). The AASW also recognises Psychological First Aid, for post-disaster work as CPD (AASW, 2014b). Table 6 shows the YHHFA evaluation survey responses in Stage 3 for newness of the YMHFA material and relevance of the YMHFA content for both bachelor and master's students.

**Table 6: Newness and Relevance of YMHFA**

Score	How new was material? respondents		How relevant was content? respondents	
	BSW	MSW	BSW	MSW
1	1 [2%]	3 [4%]	0 [0%]	0 [0%]
2	8 [14%]	4 [5%]	0 [0%]	0 [0%]
3	5 [9%]	14 [19%]	1 [2%]	0 [0%]
4	7 [13%]	2 [8%]	2 [4%]	1 [1%]
5	8 [14%]	10 [13%]	3 [5%]	3 [4%]
6	6 [10%]	12 [15%]	6 [10%]	3 [4%]
7	7 [13%]	12 [15%]	9 [16%]	9 [12%]
8	7 [13%]	4 [5%]	4 [7%]	11 [15%]
9	4 [7%]	9 [12%]	11 [20%]	18 [25%]
10	3 [5%]	3 [4%]	20 [36%]	28 [39%]
Total	56 (100%)	73 (100%)	56 (100%)	73 (100%)

\*1= not at all and 10=very much

Some of the YMHFA material was new for most students with small numbers in both groups indicating that all of the material was new. Slightly under half of the bachelor students (48%) and just over half of the master's students (56%) ranked the newness

of the YMHFA materials between 6 and 10. All students considered the content of the YMHFA course relevant. Bachelor students (89% of them) and 94% of the master's students ranked the relevance of the YMHFA materials between 6 and 10. The mean scores for both "newness of content" (MSW: 5.75; BSW: 5.5) and "relevance of content" (MSW: 8.63; BSW: 8.14) were slightly higher for the master's students compared with the bachelor students.

Strengths identified by both master's and bachelor students presented in order of frequency of reporting were: useful and relevant knowledge about mental health; thorough coverage of the mental health basics; broad and practical application; easy to understand text and in-class materials including film clips and case studies; the MHFA Action Plan: ALGEE including crisis response; youth focus and relevance to future practice as a social worker.

Students commented on the relevance of the content (with B used to denote bachelor student responses and M for master's student responses).

*I have more insights and ideas about how to work with people with mental illness in social work practice. M17*

*Everyone will have a good basic knowledge of mental health. M36*

*It raises awareness of mental health and how to recognise signs and symptoms in people who may be suffering from mental health problems. It provides useful strategies for steering young people towards treatment. B5*

*Helpful, handy, vital, and practical. B23*

Students found the information in the course easy to understand and comprehensive:

*It provides information in a way that is easy to comprehend. The techniques are quite simple to practice as well (for a newcomer to the field). M71*

*The provision of information about the manifestations of mental health problems was very comprehensive. It was fantastic to have examples of how to engage with people experiencing mental health difficulties. B54*

Students also enjoyed opportunities for group discussions to share experiences and reflect on issues. The course was considered useful preparation for placement and future professional practice:

*It is very relevant and educative. I feel I am well informed and have a good foundation for my placement. I can boldly say I can build on this with the practical experience from my placement. M62*

The main weakness identified by both master's and bachelor students was that the content was at too a basic a level. All respondents who felt that the content was too basic recorded scores of 3 or under for the question: How new was the material to you? Student comments included:

*A lot of content covered that could have been explored in further depth.* M29

*I found this course to be very basic. I felt like what we were covering I already knew. It was a bit tedious going back to basics.* B15

*If someone has prior experience/knowledge about basic mental health issues the content seems too basic.* B36

Students commented on the course being too repetitive:

*Some of the content is quite repetitive. The information is presented with minor differences—e.g., the intervention plans.* M43

*Repetition of the manual which had already been read and understood. This knowledge wasn't built upon much—just discussed as per the manual.* M8

*The ALGEE worksheet is repetitive. Depth of material not really aimed at professionals.* B41

Students who had higher levels of familiarity with the materials wanted a faster pace with those less familiar with the content wanting the course to be slowed down:

*If you are new to mental illness as I am it was a little fast paced to have a full understanding of each topic. I would maybe suggest some homework such as a case study to allow more time for class discussion and reflection.* M13

*It is too short. We need time to practice or discuss.* M54

*The course is repetitive and too long. It could be condensed.* B8

Students wanted more practical examples and contextual information in case studies and suggested that role-plays might be useful:

*Role-playing scenarios could be helpful in assisting with understanding and practising.* M22

*Case studies need more information on social context.* B41

Some students wanted the materials tailored more to social work professional practice:

*We need to learn more about social work intervention.* M65

*It didn't allow for in-depth discussion for future professionals.* B27

Both bachelor and master's students identified further content they would like covered in the YMHA course. This included more cultural content, particularly Aboriginal and Torres Strait Islander cultures, refugees and new immigrants; the diagnosis of personality disorder and socio-economic status. One student suggested:

*Medical emergency assistance, crisis management and CPR should be the first things taught.* M40



## LIMITATIONS

It is not possible to draw any conclusive findings from patterns observed in this study due to the low numbers of participants. Study limitations include data collection in Stage 3 based on retrospective self-rankings of students rather than an assessment of knowledge before and after using independent assessment of mental health literacy measures. The different format of the bachelor and master's courses and modifications to the content in the master's course may have influenced the survey results.

## DISCUSSION

Social work critical theory provides a theoretical underpinning for the YMHFA course. It provides a useful lens for personal reflection and a skill set for responding appropriately to a person's lived experience and the duality of care and control that pervades mental health services (Allan, 2009; Bland et al., 2015; Macfarlane, 2009; Martin, 2012; Payne, 2014). It supports a preventative and early-intervention approach consistent with the human rights focus of the national mental health plan, Mental Health First Aid Australia and the social work profession (Orygen Youth Health, 2014; Rickwood et al., 2007).

Study findings from Stage 1 reveal that the YMHFA course provides a comprehensive introduction to mental health literacy for social work students including a considerable amount (57%) of the basic, introductory knowledge of mental health values, knowledge, and skills required by the professional accrediting body for social workers (AASW, 2012). This introductory content provides a strong foundation for the development of more advanced values, knowledge, and skills. It also provides a clear baseline of the mental health literacy of social work graduates for prospective employers, those who use social work services, and the general community. A main advantage in using the YMHFA materials is that they are regularly updated with targeted CPD for educators. The focus on youth is consistent with a social work approach to human rights and social justice aimed at prevention and early intervention given that most mental illnesses develop prior to 25 years of age (ABS, 2007; Australian Government, 2011; McGorry et al., 2013; McGorry & Goldstone, 2011). However, a main limitation of the YMHFA course is that it is not focused on the broader structural factors (such as stigma and discrimination) that impact on people's lives. The main advantages of offering this course within the social work curriculum include locating it within a critical theoretical perspective and also as preparation for field education practicums.

The findings from the scoping study in Stage 2 reveal that MHFA education is undertaken by students and workers in human services professions including social work, medicine, nursing and pharmacy. The location of the MHFA is varied with courses offered by universities, human service organisations and private providers. The study findings suggest that there is value in offering the YMHFA course as part of the curriculum in professional social work qualifying degrees to both bachelor and master's degree students. Surprisingly, even though the master's students in the study had higher level entry requirements in terms of previous study and experience in the human services, the survey results indicate slightly lower levels of mental health literacy prior to the course according to "newness" and "relevance" of content. The reasons for this are unknown. It is possible that, as a more highly educated,

experienced and mature group the master's students had a more realistic idea of what they did, and did not, know.

The qualitative comments of study participants highlight a number of areas for further development. These include bachelor students wanting more social-work-specific case-study scenarios. This finding may be influenced by the targeted choice of scenarios for the master's students, following feedback from the bachelor students. However, both groups wanted increased contextual information as well as more content on culture, especially when working with Indigenous and Torres Strait Islander populations and minority groups. There is potential to develop social-work-specific scenarios with MHFA Australia as this has already been done in the standard MHFA courses developed for nursing and medical students, and financial counsellors. Culture is central to the Aboriginal and Torres Strait Islander and Vietnamese versions of the MHFA course so there are culture-specific applications of the MHFA materials to draw upon, and the expertise of MHFA Australia in tailoring the MHFA materials to the cultural contexts of 23 different countries (MHFA, 2015a; Mooney, 2012).

The case-study scenarios could also be used for role-plays to allow for increased depth of understanding and demonstration of the practical application of the ALGEE model. Consideration of how a social worker may respond ("E: Encourage appropriate professional help") provides a social work focus. However, more in-depth knowledge and skills on social work interventions are not part of the YMHFA course. Signposts can be used to remind students of the staged approach to the delivery of the curriculum and that social work interventions will be covered in greater depth later on.

It was recommended by one respondent that, in addition to the YMHFA course, social work students should be required to do basic medical first aid. A comprehensive knowledge of first aid for social work students is worth serious consideration and would have considerable benefits for recognising and responding appropriately to adverse drug reactions and medical emergencies.

## CONCLUSION

The YMHFA course provides a comprehensive basic introduction to mental health literacy for social work students and includes a considerable amount of the mental health values, knowledge, and skills required by the professional accrediting body, the AASW. As part of an overall education strategy, this introductory content provides a strong foundation for the development of more advanced values, knowledge, and skills. It also provides a clear baseline of the mental health literacy of social work graduates for prospective employers, those who use social work services, and the general community. A focus on youth is consistent with a social work approach to human rights and social justice aimed at prevention and early intervention given that most mental illnesses develop prior to 25 years of age. However, social work educators may find other MHFA courses better suited to their practice context (such as the Indigenous and Torres Strait version). Social work educators are called upon to seriously consider including the YMHFA or another MHFA course in social work qualifying degree programs as part of the AASW-required core foundational mental health curriculum. The preferred approach is the simultaneous integration of

social work critical theory with the YMHFA course content. This will be supplemented by additional content to meet the remaining social work professional education requirements as well as the government regulations according to the level of degree offering. Ultimately, this strong foundation in mental health literacy will be of greatest benefit to those who need to use the services of their graduates.

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