

Putting Research to Work for Military Families



Focus:
National
Guard

Military Mental Health First Aid: Development and Preliminary Efficacy of a Community Training for Improving Knowledge, Attitudes, and Helping Behaviors

Mohatt, N.V., Boeckmann, R., Winkel, N., Mohatt, D.F., & Shore, J. (2017). Military Mental Health First Aid: Development and preliminary efficacy of a community training for improving knowledge, attitudes, and helping behaviors. *Military Medicine*, 182(1), 1576-1583. doi:10.7205/MILMED-D-16-00033

SUMMARY: Barriers to behavioral health care for Service members include stigma, lack of knowledge, and negative attitudes towards treatment. Military Mental Health First Aid (MHFA), an evidence-based program that aims to reduce barriers to behavioral health care, was tested among military and community providers. Findings reveal that participation in Military MHFA may decrease barriers to care by increasing providers' ability to identify and refer Service members and veterans to the appropriate care providers.

KEY FINDINGS:

- Compared to the control group, providers who participated in Military MHFA were significantly more likely to use appropriate engagement strategies, support, and referral practices when identifying a Service member in need of behavioral health services.
- There was a trend that providers who participated in Military MHFA showed increased confidence in their ability to help Service members in need of behavioral health services.
- Improvements in confidence, knowledge, behaviors, and stigma following Military MHFA were sustained for eight months post-training.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide information to military families on common barriers to behavioral health care and strategies to find supportive services both within the military and surrounding community
- Tailor efforts to Service members and their families in order to reduce stigma associated with seeking mental health help
- Disseminate information regarding possible symptoms of mental health problems Service members may encounter and where individuals and families can find help for those problems

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the training of military and civilian professionals to bolster providers' confidence in their ability to identify and refer Service members to the appropriate care
- Recommend partnerships among military-based and community-based programs to help military families feel more comfortable seeking help from a variety of sources
- Continue to support programs for identification and treatment of behavioral health concerns in Service members and their families

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METHODS

- Participants in positions where they may come in contact with Service members during a mental health crisis, including family advocates, medics, and Army National Guard leaders, were recruited through outreach from four National Guard armories as well as surrounding civilian communities.
- Two armories and the surrounding areas were randomly assigned to complete the intervention, while the other two served as comparison control groups.
- The Military MHFA training consisted of an eight hour, in-person, group seminar, where participants completed surveys prior to the intervention, immediately following completion, and at four and eight month follow-up.
- Those who completed the intervention were compared to the control group on a variety of measures, including confidence, attitudes, knowledge, and stigma.

PARTICIPANTS

- A total of 176 providers participated in the study, with 69 assigned to the intervention group and 107 assigned to the control group.
- Participants at rural armories comprised 51% of the intervention group and 39% of the control group.
- Approximately 68% of the providers assigned to the intervention completed the four and eight month follow-up surveys, while only 17% of the control group completed both follow-up surveys.

LIMITATIONS

- No data on gender, age, or race/ethnicity of providers were collected, which limits the ability to generalize findings.
- There was no information provided about the participants who were assigned to attend the intervention but did not follow through. The participants (n = 69) who chose to attend could have been significantly different from those who did not, biasing the results.
- The low proportion of participants that completed the follow-up surveys in the control group (17%) may be different than those that that withdrew from the study, biasing the results.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Collect full demographic data from participants in order to increase the likelihood that findings can be generalized
- Report on the full sample assigned to participate in the intervention and conduct analyses including those who did not participate in order to ensure results that are not biased
- Rigorously seek out follow-up data from all participants in order to ensure self-selection does not bias the results.

ASSESSING RESEARCH THAT WORKS



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