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**Executive Summary: Staff Education Project Staff Education on
Mental Health First Aid to Improve Staff Knowledge of the
Identification, Understanding, and Response to Patients
Experiencing Mental Health**

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Walden University

College of Nursing

This is to certify that the doctoral study by

Vashawn Mosley

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Executive Summary: Staff Education Project

Staff Education on Mental Health First Aid to Improve Staff Knowledge of the
Identification, Understanding, and Response to Patients Experiencing Mental Health
Crises

by

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Executive Summary Submitted in Partial Fulfillment
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Summary

This evidence-based staff education project on Mental Health First Aid (MHFA) was implemented to improve staff knowledge on how to recognize, understand, and respond to signs of mental illnesses and substance abuse disorders. Current annual training for mental health staff covers response techniques when patients experience mental health crises that have already escalated to the point of physical aggression. The MHFA education program helps staff understand mental health and substance abuse disorders, ultimately improving chances of preventing escalation. The practice-focused question for this project was: Among mental health professionals at a rural mental health organization, what is the impact of an MHFA staff education program, compared to current practice, on staff knowledge of the identification, understanding, and response to patients experiencing mental health crises? The purpose of this project was to provide a staff education program to improve staff knowledge of mental illness, including substance abuse and responses to patients experiencing mental health and substance abuse crises in order to improve outcomes. A pretest/post-test design was used for this staff education project. Findings were analyzed using descriptive statistics and the Wilcoxon Signed Rank test which showed there was a significant difference ($p < .05$) between pretest and post-test correct response datasets. These findings showed educating staff on MHFA could improve their knowledge in order to identify and respond to patients experiencing mental health and substance abuse crises and improve outcomes. Implementation of MHFA education is recommended to improve patient outcomes and practice changes. For mental health first aiders, it is crucial to incorporate understanding of diversity, equity, and inclusion into MHFA actions.

Background

Mental illness refers to a wide range of mental health conditions. Approximately 18.9% of adults in the US, or 46.6 million people, experience mental illness, yet 42.6% of those people receive mental health services (Troxel et al., 2022). In the rural U.S., 18.7%, or approximately 6.5 million citizens, have mental health concerns, and 3.9% (approximately 1.3 million) have experienced suicidal thoughts (Crumb et al., 2019). Persons from rural and low-income areas often delay seeking mental health treatment due to both personal and public stigmas. Mental illness stigma has also been associated with difficulty recognizing symptoms, accepting diagnoses, and seeking timely and ongoing treatment (Crumb et al., 2019). According to the National Institute of Mental Health (2023), 50% of adults with mental illness receive treatment.

Current practice at a rural mental health facility in the Southeastern United States requires annual training for mental health staff members that covers physical response techniques when a patient experiencing a crisis has already escalated to the point of physical aggression. The evidence-based MHFA education program provides increased training to understand mental health and substance abuse disorders and respond to patients experiencing mental health and substance abuse crises, improving chances of preventing escalation.

The practice-focused question for this project was: Among mental health professionals at a rural mental health organization, what is the impact of a MHFA staff education program, compared to current practice, on staff knowledge of identification, understanding, and response to patients experiencing mental health crises? The purpose of this project was to provide a staff education program to improve staff knowledge of

mental illness, including substance abuse, and respond to patients experiencing mental health and substance abuse crises in order to improve outcomes.

The MHFA education program is appropriate for mental health professionals and nonprofessional staff, teachers, first responders, and laypersons. The program teaches people to identify and address potential mental health or substance use challenges safely and responsibly (MHFA, 2024). MHFA also has the potential to help facilitate substantial community needs for connection to mental health services (Troxel et al., 2022). Based on the unit director's recommendation, the target audience of this DNP staff education project was expanded to include professional and nonprofessional staff working with mental health patients.

Level II quasi-experimental research studies support the usefulness of MHFA in terms of increasing knowledge of mental illness and response to help persons experiencing mental health crises. According to Roberston et al. (2021), MHFA training increases confidence and enhances the reach of mental health networks in rural areas. Mental health stigma often causes hesitation in terms of seeking mental health and substance abuse treatment. Malarkey et al. (2024) suggested MHFA training is necessary to equip individuals with skills to support and refer patients experiencing mental health crises safely. Intervening in a calm and positive manner, as demonstrated in the MHFA education program may result in a reversal of escalation, and therefore may not require physical intervention by staff. Reavley et al. (2023) argued MHFA training can enhance intended support, knowledge, and supportive actions toward people experiencing mental health or substance abuse crises.

Staff Education Project Development

Participants in the project included staff from disciplines including case management, onsite pharmacy, social work, outpatient reception, and housekeeping ($N = 10$). The MHFA presenter used PowerPoint and program booklets during the six-hour course. Teaching content included describing MHFA, using the MHFA action plan, and describing common mental health disorders (see Appendix A).

Plan for Educational Offering

Participants completed an anonymous pretest, post-test, and program evaluation. Each participant used a self-selected unique identifier. Demographics about nursing staff were not collected due to the small sample size to ensure true anonymity and integrity of data. Descriptive statistics and the nonparametric Wilcoxon Signed-Rank test were used to analyze the effectiveness of the MHFA education program on improving participants' knowledge of mental illness and appropriate responses to mental health crises, as evidenced by pre and post-test evaluations.

Results

Evaluation of Content Validity of Pretest/Post-test Questions

Five reviewers evaluated 10 questions for content validity. A yes/no survey was used to assess questions for clarity, completeness, and correctness (1 = yes, 2 = no). A four-point Likert scale was used to assess questions for relevance (4 = highly relevant, 3 = quite relevant, 2 = somewhat relevant, 1 = not relevant; Botterman et al., 2022). All 20 questions received a mean score of 1 for clarity, completeness, and correctness. The mean score for relevance was 3.94 (see Appendix B).

Pretest/Post-test

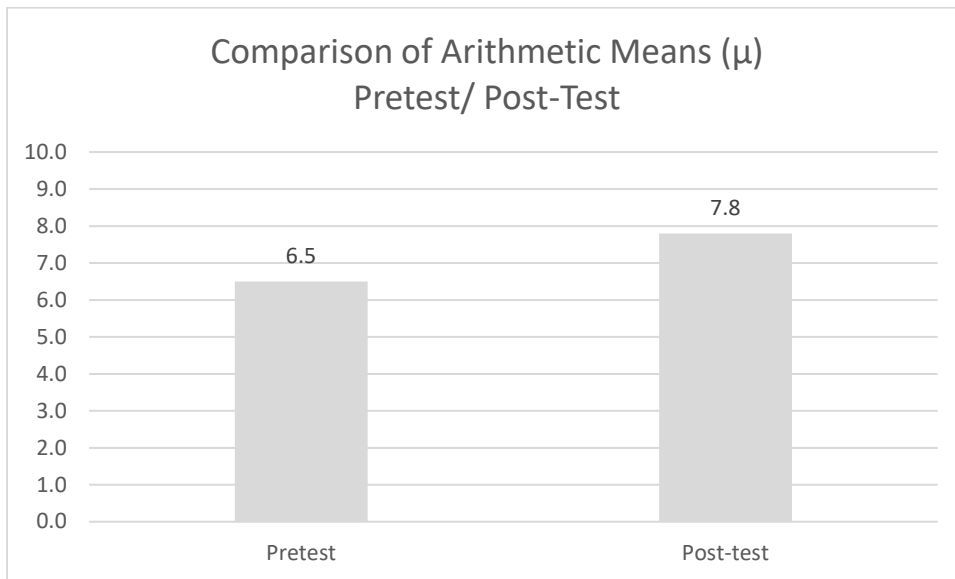
A pretest/post-test design was used to evaluate the effectiveness of the education program to increase staff knowledge of MHFA (see Appendix C) Findings were analyzed using descriptive statistics and the nonparametric Wilcoxon Signed-Rank test.

Descriptive Statistics

Participants ($N = 10$) included three case managers, one outpatient clerk, two on-site pharmacy technicians, one housekeeper, two data entry assistants, and one social worker employed by the clinic. On the pretest, there were no perfect scores. Two (20%) participants received a score of 90%, two (20%) received a score of 85%, one (10%) received a score of 80%, and five (50%) received a score of less than 80%. On the post-test, there were no perfect scores. Four (40%) participants received a score of 95%, one (10%) participant received a score of 90%, zero participants received a score of 80% or 85%, and five (50%) received a score of less than 80%. A comparison of the pretest and post-test arithmetic mean (μ) showed a difference between the two correct response datasets (see Figure 1).

Figure 1

Comparison of Pretest/Post-test Arithmetic Means



Note. Standard Deviation, σ : 0.65.

Wilcoxon Signed-Rank Test

For this project, a Wilcoxon Signed-Rank Test was conducted to compare pretest and post-test correct response data sets. The nonparametric Wilcoxon Signed-Rank test was used since the sample size was less than 25. The test indicated a significant difference between paired variables. The value of W is 5. The critical value for W at $N = 15$ ($p < .05$) is 25. The result is significant at $p < .05$. Five questions had the same result on both pretest and post-tests; therefore, the test discarded results from analysis which reduced the sample size.

Evaluation of the Education Program

Participants completed an evaluation of the education program (see Appendix D). All 10 participants rated overall quality of the education program as excellent. All participants strongly agreed the content of this program was useful for their practice or professional development. All participants acknowledged because they participated in

this education program, they intended to change their practice behaviors. They strongly agreed they could change their practices to improve outcomes. All comments were very positive. One participant commented, “I plan to approach a mental health crisis with a different outlook and by assessing each situation calmly and effectively.” Another participant commented they planned to change “how [they] communicate[d] with clients” and commented, “staff are set in their ways.”

Several limitations impacted program results. One limitation during project implementation was the diversity of professional and nonprofessional staff participants in the educational session. While the MHFA education program is appropriate for mental health professionals, healthcare professionals, nonprofessional staff, and laypersons, there was a wide range of mental health literacy among participants. This diversity impacted pretest/post-test results as 50% of participants scored less than 80% on both pretests and post-tests. Due to the small sample size, demographic data were not collected to preserve the anonymity of participants. Understanding demographics such as participants’ disciplines and professional/nonprofessional status may have helped in terms of better understanding the outcomes of the education program. The MHFA certification program was 6 hours long, and this may have impacted attendance. The target audience was planned to include 20 participants, and only 10 participants signed up for the Saturday all-day program. Also, the small sample size limited statistical methods that could be used to analyze and interpret data.

MHFA training aligns with the organization’s vision of providing environments that are committed to relieving the mental distress of individuals through interactions with healing community-based services. The MHFA education program was well

received by participants. Plans are already in place to repeat the education program to educate additional staff.

MHFA training is important beyond the local site as it provides a foundation for enhancing life satisfaction and promoting community and family functioning. MHFA training will equip the organization's staff with knowledge of the most common mental illnesses and substance abuse disorders, as many had no previous knowledge before becoming employed. MHFA training will also help staff recognize symptoms of mental health crises before they escalate.

Conclusions

Each participant in the staff education program received an MHFA certification that was valid for 1 year. Participants were from several disciplines, meaning MHFA skills were used across the organization. Further recommendations include providing lead staff within the organization with the opportunity to become in-house trainers to train direct care/frontline staff to improve patient outcomes. Another recommendation is to provide training for all direct care staff with an annual refresher course to keep skills sharp. Lead staff trainers can also support staff through debriefing and reeducation when escalation incidents may have been prevented if MHFA skills had been appropriately used. The MHFA education program provides greater knowledge of the most common mental health and substance abuse disorders, therefore helping prepare staff to provide better support before and/or during crises. MHFA training is a positive approach to mental illness and substance abuse. It teaches participants to view patients as individuals who are separate from illnesses with which they are living. It encourages patient participation and decision-making during their care by providing nonjudgmental outlooks

on illness. MHFA training encourages using self-help strategies and seeking support from family, friends, or others. MHFA training also encourages staff not to internalize their feelings after encountering people in crisis but to debrief with trusted colleagues if necessary. Implementation of the MHFA education program is recommended to improve patient outcomes and positive practice changes. As a mental health first aider, it is crucial to incorporate an understanding of diversity, equity, and inclusion into MHFA actions.

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Appendix A: Mental Health First Aid Program Teaching Plan

Plan for Educational Offering

Program Outcome

After completing the Mental Health First Aid training, participants' knowledge of mental illness and appropriate response to mental health crises will be improved as evidenced by the pre- and post- test evaluation.

Target Audience

Case Managers, Health Service Techs, Front desk staff, Administration staff, Admissions staff, and Pharmacy staff for a total of 20.

OBJECTIVES	CONTENT (Topics)	TEACHING METHODS	TIMEFRAME	EVALUATION METHOD
Objective 1: At the conclusion of the educational activity, the learner will be able to discuss Mental Health First Aid (MHFA).	Chapter 2 of MHFA education material discusses MHFA in detail, including statistical data.	A person trained and certified to teach MHFA will provide a lecture and PPT combined presentation. Booklets will be provided for participants while taking course.	This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes spent covering each topic.	A pre- and post-test will be provided to MHFA course participants. Questions 1, 2, 3,4, 11, 12, 14, 15, 16, 17, 18, 19, and 20 evaluate this objective.
Objective 2: At the conclusion of the educational activity, the learner will have a working understanding of MHFA Action Plan.	Chapter 2 of MHFA education material details the MHFA Action Plan with algorithm A (Assess for risk of suicide or harm), L (Listen nonjudgmentally), G (Give reassurance and information), E (Encourage appropriate	A person trained and certified to teach MHFA will provide a lecture and PPT combined presentation. Booklets will be provided for participants while taking course.	This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes spent covering each topic.	A pre- and post-test will be provided to MHFA course participants. Questions 4, 12, 14 were used to evaluate this objective.

	professional help), and E (Encourage self-help and other support strategies).			
Objective 3: At the conclusion of the educational activity, the learner will be able to utilize MHFA Action plan in post-test case study.	Chapter 2, pages 14-15 provide breakdown of each Action Plan step.	A person trained and certified to teach MHFA will provide a lecture and PPT combined presentation. Booklets will be provided for participants while taking course.	This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes spent covering each topic.	A pre- and post-test will be provided to MHFA course participants. Questions 19-20 evaluate this objective.
Objective 4: At the conclusion of the educational activity, the learner will understand common mental disorders (Depression, Anxiety disorder, Bipolar disorder, Schizophrenia, Psychosis, Suicidal, Substance Use Disorders, and Eating disorders).	Chapter 3 discusses Depression, including suicide statistical data and facts on non-suicidal self-injury. ALGEE for depression is outlined. Chapter 4 discusses anxiety disorders, including Generalized Anxiety Disorder (GAD), Panic Disorder, Phobic Disorders, Acute Stress Disorders, Post-traumatic Stress disorders, Obsessive Compulsive	A person trained and certified to teach MHFA will provide a lecture and PPT combined presentation. Booklets will be provided for participants while taking course.	This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes spent covering each topic.	A pre- and post-test will be provided to MHFA course participants. Questions 5, 6, 7, 8, 9, 10, 13, 19, and 20 evaluate this objective.

	<p>Disorders, and Mixed anxiety disorders associated with depression and Substance abuse. ALGEE is outlined. Chapter 5 discusses Psychosis, including Schizophrenia, Bipolar Disorders, Psychotic Depression, Schizoaffective disorder, and Drug-Induced Psychosis. ALEE is outlined. Chapter 6 discusses Substance Use Disorders. Chapter 7 discusses Eating disorders, including Anorexia Nervosa, Bulimia Nervosa, and Eating disorders not otherwise specified (EDNOS).</p>			
<p>Objective 5: At the conclusion of this educational activity, the learner will demonstrate</p>	<p>Section 3 contains recommendations on how to give first aid in a number of mental health crisis situations based</p>	<p>A person trained and certified to teach MHFA will provide a lecture and PPT combined</p>	<p>This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes</p>	<p>A pre- and post-test will be provided to MHFA course participants. Questions 1 -20 evaluate this objective.</p>

understanding of first aid for mental health crises.	on international guidelines that have been developed using expert consensus of panels of mental health consumers, caregivers, and clinicians.	presentation. Booklets will be provided for participants while taking course.	spent covering each topic.	
Objective 6: At the conclusion of this educational activity, the learner will be able to recognize when a person is having a mental health crises and provide supportive guidance until the crises has resolved.	Section 3 provides questions and answers of scenarios that may occur in mental health crises.	A person trained and certified to teach MHFA will provide a lecture and PPT combined presentation. Booklets will be provided for participants while taking course.	This course is expected to be 6 hours for completion, with an average of 30 to 45 minutes spent covering each topic.	A pre- and post-test will be provided to MHFA course participants. Questions 3, 15, 16, 17, 18, 19, 20 evaluate this objective.

Evidence-Based References:

Mental Health First Aid (2024). Retrieved from: www.mentalhealthfirstaid.org

Appendix B: Evaluation of Content Validity of Pretest/Post-test Questions

Evaluation of Test Questions for Content Validity											
Clarity	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Completeness	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Correctness	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Relevance	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	4.0	3.8	4.0	3.8	4.0	3.8	4.0	3,8	4.0	3.8	
Evaluation of Test Questions for Content Validity											
Clarity	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Completeness	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Correctness	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	1	1	1	1	1	1	1	1	1	1	1
Relevance	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Mean
Mean	4.0	4.0	4.0	4.0	4.0	4.0	3.8	4.0	4.0	4.0	3.94

Botterman, L., De Cock, I., Blot, S. I., & Labeau, S. O. (2022). A knowledge test on pressure injury in adult intensive care patients: Development, validation, and item analysis. *Journal of Tissue Viability*, 31(4), 718–725.

<https://doi.org/10.1016/j.jtv.2022.08.007>

Appendix C: Pretest/Post-test

Mental Health First Aid Pretest and Post-test

1. What are the key components of mental health first aid (Select all that apply)
 - a. Sense of safety
 - b. Calming presence
 - c. Active and non-judgmental listening
 - d. Connection
 - e. Recognizing signs/symptoms of mental health issues
 - f. Ignoring suicidal thoughts since they are often temporary and will go away
2. One in five Americans will experience a diagnosable mental health disorder in any given year.
 - a. True
 - b. False
 - c. I am not sure
3. Benefits of providing MHFA training for behavioral health clinic staff include: (Select all that apply)
 - a. Improved ability to recognize signs of mental health issues
 - b. Enhanced skills for responding to crises
 - c. Increased confidence in supporting clients
 - d. Reduced stigma and increased understanding
 - e. Improved self-care and mental well-being of staff
 - f. Fostering a supportive workplace culture
4. If you witness a person experiencing a mental health crisis, what should your response be?
 - a. Walk away
 - b. Stand back and stare
 - c. Call 911
 - d. Call 988 and try to help until help arrives
5. Every person in psychological distress is suffering from mental illness.
 - a. True
 - b. False
 - c. I am not sure
6. A cluster of negative attitudes and beliefs that motivate the public to fear, reject, avoid, and discriminate against people with mental illness is known as:
 - a. Shame
 - b. Honor
 - c. Stigma
 - d. Dishonor

7. Which of the following is a mental health disorder? (Select all that apply)
 - a. Schizophrenia
 - b. Major Depressive Disorder
 - c. Generalized Anxiety Disorder
 - d. Bulimia
 - e. Bipolar Disorder
 - f. Schizoaffective Disorder
8. Mental health disorders are a sign of:
 - a. Weakness
 - b. Personality flaws
 - c. Unwillingness to get a job
 - d. None of the above
 - e. I am not sure
9. Research shows that most people who are violent, suffer from mental illness.
 - a. True
 - b. False
 - c. I am not sure
10. Mental health disorders often start in:
 - a. Adolescence to early adulthood
 - b. Adolescence to old age
 - c. Early adulthood to middle-aged adult
 - d. Old age
 - e. I am not sure
11. The aim of MHFA is to: (Select all that apply)
 - a. Preserve life when a person may be in danger to self or others
 - b. Provide help to prevent the problem from becoming more serious
 - c. Promote and enhance recovery
 - d. Provide comfort and support
 - e. Have participants become therapists
12. The MHFA action plan includes: (Select all that apply)
 - a. Action A- Assess for risk of suicide or harm
 - b. Action L- Listen nonjudgmentally
 - c. Action L- Look around for danger
 - d. Action G- Give reassurance and information
 - e. Action E- Encourage appropriate professional help
 - f. Action E- Encourage self-help and other support strategies

13. Common warning signs of suicide are: (Select all that apply)
 - a. Threatening to hurt or kill himself or herself
 - b. Talking or writing about death, dying, or suicide
 - c. Increasing alcohol or drug use
 - d. Undergoing dramatic changes in mood
 - e. Feeling no reason for living and no sense of purpose in life
14. After providing MHFA to a person in distress, you may feel: (Select all that apply)
 - a. Emotionally drained
 - b. Guilt
 - c. Anger
 - d. All of the above
 - e. None of the above
15. If the person appears to be at risk of harming self or others, the first aider must:
 - a. Walk away
 - b. Hug them tightly
 - c. Seek professional help immediately, even if the person does not want help
 - d. Seek professional help only if the person wants help
 - e. I am not sure
16. Which components of mental health first aid should be used to support someone experiencing a crisis? (Select all that apply)
 - a. Create a sense of safety
 - b. Maintain a calm presence
 - c. Foster connections
 - d. Provide reassurance and hope
 - e. Listen judgmentally
17. Reassurance includes: (Select all that apply)
 - a. Emotional support
 - b. Empathizing with how the person feels
 - c. Voicing hope
 - d. Offering practical help with tasks that may seem overwhelming at the time
18. If a person is in a mental health crisis, the mental health first aider should:
 - a. Leave them and go get help
 - b. Stay with them until help arrives if no one else is available to stay with them
 - c. Tell them to go see their mental health provider tomorrow and leave
 - d. Drive them to the hospital themselves in their personal vehicle

Case Study

Danny is a 20-year-old male from a small town in Southwest Georgia. He is currently a Sophomore at Howard University. He received a full scholarship and, until recently, maintained a 3.9 GPA. Danny has always struggled with focus and was diagnosed with ADHD at age 9 y/o and prescribed Intuniv, as his parents were against stimulant treatment of ADHD. At age 16, Danny admitted to his therapist that he had been hearing a man's voice in his head since age 7 but was afraid to tell anyone, "It doesn't happen all the time, just when I get really stressed and overwhelmed."

At age 20, Danny decided to join a fraternity at his college. College was going well, and he was headed toward graduation next year, so why not? However, Danny didn't know that joining a fraternity would take him away from his studies so much and introduce him to drugs and alcohol. He found himself slacking on his assignments and struggling with grades. He was accepted into the fraternity and finished his sophomore year with a 2.9 GPA.

He decided to take the summer off and go home to recoup. While home, he began smoking marijuana with his favorite cousin. In doing so, he found that the voice was with him daily and had become more prominent. He was having initial and middle insomnia. His mother became concerned because he had been unkempt lately and had been coming in and out of the house at night. She even heard him talking to himself at times.

Danny has been admitted to the facility where you work. He has severe psychosis, including paranoia. He refuses to eat or bathe and hasn't slept since admission. He's not a bother to anyone, mostly stays to himself, but still exhibits responses to internal stimuli. He's now on day 3 of admission without food or water, but he is the easiest patient to deal with on the unit.

19. What is the most appropriate response to Danny's mental status? Explain the specific steps you should take and the rationale behind your answer.

20. What are some potential barriers you might face in providing mental health first aid to Danny, and how could you address them?

Appendix D: Evaluation of the Educational Program

Mental Health First Aid

June 22, 2024

Presenter: Julienne Smith, MHFA Certified Trainer

Facilitator: Vashawn Mosley, DNP Student, Walden University

1. On a scale of 1 to 4, how would you rate the overall educational quality of this education program? Please circle your response

Poor	Okay	Good	Excellent
1	2	3	4

Please briefly describe why you selected your response.

2. The content of this program is useful for my practice or professional development. Please circle your response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. As a result of your participation in this educational program, do you intend to make changes in your practice behaviors? Yes No Please circle your response.

4. If yes, what changes do you intend to make in practice and performance?

5. I am confident that I can make changes in my practice to improve my response to patients experiencing mental health crises to improve outcomes.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Please identify any barriers you perceive in implementing these changes.