

Mental Health First Aid Basic Course

Mental health first aid (MHFA) is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis is resolved. The course discusses the following mental disorders; Substance related disorders, Mood related disorders, Anxiety and trauma related disorders, Psychotic disorders. Crisis first aid skills for the following situations are learned: Substance overdose, Suicidal behavior, Panic attack, Acute stress reaction, Psychotic episode. These skills, once taught to both social work and student services, will then be transferable to any and all faculty members, students, and staff interested in attending in-house training.

Evidence of Effectiveness

Numerous studies have explored the effectiveness of MHFA. Most recently in 2012, Ganshorn and Michaud compiled a literature search of these studies. Within workforce and occupational groups, it was determined that "participants demonstrated knowledge and confidence and an improvement in their perceptions of mental health issues" (Ganshorn & Michaud, 2012, p.2). In their review of the literature they found "statistically significant benefits 5-6 months post-training; improved agreement with health professionals about treatment; improved helping behavior; more confidence providing help; and decreased social distance from people with mental disorders" (Ganshorn & Michaud, 2012, p. 1).

Rationale for in-house training of MHFA

The rationale for providing training within the WCVM, is to begin to work towards the creation of a well-equipped support network and suicide safe community. This is particularly important within veterinary settings, as the rates of suicide, and instances of mental health concerns, increase greatly as compared to national averages within this profession (Mellanby, 2005). Veterinarians experience stressors that include: irregular hours, overwhelming workloads, high expectations and demands from clients, and compassion fatigue, while working in psychologically and physically isolating environments (Mellanby, 2005). Veterinary students studied, do not report higher objective stress, however the literature indicates higher levels of depression, time pressure, and subjective stress with female students reporting higher incidences of perceived stress than their male counterparts (Strand, Zaparanick, and Brace, 2005). According to Mellanby (2005), veterinarians lack the skills necessary to cope with these stressors as their education primarily focuses on the technical aspects of veterinary medicine and lacks training on how to cope with the impacts of these stressors.

Similar concerns and issues were cited in a study by Michigan State University (2008) as primary reasons for veterinarians experiencing empathy (formerly known as 'compassion') fatigue and leaving the profession. Moreover, indicators show that veterinarians experience the highest suicide rate at four times a national rate and twice as high as physicians or dentists (Mellanby, 2005). In another study focused on veterinary surgeons and suicide, it was determined that the most often used means of committing suicide were poisoning or the use of a firearm and that veterinary surgeons were three times more likely to die from suicide (Platt, Hawton, Simkin, & Mellanby, 2010). A third study examined contributing factors to veterinary surgeon suicide and determined that contributing factors to suicidality were: occupational stressors-including managerial aspects; long working hours; heavy workload; poor work-life balance; difficult client relations; and performing euthanasia (Platt, 2010). Given that these statistics paint a challenging and worrisome picture, student services and social work wish to collaborate to create greater protective factors against suicide within the WCVM. Through this training, student services and social work may help adequately educate faculty advisors, students, staff who are interested in MHFA and equip them to effectively intervene with one another in an effort to avoid tragedy within our WCVM community. The current sessions in Saskatoon do not meet the needs of our student body or faculty advisors due to their demanding school and work schedules. Currently we are not opening this training up to the public, but will consider the larger veterinary community in the future.