
RSPH Level 3 Award in Mental Health First Aid

February 2023

Guided Learning: 16 hours
Total Qualification Time: 20 hours

Ofqual Qualification Number: 610/1595/7

Description:

The objective of this qualification is to provide candidates with a knowledge and understanding of the principles of mental health first aid and confidence in their skills to assist an individual who is developing a mental health condition or is in a mental health crisis.

The qualification will provide learners with the knowledge and understanding to:

- Understand the factors that can positively and negatively affect mental health
- Spot the early signs of a mental health issue
- Feel confident in how to offer and provide initial help to a person experiencing a mental health issue
- Preserve life where a person may be at risk of harm to themselves or others
- Help stop mental ill health from getting worse
- Promote recovery of good mental health
- Guide someone towards appropriate treatment and other sources of help
- Understand the stigma that exists around mental health

This qualification reflects courses developed by Mental Health First Aid England and the Mental Health First Aid actions recommended in this specification are in accordance with Mental Health First Aid International guidelines.

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Mental Health First Aid

Total Unit Time:	20 hours
Guided Learning:	16 hours
Unit Level:	3
Unit reference:	L/650/4477

Summary of Learning Outcomes:

To achieve this qualification a candidate must:

- 1. Understand the importance and impact of mental health and poor mental health; *with reference to:***
 - 1.1 The language of mental health and its impact
 - 1.2 Maintaining and improving mental health
 - 1.3 The impact of poor mental health
 - 1.4 Risk factors for poor mental health
 - 1.5 Professional support and other support available for mental health

- 2. Understand the role and requirements of the Mental Health First Aider in different settings; *with reference to:***
 - 2.1 The core responsibilities and boundaries of the Mental Health First Aider role
 - 2.2 The key attributes and skills required of Mental Health First Aiders
 - 2.3 The importance of self-care for Mental Health First Aiders
 - 2.4 The contribution of Mental Health First Aiders to building mentally healthy workplaces and communities
 - 2.5 The benefits of a positive mental health culture in workplaces and communities

- 3. Know the key features, and signs and symptoms, of a range of mental health conditions and behaviours; *with reference to:***
 - 3.1 Depression and suicide
 - 3.2 Anxiety
 - 3.3 Eating disorders
 - 3.4 Self-harm
 - 3.5 Psychosis

- 4. Know how to evaluate a scenario involving an individual experiencing poor mental health and to apply the Mental Health First Aid action plan (ALGEE); *with reference to:***
 - 4.1 Approaching the person, assessing and assisting with any crisis
 - 4.2 Listening and communicating non-judgementally with the person
 - 4.3 Giving support and information
 - 4.4 Encouraging the person to get appropriate professional help

4.5 Encouraging other supports

Candidates successfully achieving this qualification will have factual, procedural and theoretical knowledge and understanding of Mental Health First Aid to complete actions that while well-defined, may be complex and non-routine. Candidates can interpret and evaluate relevant information and ideas, they are aware of the requirements of Mental Health First Aid and the different perspectives or approaches within Mental Health.

Content:

- 1 Understand the importance and impact of mental health and poor mental health; with reference to:**
 - 1.1 *The language of mental health and its impact:* Features of mental health, poor mental health and mental ill health; stigma as a cause of harmful language, possible impacts of harmful language, examples of helpful language.
 - 1.2 *Maintaining and improving mental health:* The Mental Health Continuum and factors that can cause movement along its axes; the Stress Container and the Stress Vulnerability Model; recognising sources of stress and identifying helpful coping strategies; the Frame of Reference; protective factors for mental health; importance of positive behaviours around sleep, exercise, diet and social interaction; importance of models such as the Five Ways to Wellbeing.
 - 1.3 *The impact of poor mental health:* Incidence of poor mental health and mental health conditions and behaviour in the population; Impact of poor mental health and mental health conditions on education, relationships and employment; the effect of poor mental health on others such as family, friends and colleagues; the effect on the individual of stigma as a result of poor mental health; stigma as a barrier to movement around the Mental Health Continuum.
 - 1.4 *Risk factors for poor mental health:* Risk factors to include: family history, age, race and ethnicity, disability and physical illness, neurodiversity, pregnancy and parenthood, relationships, religion or belief, socioeconomic conditions, working environment and work stressors, refugee status and seeking asylum, traumatic events; Recognition that social inequalities and discrimination risk poor mental health; Outcomes for risk groups associated with inequality to include: lack of access to mental health services and unequal quality of services.
 - 1.5 *Professional support and other support available:* Use of prescribed medication, psychological therapies, complementary therapies and lifestyle changes, support groups, rehabilitation programmes and family and friends in supporting individuals; role of health professionals such as GPs, counsellors, psychologists, psychotherapists, psychiatrists, mental health nurses and care coordinators; specialist community and voluntary sector organisations.
- 2 Understand the role and requirements of the Mental Health First Aider in different settings; with reference to:**
 - 2.1 *The core responsibilities and boundaries of the Mental Health First Aider role:* Core responsibilities to include: spotting early signs of poor mental health in an individual, offering and providing initial help to a person, preserving life if a person is at risk of harm to themselves and others, promoting recovery of positive mental health, guiding an individual to appropriate support; Identified boundaries to include: confidentiality, inappropriate relationships, and Mental Health First Aider wellbeing; Recognition that not maintaining boundaries risks: stigma, judgemental or subjective support, lack of independence, decline in

mental health.

- 2.2 *The key attributes and skills required of Mental Health First Aiders:* Key attributes and skills to include: approachable, impartial, confidential, a skilled listener, trustworthy, patient; Mental Health First Aiders should: have Mental Health First Aid conversations with a focus on empathy, understand their own judgements when supporting someone, have knowledge of practicing cultural safety.
- 2.3 *The importance of self-care for Mental Health First Aiders:* Recognition of the impact of supporting an individual in a distressing situation on the wellbeing of the Mental Health First Aider; recognition that ongoing self-care is crucial to the Mental Health First Aider being able to provide effective support to others; self-care techniques to include exercise, mindfulness and relaxation techniques, talking and sleep; other sources of support to include seeking support from friends, family members and other Mental Health First Aiders, accessing specialist support services around mental health.
- 2.4 *Contribution of Mental Health First Aiders to building mentally healthy workplaces and communities:* Role modelling best practice and mental health literacy; promoting the importance of a positive mental health culture; signposting to relevant information and support; promoting the importance of self-care; identifying and raising awareness of work stressors; encouraging culturally safe environments; addressing stigma in a workplace or community; working to reduce local barriers to accessing Mental Health First Aider support, identifying opportunities for learning in a workplace or community.
- 2.5 *The benefits of a positive mental health culture in workplaces and communities:* Improved health and wellbeing outcomes; increased likelihood of an individual seeking help; reduction in absence rates; reduction in costs associated with employing new and temporary staff; increased likelihood of attracting and retaining employees and volunteers; reduction of presenteeism; increased productivity and collaboration; stronger social relationships; increased levels of social inclusion.

3 Know the key features, and signs and symptoms of a range of mental health conditions and behaviours; with reference to:

- 3.1 *Depression and suicide*
Depression: Recognition of: The difference between feelings of sadness and depression as a mental health condition; depression as a common but serious condition; there being no single cause, often involving the interaction of many diverse biological, psychological, and social factors. Signs and symptoms to include: being slow in moving; fluctuations in weight; experiencing a persistent sad mood; loss of enjoyment and interest in activities that used to be enjoyable; tiredness and lack of energy; loss of confidence; feeling guilty; difficulty in concentrating; difficulty in sleeping or sleeping too much; eating disruption.

Suicide: Recognition of: Suicide thoughts defined as the thoughts someone may have when they no longer feel they can continue to live; Suicide behaviour defined as making plans and acting on suicide, whether the outcome is life or death. Recognition that: people who experience suicide thoughts or behaviour don't want to die but don't want to live with the pain they are experiencing; Signs and symptoms to include: Hopelessness, helplessness, shame, guilt, anger, or rage; feeling like there's no way out; a dramatic change in personality, appearance, or mood; withdrawing from friends, family, or society; changed eating or sleeping habits; a serious drop in work performance; no reason for living, no sense of purpose in life; talking or writing about death, dying or suicide; saying goodbye, or putting affairs in order; sudden unexplained 'recovery'; use of suicide chat rooms/pro-suicide internet sites.

- 3.2 *Anxiety*: Recognition of: Anxiety as a natural response to perceived dangerous situations and a motivation to problem-solve; The difference between 'normal' levels of anxiety and anxiety disorders; The levels of anxiety varying from mild uneasiness through to panic attacks; the effects of anxiety disorders on relationships and everyday life. Signs and symptoms to include: avoidance of places/situations that trigger feelings of anxiety; physical symptoms to include: chest pain, rapid heartbeat, dry mouth, nausea, muscle aches and pains; psychological symptoms including difficulty making decisions, decreased concentration or irritability.
- 3.3 *Eating disorders*: Recognition of: The term 'eating disorder' covering a wide range of behaviours relating to food, including starving (anorexia), bingeing and purging (bulimia) and binge eating; Causes of eating disorders being complex but often associated with negative body image and low self-esteem; eating disorders being attempts to deal with underlying emotional issues rather than food-related, eating disorders considered on a spectrum of self-harm. Signs and symptoms to include: dramatic weight loss or gain; preoccupation with weight, food, calories, dieting; anxiety about weight gain; excessive, rigid diet or exercise regimen; frequent episodes of consuming very large amount of food; evidence of purging behaviours
- 3.4 *Self-harm*: Recognition that: Self-harm is a behaviour and not a mental health condition; People self-harm to cope with emotional distress or to communicate that they are distressed; Self-harm can also be seen as a common crisis associated with mental health conditions, such as depression, anxiety, or psychotic conditions; There is no one reason for why people self-harm. Signs and symptoms to include: cutting or scratching skin; burning oneself; hitting or banging oneself on walls, or with fists or objects; pulling out hair; interfering with the healing of wounds; increased risk-taking behaviour; substance misuse; ingesting harmful substances when this is not intended as a suicide attempt.
- 3.5 *Psychosis*: Recognition of: Psychosis as a general term used to describe poor mental health in which a person experiences changes in thinking, perception, mood, and behaviour; The risk of a person living with psychosis losing some touch with commonly accepted reality. Signs and symptoms to include: suspiciousness; depression; anxiety; irritability; sleep disturbances; appetite

changes; confusion; unusual beliefs; perceptual changes; hallucinations; delusions; thought disorder.

4 Know how to apply the Mental Health First Aid Action plan (ALGEE) to individuals experiencing poor mental health; with reference to:

- 4.1 *Approaching the person, assessing and assisting with any crisis:* Person approached around concerns related to their mental health; suitable time and space identified where both the person and the Mental Health First Aider feel comfortable; conversation started with the individual about what has been noticed; individual assessed to see if they are in crisis and if it is possible that they might harm themselves or anyone else. Emergency services called if necessary; immediate help sought from either healthcare providers, such as a Mental Health Crisis Team, GP surgery, local A&E department.
- 4.2 *Listening and communicating non-judgementally:* Pre-conceived judgements set aside by the Mental Health First Aider about the person they are supporting and the situation they are in; person informed by the Mental Health First Aider that they care and are there to help; individual listened to with care and empathy; use of verbal and non-verbal listening and communication skills.
- 4.3 *Giving support and information:* Emotional support offered, recognising, and accepting the feelings that the person is experiencing, not blaming the person for their illness; giving them hope of recovery; practical support offered; accurate information provided about support should the person want it.
- 4.4 *Encouraging the person to get appropriate professional help:* Person informed that they are likely to recover more quickly with professional help; outline of professional help that is available such as medication, counselling, psychological therapy, support for family members; person helped to make their own decisions, without the Mental Health First Aider taking over.
- 4.5 *Encouraging other supports:* Person encouraged to identify and use self-help strategies that can improve mental health and wellbeing and resilience; person encouraged to use other supports such as light therapy, acupuncture, mindfulness, massage therapy, yoga and relaxation; person encouraged to keep active and eat well; person encouraged to access potential support networks offered by friends, family and peers and to get involved with other supports in their community.

Assessment:

The knowledge and understanding of the candidates will be by a multiple-choice examination provided by RSPH. A candidate who is able to satisfy the learning outcomes will **achieve** a score of at least 30 out of 40 in the examination. Strong performance in some areas of the qualification content may compensate for poorer performance in other areas. The time allocation for the examination is 50 minutes.

Centre and Learner Guidance:

This qualification mirrors the Mental Health First Aid course developed by Mental Health First Aid England.

Recommended prior learning:

There are no recommended prior learning requirements for this qualification.

How to apply to offer this qualification:

To become a centre approved to offer this qualification, please complete the 'Centre Application Form' which can be found on our website in the Qualifications and Training section. If you are already an approved centre, please complete the 'Add an additional qualification form' which can be downloaded from the Centre area on the website www.rsph.org.uk. Please note that only organisations with an active license to deliver the ALGEE approach can be approved as a Centre. Please contact the Qualifications Department at centreapproval@rsph.org.uk if you need any assistance.

Special Assessment Needs:

Centres that have candidates with special assessment needs should consult The Society's Reasonable Adjustments and Special Consideration Policy; this is available from RSPH Qualifications and RSPH Qualification's web site (www.rsph.org).

Progression

Learners who achieve this qualification can progress to supervisory qualifications in Mental Health First Aid.

Recommended Qualifications and Experience of Tutors:

All tutors delivering this qualification must be current Instructor Members of Mental Health First Aid England and eligible to receive training materials from them.

Other Information:

All RSPH specifications are subject to review. Any changes to the assessment or learning outcomes will be notified to Centres in advance of their introduction. To check the currency of this version of the specification, please contact the Qualifications Department or consult the RSPH website.

Centres must be registered with RSPH.

Any enquiries about this qualification should be made to:

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