**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 08 – 2020**

**Introduced by:** OSMA Medical Student Section

**Subject:** Mental Health First Aid Training

**Referred to:** Resolutions Committee No. 1

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**WHEREAS**, AMA endorses that all licensed physicians should become proficient in cardiopulmonary resuscitation (CPR) for medical emergencies, yet there is no such equivalent policy for mental health crisis or substance use emergencies1; and

**WHEREAS**, Mental Health First Aid is a course that teaches the identification, understanding, and appropriate response to signs of mental illnesses and substance use disorders, providing the skills needed to reach out and provide initial help and support to persons who may be developing a mental health or substance use problem or experiencing a crisis,; and

**WHEREAS**, there are an estimated 46.6 million adults (about 1 in 5 Americans aged 18 or older) with a mental illness, and more than 20% (about 1 in 5) of children have had a seriously debilitating mental disorder,3; and

**WHEREAS**, suicide is the 10th leading cause of death and the 2nd leading cause of death among people aged 15-34 in the US, and mood disorders are the 3rd most common cause of hospitalization in the US for both youth and adults aged 18-44,4; and

**WHEREAS**, there are 65.9 million physician office visits with mental disorders as the primary diagnosis annually5; and

**WHEREAS**, in a Mental Health First Aid (MHFA) pre-survey, health care providers reported the same level of confidence when dealing with mental health as compared to the general public,6; and

**WHEREAS**, United Kingdom (UK) medical students who underwent the eLearning course of MHFA showcased the potential to improve students' mental health first aid skills and confidence in helping others,7; and

**WHEREAS**, both online and face-to-face versions of MHFA have shown to improve outcomes for medical and nursing students with mental health problems such as preventing high failure rates and discontinuation of study, and the knowledge from the training was shown to potentially help them with their future careers,8; and

**WHEREAS**, MHFA training programs in the U.S. have been shown to increase knowledge of prevalence rates, cardinal signs & symptoms of common mental health diagnoses, and confidence in being able to apply interventional skills,9,10,11; and

**WHEREAS**, psychiatry enrichment activities in medical school are shown to increase both student interest in and understanding of the specialty12; and

**WHEREAS**, MHFA has shown to decrease negative attitudes and stigma, and increase supportive behaviors towards people struggling with mental health13; and

**WHEREAS**, mental health education programs for health professionals: general practitioners, psychiatrists, junior medical staff, psychologists, nurses, and social workers, led to an increase in perceived knowledge of mental illness and improvements in attitude toward mental illness,14; and

**WHEREAS**, a meta-analysis of randomized controlled trials concerning the incorporation of mental health interventions into higher education showed evidence of long-term sustainability,15; and

**WHEREAS**, the 114th US Congress HR 1877/S711 bill proposes authorization of $20 million for Mental Health First Aid Training programs to primary care professionals, students, emergency services personnel, police officers, and others with the goal of improving Americans' mental health, reducing stigma around mental illness, and helping people who may be at risk for suicide or self-harm and referring them to appropriate treatment16; and

**WHEREAS**, The OSMA Strategic Plan encourages identifying other organizations with whom OSMA might have a relationship, identifying macro level issues that provide opportunities for partners with other entities, and focusing on young physicians to assist with their personal and professional development; **therefore be it**

**RESOLVED**, The OSMA encourages physicians, physician practices, allied healthcare professionals, and medical communities to support access to learning evidence based mental health programs, such as Mental Health First Aid, for all interested members of the care team; and; and, **be it further**

**RESOLVED**, The OSMA supports the use of public funds to facilitate evidence based mental health programs, such as Mental Health First Aid, for all interested members of medical care teams.

**Fiscal Note:** $ 5,000 (Sponsor)

$ 5,000 (Staff)

**References:**

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7. Davies, EB, Beever, E, Glazebrook, C. A pilot randomized controlled study of the Mental Health First Aid eLearning course with UK medical students. *BMC Med Educ*, 2018;18(45):1-12. doi: 10.1186/s12909-018-1154-x. Accessed December 8, 2019.
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16. Mental Health First Aid Act of 2016, H.R.1877/S.711, 114th Congress (2016).

**Relevant OSMA Policy:**

**Policy 35 – 1982 – Education Regarding Suicide Recognition, Prevention and Treatment**

1. The OSMA encourages physicians to continue their education in the recognition, treatment, and prevention of potential suicides and the management of survivors of suicide attempts.

**Policy 62 – 1989 – Care of the Chronically, Mentally Ill**

1. The OSMA encourages improvement of Ohio's mental health system.

2. The Ohio mental health system should provide up-to-date psychiatric treatment to patients with acute and intermittent psychiatric conditions, as well as planning, evaluation and treatment for those with chronic psychiatric conditions.

3. Decisions concerning access to and treatment in the Ohio mental health system should be made by physicians.

**Policy 57 – 1990 – Health Promotion and Disease Prevention Education**

1. The OSMA supports the implementation of effective health promotion/disease prevention curricula in medical schools, residency programs and CME programs.

**Relevant AMA Policy:**

1. **Increasing Detection of Mental Illness and Encouraging Education (D-345.994)**
   * Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.
   * Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.
2. **Awareness, Diagnosis, and Treatment of Depression and other Mental Illnesses (H-345.984)**
   * Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings.
   * Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.
   * Our AMA: (a) will advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; (b) encourages graduate medical education programs in primary care, psychiatry, and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and (c) will advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.
   * Our AMA recognizes the impact of violence and social determinants on women’s mental health.
3. **Statement of Principles on Mental Health (H-345.999)**
   * Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.
   * The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.
   * The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.