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Mental Health First Aid: A Missing Pillar of Security Risk Management

Why psychological wellbeing belongs alongside physical safety in humanitarian SRM

Three of ILS's Senior Risk Advisors recently completed Mental Health First Aid (MHFA) training, adapted specifically for aid workers and delivered by Imogen Wall, an MHFA England-qualified instructor.

This Risk Focus reflects on what we took from the course, and why we think it deserves a place in Security Risk Management thinking, not just HR or wellbeing strategy.

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What is MHFA?

- An internationally recognised qualification, often described as "*first aid for mental health*", the mental health equivalent of a physical first aid course.
- Builds skills to spot signs of poor mental health, safely and effectively handle a conversation with someone who is struggling, signpost them to appropriate support, and look after yourself in the process.
- Imogen Wall teaches both the standard course and a version adapted specifically for aid workers - built around the realities of field deployment, chronic stress and exposure to trauma.

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What is MHFA training needed in the sector?

Imogen Wall

"Studies into the mental health of humanitarian staff consistently show that those working in the industry have significantly higher levels of stress, burnout and PTSD than other industries.

*One study shows **17%** of staff show signs of psychological distress post mission, and up to **32%** are at an increased risk of burnout.*[1]

Every disaster presents psychological risks as well as physical ones. Recognising warning signs and offering first line support is crucial in these situations. MHFA teaches there is so much we can all do to support each other with just a little bit of training."

[1] Cameron L, McCauley M, van den Broek N, McCauley H. The occurrence of and factors associated with mental ill-health amongst humanitarian aid workers: A systematic review and meta-analysis. PLoS One. 2024 May 15;19(5):e0292107.

So, why did our Senior Risk Advisors enrol?

Security Risk Management teams are often the first point of contact when something goes wrong: an incident, an evacuation, a colleague struggling post-deployment. We're trusted with people's safety in crisis yet rarely trained in its psychological dimension – leaving a **gap** in a team's capabilities.

We chose the aid worker-adapted course specifically. It involves the same internationally recognised certification, but with an added module on PTSD, vicarious trauma, chronic stress, burnout, and remote support in low-resource settings - built for the environments our clients *actually* work in.

The MHFA training course has **closed that gap.**

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What we took from it:

- Practical, scenario-based tools for starting a conversation with a colleague who may be struggling, without overstepping into a clinical role
- A clearer sense of where our role ends and a referral to professional support begins
- Recognition that Risk Advisors are themselves exposed to vicarious trauma and chronic stress, and need the same self-care tools we'd extend to others
- A shared language across the team for talking about psychological risk, alongside the physical and operational risks we're trained to assess

Why this matters for SRM, not just HR:

- Psychological distress affects judgement, risk perception and decision-making in the field
- Burnout and chronic stress are linked to protocol fatigue and increased risk-taking
- Unaddressed distress within a team erodes trust, cohesion and situational awareness - all core to effective SRM
- An untrained, ad hoc response to a colleague in crisis can itself become a secondary security or safeguarding incident
- Critical incident response and psychosocial first response increasingly overlap, and security focal points are well placed to bridge the two - if equipped to do so

What MHFA is not:

- A substitute for professional, clinical mental healthcare
- A one-off training tick-box exercise. It needs clear referral pathways and organizational follow-through to be effective.
- A qualification that turns a Risk Advisor or member of staff into therapists. The goal is recognition and safe initial support, not diagnosis or treatment.

It's a **first response, *not* a fix** — and knowing that distinction is exactly what makes it useful.

Thank You MHFA England!

Like many participants, we have completed the course not only feeling more prepared to support individuals experiencing a mental health crisis, but also to support our clients by identifying and addressing gaps and areas for growth in their mental and psychological health frameworks.

At ILS, we believe mental health first aid is a practical, evidence-based addition to the SRM toolkit, and one we'd encourage other organisations operating in high-stress environments to consider for their own risk and security teams.

👉 **Let's talk.** If your organisation is interested in MHFA training for your security or risk teams, or in strengthening psychosocial support within your duty of care framework, we'd love to hear from you.