Centre for Mental Health
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Cultural adaptation of Mental Health First Aid Training in China and Sri Lanka

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Mental Health First Aid definition

- **Mental health first aid** 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 resolves.
- Mental Health First Aid training is the course that teaches these skills.
Mental Health First Aid training course

- Depression
- Anxiety problems
- Psychosis
- Substance use problems
- Mental health crises
  - Person who is suicidal or engaging in self-injury
  - Person having a panic attack
  - Person who has experienced a traumatic event
  - Person in a severe psychotic state
  - Person with severe effects from alcohol or other drug use
  - Person with aggressive behaviour
Mental Health First Aid training course

- Mental Health First Aid Action Plan

Approach, assess and assist with any crisis
listen and communicate non-judgmentally
give support and information
encourage appropriate professional help
encourage other supports
Mental Health First Aid dissemination

- > 0.5 million trained in Australia (>2% of population)
- Spread to 25 other countries
- > 3 million people trained worldwide
Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour

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Abstract

Objective

To provide an up-to-date assessment of the effectiveness of the Mental Health First Aid (MHFA) training program on improving mental health knowledge, stigma and helping behaviour.

Design

Systematic review and meta-analysis.

Methods

A systematic search of electronic databases was conducted in October 2017 to identify randomised controlled trials or controlled trials of the MHFA program. Eligible trials were in adults, used any comparison condition, and assessed one or more of the following outcomes: mental health first aid knowledge; recognition of mental disorders; treatment knowledge; stigma and social distance; confidence in or intentions to provide mental health first aid; provision of mental health first aid; mental health of trainees or recipients of mental health first aid. Risk of bias was assessed and effect sizes (Cohen’s d) were pooled using a random effects model. Separate meta-analyses examined effects of post-training, up to 6 months post-training, and greater than 6 months post-training.

Results
Mental Health First Aid tailoring
MHFA for China and Sri Lanka
MHFA for China and Sri Lanka

- Develop MHFA guidelines to cover the priority skill areas for China and Sri Lanka
- Develop culturally appropriate MHFA training based on these guidelines
- Conduct qualitative research and cost studies to inform the most appropriate implementation models for sustainable MHFA training in China and Sri Lanka
- Conduct feasibility trials of the newly-developed MHFA training in China and Sri Lanka
- Conduct randomised controlled trials (RCTs) of MHFA training in China and Sri Lanka
Development of guidelines
Mental health policy context in China

• Current mental health policies:
  - improve the public’s knowledge of mental health
  - shift the focus of mental health care from specialized psychiatric hospitals to community health services

• Mental health literacy in China:
  - 350 mental health literacy related publications, covering 31 provincial regions of mainland China
  - the public’s level of mental health literacy is still relatively low
Population-based surveys and interventions for mental health literacy in China during 1997–2018: a scoping review

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Abstract
Background: This scoping review maps population-based surveys and mental health literacy (MHL) interventions undertaken in China during 1997–2018 in order to identify research gaps.
Method: Following Arksey and O’Malley’s framework for a scoping review, five English databases (Medline, PsycINFO, Cochrane Library, Web of Science and CINAHL) and two Chinese ones (CNKI and WanFang) were systematically searched, identifying both reports of surveys and evaluation of interventions from Jan 1997 to Oct 2018.
Results: MHL research has developed rapidly in China in terms of numbers of studies and geographic coverage over the past two decades. There were 150 peer-reviewed publications included in this review, covering diverse settings and participants. Of these publications, 313 (80.4%) were published in Chinese-language journals and 37 in English-language journals; 303 (86.6%) reported on survey findings and 47 reported on the evaluation of MHL interventions. MHL research in China has mainly focused on the assessment of mental health-related knowledge and beliefs. Much less attention has been given to developing and evaluating relevant interventions. MHL related to general mental health and suicide were most commonly studied, with less focus on specific disorders, although some studies covered depression, psychosis and anxiety disorders. The majority of MHL tools utilized in the studies reported in this review were developed in China (n = 97, 80.7%), and almost half of these studies (57.8%) did not provide enough details concerning psychometrics.
Conclusions: More interventions targeting the general public and aiming to improve MHL and promote behaviour change are needed in China. These should be evaluated with high-quality study designs, such as randomised controlled trials. Proper validation of tools used for measuring MHL should also be addressed in future studies.
Keywords: Mental health literacy, Mental disorder, Suicide, Scoping review, China

Background
Mental, neurological and substance use disorders contribute to a significant proportion of disease burden globally [1]. China accounted for 17% of the global burden of mental disorders in 2010 [2] and the National Institute of Mental Health estimated that 10.4% of Chinese people aged 13–50 years had a mental disorder [3]. In China, the treatment gap for mental disorders is very
Psychosis guidelines for China

- Expert panel: 31 mental health professionals and 41 carers
- 200 items were rated in the Round 1 Delphi survey → 198 items were endorsed
- Higher endorsement ratings for the statements relating to general knowledge about psychosis
  - “The first aider should be aware that psychosis is not contagious”
- Higher endorsement ratings for the first aid actions involving the person’s family
  - “The first aider should try to determine whether the person has a supportive social network... and encourage them to use these supports”
- Higher endorsement ratings for the strategies for encouraging professional help
  - “The first aider should reassure the person that it is okay to seek help and point out that seeking help is sign of strength rather than a sign of weakness or failure”
Depression guidelines adaptation for China

• Two expert panels
  – Health professionals (n=37)
  – Consumers and carers (n=30)

• Data were collected over 3 rounds of a survey
  – 187 statements were rated and 173 of them were endorsed
    • 14 from the English-language guidelines excluded
    • 12 generated from panellists’ comments

• Key findings
  – Many similarities
  – Differences
    • Ways of respecting the autonomy of a person with depression
    • The role of families
Suicide guidelines adaptation for China

• The panel (n=56)

• Data were collected over 2 rounds of a survey
  – All statements in the English-language guidelines endorsed
  – 11 generated from panellists’ comments

• Key differences
  – New items in most sections of the guidelines (5 out of 7), for example:
    • First aiders should ask the person about their attitude to death
    • First aiders should ask the person what they want to achieve by attempting suicide
    • Limit information about the person’s suicide risk only to close family or friends
    • Take means of suicide away without the person's permission
    • No promise to keep confidential the person's criminal conduct
Implementation and scalability of MHFA in China

• A qualitative study with semi-structured interviews

• 24 stakeholders involved
  – Including policy makers, psychiatrists, community mental health worker, MHFA Instructors in China, etc.

• Key findings
  – Programs like MHFA are needed in China
  – Possible settings to start: universities, communities and workplaces.
  – Government support is the most critical factor.
  – The financial model used in English-speaking countries probably won’t work in China.
  – Cases and contexts used in the current MHFA training need to be culturally adapted.
  – New media like WeChat and the Internet should be considered for scale-up.