

Mental Health First Aid Programme in Nepal

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ABSTRACT

Mental Health First Aid is a relatively new concept conceived in Australia about 10 years ago and by 2010 it has spread to 15 other countries including Nepal. It is designed to deal with mental health emergencies as well as to help people with developing mental health problems to get to appropriate help before a crisis occurs. This programme was launched in Kathmandu by SAF-Nepal in November 2010 when the Australian experts ran a workshop for over 22 delegates from various mental health organisations. The MHFA Nepal course is being evaluated and adapted to suit Nepalese context. New conditions including hysteria and epilepsy have been added in the Nepalese version. The programme is expected to raise mental health awareness and reduce stigmatising attitudes amongst the selected members of the general public and health professionals.

Keywords: early intervention; mental health education; mental health first aid.

INTRODUCTION

First Aid is the skilled application, often by a non-health professional, of accepted principles of initial treatment on the occurrence of any injury or sudden illness to save lives and limbs. In Nepal, General Health First Aid training programmes are provided by several organisations including the Nepal Red Cross Society. It may sound strange but it is true that there is such a thing called Mental Health First Aid (MHFA). Mental Health First Aid aims to improve the communities' mental health literacy, which is defined as knowledge and beliefs about mental illnesses, which aid their recognition, management, prevention and provision of assistance to others.¹ MHFA has two components. The first is designed for members of the public to help with a mental health emergency manifesting as acute disturbance of thought, mood, behaviour and social relationship that requires immediate intervention. It also adopts an early intervention approach to assist people with developing mental health problems get appropriate help before a crisis occurs.²

BARRIERS TO HELP-SEEKING IN MENTAL HEALTH

Stigma and discrimination are important factors in the reluctance of many people worldwide to seek help, or even to accept that their difficulties relate to mental illness.³ Even at places where services are available, people are hesitant to access and benefit from them because of ignorance and stigma of mental illness in Nepalese society. For instance, Janakpur Mental Health Project has been running monthly outpatient and day care services for last two years; while 30-50 people attend the monthly clinic every month, only three people agreed to use the day care service.⁴ Local residents do not understand the benefit of seeking mental health service in time. Younger female patients are often not allowed to go out by their elders because of their shame and fear that their neighbours, friends and relatives will come to know about their illness. This may in turn affect their prospect of arranged marriage. It is a known fact that if the public's mental health literacy is poor, this hinders their acceptance of mental health care and many people with common mental disorders may not receive appropriate support from others in the community.¹

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In Nepal, the attitude not only of the general public but also some health professionals towards mental illness and mentally ill people is largely negative. In a study at Dharan teaching hospital, it was found that about 30% of nurses regarded mentally ill people to be 'violent' and 'dangerous'; 37.3% considered them 'insane'; 28.2% were not confident working with them and nearly 20% would not live or travel together.⁵

ADVANCING NEPAL'S MENTAL HEALTH POLICY

In the past few years, policy makers all over the world have become more aware of the importance of mental health, but this has not yet been translated into greater investment of resources in many countries.⁶ Improving awareness of mental health and related problems is one of the key objectives of Nepal's national mental health policy.⁷ Other objectives are a) to ensure the availability of and accessibility of minimum mental health services for all the population of Nepal b) to prepare human resources in mental health and c) to protect the fundamental human rights of the mentally ill in Nepal. WHO's World Health Report of 2001⁸ remains the most valuable document advocating for global mental health, especially the 10 public health recommendations (Table 1) for the policy and practice of mental health.

Table 1. WHO Public mental health recommendations

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| Provide treatment in primary care |
| Make psychotropic drugs available |
| Give care in the community |
| Educate the public |
| Involve communities, families and consumers |
| Establish national policies and legislation |
| Develop human resources |
| Link with other sectors |
| Monitor community health |
| Support more research |

For Nepal, while the first, second and the sixth recommendations are aimed directly at the Ministry of Health, nongovernmental and private sector organisations can contribute towards addressing other recommendations. South Asia Forum on Mental Health (SAF) - Nepal has been working on all the ten recommendations since 2007. However, *educating public*, *involving communities*, and *monitoring community mental health* are currently its focused new initiatives. Innovative, concerted and sustained efforts are needed to remove innumerable obstacles and barriers in developing and distributing mental health services across the country. The Mental Health First Aid programme in Nepal is aimed at addressing 3-5 and 7-8 of the WHO public mental health recommendations. In the absence of a 'mental health section' within the Ministry of Health, other recommendations remain unaddressed.

MENTAL HEALTH FIRST AID

Mental Health First Aid (MHFA) is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The First Aid is given until appropriate professional help is received or until the crisis is over.² The MHFA programme was created in 2001 in Australia by Betty Kitchener, a volunteer educator at the time, and Professor Tony Jorm, a mental health researcher. It became international in 2003 and by 2010 it has been adopted and adapted by fifteen countries including Nepal.⁹ The important factor in its rapid spread has been the continuing attention to research and evaluation in the programme. A range of studies, including randomised controlled trials, have shown that MHFA training improves knowledge, reduces stigmatising attitudes, and increases first aid action towards people with mental health problems.² The MHFA course does not teach people to provide diagnosis or therapy. It teaches how to recognise the signs and symptoms of different mental illnesses and crises, how to offer and provide initial help and how to guide a person towards appropriate treatments and other supportive help.

In any first aid course, participants learn an action plan for the best way to help someone who is injured or ill. The most common mnemonic used to remember the procedure for this is DRABC, which stands for Danger, Response, Airways, Breathing and Compression. The first aider will not always need to apply all actions, as it will depend on the conditions of the injured person. For example, once the first aider determines that the person is fully conscious, the subsequent actions of ABC are not needed. Similarly, the Mental Health First aid programme provides an action plan on how to help a person in a mental health crisis or developing mental health problems. Its mnemonic is ALGEE¹⁰ (Table 2).

Table 2. Mental Health First Aid Action Plan

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| Approach the person, assess and assist with any crisis |
| Listen non-judgementally |
| Give support and information |
| Encourage the person to get appropriate professional help |
| Encourage other supports |

Although the action of assisting with a crisis is the highest priority, the other actions in MHFA Action Plan may need to occur first. The first aider has to use good judgement about the order and the relevance of these actions and needs to be flexible and responsive to the person they are helping.

The MHFA is taught by qualified instructors during a 12-hour course covering topics such as definition, prevalence and impact of mental illness, the signs and symptoms of

common mental health problems including depression, anxiety disorders, psychosis and substance misuse, the range of effective interventions and treatments, and how to talk with and help a person access appropriate help and support. Participants receive a certificate of completion and a copy of the MHFA manual. To evaluate the effectiveness and suitability of MHFA in Nepal and whether a 12-hour course would be suitable for all participants, and course contents are relevant to the Nepalese setting, the course would require adaptation and research.

MHFA LAUNCH EVENT

A four-day Mental Health First Aid training workshop was organised in Teku, Kathmandu on 30 November to 3 December 2010 by SAF-Nepal under the aegis of the Himalayan Development International (UK) and the National Health Training Centre. More than 25 participants took part in the program. There were experts from UK, Australia and many national mental health organisations. There were participants from SAF, Nepal Medical Association (NMA), the Nepalese Doctors Association UK, Lagankhel Mental Hospital and Institute of Medicine.

FUTURE OF MHFA IN NEPAL

SAF-Nepal is the official licence holder of MHFA Nepal. The national MHFA instructors have been entrusted the task of adapting the MHFA manual and training material in Nepalese language and context. We have already adapted and abridged the Australian version¹⁰ to produce the first edition of the MHFA Nepal Manual in English. New topics such as epilepsy and hysteria have been added and details of panic disorder and deliberate self-harm have been reduced. This will be modified further and translated into Nepalese by the local instructors in early 2011.

On publication of MHFA manual and training material in Nepalese language the evaluation of the course will commence at three different sites - Dharan, Janakpur and Kathmandu. If necessary, further modifications will be made depending on the findings of the evaluation process. The MHFA programme is expected to be successful in Nepal. It may be necessary to develop two levels of the course - one-day orientation programme for the general public and a 2-day programme for health and social care professionals.

There is a plan to train at least fifty volunteers at each of the fourteen zonal head quarters in 2011-12. Initially,

selected groups of people including health workers, teachers, female health volunteers and police force, would be targeted. Subject to support and approval from the Ministry of Health and Population and availability of funding from other sources the programme would be rolled out to all 75 districts headquarter towns in the next five years. This may help address some of the urgent needs and glaring gaps in the current provision of mental health services in Nepal.¹¹

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