International Journal of Advanced Psychiatric Nursing

E-ISSN: 2664-1356
P-ISSN: 2664-1348
www.psychiatricjournal.net
IJAPN 2022; 4(2): 89-93
Received: 07-08-2022
Accepted: 08-09-2022

Sharika Ratish
PhD Scholar, SDPS College of Nursing, Indore, Madhya Pradesh, India

Dr. G Sheela Reddy
Professor, SDPS College of Nursing, Indore, Madhya Pradesh, India

Corresponding Author:
Sharika Ratish
PhD Scholar, SDPS College of Nursing, Indore, Madhya Pradesh, India

Role of mental health trainings for health workers in the treatment of mental disorders: A systematic review

Sharika Ratish and Dr. G Sheela Reddy

Abstract
To bridge significant mental health treatment gaps, it is essential that the healthcare workforce can detect and manage mental health conditions. We aim to synthesise evidence of effective mental health training interventions aimed at health workers to increase their ability to treat mental disorders in India. We systematically searched Systematic review of eight electronic academic databases from January 2012 to August 2022 was performed. All primary research studies were eligible if conducted among healthcare workers in South and South-East Asia and reported education and training interventions to improve detection and management of mental health conditions. Quality of studies were assessed using Modified Cochrane Collaboration, ROBINS-I, and Mixed Methods Appraisal Tools and data synthesised by narrative synthesis. Results are reported according to Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines. We included 28 of 3256 screened articles. Thirty-six reported improvements in knowledge and skills in the detection and management of mental health conditions. Training was predominantly delivered to health workers for treating mental disorders. Commonly used training included the World Health Organization's mhGAP guidelines and Cognitive Behavioural Therapy and were successfully tailored and delivered to health workers. Training was found to be acceptable and effective. Only one study analysed cost effectiveness. Few targeted severe mental illnesses and upskilling mental health specialists or offered long-term follow-up or supervision.

Keywords: Mental disorder, feasibility, acceptability, tool, health worker

Introduction
In recent years, the comorbidity of mental disorders with chronic health conditions has emerged as a topic of considerable clinical and policy interest. A vast majority of people with mental disorders including with severe mental illness view primary care as the cornerstone of their health care system [1]. The low and middle-income countries therefore have few doctors and even fewer psychiatrists, health workers because of the high cost of medical education and the problems with retention of health workers in this field. There is no foreseeable answer to this problem. As a result many thousands of mentally ill people remain untreated. The challenges of establishing satisfactory community mental health services in developing countries have been addressed by Murthy and Kumar highlighting the need for training on mental health to health workers and utilizing community resources in providing treatment to the mentally ill [2]. Mental, neurological, and substance use disorders contribute significantly to the global burden of disease, ac-counting for 21.2% of years lived with disability. The limited number of professional mental health staff creates a critical gap in providing accessible treatment for people with mental illness [3]. Community health workers are indigenous members of patients' communities who have been trained to provide support, education, and care coordination [4] to improve medical outcomes for low-income and at-risk populations [5]. The scarcity of mental health professionals, in particular, places specialized psychiatric care out of reach of most people in low- and middle-income countries (LAMICs), especially in the lowest income countries and in rural/low-income regions within countries [6, 7]. In a study of 58 LAMICs, Bruckner *et al* [8]. reported that the mental health workforce's shortage amounts to about 239,000 workers, including 11,000 psychiatrists, 128,000 nurses in mental health settings, and 100,000 psychosocial care providers [9].The WHO estimates that 1.18 million additional mental health workers are needed to close the mental health treatment gap in LAMICs [10, 11]. The main difficulty in treating mental disorder is lack of time and in most instances lack of mental health training and skills amongst physicians and other health workers.

One realistic possibility is to provide brief training health workers in the health care settings to treat mental disorders. Screening questionnaires like HADS do not consider a broader spectrum of psychiatric disorders such as OCD, dementia, phobias and psychosis [12]. This creates a requirement for a broader screening and diagnostic tool for mental health problems, which can be used in a cardiac rehabilitation population by non-psychiatrically trained people using a minimum amount of time.The effectivity role of health worker have several important gaps in the service provision at the community level within mental health delivery system [13]; however, the most of health workers surveyed expressed confidence in their ability to recognize and treat most of the common mental disorders [14],but only about a quarter of all health workers work closely with psychiatrists, psychologists, and social workers, and a similar proportion collaborate with traditional healers [15]. Many factors influence the effectivity role of health worker in treatment of mental disorder [16]; the result of a previous study in Ghana showed these including the prospects of easy employment, stigma [17], risk and lack of opportunities for career progression and low salaries [18]. A study conducted in India also stated that considering the disparity between population and the demand for mental health care, interventions through the community could be a viable option [19]. Most of the research focuses on the quantitative study about the effectivity role of health workers [20]. However, there are still limited research articles that explore the effectivity role of health workers base on qualitative studies. This review study aimed to identify role of mental health trainings to the health workers in treatment of mental disorders.

Material and Methods

The electronic databases searched included Medline Embase and CINAHL. The search terms relating to Mental health included 'disorders', 'disorders', 'health status measurement', 'functional status' and 'subjective health statuses. These terms were each combined with a further search term relating specifically to mental health training. These consisted of 'Mental health workers,' 'Mental health' and 'Mental disorders' 'role'. Following this, reviewer independently evaluated an assigned subset of articles using previously developed data extraction forms and quality appraisal tools. Each specific item on the quality appraisal tool was openly discussed to reach consensus.

Inclusion Criteria

1. Article reported the role of mental health training for health worker.
2. Full Text articles
3. Articles of any design written in English

Exclusion Criteria

1. Articles reporting the assessment of mental disorders
2. Non peer reviewed articles

Quality Assessment

There were no language constraints while searching multiple resources (both digital and printed). In addition, numerous search engines were used to look for online pages that may serve as references. Inclusion and exclusion criteria were documented. Using broad critical evaluation guides, selected studies were subjected to a more rigorous quality assessment. These in-depth quality ratings were utilised to investigate heterogeneity and make conclusions about meta-analysis appropriateness. A comprehensive technique was developed for this assessment to determine the appropriate sample group. The criteria for evaluating the literature were developed with P.I.C.O. in mind. Since this research will be examining the efficacy of an intervention, both RCTs and uncontrolled clinical trials were judged suitable. (Pati & Lorusso, 2020) [14] Emphasise though that the inclusion and technology used to prevent bias in a literature search may add bias, detailed documentation of the inclusion and criteria for inclusion may assist generate trust and credibility.

Table 1: Criteria for PICO

Participants	Health Workers
Intervention	Mental health Training
Comparison/Control	NA
Outcome	Mental health training for treatment of Mental Disorders

Results

Table 1 Prisma Flow diagram depicted the inclusion of the articles. The total 3256 articles were identified from the search databases, 2192 duplicates were removed. 1036 articles screened for the eligibility against the criteria. Out of the 30 eligible articles, 6 studies matched with the criteria. The characteristics of the eight articles for the review are explained in the table no 2.

Table 1: PRISMA Flow Chart

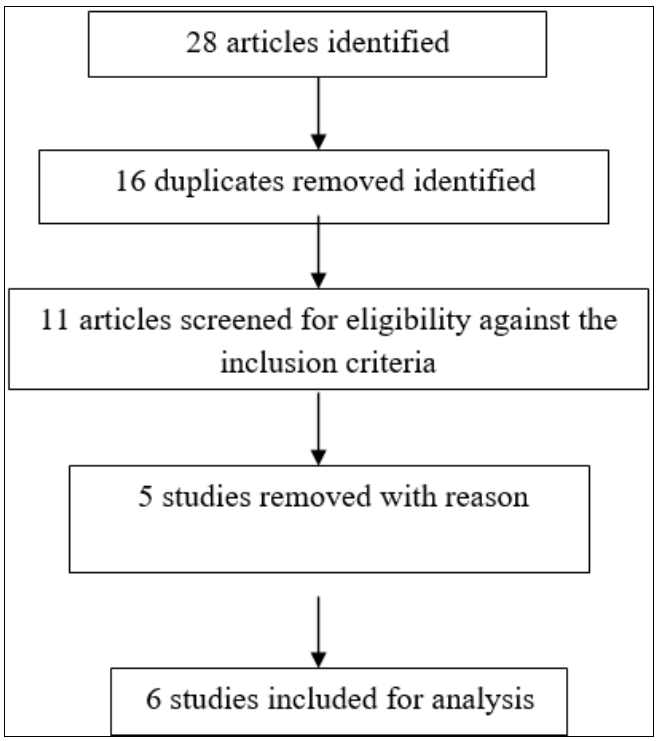

Table No 2 Characteristics of the studies

The finished compositions will be subjected to critiques and analysis. Eight studies are included in the study. The table below summarises each article.

Table 2: Characteristics of the studies

Author	Study Type	Sample Size	Outcome
(Marastuti, 2020) [21]	Mixed Methods Study design	65 participants	The development of a locally adapted mental health training program for CHW can be undertaken, and that this program is effective at increasing CHW's knowledge and desire to help people with mental health problems. Integrating trained mental health CHWs into primary care can improve the quality of primary care mental health services by increasing identification of people with mental health problems and promoting earlier treatment, which can provide better patient outcomes. Additional work is needed to improve and optimize the program, to define operational procedures for integrating trained CHWs into mental health care professionals and surveillance services, and to assess the impact of trained CHWs on patient outcomes
(Surjaningrum, 2018) [22]	Qualitative design	62 participants	The study describes information on the role of community health workers and the competencies needed to identify and refer to perinatal depression. Many of the studies examining the role of CHW in mental health have not been based on a community environment, although there is general agreement that CHWs are selected and based on criteria established by the communities they serve. This study fills a gap in knowledge and provides the rationale for the recruitment criteria of CHW in the specific context of maternal mental health care in Surabaya, Indonesia. The study findings show consistency with the criteria used in selecting CHW in many studies, and with guidelines for recruiting CHW in general and CHW in mental health. Elements such as knowledge and skills are also consistent with those contained in the international guidelines for informal workers working in mental health issues published by WHO. Thus, a generalization of these findings to the management of CHW that plays a role in the identification of perinatal depression in other contexts can be made.
(Reed, Josephsson & Alsaker, 2017) [23]	Qualitative design	7 participants	Community mental health workers providing support to patients need support from all systems so that they can provide good benefits to patients with mental health disorders. Negotiation involves new roles and a complex collaborative process, in which user, professional, and systemic perspectives are considered and negotiated in any given situation. By engaging in negotiations, professionals can provide appropriate support with recommendations for collaborative services.
(Tilahun *et al*., 2017) [24]	A quasi-experimental research design with pre and post assessment	27 participant every group in India	The increasing number of elderly people in the country in recent years shows the need for strategies to tackle growing mental health problems. Given the disparity between the population and the need for mental health care, community intervention may be a viable option.
(Snell-Rood, Feltner & Schoenberg, 2017) [25]	Quantitative design	CHWs (n = 9) and healthcare professionals	This study underscores the need for a creative approach to rural depression treatment that draws on community-based skills and human resources. We must rethink depression treatments for rural women, whose ability to recognize their depression and seek treatment for it is challenged by high rates of physical comorbidity, extended family responsibilities, and gender-based power expectations. In the absence of sufficient rural health care professionals to meet the broad needs of rural areas, CHWs can recognize silent and articulated mental health needs; provide culturally appropriate and reliable support to women; and increase their involvement in existing treatment options.
(Michael *et al*., 2018) [26]	Qualitative design	South Australian community mental health patients (n = 8) and mental health workers (n = 10)	The moral framework is seen in participants' construction and evaluation of CMHW experiences as positive, negative, or justifiable. CMHW uses a moral framework to justify the application of care and provide empathy, as well as positive rights of patients to care and treatment, which they believe will only happen to patients. Workers position themselves in an attempt to put themselves in the patient's shoes as a way of acting well with them, softening the coercive stick approach. Four themes were identified: explicit moral framing; the best interest of the patient; lessons learned by patients; and, empathy. The CMHW experience has many layers, and relies heavily on empathy and reflection on the relationship between what is done and how it is done. This includes an explicit examination of the moral framing that exists in the daily interactions between mental health workers and their patients to overcome the moral grey zone paradox between caring and controlling. This demonstrates the need for workers to receive ongoing empathy training.

Ariana Marastuti *et al*. (2020) [4], designed a mental health training program for existing community health workers. The training program was offered to 65 participants at 2 (two) community primary care center (Puskesmas); we evaluated the training program with quantitative and qualitative methods. We assessed the gains in knowledge using a 20-question knowledge assessment test. In addition, in Puskesmas 1, the test was repeated as a follow-up test 4 months after the training. Statistical analysis showed that the differences between pre-test and post-test scores were significant in both Puskesmas 1 ($p = 0.004$) and Puskesmas 2 ($p<0.001$). This study concluded that the model of integrative training appears effective for preparing Indonesian CHWs to recognize and respond to needs for mental health care. [21] Endang R Surjaningrum *et al*. (2018) [24] examined the feasibility of task-sharing in integrated mental health care to identify perinatal depression in Surabaya, Indonesia. Findings indicated the policy initiative is feasible to the district health system. A strong basis within the health system for task-sharing in maternal mental health rests on health leadership and governance that open an opportunity for training and supervision, financing, and intersect oral collaboration. The infrastructure and resources in the city provide potential for a continuity of care. Nevertheless, feasibility is challenged by gaps between policy and practices, inadequate support system in technologies and information system, assigning the workforce and strategies to be applied, and the lack of practical guidelines to guide the implementation. [22] Nina Petersen Reed *et al*. (2018) explored how community

mental health workers provide support to users, by investigating professionals' own narratives of how they work. Seven community mental health workers participated in narrative interviews, which were subject to a qualitative, interpretive analysis. A primary finding was that community mental health workers provide flexible and individually adjusted support through engaging in negotiations with users, management, and others. Our findings show both opportunities and challenges of negotiating support, raising the following question for discussion. [23] (Tilahun *et al*., 2017) [24], Community-led interventions will inevitably reduce inequalities in health care. Strengthening primary care systems is more relevant in the current scenario and governments must take action to support them in service delivery. Training CHW in identifying and teaching strategies to prevent mental illness in the elderly can facilitate timely interventions in the community as well as cost effective methods for developing countries like India. (Snell-Rood, Feltner & Schoenberg, 2017) [26], explored social-cultural factors that shape treatment seeking behaviors among depressed rural, low-income women in Appalachia-a region with high rates of depression and a shortage of mental health services. Recent research shows that increasingly rural women are receiving some form of treatment and identifying their symptoms as depression. Using purposive sampling, investigators recruited 28 depressed low-income women living in Appalachian Kentucky and conducted semi structured interviews on participants' perceptions of depression and treatment seeking. Even in this sample of women with diverse treatment behaviors (half reported current treatment), participants expressed ambivalence about treatment and its potential to promote recovery. Participants stressed that poor treatment quality-not merely access-limited their engagement in treatment and at times reinforced their depression. While women acknowledged the stigma of depression, they indicated that their resistance to seek help for their depression was influenced by the expectation of women's self-reliance in the rural setting and the gendered taboo against negative thinking. Ambivalence and stigma led women to try to cope independently, resulting in further isolation. This study's findings reiterate the need for improved quality and increased availability of depression treatment in rural areas. In addition, culturally appropriate depression interventions must acknowledge rural cultural values of self-reliance and barriers to obtaining social support that lead many women to endure depression in isolation.

Discussion

The maximum role of CHW in providing caring and overcoming mental health problems is able to provide comfort and reduce participant depression through education and optimal psychological intervention. [20] CHW will increase public knowledge, due to its position as the first level engaged in the promotion and prevention of health problems. Education that is right on target and needed by the community can increase the community's knowledge and information so that patients can finish faster. One of the studies that has been analyzed shows that the importance of education and counselling in the community plays a big role in increasing patients' resilience and coping mechanisms during mental health disorders. One study shows mental health problems during pregnancy. If intervention is not given immediately, the risk of making the mother become depressed and fall into chronic mental disorders. [21] Health worker's role is to provide education and counselling to mothers regarding maternal life, child development, perinatal depression, communication techniques, and specific knowledge, such as how to change attitudes and risk factors. Good knowledge of perinatal mothers can reduce anxiety and prevent depression from recurring. Health worker's ability to communicate and build trusting relationships with participants also makes it comfortable so that participants will be more open in telling the problems they are facing. When participants tell and believe in Health worker, the difficulties they face can think of solutions simultaneously, and participants can also get counselling from the opinions expressed by Health workers. [19] High mental health morbidity has a particular adverse effect on general health and social wellbeing in the population of developing countries. Patel *et al*. highlighted that common mental health conditions such as depression, schizophrenia, alcohol misuse, etc, can be treated effectively in low- and middle income countries [14]. However, the lack of adequate mental health resources to deal with such a vast problem in India remains a challenge which may partially improve with the help of the voluntary sector [15] until recently cardiac rehabilitation services did not routinely offer screening and assessment for psychiatric illnesses. Murali Krishna *et al* emphasised on the requirement for a broader screening and diagnostic tool for mental health problems and its treatment, which can be used in cardiac rehabilitation populations by non-psychiatrically trained health professionals taking a minimum amount of time to administer [9] With the advanced role of health care professionals, nurses both in primary care and general health settings could use Mental health training across all age groups for treating most mental disorders [16]

Bias Assessment

A systematic review of published studies is limited by the fact that it excludes unpublished data and this may result in publication bias but till potential publication bias was not assessed using a funnel plot or other corrective analytical methods.

Limitation of the study

Social desirability bias may be a limitation of this type of study although some observations suggest that this was not substantial. Subjective measurements by an individual of their own confidence cannot be standardised by any yardstick other than the individual themselves

Conclusion

The results of this systematic review indicate that it shows how the use of mental health training could support healthcare workers in their practice, facilitating more accurate diagnoses and hopefully reducing the burden of mental health disorders for the individual and their societal settings. Future research should assess the value of training, in developing trainee healthcare workers' skills in mental health assessments, treatment most particularly for common mental health disorders which cause significant disability for a large proportion of Society. Future research could assess the impact of a semi-structured mental health interview on the patient's subsequent consulting patterns

Conflict of Interest

Not available

Financial Support

Not available

References

1. Murthy RS, Kumar K. Challenges of building community mental health care in developing countries [Internet]. World Psychiatry. World Psychiatry; 2008;7:101-2. [cited 2022 Nov 27]. p. Available from: https://pubmed.ncbi.nlm.nih.gov/18560475/
2. Thornicroft G, Tansella M, Law A. Steps, challenges and lessons in developing community mental health care. World Psychiatry. 2008;7(2):87-92.
3. Sibeko PD, Milligan M, Roelofse, *et al*. Piloting a Mental Health Training Programme for Community Health Workers in South Africa: An Exploration of Changes in Knowledge; c2018. p. 1-10.
4. Marastuti MAS, Sofia R, Carla RM, Courtney MY, Byron MJD. Good Development, and evaluation of a mental health training program for community health workers in Indonesia Community Ment Health J; c2020.
5. Liu S, Sullivan M. Khan S, Sachs P. Singh Community health workers in global health: scale and scalability Mt Sinai J Med. 2011;78:419-435.
6. World Health Organization (WHO) WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Selected Highlights [Internet]. WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Selected Highlights; c2012.
7. Olaniran H, Smith R, Unkels S, Bar-Zeev N, van den Broek Who is a community health worker? A systematic review of definitions 10, Global Health Action; c2017.
8. McCollum W, Gomez S, Theobald M, Taegtmeyer How equitable are community health worker programmes and which programmes features influence equity of community health worker services? A systematic review 16, BMC Public Health; c2016.
9. Spencer AM, Rosland EC, Kieffer, *et al*. Effectiveness of a community health worker intervention among African American and Latino adults with type 2 diabetes: a randomized controlled trial Am J Publ Health. 2011;101:2253-2260.
10. Saraceno M, van Ommeren R, Batniji A, Cohen O, Gureje J. Mahone Barriers to improvement of mental health services in low-income and middle-income countries Lancet. 2007;370:74.
11. Bruckner R, Scheffler G, Shen J, Yoon D, Chisholm J. Morris The mental health workforce gap in low- and middle-income countries: a needs-based approach Bull World Health Organ. 2011;89:94.
12. Gandhar Shivcharan. A study to assess the knowledge regarding care of low birth weight baby among mothers in selected hospitals of Pune city; c2020. 10.13140/RG.2.2.17802.90568.
13. Krishna M, Lepping P, Sharma VK, Copeland JRM, Lockwood L, Williams M. Epidemiological and clinical use of GMHAT-PC (Global Mental Health assessment tool - Primary care) in cardiac patients. Clin Pract Epidemiol Ment Heal [Internet]. 2009 Apr 13 [cited 2022 Nov 27;5(1):1–7. Available from: https://cpementalhealth.biomedcentral.com/articles/10.1186/1745-0179-5-7
14. Fikriana N, Nursalam SR, Devy A, Ahsan A, Afik The effect of coping strategies on the dietary regulation of patients with hypertension Int J Psychosoc Rehabil. 2020;24:7781-7787.
15. Van Ginneken P, Tharyan S, Lewin, *et al*. Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries; c2013.
16. Agyapong A, Osei CK, Farren E, Mcauliffe Task Shifting – Ghana's Community Mental Health Workers' Experiences and Perceptions of Their Roles and Scope of Practice; c 2015. p. 9716.
17. Serrano Cardona, Muñoz Mata E. Paraninfo Digital. Early Hum Dev [Internet]. 2013;83:1-11.
18. Jorm AF. Mental health literacy; empowering the community to take action for better mental health Am Psychol. 2012; 67:231-243.
19. President's New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America Mental Health Care; c2003.
20. Gandhar, Shivcharan & Deshmukh, Jaya. Knowledge, attitude, and practices regarding second waves of COVID-19: A cross-sectional study among rural population in India; c2021.
21. Nursalam T, Sukartini D, Priyantini D, Mafula F, Efendi U. Airlangga Risk factors for psychological impact and social stigma among people facing COVID-19A,. 2020;11:1-6.
22. Agyapong A, Osei CK, Farren E. Mcauliffe Factors influencing the career choice and retention of community mental health workers in Ghana Hum Resour Health. 2015;13:1-11.
23. Marastuti A, Subandi MA, Retnowati S, Marchira CR, Yuen CM, Good BJ, *et al*. Development and Evaluation of a Mental Health Training Program for Community Health Workers in Indonesia. Community Ment Health J. 2020 Oct;56(7):1248-1254. Doi: 10.1007/s10597-020-00579-7. Epub 2020 Feb 15. PMID: 32062716.
24. Surjaningrum ER, Minas H, Jorm AF, Kakuma R. The feasibility of a role for community health workers in integrated mental health care for perinatal depression: a qualitative study from Surabaya, Indonesia. Int J Ment Health Syst. 2018 May 31;12:27. Doi: 10.1186/s13033-018-0208-0. PMID: 29881450; PMCID: PMC5984432.
25. Reed NP, Josephsson S, Alsaker S. Community mental health work: Negotiating support of users' recovery. Int J Ment Health Nurs. 2018 Apr;27(2):814-822. Doi: 10.1111/inm.12368. Epub 2017 Jun 23. PMID: 28646546.
26. Snell-Rood C, Hauenstein E, Leukefeld C, Feltner F, Marcum A, Schoenberg N. Mental health treatment seeking patterns and preferences of Appalachian women with depression. Am J Orthopsychiatry. 2017;87(3):233-241. Doi: 10.1037/ort0000193. Epub 2016 Jun 20. PMID: 27322157; PMCID: PMC5173451.

How to Cite This Article
R Sharika, GR Sheela. Role of mental health trainings for health workers in the treatment of mental disorders: A systematic review. International Journal of Advanced Psychiatric Nursing. 2022;4(2):89-93.