

## **The Efficacy of the Allied Health Practitioners Council of Zimbabwe's First Aid in Mental Health Course: Insights from Trained First Aiders**

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### **Abstract**

The Allied Health Practitioners Council of Zimbabwe introduced the first aid in mental health (FAiMH) course in November 2021. The goal was to assist lay people to be able to identify common mental disorders as well as give initial help to someone who maybe in a mental health crisis. This study sought to determine whether this course is useful in assisting its trainees to identify symptoms of common mental disorders such as depression and anxiety. The study also sought to solicit recommendations on ways to improve the course such that identification of the common mental disorders can be done effectively by trainees who are largely lay people. The study also sought to explore the views of trainees on the usefulness of the course in providing initial help to people in crisis situations. The study adopted a qualitative approach, specifically adopting an explorative case study to get the views of ten purposively selected trainees on the usefulness of the FAiMH course in helping lay people to identify selected common mental disorders (CMDs). In-depth interviews were used to collect data and thematic analysis was used to analyse the data. The study revealed that the course was easy to comprehend, and it helped to enlighten participants on the most common mental disorders. Several recommendations were proffered including strengthening the ethics and referral pathways area of the course, training as many people as possible, offering the course for a longer period and providing it in many geographical locations.

**Keywords:** Allied Health Practitioners Council of Zimbabwe, first aid in mental health, common mental disorders and mental health awareness

## **Introduction**

Over 450 million people in the world are affected by mental illness which is one of the causes of illness and disability (World Health Organization [WHO], 2020). Although there is a difference between the two, the terms mental health and mental illness are frequently used interchangeably. While mental illness is a diagnosable mental condition that affects a person's thoughts, moods or behaviour, mental health refers to a person's overall wellbeing and their capacity to manage life's stresses and achieve their goals (WHO, 2014). According to the American Psychiatric Association (2018), mental disorders are disturbances of the mind, whereas mental illnesses are diseases of the mind. The phrases mental disorder and mental illnesses are used interchangeably in this study due to the small differences.

While most people are knowledgeable about common physical health issues, there is universal ignorance about mental health. Regular first aid courses are recognised as improving the public's skills in providing immediate and appropriate assistance in medical emergencies; however, many of these courses do not address assisting with mental health problems (Chesney et al., 2014).

It is against this background that the Allied Health Practitioners Council of Zimbabwe (AHPCZ) deemed it necessary to offer a short course to address mental health issues. The AHPCZ is a statutory body established under the Health Professions Act Chapter 27:19. Its mandate is to protect the public and guide the professions through regulation (HPA, 2004). According to the Health professions Act Chapter 27:19, AHPCZ is charged with promoting the health of the Zimbabwean population by regulating, controlling, and supervising all aspects of training, registration, and practice, as well as enforcing ethics and discipline among allied health practitioners. The Council regulates twenty health professions in terms of registration, education and training, professional conduct, and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards. The AHPCZ started offering the first aid in mental health course in 2022 with an initial programme to train at least 30 people every month. The course is delivered by state licensed psychologists and counsellors to enforce the importance of seeking health assistance from certified health practitioners.

The concept of training people in the basics of mental health is not exactly a new concept. Studies indicate that mental health courses started as way back as the year 2000 in Australia.

In Australia, the training is known as mental health first aid (MHFA). MHFA training began in 2000 as collaboration between a volunteer with lived experience of mental illness and a researcher (Chesney et al., 2014). It spread quickly in Australia and other countries after this modest beginning. Over 700,000 Australians had been trained by mid-2018 and the programme had spread to 25 other countries, with over 2.7 million people trained worldwide (Kohn, 2014). This successful dissemination was because MHFA training is based on the well-known first aid model (Chesney et al, 2014).

In 2017, investigators from China and Sri Lanka were awarded a Global Alliance for Chronic Diseases grant to develop and test MHFA training from low-and middle-income countries (Kitchener & Jorm, 2022). This was the first formal effort to adapt MHFA training to low-resource countries. They recently began a similar research programme in collaboration with researchers in Brazil, Chile, and Argentina (Kitchener & Jorm, 2022). These projects provide opportunities to identify and evaluate the best models for cultural adaptation and community-based education programmes aimed at improving population health (Chesney et al., 2014).

Whilst the first aid in mental health course first offered by the AHPCZ has currently trained a significant amount of people, the efficacy of this training to the ordinary person in terms of acquisition of knowledge about mental health issues, referral pathways and practicality in offering first line help, has not been scientifically assessed. This study therefore sought to fill in that gap and assess the usefulness of this training in people's everyday lives.

Specifically, the research sought to address the following objectives:

- 1) To establish the first aiders' perceptions regarding the ease of understanding the content of the first aid in mental health course offered by the AHPCZ
- 2) To understand the views of students regarding the practicality of the first aid in mental health course offered by the AHPCZ
- 3) To get recommendations on how the first aid in mental health course offered by the AHPCZ can be improved

## **Materials and methods**

The study's target population consisted of 80 students who had enrolled in the FAIMH from its inception in 2022 to 2023. Five male (50%) and five female (50%) participants were chosen to

participate in the study. The modal age ranges of the study were the age categories marked >20; 21-25 and <30. Each range had three (30%) participants. The age range with the least number of participants in the study was the 26-30 years category. The highest number of participants (60%) came from those who were sent by corporates to attend the course. Equal numbers of participants (20%) were individuals and students.

### **Data collection method and tool**

The people who took the FAIMH underwent extensive telephone interviews. According to Babbie and Mouton (2010), an interview is a technique for gathering data that entails a discussion between the researcher and the interviewee. The researcher held face-to-face interviews to collect in-depth information from the participants.

### **Data analysis**

Thematic analysis was used to analyse the data. Boyatzis (1998) describes thematic analysis as a method of identifying, analysing, as well as reporting patterns in the data. This method of data analysis was considered necessary owing to the exploratory nature of this study. When the participants were asked to narrate their perceptions on the efficacy of FAIMH on the first cohort of the first aiders, they are given enough time to reflect on the question, and themes then emerged from their narratives.

### **Ethical considerations**

Ethical standards are essential whenever human subjects are involved in a study (Creswell, 2003). The participants had to express interest in the study first before they could participate in the study. This method also assisted to maintain the privacy of prospective participants, while permitting the opportunity to participate. Apart from the above, to guarantee that there is informed consent, all participants were given information sheets that explained the full details of what would happen in the study.

### **Results**

#### ***Participants' perceptions of the content of the first aid in mental health (FAiMH) course***

Participants in the study reported that the first aid in mental health course offered by the AHPCZ was quite easy to understand since it was tailor made for Zimbabweans, in a language that the recipients could understand. Participant 1 stated that:

It is very simple to follow and contextualised to a Zimbabwean context, which helps a lot. The flexibility in language usage also makes it user friendly.

Participants in the study also reported that it was simplified so much that people who were not in the medical fraternity could easily comprehend the content. In other words, the course could be understood even by lay persons. Participant 2 reported that:

The course is very simplified for non-medical staff. It is very simple to comprehend, and I think that was a very good start.

Another factor which made the AHPCZ first aid in mental health course easy to understand was that it fulfilled a public need. Because the prevalence of mental disorders is so high in Zimbabwe, members of the public had frequent contact with such people. Many people lacked knowledge and confidence in how to help, which motivated people to seek training. This was confirmed by Participant 3 who reported that:

So, many people are getting affected with mental illness, so we are more than ready to assist. The fact that the course is easy to understand coincides with our readiness to assist because of this course.

#### ***Views of the students regarding practicality of the FAiMH course offered by the AHPCZ***

Participants reported that what made the FAiMH course more practical was its being tailored to meet the needs of different age categories. Charles had the following to say:

In addition to the standard physical aid course for adults to assist other adults, the AHPCZ first aid course in mental health has been tailored for specific age groups ... like adults helping youth, adults helping older people, teenagers helping their peers, professional roles for instance, medical and nursing students, legal professionals and cultural groups, such as indigenous people, people who do not speak or understand English.

The study also found that the course was developed by professionals based on expert consensus guidelines. The professionals in these studies were mental health professionals and experts with lived experiences. The guidelines covered how to assist patients with a wide range of developing mental health problems and crises. Therefore, the course has been easy to understand. In an interview, Participant 4 reported that:

Seemingly, the AHPCZ first aid course in mental health has been developed by a team of experts with lived experiences, covering a wide range of mental health problems and illnesses.

Participant 2 also reported that the course clearly draws the line between issues to do with spirituality and science by giving practical solutions on how, when and where one should seek health assistance.

Participant 7 highlighted that the FAiMH course was more practical since it helped to provide assistance to those with mental health challenges:

The approach enhances helpful behaviours, decreases stigmatising attitudes, and improves awareness about mental health.

Participant 9 reported that the FAiMH course was practical in the sense that it taught first aiders to detect problems that were present in the lives of the people they interacted with, and this really addressed a need for assistance:

Generally, participants were of the view that the FAiMH course was more practical because it taught people how to recognise warning signs of mental ill health and help first aiders develop the skills and confidence to approach and support someone whilst keeping themselves safe. The course helped first aiders develop resilience, learn new ways to cope with stress, advise on sleeping better and equip them with a wealth of resources to be able to confidently help someone struggling with their mental health, hence it was a practical course.

Participant 5 weighed in and added that:

The course provides first aiders with the knowledge to spot specific warning signs that an adult or child could be struggling with a mental health condition. It explains how to initiate a supportive conversation, explore healthier lifestyle choices and links to the wealth of additional support available if someone needs further help.

## **Discussion**

The study found that the course was easy to understand. This was confirmed by early Australian research which examined the ease of understanding a mental health first aid course. The research did so by assessing the efficacy of the course in raising mental health knowledge and confidence to interact with a person in need of aid. Following the session, participants were better equipped to identify warning signals that someone could be experiencing a mental health issue and provide them with the first aid they required, and according to an examination of these self-assessments.

The study also found that the FAiMH course explained the referral pathways found in health practice and the importance of regulation hence the demystification of several myths surrounding health assistance related to mental illness. The course, for example, emphasised that, *regulation is essential to define a clear framework within which health professionals acquire and maintain the competence needed to provide health services that are of high quality, that are safe, effective and patient-centred.*

The study revealed that the FAiMH course provided by the AHPCZ was useful in many ways, particularly in the sense that it tackled actual issues affecting people's mental health. The results are consistent with those of earlier investigations. Zilnyk (2010), for instance, discovered that the FAiMH taught participants how to use the right tools and resources to assist persons dealing with mental health concerns. To assist in providing first aid assistance to this particular population of people, the course directed participants toward the appropriate resources. Furthermore, the mental health first aid training programme equipped participants with the knowledge and abilities to recognise the early warning signs of mental illness (Kroll, 2015; Svensson & Hansson, 2014).

The mental health first aid training programme enhances participants' mental health literacy, per research by Kroll (2015). According to research by Morrissey et al. (2017), participants' knowledge and literacy of mental health considerably increased after completing the training programme. In a study by Svensson and Hansson (2014), 36 participants showed a significant improvement in understanding of mental health and helpful conduct. (Svensson & Hansson, 2014; Mina, Colucci, & Jorm, 2019). The participants asserted that they learned how to identify the warning signs and symptoms of mental illness as well as how to deal with such a population. Participants also reported feeling more confident about their ability to identify and help those suffering from mental illness (Svensson & Hansson, 2014).

Ploper et al. (2015) reported that, after completing a mental health first aid training course, participants had a better understanding of mental illness, felt less stigma associated with having a mental illness, and had more confidence in their ability to interact with people with mental illness.

### **Implications of the study**

The study revealed that there is still a need to continue promoting mental health awareness in Zimbabwe hence the duration of the course should be increased to equip the first aiders with more

information to assist people with mental health emergencies. There is also a need to decentralise the programme to improve mental health literacy among the people of Zimbabwe. In future, a new research ought to be quantitative to make the findings more generalisable. The study further revealed that there is a need for this course to be tailor-made for younger ages in primary, secondary and tertiary levels so that first aider volunteers are equipped with requisite knowledge. There is also a need to look for partnerships so that the course can be offered for free nationwide and train as many people as possible.

### **Study limitations**

The study was conducted on a small sample of ten participants hence there is little scope for generalising the study findings. Most of the participants were domiciled in Harare, making it impossible to get other potential informational rich cases for more credible and useful data. Lastly, it was difficult to locate and collect data from the participants due to their mobility and work commitments. For example, some of the interviews had to be rushed because the participants had work commitments they wanted to attend.

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### **References**

- Babbie, E. & Mouton, J. (2010). *The practice of social research* (10<sup>th</sup> edn). Cape Town: Oxford University Press Southern Africa.
- Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage Publications, Inc.
- Chambers, D. (2017). When health means illness: analysing mental health discourses and practices in Ireland. In C. Edwards & E. Fernandez (Eds.), *Reframing health and health policy in Ireland a governmental analysis* (pp.117-137). Manchester: Manchester University Press.
- Chesney, E., Goodwin, G.M. & Fazal, S. (2014). Risks of all-cause and suicide mortality in mental disorders: A meta-review. *World Psychiatry, 13*, 153–160.



- Johnstone, L., & Boyle, M. (2017). The power threat meaning framework: An alternative non-diagnostic conceptual system. *Journal of Humanistic Psychology*, 1-18.
- Kitchener, B., & Jorm, A. (2022). Mental health first aid training for the public: Evaluation of effects on knowledge, attitudes and helping behavior. *BMC Psychology*, 2(10), 1-6.
- Kroll, H. (2015). Mental health first aid: Addressing mental health as a public health priority. *Perspectives in Public Health*, 135(1), 12-13. Doi:10.1177/1757913914562120.
- MFHA (2018). Mental health first aid facts.
- MacDonald, K., Cosquer, M., & Flockton, A. (2018). *Mental health first aid: An evaluation of the impact of MHFA training in Kingston* (1st edn.). Hull: Humber Mental Health Teaching Trust.
- Marshall, M. (2020). The hidden links between mental disorders. *Nature*, 581(7806), 19–21.
- McDaid, D., E. Hewlett & Park, A. (2017). Understanding effective approaches to promoting mental health and preventing mental illness. *OECD Health Working Papers*, No. 97. Paris: OECD Publishing.
- Mental Health First Aid in Camden. (2020). *Mental health, first aid in Camden - An evaluation* (1st edn.). London.
- Ministry of Health (Zimbabwe). (2004). Health Professions Act Chapter 27:19.
- Morrissey, H., Moss, S., Alexi, N., & Ball, P. (2017). Do mental health first aid (TM) courses enhance knowledge? *The Journal of Mental Health Training, Education, and Practice*, 12(2), 69-76.
- Ploper, V., Jones, R., Kraus, D. J., Schmidt, A., & Corrigan, P. (2015). Feedback from American participants of a mental health first aid training course. *Journal of Public Mental Health*, 14(2), 118-121.
- Read, J., Grigoriu, M., Gee, A., Diggle, J., & Butler, H. (2020). The positive and negative experiences of 342 antidepressant users. *Community Mental Health Journal*, 56(4), 744–752.
- Robson, J., & Bostock, J. (2009). *Evaluation of mental health first aid training with Northumberland Fire and Rescue Service* (1st edn.). Newcastle: Northumberland Tyne and Wear NHS Trust.
- Svensson, B., & Hansson, L. (2014). Effectiveness of mental health first aid training in Sweden: A randomized controlled trial with a six-month and two-year follow-up. *PLOS One*, 9(6).
- WHO. (2019a). *Mental health: Fact sheet*. Geneva: World Health Organization.
- WHO. (2019b). *GAP community toolkit: Field test version*. Geneva: World Health Organization.

World Health Organization. (2015). *The European mental health action plan 2013– 2020*. WHO Regional Office for Europe.

World Health Organization. (2013). *Mental health action plan 2013-2020*. World Health Organization.

Zilnyk, A. (2010). Mental health first aid: A life skill we should all have? *Perspectives in Public Health*, 130(2), 61-62. Doi: 10.1177/1757913909360452.