Interventions to Promote Mental Health Literacy in University Students and Their Clinical Educators. A Systematic Review of Randomised Control Trials and Meta-analysis ☆

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Abstract

Purpose: The effects of interventions for improving mental health literacy of health professional students and their clinical educators have not been established. This review analysed interventions to: support mental health literacy, deal with stigma, encourage help-seeking behaviour and improve attitudes towards providing help to those experiencing mental health issues.

Method: The full holdings of Medline, PsycINFO, EBM Reviews, Cinahl Plus, ERIC and EMBASE were searched until 16th November 2016. Inclusion criteria were randomised controlled trials of interventions to support mental health delivered to groups or using face to face and / or online delivery methods compared to alternative education, usual curriculum or no intervention; and post-intervention measurements for intervention and control. Studies were appraised using the PEDro scale.

Results: Mental health educational interventions were associated with statistically significant improvements in attitudes toward providing help. In one study, Mental Health First Aid (MHFA) resulted in improvements in social associations with a person with a mental health condition. A mental health literacy program improved anxiety literacy. One study of MHFA improved MHFA knowledge. No significant effects were found for attitudes to seeking professional help or mental health stigma. Studies were limited to English and only short term effects were analysed. Method quality was generally poor.

Discussion: Preliminary evidence suggests that interventions such as MHFA may potentially help clinical educators and health professional students develop positive attitudes to providing help and increase MHFA knowledge. MHFA may reduce social distance from a person with a mental health condition but the content needs to be refined if they are to change attitudes toward seeking professional help or stigma. High quality research that includes long term follow up is warranted given the importance of the attitudes of health professionals towards those with mental health issues and the mental health challenges of working as health professionals.
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1. Introduction

Health professional students experience challenges to mental health and wellbeing including psychological distress[1,2]. Distress has been defined as a general term describing unpleasant emotions that impact on a person's level of functioning[3]. This may include depression, anxiety and burnout. Depression is defined as prolonged low mood (from weeks to years). It is a serious condition that affects physical and mental health[4]. Anxiety involves a prolonged feeling of stress and worry that may happen without any particular cause. Anxiety makes it hard to cope with daily life[5]. Burnout has been characterised by emotional exhaustion and cynicism[6].

Health professional courses are demanding in terms of competition for specific career pathways, long contact hours and course length, knowledge retention requirements and the frequently confronting circumstances associated with service provision. These conditions challenge the mental health of students[1,2]. A systematic review reported that American and Canadian medical students have a high prevalence of overall distress, depression and anxiety compared to age-matched peers[7]. Hope and Henderson[8] later conducted a systematic review into medical student distress outside Northern America and reported the prevalence of psychological distress (12.2–96.7%), depression (6–66.5%) and anxiety (7.7–65.5%). In a systematic review, the prevalence of medical student burnout has been reported to be between 45–71% and may increase across professional life[9]. High rates of burnout have also been reported for nurses, physiotherapists and occupational therapists[2,10].

Mental health issues can have serious consequences including sleeplessness, drug and alcohol use, family conflict, sickness and suicidal ideation[11–14]. Despite these statistics, only a small percentage of health professional students seek professional support or guidance for mental health issues[15]. This may reflect a lack of awareness of mental health conditions or how to access relevant treatment or support[15]. The most common source of support is from peers[16]. However peers may not be equipped to identify mental health issues or refer on for appropriate support.

People may not seek professional help due to negative attitudes towards mental illness otherwise termed 'stigma'. Stigma may also lead to limited social interaction with people with mental health conditions. The questions in the social distance scale ask respondents how willing they would be to (1) move next door to the person described, (2) make friends with the person, (3) work closely with the person or (4) have the person marry into the family. This is assessed on a scale of 1 = definitely, 2 = rather not, 3 = definitely not. Clinicians supervising health professional students in the clinical environment may be in a position to identify potential mental health issues however they lack confidence and comfort in providing support[17]. Health professionals may also have a role in recognising and supporting clients with mental health issues.

There has been a call for culture change, for health professional curricula to incorporate strategies to support mental health and wellbeing[18]. Strategies that could be delivered to groups of students would have the greatest potential for educating cohorts of learners. A strategy that has been used to successfully address stigma associated with poor mental health and create awareness of appropriate supports is mental health first aid (MHFA).

MHFA is designed to educate members of the public on the initial help to give people with developing mental health issues. It also educates about the assistance to give in mental health crises and with ongoing mental health issues. The course presents the major forms of mental health illness and provides a simple five-step plan of management for supporting people with mental health issues. This consists of (1) Assess risk of suicide or harm, (2) Listen non-judgementally (3) Give reassurance and information, (4) Encourage person to get appropriate professional help and (5) Encourage self-help strategies[19]. This is summarised by the acronym A.L.G.E.E. Participants learn about symptoms, risk factors, effective types of help and knowledge of where and how to obtain help.

The aim of this review was to identify the evidence that supports group interventions suitable for improving mental health literacy. This includes the characteristics of increasing knowledge of mental health conditions, general knowledge about the management and type of support that could be delivered to those with mental health conditions. A meta-analysis of MHFA programs for the public[15] found that MHFA was an effective strategy for improving knowledge, attitudes and helping behaviour as reported in nine single-group pre/post studies and six waitlist controlled trials. The review did not include quality assessment of included studies.

In a recent systematic review, the most common barriers for seeking help in health professionals were disclosure/confidentiality concerns followed by negative social judgement, stigma and employment related discrimination[20]. This was a systematic review of quantitative and qualitative studies and therefore did not include meta-analysis. There is an established need