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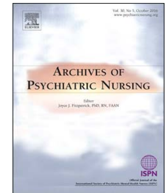

The effect of a community mental health training program for multidisciplinary staff[☆,☆☆]

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ABSTRACT

Background: Primary health workers play a critical role in providing health education to people with mental disorders. In China community health workers working with people with mental health problems lack experience and training in this area. Additionally, coordination between hospital and community staff is not well established. The aim of this study was to provide an interdisciplinary community mental health training program and to evaluate the effect of the training on staff knowledge about mental health and confidence in their roles.
Methods: A three-day community mental health training program was offered specifically for interdisciplinary mental health professionals. Using a one-group pre-test post-test design, participants completed a self-assessment of mental health concepts and program evaluation which included asking participants to rate their satisfaction using a five-point Likert scale and to respond to open-ended questions.
Results: Forty-eight participants including health professionals from colleges, hospital and community health centers were recruited. Only 8.7% of participants had ever received community mental health training. Post-test evaluation demonstrated improvements in knowledge, and most participants were very satisfied with the program.
Conclusion: The findings indicate that this brief interdisciplinary training program had a positive effect in improving knowledge about community mental health concepts and confidence in dealing with people with mental health disorders for multidisciplinary staff working in primary health care areas.

Introduction

Mental disorders have drawn increasing attention globally. In terms of global burden of disease, mental and substance use disorders was the fifth leading contributor in 2010, when measured by disability adjusted life years (Ferrari et al., 2014). In China, approximately one hundred million people are living with mental disorders; half of them live in the community and do not receive any treatment (Feng & Liu, 2014). Although people with mental health problems who have received appropriate treatments may make a clinical recovery, not all make a complete recovery and fully participate in society (World Health Organization [WHO], 2015). This is evident in China: a survey conducted in Beijing found most people lost their jobs or retired ahead of schedule due to mental disorders (Bao & Chen, 2011). When people with mental disorders return to their community, they suffer a high rate of relapse for a variety of reasons. In China, irregular medication usage; unavailability of community recovery or rehabilitation services; lack of family and social support; and high self and social stigma, have been identified as the key causes of relapse (Ran et al., 2003; Yang, Phillips, Licht, & Hooley, 2004; Zhan, Zhang, Yu, & Wang, 2010). A local study in Wuhan found that only 62% of people with severe psychotic disorders regularly took prescribed medication (Li & Li, 2015).

Having competent community health professionals to manage and care for those with mental disorders is critical for recovery (Robiner, 2006). It is essential to provide community-based services to help people maintain hope and achieve goals and aspirations (WHO, 2017). In China, community service for people with severe mental illness has been one of the ten national basic public health services since 2009 according to the National Health and Family Planning Commission of the People's Republic of China [NHFPC] (2009). However, unlike other health services the tertiary mental health system (community - district - municipality) has not yet been established and the community mental

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health system is not well developed (NHFPC, 2008). This guideline also advocates for the training of public health care providers to improve their ability to provide effective care in mental health disorder management and community rehabilitation.

China has a critical shortage of mental health workers (Xiang, Yu, Sartorius, Ungvari, & Chiu, 2012). A study in Hangzhou reported that the psychiatrist-to-resident ratio in community health centers was only 1.67/10,000 (Luo, Sun, Song, Xu, & Wang, 2015) and psychiatrist-to-people with mental disorders was 1.16/10,000 in nationwide (Xiang et al., 2012). A study in northern China found that only 3.2% of mental health workers in communities had a baccalaureate or higher degree, and only 37.1% had received relevant training in community mental health concepts (Lv et al., 2014). This situation is worsened by a shortage of professional psychiatric clinicians and community mental health resources which makes mental health care out of reach for the majority of residents (NHFPC, 2008; Xiao, Yi, Ran, & Zheng, 2014). A Beijing study indicated that out of a total of 362 community nurses, only 28.73% were familiar with mental health management and the majority expected to receive community mental health training (Guan, Yin, & Xu, 2010). The deficiency in knowledge and skills of primary health care providers in mental health recovery, managing emergencies, proper discharge guidance, and case management complicates the situation.

National and international mental health programs have demonstrated that training health staff will improve the quality of mental health care (Jenkins, Mendis, Cooray, & Cooray, 2012; Li et al., 2015; Sadik, Abdulrahman, Bradley, & Jenkins, 2011). A training program for community health workers in India showed that the participants' knowledge of mental health improved after the training (Armstrong et al., 2011). Although the Chinese government requires mental health specialists in public hospitals to work in community centers, few community health centers have these specialists (Wang, Li, Li, Shen, & Chen, 2011) and it is essential that primary health care providers have the required education to provide care for people living with mental disorders. Mental disorders usually have a long course. Many people relapse because of non-adherence to medication due to lack of illness insight or adverse effects of medication (Berge et al., 2016; von Bormann, Robson, & Gray, 2015). Regular follow-up can improve people's adherence to treatment and also help them to adapt socially (Gan, Liu, Ma, & Yu, 2013). In China, few studies have focused on training for community mental health workers; these limited studies used traditional didactic teaching, a narrow scope of knowledge and primarily focused on recognition of symptoms and medication management (Wang et al., 2010). One study reported success when incorporating hospital, community and family into the rehabilitation planning for people with mental health problems (Zhou, Zhang, Wang, & Wang, 2011). Currently there are no training programs involving multidisciplinary health care providers in community mental health education in China.

The aim of this study was to provide an interdisciplinary community mental health training program and to evaluate the effect of the training on staff knowledge about mental health and confidence in their roles.

Methods

A one-group pre-test post-test design was used to test the effectiveness of a multidisciplinary training program open to professionals who were involved in provision of community mental health services. A total of 48 participants including mental health nurses (11, 22.9%), community nurses (16, 33.3%), community physicians (2, 4.2%), community health care center managers (5, 10.4%), chiefs of a public health sector service (2, 4.2%) and college faculty members supervising students in mental health practicum experiences (12, 25.0%) responded to the invitation to attend.

Table 1
Curriculum for the community mental health training workshop.

Session	Content
1	Introduction and aims of the workshop
2	What is different about working in the community? (aims of community mental Health)
3	Recovery-based model: Assessment, Planning and Treatment (APT)
4	APT (establishing a therapeutic relationship, stigma, empowerment)
5	Role of mental health clinicians in APT
6	The law and mental health (privacy, scope of practice, confidentiality)
7	Workshop: community mental health terminology
8	Case management and teamwork; referrals
9	Workshop: prevention and management of aggressive behavior
10	Mental health management structures and community resources
11	Risk assessment, mental health and emergencies
12	Dealing with emergency situations
13	Workshop: implementation and action planning

Sampling

Participants were recruited from throughout the country via hard-copy invitations to other universities and community facilities as well as publicizing it on the School of Nursing website. The training program was open to all health professionals who had or would be involved in community mental health service. Participation was voluntary.

Intervention

A three-day training workshop was designed based on the requirements of the Chinese Basic Public Health Service (NHFPC, 2009), the major standards of the WHO Mental Health Action Plan 2013–2020 (WHO, 2013) and service standards and quality in mental health care (WHO, 2012). The workshop consisted of 13 sessions on community mental health concepts (Table 1), incorporating the main components of several recovery models (American Occupational Therapy Association, 2016; Government of Western Australia, 2004; Substance Abuse and Mental Health Services Administration, 2012). The sessions included problem solving exercises, educational handouts, lectures with audiovisual presentations, group discussions, role play and scenario simulations.

Measures

A questionnaire was developed to obtain basic demographic information. A researcher-designed five-point Likert-type item questionnaire was administered, before and after the training, to measure changes in knowledge about community mental health concepts. This questionnaire was developed based on an extensive literature review, as well as synthesis, categorization and refinement, and 14 items closely related to the training session were included based on expert group discussion. For each item, the score ranged from 1 to 5, with 1 meaning strongly disagree and 5 meaning strongly agree. The questionnaire assessed knowledge of prevention of violence, rehabilitation, legal aspects, case management and referral. The Content Validity Index was 0.875, and the Cronbach's alpha 0.935. After the training program, participants were asked to review their general satisfaction with the program using a five-point scale, with a higher score indicating higher satisfaction. The focus of these 3 items was on the curriculum, content and teaching/learning strategies. Each session was also evaluated by content and relevance (1 to 5) and a single item measured participants' confidence in managing people with mental health issues (1 to 7). Open-ended questions were used to collect participants' suggestions.

Results

The majority of participants were female (43, 89.6%). Academic

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