Mental health first aid programs: a scoping review protocol

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ABSTRACT

Objective: This review aims to map mental health first aid programs and identify the characteristics and participants of such programs and the contexts of their implementation.

Introduction: Mental health first aid is the help provided to a person developing a mental health problem or undergoing a mental health crisis. The first aid is provided until professional help is accessed or the crisis is resolved.

Inclusion criteria: This scoping review will address programs that provide basic mental health first aid skills, with no exclusion criteria in terms of participants or contexts.

Methods: English, Portuguese and Spanish published studies and unpublished papers, from 2009 to 2019, will be considered. A scoping review will be conducted following the guidelines of JBI and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews. The search will be carried out in databases, scientific repositories and reference lists. Duplicates will be removed and two independent reviewers will screen the titles, abstracts and full-text of the selected studies. Data collection will be performed with a tool developed by the researchers, based on JBI's model instrument for extracting study details, characteristics and results. A summary of the results will be presented in visual representations, narratives and tables.

Keywords First aid; health literacy; mental health; programs

Introduction

Mental health is defined as "a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities".[1(p.7)] It is a priority area in national and international health policy decision-making.[2,3] In contrast, mental health problems is a broader term that includes both mental disorders (clinically significant disturbance in cognition, emotional regulation or behavior that causes dysfunctionality) and the symptoms of a mental disorder that are not yet justified for identifying the diagnosis of the disorder.[4,5]

According to the results of systematic reviews and meta-analyses on the global prevalence of mental disorders, approximately one in five persons experience a mental disorder within 12 months.[6] Mental health problems are the a major contributor to the global burden of disease, with mental disorders and substance abuse accounting for 7.4% of the total disease burden in 2010, measured by disability-adjusted life years (a combination of premature mortality and disability).[7] Therefore, a high prevalence of mental disorders increases the likelihood of any person in society engaging with someone with a mental health disorder.

Notwithstanding, the limited mental health literacy levels in Portugal and the European Union are still a major societal challenge.[8-13] Moreover, low mental health literacy worldwide requires specific approaches, including educational interventions.[14] In light of this reality, the World Health Organization

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stresses the importance of community-based interventions in mental health, including the promotion of mental health literacy, using approaches such as mental health first aid (MHFA) programs.[15] According to the World Health Organization, health literacy is "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health".[16(p.10)] Mental health literacy is associated with the concept of health literacy applied to the specific area of mental health. The concept of mental health literacy has evolved over time and currently includes five components: recognition of problems and mental disorders in order to promote and facilitate help-seeking; knowledge of the professionals and available treatments; knowledge of effective self-help strategies; knowledge of how to prevent mental disorders; and knowledge and skills to provide support and first aid to others.[17,18] In its turn, to give first aid to others is important because it is more likely that a person will seek help (professional, formal help) upon relying on someone's suggestion.[19] The first aid is usually provided by someone who is not a mental health professional but is part of the person's social network (informal help, such as friends and family).

Mental health first aid can be defined as the help someone provides to a person undergoing a crisis or developing a problem related to mental health, until the person receives professional help or the crisis is exceeded/resolved.[4] Mental health first aid programs are mental health literacy promotion interventions, relevant for the provision of basic first aid skills in the community, and not focused on developing clinical skills.[20] For example, Kitchener and Jorm developed MHFA programs based on the first-aid model. These programs have been disseminated and implemented worldwide for different age, cultural and professional groups.[21] Hadlaczky et al. carried out a meta-analysis and demonstrated that these programs allowed participants to increase their knowledge of mental health and decrease their negative attitudes, and enhanced help behaviors towards people with mental health problems (e.g. spending time listening to their problem, recommending professional help and self-help strategies).[22] In a meta-analysis conducted by Morgan et al., the authors described the efficacy of this intervention in improving mental health literacy and support for people with a mental disorder.[21]

A preliminary search was conducted during from October to November 2018 in Web of Science Core Collection accessed via ISI Web of Knowledge, MEDLINE® with Full Text, CINAHL complete and PsycINFO accessed via EBSCOhost Web, SciELO, Scopus, Cochrane library, *JBI Evidence Synthesis*, scientific repositories (RCAAP - Repositório Científico de Acesso Aberto de Portugal and OpenGrey), and Nursing School of Porto libraries. Additionally, experts (exploratory interviews) were recruited to provide understanding about state of the art and research demands in this field. Multiple studies (both primary and secondary studies) addressing interventions based on the concept of MHFA were found. Several intervention programs that use terms such as "Mental Health First Aid", "Psychological First Aid", "Emotional First Aid", among others, were identified. The significant number of distinct programs that were found indicated that the preliminary research seemed to show a dispersion of knowledge on the subject. Thus, the objective of this mapping is to explore the above aspects in MHFA programs. The scoping review could be used to: examine the extent, range and nature of the evidence on MHFA programs; determine the value of undertaking a systematic review; synthesize and disseminate research results; and identify gaps in the literature for guiding future research. Furthermore, the UK Medical Research Council guidelines stress that identifying the evidence base is a process crucial for the development of a complex intervention.[23]

Review question(s)

The review questions are:
  i)   What are the characteristics of MHFA programs?
  ii) In what contexts have MHFA programs been implemented?
  iii) What participants have been included in MHFA programs?

Inclusion criteria
Participants
This review will include studies considering all types of participants. This non-exclusion criterion was applied, based on the review objective. Programs for lay-people (people without advanced health training), health students (people with ongoing

health training) and health professionals (people with advanced health skills) will be considered. Program participants may be children, adolescents, youth, adults and the elderly, as individuals or in groups.

Concept

This review will consider studies describing mental health first aid programs (interventions that disclose basic skills for initial assistance to people with mental health problems, including disorders). Programs that provide advanced competencies to help people with mental health problems and intervention programs focused on physical health problems will not be considered.

Context

This review will include studies with no limitation of contexts. This non-exclusion criterion was applied, based on the review objective.

Types of sources

This review will include published and unpublished, primary (original investigations) and secondary studies (systematic literature reviews and narrative reviews). Quantitative, qualitative and multi-methods/mixed methods studies will be considered. Observational (with descriptive, exploratory, analytical designs) and experimental studies (including randomized controlled trials, non-randomized controlled trials, or other quasi-experimental studies) will also be included, as well as cross-sectional and longitudinal studies.

The review will be carried include studies conducted within a 10-year time frame (from 2009 to 2019), considering the changes that have occurred in health and health literacy. On the one hand, the world's population has suffered a global crisis (2007/2008), forcing many health systems to face structural reform. Moreover, a systematic literature review synthesizes the impact of the 2008 financial crisis in Europe on health outcomes and mentioned mental health as one of the outcomes.[24] During this period, there seems to have been a growing interest in health literacy. Among the Global Conferences on Health Promotion of the World Health Organization, the seventh conference (held in 2009) highlighted the importance of health literacy and discussed strategic actions in this area.[25] Furthermore, the United Nations Economic and Social Council Ministerial Declaration

of 2009 provided a clear mandate for action: "We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard, call for the development of appropriate action plans to promote health literacy".[26(p.6)]

This review will include studies in English, Portuguese or Spanish, taking into account the proficiency language level of the reviewers, enabling a good quality of evidence selection and data extraction.

Methods

The proposed scoping review will be conducted following the JBI methodology for scoping reviews.[27] The study will use the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist as the matrix for the writing of this study report.[28] The review protocol was registered in the Open Science Framework.[29]

Search strategy

The search strategy aims to find both published and unpublished studies. A three-step search strategy will be used in this review. An initial limited search of MEDLINE and CINAHL will be undertaken, followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the articles (see Appendix I). A second search using all identified keywords and index terms will then be undertaken across all included databases and repositories. Thirdly, the reference list of all identified reports and articles will be searched for additional studies.

Information sources

A comprehensive search will be conducted through databases and scientific repositories. The scientific databases, Web of Science Core Collection (ISI Web of Knowledge), MEDLINE® with Full Text, CINAHL complete and PsycINFO (access via EBSCOhost Web), SciELO, Scopus, *Cochrane library and JBI* Evidence Synthesis will be accessed. The scientific repositories, Repositório Científico de Acesso Aberto de Portugal – RCAAP (a Portuguese repository) and OpenGrey (a European repository), will also be accessed.

Study selection

All identified records will be uploaded and processed (duplicates removed) into Endnote X8 Software

(Clarivate Analytics, PA, USA) and Microsoft Excel 2016 (Redmond, Washington, USA). The articles will be reviewed by two independent reviewers to assess their relevance, according to title, abstract and full-text information. If the reviewers fail to reach consensus at any stage of the selection process, this will be settled through discussion or analysis by a third reviewer. Reasons for exclusion of articles will be included in the scoping review report.

An analysis of the relevance of studies will be performed based on titles and abstracts. The titles and abstracts with indicators of or potentially inclusive of MHFA programs will be considered. Titles and abstracts relating only to physical health interventions (such as physical first aid) will not be considered. Studies without available abstracts will be included.

Full-text articles will be retrieved for all studies that meet the inclusion criteria of the review as well as those for which there are doubts. If necessary, access to full texts will be requested from authors via email and/or scientific social networks such as ResearchGate.

Only accessible full-text studies that clearly describe MHFA programs will be considered. The two reviewers will independently examine the full text of the all included articles to confirm if they meet the inclusion criteria.

Finally, studies of the reference lists will also be selected, taking into account the inclusion criteria of the review and the relevance of the titles, abstracts and full text. References without clear correspondence will not be considered.

The results of the search will be fully included in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram.[28]

Data extraction

General data of each study and specific aspects of the intervention programs will be extracted. Data extraction will be performed by two independent reviewers, through an instrument developed by the researchers in alignment with the aim of the review. This instrument design is based on the JBI instrument for extracting details of the studies, characteristics and results.[27] A draft extraction tool is provided (see Appendix II). The draft data extraction tool will be modified and revised if deemed necessary during the process of data extraction. Changes will be detailed in the full scoping review report. If the reviewers fail

to reach a consensus, this will be settled through discussion or analysis by a third reviewer. If necessary, any additional information or clarification of data will be directly requested from the authors. Inconclusive and unclarified data will not be extracted.

Data presentation

Data will be presented via visual representations, narratives and tables. Extracted data of the studies will include year of publication, country of origin and type of study. Extracted data on intervention programs will include name of the programs, positive results, participants, implementation contexts, duration and frequency of intervention, intervention method/strategy, content/theme, proposed action plan, assessment method and instrument and professional(s) who undertook the intervention.

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Nothing to mention.

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Appendix I: Search strategy

MEDLINE with Full Text (access via EBSCOhost Web).

Search	Query
S1 186336	TI ("psychological distress" OR "psychological disorders" OR "psychological stress" OR "psychological aspect" OR "psychiatric illness" OR "psychiatric disorders" OR "psychiatric distress" OR "emotional distress" OR "emotional problems" OR "emotional disturbances" OR "mental stress" OR "mental distress" OR "mental illness" OR "mental illnesses" OR "mental disorder" OR "mental disorders" OR "mental disease" OR "mental health condition" OR "mental health conditions" OR "mental health problems" OR mental health problem" OR mental health literacy" OR mental health crisis" OR "mental health crises" OR "mental health distress" OR "mental health disorder" OR "mental health issues") OR AB ("psychological distress" OR "psychological disorders" OR "psychological stress" OR "psychological aspect" OR "psychiatric illness" OR "psychiatric disorders" OR "psychiatric distress" OR "emotional distress" OR "emotional problems" OR "emotional disturbances" OR "mental stress" OR "mental distress" OR "mental illness" OR "mental illnesses" OR "mental disorder" OR "mental disorders" OR "mental disease" OR "mental health condition" OR "mental health conditions" OR "mental health problems" OR mental health problem" OR mental health literacy" OR mental health crisis" OR "mental health crises" OR "mental health distress" OR "mental health disorder" OR "mental health issues") OR MH mental health
S2 10058	AB "first aid" OR TI "first aid" OR MH first aid
S3 2593984	TI ("intervention" OR "interventions" OR "course" OR "courses" OR "educational" OR "education" OR "training" OR "teaching" OR "learning" OR "program" OR "programme" OR "programmes" OR "programs") OR AB ("intervention" OR "interventions" OR "course" OR "courses" OR "educational" OR "education" OR "training" OR "teaching" OR "learning" OR "program" OR "programme" OR "programmes" OR "programs")
S4 138	S1 AND S2 AND S3
S5 112	Limiters: English; Portuguese; Spanish, from 2009

Appendix II: Data extraction instrument

Study information	Title	Indicate full title and subtitle
	Author(s)	Indicate all authors as follows: "last name, first abbreviated name"
	Year of publication	
	Country of origin	
	Type of study	Indicate research method and study design
	Goal(s)	Explain the reasons for the development of the study
Program information	Name	Indicate full name and/or abbreviation used
	Intervention focus/foci	Report the areas of attention identified in the participants of the intervention
	Goal(s)	Indicate the direction sought for the influence of the intervention in focus (e.g. increase knowledge, reduce stigma), not included purposes (e.g. improve the health system)
	Participants	Indicate the number of participants per program implementation, age and other characteristics of the participants and/or with relevant influence on the study
	Context(s) of implementation	Indicate environments of the program implementation, e.g. cultural factors, geographic location, specific scenarios, ...
	Duration and frequency	Indicate the number and duration of sessions, the interval between sessions
	Intervention methodology	Indicate methods and strategies used
	Content/theme	
	Proposed action plan	Indicate proposed actions for participants as first aid providers in mental health
	Evaluation/evaluation tools	Indicate the methods and frequency of assessment of program results, identifying the psychometric instruments used (with at least construct validity)
	Outcome(s)	Report the outcomes on the participants relating to the implementation of the program (not indicators of process evaluation - e.g. satisfaction with the program, evaluation of the facilitator and materials)
	Facilitator(s) and skill level	Indicate the number of facilitators for each program implementation, qualifications and other important characteristics
Study reference		
Other studies of interest to the revision of the list of references		Indicate the bibliographic reference of the accepted studies after analysis of title, abstract and full text