

Evaluation of The Knowledge of Mental Health First Aid Among Workers Manning Sick Bays in Schools in EGOR Local Government Area of Benin City, Nigeria

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ABSTRACT

Background: Mental Health First Aid (MHFA) is an extension of the concept of first aid to cover mental health conditions. It is the help offered to a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. Efficient performance of first aid duty is dependent on a good knowledge of sick bay personnel about mental health conditions and MHFA techniques. Therefore, this study seeks to determine the knowledge of sick bay personnel about MHFA prior to their training.

Materials and Methods: A group of personnel who were in charge of sick bays in some of the primary and secondary schools in Egor Local Government Area (LGA) in Benin City, Nigeria were invited for the monthly seminar of the Institute of Child Health, University of Benin in which MHFA was incorporated. A structured questionnaire was administered to the 24 participants present, which was designed to evaluate a few component parts of the MHFA as applicable to the training they were to undergo.

Results: It was shown that 62.5% of the respondents do not know about MHFA, while 54.2% of the participants have not seen a child with a psychiatric emergency before. Furthermore, 62.5% of the respondents do not know how to assess the risk of suicide. The majority (66.7%) could not identify the components of MHFA among a list of options.

Conclusion: It was concluded that there is a need to train all workers in the health care facilities of schools on MHFA.

Keywords

Knowledge, Mental Health, First Aid.

Introduction/Background

First aid is the assistance given to any person suffering a sudden illness or injury [1]. Mental Health First Aid (MHFA) is an extension of the concept of first aid to cover mental health conditions. Mental Health First Aid has been defined as the help offered to a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or until the crisis resolves. Mental Health First Aid (MHFA) includes how to respond to individuals who are experiencing one or more

acute mental health crises. MHFA training is given as an adult public education program. It is designed to improve participants' knowledge as well as modify their attitudes and perceptions about mental health and related issues. It includes how to respond to individuals who are experiencing one or more acute mental health crises (eg, suicidal thoughts and/or behavior, acute stress reaction, panic attacks, acute psychotic disorder etc) or are in the early stages of one or more chronic mental health problems (eg depression, anxiety, or psychotic disorders etc), which may occur with substance abuse [2]. In paediatric practice, little is known about MHFA despite the fact that mental illnesses often start in young people [3]. Half of individuals living with mental illnesses had onset before age 14 years [4]. Thus if personnel in the health

care facilities of schools where these children spend a good part of their day have little or no knowledge of identifying, handling and proper referral of these children; then the children are likely to suffer stigmatization.

Most people are familiar with the concept of first aid as it pertains to physical illnesses. However Mental Health First Aid which most people are not familiar with, is also a component of first aid. Some studies have been done showing the fact that people who are trained in MHFA demonstrated improved knowledge, confidence, attitudes and helping behaviour [2]. It has been documented that MHFA training increases participants' knowledge regarding mental health, decreases their negative attitudes and increases supportive behaviours toward individuals with mental health problems [3].

The sick bay in schools is a facility dedicated for the purpose of treating pupils/students who have sustained injuries at school, showing signs of an illness which developed at school or pupils who want to talk about some issues on their mind pertaining to their health. The school sick bay is expected to be manned by personnel who are qualified in administration of first aid care to pupils and students within the school hours before the parents' attention can be sought or before the child can be transferred out for definitive care. Thus, it is expedient that the personnel managing the school sick bay should be knowledgeable both in the first aid for physical illnesses as well as the first aid to be administered to pupils/students who develop a need for urgent mental health intervention which developed or became noticeable within the school environment.

A lack of knowledge about MHFA by sick bay personnel may result in maltreatment and stigmatization of affected students/pupils. Thus, when these personnel are not knowledgeable about MHFA, it is necessary that they receive some training in Mental Health First Aid. To determine the need for such MHFA training, the background knowledge of these personnel is important. This has informed the need for this study.

Furthermore, since mental illnesses often start in young people [3], early identification of children with mental illness and adequate handling of emergency situations is necessary for proper development of the children. Efficient performance of this duty is dependent on a good knowledge of sick bay personnel on mental health conditions and MHFA techniques. Therefore, this study seeks to determine the knowledge of sick bay personnel about MHFA.

Methodology

In this study, a group of personnel who were in charge of sick bays in some of the primary and secondary schools in Egor Local Government Area (LGA) in Benin City, Nigeria were invited for the monthly seminar of the Institute of Child Health, University of Benin. Egor LGA is one of the 7 LGAs that make up Benin City. The seminar was geared towards educating them about preventive measures for childhood illnesses. During the seminar, they were to be taught MHFA which can be applicable to children who attend their school clinics. This afforded an opportunity to carry out a pre-

training assessment of the background knowledge of those present about MHFA.

Out of the many personnel in charge of school health clinics invited, 24 participants showed up for the training. This represented 24 schools in the environment. They were given some explanations about the need for the preliminary evaluation. They were all willing to participate in the study.

A structured questionnaire was administered, which was designed to evaluate a few component parts of the MHFA as applicable to the training they were to undergo. The data gathered was analyzed using the Statistical Package for Social Sciences 16 for windows.

Results

Most of the respondents 87.5% were female, had tertiary level of education (62.5%) and were married (79.2%). The youngest of the respondents manning a health facility in these schools was 23 years while the oldest was 53 years. The mean age of respondents was 40 years (Table 1).

Characteristics		Frequency (Percentage)
Gender	Male	3 (12.5)
	Female	21 (87.5)
Level of Education	Nil	0 (0)
	Primary	0 (0)
	Secondary	0 (0)
	Tertiary	15 (62.5)
	Postgraduate	9 (27.5)
Single Married Widowed	Single	4 (16.7)
	Married	19 (79.2)
	Widowed	1 (4.2)

Table 1: Sociodemographic characteristics of respondents.

Knowledge of MHFA

Only 9 (37.5%) respondents knew about MHFA while 15 (62.5%) do not know about MHFA (Figure1). Of these 9 respondents, 4 (44.4%) had correct knowledge of MHFA.

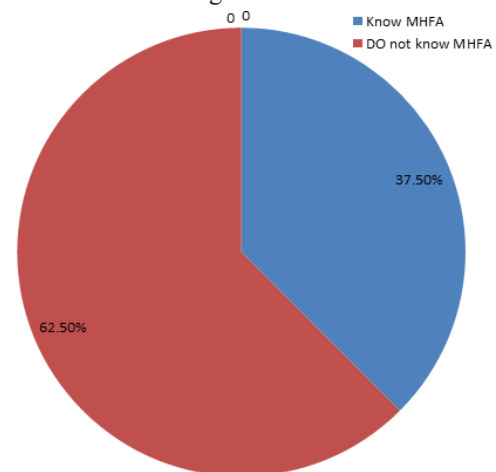


Figure 1: Knowledge of MHFA among respondents.

Identification of Psychiatric Emergency

Thirteen (54.2%) of the participants have not seen a child with a psychiatric emergency before, while 11 (45.8%) had encountered children with psychiatric emergencies. Among those who had seen a child with a psychiatric emergency before, seven (i.e. 63.6% of those who claimed to have seen a psychiatric emergency before) cannot correctly identify the features of a psychiatric emergency (Figure 2).

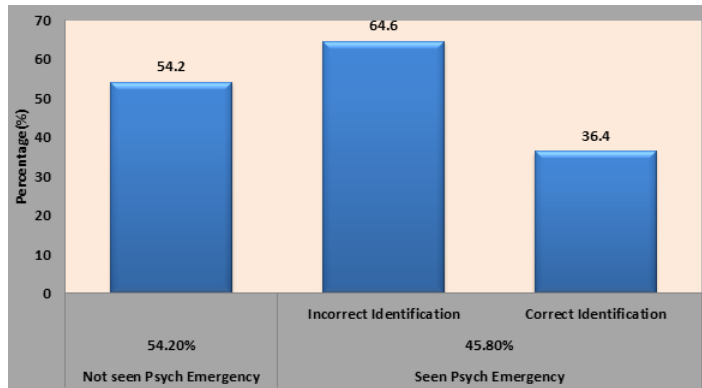


Figure 2: Identification of Psychiatric Emergencies.

Assessment of Suicide Risk and Anger Management

Fifteen (62.5%) respondents do not know how to assess the risk of suicide while 9 (37.5%) respondents know how to assess the risk for suicide. Majority, 20 (83.3%) of respondents are able to identify what can be done in the management of anger in a child.

Knowledge of Mental Health First Aid Components

Sixteen of the participants representing 66.7% could not identify the components of MHFA among a list of options (Figure 3).

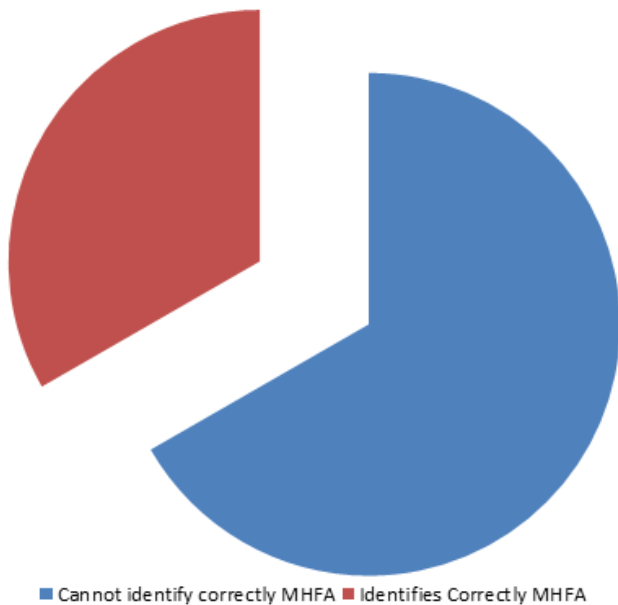


Figure 3: Knowledge of components of MHFA.

Discussion

Women occupy the larger percentage of workers in charge of the

health care facilities in the schools studied. This is very much in keeping with other studies as put forward by the World Health Organization (WHO). Women have been known to occupy the nursing cadres of health care more such as seen in this study [5]. A percentage of 87.5% of workers found in this study were women while 75% was documented in the record of health work force statistics by WHO [6]. It is possible that this picture is due to the fact that ladies generally have a tendency to care. More so, the larger group of recipients of health care in these facilities are school children. Men may tend to be less enthusiastic in taking up such jobs because it involves caring for children.

A good number (62%) of these women taking care of the sick bays in the schools studied have tertiary level of education and the majority are married. This is commendable because such level of education is needed for better health care delivery by the workers. Similarly, being married is expected to help them understand the need to pay a closer and more empathic attention to the care of the children who visit the health centers.

Children are usually a treasured aspect of the married [7], more so in the African culture. This supports the finding in this present study where over 70% of the health care workers in the schools have been in the position of caring for a child either as a parent or guardian in the past.

An alarming percentage of staff (62.5%) in charge of health centers in schools do not have the correct knowledge of MHFA. This is however expected because no particular effort has been directed towards educating this category of workers and much less the general public on MHFA. Also, people generally shy away from issues relating to mental health because of stigmatization. Thus, this may contribute to lack of adequate knowledge on MHFA. Similarly, the knowledge of MHFA though not a recent concept; is not taught as part of first aid training in this locale. Thus, against this backdrop, it therefore stands to reason that over 60% of the respondents do not know the components of MHFA and also, they do not have any ideas about how to assess the risk of suicide in the children they are expected to attend to from time to time.

The study revealed that 7 out of 11 persons who have seen a child with a psychiatric emergency before could not identify correctly the features of the emergency. This shows a disconnect between having seen a case before and identifying why the case was an emergency [8]. A possible explanation for this may be due to the fact that these health workers do not have any background training in Mental Health. This emphasizes the need for some training in Mental Health so that these workers can correctly practice MHFA.

Surprisingly, 83.3% of the participants have an idea of how to manage anger. This is not surprising as anger is a common emotion exhibited by many people, so it is easy to recognize. In the same vein, there have been teachings on how to manage anger both in the religious and secular world. Thus, people are better able to handle individuals with anger much more than those with other negative emotions.

Conclusion

The findings of this present study emphasize the need for training of all workers in the health care facilities of schools and the education of the general population at large on MHFA. It will go a long way to reduce or stop stigmatization associated with mental illness. Education of the public and health care workers will subsequently improve access to Mental Health care and reduce progression in early cases of mental disorder.

Acknowledgement

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