

Designing Intervention that Works Beyond the Manual: A Unique Approach to Mental Health First Aid Intervention Development

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Abstract:

➤ *Background:*

Mental health challenges are a growing global issue, with a significant gap between those needing care and those receiving it. Traditional Mental Health First Aid (MHFA) interventions often rely on rigid approaches that may not fully address diverse population needs. This study addresses limitations in existing MHFA packages by developing a culturally sensitive, adaptable intervention.

➤ *Objective:*

To design and validate a novel MHFA intervention package that is flexible, culturally relevant, and effective in improving mental health literacy and support across diverse populations.

➤ *Methods:*

The intervention was developed through a multi-stage process including conception, development, validation, rectification, and execution. Content was created based on the Indian government's CHO Module, incorporating culturally relevant scenarios and interactive elements. Validation involved expert review and calculation of a Content Validity Index. The package was translated into Bengali and pilot tested with 20 Bengali-speaking participants from diverse backgrounds.

➤ *Results:*

The intervention achieved a high Cumulative Content Validity Index of 0.97, indicating strong expert consensus on its relevance and appropriateness. Pilot testing revealed improved understanding of mental health concepts, enhanced confidence in providing support, and increased awareness of resources among participants. The use of psychodramas and multilingual materials proved particularly effective in fostering understanding.

➤ Conclusion:

This novel MHFA intervention package demonstrates potential to bridge gaps in mental health education and empower non-professionals as first responders. Its emphasis on cultural sensitivity, adaptability, and practical relevance addresses critical limitations in existing approaches. While showing promise in enhancing mental health awareness and reducing stigma, further research is needed to assess long-term impacts on behaviour and mental health outcomes.

Keywords: Development; Intervention; Package; Mental Health First Aid.

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I. INTRODUCTION

➤ Background

Mental health challenges are an escalating issue worldwide, affecting individuals, families, and communities at exceptional levels. Despite growing awareness, there is significant gap between those required mental health care and those receiving it, often due to limited access to services, stigma, and inadequate knowledge about mental health [1].

Australian educationists Betty A. Kitchener and Anthony F. Jorm initiated a novel programme “Mental Health First Aid” (MHFA) in 2001 to address mental health gaps. The program aimed to save lives, prevent psychological issues, foster recovery, provide comfort, minimize stigma, and offer help where professional assistance was inaccessible [2]. This program have emerged as vital tools to bridge this gap, coaching non-professionals to identify, understand, and support individuals experiencing mental health issues [3,4,5,6,7].

However, traditional MHFA interventions often count absolutely on rigid, manual-driven approaches that may not fully address the diverse and dynamic needs of different populations or contexts. Existing MHFA packages, while effective to a degree, face limitations such as cultural insensitivity, a lack of adaptability to unique community needs, and a failure to empower participants beyond predefined scenarios [8,9].

Such challenges highlight the necessity of rethinking intervention design to create training packages that are not only evidence-based but also contextually relevant, flexible, and sustainable [10]. This gap in addressing the holistic and evolving nature of mental health support underscores the urgency of developing innovative approaches that work “beyond the manual.”

Mental Health First Aid (MHFA) programs have been developed and implemented globally to improve mental health literacy and support for individuals experiencing mental health issues. These interventions have shown positive effects on trainees' knowledge, attitudes, and helping behaviours [11,12]. MHFA training has been delivered through various methods, including face-to-face sessions, e-learning, and printed manuals, with e-learning demonstrating superior outcomes in reducing stigma [13].

Despite the widespread adoption of MHFA, there are limitations to its effectiveness. While trainees benefit from the program, evidence of objective behavioural changes and impact on distressed recipients is lacking [14].

Additionally, the long-term effects of MHFA on recipients' mental health remain understudied [12]. Recent critiques have highlighted concerns about MHFA's approach, suggesting it may contribute to the psychiatrization of human distress and serve as a tool for social control [15]. Furthermore, the implementation of MHFA in low-resource settings faces challenges, emphasizing the need for novel interventions such as mobile and internet-based approaches [16].

To address these limitations, future research should focus on evaluating the impact of MHFA on recipients, exploring culturally adapted versions for diverse populations, and investigating the potential of digital health interventions in mental health prevention and early intervention [3,17, 18].

The rationale for a new intervention lies in the pressing need to enhance the efficacy, versatility, and inclusivity of MHFA training. Communities require training packages that can be tailored to their cultural, social, and logistical realities while promoting active engagement and empowerment among participants. Additionally, a forward-thinking MHFA intervention must integrate modern academic strategies, including interactive and experiential learning methods, to ensure that trainees not only retain information but also build the confidence to act effectively in real-life situations [3,19,20].

This article introduces a novel approach to develop a “Mental Health First Aid” intervention package designed to address these gaps. By emphasizing flexibility, cultural sensitivity, and practical applicability. The primary objective is to design an intervention that bridges the gap between theory and practice, training participants with the skills, knowledge, and mindset required to adapt to diverse conditions while promoting “sustainable mental health literacy”. Through this effort, we aim to contribute to a new approach in MHFA training, one that is both innovative and impactful.

II. METHODS

The methodology of developing MHFA intervention is detailed in the following stages.

A. Conception Stage

The conception stage focused on understanding the need for a tailored MHFA intervention package. Key activities in this stage included:

➤ Needs Assessment-

Consulting with key persons including mental health professionals and experts in community medicine and reviewing existing literature on MHFA, its challenges, and limitations.

➤ Objective Formulation-

Defining the core objectives of the intervention package, ensuring alignment with the specific cultural, contextual, and demographic characteristics of the target population.

B. Development Stage

The development stage involved creating a draft of comprehensive and culturally relevant intervention package. This stage included:

➤ Content Creation-

Developing contents addressing mental health challenges, stigma reduction, and crisis intervention strategies by incorporating real-life scenarios, culturally relevant case studies, and role-playing exercises. The "CHO Module" developed by the Government of India served as the primary basis for formulating the context of the interventional tool. The classification of this module was adhered to, rather than using any international classifications.

➤ Resource Integration-

Designing supplementary materials like video tutorials, quick reference guides, leaflets, handouts and digital tools.

C. Validation Stage

The validation stage ensured the accuracy and applicability of the intervention package through:

➤ Expert Review-

Engaging a panel of mental health experts, academicians, and practitioners to review the package for accuracy, relevance, and comprehensiveness. The group included experts from various fields: Psychiatric Medicine (2), Psychiatric Nursing (10), Clinical Psychology (1), Community Medicine (1), and English language (1), Bengali Language (1) and Bilingual expert (1). The professionals evaluated each item of the tools for relevance and suitability, recording their agreement as 1 and disagreement as 0.

➤ Calculation of Cumulative Content Validity Index –

The draft of "Mental Health First Aid Intervention" was structured into four sections, each containing several criteria. The calculated cumulative content validity index was 0.97, suggesting that the Interventional package meets validity criteria. Out of 28 criteria, 20 achieved a 100% agreement, 4 received a 93% agreement, 3 obtained an 86% agreement, and only 1 criterion scored a 79% agreement. All criteria were revised in accordance with experts' valuable recommendations and modified. The tool includes three psychodrama scripts, three leaflets, and content for a PowerPoint presentation. The details of the criterion checklist are presented in table no.1.

Table 1: Content Validity Index of Mental Health First Aid Intervention

PART	Sl.No.	Criteria	Criteria wise-CVI
PART-1	1	Concept of mental health and hygiene is adequate	1
	2	Importance of mental health and hygiene is clear and adequate	0.86
	3	Measures to maintain good mental health and hygiene	1
	4	Concept of Mental Health First Aid is adequate	1
	5	Approach of Mental Health First Aider is clear	1
PART-2	6	The role-play clears about the type of mental illness	0.86
	7	Manifestations are clear and appropriate	1
	8	Management of disorder is clear and adequate	1
	9	Content clarity and language is satisfactory	1
	10	Mode of communication of additional messages in question-answer form followed by play is acceptable	1
	11	Background and characters of the play appropriate and relevant.	0.93
	12	Response of the health worker is appropriate	1
PART-3	13	The role-play clears about the type of mental illness	1
	14	Causes of disorders are clear and appropriate	0.93
	15	Manifestations are clear and appropriate	1
	16	Management of disorder is clear and adequate	1
	17	Response of the health worker is appropriate	0.93
	18	Content clarity and language is satisfactory	0.86
	19	Mode of communication of additional messages in question answer form followed by play is acceptable	0.79
	20	Background and characters of the play are appropriate and relevant.	1
PART-4	21	The role-play clears about the type of mental illness	1
	22	Causes of disorders are clear and appropriate	1
	23	Manifestations are clear and appropriate	1
	24	Management of disorder is clear and adequate	1
	25	Response of the health worker is appropriate	1
	26	Content clarity and language is satisfactory	0.93
	27	Mode of communication of additional messages in question answer form followed by play is acceptable	1
	28	Background and characters of the play are appropriate and relevant.	1
Cumulative Content Validity Index = 27.07/28= 0.97			

D. Bengali Translation

An English language expert reviewed the draft, which was then translated into Bengali. A Bengali language specialist examined the translation and revised it to fix inconsistencies, unclear language, technical terms, and grammatical issues. The goal was to make the questionnaire clear and culturally appropriate. A bilingual expert fluent in both languages performed a back-translation to ensure accuracy. Finally, the original and translated versions were compared to resolve any inconsistencies or errors.

E. Rectification Stage

The rectification stage focused on refining the package based on feedback and observed outcomes. Activities included:

➤ *Feedback Analysis-*

Analysing feedback from validation activities to identify gaps and areas of improvement.

➤ *Finalization-*

Finalizing the draft, ensuring it is robust, adaptable, and ready for implementation across different settings.

F. Execution Stage

MHFAI developed from the concept of "Mental Health First Aid" training. In this study, the researcher explores the significant impact of this intervention through a relatively simple and effective teaching approach. Drawing from established theory, it is believed that the most effective and straightforward way to teach MHFAI is by using a 'Drama' format. The script for the Drama was crafted from the main content, carefully adhering to the objective of educating the public without compromising the essence of the material. The Drama featured amateur actors with videography. There is no

publicity demand from the cast. The Drama is original and unpublished, with copyright held by the researcher.

G. Pilot Testing

The intervention package underwent pilot testing to evaluate its feasibility, acceptability, and preliminary effectiveness.

➤ *Sample Selection-*

A group of 20 Bengali-speaking participants, excluding healthcare professionals, was recruited from urban and rural settings. Participants were selected to ensure representation across age (18 to 50 years), gender, and socioeconomic backgrounds.

➤ *Methodology-*

Training Sessions Participants attended a three-day training program (each session one week apart) facilitated by the researcher. Sessions included a combination of video assisted demonstration of three drama followed by lecture and discussion with help of Power Point Presentation (PPT), and distribution of leaflet and handouts among participants.

➤ *Feedback Collection-*

Unstructured interviews were conducted to gather participant feedback on the content, delivery, and relevance of the package.

➤ *Revisions-*

Based on pilot testing outcomes, the package was refined to enhance clarity, engagement, and cultural adaptability under guidance of two co-authors who are experts in Mental Health Nursing field and supervisor of the researcher.

Table 2: Introduction of “Mental Health First Aid” Intervention in three Sessions

Day	Content	Method of Teaching adopted	Used Audio-Visual Aid	Duration (minutes)
Day- One Session-One	<ul style="list-style-type: none"> General information related to “Mental Health” Simple measures to maintain “Mental Hygiene” Basic concepts and principles of “Mental Health First Aid” Eligibility criteria of a “Mental Health First Aider” Primary steps of “Mental Health First Aid” 	Demonstration Lecture and discussion	-Power Point Presentation -Microphone -Leaflet	45-60
Day- Two Session - Two & Day-Three Session- Three	<ul style="list-style-type: none"> Types, manifestations, management of various mental health conditions Process of severity assessment Necessary information regarding resources in current scenario in India Appropriate place to seek help according to severity 	Role play (Video Assisted) Lecture and group-discussion	-Video-content -Projector and screen -Speaker -Microphone -Power Point Presentation -Handouts	90 min each session

III. RESULTS

The novel “Mental Health First Aid Intervention” package demonstrated robust validity, cultural adaptability, and practical relevance based on its development, validation, and pilot testing stages.

➤ Validation Findings-

The package achieved a high Cumulative Content Validity Index (CVI) of 0.97, reflecting strong expert consensus on its relevance and appropriateness. Of the 28 criteria evaluated, 20 received 100% agreement, while the remaining criteria ranged from 79% to 93%, signifying the comprehensive acceptance of the content. Following expert feedback, the tool was refined to ensure clarity, cultural alignment, and linguistic precision, with revisions incorporated to address gaps.

➤ Pilot Testing Outcomes-

Pilot testing with 20 participants from diverse demographic backgrounds revealed the intervention’s feasibility and acceptability. Participants attended three structured sessions, featuring culturally relevant psychodramas, Power Point presentations, and handouts. Feedback highlighted the program's engaging format, simplicity, and practicality in addressing “Mental Health Literacy” and “stigma”.

➤ Impact Assessment-

Preliminary observations suggest improved understanding of mental health concepts, enhanced confidence in providing mental health support, and

heightened awareness of available resources. The use of psychodramas and multilingual materials proved particularly effective in fostering understanding of mental health concepts.

These results emphasize the intervention’s potential to bridge gaps in mental health education and empower non-professionals to act as first responders to mental health conditions in diverse settings.

IV. DISCUSSION

The methods described above reflect a meticulous and inclusive process aimed at creating an MHFA intervention package that goes beyond the limitations of traditional, manual-driven approaches. This new approach ensures the package is strong but flexible and impactful across diverse settings and populations. The findings of this study confirm the intervention needs to be tailored according to cultural and local aspects. There is an urgent need for a comprehensive, culturally sensitive, and adaptable approach to MHFA training. Traditional MHFA packages, though impactful in improving mental health literacy and reducing stigma, have shown limitations in addressing the diverse needs of different populations.

The development of an innovative MHFA intervention package tailored to Bengali-speaking communities is a step toward bridging this gap [3,6,14].

Key strengths of this package lie in its innovative design, include its contextually relevant content, integration

of real-life scenarios, and a participatory teaching approach. The use of psychodrama, best teaching method, culturally adapted role plays, and multilingual resources ensured that participants could relate to and engage with the material effectively. Additionally, the inclusion of technology-enabled resources and interactive tools facilitates adaptable implementation and broader accessibility, ensuring the intervention can be deployed in various settings. The high cumulative content validity index (0.97) highlights the package's robust design and relevance, validated by experts from diverse fields.

The pilot testing phase revealed that the intervention was well-received, with participants demonstrating increased confidence in understanding and addressing mental health challenges. Feedback from participants and experts facilitated iterative refinements, ensuring the intervention's clarity, engagement, and cultural adaptability.

However, the development process was not without challenges. Balancing the need for flexibility with the maintenance of standardized core principles posed a significant hurdle. Limited resources and logistical constraints during pilot testing also impacted the ability to assess long-term outcomes comprehensively. These limitations highlight the importance of ongoing evaluation and refinement to ensure sustained efficacy.

Despite its promising results, future research should evaluate the long-term impact of this training on recipients' behaviour, practice and mental health outcomes. Expanding the implementation of such innovative, flexible, and evidence-based MHFA interventions could transform mental health literacy and support in resource-constrained settings minimize mental health burden.

The implications for practice are profound. This intervention has the potential to significantly enhance community-based mental health support by empowering individuals with practical skills and confidence to act in diverse scenarios. Its adaptable and culturally sensitive design positions it as a flexible tool for promoting understandings about mental health and illness and bridging care gaps in underserved communities.

V. CONCLUSION

The novel Mental Health First Aid (MHFA) intervention package developed in this study addresses critical gaps in existing approaches by emphasizing cultural sensitivity, adaptability, and practical relevance. The rigorous development process, including expert validation and pilot testing, resulted in a comprehensive tool with high content validity. The package's innovative features, such as psychodramas and multilingual resources, effectively improved participants' understanding of mental health concepts and confidence in providing support. While showing promise in enhancing mental health awareness and reducing stigma, further research is needed to assess long-term impacts on behaviour and mental health outcomes. This intervention has the potential to significantly improve community-based

mental health support, particularly in underserved populations, by empowering individuals with practical skills adaptable to diverse scenarios.

RECOMMENDATIONS

To maximize the impact of this intervention, larger-scale testing across diverse populations is essential to evaluate its adaptability and effectiveness. Dissemination strategies should include partnerships with community organizations, schools, and workplaces to ensure broad reach. Regular feedback loops and outcome evaluations should inform iterative refinement of the package. Additionally, integrating digital delivery options and localized content will enhance scalability and accessibility, paving the way for widespread adoption and sustained mental health literacy improvements.

➤ Ethical Consideration

The study obtained ethical permission from the Institutional Ethics Committee College of Medicine and Sagore Dutta Hospital [Reg no.- ECR/ 1210/ Inst/ WB/ 2019/ RR-22] granted permission for this research. Reference no: CMSDH / IEC / 82 /7-2023 Dated 19.07.2023.

➤ Conflict of Interest

The authors declare that they have no competing interests.

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