

Cross-Cultural Adaptation of "HEALTHY HABITS" To Address Mental Health Needs

Berman D¹, Adhikari SB², Bisha I³, Sharma S⁴, Sharma B⁵

1. Adjunct Faculty, Department of Population and Public Health Sciences, Boonshoft School of Medicine, Wright State University, Dayton, Ohio 45420 USA 2. Behavioral Health Administrator, Ohio Department of Mental Health and Addiction Services, Columbus, Ohio 43215 USA 3. Psychologist, Kanti Children's Hospital, Kathmandu, Nepal 4. Seattle, Washington 98101 USA 5. Vice-President, Mental Health Promotion and Suicide Prevention Center, Kathmandu, Nepal

E-mail *Corresponding author: dene.berman@wright.edu

Abstract

Introduction: Enhancing wellbeing and lessening emotional distress are especially important in developing nations like Nepal that have limited mental health resources or where there is resistance to formal treatment. This is even more so the case during times of crisis. The goal of this project was to create a cross-cultural adaptation of a psychoeducational instrument, *Healthy Habits of Emotional Wellbeing*.

Material And Method: Using World Health Organization guidelines for translations, we created a cross cultural adaptation of *Healthy Habits of Emotional Wellbeing* into the Nepali language. The instrument was translated from English to Nepali, extensively reviewed and modified by a bilingual panel, back-translated, and field testing with 10 Nepali citizens.

Results: The adaptation, as tested with individuals representing Nepal's rural and urban settings, appears to be a culturally sensitive and linguistically appropriate psychoeducational tool that can be used in medical and social settings, widely disseminated, and posted online.

Conclusion: Psychoeducational self-help tools such as *Healthy Habits* may be especially helpful during times of crisis, when mental health resources are limited, not accessible, or not accessed due to prevailing stigma. It may also be appropriate for disaster preparedness, management, and recovery use in an effective and cost efficient manner.

Keywords: Global mental health, cross-cultural adaptations, psychoeducational instruments, Nepal

INTRODUCTION

The COVID-19 pandemic has had deleterious effects on life in Nepal, as it has in most of the world, resulting in stress, anxiety, fear, and impacting other aspects of psychological wellbeing.¹ Many people experiencing psychological symptoms may not have viable pathways to needed care.² This may be partially due to a lack of psychiatric intervention guidelines in this time of COVID-19; however, even if they were available, "they might be of little help because of the inadequate number of therapists, high cost, and scarcity of resources, such as time, energy and stable internet connection in case of teleclinics, available to most populations."³

One solution to filling the gap in mental health services between personal emotional

struggles and professional care that exists in Nepal and most other countries is self-help guidance that is readily usable by those in need. The goal of the current project is to fill this gap by creating a cross-cultural adaptation (CCA) of a psychoeducational instrument, *Healthy Habits for Emotional Wellbeing* (*Healthy Habits*), in a way that is culturally and linguistically relevant as a self-help tool for people in Nepal. This adaptation is aimed at helping people ease emotional distress, especially when mental health resources or formal treatment may not be readily available.

MATERIAL AND METHOD

We explored psychoeducational tools that could be cross-culturally adapted as a self-help tool in Nepal, where there are limited formal mental health resources. We located one such tool,

Healthy Habits, created by the Campaign to Change Direction® (<https://www.changedirection.org/>), an initiative of the nonprofit organization Give an Hour®. This organization is guided by the goal to elevate mental health to a place of parity with physical health. Its initial outreach, aimed at helping people identify problematic behaviors, is Five Signs of Emotional Suffering (Five Signs), which includes personality changes, agitation, withdrawal, poor self-care, and hopelessness.⁴ Of critical relevance to our research is the fact that Five Signs has been translated into Nepali and is readily available to both professionals and the public.

Healthy Habits is a user-friendly tool highlighting five behavior patterns that most people can readily practice. The five Healthy Habits include engaging in self-care, checking in with others, engaging in healthy relationships, relaxing by practicing stress-reducing activities, and learning the Five Signs of Emotional Suffering. The material our project used is the English-version, graphic poster of Healthy Habits from the Give an Hour® website (<https://www.changedirection.org/wp-content/uploads/2018/04/Healthy-Habits-Fact-Sheet-2018.pdf>).

We created a CCA of Healthy Habits from English into Nepali. The model for this project was a WHO methodological guideline to create a conceptually equivalent version of instruments from English into target languages.⁵ Those steps consist of a forward translation, the use of an expert panel, a back translation, pretesting, a final version, and documentation, as expounded in the following section.

RESULT

The results of this project are in terms of adherence to the WHO guideline steps and the final translation that was realized. We were able to achieve a CCA of Healthy Habits into Nepali by fully adhering to WHO guidelines for translating and adapting instruments from English to Nepali.

Following the WHO guideline, the first step was to create a forward translation of the English version of Healthy Habits into Nepali. This translation was accomplished by a translator who was a bilingual graduate student from Nepal attending an MPH program at a

midwestern U.S. university. Instructions to the translator were to create a culturally equivalent, not necessarily literal, translation of Healthy Habits that would be appropriate for rural Nepalese citizens with little formal education.

The second step of the process was realized by establishing an expert panel comprised of individuals who are bilingual in both the original and target languages. For this purpose, five bilingual graduate students from Nepal volunteered to constitute the panel. The directions to the panel were to compare the original English Healthy Habits document and the translation. The panel engaged in multiple iterations of the Nepali translation to ensure a) the accuracy of the forward translation, b) cultural equivalences of English expressions and c) the appropriateness of the translated language, keeping in mind rural and less educated segments of the population.

In the third step of the process, creating a back translation, the WHO guideline recommends a bilingual translator whose native language is the source document, English in this case. Lacking a translator whose native language is English and yet is fluent in Nepali, we utilized the services of a professional Nepali-English translator. This translator was unaware of the original English document, and was given the edited, forward-translated Nepali document. One of the bilingual authors (SBA), also a behavioral health professional, cross-verified the original document and the back translation to ensure that the final document that was produced conceptually and substantially matched the original. The fourth step was field testing the Nepali adaptation of Healthy Habits. This was accomplished by one of the authors (IB) who administered the Nepali Healthy Habits to 10 Nepali adults from various backgrounds who volunteered to participate. No identifying information beyond demographics were collected in order to keep private the identity of those volunteers. Each person was asked: a) to read each of the Healthy Habits and explain in their own words what it meant, b) if there were any words they either did not understand or found unacceptable or offensive, and c) if there were any words that should be substituted. One participant was unable to read but understood Nepali and was then able to complete the request when Healthy Habits was read aloud.

All participant responses were recorded for accuracy and review. Two of the authors (IB and SS) reviewed the responses of the participants and determined that even those with low literacy can understand the translated materials, hence needing no further modification.

As the final step, the bilingual authors (SA, IB, SS, BS) reviewed and edited the translation for grammar, including punctuation and spelling. The end result (See Table 1) was shared with the Campaign to Change Direction so that it could be graphically designed into poster form on their website for public dissemination.

Table 1. Nepali Healthy Habbits

भावनात्मक हितका लागि स्वस्थ बानीहरू

के तपाईं चिन्ता, दुःख, पिर या मर्काले ग्रसित त हुनुहुन्छ ? यस्ता भावनात्मक पीडालाई पहिचान गर्न अत्यन्तै महत्वपूर्ण हुन्छ । भावनात्मक रूपमा स्वस्थ रहन कस्ता बानीहरू अनुशरण गर्नुपर्ला त ? तल लेखिएका बुँदाहरू एकपटक पढौं र यिनका अभ्यास गरौं ।

३) आफ्नो स्याहार गर्नुहोस !

हामीले हाम्रा साना बाबुनानीहरूलाई कति माया गर्छौं र तिनको कति ख्याल गर्छौं । त्यसरी नै आफ्नो पनि ख्याल गर्न जरूरी हुन्छ । समयमा खाने, समयमा सुत्ने, सक्रिय जीवन बाँच्ने । पौष्टिक खाना खाने, आफू बस्ने घर तथा आफूलाई सफा राख्ने । यि बानी सामान्य लागे तापनि हाम्रो मानसिक सन्तुलनको लागि साह्रै महत्वपूर्ण छन् ।

४) सहयोग लिन नहिचकिचाउनुहोस !

जसरी हामी बिरामी हुँदा डाक्टरकोमा जान्छौं, त्यसरी नै भावनात्मक पीडाले सताएको अवस्थामा पनि सहयोगको खाँचो पर्छ । आफ्ना दिदी-बहिनी, दाजु-भाइ अथवा आमा-बुबासंग आफूलाई परेको पीडा वा चोट बाँड्दा मन हलुङ्गो हुन्छ अनि राहत मिल्छ । जति गर्दा पनि आफ्नो भावनात्मक स्थितिमा सुधार नआए नजिकैको स्वास्थ्यचौकी या डाक्टरकोमा जानु उपयुक्त हुन्छ ।

१) राम्रा साथी चुन्नुहोस !

आफ्ना सम्बन्धहरूमा ध्यान दिनुहोस । नराम्रा सम्बन्धहरू नराम्रा भावनाका बीज हुन् ।

२) आराम गरौं सिर्जनसिल बनौं !

मानसिक तनाव कम गर्ने तरिकाहरू सिक्नु । जस्तै - ध्यान गर्ने, दौडने, बुन्ने-बाटने, नाच्ने-गाउने, ठट्टा गर्ने, छरछिमेकीसंग मिली पुस्तक पढ्ने या नाटक मन्चन गर्ने, चित्र कोर्ने, कथा-कविता लेख्ने । सधैं सिर्जनसिल रहने ।

५) यि पाँच लक्षणहरूदेखि सावधान रहौं !

- व्यक्तित्वमा परिवर्तन आउनु,
- सधैं चिन्ता र छटपटि महसूस हुनु,
- एकोहीरिनु वा एकिलएर बस्नु,
- व्यक्तिगत हेरचाहमा कमी आउनु,
- सधैं निराशाले घेरिनु ।

यदी तपाईं आफू स्वयंमा यस्ता लक्षण महसूस गर्नु हुन्छ भने, यहाँ पढेका सल्लाह र बिधिहरू अपनाउनुहोस ।

यदि तपाईंका साथी-भाई वा आफन्तमा यस्ता लक्षण देखिए उनीहरूलाई भावनात्मक आड दिनुहोस, सकेको मद्दत गर्नुहोस र यहाँ पढेका सल्लाह र बिधिहरू सिकाउनुहोस । उनीहरूसंग नरिसाउनुहोस न त उनीहरूको बारेमा भ्रामक कुराहरू फैलाउनुहोस । हामीले भावनात्मक स्वास्थ्यलाई प्राकृतिक रूपमा हेरौं । आफ्नो स्वास्थ्यलाई इमान्दारिताका साथ ख्याल गरौं र आवश्यक पर्दा सहयोग लिन नहिचकिचाउँ । भावनात्मक चोट परेका व्यक्तिहरूलाई माया र स्नेहले हेरौं र सक्दो सहयोग गरौं । यति गरे हामी आफू, हाम्रो परिवार, र समाज खुशीको बाटोमा हिड्नेछ ।

DISCUSSION:

While major improvements have been made in the delivery of mental health services in recent years, some people may still find it difficult to find the help they need.⁶ This need to address mental health is exacerbated in times of crisis such as is being experienced during the COVID-19 pandemic.⁷

Healthy Habits is a viable, user-friendly, self-help tool that enables people to become more aware of activities that are helpful to ease or alleviate their emotional distress. Though not a diagnostic or treatment tool, Healthy Habits can provide self-help psychoeducational guidance for people to think about their own wellbeing or that of loved ones, by caring for themselves, connecting with others, seeking care, engaging in healthy behaviors, and knowing the Five Signs. It suggests ways in which people can alter their behavior, seek formal help in a medical clinic, and find solace.

Dissemination of this tool in the form of public posters or via websites could be of great benefit to individuals who need but are not seeking help or who live in rural and remote regions far away from healthcare facilities.⁸ In resource-limited settings, psychoeducational tools will help to save vital resources for those with more urgent mental health needs. Healthy Habits can help serve as guidance for people to connect with their families, community, and care-providers, all of whom can help them get any needed professional help.

The rationale for cross-culturally adaptable instruments in developing nations like Nepal is also due to the fact that many individuals in rural and geographically remote regions rely on traditional faith healers instead of mental health professionals. Upadhyaya⁹ discusses the history and influence of non-western approaches, asserting that more than 90 percent of families of loved ones with psychoses have relied on faith healers prior to seeking psychiatric care. Healthy Habits has the potential to avoid any tensions between such a dichotomy by urging people to get regular checkups by talking with resources in their own communities, such as faith healers or staff at the health clinic.

The current project is aligned with the recently published United Nations Sustainable Development Goals¹⁰ for mental health. This includes prevention and effective treatments, as

well as the provision of mental health care within primary health care.¹¹ If the goal of having basic ways of positively impacting the mental health lives of citizens is to be achieved, it must be incorporated into a comprehensive mental health plan. WHO¹² has outlined steps for strengthening a country's mental health system after a crisis. As a demonstration project that reflects proof of concept, Healthy Habits is consistent with other steps to address the broad mental health needs of the population.

A limitation of this project is that the field testing in Kathmandu was administered to a small sample of people representing rural and urban areas. A direction for future projects is to conduct full scale assessments of the instrument. One option would be to prepare posters that could be displayed in some rural health centers, to provide controlled trials in differing communities to establish the external validity of the use of Healthy Habits.

CONCLUSION:

Psychoeducational self-help tools such as Healthy Habits may be especially helpful during times of crisis, when mental health resources are limited, not accessible, or not accessed due to prevailing stigma. It may also be appropriate for disaster preparedness, management, and recovery use in an effective and cost efficient manner.

ACKNOWLEDGEMENT: We appreciate Give an Hour® for granting us permission to use Healthy Habits of Emotional Wellbeing for this cross-cultural adaptation. Thanks to Ms. Sachchida Subedi for the translation of Healthy Habits into Nepali and Mr. Nischal Shrestha for the back translation of the Nepali Healthy Habits. Thanks are also due to the graduate students from Nepal who, in addition to some of the authors, served as cross-cultural experts on the editorial panel of the adaptation - Ms. Astha Shakya, Mr. Bishal Bhattarai, Ms. Seema Dahal, and Ms. Pariksha Thapa. We extend gratitude to the 10 anonymous Nepali citizens who volunteered to participate in the field test of the adapted instrument.

FUNDING: None

CONFLICT OF INTEREST: None

REFERENCES:

1. Gupta AK, Sahoo S, Mehra A, Grover S. Psychological impact of 'Lockdown' due to COVID-19 pandemic in Nepal: an online survey [Letter]. *Asian J Psychiatr.* 2020 Jun 20;54:102243. doi: 10.1016/j.ajp.2020.102243.
2. Khanal V, Mishra SR. Investment in mental health services urgently needed in Nepal. *Lancet Psychiatry [Correspondence].* 2016.;3(8):707. doi.org/10.1016/S2215-0366(16)30187-0.
3. Farhan R, Llopis P. Psychiatric and neuropsychiatric syndromes and COVID-19 [Correspondence]. *Lancet Psychiatry.* 2020 Sep 1; 7(9):736. doi.org/10.1016/S2215-0366(20)30317-5.
4. Give an Hour Campaign to Change Direction. Five Signs of Emotional Suffering. Available from <https://www.changedirection.org/wp-content/uploads/2018/04/Five-Signs-Def-in-Nepali.pdf>.
5. World Health Organization. Process of translation and adaptation of instruments. Available from http://www.who.int/substance_abuse/research_tools/translation/en/#.
6. Chase LE, Marahatta K, Sidgel K, Shrestha S, Gautam K, Luitel NP, et al. Building back better? taking stock of the post-earthquake mental health and psychosocial response in Nepal. *Int J Ment Health Syst.* 2018 Aug 1;12(44). doi.org/10.1186/s13033-018-0221-3.
7. Campion J, Javed A, Sartorius N, Marmot M. Addressing the public mental health challenge of COVID-19 [comment]. *Lancet.* 2020 Aug 01;7(8):657-659. doi.org/10.1016/S2215-0366(20)30240-6.
8. Jorm A. Mental health literacy: Empowering the community to take action for better mental health. *Am Psychol.* 2012 Apr;67(3):231-243. Doi.org/10.1037/a0025957
9. Upadhyaya KD. Spirits, demons and mental disorders in Nepalese culture, some historical aspects. *J Psychiatrists' Association of Nepal.* 2019;8(2):68-69. doi.org/10.3126/jpan.v8i2.28030.
10. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. *Lancet.* 2018 Oct 9;392(10157):1553-1598. doi:10.1016/S0140-6736(18)31612-X.
11. Upadhaya N, Jordans MJ, Adhikari RP, Gurung D, Petrus R, Petersen I, et al. Evaluating the integration of chronic care elements in primary health care for people with mental illness: a longitudinal study in Nepal conducted among primary health care workers. *BMC Health Serv Res.* 2020;20(1):632. doi:10.1186/s12913-020-05491-0.
12. World Health Organization. Building back better: sustainable mental health care after emergencies. Geneva: WHO; 2013. 110 p. Available from https://www.who.int/mental_health/emergencies/building_back_better/en/