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

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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\(^\text{®}\) (https://www.changedirection.org/\(\text{®}\)), an initiative of the nonprofit organization Give an Hour\(^\text{®}\). 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\(^\text{®}\) 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

<table>
<thead>
<tr>
<th>1) रामा साथी चुनुन्छो !</th>
<th>आफ्ना सम्बन्धहरूमा ध्यान दिनुहोस ! नरमा सम्बन्धहरू नरमा भावनाका बीज हुन् !</th>
</tr>
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<tr>
<td>2) आफ्नो गरी सिर्जनसिल बनो !</td>
<td>मानसिक तनाव कम गर्ने तरिकहरू सिर्जनसिल गर्ने जस्तै - ध्यान गर्ने, दौँदौँ, बुझे-बाटे, नाचे-गाउने, ठुढा गर्ने, छडिएको सिस्टर पुस्तक पढ्ने या नाटक मन्तन गर्ने, विद्रोह, काैँक्रियता लेख्ने ! सधै सिर्जनसिल रहने !</td>
</tr>
<tr>
<td>3) आफ्नो स्वाभाविक लागि र स्वस्थ बाहोसौ !</td>
<td>व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ ! यस्ता लागि र स्वस्थ बाहोसौ नयाँ र चोट बाहोसौ ! व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ !</td>
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<td>4) आफ्नो स्वास्थ्य समस्यालाई निवित्तियाउनुहोस !</td>
<td>व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ ! यस्ता लागि र स्वस्थ बाहोसौ नयाँ र चोट बाहोसौ ! व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ !</td>
</tr>
<tr>
<td>5) सहयोग लिएको निवित्तियाउनुहोस !</td>
<td>व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ ! यस्ता लागि र स्वस्थ बाहोसौ नयाँ र चोट बाहोसौ ! व्यक्तित्वमा परिवर्तन आउनु, स्वाभाविक लागि र स्वस्थ बाहोसौ !</td>
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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. This need to address mental health is exacerbated in times of crisis such as is being experienced during the COVID-19 pandemic.
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. 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. Upadhyaya 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 Goals for mental health. This includes prevention and effective treatments, as well as the provision of mental health care within primary health care. 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. WHO 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.

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REFERENCES: