



The Effectiveness of an Integrated Indigenous Intervention Model on Improving the Mental Health through the Specialists in Psychiatric Hospital

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Abstract

Background and Objective: Humans have so many worries, tensions, concerns and problems. There are suitable exit ways for solving these problems by psychologist specialists.

Method: What coping models do the world's existing approaches consider appropriate? In general, according to the investigations conducted by the researcher in psychiatric hospital, no comprehensive model has been done yet regarding the simultaneous effect of indigenous therapies in Kerman, that the present research can create the ground for research in this field. If the effectiveness of the above model is confirmed in this research, this treatment can be useful along with other therapies or even prior to cognitive-behavioral therapy.

Results: Therefore, according to the mentioned points and the importance of the psychiatric hospital, the effectiveness of the indigenous treatment model on mental health in female can be evaluated and a step can be taken to solve it, and the results of this research can be used in the fields of education and life. Methodologically, the use of mixed (qualitative-quantitative) research method to compile an integrated-indigenous model makes it possible to accurately investigate cultural factors in the form of a theoretical model.

Conclusion: After compiling an educational package based on the model of integrated indigenous intervention in Kerman in accordance with the needs of Kerman, at this stage its effectiveness on mental health was evaluated. This stage was performed in a quasi-experimental manner, and pre-test and post-test with the experimental and control groups were used in it.

Keywords: Psychologist Specialists, Psychiatric Hospital, Integrated Indigenous, Mental Health.

Background and Objective

Many clinicians today acknowledge that there is no single method to explain and treat human problems, and that a single approach alone cannot respond to all questions raised about humans' psychological problems¹. Common mental disorders significantly impair the quality of life, social functioning, and workforce participation of sufferers and their family members and larger communities². For this reason, therapists of all schools are increasingly looking for the components understood by various systems and integrating therapeutic techniques². In³ determined the association between Hemoglobin (Hb) and ferritin with blood pressure (BP) and risk of hypertension (RoH) among adults for mental problems. On the other hand, in general, two major developments have occurred in psychotherapy in recent years; therapists turning to eclectic and integrated methods and emphasizing indigenous values in the treatment process due to the effectiveness of each one of the treatments by therapists, and due to the lack of a continuous indigenous explanatory model,

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it seems that unknown or important factors that are used in the common treatments of mental disorders, have been neglected³. Therefore, combining the intervention model based on the cultural realities of Kerman city, can have a better effectiveness than the separate application of each one of these therapies^{4, 5}. But so far, no comprehensive model of a combination of treatment methods based on the cultural realities of Kerman has been presented. Therefore, due to the absence of coherent and sufficient studies in this field, the present research, in addition to presenting a model of integrated-indigenous intervention based on cultural realities in Kerman, investigates the effectiveness of this model on the mental health of females⁶. Common mental disorders, including depression, anxiety, and posttraumatic stress, are leading causes of disability worldwide⁷⁻⁹. Overview demonstrates that psychological treatments—comprising a parsimonious set of common elements and delivered by a low-cost, widely available human resource—have moderate to strong effects in reducing the burden of common mental disorders. In this paper The compilation and effectiveness of an integrated-indigenous intervention model on improving mental health in Kerman females through the specialist of psychiatric hospital.

Research Importance and Necessity

In the present era, humanity has been confused and disturbed in the great gap of its inner and outer worlds. Looking at human distress from numerous angles approximates us to the belief that indecision, lack of support, distress, extreme worldly attachments, immersion in corruption, deviation, perversion, immorality lead to the reduction of mental health. Therefore, something must be done for the human

societies who are more affected by this issue than any other group⁷.

Effective diagnosis and treatment of mental health problems at the beginning of the university may reduce laxity and improve educational and psychosocial performance. Therefore, it is hoped that by compiling an integrated-indigenous intervention model suitable for the culture of the students in Kerman, it will be useful in improving the mental health and will be included in mental health education programs^{8,9}.

Research Objectives

Major Goal:

The compilation and effectiveness of an integrated-indigenous intervention model on improving mental health in Kerman females through the specialist of psychiatric hospital

Minor Goals:

- 1- Investigating the views of therapists in Kerman regarding the effective intervention models
- 2- Investigating the views of therapists in Kerman regarding the requirements for using intervention models
- 3- Investigating the views of therapists in Kerman regarding the application of intervention models
- 4- Determining the components of integrated-indigenous intervention models based on cultural reality in Kerman females
- 5- Compiling executive protocol of compiled integrated-indigenous intervention model
- 6- The effectiveness of the integrated-indigenous intervention model on improving the mental health of Kerman females

Hypotheses

1- Education through the compiled integrated-indigenous intervention model is effective in improving the mental health of females.

Research Questions

1- What are the effective intervention models according to the therapists of Kerman?

2- How is the view of Kerman therapists regarding the requirements of using an integrated-indigenous intervention model?

3- How is the view of Kerman therapists regarding the application of integrated-indigenous intervention model?

4- What are the components of the integrated-indigenous intervention model according to the cultural realities of Kerman city in females?

Methods

After compiling an educational package based on the integrated indigenous intervention model of Kerman city in accordance with the needs of Kerman city, at this stage its effectiveness on the mental health was evaluated. The sample of the present study included 115 female patients who were in psychiatric hospital of Kerman during the years of 2018-2019. Purposeful sampling method was used in this study and they were randomly assigned to two experimental (n=25) and control (n=15) groups. Since the size of the group should not be larger than 10 to 12 people in psychotherapy and counseling groups¹⁰⁻¹³, given the possibility of dropout in subjects, the number of group members in the present study was considered more than the mentioned size. In this situation we used questioners which was prepared by specialist of psychiatric hospital

in Kerman. This stage was performed in a quasi-experimental manner, and pre-test and post-test with the experimental and control groups were used in it. In this research, the selection of samples with regard to the research being qualitative and quantitative is as follows:

In the qualitative section: 1- Selection of sources from researches conducted in the field of treatment models for the mental health in various countries, including Iran from 1990 to 2019.

2. In¹⁴ recommends that researchers should interview 5 to 25 people, all of whom have experienced a phenomenon.

In the quantitative section of this research, considering that for the methods of quasi-experimental design, the minimum sample size for each group has been specified as 15 people, 15 people were assigned to the control group and 15 people were assigned to the experimental group¹⁵. In the present research, 30 people from the population were selected as samples and were randomly assigned into two equal groups of experimental (15 people) and control (15 people).

Statistical Population

1. Resources and researches conducted in the field of effective treatment models

2- All specialists in the fields of psychology and health in Kerman

Research Variables

Independent variable: Integrated-Indigenous Intervention Model

Dependent Variables: Mental Health Control Variables: The gender (girl), age (18-30 years), and education (Bachelor and Master) are used.

Research Tool

In this research, the data collection tool is a questionnaire. This questionnaire was made by a researcher to assess the demographic and family characteristics of each one of the participants under supervisor of the Psychologist of hospitals, including questions about age, ratio of education, number of children, and marital status, appropriate to the objectives of the research.

The Public Health Questionnaire was first presented by specialist in psychiatric hospital and its aim is to differentiate between healthy people and sick people. The general health questionnaire has no diagnostic aspect and can only be used to screen individuals in acute conditions

Qualitative Section

In the present research, data collection was performed through interview. The researcher's intention is to penetrate the deep layers of the interviewee's mind and to obtain real information.

In this study, the interview guide was used. The interview guide prevents wasting time and scatter talking. Totally about 10 interviews were conducted, lasting between 15 and 40 minutes, depending on the interviewer's willingness to continue the conversation. The interview began with general questions about: "What are the treatments you use? Then more questions arose: What are the main treatments that are more effective? What are the components of each treatment that are more emphasized for treatment? And which components of the treatments are more effective? Why are they more effective?"

These interviews were conducted individually. This point made the interviewee feel that no one else was hearing

his/her information. Therefore, he/she easily expressed his views on the issues raised. In this study, for the convenience of the participants, the interviews were not recorded and they were only performed as note taking. At the beginning of each session, the interviewer asked individual demographic information including age, education, gender, employment, and so on. The accuracy of the data analysis results, the results of the analyses, which included the initial manuscripts prepared from the interviews, were read for the participants, so that they could specify the necessary points and express their views, if these perceptions were contrary to their statements and experiences. In addition, another factor that can validate this information has been the researcher's involvement in the data and the researcher's dealing with the data collection for nearly six months. In conducting this research, the expert's consultation in qualitative research was used. The participants' responses in the interview were also compared with the findings of similar studies.

Quantitative Section

According to the variables under study and the data obtained from measuring them and in order to describe the data, appropriate descriptive statistical methods such as frequency, percentage, central tendency indicators, dispersion and distribution have been used. Finally, to answer the research hypotheses, considering the type of data, the one factor analysis of covariance tests have been used. The conducted calculations have been presented in the two sections of descriptive statistics and inferential statistics analysis.

Results and Discussion:

From the analysis of the data obtained in this research, four main themes have been emerged from the perspective of the participants regarding the integrated-indigenous model, which can depict the

components of the integrated-indigenous model. The themes extracted from interviews and researches have been presented below (Table 1):

Table 1. Themes Extracted from the Researches

Major Themes	Minor Themes
Acceptance and Commitment-Based Therapy	Connection with the present moment
	Acceptance
	Diffusion
	Values
Compassion-Focused Therapy	Self as a context
	Commitment performance
	Kindness to self-versus self-judgment or self-criticism
	Common human feelings versus isolation
Cognitive Behavioral Therapy	Consciousness or mindfulness versus extreme assimilation or submission
	Communication of cognition, thoughts and excitement
	Examining negative automatic thoughts and alternative thoughts
	Breathing Techniques
Schema Therapy	Negativity
	Seeking confirmation
	Emotional deterrence
	Abandonment
	Emotional deprivation
	Undeveloped self
	Entitlement
	Punishment
	Vulnerability
	Self-control
	Obedience
Sacrifice	
Spiritual Therapy	Connecting with God
	Sense giving
	Altruism

Table 2. Results of Kolmogorov-Smirnov Test to Investigate the Normality of Distributions in the Variables under Study

Variables	Test Type	Kolmogorov-Smirnov Statistical Value	Significance
Mental Health	Pre-Test	0.103	0.200
	Post-Test	0.087	0.200

As it is observed in the (Table 2), the results indicate that the normality of distributions prerequisites at all stages of the measurement is established. Therefore, considering that the prerequisites is

established, in the following the analysis of covariance was performed to investigate the integrated-indigenous intervention training on mental health.

In order to test the hypothesis, it is necessary that the assumptions of the similarity of variances, the normality of distributions, the homogeneity of regression slope and the linearity between the dependent variable and the independent variable are established, that the results obtained from these tests have

been mentioned in the previous sections. Therefore, the analysis of covariance was used to compare pre-test and post-test data and to investigate the effect of treatment in increasing the mental health of the subjects. The results have been presented in (Table 3).

Table 3. Results of the Analysis of Covariance of the Effect of Integrated-Indigenous Intervention Model on Post-Test Mental Health Scores Ratio

Group	df	Mean of Squares, MS	Significance Level	F
Groups	1	301.964	0.025	5.612
Pre-Test	1	139.966	0.157	2.124
Error	27	53.802	-	-

The analysis of covariance results showed that there is a significant difference between the pre-test and post-test scores of mental health ($P < 0.05$ and $F = 5.612$). This result reflects the effectiveness of compiled integrated-indigenous model training in increasing mental health. In other words, it can be concluded that the ratio of mental health of the experimental group after receiving the compiled integrated-indigenous model training program is higher than the ratio of mental health in the control group. In other words, training the compiled integrated-indigenous intervention model has led to an increase in their mental health. Thus, the research hypothesis is confirmed.

The results of the qualitative section of the research, obtained from interview with specialists and therapists in Kerman, showed that the major components that had been compiled for the integrated indigenous model include: acceptance and commitment-based therapy, compassion-focused therapy, cognitive-behavioral therapy, schema therapy and spiritual therapy. It is in accordance to the previous researches^{3, 5}. The selection of this type of NSP reflects attempts to utilize local, affordable, and sustainable resources¹⁶ the pragmatic

considerations inherent to the goal of integrating mental health care into primary care¹⁰; and community attitudes regarding preferred and accepted providers¹². Mental health specialists had diverse roles related to building competency, maintaining quality, assuring safety, and (as researchers) evaluating psychological treatments.

The minor components for each therapy were also extracted that from acceptance and commitment-based therapy (1- acceptance of painful personal events, 2- relation to the present moment, 3- creating a commitment to perform behavioral plans according to the values), from compassion-focused therapy (1- characteristics of people with compassion, compassion towards others, growing a feeling of warmth and kindness towards him/herself, growing and understanding the point that others also have deficiencies and problems (growing the sense of human commonalities) contrary to self-destructive and shameful feelings, sympathy training, 2- compassionate mind growth training), also from cognitive-behavioral therapy (1- formulating problems in the form of cognitive model, drawing a defective cycle model, 2- designing negative automatic thoughts and introducing a list of

cognitive errors and classifying cognitive distortions and challenging with negative thoughts, 3- introducing and identifying hypotheses and rules and evaluating them and challenging with hypotheses and rules and creating consistent standards and hypotheses, 4- changing underlying beliefs and examining relevant evidences through behavioral experiences and modifying underlying beliefs and presenting methods for adopting adaptive beliefs), from schema therapy (1- identifying, evaluating and formulating the problem according to the schema therapy approach, 2- facilitating emotional processing, 3- persuading patients to abandon maladaptive coping styles and behavioral model breaking techniques by depicting problematic situations, understanding the evolutionary roots of behaviors during childhood, reviewing the advantages and disadvantages of continuing behavior and practicing healthy behaviors, and finally from spiritual therapy (1- communicating with the sacred (creating a pleasurable connection with the sacred to reduce feelings of alienation, loneliness, stress and anxiety)) 2. altruism (doing a spiritual work as a group, with the aim of practical experience of spirituality and increasing self-esteem and the sense of being useful and good) were also extracted. Our taxonomy cuts across treatment classes, as intended, and is aligned with both the distillation literature on common elements and the methodologies used in other studies^{9, 13}. On the other hand, the results of quantitative section showed that the compiled integrated indigenous model impacted on the variables of mental health among the females of Kerman.

Conclusion:

The present research was conducted for the compilation and effectiveness of an

integrated-indigenous intervention model on improving mental health in Kerman females by the assistance of the specialist in psychiatric hospital. It is suggested for the future research to study the effectiveness of a comprehensive set of elements bound together by a theoretically sound framework and delivered in a transdiagnostic or stepped-care format. It can also evaluate the mediating pathways of the effectiveness of such composite treatments. We hope this review will stimulate the ongoing debate and research on the innovations needed to disseminate some of the most effective types of mental health care, with the ultimate goal of greatly enhancing their coverage and reducing treatment gaps for mental problems.

Competing interests

Authors declare that there is no conflict of interests

Authors' contributions

The author's contribution in writing, idea, research, method development and discussion are the same.

Abbreviation

Hemoglobin (Hb); blood pressure (BP); Risk of Hypertension (RoH)

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Not applied

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