Reinforcing the empowerment for village leaders: an Efficient Way to Bridge the mhGap in rural China

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Introduction: WHO has warned us of Mental Health Gap which implies most of the people with mental illness, 75% in many low-income countries, do not receive the sufficient treatment they need. To bridge the mental health gap, numerous collaborative-care models involving all parties like agent workers, practitioners, and physicians were developed to provide MH care (Unuter et al. , 2003; Chen, 2015). However, the modes still lack of sustainability and feasibility after the researcher have left the study (McGeorge, 2012). This study aimed to examine the attitude of the grassroot leaders toward the models and the possibility of including them into the models, then explore how to make that happen.

Methods: COACH model was conducted in rural villages of Tonglu County, one of 55 counties in Zhejiang Province. Two focus group discussions were held with a total of 15 local leaders (8 village leaders and 7 community leaders) came from different study sites. All participants were leaders of the local organization and were familiar with the demographic characteristics of aging people in their jurisdiction. We used the same semi-structured topic guide to facilitate all focus group discussions (Table 1). Each focus group discussion lasted around 90 minutes.

To verify the reliability and validity of the qualitative data, 38 grassroots leaders were interviewed by questionnaires. The questionnaire consist of the analysis results of the focus group interviews (Table 2).

Results: According to the result of the focus group discussions and questionnaires (Table 2), the leaders are satisfied with the result of COACH, and the leaders believe that the area lack of the activities for the elder with mental illness. They think the model like COACH is not only what the local elderly residents need badly but also what the grassroots government should support regularly.

On the other hand, they admit that there are still many barriers which prevent the COACH from keeping functional constantly, heavy workload and lack of professional support.

Besides, we found a distinguishing difference between the village leaders and the community leaders (Table 3), which is empowerment level. Compared with the community leaders, the village leaders show more positive and active willingness to undertake the tasks of COACH.

Conclusion: In general, this study proves the possibility of joining the essential leadership in the model or policy in the new normal society. The direction was pointed out for the model resource injection after the researchers left. In the future, the improvement of the theory drive will be put forward by adding the grassroots leaders to the integration model or policy (Figure 1).

Table 2 the results of verifying questionnaire (items from the focus groups)

Items	Score(Mean)		
	Rural	Urban	Average
1. I think our area has enough activities for the elder even if the project (COACH) is not carried on.	2.95	2.36	2.74
2. I think this project needs more oversight to make sure it goes well.	4.42	4.17	4.34
3. I think our resident will fear depression and feel themselves are crackers.	3.69	2.83	3.42
4. I think we can afford the money to carry on the project independently.	2.92	1.83	2.58
5. I think the professional team is needed to carry on this project.	4.35	4.67	4.45
6. I think it is work overload for our team to undertake the tasks of this project.	3.65	3.42	3.58

*Each item was scored from 1 (strongly disagree) to 5 (strongly agree)

Table 3 the empowerment score of village leaders and community leaders

Items	score (M±SD)		Dimension	score (M±SD)		t	d
	villages	Communities		Villages	Communities		
1. The work of this project (COACH) I do is essential to me.	4.38±0.70	4.33±0.49	meaning	13.15±1.52	13.42±1.16	-0.53	-0.19
2. My job activities of this project are personally meaningful to me.	4.27±0.60	4.58±0.51					
3. The work I do is meaningful to me.	4.50±0.65	4.50±0.52					
4. I have significant autonomy in determining how I do my job.	4.00±1.02	4.08±0.79	self-determination	11.96±2.73	11.25±2.38	0.78	0.27
5. I can decide on my own how to go about doing my work on this project.	3.88±1.14	3.50±1.17					
6. I have considerable opportunity for independence and freedom in how I do my job.	4.08±0.93	3.67±0.98					
7. I have mastered the skills necessary for my job.	3.77±0.91	2.83±1.19	competence	12.15±1.78	10.58±2.71	2.13*	0.74
8. I am confident in my ability to do my job.	4.04±0.77	3.83±0.94					
9. I am self-assured about my capabilities to perform my work activities.	4.35±0.63	3.92±1.00					
10. My impact on what happens in my team (COACH team) is significant.	4.96±0.72	2.75±1.22	impact	11.77±2.39	9.42±3.23	2.52*	0.88
11. I have a great deal of control over what happens to my team.	3.81±0.98	3.25±1.22					
12. I have significant influence over what happens in my team.	4.00±0.98	3.42±1.16					

*p<.05

Table 1. Elements of focus group interview guide

- Can you tell us how you got to know about the COACH project?
- What's your understanding of the COACH model of care?
- How do you think about the COACH model in terms of providing care to older villagers with hypertension and depression?
- Would you like to see the COACH model continue in your village? Why?
- What is needed to have COACH continue in your village?
- Do you have what's needed? How to obtain what's needed to have COACH continue in your village?

Figure 1 the model of delivering the mental health service (including the grassroot leaders)