



## **A Brief Review on Importance of Mental Health First Aid Kit for Depressed Adolescents**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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### **ABSTRACT**

Adolescent mental wellbeing is a serious and un-recognized public health concern. Adolescent depression is widespread, but many may not have convenient accessibility to mental health resources. If they are diagnosed and handled early on, there is a greater likelihood of a good long-term result. Early identification and effective assistance-seeking can only arise if young adults and their "associates" (e.g., families, peers, and friends) are informed of the early differences affected by behavioral illness, as well as the best forms of help available and how to achieve it. The aim of a mental first aid kit is to offer advice and instruction to parents and peers about how to recognize and support people who are struggling from mental illnesses. Since this is a popular issue among teenagers, a Juvenile MHFA curriculum must be initiated in schools and colleges to include instruction on how to utilize the MHFA. This review focuses on understanding the seriousness of mental disorders in adolescents and use of MHFA to recognize it.

*Keywords: Adolescence; depression; JMHA; mental health first aid; youth psychology.*

### **1. INTRODUCTION**

Increasing research in positive psychology poses a central question: is studying well-being literally

the opposite of researching psychological maladjustment, or do well-being and ill-being reflect distinct, separate facets of mental functioning? The former perspective finds well-

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being and ill-being to be opposing sides of a psychotic spectrum, meaning that what has been taught regarding psychiatric depression and illness is often true to health.

Other findings showed that the lack of ill-being (such as symptoms of depression or suicidal thoughts) is no confirmation of elevated well-being [1]. In reality, some people have elevated levels of both ill-health and satisfaction, whereas others are free of serious psychiatric problems but lack significant life involvement. Ill-being and well-being have since been found to be variably instantiated in the brain at the stage of neuronal circuitry. In the psychiatric setting, it has been discovered that long-term management of ill-being (i.e., chronic depression) involves both the reduction of depressive perception and the enhancement of well-being. It is widely acknowledged that mental wellbeing is more than just the lack of mental disease, as described by the WHO:

“Mental stability is a condition of well-being where a person recognizes his or her own strengths, is able to deal with regular life pressures, is able to function efficiently, and is able to contribute to his or her society” [2]. Person, social, and economic effects of mental wellbeing are significant. Mental wellbeing has an independent relationship with psychological, social tolerance, job success, clinical illness, health-care use and even death, even though signs of mental disorder are controlled for [3].

Adolescence is a phase of emotional turmoil that develops when a person progresses from adolescence to maturity. Adolescents are stressed when they get mixed messages, have problems at home & school and struggle to develop self-identity and self-esteem. It is a moment when people are more thinking, sensitive and empathic. As a consequence, it is a moment that people experience mood changes varying from sadness to elation. Depression can be compounded by personal transition difficulties and an unstable family climate.

Many psychiatric therapies for common behavioral conditions and illnesses including depression and anxiety have been established during the last few decades. Problem-solving therapy [4], cognitive behavioral therapy [5] and interpersonal communication have both been shown to be efficient. When mental wellbeing evaluation and care are complicated by other comorbidities, a clearer definition of mental

health is particularly necessary. Mental and behavioral wellbeing problems could be more prevalent in HIV-positive children and teenagers.

The aim of Mental Health First Aid instruction was to educate adults to support other people who are suffering from mental illness. On the other side, often begin in puberty and teenagers are especially reliant on adults for illness identification, adequate support and referral to specialist aid. Mental Health First Aid experience tends to improve certain facets of mental health awareness, faith in delivering assistance to others and the form of assistance offered. Participants' overall wellbeing is often improved as a result of the training. The course is particularly suitable in the workplace and has a wide variety of applications.

## 2. PREVALENCE OF DEPRESSANT ADOLESCENTS

According to a NIMH-sponsored survey of 9 to 17-year-olds, the incidence of some form of mental illness is more than 6% over a six-month stretch, with 4.9% experiencing severe depression [6]. As per the National Co-morbidity Survey-Adolescent Supplement, about 8% of children and teens experience depression, while 11% of teens had a psychiatric condition at the age of 18 [7].

According to studies conducted by Kovacs and colleagues [8], the incidence of young depression patients in Western societies ranged from 1.9-3.4% among primary school students and 3.2-8.5% among teenagers. It was also discovered that 70% of children hospitalized with a depressive episode had a relapse in 5 years. Children and teenage depression sufferers are at a heightened risk of trying or attempting suicide, much as their adult peers. The National Institute of Medical Health discovered in the 1990s that up to 7% of adolescents with major depressive disorder could attempt suicide as young adults.

In a research conducted by Nair and colleagues [9], depression was found to be prevalent in 3% of 13–19-year-old school-aged teenagers. Psychiatric morbidity was observed in about 29 % of girls and 23% of boys in school surveys of teens, with depression becoming the most prevalent condition.

Cash and colleagues [10] stated that despite the reality that teenage and adult females are

afflicted with depression twice as much as males, boys up to the age of 12 are about as likely to be depressed as ladies. According to the National Co-morbidity Survey-Adolescent Supplement(NCS-A), 11% of teenagers had a psychiatric condition by the age of 18.

### **3. DIFFERENT CONDITIONS ASSOCIATED WITH IMPAIRED MENTAL WELL-BEING**

HIV : Few reports documenting the incidence of psychiatric diagnoses among HIV-infected adolescents were included in a 2013 comprehensive analysis of the literature on the mental wellbeing of adolescents infected with HIV, however the current studies indicate that psychiatric problems like anxiety and depression are more common in perinatally infected adolescents than non-infected adolescents [11]. Neurocognitive issues in HIV-positive infants, like voice, cognitive, processing delays, gross and fine motor activity, may have a significant effect on their academic achievements, quality of life (QoL), social interactions, and likelihood of violence and drug usage [12]. An earlier study of the incidence of psychological disorders in HIV-infected children and teenagers showed that depression (25%) anxiety disorders (24%) and attention deficit disorder (ADD) (29%), were all prevalent [13].

### **4. MENTAL HEALTH FIRST AID KIT**

“The support given to an individual having a mental health condition or in a mental health crisis,” according to the concept of mental health first aid. First aid is administered before sufficient clinical assistance is obtained or the situation is resolved.” This course will show you how to utilize an ALGEE (mental health first aid plan of action) that contains the following steps: Assess the possibility of suicide or harm; listen without passing judgment; offer reassurance and information; promote effective help from a professional; promote self-help techniques.

Mental Health First Aid continues to be an important way to improve mental health awareness. It is a method that should be commonly used in the same manner that traditional first-aid courses are. Three weekday three-hour workshops make up the Mental Health First Aid training. The content focuses on assisting individuals who are experiencing a mental wellbeing crisis or are in the early phases of a mental health challenge. Suicidal thinking

and behavior, extreme emotional reactions, panic symptoms, and acute psychotic behavior were among the crisis scenarios covered.

### **5. IMPACTS OF MENTAL HEALTH FIRST AID**

This course has been the focus of a variety of assessment tests, involving two randomized clinical trials, which identified changes in reduced stigmatizing behaviors, mental health awareness, increased availability of help, and improved trust in offering help [14, 15].

Kitchner and colleagues [16] identified a variety of advantages to Mental Health First Aid preparation in a study. The intervention group outperformed the control group in terms of confidence in helping others, probability of recommending individuals to pursue psychological support, concordance with health providers in care beliefs, reduced relational isolation from people struggling from addiction and increased emotional health of the participants. The identification of disabilities in vignettes did not increase, but there was a high level of recognition at the start of the study, narrowing the room for change.

The MHFA course has been evaluated in two separate controlled experiments. The first of these included 301 federal workers who were randomly assigned to either undergo training right away or be placed on a 5-month waiting list before receiving it [17]. In terms of trust in supporting others, probability of recommending others to pursue clinical support, concordance with health providers regarding care, stigmatizing behaviors, and emotional health of the participants, the educated community outperformed the wait-list control group. In a wide rural region of south-east Australia, the second randomized trial was performed with 753 representatives of the public [18]. The catchment area of an area health service was split into 16 local authority regions for this trial. Eight of these places were granted the training straight away, whilst the other eight were placed on a waiting list to undergo it later in the year. People who took the course performed better than controls in terms of recognizing illnesses from case descriptions, decreasing social distance against people with psychological disorders, becoming more like medical providers in their beliefs about which treatments are likely to be helpful, having greater confidence in providing help to someone, and being more likely to actually provide help.

## 6. DRAWBACKS

One conceivable critique regarding Behavioral Wellbeing First Aid instruction is that it could contribute to the public classification of everyday issues as mental illnesses. We questioned participants regarding mental health issues among themselves and family members to rule out this possibility. Despite the fact that there was a strong incidence rate, the course had little impact on these rates.

## 7. MENTAL HEALTH LITERACY

Mental health literacy is described as "understanding and attitudes about mental illnesses that help in their diagnosis, treatment or prevention" [19]. Mental health awareness encompasses the capacity to identify particular conditions, know how to obtain mental health records, comprehend risk factors and triggers, as well as skills and behaviors that encourage effective clinical help-seeking and participation in appropriate self-help therapies [20].

According to findings on the disclosure of suicidal feelings, most young adults choose to speak to a suicidal friend on their own rather than seek support from a caring adult. The observation that people who are more insecure are the least likely to reveal suicidal feelings to an adult is concerning; whether an adolescent individual has personal contact with suicidal thoughts and habits, they are less inclined to confirm a peer's admission of suicidality to an adult [21].

## 8. NECESSITY FOR TRAINING ADOLESCENTS

The maximum age for the emergence of mental disorder is adolescence. At the age of 18, half of all individuals who would ever develop a psychiatric disorder would have experienced their first episode [22]. In every 12-month cycle, one out of every four 16–24-year-olds is expected to suffer from a mental disorder [23]. The emergence of mental disorder may be especially crippling and may contribute to life-long burden and impairment because of the essential psychological, cognitive and physical developmental goals that are reached during this life cycle [24]. It is clear that MHFA for adolescents is needed. Adults are well suited to do this, since they have a larger potential to address challenges, assume care duties and provide realistic assistance. Adult provision of MHFA is insufficient, though since teenagers often indicate preferring to pursue support from peers [25]. Just a limited number of young adults who have psychologically severe mental disease problems seek psychiatric assistance. Adolescents must be properly prepared to offer care for peers who are dealing with mental health issues. Despite this, it is apparent that many youth lack mental wellbeing awareness, stigmatizing views against those with mental illnesses, and the basic information and skills needed to offer social resources and prompt adequate help-seeking.

### Guidelines for providing MHFA and PRISMA flow for selecting study subjects

Table 1. Guidelines under MHFA training

No.	Author	Mental illness	Guidelines to be considered
1.	Langlands and colleagues [26]	Psychosis	How to determine whether anyone is having a psychotic episode; how to treat someone who may be having a psychotic episode; how to be appreciative; how to cope with hallucinations and delusions how to do with a lack of communication; whether or not to allow the person to obtain clinical assistance; What to do if the individual declines to allow assistance; What to do in a disaster scenario where someone is gravely ill; what to do if someone becomes violent.
2.	Kelly and colleagues[27]	Suicidal thoughts	Suicide risk assessment; initial guidance; suicide risk assessment; communicating with a depressed person; maintaining safety; no-suicide contracts; secrecy.

3.	Langlands and colleagues [26]	Depression	how a first responder can treat someone who may be depressed; Identifying and understanding that someone may be depressed; how a first responder should be cooperative; whether the first aider should motivate the person to utilize self-help techniques; What is not effective for anyone who might be depressed; if the first aider should urge the individual to get health support; what the first aider should do if the person refuses help.
4.	Hart and colleagues [28]	Eating disorders	What are eating disorders? interacting with someone who may have an eating problem; being cooperative; finding clinical help; eating disorders in children and teenagers.
5.	Kingston and colleagues [29]	Drug use	Having the participant to talk about their substance problems; what to do if the individual refuses to alter their drug consumption; professional as well as other help; opioid-affected states.
6.	Ross and colleagues [30]	Self-injury	What is NSSI? What do you do if you think anyone is self-injuring? What do you do if you catch someone self-injuring? Chatting with the individual assisting the individual (seeking emergency medical attention, seeking professional help, and encouraging alternatives to self-injury)

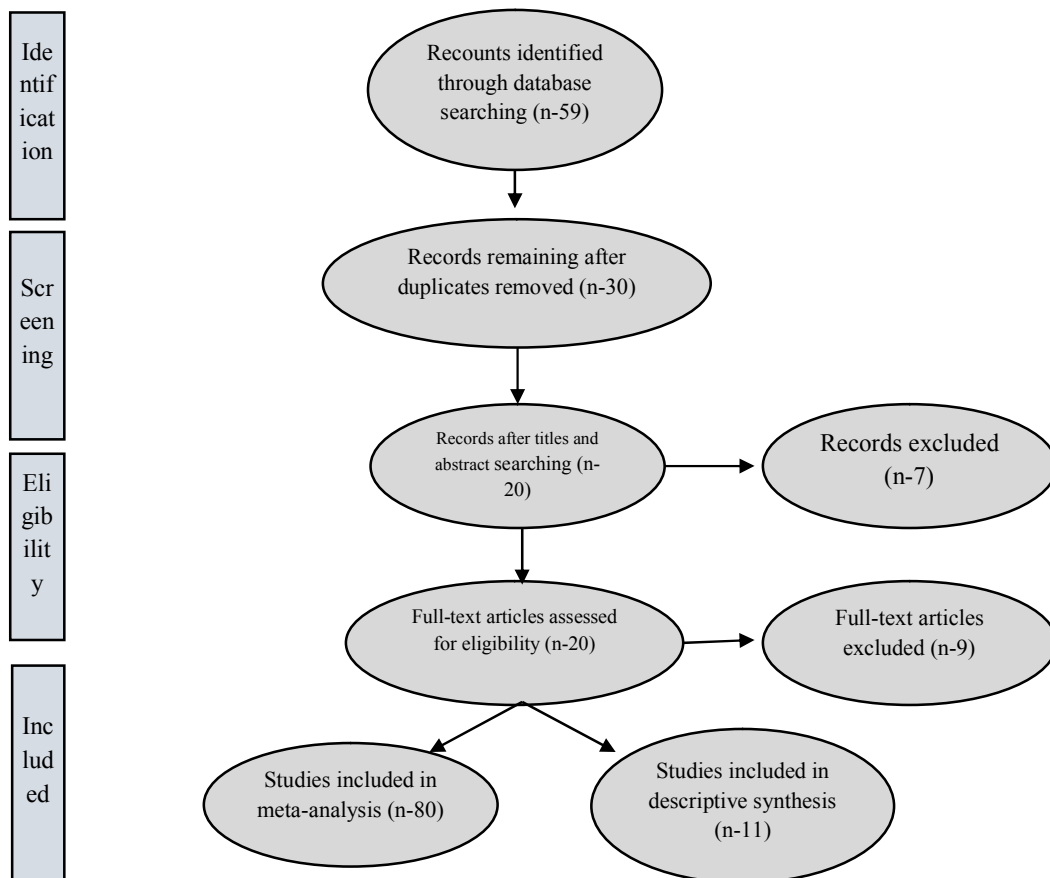


Fig. 1. PRISMA flow for selecting study subjects



Fig. 2. Depicts the teaching of juvenile MHFA

### 9. MAKING MHFA PART OF SCHOOL CURRICULUM

The MHFA network has initiated a new campaign named Juvenile Mental Health First Aid (JMhFA). JMhFA entails the offering of a training program to youth in high school years 10–12 or about 16–18 years old. It incorporates age-appropriate materials produced in collaboration with researchers and consumers in the area of youth mental wellbeing, results from research on health behavior change and obstacles to adolescent help-seeking [31]. The curriculum focuses on gaining awareness and expertise in identifying early indicators that a friend is acquiring a mental health issue, learning how to speak to a peer regarding mental wellbeing and finding support, knowing when and how to inform a caring adult, knowing where to locate relevant and supportive information about mental disorder and clinical help, and knowing how to act in a

crisis. The purpose of the JMhFA initiative is to enhance mental health awareness, minimize stigmatizing perceptions against people with mental disorders, and increase MHFA habits.

### 10. CONCLUSION

Mental Health First Aid continues to be an important way to improve mental health awareness. It is a method that should be commonly used in the same manner. Mental Health First Aid experience tends to improve certain facets of mental health awareness, faith in delivering assistance to others and the form of assistance offered. Participants' overall wellbeing is often improved as a result of the training. Mental Health First Aid instruction can be used as a compulsory part of pre-service or in-service instructor preparation, much as traditional first aid and child safety training are:

S.No.	Reference	Conclusion
1.	Kitchner and colleagues[16]	Identified a variety of advantages to Mental Health First Aid preparation in a study. The intervention group outperformed the control group in terms of confidence in helping others, probability of recommending individuals to pursue psychological support, concordance with health providers in care beliefs, reduced relational isolation from people struggling from addiction, and increased emotional health of the participants.
2.	Hadlaczky and colleagues [32]	The findings of their research revealed that individuals who attended the program changed not just their attitudes and knowledge, but also their behavior. This is significant because it demonstrates a pragmatic shift in trainees who get increasingly involved in assisting people with mental health issues and suicidality.

3. Hart and colleagues [33]	The teen MHFA program tends to be linked with statistically significant enhancements in mental health literacy, confidence in providing MHFA to a peer, decreased stigmatizing attitudes, improved student mental health, and increased intentions to seek help, according to the conservative analyses conducted.
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## 11. FUTURE SCOPE

Clinical trials in many other countries have set a positive impact of mental health first aid for the adolescents. However, India is lacking in accepting this technique. As India has largest adolescent and youth population, the need of MHFA here is much more important. Due to rich social values, there is a lot of peer pressure, competitive environment that can lead to various mental disorders. Hence clinical trials using mental health first aid should be conducted and its influence on mental well-being of adolescents should be assessed. Coming future will bring a lot of new challenges and struggles in life of youth and MHFA can help them to deal with any circumstances.

## CONSENT

It is not applicable.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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