



Is Mental Health First Aid an Effective Intervention in Adolescents; for
recognizing mental disorders?
A Review of the Literature

Natalia Quiniola

University of California, Merced

Author Note

Natalia Quiniola, Writing 101, Writing for Psychology, Dr. Catherine Koehler, Merritt Writing Program, University of California, Merced.



Abstract

Mental health literacy seems to be poor among adolescents, along with their perceptions of Mental Health First Aid (MHFA). This literature review explores the research conducted on mental health literacy and first aid actions of adolescents, along with relationships affecting their perceptions. MHFA training seems to positively affect the perceptions of adolescents, allowing them to be more confident to take action for those in need (Yap, Wright, & Jorm, 2011). The research found limited methodology concerning MHFA and mental health literacy but found significant aspects affecting MHFA and mental health perceptions such as gender, age, and culture (Yap et al., 2011; Lam, Jorm, & Wong, 2010). The current research is focusing on how to implement cultural differences into MHFA training, and future research should continue this as well as expand on other influential factors that have not been considered yet (Yoshioka, Reavely, Rossetto, & Jorm, 2015). Future research should also focus on other methodologies that do not rely on questionnaires.

Keywords: mental health first aid, adolescents, mental health literacy

Is Mental Health First Aid an Effective Intervention for adolescents?



A Literature Review

Mental disorders are now better understood and more commonly studied in the 21st century. Many countries now recognize mental disorders apart from physical ones and give them the attention needed to better study a disorder itself, the factors that influence it, and the effects of the disorder on others. Since the turn of the century, the generations of young adults and adolescents have been much more informed about mental disorders than those from the previous years. With the growth of the internet and social media, information about mental disorders is more easily accessible, however not much is known about what actions to take when a peer or loved one is dealing with these difficulties.

‘Mental Health First Aid’ (MHFA) or psychological first aid (PFA) is a relatively new term and is designed to help individuals with mental disorders, as well as help individuals become more mental health literate (Kelly, Mithen, Fischer, Kitchener, Jorm, & Lowe, 2011). This kind of aid is essential for guardians, teachers, and general care takers because it can teach them how to administer this MHFA to the children. It could also be beneficial for helping adolescents learn about mental disorders so that they can be prepared if they notice their peers are in need assistance. The recent knowledge attainment of mental disorders over the years may make it necessary for adults to learn this first aid. Many do not believe mental disorders are a prevalent issue that needs to be handled carefully. These individuals have a tendency to believe mental health is merely a state of mind and that the person has the power to change it with some perseverance—a mind over matter attitude. In a similar way this is why adolescents need MHFA training. At this age, adolescents are surrounded by new studies and new information about how

the human body and human mind works, however, what they observe from their parents’ opinions can be very influential to their own. Adolescents are also at the height of mental illness



emergence (Kelly, et al., 2011). If adolescents learn to recognize these symptoms they can make a positive difference in someone's life.

This training generally consists of educating people about mental disorders, the symptoms that may persist, and most importantly how to assist or seek assistance for the individual. Due to the originality of this training, many different studies have approached this training with slight differences. To this date there is not a universal standardized way to train individuals perhaps because researchers are still looking for factors that might influence this training. However the research found it seems that many programs tend to focus on psychological disorders such as depression, anxious behavior, and psychotic and substance use disorders (Kelly et al., 2011).

The most popular MHFA training course, which has now been practiced and implemented in the United States, is elaborated by Kitchener and Jorm (Kelly et al., 2011). It was originally aimed at adults so to help people support youths with ongoing or developing mental health difficulties. This study coined the term ALGEE, which highlights five important courses of action (Kelly et al., 2011). ALGEE is used to remember following actions: assessing risk of harmful actions or suicide, listening to the individual without judgment, giving calming advice, encouraging the person to see a professional for better care, and encouraging strategies that promote self-care (Kelly et al., 2011). This program is beginning to be recognized in a few other countries, highlighting receptiveness to this training. This standardization of MHFA could ensure the safety of individuals of people suffering from mental illnesses and also ensure the confidence and literacy of people reaching out to aid them. With so many individuals suffering from mental disorders and illnesses, it is crucial that MHFA training becomes more regularized



and implemented in education systems, health institutions, and many other programs around the world.

Adolescent Perception of Mental Health Disorders and First Aid action

A large focus among the research was the knowledge and perceptions of adolescence about mental disorders. To obtain this data the use of either questionnaire, surveys, or interviews were used across all the studies. Questionnaires were most commonly used to obtain a large amount of information in a short amount of time. A study that highlights this is a study done in Nigeria that focused on epilepsy— a common mental and neurological disorder that affects several individuals (Ezeala-Adikaibe, Achor, Onwukwe, Ekenze, Onwuekwe, Chukwu, 2013). In a school containing children and teenagers, the researchers asked a student body to fill out a questionnaire that assessed their knowledge of epilepsy and the aid they might administer (Ezeala-Adikaibe et al., 2013). By doing this they were interested to see if there were any obstacles or discrepancies in the knowledge that might prevent from better care skills. The results suggest that many of the adolescents learned their information concerning epilepsy from their parents and from the media (Ezeala-Adikaibe, et al., 2013). It was also observed that several individuals could recognize the physical symptoms of the disorder and that despite roughly half of the participants believing it was a psychological disorder, a significant amount of the youngsters believed it was caused by other causes such as bad spirits or old age (Ezeala-Adikaibe et al., 2013). All this information could be gathered and processed quickly due to this methodology, which is why it was a highly used method, partnered with others --such as interviews and surveys. An example study using interviews includes one by Cheung & Wirrell, (2006)--another study on epilepsy. This study was conducted in Canada and focused on the negative prejudices individuals might have against people with epilepsy as compared to other



disorders (Cheung et al., 2006). Individuals both with both chronic illnesses were recruited. The subjects were then interviewed on their knowledge of epilepsy, its physical and social impact on the individual, and the likeliness of a person to befriend someone with this illness (Cheung, et al., 2006). They found that several individuals indeed did have a negative prejudice against epilepsy that affected how they might treat someone with epilepsy. The disorder was seen as severely crippling and dangerous to the individuals and others around them (Cheung, et al., 2006). It was also discovered that several teenagers did not think epilepsy was socially significant as compared to disorders such as depression or anxiety (Cheung, et al., 2006). This study showed that interviews can be really implemental to the kind of information gathered.

Another important focus of the research was the knowledge and perceptions of adolescents about the MHFA actions to take for individuals struggling with mental difficulties. This information was also gathered by different combinations of interviews, questionnaires, and surveys. However an important method also used was MHFA training for adolescents. An example of this training was a study on MHFA training in Australia with individuals from the Chinese community (Lam et al., 2010). It utilized the standardized program created by Jorm that focused on understanding their perceptions, and helping them change negative ones so that they can better take first aid actions (Kelly, et al., 2011). The individuals were split in three different groups for training and were given a pretest and posttest to assess differences in perception (Lam, et al., 2010). These components consisted of questionnaires evaluating their knowledge of mental health and actions to take. To properly train the participants, there were two instructors: one professional MHFA trainer, and one Chinese psychologist to translate (Lam, et al., 2010). Questions and vignettes were presented in a 12 hour course about certain mental disorders and actions to take, as well as the helpfulness of interventions (Lam, et al., 2010). Such methodology



focused on certain actions following the ALGEE method (Lam, et al., 2010). It was seen that this methodology was most helping in changing the perceptions of mental health and first aid actions. As the results of this study showed, there was a positive change in the percentage of people believing in the need for professional help, recognition of depression and schizophrenia, as well as mental literacy in general (Lam, et al., 2010). Such a significant and positive change in mental health literacy shows a positive influence on this training to the perceptions of adolescents and individuals. It was seen across the studies that many adolescents and individuals did not initially understand the concept of MHFA, however with these different methodologies, it became clearer to the participants what kind of actions they should take, even though it did not seem to change the actions the participants would preferred to take.

Influencing factors affecting perceptions of adolescents

Research suggests that factors such as the gender, age and culture of participants have a significant impact on the first aid actions that would be taken (Yap et al., 2011; Lam et al., 2010). As according to the MHFA program the ALGEE method is most effective— which is why this method was used in assessing the first aid actions the adolescents would or did take, they were modeled off of this standardized program.

Gender Differences

Gender is seen as a significant factor in the specific first aid actions of youths. In a study concerning the first aid actions taken by youths toward peers or family members, it was observed that young females were more likely to invest themselves with helping the recipient, especially with listening and social support (Yap et al., 2011). As suggested in the research, this might be because gender differences seem to have a large significance in the emotional support and one-



on-one attention giving (Yap et al., 2011). Throughout the ages gender roles have not changed too much when it comes to this emotional support. Females generally tend to be more comforting while men generally tend to keep their emotions concealed. It was also seen in this study that male participants seemed less likely to be supportive and less likely to suggest seeing a professional, hence fulfilling the idea of nature's gender roles (Yap et al., 2011). Males may be less likely to suggest professional help because they do not want to appear as if they need assistance—a 'suck it up' mentality. This was seen in the results, showing that males had more of a tendency to use MHFA like talking firmly to their peers or telling them to get their act together rather than seeking professional help (Yap et al., 2011).

Age Differences

Age had many different influences on the first aid action given to the recipients. This age difference seemed to be compared mostly to young adults and the youths' guardians rather than between the adolescents themselves. There were many differences in these age groups. For instance, it was seen that older participants more frequently suggested professional help-seeking as a first aid action, while youths preferred to listen to the respondent (Yap et al., 2011). These differences show that the first aid perceptions of youths are not quite developed, showing a need for training. This is not the fault of adolescents of course, as seeing that they are generally not as well informed of this kind of information. For example it was seen that the older participants recognized the mental disorders more correctly and could identify these disorders in friends or family members in their own lives (Yap et al., 2011). Adolescents generally do not have this kind of experience because of their age; however these differences are to be expected. However despite their lack of experience, adolescents were observed to take on more first aid actions than adults, and also were generally more confident to do so (Yap et al., 2011). This is a significant



discovery because willingness to help a peer or family member is a huge step, showing that adolescents indeed are ready for MHFA training. The ability to recognize the correct or more preferred first aid may not be quite where the professionals prefer, however if adolescents are confident that they can influence their peers' lives, then they could definitely make a difference in helping someone. Another group of confident adolescents includes the participants of the Nigerian study (Ezeala-Adikaibe et al., 2013). It was seen that the adolescents were intrigued by the information given to them in the questionnaire, and wanted to learn more (Ezeala-Adikaibe et al., 2013). Such enthusiasm shows a huge difference between adolescents and adults.

Adolescents are at a prime age for attaining knowledge, and are much more interested in learning than adults. Adults' priorities tend to focus on the care of their families, whereas adolescents' primary focus is on school to get a better education to get better jobs in the future. These youthful brains are also much more receptive to attaining this information.

Culture Differences

Finally, the last significant factor that influenced the first aid actions and perceptions of MHFA was culture. Many individuals from different cultures do not separate mental difficulties with physical ones or occasionally spiritual ones (Ezeala-Adikaibe et al., 2013). From the study in Nigeria, Africa it was seen that a significant amount of students believed that mental disorders like epilepsy were the doing of evil spirits (Ezeala-Adikaibe et al., 2013). However it was observed that the adolescents seemed to want to be more mental health literate. Many of the students knew very little about first aid treatment for epilepsy but were interested to learn more, displaying that not only are adolescents ready to gain such information but they are willing (Ezeala-Adikaibe et al., 2013). In different cultures it can also be common to view mental disorders as being normal and not separate from every day like such as depressive episodes (Lam



et al., 2010). For example in Lam et al., (2010) it was observed that before MHFA training, many of the Chinese participants tended to deny depression, not see it as a disorder, and perceived such depression as a private matter (Lam et al., 2010).

Another study that observed this training focusing on culture analyzed Japanese participants and their perceptions of mental health and first aid actions (Yoshioka et al., 2015). In this study surveys were handed out to high school students that described depression, social phobia, or psychosis in a vignette, along with questions concerning recognition of the disorder, treatment ideas, attitudes about the disorder, and help seeking intentions (Yoshioka et al., 2015). They were also asked to give their own opinions on what they would do and how confident they would feel helping their peer with such disorder and if certain actions were either damaging or supportive to their well-being. What was seen across the study was that these high schoolers believed that across all the disorders, the individual with it should be more active (Yoshioka et al., 2015). This shows there was a common belief that such problems might not occur if the person were more attentive to their physical being. The first aid actions that were seen as most preferable included listening to the recipients problems, talking firmly about such problems, and getting their social support together to make them feel better (Yoshioka et al., 2015). From this result it could be seen that the adolescents were in need of training to take first aid actions that do not include talking firmly. It is also seen how culturally these teens are perceived to be different from others teens because of their culture. In this culture, it was less preferable to seek professional help or learn more about disorders because they do not recognize them as such, whereas the adolescents from Nigeria showed a yearning to learn more about such disorders so that they can better care for the individual (Yoshioka et al., 2015, Ezeala-Adikaibe et al., 2013). These differences in culture displayed variances in perceptions, practices, and values.



Discussion

Adolescents show that they are at a peak age for knowledge attainment. At this age they are becoming more self-aware as well as understanding of others and the world around them. These youths gain a great deal of knowledge in their lives because of their age. They learn how to become young adults, yet have trouble recognizing mental disorders and the first aid actions they should take. This kind of knowledge should be implemented in these adolescents' high schools in the forms of programs and classes. Youths are at the peak age for the start of mental disorders, therefore they should be more mental health literate so to help themselves and others around them (Kelly et al., 2011). Recognition of mental disorders is the first step for helping a peer or loved one. Many teenagers undergo mental disorders such as depression and anxiety, and seclude themselves because they do not think others understand these difficulties, however this cannot be further from the truth (Kelly et al., 2011). If adolescents are given an opportunity to become mental health literate as well as be given training to take proper first aid actions, then teenagers everywhere could be given the tools and the confidence to help fellow peers, which could lower risk behaviors. The research seems to point to one program the MHFA from Jorm and how to use, fix, or add on to this standardized program (Kelly et al., 2011). There seemed to be only one study that specifically focused on the gap of the effectiveness of MHFA training to adolescents of a different culture than Australian, while the others merely observed the perceptions of such training (Lam et al., 2010, Ezeala-Adikaibe et al., 2013, Yoshioka et al., 2015). Perhaps this is due to the program itself being relatively new; however there does not seem to be other individuals trying to make similar first aid training programs.

Another gap found amongst the research was the methodology. A large majority of the studies seemed to rely solely on questionnaires and surveys. Such methods are great for



receiving information from a large study group, however it can be uncertain how reliable the participant's answers are—such seen in a national telephone survey (Jorm, Wright, & Morgan, 2007). This also brings to light the kinds of questions asked. Many of these questions were yes or no answers or multiple choice answers. It can be difficult to observe one's true intentions or perceived actions unless given a proper open answer interview. This might be harder to synthesize the data, however it can bring any influencing factors to light that might not be seen from the questionnaires.

Overall, the perception of mental disorders as according to adolescents seems unsatisfactory to the professional level. There seems to be a need for this kind of mental health literacy within the school systems to better help adolescents understand disorders like depression. It also seems to be a need for MHFA either in schools or in programs more easily accessible to teenagers. This MHFA training seems to be heavily used and relied on because it seems to produce positive results. Such results will allow adolescents to aid their family members, peers, and themselves, rather than keep them in the dark about what is happening.

Conclusion

Mental Health First Aid training can be extremely useful for adolescents due to many factors in their life such as their social circles, getting jobs, or their growing responsibilities at home. This kind of training can be implemental for them to help them become more mental health literate, better recognize mental disorders in others, and be able to give the appropriate first aid attention the recipient needs. Although research on this subject seems to be lacking, it is still seen that there is a need for more programs. MHFA was not originally a program for adolescents which in itself shows that professionals trust teens can handle this training. These professionals are working on ways to better reciprocate the information for which all adolescents



to relate and understand. All of this information can be easily accessible to adolescents through the internet, social media, and guardians, however a program taught by mental health professionals could help the adolescents feel less anxious about the first aid needed as well as more comfortable in the peer setting in which the training takes place. MHFA is crucial and necessary for both the helper and the recipient and proper training could eliminate predispositions about first aid actions. MHFA training methods improve the more they are studied and implemented throughout different countries. Such mental health will better improve mental health literacy, first aid actions of adolescents, and rid of negative predispositions of mental disorders.



References

- Cheung, C., & Wirrell, E. (2006). Adolescents' perception of epilepsy compared with other chronic diseases: "through a teenager's eyes.". *Journal of Child Neurology*, 21(3), 214-222. Retrieved from <http://search.proquest.com/docview/621321932?accountid=14515>
- Ezeala-Adikaibe, B. A., Achor, J. U., Onwukwe, J., Ekenze, O. S., Onwuekwe, I. O., Chukwu, O., . . . Obu, C. (2013). Knowledge, attitude and practice towards epilepsy among secondary school students in enugu, south east nigeria. *Seizure*, 22(4), 299-302. doi:<http://dx.doi.org/10.1016/j.seizure.2013.01.016>
- Hadland, S. E., Marshall, B. D. L., Kerr, T., Qi, J., Montaner, J. S., & Wood, E. (2012). Suicide and history of childhood trauma among street youth. *Journal of Affective Disorders*, 136(3), 377-380. doi:<http://dx.doi.org/10.1016/j.jad.2011.11.019>
- Hart, L. M., Jorm, A. F., & Paxton, S. J. (2012). Mental health first aid for eating disorders: Pilot evaluation of a training program for the public. *BMC Psychiatry*, 12 Retrieved from <http://search.proquest.com/docview/1717508386?accountid=14515>
- Hart, L. M., Jorm, A. F., Paxton, S. J., & Cvetkovski, S. (2012). Mental health first aid guidelines: An evaluation of impact following download from the world wide web. *Early Intervention in Psychiatry*, 6(4), 399-406. doi:10.1111/j.1751-7893.2012.00345.x
- Jorm, A. F., Morgan, A. J., & Wright, A. (2008). First aid strategies that are helpful to young people developing a mental disorder: Beliefs of health professionals compared to young people and parents. *BMC Psychiatry*, 8 doi:<http://dx.doi.org/10.1186/1471-244X-8-42>



Jorm, A. F., Wright, A., & Morgan, A. J. (2007). Beliefs about appropriate first aid for young people with mental disorders: Findings from an Australian national survey of youth and

parents. *Early Intervention in Psychiatry*, 1(1), 61-70. doi:<http://dx.doi.org/10.1111/j.1751-7893.2007.00012.x>

Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F., Lowe, A., & Scanlan,

C. (2011). Youth mental first aid: A description of the program and an initial evaluation.

International Journal of Mental Health Systems, 5 doi:<http://dx.doi.org/10.1186/1752-4458-5-4>

Lam, A., Jorm, A., & Wong, D. (2010). Mental health first aid training for the Chinese

community in Melbourne, Australia: Effects on knowledge about and attitudes toward

people with mental illness. *Int J Ment Health Syst International Journal of Mental Health Systems*, 18-18. Retrieved October 15, 2015.

Loureiro, L. M., Jorm, A. F., Mendes, A. C., Santos, J. C., Ferreira, R. O., & Pedreiro, A. T.

(2013). Mental health literacy about depression: A survey of Portuguese youth. *BMC*

Psychiatry, 13 Retrieved from

<http://search.proquest.com/docview/1400134480?accountid=14515>

Mason, R. J., Hart, L. M., Rossetto, A., & Jorm, A. F. (2015). Quality and predictors of

adolescents' first aid intentions and actions towards a peer with a mental health problem.

Psychiatry Research, 228(1), 31-38. doi:<http://dx.doi.org/10.1016/j.psychres.2015.03.036>

Rhodes, A. E., Boyle, M. H., Bethell, J., Wekerle, C., Goodman, D., Tonmyr, L., . . . Manion, I.

(2012). Child maltreatment and onset of emergency department presentations for suicide-



related behaviors. *Child Abuse & Neglect*, 36(6), 542-551.

doi:<http://dx.doi.org/10.1016/j.chiabu.2012.04.006>

Ross, A. M., Hart, L. M., Jorm, A. F., Kelly, C. M., & Kitchener, B. A. (2012). Development of key messages for adolescents on providing basic mental health first aid to peers: A delphi consensus study. *Early Intervention in Psychiatry*, 6(3), 229-238.

doi:<http://dx.doi.org/10.1111/j.1751-7893.2011.00331.x>

Yap, M. B. H., Reavley, N. J., & Jorm, A. F. (2015). Is the use of accurate psychiatric labels associated with intentions and beliefs about responses to mental illness in a friend? findings from two national surveys of Australian youth. *Epidemiology and Psychiatric Sciences*, 24(1), 54-68. doi:<http://dx.doi.org/10.1017/S2045796013000607>

Yap, M. B. H., Wright, A., & Jorm, A. F. (2011). First aid actions taken by young people for mental health problems in a close friend or family member: Findings from an Australian national survey of youth. *Psychiatry Research*, 188(1), 123-128.

doi:<http://dx.doi.org/10.1016/j.psychres.2011.01.014>

Yoshioka, K., Reavley, N. J., Rossetto, A., & Jorm, A. F. (2015). Beliefs about first aid for mental disorders: Results from a mental health literacy survey of Japanese high school students. *International Journal of Culture and Mental Health*, 8(2), 223-230.

doi:<http://dx.doi.org/10.1080/17542863.2014.931980>