



MENTAL HEALTH FIRST AID FOR PEOPLE IN CRISIS: A LITERATURE REVIEW

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ABSTRACT

Mental health had been a neglected dimension of health world-wide. In India, this dimension did not have much appraisal for the reason being strong family system with joint families providing support to the weaker in the family. In times of crisis the aid was available right beside the person in those conditions. However, with urbanization the nuclear family system flourished and severed the support system. This demanded the provision of mental health first aid. The main objective of this paper is to reviews the status of mental health first aid in the world and in India and also to provide for strategies required for enhancing mental health first aid.

KEYWORDS : Mental health, Mental Health First Aid (MHFA), Mental health crisis

Introduction

There was very less research data available in India on mental health at the time of independence. Sir Joseph Bhore in 1946 and Dr. A.L. Mudaliar in 1959 have made observations in their reports about non availability of data on psychiatric morbidity in India.

From 1960, projects on mental health research has initiated by ICMR at a significant level. which denotes lag in Mental health in India. Mental and behavioral problems are increasing part of the health problems the world over. The burden of illness resulting from psychiatric and behavioral disorders is enormous. Although, it remains grossly under represented by conventional public health statistics, which focus on mortality rather than the morbidity or dysfunction; the psychiatric disorders account for 5 of 10 leading causes of disability as measured by years lived with a disability. The overall DALYs (Disability adjusted Life Year) burden for neuropsychiatric disorders is projected to increase to 15% by the year 2020.¹

The concept of Psychological and Mental Health First Aid is not new. It dates back to the aftermath of World War II when a process of prevention and management of mild conditions applicable to all individuals was developed in 1945.¹ However, the idea was not universally promoted until much later, probably as a result of mental health stigma.² As per the World Federation for Mental Health, one in four persons globally require psychological help or suffer from some kind of mental illness and are in need of psychological first aid. Atleast one in four adults will experience mental health difficulties at one time or the other but many will receive little or no help when they present in an emergency.³

Global Scenario of mental illness:

Good mental health enables people to realize their full potential, cope with the normal stresses of life, work productively, and contribute to their communities. However the growing burden of mental illness is staggering. Globally, one-in-four people at some point in their lives, will likely experience a mental health problem. Meanwhile, over 300 million people are estimated to suffer from depression, equivalent to 4.4% of the world's population, and 800,000 people take their own lives each year. Between 2005 and 2015, the rate of people living with depression is increased more than 18%. Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease (as measured in DALYs, or disability adjusted life-years). Among people living in low- and middle-income countries the burden of this disease is more than 80%. The economic consequences of poor mental health are equally significant. A World Economic Forum/Harvard School of Public Health study estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to \$16.3 trillion between 2011 and 2030. In India, between 2012-2030, mental illness is estimated to cost \$1.03 trillion (22% of economic output). China, for the same

period, is estimated to lose \$4.5 trillion to mental illness. These estimates illustrate the urgency that is needed to tackle mental illness.⁴

Indian Scenario of mental illness:

In India, WHO estimates that the burden of mental health problems is of the tune of 2,443 disability adjusted life-years per 100,000 population, and the age-adjusted suicide rate is 21.1 per 100,000 population. It is estimated that, in India, the economic loss, due to mental health conditions, between 2012-2030, is 1.03 trillions of 2010 dollars.⁵

India is standing on the threshold of a mental health epidemic. In the country the number of people affected by mental health issues are greater than the entire population of Japan. Every sixth person in India, according to 2015-16 National Mental Health Survey (NMHS) survey, needs mental-health help. India has less than 2,000 clinical psychologists and just about 5,000 psychiatrists to compound this problem and this is just the tip of the iceberg! As per NMHS survey, mental health problems are more in the lower income group and access to mental health treatment is very less by these people. Another point is that mental health problems can affect all age-groups. What is really worrying is that, today, India's children and youth are more stressed and suffer from anxiety and panic attacks and performance issues more than ever before.⁶

Mental health first aid:

Majority of people with physical health difficulties who present in an emergency in a public or hospital setting will be offered physical health first aid. Since the introduction of Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) without equipment in the 1960's many people have benefitted from the intervention of a passer-by, and lives have been saved. Mental health crises and distress are viewed differently because of ignorance, poor knowledge, stigma and discrimination. As we know, there can be no health without mental health, psychological and mental health first aid should be available not to just a few but to all. This is the reason why the WFMH has chosen Psychological and Mental Health First Aid as its theme for World Mental Health Day 2016. WHO observed 2016 theme 'Dignity in Mental Health — Psychological & Mental Health First Aid for All' will enable us to provide mental health first aid to all so that people in general feel more confident in tackling the discrimination, isolation and stigma, that continues to afflict people with mental health conditions, their families and carers.³

Mental health first aid (MHFA) is the help offered to a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or until the crisis resolves.⁷ Mental health first aid began in Australia in 2001 with one part-time volunteer instructor B. A. Kitchener (a Nurse) working in partnership with a researcher A.F.Jorm.⁸ Mental

health first aid can be offered by someone who may not be a mental health professional, but by someone in the person's social circle e.g. family, friend, colleague or someone working as a community leader, e.g. teacher, Nurse.

Psychological and mental health first aid is a skill that the world desperately needs to make it a better place to live in.⁹ Several factors such as social and political changes, have a constant impact on psychological and mental health, which further focus this need. A recent report¹⁰ suggested that though there is an huge burden, mental health conditions continue to be brushed under the carpet by stigma and prejudice, fear of losing job, societal respect and so on. Apart from the direct effects of psychological and mental health first aid on improving health, sensitization and training of the masses will also help reduce stigma and prejudice. For example training in basic life support and cardiopulmonary resuscitation has saved many lives over the decades¹¹. A similar idea should also be implemented for mental health.

As in physical illnesses, mental health also needs and benefits from first aid. It is a minimum requirement that, as in physical conditions, is usually rendered early and on spot. It is much discussed about psychological first aid, both health professionals and lay persons alike, are deficient in a good understanding of the concept as well as the key steps of psychological first aid. Psychological first aid¹² aims to minimize the mental health damage occurring as a result of an environmental insult and also identify those vulnerable to more severe problems. It also recognize those in need of specialized treatment services.

To approach the person with a problem is the first step to successful administration of mental health first aid. Mostly this very step is missed and fails to approach at the very least. Once followed first step, a brief assessment of the problem is done, and an immediate help at the hour of crisis, is vital. The next key step is to listen nonjudgmentally. Most of time, people fail to listen, and if they do, they tend to be judgmental. Giving support and information is the next rational step followed by encouraging appropriate professional help. In the world for every 40 seconds somebody dies by suicide, and the young are excessively affected. Providing more people with basic Psychological and Mental Health First Aid skills will help to decrease the rate of suicide. Psychological and mental distress can happen anywhere — in our homes, in our schools, in the workplace, on the transport system, in the supermarket, in public spaces, in the military and in hospital. Psychological and Mental Health First Aid is a potentially life-saving skill that we all need to have.¹³

Members of the public may provide mental health first aid, even if they have not had any formal training in how to do so. However, skills can be greatly increased by undertraining a Mental Health First Aid training course, which teaches how to recognize the cluster of symptoms of different illnesses and mental health crises, how to offer and provide initial help, and how to guide a person towards appropriate treatments and other supportive help. Many people are not well informed about how to recognize mental health problems, how to respond to the person, and what effective treatments are available. There are many myths and misunderstandings about mental health problems. Common myths include the idea that people with mental illnesses are dangerous, that it is better to avoid psychiatric treatment, that people can pull themselves out of mental health problems through will-power, and that only people who are weak get mental health problems. Lack of knowledge may result in people avoiding or not responding to someone with a mental health problem, or avoiding professional help for themselves. With greater community knowledge about mental health problems, people will be able to recognize problems in others and be better prepared to offer support.¹⁴

People with mental health problems may at times not have insight that they need help, or may be unaware that effective help is available for them. Some mental health problems can cloud a

person's thinking and rational decision-making processes, or the person can be in such a severe state of distress that they cannot take effective action to help themselves. In this situation, people close to them can facilitate appropriate help. When a mental health problem first arises, professional help is not always available. There are professional people and other support services that can help people with mental health problems. When these sources of help are not available, members of the public can offer immediate first aid and assist the person to get appropriate professional help and supports.¹⁴

Conclusion:

MHFA training appears to increase the help and support provided by health trainers to clients living with mental health problems, through the provision of a more comfortable environment for clients to discuss mental health problems and the provision of help and guidance towards appropriate support. Unmet needs for mental health treatment in low and middle-income countries are pervasive. For mental health to be effectively integrated into primary health care in low-income countries, grass roots workers need to acquire knowledge and skills to be able to recognize, refer and support people experiencing mental disorders.

REFERENCES:

1. https://www.icmr.nic.in/sites/default/files/reports/Mental_Health.pdf
2. Blain D, Hoch P, Ryan VG. (1945) A course in psychological first aid and prevention. A preliminary report. *American Journal of Psychiatry*. 101 (5), 629-634
3. http://www.who.int/mental_health/world-mental-health-day/paper_wfmh_2016.pdf
4. <https://wfmh.global/wp-content/uploads/2017-wmhd-report-english.pdf>
5. http://www.searo.who.int/india/topics/mental_health/about_mentalhealth/en/
6. <https://www.financialexpress.com/lifestyle/health/world-mental-health-day-india-at-threshold-of-epidemic-every-sixth-person-needs-help/1344116/>
7. Kitchener BA, Jorm AF, Kelly CM. *Mental Health First Aid International Manual*. Melbourne: Mental Health First Aid International, 2015: <https://mhfa.com.au/shop/international-mhfa-manual-2015>
8. Jorm AF, Kitchener BA. Noting a landmark achievement: Mental Health First Aid training reaches 1% of Australian adults. *Australian and New Zealand Journal of Psychiatry*, 2011, 45: 808-13.
9. <https://www.ncbi.nlm.nih.gov/pubmed/12359045>
10. <http://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority>
11. Wallace SK, Abella BS, Becker LB. Quantifying the effect of cardiopulmonary resuscitation quality on cardiac arrest outcome: a systematic review and meta-analysis. *Circ Cardiovasc Qual Outcomes*. 2013;6:148–56. [PubMed].
12. Jorm AF, Minas H, Langlands RL, Kelly CM. First aid guidelines for psychosis in Asian countries: a Delphi consensus study. *Int J Ment Health Syst*. 2008;2:2. [PubMed].
13. http://www.who.int/mental_health/world-mental-health-day/paper_wfmh_2016.pdf
14. <https://wfmh.global/wp-content/uploads/2016-wmhd-report-english.pdf>