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Editorial

Mental Health First Aid: A contribution towards a healthier society

Carlos Sequeira^{1,2,3}





Today's societies face new challenges such as the following: climate change; employment difficulties; changes in the main support structure - the family; uncertainty about the pandemic, addictions to work, mobile phone, Internet; and lack of preparation/ experience in emotional regulation, among others, which increases people's mental health risks, estimating that "mental illness" is the epidemic of the future for which it is necessary to be properly prepared⁽¹⁾. We believe that this should be an urgent investment in health, if our intention is to enjoy a healthier society.

An additional problem in mental health is related to the stigma associated with mental illness, and to the delay in seeking adequate professional help, which has repercussions on the treatment and recovery of the affected person.

Based on these assumptions, it is considered fundamental that governments, health organizations and society in general invest in the promotion of mental health, through literacy and in mental health first aid, in order to reduce stigma and promote adequate treatments.

The World Health Organization defines literacy in health as the "set of cognitive and social skills and the individuals' ability to access, understand and use information in order to promote and maintain good health"(2). On the other hand, Kickbusch, et al.⁽³⁾ add a social component to the concept, exposing that literacy in health is the ability to make informed decisions, in the course of everyday life and in multiple contexts, that is, it is

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 $^{^{\}rm 1}$ Escola Superior de Enfermagem do Porto, Unidade de Investigação, Porto, Portugal.

² Universidade do Porto, Faculdade de Medicina, Centro de Investigação em Tecnologias e Serviços de Saúde, Grupo de Investigação NursID: Inovação e Desenvolvimento em Enfermagem, Porto, Portugal.

³ Sociedade Portuguesa de Enfermagem de Saúde Mental´s Presidente, Portugal.

the ability to seek information and to assume responsibilities, enabling people to increase their control over their own health. Therefore, literacy implies access to, understanding and use of the information towards health.

Mental health first aid can be defined as the help that someone provides in favor of a person who is in a moment of crisis or developing a problem related to mental health, until this person receives professional assistance or the crisis situation is overcome/solved⁽³⁾.

In the case of mental health first aid, the intention is to train the population with basic skills to help people in crisis/distress, at an initial/intermediate stage of the process prior to becoming mentally ill. In this sense, development of skills in the community is the aim, not development of clinical skills. Intervention programs in Mental Health First Aid⁽¹⁾ intend to enable people to recognize signs (changes that are identifiable and possible to be perceived by another person) and appreciate symptoms (what the person feels and experiences, their perception of how they feel) of disturbances and crises related to mental health, as well as provision of adequate initial help and referral to the appropriate professionals⁽¹⁾.

Considering mental health as a *continuum*, individuals can find themselves in different stages, between good health and disease, throughout their lives. Based on this premise, Mental Health First Aid is used as a preventive or early intervention, enhancing people's resources in coping with negative life events.

Prevention is understood as an anticipatory action to prevent an event from occurring or, if it does occur, minimize its effect⁽¹⁾. In its turn, early intervention corresponds to the actions aimed at preventing worsening of the mental health problems and at reducing the probability of side effects. The treatment encompasses assistance action to people with mental health problems in the improvement of their functionality and recovery⁽³⁾.

These programs were developed by Jorm and called Mental Health First Aid (MHFA), based on the physical first aid model⁽⁴⁾. There are several programs, although all share the same common denominator: helping people to understand when they have concurrent factors for mental illness, what the limits of signs and symptoms that can be "normal" are, and how to help someone with mental difficulties.

The Mental Health First Aid (MHFA) programs have been disseminated worldwide, with their implementation having been verified in different age, cultural and professional groups⁽⁵⁾.

In an abbreviated way, the script of the action plan for mental health first aid includes contents and strategies about intervening in the case of a person with a potential mental health problem (how to approach a person; how to assess the situation; how to help a person in a crisis situation; how to listen without making value judgments; how to offer support; how to give information and which information to privilege; how to encourage a person to seek professional help; and how to guide the person about self-help strategies).

In summary, I understand that courses in mental health first aid should be disseminated in all educational institutions, from preparatory to higher education, so that young people can work as mental health agents. Mental health problems do not require defibrillators but, if not duly taken care of, they can lead to death or leave serious sequelae for life.

Therefore, we need a society with more knowledge about mental health problems – anxiety, stress, addictions, emotional problems (sadness, anger, loneliness, hopelessness), depression, schizophrenia, suicide, alcohol and drugs, among others.

We need to train society on: a) Mental Hygiene promoting strategies; b) what the symptoms associated with situations of intense stress are; c) which situations require professional help; d) which resources should be privileged depending on the problem; e) effective self-help strategies (emotional ventilation, conflict management, problem solving, self-knowledge...); and f) prevention strategies for mental health problems.

It is necessary to invest before it is too late!

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Sequeira C. 3

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