

Effectiveness Of Integrated Approach of Emotional First Aid And Life Skills Training On Psychological Distress And Mental Well-Being Of Adolescent Students

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ABSTRACT

Well-being as a concept is quite complex to apply and practice, though the concept has gained momentum over the past decade, it holds of prime importance especially in today's time as our country is progressing towards being labelled as the most "Depressed" country. Hence, being aware of well-being plays a very important role. Integrated approach of Life Skills and Emotional First Aid helps in doing just that, here the main aim of the study is to understand the importance of Emotional First Aid and Life skills training on Psychological Distress and Mental well-being. the design used in this study was Pre-Post experimental design by using 120 adolescents (60 experimental and 60 control group) after screening of those who scored high levels of distress in psychological distress using the DASS-21 item scale and low on mental well-being using the Warwick Edinburgh Mental Well-being Scale. The study carried a major objective of exploring if Emotional First aid and Life skills training had a negative influence on Psychological distress and Positive effect on mental well-being. Integrated training was delivered for a period of six weeks after which post test data was obtained from both experimental and control group.

Keywords: Life skills training (LST), Emotional first aid, Psychological Distress, Mental well-being, Adolescents.

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Introduction:

The goal of life is to be happy, though this seems like a very simple subject, most of us are clueless on how to achieve it. Well-being is one such concept that helps us achieve it. Every human being goes through a lot of changes in their lifetime but adolescence is said to be a very remarkable one. In this phase of life, puberty strikes which leads to great pathway to shape up one's personality. It is called a "transitioning" phase where the individual is neither a child nor an adult. Adding to this, an individual has to make a lot of life altering decisions like making good friends, choosing correct career line and maintaining harmony with parents and peers.

Emotional First Aid is a fairly new concept that has been founded by Dr. Guy Winch where he explains the importance of facing daily wounds such as: Rejection, Guilt, Low self-esteem, Failure, Loss etc. He further adds that taking care of one's emotional immunity is of prime

importance and has emphasized the same with adopting simple self-help strategies that can help cope with life challenges effectively.

The concept of Emotional First Aid and Adolescence

Dr. Guy winch explains the four important components that are rather useful for adolescents, those are namely safety, calm and comfort, connectedness and self-empowerment. Dr. Guy illustrates that individuals who find it difficult to gain an understanding of the above topics usually struggle a lot from failure, rejection, self-esteem and guilt. These if primarily not addressed can lead to chronic illness such as Depression, Anxiety, Stress etc.

He further explains like Rejection is like an emotional cold in our body, if this is left untreated it can turn into pneumonia and affects other pivotal areas of an individual's life such as: decision making and problem solving. Hence,

this concept needs to be used in Indian institutions so that chronic illness can be mitigated as much as possible.

The concept of Life skills and Adolescence

In the recent years, many NGO's and organizations have shown the importance of life skills as an educative course in many institutions and schools. The World Health Organization has particularly shown keen interest in the concept of life skills and has come up with ten major life skills that will encapsulate all the important milestones in a teenager's life.

According to WHO, Life skills is the ability for people to conduct themselves efficiently through the challenges faced in daily life. (WHO, 2009). Even though Life skills holds equal importance in every facet of life, adolescence takes precedence due to real life transition in this facet of life.

Many studies on life skills elucidate the decrease of Psychological Distress after the deployment of training on life skills. (Venkatesh Kumar, 2017) , life skills also is said to have significant impact in decreasing risky behaviors such as: drug abuse, alcohol consumption, violence and smoking. (Fallah, 2019)

The concept of Psychological Distress and Emotional well-being

Distress is a state of complete hopelessness in one's state of thinking, feelings etc. Psychological Distress speaks about feeling of helplessness, drastic fall in emotional immunity and resilience. Emotional well-being on the other hand, talks about promoting good mental health and sound emotional stability. Mental well-being primarily focuses on having positive relationship towards others, having a sense of control over one's life, accepting of one's mistakes and altering it etc. many researches have suggested that when there is an increase in Psychological distress, there is a significant decrease in mental well-being. This paves way for the current study to test whether EFA and training of Life skills

will have a significant effect on Psychological distress and mental well-being.

Method:

Objectives

1. The main objective was to explore the effectiveness of integrated approach of Emotional First Aid and Life Skills training on Psychological Distress among adolescents.
2. The main objective was to study the effectiveness of integrated of Emotional First Aid and Life Skills Training on Mental Well-Being among adolescents.

Hypotheses

1. Integrated approach of Emotional First Aid and Life skills training will have significant effect in reducing psychological distress among adolescent students
2. Integrated approach of Emotional First Aid and Life skills training will have significant effect in enhancing mental well-being among adolescent students

Participants

Nearly 191 students from urban Bengaluru of various colleges and schools were administered the DASS- 21item short version scale by lovibond and lovibond 1995 and the WEBWMS scale by Affectometer. Participants that scored moderate to high on their levels of distress and low in their levels of well-being were further divided into experimental and control group of 30 boys and 30 girls each respectively.

Measures

DASS- 21 item short scale – Depression, Anxiety and Stress scale is twenty one item short version by Lovibond and Lovibond in 1995. This questionnaire is used to measure the current levels of Depression, Anxiety and stress. The questionnaire contains seven items that assesses dysphoria, hopelessness, lack of involvement and inertia. The responses ranged from zero (not applicable) to three (applicable most of the time)

the reliability of the scale shows excellent Cronbach alpha for all three subscales of Depression, Anxiety and stress with convergent validities.

Warwick- Edinburgh Mental Well-being Scale: it was a scale developed by Affectometer 2 in Warwick and Edinburgh universities. The 14 item scale aims at measuring well-being in the accurate manner. The responses were to be marked under the likert scale which ranged from disagree scored at zero and completely agree at four. The test reliability was at 0.87 and re test coefficient was 0.83. The validity was 0.77 after correlating with WHO well-being index and 0.73 with positive and negative affect.

Procedure

Stage 1: Screening/ pretest:

This stage takes the precedence of administering DASS 21 item scale and WEMWS to 191 students, finally sixty students who scored high in DASS- 21 item and Low in WEMWS after seeking consent. Students were further divided into sixty students of experimental group and sixty students of control group. Students were divided into thirty boys and thirty girls in each group for the study. Students were randomly distributed into experimental and control group.

Stage 2: Intervention of Integrated Approach of Life Skills training and Emotional First Aid

In this stage, students from the experimental group undergo training on Topics of emotional first aid such as: Rejection, Failure, Loss, Guilt and Low self-esteem along with all the ten life skills such as : self-awareness, problem solving, effective communication skills, critical thinking, creative thinking ,decision-making, interpersonal relationship skills, empathy, and coping with stress and emotions. Intervention module consisted of 15 sessions each with the duration of

sixty to seventy-five minutes. The intervention lasted for 10 weeks and mid assessment after the second intervention was conducted.

Sessions were carefully designed to address and enable personality traits which is crucial for the development of students. Session one was revolved around introducing the concept of Emotional First Aid and majorly revolved on addressing Rejections in daily life and how to cope with such rejections with the help of effective communication and self-awareness. Feedback was obtained after each of the session in order to understand the pain points of students. The following session had spoken about the contagiousness of Loneliness and how important it is to recognize it in today's times. Building a strong inter-personal relationship can help in mitigating loneliness.

Sessions involving how to identify guilt that is a positive indicator gave a lot of insight on how to build critical thinking and inculcate empathy in daily life. The following sessions flowed in understanding failure and how certain decisions we take in our life may affect our way of thinking and perceiving failure. The final session revolved around regulating one's emotions through practical activities and creative thinking.

Stage 3: Post – Test

After the interventions were deployed, posttest screening of DASS 21 item and Warwick Edinburgh Mental Well-being Scale was administered to both control group and experimental group to find out significant differences.

Analysis of Results

Table 1: Represents the Mean pretest scores of Experimental group and Control group in the variables of Psychological Distress and Mental well-being.

Variable	Group	Mean	S.D	t value	P value
Psychological Distress	Experimental (60)	24.16	2.97	0.188	.851
	Control (60)	24.06	2.85	0.216	0.514
Anxiety	Experimental (60)	16.53	1.32	0.867	0.264
	Control (60)	16.7	1.46		
Depression	Experimental (60)	20.26	2.34		
	Control (60)	20.73	2.20		
Mental Well-being	Experimental (60)	23.51	4.90	0.712	.478
	Control (60)	22.85	5.34		

The pretest data was analyzed in order to check if there are any similarities between the experimental group and control group of the study. Using the Independent t test, it was revealed that there isn't any significance difference between experimental and control group in Psychological distress of stress (t=0.188, p= 0.851), anxiety (t=0.216, p= 0.514) and Depression (t=0.867, p= 0.264) and mental well-being (t=0.712, p= 0.478). The following table depicts the Mean and SD of Experimental Group and control group of Posttest analysis of Psychological Distress and Mental Well-being.

Table 2: Shows the Mean and SD of Psychological Distress of Stress, Anxiety and Depression and Mental well-being

Variable:		Groups					
Stress							
Psychological distress of Stress	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
	Boys	10.66	1.91	24.20	2.53	17.43	7.17
	Girls	10.06	2.37	23.67	2.52	16.87	7.27
	Total	10.36	2.16	23.93	2.52	17.15	7.20
Mean Difference between experimental and control groups:					6.96		

Table 2 denotes Mean and SD of post-test scores both experimental and control group), the boys of psychological Distress. The mean score for the control group was 23.93 and SD score is 2.52 and the girls had a mean score of 16.87 and SD score of 7.27. that of the Experimental group was 10.36 with SD score of 2.16. In the gender category (including

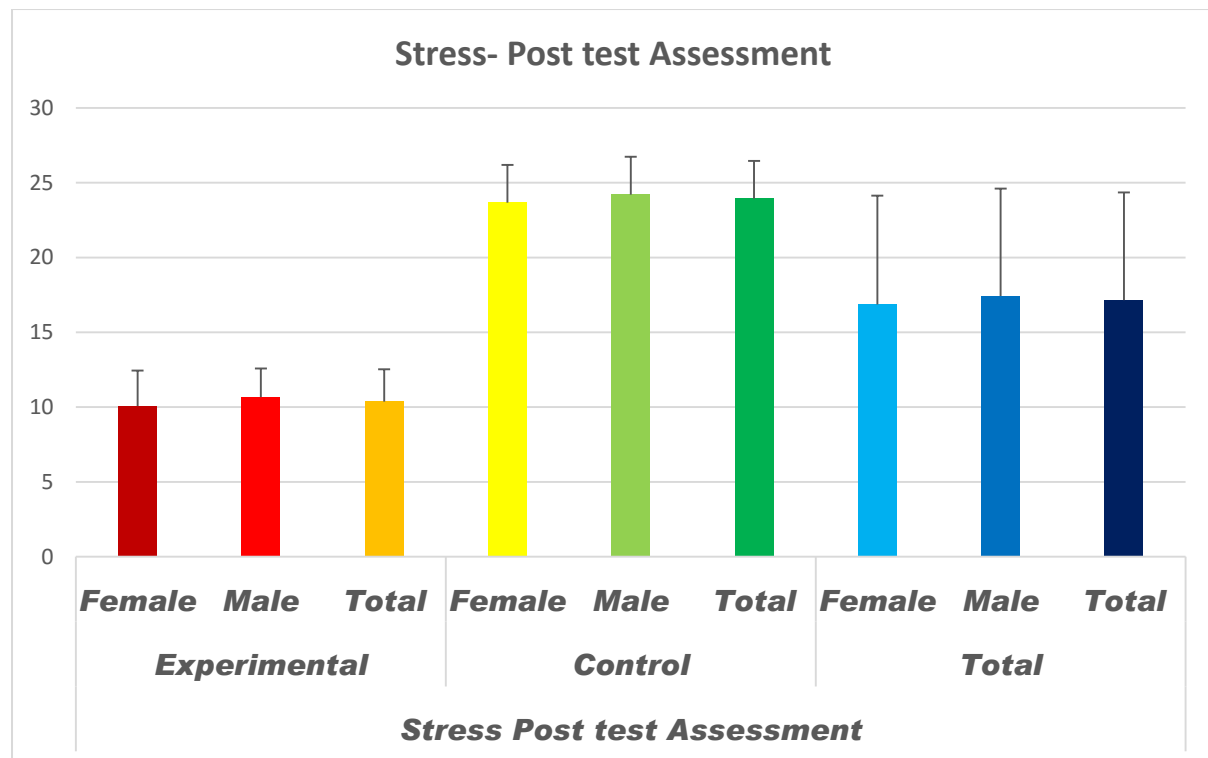


Table 3: Shows the Mean and SD of Psychological Distress of Anxiety

Variable:		Groups					
Anxiety		Experimental Group		Control Group		Total	
	Gender	Mean	SD	Mean	SD	Mean	SD
Psychological distress of Anxiety	Boys	7.66	1.49	24.20	2.53	17.43	7.17
	Girls	7.66	1.58	23.67	2.52	16.87	7.27
	Total	9.10	1.78	22.53	2.70	13.11	5.93
Mean Difference between experimental and control groups:					3.5		

Table 3 shows the mean and standard deviation of post-test scores of Anxiety among the sub variant of psychological distress .The mean score for the control group was 22.53 with an SD score of 2.70 and that of the Experimental group was 9.10 with SD score of 1.78. In the gender category of both control and the experimental groups, the boys had a mean score of 17.43 with SD of 7.17 and the girls had a mean score of 16.87 with Standard Deviation of 7.27

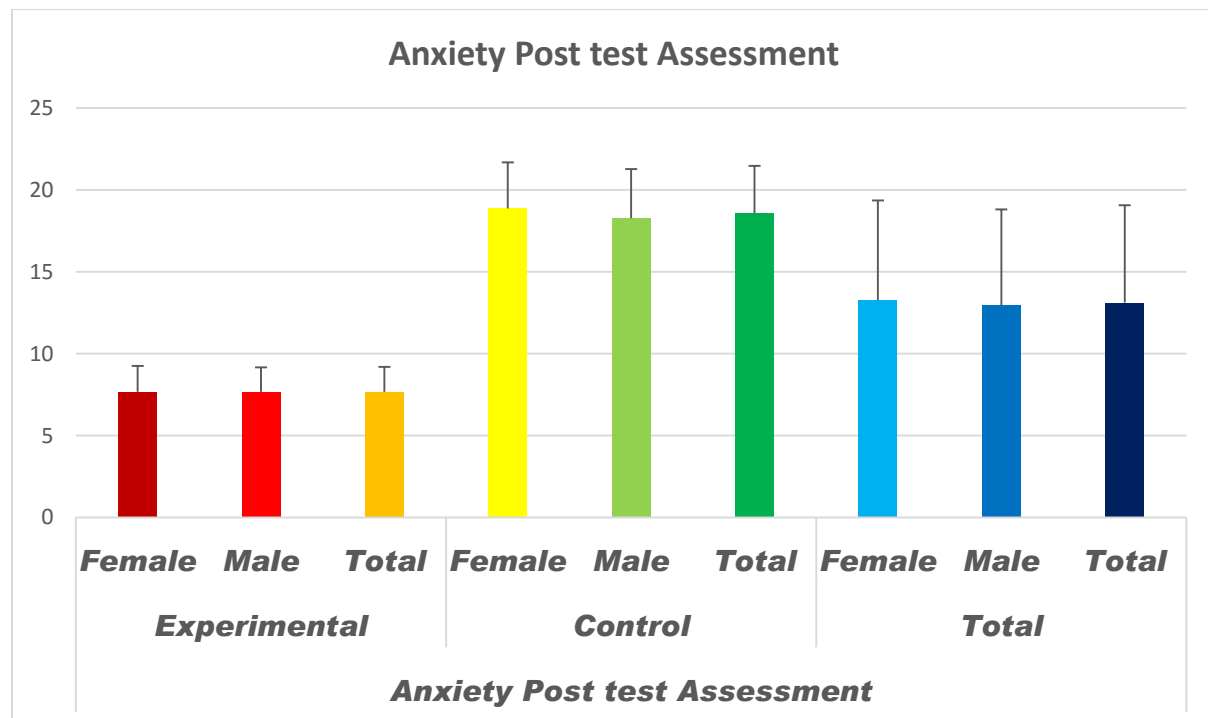


Table 4: Shows the Mean and SD of Psychological Distress of Depression

Variable: Depression		Groups					
Psychological distress of Depression	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
	Boys	9.53	1.71	22.60	3.02	16.06	7.02
	Girls	8.66	1.76	22.46	2.38	15.56	7.26
	Total	9.10	1.78	22.53	15.81	7.11	4.69
Mean Difference between experimental and control groups:					4.69		

Table 4: shows the mean and standard deviation of post-test scores Depression under the sub set of psychological Distress. The mean score for the control group was 22.53 with Standard Deviation of 15.81 and that of the Experimental group was 9.10 with Standard Deviation of 1.78. In the gender category which includes both control and the experimental groups, the boys had a mean score of 16.06 with and Standard Deviation of 7.02] and the girls had a mean score of 15.56 with Standard Deviation of 7.26.

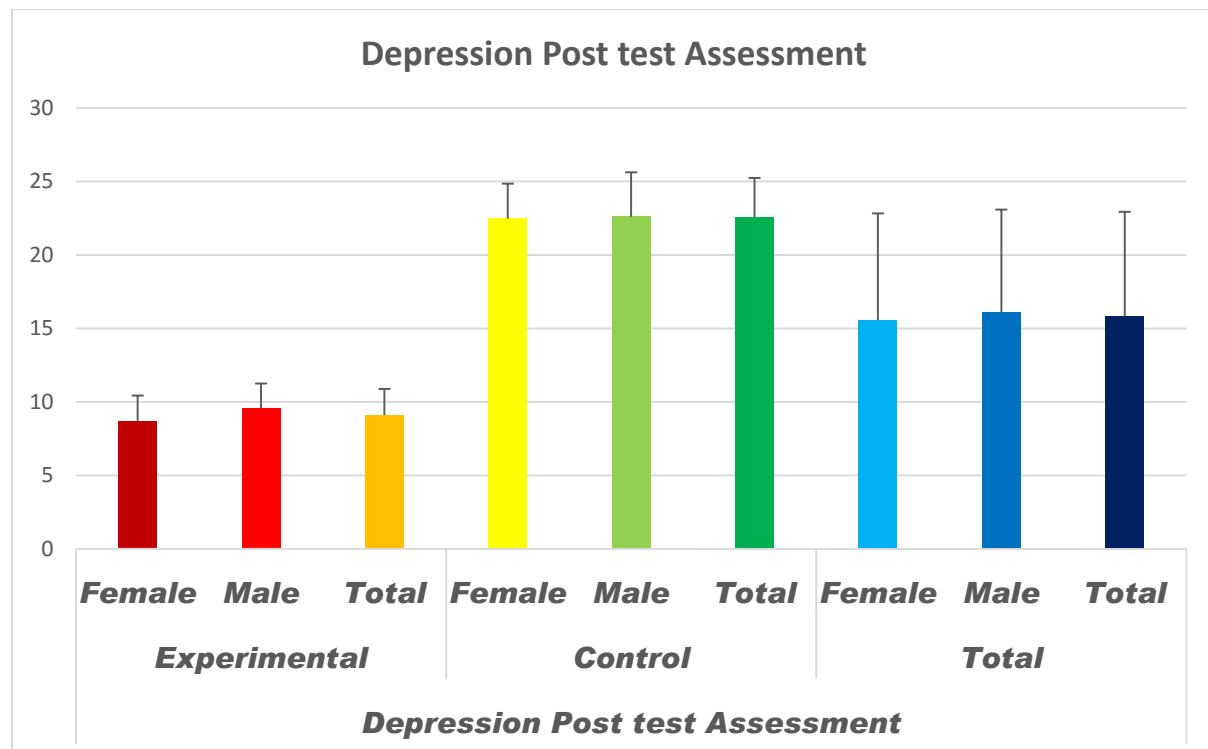


Table 5: Shows the Mean and SD of Psychological Distress of Mental Well-being

Variable: Mental well-being	Groups						
	Gender	Experimental Group		Control Group		Total	
Psychological distress of Mental Well-being		Mean	SD	Mean	SD	Mean	SD
	Boys	52.56	3.54	22.43	5.32	37.50	15.84
	Girls	53.00	3.98	24.40	5.62	38.70	15.20
	Total	52.78	3.98	23.41	5.52	38.10	15.47
Mean Difference between experimental and control groups:					4.69		

Table five shows the mean and standard deviation of post-test scores of psychological distress. The mean score for the control group was 23.41 with a SD of 5.52 and that of the Experimental group was 52.78 with a SD of 3.98. In the gender category including both control and the experimental groups, the boys had a mean score of 37.50 with an SD of 15.84 and the girls had a mean score of 38.70 and SD of 15.20.

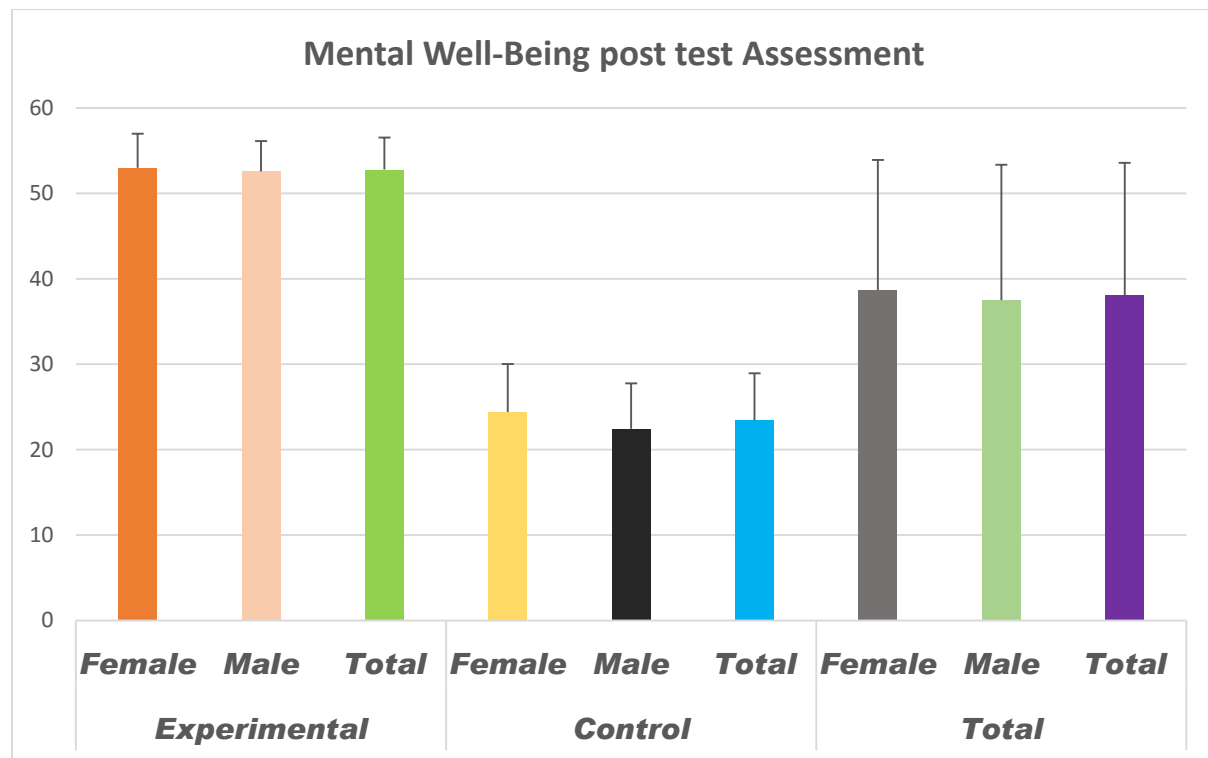


Table : Depicts the results of Repeated measures ANOVA for Stress scores in pre and post- test situations of adolescent students groups.

Source of variation	Sum of Squares	df	Mean square	F value	P value
Within subject effects					
Change	2912.067	1	2912.067	580.013	.001**
Change * Group	2801.667	1	2801.667	558.024	.001**
Error(change)	582.844	116	5.128		
Between subject effects					
Intercept	159853.878	1	159853.878	16712.14	.001
Between groups	3228.011	1	3228.011	337.477	.001
Error	1109.556	116	9.565		

From the table we can infer that it is found that there has been a decrease in stress scores from pre-test to post-test conditions, irrespective of the groups which here talks about the experimental and control group. As indicated by General Linear Model of Repeated Measures of ANOVA the difference between the means of the total scores is found to be statistically significant ($F(1, 116) = 580.013, p = .001$). On the other hand, when the decrease in total

stress scores were analysed group wise in both experimental and control group again a significant F value was obtained ($F(1, 116) = 558.024, p = 0.001$) indicating a noticeable differential decrease within groups. There was a Significant difference was observed among the male and female participants ($F(1, 116) = 18.178, p = 0.001$) in their decrease in total stress scores.

By referring to the scores of the between subject effects, a significant F value was observed ($F(1, 116) = 337.477, p = .001$) between the experimental and control groups indicating that there is a reduction in the stress scores in the experimental group which received an integrated approach of Emotional First Aid and Life skills training compared to the control group which did not receive any training of the same. There was a significant difference in stress scores of psychological distress between the boys and girls in the effect of an integrated approach of Emotional First Aid and Life skills training ($F(1, 116) = 4.044, p = .047$). Finally, no significant interaction between the group and gender was found ($F(1, 116) = 0.57, p = .812$), indicating that gender has not affected the treatment outcome in reducing stress scores greatly.

Discussion:

Psychological Distress is linked to not being able to adapt to life challenges and deal with problems effectively. Psychological Distress is said to have a direct correlation between problem solving and general coping strategies of life. Studies have found that low well-being is directly linked to poor problem solving and coping strategies. Problem solving as a trait is also very impactful in reducing anxiety and depression, which is the need of the hour today.

(Folkman & Lazarus, 1980) have elicited that adolescents can deal with life challenges efficiently when they improve on their problem solving skills. This study highlighted the importance of having life skills strategies in daily life along with sustainable emotional coping strategies in order to deal with daily challenges.

Hypothesis 1: Integrated approach of Emotional First Aid and Life skills training will have significant effect in reducing psychological distress among adolescent students, the results have revealed that integrated approach of EFA and training of Life Skill have indeed played a major influence in reducing Psychological Distress, this may be due to the relevant topics covered in the training which talks about how to deal with daily challenges related to failure, guilt, low self-esteem. Students scored high on Distress especially under the umbrella of Depression, Anxiety and Stress. This has been a neglected topic all through the gamut of Mental health, here one has to take into consideration the family backgrounds of students that are completely strained and dysfunctional. The socio-economic status of students also deeply contribute to the Distress level as lack of exposure due to financial constraints can lead to increased levels of stress, anxiety and depression. Not to forget the relationships the students carry forward as well, since the intervention focused largely on adopting simple self-help strategies to address daily challenges, there was a noticeable difference in the confidence level of students thereby leading to a positive change in personality traits as well. The modules were tailor made to suit the pallet of the students and this helped a great deal in enhancing the overall mental well-being of students.

Hypothesis 2: Integrated approach of Emotional First Aid and Life skills training will have significant effect in enhancing mental well-being among adolescent students, results showed mental well-being sharing an inverse relationship with psychological distress which means when the distress levels are up, well-being levels are down. This may be due to mental health of students, when a student is diagnosed with depression, anxiety it becomes very difficult for them to cope with life challenges, it affects their problem solving ability and inter-personal relationship. Soon after the intervention, it was visible to see students being able to share personal and professional problems with one another. When topics like guilt was covered, students spoke

about how guilt can be used as a positive indicator for goal setting and so on.

The results have highlighted that there is a significant impact of integrated approach of Emotional First aid and life skills in reducing Psychological distress and increasing Emotional well-being, this shows that life skills and emotional resilience is very important in handling day to day life challenges such as: Rejection, failure, Self-esteem and guilt. WHO has emphasized the importance of having life skills as an educative program for students in high school in order to equip themselves to face challenges? Studies have shown that Psychological Distress is greatly reduced in the presence of Life Skills, however no studies have thus far considered the emotional resilience aspects of it and this is addressed in this study.

Results revealed that there aren't any major gender differences pre and post intervention, this is due to the impending need for good mental well-being among both male and female participants. The results also revealed that there is a significant relationship between stress, anxiety and Depression. Major correlations were found among anxiety and depression. Mental well-being shares an inverse relationship with Psychological distress which supports the hypothesis of the study which states that Psychological Distress has a negative relationship with mental well-being.

The hypothesis of this study is supported by stating that integrated approach of Emotional First Aid and Life skills training has a significant effect in reducing psychological distress among adolescent students and similarly it also states that Integrated approach of Emotional First Aid and Life skills training will have significant effect in enhancing mental well-being among adolescent students.

Major Findings of the Study

- Integrated approach of Emotional First Aid and Life skills training has a significant effect in reducing psychological distress among adolescent students
- Integrated approach of Emotional First Aid and Life skills training has a significant effect

in enhancing mental well-being among adolescent students.

Conclusion

The present study depicts that integrated approach of Emotional First Aid and Life skills training indeed has a positive impact on adolescent students and has greatly influenced in reducing Psychological distress and promoting mental well-being. The main aim of the study is to render training on integrated approach of Emotional first aid and life skills to students so that they cope with daily challenges effectively. Since, Emotional first aid is a relatively new concept in India, it can be used to provide emotional medicinal cabinet for students initially and then move on to other strata of society.

Strengths of the Study

- Study is an integrated approach of intervention which is an important piece in the context of literature.
- The sample size used here is relatively in good number hence generalization can be drawn
- Since the sample selected is random, the true benefits of intervention can be analysed
- Methodology adopted in the study is correlational, this helps to draw significant correlations between the variables of the study.

Limitations of the Study

- Like every good research comes with a scope of improvement, this research too poses certain limitations such as: study being done in urban areas of Bengaluru, we need to deploy the training to every area of Bengaluru in order to strengthen standardization
- Since, Emotional First Aid is a relatively new concept in India, this study is the first quantitative analysis and further studies need to be done on similar path.
- Sample chosen for the study was on basis of scoring high, hence those who haven't participated might have benefitted differently.
- Pre-test and Post-test measures were assessed using the same questionnaires, hence the

knowingness of the items of the questionnaire might have affected the responses from the participants.

Recommendations of the Study

- Integrated approach of Life skills and Emotional first aid require more tailor made approach to help spread awareness of the concept to other strata's of society.
- Heterogeneous and larger sample size can be used to further strengthen the concepts of the study
- Studies on socio-economic status, regional and cultural differences can help in treating this as an empirical research.
- Study can be done online to check the effectiveness of it.

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