

Evaluating the Effectiveness of Mental Health First Aid in Reducing Suicidal Ideation Among Adolescents

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Abstract

Suicide is the fourth leading cause of death worldwide, with individuals aged 15-29 making up 20% of these deaths. Addressing suicidal ideation in adolescents is vital for future well-being. This study evaluates the effectiveness of Mental Health First Aid in reducing suicidal ideation using a pre-experimental one-group pretest-posttest design. It focused on 74 third-semester students from Wijaya Husada Institute, aged 16-24, selected through purposive sampling. Participants underwent Mental Health First Aid across three sessions, with suicidal ideation measured by the Suicidal Intention Rating Scale (SIRS) before and after the intervention. Data were analyzed using paired t-tests at a significance level of $\alpha=0.05$. Results showed a decrease in suicidal ideation from moderate in 49 respondents to 25 respondents (33.8%) post-intervention. Statistical analysis confirmed a significant reduction in suicidal ideation ($p=0.000$), indicating the effectiveness of Mental Health First Aid in adolescents.

Keywords: Mental Health, First Aid, Suicidal Ideation, Adolescents

INTRODUCTION

Adolescence is a unique and formative period (Santre, 2022). Physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can leave adolescents vulnerable to mental health problems (Santre, 2022). Psychosocial problems in adolescents can occur because they often have difficulty making choices (Bustomi *et al.*, 2023), and when they experience problems they are unable to solve the problem appropriately (Mo, Li and Zhu, 2022). An adolescent inability to adapt to the issues that occur gives rise to negative or unfavorable thoughts, one of which is the idea of suicide (Schonfeld *et al.*, 2023).

Globally, one in seven children aged 10-19 years has a mental disorder, accounting for 13% of the global disease burden in this age group (World Health Organization (WHO), 2021). Depression, anxiety, and behavioral disorders are among the main causes of illness and disability among adolescents (Hink *et al.*, 2022). Statistical data presented by the World Health Organization (2021) shows that suicide is the fourth leading cause of death in the world (World Health Organization (WHO), 2021). More than 700,000 people die because of suicide every year (World Health Organization (WHO), 2023). Seventy-seven percent of global suicides occur in low and middle-income countries (Mo, Li and Zhu, 2022). Ingesting pesticides, hanging oneself, and using firearms are some of the most common methods of suicide committed globally (Maglica, Ercegovac and Ljubetić, 2021).

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Approximately 20% of deaths due to suicide are among people aged 15-29 years, which ranks second in the world (Maglica, Ercegovac and Ljubetić, 2021). WHO data shows that almost 40% of countries have more than 15 deaths by suicide per 100,000 men; only 1.5% showed higher rates for women (World Health Organization (WHO), 2023). The Central Statistics Agency (BPS) notes that at least two to three people commit suicide in Indonesia every day (Central Statistics Agency, 2022). There were at least 812 suicide cases recorded throughout Indonesia in 2015. This figure is what was recorded by the police. The real figure in the field could be higher. West Java Province is in fourth place, with 60 suicide cases per year (Ratnasari, 2018).

Every suicide is a tragedy that impacts families, communities, and the entire country with long-term impacts on those left behind. Suicide can occur throughout the lifespan (Hink *et al.*, 2022). The consequences of failing to address adolescent's mental health conditions will extend into adulthood, negatively impacting physical and mental health and limiting opportunities to live a fulfilling life in adulthood (World Health Organization (WHO), 2021). The negative impact of not preventing suicidal thoughts in adolescents will be a problem in the future of the country (Murphy *et al.*, 2022). Suicide is a serious public health problem, but it can be prevented with timely, evidence-based, and often low-cost interventions (Van der Hallen, 2023). For the national response to be effective, a comprehensive, multisectoral suicide prevention strategy is needed. Therefore, to reduce suicidal behavior, it is necessary to carry out an intervention (Van der Hallen, 2023).

Several interventions can be given to prevent suicidal behavior, including counseling. Implementing counseling interventions can help reduce the intensity of suicidal thoughts in individuals identified as experiencing depression, where depression is the main cause of thoughts leading to suicide. This counseling intervention is very effective for clients who experience psychosocial disorders such as depression, anxiety, stress, and depression to prevent thoughts that lead to suicide (Nikolaev and Ivanov, 2019).

Another intervention to overcome the desire for suicidal behavior is Cognitive Behaviour Therapy (CBT) which is an intervention that pays attention to the cognitive processes that occur in clients and how they relate to changes in the client's emotions and behavior (Scott, 2021). The other therapy, namely the spiritual approach, is a mental nursing intervention that uses a religious approach, including prayers, dhikr, providing religious materials, etc. Spiritual therapy can increase the body's immunity and endurance in dealing with various kinds of life problems which are psychosocial stressors to improve the integrity of mental health (Yanti *et al.*, 2023). Psychosocial approach therapy is therapy in the process of treating and recovering subjects or victims suffering from psychosocial problems carried out by social workers or people closest to the subject using psychological approaches, affection, moral and spiritual support, as well as fostering social relationships (Tanrıverdi, Bekircan and Koç, 2024).

One intervention that can be used to help prevent suicidal thoughts is Mental Health First Aid (Liang, MD *et al.*, 2023). Mental Health First Aid measures are summarized in a 5-step method called ALGEE (Approach, Listen non-judgmentally, Give support & information, Encourage appropriate professional help, and Encourage other support) (Liang, MD *et al.*, 2023). The stage providing Mental Health First Aid is the first stage A (Approach the person, assess, and assist with any crisis), which means approaching the patient, assessing, and assisting in a crisis condition. The second stage is L (Listen nonjudgmentally) or listen without judging. The next stage is G (Giving support and information) refers to giving support and information related to what they are experiencing. The fourth stage is E (Encourage) implies that the person is encouraged to get appropriate professional help. The fifth stage is E (Encourage other supports), namely encouraging the person to get the support of people around them (Laurene *et al.*, 2023).

Research Objectives

General Objectives

To determine the efforts to reduce suicide ideas in adolescents through mental health first aid.

Specific objectives:

1. To determine the characteristics of research respondents based on age

2. To detect adolescent suicidal ideation before providing mental health first aid
3. To determine adolescent suicidal ideation after being given mental health first aid
4. To determine the effectiveness of mental health first aid on adolescent suicidal ideation

Theoretical Framework

The Ideation-to-action framework (Klonsky & May, 2020) was utilized in this study. This framework focuses on understanding how individuals progress from contemplating suicide to attempting, recognizing that suicidal thoughts and attempts are related but separate behaviors. The critical factor in this transition from ideation to action is an individual's capability for suicide, encompassing various elements that enable a person to make a suicide attempt. The following 4 theories use this framework.

As per the interpersonal theory of suicide, 'acquired capability' is a critical factor in the progression from suicidal ideation to suicide attempts. This capability is marked by a decreased fear of death and a heightened tolerance for physical pain resulting from repeated exposure to painful or distressing events, such as childhood trauma or war. An individual with an elevated level of acquired capability is more prone to transition from suicide ideation to suicide attempts.

The integrated motivational-volitional model provides a comprehensive framework for understanding suicidal behavior. This model delineates 3 distinct phases: the 'pre-motivational phase,' which focuses on background factors and life events that may trigger suicidal thoughts; the 'motivational phase,' due to feelings of defeat, entrapment, and lack of support suicidal ideations develop; and the 'volitional phase,' which is concerned with the transition from suicidal ideation to actual attempts. Key to this phase are 'volitional moderators' such as access to means for suicide, exposure to suicidal behavior, reduced fear of death and increased pain tolerance, impulsivity, planning, mental imagery, and history of past suicidal behavior. This model integrates psychological, biological, and social factors, offering a detailed perspective on the complex pathways leading to suicidal actions.

The 3-step theory of suicide elucidates the progression from suicidal ideation to suicidal behavior. The theory posits that individuals first experience intense psychological pain and hopelessness, leading them to contemplate suicide as an escape (first step). The second step involves feelings of disconnection and perceiving oneself as a burden to others, exacerbating the initial distress. Finally, the third step is the development of a capability for suicide, characterized by overcoming the fear of death and acquiring the means to commit suicide.

The fluid vulnerability theory proposes that an individual's risk fluctuates over time, with baseline factors (chronic or stable risk and protective elements) and acute factors (reaction to external forces) interacting dynamically. The concept of the "suicidal mode" includes chronic factors like sex, trauma, psychiatric history, and past suicide attempts interacting with acute factors such as emotional distress and adverse life events. These interactions affect cognition, behavior, physiology, and emotion. This theory further suggests that mitigating acute triggers can shift an individual from a high-risk state back to baseline. Empirical research supports the theory, showing that suicidal ideation and related feelings can vary significantly within short periods.

Significance of the Study

This research aims to assess the effectiveness of Mental Health First Aid in reducing suicidal ideation among adolescents. The study's findings suggest that proper implementation of this intervention can significantly enhance the quality of life for adolescents and, by extension, benefit the broader community.

The findings will be valuable in providing specialized training for teaching staff, especially health workers, enabling them to administer Mental Health First Aid to a larger number of students with mental health concerns, thus helping to prevent future suicidal behaviors.

Ultimately, this research will enhance efforts to prevent suicidal ideation among adolescents by improving the effectiveness of Mental Health First Aid, thereby contributing to the overall well-being and quality of life of the country's youth.

RELATED LITERATURE & STUDIES

Epidemiology of Suicide

Psychiatric diseases account for a large majority of suicides and suicide attempts; numbers are at least 10 times as high as in the general population. The reported percentage of completed suicides in this context ranges between 60% and 98% of all suicides (Bachmann, 2018).

In adolescents and young adults between 15 and 29 years of age, death from suicide reaches the highest absolute numbers. The US death statistics do not include death from suicide up to the age of 10 years. The overall suicide rate of 10.7 per 100,000 population encompasses a male-to-female ratio of 1.7. Thus, men complete suicide almost twice as often as women (Värnik and Wasserman, 2015).

Suicide Ideation

Screening for Suicidal Ideation

Assessing suicidal ideation and suicide risk is essential in mental health and primary care settings. However, no definitive tool or method for accurately determining risk levels exists. Clinicians should use a combination of evaluation methods, including clinical interviews and self-report measures. The United States Preventive Services Task Force (USPSTF) highlights the inadequacy of routine screening for suicide risk in significantly reducing suicide attempts or related mortality among adolescents, adults, and older adults. These findings underscore the limitations of existing tools and emphasize the need for comprehensive, multifaceted patient evaluations. No evidence is available since asking about suicide increases suicidal ideation or behavior in patients

Risk Factors for Suicide

Elevated suicide rates are observed in specific demographics, such as older populations, men, and LGBTQ community members (Harmer, B. *et al.*, 2024). Risk factors are categorized into predisposing (neuropsychiatric disorders, family history of suicide, past suicide attempts, adverse childhood experiences, socioeconomic challenges) and precipitating factors (substance use disorders, access to lethal means, stressful life events, recent diagnoses of terminal or chronic illness). These factors can contribute to feelings of isolation, hopelessness, and perceived burdensomeness. Media influence on suicide is also noted, although the direct correlation with suicide deaths is relatively (Harmer, B. *et al.*, 2024). When taking a clinical history of the patient with suicidal ideation, the risk factors for suicide should be comprehensively explored.

Assessment of Suicidal Ideations

When evaluating a patient with suicidal ideation, a thorough assessment includes understanding the characteristics, nature, and intensity of the ideation. This involves detailing the onset, frequency, duration, intensity, and triggers, as well as determining if the ideation is passive or active. It is essential to inquire about any suicide plans and access to means, as more detailed plans and greater access to lethal means significantly increase the risk. Additionally, assessing the patient's level of suicidal intent and their perception of the lethality of their plan or method provides critical insight into the immediacy and seriousness of the risk.

Furthermore, identifying protective factors, such as personal motivations for living, is crucial for developing intervention strategies. A history of previous suicide attempts also needs to be explored, as it is a strong indicator of future risk. Overall, this comprehensive approach helps clinicians evaluate both immediate and long-term risks, guiding appropriate treatment and intervention plans.

Evaluation of Suicidal Ideation

The Subjective Intent Rating Scale (SIRS) is a tool used to assess the intensity and seriousness of a patient's suicidal intent. It typically involves rating specific behaviors and thought patterns on a scale to gauge the level of suicidal intent

The Subjective Intent Rating Scale (SIRS) assesses suicidal intent on a scale from 0 to 5: Rating 0: No Suicidal Intent - The patient denies any thoughts or intentions of self-harm or suicide. Rating 1: Mild Suicidal Intent-

Fleeting or passive thoughts of death without concrete plans or desires to act on them. Rating 2: Moderate Suicidal Intent- Frequent, intrusive suicidal thoughts with vague or non-specific planning and some ambivalence. Rating 3: Significant Suicidal Intent - Persistent, strong suicidal thoughts with concrete plans and reduced ambivalence. Rating 4: Severe Suicidal Intent- Detailed and imminent plans for suicide with minimal ambivalence. Rating 5: Extreme Suicidal Intent - Immediate and highly lethal plans for suicide, requiring urgent intervention (Schwartz and Howard, 1981).

Treatment for Suicidal Ideation

Treating suicidal ideation typically involves a comprehensive approach that includes psychotherapy, such as Cognitive Behavioral Therapy (CBT) or Dialectical Behavior Therapy (DBT), to address negative thought patterns and emotional regulation. Medication may be prescribed to manage underlying conditions like depression. Immediate crisis intervention, including mental first aid techniques and potential hospitalization, ensures urgent safety and support. Building a strong support network and promoting healthy lifestyle changes are also important. Tailoring these interventions to individual needs is crucial for effective treatment and recovery.

Mental Health First Aid involves training individuals to recognize and respond to signs of mental health crises. Key components include providing immediate emotional support, helping the person access professional help, and creating a safety plan. It is like physical first aid, it's given until appropriate professional help is received or the crisis is resolved. Mental health first aid is a vital piece of our collective toolkit, building compassion, connection, and a bridge to recovery.

Basic mental health first aid involves administering the ALGEE action plan:

1. Approach, assess, and assist with any crisis
2. Listen non-judgmentally
3. Give support and information
4. Encourage appropriate professional help
5. Encourage self-help and other support strategies

Crisis response plans are recommended for individuals with suicidal ideation or a history of suicide attempts. Studies have shown that these plans decrease suicide attempts among military personnel with acute suicidal ideation or a history of attempts. The quality of the evidence is low, with some study limitations.

Problem-solving-based therapies (PST) are suggested for patients with a history of self-directed violence or hopelessness, especially those with moderate to severe traumatic brain injury. PST improves coping with stressful life experiences. Research supports the effectiveness in reducing repeat self-directed violence and suicidal ideation. The evidence quality is low due to small sample sizes and other limitations.

Methodology

This study evaluates the effectiveness of mental health first aid in reducing suicidal ideation among adolescents using a pre-experimental one-group pretest-posttest design. This design is useful for initial assessments of interventions but has limitations in establishing causal relationships due to potential confounding variables and the absence of a control group for comparison. The researchers conducted preliminary assessments of the mental health first aid intervention before investing in more rigorous experimental designs. Further, this design is used to explore the potential effects of the intervention, providing data that can justify more controlled experimental studies in the future.

Study Population and Sampling Technique

The study focused on male students from Wijaya Husada Institute. According to Gonzalez and Williams (2020), gender differences in suicidal ideation and attempts among adolescents reveal that male adolescents often exhibit distinct patterns and risk factors compared to females. The sample, selected through purposive

sampling, included 74 male students aged 16-24 who were healthy and willing to participate. Those excluded from the study were individuals under 16 or over 24 years of age, females, those with health issues, and those who declined to participate. Samples who either refused to participate or withdrew from the study were excluded from the final population.

Ethical Considerations

The research proposal has been reviewed and approved by the Research Ethics Committee of Wijaya Husada Institute for research involving human subjects. Participation in this study is entirely voluntary, and respondents will not receive any monetary compensation. Participants have the right to refuse or withdraw from the study at any time without affecting their compensation or employment. To safeguard participant privacy, all data is stored securely in a cloud-based Gmail account and is accessible only to the researchers involved. Confidentiality and anonymity were upheld throughout the research process, with participant information coded to protect privacy. Additionally, no personal names or identifiable data were included in the final research report.

Site of the Study

This research was conducted at Wijaya Husada Institute, Indonesia. This campus was chosen as a research location because there were appropriate criteria for research samples and it was accessible to researchers.

Research Instrument

The research uses the Suicidal Intention Rating Scale (SIRS) questionnaire, as outlined by Kesuma, Atmodiwirjo and Idulfilastri (2021). The scale for assessing suicidal thoughts is based on the work of Bailey and Dreyer (1997) and includes four questions with scores ranging from 0 to 4 to evaluate the intensity of suicidal tendencies (Keliat and Marlina, 2020). Suicidal thoughts are categorized as follows: Score of 0: Low; 1-2: Moderate and 3-4: High.

Validation of Instrument

Keliat & Marlina (2020) supported the validity of the SIRS by confirming its usefulness in evaluating suicidal tendencies and providing evidence for its categorical assessment of suicidal thoughts.

The Suicidal Intention Rating Scale (SIRS) demonstrated strong internal consistency, with Cronbach's alpha values indicating good reliability for measuring suicidal ideation. The study provided evidence of construct validity, showing that the SIRS effectively measures different levels of suicidal ideation. The scale's items were found to be appropriate for categorizing suicidal thoughts into low, moderate, and high levels.

The study also confirmed that the scale's scoring system (0 for low, 1-2 for moderate, and 3-4 for high) accurately reflects the intensity of suicidal thoughts and can differentiate between varying degrees of suicidal ideation.

Data Collection Process

The research followed the one group pretest and posttest design. Adolescent suicidal thoughts were measured twice: initially before the administration of Mental Health First Aid (MHFA) and again during the third meeting following the MHFA sessions. The MHFA was implemented over three meetings: the first covered sessions 1-3, the second addressed sessions 4 and 5, and the third served as the evaluation stage (Sapyta, et.al, 2012). Each session lasted approximately 10 minutes per respondent. The MHFA procedure includes: 1) Approach (Session 1): Approach the individual, assess the situation, and assist with any crisis; 2) Listen (Session 2): Listen non-judgmentally; 3) Give (Session 3): Provide support and relevant information; 4) Encourage (Session 4): Encourage seeking professional help; 5) Encourage (Session 5): Promote obtaining support from those around them (Nisa, 2021).

Data Analysis

Descriptive statistics such as frequency and percentage was used to describe the sample characteristics according to age and the frequency distribution of suicidal ideation before and after the intervention of the mental health first-aid. To analyze the difference in pre-test and post-test levels of awareness, a paired sample t-test was used with a significance level of $p < 0.05$ and a confidence level of 95%.

RESULTS

Table 1 shows the characteristics of respondents based on age: 18 respondents were 18 years old with a percentage of 24.3%, 46 respondents were 19 years old with a percentage of 46%, 10 respondents were 20 years old with a percentage of 13.5%.

Table 1: Distribution of sample Characteristics Based on Age

Respondent Characteristics	Frequency	Percentage (%)
Age		
18 years old	18	24.3
19 years old	46	62.2
20 years old	10	13.5

Table 2 shows that after Mental Health First Aid intervention, it can be seen that adolescent suicidal thoughts had decreased, previously the majority were in the moderate range (66.2%) to 33.8%.

Table 2: Frequency Distribution of Suicidal Ideation Before and After Mental Health First Aid Administration

Suicidal Thoughts	Pretest		Posttest	
	Frequency	Percentage (%)	Frequency	Percentage (%)
High	8	10.8	0	0
Moderate	49	66.2	25	33.8
Low	17	23	49	66.2

The results of the normality test using the Kolmogorov-Smirnov test showed that from 74 respondents the pretest value was 0.247 (>0.05) and post-test value was 0.629 (>0.05). It can be interpreted that the result of the normality test showed that data was normally distributed (Table 3).

Table 3: Results of the Normality Test for Adolescent Suicidal Ideation

Category	Kolmogorov Smirnov		
	Statistics	df	Sig.
Suicidal Thoughts (Pretest)	0.365	74	0.247
Suicidal Thoughts (Posttest)	0.469	74	0.629

The homogeneity test results showed a value of 0.556 (>0.05) and it can be ensured that the data have the same variance (Table 4)

Table 4. Homogeneity Test Results for Adolescent Suicidal Ideation

	Levene Statistics	Sig.
Based on mean	0.348	0.556
Based on median	0.054	0.817
Based on the median and with adjusted df	0.054	0.817
Based on trimmed mean	0.096	0.757

Based on the analysis of the influence of Mental Health First Aid on suicidal thoughts in adolescents, the average difference before and after Mental Health First Aid counseling was 0.541 and the Sig value (2-tailed) was 0.000, which means H_a is accepted and H_o is rejected because the significance value is <0.05 .

To sum up, there was a significant difference between the pretest and post-test, which means that Mental Health First Aid is effective in reducing suicidal ideation among the samples in the study (Table 5).

Table 5. Effectiveness of Mental Health First Aid on Suicide Ideation in Adolescents

Variable	Mean	Df	Standard Deviation	95%CI	t	P value
Pretest-Posttest	0.541	73	0.554	0.412-0.669	8,398	0,000

DISCUSSION

Respondent Characteristics

The research results indicated that the majority of respondents were 19 years old, comprising 46 participants (62.2%). Mustafa Demir (2018) found that statistically significant changes in suicidal ideation predominantly occur in individuals aged 15 to 24 years (Demir, 2018). Depression, anxiety, and behavioral disorders are leading causes of illness and disability among adolescents (Hink *et al.*, 2022). Psychosocial issues in adolescents can stem from various factors, including relationships with parents, academic pressures, and peer interactions (Murphy *et al.*, 2022). Problems such as social insecurity and fear of rejection, often related to bullying, can also contribute to these issues (Tanrıverdi, Bekircan and Koç, 2024). Adolescents who struggle to adapt to these challenges may develop negative thoughts, including suicidal ideation (Schonfeld *et al.*, 2023).

All respondents in this study were male. Research by Qingsong Chang *et al.* (2019) shows that the incidence of suicide is higher among men compared to women, partly because men tend to be more introverted and are inclined to keep problems to themselves (Chang, Yip and Chen, 2019). Societal stigma encourages men to appear strong and avoid admitting difficulties (Yanti *et al.*, 2023). Consequently, men are less likely to seek help for mental health issues, often failing to recognize their stress or mental health conditions, which increases their risk of suicide (Kim, Kim and Lee, 2023).

Differences in Pretest and Posttest Suicide Ideation

The analysis of suicidal ideation values among adolescents showed that during the pretest, 49 respondents (66.2%) were categorized as moderate, 17 respondents (23%) as low, and 8 respondents (10.8%) as high. In the posttest, 49 respondents (66.2%) were in the low category, 25 respondents (33.8%) were in the moderate category, and no respondents were in the high category. Statistical analysis using a paired t-test revealed a p-value of 0.000 ($p < 0.05$), indicating a significant change in suicidal ideation from pretest to posttest.

Mental Health First Aid (MHFA) is known to enhance mental health literacy and reduce stigma associated with mental health issues (Reavley *et al.*, 2023). The MHFA steps, abbreviated as ALGEE, include approaching, assessing, listening, and providing support or information from both professionals and close contacts (Laurene *et al.*, 2023).

In this study, MHFA proved effective in decreasing suicidal ideation among adolescents, as indicated by positive responses in a narrative evaluation of each intervention session. Most respondents were engaged, made eye contact with the researcher, cooperated, and accepted suggestions. Interviews revealed that common issues among respondents included personality and emotional problems, such as academic stress, bullying, family issues, disturbed self-image, depression, low self-esteem, and past friendship mistakes, all contributing to suicidal ideation.

These findings align with Kartika *et al.* (2020), who found that MHFA effectively reduces adolescent psychosocial problems like depression, stress, and anxiety. Besides mitigating these issues, MHFA helps decrease stigma and teaches adolescents to support and motivate others, as well as guide them to seek professional help (Kartika, Alfianto and Kurniyanti, 2020).

The Effectiveness of Mental First Aid on Adolescent Suicide Ideation

The analysis of pretest and posttest scores for adolescent suicidal ideation revealed a p-value of 0.000 ($p < 0.05$), indicating a significant difference between the two sets of scores. This suggests that Mental Health First Aid had a substantial impact on reducing suicidal ideation among adolescents.

Mental Health First Aid (MHFA) is effective in improving adolescent mental (World Health Organization (WHO), 2023). It provides strategies for addressing mental disorders and guidance on seeking professional help based on the symptoms presented (Nikolaev and Ivanov, 2019). Additionally, MHFA offers mental health education aimed at preventing suicidal ideation and behaviors in adolescents (Ng *et al.*, 2021).

As an initial intervention, MHFA can be delivered directly and is well-suited for use by community health workers (Scott, 2021). Health workers or school health units can implement MHFA programs to address mental health issues in adolescents. To ensure effective delivery of psychological first aid, health workers should undergo specialized training before administering MHFA.

CONCLUSION

The study results indicate that Mental Health First Aid effectively reduces suicidal ideation in adolescents. It is crucial to provide specialized training to teaching staff, especially health workers, so that Mental Health First Aid can be administered by a larger number of personnel. This will help address mental health issues among students and prevent future suicidal behavior.

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