



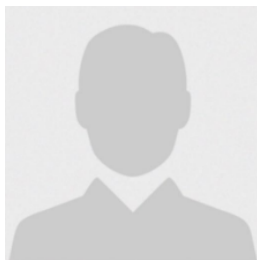
## Effectiveness of integrated approach of emotional first aid and life skills training on psychological distress among adolescent students



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### Keywords

adolescents;  
emotional first aid;  
life skills training;  
psychological distress;

### Abstract

Our country is recently known as the most populated country on the planet, and this only adds to the already neglected mental health epidemic of “Depression” and “Psychological Distress”. Psychological distress is a state of suffering that happens emotionally when a person feels completely devoid of emotions and lacks complete interest in previously pleasurable activities. This research paper focuses on how life skills training and emotional first aid can help address distress and emotional stressors daily. The experiment aims to provide training on emotional first aid and life skills to students, thereby reducing the levels of psychological distress among students. For this, a sample of 350 students was taken and further divided into experimental and control groups of 60 each. The Depression Anxiety Stress Scale was used to determine the levels of psychological distress, here correlation method was used to test the effectiveness of variables. The results of the study indicated that Life skills training and psychological distress training have reduced the levels of Psychological distress among adolescent students. There was a significant impact of the integrated approach of life skills training and emotional first aid on psychological distress.

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### Contents

Abstract.....	10
1 Introduction.....	11
2 Materials and Methods.....	11
3 Results and Discussions.....	12
3.1 Analysis of Results.....	12
3.2 Discussion.....	21

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4	Conclusion .....	23
	Acknowledgments.....	23
	References .....	24
	Biography of Authors .....	25

## 1 Introduction

Emotional First Aid is a fairly new concept in India as it talks about the need for alternatives to talk therapy and psycho-analysis. Emotional first aid talks about the daily wounds that one faces in life such as failure, rejection, guilt, and low self-esteem. On the other hand, life skills as prescribed by the World Health Organization talk about how important it is to think creatively, and critically and to solve problems objectively, this is particularly needed in today's times as the adolescents of today face different struggles than a decade before. According to the American Psychological Association, "Adolescence is marked as the beginning of puberty and ends with physiological and neurobiological maturity." Especially during this stage, body image, concept of self and esteem come into the picture apart from the physical characteristics.

### *Psychological Distress and Adolescents*

Psychological distress here talks about how Depression, Anxiety, and Stress specifically take an important role in an adolescent's life. The staggering statistics show how important it is to take care of one's mental health as India is termed to be the most depressed country in the world as of today. Distress generally talks about means the state of being upset or suffering from a lot of pain, psychological distress means a state of distress that revolves around your emotions, feelings, and thoughts. Psychological distress has been gaining a lot of eyes over the past decade due to the increasing mental health concerns and adolescents specifically students are more susceptible to this. Psychological Distress usually refers to a mood state that has biological and psychological fluctuations in an individual for the longest period of their life. Since distress enables malfunctioning in the emotional and physical system of the adolescent it evidently lowers the self-efficacy as well as the self-worth of the person. This in turn shows up in their quality of academics and relationships. If distress is not coped well with then it paves the way for serious psychological conditions such as Depression, Anxiety, and chronic levels of stress (Dick & Ferguson, 2015; Karofsky et al., 2001).

## 2 Materials and Methods

### *Method*

#### *Objectives:*

- To study the effect of an integrated approach of emotional first aid and Life skills training and Emotional first aid among adolescents.

#### *Hypotheses:*

- Hypothesis 1. There will be a significant impact of an integrated approach of life skills training and emotional first aid on psychological distress.

### *Participants*

A total of 120 participants from different High schools and Pre-university colleges in Bangalore were chosen among the 350 students who were administered the scales. The participants were administered the Depression, Anxiety, Stress- short version scale to measure their levels of distress and accordingly were further divided into experimental and control groups to deliver the training of Emotional First Aid and Life skills training.

## Measures

*Psychological Distress Scale:* The Depression, Anxiety, Stress Scale or DASS- 21-item short version by [Lovibond & Lovibond, \(1995\)](#). The scale came into the light to measure the levels of Stress, Anxiety, and Depression, this edited version of the scale has carefully divided key items into 7 items such as: hopelessness, less involvement, dysphoria, being trapped, anger, and irritability. The stress subset also talks about items that depict being upset, over-reactive, and not patient. The instructions are pretty simple, participants are required to read each statement and mark the responses according to their application. The scores range from zero to three, where zero elicits no applicability and three elicits the most applicability. The final numbers are computed and doubled to get the accurate distress score. The reliability and validity of the questionnaire stand out to be excellent with Cronbach alpha values of 0.81, 0.89 and 0.78 on Depression, Stress, and Anxiety. Convergent, consistent, and concurrent are the validity of the scale.

## Procedure

A sum of 120 participants were selected for the study from high schools and pre-university colleges of Karnataka after 350 students were administered the scales They were further divided into experimental group and control group based on their levels of distress. They were administered DASS to determine the levels of distress. The objective of the research was communicated clearly to participants and consent was taken for their participation. While administering the questionnaire, doubts were clarified and scoring was done using the norms of the manual of the said questionnaire. Correlation was used to find the effectiveness of the variables on Psychological Distress.

## 3 Results and Discussions

### 3.1 Analysis of Results

Mean and SD were computed using the standard Descriptive Statistics for the data obtained, the statistical analysis was done, and correlation was used to find out the significance between the two variables.

#### *Psychological Distress-Stress:*

Table 1  
Mean Stress scores of psychological distress of experimental and control groups during pre-test and results of independent sample 't' test

Variable	Group	Mean	SD	t-value	p-value
<b>Psychological Distress- Stress</b>	Experimental	24.16	2.97	.188	.851
	Control	24.06	2.85		

As shown in Table 1, test of significance has been done to find out the differences between experimental and control group in stress scores of psychological distress. The pre-test data was analyzed to examine if the experimental and control groups were similar to each other in stress scores of psychological distress. Independent t-test revealed the absence of a significant difference between the two groups in stress scores ( $t = 0.188$ ,  $p = 0.851$  which is less than 0.05). The result is displayed graphically in Figure 1.



Figure 1. represents mean stress scores of psychological distress of experimental and control group during pre-test.

*Psychological Distress- Anxiety:*

Table 2

Mean Anxiety scores of psychological distress of experimental and control groups during pre-test and results of independent sample 't' test

Variable	Group	Mean	SD	t-value	p-value
Psychological Distress- Anxiety	Experimental	16.53	1.32	.216	.514
	Control	16.7	1.46		

As shown in Table 2, test of significance has been done to find out the differences between experimental and control group in anxiety scores of psychological distress. The pre-test data was analyzed to examine if the experimental and control groups were similar to each other in anxiety scores of psychological distress. Independent t-test revealed the absence of a significant difference between the two groups in anxiety scores ( $t = .216$ ,  $p = .514$  which is less than 0.05). The result is displayed graphically in Figure 2

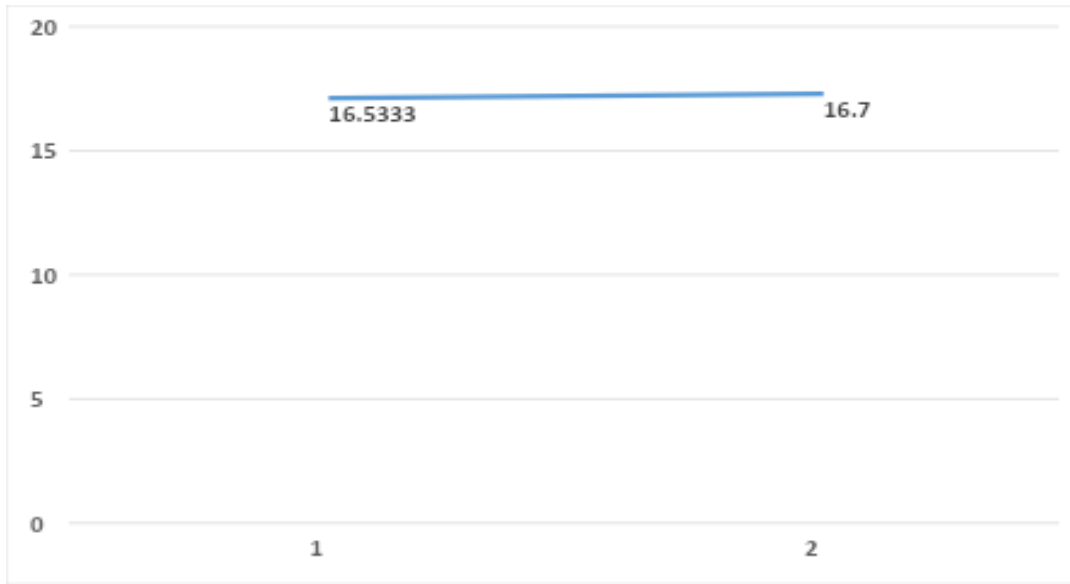


Figure 2 represents mean anxiety factor scores of psychological distress of experimental and control group during pre-test

*Psychological Distress-Depression:*

Table 3

Mean depression scores of psychological distress of experimental and control groups during pre-test and results of independent sample 't' test

Variable	Group	Mean	SD	t-value	p-value
<b>Psychological Distress-Depression</b>	Experimental	20.26	2.34	.867	.264
	Control	20.73	2.20		

As shown in Table 3, a test of significance has been done to find out the differences between experimental and control group in depression scores of psychological distress. The pre-test data was analyzed to examine if the experimental and control groups were similar to each other in depression scores of psychological distress. Independent t-test revealed the absence of a significant difference between the two groups in depression scores ( $t = .867$ ,  $p = .264$  which is less than 0.05). The result is displayed graphically in Figure 3.

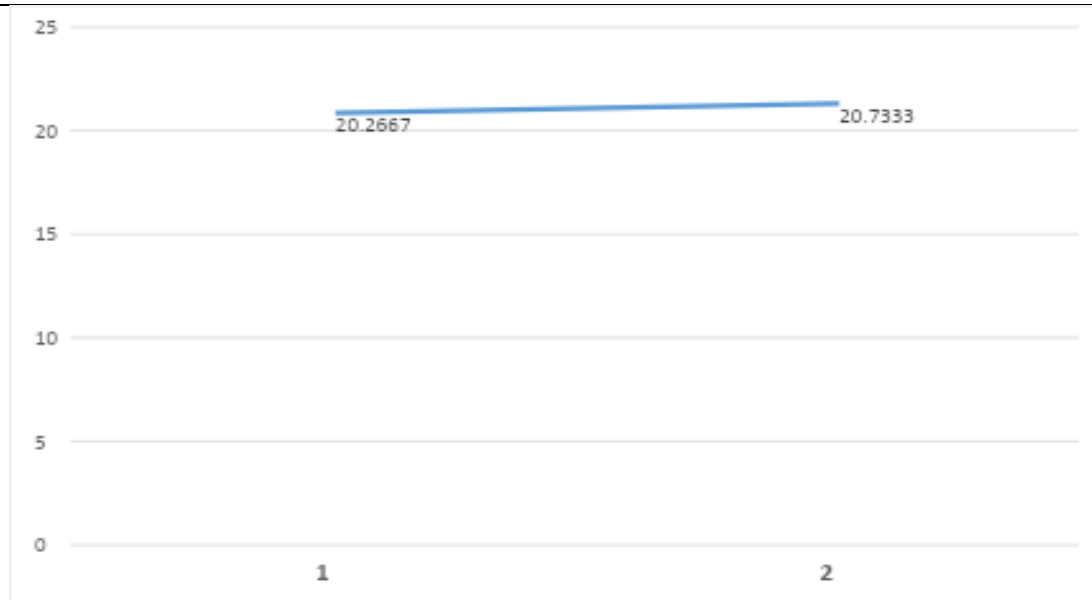


Figure 3. represents mean depression scores of psychological distress of experimental and control group during pre test

Table 1

Shows the Mean and SD scores of Experimental and Control groups in Pre and Post-test conditions on Stress scores of psychological distress

Variable		Anxiety							
Group	Gender	N	Pre-test		Mid test		Post-test		Change in the mean
			Mean	SD	Mean	SD	Mean	SD	Mean
Experim ental Group	Females	30	25.20	3.42	20.06	2.37	10.06	2.37	15.14
	Males	30	23.13	2.01	19.33	1.91	10.66	1.91	12.47
	Total	60	24.16	2.97	19.70	2.17	10.36	2.16	13.8
Control Group	Females	30	24.93	3.22	24.46	3.09	23.67	2.52	1.16
	Males	30	23.20	2.13	23.93	2.65	24.20	2.53	-1
	Total	60	24.06	2.85	24.20	2.86	23.93	2.52	0.13
Total	Females	60	25.06	3.30	22.67	3.52	16.86	7.27	8.2
	Males	60	23.16	2.05	21.63	3.26	17.43	7.17	5.73
	Total	120	24.11	2.90	21.95	3.39	17.15	7.20	6.96

As shown in Table 1, descriptive statistics for the pre and post-test scores on psychological distress-Stress scores are presented. The mean post-test scores are noticeably reduced for the experimental group when compared to the pre-test scores (24.16 vs 10.36). The mean post-test scores have decreased with minimal in the control group compared to the pre-test scores (24.06 vs 23.93). The data for the two genders are also presented individually. Table 1 also gives the difference between the experimental and control group data, categorized according to gender. On an average, boys and girls seem to have benefited almost equally with an integrated approach of Emotional First-aid and Life skills training (Asanov et al., 2024; Bayageldi & Binici, 2024).

*Anxiety*

Table 2

Shows the Mean and SD scores of Experimental and Control groups in Pre and Post-test conditions on Anxiety scores of psychological distress

Variable		Anxiety							
Group	Gender	N	Pre-test		Mid test		Post-test		Change in the mean
			Mean	SD	Mean	SD	Mean	SD	Mean
Experimental Group	Females	30	16.60	1.40	13.73	1.72	7.66	1.58	8.94
	Males	30	16.46	1.25	13.06	1.46	7.66	1.49	8.8
	Total	60	16.53	1.32	13.40	1.61	7.67	1.52	8.87
Control Group	Females	30	16.73	1.43	16.80	1.34	18.86	2.81	-2.13
	Males	30	16.66	1.51	16.66	1.42	18.26	3.00	-1.60
	Total	60	16.70	1.46	16.73	1.37	18.56	2.90	-1.86
Total	Females	60	16.66	1.41	15.26	2.17	13.26	6.08	3.34
	Males	60	16.56	1.38	14.86	2.31	12.96	5.83	3.36
	Total	120	16.61	1.39	15.06	2.24	13.11	5.93	3.5

As shown in Table 2, descriptive statistics for the pre and post test scores on Psychological distress- Anxiety scores are presented. The mean post test scores are noticeably reduced for the experimental group when compared to the pre-test scores (16.53 vs 7.67). The mean post-test scores have increased in the control group compared to the pre-test scores (16.70 vs 18.56). The data for the two genders are also presented individually. Table 2 also gives the difference between the experimental and control group data, categorized according to gender. On an average, boys and girls seem to have benefited almost equally with an integrated approach of Emotional First-aid and Life skills training.

*Psychological Distress: Depression*

Table 3

Shows Mean and SD scores of Experimental and Control groups in Pre and Post-test conditions on Depression scores of psychological distress

Variable		Depression							
Group	Gender	N	Pre-test		Mid test		Post-test		Change in the mean
			Mean	SD	Mean	SD	Mean	SD	Mean
Experimental Group	Females	30	19.26	1.99	20.93	2.27	8.66	1.76	10.6
	Males	30	21.26	2.25	16.06	1.85	9.53	1.71	11.73
	Total	60	20.26	2.34	15.43	2.18	9.10	1.78	11.16
Control Group	Females	30	20.60	2.17	20.93	2.27	22.46	2.38	-1.86
	Males	30	20.86	2.27	20.73	2.06	22.60	3.02	-1.74
	Total	60	20.73	2.20	20.83	2.15	22.53	2.70	-1.8
Total	Females	60	19.93	2.17	17.86	3.84	15.56	7.26	4.37
	Males	60	21.06	2.25	18.40	3.05	16.06	7.02	5.00
	Total	120	20.50	2.27	18.13	3.46	15.81	7.11	4.69

As shown in Table 3, descriptive statistics for the pre and post-test scores on psychological distress- Depression scores are presented. The mean post-test scores are noticeably reduced for the experimental group when compared to the pre-test scores (20.26 vs 9.10). The mean post-test scores have increased greatly in the control group compared to the pre-test scores (20.73 vs 22.53). The data for the two genders are also presented individually. Table 3 also gives the difference between the experimental and control group data,

categorized according to gender. On an average, boys and girls seem to have benefited almost equally with an integrated approach of Emotional First-aid and Life skills training.

Table 1

Shows the Results of Repeated measures ANOVA for Psychological Distress: Stress scores in pre-test and post-test situations

<b>Tests of Within-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
<b>Overall Change from pre to post test</b>	2912.067	1	2912.067	580.013	.001**
<b>Change within and control group</b>	2801.667	1	2801.667	558.024	.001**
<b>Change due to Gender</b>	91.267	1	91.267	18.178	.001**
<b>Group and Gender</b>	0.600	1	0.600	0.004	.948
<b>Error (Time)</b>	582.844	116	5.128		
<b>Tests of Between-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
<b>Intercept</b>	159853.878	1	159853.878	16712.142	.001**
<b>GROUP</b>	3228.011	1	3228.011	337.477	.001**
<b>GENDER</b>	38.678	1	38.678	4.044	0.047*
<b>GROUP* GENDER</b>	.544	1	.544	.057	0.812
<b>Error</b>	1109.556	116	9.565		

\*significant @ 0.05, \*\*significant @ 0.01

As shown in Table 1, it is found that there has been a decrease in stress scores from pre-test to post-test conditions, irrespective of the groups. This difference between the means of the total scores is found to be statistically significant ( $F_{(1, 116)} = 580.013$ ,  $p = .001$ ) as indicated by General Linear Model of Repeated Measures of ANOVA.

On the other hand, when the decrease in total stress scores was analysed group wise (experimental and control group) again a significant F value was obtained ( $F_{(1, 116)} = 558.024$ ,  $p = 0.001$ ) indicating a differential decrease within groups. Significant difference was observed among the male and female subjects ( $F_{(1, 116)} = 18.178$ ,  $p = 0.001$ ) 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. 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.



Table 2  
Shows the Results of Repeated measures ANOVA for Psychological Distress: Anxiety scores in pre-test, and post-test situations

<b>Tests of Within-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
Overall Change from pre to post test	735.000	1	735.000	257.843	.001**
Change within and control group	1728.067	1	1728.067	606.217	.001**
Change due to Gender	.600	1	.600	0.210	.647
Group and Gender	1.667	1	1.667	.585	.446
Error(Time)	330.667	116	2.851		
<b>Tests of Between-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
<b>Intercept</b>	80281.600	1	80281.600	18057.133	.001**
<b>GROUP</b>	2073.600	1	2073.600	466.399	.001**
<b>GENDER</b>	6.400	1	6.400	1.440	.233
<b>GROUP* GENDER</b>	1.687	1	1.687	.379	.687
<b>Error</b>	515.733	116	4.446		

\*significant @ 0.05, \*\*significant @ 0.01

As shown in Table 2, it is found that there has been a decrease in anxiety scores from pre-test to post-test conditions, irrespective of the groups. This difference between the means of the total scores is found to be statistically significant ( $F_{(1, 116)} = 257.843$ ,  $p = .001$ ) as indicated by General Linear Model of Repeated Measures of ANOVA.

On the other hand, when the decrease in total anxiety scores was analysed group wise (experimental and control group) again a significant F value was obtained ( $F_{(1, 116)} = 606.217$ ,  $p = 0.001$ ) indicating a differential decrease within groups. No significant difference was observed among the male and female subjects ( $F_{(1, 116)} = 0.210$ ,  $p = .647$ ) in their decrease in total anxiety scores.

By referring to the scores of the between subject effects, a significant F value was observed ( $F_{(1, 116)} = 466.399$ ,  $p = .001$ ) between the experimental and control groups indicating that there is a reduction in the anxiety 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. There was no significant difference in anxiety scores of psychological distress between the boys and girls in the effect of an integrated approach of Emotional First Aid and Life skills training ( $F_{(1, 116)} = 1.440$ ,  $p = .233$ ). Finally, no significant interaction between the group and gender was found ( $F_{(1, 116)} = .379$ ,  $p = .687$ ), indicating that gender has not affected the treatment outcome in reducing anxiety greatly.

Table 3  
shows the Results of Repeated measures ANOVA for Psychological Distress: Depression scores in pre-test and post- test situations

<b>Tests of Within-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
<b>Overall Change from pre to post-test</b>	1316.017	1	1316.017	456.786	.001**
<b>Change within and control group</b>	2522.017	1	2522.017	875.386	.001**
<b>Change due to Gender</b>	6.017	1	6.017	2.088	.151
<b>Group and Gender</b>	3.750	1	3.750	1.302	.750
<b>Error (Time)</b>	330.667	116	2.851		
<b>Tests of Between-Subjects Effects</b>					
<b>Source</b>	<b>Type III Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Significance</b>
<b>Intercept</b>	118592.100	1	118592.100	13176.339	.001**
<b>GROUP</b>	3724.900	1	3724.900	413.860	.001**
<b>GENDER</b>	46.944	1	46.944	5.216	.024*
<b>GROUP* GENDER</b>	38.678	1	38.678	4.297	.040*
<b>Error</b>	1044.044	116	9.000		

\*significant @ 0.05, \*\*significant @ 0.01

As shown in table 3, it is found that there has been a decrease in depression scores from pre-test to post-test conditions, irrespective of the groups. This difference between the means of the total scores is found to be statistically significant ( $F_{(1, 116)} = 456.786$ ,  $p = .001$ ) as indicated by General Linear Model of Repeated Measures of ANOVA.

On the other hand, when the decrease in total depression scores were analysed group wise (experimental and control group) again a significant F value was obtained ( $F_{(1, 116)} = 875.386$ ,  $p = 0.001$ ) indicating a differential decrease within groups. No significant difference was observed among the male and female subjects ( $F_{(1, 116)} = 2.088$ ,  $p = 0.151$ ) in their decrease in total depression scores.

By referring to the scores of the between-subject effects, a significant F value was observed ( $F_{(1, 116)} = 413.860$ ,  $p = .001$ ) between the experimental and control groups indicating that there is a reduction in the depression 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. There was a significant difference in depression scores of psychological distress between the boys and girls in the effect of an integrated approach of Emotional First Aid and Life skills training ( $F_{(1, 116)} = 5.216$ ,  $p = .024$ ). Finally, significant interaction between the group and gender was found ( $F_{(1, 116)} = 4.297$ ,  $p = .040$ ), indicating that gender has not affected the treatment outcome in reducing depression scores greatly.

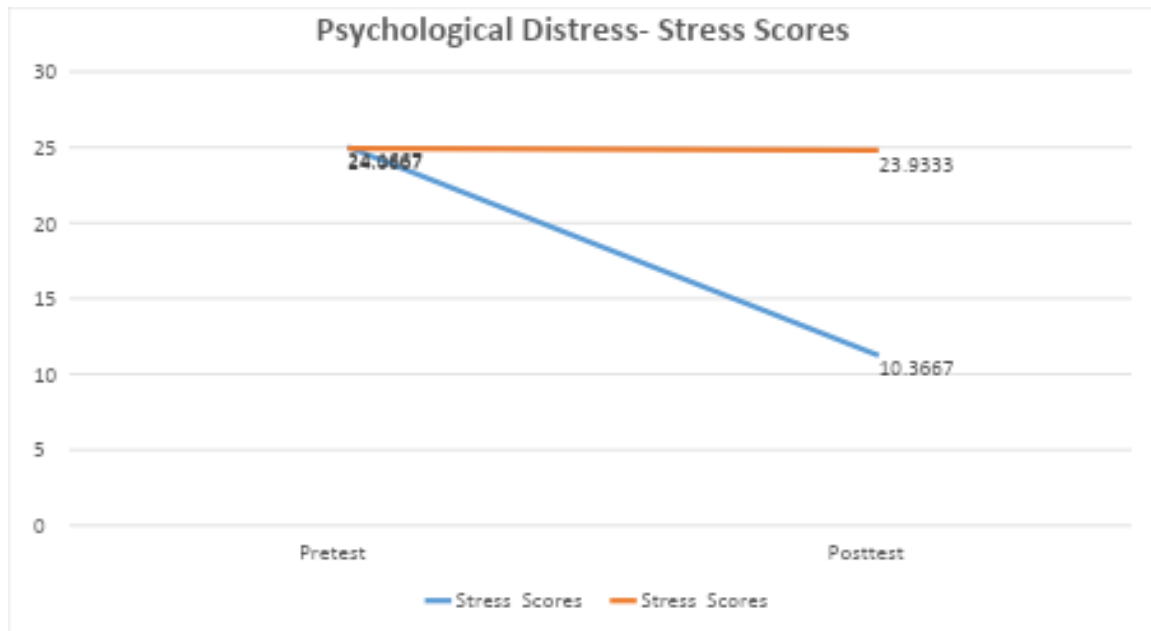
**Overall Comparison of Pre and Post results graphically**

Figure 1. Represents mean of pre and post-test on Psychological distress- Stress Scores of experimental and control groups

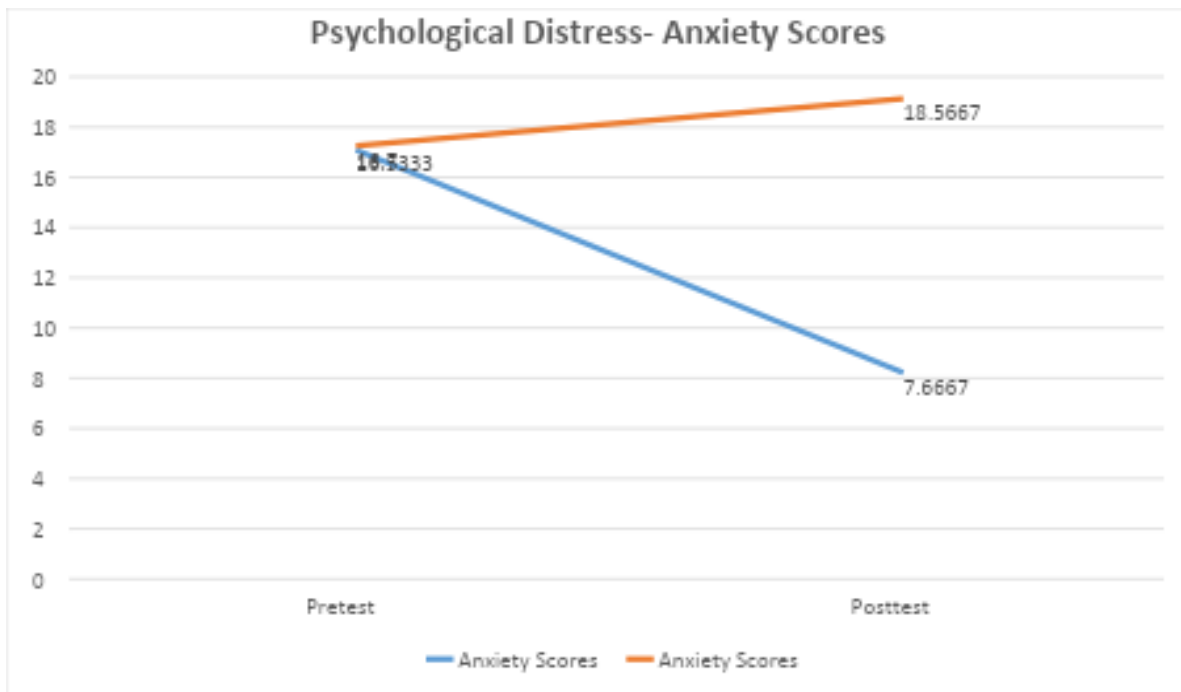


Figure 2. represents mean of pre and post-test on Psychological Distress- Anxiety Scores of experimental and control groups

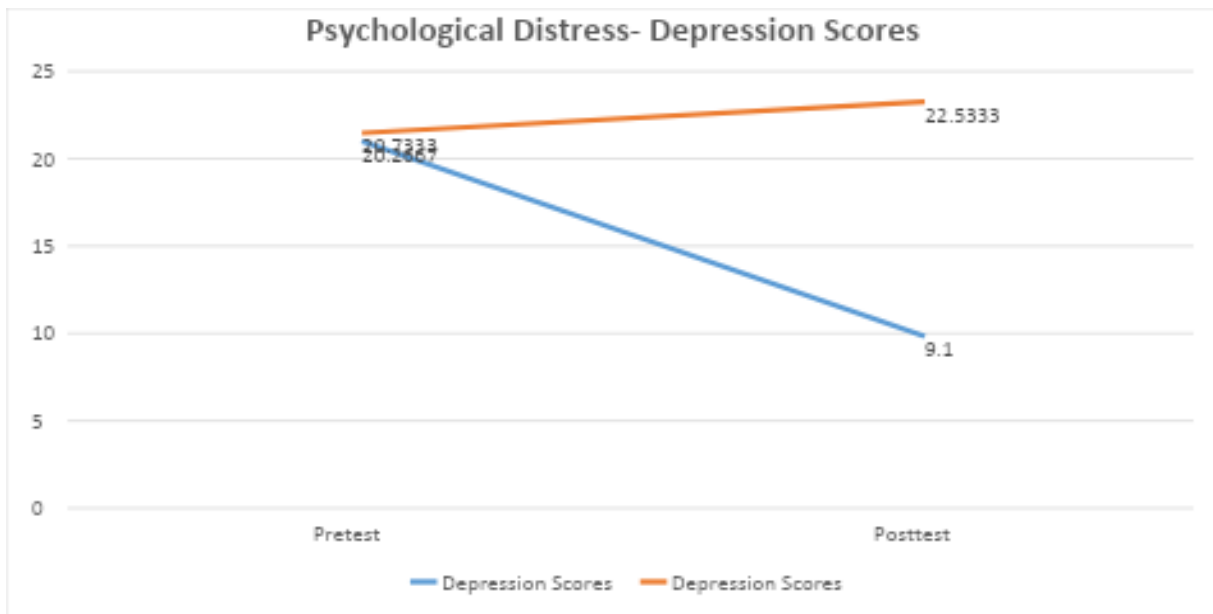


Figure 3. represents mean of pre and post-test on Psychological Distress- Depression Scores of experimental and control groups

### 3.2 Discussion

The research paper solely aims at understanding the effect and impact of Integrated Approach of Emotional First Aid and Life skills training on Psychological Distress among adolescent students. Psychological distress is a rampant topic in today's generation especially among adolescents as the number of mental health concerns are going up by the second of every hour. When we take a look at the results we can see that a new research topic of integrated approach of Emotional First Aid and Life skills training are indeed found to be path breaking to reduce Psychological concerns and distress due to its phenomenological nature and alternative approach to traditional therapy (Maryam et al., 2011).

When we look at the pre-test analysis of Psychological distress of Stress, we can see that students were largely stressed and this wasn't heavily influenced on gender. How the integrated approach of Emotional First Aid and Life skills training played an important role here is by first breaking the ice amongst participants and helping them identify the nature of stress and stressors in the training. Researchers have used an inductive approach here to identify the nature of the problem and then to provide solutions for the same. When the participants listed the stressors, it fell under the umbrella of not being able to manage time efficiently or to list out priorities or to have huge expectations from their parents to fulfil or as simple as not being able to understand what is being taught (Breslau et al., 2021; Glowacz & Schmits, 2020).

A study by Ghasemian & Kumar (2017), focused on how Psychological distress can be improved by using life skills coping mechanism, the interesting study, revealed that the main cause of Psychological distress is caused by lack of autonomy in taking decisions and lack of awareness of emotional empathy, this study focuses on how emotional first aid along with psychological distress.

The intervention modules focused on how students can be aware and enhance their emotions such as: Self-awareness, Inter-personal skills etc. The modules were totally on bringing the students come out of their comfort zone and how they can regulate their emotions by using a toolkit.

The training did a post-mortem of a tailor made approach of using critical thinking aspect of life skills and how to navigate failure through as that contributed to stress majorly.

Another study by Sherif et al. (2023), focused on how Life skills training can reduce Depression, Anxiety and Stress and enhance their mental well-being. The study focused on different environment and settings are crucial for adolescents to experience signs of Depression, Anxiety and Stress. However, the study indicated

that life skills is crucial in helping students adopt mechanisms to adapt and face daily challenges and stressors in life.

By addressing this individually students were able to dissect fear based and reality based thoughts on a daily basis. A feel good check was conducted every day where students freely expressed how stressed they were through a psychological rating scale and at the end of the session, rating scale was further assessed to determine the levels of stress. When we look at the post test scores, students were largely relaxed and looked forward to sessions that included a lot of creative thinking and analysis rather than sitting in a one way conversation traditionally.

What really created an impact to reduce stress is also include activities that included all their sensory organs, this kicked in a lot of dopamine rush to the students when there was song, dance. Drama etc. included to lighten the mood with the intent of achieving the outcome. This is also the number one reason as to why both gender of the participants benefitted equally by the interventions and training delivered ([Shrivatsava et al., 2022](#)).

When we look at the anxiety aspect of psychological distress, we can ever forget the importance of how anxiety creates a perception in a person's life. Here, life skill of self-awareness and emotional wound of rejection was greatly addressed. When we look at the nature of anxiety, its mostly fear based from a brutal past experience. Sometimes, it becomes a second nature of a person as they don't want to feel the hurt again. Due to this they go on to over catastrophize the outcome of any given task. For the researcher this was by and large the most difficult nut to crack as the saying goes, you can take the horse to the water but cannot make it drink. Participants knew that had to get rid of their irrational fears but were scared to even come to close quarters. Here, activities on body sensation with fear and visualization helped in understanding the presence of anxiety, with creative thinking the researcher was able to instils a sense of direction on how to get past anxiety. Anxiety also camouflaged students to not speak up in the training initially due to the fear of judgement and rejection previously faced, however over the course of training, students eased out by doing a lot of grounding activities and ABC training, this was very effective as students began to show confidence in other aspects of life such as academia, sports and inter-personal relationships.

When we look at the depression aspect of Psychological Distress of Depression, we can see that the students were already moderately depressed before starting the training. That was also one of the criteria to assess before dividing them into control and experimental group. Depression generally is the state of feeling low on emotions that merely interrupts with one's day to day life. Depression also leads to overthinking to a point that alters one's lifestyle. Adolescents especially in this stage of life are very confused with life decisions and what to make of their career and this research specifically had participants who grew up with substance abuse around them, this could have been one of the reasons of why all the participants scored moderate to high on the DASS-21 questionnaire. When we look at the aspects of failure and low self-esteem in emotional first aid, it mainly talks about how ones perception causes low moods and depression among young individuals, the life skills aspects of inter-personal relationship helps unfold simple self-help strategies of how to be aware, recognise and re-alter various moods. Activities such as advertisements and street play, helps in providing awareness on the depression but also helps people have shared experience which is a catharsis in its own term. One such training event included a student who was visibly low throughout, broke down in front of peers and trainer as means of releasing her negative thoughts and flourished as the main lead in the street play. Considering how traditionally depression is treated, this research is a breath of fresh air to look at how depression can be treated organically with homemade dopamine kicks and emotional medicinal cabinet. Though the newness of the topic is evident however we can establish that different analogies and methods of treating this can be a path breaking find in the school and practise of mental health and its professionals.

Psychological distress was evidently getting reduced over sessions due to lot of time on self-reflection and self-work. Activities such as mind garden, helped in understand and rewiring negative self-thoughts and challenged that allowed subjects to take inventory of the amount of time one spends in over thinking and how it can be re-altered. On the whole this research has been beneficial to reduce distress in one's daily life and enhance quality of life among adolescents.

The hypothesis is supported that states that there will be a significant impact of integrated approach of Emotional first aid and life skills training on Psychological distress among adolescents, as the training has indeed helped the subjects their levels of depression, anxiety and stress throughout the training and work towards sustainably maintaining it throughout their academia and personal experience.

## 4 Conclusion

The findings of the study hold concrete evidence that psychological distress is indeed a rampant mental health stigma in today's world. One must recognise the signs and get it dealt with as soon as one experiences series of low mood and fatigue. This study has indeed helped one understand the many alternatives in coming to terms and dealing with distress rather than being on the mainstream approach of traditional therapy. It also important to carry forward more research in the said topic as it can help in breaking conservative norms and stigma about mental health in India.

### *Limitations*

- 1) Topic of integrated approach of emotional first aid was brand new and there was no empirical evidence to back the research.
- 2) The focus was on adolescents participants, this can be further adopted in many age groups to understand the levels of effectiveness
- 3) Study is focusing on the quantitative aspects of research, exclusive qualitative approach can help in understanding the overall depth of emotions of the subjects participated.
- 4) Training period can be further extended and given to all high school students as the mental health performance is directly proportional to academic performance.

### *Recommendations of the study*

- 1) Both qualitative and quantitative approach can be used for the study to further understand different avenues and alternative to address mental health concerns
- 2) Study can be adopted on various topics such as well-being to see the effects of distress.
- 3) Gender inclusivity can help broaden the understanding of research topic further
- 4) Study can be included as part of syllabus to reduce stress, anxiety and depression among students from time to time

### ***Declaration by Authors***

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