
EVALUATING THE IMPACT OF PSYCHOLOGICAL LIFE SKILLS (PLS) TRAINING ON MENTAL WELL-BEING AND HELP-SEEKING BEHAVIOR

MOHSIN KAMAL¹, DR. SUDHA SINGH MOHEY²
DEPARTMENT OF NURSING

^{1,2}SHRI VENKATESHWARA UNIVERSITY, GAJRAULA (UTTAR PRADESH)

Abstract:

Psychological Life Skills (PLS) training attempts to promote mental health by teaching people coping strategies and emotional resilience. This study examined in respect to PLS training suicidal ideation, emotional well-being, social support, and motivation to seek professional help. Using a survey-based methodology, participants answered predetermined questions both before and following the session. Results reveal a clear drop in suicide ideas, more emotional regulation, closer social support systems, and more readiness to seek professional mental health treatment. For generally improving mental health and well-being, PLS training proved to be a successful intervention.

Keywords: Psychological Life Skills, mental well-being, suicidal thoughts, emotional resilience, social support, professional help-seeking

Introduction

Suicide ideas, emotional discomfort and lack of social support are questions about serious mental health that require effective intervention measures [1]. Training in psychological life skills (PLS) has become a method of improving social welfare, fighting strategies and improving emotional flexibility. PLS programs want to give people to devices that they need to control emotions, handle stress and seek appropriate help as needed [2].

Although life skills training is becoming more and more important when it comes to improving mental health, small studies examine its direct effects on the rocking to seek emotional welfare, suicide ideas and professional treatment [3]. To know how well PLS training works, better order can help shape the treatment and guidelines [4].

The purpose of this study is to assess the effect of PLS training on participants' mental well-being by examining a change of attitude to suicide ideas, emotional flexibility, experienced social support and professional mental health care. By analyzing before and subsequent

training reactions, the study provides insight into the role of PLS in promoting psychological welfare and improving access to mental health care.

Methodology

Study Design: The study looked at mental well-being using a pre-post survey approach in relation to PLS training. To gauge changes in important psychological and social aspects, participants answered carefully crafted questionnaires both before and after the program.

Participants: The study comprised people who signed up for PLS training on their own initiative. Participants came from community organizations, colleges, and mental health support groups.

Inclusion and Exclusion Criteria:

- **Inclusion Criteria:** Adults (18 years and older) who completed the PLS training program and consented to participate in the study.
- **Exclusion Criteria:** Individuals with severe mental health conditions requiring immediate clinical intervention or those who did not complete both pre- and post-training assessments.

Data Analysis:

Responses were recorded using a five-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). Descriptive statistics, including mean scores and percentage distributions, were used to analyze the data. Paired comparisons were conducted to assess changes in participants' responses before and after the training.

Results

Table 1: Change in Suicidal Thoughts Before and After PLS Training

Response Category	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Score
-------------------	-----------------------	--------------	-------------	-----------	--------------------	------------

I had frequent suicidal thoughts before PLS.	30%	40%	15%	10%	5%	2.2
I have fewer suicidal thoughts after PLS.	5%	10%	20%	40%	25%	3.7
PLS helped me develop coping strategies.	2%	8%	18%	42%	30%	3.9

This table examines the effects of PLS training on participant suicidal thoughts among individuals. A large number of participants experienced frequent suicidal thoughts before training, yet post-PLS results showed most agreed these thoughts had diminished. The majority of participants reported that PLS facilitated their development of coping strategies.

Table 2: Effectiveness of PLS in Enhancing Emotional Well-being

Response Category	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Score
PLS has improved my self-esteem.	5%	10%	25%	35%	25%	3.7
I feel more hopeful about the future after PLS.	3%	7%	20%	40%	30%	3.9
PLS helped me control negative emotions.	4%	12%	22%	38%	24%	3.7

The analysis within this table investigates the effects of PLS training on emotional well-being. Participants experienced enhanced self-esteem alongside future hopefulness while achieving greater control over negative emotions. Analysis indicates PLS influenced emotional regulation and resilience positively according to the responses. .

Table 3: Perceived Social Support After PLS Training

Response Category	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Score
PLS helped me build stronger relationships.	6%	14%	20%	35%	25%	3.6
I feel more supported by friends and family.	4%	10%	22%	40%	24%	3.7
I am more willing to seek help when needed.	3%	9%	18%	42%	28%	3.8

This table examines how PLS training functions to enhance social support networks. A majority of participants perceived PLS as a tool that enabled them to forge stronger relationships while simultaneously enhancing their perceived support network from friends and family. The findings demonstrate an increased propensity to request assistance whenever necessary.

Table 4: Willingness to Seek Professional Help Post-PLS Training

Response Category	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Score
PLS has encouraged me to seek counseling if needed.	5%	12%	20%	38%	25%	3.7
I am more comfortable discussing my emotions.	3%	10%	22%	40%	25%	3.8

I feel mental health support is more accessible.	4%	11%	24%	36%	25%	3.7
--	----	-----	-----	-----	-----	-----

This table examines the extent to which PLS training motivated participants to pursue professional mental health support. The research indicates numerous participants developed increased comfort in emotional discussions while perceiving mental health support as more accessible following PLS training.

Table 5: Overall Satisfaction with PLS Training

Response Category	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean Score
PLS was effective in improving my mental well-being.	2%	8%	20%	42%	28%	3.9
I would recommend PLS training to others.	3%	7%	18%	40%	32%	3.9
PLS should be included in mental health programs.	2%	6%	15%	45%	32%	4.0

The table displays participant satisfaction levels regarding PLS training as a whole. An overwhelming majority of participants deemed PLS effective for mental well-being enhancement while expressing a desire to recommend it to others and advocating for its inclusion in mental health initiatives. The collected data indicates that PLS achieved positive reception while proving advantageous as a mental health support tool.

DISCUSSION

The results of this study indicate that training in Psychological Life Skills (PLS) improves some aspects of mental health [5]. Those who followed the training showed a clear drop in suicide ideation, suggesting that PLS provided effective coping strategies to manage discomfort. Although several of the individuals claimed frequent suicidal thoughts before the training, post-training responses show a notable decrease, therefore indicating the potential of PLS as an intervention for suicide prevention [6].

PLS training enhanced emotional well-being apart from reducing suicidal ideation. Participants claimed more self-esteem, more hope for the future, and more control over unpleasant feelings. These results support past studies underlining the need of life skills training in enhancing psychological stability and emotional resilience [7,8]. PLS's scientific approach—which calls for techniques for stress management and emotional control—most probably contributed to generate these improvements. An other important outcome of this study is the increase of social support following PLS training. Many of the participants claimed PLS strengthened their bonds and enhanced their sense of support among friends and relatives. Social connectivity is largely responsible for mental health; so, the openness of people to seek help when needed indicates PLS helping to reduce stigma around mental health problems [9]. The survey also revealed a positive change in participants' impressions of professional mental health support. Many respondents claimed they would be more likely to visit counseling should

their need arise and they felt more comfortable sharing their emotions. These findings suggest that PLS training not only offers coping strategies but also encourages individuals to see experts when necessary—a necessary step for long-term mental health care.

At last, most participants agreed that PLS training helped to improve mental health, so general satisfaction with the program was rather high. Since PLS is seen as a preventive and encouraging intervention, most also agreed for including it into mental health treatments.

Conclusion: Finally, the findings of this study imply that by lowering suicidal thoughts, improving emotional well-being, strengthening social support, and raising readiness to seek professional help, PLS training is a useful strategy for promoting mental health by These results highlight the need of including organized life skills education into mental health campaigns to raise psychological resilience and general well-being.

References

1. Fava GA, Ruini C, Rafanelli C, Finos L, Salmaso L, Mangelli L, et al. Well-being therapy of generalized anxiety disorder. *Psychother Psychosom.* 2005; 74(1):26–30.
2. Emmons RA, McCullough ME. Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol.* 2003; 84(2):377–89
3. Ducasse D, Dassa D, Courtet P, Brand-Arpon V, Walter A, Guillaume S, et al. Gratitude diary for the management of suicidal inpatients: A randomized controlled trial. *Depression and anxiety.* 2019; 36 (5):400–11.
4. Celano C, Beale E, Mastromauro C, Stewart J, Millstein R, Auerbach R, et al. Psychological interventions to reduce suicidality in high-risk patients with major depression: a randomized controlled trial. *Psychological medicine.* 2017; 47(5):810–21.
5. A-tjak JG, Davis ML, Morina N, Powers MB, Smits JA, Emmelkamp PM. A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant

- mental and physical health problems. *Psychotherapy and Psychosomatics*. 2015; 84(1):30–6.
6. Curran GM, Landes SJ, McBain SA, Pyne JM, Smith JD, Fernandez ME, et al. Reflections on 10 years of effectiveness-implementation hybrid studies. *Frontiers in Health Services*. 2022; 2.
 7. Posner K, Oquendo MA, Gould M, Stanley B, Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): classification of suicidal events in the FDA’s pediatric suicidal risk analysis of antidepressants. *American journal of psychiatry*. 2007; 164(7):1035–43
 8. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental Health and Mental Health Services Research*. 2011; 38(2):65–76.
 9. Chambers DA, Glasgow RE, Stange KC. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implement Sci*. 2013; 8:117.