



“Help-Seek” Psychological First Aid: A Preventive Program for Suicidal Ideation and Promoting Help-Seeking Attitudes Among Students Experiencing Psychological Distress

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ABSTRACT

Adolescents are prone to psychological distress, placing them at heightened risk for suicidal ideation; however, many remain hesitant to seek professional help due to stigma, limited mental health literacy, and insufficient school-based support services, reflecting persistent gaps in early intervention and access to care in resource-limited settings. This study examined the HELP-SEEK Psychological First Aid (PFA) as a preventive program in reducing psychological distress, suicidal ideation, and improving help-seeking attitudes among students. The HELP-SEEK PFA was developed and follows 4 preventive approach: Recognize, Respond, Reinforce, and Refer. A quasi-experimental one-group pretest–posttest design was conducted among 70 students aged 18–24 from selected resource-limited education institutions in the Philippines, referred by the school’s designated counselors due to identified distress. Standardized measures (K10, SIDAS-M, ATSPPH-SF) and paired t-tests revealed statistically significant reductions in psychological distress and suicidal ideation, and a significant increase in help-seeking attitudes ($p < .01$). Post-intervention results revealed respondents’ improvement from moderate to mild psychological distress, cessation of high-risk classification for suicidal ideation, and positive attitudes toward seeking professional help. Findings suggest that HELP-SEEK PFA, as a preventive program, is associated with improved psychological outcomes and strengthened help-seeking attitudes. However, although overall risk levels decreased across all respondents, some still reported mild distress, indicating the need for continued monitoring and follow-up support. Findings recommend that this study may serve as reference data to guide educators, mental health practitioners, future researchers, and policymakers in enhancing, developing, implementing, and further refining the program to support student well-being.

Keywords: HELP-SEEK psychological first aid, preventive program, suicidal ideation, psychological distress, help-seeking attitudes, adolescent students

INTRODUCTION

Adolescence is considered a vulnerable developmental stage, as many individuals experience increasing psychological distress due to academic pressure, family conflict, peer rejection, social media exposure, and uncertainty about the future [1]. Psychological distress, often expressed through persistent sadness, hopelessness, anxiety, and emotional numbness, is strongly associated with suicidal ideation and behavior as a known risk, with evidence showing that adolescents experiencing moderate to severe distress are more likely to attempt or die by suicide within a year [2, 3]. Globally, suicide remains the fourth leading cause of death among individuals aged 15–24, and unrecorded data is still expected to grow to this date [4]. The Philippines is not an exception to the global index issue of suicide, as adolescent mental health is worsening at an alarming rate; wherein, between 2013 and 2021, suicide attempts among Filipino youth have more than doubled from 3% to 7.5%, and it was reported that approximately 16.2% of Filipino adolescents are recorded to have suicidal behaviors, surpassing the global average [5, 6].

Another critical concern is the low rate of help-seeking behavior among Filipino adolescents, as Filipinos across the world have a low help-seeking behavior towards formal help-seeking despite high rates of



psychological distress because of cultural stigma, fear of being judged, lack of mental health literacy, lack of financial and perceived self-reliance [7]. In every ten young adults, only one is aware of available prevention services, and six choose not reach out to anyone for help and isolate themselves [8]. Most only seek professional assistance when conditions are severely worsened and prefer to just talk with their family [8,5].

Despite data implying that there is a clear need for mental health care to reduce these stressors, schools—the primary social environment for adolescents—often lack sufficient professional support. The school's designated counselor-to-student ratio in public schools is only 1:13,400 in remote areas, which is far below the ideal 1:500 [5]. This severe shortage may make it difficult to offer immediate psychological support or identify early signs of distress that may lead to suicidal ideation or behavior.

Given these challenges, the researchers believe there is an urgent need for low-cost and school-embedded strategies that can reduce emotional distress while also encouraging students to seek further support, and that can be used to train teachers, staff, student government, or those people willing to help but not licensed to respond promptly to those students in need of help. The mounting evidence of increasing youth mental ill-health, combined with the persistent neglect of mental health care in schools and low help-seeking behavior of Filipinos locally, highlights the urgent need for increased action on prevention and early intervention [9, 10, 8]. Consequently, interventions that improve emotional support and attitudes toward professional help are more effective in the long term [11].

One such strategy is PFA, which is a structured, non-intrusive, and evidence-informed approach to helping individuals in an emotional crisis. The PFA approach has been applied extensively during trauma and disasters, yet the majority of the approaches have only considered three fundamental purposes: (1) minimizing initial disturbance, (2) fostering adaptive behaviors, and (3) enabling further assistance [12]. In limited-resource settings, individuals who are qualified laypersons, whether teachers, students, or volunteers, can deliver the PFA service when they have received training [13]. After applying PFA, one should know the limits of the intervention, which means that PFA cannot serve as a substitute for clinical care for those suffering from chronic suicidal tendencies, psychological conditions, or mental illnesses [14]. On the other hand, the effectiveness of PFA lies in delivering appropriate assistance right away, along with creating opportunities to seek professional help, something that is difficult to do in resource-limited schools [15]. Despite its potential, PFA has been rarely institutionalized, and many school-based mental health responses remain reactive in nature, primarily focused on discipline or crisis management rather than prevention and student-centered care [4].

There are a lot of forms or models of PFA, but the study introduces the “HELP-SEEK” PFA that is rooted in or adapted from the International Federation of Red Cross and Red Crescent Societies model's core principles of “look, listen, link” [16]. The model integrates Look, Listen, Like through four steps of the 4R principle: Recognize, Respond, Reinforce, and Refer. Recognize involves the identification of any signs of distress or suicidal ideation. Respond includes empathic support and active listening. The key distinction from traditional PFA emerges in the Reinforce phase, where instead of merely stabilizing emotions and referring them, participants are actively encouraged to challenge maladaptive beliefs such as self-reliance in isolation and to reconceptualize help-seeking as a positive and adaptive coping strategy. Refer involves the creation of safety plans and referrals to mental health professionals.

This study is anchored on Lazarus and Folkman's Cognitive Appraisal Theory, which postulates that stress arises not from the event or situation itself, but from how individuals perceive or appraise those events or situations, and based on their cognitive thinking, how their ability to cope with it is affected [17]. This theory emphasizes two appraisal stages: primary and secondary, wherein the primary appraisal reflects an individual's evaluation of whether a situation poses a threat, challenge, or is irrelevant to their well-being, whereas, in the secondary appraisal, the individual assesses whether they have the resources to manage the stressor effectively. If the individual perceives insufficient resources, they are more likely to experience heightened distress, which could escalate to an alarming condition if left unaddressed. Conversely, the HELP-SEEK PFA operationalizes Cognitive Appraisal Theory by guiding individuals from recognizing stress to developing coping strategies and seeking help, which reflects both primary and secondary appraisal processes.



The study aimed to determine the effect of the “HELP-SEEK” PFA in reducing proximal risk factors and in promoting protective factors of help-seeking as part of prevention program among identified at-risk adolescent students. Specifically, it seeks to determine:

1. To determine the level of psychological distress, suicidal ideation, and help-seeking attitudes among respondents before the HELP-SEEK PFA
2. To determine the level of psychological distress, suicidal ideation, and help-seeking attitudes among respondents after the HELP-SEEK PFA
3. To analyze whether there is a significant difference in the level of psychological distress and suicidal ideation of respondents before and after the HELP-SEEK PFA
4. To analyze whether there is a significant difference in the help-seeking attitudes of respondents before and one week after the HELP-SEEK PFA

METHODS AND MATERIALS

This study employed a quasi-experimental one-group pretest-posttest design, and a control group was not included due to ethical considerations involving students identified as experiencing psychological distress [18, 19].

The study involved 70 students aged 18–24 from selected resource-limited education institutions in the Philippines. Participants were selected through purposive sampling and identified by school guidance offices through DASS-21 pre-screening and referral procedures. Eligible participants had no prior exposure to PFA or formal mental health services and no diagnosed severe mental health condition.

The study was conducted in two senior high schools and one government-funded local college in the Philippines. These institutions were selected due to a high student population and limited counseling personnel. Private rooms were provided for confidential one-on-one sessions.

The study utilized three standardized instruments: the Kessler Psychological Distress Scale (K10) [20], the Suicidal Ideation Attributes Scale (SIDAS-M) [21], and the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF) [22]. All scales have shown excellent internal reliability.

HELP-SEEK PFA served as the intervention and followed the 4R framework: Recognize, Respond, Reinforce, and Refer. The intervention was adapted from the IFRC PFA “Look, Listen, Link” model [16]. It was validated by mental health professionals before implementation.

Eligible students were identified through DASS-21 screening conducted by school guidance offices independently and were referred anonymously by code to the researcher on the respondents’ preferred day of the PFA schedule. Participants completed pretests (K10, SIDAS-M, ATSPPH-SF), received a 45–60 minute individual PFA session, and completed posttests immediately after intervention (K10, SIDAS-M). The ATSPPH-SF was re-administered one week later via online form to assess sustained attitudinal change. Sessions were conducted by the researcher with supervision from a licensed psychologist.

Ethical approval was obtained from the Institutional Ethics Review Board of Centro Escolar University (CEU-IERB_SY25-26_1283_SciTech; PHRR260517-010081). Participation was completely voluntary, with informed consent obtained from all respondents. Confidentiality was ensured through coded data handling in accordance with the Data Privacy Act of 2012. A licensed psychologist was present during sessions for risk monitoring, debriefing, and referral when necessary. Participants were allowed to withdraw at any time without consequence.

There are no conflicts of interest declared by the authors, and it is self-funded by the principal investigator. No external funding was received for this research.

Data were analyzed using SPSS. Descriptive statistics (mean, standard deviation, frequency, percentage) and Inferential analysis (paired-samples t-tests) were used. Assumptions of normality and independence were



tested using the Shapiro-Wilk and graphical inspection. Effect sizes were computed using Cohen's *d*. A significance level of $p < .01$ was set to reduce Type I error.

RESULTS AND DISCUSSION

Table 1. Pretest Levels of Psychological Distress, Suicidal Ideation, and Help-Seeking Attitudes Among Respondents

Variable	Category	Pretest f	Pretest %	M	SD
Psychological Distress	Likely to be well	5	7.14		
	Mild	8	11.43		
	Moderate	31	44.29		
	Severe	26	37.14		
	Total	70	100.00	28.21	5.64
Suicidal Ideation	High risk	4	5.71		
	Low-moderate	62	88.57		
	None	4	5.71		
	Total	70	100.00	6.54	6.77
Help-Seeking Attitudes	Negative	3	4.29		
	Moderate	39	55.71		
	Positive	25	35.71		
	Very positive	3	4.29		
	Total	70	100.00	16.96	3.26

Note. f = frequency; % = percentage; M = mean; SD = standard deviation.

Table 1 presents the pretest levels of psychological distress, suicidal ideation, and help-seeking attitudes among respondents. Prior to the intervention, 44.29% of respondents reported moderate psychological distress, while 37.14% reported severe psychological distress, with a mean score of 28.21 (SD = 5.64). Overall, 81.43% of respondents were classified under moderate to severe psychological distress. For suicidal ideation, 88.57% of respondents reported low to moderate levels, while 5.71% were classified as high risk and 5.71% reported no ideation. The mean score was 6.54 (SD = 6.77). For help-seeking attitudes, 55.71% of respondents demonstrated moderate attitudes, followed by 35.71% positive, 4.29% negative, and 4.29% very positive attitudes. The mean score was 16.96 (SD = 3.26).

Prior to the intervention, most respondents reported moderate to severe psychological distress and low to moderate suicidal ideation, while a smaller proportion belonged to the high-risk category. Although many were not actively planning suicide, the presence of hopelessness, emotional exhaustion, and harmful thoughts remains clinically significant because psychological distress is strongly associated with suicide risk [3]. These findings parallel reports showing increasing suicidal ideation and suicide attempts among Filipino adolescents [5]. The results also support previous studies indicating that adolescents commonly experience emotional difficulties associated with academic pressure, social stressors, and limited emotional support [4, 2]. In the Philippine context, these vulnerabilities may be intensified by limited school-based mental health services and



predominantly reactive intervention systems [4, 5]. Thus, the findings reinforce the argument that schools should not wait for explicit suicidal disclosure before intervention, since distress and passive suicidal thinking may escalate when left unaddressed.

Despite experiencing distress, respondents initially demonstrated only moderate help-seeking attitudes, suggesting that awareness of emotional difficulties does not necessarily translate into willingness to seek professional support. This finding is consistent with other studies [29], who explained that adolescents often hesitate to seek psychological help because of stigma and beliefs in self-reliance. In the Philippine setting, cultural factors such as “hiya” and “bahala na” may further discourage adolescents from openly seeking professional support [7]. Similar findings were reported, who noted that adolescents tend to rely more on peers or family members rather than mental health professionals [8].

Table 2. Posttest Levels of Psychological Distress, Suicidal Ideation, and Help-Seeking Attitudes Among Respondents

Variable	Category	Posttest f	Posttest %	M	SD
Psychological Distress	Likely to be well	21	30.00		
	Mild	37	52.86		
	Moderate	11	15.71		
	Severe	1	1.43		
	Total	70	100.00	21.14	3.72
Suicidal Ideation	High risk	0	0.00		
	Low–moderate	62	88.57		
	None	8	11.43		
	Total	70	100.00	4.00	3.99
Help-Seeking Attitudes	Negative	0	0.00		
	Moderate	10	14.29		
	Positive	60	85.71		
	Very positive	0	0.00		
	Total	70	100.00	19.90	2.05

Note. f = frequency; % = percentage; M = mean; SD = standard deviation.

Table 2 presents the posttest results following the implementation of the HELP-SEEK PFA intervention. For psychological distress, 52.86% of respondents were classified under mild levels, followed by 30.00% likely to be well, 15.71% moderate, and 1.43% severe, with a mean score of 21.14 (SD = 3.72). For suicidal ideation, 88.57% remained in the low to moderate range, while 11.43% reported no ideation. No respondents were classified under high-risk ideation. The mean score was 4.00 (SD = 3.99). For help-seeking attitudes, 85.71%

of respondents were categorized as having positive attitudes, while 14.29% were moderate. No respondents were classified as negative or very positive. The mean score was 19.90 (SD = 2.05).

Following the implementation of HELP-SEEK PFA, improvements were observed across psychological distress, suicidal ideation, and help-seeking attitudes. Distress levels shifted from predominantly moderate and severe categories to mostly mild distress, while high-risk suicidal ideation decreased to zero and the number of respondents reporting no suicidal ideation increased. Help-seeking attitudes also improved from mostly moderate to predominantly positive attitudes. These changes were further supported by statistically significant paired sample t-test results with large effect sizes, indicating that the improvements were not only statistically reliable but also practically meaningful. The findings are consistent with previous studies showing that PFA improves emotional stabilization, coping, resilience, and willingness to seek support during crises [23, 24, 25].

However, although the proximal risk levels of all respondents decreased, some still experienced mild distress and low levels of ideation, which means proper referral and continuous care should be followed for complete treatment and further support. This finding supports previous literature emphasizing that PFA should not be interpreted as a curative intervention or a replacement for psychotherapy and psychiatric treatment, but rather as an immediate stabilizing and supportive approach [14, 15]. Another argued that the effectiveness of PFA depends on structured referral systems, continuity of care, and sustained psychosocial support [28]. Thus, while HELP-SEEK PFA appears effective in reducing immediate emotional burden, its role should be viewed as an entry point within a broader continuum of mental health care rather than a stand-alone treatment.

Table 3. Difference in Psychological Distress and Suicidal Ideation Before and After the HELP-SEEK PFA Intervention

Variable	Condition	M	SD	t	p	Cohen's d
Psychological Distress	Pretest	28.21	5.64	13.16	< .001	1.57
	Posttest	21.14	3.72			
Suicidal Ideation	Pretest	6.54	6.77	6.94	< .001	0.83
	Posttest	4.00	3.99			

Note. N = 70. M = mean; SD = standard deviation; t = paired samples t-test value; p = probability value. Cohen's d indicates effect size (0.20 = small, 0.50 = medium, 0.80 = large). Results are significant at $p < .01$.

Table 3 presents the results of the paired-samples t-test comparing psychological distress and suicidal ideation before and after the intervention. Psychological distress showed a statistically significant difference between pretest (M = 28.21, SD = 5.64) and posttest (M = 21.14, SD = 3.72), $t = 13.16$, $p < .001$, Cohen's $d = 1.57$. Suicidal ideation also showed a statistically significant difference between pretest (M = 6.54, SD = 6.77) and posttest (M = 4.00, SD = 3.99), $t = 6.94$, $p < .001$, Cohen's $d = 0.83$.

The observed improvements may be explained through the HELP-SEEK framework itself: Recognize, Respond, Reinforce, and Refer. "Recognize" facilitated early identification of emotional distress and suicide-related vulnerability, which is essential because distress often develops gradually through cumulative academic, social, and family stressors rather than isolated incidents [3]. "Respond" created a psychologically safe and non-judgmental environment aligned with core PFA principles emphasizing emotional stabilization and validation [26, 27]. "Reinforce" promoted adaptive coping and emotional regulation, while "Refer" increased awareness of available support systems and professional mental health services. Unlike traditional crisis responses that primarily focus on stabilization, the HELP-SEEK framework integrates reinforcement of coping resources and help-seeking beliefs, which may explain the sustained improvement in help-seeking attitudes one week after the intervention.

The implementation of the HELP-SEEK PFA suggests a meaningful effect in reducing psychological distress and suicidal ideation among adolescent students. This leads to the conclusion that providing psychological support at an early stage may help manage emotional challenges and mitigate factors associated with self-destructive behavior. The results show that even a single-session, school-based PFA can help reduce distress and thoughts of self-harm in the short term and simply imply that students who were identified as emotionally at risk can experience relief, signaling their distress is not fixed or permanent; it is responsive to timely support. Importantly, the approach does not merely soothe the respondents but also directs or motivates them towards more constructive coping mechanisms and seeking professional help. This supports the idea that PFA can be used not only for crisis response but also as a preventive mental health strategy in schools. The findings imply that schools are not just places for students to learn academically, but they are critical environments for early mental health intervention, especially in contexts like the Philippines, where access to mental health professionals is limited.

Table 4. Difference in Help-Seeking Attitudes Before and One Week After the HELP-SEEK PFA Intervention

Variable	Condition	M	SD	t	p	Cohen's d
Help-Seeking Attitudes	Pretest	16.96	3.26	-9.26	< .001	1.11
	Delayed Posttest	19.90	2.05			

Note. N = 70. M = mean; SD = standard deviation; t = paired samples t-test value; p = probability value. Cohen's d indicates effect size (0.20 = small, 0.50 = medium, 0.80 = large). Results are significant at $p < .01$.

Table 4 presents the results of the paired-samples t-test comparing help-seeking attitudes before and one week after the intervention. Help-seeking attitudes showed a statistically significant difference between pretest (M = 16.96, SD = 3.26) and posttest (M = 19.90, SD = 2.05), $t = -9.26$, $p < .001$, Cohen's d = 1.11.

The significant improvement in help-seeking attitudes is particularly important because reluctance to seek professional support remains one of the major barriers in adolescent mental health care. Existing literature consistently shows that even when adolescents recognize emotional distress, many still avoid professional services due to stigma, self-reliance beliefs, or lack of trust in mental health systems [29, 7]. In contrast to earlier findings that adolescents prefer peers or family support, the present results suggest that HELP-SEEK PFA may help normalize professional help-seeking [8]. Another similarly found that PFA reduces stigma and promotes emotional safety and hope, making individuals more receptive to support [30]. The sustained increase in help-seeking attitudes one week after the intervention also supports, who emphasized that positive attitudes toward professional help significantly predict future help-seeking intentions and behaviors [31]. Another highlighted that access to mental health care depends greatly on willingness to seek support [32]. These findings imply that interventions targeting attitudes and beliefs may be equally important as those addressing distress reduction itself.

From a theoretical perspective, the findings align with Lazarus and Folkman's Cognitive Appraisal Theory, which proposes that emotional responses are influenced by how individuals interpret stress and evaluate coping resources [17]. Through emotional validation, psychoeducation, reinforcement, and referral, HELP-SEEK PFA may have reshaped respondents' appraisal of stressful experiences and strengthened perceived coping ability, thereby reducing distress and increasing willingness to seek support. This suggests that emotional stabilization and help-seeking behavior are interconnected processes influenced not only by symptom severity but also by cognitive interpretation, perceived support, and access to coping resources.

CONCLUSION

In conclusion, findings suggest that HELP-SEEK PFA is associated with improved psychological outcomes and strengthened help-seeking attitudes, confirming its value as a preventive, school-based intervention. The HELP-SEEK PFA strengthened and sustained positive help-seeking attitudes among students, increasing their willingness to seek help. However, although the proximal risk levels of all respondents decreased, some still



experienced mild distress, which means proper referral and continuous care should be followed for complete treatment and further support. Thus, findings should be interpreted within the limitations of the one-group quasi-experimental design and short-term assessment period.

It is recommended that education institution may adopt proactive, early-intervention mental health approaches integrated with structured referral systems to ensure continuity of care beyond initial psychological support, and this study may serve as reference data to guide educators, mental health practitioners, future researchers, and policymakers in enhancing, developing, implementing, and further refining the HELP-SEEK PFA program to support student well-being. Future researchers are encouraged to conduct longitudinal and larger-scale studies to evaluate the long-term effectiveness of the program across diverse populations.

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