

Effectiveness Of A Health Counselling Module For Reducing Psychological Distress Among Adolescents In The Educationally Backward Block Schools

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Abstract

This study aimed to understand the psychological distress among adolescent students from the schools in the educationally backward blocks in the Salem district of Tamilnadu and further develop and apply a health counseling module to reduce the identified psychological issues among them as many research on adolescent always called for specific interventions to reduce their stress and enhance their psychological wellbeing. Consisting of screening and intervention the two phase study approached 120 of such students in the first phase with an adolescent psychological distress questionnaire of which 120 were found with complete data. Results revealed that, there is a significant difference found among educationally backward block school students with respect to gender and mobile phone usage in the issues involving anxiety and in the rest of the dimensions there were no such differences found. In the Phase two One-group pretest-posttest was employed to check the effectiveness of the health counseling module that was administered on 58 students who consented to undergo the intervention. The module was found effective in reducing the anxiety related issues and, however, there were no differences between pre- and post-intervention scores of other issues.

Keywords: Anxiety, Depression., Loneliness, Adolescents, Psychological distress, Salem, Tamilnadu, Health Counseling Module

Introduction

People experience different varieties of problems in varying rates as the context and the individual coping strategy warrant. The problems tend to make individuals, among other things, to encounter negative consequences. These issues happen through out the life span in varying

degrees. However, not all periods of the life span tend to experience same level of problems as there are certain periods that tend to pose specific pattern issues to the developing individual. For instance, the period of adolescence is called the age of storm and stress due to the rapid complex changes in terms of psychophysical development.

Hence, in order to understand the period specific concerns, development psychologists study human life span in different stages and one such important stage is the adolescence stage that passes through the ages between 13 to 19 years stage in life span. This stage can be characterized by rapid physical and mental growth changes, exploration of social issues and concerns, increased focus on activities with a peer group and establishment of a basic self-identity and increasing independence from adult controls, according to Hurlock (1981)-a popular developmental psychologist and text book author.

Adolescence is a period of psychological storm and stress even for students at the high school as they step into a zone of psychological transition from dependent childhood to interdependent adulthood. They tend to be curious and active in questioning and learning. On the other hand demands from the society overload them with complex opportunities and challenges. The complex educational system maintained in the country plays a vital role in balancing the individual, family, and society. During this adolescence stage, people tend to undergo confusion and ambivalence tends to invite numerous psychosocial problems in their lives (Tao et al., 2007).

Research have found that depression (Arehart-Treichel, 2002), poor social problem-solving, cognitive distortions, family conflict (Becker-Weidman, Reinecke, Jacobs, Martinovich, Silva, & March,2009),alienation from parents and peers, helpless attribution style, and perceived criticism from teachers (Smith, Calam, & Bolton, 2009) are such multidimensional psychological issues during that stage.

Mumthas and Mushina (2012) described psychosocial problems of adolescence by dividing them into three categories, such as, Behavioral problems consisting of impatience, shyness, talkativeness, unorganized nature, hyperactivity, introversion, extreme passivity, tendency to violate rule, over dependence, aggressive behavior, bad manners, tendency for lying or stealing, self-harm behavior and disrespect; Emotional problems consisting of anxiety, hot temperedness, day dreaming, rapid mood swing, nightmares, loneliness, excessive fears and

worries, depression, feeling of inferiority, lack of sleep, apathy, feeling of insecurity and suicidal feeling; and Educational problems consisting of academic underachievement, over expectations parents, lack of concentration, strict rules of school, fear of failure in exam, poor memory, over load of school work, inadequate educational status of parents, disinterest in school work, lack of academic skill, decreased motivation, school absence, busy schedule of parents and learning disabilities. Similarly, Goldberg (1978) divided adolescence psychosocial problems into four categories, namely, problems with psychosomatic nature, depression, social dysfunction and anxiety or insomnia. These problems generally lead to poor psychological and physical health of the individuals.

Adolescence is different from other periods and so are the problems of the adolescents of the different parts of the world. For instance, the issues of adolescents' in a war ravaged country are quite different from that the adolescents of affluent society. These contexts of affluence and dis-advantage co-exist even within a country. Hence, area specific study of adolescence is of vital importance in drawing the profile of the global adolescence.

As such understanding the adolescence in the remote part of the country also becomes necessitated. Adolescents of our part of the world are encountering the changing complex of socioeconomic and political transformation. They nowadays face a lot of problems due to, among other reasons, the non-availability of the parents, poor parenting, domestic violence, and cultural shock in the course of life. Researches highlight that problems faced by the adolescents are mostly emotional problems, stress, depression, aggression loneliness, and behavioral problems such as drug abuse, sexual abuse and unwanted pregnancy, HIV infections. Some of such problems that plague the Indian adolescents are reviewed below:

Psychological issues of higher secondary students in India

The problems of Indian adolescents are very different from that of others. For instance, the undue stress burdened on them through the educational system creates heavy academic stress in them. Especially, the Indian middle-class adolescents' academic tasks are highly competitive. They result in such negative subjective states as low affect state, below-average activation levels, lower feeling of choice, and higher social anxiety and they frequented in homework. It has been revealed by Verma, Sharma, and Larson (2002) that spending more time on homework is linked

with lower average emotional states and more internalizing problems and that spending more time in leisure is linked with more favorable states but also with higher academic anxiety and lower scholastic achievement.

According to Deb, McGirr, Bhattacharya, and Sun (2015), who examined relationships among home environment, parents' personality and mental health of adolescents with a focus on adjustment, anxiety, self-concept and self-confidence, parental care is found to be associated with high self-confidence while parental pressure is with high anxiety. Fathers' "friendliness" has been associated with low emotional adjustment and high self-concept while mothers' short-temper has been associated with high anxiety. Further, the disturbed families are found to be associated with adolescent anxiety, inability to share personal problems, parental interference in personal affairs and academic pressure. Parental traits are found to be negatively affecting mental health, e.g., anxiety, adjustment, self-concept and self-confidence.

Deep shikha and Bhanot (2011) found that family environment plays a significant role in social adjustment of adolescent girls. Parental pressure for better academic performance is a serious issue in India. In this regard, Hussain, Kumar, and Husain (2008) observed that the magnitude of academic stress significantly higher among the Public school students whereas Government school students are significantly better in terms of their level of adjustment since they do not experience the same degree of academic pressure. However, inverse but significant relationships between academic stress and adjustment are found for both by the authors.

Deb, Chatterjee, and Walshi (2010) reported a level of high anxiety among 20.1% of boys and 17.9% of girls in Kolkata. Further, the authors revealed that adolescents belonging to the middle socio-economic group suffer more anxiety than those from both high and low socio-economic groups.

Again Deb, Strodl, and Sun (2014) who examined the prevalence of academic stress and exam anxiety among private secondary school students in India as well as the associations with socio-economic and study-related factors, revealed 35 and 37 percent of students reporting high or very high levels of academic stress and exam anxiety respectively. All students report high levels of academic stress, but those who have lower grades report higher levels of stress than

those with higher grades. Students who engaged in extra-curricular activities are more likely to report exam anxiety than those who do not engage in extra-curricular activities.

Mental health problems among children and adolescents are frequent in India as well (Narang, 1994, Verma, & Singh, 1998). According to National Crime Records Bureau of India (2008) due to the academic stress and failure in examination every day 6.23 students commit suicide— raising questions regarding the effects of the school system on the wellbeing of young people.

Hence, this study aims to explore the psychological distress among adolescent students from educationally backward blocks in the Salem district of Tamilnadu. Further most of the studies done of the adolescents including the ones reviewed above call for appropriate culture specific intervention to reduce distress and enhance psychological wellbeing. Hence, the present study further aims to develop and test a health counselling module to reduce the identified issues among them.

Objectives

1. To identify the level of psychological distress among adolescent school students in the educationally backward block schools in Salem district
2. To reduce the identified psychological distress by applying a health counselling module.

Method

Sample: Salem District of Tamilnadu state has been listed as having 12 educationally backward blocks by Ministry of Human Resource Development, Government of India. Initially for a major study on career development among backward block students (Ramasamy & Nithyanandan, 2019) they approached and based on the consequent teacher recommendations 120 (10 from each block) students were screened with a standardized questionnaire and 117 were found complete (63-Males & 54-Females). The researcher explained the purpose and objectives of the research to the participants and got consent from the both participant and their parents. After that, all participants were given the right to participation in research. And the researcher also gave assurance of anonymity and confidentiality of their research data.

The Measure: A Adolescent Psychological Distress Questionnaire (Ramanathan & Nithyanandan, 2015) based on the General Health model by Goldberg (1978) consisting of 36 items in four domains such as physical issues (item 1-9), anxiety issues (item 10-18), social issues (item 19-27), loneliness/ depressive issues (item 28-36) was used to screen for psychological distress. The Test-retest reliability has been found to be 0.82 and it was found to have good content validity (Ramanathan & Nithyanandan, 2015). The data were analyzed with the help of SPSS. V.22.

The module: For this purpose, the researcher developed a 21-day training module for college students. The sessions focused on enhancing the psychological wellbeing of college students. The module contained the following areas to enhance the psychological wellbeing: *Explain about the health counseling module, Getting to knowing each other, Coping Skills, Emotion, Explain about Mental health and causes, Self Management, Stress Management, and Goal Setting, Anger Management, Time Management, Stress Coping, and Relaxation.*

Results and Discussion

As the study aimed to develop a health counselling module to reduce the psychological distress among adolescents from the educationally backward block areas which necessitated a screening and an intervention. Hence, the study contained two phases whose results are have been summarized and discussed below.

Phase I: Relationship and Comparison of Psychological distress among adolescents

Relationship among the psychological distress

H01: dimensions of psychological distress are not related to each other

Table 1

Inter-correlations among the subscales of Adolescent Psychological Distress Questionnaire

Psychological Distress	1	2	3	4	5
Physical issues (1)	1	.32**	.01	.11	.54**
Anxiety issues (2)		1	-.12	.31**	.61**
Social issues (3)			1	.13	.55**
Loneliness/ depressive issues (4)				1	.64**
Total (5)					1

Note: N=117; **=Correlation is significant at the 0.01 level (2-tailed).

Table 1 showing the inter-correlations among the dimensions of the adolescent’s psychological distress reveals that physical issues and anxiety issues are significantly positively correlated ($r=0.32$) and so are issues related to anxiety and loneliness/depression ($r=0.31$). Further all the sub-dimensions are significantly positively related to the total score. However, in the general health questionnaire, on which the present screening questionnaire, was developed most of the studies have revealed that all the subscales were positively related to each other as well as to the total score (Shayan, Pourmovahed, Najafipour, Abdoli, Mohebpour, & Najafipour, 2015; Nagyova, 2005; Gibbons, de Arévalo, & Mónico, 2004).

Comparison of psychological distress with regard to gender

Ho2: males and females do not significantly differ in psychological distress

Table 2

Comparison of psychological distress with respect to Gender

Psychological Distress	Male		Female		‘t’ value
	Mean	SD	Mean	SD	
Physical issues	13.81	2.47	14.04	2.85	0.333 ^{NS}
Anxiety issues	15.10	3.61	14.54	3.26	0.878 ^{NS}
Social issues	18.87	4.04	20.39	4.44	1.932*
Loneliness/ depressive issues	16.50	3.26	18.30	2.41	3.214*

Note: Males= 63, Females=54; * $p<0.05$; NS= Not significant

From the table 2 it is found that male and female students significantly differ in their psychological distress. It is important to notice that female students had displayed higher score in social dysfunction and loneliness/depression issues. When we look at the Indian history, women had to struggle with lot of worries and impairments, for instance, poor literacy, more restriction in family side, lack of social awareness and so on. In the recent decades, In India, there are many research studies going on to understand women empowerment and reformative actions are taken which is one of the possible way to reduce the chance of psycho social problems among women. The study is in support with a recent study that revealed that adolescent girls, rural students and those from minority religion were found to have lesser protective factors (Annalaksmi, 2019).

Comparison of mobile phone users and non-users in psychological distress

H₀₃: Mobile phone usage does not make any difference in psychological distress

Table 3

Comparison of psychological distress with respect to Mobile Phone Usage and Non Usage

Psychological Distress	Mobile phone user		Mobile phone Non user		t value
	Mean	SD	Mean	SD	
Physical issues	13.91	2.70	19.00	2.58	0.172 ^{NS}
Anxiety issues	14.33	3.16	15.60	3.75	1.971*
Social issues	19.83	4.48	19.19	3.97	0.788 ^{NS}
Loneliness/ depressive issues	17.71	2.93	16.83	3.14	1.533 ^{NS}

Note: N1= 41, N2=76. *p<0.05. NS= Not significant

Table 3 shows the ‘t’ value significantly differ in mobile user and non-user of students’ psychological stress. The mobile phone users (M=14.33; SD= 3.16) and non-users (M=15.60; SD= 3.75) do not significantly differ in psychological distress except in issues related to anxiety. It is interesting to notice that students who do not use mobile phones are found to have more scores in the anxiety related issues than the users which is contrary to the research understanding that high frequency of mobile phone use was a risk factor for mental health outcomes, especially stress (Shoukat, 2019; Liu, Zhang, Yang, Zhang, Fan, & Zhou, 2018; Thomée, Härenstam, & Hagberg, 2011).

Phase II: Results of Pre- and Post- Intervention of the Health Counselling Module

In this phase, the effectiveness of the training module aimed at reducing psychological distress among the adolescent school students was analyzed. In this phase 58 participants who have consent were included in the experimental group based on inclusion and exclusion criteria. For this purpose, the researcher developed a 21-day training module for college students. The sessions focused on enhancing the psychological wellbeing of college students. The results have been displayed in table 4.

H₀₄: There is no difference in mean pre- and post- test scores in psychological distress

Table 4

Comparison of experimental group pre-and post-test of health counseling module

Psychological Distress	Pre-Test		Post-Test		t value
	Mean	SD	Mean	SD	
Physical issues	13.68	3.04	14.22	2.16	1.116 ^{NS}
Anxiety issues	14.12	3.43	15.57	3.34	2.315*
Social issues	19.33	4.38	19.81	4.2	.612 ^{NS}
Loneliness/ depressive issues	17.25	3.04	17.47	3.08	0.375 ^{NS}

Note: N=58. *p<0.05. NS= Not significant

From the table 4 it can be found that there exists a significant difference between the pre (M=14.12; SD= 3.43) and post (M=15.57; SD= 3.34) experimental conditions only in the issues related to anxiety (t=2.315; p<0.05). The symptoms of anxiety such as losing sleep over worry, feeling constantly under strain, getting edgy and bad-tempered, getting scared or panicky for no good reason, finding everything getting on top and feeling nervous and strung-up all the time are to be expected to come down. Hence, it can be stated that the health counselling module applied is effective in terms of reducing anxiety related issues for this population.

Conclusion

By applying a health counselling module the study tried to reduce the psychological distress among adolescents in which it has been found that the counselling was found effective in addressing anxiety related issues. Hence, it can be concluded that the module can be applied for reducing non-clinical anxiety related issues as the sample is from a non-clinical population. Further it requires some modification that would suit to address the other issues, namely, physical, social and loneliness related issues. Besides as the study involves no control group it is prone to the issues of internal validity, testing effect and regression towards the mean.

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