

Effect of Counseling Assistance on Anxiety Related Depression Among Adolescents

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ABSTRACT

Background: Adolescent depression and anxiety disorders are often associated with issues like low self-esteem, poor academic performance, interpersonal relationship difficulties, long-term mental health problems, substance abuse, and suicidal attempts. Nearly 3 million adolescents are struggling with depression and anxiety. Counselling is a process that helps individuals address and resolve their issues through various strategies and suggestions. Adolescent counselling can be an effective tool for overcoming depression and anxiety. It also intended to help adolescents make sense of their feelings and behavior.

Materials and Methods: This study was done on the effect of counseling in reducing anxiety and depression among adolescents. This prospective study was conducted among 60 higher secondary adolescents recruited from St Antony's higher secondary school through a convenient sampling technique. The standardized Beck's Anxiety and Depression Scales were used to assess depression and anxiety.

Results: In the study group, most of participants have moderate depression and anxiety before intervention which declined to minor depression and anxiety after 8th week of intervention. The mean pre-test anxiety score was 67.5 ± 11.5 which was decreased to 48 ± 9.5 after the intervention which was statistically significant.

Conclusion: This study recommends that counselling was effective in reducing anxiety and depression among adolescents.

1. Introduction

Adolescent is a period that involves transition from childhood to adulthood in which considerable physical and mental changes take place. It usually occurs between the age of 10 and 19 years⁽¹⁾. Physical change that occurs during that time is known as puberty. Because of puberty, the teenagers may often over – sensitive and lack of self-confidence they come to terms with the changes they are going through. Mood swings and shyness are some of the most features associated with adolescence. It is a period of vulnerability for the teenager, which requires support and understanding.⁽²⁾ Depression and anxiety are recognized as significant mental health problems during childhood.⁽³⁾ The prevalence of symptoms of anxiety and depression has been shown to increase during development. The prevalence of anxiety and depression increases with development, rising from around 1% in children under 12 to between 17% and 25% by the end of adolescence (Singh⁴, Kamlesh; Junnarkar, Mohita; Sharma, Soumya, 2015). Anxiety and depression are associated with impaired social and school functioning and are predictive of similar problems in adulthood. This problem significantly affects performance of Academics and also leads to negative thought and suicide. The prevalence of anxiety and depression increases during adolescence, and the comorbidity between these diagnoses is high among young people.⁽⁵⁾ The one-year prevalence rate of adolescent depression is estimated to be 5.6%.⁽⁶⁾ Anxiety in young people if not diagnosed and treated can lead to severe debilitation. This can manifest itself in children and adolescents with poor school performance and often severe impairment of developmental milestones particularly those impacting on family and peer relationships.

Young people, and particularly adolescents, with anxiety or depression, may adopt maladaptive coping strategies that only result in further complicating the course of their illness. (Warren Bartik, Nick Kowalenko, Kathy Whitefield and Ann Wignall 2001)⁽⁷⁾ Recently a comparative study was investigated on anxiety and depression among adolescents from rural and urban areas (Surya Prabha⁸ V, Sakuntala Devi G, Venkateswara Rao B and Kanaka Bushanam March 2017). The study result depicted anxiety and depression are more in urban areas than in rural areas. Anxiety and depression are more prevalent in boys than in girls.⁽⁸⁾ Upashree Dutta¹ and K. Arockia Maraichelvi (2020), mental health of a person mainly depends on coping skill to alleviate stress, depression and anxiety. Also, emphasize the academic pressure is the most influential factor which

leads to stress, depression, and Anxiety, OCD.⁽⁹⁾ Susi Rutmalembangun (may 2022) group therapy is effective in reducing anxiety and depression among adolescents.⁽¹⁰⁾ Cognitive behavioral therapy (CBT) is the most extensively tested intervention for adolescent depression.

Bernardo Nardi, Micaela Massei, Emidio Arimatea and Andrés Moltedo-Perfetti 2016).⁽¹¹⁾ Adolescent Counseling is intended to help adolescents make sense of their feeling and behavior. Approaches such as family provide both parent and teenagers with the chance of exploring their relationship and ventilating their feeling in a supporting environment.⁽¹²⁾ Counseling offers adolescent a chance to ventilate their feelings to counselor. it also suitable for adolescent who are suffering from mild and moderate symptoms of anxiety and depression⁽¹³⁾. Asli kartol (2019) investigated group counseling based on rational motivational therapy is very effective in reducing anxiety and depression.⁽¹⁴⁾

Another study shown student counseling helps to reduce in levels of anxiety and depression among children and adolescents in Saudi schools⁽³⁾. (Turki Alotaibi 2015)⁽¹⁵⁾. Hence school-based counseling helps to identify the mental health issues and provide adequate support to get rid of these problems among adolescents. This study aims to intend on effect of counseling on Anxiety and depression among Adolescents.

1.1. Objectives:

1. To assess the level of anxiety and depression among adolescent before counselling.
2. To assess the level of anxiety and depression among adolescent after counseling.
3. To compare the level of anxiety and depression among adolescent.

1.2. Hypothesis:

- H₁: There will be significant change in the mean scores of anxieties and depression among adolescents after intervention.

2. Materials and Methods

In this quasi-experimental study one group pretest post-test design was used. Study group consists of 60 adolescents from a government aided school from Thiruvananthapuram district. Students with history of mental illness were excluded. Malayalam version of Beck's Depression and Anxiety Inventory was used. Reliability coefficient as given by Cronbach's alpha was 0.712 for this tool. For the conduct of study permission from Institution Ethical Committee (EC /01 / 2020) was obtained. In the first phase all the students were interviewed and their anxiety and depression levels were measured. They were exposed to four counselling sessions of 45 minutes duration on alternate weeks. To measure the effect of intervention on the levels of anxiety and depression the adolescents were interviewed again on the ninth week following intervention. Qualitative variables were expressed as frequency and percentage and quantitative variables were expressed as mean \pm SD. To study the effect of intervention paired t test was used.

3. Results

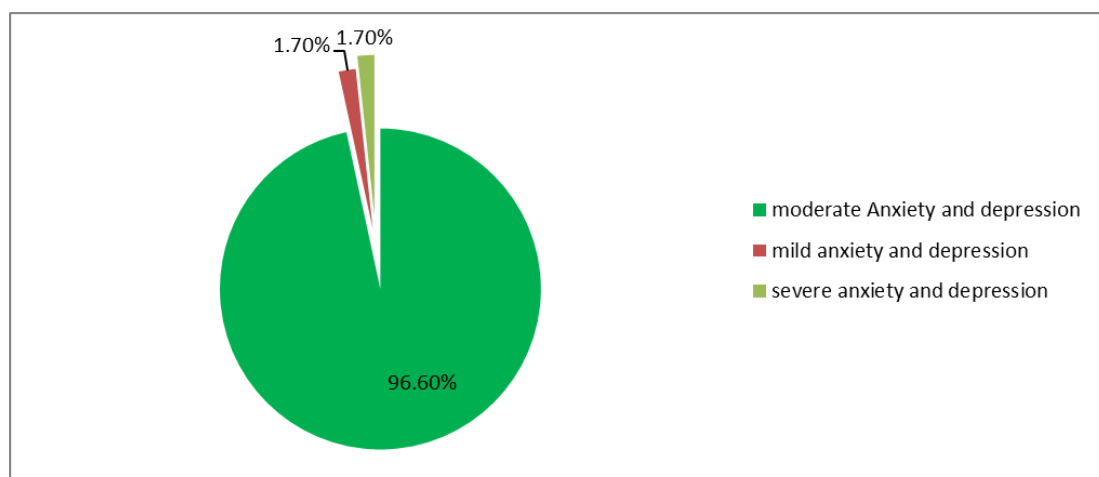


Figure 1: Percentage distribution of anxiety and depression before Counseling

Figure 1 shows the percentages of anxiety and depression levels before counseling. The majority of participants (96.6%) experienced moderate anxiety and depression, while only 1.7% had mild anxiety and depression, and another 1.7% had severe anxiety and depression prior to the intervention.

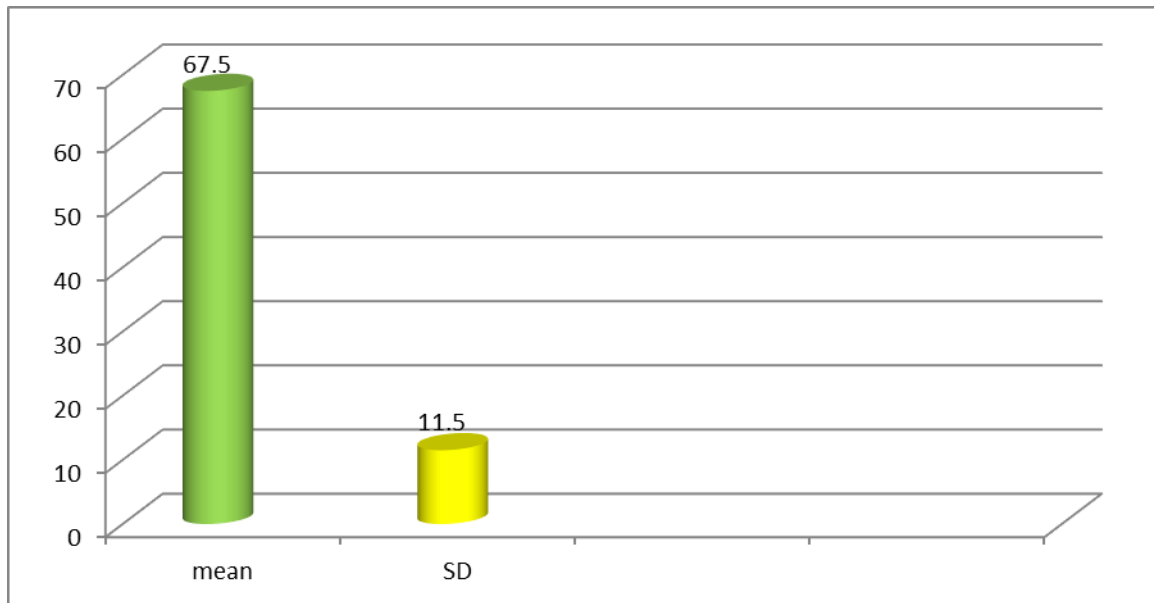


Figure2: Mean scores of anxiety and depression of participants before intervention

Figure 2 illustrates the mean levels of anxiety and depression among participants before the intervention, which was 67.5 ± 11.5 . The estimated population mean, at a 95% confidence interval (CI), ranges from 64.5 to 70.7.

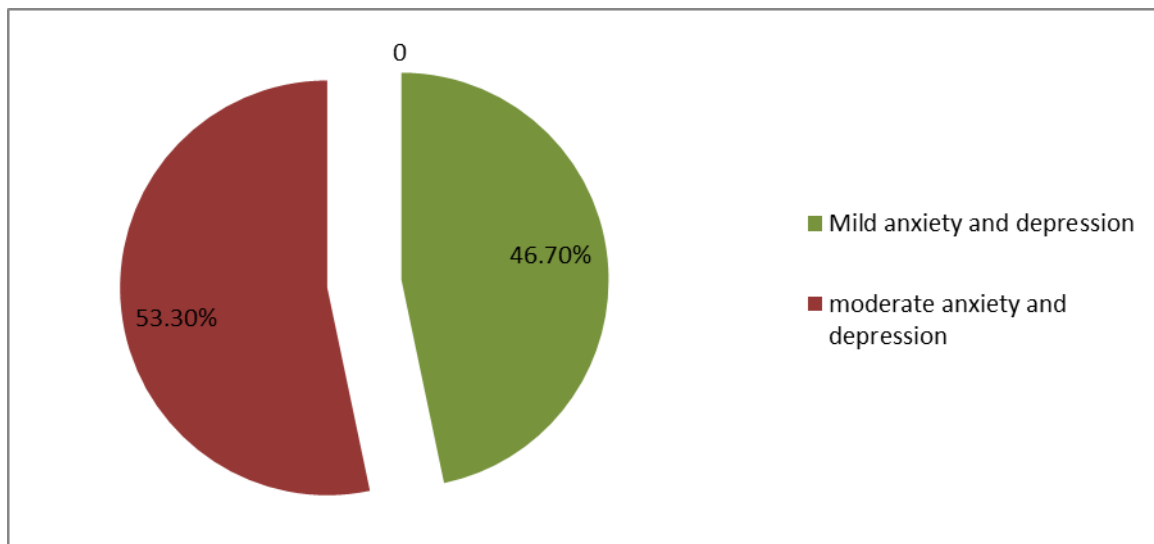


Figure 3: Percentage distribution of Anxiety and depression after counseling

Figure 3 shows the percentage of participants' anxiety and depression levels after counselling. It was observed that 53.3% of participants experienced mild anxiety and depression, while 46.7% had moderate anxiety and depression. Notably, no participants remained in the severe anxiety and depression category after the nine-week intervention.

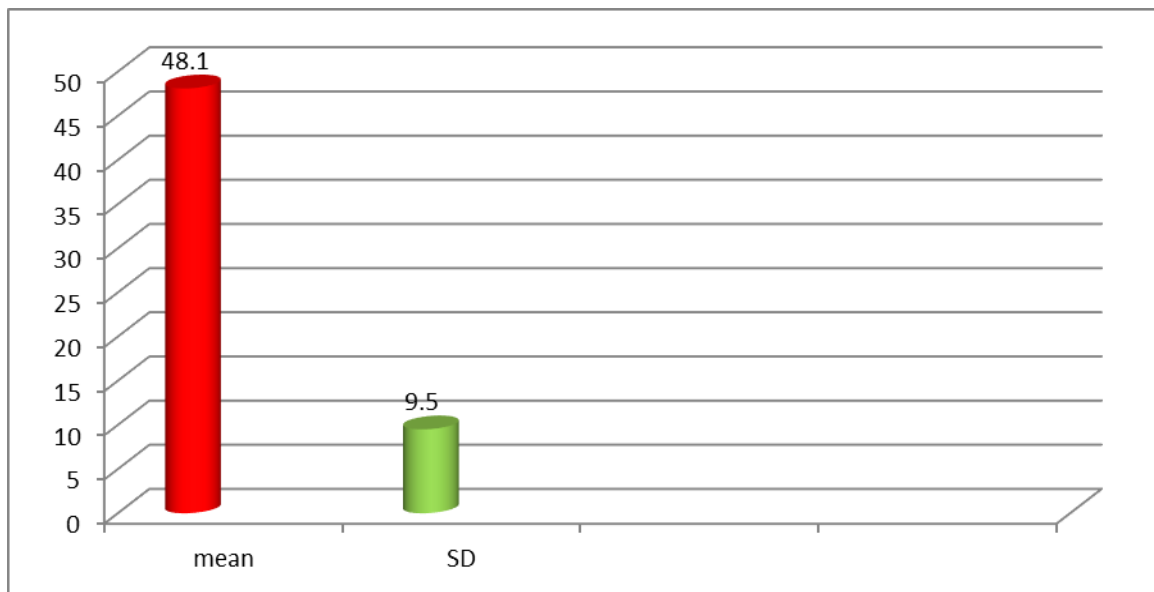


Figure 4: Mean Scores of anxiety and depression of participant after counseling

Figure 4 presents the mean anxiety and depression scores of participants after counselling. The mean scores decreased to 48.1 ± 9.5 following the counselling sessions. The estimated population mean, at a 95% confidence interval (CI), ranges from 45.7 to 50.5.

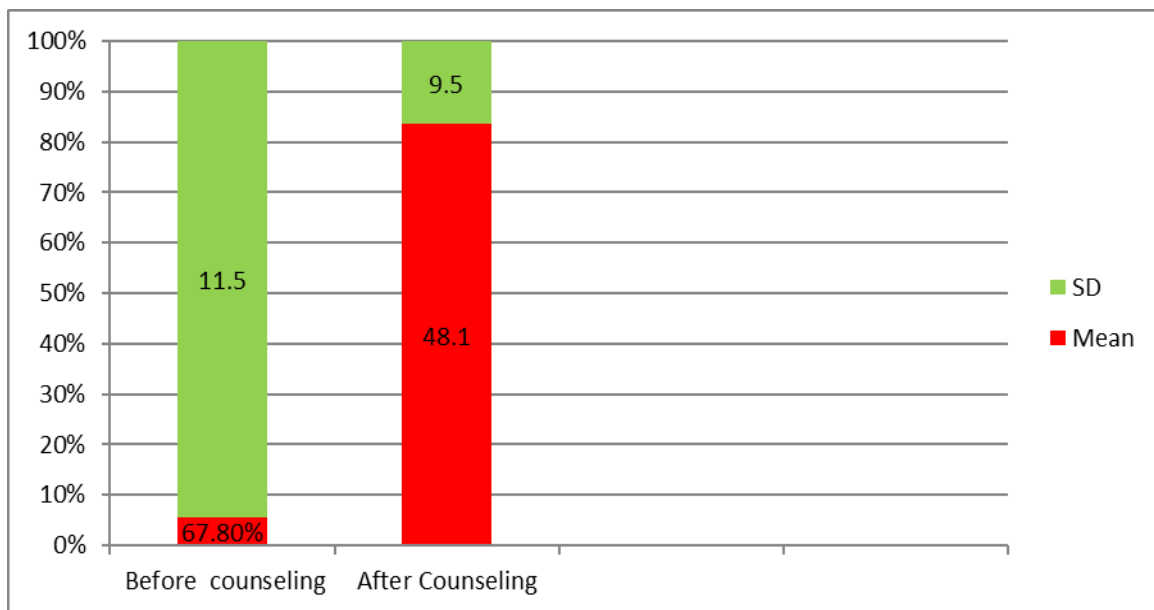


Figure 5: Comparison of Anxiety and depression before and after counseling

Figure 5 portrays the mean scores of anxiety and depression of the adolescent were 67.5 ± 11.6 at baseline reduced to 48.1 ± 9.5 after 9th week of intervention which was statistically significant at level of $p < 0.001$. This results suggest counseling is effective in reducing anxiety and depression among adolescents.

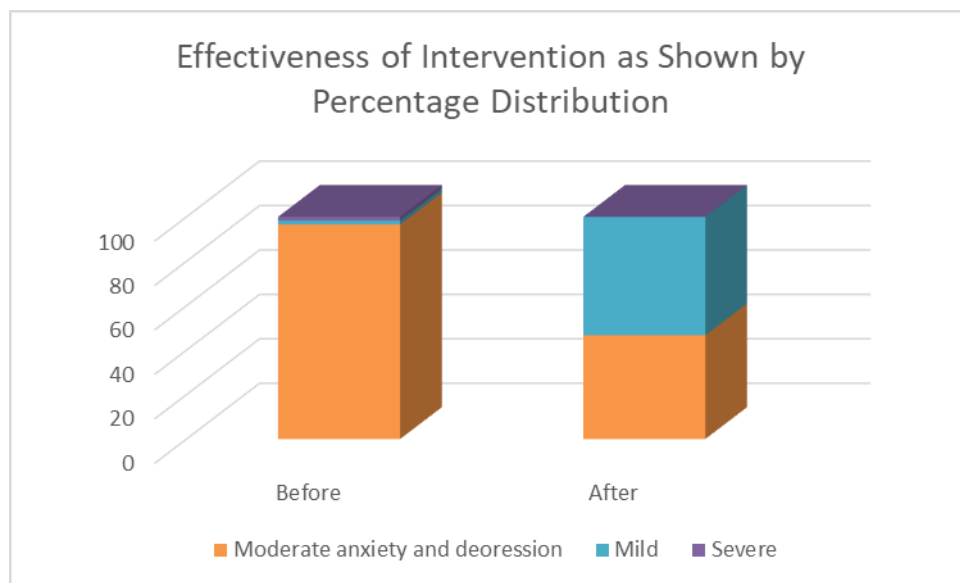


Figure 6: Effectiveness of counseling according to categorization

Figure 6 illustrates the effectiveness of counselling across three categories. The study reports that 1.7% of participants had mild anxiety and depression at baseline, which increased to 46.7% after nine weeks of intervention. Additionally, 96.6% of participants had moderate anxiety and depression before the intervention, which decreased to 53.3% after counselling. These changes in mean scores were statistically significant ($p < 0.001$). The research hypothesis of intervention bringing in change in mean scores was accepted.

4. Discussion

Using Beck's Depression and Anxiety Inventory, the study demonstrates that 1.7% had mild and another 1.7% had moderate levels of anxiety and depression. The mean anxiety and depression score of female adolescents was 16.7 ± 4.5 before counselling session and was declined to 12.7 ± 9.3 after ninth week of intervention.

A similar study by Shiri¹⁶ et al among female adolescent also demonstrate the effect of counselling on anxiety and depression besides quality of life as measured using WHO QOL questionnaire. Mean (SD) score of participants' anxiety before the intervention was 16.7 (4.8) which was significantly reduced immediately after the intervention to 12.7 (9.3) and 8 weeks after intervention to 12.8 (8.7). Mean (SD) depression score in participants before the intervention was 17.0 (11.5) which immediately after the intervention dropped to 11.0 (10.4) and 8 weeks after the end of the intervention, it was significantly reduced to 12.7 (11.0). Mean (SD) score of overall quality of life before the intervention was 67.2 (14.8) which increased significantly immediately after the intervention to 71.1 (16.3) and 8 weeks later to 71.9 (14.6).

A study by Johan¹⁷ et al also demonstrates expressive art therapy in group counselling sessions as an intervention can be effective in anger management. Similar results are obtained in a quasi experimental study by Bakesia¹⁸ and Abwalaba (2023) conducted in schools of Kenya. The mean depression score was 28.0 ± 2.7 before intervention which was reduced to 21.0 ± 6.6 . A combination of guidance and counselling was used as intervention and yielded an effect size of 0.46. A meta-analysis covering randomized clinical trials, after accounting for publication bias, school-based interventions demonstrated a significant positive effect on reducing symptoms of depression and anxiety compared to control groups Zhang Q¹⁹ wang J and Neitzel A (2023).

The question of whether educational institutions can serve as settings for offering counseling services is frequently encountered. To provide early and accessible treatment for adolescents with depression, brief and effective treatments in their everyday surroundings are essential. Apart from ensuring confidentiality from society, this setting reduces the fear of counselors. It also ensures lower costs and saves time, offering flexibility in sessions and financial savings. School counselors can collaborate with teachers and staff to provide a more holistic support system for students. This integrated approach ensures that both academic and emotional needs are addressed, leading to better outcomes for students. This approach is supported by a multi-stakeholder analysis by Parikh⁽²⁰⁾ et al exploring priorities and preferences for school mental health services in

urban India revealed a consensus across all stakeholder groups that schools are a suitable platform for delivering mental health services. Different groups valued different outcomes: adolescents prioritized stress reduction related to coping with life's challenges; parents and teachers focused on functional outcomes, particularly academic performance; and mental health providers emphasized addressing more overt psychiatric symptoms.

5. Limitations

There are certain limitations to consider when interpreting the results of this study. Since a quasi-experimental method was adopted, the absence of a control group affects the ability to demonstrate the intervention's effectiveness. Additionally, participants were subjected to only a limited number of counseling sessions due to their busy examination schedules. The intervention was also conducted with a small number of participants, which limits the ability to generalize the findings. Future studies should incorporate objective measurements of neurotransmitters to better assess anxiety and depression among adolescents.

6. Conclusion

Adolescence is a particularly sensitive period marked by significant social, physical, and emotional changes, making it a critical time for the onset of mental and emotional issues. During this time, many young people experience increased vulnerability to mental health issues, particularly anxiety and depression. The prevalence of these conditions in adolescents is a growing concern worldwide, with potentially severe implications for academic performance, social relationships, and long-term mental health outcomes. Our study findings clearly indicate that counseling effectively reduces anxiety and depression in adolescents. Implementing counseling services within the school system offers a natural and accessible means to support adolescents in distress. Therefore, the author recommends that school-based counseling be periodically implemented as a preventive measure to address mental health problems among adolescents, who are the future pillars of our nation.

7. Acknowledgement

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8. Key Findings and Implications

Symptom Reduction: The study observed a statistically significant decrease in anxiety and depression scores after counselling interventions. The mean scores dropped from 67.8 ± 11.5 before intervention to 48 ± 19.5 after 9 weeks of counselling ($p < 0.001$). This substantial reduction underscores the potential of counselling as an effective tool for addressing adolescent mental health concerns.

Severity Shift: A notable finding was the complete elimination of severe cases post-intervention. The proportion of participants with mild symptoms increased from 1.7% to 53.3%, while those with moderate symptoms decreased from 96.6% to 46.7%. This shift towards milder symptomatology is clinically significant, suggesting that counselling can not only alleviate symptoms but potentially prevent the escalation of mental health issues in adolescents.

School-Based Intervention: The study's setting in a school environment highlights the feasibility and potential efficacy of integrating mental health support into educational settings. This approach could be particularly valuable for early intervention and prevention, potentially reaching a broader range of adolescents who might not otherwise access mental health services.

Short-Term Effectiveness: The positive results observed after just 9 weeks of intervention suggest that even relatively brief counselling programs can yield meaningful improvements in adolescent mental health. This finding has important implications for resource allocation and program design in school-based mental health initiatives.

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