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Research Paper

Positive Psychological Interventions (PPI) and Mental Health

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ABSTRACT

The study aimed to explore the impact of positive psychological interventions (PPI) such as gratitude exercises, mindfulness interventions, and yoga on mental health, stress, and depression. The research involved 450 participants selected through incidental-cum-purposive sampling. The participants were divided into two groups: one receiving PPIs and the other serving as a control group. Mental health was evaluated using questionnaires at the beginning and after three months of practicing PPIs. The Mental Health Continuum Short Form (MHC-SF) and Anxiety Depression Stress Scale (ADSS) were used for this purpose. The results strongly indicated that PPIs had a significant positive effect on enhancing well-being and reducing anxiety, stress, and depression.

Keywords: *Positive Psychological Intervention (PPI), Mental Health, Well-being, Gratitude, Mindfulness, Pranayam, Anxiety, Depression, and Stress*

In 2020, a striking 5.6% of the population in India experienced severe psychological conditions (NIMHANS, 2020). The lack of mental health infrastructure and trained professionals has significantly exacerbated mental health issues in developing countries, particularly in India. Shockingly, the Indian government continues to show reluctance in allocating sufficient budgets for mental health, with a meager allocation of less than 2% of healthcare funds (Thirunavukarasu, 2011). An alarming 80% of individuals with mental health problems have been left untreated for over a year (NIMHANS, 2016). These findings reveal substantial gaps in mental healthcare treatment, ranging from 28% to 83% across different mental illnesses. The situation in Bihar is particularly dire; despite a population of over nine crores, a few Mental Health Hospitals are operational. In many hospitals, individuals posing as clinical psychologists lack proper training and RCI-registered certificates to treat mental health patients, often with backgrounds in psychology or social work.

Both physical and mental health are vital for overall well-being. For example, depression increases the risk of various physical health issues, such as chronic diseases like diabetes, heart disease, and stroke. Similarly, chronic illnesses can elevate the risk of mental illness (NIMHANS, 2015). Psychological, emotional, and social well-being are all encompassed within the realm of mental health. Mental health influences how we feel, act, relate to others, and make life decisions. Mental illnesses encompass conditions such as depression, anxiety, phobias, dissociative disorders, amnesia, schizophrenia, and more. Depression, anxiety disorder, and phobias represent mild symptoms of mental illness, while dissociative disorders,

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amnesia, and schizophrenia are severe mental disorders that impair patients' perception of reality.

According to the WHO, mental health is "more than merely the absence of mental diseases or disabilities." It stresses the importance for each person, as well as for the community and society as a whole, to maintain and recover their mental health.

The increasing prevalence of mental health issues can be attributed to various factors such as modern lifestyle, economic pressures, and stress (Pearlin, 1999 & Thoits, 2013). With the rising incidence of mental disorders and limited treatment resources, it is crucial to explore cost-effective positive psychological interventions to promote mental well-being. Positive psychology interventions (PPIs) are aimed at enhancing positive emotions, thoughts, and behaviors rather than solely reducing symptoms and problems (Sin and Lyubomirsky, 2009).

Positive psychological interventions include gratitude exercises, acts of kindness, empathy-enhancing activities, optimism training, building personal strengths, and meaning-oriented exercises. Bryant (2003) discovered that practicing savouring leads to greater enjoyment, life satisfaction, and fewer depressive symptoms. Dunn et al. (2008) revealed that acts of kindness, or "prosocial spending," improve mental health by enhancing well-being. Fredrickson et al. (2008) showed that participation in empathy PPI increases life satisfaction, decreases depression symptoms, and promotes pleasant emotions and behaviors. King (2001) indicated that optimism PPI leads to substantial changes in subjective well-being and is associated with fewer illnesses. Haidt (2002) and Louis (2011) found that PPI related to strengths leads to greater enjoyment and fewer depression symptoms. Several studies have also shown that meaning-based PPI increases people's satisfaction in life and happiness (Steger et al., 2008 and 2009).

Bolier et al. (2013) meta-analysis of 39 studies with 6,139 participants revealed that PPIs can improve subjective and psychological well-being while reducing symptoms of depression. Additionally, a study by Proyer et al. (2014) on online PPIs for individuals aged 50 to 79 found that interventions such as gratitude visits, focusing on positive events, and leveraging personal strengths effectively increased happiness and reduced depressive symptoms.

Furthermore, Waters (2011) studied the impact of PPIs in a school setting and found a strong association with students' well-being, social connections, and academic success.

The literature review reveals that positive psychological interventions (PPIs) are effective intervention programs promoting mental health and well-being. However, little research has been conducted in India to determine the role of various positive psychological interventions in enhancing mental health.

Objectives of the Study

The present study has been conducted with the following aims and objectives:

i. To measure the role of the PPI in enhancing emotional well-being, social well-being, and psychological well-being.
ii. To assess the effectiveness of the PPI in reducing anxiety, depressive symptoms, and stress.

Hypotheses of the Study

Based on the objectives of the study and review of the related literature some hypotheses have been formulated. The study has been conducted to test the following hypotheses:

- PPIs would have a significant effect on enhancing participants' emotional well-being.
- The social well-being of the participants would be significantly increased due to PPIs.
- There would be a significant effect of PPIs on enhancing participants' psychological well-being.
- The anxiety level of the participants would be significantly reduced by the PPIs.
- The PPIs would significantly reduce the depressive symptoms of the participants.
- There would be a significant role of PPIs in reducing the stress level of the participants.

METHODOLOGY

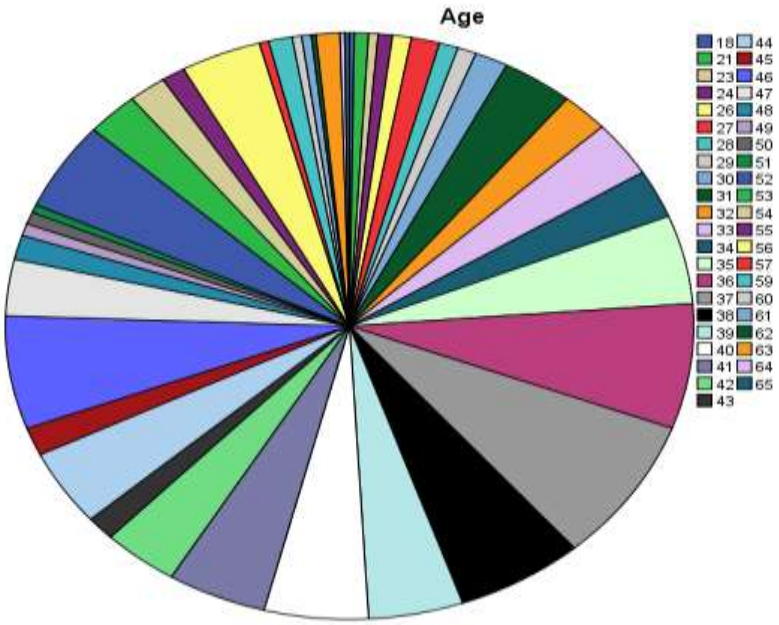
Sample

The study has been conducted on 450 samples. The sample has been selected through purposive-cum-incidental technique. The participants of the study are teachers of different schools and colleges situated in the Begusarai district of Bihar, India. Among them, 305 participants were males and 145 were females. 68% of the sample were males whereas 32% were females. The mean age of the sample was 41.29 years. 40 and 37 were the median and mode of the age of the participants, respectively. The minimum age of the participant was 18 years while the maximum was 65 years thus the range of their ages was 47. The standard deviation, skewness, and kurtosis of their age were 8.72, 0.389, and -0.165 respectively. The descriptive statistics of the age of the sample are shown in Table 1. The graph 1 and 2 show their ages in pie charts and histograms. The histogram shows that participants, in terms of their age, are normally distributed.

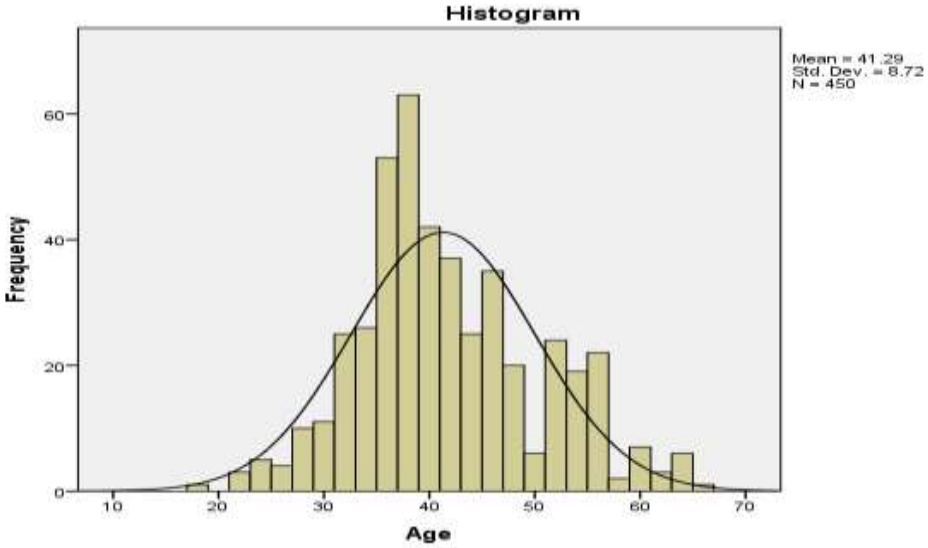
Table 1: showing descriptive statistics of the age of the sample

Age	
N	450
Mean	41.29
Std. Error of Mean	.411
Median	40
Mode	37
Std. Deviation	8.720
Variance	76.041
Skewness	.389
Std. Error of Skewness	.115
Kurtosis	-.165
Std. Error of Kurtosis	.230
Range	47
Minimum	18
Maximum	65

Graph 1: showing the age of the sample in the pie chart



Graph 2: showing age of the sample in histogram with normal probability



Instruments

The study has used the following psychological scales for measuring the relevant variables used in the study:

- **Mental Health Continuum Short Form (MHC-SF)** – This scale has been used to measure the emotional well-being, social well-being, and psychological well-being of the participants. This instrument has been developed by Keyes (2009). This short form of the scale has only 14 items.
- **Anxiety Depression Stress Scale (ADSS)** – This scale has been employed for assessing the anxiety, depression, and stress levels of the participants. It has been developed by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya, and Amitabh and published by National Psychological Corporation, Agra. It uses 48 items for measuring the variables. 19 items are used for measuring anxiety, 15 items for measuring depression, and the remaining 14 items are used for assessing stress. The score of the scale ranges from 0 to 19, 0 to 15, and 0 to 14 for anxiety, depression, and

stress, respectively. Contrastingly to MHC-SF, here in this scale, the lowest score implies a low level and the highest score denotes a high level of anxiety, depression, and stress.

Procedure

The participants were divided into two groups, experimental group and controlled group. The specifically designed PPI was administered to the experimental group for three months on alternate days i.e. three times per week. While, the other group, the controlled one was given no PPI (interventions). PPI is comprised of practicing gratitude, *pranayama,* and mindfulness. In gratitude practice, participants were supposed to write two things. In first thing, they were made to write the names of the people to whom they have either expressed or wished to express gratitude/thankfulness on the particular day and the previous day. Whereas, in the second instance they wrote the names of the people or events where they felt happiness or simply positive, no matter how small or big the event was. Participants were made to practice anulom-vilom and bhramari under pranayama. Anulom vilom is a kind of breath exercise (pranayama) of Hatha yoga in which deep breath is taken in and out through alternate nostrils. Bhramari is also a type of breath exercise in which a long humming sound is produced after blocking the ear, closing the eyes, and closing the nose and mouth. Both ears are closed using thumbs to push on the tragus of each ear. The mindfulness practice involves three sorts of concentration practices: focus on sound, focus on breath, and focus on thoughts without being judgemental. Participants are encouraged to listen, observe, and differentiate all kinds of sounds that are available without thinking anything about them. They are made to concentrate on breathing and only observe air while breathing in and out without thinking anything. At the last stage of mindfulness, participants are made to observe the thoughts in their minds without judging them. Participants took about 30 minutes to complete the PPI practice.

At the beginning of the study, all participants' emotional well-being, social well-being, psychological well-being, anxiety level, depressive symptoms, and stress levels were measured to record the base level. The experimental group then trained to practice the PPI and was made to practice it thrice a week for three months. The emotional well-being, social well-being, psychological well-being, anxiety level, depressive symptoms, and stress levels of all participants of both groups have been assessed after three months. The data were analyzed and compared with the base level thus the effect of PPI has been assessed.

RESULT AND DISCUSSION

Emotional well-being and PPI

Hypothesis number one predicted that the practice of PPI would have a significant effect on the enhancement of emotional well-being. For testing this hypothesis, two mean scores of emotional well-being were calculated. One mean score at the beginning of the study and another mean score after three months. This was done concerning participants of both groups, controlled and experimental. The mean scores (at the beginning and after three months) were compared in the controlled group as well as in the experimental one and paired sample t-tests were also calculated for both groups. The results are recorded in Tables 2 and 3.

Table 2: Comparison of emotional well-being in the experimental group

Variable	**Emotional Well-Being**	
Condition	Base Level	After 3 Months of Intervention
Mean	10.11	11.49
Mean Difference	1.38	

Variable	Emotional Well-Being
Standard Deviation	3.447
Standard Error	0.23
T	5.996
Df	224
Sig. (2-Tailed)	0.000
N	225

Table 3: Comparison of emotional well-being in the controlled group

Variable	Emotional Well-Being	
Condition	Base Level	After 3 Months
Mean	9.65	9.58
Mean Difference	0.07	
Standard Deviation	0.707	
Standard Error	0.047	
T	1.414	
Df	224	
Sig. (2-Tailed)	0.159	
N	225	

Table 2 shows the mean difference between base emotional well-being and emotional well-being after three months in the experimental group. The mean score of the emotional well-being of the participants after PPI is greater than their mean score of emotional well-being before PPI (base level). 10.11 and 11.49 are the mean scores of emotional well-being for base level and after PPI, respectively. The mean difference between the two conditions is 1.38. 3.447 and 0.23 are the standard deviation and standard error for the data, respectively. 5.996 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically significant which implies that the emotional well-being of the participants has been increased after practicing PPI.

Table 3 reflects the values of mean scores of emotional well-being for the initial stage of the study and after three months for participants of the controlled group. The mean score of the emotional well-being of the participants after three months is smaller than their mean score of emotional well-being of the initial stage of the study. 9.65 and 9.58 are the mean scores of emotional well-being for the initial stage of the study and after three months, respectively. The mean difference between the two conditions is 0.07. 0.707 and 0.047 are the standard deviation and standard error for the data, respectively. 1.414 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically not significant.

The emotional well-being of the participants of the experimental group is significantly improved after PPI but no such change has been noticed in the emotional well-being of the participants of the controlled group after three months. This is because no PPI has been practiced in the controlled group. As such, the first hypothesis stating that PPI significantly would enhance emotional well-being is accepted.

Social well-being and PPI

The second hypothesis suggested that practicing PPI would significantly improve social well-being. To test this, the average scores of social well-being were calculated at the start of the

study and again after three months for both the controlled and experimental groups. Paired sample t-tests were conducted for both groups to compare the mean scores at the beginning and after three months. The results are presented in Tables 4 and 5.

Table 4: Comparison of social well-being in the experimental group

Variable	**Social Well-Being**	
Condition	Base Level	After 3 Months of PPI
Mean	15.69	17.28
Mean Difference	1.59	
Standard Deviation	6.801	
Standard Error	0.453	
T	3.509	
Df	224	
Sig. (2-Tailed)	0.001	
N	225	

Table 5: Comparison of social well-being in the controlled group

Variable	**Social Well-Being**	
Condition	Base Level	After 3 Months
Mean	15.369	15.36
Mean Difference	0.009	
Standard Deviation	0.341	
Standard Error	0.023	
T	0.391	
Df	224	
Sig. (2-Tailed)	0.696	
N	225	

In Table 4, the mean difference between the participants' social well-being before and after three months of practicing PPI (Positive Psychology Intervention) in the experimental group is presented. The mean score of social well-being after PPI is higher than the initial score, with mean scores of 15.69 and 17.28 for the base level and after PPI, respectively. The mean difference between the two conditions is 1.59, with standard deviation and standard error of 6.801 and 0.453, and t-score and degrees of freedom (df) are 3.509 and 224. The statistical analysis shows that the increase in social well-being after PPI is significant.

In Table 5, the mean scores of social well-being for the initial stage and after three months are presented for the controlled group. The mean score of social well-being after three months is lower than the initial stage, with mean scores of 15.369 and 15.36. The mean difference between the two conditions is 0.003, with standard deviation and standard error of 0.341 and 0.023, and t-score and degrees of freedom (df) of 0.391 and 224. The statistical analysis indicates that the change in social well-being after three months for the controlled group is not significant.

The findings demonstrate that the social well-being of the participants in the experimental group significantly improved after practicing PPI, while no significant change was observed in the controlled group. This supports the acceptance of the hypothesis that PPI enhances social well-being.

Psychological well-being and PPI

Additionally, to test the hypothesis that PPI has a significant effect on the enhancement of psychological well-being, mean scores of psychological well-being at the beginning of the study and after three months were compared for both the controlled and experimental groups, and paired sample t-tests were conducted. The results are summarized in Tables 6 and 7.

Table 6: Comparison of psychological well-being in the experimental group

Variable	**Psychological well-being**	
Condition	Base level	After 3 months of intervention
Mean	22.86	24.52
Mean difference	1.66	
Standard deviation	6.132	
Standard error	0.409	
T	4.066	
Df	224	
Sig. (2-tailed)	0.000	
N	225	

Table 7: Comparison of psychological well-being in the controlled group

Variable	**Psychological well-being**	
Condition	Base level	After 3 months
Mean	22	21.95
Mean difference	0.05	
Standard deviation	0.820	
Standard error	0.055	
T	0.895	
Df	224	
Sig. (2-tailed)	0.372	
N	225	

In Table 6, the mean difference between the baseline psychological well-being and the well-being after three months in the experimental group is presented. Participants had a higher mean score of psychological well-being after the three months compared to their baseline level, with mean scores of 22.86 and 24.52, respectively. The mean difference between the two conditions is 1.66, with a standard deviation of 6.132 and a standard error of 0.409. The t-score and degrees of freedom (df) are 4.066 and 224, respectively, showing that the mean difference is statistically significant. This suggests that psychological well-being significantly increased after the practice of PPI (Positive Psychology Interventions).

In contrast, Table 7 shows the mean scores of psychological well-being at the initial stage of the study and after three months for participants in the controlled group. The mean score of psychological well-being after three months is lower than the initial stage, with mean scores of 22 and 21.95, respectively. The mean difference between the two conditions is 0.05, with a standard deviation of 0.820 and a standard error of 0.055. The t-score and df are 0.895 and 224, indicating that the mean difference is not statistically significant.

The findings indicate a significant improvement in the psychological well-being of the participants in the experimental group after PPI, whereas no significant change was observed

in the controlled group. This supports the acceptance of the third hypothesis, stating that psychological well-being would significantly increase with PPI.

Additionally, the impact of PPI on mental health has been supported by various researchers such as Bolier et al. (2013), Proyer et al. (2014), Waters (2011), and Bryant (2003).

Anxiety and PPI

The study also addressed the effect of PPI on anxiety, with the hypothesis that PPI would significantly reduce anxiety. Mean scores of anxiety at the beginning of the study and after three months were calculated for both the controlled and experimental groups. The results are recorded in Tables 8 and 9.

Table 8: Comparison of anxiety in the experimental group

Variable	**Anxiety**	
Condition	Base level	After 3 months of intervention
Mean	3.6	2.95
Mean difference	0.65	
Standard deviation	2.547	
Standard error	0.170	
T	3.848	
Df	224	
Sig. (2-tailed)	0.000	
N	225	

Table 9: Comparison of anxiety in the controlled group

Variable	**Anxiety**	
Condition	Base level	After 3 months
Mean	4.57	4.58
Mean difference	0.01	
Standard deviation	0.384	
Standard error	0.026	
T	0.174	
Df	224	
Sig. (2-tailed)	0.862	
N	225	

Table 8 shows the mean difference between base anxiety and anxiety after three months in the experimental group. The mean score of the anxiety of the participants after PPI is lower than their mean score of anxiety before PPI (base level). 3.60 and 2.95 are the mean scores of anxiety for base level and after PPI, respectively. The mean difference between the two conditions is 0.65. 2.547 and 0.170 are the standard deviation and standard error for the data, respectively. 3.848 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically significant which implies that the anxiety of the participants has been reduced after practicing PPI.

Table 9 reflects the values of mean scores of anxiety for the initial stage of the study and after three months for participants of the controlled group. The mean score of the anxiety of the participants after three months is greater than their mean score of anxiety in the initial stage of the study. 4.57 and 4.58 are the mean scores of anxiety for the initial stage of the study and

after three months, respectively. The mean difference between the two conditions is 0.01. 0.384 and 0.026 are the standard deviation and standard error for the data, respectively. 0.174 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically not significant.

The anxiety of the participants of the experimental group is significantly reduced after PPI but no such change has been noticed in the anxiety of the participants of the controlled group after three months. This is because no PPI has been practiced in the controlled group. As such, the fourth hypothesis stating that PPI would significantly reduce anxiety is accepted.

Depression and PPI

Hypothesis number five proposed that the practice of PPI would significantly reduce depression. For testing this hypothesis, two mean scores of depression were calculated. One mean score at the beginning of the study and another mean score after three months. This was done for participants of both groups, controlled and experimental. The mean scores (at the beginning and after three months) were compared in the controlled group as well as in the experimental one and paired sample t-tests were also calculated for both groups. The results are recorded in Tables 10 and 11.

Table 10: Comparison of depression in the experimental group

Variable	**Depression**	
Condition	Base Level	After 3 Months of Intervention
Mean	3.24	2.08
Mean Difference	1.16	
Standard Deviation	2.564	
Standard Error	0.171	
T	6.734	
Df	224	
Sig. (2-Tailed)	0.000	
N	225	

Table 11: Comparison of depression in the controlled group

Variable	**Depression**	
Condition	Base Level	After 3 Months
Mean	3.52	3.60
Mean Difference	0.08	
Standard Deviation	0.319	
Standard Error	0.021	
T	3.339	
Df	224	
Sig. (2-Tailed)	0.001 **Depressive Symptoms Increased**	
N	225	

In Table 10, the mean difference between the participants' depression levels before and after PPI in the experimental group is shown. The average depression score after PPI is lower than the baseline score. The mean scores for depression before PPI and after PPI are 3.24 and 2.08, respectively, with a mean difference of 1.16. The standard deviation and standard error are 2.564 and 0.171, and the t-score and df are 6.734 and 224, respectively. The t-score and df

indicate that the mean difference is statistically significant, suggesting a reduction in depression after PPI.

In Table 11, the mean depression scores for participants in the controlled group at the initial stage and after three months are presented. The average depression score after three months is higher than the initial score. The mean scores for depression at the initial stage and after three months are 3.52 and 3.60, with a mean difference of 0.08. The standard deviation and standard error are 0.319 and 0.021, and the t-score and df are 3.339 and 224, respectively. The statistical analysis indicates a significant increase in depression after three months in the controlled group.

The experimental group showed a significant reduction in depression after practicing PPI, while the controlled group experienced an increase in depression after three months. This supports the hypothesis that PPI significantly reduces depression. Several studies have found similar effects of various PPIs in reducing depressive symptoms (Bolier et al., 2013; Proyer et al., 2014; Bryant, 2003; Wood et al., 2010).

Stress and PPI

The last hypothesis predicted that practicing PPI would reduce participants' stress levels. Mean stress scores were compared at the beginning of the study and after three months for both the controlled and experimental groups. The results are recorded in Tables 12 and 13, with paired sample t-tests conducted for both groups.

Table 12: Comparison of stress in the experimental group

Variable	**Stress**	
Condition	Base Level	After 3 Months of intervention
Mean	4.81	3.36
Mean Difference	1.45	
Standard Deviation	2.254	
Standard Error	0.150	
T	9.673	
Df	224	
Sig. (2-Tailed)	0.000	
N	225	

Table 13: Comparison of stress in the controlled group

Variable	**Stress**	
Condition	Base Level	After 3 Months
Mean	5.52	5.524
Mean Difference	0.004	
Standard Deviation	0.417	
Standard Error	0.028	
T	0.160	
Df	224	
Sig. (2-Tailed)	0.873	
N	225	

Table 12 shows the mean difference between base stress and stress after three months in the experimental group. The mean score of the stress of the participants after PPI is lower than

their mean score of stress before PPI (base level). 4.81 and 3.36 are the mean scores of stress for base level and after PPI, respectively. The mean difference between the two conditions is 1.45. 2.254 and 0.150 are the standard deviation and standard error for the data, respectively. 9.673 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically significant which implies that the stress of the participants has been reduced after practicing PPI.

Table 13 reflects the values of mean scores of stress for the initial stage of the study and after three months for participants of the controlled group. The mean score of the stress of the participants after three months is greater than their mean score of stress in the initial stage of the study. 5.52 and 5.524 are the mean scores of stress for the initial stage of the study and after three months, respectively. The mean difference between the two conditions is 0.004. 0.417 and 0.28 are the standard deviation and standard error for the data, respectively. 0.160 and 224 are t-score and df, respectively. Given the value of t-score and df for the data, the mean difference is statistically not significant.

The stress level of the participants of the experimental group has been found significantly decreased after PPI but no such change has been noticed in the stress level of the participants of the controlled group after three months. This is because no PPI has been practiced in the controlled group. As such, the last hypothesis stating that PPI would significantly reduce stress levels is accepted. Dunn et al. (2008) and Fredrickson et al. (2008) also found a similar effect of PPI in reducing the stress level of the subjects.

CONCLUSIONS

1. Participation in PPI enhances emotional, social, and psychological well-being.
2. PPI reduces anxiety, depression, and stress levels.

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Conflict of Interest

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