

## Effect of Counselling and Mental Health in Adolescent Groups

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### ABSTRACT

Positive emotions, life satisfaction, a sense of purpose, and a high degree of self-esteem are traits of psychological well-being. It entails having the capacity to control tension, adjust to change, build and preserve good relationships, and pursue self-acceptance and personal development. A structured questionnaire was used to collect primary data from a sample of 120, which included 60 males and 60 females, 40 hostel dwellers, and 80-day scholars. The data was acquired using the Psychological Well-being Scale created by Carol Ryff. A "t" test was used in the statistical analysis. The results indicate that there are no differences in the psychological health of males and females. Moreover, no statistically significant differences were found in the factors affecting psychological well-being between male and female students. Furthermore, there are no significant differences between day scholars and hostel dwellers in terms of psychological well-being. Finally, there were no significant differences found in the categories related to psychological well-being between day scholars and hostel dwellers.

**Keywords:** *Psychological Well-Being, Gender Differences, Day Scholars, Hostel Dwellers*

Adolescence represents a pivotal stage of development characterized by rapid physical, emotional, and cognitive changes, along with increased susceptibility to mental health issues. The prevalence of mental health challenges such as anxiety, depression, and stress among adolescents has garnered significant attention in recent years, prompting a growing concern for addressing these issues effectively. Given the multifaceted nature of adolescent mental health, interventions that target underlying factors and promote positive outcomes are essential for supporting adolescents during this critical period.

Counselling has emerged as a promising avenue for addressing mental health concerns and promoting well-being among adolescents. Rooted in psychotherapeutic principles, Counselling offers a supportive and therapeutic environment for adolescents to explore their thoughts, feelings, and experiences, and develop coping strategies to navigate the challenges of adolescence. Through tailored interventions and evidence-based practices, Counselling aims to enhance adolescents' psychological resilience, coping skills, and overall mental health.

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Despite the increasing recognition of Counselling's potential in promoting adolescent mental health, empirical research on its effectiveness within adolescent groups remains limited and heterogeneous. While some studies have documented positive outcomes associated with Counselling interventions, others have yielded mixed or inconclusive findings. Moreover, the mechanisms underlying the relationship between Counselling and adolescent mental health are not fully understood, warranting further investigation.

Against this backdrop, the present research seeks to address these gaps in the literature by examining the effect of Counselling on mental health outcomes within adolescent groups. This study aims to investigate how participation in Counselling interventions influences various indicators of mental health, including symptoms of anxiety and depression, perceived stress levels, and overall psychological well-being, among adolescent groups. By employing a mixed-methods approach, this research aims to provide a comprehensive understanding of the impact of Counselling on adolescent mental health.

Methodologically, this research employs both quantitative and qualitative methods to examine the effectiveness of Counselling interventions in improving mental health outcomes among adolescent groups. Quantitative measures, such as standardized assessments and self-report questionnaires, are used to assess changes in mental health indicators pre- and post-Counselling intervention. Additionally, qualitative data, gathered through focus groups or interviews, provide insights into adolescents' experiences of Counselling and its perceived impact on their mental health.

Participants are recruited from diverse backgrounds to ensure the generalizability and ecological validity of the findings. Counselling interventions are tailored to address the specific needs and concerns of adolescent groups, with a focus on enhancing coping skills, emotional regulation, and social support networks. Statistical analyses, including paired-sample t-tests and regression analysis, are conducted to evaluate the effectiveness of Counselling in improving mental health outcomes among adolescent groups.

The findings of this research have the potential to inform mental health interventions, school-based Counselling programs, and youth development initiatives aimed at promoting positive mental health outcomes among adolescent populations. By elucidating the mechanisms underlying the relationship between Counselling and adolescent mental health, this research seeks to inform evidence-based practices for supporting the well-being and resilience of adolescent groups.

### **REVIEW OF LITERATURE**

Radez, J. et. al., (2021) systematic review aims to understand the barriers and facilitators to children and adolescents seeking and accessing professional help for mental health issues. Analyzing 53 studies, we found four main themes: individual factors (96%), social factors (92%), perceptions of therapeutic relationships (68%), and systemic/structural factors (58%). Barriers included limited mental health knowledge, social stigma, concerns about confidentiality, and logistical issues. These findings underscore the complex factors influencing help-seeking behaviors. Effective interventions are needed to reduce stigma, improve mental health literacy, and enhance access to appropriate support services for young people.

Fernandes, M., et. al., (2023) systematic review aimed to assess depression prevalence and its relationship with quality of life (QOL) among high school and university students.

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Thirty-six studies were reviewed, with twenty-six included in meta-analysis. Depression prevalence among students was 27% (95% CI 0.21–0.33), with similar rates for high school (25%, 95% CI 0.14–0.37) and university (27%, 95% CI 0.20–0.34) students. Depression was consistently associated with lower QOL. Limitations include the difficulty of generalizing results due to a large sample of health students. Future research should focus on understanding depressive symptom severity, duration, and patterns to better grasp the depression-QOL relationship in this population.

Kellan E Baker, et. al., (2021) systematic review examines the impact of gender-affirming hormone therapy on psychological outcomes among transgender individuals. Twenty studies were analyzed, focusing on quality of life, depression, anxiety, and suicide rates. Hormone therapy was associated with improved quality of life, reduced depression, and anxiety across gender identities and ages. However, limitations including study bias, small sample sizes, and confounding variables affect certainty in these findings. Future research should explore psychological benefits in larger, diverse transgender populations with study designs that better isolate hormone therapy effects.

Lillemor D. et. al., (2015) systematic review investigates the impact of malocclusions on oral health-related quality of life (OHRQOL) in children and adolescents. Out of 1142 titles and abstracts, six cross-sectional studies met inclusion criteria. Four high-quality studies found that anterior malocclusions negatively affected OHRQOL, particularly emotional and social wellbeing. Two moderate-quality studies reported a similar negative impact with increased orthodontic treatment need. These findings highlight the strong evidence supporting the adverse effects of malocclusions on OHRQOL in young individuals.

### **Objective:**

The objective of the present research paper is as follows:

- To study the effect of counselling on mental health for adolescents.

### **Hypothesis:**

The hypothesis of the present research paper is as follows:

- There is significant effect of counselling on mental health of adolescents.

## **METHODOLOGY**

### **Sample:**

The sample comprises 30 adolescents selected through convenience sampling from Udaipur, located in Rajasthan.

### **Tool:**

The Mental Health Inventory, devised by Dr. Jagdish and Dr. A.K. Srivastava, measures mental health consisting of 24 items, employing a four-point response scale. Mental Health is judged through 6 dimensions namely, Positive Self-evaluation (10 items), Perception of Reality (8 items), Integration of Personality (12 items), Autonomy (6 items), Group-oriented Attitudes (10 items) and Environmental Mastery (10 items). A score of 4 is given to response 'Always', 3 to 'Often'. 2 score to 'Rarely' and score 1 to 'Never' for positive statements while vice-versa scores are given to negative items. Higher score are indicative of good mental health. The scale demonstrates high reliability and validity.

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### **Procedure:**

The Mental Health Inventory was administered for pre-testing, followed by post-testing after seven counselling sessions. Each counselling session, lasting one hour, amounted to seven hours of intervention. One session was conducted each day, resulting in the completion of Counselling over the course of seven days.

### **Counselling Schedule**

<b>Day 1: Session 1</b>	
Assessment and Goal Setting	10 mins
Psychoeducation and Normalization	20 mins
Exploration of Thoughts and Feelings	30 mins
<b>Day 2: Session II</b>	
Cognitive Restructuring	60 mins
<b>Day 3: Session III</b>	
Emotion Regulation Skills	60 mins
<b>Day 4 : Session IV</b>	
Behavioural Activation	60 mins
<b>Day 5: Session V</b>	
Social Support and Interpersonal Skills	60 mins
<b>Day 6: Session VI</b>	
Stress Management and Coping Strategies	60 mins
<b>Day 7: Session VII</b>	
Self-care and Wellness Practices	30 mins
Integration and Maintenance	30 mins

### **Counselling Procedure:**

Improving mental health through Counselling involved a structured and collaborative process aimed at addressing psychological distress, enhancing coping skills, and promoting overall well-being. Here are the steps involved in Counselling for improving mental health:

1. **Assessment and Goal Setting:** The Counselling process had begun with an initial assessment to understand the individual's current mental health concerns, identify contributing factors, and establish goals for Counselling. Collaboratively, the Counsellor and client had defined specific, measurable, achievable, relevant, and time-bound (SMART) goals to guide the Counselling process.
2. **Psychoeducation and Normalization:** Counselling had provided psychoeducation about common mental health issues, symptoms, and treatment options, helping individuals normalize their experiences and reduce stigma. Clients had gained a better understanding of their mental health concerns and had learned that seeking help was a proactive step towards healing and well-being.
3. **Exploration of Thoughts and Feelings:** Clients had been encouraged to explore their thoughts, feelings, and emotions in a safe and supportive environment. Through guided reflection and introspection, clients had gained insight into underlying beliefs, patterns of thinking, and emotional triggers that contributed to their mental health challenges.
4. **Cognitive Restructuring:** Cognitive-behavioural techniques had been employed to challenge and reframe negative thought patterns and beliefs that contributed to psychological distress. Clients had learned to identify irrational thoughts, replace them with more balanced and realistic perspectives, and develop adaptive coping strategies to manage negative emotions.

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5. **Emotion Regulation Skills:** Counselling had focused on developing emotion regulation skills to help clients manage stress, anxiety, and mood fluctuations. Clients had learned relaxation techniques, mindfulness practices, and stress management strategies to cultivate emotional resilience and cope effectively with life's challenges.
6. **Behavioural Activation:** Behavioural activation techniques had been utilized to help clients engage in pleasurable and meaningful activities that promoted positive mood and well-being. Clients had identified activities they enjoyed and found fulfilling, set realistic goals for participation, and developed strategies for overcoming barriers to engagement.
7. **Social Support and Interpersonal Skills:** Counselling had emphasized the importance of social support and healthy relationships in promoting mental health and well-being. Clients had explored their social networks, identified sources of support, and developed interpersonal skills such as communication, assertiveness, and boundary-setting to enhance relationship satisfaction and connection.
8. **Stress Management and Coping Strategies:** Clients had learned stress management techniques and coping strategies to effectively manage life's stressors and challenges. Counselling had provided tools for problem-solving, decision-making, and assertive communication, empowering clients to navigate difficult situations and build resilience in the face of adversity.
9. **Self-Care and Wellness Practices:** Counselling had promoted self-care and wellness practices to support mental health and overall well-being. Clients had explored self-care activities such as exercise, nutrition, sleep hygiene, and leisure pursuits, developing personalized self-care routines that prioritized their physical, emotional, and spiritual needs.
10. **Integration and Maintenance:** Throughout the Counselling process, clients had integrated the skills and strategies learned into their daily lives. Homework assignments, journaling, or reflection exercises had been utilized to reinforce learning and promote ongoing self-awareness and personal growth. Clients had been encouraged to continue practicing self-care strategies, seeking support from others, and implementing coping skills beyond the Counselling setting.

## RESULTS AND DISCUSSION

*Table 1 Showing Skewness and Kurtosis measures for Pre and Post testing for dimensions of Mental Health*

	Pre-test		Post-test	
	Skewness	Kurtosis	Skewness	Kurtosis
Positive Self Evaluation	-0.376	-0.478	-0.184	-0.712
Perception of Reality	0.708	-0.454	0.686	-0.729
Integration of Personality	-0.651	0.152	-0.642	0.545
Autonomy	0.596	-0.873	0.521	-0.620
Group Oriented Attitudes	-0.582	-0.056	-0.448	-0.630
Environmental Competence	-0.548	-0.675	-0.184	-0.619
Total Mental Health	-0.949	0.675	-0.541	0.419

Table 1 demonstrates that the skewness and kurtosis measures for both Pre and Post testing across the dimensions of mental health inventory are below 1, suggesting a normal

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distribution of the data. Therefore, the paired 't' test is employed to compare self-concept at pre and post-testing situations of counselling and presented in table 2.

**Table 2 Comparison of Mental Health at Pre and Post-testing Situations of Counselling**

		Mean	N	Std. Deviation	Mean Difference	't'	p value
Positive Self Evaluation	Pre-test	33.233	30	4.717	3.500	4.858	0.000
	Post-test	36.733	30	4.948			
Perception of Reality	Pre-test	21.667	30	4.105	4.100	7.461	0.000
	Post-test	25.767	30	4.804			
Integration of Personality	Pre-test	39.800	30	4.866	3.533	12.688	0.000
	Post-test	43.333	30	4.894			
Autonomy	Pre-test	15.333	30	4.574	2.733	5.318	0.000
	Post-test	18.067	30	4.185			
Group Oriented Attitudes	Pre-test	32.867	30	5.117	3.533	3.767	0.001
	Post-test	36.400	30	5.727			
Environmental Competence	Pre-test	32.667	30	5.460	1.700	1.537	0.135
	Post-test	34.367	30	6.354			
Total Mental Health	Pre-test	175.567	30	12.552	19.100	13.291	0.000
	Post-test	194.667	30	13.732			

Table 2 shows that the mean scores for the Positive Self-evaluation dimension of Mental Health were 33.233 at the pre-testing situation and 36.733 at the post-testing situation. The 't' score calculated was 4.858, which was found to be significant at the 0.01 level ( $p=0.000$ ,  $p<0.01$ ). This indicates a significant difference in the Positive Self-evaluation dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Positive Self-evaluation dimension of Mental Health improves after counselling sessions for adolescents.

Table 2 indicates that the mean scores for the Perception of Reality dimension of Mental Health were 21.667 at the pre-testing situation and 25.767 at the post-testing situation. The 't' score calculated was 7.461, which was found to be significant at the 0.01 level ( $p=0.000$ ,  $p<0.01$ ). This indicates a significant difference in the Perception of Reality dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Perception of Reality dimension of Mental Health improves after counselling sessions for adolescents.

Table 2 shows that the mean scores for the Integration of Personality dimension of Mental Health were 39.800 at the pre-testing situation and 43.333 at the post-testing situation. The 't' score calculated was 12.688, which was found to be significant at the 0.01 level ( $p=0.000$ ,  $p<0.01$ ). This indicates a significant difference in the Integration of Personality dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Integration of Personality dimension of Mental Health improves after counselling sessions for adolescents.

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Table 2 shows that the mean scores for the Autonomy dimension of Mental Health were 15.333 at the pre-testing situation and 18.067 at the post-testing situation. The 't' score calculated was 5.318, which was found to be significant at the 0.01 level ( $p=0.000$ ,  $p<0.01$ ). This indicates a significant difference in the Autonomy dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Autonomy dimension of Mental Health improves after counselling sessions for adolescents.

Table 2 shows that the mean scores for the Group Oriented Attitudes dimension of Mental Health were 32.867 at the pre-testing situation and 17.933 at the post-testing situation. The 't' score calculated was 3.767, which was found to be significant at the 0.01 level ( $p=0.001$ ,  $p<0.01$ ). This indicates a significant difference in the Group Oriented Attitudes dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Group Oriented Attitudes dimension of Mental Health improves after counselling sessions for adolescents.

Table 2 shows that the mean scores for the Environmental Competence dimension of Mental Health were 32.667 at the pre-testing situation and 34.367 at the post-testing situation. The 't' score calculated was 1.537, which was found to be non-significant at the 0.05 level ( $p=0.135$ ,  $p>0.05$ ). This indicates no significant difference in the Environmental Competence dimension of Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Environmental Competence dimension of Mental Health are similar before and after counselling sessions for adolescents.

Table 2 shows that the mean scores for the Total Mental Health were 175.567 at the pre-testing situation and 194.667 at the post-testing situation. The 't' score calculated was 13.291, which was found to be significant at the 0.01 level ( $p=0.000$ ,  $p<0.01$ ). This indicates a significant difference in the Total Mental Health between the pre-testing and post-testing situations. Moreover, the mean scores indicate that Total Mental Health improves after counselling sessions for adolescents.

Counselling stands as a beacon of hope for those grappling with mental health challenges, offering not just a space for healing, but a transformative journey towards resilience and well-being. Within the sanctuary of the therapeutic relationship, individuals find solace in the empathetic presence of their Counsellor, who serves as a compassionate guide on the path to self-discovery. Through the art of active listening and empathic understanding, Counsellors create a nurturing environment where clients feel seen, heard, and validated, fostering a profound sense of connection and trust. Within this supportive framework, individuals embark on a voyage of exploration, delving deep into the labyrinth of their inner world to unravel the complexities of their thoughts, emotions, and experiences. Through guided introspection and self-reflection, clients unearth the root causes of their mental health struggles, gaining invaluable insights into their patterns of behaviour, coping mechanisms, and relational dynamics.

As the therapeutic journey unfolds, Counsellors skillfully weave together evidence-based interventions tailored to meet the unique needs of each client. Cognitive-behavioural techniques empower individuals to challenge and reframe negative thought patterns, replacing self-limiting beliefs with empowering narratives of resilience and self-worth. Mindfulness practices offer a refuge from the whirlwind of anxious thoughts and emotions, cultivating a deep sense of presence and acceptance in the here and now. Through experiential exercises and role-playing, clients hone their communication skills,

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assertiveness, and conflict resolution abilities, fostering healthier relationships and social connections.

Moreover, Counselling serves as a beacon of psychoeducation, illuminating the shadows of ignorance and stigma surrounding mental health issues. Clients are empowered with knowledge about their condition, its symptoms, and treatment options, enabling them to make informed decisions and advocate for their own well-being. Through group therapy and support groups, individuals find solace in the shared experiences of others, realizing they are not alone in their struggles.

Beyond mere symptom management, Counselling transcends the boundaries of traditional therapy, nurturing the seeds of personal growth and self-actualization. Clients emerge from the therapeutic process with newfound clarity, resilience, and a deeper understanding of themselves. Armed with a toolkit of coping skills, emotional resilience, and self-awareness, individuals embark on a journey of self-empowerment, equipped to navigate life's challenges with grace, courage, and authenticity. In essence, Counselling serves as a beacon of hope, guiding individuals towards the transformative shores of mental well-being and inner peace.

### CONCLUSION

On the basis of the analysis of results the hypothesis “*There is significant effect of counselling on mental health of adolescents*” is **accepted**.

Counselling stands as a beacon of hope for those navigating mental health challenges, offering a nurturing environment where individuals find solace and support. Through the compassionate guidance of trained Counsellors, clients embark on a transformative journey of self-discovery, delving into the depths of their thoughts, emotions, and experiences. Within this therapeutic space, clients feel seen, heard, and validated, fostering a profound sense of connection and trust. Through evidence-based interventions tailored to individual needs, such as cognitive-behavioural techniques and mindfulness practices, clients gain invaluable insights, challenge negative thought patterns, and cultivate resilience. Psychoeducation dispels stigma and empowers clients with knowledge about their condition, while group therapy provides solace in shared experiences. Beyond symptom management, Counselling nurtures personal growth and self-actualization, equipping individuals with coping skills and self-awareness to navigate life's challenges with grace and authenticity.

Ultimately, Counselling transcends traditional therapy, guiding individuals towards the transformative shores of mental well-being and inner peace. Armed with newfound clarity, resilience, and self-empowerment, clients emerge from the therapeutic process ready to embrace life's challenges with courage and authenticity. Counselling had effectively supported individuals in improving their mental health, enhancing coping skills, and promoting overall well-being.

### REFERENCES

- Fernandes, M., Mendonça, C.R., da Silva, T.M.V. *et al.* (2023). Relationship between depression and quality of life among students: a systematic review and meta-analysis. *Sci Rep* 13, 6715.
- Kellan E Baker, Lisa M Wilson, Ritu Sharma, Vadim Dukhanin, Kristen McArthur, Karen A Robinson, (2021) Hormone Therapy, Mental Health, and Quality of Life among Transgender People: A Systematic Review, *Journal of the Endocrine Society*, Volume 5, Issue 4.

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- Lillemor Dimberg, Kristina Arnrup, Lars Bondemark, (2015). The impact of malocclusion on the quality of life among children and adolescents: a systematic review of quantitative studies, *European Journal of Orthodontics*, Volume 37, Issue 3, Pages 238–247.
- Radez, J., Reardon, T., Creswell, C. *et al.* (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Eur Child Adolesc Psychiatry* 30, 183–211.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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