CHAPTER V

CONCLUSION AND SUMMARY
A Summary Report on “Prevention of Mental Disorders: Effective Interventions and Policy options” by World Health Organization, Geneva (2004) stated that approximately 450 million people in the world suffer from mental and behavioral disorders currently i.e. statistically one person in four can develop one or more of these disorders in the course of their lifetime. They also highlighted that Neuropsychiatric conditions almost account for thirteen percent of the total loss of Disability Adjusted Life Years (DALYs) because of diseases worldwide and are also projected to rise by fifteen percent by the year 2020.

They mentioned that five of the ten prominent causes of disability and premature deaths worldwide are also psychiatric illnesses. Mental disorders not only represent an immense psychological, economic and social burden to society, yet they also increase the risk of physical diseases.

Keeping the above scenario in mind and also particularly with the current limitations in the efficiency of treatment modalities for declining disability because of mental and behavioral disorders, the only supportable way for decreasing the burden caused by these disorders is thus prevention. As mental disorders have multiple determining factors therefore the prevention necessities to be a multipronged effort as well. High comorbidity amongst the mental disorders and their interrelatedness with the physical illnesses and the social concerns stresses the emergent need for integrated public health policies, common determinants, targeting clusters of connected problems, early stages of multi problem routes and populations at multiple risks.

The World Health Organization (2004) promotes that effective prevention can lessen the risk of mental disorders. They promote a varied range of evidence based preventive programmes and policies available for implementation which have resulted in decrease of risk factors, reinforcement of protective factors and reduction in psychiatric symptomatologies and disability and also the onset of some mental disorders. They have also resulted in improved positive mental health, better contribution to physical health and also helps generate social and economic benefits. These new age interventions have proven that prevention can be cost-effective and empowering.
The Indian Council of Medical research in their study on “Mental Health Research in India” in the year 2005 stated that policies on mental health are the focus of Indian public health initiatives in the course of the last two decades. They highlight that India currently is implementing a national level programme of integrating the mental health with the primary health care which is believed to be the largest of such an effort in a developing world.

Mental or Psychological distress is a broad term adopted by Mental Health Experts and other health service providers, to enunciate a range of indicators and experiences of a person’s internal life that are commonly held to be disturbing, bewildering or out of the ordinary. It can result in an irrational view of the environment, others, and the self. Sadness, anxiety, distraction, depression and various other symptoms of mental illnesses are manifestations or indicative of Psychological Distress.

The variant with Distress is Depression that is a state where an individual experiences discouragement, helplessness, worthlessness, bouts of sadness, loss of interest in life etc. The estimated duration for the symptomatologies can be for two weeks. American Association of Anxiety and Depression estimated that three to five percent of people suffer from major depression; the lifetime risk is about 17 percent in general.

The other accompanying variant is Anxiety that is uniquely a human experience characterized by a psychological and physiological state that has somatic, emotional, cognitive, and behavioral component. Sporadic anxiety or panic is a normal part of existence. Anxiety could be at workplace, or before making any important personal and professional decision. Yet Anxiety that disrupts our functioning beyond control is Anxiety disorder that involves more than temporary worry or fear. These emotions interfere with the daily functioning disorders and can translate into generalized anxiety disorder, panic disorder etc.

These three psychological concerns i.e. Depression, Anxiety and Psychological Distress can have detrimental effect on one’s life and standards of living. Any significant mental health concern can eventually harm the positive lifestyle of any individual.
Roger Walsh (2011) also proposed and supported that Health professionals have significantly undervalued the importance of lifestyle for mental health. Specifically, mental health professionals have miscalculated the importance of unhealthy & harmful factors of sustaining and maintaining lifestyle that contribute significantly to multiple psychopathologies.

Therefore the core objectives formulated for the study are:-

- To study the level of Psychological Distress, Depression & Anxiety in a sample of 60 youth from age categories of 18-35 years.
- To study the effect of Counseling Intervention Model on the enhancement of Positive Lifestyle.

The following three hypotheses were also formulated for the study:-

\[ H_1 \, \text{There will be a significant difference in the level of Psychological Distress, Anxiety and Depression in pre- test and post- test scores.} \]
\[ H_2 \, \text{Psychological Distress, Depression and Anxiety in youth will be significantly lower after the counseling intervention} \]
\[ H_3 \, \text{There will be a positive effect of the counseling intervention model on the enhancement of Positive Lifestyle} \]

The research study is aimed at analyzing the Counseling Intervention Model designed by Arthur .E .Jongsma, L. Mark Peterson & William. P. McInnis on the Indian Youth suffering from Psychological Distress, Depression and Anxiety and also measure its role in the enhancement of the Positive lifestyle in youth.
For adhering to the purpose, specialized tools namely Beck’s Depression Inventory, The Kessler Psychological Distress Scale (K10), Sinha’s Comprehensive Anxiety Test and Simple Lifestyle Indicator Questionnaire were utilized for measuring the impact of the counseling intervention model and a test-retest methodology was executed.

The results obtained reinforced the supporting literature and highlighted that all the three important hypotheses were duly accepted thereby proclaiming that there is considerable presence of Psychological Distress, Depression and Anxiety in the youth in the age category of 18 to 35 years, the introduction of the counselling intervention model significantly lowers the Psychological distress, Depression and Anxiety and lastly that there is a positive effect of the counseling intervention model on the enhancement of the positive lifestyle. The results have been excellent indicators for the use of the counseling intervention model with the Indian Youth and highlighted the strong need for counseling in the country.

5.1 LIMITATIONS OF THE STUDY

There are numerous moments in any counseling therapeutic relationship in which it is imperative to recognize the limitations of counseling as a process. When the client’s progress seems “stuck,” some of the best plans involve tolerating obscurity and indistinctness, sharing responsibility with the client, re-establishing the relationship with the counselor and also collaborating with a supervisor.

Meier & Davis (1997) stated that the personality and the behavior of any professional make a huge difference in the counseling process. They emphasized that the beginners in this profession must work at increasing their self-awareness as well as their knowledge of counseling procedures. They also quoted that “Your willingness to be open to supervision, to accept clients’ failures and criticisms, to participate in counseling yourself when appropriate, and to acknowledge your limits will contribute to your eventual success and satisfaction.”
Also, another important variable is the client-counselor relationship which is essentially a relationship between two human beings. Both counselor and the client have had a history of experiences that have shaped them to who they are their world views and their system of values. All these differential situations account to the progress of any counseling session.

Counselor’s biases and conflicting judgments are manipulative in nature and critically view and rectify behavior on an immediate basis. Inexperienced counsellors often feel attached to the client’s progress. They take it personally on themselves to resolve all the concerns of the client.

Corey (2001) quotes that, “A common mistake for beginners is to worry too much about clients. There is a danger of integrating clients’ neuroses into the personality. They lose sleep wondering what decisions they are making. We sometimes identify so closely with clients that we lose our sense of identity and assume their identity. Empathy becomes distorted and militates against the therapeutic intervention”.

Some practical difficulties experienced by the researcher during the study were:

- The organization where research study was conducted did not offer much flexibility in practice due to which the researcher had to constantly report to the supervisors (General Physicians and Mental Health Practitioners) and could not personally screen the clients for the study. As the organization exercised a lot of control, only pre-diagnosed cases were taken for the purpose of counseling. However, if given an option then screening the clients personally by the researcher with respect to the sample selection criterion would have been the preferred scenario.
- The researcher conducted the study in Faridabad where most of the counseling clients came from the lower middle class or the middle class families of Faridabad, Palwal, Jajjar and sonipat. These clients came with their sets of limitations in terms of language barriers, limited or zero understanding of purpose of counseling etc. and they needed more assistive and directive format of counseling than goal oriented facilitated format of counseling.
- One major concern was the limited availability of counseling clients. The hospital did not have a proper Department of Psychiatry and Psychology so only walk in patients for psychological concerns were addressed and screened. The researcher tried best to maintain
the homogeneity of the sample however minor screening concerns did lead to extremities in the sample.

- The format of research study allowed minimalistic work with the control group of the study. However, as they were aware of their participation in the study so it may have influenced the results.

- The study was limited in its scope to understand any gender related factors such as it could have bifurcated into the number of men and women with depression, anxiety and psychological distress and who took to the counseling interventions better. It could have also stretched to a comparative analysis of both the genders with respect to depression, anxiety and psychological distress yet the study did not look into it as a prospective learning.

- Furthermore, these studies often have a short follow-up time, thus the long-term effects of these interventions often are unknown.

5.2 FUTURE IMPLICATIONS OF THE STUDY

The implications of the study are listed below:-

- Indian Council of Medical Research (2005) emphasized that mental and behavioral problems are rapidly increasing part of the health concerns in the world. The overall liability of theses illnesses resulting from various behavioral disorders is enormous. Though, current statistics remain clearly under represented by the conservative public health statistics that focuses severely on mortality rather than morbidity or dysfunctionality. Mental health at the international level is receiving increasing importance as reflected by the WHO and at the national level, mental health policies has been the focus of Indian public health initiatives during last two decades. Currently India is progressing in the implementation of the national level programme for integrating mental health with primary health care, and so when mental health is given so much prominence then this study can be instrumental in discussing the mental health indicators, creating awareness that there is possibilities for prevention and cure of mental health concerns and also can be used as an effective intervention
tool for providing cure.

- The study is highly beneficial for the understanding of the etiology, prevalence and treatment for Depression, Anxiety and Psychological distress. The study also explains the favorable role of counseling in the alleviation of the mental health concerns, empowerment and enhancement of positivity in one’s life.

- They study discusses and promotes the value of both mental and physical health. It highlights the importance of the management of lifestyle and endorses the power of positivity and focusing on strength building for individuals. It rationalizes that all negative client stories contain positive assets or strengths that can be developed for attaining healthy thoughts, emotions and actions.

- A World Health Organization funded project (2005) claimed that it is expected that about 50% of population will be living in urban areas in the India in the next two decades. They claim that urbanization will bring venomous consequences for the mental health through the influence of amplified stressors and factors such as overcrowded and polluted environment, high dependence on a cash economy, higher levels of violence and reduced social support. Also, due to considerable stigma attached with mental disorders and the level of ignorance regarding information about mental illness and available help and treatment; the mental health care in urban areas is at presently limited to only psychiatric hospitals and departments of psychiatry in medical colleges. Therefore the WHO has proposed to develop models for mental health care in urban areas with focus on extension of mental health care to community level. The research study caters to the needs of the urban mental health concerns and is equipped to deal with the stressors that arise due to urbanization and globalization. The study empowers to manage concerns such as depression, psychological distress, anxiety that are the prime consequences for urbanization and also focuses deeply on building positive lifestyle for maintenance of sound mental health.
• The research study can be applied at various settings such as schools, hospitals, organizations, NGO’s etc.

• As the counseling intervention model has shown great results with the sample population, it is believed that it can be well generalized to the population suffering from depression, anxiety and psychological distress. The study recommends the counseling intervention model consisting of the specific behavioral descriptions, goal formations and the independent steps to counseling. These can be very valuable for the coaching of basic counseling skills to the beginners and also can be used as a resource material or tool in hand for the novice counselors, psychologist or other health experts.

• Singh and Gururaj (2014) stated that the young people in the age group of 10 to 24 years institutes one of the treasurable resources of India described by rapid growth and development. They also exhibit the phases of vulnerability that are often prejudiced by several intrinsic and extrinsic factors that affect their health and safety. They highlight that nearly 10 to 30 per cent of the young people suffer from the health impacting behaviors and situations that demands urgent attention of policy makers and public health professionals. These concerns range from nutritional disorders such as malnutrition and over-nutrition, tobacco use, harmful alcohol or substance use, high risk sexual behaviors, stress, common mental disorders, and injuries like road traffic injuries, road rage etc. These concerns explicitly affect this population and are known to have long lasting impact. These multiple behaviors and conditions place a heavy burden on Indian society in terms of mortality, morbidity, disability and socio-economic losses. Many health policies and programmes have focused on prioritized individual health problems and integrated coordinated approaches are found lacking. They also stressed that healthy life-style and health promotion policies and programmes are central for the health of the youth and are driven by robust population based studies that are required in India.

• Looking at the empirical evidence and above mentioned results, the research study is an appropriate tool for understanding the impact of counseling interventions on the positivity of lifestyle and management of comprehensive mental and physical health.