

Efficacy of Counselling in Mitigating Depression among Adolescents

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ABSTRACT

This research examines the effectiveness of counselling interventions in mitigating depression among adolescents. Depression is a prevalent mental health concern among adolescents, characterized by persistent feelings of sadness, hopelessness, and loss of interest in daily activities. Counselling, as a psychotherapeutic intervention, offers a promising approach for addressing depression in this population by providing support, coping strategies, and emotional regulation techniques. Using a quantitative research approach, this study evaluates the impact of counselling on depression symptoms among adolescents. The sample comprises 30 adolescents selected through convenience sampling from Udaipur, located in Rajasthan. The Beck Depression Inventory (BDI-II), created by Dr. Aaron T. Beck was administered for pre-testing, followed by post-testing after six counselling sessions of one hour per session and for six consecutive days. The results indicate significant decrement in depression after counselling. Counselling interventions are tailored to address individual needs and concerns, with a focus on cognitive-behavioural techniques, interpersonal therapy, and emotion-focused approaches. By elucidating the mechanisms underlying the relationship between counselling and adolescent depression, this research seeks to inform evidence-based practices for supporting the mental health and well-being of adolescents.

Keywords: *Counselling, Mitigating Depression, Adolescents*

Depression represents a significant mental health challenge among adolescents, with profound implications for their well-being, academic performance, and social functioning. Characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities once enjoyed, depression is a complex and multifaceted condition that can have far-reaching consequences for adolescent development. The prevalence of depression among adolescents has garnered increasing attention in recent years, prompting a growing concern for addressing this issue effectively.

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Counselling has emerged as a promising intervention for mitigating depression among adolescents, offering a supportive and therapeutic environment for exploring emotions, building coping skills, and fostering resilience. Rooted in various theoretical frameworks such as cognitive-behavioural therapy (CBT), interpersonal therapy (IPT), and emotion-focused approaches, counselling provides adolescents with tools and strategies to manage depressive symptoms and improve their overall mental health. By addressing underlying factors contributing to depression, such as negative thought patterns, maladaptive coping strategies, and interpersonal conflicts, counselling aims to empower adolescents to overcome depression and regain a sense of well-being.

Despite the growing recognition of counselling's potential in mitigating depression among adolescents, empirical research on its efficacy remains limited and heterogeneous. While some studies have documented positive outcomes associated with counselling interventions, others have yielded mixed or inconclusive findings (Weersing et al., 2017). Moreover, the mechanisms underlying the relationship between counselling and adolescent depression are not fully understood, warranting further investigation.

Against this backdrop, the present research seeks to address these gaps in the literature by investigating the efficacy of counselling in mitigating depression among adolescents. This study aims to examine how participation in counselling interventions influences depression symptoms among adolescents, using a rigorous methodological approach to ensure the validity and reliability of the findings. By elucidating the mechanisms underlying the relationship between counselling and adolescent depression, this research seeks to inform evidence-based practices for supporting the mental health and well-being of adolescents. Through a comprehensive examination of counselling's efficacy in mitigating depression, this research aims to contribute to the development of effective interventions for addressing depression among adolescents and promoting their overall mental health.

REVIEW OF LITERATURE

Cliffe B, et. al., (2023) study delves into psychological therapists' perceptions and experiences in treating adolescent depression to enhance future interventions. Through an integrated survey within an e-learning package, participants highlighted adolescents' lack of understanding, isolation, and hopelessness as key characteristics of depression. Overcoming engagement barriers involved building trust. Post-e-learning, therapists reported increased understanding of risk factors and assessment methods. Areas for future exploration include differences among clinicians of various modalities or career stages, meaningful adolescent engagement in treatment, and clinician training on modalities to offer treatment choices. This study underscores the importance of therapists' insights in improving adolescent depression treatment.

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Armsden, G.C. et. al., (1990) investigates the impact of involving caregivers in depression-specific interventions for children and adolescents. Analyzing 19 randomized controlled trials involving 1553 participants, it found a small but significant positive effect for family-involved interventions compared to those without caregiver involvement. However, further research is needed to determine the optimal circumstances and forms of family involvement in therapy for depressed youth.

Mufson L, et. al., (1999) study looked at whether Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) could help teenagers with major depressive disorder. They compared 48 teenagers who received IPT-A to those who just got clinical monitoring. The results showed that teenagers who received IPT-A had fewer depressive symptoms and better social skills. 75% of those in the IPT-A group met the recovery criteria, compared to 46% in the control group. These findings suggest that IPT-A could be helpful for depressed teenagers, but more research with different groups of teenagers is needed to be sure.

Weisz et.al.,(2006) from their extensive research work concluded that treating youth depression is crucial due to its serious effects, and concerns about medication safety have made therapy more popular. Previous studies suggested therapy had big effects, but a new analysis found the effects are smaller than believed, averaging .34 instead of .99. Cognitive treatments like therapy didn't work better than other methods, and while they reduced anxiety, they didn't help with other issues or last long. In summary, therapy for youth depression has some positive effects but they're not as strong or long-lasting as once thought.

Objective:

The objective of the present research paper is as follows:

- To study the effect of counselling on depression for adolescents.

Hypothesis:

The hypothesis of the present research paper is as follows:

- There is significant effect of counselling on depression of adolescents.

METHODOLOGY

Sample:

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

Tool:

The Beck Depression Inventory (BDI-II), created by Dr. Aaron T. Beck, is a 21-question multiple-choice self-report inventory, one of the most widely used instruments for measuring the severity of depression. When the test is scored, a value of 0 to 3 is assigned for each answer and

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then the total score is compared to a key to determine the depression's severity. The high score shows high severity of depression. The scale demonstrates high reliability and validity.

Procedure:

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

Counselling Schedule

Day 1: Session 1	
Assessment	10 mins
Building Rapport	10 mins
Psychoeducation	40 mins
Day 2: Session II	
Goal Setting	20 mins
Exploration of Thoughts and Feelings	40 mins
Day 3: Session III	
Cognitive Behavioural Therapy	60 mins
Day 4: Session IV	
Emotional Regulation	20 mins
Behavioural Activation	40 mins
Day 5: Session V	
Interpersonal Therapy	60 mins
Day 6: Session VI	
Relapse Prevention	30 mins
Follow-up and Maintenance	30 mins

Counselling Procedure:

Counselling for decreasing depression typically involves several steps aimed at understanding, addressing, and managing depressive symptoms. Here's an outline of the general process:

1. **Assessment:** The counsellor begins by conducting an assessment to understand the severity and nature of the depression. This may involve asking questions about symptoms, triggers, duration, and impact on daily life.
2. **Building Rapport:** Establishing a trusting and supportive relationship is crucial. The counsellor creates a safe space for the individual to express their feelings and concerns without judgment.

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3. Psychoeducation: Providing information about depression, its causes, symptoms, and treatment options helps individuals understand their condition better. This can reduce feelings of confusion or shame and empower them to take an active role in their recovery.
4. Goal Setting: Collaboratively setting realistic and achievable goals is essential for guiding the counselling process. These goals may include reducing depressive symptoms, improving coping skills, enhancing self-esteem, or increasing social support.
5. Exploration of Thoughts and Feelings: Through techniques like active listening and open-ended questioning, the counsellor helps the individual explore underlying thoughts, emotions, and beliefs contributing to their depression. Identifying negative thought patterns (cognitive distortions) is often a focus at this stage.
6. Cognitive Behavioural Therapy (CBT): CBT is a widely used approach in treating depression. It focuses on challenging and reframing negative thought patterns, teaching coping skills, and gradually increasing positive behaviours. Homework assignments may be given to reinforce learning outside of sessions.
7. Emotion Regulation: Learning to identify, understand, and manage emotions is crucial for coping with depression. Techniques such as mindfulness, relaxation exercises, and stress management strategies may be taught.
8. Behavioural Activation: Encouraging individuals to engage in pleasurable and meaningful activities can help counteract the effects of depression. The counsellor works with the individual to identify activities they enjoy and develop a plan to incorporate them into their routine.
9. Interpersonal Therapy (IPT): IPT focuses on improving interpersonal relationships and addressing social difficulties that may contribute to depression. It helps individuals identify and navigate problematic relationship patterns, resolve conflicts, and enhance communication skills.
10. Relapse Prevention: Developing strategies to prevent relapse is an essential part of counselling. This may involve identifying early warning signs of depression, creating a crisis plan, and building a support network.
11. Follow-up and Maintenance: Counselling sessions may continue on a regular basis to monitor progress, address any setbacks, and reinforce skills learned. Individuals are encouraged to continue practicing self-care strategies and seeking support as needed even after formal counselling has ended.

It's important to note that counselling approaches may vary depending on individual needs and preferences, and a skilled counsellor will tailor the treatment plan accordingly. Additionally, counselling is often combined with other interventions such as medication, support groups, or lifestyle changes for comprehensive management of depression.

RESULTS AND DISCUSSION

Table 1 Showing Skewness and Kurtosis measures for Pre and Post testing of Depression

	Pre-test		Post-test	
	Skewness	Kurtosis	Skewness	Kurtosis
Depression	-0.770	-0.733	-0.128	-0.839

Table 1 demonstrates that the skewness and kurtosis measures for both Pre and Post testing across the Beck Depression Inventory are below 1, suggesting a normal distribution of the data. Therefore, the paired 't' test is employed to compare depression at pre and post-testing situations of counselling and presented in table 2.

Table 2 Comparison of Depression at Pre and Post-testing Situations of Counselling

		Mean	N	Std. Deviation	Mean Difference	't'	p value
Depression	Pre-test	32.100	30	8.568	6.967	7.103	0.000
	Post-test	25.133	30	5.361			

Table 2 shows that the mean scores for the depression were 32.100 at the pre-testing situation and 25.133 at the post-testing situation. The 't' score calculated was 7.103, which was found to be significant at the 0.01 level ($p=0.000$, $p<0.01$). This indicates a significant difference in the depression between the pre-testing and post-testing situations. Moreover, the mean scores indicate that depression decreases after counselling sessions for adolescents.

Counselling serves as a transformative journey towards alleviating depression by delving into the intricate layers of an individual's emotional landscape and guiding them towards a path of healing and resilience. At the core of this process lies the establishment of a trusting and empathetic therapeutic relationship, where individuals feel heard, understood, and accepted without judgment. This safe and supportive environment fosters a sense of validation and empowerment, enabling clients to confront their struggles with courage and openness.

Psychoeducation plays a pivotal role in demystifying depression, equipping individuals with knowledge about its causes, symptoms, and available treatment options. By shedding light on the biological, psychological, and social factors contributing to depression, counselling dismantles the barriers of misunderstanding and stigma, empowering individuals to confront their condition with clarity and agency.

Moreover, counselling offers a diverse toolkit of evidence-based interventions tailored to address the unique needs and experiences of each individual. Cognitive-behavioural techniques, such as cognitive restructuring and behavioural activation, empower individuals to challenge and reframe negative thought patterns, cultivate healthier coping mechanisms, and reclaim a sense of

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agency over their lives. Through guided exploration of emotions and interpersonal dynamics, individuals uncover the underlying roots of their depression, gaining insight into the intricate interplay between their thoughts, feelings, and behaviours.

Furthermore, counselling serves as a beacon of hope amidst the darkness of depression, offering individuals a lifeline of support and guidance as they navigate the challenges of their journey. By setting realistic goals and providing ongoing encouragement, counsellors empower individuals to take proactive steps towards their recovery, instilling a sense of resilience and self-efficacy that extends far beyond the confines of the therapeutic space. As individuals progress through their counselling journey, they emerge not only with a newfound sense of hope and vitality but also with the skills and insights needed to navigate life's challenges with grace and resilience.

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 for depression is a transformative journey that begins with building a trusting therapeutic relationship, allowing individuals to feel validated and empowered. Through psychoeducation, clients gain understanding and agency in confronting their depression, while evidence-based techniques like cognitive restructuring and behavioural activation provide practical tools for challenging negative thought patterns and fostering healthier coping strategies. Counselling offering ongoing support and guidance as individuals navigate their path towards recovery. Ultimately, it not only alleviates depressive symptoms but also cultivates long-term resilience and empowerment, enabling individuals to reclaim control over their lives and face future challenges with strength and grace.

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Conflict of Interest

The author(s) declared no conflict of interest with respect to the research, authorship, and publication of this article.

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