



**CENTRE FOR
SOCIAL CHANGE**

A STUDY ON AWARENESS ABOUT COUNSELING AND MENTAL HEALTH

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STUDY ON AWARENESS ABOUT COUNSELING AND MENTAL HEALTH

Introduction:

Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals. It has become the need of the hour since most individuals are failing to cope with the tedious work pressure at both the personal and professional levels. Unless one is treated from within or unless the root of the problem is cured, it becomes very difficult for the person to come to terms with the existing problem. The result of this will only be a mental breakdown, leading to severe psychological issues.

Even, the globalization of the world also highlights the need for highly trained mental health professionals to address trauma, addiction, depression, academic and career concerns in clinics, hospitals, schools, and universities. It is equally important to grow or nurture a good mental health along with a good physical health. In this regard, counseling tends to be more useful, more effective and more successful. Counseling is the process that occurs when a client and counsellor set aside time to explore difficulties which may include the stressful or emotional feelings of the client. It is the act of helping the client to see things more clearly, possibly from a different view-point. This can enable the client to focus on feelings, experiences or behaviour, with a goal of facilitating positive change.

Professional counselors help clients to identify their goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health.

MacLeod and McMullen (2014) conducted an online survey of 300 individuals from the general public about their perceptions of professional counseling and other mental health professions. Compared with their knowledge and perceptions of psychiatry, psychology and social work, these participants' responses indicated less knowledge and information about the educational requirements, licensure standards, experience and scope of practice of counselors.

There is an unmet mental health need among the public. Special mental health outreach efforts should be directed with particular attention on the relationship between the individuals and their advisors. In this regard the present study was carried out to focus on the awareness about counselling and mental health among the subjects with the following objectives: to assess the knowledge and understanding of counselling and to know the understanding of mental health among samples.



Material and Methods:

QUAN-qual research method is employed in the study to collect the information from the respondents. Quantitative method is employed to collect the information about socio demographic characteristics viz., age, gender, education, qualification, family type and income of the family whereas qualitative method is employed to collect the information about the awareness of mental health and counseling services. The descriptive research design is used in the current study for collecting the information from the respondents. The survey method is employed by the 17 interviewers to collect the information from 10 respondents each. The final sample comprised of 170 respondents who were selected purposively for the study. A self-structured questionnaire comprised of background information and questions related to counseling and mental health were used for the data collection. The questionnaire was prepared both in Hindi and English languages. Interviewers collected the data by employing telephonic method, home visits and also by social media viz., emails and whatsapp messages. The data was tabulated and analyzed by using suitable statistical methods.



Results and Discussion:

The personal characteristics of the respondents were presented in the Table 1. The results showed that, majority of the respondents were from urban locality (62.35 %) followed by semi urban (19.41 %) and rural (18.23 %). The results also reported that, 51.17 percent were males and 48.23 were females and only one respondent is third gender. With regard to age group of the respondents, majority of them belonged to 18-40 years group (84.11 %) followed by 40-60 years (15.29 %).

With regard to education and occupation of the respondents, majority of them had completed bachelor degree (49.41 %) and majority of them were in business (24.11 %) and other services (48.82 %). Nearly 70.58 percent of the respondents were unmarried whereas 29.41 percent were married. Higher number of respondents (90.00 %) reported that they were not suffering from any chronic illness during last six months prior to interviews.

The respondents were distributed on familial characteristics and were presented in the Table 2. The results showed that, majority of the respondents (31.76 %) had the family income more than 90,000/- per month followed by income between Rs. 17,000 to Rs. 30,000/- (19.41 %). With regard to family type, majority of them belonged to nuclear family system (66.47 %) followed by joint family system (26.47 %). The results of the Table 3 displayed the distribution of the respondents on spending time with family members. Majority of the respondents (40.00 %) reported that they spend maximum time with family members whereas 17.64 percent reported that they spend very little time. Nearly 64.70 percent respondents reported that, they do not spend adequate time with family members whereas only 20 percent spend adequate time with the family members.

The respondents' views about sharing feelings and worries were presented in the Table 4. These results revealed that, 51.76 percent of the respondents share both feelings, worries and fun matters with family members whereas 84.1 percent of the respondents listen carefully to the worries and feelings of the family members. Majority of the respondents (34.7 %) share their feelings and worries with their mother followed by grandparents (30.0 %). The respondents (51.8 %) also reported that they often share their feelings and worries with other than family members whereas 55.1 percent often share their concerns and worries with their friends.

Table 5 showed the distribution of the respondents' views about considering suggestions. The results reported that, 67.05 percent of them often consider the suggestions and views of their family members whereas 55.3 percent of the respondents often consider the suggestions of their friends. With regard to application of these suggestions given by their friends for decision making, majority of the respondents (41.17 %) reported that the suggestions were sometimes helpful for decision making.

The knowledge about counseling practices was presented in the Table 6. The results revealed that, 87.67 percent believed that, counseling is essential need for healthy body and mind whereas 2.35 percent do not have any idea. Majority (60.0 %) believed that there is no need for third person to share their worries and feelings whereas 40 percent believed that there is a need for third person. The results also shared that, 58.23 percent of the respondents had the knowledge about counseling centers running whereas 41.76 percent do not had any knowledge about the counseling and counseling services provided in the society. Nearly 33.33 percent of the respondents shared that, they got the information and knowledge about counseling through social media and television whereas 28.28 percent from friends and colleagues. Majority of the respondents (82.82 %) had the idea about school, marriage, child and career counseling. The results reported that, nearly 81.81 percent never attended any counseling sessions and never visited counselors whereas only two respondents visited the counselor once in a month.

The respondents undertook several activities during stressful situations were shown in the Figure 1. Majority of the respondents (47.05 %) reported that, they confront problems and try to solve it whereas 44.7 percent take time to think about their insights, 44.7 percent listen music to cope with their stress.

The results also revealed that, 38.23 percent talk to their family members about their worries and 36.47 percent sleep, 34.11 percent isolate self, 34.11 percent watch movies and videos, 33.52 percent keep quiet about the stressful situation, 31.76 percent talk to their friends, 31.76 percent access social media, 30.00 percent cry whereas 16.47 percent ignore their feelings, 17.05 percent read books, 15.29 percent meet new people and 7.62 percent drink alcohol and smoke to overcome stressful situations.

Knowledge of the respondents about mental health was presented in the Table 7. The results showed that, majority of the respondents (77.6 %) reported that, feeling very sad and excess worry is the main reason for poor mental health whereas 77.64 percent of them believed to receive professional help for understanding feelings and problems. The respondent's views on understanding mental health were presented in the Figure 2. The results reported that majority (41.71 %) of them believed mental health as emotional wellbeing whereas 29.41 percent reported that mental health is the cognitive, behavioral and emotional wellbeing.

The results of the Table 8 revealed that, 71 respondents from urban locality had the knowledge about counseling whereas 16 from semi urban and 12 from rural locality reported to have knowledge about counseling. The chi-square analysis showed the significant association between the locality and knowledge about counseling. The results also showed that, 50 females and 49 males had the knowledge about counseling but there is no significant association between gender and the knowledge level.

With regard to age group, 83 respondents belonged to 18-40 years had the knowledge about counseling. There is no significant association between age group and knowledge about counseling. With regard to education, 55 respondents who had completed their bachelor degree had the knowledge about counseling. There is a significant association between education of the respondents and knowledge level indicating that, education had the greater impact on understanding about counseling and mental health services. With regard to occupation, 51 respondents from other services and 23 respondents from business had the knowledge about counseling. There is no significant association between knowledge about counseling and occupation of the respondents. The results also reported that 73 unmarried respondents had the knowledge about counseling but there is no significant association between marital status and knowledge level. With regard to association of familial characteristics on knowledge of counseling, no significant association was observed between family income, and family type with knowledge of counseling. These results indicated that, very few respondents had the knowledge about mental health and counseling services. McNair and Pritchard (2009) reported that, it is important that counselors help international students handle academic stress effectively by increasing their awareness and utilization of counseling services.

Conclusion:

The present study reported that, there is a lack of knowledge regarding respondents perception about counseling and mental health. Hence, there is a need to create awareness among the public about the importance of mental health and counseling through the conduct of training and awareness programmes, online courses. Public should be made aware about counseling as a holistic and developmental approach to mental health as it can help individuals from a variety of backgrounds and experience, increase their adaptive coping strategies, social skills, self-esteem and interpersonal relationships for improving the clients quality of life.

References:

- MacLeod, B.P. and McMullen, J.W., 2014, Raising public awareness of the counseling profession, *Counseling today*, 12
- McNair, A., and Pritchard, M.E., 2009, International Students' Awareness and Use of Counseling Services, *Scholars Research Journal*, 5(6)

Tables

Table 1: Distribution of Sample on Personal Characteristics

Sl.	Personal Variable	Categories	Frequency	Percentage
1	Locality	Rural	31	18.23
		Urban	106	62.35
		Semi-urban	33	19.41
2	Gender	Male	87	51.17
		Female	82	48.23
		Third gender	1	0.58
3	Age	18 – 40 Years	143	84.11
		40 – 60 Years	26	15.29
		> 60 Years	1	0.58
4	Education	Primary	4	2.35
		Upto Class 10th	7	4.11
		Upto Class 12th	22	12.94
		Bachelor Degree	84	49.41
		Post graduation	42	24.70
		Any other	11	6.47
5	Occupation	Government Service	20	11.76
		Business	41	24.11
		Farming	20	11.76
		Daily wages	6	3.52
		Other	83	48.82
6	Marital Status	Married	50	29.41
		Unmarried	120	70.58
7.	Suffering from Chronic Illness	Yes	17	10.00
		No	153	90.00

Table 2: Distribution of sample on familial characteristics

Sl. No.	Familial Variables	Categories	Frequency	Percentage
1	Family Income (per month)	Below Rs. 1700/-	31	18.23
		Rs. 1700/- to Rs. 30,000/-	33	19.41
		Rs. 30,000/- to Rs. 60,000/-	29	17.05
		Rs. 60,000/- to Rs. 90,000/-	23	13.52
		Above Rs. 90,000/-	54	31.76
2	Family Type	Nuclear	113	66.47
		Joint / Extended	45	26.47
		Step family	1	0.58
		Grand parent family	2	1.17
		Single parent family	7	4.11
		Single person family	2	1.17

Table 3: Distribution of respondents on spending time with family members

Sl. No	Variables	Categories	Frequency	Percentage
1	Time spent with the family members	Most of the time	68	40.00
		Evenings only	35	20.58
		Only few hours	37	21.76
		Very little	30	17.64
		Total	170	100.0
2	Spending adequate time with family members	Yes	34	20.00
		No	110	64.70
		Sometimes	26	11.76
		Total	170	100.0

Table 4: Distribution of respondents on views about sharing feelings / worries

Sl.	Variables	Categories	Frequency	Percentage
1	Sharing feelings and worries / fun matters with family members	Only about wor-ries and issues	24	14.11
		Only about happy and fun matters	18	10.58
		Both	88	51.76
		Don't talk about feelings at all	40	23.52
2	Listening worries of other fami-ly members	Yes	143	84.1
		No	7	4.1
		Sometimes	20	11.8
3	The person with whom feelings shared	Father	12	7.1
		Mother	59	34.7
		Siblings	25	14.7
		Friends	17	10.0
		Grandparents	51	30.0
		Family relatives	0	0
		Partners/Spouse	6	3.5
4	Sharing feelings with other than family member	Often	88	51.8
		Sometimes	60	35.3
		No	22	12.9
5	Sharing feelings/ concerns / wor-ries with friends	Often	97	55.1
		Sometimes	55	32.4
		No	18	10.6

Table 5: Respondents Views about Considering Suggestions

Sl. No.	Variables	Categories	Frequency	Percentage
1	Considering suggestions of family members	Often	114	67.05
		Sometimes	46	27.05
		No	10	5.88
		Total	170	100.0
2	Considering suggestions of friends	Often	94	55.3
		Sometimes	63	37.1
		No	13	7.6
		Total	170	100.0
3	Applying suggestions by friends for decision making	Often helpful	59	34.70
		Sometimes helpful	70	41.17
		Often not helpful	19	11.17
		Sometimes not helpful	13	7.64
		Doesn't consider	7	4.11
		Total	170	100.0

Table 6: Knowledge about Counseling Practices

Sl. No.	Variables	Categories	Frequency	Percentage
1	Need for healthy body and mind	Yes	149	87.64
		No	12	7.05
		Sometimes	5	2.94
		No Idea	4	2.35
		Total	170	100.0
2	Need for third person to share worries/ feelings	Yes	68	40.0
		No	102	60.0
		Total	170	100.0
3	Knowledge about counseling/counseling center	Yes	99	58.23
		No	71	41.76
		Total	170	100.0
4	Source from which the counseling is known	Parents	3	3.03
		Social Media and television	33	33.33
		Friends/Colleagues	28	28.28

		Teachers/ Professors	14	14.14
		Relatives	2	2.02
		In academics	19	19.19
		Total	170	100.0
5	Idea about school/ career/ marriage/ child counseling	Yes	82	82.82
		No	16	16.16
		Total	170	100.0
6	Attending counseling ses- sions	Once in a month	2	2.02
		Once in six months	3	3.03
		Once in a year	4	4.04
		It depends on my problem	9	9.09
		Not yet vis- ited a coun- selor	81	81.81
		Total	170	100.0

Figure 1: Respondents views about spending time when they are stressed / worried

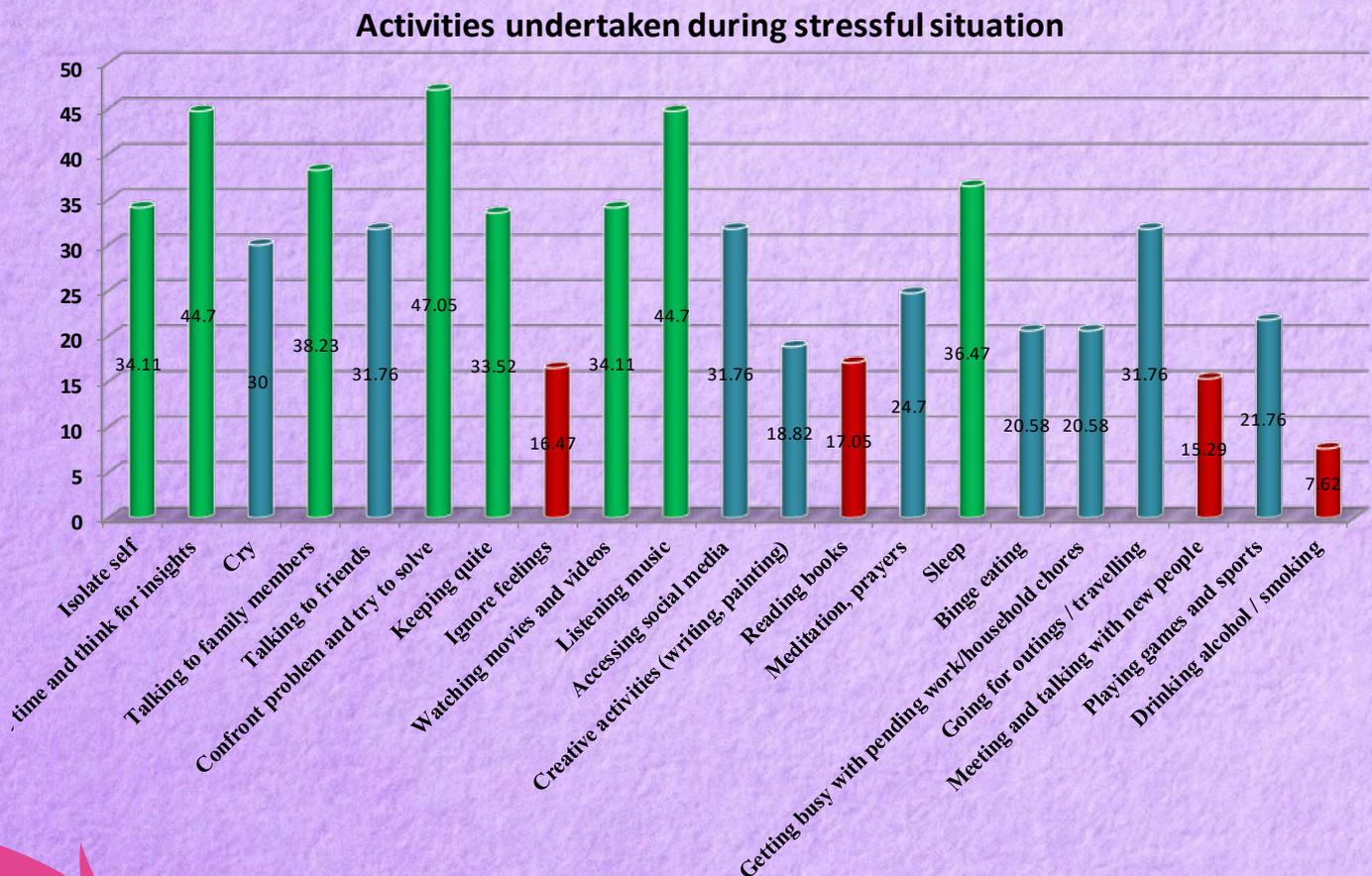


Table 7: Knowledge of Respondents about Mental Health

Sl. No.	Variables	Categories	Frequency	Percentage
1	Feeling very sad / Excess worry is reason for poor mental health	No	24	14.1
		Sometimes	14	8.2
		Yes	132	77.6
		Total	170	100.0
2	Receiving professional help for understanding feelings/problems	Yes	132	77.64
		No	14	8.23
		No Idea	14	8.23
		Total	170.0	100.0

Figure 2: Views on Understanding of Mental Health

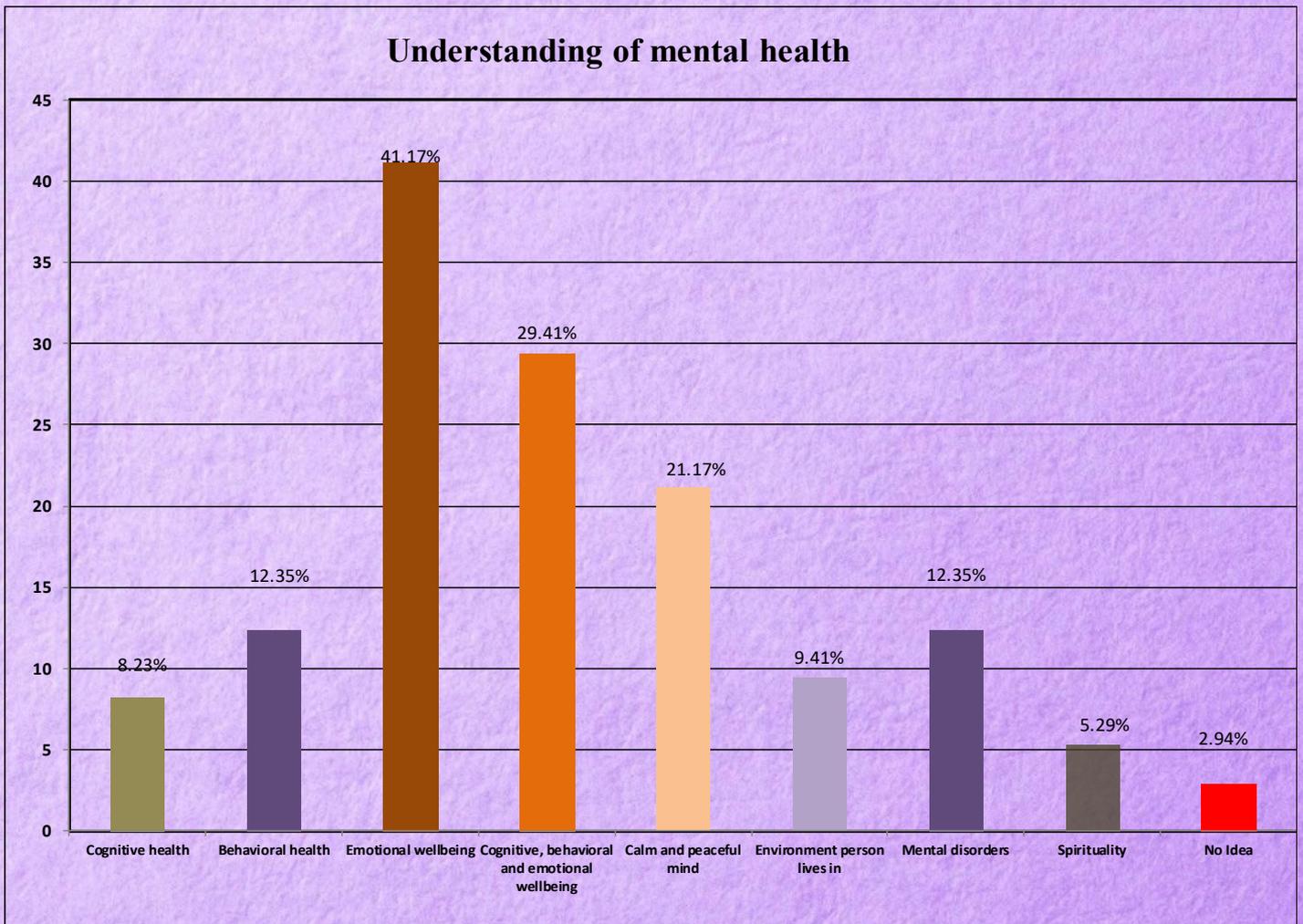


Table 8: Association of personal characteristics on Knowledge about Counselling

Factors	Categories	Knowledge about counselling	Total	Modified X2	
		Yes	No		
Locality	Rural	12	19	31	9.481 *
	Urban	71	35	106	
	Semi-urban	16	17	33	
Gender	Male	49	37	86	1.583
	Female	50	43	83	
	Third gender	0	1	1	
Age	18 – 40 Years	83	60	143	1.513
	40 – 60 Years	16	10	26	
	> 60 Years	0	1	1	
Education	Primary	0	4	4	23.521**
	Upto Class 10th	2	5	7	
	Upto Class 12th	6	16	22	
	Bachelor Degree	55	29	84	
	Post graduation	31	11	42	
	Any other	5	6	11	
Occupation	Government Service	13	7	20	5.154
	Business	23	18	41	
	Farming	11	9	20	
	Daily wages	1	5	6	
	Other	51	32	83	
Marital Status	Married	26	24	50	1.132
	Unmarried	73	47	120	

Table 9: Association of Familial Characteristics of the Respondents on knowledge about Counselling

Factors	Categories	Knowledge about counseling		Total	Modified X2	
		Yes	No			
Family Income (per month)	Below Rs. 1700/-	21	10	31	4.186	
	Rs. 1700/- to Rs. 30,000/-	16	17	33		
	Rs. 30,000/- to Rs. 60,000/-	14	15	29		
	Rs. 60,000/- to Rs. 90,000/-	14	9	23		
	Above Rs. 90,000/-	34	20	54		
Family Type	Nuclear	67	46	113	5.677	
	Joint / Extended	26	19	45		
	Step family	0	1	1		
	Grand parent family	2	0	2		
	Single parent family	4	3	7		
	Single person family	0	2	2		

Conclusion:

The present study reported that, there is a lack of knowledge regarding respondents perception about counseling and mental health. Hence, there is a need to create awareness among the public about the importance of mental health and counseling through the conduct of training and awareness programmes, online courses. Public should be made aware about counseling as a holistic and developmental approach to mental health as it can help individuals from a variety of backgrounds and experience, increase their adaptive coping strategies, social skills, self-esteem and interpersonal relationships for improving the clients quality of life.

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