

Clinically Diagnosed Self-Management Therapy to Reduce Psychological Distress among Young People in India – An Empirical Study

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Abstract

Self-management therapy is becoming more and more accepted in India that self-management support is an essential component of chronic illness care for young people. An increasing number of adolescents in India are adjusting to the role of self-manager in their care for a chronic condition as a result of the rising incidence of long-term psychological distress and health conditions among young people and the improved survival rates of previously life-limiting conditions among young people in India. This is a necessary step in the process of transitioning to adulthood. Although adherence to self-management therapy has been identified as a major challenge for young people living with a psychological condition such as anxiety, depression, mental labour, physical labour, and/or lifestyle modifications, this does not negate the fact that self-management therapy is an effective treatment option for these young people. The majority of systematic reviews on self-management therapies focus on interventions for adult populations. Only a small number of intervention trials are geared for young individuals with chronic conditions who are in the process of transitioning to adult health services. The purpose of this research was to collect evidence on clinically diagnosed self-management treatment as a means of reducing psychological discomfort experienced by young people in India. A standardised questionnaire was used, and eight important considerations were taken into account. The findings have been analysed using the Anova and t-test procedures.

Keywords: Young People, Self-Management Therapy Psychological Distress, India

1. Introduction

The term "self-management" has become increasingly general in the Indian medical literature, encompassing a wide range of programmes designed to improve patients' ability to self-regulate and self-soothe. If the process of methodical learning and transformation outlined here is successful, individuals (re)gain the ability to manage their life without the assistance of external professional support services. This viewpoint is closely connected to the schools of thought of cognitive behavioural therapy, the study of self-control and regulation, and the social learning theory. Many studies observed that there is a positive significant correlation between psychological distress as well as emotional distress, such as impulsive sadness, tensions, impatience habit, difficulty in sleeping, irregularities in the immune system, and cardiovascular diseases. (Novotney, 2019). According to the findings of studies, the lengthier the period of quarantine, the higher the risk of experiencing psychological discomfort, damage to mental health, and symptoms of PTSD (Namdar&Mojabi 2021). A negative personality trait known as psychological distress is one that is characterised by a variety of symptoms related to worry, stress, and sadness. (Viertio et al., 2021). Signs of depression include feelings of melancholy, feeling loneliness, sense of discouragement, futility& hopelessness; a wish to end one's life; insomnia; feeling of bewildered; perceiving responsibilities as a burden; and an inability to act. Anxiety manifests itself in a number of ways,

including tension, restlessness, concern, uneasiness, and terror. The inability to concentrate, poor judgement, persistent concern, the sensation of being overwhelmed, and a sense of isolation are all symptoms of stress. (Mirowsky& Ross, 2017). Research conducted in India by Jayanthi Mishra found that one-third of nursing students experienced some form of psychological distress as a result of the pandemic. Recent research conducted on adolescents have indicated that during lockdowns, they experience increased levels of psychological discomfort, including sadness, anxiety, and tension (Lyons et al., 2020). According to research conducted by Mishra et al. (2021), it was discovered that among medical students, 64.4 percent suffered from depression & 42.6percent from anxiety. (Sartorão et al., 2020).

2. Psychological distress - Definition

Psychological distress is considered as the unpleasant feelings or emotions that a person feels when overwhelmed, which can have a significant impact on daily living activities. This type of psychological pain can cause a variety of undesirable sensations, including melancholy, distraction, and anxiety. When this occurs, a person is more prone to suffer from adverse health concerns as a result of the high levels of stress. For example, young individuals in India who are psychologically distressed are more prone to have cardiovascular disease, strokes, or suicide thoughts.



An individual may suffer psychological anguish in a variety of conditions. For example, when a person goes through a traumatic experience, such as a horrific accident, they will have negative thoughts and tension. It is critical that they receive the finest possible care and, if necessary, proper therapy to help them recover. Other stressors include major life events such as deaths, as well as everyday pressures such as marital, family, or work-related difficulties. In any case, a person suffering from psychological stress must receive adequate care and treatment.

3. Effects of Psychological Distress

Trauma, life changes, and other stresses can all contribute to emotional distress. When someone is feeling this negative emotion, it might have serious consequences for their daily lives. Varied people experience different levels of fatigue, sadness, avoidance, fear, and anxiety when under stress. If you're going through emotional pain, you could withdraw from others and act coldly. When an employee is experiencing emotional distress, it might be difficult for them to focus on their work and complete their assignments. As a result, young people may be rendered unable to carry out their regular physical duties. Although self-management is a tried-and-true

method for treating a variety of chronic illnesses, its application to mental health is still in its infancy. Mental health self-management includes, first, 1) helping healthy people deal with everyday stresses, and second, 2) recognising the signs of mental illness and developing strategies to treat them. 3) Interventions for patients with mental diagnoses, particularly those with severe disorders.

4. Self-Management Therapy

While self-management is an established treatment for many chronic physical illnesses, its application to mental health is just getting started. Self-management in the field of mental health refers to both 1) the ability of healthy individuals to deal with and handle the stresses of daily life, and 2) the ability of those with milder psychiatric disorders to prevent and control their symptoms. Thirdly, self-management programmes for people with psychiatric diseases, even severe ones.

5. Review Literature

Scholars have long stressed the importance of self-efficacy in relation to various health-enhancing actions (Berndt et al., 2013). A lack of confidence in one's own abilities has been shown to have negative effects on adolescents' performance in a variety of contexts, including their accomplishment, goal attainment, and motivation (Thompson et al., 2019). Stress and depression can make it hard for students to thrive in school and in their social lives because they affect mood, impair concentration, and decrease motivation. Depending on the severity of the stress symptoms, either increased effort or burnout may result (Creswell et al., 2020). Frustration and emotional difficulties are exacerbated by the maladaptive behaviours that are associated with low self-efficacy. Better ability to believe in one's own abilities helps one maintain composure even as pressure mounts (Saurabh & Ranjan, 2020). High self-efficacy people push themselves further, see opportunities where others see problems, and are better able to deal with adversity. It's also crucial in helping people recover emotionally after experiencing trauma (Bosmans et al., 2016). Bandura 1977, argues that one's level of physiological and emotional arousal has an impact on one's ability to focus and make decisions. Both high and low levels of arousal are detrimental to productivity. Those who are properly aroused are more confident in their abilities to carry out tasks.

Research gap: There is no study till date that identified the psychological distress in India and therefore, present research made an effort after studying comprehensive research on prior studies and proposed research on clinically diagnosed self-management therapy to reduce psychological distress among young people in India.

Problem Statement

The current study seeks to assess the link between clinically diagnosed self-management therapy and psychological distress among young people in India. Findings stated that self-management therapy has a predictive role in the psychological distress among young people in India.

Objectives of the study

- To identify factors influencing psychological distress among young people in India.
- To analyse self-management therapy systems to reduce psychological distress among young people in India.

Hypothesis of the study

H01: There is no significant factors influencing psychological distress among young people in India.

Ha1: There is significant factors influencing psychological distress among young people in India.

6. Research Methodology

The study is both primary & exploratory in nature. The selected sample size of the research was 150. The responses obtained through well designed structured questionnaire. The sample collection location was Noida (Uttar Pradesh). The conceptual based framework was proposed below (See figure 1).

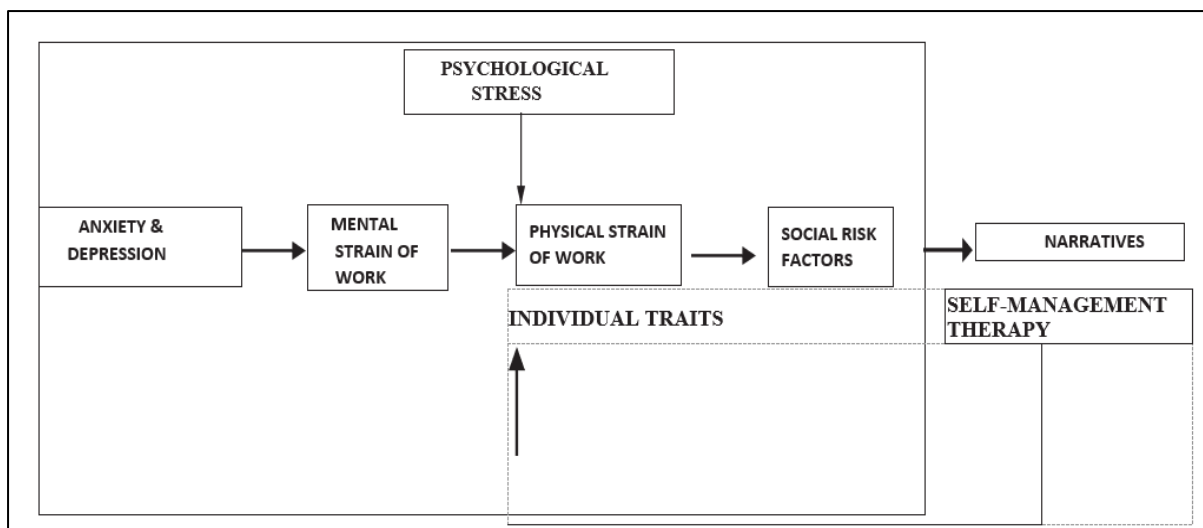


Figure 1: Conceptual Framework of Proposed Model (Self- Prepared)

Result and discussion
Demographic Analysis

Table 1: Gender Analysis

Gender Analysis		
	Frequency	Percent
Female	65	43%
Male	85	57%

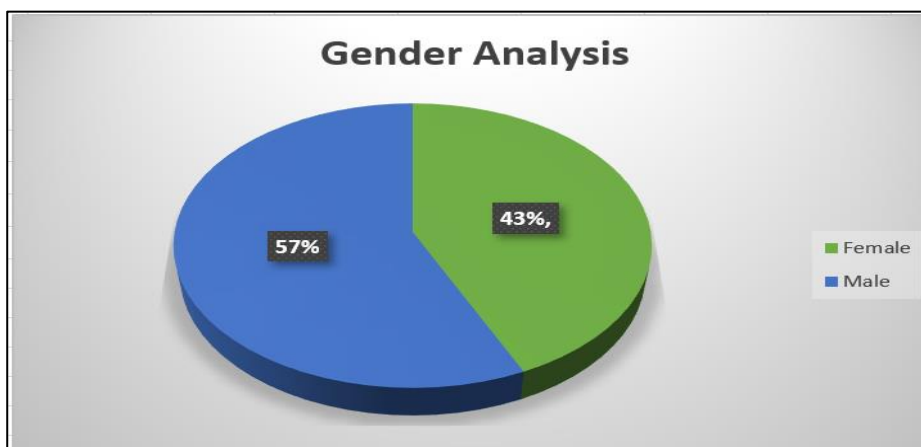


Table 2: Age Distribution

Age Distribution		
	Frequency	Percent
Less than 18	23	15%
18-20	27	18%
20-25	45	30%
25 and above	55	37%

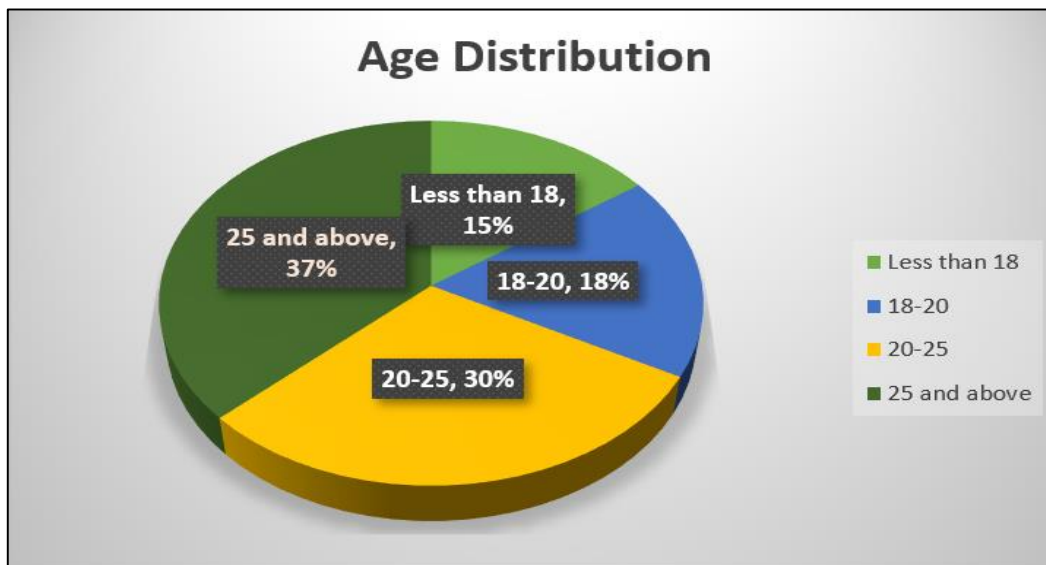


Table 3: Marital Status

Marital Status		
	Frequency	Percentage
Unmarried	97	65%
Married	53	35%

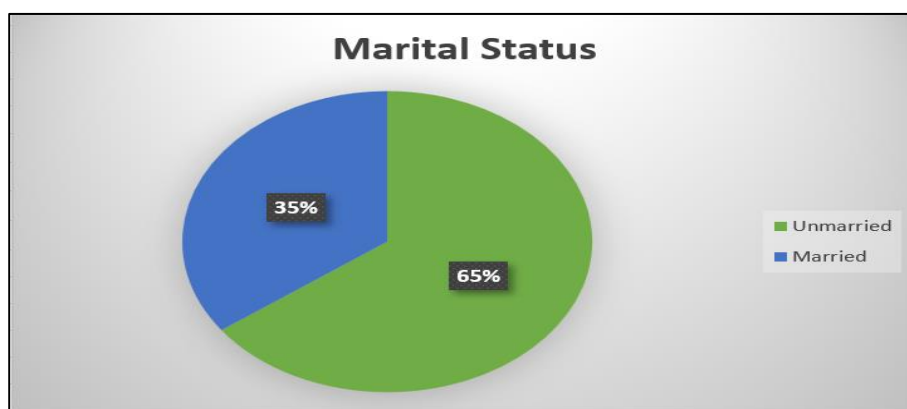
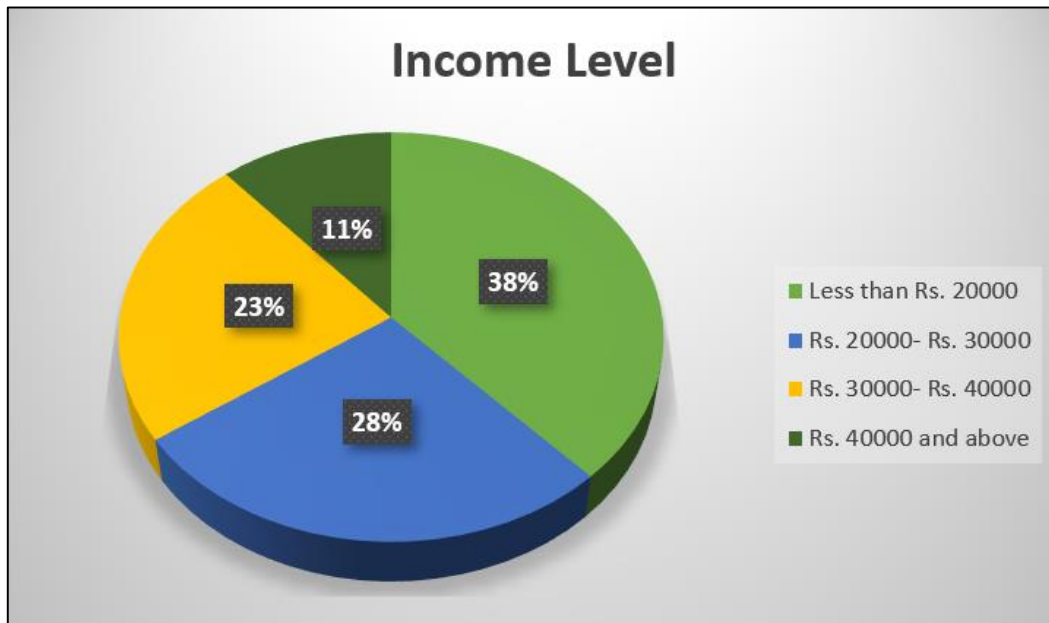


Table 4: Income Level

Income Level		
	Frequency	Percent
Less than Rs. 20000	57	38%
Rs. 20000- Rs. 30000	41	27.33%
Rs. 30000- Rs. 40000	35	23.33%
Rs. 40000 and above	17	11.33%



Demographic analysis depicted that majority of respondents are male having age of 25& above years, having unmarried marital status.

Table 5 : Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.852	8

Table 5 shows the study's findings, including the reliability test and the presence of internal consistency among the variables, as the estimated value of Cronbach alpha is .852 (n=8), which is larger than the permissible threshold limit of 0.60. As a result, there is internal consistency among the variables.

Table 6: Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
PsychologicalStress	150	1	5	4.73	.828
Anxiety&Depression	150	1	5	4.67	.801
Mental Strain of Work	150	1	5	4.27	.925
Physical Strain of Work	150	1	5	4.29	.819
Social Risk Factors	150	1	5	4.42	.892
Narratives	150	1	5	4.23	.838
IndividualTraits	150	1	5	4.12	.818
Self-Management Therapy	150	1	5	4.80	.797
Valid N (listwise)	150				

Above analysis described that self-management therapy is the best way to reduce psychological distress (Mean = 4.80 S.D. = .797) whereas psychological stress (Mean = 4.73 S.D. = .828) is another factor which induced distress a lot among young people in India. Furthermore, due to psychological stress, anxiety & depression

(Mean = 4.67S.D. = .801) automatically occur in young people. Similarly social risk factors (Mean = 4.42S.D. = .892) is one of the important factor which is a major creator of psychological distress. Research analysed that mental & physical strain of work also associated for psychological distress followed by the mean values of 4.27& 4.29. Thus, narratives & individual traits least impacted.

Table 7: ANOVA Analysis

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
Psychological Stress	Between Groups	15.766	4	58.368	10.237	.000
	Within Groups	211.392	146	.242		
	Total	227.158	150			
Anxiety&Depression	Between Groups	24.904	4	3.852	6.961	.000
	Within Groups	223.820	146	.584		
	Total	248.724	150			
Mental Strain of Work	Between Groups	18.531	4	4.732	5.953	.000
	Within Groups	286.279	146	.788		
	Total	304.810	150			
Physical Strain of Work	Between Groups	12.365	4	3.192	5.058	.001
	Within Groups	225.046	146	.632		
	Total	237.410	150			
Social Risk Factors	Between Groups	9.686	4	2.523	3.536	.003
	Within Groups	251.461	146	.672		
	Total	261.147	150			
Narratives	Between Groups	9.686	4	2.529	3.611	.003
	Within Groups	251.461	146	.672		
	Total	261.147	150			
Individual traits	Between Groups	24.904	4	6.327	10.245	.000
	Within Groups	223.820	146	.617		
	Total	248.724	150			
Self-Management Therapy	Between Groups	237.435	4	6.416	267.272	.000
	Within Groups	85.241	146	.617		
	Total	322.676	150			

Table 7, depicted the ANOVA Analysis and stated that psychological stress is positively significant (F=10.237and sig=.000). Other variable Anxiety & Depressionis also positively significant (F=6.961 and sig=.000). Other variablesare also having positive impact as Mental Strain of Work(F=5.953 and sig=.000) is positively significant. Physical Strain of Workvariable is also positively significant (F=5.058 and sig=.001)&Social Risk Factorsis also positively significant (F=3.536and sig=.001). One more variable which is Narratives& Individual Traits found to be positively significant. Self-Management Therapyfound to be positively significant (F=267.272and sig=.000). Therefore, almost all the variables selected for research considered important for the study and having positive impact on psychological distress among young people in India.

Table 8: One-Sample Statistics

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Psychological Stress	150	4.73	.828	.049
Anxiety&Depression	150	4.67	.801	.042
Mental Strain of Work	150	4.27	.925	.048
Physical Strain of Work	150	4.29	.819	.043
Social Risk Factors	150	4.42	.892	.041
Narratives	150	4.23	.838	.045
Individual Traits	150	4.12	.818	.041
Self-Management Therapy	150	4.80	.797	.042

Table 9: One-Sample Test

One-Sample Test						
	Test Value = 0					
	T	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Psychological Stress	106.137	150	.000	3.971	4.61	5.02
Anxiety&Depression	101.316	150	.000	4.306	4.53	4.87
Mental Strain of Work	89.771	150	.000	4.118	4.13	4.92
Physical Strain of Work	97.973	150	.000	4.217	4.24	4.70
Social Risk Factors	83.598	150				
Narratives	79.928	150	.000	4.292	4.22	4.49
Individual Traits	74.641	150	.000	4.265	4.27	4.56
Self-Management Therapy	112.415	150	.000	4.306	4.36	4.41

Table 9, documented t test statistics and stated the impact of psychological distress among young people in India and stated that self-management therapy (t= 112.415) followed by psychological stress (t=106.137) influenced the most. The least factor that influenced is individual traits & narratives (t=74.641& t=79.928). Therefore, it is clinically diagnosed that self-management therapy is having the most important impact. After application of ANOVA analysis and t test analysis, the findings of the study stated that null hypothesis which is there is no significant no significant factors influencing psychological distress among young people in India rejected and alternative hypothesis which is there is significant factors influencing psychological distress among young people in India is accepted.

Findings of the study

- Symptoms of psychological discomfort vary from person to person; nevertheless, the most common manifestations are anxiety, depression, melancholy, sleep difficulties, and eating changes.
- Personal life changes, painful life experiences, unexpected events such as death, or overall life stressors such as employment are all possible causes of psychological distress.
- Psychological discomfort can cause difficulties with daily activities such as work-related tasks, as well as a negative impact on one's social life and an increased chance of developing major health conditions such as strokes.

Conclusion

The regulatory and safety measures put in place to restrict the increased frequency of diseases have harmed the psychological discomfort and mental health of the worldwide population, especially among youngsters. The results of the current investigation suggest that those who receive more self-management treatment have greater competence in handling and responding to a variety of situations. Conversely, those who get less help with self-management are more likely to suffer from emotional distress. Immediate therapies are needed to enhance adolescent self-management therapy in order to decrease the burden of psychological distress brought on by the COVID-19 outbreak. This study's limited data sets are acknowledged as a limitation. Noida-based young professionals from the private sector made up the sample (Uttar Pradesh). In light of this, it's possible that the results cannot be generalised to all young people.

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