

Effect of Positive Psychological Intervention in the Level of Depression among the Adolescents

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Abstract

Introduction: Depression is a broad and genuine clinical sickness that contrarily influences physical and psychological circumstances causing enthusiastic and social breakdowns in adolescents.

Objective: The main objective of the study is to assess the effectiveness of positive psychological intervention in the level of depression among the adolescents.

Materials and Methods: An experimental study was conducted with a quantitative research approach and Quasi-experimental design (pre test-post test control group design). The study sample comprised adolescents who fulfilled the inclusive criteria. 80 samples were screened for the depression level by using the standardized scale DASS 21, out of which 20 samples were included in the study with the use of simple random sampling technique using lottery method. The depression level in both the experimental group and control group was assessed at pre-test and post-test. Data was analyzed using descriptive statistics including paired and unpaired T test.

Result: The post test findings reveal that 60% of adolescents in the experimental group have become normal and 40% have a mild level of depression after the positive psychological intervention.

Conclusion: Hence it is concluded that the use of positive psychological intervention has

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significant advancement in the emotional wellness, life fulfillment and satisfaction level among adolescents.

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INTRODUCTION

Depression is an emotional issue chiefly portrayed by seriousness from gentle to extreme indications, which can prompt physical

and mental issues, just as impairments in the reasoning system and social breakdowns (American Psychiatric Association, 2000).¹

Social variables are thought of a huge reason for depression. The social settings in which young people grow up assume a significant part in their turn of events. These conditions and the related conditions contribute towards defensive and hazard factors that advance or frustrate the change to adulthood. Specifically, neediness, long term family inconvenience, aggressive behavior at home and misuse, abuse, disregard and surrender, just as numerous arrangements out of home offices, and absence of family contact is among setup hazard factors known to anticipate adverse results for creating youths (Berger, 2011; Cluver and Gardner, 2007; Coleman and Hagell, 2007).²⁻⁴

Adolescents living in destitute homes or Child and Youth Care Centres experience stressors beyond those of their family supported peers. On account of a past filled with complex and habitually maladaptive home, school, and social conditions, these young people are helpless against expanded developmental difficulties and mental ailments.⁵

Major depressive sickness is a common hassle for adolescents. It has a wide exhibit of indications influencing somatic, intellectual, emotional, and social cycles. Academic failure, negative peer relationships, behavioral problems, warfare with mother and father and different authority figures, and substance abuse are some consequences of main depressive ailment in this age group and these can be avoided by early intervention. Effective remedies encompass non-tricyclic antidepressants and coping capability education. The nurse educator is a key to detect the melancholic and suicide prevention, especially in health care and educational settings. Through psycho-training, nurse educator can promote recuperation from depression through encouraging a healthy way of life, improving social competencies, and supporting the adolescent to identify and use sources of social help. These measures can save premature death and promote long-term well-being among adolescent.⁶

In India, the research studies determining the prevalence of childhood depression have reported results ranging from 0.48% to 49.2%. The National Mental Health Survey, India (2015-2016) reported the prevalence rate of 0.8% for depression in 13-17 year age group globally, school based student health surveys reported that in India, 24.6% of 13-15 years old students felt so depressed or hopeless almost daily for 2 or more weeks in the past year that they stopped doing their usual activities (World Health

Organization - 2007).⁷

Adolescent psychological well-being is described by generally high rates of mental issues and low degrees of help chasing practices. Mental health programs pointed toward resolving these issues in teenagers have repeated conflicting outcomes. Such projects have commonly been founded on methods got from cognitive behavioral therapy, which may not be obviously fit to early interventions among juvenile examples. Positive psychology, which looks to further develop prosperity as opposed to reduce mental manifestations, offers an optional approach.⁸

Njim, T., *et al.* (2020) concluded the prevalence of depression and major depressive disorder among the nursing students is high i.e., 69.57 and 26.40% respectively. Determinants which are proposed in this study require further appraisal to work with early distinguishing proof and the executives of depression in this high-risk group, to restrict the adverse consequences connected with the condition.⁹

Positive psychology intervention, or PPI, is a fixed of clinical gear and technique that concentrate on increasing happiness, wellness, and advantageous cognition and feelings. Research studies focusing the effectiveness of PPI found out that the 2 working factors that contribute to the fulfillment of these interventions are a shift of attention from bad to tremendous and internalization of positive emotions. Positive psychology interventions have crucial additives:

- Focusing on enhancing happiness through fine mind and emotions.
- Sustaining the outcomes for long-time period.¹⁰

Appropriately, the expanding pattern of depression in young people and the way that depressed teenagers are helpless against different psychological, intellectual, and meta-intellectual parts, just as the absence of exploration on the viability of positive psychotherapy on mental prosperity and confidence of teenagers with depression, this examination looks for whether positive psychotherapy influences mental prosperity and confidence of adolescents with depression problems.¹¹ Interviewing the affected person and their dad and mom is vital for accurate analysis and dependent interviews may be useful. Prevalence increases with age. Risk of recurrence is high and is inspired through own family conflict. Therefore, this experimental study investigates the effectiveness of positive psychological intervention

in the level of depression among the adolescents in the selected college at Puducherry. To achieve this, the study objectives include:

- a. To assess the pretest level of depression among the adolescents residing in the selected college at Puducherry.
- b. To assess the effectiveness of self-affirmation exercises on control of depression among the adolescents residing in the selected college at Puducherry.
- c. To evaluate the post-test level of depression among the adolescents.
- d. To determine the association on the pretest level of depression of the adolescents with selected demographic variables.

MATERIALS AND METHODS

An experimental study was conducted to evaluate the effectiveness of positive psychological intervention in the level of depression among the adolescents in the selected college, Puducherry. A Quantitative research approach and Quasi-experimental design (pre-test - post-test control group design) were used for this study. The study sample comprised of adolescents who fulfilled the inclusion criteria. 80 samples were screened for the depression level by using the standardized scale DASS 21, out of which 20 samples who have depressive symptoms were included in the study with the use of simple random sampling technique using lottery method. Further these samples were randomly allotted into two groups of 10 samples equally in both the experimental group and control group. Formal consent was obtained from the respective authority to conduct this study at selected college, Puducherry. Consent was obtained from all the samples to conduct this study. The researcher presented information to the samples before collecting the pre-test data. After the student returned the signed consent, they were given the main tool for collecting the data. Time taken to complete the tool for a sample is of about 20 to 30 minutes. The data collection tool consists of two sections. Section-A comprised of Demographic data which includes age, gender, religion, education and stress handling measures. Section-B comprised of Depression, Anxiety, and Stress Scale (DASS SCALE). Sin and Lyubomirsky (2009) characterized PPI as a psychological intervention that basically focus on raising good feelings, positive thoughts, and positive conduct.¹² In this study, positive psychological intervention was planned and

scheduled for one month, which primarily focused on raising the positive feelings, positive thoughts, and positive behavior of the samples. The depression level in both the experimental group and control group was assessed at pre-test and post-test. Initially the experimental group was given positive psychological intervention for about a month (Table 1).

Table 1: Intervention Schedule

| Components of PPI | Activities |
|-------------------------|--|
| Savouring Interventions | Consciously orienting towards the day-to-day life activities like eating, smelling, observing etc. |
| Gratitude Journal | Diary writing about the positive aspects of the particular day involving self. |
| Kindness act | Offering help and support for at least a single person a day. |
| Self love | Practicing yoga and meditation half an hour a day. |
| Grooming | Practicing to take self and group pictures a day |

But no intervention is given to the control group. After which, the post-test was conducted to both the control and experimental group after the completion of intervention session. The data were collected and analyzed using descriptive statistics including paired and unpaired T-test. Privacy and confidentiality were maintained. After the completion of study, education and awareness about the PPI was given to the control group to commemorate the ethical morality.

RESULTS

Distribution of control and experimental group samples according to the demographic variables revealed that a total of 20 adolescents participated in the study, in which 10 adolescents were considered as control group and 10 adolescents were considered as the experimental group. Of those 20 participants majority falls between the age group of 17-18 years (90% of the control group and 80% of experimental group). All the adolescents were males (100%). Out of 20 adolescents from both the control (70%) and experimental groups (90%), the majority of adolescents were Hindus. Most of the control group adolescents were from urban (40%) and rural (40%) areas. Most of the experimental group adolescents (60%) were from urban areas. Samples of controlled group once lived in a hostel (50%) and at home (50%). The majority of samples of experimental group once lived at home (60%). Control group samples are from both nuclear (50%)

and joint (50%) family. Most of the experimental group samples are from nuclear family (60%). 40% of the samples from the control group works at part time and from the experimental group, 50% of samples works at part time and remaining samples (50%) are not working. Regarding the economic status, the majority of samples from both the control group (90%) and the experimental group (100%) are from the middle class. Based on the past year

Table 2: Distribution of the control and experimental group samples according to the demographic variables

| Demographic variables | Control group (n=10) | | Experimental group (n=10) | |
|-----------------------|----------------------|-----|---------------------------|-----|
| | F | % | F | % |
| Age (in years) | | | | |
| 17-18 | 9 | 90 | 8 | 80 |
| 19-20 | 1 | 10 | 2 | 20 |
| Gender | | | | |
| Male | 10 | 100 | 10 | 100 |
| Female | 0 | 0 | 0 | 0 |
| Religion | | | | |
| Hindu | 7 | 70 | 9 | 90 |
| Christian | 2 | 20 | 1 | 10 |
| Muslim | 1 | 10 | 0 | 0 |
| Others | 0 | 0 | 0 | 0 |

academic performance scores, most of the samples (60%) from the control group scores around 51-60% of marks and (50%) samples from the experimental group scores below 50% of marks (Table 2).

Table 3.1 indicates that there is a significant difference (Mean-18%) between experimental pre test and post test scores which shows that the level of depression decreases after the positive psychological intervention. From the table 3.2, it is evident that the level of depression in the control group has no major differences during both pre test (Mean-36%) and post-test (Mean-37%). The level of depression remains same in both the control pre test (Mean-36%) and experimental pre test (60%) before the positive psychological intervention (Table 3.3). From table 3.4, the post test findings show that there is a significant difference (Mean-19%) between the control post test and experimental post test after the positive psychology intervention.

The level of depression in the control group remains same during both pre test and post test (Mild-30%, Moderate-60% and Severe-10%). The adolescents in the experimental group have significant improvement after the intervention against various levels of depression. The post test findings reveal that 60% of adolescents in the experimental group have become normal and 40% have a mild level of depression after the positive psychological intervention (Figure 1).

Table 3: Mean, SD and mean% to evaluate the Effectiveness of positive psychology interventions regarding the level of depression among late adolescents in selected colleges at Puducherry.

Table 3.1: Mean, SD and mean% to evaluate the Effectiveness of interventions regarding the level of depression in the experimental pre test and post test scores.

| Depression | Max Score | Experimental Pre-test scores | | | Experimental Post-test scores | | | Difference in mean % |
|------------|-----------|------------------------------|------|--------|-------------------------------|------|--------|----------------------|
| | | Mean | SD | Mean % | Mean | SD | Mean % | |
| Overall | 21 | 7.5 | 1.84 | 36 | 3.8 | 1.62 | 18 | |

Table 3.2: Mean, SD and mean% to evaluate the Effectiveness of interventions regarding the level of depression in the control pre test and post test scores.

| Depression | Max score | Control Pre-test scores | | | Control Post-test scores | | | Difference in mean % |
|------------|-----------|-------------------------|------|--------|--------------------------|------|--------|----------------------|
| | | Mean | SD | Mean % | Mean | SD | Mean % | |
| Overall | 21 | 7.6 | 1.78 | 36 | 7.7 | 1.77 | 37 | 1 |

Table 3.3: Mean, SD and mean% to evaluate the Effectiveness of interventions regarding the level of depression between the experimental group and control group pre test scores.

| Depression | Max | Control Pre-test scores | | | Experimental Pre-test scores | | | Difference in mean % |
|------------|-----|-------------------------|------|--------|------------------------------|------|--------|----------------------|
| | | Mean | SD | Mean % | Mean | SD | Mean % | |
| Overall | 21 | 7.6 | 1.78 | 36 | 7.5 | 1.84 | 36 | 0 |

Table 3.4: Mean, SD and mean% to evaluate the Effectiveness of interventions regarding the level of depression between the experimental group and control group post test scores.

| Depression | Max score | Control post-test scores | | | Experimental Post-test scores | | | Difference in mean % |
|------------|-----------|--------------------------|------|--------|-------------------------------|------|--------|----------------------|
| | | Mean | SD | Mean % | Mean | SD | Mean % | |
| Overall | 21 | 7.7 | 1.77 | 37 | 3.8 | 1.62 | 18 | 19 |

Table 4.1 and table 4.2 shows that, paired sample t-tests were used to examine pre and post changes for each group. There was a statistically significant difference in the scores of the experimental group before and after completion of the intervention. The results of the t-tests of the experimental group were

statistically significant across the variable tested: depression ($t = 6.62, p < 0.001^{***}$). No statistically significant difference was observed for the post-intervention outcomes of the control group ($t=1, p = 0.3434$).

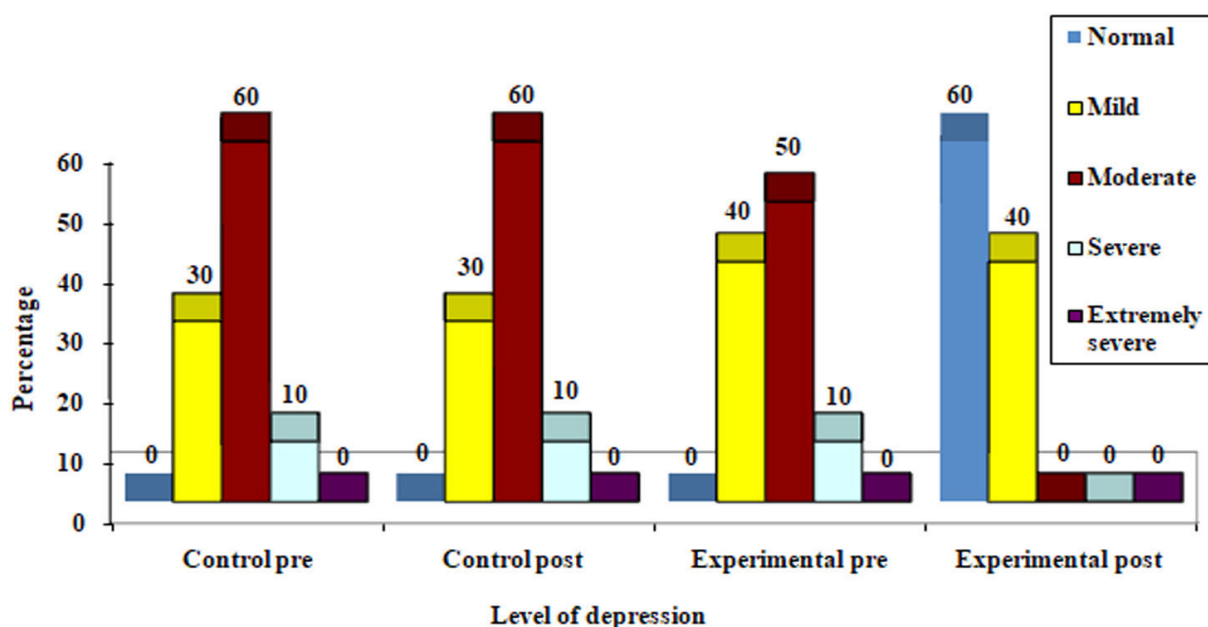


Fig. 1: Percentage distribution to evaluate the Effectiveness of positive psychological interventions regarding the level of depression between the experimental group and control group.

Table 4: Paired t-test to evaluate the Effectiveness of positive psychology interventions regarding the level of depression among adolescents in selected colleges at Puducherry

Table 4.1: Paired t-test to evaluate the Effectiveness of positive psychology interventions regarding the level of depression among the experimental pre test and post test scores.

| Depression | Experimental pre-test | | Experimental post-test | | Mean difference | ‘t’-value | P-value |
|------------|-----------------------|------|------------------------|------|-----------------|-----------|-------------------|
| | Mean | SD | Mean | SD | | | |
| Overall | 7.5 | 1.84 | 3.8 | 1.62 | 3.7 | 6.62 | $P < 0.001^{***}$ |

Table 4.2: Paired “t”-test to evaluate the Effectiveness of positive psychology interventions regarding the level of depression among the control group pre test and post test scores.

| Depression | Control pre-test | | Control post-test | | Mean difference | ‘t’-value | P-value |
|------------|------------------|------|-------------------|------|-----------------|-----------|---------|
| | Mean | SD | Mean | SD | | | |
| Overall | 7.6 | 1.78 | 7.7 | 1.77 | 0.1 | 1 | 0.3434 |

*- $P < 0.05$, significant and **- $P < 0.01$ & ***- $P < 0.001$, highly significant

The Effectiveness of positive psychological interventions regarding the level of depression among the adolescents of experimental and control post test group score is given in the Table 5. The

experimental group demonstrated statistically significant differences ($p < 0.001^{***}$) compared to the control group in the post intervention test with the mean difference of 3.9, and the t-value of 5.14.

Table 5: Unpaired t-test to evaluate the Effectiveness of positive psychology interventions regarding the level of depression among the experimental and control post test scores.

| Depression | Control post-test | | Experimental post-test | | Mean difference | t-value | P-value |
|------------|-------------------|------|------------------------|------|-----------------|---------|-------------------|
| | Mean | SD | Mean | SD | | | |
| Overall | 7.7 | 1.77 | 3.8 | 1.62 | 3.9 | 5.14 | $P < 0.001^{***}$ |

*- $P < 0.05$, significant and **- $P < 0.01$ & ***- $P < 0.001$, highly significant

DISCUSSION

The study inquired the effect of positive psychological intervention in the level of depression among the adolescents in the selected college, Puducherry. The present investigation discovered that participation in 1 month positive psychological intervention assimilated that the components of PPI such as Savouring, Interventions, Gratitude Journal, Kindness act, Self love and Grooming supported the effect of intervention on the deterioration of depressive symptoms in adolescents. The effects of the current study were positive for changes in depression level where the outcome of pre test and post test of the experimental group exhibit that the difference in mean is 18%.

These results go beyond previous reports, as one model, Seligman and partners organized an online trial in which they arbitrarily designated mildly depressed 411 volunteers, on average, with a mean score of 14.1 on (CES-D) scale to draw in for a week in 1 of 5 well-being improving activities versus a control placebo activity (include composing early experiences). Participants experienced a transient boost, yet got back to their baseline after 7 days in the placebo condition. Conversely, the individuals who finished the positive exercises encountered improvement in well-being and diminished depressive symptoms, and these advantages were keeping up with the intervention completed.¹³

A similar conclusion was reached by Seligman in another study in which he directed critically depressed persons (CES-D mean of 33.9) to participate in the "3 good things" PAI consistently. In the span of fifteen days, participants' CES-D scores declined by 16.7 points (depression from severe level to mild-to-moderate level) and 94% encountered relief. Thus, even though the advancement, research, and execution of positive psychology interventions are in their beginning

phases, such activities show guarantee for ameliorating the lives of people, what's more, doing as such at a remarkably rapid rate.¹⁴ This is consistent with what has been found in one of the previous study, whose results showed that the mean scores of experimental pre-test and post test were significantly different at 0.05 levels for psychological well-being.¹⁵ Our result casts a new light on improvement of psychological well-being in adolescents.

Even though positive psychological science is somewhere around a decade old, positive interventions have proactively acquired considerable hypothetical and practical sustenance in the literature. Future investigation on PAIs in clinical settings would facilitate the management of depression in a significant way by developing positive feelings, positive thoughts, positive behavior and positive experiences, rather than pointing exclusively to improve symptoms of depression.¹⁶

Controlled randomized longitudinal analyses have endorsed the feasibility of these deliberate exercises in augmenting well-being and diminishing depressive symptoms.¹⁷ Past investigation by Lyubomirsky and his partners, for instance, have tracked down evidence that the connection between positive psychological interventions furthermore, has consecutive decline in depressive symptoms which is arbitrated by expansions in positive affect.¹⁸ To compare, an exemplary meta-analysis of 375 psychotherapy investigations discovered that psychotherapy exhibited a typical effect size r of 0.32 for results like self esteem and reconciliation.¹⁹

Overall, these findings are in accordance with results reported in thirty investigations were incorporated, addressing 1864 patients who are suffering with clinical ailments. At post-intervention, PPIs cast substantial, little effect sizes for depression (Hedges' $g = 0.23$) and well-being

($g = 0.24$) contrasted with control conditions while excluding exceptions. Follow-up effects (8 to 12 weeks), when accessible, provided comparative effect sizes. These findings signify that PPIs, where the attention is about evoking positive feelings, ways of behaving or cognition, not just can possibly further develop well-being, however can likely diminish distress in people with clinical problems. Given the developing curiosity for PPIs in a clinical environment, many explorations are justified to decide the efficacy of PPIs in clinical cases.²⁰

As per the present study's outcomes, demonstrating a critical positive psychological intervention is useful in decreasing depression and has a positive impact on psychological well-being. In general, the positive psychological intervention portrayed in this paper was viable in the advancement of positive feelings, positive thoughts, positive behavior and confidence of the participants. Adolescents participated in the study detailed that they have benefited from their association with that group. Hence it is concluded that the use of positive psychological intervention has significant advancement in the emotional wellness, life fulfillment and satisfaction level among adolescents.

CONCLUSION

The results of this study provide insight into the psychological interventions which showed significant changes in the level of depression among adolescents. Hence it is concluded that the use of positive psychological interventions helps to improve the emotional wellness, life fulfillment and satisfaction level among adolescents.

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