Gopi Krishna Ranjan
Department of Mental Health
Nursing, Narayan Nursing
College, Gopal Narayan Sigh
University, Rohtas, Bihar,
India

Nandini Bhumij
Department of Mental Health
Nursing, Narayan Nursing
College, Gopal Narayan Sigh
University, Rohtas, Bihar,
India

Nitesh Kumar
Department of Mental Health
Nursing, Narayan Nursing
College, Gopal Narayan Sigh
University, Rohtas, Bihar,
India

Effectiveness of solution focused brief counselling (SFBC) on level of anxiety among school going children and their parent during COVID-19 pandemic

Gopi Krishna Ranjan, Nandini Bhumij and Nitesh Kumar

Abstract
Anxiety is one of the most common childhood disorders. The prevalence of anxiety during the lifetime has been estimated to be about 29 per cent and the average age of its onset is 11 years. The COVID-19 pandemic has had a significant impact on public mental health. Therefore, monitoring and oversight of the population mental health during crises such as a pandemic is an immediate priority. A pre-experimental research design was used to collect data from 100 School going children and their parent to assess the level of anxiety by using CAS scale in a village of Rohtas. The intervention was given to one experimental group with 14 days follow up. At the end of the 14 days follow-up period, the post test was done. The collected data was analyzed by using descriptive and inferential statistics. The hypothesis was tested at the 0.05 level of significance. SFBC was effective to reduce the anxiety level among school going children and their parent related to COVID-19 pandemic. The calculated 't' value of school going children was 5.38 and their parent was 5.40 which is more than tabulated 't' value 0.0001. "t" test and chi square test has been done for descriptive and inferential statistics. The result reveals that the Solution focused brief counselling was effective to reduce the level of anxiety. SFBC focused on helping to reduce the anxiety level among school going children and their parent during COVID - 19 pandemic.

Keywords: Solution focused brief counseling (SFBC), CAS, COVID-19, anxiety, pandemic

Introduction
Anxiety is one of the most common childhood disorders. The prevalence of anxiety during the lifetime has been estimated to be about 29 per cent and the average age of its onset is 11 years [7]. The COVID-19 pandemic has had a significant impact on public mental health. Therefore, monitoring and oversight of the population mental health during crises such as a pandemic is an immediate priority [19]. Children all over the world are going to be affected, those with disabilities, living in slums, isolation centers, and conflicts zones are going to be at a greater risk. A wide range of psychological outcomes have been observed during the Virus outbreak, at individual, community, national, and international levels. At the individual level, people are more likely to experience fear of getting sick or dying, feeling helpless, and being stereotyped by others. The pandemic has had a harmful effect on the public mental health which can even lead to psychological crises. Early identification of individuals in the early stages of a psychological disorder makes the intervention strategies more effective. In the current context of lock down and restriction of movements, children have constrained access to socialization, play, and even physical contact, critical for their psycho-social well-being and development. School closures are preventing children from access to learning and limiting their interactions with peers. Children may feel confused and at loss with the current situation, leading to frustration and anxiety, which will only increase with the overexposure to mass and social media, especially among adolescents. Brief Counselling that is time limited and present oriented. Brief Counselling focuses on the client's presenting symptoms and current life circumstances, and it emphasizes the strengths and resources of the client. Therefore, SFC helps the clients to find the best solution for their issues not solving their problems. Furthermore, it guides them to discover their current potential powers.

Corresponding Author:
Gopi Krishna Ranjan
Department of Mental Health
Nursing, Narayan Nursing
College, Gopal Narayan Sigh
University, Rohtas, Bihar,
India

The objectives of the study are
- To assess the level of anxiety among school going children and their parent in, Rohtas.
  To assess the effectiveness of Solution Focused Brief Counselling (SFBC) on level of anxiety by comparing pre-test and post-test values.
- To find the association between the level of anxiety among school going children & their parent with selected demographic variables.

Methods
One group pre-test -post-test design was used in this study. Non-probability consecutive sampling technique was adopted for selecting 100 School Going Children and their parent of selected village of Rohtas, Bihar. The data collection was done in three sections. Section-I includes socio- demographic data of school-going children and their parents. Section–II includes CAS (corona-virus anxiety scale) and Section – III is SFBC for school going children and their parent. Content validity of the tool was established with the help of experts from Mental Health Nursing. Pilot study was conducted on 10 samples and found that the tool was feasible and researchable. Data obtained were analyzed in terms of the objectives using descriptive and inferential statistics. Data was collected from June 2018 onwards.

Research and Ethical clearance were obtained from Research and Ethics committee of Gopal Narayan Singh University. Written consent was taken from school going children and their parent before distribution of the tool. The investigator himself collected the data using Demographic proforma, CAS (Corona-Virus Anxiety Scale) and Solution Focused Brief Counselling (SFBC) among 100 school going children and their parents in selected village of Rohtas, Bihar. Data was analysed using descriptive and inferential statistics. Demographic data was analysed in terms of frequency and percentage. Mean &standard deviation used to analyse level of anxiety by using CAS (Corona-Virus Anxiety Scale). Chi square and t- test used for pre-test and post test score of CAS (Corona-Virus Anxiety Scale) to analyse the effectiveness of the SFBC. Chi-square test also used to analyse the association of level of anxiety with selected demographic variables.

Results
The data obtained from the study population were analysed and interpreted in terms of objectives and hypothesis of the study.

Findings related to sample characteristics

Table 1.1: - Demographic characteristics of School going children (n=50).

Sl. No.	Demographic variables	Frequency (f)	Percentage (%)
01.	**Sources of Information**		
	Family Member	15	30
	Multimedia	35	70
	Health Person	0	0
02.	**Age**		
	08-09 years	17	34
	10-11 years	7	14
	12-13 years	12	24
	14-15 years	14	28
03.	**Gender**		
	Boys	24	48
	Girls	26	52
04.	**Religion**		
	Hindu	50	100
	Christian	0	0
	Muslim	0	0
	Others	0	0
05.	**CLASS**		
	4th - 5th class	16	32
	6th - 7th class	12	24
	8th - 9th class	7	14
	10th class	15	30
06.	**Types of family**		
	Nuclear	0	0%
	Joint	50	100%
	Single Parent	0	0%
07.	**Place of residence**		
	Urban	0	0%
	Rural	50	100%

Table 1.2: Demographic characteristics of their parent

Sl. No.	Demographic variables	Frequency (f)	Percentage (%)
	Number of children [8-13 yrs]		
01.	1	6	12
	2	20	40
	3	17	34
	More Than 3	7	14
	Age		
02.	20-30 YRS	26	52
	31-40 YRS	20	40
	> 41 YRS	4	8
	Gender		
03.	MALE	26	52
	FEMALE	24	48
	Religion		
04.	Hindu	50	100
	Christian	0	0
	Muslim	0	0
	Others	0	0
	Education		
05.	Primary School	13	26
	Secondary School	17	34
	Graduate	13	26
	Post Graduate	7	14
	Occupation		
06.	Unemployed	24	48%
	Self - Employee	19	38%
	Private Employee	7	14%
	Gov. Employee	0	0%
	Family income		
07.	Less Than Rs.3000/Month	0	0
	Rs.3001-4000/Month	0	0
	Rs.4001-5000/Month	23	46
	Above 5001/Month	27	54
	Types of family		
08	Nuclear	0	0%
	Joint	50	100%
	Single Parent	0	0%
	Place of residence		
09.	Urban	0	0%
	Rural	50	100%

Table 2: The level of anxiety among school going children and their parent by using CAS regarding anxiety related to COVID-19 Pandemic.

SL. NO	Level of anxiety (School going children)	Less than 9		More than 9	
		(f)	**%**	**(f)**	**%**
1.	Pre test	24	48	26	52
2.	Post test	43	86	7	14
SL. NO	Level of anxiety (Parent)	Less than 9		More than 9	
		f	%	f	%
1.	Pre test	26	52	24	48
2.	Post test	25	90	5	10

Table 3: Findings related to effectiveness of Solution Focused Brief Counselling (SFBC) on level of anxiety by comparing pre-test and post-test values among school going children and their parent by using CAS regarding anxiety related to COVID-19 pandemic.
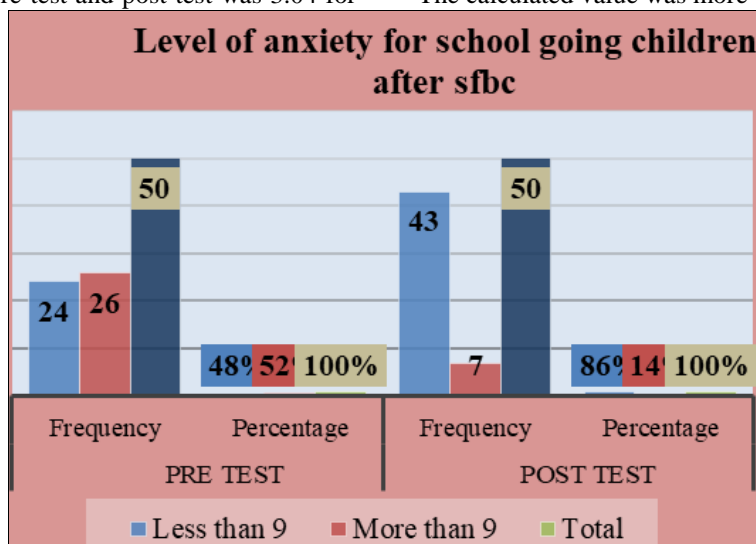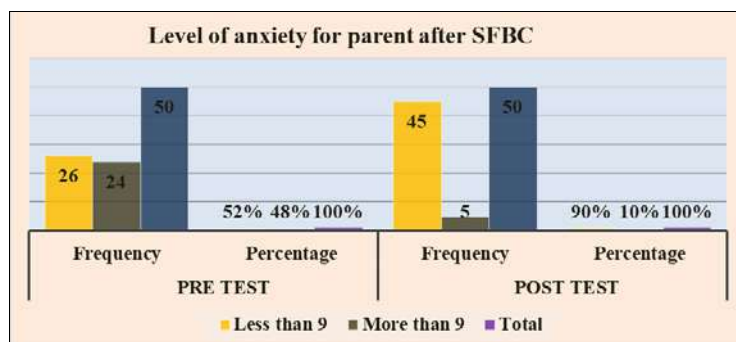
Sl. No.	Level of Anxiety (School Going Children)	PRE-TEST	
		Frequency	**Percentage**
01.	Less than 9	24	48%
	More than 9	26	52%
02.	Level of Anxiety (PARENT)	Pre-Test	
		Frequency	Frequency
	Less than 9	26	52%
	More than 9	24	48%

Table 4: Comparison between overall anxiety scores of mean, SD, mean difference and 't' value of pre-test and post-test level of anxiety among school going children regarding COVID-19 pandemic. (Paired t- test)

Level of anxiety	Pre test		Post test		t- value	p-value
	Mean	SD	Mean	SD		
Children	7.16	3.90	4.12	2.97	5.381	< 0.001 significant
Parent	6.80	3.60	3.80	2.84	5.407	

From the above paired **'t'** test table found that post-test mean value 4.12 for school going children and 3.80 for their parent was lower than the pre-test mean value for school going children which was 7.16 and for their parent 6.80. The mean difference between pre-test and post-test was 3.04 for school going children, 3.0 for their parent and the paired 't' test value was 5.381 for school going children and 5.407 for their parent at 0.5% level of significance which was highly significant. Hence researcher rejected the null hypothesis. The calculated value was more than the tabulated t-value.

Fig 1.1: Comparison of level of anxiety of pre-test and post-test CAS score of school going children regarding anxiety related to COVID-19 pandemic.

Fig 1.2: Comparison of level of anxiety of pre-test and post-test CAS score of their parent regarding anxiety related to COVID-19 pandemic.

Discussion
Present study shows that majority 52% of school going children and 48% of their parent had anxiety related to COVID-19 pandemic. This finding is supported by Allan B. I. Bernardo, Norman B. Mendoza (2020). Anxiety of school going children reduced from 52% to 14 % after Solution Focused Brief Counseling (SFBC). This finding is supported by a randomized controlled trial, conducted by Shitao Chen (2020) and a meta-analysis of Solution-Focused Brief Therapy outcome studies by Kim, 2008. there was no significant association between level of anxiety among school going children and their parent regarding COVID-19 pandemic, for school going children when compared with sources of information regarding COVID-19, whereas age and educational qualification had a highly significant association with the level of anxiety score, and for their parent when compared with No. of children, age, religion, family income, types of family, place of residence and whereas sex, educational qualification and occupation of head of the family had a highly significant association with the level of anxiety score. Similar result was found in study conducted by Shitao Chen (2020).

Limitations
In this study the following limitation are drawn.
- Data collection period was 4-6 weeks
- Sample size was limited to 100 (50 school going children & 50 parents).
- Residence of only select area of Rohtas District.
- Study was conducted in single setting therefore findings of the study cannot be generalized to other settings.

Conclusion
The findings from this study contribute to the deep understanding of the efficacy of brief intervention in

reducing the level of anxiety among school going children and their parent.

References
1. WHO; [Last cited on 2015 Oct 31]. WHO | The World Health Report-Mental Health: New Understanding, New Hope 2001.
2. Violanti J *et al*. Police occupational demands, distress and the coping function of alcohol. J Occupation Med. 1983;25:455-458.
3. Global Status Report on Anxiety. Singapore: World health organization Department of Mental Health Geneva, 2004.
4. Alvi T, Assad F, Ramzan M, Khan FA. Depression, anxiety and their associated factors among medical students. J Coll Physicians Surg Pak 2010;20:6-122.
5. Lopez AD, Murray CC. The global burden of disease, 1990-2020. Nat Med 1998;4:1241-1244.
6. Rask K, Astedt-Kurki P, Laippala P. Adolescent subjective well-being and realized values. J Adv Nurs 2002;38:63-124.
7. The Global Burden of Disease: Generating Evidence, Guiding Policy. European Union and Free Trade Association Regional Edition. [Last cited on 2015 Oct 31].
8. Hall RC, Hall RC, Chapman MJ. The 1995 Kikwit Ebola outbreak: lessons hospitals and physicians can apply to future viral epidemics. Gen Hosp Psychiatry 2008;30(5):446-52.
9. Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. Psychiatry Clin Neurosci 2020;74(4):281.
10. Kessler RC. The effects of stressful life events on depression. Annual Review of Psychology 1997;48:191-214
11. The Alliance for Child Protection in Humanitarian Action; Technical Note: Protection of Children during the Coronavirus Pandemic
12. Baig A, Hall B, Jenkins P, Lamarre E, McCarthy B. The COVID-19 recovery will be digital: a plan for the first 90 days. McKinsey Digital, 2020. [2020-11-23].
13. A health telematics policy-in support of WHO's Health-for-all strategy for global health development. Report of the WHO Group Consultation on Health Telematics, Geneva, 1997. World Health Organization. [2020-11-23].