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

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### 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<sup>[7]</sup>. 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<sup>[19]</sup>. 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.

**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.     | <b>Sources of Information</b>           |               |                |
|         | Family Member                           | 15            | 30             |
|         | Multimedia                              | 35            | 70             |
|         | Health Person                           | 0             | 0              |
| 02.     | <b>Age</b>                              |               |                |
|         | 08-09 years                             | 17            | 34             |
|         | 10-11 years                             | 7             | 14             |
|         | 12-13 years                             | 12            | 24             |
|         | 14-15 years                             | 14            | 28             |
| 03.     | <b>Gender</b>                           |               |                |
|         | Boys                                    | 24            | 48             |
|         | Girls                                   | 26            | 52             |
| 04.     | <b>Religion</b>                         |               |                |
|         | Hindu                                   | 50            | 100            |
|         | Christian                               | 0             | 0              |
|         | Muslim                                  | 0             | 0              |
|         | Others                                  | 0             | 0              |
| 05.     | <b>CLASS</b>                            |               |                |
|         | 4 <sup>th</sup> - 5 <sup>th</sup> class | 16            | 32             |
|         | 6 <sup>th</sup> - 7 <sup>th</sup> class | 12            | 24             |
|         | 8 <sup>th</sup> - 9 <sup>th</sup> class | 7             | 14             |
|         | 10 <sup>th</sup> class                  | 15            | 30             |
| 06.     | <b>Types of family</b>                  |               |                |
|         | Nuclear                                 | 0             | 0%             |
|         | Joint                                   | 50            | 100%           |
|         | Single Parent                           | 0             | 0%             |
| 07.     | <b>Place of residence</b>               |               |                |
|         | Urban                                   | 0             | 0%             |
|         | Rural                                   | 50            | 100%           |

**Table 1.2:** Demographic characteristics of their parent

| Sl. No.                              | Demographic variables   | Frequency (f) | Percentage (%) |
|--------------------------------------|-------------------------|---------------|----------------|
| <b>Number of children [8-13 yrs]</b> |                         |               |                |
| 01.                                  | 1                       | 6             | 12             |
|                                      | 2                       | 20            | 40             |
|                                      | 3                       | 17            | 34             |
|                                      | More Than 3             | 7             | 14             |
| <b>Age</b>                           |                         |               |                |
| 02.                                  | 20-30 YRS               | 26            | 52             |
|                                      | 31-40 YRS               | 20            | 40             |
|                                      | > 41 YRS                | 4             | 8              |
| <b>Gender</b>                        |                         |               |                |
| 03.                                  | MALE                    | 26            | 52             |
|                                      | FEMALE                  | 24            | 48             |
| <b>Religion</b>                      |                         |               |                |
| 04.                                  | Hindu                   | 50            | 100            |
|                                      | Christian               | 0             | 0              |
|                                      | Muslim                  | 0             | 0              |
|                                      | Others                  | 0             | 0              |
| <b>Education</b>                     |                         |               |                |
| 05.                                  | Primary School          | 13            | 26             |
|                                      | Secondary School        | 17            | 34             |
|                                      | Graduate                | 13            | 26             |
|                                      | Post Graduate           | 7             | 14             |
| <b>Occupation</b>                    |                         |               |                |
| 06.                                  | Unemployed              | 24            | 48%            |
|                                      | Self - Employee         | 19            | 38%            |
|                                      | Private Employee        | 7             | 14%            |
|                                      | Gov. Employee           | 0             | 0%             |
| <b>Family income</b>                 |                         |               |                |
| 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             |
| <b>Types of family</b>               |                         |               |                |
| 08                                   | Nuclear                 | 0             | 0%             |
|                                      | Joint                   | 50            | 100%           |
|                                      | Single Parent           | 0             | 0%             |
| <b>Place of residence</b>            |                         |               |                |
| 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 |    |
| 1.     | Pre test                                 | f           | %  | f           | %  |
| 2.     | Post test                                | 26          | 52 | 24          | 48 |
|        |  | 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.

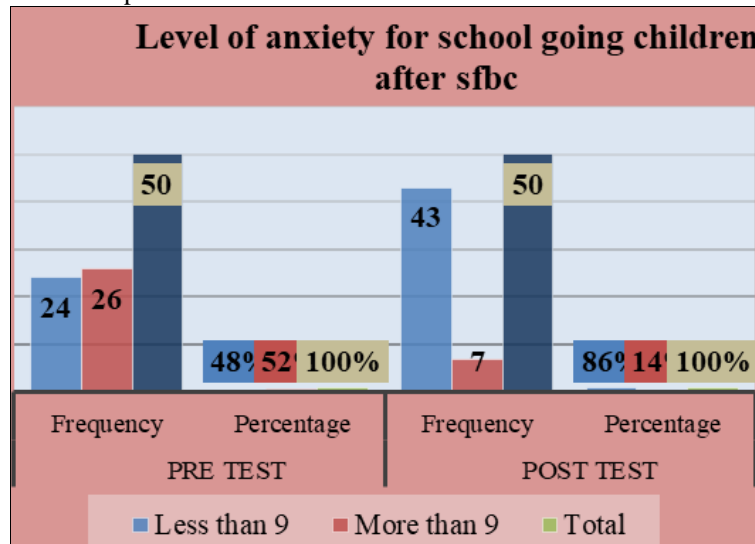
| Sl. No. | Level of Anxiety (School Going Children) | PRE-TEST  |            |
|---------|--|-----------|------------|
|         |  | Frequency | Percentage |
| 01.     | Less than 9                              | 24        | 48%        |
|         | More than 9                              | 26        | 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)

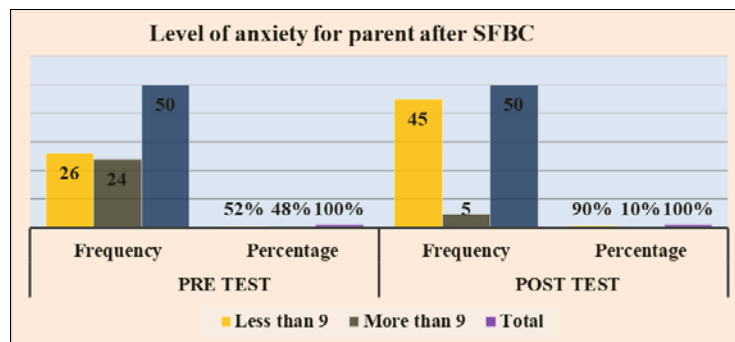
| Level of anxiety | Pre test |      | Post test |      | t- value | p-value             |
|------------------|----------|------|-----------|------|----------|---------------------|
|                  | Mean     | SD   | Mean      | SD   |          |                     |
| Children         | 7.16     | 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].