

Role of Psychoeducation in Enhancing Young Adults' Mental Health and Life Adjustment during the Covid-19 Pandemic

Research Article

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ABSTRACT

The ongoing Covid-19 pandemic has a severe impact on people's lifestyles and health all around the world, including Bangladesh. The current study sought to determine if psychoeducation can improve the mental health and life adjustment of young adults in Bangladesh during the COVID-19 crisis. In this study, 30 undergraduate students with high GHQ scores, from two public universities in Dhaka city were purposefully sampled using a quasi-experimental pretest-posttest design with a control group. The participants were divided into two groups: the experimental group and the control group, each with 15 respondents. The findings of the present study showed the benefits of psychoeducation on the young adults' mental health and life adjustment. The experimental group's mental health and life adjustment both significantly improved as a result of the psychoeducation intervention, which accounted for 88.8% of the variance in the former and 80.2% in the latter. However, participants who did not receive intervention showed no significant differences in either their mental health or life adjustment. The results may help mental health experts create programs to help young adults who are having problems with their mental health and adjustment.

Keywords: *COVID-19 pandemic, Mental health, Life adjustment, Psychoeducation*

1. Introduction

There are numerous elements that affect mental health, including population density, housing facilities, financial status, employment, life experience, disease burden, and others (Streatfield & Karar, 2008). As Bangladesh has a population of over 164 million, making it one of the most

populated countries in the world, therefore it is a great challenge for Bangladesh in maintaining mental health. Additionally, since the COVID-19 Pandemic lockdown was also implemented in Bangladesh, the way of life, state of health, financial situation, etc., have significantly changed for large number of people. Many hospitals lacked

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the equipment and testing options necessary to manage COVID-19 at the beginning of the outbreak (Das et al., 2021). Many people in Bangladesh were affected as reported in different newspapers including the Daily Star (2020), Jugantor (2020), and Kaler Kantha (2020). The COVID-19 outbreak has made it necessary to devote more effort to adjust and created mental health burden for Bangladeshi people.

In response to perceived or real threats, uncertainty, and change, people frequently suffer from anxiety, worry, and discomfort. According to Duan and Zhu (2020), it is natural for people to feel afraid during the continuing COVID-19 epidemic considering the adverse impacts of epidemic and pandemic breakouts on mental health. Many people have experienced difficult circumstances as a result of the COVID-19 pandemic, including young adults who had to adjust to new realities like online learning and little social interaction. It is crucial that young people give their mental and physical health first priority. Sadly, the pandemic had also robbed them of important life experiences like interacting with friends and taking part in significant events. Young students had difficulty accessing the mental health resources that are generally offered through educational institutions due to school and university closures.

The COVID-19 problem has a substantial influence on the mental health of young people (Rezvi et al., 2022; OECD, 2021). Even with the reopening of the educational institutions, the prevalence of anxiety and depression symptoms is increasing significantly among students (Sifat et al., 2022). Taking the required efforts to address people's mental health related issues could help them avoid many present and future mental health and adjustment challenges. As the globe recovers from the COVID-19 disaster, young people who are experiencing mental distress may be able to bounce back with proper aid and quick care. As part of this endeavor, existing mental health services in educational institutions can be expanded. The current researchers intend to employ psychoeducation as intervention to improve the mental health and life adjustment of young people. Psychoeducation is a form of mental health care that involves educating people, families, or groups

about mental health issues, their signs and symptoms, underlying causes, available treatments, and coping mechanisms (Dolan et al., 2021). It attempts to provide people with knowledge and understanding so they may better manage their mental health.

In the context of the COVID-19 epidemic, the outcomes of this study will help us better understand the role of psychoeducational intervention in enhancing the mental health and life adjustment of young adults. The current study will contribute to the body of knowledge on the effects of psychoeducation in crisis situations by focusing on young adults, who are particularly at risk for the psychological effects of the pandemic due to a variety of factors such as disrupted routines, social isolation, and uncertainties about the future. It is intended that the outcomes of this study may assist mental health practitioners in developing new strategies or intervention programs to treat young adults with mental health and life adjustment related issues.

The current research has practical implications for our daily lives as well as the progress of our country. In establishing evidence-based policies and treatments to address the mental health needs of young people during crisis situations like the Covid-19 outbreak, policymakers and public health professionals can use the research's findings as guidance. The government may prioritize mental health support, safeguard young adults' wellbeing, and advance the nation as a whole by incorporating psychoeducation into public health programs. Communities can improve their understanding of mental health concerns, foster empathy, and create supportive networks by encouraging psychoeducational treatments aimed at young adults.

Objectives of the Study

The main objective of this study was to see if young adults' mental health and life adjustment during the COVID-19 pandemic could be improved through psychoeducation. The specific goals were:

- i. To assess whether experimental and control groups of young adults vary in mental health and life adjustment in the pre-test and post-test phase,

- ii. To determine the relationship between mental health and life adjustment, and
- iii. To investigate whether participants differ in mental health and life adjustment in terms of gender.

2. Materials and Methods

Study Design

The study employed a quasi-experimental pretest-posttest design with a control group. Participants

were divided randomly into experimental and control groups, and data was collected at two time points: pre-test and post-test, with a six-week interval in between. This period may offer the psychoeducation intervention ample time to have an effect, enabling participants to interact with, integrate, and apply techniques before the post-test assessment. The study's design is illustrated in Figure 1.

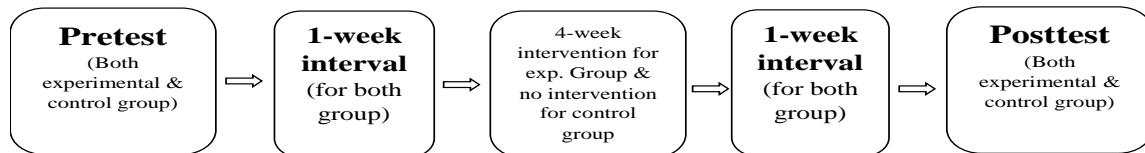


Figure 1. Flowchart Representing the Design of the Study

Sample

A total of 100 undergraduates of two public universities were chosen conveniently. Then, based on specific inclusion and exclusion criteria, such as high scores in mental health questionnaire, willingness to participate in data collection and psychoeducation program, and no prior participation in similar programs, a purposive sampling technique was used to select 30 research participants. Among them 14 were female undergraduate students and 16 were male.

Measuring Instruments

The following instruments were used to collect data of the present study:

General Health Questionnaire (GHQ-12). The GHQ-12 (Goldberg & Williams, 1988) is the most widely used screening tool for common mental disorders. It is a 4-point Likert-type scale, ranged from 0 (never) to 3 (always). GHQ-12 was translated into Bangla by Iliyas and Ayesha (2002) for detecting mild psychotic disorders in the general population. The coefficient alpha for the Bangla version's internal consistency was .82 (Iliyas & Ayesha, 2002). Among the 12 items, item number 2, 5, 6, 9, 10, 11 were positive and rest were negative. A total score ranging from 0 to 36. The total score represents the severity of mental discomfort. A high score on the scale implies severe mental health problems, whereas a low number suggests normal mental health.

Bell Adjustment Inventory (BAI). The Bell Adjustment Inventory (Bell, 1962) is a self-report

scale used to assess an individual's life adjustment. It was translated into Bangla by Faruk (1986) and has six measures of personal and social adjustments: home adjustment, health adjustment, submissiveness, emotionality, hostility, and masculinity-femininity. The BAI has shown good reliability, with coefficients ranging from .80 to .97 across the different adjustment domains (Faruk, 1986). The inventory consists of 200 items, and participants indicate their response as "Yes," "No," or "Or". The scores are calculated based on the number of "Yes" responses, with a higher score indicating poorer adjustment.

Personal Information Form. A personal information form was used to collect personal and demographical information such as age, gender, socio economic status, and educational qualification of young adults.

Psychoeducation Used in the Present Study

The current study's psychoeducation included a broad introduction to mental health and life adjustment, as well as information about the ongoing COVID-19 pandemic. The psychoeducation was provided in group setting. The objectives, perspectives, and determinants of mental health, as well as the traits of a mentally healthy person and strategies for promoting mental health, were discussed with the participants. Additionally, they informed about the different types, components, and areas of adjustment as well as the traits of a well-adjusted individual and strategies for improving adjustment. Information on

nonviolent communication and healthy anger management was given to the students. Aside from these, answers to frequently requested issues concerning sleep, daily activities, eating, leisure activities, time management, etc. were provided. Again, there was discussion on how and from where they can receive professional help if required. The information for the

psychoeducational materials used in this study was compiled by the researchers from a variety of sources, including academic research articles, clinical recommendations, textbooks, publications from government and health organizations, etc. PowerPoint presentations were used to deliver the psychoeducation. The outline of psychoeducational sessions for the present study is given below:

Table 1. Outline of Psychoeducational Sessions

No of Session	Contents	Goals
1 st Session	<ul style="list-style-type: none"> COVID-19 Scenario: Global and Bangladesh Mental Health: Definition, Attributes, and Goals 	orient students with the program; make the students able to ventilate about the sufferings they have during covid-19 pandemic; establish a trustworthy relationship
2 nd Session	<ul style="list-style-type: none"> Determinants of MH Promoting mental health by emphasizing practices such as cultivating happiness, expressing gratitude, and identifying one's unique strengths. 	provide students' knowledge about mental health and how to enhanced it.
3 rd Session	<ul style="list-style-type: none"> Enhance mental health by encouraging positive emotions, fostering optimism, and teaching strategies for managing and regulating emotions. Adjustment: Definition, Characteristics, Areas, and Ways of Improvement 	To educate pupils on how to improve their mental health and adaptability.
4 th Session	<ul style="list-style-type: none"> Teaching nonviolent communication skills Providing guidance on anger management techniques. 	to make students familiar about how to engage with people in a nonviolent manner and how to manage their anger in a healthy way

Ethical Issues

Participants were informed about the study's goals and provided with the opportunity to give informed consent. Their rights as participants were emphasized, and confidentiality of their information was ensured. They were also made aware of their right to discontinue participation in the study at any time. The participants in the control group received written materials about the intervention they did not receive in order to address ethical concerns. They were also directed to service centers for assistance with major mental health difficulties.

Procedure

The study initially involved administering questionnaires to 100 undergraduate students from

the two public universities in Dhaka city, from which 30 students were selected based who scored high in GHQ-12 questionnaire. Clear instructions, both written and verbal, were provided to participants regarding the questionnaire completion process. The selected students were then randomly divided into two groups, the experimental group and the control group. The experimental group attended four two-hour long psychoeducational sessions. No respondents from the control group received any psychoeducation. In the post-test phase, the MH and LA of both groups were assessed. The participants of the control group were given a copy of the psychoeducational materials following the post-test session. For their assistance with the study, the participants were thanked. The

research was carried out in classroom setting. The participants were contacted and approached repeatedly through phone calls and emails. These means of communication were utilized to stay in touch with the participants, give them important updates or reminders, and make sure they kept taking part in the study.

3. Results

To achieve the study goals, correlation analysis, Paired sample *t*-test, ANCOVA and Independent sample *t*-test were used. Correlational analysis was

carried out for assessing the relationship between the study variables. A significant positive correlation ($r = .786, p < .01, N = 30$) was found between mental health and life adjustment, indicating that individuals who have better life adjustment tend to have better mental health as well.

Table 2 and 3 represents the output of the Paired sample *t*-test which was carried out to assess whether experimental and control groups of young adults vary in mental health and life adjustment in the pre-test and post-test phases respectively.

Table 2. Mental Health and Life Adjustment of the Experimental Group in Pre and Posttest

		<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Sig.
Mental Health	Pretest	15	25.93	3.75	28	7.69	.001
	Posttest	15	17.33	2.16			
Life Adjustment	Pretest	15	109.07	7.89	28	8.39	.001
	Posttest	15	86.07	7.08			

Note. *M* = Mean, *SD* = Standard Deviation, *df* = Degree of Freedom

The respondents who received psychoeducational intervention showed significant improvement in both mental health and life adjustment, as showed

by the significant changes in means between pre-test ($M = 25.93$ and $M = 109.07$, respectively) and post-test ($M = 17.33$ and $M = 86.07$, respectively).

Table 3. Mental Health and Life Adjustment of the Control Group in Pre and Post-test

		<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Sig.
Mental Health	Pretest	15	25.93	3.77	28	-.56	.58
	Posttest	15	26.67	3.39			
Life Adjustment	Pretest	15	109.47	7.96	28	-.84	.41
	Posttest	15	112.00	8.53			

Note. *M* = Mean, *SD* = Standard Deviation, *df* = Degree of Freedom

Table 3 shows that there was no significant change in either mental health or life adjustment scores among participants who did not receive psychoeducational intervention.

Analysis of Covariance (ANCOVA) was performed to compare the effectiveness of the two groups, and findings have been presented in Table 4.

Table 4. Analysis of Covariance (ANCOVA) model representing experimental and control groups on the post-test score while covariate pre-test score of mental health and life adjustment.

	Source	Type III Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Partial Eta Squared
MH	Pre-test (covariate)	3.761	1	3.761	1.451	.051
	Group	554.700	1	554.700	214.073***	.888
	Error	69.962	27	2.591		
LA	Pre-test (covariate)	45.489	1	45.489	1.233	.044
	Group	4024.700	1	4024.700	109.072***	.802
	Error	996.287	27	36.900		

Note. *** $p < .001$, MH = Mental Health, LA = Life Adjustment

Results revealed in Table 4 inspected a significant difference in post-test score of mental health [$F(1, 27) = 214.073, p < .001$] and life adjustment [$F(1, 27) = 109.072, p < .001$] between the two groups while adjusting for pre-test score of mental health and life adjustment, respectively, generating psychoeducation increases mental health and life adjustment in the experimental group than the control group. Besides, 88.8% of the variance in

mental health and 80.2% of the variance in life adjustment of the total remaining scores happened because of the effect of psychoeducation.

Table 5 represents the output of the independent sample *t*-test conducted to investigate gender differences in mental health and life adjustment, which demonstrated non-significant differences for both study variables.

Table 5. Mental Health and Life Adjustment of Male and Female Respondents ($N = 30$)

		<i>N</i>	Mean	<i>SD</i>	<i>df</i>	<i>t</i>	Sig.
Mental Health	Male	16	25.31	3.44	28	.98	.33
	Female	14	26.64	3.97			
Life Adjustment	Male	16	108.37	6.64	28	.66	.51
	Female	14	110.28	9.08			

4. Discussion

The COVID-19 pandemic is having an effect on people's health and way of life all around the world, including Bangladesh. The present study intended to determine whether psychoeducational interventions may help young adults in Bangladesh who were dealing with the COVID-19 crisis to feel better about themselves and adapt to their new lives. The relationship between mental health and life adjustment was shown to be significant, suggesting that people with better life adjustment also tend to have better mental health. This result highlights the significance of concentrating on life adjustment as a means of enhancing mental health. Additionally, it emphasizes the necessity of interventions that deal with both mental health and life adjustment, particularly in emergency situations like the COVID-19 pandemic.

The study found no significant differences in mental health and adjustment between male and female participants. However, past researches have exposed contradictory results regarding the relationship between gender, mental health, and adjustment. While some studies claim that women have worse mental health than men (Baya et al., 2018), others contend that women actually perceive their mental health better (Ilgan et al., 2015). Furthermore, while some studies suggest that female students adjust better than male students (Roy et al., 2010), others suggest the opposite. Male students are better adjusted on campus than

female students (Lama, 2010; Rahamtullah, 2007; Roy & Ferdous, 2019) and female students are more likely than male students to experience adjustment issues (Agarwal et al., 2017; Lama, 2010). Again, Anita (1994) reported that in comparison to boys, girls are better adjusted in emotional, social, educational, and total domains of adjustment. Sunita (1986) reported that girls had a better adjustment at home than boys. People of all sexes, ages, and socioeconomic backgrounds, as well as the education and training sector, have been impacted by the COVID-19 epidemic.

Findings of the present study also show that respondents who received psycho-education showed significant improvement in both mental health and life adjustment scores. On the other hand, there was no significant change in either mental health or life adjustment scores among participants who did not receive psychoeducational intervention. The psychoeducation program's substantial percentage of variance explained in both life adjustment (80.2%) and mental health (88.8%) emphasize its efficacy. Psychoeducation has been shown in multiple studies to support family harmony, lower relapse rates, and enhance recovery (Vreeland, 2012). It can help those who are at risk of having a mental disease get better mental health and learn to deal with mental health issues (Pedersen et al., 2015). Additionally, it has been shown to be helpful in fostering adolescents' psychological health (Makama et al., 2019). By

giving them information and support in a caring and friendly environment, psychoeducation is an evidence-based therapeutic practice that attempts to help people better understand and cope with mental illness (Colom et al., 1998).

These findings highlight the value of including psychoeducation into support systems and academic curricula in order to encourage young adults' good mental health outcomes and improve life adjustment.

5. Conclusions

While the sample in the current study is restricted to university students in Bangladesh, future research may broaden it to cover a variety of population demographics. A follow-up phase might also be added to look at the long-term impacts of psycho-education. However, the results of this study offer significant insight about how psychoeducational interventions can enhance the mental health and coping mechanisms of young adults facing the COVID-19 pandemic. These findings may be used by mental health professionals to develop novel treatment modalities or intervention programs for young adults who are experiencing mental health and adjustment issues.

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