

II M.Sc PSYCHOLOGY

SEMESTER - IV

18MPS41C - APPLIED COUNSELLING PSYCHOLOGY

UNIT – 3 COUNSELLING PROGRAMME DEVELOPMENT AND MANAGEMENT

Mental disorders are becoming a major public health threat in the world. Mainly, dementia and depression affect over 20% of adults aged 60 and above, and account for 6.6% of all disability in this age group. However, senior citizens' mental disorders are underreported because their emotional problems were often masked by their physical symptoms. The rate of suicide is also highest among them compared to other age groups. Thus, their mental health needs are serious and must be given attention. Senior citizens often have unmet needs for mental health. Barriers to treatment include their limited knowledge stigma, and lack of access to health professionals.

Alternative services are needed to overcome these barriers and address their unmet needs. The use of an interdisciplinary geriatric team is an effective strategy to deal with the mental health needs of senior citizens. The team is usually composed of specialists in mental health, primary care, and rehabilitation working together to integrate care. However, in low-resource settings, there is a limited range of public geriatric services and lack of professionals dedicated to mental health. In the Philippines, for instance, there are 0.42 psychiatrists, 0.40 psychiatric nurses, 0.17 medical doctors (not specialized in psychiatry), 0.14 psychologists, 0.08 social workers, and 0.08 occupational therapists per 100,000 members of the general population. Faced with these challenges, the government needs innovative strategies to address the emergent needs for mental health among Filipino senior citizens. Based on existing literature, the 'stepped care model' can be used to increase the availability and coverage of mental health services. In this model, the most effective yet less resource-intensive treatment is delivered to patients first, and only stepping up to intensive or specialist services as clinically required. Another strategy is 'task shifting', which is the process of delegating tasks to less specialized health workers. This strategy was found useful in low-resource settings. Within this context, the Office for the Senior Citizens Affairs (OSCA) can serve as a focal point for the training of senior volunteers at the paraprofessional level to work as mental health advocates. The OSCA is the institution that is responsible for the planning, implementation, and monitoring of yearly work programs for senior citizens in its target area. It has facilitated

various activities such as medical and dental missions, fellowship events, and giving away donations, among others. Senior volunteers represented a significant, mostly untapped lay resource of informal social care. They could be adequately trained to serve other disadvantaged senior citizens in the communities.

They were proven to be effective in group counseling, for the blind senior citizens, for elderly victims of crime and violence, and health education. After the program, peer counselors reported several benefits from their roles, such as an increased sense of well-being and self-worth. However, most of them also mentioned that their major weakness was the lack of counseling experience.

Hence, the integration of ‘leadership’ and didactic and experiential approach to training might empower them to assume their role as peer counselors.

Based on the literature, the most effective process for the training of peer counselors include both didactic and experiential techniques. The didactic approach emphasized the shaping of counselor behavior, whereas the experiential approach focused on the counselor’s growth and development. Carkhuff and Truax integrated both methods in the training of both graduate students and lay hospital personnel.

They reported that the trainees engaged with their clients almost the same as the more experienced therapists in providing effective psychotherapy. In this study, service providers and university investigators worked collaboratively with the local government to develop, implement, and evaluate a leadership and peer counseling program. The program mobilized and trained senior volunteers to become peer counselors. This study aimed to evaluate the effectiveness of the training program on improving senior volunteers’ competency toward peer counseling and to explore its impact on their well-being after three months of the program implementation.

Data Collection :

We administered a pre-training survey to measure the baseline knowledge of peer counselors. We used the observation ratings from return demonstration as their baseline skills, because senior volunteers had no prior experience in counseling. We also measured their baseline depressive symptoms and subjective well-being.

Data Analysis:

We calculated the total scores for knowledge, skills, peer counselor satisfaction, GDS-15, and WHO-5. We conducted a paired-sample t-test, and calculated the effect size to compare peer counselors’ competency scores and mental health status pre- and post-intervention.

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