Optimism in the Youth Mental Health Online Counseling Environment

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Abstract— **Optimism is part of positive mental health that is very important for achieving prosperity. Teenagers who have high optimism tend to believe in expecting the best in their lives. But in the social development of adolescents is still questionable. The purpose of this study is to try to find out the experiences of adolescents in the school environment to be optimistic and to be able to inform intervention strategies aimed at improving the positive mental health of adolescents in schools through the online counseling environment approach. This study uses a mixed-method approach with a quantitative primary quasi-experimental strategy. The study sample involved 89 teenage students aged 16-20 years. Findings from the research results show that adolescents have low optimism when online counseling is given; confidence has a positive relationship with mental health. All of these results have implications for online counselors in the future, especially for treatment in adolescence.**

Keywords— Optimism, Mental health, Counseling Environment.

I. INTRODUCTION

Optimism is the most important thing to achieve prosperity [1]. Confidence is defined as the inclination and belief to anticipate what best will come [2]. The benefits of optimism are significant for someone's physical health as well as life accomplishment [3]. Although considered a trait, confidence can change throughout the whole journey and experience of life and can also be implanted fostered through the provision of interventions [1]. Optimism is even analyzed as a protective factor for someone in adapting to his/her life situations involving risks and difficulties [4].

Optimism is fundamental as something positive in childhood and adolescence [2]. This study aims to find out the experiences of adolescents in the school environment to be optimistic and to be able to inform intervention strategies aimed at improving the positive mental health of adolescents in schools.

Simultaneously and over time. In particular, we analyze optimism in adolescents at the school level. We gather students on each variable and are examined at the school level. We focus on the social experience of adolescents in schools because of the critical role of the school environment in the development of adolescents [5]. When children enter adolescence, relationships with peers and adults outside the home play an increasingly important role in establishing their positive character development in an optimistic attitude [6]. We concentrate on adolescence aged 16 to 20 years because they have formative time in the event marked by a transition period in social relations [6].

This research extends the research on optimism in adolescence in several ways. The first, through a cross-sectional method that links early adolescent confidence with a broader range of ecology within and outside of school [7]. Previous studies have made progress in explaining early adolescent optimism through individual behavior [7], but very little illustrates the confidence of adolescents in the social environment at school. This research provides an opportunity to consider individual factors and the school environment simultaneously. Therefore, analysis of social relations at the school level and predictions of youthful optimism can reveal whether the contextual climate of students in schools is related to positive mental health for their individuals.

A small but growing study has begun to investigate the effectiveness of online counseling [8]. The services that provide a process of assistance that prioritizes potentially safer privacy and emotionality, so young people can feel comfortable in expressing various mental health problems [9]. Moreover, wider audiences can be reached as well as those who uncomfortable with and who may not be able to access the face-to-face services [10].

For now, however, general optimistic factors have not been explored in online chat settings. Optimistic thinking is widely thought to influence positive psychological change, while

optimism research has begun to explore how to affect expectations to increase client performance [11].

This research also has practical relevance; it can identify relationship experiences that are strongly related to youthful optimism, thus informing the development and implementation of online-based interventions in schools to develop adolescent mental health.

II. OPTIMISM

Optimism is an indicator of mental health in adolescence. The study of confidence is informed in positive psychology [12]. Bringing positive psychology into schools aimed at creating an environment that stimulates the development of children and adolescents' health [12]. Positive psychology researchers seek to understand valuable and strength factors in everyday life of young people, which helps them to develop [13]. Developmental system theory views human development as two directions, namely between individual and relational process contexts; Adaptive regulation between individuals and settings is essential for positive growth and development [14] Schools are considered as the primary context devoting to healthy and positive development in youth [15].

In particular, optimism in adolescence is associated with high levels of psychological and subjective well-being[16], more adaptive health behaviors [17], having low symptoms of depression[17] Most optimism researchers have learned ways of predicting positive development and health in life, and most importantly, is showing positive mental health [2]. This study reflects the perspective taken in this study. In particular, we focus on understanding the factors of social relationships in schools that may be related to children's optimism during the developmental stages of adolescence.

III. III. METHOD

Participants were 89 adolescents aged between 16 and 20 years who participated in online teenager's web counseling services from January to May 2018. During recruitment, participants were carried out through WhatsApp's web services, with various questions, and starting with asking, "Are you aged 16-20 years and want to participate in the surveys about your experience?" After clicking on the link, the participants read and agreed to the approval form, and then completed an online survey. All participation was voluntary and self-selected, although there were incentives through the chance to win gift vouchers for unlimited online data packages for 2 months. Initially, 108 teenagers were accessing online questionnaires, but 20 of them did not complete the survey, resulting in a response rate of 78.4%. It is unknown how many young people accessed services during this period. There were 68 (86.4%) women and 20 (13.6%) men, which is generally consistent with other online service demographics, which shows that around 80% of clients are women [18].

A. Procedure

The services provided are online and offer friendly mental health support, confidential and provide free information for adolescents aged 2 to 20 years, the content of services provided is related to psychological, psychosocial, career, and educational issues. During the first session, the counselee was given supportive counseling services and psycho-education, with the aim that the counselee was more structured, oriented to problem-solving, motivating, and positive cognitive construction. Participants were told they would do so were asked about how they felt about the different aspects of their lives and their optimism about online chat counseling, and that the survey would take about 10 to 15 minutes to complete.

B. Measure

A self-report questionnaire consisting of 32 items was developed to collect data relating to demographics, optimistic counseling, psychological pressure, and life satisfaction. These questions collect background information about participants' gender, age, location, and the number of online sessions previously attended.

The complete Optimism Scale (MDI) contains six demographic questions and 72 items about social-emotional development, social relationships with peers and adults, school experience, health, and well-being, and using valuable time during hours after school [7]. MDI is based on the scale and items that have been validated and predetermined. Research has documented the psychometric properties of MDI, which shows the evidence for scale reliability, structural factor, and convergent and discriminant validity, as well as construct efficacy [7]. The four items, including questions like "When I have a problem, I can find many ways to solve it" were used to measures goal-oriented thinking. Respondents were asked to answer each item on a 6-point scale ("There is no time" to "All the time"), and the answers were averaged to score from 1 to 6. HS-PTPB had shown the voice of psychometric nature, with internal consistency satisfying (a 0.87) and convergent validity [19].

IV. RESULTS

Preliminary analysis shows that the standard deviations for each of these variables are presented in two age groups, those under the age of 18 who remain associated in institutions such as schools, and those over the age of 18. The average optimistic score proved to below. It shows below the middle point of the scale that ranged from 1 to 6. In contrast, the upbeat score was high, because the average rating was above the midpoint of the scale that ranged from 1 to 3. While the optimistic score was similar to reported by Bickman et al. (2010) for clinical samples of adolescents accessing face-to-face services, confident scores were lower than the standard deviations indicated by face-to-face clients.

The low score of optimism is significantly high, with the average rating is above the 30 cut-offs indicating severe psychological distress [20]. The score for social relations is low. It averages below the middle point of the scale ranging from 1 to 5. Furthermore, more than half of the sample flow is more than one standard deviation below the average reported by Bickman et al. (2010) for face-to-face samples.

Correlational analysis to assess the size and direction of a linear relationship between optimism, psychological stress (mental health), and life satisfaction. Correlation analysis shows that optimism has a small positive correlation with

confidence, a moderate to significant negative correlation with psychological distress, and a strong positive correlation with a life of satisfaction. Pearson (r) bivariate moment-product coefficient (r), according to Cohen (1988), r 0.1 can be considered small, r 0.3 can be regarded as moderate, and r 0.5 can be considered as significant. Furthermore, expectations have a low positive correlation with life satisfaction, and life satisfaction has a strong negative relationship with psychological pressure.

In determining whether optimism varies depending on the number of online counseling received, two analyses of one-way covariance tests (ANCOVA) used to compare the value of confidence from the client's online chat to the number of sessions attended. Psychological distress and life satisfaction are controlled as covariates because they are strictly related to expectations. The number of sessions attended ranged from 0 to more than ten sessions, with very positive results. As a result, the sample was divided into those who attended zero meetings (49.7%), those who attended one to three sessions (23.8%), and those who attended four or more sessions (26.5%). The results show that after controlling for mental health effects (F (1, 1028) ¼ 80.44, p <0.001, partial h2 ¼ 0.073) and welfare (F (1, 1028) ¼ 204.54, p <0.001, partial h2 ¼ 0.166), there were no significant differences of optimism based on the number of sessions attended. Similarly, for confidence, after controlling for life satisfaction (F (1, 1027) ¼ 25, 85, p <0,001, partial h2 ¼ 0,025), there was no difference according to optimism with the number of sessions.

V. DISCUSSION

This study aims to explore the optimism and optimism of online counseling clients, their relationship with each other, and the client's level of mental health and life satisfaction. The results show that online clients are presented with low levels of optimism, far lower than those reported in the face-to-face sample. However, they say high confidence for the results of the counseling process, following face-to-face clients [21]. Optimism is closely related to mental health and life satisfaction, and optimism only has a small correlation with life satisfaction. Unexpectedly, optimism is almost non-correlated, and the relationship between them is very weak. However, there is no difference in psychological pressure, or life satisfaction is found because of optimism and an unmatched optimism.

Finally, it was found that after controlling for mental health and life satisfaction, the number of sessions present did not have an impact on client optimism. This research shows that online clients have very low levels of optimism, which means the tendency that they may feel unable in developing themselves to achieve their goals [19]. The results previously supported the finding that low levels of optimism are closely related to weak levels of mental health as well as psychological distress and lower levels of well-being [22].

Considering the relationship between optimism in achieving goals, mental health, and life satisfaction, these findings should be the concern considered in the online process (Feldman et al., 2009; Irving et al., 2004 ;). An online process

to help clients achieve the goals required collaborative arrangements that aim to help increase high optimism [23].

When online processes have shown that they can accomplish a goal, this can improve their mind in thinking, help them establish and achieve their purposes (Irving et al., 2004). This is a hopeful indicator because positive optimism has been associated with better results [24]. However, an online counselor must realize that high expectations are linked to their risks. Considering the high level of difficulty, and the low level of optimism reported by online clients, their hopes for the results of the counseling process may not be realistic. Very important to realize, considering that about 30% of clients completed counseling after the first session [25], and the first session of online chat counseling only reported primary effects [18]. Online counselors need to manage client optimism by providing convincing reasons, providing educational results, and comparing client progress with the confidence that should be [26].

However, because this is a modality, the emergence of client optimism and optimism may not be realistic as well as may not be accurately constructed by prior beliefs, knowledge, or cultural norms, and may not be realistic [27]. Online clients expect similar results from therapy but, because of the ease of access, anonymity, and the absence of fees from the online environment, the client does not have a high commitment to implement cognitive and behavioral changes. Very Important for online consultants to manage client optimism, especially in the form of hope [27].

It has been anticipated that high client optimism plus a low level of expectation will signal incompatible cognition, resulting in further psychological discomfort in online counseling [28]. While two-thirds of the sample was found to have incompatible optimism, their level of psychological pressure was similar to those who held congruent confidence. This might suggest that online clients do not find this belief to be in conflict and not pressured by real discrepancies.

On the contrary, instead, the client sees online chat counseling from solving problems that cannot be solved alone. Online counselors are expected to be able to regulate the pace of online chat and can restraint their ability to complete interventions [29]. Research has shown that online counselors focus on developing relationships rather than completing assignments with adolescents [30], and if the online clients do not feel that it meets with their expectations, they can exit the service [31]. In particular, the results of online counseling show that reduction tends to be an important outcome for adolescents, and adolescents do not feel competent to achieve themselves. Therefore, they have high expectations that online services will help them accomplish something they cannot do by themselves alone. It may be very important that online counselors seek to reduce client expectations that are out of line and hope by helping teens reduce direct pressure; this can increase their agency, facilitate further involvement, and produce the best results for clients [27].

The results do not show differences in optimism according to the number of online counseling received, or differences in the level of psychological pressure associated with different amounts of service provision. However, the cross-sectional

nature of the current research makes it is not possible to determine the effects of more or less online counseling, because it requires the change of longitudinal studies over time. In this study, it is possible to attend more sessions on more serious issues, and this may have lowered expectations or their expectations. It may prove that the level of psychological pressure is equivalent to the number of access services.

VI. IMPLICATIONS

Current research shows it may be uneasy for the counselors to treat young people that the online help because they have less believe in themselves to produce strategies and achieve their goals, yet they expect doctors to solve their problems. Thus, during the introductory session, it is essential for online doctors to build expectations on clients presenting convincing reasons for care, increasing trust in doctors and clients, and providing realistic results education [26]. Clients will be more likely to be motivated to engage with care if they feel that they are confident as well as believing that their doctors and the technique will work. Moreover, it is important for young people who seek help to understand that psychologically significant improvements may not be happened in sudden but that will happen over time because this will help reduce the risk of not meeting high expectations of clients [31].

As such, it is very important that online doctors regulate their clients' expectations and provide a positive experience seeking help, which can increase the number of sessions that clients attend and improve future help-seeking behavior.

Limitations and directions for further research

Some limitations must be kept in mind when interpreting these results. While this study has provided some insight into expectations and online client expectations, because of the cross-sectional nature of research design, causal conclusions cannot be made clear with certainty that there are no change in client expectations and expectations in accordance with the number of sessions they attend. Furthermore, to be a naturalistic study, we cannot control for subject factors, such as personality or preferences to seek online help, which might affect the results. The voluntary nature of the participants may have shown some degree of bias in the findings, especially the high proportion of young women (although this reflects patterns of use of services according to gender).

Likewise, because of not being able to include participants under the age of 16 years limits the ability of results to match client service profiles. However, one of the benefits of conducting online research is that it allows us to recruit more participants than can generally be achieved face to face. This research also relies on self-report methods, which may be inaccurate for problems that are exaggerated or minimized. However, self-report methods are still the best method for collecting data about feelings and emotions that are innately subjective from online participants as they are generally as honest as traditional participant papers and pencils [32].

This study has presented a number of ways to identify and optimize adolescent mental health. This research

recommendation explores collaborative client goals and manages client expectations. Specifically regarding online client optimism. While clients who have a healthy mentality and are always optimistic, affect the results of counseling. Generally, the level of mental health that is not aligned is reported by clients online, future research must find out whether this discrepancy affects the results of online counseling. Finally, future research should investigate the client's sophistication in time changes.

VII. CONCLUSION

The current study has explored the mental health of clients in online chat, a common factor that influences the process of counseling has not been explored in the online environment. This study found that online chat clients were very depressed, with very low levels of expectations, but expectations of the results of the counseling process were relatively high. Online counselors need to manage these different cognitions when adjusting intervention strategies. This will be an important key to overcoming direct pressure, providing convincing rational care, collaboratively developing achievable goals, providing educational outcomes, comparing progress with expectations, and ensuring that clients have a positive experience in seeking help online.

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