

## INNOVATIVE PSYCHOLOGICAL SERVICE TO PROMOTE WELLNESS OF UNIVERSITY STUDENT IN THAILAND

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### ABSTRACT

This was the Research and Development. The objective was to design and develop the system for providing the innovative psychological service to promote wellness of university student in Thailand. It was the web-based application operated on a client/server architecture. For the wellness promotion, four relevant steps were; 1) wellness information introduction, 2) wellness assessment, 3) wellness development design and implementation, and 4) assessment and follow-up of results. The researchers assessed the performance of the psychological service system. The experiments were conducted in 2 groups, i.e. 1 experimental group and 1 control group. The results were measured twice which were pretest and posttest. The data were analyzed by Independent T-test. The research results revealed that after using the psychological service system to promote wellness of Thai university students, in the period after the experiment, the students in the experimental group had higher wellness scores than the control group at a statistically significant level of .05. The students in the experimental group had higher wellness scores than the posttest with the statistical significance at the .05 level.

**Keywords:** psychological service, counseling and guidance, wellness promotion

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### INTRODUCTION

Nowadays, the world is changing rapidly in terms of technology, economy, society, politics and environment. As a result, people in society have to adapt to the changes in order to live happily in today's society. They should be in perfect health being able to live happily both physically and mentally, choosing to live in a direction that promotes continual wellness, and developing until reaching the greatest wellness according to

their own potential (Myers, Luecht, & Sweeney, 2004).

According to the WHO report, adolescents aged 10-19 suffer from mental health conditions accounting for 16% of the disease burden with half of all mental health conditions beginning at age 14. However, most cases are undetected and untreated. In addition, the depression is a leading cause of morbidity and disability among adolescents. Suicide is also the fourth leading cause of death among adolescents aged 15-19. The consequences of neglecting adolescents'

mental health conditions can have a detrimental effect on adulthood, both physically and mentally. It limits their chances of living a perfect adult life (WHO, 2020). In addition, the Thailand Mental Health Survey 2020 (National Statistical Office, 2021) found that youth aged 15-24 were a group with the lowest mental health scores. It is the age that has the most adaptation problems especially late adolescence and early adulthood which is the age starting higher education. They face with the pressure of high competition causing students to experience mental health problems as well as other problems such as economic status family problems, study problems, life problems, adjustment problem. This makes the students unsuccessful and must be retired from being students (Wyatt & Oswalt, 2013; Natdanai Iamwattanaseri, 2013). It can be seen that the group of students is at risk of having impaired health due to physical health problems such as being overweight, drug addiction, and having little rest (Jirapramukpitak, Prince, & Harpham, 2005; Wardle, Haase, & Steptoe, 2006). The mental health problems consist of stress problems, anxiety, depression resulted from an inability to cope with the pressure of studying. The students are unable to balance study and activity as well as having problems in relationships with friends or close ones (Tanyarat Chandrasena, 2012; Maleewan Lertsakornsiri, 2015).

Therefore, the higher education institutes in different countries focus on taking care of students in terms of adaptation to live in normal society by promoting good wellness among students. Every educational institute has the department of psychological services for giving advice and guidance to

students who are experiencing wellness problems or problems that affect education and make unhappy life.

At present, the consulting services are provided in both public and private higher education institutes. There are various service channels such as individual consultation, Hot line, service through social network, Online Counseling. The psychological counseling services through online conversations is a convenient, fast, low-cost communication channel and is a channel that university students are familiar with and popularly use. However, the time constraints and prompt response are found to be obstructed. This creates a gap in providing psychology services for Thai students (Bambling, King, Reid, & Wegner, 2008; Dowling & Rickwood, 2014; Vongtangswad, Tuicomepee, & Sirikantraporn, 2017). Several agencies should promote mental health and focus on prevention rather than on problems by using a variety of channels such as digital media, social networks and various strategies for approaching adolescents (WHO,2020).

The objective of this research is to design and develop the model of psychological service system to promote wellness for Thai students and testing the acceptance of technology and the results of the use of innovative psychological service systems. This is to promote the wellness of Thai students. The research hypothesis is that students who use innovative psychological service systems have posttest wellness scores higher than before and after the experiment, students who use innovative psychological service systems will have the wellness scores on the tested side higher than others.

## LITERATURE REVIEW

### Psychological Service

Psychological service provision is one way to promote the wellness of a person

through a deep awareness and understanding of the person's identity leading to a new lifestyle change that is more suitable for oneself. The psychology services can be provided both individually and in groups (Vongtangswad et al., 2017). The most popular form of consulting is face-to-face. However, with the advancement of technology and the widespread use of the Internet along with epidemic events, online psychological services are provided including talking via chat, email, video conference which have been increasing in popularity as it is convenient to receive the service and save time in traveling. The service users can feel safer. This is because anonymity is possible and they can be consulted at home. The results are not different from that of face-to-face counseling. Nevertheless, online psychological counseling is limited in the service skills of the counselors who require nonverbal or observation on the reaction of the counselor and limitations in prescribing for mental health patients. However, most studies examining online psychology services found that subjects were more likely to have better wellness in the conditions in the posttest compared to the pretest and were more likely to have better wellness than those who did not take the trial (Chester & Glass, 2006; Warangkana Somanan et al., 2021).

### **Wellness**

The wellness refers to the state in which a person can live happily both physically and mentally. Individuals can choose a lifestyle that promotes good wellness and have continued to be appropriate in order to develop until reaching the highest wellness according to their potential. The students who have wellness will affect the happiness of life and adaptation in the

changing times of life. It will enable them to develop themselves effectively resulting in success in school life and live happily with people in society (Myers, 1991; Myers & Sweeney, 2005a; Myers, Sweeney, & Witmer, 2000).

### **The Wellness Model**

Myers and Sweeney (2005) presented the Indivisible Self Model that was developed from The Wheel of Wellness model (Myers and Sweeney (2005) and Sweeney (2009) based on Alfred Adler's theory of Individual Psychology. It is believed that understanding individuals must be holistic to understand what the essence of a person is without neglecting or ignoring the social and environmental context with which the person interacts. The holistic identity model can reflect the Unity of Personality and the Total Wellness.

The Unity of Personality model consists of 5 main components; 1) Creative self means the sum of all the attributes. It makes a person's uniqueness different from others and makes each person interpret life experiences differently. The creative self has five sub-components including thinking, emotion, control, work, and positive humor. 2) Coping self is the sum of the elements that control a person's response to an event, problems in life and help individuals cope with and overcome negative impacts. There are four sub-components of the coping self including truth-based beliefs, self-esteem, stress management, and free time spending. 3) Social self refers to the social support that a person receives in relation to others such as relationships with friends, relationships with people who are close to and relationships with family and friends. The social self has two sub-components including friendship with

others and love. 4) Essential self refers to the intrinsic essence of the individual in relation to the process of giving meaning to one's life, oneself and others. The essential self has four sub-components including spirituality, self-care, gender identity, and cultural identity. 5) Physical self refers to the biological and physiological processes that are related to the development and efficiency of a person's body. The physical self has two sub-components including nutrition and exercise (Myers & Sweeney, 2005a). It consists of 17 sub-elements and they all interact and affect one another according to the holistic principle. When one component has higher quality, it will affect other components. Individuals also have an impact on their surroundings. Such interactions can be both positive and negative.

## RESEARCH METHODOLOGY

This is the Research and Development consisting of 3 aspects; 1) the synthesis of factors affecting wellness promotion for Thai university students, 2) the design and development of a psychological service system for promoting wellness for Thai university students, and 3) the test of the use of a psychological service system for wellness promotion for Thai university students.

### 1<sup>st</sup> aspect: Synthesis of factors affecting wellness promotion for Thai university students

The researchers studied and reviewed theories and related literature from books, textbooks, academic articles, researches both domestic and abroad about psychological services of wellness promotion for students and psychological service system. The research was searched from 165 research

databases, Scopus, Web of Science and ERIC. The data was analyzed using frequency, percentage and content analysis.

### 2<sup>nd</sup> aspect: Design and development of a psychological service system for promoting wellness for Thai university students

The psychological service system is the Web Application designed and developed to work on the client/server architecture with system information contained at the server and various functions working through the client. Figure 1 shows the architecture of the system.

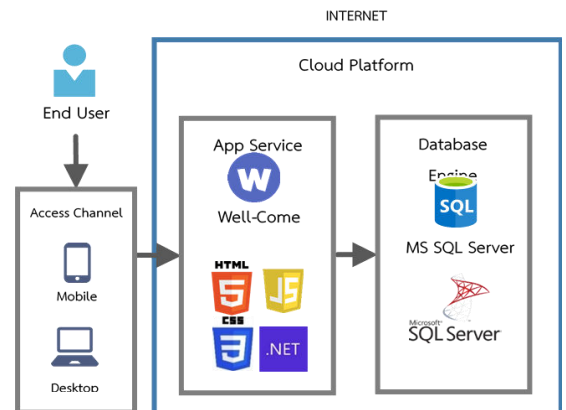


Figure 1 System's architecture

The functioning of the psychological service system for promoting wellness for Thai students consists of four important parts; 1) Wellness information introduction. It is an introduction to information, importance and benefits of good wellness. 2) Wellness assessment is an assessment of the wellness level of those who receive counseling. The results of the wellness assessment will make those who receive counseling aware of their current wellness level used in planning their wellness development by using the consulting service system developed by the researchers. 3) Proposal of approaches of wellness-promoting methods/activities in the aspect

which those who receive counseling have the lowest wellness scores. They will have personal wellness plan. 4) Follow up on the implementation of personal wellness development plan. It is an evaluation after those who receive counseling have been followed on the wellness improvement plan in order to check and follow up whether those who receive counseling are in better wellness or not or they want to continue to develop any aspect of wellness further.

The activities presented by the researchers in the psychological service system consist of wellness-promoting activities in 5 major aspects and the wellness-promoting activities of each key component. It consists of 17 sub-components that have passed content validity. It is to check the Item Object Congruence (IOC) from 3 experts from Faculty of Psychology, public university, professional adolescent consulting psychologist, and online consulting expert. The IOC in each aspect was 0.67-1.00 and the improvement was conducted according to the advice of experts.

### **3<sup>rd</sup> aspect: Test of the use of a psychological service system for wellness promotion for Thai university students**

The researchers tested the use of the psychological service system. The experiment was conducted in 2 groups, i.e. 1 experimental group and 1 control group. The results were measured twice which were pretest and posttest.

**Population and sample** are students who are studying in the universities in the 2017-2020 academic year and aged 18-25 who voluntarily applied to join the program and have wellness scores of 3.33-10 (which are the scores reflecting that the sample is not in the group with severe problems using the

Simple Random Sampling by drawing lots). This resulted in a sample group of 80 people divided into an experimental group of 40 people and a control group of 40 people. 20 students had moderate wellness scores (mean scores 3.33 - 6.67) while another 20 students had high wellness scores (mean scores greater than 6.67).

### **Data collection**

The tools used in the experiment consisted of **(1) the screening version of the wellness perception assessment form** based on the Jane E Myers and Thomas J Sweeney (2014) wellness assessment concept covering 5 elements; 1) creative self, 2) coping self, 3) social self, 4) essential self, and 5) physical self. The assessment form consisted of 17 items, each assessed in two aspects, namely wellness and satisfaction. The questionnaire was in the form of a 10-level Rating Scale, which passed the quality check using the Tryout method with 30 students whose context was consistent with the research sample. The confidence was determined using Cronbach's alpha coefficient formula (Cronbach, 1970). The confidence was 0.98. The Corrected Item-Total Correlation (CITC) in wellness was 0.638-0.924 and in satisfaction was 0.673-0.917. **(2) The developed psychological service system to promote the wellness of Thai students** was reviewed by 3 experts from Faculty of Psychology, public university, professional adolescent consulting psychologist, and online consulting expert.

It was found that the Item Object Congruence (IOC) was 0.67-1.00 and was adjusted according to the recommendations of experts. The Try Out was made to the students with the corresponding context back to the sample in the research of 5 students. It



was found that the psychological service system had the overall quality of web applications at the high level consisting of effectiveness for 4.08, efficiency for 3.83, and user satisfaction for 3.72.

### **(3) Five-component wellness scale:**

The researchers adjusted this from the five-component wellness scale of Surawut Wongtangawat (2016) developed from the holistic self concept of Myers and Sweeney (2005b) together with the Five Factor Wellness Inventory Form A2 (5F-WEL-A2) of Jane E Myers and Thomas J Sweeney (2014). This contains 69 questions. It is a short wellness assessment form consisting of 34 questions covering 5 elements: 1) creative self, 2) coping self, 3) social self, 4) essential self, and 5) physical self. The questionnaire passed the quality check by using the Tryout with 30 students whose context corresponds to the research sample group. The confidence was determined using Cronbach's alpha coefficient formula (Cronbach, 1970). The confidence value was 0.96. The correlation between each clause and the total number of clauses (CITC) was 0.474-0.839.

### **Experimental procedure**

The researchers asked the students to assess their wellness by using the screening version of the perceived wellness assessment form to select students with the wellness scores of 3.33-1.00. The students with the wellness score less than 3.33 who are in the Illness score group (Jane E. Myers & Thomas J. Sweeney, 2014) were removed. The consultation with a counseling psychologist was required using the simple random sampling method. The selection of 80 students with a wellness score of at least 3.33 was divided into an experimental group of 40 students and a control group of 40 students.

20 students had moderate wellness scores (mean scores 3.33 -6.67) while 20 students had high wellness scores (mean scores higher than 6.67). 4 weeks were spent for the trial.

In the 1<sup>st</sup> week of the experiment, the experimental and the control groups 1) received advice on the importance and benefits of good wellness, 2) assessed the five-component wellness scale for students (Pretest) 3) received the results of the wellness assessment and recommendations from the system were known and 4) the experimental group carried out a plan to develop their own wellness. Meanwhile, the control group could request an appointment to discuss the results of the personal wellness assessment with personnel from the institute's advisory service unit instead of using the system.

In the 2<sup>nd</sup> and the 3<sup>rd</sup> weeks of the experiment, the experimental group conformed to the recommendations according to the personal wellness promotion plan, daily activity log, and wellness assessment form once a week.

In the 4<sup>th</sup> week of the experiment, the experimental group and the control group assessed the wellness with the five-component wellness scale for students (Posttest).

### **Data analysis**

The data analysis used descriptive statistics to describe the general characteristics of the sample group. The wellness scores of the entire sample groups were presented. The results were analyzed with the statistical basis (mean and standard deviation) and t-test (Independent sample T-test).

## **RESULTS**

### 1. Results of synthesis of factors affecting wellness promotion for Thai university students

From studying and reviewing theories and related literature from books, textbooks, academic articles, researches both domestic and abroad about psychological services, wellness promotion for students, service system in psychology of 165 researches. 20 researches were obtained on factors affecting the promotion of student wellness. These were analyzed by content and it was found that the holistic wellness consisted of 5 elements; 1) creative self, 2) coping self, 3) social self, 4) essential self, and 5) physical self (Myers et al. (2004), L. R. Shannonhouse, Myers, and Sweeney (2016), L. Shannonhouse, Erford, Gibson, O'Hara, and Fullen (2020), Kennedy and Baker (2016), Suwanphahu, Tuicomepee, and Kaemkate (2016). In addition, some studies have shown testing for factors that affect only certain aspects of wellness, for example, coping self and essential self (Eliamani, Mghweno, Leonard, Baguma, Peter.,2014), coping self, social self, and essential self (Moeder, creative self and coping self Flatt, 2013, Wilson, Tim Quinn, and Buchan,2007).

### 2. Results of development of psychological service system to promote wellness for Thai university students

The psychological service system for promoting the wellness of Thai students consists of 3 subsystems; 1) **User Information Management System** which is the system used to manage access rights of system users. The administrator can add or edit user information, assign licenses according to the duties and responsibilities of each individual. 2) **Wellness Assessment**

**System** is the system used to support the management of wellness assessment. Users can do their own wellness assessment and view the historical assessment results in the form of an annotated chart. The admin can add or edit wellness question information and categorize the questions according to the main and minor classification guidelines. They were able to retrieve the survey responses of general users and export data in the form of Flat File for further statistical analysis. 3) **Wellness development planning system** is the system used to support wellness development planning. Users can plan activities to improve their wellness on a daily basis, follow up, and record the results of activities to improve their wellness. The users can make an appointment to see the psychological specialists. The admin section can modify the activities used to present the user based on the wellness assessment results and manage user appointments. Figure 2 shows an example of the psychological service system screen to promote the wellness of Thai students.

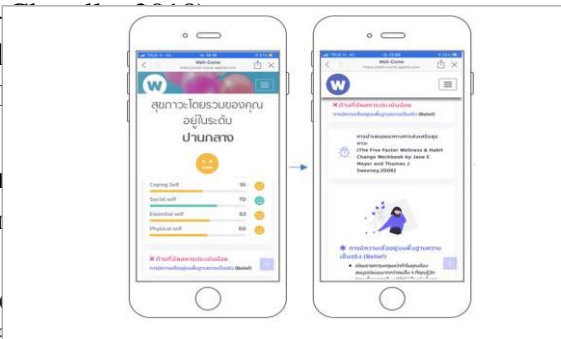


Figure 2 Example of the psychological service system screen to promote the wellness of Thai students

### 3. Results of test on the use of psychological service system for wellness promotion for Thai university students

The results of analysis on the differences in wellness scores in the pretest and posttest between the experimental group and the control group revealed that in the pretest period, the wellness scores of the experimental group and the control group were not significantly different at the statistical significance of 0.05 level (Sig. > 0.05). The pretest scores of the experimental group and the control group were 74.711 and 74.371 respectively. When considering each aspect, it was found that the pretest wellness scores in each aspect of the experimental group and the control group were not significantly different at the statistical significance of 0.05 level (Sig. > 0.05), as detailed in Table 1.

Meanwhile, in the posttest period, the experimental group had statistically significantly higher wellness score than the control group at the 0.05 level (Sig. < 0.05). The total wellness score of the experimental group was 79.337 while the control group had the wellness score of 75.062. When considering each case, it was found that in the posttest period, the experimental group had the scores on creative self, coping self, and physical self higher than the control group at the statistical significance of 0.01 level. The wellness scores of the experimental group and the control group in the social self and the essential self. There was no statistically significant difference at the 0.05 level. Table 2 shows such details.

**Table 1 Results of the comparative analysis of the pretest mean wellness scores in the experimental group and the control group**

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
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Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
Creative self	Experimental group	73.313	10.228	0.723	0.472
	Control group	71.688	9.861		
Coping self	Experimental group	74.456	9.929	-0.290	0.773
	Control group	75.080	9.321		
Social self	Experimental group	82.500	13.810	0.347	0.730
	Control group	81.406	14.398		
Essential self	Experimental group	79.221	12.808	-0.737	0.463
	Control group	81.175	10.814		
Physical self	Experimental group	64.063	15.745	0.420	0.675



Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
	p				
	Control group	62.500	17.450		
<b>Total</b>	Experimental group	74.711	9.548	0.157	0.876
	Control group	74.371	9.879		

**Table 2 Results of the comparative analysis of the posttest mean wellness scores in the experimental group and the control group**

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
Creative self	Experimental group	77.375	7.658	2.843	0.006*
	Control group	71.938	9.362		
Coping self	Experimental group	78.909	9.055	2.005	0.048*
	Control	75.799	7.99		

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
	rol group	081	0		
	Experimental group	84.844	11.224		
Social self	Control group	80.781	12.847		
	Experimental group	82.893	9.728		
Essential self	Control group	80.785	10.462		
	Experimental group	72.656	11.295		
Physical self	Control group	66.719	14.251		
	Experimental group	79.337	7.560		
<b>Total</b>	Control	75.864	8.64		

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
	rol group	062	1		

\* at the statistical significance of 0.05 level

The analysis results on the difference of the mean wellness scores of the experimental group in the pretest and posttest period showed that the experimental group had statistically significantly higher posttest scores than the pretest at the 0.05 level ( $p = 0.05$ ). The total posttest wellness score was 79.337 whereas the total pretest wellness score was 74.771. When considering each aspect, it was found that the posttest wellness scores in each aspect were significantly increased at the statistical significance of 0.05 level ( $p < 0.05$ ) as detailed in Table 3.

**Table 3 Results of the comparative analysis of the pretest and posttest mean wellness scores in the experimental group**

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
Creative self	Experimental group	77.375	7.658	5.323	0.000
	Control group	73.313	10.228		
Coping self	Experimental group	78.909	9.055	7.677	0.000

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig.
	p				
	Control group	74.456	9.929		
Social self	Experimental group	84.844	11.224	3.365	0.002
	Control group	82.500	13.810		
Essential self	Experimental group	82.893	9.728	5.331	0.000
	Control group	79.221	12.808		
Physical self	Experimental group	72.656	11.295	6.616	0.000
	Control group	64.063	15.745		
<b>Total</b>	Experimental group	79.337	7.560	9.536	0.000
	Control group	74.711	9.548		

Elements of measurement	Sample group	Mean	Standard Deviation	t statistic	Sig .
	p				

**DISCUSSION, CONCLUSION AND RECOMMENDATION**

The psychological service system for the development of student wellness developed by the researchers has the work process in consistence with the principles of The Indivisible Self which consists of creative self, coping self, social self, essential self, and physical self. In promoting the wellness of students, the system has the workflow that follows the psychological counseling process which consists of 4 steps; introduction of wellness information, wellness assessment, design and implementation of wellness development, and outcome assessment and follow-up.

From the results of testing the use of the psychological service system, it was found that the pretest wellness scores of the experimental group and the control group had no statistically significant difference at the 0.05 level. Meanwhile, the overall wellness scores of the experimental group were significantly higher than the control group at the 0.05 level. When considering each aspect, in the posttest period, the experimental group had the wellness scores on creative self, coping self, and physical self higher than the control group at the statistical significance of 0.05 level. The wellness scores of the experimental group and the control group in the social self and the essential self did not have statistically significant difference at the 0.05 level. According to the interview on the sample group of control group, it was found

that when the control group was aware of the importance of wellness and self-assessment results. Their awareness was raised on wellness development. Therefore, they have developed their own wellness which showed that perceiving the results of self-assessment resulted in an awareness that the need for change will lead to better wellness. This is consistent with the research results of Jaroonrat Rodniam et al. (2014). It was found that the perception of benefits, recognition of obstacles, self-awareness, and wellness - promoting behaviors. There was a statistically significant correlation at 0.05 level.

In addition, it was found that the wellness scores of the experimental group in the posttest period were significantly higher than in the pretest period at the 0.05 level. The experimental group had statistically significant increase in posttest wellness scores at 0.05 level. This is consistent with the findings of Smedegaard, Christiansen, Lund-Cramer, Bredahl, and Skovgaard (2016) that the physical activities during the day help promoting physical, mental and social wellness in children and youth. It is also consistent with the study of Lyubomirsky and Layous (2013) finding that doing a variety of activities improves a person’s wellness. Similarly, the research results of Phrakhru Woramongkolprayut (Boonserm Sirimungkhalo), Phra Mahamit Thitapanyo and Phra Sophonpatthanabundit (2020) found that activities to promote physical, mental, social and intellectual wellness integrated the principles in Buddhism; 1) physical wellness activities. There are some light walking, running activities, cycling, exercising according to physical exercises. 2) Mental wellness activities: There were donations of shrouds of white cloth, walking in meditation, listening to sermons, worshiping monks and praying. 3) Social well-being activities: There are community welfare management activities. 4) Intellectual wellness activities:

There are activities related to brain training with math activities.

Therefore, students who receive wellness promotion through the psychological service system should develop the level of wellness in the creative self, coping self, social self, essential self, and physical self increasingly with statistically significant increase. The development of wellness in one aspect will result in the overall level of wellness to be higher according to the holistic identity model with holistic interrelated components. When one element is of higher quality, other elements are also of higher quality (Myers & Sweeney, 2005a).

In further researches, there should be the study of activities to promote wellness that are suitable for online formats to perform activities on their own as well as developing a system for providing psychology services to other target groups such as graduate students, working groups who encounter the adaptation and have wellness problems.

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