



Mental Health and Coping Behaviour Among Institutionalised Children

KEYWORDS

Mental health, coping behaviour, institutionalisation, children.

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ABSTRACT At present there is a huge rise in family breakdown and institutionalization of children due to economic crisis and dramatic increase in of divorce. Many studies found that institutionalized children are likely to be mentally unhealthy. To improve institutionalized children's protection there is an urgent need to understand the various issues faced by them. Care givers have to be always aware and possibly alert, about good practices. Research findings and studies in relation to institutionalised children's mental health, social development and upbringing in alternative modes of institutional care in all countries is greatly needs. Descriptive and diagnostic Research Design was used for the study. Simple random sampling-lottery method was used. 100 children were selected from gov: children's home in Calicut, Kerala. Mental Health Inventory by Jagdish and A.K.Srivastva (1993) was used to measure the level of Health and Coping behaviour check list by Jean.E.Disc Lewis (1998) was used to measure the level of coping behaviour. It was also associated with certain socio demographic variables.

INTRODUCTION

Mental health

Mental health is the successful performance of mental function resulting in productive activities fulfilling relationships with other people and providing ability to adopt to change and cope with adversity.

Coping behaviour

Coping is the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress or conflict

Institutionalisation

In this study institutionalization means an institution which children girl/boy, who is living there, they take care of care takers and living with their peer group and without their parent.

Children

In this study children means, the boys and girls in the age group of 10-18 years those who are living in an institution.

Research Methodology:

This research work aimed to study the mental health and coping behaviour among institutionalized children. **The Objectives of the Study** was to understand the Socio Demographic Profile of institutionalised children. To assess the Level of mental health and coping behaviour of the respondents, to identify the factors associated with mental health and coping behaviour of the respondents and to find out the relationship between key variables. The **Research Design** used for the study is Descriptive and diagnostic in nature. It describes the Socio Demographic Profile of the respondents and diagnosing the level of mental health and coping behavior of institutionalized children. **Pilot Study** was done during the month of November 2015. **Pretest** was done in order to make Interview Schedule more clear, predictable and informative. Pretest was conducted among 10 respondents. It was carried out in December 2015. Through this researcher could avoid unnecessary questions in socio-demographic profile.

Data collection was done from **Gov: children's home**, Vellimadukunnu, Calicut, Kerala.

Universe consisted of 200 institutionalised children staying in Gov: children's home, Vellimadukunnu, Calicut, Kerala. **Sampling Technique** adopted for the selection of the respondents was simple random Sampling-lottery method. 100 respondents were selected for this study. **Criterion for Selecting the Respondents** was that they should be the children both boys and girls, the age between 10-18 years those who are living in the Children's home. The researcher excluded the children who have chronic illness and those who are not willing to participate. Children below 10 years were excluded from the study as they did not answer properly to the questions during pre-test. Children from other state were excluded from the study as they didn't understand the language.

Tools of Data Collection was Interview Schedule. The socio-demographic profile of the respondents 2 Standardized Tool were used for the study which **Mental health inventory** developed by Jagdish and A.K.Srivastva (1993) it is a 40 item 5 point scales. It includes 20 negative statements and 20 positive statements. The minimum score is 40 and maximum score is 200. Higher the score higher the mental health. The respondents are classified into three categories namely low level of mental health (40-93), moderate level of mental health (94-147) and high level of mental health (148-200). **Reliability and Validity:** The scale showed a satisfactory test retest reliability of 0.68. Validity of the scale was established by the authors through expert opinions in the field of mental health. **Coping behavior check list** developed by Jean .E. Disc Lewis 1988. It is 46 statement 3 point scales. There are 5 dimension, namely: coping factor (aggression), coping factor 2 (stress-recognition coping factor 3(distracted) coping factor 4(self destruction).coping factor 5 (Endurance). There are 25 positive statements, which are scored as 2, 1, 0. The scoring is 0, 1, 2 for negative statements. The minimum score is 0 and maximum score is 92. Higher the score higher the level of coping. The respondents are classified into three categories namely low level of coping behavior (0-31), moderate

level of coping behavior (32-61) and high level of coping behavior (62-92).**Reliability:** The reliability of the scale in Indian setting was done using Cornbachs Alpha (N-30) and it showed a satisfactory reliability of 0.71.**Validity** of the scale was established by authors.

SUMMARY AND FINDINGS

1. Distribution of Respondents by Their Level of Mental Health Score

Among the respondents, majority (83%) has moderate level of mental health and 17% of respondents have high level of mental health. There is no respondents have low level of mental health.

2. Distribution of Respondents by Their Level of coping behaviour Score

The data shows that 73% of respondents have moderate level of coping behaviour and 27% of respondents have high level of coping behaviour. There is no respondents have low level of coping behaviour.

3. Scoring on mental health and Coping behaviour based on socio demographic profile.

The mental health and coping behaviour were compared with gender using t' test and class which studying, parental status, domiciliary, parent's education, order of birth, year which respondents staying in institution, reasons of institutionalisation of respondents using ANOVA to find out the factors associated with mental health and coping behaviour of respondents.

Table No: 1
Mental Health and its Influencing Factors

S. No	Variable	't' / ANOVA	Significance
1	Age	ANOVA	NS
2	Gender	't' Test	NS
3	Religion of the respondents	ANOVA	NS
4	Class of the respondents	ANOVA	NS
5	Parental status	ANOVA	NS
6	Domiciliary	ANOVA	NS
7	Parent's education	ANOVA	NS
8	Order of Birth	ANOVA	NS
9	Year of staying in the institution	ANOVA	*
10	Reason for institutionalisation	ANOVA	NS

NS - Not Significant, * - Significant at 5%

It is seen that year of staying in institution have significant association with mental health.

Table No: 2
Coping behaviour and its Influencing Factors

S. No	Variable	't' / ANOVA	Significance
1	Age	ANOVA	NS
2	Gender	't' Test	NS
3	Religion of the respondents	ANOVA	NS
4	Class of the respondents	ANOVA	NS
5	Parental status	ANOVA	NS
6	Domiciliary	ANOVA	NS
7	Parent's education	ANOVA	NS

8	Order of Birth	ANOVA	NS
9	Year of staying in the institution	ANOVA	NS
10	Reason for institution-alisation	ANOVA	NS

NS - Not Significant

It is seen that the variables do not differ significantly with the coping behaviour of respondents.

Table No: 3
Correlation between mental health and coping behaviour

	Mental health score	Coping behaviour score
Mental health score	1	.523**
Coping behaviour score	.523**	1

**Correlation is significant at the 0.01 level.

Correlation analysis was applied to find the degree of relationship between mental health and coping behaviour. The correlation result shows that there is a good positive correlation between mental health and coping behaviour. It is inferred that mental health increases coping behaviour increases.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The study inspires the social workers in realizing the mental health and coping behaviour among institutionalised children and that will be of great help in conducting programmes and dealing understandingly with the institutionalised children.

Roles and responsibilities: The social worker should help the children of families who are struggling with a variety of social issues. They should ensure the health and well being of those children, protecting them when necessary and providing services that help their families. Work with them social worker requires, compassion, commitment, patience, resilience.

Adoption placement & Adoption supports: When needed social worker should help children to get placed with adoptive families more quickly.

Assist foster care of children

Care plan or services: When needed social worker should provide the resources like day care, health care, therapy and food stamps etc. Care plan is for providing the children, the help they need. Social worker helps the children's emotional, cognitive and developmental conditions.

Relationship with families/parents of child: Social worker should help adherence to the care plan. They should provide therapeutic intervention for parents such as therapy, parenting classes and treatments of problems.

Rehabilitation: When the parents are not co-operative, social workers do all activities in accordance with state and federal laws.

For the welfare of children social worker applied the social work methods especially case work and group work. Applying **play therapy** and **art therapy** is a good technique

when working with children. All the welfare programmes of children, the child social worker have a vital role.

conventional orphanages, Karachi, Pakistan"

CONCLUSION

Children are the treasure of a nation. They are the foundations of any nation on which progress of that country depends. Therefore, their physical, mental, psychological, emotional and social development is an essential task of nation. The field of child welfare is universally accepted as one of the most important. Institutional care is one of the welfare services for children, who are vulnerable. This study can be concluded that mental health increases coping behaviour increases.

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