Research Paper Education

Mental Health of School Going Boys and Girls Adolescents in Secondary Schools of Delhi

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ABSTRACT

The study was designed to evaluate the mental health of school going adolescents in secondary schools of East Delhi. Accordingly two research objectives were formulated to guide the research. The study was used a descriptive survey method which included quantitative method of data collection. 2 schools and only 9th class was selected as a sample from the target population purposefully and only 100 students (50 from each school) were selected randomly through lottery method. Researchers were used standardized Mental Health Inventory with six dimensions developed by Jagdish and Srivastava (1986). Mean, S.D. and t-test statistical techniques were employed to analysis and interpret the results. The major findings of the study are: 1) there is no significant difference between mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools; and 2) there is no significant difference between mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools. In conclusion to the findings of this study could be considered for designing fundamental future research regarding the status of adolescents' mental health in India as well as abroad. Schools should be mindful that some groups of children are more vulnerable to mental health difficulties than others.

KEYWORDS Mental Health, Adolescents, School Going Children, Secondary Schools

Introduction

Education is as old as the human race. It is a never ending process of inner growth & development and its period stretches from cradle to the grave. Education, in real sense, is to humanize humanity and to make life progressive, cultured and civilized. It is very important for the progress of individual and society. It is through education through man is transformed into human, social, moral & spiritual being. Man learns something every day and every moment. His entire life is education. Hence education is a continuous & dynamic process (Singh, 2014).

Mental health is an essential part of wellbeing, and there's a lot you can do to promote mental health for your child. It also helps to know what to do if you think your child has a mental health problem.

Mental Health: the Concept

Mental health is a way of describing social and emotional wellbeing. Good mental health is central to your child's healthy development. It is associated with: feeling happy and positive about yourself and enjoying life; healthy relationships with family and friends; participation in physical activity and eating a healthy diet; the ability to relax and to get a good night's sleep; and community participation and belonging.

Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in one's own and others' dignity and worth. Mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions. (Panchal, 2013).

However, Jahoda (1982) depicted that, a mentally healthy person is one who actively masters his environment, demonstrates a considerable unity or consistency of personality and is able to perceive self and the world realistically. Such a person is also able to function effectively without making undue demands upon other. He proposes six characteristics of the mentally healthy individual, these are: positive self-evaluation, to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery. On the other hand, Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one's daily living. It means the ability to face and accept the realities of life. A mentally healthy person is well adjusted to social norms, cheerful, socially considerable, accepts reality, satisfied with his vocation and gets along with minimum of friction and tension and remains optimistic in life. Mental health is a condition and a level of function which is socially acceptable and personally satisfied (Mudasir, 2013).

Mental health is an index which shows the extent to which one has been able to meet one's environment and social, emotional or physical demands. However, when one finds oneself trapped in a situation where one does not have matching coping strategies to deal with it effectively, one gets mentally strained. This mental health is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others (Pooja, et al. (2012).

Healthy mind in a healthy body has always been considered to be the ideal state of health. Mental health is the balanced development of one's personality having good emotional attitude which enables one to live happily with one's surroundings. It also includes good relationship between a person and society at large. It ensures permanent mental equilibrium and social adjustment of a person. Hence, ideal health is the combination of good physical health and good mental health. Good physical health improves mental health. Body-minded relationship is an established fact; those who enjoy good physical health are most likely to have good mental health, which include mental poise and balance emotional control etc.

Role of education in mental health

If the person in the society is healthy then that society is

healthy. If the child inculcates good habits, he will grow up as a good healthy person. Physical health and mental health are the two sides of a coin. Physical health deals with the physical fitness. If the organs of the body are healthy then the whole body is healthy. A few days of exercise and a few days of good food will not make the person healthy. On the contrary regular correct exercise, balanced, nutritious diet and enough rest are necessary for good physical health. Mental health is considered as the stability of mind. It is said that thought and actions go hand in hand. The mind thinks and body acts accordingly. Mental health means the ability of an individual to make personal and social adjustments. A mentally healthy person feels comfortable about him, is able to meet demands of his life and is able to take his own decision (Madhuri, 2013).

According to crow and crow (1951) "Mental Health is the science that deals with human welfare and provides all fields of human relationship." On the other hand, World Health Organization (2009) mentioned "Mental Health is a condition which permits optional development i.e. physical, intellectual and emotional aspects of the individual so far as this is compatible with that of other individuals."

According to U.S. Surgeon General's Report (1999) "Mental Health is successful performance of mental functions resulting in productive activities, fulfilling relationships with other people and the ability to change and to cope with adversity". What constitutes good mental health is especially difficult to define at a time of great change, when a nation enters a war or when it returns again to the life of peace time. The highest degree of mental health might, therefore, be described as that which permits an individual to realize the greatest success which his capabilities will permit, with a maximum of satisfaction to himself and the social order, and a minimum of friction and tension. This implies a stage of such well being that the individual is not conscious of unsatisfied tensions; does not show socially inadequate or objectionable behavior and maintains himself intellectually and emotionally in any environment under any circumstances.

The reports by the U.S. Surgeon General (1999) and the New Freedom Commission on mental health (2003) offer great hopes to the millions of children and adolescents living with mental illness and their families. Through appropriate identification, evaluation and treatment, children and adolescents living with mental illness can be lead productive lives. They can achieve success in school, in work and in family life. Nonetheless, the overwhelming majority of children with mental disorders fail to be identified, lack access to treatment or supports and thus have a lower quality of life. Stigma persists and millions of young people in this country are left behind.

According to the Mental Health Foundation (2004) indicate that children who are mentally healthy will have the ability to: develop psychologically, emotionally, creatively, intellectually and spiritually; Initiate, develop and sustain mutually satisfying personal relationships; Use and enjoy solitude; Become aware of others and empathize with them; Play and learn; Develop a sense of right and wrong; and Resolve (face) problems and setbacks and learn from them. On the other hand, Hoagwood, et al. (1996) stated that, mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities and are free of disabling symptoms of psychopathology.

Different researches carried out on mental health of adolescents includes, Rambir (2011) found in his study that there was no significant difference between male and female school students regarding mental health and its all dimensions i.e. positive self evolution perception of reality, integration of personality, Autonomy, group oriented attitude, environmental mastery. Srividhya (2007) conducted a study on mental health and adjustment problems of 10th and PUC-II students of Navodaya, Central and State schools. The study revealed that only 52 percent had sound mental health. Students were better in positive self evaluation; autonomy and group-oriented attitudes but poor in perception of reality, integration of personality and environmental mastery. Boys and girls did not differ in mental health status.

Tickoo and Jagdish (1997) found in their study that, achievement motivation as positively related to overall mental health of students. Trull, et al. (1997) opined that there is also a positive relationship between emotional intelligence and satisfaction with life and social interactions but a negative one with feeling of loneliness. Jagdish and Yadav (1999) depicted that home deprivation was negatively associated with self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery and overall mental health of students.

Singh and Udainiya (2009) found in their study that significant effect of type of family and gender on self-efficacy. The interaction between type of family and gender was also found to be significant; however neither family type nor gender had significant effect on the measure of well-being. However, Viswanath (2014) depicted that adolescent from nuclear family have better mental health than adolescent from joint family, female adolescent have better mental health than the male adolescent, urban adolescent have better mental health than the rural adolescent.

Raina and Bhan (2013) stated in their study that, girls showed more insecure feelings than the boys adolescents of nuclear families were more insecure than those of joint families, the first born adolescents showed more insecurity in comparison to last born, the middle born adolescents showed more insecurity than the last born. Rezaeyan (1995) mentioned that there is a relation between emotional intelligence and anxiety. They also concluded that there is no difference between the girl's scores and those of the boy's in the variables of emotional intelligence.

Need and Importance of the Study

In the present study the prime objective is to study the significant difference between boys and girls adolescents on their mental health in East Delhi. On the basis of the fact of present hectic tempo and strife in our society, where particularly students are facing stressful situation, it is necessary that their mental health be preserved by every possible way. Maintaining the mental health of the students is considered one of the primary aims of education because without satisfactory mental health, it is impossible to develop the child's innate abilities. Besides, children suffering from problems related to their mental health, it creates many other problems in the school. If this situation continues, then the time will come when majority of the children will require professional treatment for coming out of their disturbances. So, it is felt by the researchers that to study the mental health of the school going boys and girls students. The results of the study may help in developing better understanding of maintaining and preserving the mental health of adolescents.

Objectives of the Study

- To study the significant difference between mean scores of boys and girls adolescents on different dimensions of mental health in secondary schools.
- To study the significant difference between mean scores of boys and girls on over all dimensions of mental health in secondary schools.

Methodology

The study was targeted to assess the mental health of school going boys and girls adolescents in secondary schools of East Delhi. Thus, study was used a descriptive survey method which included quantitative approach of data collection.

Sample and Sampling Techniques

The target population of this study was all the secondary schools in East Delhi. 2 schools were selected as a sample and in each school only the 9th grade was selected purposefully. The sample of the study consists of 100 (50 from each school)

secondary school students classified as 50 boys and 50 girls were selected randomly through lottery method from East Delhi. The age ranges from 14 years to 16 years having more or less similar socio economic status and educational background so as to maintain the homogeneity of the sample for the study.

Data Collection Instrument

To measure the level of mental health of school going adolescents, the researcher used standardized Mental Health Inventory (MHI) developed by Jagdish and Srivastava (1986). This inventory has been designed to measure the mental health (positive) of normal individuals. The scale measures six dimensions of mental health, namely; Positive Self Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitudes and Environmental Mastery.

Positive self evaluation (PSE): It includes self confidence, self acceptance, self identity, feeling of worthiness, realization of one's potentialities etc.

Perception of Reality (PR): It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.

Integration of Personality (IP): It indicates balance of psychic forces in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.

Autonomy (AY): It includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.

Group oriented attitudes (GOA): It is associated with the ability to get along with others, work with others and ability to find recreation.

Environmental Mastery (EM): It includes efficiency in meeting situational requirements, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

The overall reliability coefficient of the inventory is 0.73. Construct validity of the inventory was determined by finding coefficient of correlation between scores on MHI and general health questionnaire (Gold berg, 1978), which was found to be 0.54. The scoring is presented in 4 point scale of always (4), often (3), rarely (2) and never (1). Higher the score better is the mental health.

Statistical Techniques

Based on the nature of data collection through mental health inventory (MHI), mean; S.D. and t-test statistical techniques were employed to analysis and interpret the results.

Results and Discussion

1) Significant difference between mean scores of boys and girls adolescents on different dimensions of mental health in secondary schools

Table 1: Mean scores of boys and girls adolescents on different dimensions of mental health in secondary schools

Dimensions of Mental Health	Boys/ Girls	N	Mean	S.D.	SEd	't'-test	Level of Sig.
Positive self-evaluation (PSE)	Boys	50	29.38	4.7	0.97	0.65*	Not Sig.
	Girls	50	30.02	5.02			
Perception of reality (PR)	Boys	50	21.78	3.32	0.67	1.18*	Not Sig.
	Girls	50	22.58	3.41			
Integration of personality (IP)	Boys	50	32.38	5.17	1.06	0.84*	Not Sig.
	Girls	50	33.28	5.41			
Autonomy (AY)	Boys	50	16.58	2.99	0.54	0.32*	Not Sig.
	Girls	50	16.76	2.48			
Group oriented attitude (GOA)	Boys	50	30.46	3.60	0.95	1.70*	Not Sig.
	Girls	50	28.84	5.69			
Environmental mastery (EM)	Boys	50	26.14	3.50	0.75	1.48*	Not Sig.
	Girls	50	27.24	4.01			

**not significant at 0.05 level*

Table 1 shows that positive self evaluation dimension of mental health mean scores of boys and girls in secondary schools are 29.38 and 30.02 respectively and the t-test between two groups is 0.65 which is not significant at both (0.05 & 0.01) the levels of significance. It means there is no significant difference between boys and girls on their positive self evaluation dimension of mental health. But, the girls obtained little higher mean score on positive self evaluation than their counterparts.

The second dimension of mental health is perception of reality shows in the same table 1 is that, the mean scores of boys and girls in secondary schools are 21.78 and 22.58 respectively and the t-test between two groups is 1.18 which is not significant at both the levels of significance. It means there is no significant difference between boys and girls on their perception of reality dimension of mental health. Again the girls obtained higher mean score on positive self evaluation than their counterparts.

Another dimension of mental health is integration of personality shows in the table 1 is that, the mean scores of boys and girls in secondary schools are 32.38 and 33.28 respectively and the t-test between two groups is 0.84 which is not significant at both the levels of significance. It means there is no significant difference between boys and girls on their integration of personality dimension of mental health. Here the girls obtained higher mean score on integration of personality than their counterparts.

The fourth dimension of mental health is autonomy shows in the table 1 is that, the mean scores of boys and girls in secondary schools are 16.58 and 16.76 respectively and the t-test between two groups is 0.32 which is not significant at both the levels of significance. It means there is no significant difference between boys and girls on their autonomy dimension of mental health. Here the girls obtained little higher mean score on autonomy than their counterparts.

In the same table 1, the fifth dimension of mental health is group oriented attitude shows that, the mean scores of boys and girls in secondary schools are 30.46 and 28.84 respectively and the t-test between two groups is 1.70 which is not significant at both levels of significance. It means there is no significant difference between boys and girls on their group oriented attitude dimension of mental health. But here the boys obtained higher mean score on group oriented attitude than their counterparts.

The six and last dimension of mental health is environmental mastery shows in the table 1 that, the mean scores of boys and girls of secondary schools are 26.14 and 27.26 respectively and the t-test between two groups is 1.48 which is not significant at both levels of significance. It means there is no significant difference between boys and girls on their environmental mastery dimension of mental health. But again here girls obtained higher mean score on environmental mastery than their counterparts.

At the end, the researcher can conclude that there is no significant difference between the mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools. Except the group oriented attitude di-

mension of mental health, all the dimensions like positive self evaluation, perception of reality, integration of personality, autonomy, and environmental mastery mean scores of girls are higher than the mean scores of boys, but in the case of group oriented attitude dimension of mental health boys mean score is more than their counterparts.

2) Significant difference between mean scores of boys and girls on over all dimensions of mental health in secondary schools

Table 2: Mean scores of boys and girls on over all dimensions of mental health in secondary schools

Mental Health	Boys/ Girls	N	Mean	S.D.	SEd	't'-test	Level of Sig.
Overall Mental Health Dimensions	Boys	50	156.66	12.14	2.70	0.76*	Not Sig.
	Girls	50	158.74	14.82			

**not significant at 0.05 level*

Table 2 shows that the overall mental health dimensions mean scores of boys and girls in secondary schools are 156.66 and 158.74 respectively and the t-test between two groups is 0.76 which is not significant at both levels of significance. It means there is no significant difference between boys and girls on their overall mental health dimension. But, in the case of overall dimension, girls obtained higher mean score than their boys adolescents.

Finally, the researchers conclude that, there is no significant difference between the mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools.

Major Findings of the Study

There is no significant difference between mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools. Except the group oriented attitude dimension of mental health, all the dimensions like positive self evaluation, perception of reality, integration of personality, autonomy, and environmental mastery mean scores of girls are higher than the mean scores of boys, but in the case of group oriented attitude dimension of mental health boys mean score is more than their counterparts.

There is no significant difference between the mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools.

Conclusion

The main goal to study of mental health is providing mental and intellectual sanity of the individuals in the society. In the present circumstances youth are facing difficulties in Life. These difficulties are rise to many psycho-somatic problems such as mental illness, anxiety, tension, frustration, and emotional upset in day to day life. Mental health is not only the personality determinants of our life but also there are many factors behind it. Schools provide a very suitable opportunity for the many of children and teenagers to improve their life. Besides nations' activities for public education, the role of schools in offering services like mental health services in the educational affaires is of increasing importance. Today, regarding family and society support, schools are the best places for comprehensive mental health programs; since almost all the children go to school in a specific period of their lives. Gender of the students is not influencing their mental health more or less. The impact of mental health in the classroom behaviour should be taken up. This study is an attempt to measure mental health of the students. The future researchers may take this attempt to its' real height. In conclusion to the findings of this study could be considered for designing fundamental future research regarding the status of adolescents' mental health in India as well as abroad. Schools should be mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, looked after children, children with learning difficulties and children from disadvantaged backgrounds as well so that we may inculcate mental stability among them. This piece of research is fondly hoped would add to the ever growing data of educational research.

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