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MENTAL HEALTH AMONG ADOLESCENCE

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Abstract

People who are in good health are able to enjoy life and have the chance to reach their personal objectives. A vital component that affects social effectiveness and physical health is mental health. Human societies are currently facing a number of issues. It is therefore difficult for people to maintain mental health. The goal of this research paper was to examine mental health level of the adolescent's students across socio-demographic variables like Age, Gender, Socio-economic status, mother & father occupation, mother & father education etc. The study was conducted on 100 samples of senior secondary school students in Aligarh district (Uttar Pradesh) through randomization. Questionnaire method was used for data collection. The data for the present research was collected while using the Mental Health Battery MHB-ss by Arun kumar Singh & Alpna Gupta (2017). Data were analyzed by the SPSS version-27 using one-way ANOVA. The finding shows that mental health can be affected by various socio-demographic variables among adolescence

Keywords: Adolescents, mental health,

Introduction

"Mental health" refers to an individual's entire state of mind, including the distinction between mental health and disorders of the mind. According to this description, people in good mental health are very energetic and experience little distress **(Lukoševičiūtė-Barauskienė 2023)**. Adolescent mental health distributions are exceedingly prevalent; in the United Kingdom alone, one in ten children have been detecting with a mental health issue **(Bentley, N.2019).** A comprehensive analysis of the main obstacles and enablers to adolescents mental health treatment seeking from qualitative research revealed that the main obstacles were difficulties identifying symptoms, a predilection for independence, and feelings of shame and embarrassment **(Kwan 2015)**. As an alternative to conventional bipolar models, modern mental health models that take psychosocial distress and wellbeing into account at the same time have arisen. According to these dual-factor or two-continuum models, an individual's levels of distress and mental wellbeing vary, and mental disease and wellness constitute distinct continua **(Moore, S. A 2019)**. The stigma associated with mental health issues can have detrimental effects on a person, such as prejudicial behavior from others and a low self-esteem, which exacerbates the illness itself. Three terms have been

used to define the stigma associated with mental health issues: prejudice, discrimination, and stereotypes **(Veronica Hermann 2022).** Approximately 50% of mental health illnesses start before the age of 14, and 75% do that prior to the age of 18. The greatest number of diagnoses is for depression and anxiety, and 25% of young people report psychological distress **(Aguirre Velasco 2020).** A firsthand knowledge and ideas regarding mental disorders that help them identify, manage, and stop the disorder from developing are encapsulated in their mental health literacy **(Calear, A.L 2021). According to Allport (1955),** who discusses healthy personality, suggests studying normal, mature people rather than neurotics. He claims that people in good health were not influenced by unconscious tensions, but these conflicts were possessed by neurotic people. **According to Maslow (1970)** asserted that those who have achieved their fullest potential will help us develop a "positive psychology" and free us from unfavorable viewpoints. He is constantly interested in researching the most positive, wholesome, and developed aspects of human nature. Fundamental measures of life quality include mental health. It is a state of prosperity that makes it possible for someone to see their own potential, manage everyday stressors, perform effectively and efficiently, and be able to. return the favor to his or her community **(World Health Organization, 2004).** In order to uncover trends and social determinants of population health, mental health research investigates bio psychosocial factors, or how biological, psychological, and social functioning interact **(sanjana bhakta 2021).**Adolescence is defined as "the phase of transition from childhood reliance and immaturity to the increased maturity and independence of adulthood" by the **(Robert M. Goldensen 1984). According to Hall (1904)** Adolescence is a crucial time in the transition from the ape to the human, and it is known as the "age of storm and stress" in a highly well-known disposition. According to Erikson's life cycle, a teenager is in the stage of identification versus confusion before moving on to the stage of intimacy vs. isolation. Additionally, personality development is essentially accomplished by the age of sixteen **(Whaley and Wong, 1998).According to Freud (1953)**, development happens in five stages: oral, anal, phallic, latent, and genital. The genital stage signals the beginning of puberty and the start of adolescence. Adolescence is a phase of development marked by the biggest variations in general welfare, the peak of taking chances, and the emergence of mental diseases such as depressive disorders **(Patti M. Valkenburg 2022).** Research on mental health has shifted in the last several decades from risk and psychopathology to the development of beneficial outcomes like resilience. Researchers refer to the construct of resilience as dynamic and multifactorial, despite the fact that conceptualizations of resilience vary widely. This construct involves maintaining or go back to psychological wellness after trouble through a combination of several inner (personal attributes or characteristics) and outer (abilities of spread out family members, communal, and society surrounding) endurance safety elements (benefit and resources) that allow single to thrive and overcome hindrance or disadvantage **(Dray, J., Bowman 2017).**A seventh of those aged 10 to 19 globally incur from a mental illness, fabricating 13% of the global mental health prevalence in this age group. Adolescent behaviors are second in terms of causes of illness and dysfunction, after anxiety-related conditions and melancholy. Suicide is one of the four leading causes of fatalities among people between the ages of 15 and 19. Individuals' physical and mental health, furthermore their volume to lead satisfying lives, may become infected with in the long run if adolescents mental health problems are not addressed.**(W H O Nov 17 2021).** Thanks to modern technologies, adolescents are interacting with each other more and devoting longer online. Some are concerned that the continual contact that comes with social media is negatively affecting the mental health of adolescents because these platforms are being used and owned at levels that were never before seen **(Candice C. Odgers Jan 17.2020).** Adolescent mental health disorders account for a significant portion of the worldwide epidemic of diseases. According to estimates, a seventh of adolescents suffered from mental illnesses in 2019. This paraphrase to an anticipated 166 million adolescents widespread—89 million of them boys and 77 million of them girls **(Unicef Oct 2021).**

Review literatures

Carol Dashiff et al. (2009) studied that poverty and adolescent mental health and observed that In addition to increasing their arguing for the development of proposed action reforms that address the mental health necessitate of this citizenry, nurses must continue to actively participate in the purveying of mental health services to adolescents living in neediness. **Tran, B. T(2023)** examined that Mental health and its determinants affected among adolescent's livelihood in families with segregate or divorced parents in an metropolis because Adolescents who had parents who split up or divorced were more likely to experience stress, anxiety, and sadness. **Li, J., Jia et al (2022)** found that in the final analysis, there was big chance of mental health troubles among adolescents from households experiencing socioeconomic adversity, as evidenced by the mothers' lower professional status and educational attainment. In the meantime, female adolescents' mental health is positively impacted by a greater subjective socioeconomic position. Orben, A., et al (2020) observed that consequences of social starvation on developing adolescents and mental health and discovered that, in comparison to other phases of life, social starvation and solitude had distinct effects on cognitive function and behavior in adolescence. This meant that being alone may have an overarching impact on a subset of adolescents for whom interaction with others is a critical component of development. **Frank J. et al (April 2013)** the occurrence of family feast and both beneficial and detrimental aspects of adolescent mental health were detected in a study on family dinners, communication, and mental health in Canadian adolescents. A portion of this connection can be ascribed to how easily parents and adolescents communicate. **Lawerence T. et al. (2010)** revealed that those who use it excessively but don't have any mental health problems at first may end up depressed. These results have a direct bearing on avoiding the development of mental illness in youth, especially in underdeveloped countries**. Lydia Gabriela speyer and other (2022)** discovered The findings are in line with the transactional framework of family mental health, which postulates that the development of mental health problems is influenced by both parent-to-child and child-to-parent relationships. Thus, the goal of any therapy for mental health ought to concern the family unit as a whole. **Roach A. (2018)** discovered the findings held true across time and contexts, indicating the beneficial impact of assistance from peers for adolescents in seeking mental health services. A summary of the literature is followed by a discussion of deficiencies in research and the consequences for practice and future studies. **Trumello, C., et al (2021**)The results, gathered despite studies of structural mathematical models, demonstrated that, through the mental health issues that plagued adolescents, their perceived quality of care by both parents had a substantial secondary effect on difficulties related to web surfing. Additionally, it has been shown that issues with online dependency are adversely related to care for mothers, but not to father care. The study offers empirical evidence in favor of family-centered early detection and intervention initiatives as a means of addressing online addiction. **Rachel Jewett and others (2018**) studied that school sport participation during adolescence and mental health in early adulthood and reported that Participating in sports while in school could possibly shield adolescents from mental disorders. In order to enhance mental health, healthcare initiatives may need to include legislation encouraging pupils to play athletics at school. **Eva oberle and others (2019**) discovered that encouraging non-participants to engage in extracurricular activities may have effects on those individuals' mental health. The removal of potential participation barriers prior to the onset of adolescence is one of the practical implications for communities that are highlighted.

Objectives of the study

- To collect socio demographical profile of adolescents.
- To access the mental health level among adolescents.
- To find out the relationship between mental health and socio demographic determinants of adolescents.

Significance of the study

Mental health is known as a means by which all-round and balanced development of personality and behavior of a person takes place. This helps adolescents to make effective adjustments to themselves and their environment by behaving in a balanced and restrained manner. Adolescence is the time for the maximum functioning and development of mental powers. Adolescence is a state of stress and storm, in which the adolescent wants to be independent instead of being dependent on the parents. Most of the problems of the state are like the maturation of the organs, the growth of sexual feelings, menstruation and the seminal tract in the dream etc. Emotional, social, mental are all changed in adolescence and while fulfilling the desires and aspirations of life, it takes as much as I feel in the adolescence. He is unable to face reality by accepting failure, faults, or weaknesses. Adolescents resort deceit and maze. The study of mental health becomes important because of the convexity that occurs in adolescence the study is evidence of increasing awareness of the magnitude of mental health instability among adolescents around the world.

METERIALS AND METHOD

The heads of the schools gave their consent for the study to be conducted in these settings well in advance of the data collection. Throughout the whole research time, the educators collaborated intensively. In this study independent variables are Gender, Age, Family type, Ordinal position, Father & Mother occupation, Father & Mother education etc .and dependent variable is mental health. In the present study random sampling was used for getting appropriate data. The sample included 100 (60 boys & 40 girls) adolescents of class 9th to 12th students studying in different schools of Aligarh. The age of subjects ranged between 14 to 18 years. The investigator used mental health bettry MHB-SS scale constructed and standardized by *Singh & Alpna Gupta (2017)*

RESULT AND DISSCUSSION

A) The socio-demographic profile of the respondents was collected as per the first objective. Various socio-demographic variables were collected for the study and include Gender, Age Class, Family type, Ordinal position, No. of friend, Mother's occupation, Father's occupation, Socio-economic status – mother or father income, father's education, mother's education, Total no. of members in the family.

VARIABLES	%	VARIABLE	%
GENDER		**FATHER OCCUPATION**	
Male	**60%**	**Private sector**	**22%**
Female	**40%**	**Businessman**	**47%**
AGE		**Farmer**	**9%**
14-15	**14%**	**Gov,Employee**	**22%**
15-16	**31%**	**SOCIO-ECONOMIC STATUS**	
16-17	**38%**	**Upper**	**30%**
17-18	**17%**	**Middle**	**65%**
CLASS		**Low**	**5%**
9^{TH}	**31%**	**MOTHER&FATHER INCOME**	
10^{TH}	**25%**	**More than 50,000**	**37%**
11^{TH}	**21%**	**25,000 to 50,000**	**21%**
12^{TH}	**23%**	**10,000 to 25,000**	**27%**
FAMILYTYPE		**5,000 to 10,000**	**11%**
Nuclear	**59%**	**Below 5,000**	**4%**
Joint	**41%**	**FATHER EDUCATION**	

ORDINAL POSITION		**Metric or below**	**13%**
First	**45%**	**Inter**	**20%**
Second	**33%**	**Graduation**	**36%**
Third	**9%**	**Post Graduation**	**31%**
Fourth	**13%**	**MOTHER EDUCATION**	
NO OF FRIEND		**Matrix or below**	**13%**
One friend	**16%**	**Inter**	**31%**
2-4	**48%**	**Graduation**	**36%**
5-7	**12%**	**Post Graduation**	**20%**
More than 7	**24**	**TOTAL NO OF FAMILY MEMBER**	
MOTHER OCCUPATION		**Above 15**	**10%**
Working	**13%**	**Up to 10 to 15**	**46%**
House wife	**87%**	**Up to 5 to 10**	**42%**
		Less than 5	**2%**

The age range of the adolescents taken for the study was 14-15 years, 15-16years, 16-17years, and 17-18years. The sample of 14-15 years is 14% of the total sample, the sample of 15-16years is 31% of the total sample, the sample of 16-17years is 38% of the total sample and the sample of 17-18 years is 17% of the total sample. The data was collected from girls and boys the categories of girls was consist of 40% of the total sample and the categories of boys was consist of 60% of the total sample. 31% of the adolescents study in 9^{th} class of the total sample, 25% of the adolescents study in 10^{th} class of the total sample, 21% of the adolescents study in 11^{th} class of the total sample and 23% of the adolescents study in 12^{th} class of the total sample. 45% of the adolescents come first among their siblings, 33% adolescents come second among their siblings, 9% adolescents come third among their siblings and 13% adolescents come forth among their siblings. 16% of adolescents have a friend of the total sample, 48% of adolescents have 2-4 friends of the total sample, 12% of the adolescents have 5-7 friends of the total sample and 24% of the adolescents have more than 7 friends of the total sample. Mother of 13% adolescent's work of the total sample, Mother or 87% adolescents is house wife of the total sample. 22% of adolescent's father work in private sector of the total sample, 47% of adolescent's father work in businessman of the total sample, 9% of the adolescent's work in farmer of the total sample and 22% of the adolescent's father work in gob Employee of the total sample. 30% of the adolescents have upper socio-economic status, 65% of the adolescents have middle socio-economic status and 5% of adolescents have low socio-economic status. 37% of adolescent's mother & father total income is more than fifty thousand monthly, 21% of adolescent's parents total income is twenty five thousand to fifty thousand monthly, 27% of adolescent's parents total income is ten to twenty five thousand monthly and 11% of adolescent's parents total income is five thousand to ten thousand monthly. 13% of adolescent's father education is metric or below of the total sample, 20% of adolescents father education is inter of the total sample, 36% of adolescents father education is graduation of the total sample and 31% of adolescent's father education is post-graduation. 13% of adolescent's mother's education is metric or below, 31% of adolescents mother's education is inter, 36% of adolescent's mother's education is graduation and 20% of adolescent's mother education is post graduation. 10% of adolescent's have above 15% total no of family member of the total sample, 46% of the adolescent's have up to ten to fifteen total no of family member of the total sample. 42% of the adolescent's have up to five to ten family member of total sample. 2% of the adolescent's have less than five family member of the total sample.

B) The data regarding mental health among adolescents was collected as per the second objective. It include various categories of mental health related to the excellent mental health, good mental health, average mental health, poor mental health, very poor mental health.

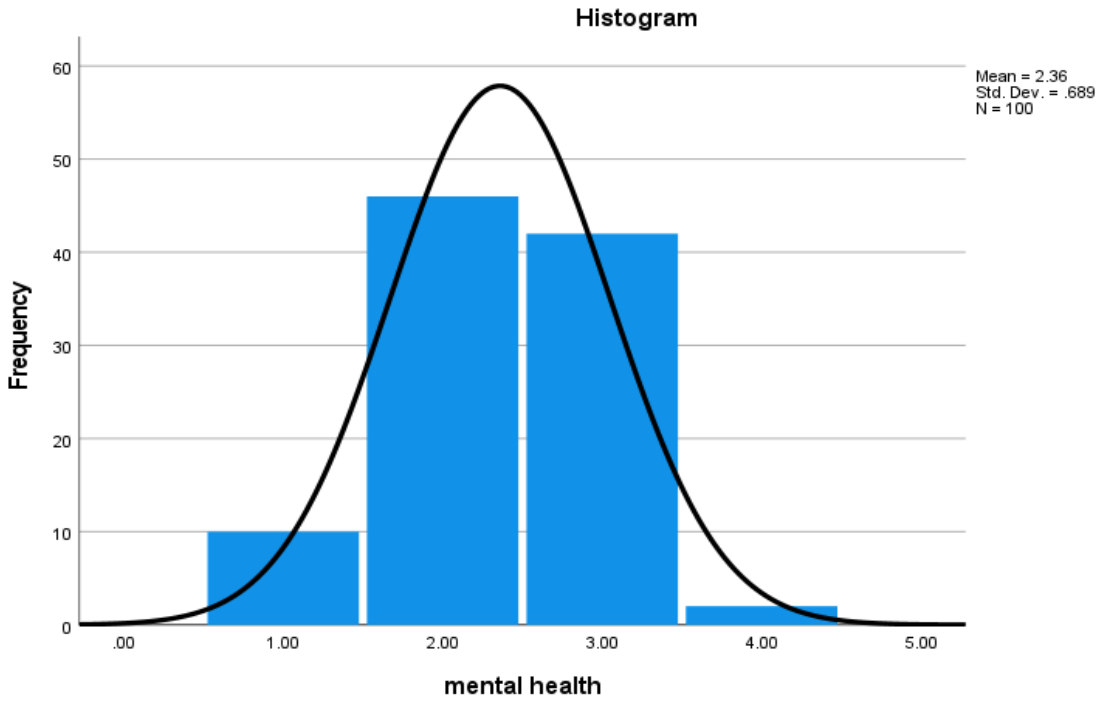
Descriptive analysis of Mental Health

N	Mean	Std. error of mean	Std deviation	Sum	Maximum	Minimum
100	2.3600	.06893	.68931	236.00	4.00	1.00

In this result the mean of mental health is 2.3600, the std. error of mean of mental health is .06893, the sum of mental health is 236.00, the maximum range of mental health is 4.00 and the minimum range or mental health is 1.00 from descriptive analysis of mental health.

We are interested in knowing the distribution of mental health of the adolescence. Thus the independent variable is mental health and the dependent variable is the frequency, or number of students with each mental health categories. The mental health category 1.00 is denoting very poor mental health, category 2.00 is denoting poor mental health, category 3.00 is denoting average mental health, category 4.00 is denoting good mental health and category 5.00 is denoting excellent mental health.

1. There are 10 adolescents with very poor mental health because 1.00 denotes very poor mental health.
2. There are 46 adolescents with poor mental health because 2.00 denote poor mental health.
3. There are 42 adolescents with average mental health because 3.00 denote average mental health.
4. There are 2 adolescents with good mental health because 4.00 denote good mental health.
5. There are 0 adolescents with excellent mental health because 5.00 denote excellent mental health.



In summary, the histogram shows that the distribution for the mental health of adolescents at senior secondary school to be fairly symmetric with a center at around between 2.00 to 3.00.

C) Association of mental health with socio-demographic variables of the respondents the third section of this paper describes the relationship between.

Table-1 Relationship of Socio-economic status with mental health of the respondent.

Test of homogeneity of variances			ANOVAs			
Socio-economic status	**Mean**	**Std. Deviation**	**Levene's-statics**	**Sig.**	**F value**	**Sig.**
Upper Middle Low	**2.8333 2.1692 2.0000**	**.53067 .65118 .70711**	**1.076**	**.345**	**12.656**	**<.001**
Group Differences						
Socio-economic status	**Mean differences**	**Sig**	**95% Confidence interval [LL-UL]**			
Upper-Middle Low-Upper	**.66410* .83333***	**<.001 .018**	**.3383 .1203**		**.9899 1.5464**	

In this result the mental health of adolescents differs across different socio-economic status. Respondent were divided in to three groups Group1: Upper SES, Group2: Middle SES, Group3: Low SES. The ANOVAs result suggest that the mental health Scores of the group differ significantly F; 2, 97 =12.656, P<.001. According to the test results, the average score for upper SES respondents [M=2.8333, SD=.53067] was significantly different from Middle SES respondents [M=2.1692, SD=.65118]. Low SES respondent [m=2.0000, SD=.70711] differed significantly from upper SES respondents. At the 0.05 level, the mean variations were significant. Nonetheless, no discernible variations were found between respondents with low and middle socioeconomic status.

Table-2 Relationship of Gender with mental health of the respondent.

Lqevene's Test for equality of variances		T-test for equality of mean										
		Mean	**SD**	**F**	**Sig.**	**T**	**DF**	**Sig.(2-tailed)**	**Mean Difference**	**Std..error Difference**	**95% confidence interval of the difference**	
											Lower	**Upper**
DV	**G1 G2**	**2.3167 2.4250**	**.65073 .74722**	**1.986**	**.162**	**-.768**	**98**	**.444**	**-.10833**	**.14100**	**-.38814**	**.17147**

The mental health of male and female was compared using an independent sample t-test. The scores for Male [M = 2.3167, SD =.65073] and Female [M = 2.4250, SD =.74722] did not differ significantly [t (98) = -.768, P =.444]. The mean differences were very little, with a mean difference of 0.108 and a 95% confidence interval of 0.388 to 0.171.

Table-3 Relationship of Mother & father total income of both and mental health of the respondent.

Test of homogeneity of variances					**ANOVAs**	
M&F total income	**Mean**	**Std. Deviation**	**Levene's -statics**	**Sig.**	**F value**	**Sig**
More than 50,000, **25,000 to 50,000,** **10,000 to 25,000,** **5,000 to 10,000,** **Below 5,000**	**2.6216** **2.2857** **2,2222** **2.2727** **1,5000**	**.68115** **.64365** **.64051** **.64667** **.57735**	**.155**	**960**	**3.608**	**.009**
Group Differences						
M&F total income	**Mean differences**	**Sig**	**95% Confidence interval [LL-UL]**			
More than 50.000 – Below 5,000	**1.12162***	**.014**	-.1620	**2.0813**		

In this result the mental health of adolescents differs across different mother & father total income. Respondent were divided in to five groups based on the M& F total income Group1: More than 50,000, Group2: 25,000 to 50,000, Group3: 10,000 to 25,000, Grop4: 5,000 to 10,000 Group5: below 5000. The ANOVAs result suggests that the mental health Scores of the group differ significantly F: 4, 95 =3.608, P<.009. In order to account for individual variations between groups, Tukey HSD was used to analyze post hoc comparisons due to the relevance of the Leaven's statistic and the lack of the assumption of equal variance. According to the test results, the mean score for More than 50,000 monthly income of respondent's parents [M=2.8333, SD=.53067] was significantly different from below 5000 monthly income of respondent's parents [M=2.1692, SD=.65118]. At the 0.05 level, the mean differences were significant. Between the applicant's remaining M & F total income classes, no discernible variations were found.

Table-4 Relationship of Mother's education and mental health of the respondent.

Test of homogeneity of variance					ANOVAs	
Mother's education	**Mean**	**Std. Deviation**	**Levene's -statics**	**Sig.**	**F value**	**Sig.**
Metric or below	**2.1538**	**.55470**	**1.416**	**.243**	**4.207**	**.008**
Inter	**2.0968**	**.65089**				
Graduation	**2.4722**	**.69636**				
Post – Graduation	**2.7000**	**.65695**				

Group Differences				
Mother's education	**Mean differences**	**Sig**	**95% Confidence interval [LL-UL]**	
Inter to Post Graduation	**-.60323**	**.010**	**-1.0967**	**-.1097**

In this result the mental health of adolescents differs across different Mother's education categories. Respondent were divided in to four groups Group1: Metric or below, Group2: Inter, Group3: Graduation, Group4; post graduation. The ANOVAs result suggests that the mental health Scores of the group differ significantly F: 3, 96 =4.207, P<.008. Post hoc comparisons were assessed using Tukey HSD to account for individual variances between groups due to the relevance of the Leaven's statistic and the lack of the assumption of equal variance. According to the test result the mean score for Inter respondents [M=2.0968, SD=.65089] was significantly different from Post-Graduation respondents [M=2.7000, SD=.65695]. At the 0.05 level, the mean differences were significant. Between the respondent's residual Mother's education classes, no discernible variations were found.

5) Table-54 Relationship of Father's occupation and mental health of the respondent.

Test of homogeneity of variance					ANOVAs	
Father's occupation	**Mean**	**Std. Deviation**	**Levene's -statics**	**Sig.**	**F value**	**Sig.**
Private sector	**2.2727**	**.70250**	**.169**	**.918**	**2.191**	**.094**
Businessman	**2.4043**	**.68078**				
Farmer	**1.8889**	**.78174**				
Gov. employee	**2.5455**	**.59580**				

In this result the mental health of adolescents differs across different sector of father's occupation. Respondent were divided in four groups [Group1; Private sector, Group2; Businessman Group3: Farmer, Group4: Gov. Employee]. The ANOVAs result suggest that the mental health Scores of the group differ not significantly [F 4, 95 = 2.191, P>.094].Tukey HSD was utilized to evaluate post hoc comparisons in order to take into consideration individual variations within groups because Leaven's statistic was relevant and the premise of equal variance was not met. According to the test result the mean score for Private sector respondents [M=2.2727, SD=.70250], indicate that the mean score for Businessman respondents [M=2.4043, SD=.68078]. Indicate that the mean score for Farmer respondent [M=1.8889, SD=.78174] and indicate tht the mean score for Gov. Employee respondent [M=2.5455,

SD=.59580]. At the 0.05 level, the mean differences were significant. There were no discernible variations found between the the applicant's father's occupation's various fields.

Conclusion

To sum up, taking in to account the result of the current study, we might conclude that the relationship between mental health and father occupation and the relationship between Gender and mental health is not significant. Whereas the relationship between socio-economic status and mental health, the relationship between mother & father total income and mental health, the relationship between mother's education and mental health is play important role for adolescent's mental health. Yang, D., Hu, S., & Li, M. (2022) studied that According to our research, adolescents' mental health in China is significantly improved by the socioeconomic position of their families. Depending on a person's registered dwelling type and involvement in health courses, this effect varies. Lastly, it is demonstrated that the frequency of interactions between classmates and parents may serve as a potential mechanism via which the socioeconomic position of the family influences the mental health of Chinese adolescents. Meyrose, A. K., Klasen et al (2018) investigate that Children of low-educated mothers are less educated than those of high-educated mothers experienced noticeably more mental health issues. Both boys and girls experienced this variation in maternal education, and those who did not live with both biological parents were particularly affected. Furthermore, as the participants' ages increased, the disparity in mental health issues brought on by differing mother education levels diminished. Kinge, J. M., Øverland, S., et al.(2021) studied that The main reasons for the discrepancies were attention-deficit hyperactivity disorder in males and anxiety and depression in girls. Mental health issues were more common in children whose parents suffered from mental diseases, in those with low educational attainment, or in those raised in multiple households.Even after taking into consideration the mental illnesses of the parents and other variables, there was still a correlation between parental income and the mental problems of children. This correlation also held true for adopted children. Therefore, the adolescent should have complete knowledge of his desires feelings, aspirations and his own merits and demerits so that he can keep the limits of his behavior. Ability to form satisfying relationship, satisfaction of bodily desires, clear-cut philosophy of life, realistic perception, clear life goal, self-esteem, and self-evaluation, absence of tension, hypersensitivity and ability to be productive and happy etc is very important for the mentally healthy adolescent's.

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