



ISSN: 0975-833X

RESEARCH ARTICLE

MENTAL HEALTH STATUS OF ADOLESCENT'S-A CASE STUDY IN JORHAT DISTRICT, ASSAM

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ARTICLE INFO

Article History:

Received 26th August, 2016

Received in revised form

22nd September, 2016

Accepted 10th October, 2016

Published online 30th November, 2016

Key words:

Adolescents,
Mental Health.

ABSTRACT

The study was conducted to assess the Mental Health Status of the adolescents of Jorhat district of Assam. Four hundred and twenty adolescents of aged 14-16 years from five private schools and five government schools were taken as the sample of the study. Strength and Difficulty Questionnaire (SDQ) both Teacher report and Self report was used to evaluate the mental health status of the adolescents. The tool consisted of five subcomponents namely Emotional symptoms, Conduct problem, Hyperactivity, Peer problem and Prosocial behaviour. There were 25 statements, 5 statements for each of the sub components. The results showed that the percentage of adolescents in abnormal category of Total difficulty score was 15.9 percent as per the teacher report and 13.8 percent as per self report. Further, the results indicated that among the five sub-components of mental health, the highest percentage of adolescents under abnormal category was in Conduct problem followed by Peer problem and Pro-social behaviour in both teacher and self report of adolescents. Significant gender differences were found in Conduct problems, Hyperactivity, Peer problem, Pro-social behaviour and Total difficulty score. Significant positive correlations have been observed between teachers report and self report of adolescents which revealed that the way the adolescents perceives themselves is reflected in their observable behaviours indicative of mental health status.

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Citation: Neemi Devi, A. and Dr. (MRS.) Juri Baruah, 2016. "Mental health status of adolescent's-A case study in Jorhat district, Assam", *International Journal of Current Research*, 8, (11), 41446-41449.

INTRODUCTION

According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience." WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community". This shows the importance of good mental health status for the overall well being of an individual while mental health disorders may restrict the individual from living a productive life. So, mental health is a serious issue which needs to be addressed urgently. The incidence of mental health disorder can occur during any stage of life but during adolescence due to marked physical and psychological changes make them vulnerable to various forms of mental disorder.

Adolescence has been considered, almost by definition, a period of heightened stress (Spear, 2000) due to the many changes experienced concomitantly, including physical maturation, drive for independence, increased salience of social and peer interactions, and brain development (Blakemore, 2008; Casey, Getz, & Galvan, 2008a; Casey, Jones, & Hare, 2008b). During adolescence, they also found independence from authority figures. This new found independence can be stimulating but it may also lead to feelings of being overwhelmed by change, which has historically led some researchers to characterize adolescence as ridden with 'storm and stress' (Hall, 1904). Adolescence is the most common time of life for psychiatric illness to emerge (Kessler *et al.*, 2005), with reported anxiety reaching its lifetime peak (Abe & Suzuki, 1986) and suicide being the fourth leading cause of death (Eaton *et al.*, 2008). Studies conducted in India also have shown that prevalence of psychosocial problems during adolescence (Muzammil *et al.*, 2009) and other forms mental disorders such as depression and suicidal ideation among the adolescents (Nagendra *et al.*, 2012). Considering the unique characteristics of adolescents and the reviews from earlier studies, this study was a small initiative to understand the mental health status of the adolescents residing in Jorhat District. The findings from

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the study will be helpful in taking up necessary action to assist the adolescents in making successful adjustment in their life.

The study was conducted with the following objectives:

1. To study the Mental Health status of the adolescents.
2. To study the gender difference in Mental Health of adolescents (Self Report).
3. To study the correlation between Teacher report and Self Report on Adolescent Mental Health.

Hypothesis

There is no significant gender difference in mental health status of adolescents.

MATERIALS AND METHODS

The present study was conducted in Jorhat District of Assam. A total of 420 samples equal numbers of boys and girls were selected from 10 schools (5 government school and 5 private school) of Jorhat. The age range of adolescents was 14-16 years. For assessing the mental health status of the adolescents Strength Difficulty Questionnaire (SDQ) Teacher Report and Self Report by Robert N. Goodman, 1997 was used. The Questionnaire consisted of five sub-components namely Emotional symptoms, Conduct problem, Hyperactivity, Peer problem and Prosocial behaviour. There were 25 statements, 5 statements for each of the sub components. Responses were scored as "0", "1" and "2" for the statements marked as "true", "somewhat true" and "certainly true" respectively. Reverse scoring were done for negative statements. Total difficulty score which signifies the potential mental health disorder was determined by combining the scores of four sub components i.e. Emotional symptoms, Conduct problem, Hyperactivity and Peer problem and scores on Prosocial behaviour was used to determine the strength.

RESULTS AND DISCUSSION

Mental health Status of the adolescents

The study attempts to investigate the mental health status of the adolescents residing in Jorhat District. Table 1 represents the Mental Health status of the adolescents from teacher and self report.

Analysis of the scores obtained by the respondents in SDQ shows high percentages of adolescents fall under abnormal category of Total difficulty score which was 15.9 and 13.8 percent as per teacher report and self report respectively (Table No 1). This shows the prevalence of adolescents who are prone to mental health disorder. Similar findings were seen in the study by Patil et al. (2013) who conducted a cross-sectional study of Common Psychiatric Morbidity among children and the found prevalence of psychiatric morbidity was 14.8%. One of the salient observations from Table 1 was, among the different sub-components of mental health, the percentage of adolescents under abnormal category was highest in Conduct problem which was visible from both teacher's (29%) report as well as self report of adolescents (41.2%). Iram and Najam (2015) in their study also reported that externalizing problems were most prevalent in adolescents and Conduct problem was found as most common in adolescents. It was observed that after Conduct problem the percentage of adolescents under

abnormal category was found highest in Peer problem. It was 13.3 percent as reported by teachers and 23.3 percent in self report. This shows that adolescents perceive themselves as having more Peer problem. It was noticed that 13.3 percent of adolescents were in abnormal category of Pro-social behaviour according to teacher report and 3.8 percent as per the self report of adolescents. Findings indicated that teachers observed high abnormal category of Prosocial behaviour among the adolescents.

Table 1. Mental health Status of the Adolescent

S. No.	Mental Health	Teacher report		Self report	
		F	%	F	%
1.	Emotional Symptoms				
	Normal	383	91.2	344	81.9
	Borderline	18	4.3	44	10.5
2.	Abnormal	19	4.5	32	7.6
	Conduct Problems				
	Normal	227	54	127	30.2
3.	Borderline	71	16.9	119	28.3
	Abnormal	122	29	174	41.4
	Hyperactivity				
4.	Normal	350	83.3	378	90
	Borderline	30	7.1	25	5.9
	Abnormal	40	9.5	17	4
5.	Peer Problem				
	Normal	150	35.7	147	35
	Borderline	208	49.5	175	41.7
6.	Abnormal	62	14.7	98	23.3
	Pro-social behaviour				
	Normal	303	72.1	372	88.6
7.	Borderline	61	14.5	32	7.6
	Abnormal	56	13.3	16	3.8
	Total Difficulty Score				
8.	Normal	268	63.8	257	61.2
	Borderline	85	20.2	105	25
	Abnormal	67	15.9	58	13.8

It was seen that in Hyperactivity the percentage of adolescents under abnormal category was 9.5 percent as per the teacher report and 4 percent as per adolescent self report. Harrison *et al.* (2012) also found that in adolescents behaviours associated with anxiety and distractibility were the problem most commonly addressed by teachers in the classroom. The percentage of adolescents who were in abnormal category of Emotional symptoms as per teacher report was 4.5 percent and 7.6 percent from self report. Pathak *et al.* (2011) also found an alarming number of adolescents suffer from emotional problems. The prevalence of potential mental health disorder among the adolescents was observed in the study. It was in the conduct problem the highest percentage of adolescent was in abnormal category followed by peer problem and prosocial behaviour. The results was supported by Seenivasan and Kumar (2014) who assessed the mental health problems of the adolescents aged 13-16 years in two schools of the Chennai Corporation. The study revealed that conduct problems were the highest followed by Peer problem, Pro-social behaviour and Emotional problem.

Gender Difference in the Mental Health status of the Adolescents (Self Report)

To study the gender difference in the Mental Health Status of the Adolescents independent t-test was conducted. The findings from the study are shown in Table 2. The study examined the gender differences in the mental health status of the adolescents from self report. Independent t-test was conducted and the results were shown in Table 2.

Table 2. Gender difference in the Mental Health of Adolescents (Self Report)

S.No.	Mental Health		N	Mean	SD	df	t	p
1.	Emotional Symptoms	Boy	210	0.67	0.39	418	-87	.384
		Girl	210	0.70	0.45	418	-87	
2.	Conduct Problem	Boy	210	0.88	0.31	418	2.35	.019*
		Girl	210	0.80	0.32	418	2.35	
3.	Hyperactivity	Boy	210	0.65	0.38	418	3.23	.001**
		Girl	210	0.53	0.41	418	3.23	
4.	Peer Problem	Boy	210	0.85	0.32	418	2.01	.045*
		Girl	210	0.78	0.38	418	2.01	
5.	Total difficulty score	Boy	210	0.76	0.20	418	2.60	.010**
		Girl	210	0.70	0.25	418	2.60	
6.	Pro-social behaviour	Boy	210	0.57	0.33	418	-2.59	.010**
		Girl	210	1.66	0.35	418	-2.59	

* Significant at .05 level & ** Significant at .01 level

Table 3. Correlation between Self Report and Teacher report on Mental Health of Adolescents

S. No.	Mental Health	Boys	Girls	Total
1.	Emotional Symptoms	.009	.067	.034
2.	Conduct Problem	.096	.219*	.172**
3.	Hyperactivity	.097	.186*	.160**
4.	Peer Problem	.068	.158*	.095
5.	Pro-social behaviour	.011	.110	.063
6.	Total Difficulty Score	.130	.137*	.154**

* Significant at .05 level & ** Significant at .01 level

Table 2 showed that in Total difficulty score significant gender differences, $t(418)= 2.60$, $p=0.01$ were found among the adolescents. Similarly, statistically significant differences were found in Conduct problem, $t(418)= 2.35$, $p= 0.019$, Hyperactivity, $t(418)= 3.23$, $p=.001$ and Peer problem $t(418)= 2.01$, $p=.045$ among the adolescents. The mean score of boys were higher than girls with respect to Total difficulty score ($M=.76$, $SD=.20$ Vs $M=.70$, $SD=.25$), Conduct problem ($M=.88$, $SD=.31$ Vs $M=.80$, $SD=.32$). Similarly mean scores of boys were higher than girls in Hyperactivity ($M=.65$, $SD = .38$ Vs $M=.53$, $SD=.41$) and Peer problem ($M=.85$, $SD=.32$ Vs $M=.78$, $SD=.38$). Further, in Prosocial behaviour significant gender difference was also observed, $t(418)=-2.59$, $p=.010$ where the mean score of girls were higher than boys ($M= 1.66$, $SD=.35$ Vs $M=0.57$, $SD=.33$). Girls in our society are raised to develop the qualities of being gentle, caring and helpful nature by the parents or family members. This might be the possible reasons for the girls to be more pro social. The result shows that boys were having more mental health disorders than girls. The findings was supported by the study conducted by Bandhana and Sharma (2013) who found significant difference between mental health of girls and boys and girls were in better mental health in comparison to boys. So, the hypothesis that no significant gender difference in the mental health status of the adolescents is rejected.

Correlation between Self Report and Teacher report on Mental Health Status of adolescents

The information on the Mental Health status of the adolescents was taken from teacher as well as from the adolescents themselves, so a correlation test was conducted to study the relationship between Self Report and Teacher report on Mental Health status of adolescents. Table No 3 shows significant. Positive correlation ($r=.154$, $p= .01$) between teacher report and self report of adolescent in Total difficulty score. This implies that teachers' knowledge on the mental health status of

adolescents is in agreement with the adolescents' self report. Similarly in Conduct problem ($r= .172$, $p= .01$) and Hyperactivity ($r=.160$, $p=.01$), statistically significant positive correlations were seen between teacher report and self report of adolescents. The results of the correlation showed positive correlation between teachers report and self report about the total mental health of the adolescents as well as in all the subcomponents of the scale. It can be inferred that the way adolescent feels about himself is reflected in his/her behaviour which could be recognized by the teachers.

Conclusion

The prevalence of potential mental health disorder among the adolescents was observed in the study. The result indicates that mental health disorders are manifested in different forms of behaviour and emotional problems. It was in the conduct problem the highest percentage of adolescent was in abnormal category followed by peer problem and prosocial behaviour. The result shows that boys were having more mental health disorders than girls. The present study which was based on both teachers report and self report of adolescents revealed significant positive correlation between the two reports. It can be inferred that the way adolescent feels about himself is reflected in his/her behaviour which could be recognized by the teachers. The findings of the study used to take up necessary steps to improve the mental well being of the adolescent so they can lead a productive life.

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