

Study on the mental health status of adolescents in Guntur, Andhra Pradesh

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ABSTRACT

A descriptive study on mental health among adolescents was carried out to know the level of mental health among adolescents. The participants of the present study were first and second year under-graduate students of Guntur district of Andhra Pradesh. Total 60 adolescents in the age group of 17-22 years were included in the study. Results revealed that majority of the adolescents fell under the category of average mental health in the domains of emotional stability, autonomy, security/insecurity, self-concept and intelligence. The mental health of the adolescents was found to be average (55.00%) followed by good (28.33%) and excellent (16.67). There was need to improve the mental health of adolescents through guidance, counselling, parental support, emotional support and providing autonomy to adolescents to build their identity and self-concept.

Keywords: Mental Health; adolescents; wellbeing; domains

INTRODUCTION

Adolescence, typically defined as the period between the ages of 10 and 19 years, is a time of significant physical, emotional and social changes. There are 253 million adolescents in the age group 10-19 years in India. This age group comprises individuals in a transient phase of life requiring nutrition, education, counseling and guidance to ensure their development into healthy adults (<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221>). In adolescence, mental health is typically characterized by a roller coaster of emotional and psychological highs and lows.

Mental health is defined by the World Health Organization (WHO) as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community ([https://www.paho.org/en/topics/mental-health#:~:text=The%20World%20Health%20Organization%20\(WHO,to%20his%20or%20her%20community%E2%80%9D\)](https://www.paho.org/en/topics/mental-health#:~:text=The%20World%20Health%20Organization%20(WHO,to%20his%20or%20her%20community%E2%80%9D).)).

Mental health is not merely the absence of mental disorders, but a resource of importance for the well-being of individuals, families and societies (Fusar-Poli et al 2020).

According to WHO report (2022), globally, one in seven 10-19 year olds experiences a mental disorder, accounting for 13 per cent of the global burden of disease in this age group. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents. Suicide is the fourth leading cause of death among 15-29 year olds (Anon 2021).

Factors that can contribute to stress during adolescence, include exposure to adversity, pressure to conform with peers, exploration of identity in social media, usage of mobile etc. Media influence and gender norms can exacerbate the disparity between adolescents' lived reality and their perceptions or aspirations for the future. Other determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socio-economic problems are recognized risks to mental health (Anon 2021).

METHODOLOGY

The purpose of the study was to know the level of mental health among adolescents. The participants of the present study were first and second year under-graduate students of Guntur district of Andhra Pradesh. The descriptive research design was used for the study. The prior consent was taken from the participants before the study. Total 60 adolescents in the age group of 17-22 years were selected using simple random sampling method and distributed as per the mental health battery developed by Singh and Gupta (1983). The battery had two sections; section A consisted of preliminary information like name, age, gender, parental information and income and section B consisted of 130 statements covering indices like emotional stability, overall adjustment, autonomy, security/insecurity, self-concept and intelligence. An instruction for each part was separate and was printed just before the items for the concerned parts. For the first five parts there was no time limit. However, generally a normal examinee having average mental health took about 25 minutes in giving complete answers. For intelligence, speed test was applied. The total allotted time for this part was 10 minutes. In this, for all the examinees, it was imposed upon that respondents would start answering the items and stop at the time instructed by the examiner. They were required to work as fast as possible.

RESULTS and DISCUSSION

Demographic profile of the respondents

Data on demographic profile of the respondents are given in Table 1. Of the total respondents of 17 to 22 years, highest number (56.67%) was of 19-20 years followed by 17-18 (28.33%) and 21-22 (15.00%) years. Out of selected respondents, 81.67 per cent were females and only 18.33 per cent were males; 55.00 per cent were from rural and 45.00 per cent from urban area. Fathers of most of them were graduates (36.67%) and intermediates (31.67%) followed by matric or below (20.00%) and post-graduates (11.67%). However, mothers of most of the respondents were matric or below (38.33%) and intermediates (33.33%) followed by graduates (21.67%) and post-graduates (6.67%). Thus mothers of the respondents were lesser qualified as compared to their fathers. Most of the respondents were from high (60.00%) followed by medium (36.67%) income group. Only 3.33 per cent belonged to low income group.

Domain of mental health of adolescents

Table 2 depicts the level of mental health under each domain of mental health battery. Under high mental health, highest number of respondents (51.67%) fell under overall adjustment followed by emotional stability of 38.33 per cent. Under average mental health, highest number showed autonomy (73.33%) followed by security/intensity and intelligence (70.00% each) and self-concept (66.67%). Thus most of the respondents fell under average and high emotional stability. Emotional stability helps a person to develop a positive way in dealing with the problems of life. It influences the ability to cope up with stress, resist impulses and adapt to different situations and environments. They are also generally confident and not easily provoked or disheartened by setbacks. But majority of the adolescents scored average and their emotional stability tended to be mediocre. Autonomy is the quality of an individual of being having independence, self-determination and freedom. Adolescents felt that they didn't have enough freedom in choosing what they wanted. Security refers to the feeling of safety, confidence, stability, pleasantness and satisfaction and the term insecurity is associated with the feeling threat, uneasiness, anger, frustration, unpleasantness created under threatening and unsupportive environment. Majority of the adolescents felt that they had an average level of secure and insecure feeling.

Self-concept is the collection of belief about oneself, like one's strengths, weaknesses, status, cognition and achievements (Adler and Towne 2002). The defining characteristics of self-concept are self-image, relationship with friends, perception about one's abilities, cognition, good self-image and self-esteem and abilities to meet basic needs. It was deplorable to know that nearly one-third of the adolescents' self-concept and intelligence were found to be average.

Status of mental health of adolescents

Table 3 shows the status of mental health of adolescents. More than half (55.00%) of the adolescents fell under average followed by good (28.33%) and excellent (16.67%) mental health status. The mean mental health of adolescents was 78.47.

Riya and Gabriel (2017) reported that at a private higher secondary school in Tiruchirappalli district, Tamil Nadu, less than half (47%) of the school going adolescents had medium level of mental health,

Table 1. Demographic profile of the respondent adolescents

Component	Respondents (n = 60)	
	Number	Percentage
Age (years)		
17-18	17	28.33
19-20	34	56.67
21-22	09	15.00
Gender		
Female	49	81.67
Male	11	18.33
Area of residence		
Rural	33	55.00
Urban	27	45.00
Education level of father		
Matric or below	12	20.00
Intermediate	19	31.67
Graduate	22	36.67
Post-graduate	7	11.67
Education level of mother		
Matric or below	23	38.33
Intermediate	20	33.33
Graduate	13	21.67
Post-graduate	4	6.67
Socio-economic status		
Low	2	3.33
Medium	22	36.67
High	36	60.00

Table 2. Domain of mental health of adolescents

Domain	Level of mental health of respondents (n = 60)					
	Low		Average		High	
	Number	Percentage	Number	Percentage	Number	Percentage
Emotional stability	5	8.33	31	51.67	23	38.33
Overall adjustment	8	13.33	21	35.00	31	51.67
Autonomy	4	6.67	44	73.33	12	20.00
Security/insecurity	6	10.00	42	70.00	12	20.00
Self-concept	8	13.33	40	66.67	12	20.00
Intelligence	8	13.33	42	70.00	10	16.67

Table 3. Status of mental health of adolescents

Status	Respondents (n = 60)		Mean	SD
	Number	Percentage		
Excellent (90 and above)	10	16.67	78.47	11.12
Good mental health (70-89)	17	28.33		
Average (50-69)	33	55.00		

more than one-fourth (28%) had high level of mental health and one-fourth (25%) had low level of mental health.

In a study conducted by Lam (2014) suggested that mental health literacy level was associated with mental health status, particularly

depression of young people. Of the 1,678 students, 16.4 per cent respondents were classified as having an adequate mental health literacy level with correct identification of depression and also intended to seek help; 23.4 per cent of the total sample correctly identified the vignette as depression and 14.8 per cent were classified to have moderate to severe depression.

In the present study, majority of the adolescents selected were found to have average mental health status. The reasons could be the imbalanced emotional status, adjustment problems with peers as well as family, insecure feeling, lower self-concept and many more.

Singh and Goswami (2022) indicated that there existed a statistically significant relationship between mental health and academic achievement of scheduled tribe secondary school students.

Sankar et al (2017) studied the level of mental health among adolescents and revealed that boys had high level of mental health than girls. There was a significant difference between the mental health scores of boys and girls. Thus it was concluded that gender and age were influential factors in mental health.

CONCLUSION

Adolescence is a unique and formative time. Physical, emotional and social changes including exposure to poverty, abuse or violence and excessive usage of screen can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being and ensuring access to mental healthcare are critical for their health and well-being throughout their lifespan. Majority of the adolescents fell under average level of mental health in all the domains. These results point out that adolescents might have been experiencing mental health problems. The reasons for the adolescents' average mental health might be due to stress at home and college, peer pressure, relationship problems, academic difficulties etc. Adolescents with mental health problems are especially vulnerable to social exclusion, discrimination, stigma, educational problems, risk-taking behaviours, physical illness and anti-social behaviours. These findings indicate that the need for mental health

treatment, especially among adolescents, was not being met. The adolescents, during transitional period to adulthood, undergo many emotional difficulties and peer influence for substance abuse. Many times the mental health issues go unrecognised. Milder mental health issues lead to depression. Depression is associated with suicide. There is a need to improve the mental health of adolescents through guidance, counselling, parental support, emotional support and providing autonomy to adolescents to build their identity and self-concept.

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