



## “A study on mental health problems of adolescent” with special reference to Coimbatore districts

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### Abstract

Mental health problems are very universal among adolescent. This may be due to the truth that attending family members to a difficult time for many traditional and non-traditional among adolescent. Adolescent after effecting high school are typically younger, depend on parents for financial support, and do not work or work part-time. Thus, in addition to stress related to academic load, these adolescent may have to face the task of taking on more adult-like responsibilities lacking having yet mastered the skills and cognitive maturity of adulthood. Descriptive research design and simple random sampling technique was adopted for the study. A sample size of 60 was collected using interview scheduled. This study concludes that (61%) of the respondents are having good level of mental health, (24%) of the respondents are having moderate level of mental health and the remaining (15%) of the respondents are having poor level of mental health.

**Keywords:** adolescent, mental health problems

### Introduction

Mental health is an intensity of psychological well-being, or a deficiency of mental illness. Adolescence (10-19 years) is a only one of its kind and determining time. Several physical, emotional and societal changes, as well as exposure to poverty, ill-treatment, or violence, can make young people helpless to mental health problems. Promoting psychological happiness and caring adolescents from unfavorable experiences and hazard factors that may impact their possible to thrive are serious for their well-being during adolescence and for their physical and psychological health in middle age. It is the "emotional state of someone who is performance at a acceptable level of emotional and behavioral modification" Mental health and steadiness is a very significant factor in a person's each day life. Social skills, behavioural skills, and someone's way of thinking are just some of the effects that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are necessary lessons to learn from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have trouble with these kinds of skills and behaving like a normal person.

### Definition

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others. And make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. - WHO.

### Mental Health Problems

Depression, Anxiety, Obsessive-Compulsive Disorder

(OCD), Phobias, Eating Problems, Bipolar Disorder, Schizophrenia, Personality Disorders.

### Review of Literature

Prof. Dr. med. habil., (2013) conclude that Medical Director of the Department of Child and Adolescent Psychiatry/Psychotherapy at the University Hospital of Ulm /Germany. He is a board-certified child and adolescent psychiatrist and psychotherapist and a board-certified specialist for medical psychotherapy in adults. Central to our employment in child and adolescent psychiatry are encounters with and connecting people for developmental improvement: in every day work with families, on scientific congresses, in teaching and research. Still there are fears or prejudices against psychiatry to some extent. Hence, we aim to inform the public and the media clearly about our work and developments in our subject. In research we try to find new ways of treatment and to give experiential support for what we are doing. Jai k Das M.D (2016) find that many mental health disorders come out in late childhood and early adolescence and contribute to the burden of these disorders among young people and later in life. We methodically reviewed literature published up to December 2015 to classify organized reviews on mental health interventions in adolescent population. A total of 38 systematic reviews were included. We classified the included reviews into the following categories for reporting the findings: school-based interventions (n = 12); community-based interventions (n = 6); digital platforms (n = 8); and individual-/family-based interventions (n = 12).

### Methodology of the Study

#### Objectives of the Study

- To study the demographic profile of the respondents.
- To access the level of mental health of adolescent.
- To access the difference between demographic profile and mental health.

**Research design**

The researcher followed descriptive research design for the study.

**Universe of the study**

The universe of the present study is the Coimbatore District.

**Sampling**

60 Respondents were selected for data collection by a Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and nearness to the researcher.

**Tools for data collection**

The researcher made use of interview schedule questionnaire. The researcher used for the 5 point scale was created by WHO (1995) scale. The Question 35 consists of mental health scale of adolescent. The data were analyzed using various statistical tools like simple percentage, independent t-test, and ANOVA.

**Finds of the Study**

**Table 1**

Factors	Medium	Frequency	Percent
Age	19-25	38	63.0%
Gender	Male	40	66.0%
Education qualification	U. Graduate	27	45.0%
Family income	10000-45000	37	61.0%
Type of family	Nuclear family	42	70.0%

**Table 3**

Variables	Statistical tool	Value	Result
Age and mental health	ANOVA	F= .040 T<0.05	Significant
Gender and mental health	t-test	t = 1.051 p>0.05	Not-Significant
Educational qualification and mental health	ANOVA	F= .000 T<0.05	Significant
Family income and mental health	ANOVA	F= .943 P>0.05	Not-Significant
Type of family and mental health	t-test	t = .050 p<0.05	Significant

- There is significant difference in the gender and mental health of adolescent.
- There is no significant difference in the gender and mental health of adolescent.
- There is significant difference in the educational qualification and mental health of adolescent.
- There is no significant difference in the family income and mental health of adolescent.
- There is significant difference in the type of family and mental health of adolescent.

**Recommendations**

- Meditation and related practices facilitate effective decision making, participation, efficiency and team work. Meditation training generates the capacity to concentrate and ability to take positive approach in the context of the well-being of all.
- There is rising consensus that healthy progress during childhood and teenage years contributes to high-quality mental health and can prevent intellectual health problems.
- Enhancing societal skills, analytical skills and self-self-assurance can help prevent mental health problems such as behavior disorders, anxiety, depression and eating disorders as well as other hazard behaviors including those that relate to sexual performance, substance

**Simple Percentage Analysis**

- Majority (63%) of the respondents is in the age group between 19-25 years.
- More than half (66%) of the respondents are Male.
- Nearly half (45%) of the respondents are U. graduate.
- Majority (61%) of the respondents family income level are 10000 -45000.
- Majority (70%) of the respondents are nuclear family.

**Distribution of the Respondents By Level of Mental Health**

**Table 2**

S. No	Mental health	No. of Respondents	Percentage %
1	Good	37	61
2	Moderate	14	24
3	Poor	09	15
Total		60	100

**Interpretation**

The above table demonstrates that (61%) of the respondents are having good level of mental health, (24%) of the respondents are having moderate level of mental health and the remaining (15%) of the respondents are having poor level of mental health.

**Influence of socio economic factors and mental health of adolescent**

- Health workers require to have the competencies to relate to young people, to detect mental health problems early, and to provide treatments which include counseling, cognitive-behavioral therapy and, where suitable, psychotropic prescription.
- Increase the provision of mental health services through the accomplishment of the mental health Gap Action Programme (MHGAP).

**Conclusion**

Several mental health problems emerge in late youth and early adolescence. Present studies have identified mental health problems - in particular depression, as the largest cause of the burden of disease among young people. Poor mental wellbeing can have important possessions on the wider health and growth of adolescents and is relationship with several health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout and delinquent behaviours. This study find that (61%) of the respondents are having good level of mental health, (24%) of the respondents are having moderate level of mental health and the remaining (15%) of the respondents are having poor level of mental health.

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