

“A Study on Mental Health Problems of Adolescent” with Special Reference to Coimbatore Districts

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ABSTRACT

Mental health problems are very worldwide 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. Stress, life events, past experiences and genetics all play a part in determining our mental health. Student life exposes individuals to risk factors affecting mental health including financial worries, periods of transition, substance use, parental pressure, culture shock and disconnection from previous supports. Descriptive research design and simple random sampling technique was adopted for the study. A sample size of 60 people was collected using planned interviews. In this study conclude that (61%) of the respondents had good mental health, (24%) had moderate mental health, and the remaining (15%) respondents had poor mental health.

KEYWORDS: Adolescent, Mental Health problems

INTRODUCTION

Mental health refers to the strength of mental health or lack of mental illness. Adolescence (ages 10-19) is a unique and defining period of its kind, in which physical, emotional, and social changes, as well as exposure to poverty, abuse, and violence, challenge young people mentally. You may be more susceptible to health problems. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that can affect their development is important for well-being in adolescence and physical and mental health in midlife. This is "the emotional state of a person who is functioning at an acceptable level of emotional and behavioral change." Mental health and stability are very important factors in a person's daily life. Social skills, behavioral skills, and the way a person thinks are just some of the characteristics that the human brain develops at an early age. Learning how to interact with others and how to focus on a particular topic are necessary lessons to be learned from the time you can speak until you are old enough to no

longer walk. However, there are some people in the world who have problems with such abilities and do not act like normal humans.

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

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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).

Finds of the Study

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%

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

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.

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.

Influence of socio economic factors and mental health of adolescent

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 promote effective decision making, participation, efficiency, and teamwork.
- Meditation training promotes concentration and the ability to act positively for the well-being of everyone.
- There is a growing consensus that healthy development during childhood and adolescence contributes to the quality of mental health and can prevent mental health problems.
- Improving social skills, analytical skills, and self-confidence can reduce mental health problems such as conduct disorders, anxiety, depression, and eating disorders, as well as sexual performance, substance abuse, and other risky behaviors. It helps prevent other risky behaviors, including: aggressive behavior.
- Health professionals have the skills to work with young people, identify mental health problems early, and provide treatment, including counseling, cognitive behavioral therapy, and prescribing psychotropic medications when appropriate.
- Increase the provision of mental health services through the implementation of the Mental Health Gap Action Program (MHGAP).

CONCLUSION

Some mental health problems appear in late adolescence and early adolescence. Recent research has identified mental health problems, particularly depression, as the largest contributor to the burden of

disease among young people. Reduced psychological well-being can have important implications for adolescents' overall health and development and is associated with health and social outcomes such as: Increased alcohol, tobacco, and illicit drug use, adolescent pregnancy, school dropout, and criminal behavior. The study found that (61%) of the respondents had good mental health, (24%) of the respondents had fair mental health, and the rest (15%) had poor mental health.

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