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MENTAL HEALTH AS A FUNCTION OF LOCALE AND SEX AMONG COLLEGE STUDENTS

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ABSTRACT

Present paper studies mental health as a function of locale and sex among college students. In the present research 2x2 factorial, designs will be used. It will be going to study mental health six dimensions free (FFA, Free folding anxiety, OBS Obsessive compulsive disorder, PHO Phobia, SOM Somatoform, DEP Depression and HYS Hysteria) of dependent variable. Gender (males, females -2) and locale (urban, rural-2) two levels will be independent variables. That rural college student were found to have more mental health problem as compared to urban college students, while sex wise there was no different in mental health. This it can be concluded that locale has an impact on mental health of college students. While sex is not affecting mental health.

KEYWORDS: FFA, Free Folding Anxiety, OBS Obsessive Compulsive Disorder, PHO Phobia, SOM Somatoform, DEP Depression and HYS Hysteria

INTRODUCTION

Mental health is a concept that refers to a human individual's emotional and psychological well-being. Merriam-Webster defines mental health as "A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life." According to the World Health Organization (WHO), there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. In general, most experts agree that "mental health" and "mental illness" are not opposites. In other words, the absence of a recognized mental disorder is not necessarily an indicator of mental health. One way to think about mental health is by looking at how effectively and successfully a person functions. Feeling capable and competent; being able to handle normal levels of stress, maintain satisfying relationships, and lead an independent life; and being able to "bounce back," or recover from difficult situations, are all signs of mental health.

CURRENT CONCEPTS

One of the great theoretical lacks in mental hygiene activity seems to me to be that we do not have an adequate definition of mental health? In 1956 the National Association for Mental Health recognized that there will have to be a clarification of the concept of mental health before educational programs to promote "positive mental health" can be evaluated. At the present time most programs in the field of mental health seem to be proceeding largely on an empirical, trial and error basis. No definite pattern as yet exists, nor is there, in my opinion, an adequately developed and coherent theoretical structure on the basis of which it would be possible to derive a general pattern of mental health objectives.

Mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment or the grace of obeying the rules of the game cheerfully.

It is all of these together. It is the ability to maintain an even temper, and alert intelligence, socially considerate behavior, and a happy disposition.

Mental health in its broadest sense has come to mean the measure of a person's ability to shape his environment, to adjust to life as he has to face it and to do so with a reasonable amount of satisfaction, success, efficiency and happiness. These definitions describe certain manifestations of mental health. Such terms as "success" and "aims of life" can be interpreted in the framework of widely differing moral and ethical values. A "level of social functioning which is socially acceptable" presents no firm ground what so ever. We are evidently expected to assume that the mores of all societies are conducive to mental health. Indeed, it is widely believed by sociologists and taught in the universities that there are no absolutes is "developing toward personal maturity" a sign of mental health? Much depends upon one's idea of "personal maturity." Brock Chisholm, a psychiatrist who until 1953 was director general of the World Health Organization and who has aptly been called "a fearless leader of men's minds," believes that the concept of right and wrong is the "consistent thread running through the weave of all civilizations preventing the development of all or almost all the people to a state of maturity."

Morality, he believes, "prevents the rational use of intelligence produces inferiority, guilt, fear, makes controlling other people's behaviour emotionally necessary encourages prejudice. One in six adults aged 18-65 in Britain has symptoms of mental illness, most commonly depression or an anxiety disorder, but about 2% have schizophrenia or bipolar disorder. It is also estimated that one in 10 children has a mental health problem, with behavioural (6%) and emotional (4%) issues the most common. The pattern is different again among older people: depression is the most common problem, but rates of dementia are very high in the oldest age groups (as much as 30% among the over-90s). If a mental health need is spotted, treatment and support can be costly, but also highly effective. Too often, however, mental health needs are missed and costs are high for other reasons: problems with employment, family difficulties, perhaps violent crime or suicide in a few cases. The Centre for Mental Health has published new figures showing the scale of the overall economic impact 105bn for England alone.

Whether or not mental health needs are identified and treated, there are big implications for social care because the consequences of mental illness can be far-reaching and long-lasting. Family and other personal relationships, employment, income, housing and social roles might all suffer. The financial crisis of recent years and the recession that followed have increased the prevalence of financial problems for individuals and households. These can damage health, particularly mental health (Murray). Not only do financial problems increase the risk of developing a mental illness, but people with such an illness are also at higher risk of difficulties with their finances (Jenkins et al). However, there is also evidence that debt counselling works, helping to improve quality of life (Pleasance and Balmer). Social capital describes "resources embedded within social networks" (Webber et al) and the shared values that they might generate. So can social capital influence mental health? Webber and colleagues found that having access to more social capital did not lead to improvements, but that the emotional content of close relationships was influential.

Their research was only short-term, following people for six months, and they posit that some of the benefits of social capital might take longer to emerge. To what extent this might support the Big Society agenda is unclear,

but it is inevitable that more attention will be focused on the informal, unfunded resources of individuals, families and communities, and their ability to prevent and meet mental health and other needs. The links between ethnicity, mental health needs and responses are complex and sometimes controversial. Research evidence is accumulating on what those needs are, what treatments might work in which circumstances, and what individuals and their families want by way of support and control.

Three papers illustrate the growing understanding of some of these topics. The first considers the social determinants of psychosis in migrant and ethnic minority populations (Morgan and Hutchinson). They describe the higher rate of schizophrenia and other psychoses in black Caribbean and black African populations as "a public health tragedy, and one that remains neglected". Many of the social determinants of psychosis are preventable, particularly in childhood. Gate and colleagues evaluated a social intervention for British Pakistani women that had a "culturally acceptable content and mode of delivery". Its aim was to address social difficulties, isolation and poor access to primary care. After some initial caution, participants welcomed the intervention, and their social functioning and satisfaction were better compared with a group of women treated with antidepressants alone. The third study looked at self-harm, drawing on data on more than 20,000 people. Jayne Cooper et al found significant differences between ethnic groups. Self-harm rates were highest among black females aged 18-34, yet this group was also the least likely to gain access to psychiatric care. As with the previous two papers, the implications for social care appear to be considerable even if not fully discussed.

MENTAL HEALTH PROMOTION

Mental health promotion works from the principle that everyone has mental health needs, not just people who have been diagnosed with a mental illness. Mental health promotion is essentially concerned with making changes to society that will promote people's mental well-being. Mental health promotion is a term that covers a variety of strategies. These strategies can be seen to occur at three levels:

Individual

Encouragement of infidel resources by promotion of interventions for self-esteem, coping, assertiveness in areas such as parenting, the workplace or personal relationships.

Communities

Increasing social inclusion and cohesion, developing support structures that promote mental health in workplaces, schools and neighbourhoods.

Government

Reduces socioeconomic barriers to mental health at governmental level by promoting equal access for all and support for vulnerable citizens.

Objective

- To Study the effect of, locale and sex on mental health among college students.

Hypotheses

- Locale and sex of college students will have an impact on mental health.

- Rural college students will have better mental health than urban college students.
- Male college students will have better mental health than female college students

METHODOLOGY

Sample

The sample selected will be purposive; it will be selected incidentally from differenced govt. colleges and private colleges of Raipur district. 100 boys and 100 girls will be chosen on the basis of their availability their age ranges from 19 yrs to 24 years and education ranges from under graduate to post graduate from arts, science, commerce, engineering, and management and computer faculties.

Design

In the present research 2x2 factorial designs will be used. It will be going to study mental health six dimensions (FFA, OBS, PHO, SOM, DEP, and HYS) of dependent variable. Gender (males, females -2) and locale (urban, rural) two levels will be independent variables.

Tool

Mental health questionnaire by O.N. Srivastava and V.K. Bhat, having 48 items and 6 dimensions, (FFA, OBS, PHO, SOM, DEP, and HYS) will be used.

Process

Data was collected in small group of five after establishing rapport with them.

RESULTS AND DISCUSSIONS

In the present study the objective was to study mental health among college students as a function of locale and sex. For this purpose two ways ANOVA was computed by leviens test.

Table 1: Leviens Equality of Error Variance

F	df	df2	Sing.
5.53	3	199	.001

The group was found homogeneous. The mean of mental health was computed on the basic of locale and sex. (See table 2)

Table 2: Average Score by Locale and Sex

Sex	Locale		Total
	Rural	Urban	
Male	23.80	22.32	23.06
Female	23.96	22.48	23.22

On the basic of data shown in table, no.-1 F find on Leviens is not significant so it motivates the researcher to do analysis of variance hence 2x2 ANOVA was used. Having rural, and urban and male female college students) as independent variable and scores of mental health as dependent variable. Result are shown in table 3.

Table 3: Analysis of Variance

Scores	Types III Sum of Square SS	df	ms	f	Level of Sing
Locale	109.520	1	109.52	1.792	Sig.
Sex	1.280	1	1.28	.021	NS
L * S	.000	1	.000	.000	NS

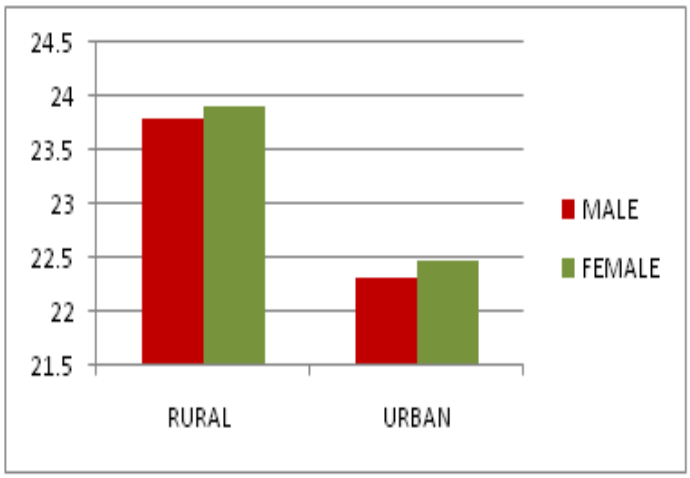

Figure 1: Bar Diagram Showing Mental Health Scores in Rural Urban Locale and Sex

Bar diagram showing means of mental health scores in rural urban locale and sex, it is visible that students in rural areas have mental health problems but regarding sex there is no differences in mental health. Data was analysed by computing means and two ways ANOVA the result obtained showed that rural college students were found to have more mental health problem as compared to urban college students, while sex wise there was no different in mental health. This it can be concluded that locale has an impact on mental health of college students. While sex is not affecting mental health.

CONCLUSIONS

In the present study it was observed that rural college student were found to have more mental health problems as compared to urban college students, while sex wise there was no different in mental health. This it can be concluded that locale has an impact on mental health of college students. While sex is not affecting mental health.

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