



## RELATIONSHIP BETWEEN MENTAL HEALTH, PERSONALITY DIMENSIONS AND STUDY HABITS OF HIGHER SECONDARY SCHOOL STUDENTS IN RESIDENTIAL WELFARE HOSTELS IN TAMIL NADU

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### ABSTRACT :

The study focuses on finding out the relationship between mental health dimensions Depression, Anxiety and Stress (DAS), personality (Neuroticism and Extroversion), and study habits of higher secondary students (N=559, male 311, female 248) residing in government hostels run by Adi-Dravidar welfare department in Tiruchirappalli district, Tamilnadu. A standardised questionnaire was used for collecting data in respect of DAS and Maudsley Personality Inventory (MPI) and Study Habits and Attitudes to find out the Inter-relationship between DAS, Personality, and study habits of the respondents. The result shows that all the three dimensions of mental health, viz., depression, anxiety and stress are inter-related in a positive direction. Similarly, the three mental health components and extroversion are positively related, which denotes that the level of extroversion among high school students is prone to intensify with an increase in their levels of depression, anxiety, and stress ( $r = 0.157, 0.112$  and  $0.128$ , respectively) and the zero-order correlation coefficients have also become statistically and highly significant ( $p < 0.001, p < 0.01$  and  $p < 0.001$ , respectively). However, the inter-relationship between the two personality parameters, viz., neuroticism and extroversion are negative ( $r = -0.054$ ), but in an insignificant manner.

**KEYWORDS :** Residential hostel Students, Personality, Mental Health.

### INTRODUCTION

Mental health is an important aspect in human life. The word "Health" usually includes both physical and mental health. The word 'mental' usually implies something more than the purely cerebral functioning of a person. Mental health is intimately connected with physical health and behaviour of an individual. The three dimensions of mental, physical, and social health are vital strands of life, are closely interwoven, and deeply interdependent. Therefore, mental health is said to be the foundation for the well-being and effective functioning of both the individual and a community. The term "mental health", "mental illness", "mental disorder", "mental health problem", and "mental distress" has often been used interchangeably. Hence, defining mental health is challenging and often surrounded with a lot of controversy. It seems that



the approach to understand the term "mental health" depends on the professional context in which the individual, group or organisation is using the term. For example, psychology or psychiatric professionals opt to use this term keeping in view a psycho-medical paradigm while social scientists, social workers or user-centered literature tends to use the term "mental health" by reflecting a psycho-social paradigm (Dunn, 2002). It is evident that there is a significant disagreement among academicians and professionals in

defining the term “mental health”. For example, English (2006), a psychologist, defined mental health as “a relatively enduring state wherein the person is well-adjusted, has a zest for living, and is attaining self-actualisation or self-realization; it is a positive state and not merely absence of mental disorder”. Merringer (1945), a Psychiatrist defined mental health as ‘the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness’. A Social Worker, Boehm (1955), defined that mental health is “a condition and level of social functioning, which is socially accepted and personally satisfying”. The World Health Organisation (WHO, 2011) conceptualises mental health within a holistic definition of health that is “a state of physical, mental and social well-being and not merely the absence of disease or infirmity”. Thus, mental health is an integral part of health of an individual.

According to the World Health Report, the prevalence of mental disorders was around 10 % in the year 1990 and it is predicted that the burden of the disorder is likely to increase by 15 % by 2020. According to various community-based surveys in India, the prevalence of mental disorders is 6–7 % for common mental disorders and 1–2 % for severe mental disorders. Treatment gap is approximately 50 % in case of common mental disorders and it is over 90 % in the case of severe mental disorders (WHO, 2003). Taking into account the population in Tamil Nadu, it has been estimated that approximately 7 lakh people suffer from severe mental illnesses, 70 lakh persons suffer from common mental disorders, 23 thousand persons above the age of 60 suffer from geriatric psychiatric disorders like Dementia/Depression, 2 lakh children suffer from subnormal intelligence and learning disorders, 11 lakh children suffer from other childhood psychiatric problems and 15 lakh people suffer from alcohol abuse and substance misuse problems (Government of Tamil Nadu, 2014).

### REVIEW OF PREVIOUS STUDIES

In the present study, the focus is to consider the mental health of students with the intention to examine the inter-relationship with the dimensions of mental health, personality factors, and the study habits of students residing in government welfare hostels located in Tiruchirappalli district of Tamil Nadu. Keeping this in view, the reviews of the selected parameters of mental health such as depression, anxiety, stress, and personality dimensions and study habits have been carried out. Some of the important reviews are highlighted as under: Abraham (1985) studied the relationship between psycho-social factors and mental health status covering a sample of 880 PUC students (454 males and 426 females) selected by proportionate stratified sampling. The results revealed that adjustment and other psycho-social factors (need for love, need for belongingness, need for acceptance, etc.) were related to the mental health status of the students. Nanda (2001) in his study on mental health of high school students (157) students from 86 schools covering Cuttack district, Orissa) revealed that the general category of students had better mental health (developed by the author in 1989) than those from the Scheduled Caste, Scheduled Tribes, and first-generation learners. Further, it was noticed that students from urban areas and belong to Scheduled Castes had better mental health than their counterparts from rural areas and Scheduled Tribes. The results revealed that female students were found to have better mental health than male students. While comparing male and female students in urban, rural and ashram schools separately it was found that male and female students in urban and ashram schools had similar mental health, whereas female students had better mental health than male students in rural schools. Gulati & Dutta (2004) conducted a study on the mental health profile of 245 rural adolescents (12-16 years of age) drawn from persistently poor but intact families of Ludhiana district. The results indicated that despite economic diversity and the presence of other risk conditions, majority of the adolescents were found to be performing within normal status of mental health without any manifest conduct disorders and the effect of gender was found to be non-significant. The results revealed that the dominant problem in males was delinquency and females were anxiety and depression. Al-Gelban (2007) studied the prevalence rate and severity of depression, anxiety and stress among Saudi secondary school boys and found that depression, anxiety and stress were strongly, positively, and significantly correlated. Bhasin, Sharma & Saini (2010) carried out a study among the school students (IXth to XIIth) belonging to affluent families and found that all the three domains of DASS were inversely related with the academic

performance of the students. However, depression and stress were found to be significantly associated with the number of adverse events in the students' life that occurred in the last one year. Tadas (2011) based on study reported that there was significant difference among mental health of urban and rural secondary school students – the urban students' mental health was better than that of the rural students. He also found that there was a positive, significant and moderate relationship between mental health and birth order of higher secondary students – the mental health of higher secondary students who belong to the first and second birth order in their family was better than that of those who belong to the third or fourth birth order. From the cursory view of the review of literature, it is seen that most of the studies were conducted at classroom settings; studies among those students residing in hostels, especially government hostels for poorer socio-economic strata were scanty. Further, most of the studies highlighted one or the other domains of mental health and/or personality, and their effects upon the study habits, but not in a holistic manner. In view of these research gaps, an attempt has been made to focus on the interrelations among mental health, personality factors and the study habits of secondary school students residing in government hostel in a holistic perspective.

### THEORETICAL FRAMEWORK

The present piece of study seems to have centered on psychodynamic theory of Mental Health and Eysenck's Personality theory. The psychodynamic theory has been conceptualised within the context of biological maturation, intra-psychic dynamisms and the manifestations of behavior as they occur in response to psychosocial demands. According to Erikson (1979), development occurs in eight stages of life from infancy to later adulthood. At each stage, the persons with varying competencies surface within a background of social expectations. Each stage is characterized by a psychosocial crisis whereby the persons strive to adapt to cultural demand while trying to preserve a sense of individuality and personal meaning. Growth transpires at every stage when the psychosocial crisis that accompanies it is resolved. Adolescence is the fifth stage in the life stages with identity versus role diffusion as psychosocial crisis. It is vital stage, a period of psychosocial moratorium and a period for search, experimentation and introspection from which a personal identity involves. It is a time of waiting between childhood and adulthood during which the individual searches for a new sense of continuity and sameness as a personality. Thus, according to this theory mental health of an adolescent is based on psychosocial factors. As the present piece of study is carried out amongst 11<sup>th</sup> and 12<sup>th</sup> standard school students who fall under adolescent group, this theory seems to be more relevant for the study. Reaching higher level in social status by means of academic achievement is a universally accepted method. Hence, the students from the lower strata are left with no option than to strive hard to achieve academically. The common risks during school days are psychological, emotional, social, and academic. Therefore, the individuals' mental health problems and factors contributing to mental health need to be introspected. Moreover, it is also felt that the study habits of such students mostly depend upon their mental health status. Hence, in the present piece of study the mental health, personality, and study habits of the students residing in the welfare hostels (meant for SCs/STs and OBC) have been undertaken.

### METHODOLOGY

**Objectives:** To bring out the relationship between various dimensions of mental health, personality, and study habits of the students dwelling in the welfare hostels. **Universe and Sampling:** Data for the study were collected from 559 higher secondary school students residing in 37 welfare hostels located in the Tiruchirappalli District, Tamil Nadu state. The sample respondents (students) have been selected based on census method (rather than depending upon any sampling technique) out of 684 hostel students, leaving aside the 115 non-responsive students for various reasons. Among these 559 respondents, 311 were boys and 248 were girls. All these data were collected for a period of 3 months (December 2011 – February, 2012) by the researcher with the help of a structured questionnaire. **Tools and Psychometric Properties:** The following tools were used for data collection. DASS-21: This is a standardized tool, which is developed by

Lovibond and Lovibond (1995). It is designed to measure the short-term negative emotional states of depression, anxiety, and stress. The scale consists of 21 items divided into three domains. Each domain has 7 items such as the depression scale consisting of 7 items viz. 3, 5, 10, 13, 16, 17 and 21, the anxiety scale consisting of 7 items, viz., 2, 4, 7, 9, 15, 19 and 20 and the stress scale consisting of 7 items, viz., 1, 6, 8, 11, 12, 14 and 18, and then they are multiplied by the score obtained by 2 (since the first one was based on 42-items). According to this scale, the individual items are rated on 4-point Likert scale, where '0' indicates 'did not apply', '1' indicates 'some degree' or 'some of the time', '2' indicates 'a considerable degree' or 'a good part of time' and '3' indicates 'very much' or 'most of the time'. The scale ranges from a minimum of 36 to maximum of 126 with mean of 79.70 and Standard Deviation 17.919. The computed reliability (Alpha) value for DASS is 0.8560 (21 items). Eysenck's Maudsley Personality Inventory (MPI): This instrument was developed by Jalota and Kapoor (2000). This was developed to understand the long-term emotional state of an individual. MPI was used to assess neuroticism stability and introversion-extroversion dimensions of personality of an individual. The inventory consists of 12 items representing the dimensions of neuroticism and extroversion of an individual. The inventory consisting of 12 items under 2 dimensions are as follows: neuroticism (6 items - 2, 3, 6, 7, 10 & 11) and Extroversion (6 items - 1, 4, 5, 8, 9 & 12). According to this scale, the individual items are rated on 3-point rating scale, where '1' indicates 'No', '2' indicates 'No Idea', and '3' indicates 'Yes'. The scale ranges from a minimum of 12 to maximum 34 with mean of 20.56 and Standard Deviation 3.9185. The Chronbach Alpha Value, for Personality (total scale) is found to be 0.582. Test of Study Habits and Attitude: This is a standardised tool developed by Mathur (2002). This tool seeks to discriminate between good and poor study technique of students and is expected to be helpful to the teachers and counsellors to know their students' techniques of study in a scientific way. It is also expected to be helpful to the psychologists and guidance counsellors in providing guidance and counselling to students. This test is based on nine major areas of the study techniques, habits and attitudes, viz., attitudes towards teachers, home environment, education, study habits, mental conflict, concentration, home assignment, self-confidence, and examinations. This test contains 60 items seeking responses in 'Yes' or 'No'. Accordingly, a score of '1' is given to 'Yes', whereas a score of '0' is given to 'No'. A high score on this test indicates a high order of correct study habits and proper attitudes, while a low score shows poor study techniques. The scale ranges from a minimum of 9 to maximum of 60 with mean of 37.98 and Standard Deviation 7.244. The reliability of the (total) scale is found to be 0.778. *Methods of Data Collection:* The standardised questionnaires were administered on the selected student respondents for collecting the required data. The researcher contacted the student respondents in their hostels with the permission of the district authorities and collected the information directly from them through a face-to-face interview. On an average, each student took about 60 minutes to answer the questions. The data for this study were collected during the period from December 2011 to February 2012.

## RESULTS

In order to bring out the relationship among various dimensions of mental health, personality, and study habits, correlation analysis has been carried out. Zero-order correlation among the different dimensions of the sample students under consideration highlight an increase in the level of depression (mental health dimension) and extroversion (personality indicator) of sample students is likely to bring down their study habits in a significant manner ( $p < 0.001$ ). The results also suggest that students who reported to be higher on depression, anxiety, and stress levels significantly ( $p < 0.001$  in the case of all zero-order correlation coefficients) causes for an increase in their extroversion personality dimension, but they tend to be affected negatively (reduces) in their neuroticism personality. Further, it is obvious to note that the extent of depression, anxiety and stress among the sample students are inter-correlated with each other in a highly significant way. On the other hand, extrovert and neurotic personality domains of sample students appear to be negatively inter-correlated, but in an insignificant manner. An attempt is made to carry out bi-variate correlation analysis among the said variables and results are presented in Table-1. From this it is evident that majority of the zero-order co-relations among the different dimensions of the sample students

under consideration are highly and significantly associated with each other. However, out of the five dimensions pertaining to mental health and personality of the respondents, except neuroticism, all the other four elements are negatively correlated with their study habits. However, of these four, two factors viz., depression and extroversion only turned out as highly significant ( $p < 0.001$  in each case). Thus, an increase in the dimensions of depression and extroversion is likely to bring down the study habits in a significant manner. As stated earlier though such pattern is noticed between the anxiety and stress, and study habits, the zero-order correlation co-efficient didn't turn out to be statistically significant. On the other hand, there is a possibility of an increase in the study habits among those sample students whose neuroticism personality dimension increases. In the inter-relationships among other variables under consideration, it is interesting to note that the neuroticism personality score of the higher secondary school students tends to be highly and negatively associated with the three mental health dimensions viz., depression, anxiety and stress. The zero-order correlation co-efficient ( $r = -0.270, -0.294$  and  $-0.236$ ) too turned out to be highly significant in this regard ( $p < 0.001$ ), which indicates the contention that those who are suffering with depression, anxiety and stress are less likely to be neurotic personality. conversely, such associations among the three mental health components under consideration and extroversion are positively related, which denotes that the level of extroversion among the high school students is prone to intensify with an increase in their levels of depression, anxiety and stress ( $r = 0.157, 0.112$  and  $0.128$ , respectively) and the zero-order correlation coefficients have also become statistically and highly significant ( $p < 0.001, p < 0.01$  and  $p < 0.001$ , respectively). However, it is appealing to note that the inter-relationship between the two personality parameters under consideration, viz., neuroticism and extroversion are negative ( $r = -0.054$ ), but in an insignificant manner. Thus, students who are higher in terms of neuroticism are less likely to have extrovert behaviour or vice-versa to some extent. It is also observed that all the three dimensions of the mental health, viz., depression, anxiety and stress are inter-related in positive direction and the zero-order correlation co-efficient among these are turned out as strikingly significant ( $p < 0.001$  in each case). These results highlight the fact that any increase in one or the other dimension of mental health would lead to one or the other features of mental health of the sample students.

**Table -1: Zero-order Correlation Coefficients among Different Dimensions of Mental Health, Personality and Study Habits**

Different Key Dimensions of the Study	Depression	Anxiety	Stress	Neuroticism	Extroversion	Study Habits
Depression	1.000					
Anxiety	0.616***	1.000				
Stress	0.657***	0.647***	1.000			
Neuroticism	-0.270***	-0.294***	-0.236***	1.000		
Extroversion	0.157***	0.112**	0.128***	-0.054	1.000	
Study Habits	-0.115***	-0.030	-0.050	0.040	-0.206***	1.000

**CONCLUSION**

Students studying in higher secondary school are in a transition stage. While the effect of adolescence plays a vital role during this stage, their mental health dimensions of depression, anxiety, stress, and personality as well as study habits would be greatly influenced by a variety of factors. Further, mental health is closely related to study habits and the study habits have a direct influence on the academic success and achievements of a student. Likewise, mental health is also likely to affect the overall development of personality of the students directly. On the other hand, personality dimensions like extroversion and neuroticism also affect the study habits of the students. The theory of psychodynamic is proved as mental health is primarily determined by the psycho-social factors of the respondents. Again, it is substantiated

through inter-correlation matrix that extroversion and neuroticism are negatively correlated as postulated by Eysenck (1967) in his 'Theory of Personality'. Mental Health and Personality domains have also correlated with study habits of the respondents. Hence, sound mental health is essential for development of good study habits. It is felt that a study of this kind on the one side explores and examine the patterns of mental health problems including personality and study habits of the higher secondary school students and their interrelationship would be helpful to administrators to improve the quality of services to maintain good mental health and thereby, study habits of the students residing in welfare hostels. Further, these findings will enable the government, policy makers, administrators and other well-wishers of the student community as well as educationists to plan activities in improving the mental health of these students so that they can achieve success both in their academic career and in their total life. By understanding the relationship between the individual and his or her experiences, social workers can identify a client's defence mechanisms, which are protective structures that the individual employs for emotional self-regulation. Social workers are often regarded as the chief proponents of the social model of mental health. Social workers are also often seen as being in a strong position to challenge inequality and address the consequences of stigma and discrimination because of their value-based work.

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