Original Research Article

Identifying Resilient/Risk Psycho-social Factors Influencing Mental Health of Youth

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ABSTRACT

Objective - Five psychosocial factors represented as five variables namely focus of control, level of anxiety, optimistic temperament, ambitious nature, and happiness had been identified in order to investigate their relationship within itself and with the mental health status of youth.
Methods - A sample of 150 girls doing their postgraduation was drawn through randomized sampling. A questionnaire is used to measure the identified level/type of psychosocial factors. Standardized Mental Health Check list by Pramod (1992) was used to assess their mental health status. Relationship between the psychosocial factors and the mental health status was ascertained through Pearson product moment correlation coefficient statistics.
Conclusion - The risk factors debilitating the mental health of youth are identified as strong internal focus of control and extreme happiness. The protective factors, on the other hand were low level of anxiety, optimistic temperament and highly ambitious nature.
Key Words – Mental Health, Psycho-social factors, Risk/resilient

INTRODUCTION

Mental health is an index which shows the extent to which the person has been able to meet his environmental demands - social, emotional or physical. However, when he finds himself trapped in a situation he does not have matching coping strategies to deal with it effectively, he gets himself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a different form or get syndromized, representing a mental illness.

Mental health, therefore, should not be confused with mental illness; it is a study of pre-illness mental condition of the person. [1]

Mental health, as such, represents a psychic condition which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mentally and somatically in the person. [2] Dubois's description of the mentally healthy person as cited by, [3] is perhaps the most simple and direct - A person who is achieving a rewarding and not too painful existence while coping with an imperfect world is said to be a mentally healthy person.

The range of definitions offered on mental health can be challenged on a number of grounds, related to their compatibility with one another and their internal consistency Also no statistical norm had been used to define mental health. One recurrent difficulty with defining positive mental health is the same one that dogs the definition of mental health or mental disorders. Differences in norms over time and place are the main undermining factors in such attempts. What is normal in one society may not be in another. [4] Cultural, racial and urban/ rural differences are clear in any aspects of mental health and illness but the focus of this research is on issues of broad relevance. Hence the mental health in the present research follows the definition drawn by NHS. Health Advisory Service (1995) as quoted by Mischel et. al. [5] which states that

'Mental health seems to be about emotional well being; welcoming and fearlessly enjoying new experience, being imaginative and flexible about other people and new people and being curious and willing to learn'.

The past two decades of research have revealed that many mental disorders are relatively common in youth. At least one in five youth suffers from a current developmental emotional or behavioral problem. [6] Recent epidemiological data indicated that 15 percent to 22 percent of children and youth have mental health problems and serve enough to warrant treatment. However, fewer than 20 percent of these youth with mental health problems currently receive appropriate services. Research also indicates that 25 percent to 50 percent of the general populations of youth engage in multiple high-risk behaviors – such as drug use, unprotected sexual intercourse, and violence. [7] Therefore, adolescents today are at high risk for emotional, behavioral and physical health difficulties due in part of their likelihood of engaging in dangerous activities.

To help adolescence achieve their full potential both as youth and adult, it becomes essential to identify, treat and prevent mental disorders that interfere with their development. However getting rid of the disorders is not enough. It is important to instill positive values and behavior that enable them to flourish, contribute to society and be happy and healthy. While looking into the various causes influencing the mental health of adolescents, it is beyond doubt that various psycho - social factors contribute towards it. However, the psychosocial factors related to the personality of an individual become a marked potential feature, which have important role in mental health. [8]

Psychosocial issues encompass the psychological and social aspects of a person's life influencing thoughts, feelings, behaviors, health, functioning, well-being and/or quality of life. Psychological components include cognition, emotions, and personality. Social factors include socioeconomic status, religion, culture, education, and social supports. Several studies had stated that psychosocial factors highly influence the mental health and well-being of adolescents. [9]

The role of psychosocial factors is extremely complicated in determining the mental health. Psychosocial factors may be a predictor of the onset of mental disorders and may play an important role in the development of the overall personality. A number of studies have adopted different methods to understand the effects of psychosocial factors in the progress of mental health and well-being of adolescence. The current literature indicates that many types of psychosocial factors are involved in the development and relapse of mental health and it has been suggested that they could serve as predictors as well. So far, little has been reported on recognizing the resilient or the risk psychosocial factors that could influence mental health. For the purpose of this research, five psychosocial factors will be represented by five variables. The variables like focus of control, level of anxiety, optimistic temperament, ambitious nature, and happiness had been identified in order to investigate their relationship within itself and with the mental health status of youth. In this context, the present study was conducted with the following objectives.

- To analyse the relative effect of the identified psychosocial factor on the mental health status of the selected sample.
- To recognize the risk and resilient factors out of the five identified factors and
- To assess the influence of the identified psychosocial factors within itself.

METHODOLOGY

The population of this investigation consisted of post graduate girls who were pursuing post graduation in home science. It was from this population that a sample of 150 students was drawn through randomized sampling. The participants ranged in age between 19 - 23 years. This study used a questionnaire containing items to measure the identified level/type of psychosocial factors among the subjects namely,

- Focus of control
- Level of anxiety
- Optimistic temperament
- Ambitious nature
- Happiness

The second tool is on assessing the mental health status of the selected respondents through a Standardized Mental Health Check list by Pramod (1992). This checklist consists of 11 items - six mental and five somatic, presented in a four point rating format. A numerical value of 1, 2, 3 and 4 is assigned to the four response categories (i.e) for rarely, at times, often and always respectively. The total score varies from 11 to 44. The adopted scoring pattern for both A and B separately is as follows

- A score of less than or equal to 10 indicates good mental health.
- A score of ranging from 11-13 indicates moderate mental health.
- A score more than 14 poor indicates poor mental health.

Relationship between the psychosocial factors and the mental health status was ascertained using the corresponding scores obtained from the variables and tested the same through Pearson product moment correlation coefficient statistics. The findings was resolved and presented as follows

RESULTS

Forty five per cent of the sample was in the age group of 20 to 21 years, whereas 55 per cent of them were in the age group of 22 to 23 years. A great majority of 43 per cent of the selected lot were hailing from

rural area. The major findings was resolved and presented as follows

A. Relationship between the chosen psychosocial factors on the mental health (both A and B) of the selected sample

The related findings are summed across as follows.

a) Type of focus of control

The Table 1 gives a vivid picture of how the type of focus of control of a selected sample relate to their mental health representing both mental and somatic signs. The first half of the table distinctly shows how the focus of control (external, neither internal or external and internal) influences the mental health A of the selected girls. Out of 46 respondents who had external locus of control, 18 and 17 of them had good and moderate mental health score for A, whereas only 11 of them are categorized under possessing poor mental health. A great majority of the respondents (61 at of 150) who were somewhere in-between the external and internal locus of control and 48.8 per cent of the respondents who are in control are good in mental health

The data related to mental health B shows that among the subjects possessing moderate mental health, a majority of them (i.e.) 48 per cent could score 11 - 13, irrespective of their type of focus of control. The data also reveals that only 17 per cent of the respondents with external locus of control possess poor mental health B. In sum, the mental health score A & B, shows a negative correlation of the focus of control against mental health.

Table – 1. Distribution of mental health score (both A and B) by control score

Control score	Good (<=10)		Moderate (11-13)		Poor (>=14)		Total	
	No	%	No	%	No	%	No	%
Mental health A								
Internal focus of control (<=80)	21	48.8	12	27.9	10	23.3	43	100
Between external & internal (74-79)	29	47.5	19	31.1	13	21.3	61	100
External focus of control (<=73)	18	39.1	17	37.0	11	23.9	46	100
Total	68	45.3	48	32.0	34	22.7	150	100
Correlation coefficient = - 0.056[NS]								
Mental health B								
Internal focus of control (>=80)	17	39.5	17	39.5	9	20.9	43	100
Between external & internal (74-79)	22	36.1	27	44.3	12	19.7	61	100
External focus of control (<=73)	10	21.7	28	60.9	8	17.4	46	100
Total	49	32.7	72	48.0	29	19.3	150	100
Correlation coefficient = - 0.067[NS]								

NS - Not significant

b) Level of anxiety

The Table 2 exemplify the percentage distribution of the selected respondents on the various levels of mental health (both A and B) in relevance to the levels of anxiety. It was obvious from the table 2 that out of the 49 subjects with low level of anxiety only 7 of them had been

graded as possessing poor mental health A. Whereas the remaining fall into good (26) and moderate (16) mental health A. This result chronicles the fact that low level of anxiety has a positive influence on mental health A. It was providential to note that an equal percentage of respondents with moderate (20.4%) and high (21.3%) level of anxiety were categorized in the poor mental health B group.

Table – 2. Distribution of mental health score (both A and B) by anxiety score

Anxiety score	Good (<=10)		Moderate (11-13)		Poor (>=14)		Total	
	No	%	No	%	No	%	No	%
Mental health A								
Low anxiety (<=34)	26	53.1	16	32.7	7	14.3	49	100
Moderate anxiety (35 - 39)	22	40.7	18	33.3	14	25.9	54	100
High anxiety (>=40)	20	42.6	14	29.8	13	27.7	47	100
Total	68	45.3	48	32.0	34	22.7	150	100
Correlation coefficient = -0.265[**]								
Mental health B								
Low anxiety (<=34)	17	34.7	24	49.0	8	16.3	49	100
Moderate anxiety (35 - 39)	19	35.2	24	44.4	11	20.4	54	100
High anxiety (>=40)	13	27.7	24	51.1	10	21.3	47	100
Total	49	32.7	72	48.0	29	19.3	150	100
Correlation coefficient = 0.044[NS]								

[**] - Significant at 1% level   NS - Not significant

c) Optimism

The Table 3 chronicles the findings of present research with relevance to the association of optimism and mental health (both A and B). When probing into the facet of the distribution of mental health A, out of 45 pessimistic subjects, 31 per cent are grouped under poor mental health, whereas out of 34 optimistic subjects only 6 of them suffers from poor mental health. Also the table portrays that irrespective of their score on optimism, 45 per cent of the respondents enjoy good mental health and 48 per cent had power over moderate mental health. Out of 45 pessimistic subjects nearly half of the respondents possessed moderate mental health B. More than half of the optimistic subject is found distributed in the good score category.

d) Ambitious nature

The outcome of the allocation of respondents based on their mental health score (A & B) anchored by their ambitious nature is detailed in Table 4. The table elaborates that 29 per cent and 27 per cent of the sample who are said to be highly ambitious do not possess good mental health A & B. At the same time, 50 per cent and 42 per cent of moderate scorers in ambition could make their way towards good mental health.

Table – 3. Distribution of mental health score (both A and B) by optimism score

Optimism score	Good (<=10)		Moderate (11-13)		Poor (>=14)		Total	
	No	%	No	%	No	%	No	%
Mental health A								
Pessimistic (<=54)	18	40.0	13	28.9	14	13.1	45	100
Neither optimistic and pessimistic (55 - 59)	32	45.1	25	35.2	14	19.7	71	100
Optimistic (>=60)	18	52.9	10	29.4	6	17.6	34	100
Total	68	45.3	48	32.0	34	22.7	150	100
Correlation coefficient = - 0.167*								
Mental health B								
Pessimistic (<=54)	11	24.4	23	51.1	11	24.4	45	100
Neither optimistic and pessimistic (55 - 59)	20	28.2	35	49.3	16	22.5	71	100
Optimistic (>=60)	18	52.9	14	41.2	2	5.9	34	100
Total	49	32.7	72	48.0	29	19.3	150	100
Correlation coefficient = 0.222**								

* - Significant at 5% level ,   ** - Significant at 1% level

Table – 4. Distribution of mental health score (both A and B) by ambitious nature score

Ambitious nature score	Good (<=10)		Moderate (11-13)		Poor (>=14)		Total	
	No	%	No	%	No	%	No	%
Mental health A								
Unambitious (<=47)	26	52.0	15	30.0	9	18.0	50	100
Moderately ambitious (48 - 52)	24	50.0	14	29.2	10	20.8	48	100
Highly ambitious (>=53)	18	34.6	19	36.5	15	58.8	52	100
Total	68	45.3	48	32.0	34	22.7	150	100
Correlation coefficient = 0.106^{NS}								
Mental health B								
unambitious (<=47)	16	32.0	26	52.0	8	16.0	50	100
Moderately ambitious (48 - 52)	20	41.7	21	43.8	7	14.6	48	100
Highly ambitious (>=53)	13	25.0	25	48.1	14	26.9	52	100
Total	49	32.7	72	48.0	29	19.3	150	100
Correlation coefficient = 0.037^{NS}								

NS - Not significant

e) Level of happiness

The Table 5 below explicates the connection between the level of happiness with the mental health of A & B with regard the scores obtained by the respondents. When looked intently at the scores only 29 per cent (mental health A) and 25 per cent (mental health B) of the respondents with low level of happiness were grouped under poor mental health.

Table – 5. Distribution of mental health score (both A and B) by level of happiness score

Level of happiness	Good (<=10)		Moderate (11-13)		Poor (>=14)		Total	
	No	%	No	%	No	%	No	%
Mental health A								
Unhappy (<=47)	19	36.5	18	34.6	15	28.8	52	100
Moderately happy (48 - 52)	22	48.9	12	26.7	11	24.4	45	100
Very happy(>=53)	27	50.9	18	34.0	8	15.1	53	100
Total	68	45.3	48	32.0	34	22.7	150	100
Correlation coefficient = - 0.099[NS]								
Mental health B								
Unhappy (<=47)	10	19.2	29	55.8	13	25.0	52	100
Moderately happy (48 - 52)	18	40.0	21	46.7	6	13.3	45	100
Very happy (>=53)	21	39.6	22	41.5	10	18.9	53	100
Total	49	32.7	72	48.0	29	19.3	150	100
Correlation coefficient = - 0.198*								

* - Significant at 5% level   NS - Not significant

Table – 6. Inter correlation matrix of the selected psychosocial factors and mental health (A &B)

	Control score	Anxious score	Opti-mistic	Ambi-tious	Happi-ness	Mental health A	Mental health B
Control score	1.000	-0.212 (**)	0.139	0.124	0.179 (*)	-0.056	-0.67
Anxious score		1.000	-0.340 (**)	-0.166 (*)	-0.345 (**)	-265 (**)	0.044
Optimistic			1.000	0.224 (**)	0.363 (**)	-0.167 (*)	0.222 (**)
Ambitious				1.000	.086	0.106	0.037
Happiness					1.000	-0.099	-0.198 (*)
Mental health A						1.000	0.307 (**)
Mental health B							1.000

B. Correlation within the selected psychosocial factors and among the mental health A and mental health B

The Table 6 presents the inter correlation matrix between the above said dimensions and mental health A & B. The correlation table shows that among the psychosocial factors positive and significant positive correlation at 1 per cent level exists between optimistic nature and happiness scores (0.363) and between optimistic nature and ambitious score (0.224). There is a negative correlation significant at 1 per cent level between anxiousness and optimistic nature (-0.340) and anxiousness and happiness (-0.345). However, there is negative correlation significant level at 5 per cent level between type of focus of control and anxious score (-0.212), anxiousness and optimism (-0.166). Control and optimistic scores were found to have positive correlation with happiness. Glancing the correlation among the mental health scores mental health (A) is positively correlated with mental health (B) (0.307). This suggests that the mental health A could

predict/ influence the mental health B status of the respondents.

DISCUSSION

Resilient and risk factors are important considerations for those concerned with the mental health of young people. Similarly, it is important to be aware of those 'risk' factors that contribute to the like hood of pupils developing a mental health problem or illness. The task of the society, therefore, is to find ways in which to minimize the negative effect of risk factors and build resilience in young people. The related concepts of risk and resiliency provide a fresh perspective on much of the work that a good society have been doing for many years. Hence, the present study aimed of identifying the risk or the resilient factors that could influence/debilitate mental health.

a) Type of focus of control

Within psychology, focus of control is considered to be an aspect of mental health. Focus of control refers to an individual's perception about the underlying main cause of events in his/her life. The Table 1 had explicitly revealed the percentage distribution of the type of focus of control in relation to the categorization based on the mental health scores (both A and B) obtained by the selected adolescent girls. Also the person's correlation coefficient was calculated to identify whether this particular psychosocial factor influence the mental health statistically. The key finding is that irrespective of the type of focus of control, majority of the respondents are said to possess good or moderate mental health (both A&B). Statistically speaking the focus of control is negatively correlated to the mental health A & B. Hence, the selected psychosocial factor - focus of control has limited negative relationship with mental health.

b) Level of anxiety

Everybody experience anxiety in everyday life, and it manifests differently for each person. Anxiety is a normal response to stress and includes feelings of apprehension, uneasiness, uncertainty or even dread. However, it is important to recognize and identify the stresses in life, that causes different levels of anxiety, and there by influencing the mental health, so that one can incorporate proper coping mechanisms to possess a positive mental health.

The results in table 2 chronicles the fact that low level of anxiety has a positive influence on mental health A. Gazing at the distribution of respondents who has obtained a greater score in anxiety (i.e) suffering from severe anxiety, more than one fourth of them has had poor mental health A. The correlation coefficient calculated with the data, being significant at 1 per cent level, justifies that the level of anxiety is correlated to the mental health of the selected sample. In other words, lower the level of anxiety, good is their mental health. With regard to the distribution of the respondents towards the score on mental health B, the correlation coefficient value of 0.044 portrays lucidly that the higher the level of anxiety, poor is their mental health (positive correlation). However as the value is not statistically significant, the level of anxiety has got only limited relationship with the score of mental health B.

c) Optimism

Optimism is the name give to the personality trait exhibited by people who tend to expect that good things will happen in the future. The opposite of optimism is pessimism, which is the belief that bad things will happen. A fair amount of scientific evidence, suggests that being optimistic contributes to good mental health.

The correlation coefficient calculated with the data in table 3 showed an interesting fact that the optimism score is

negatively correlated to the mental health A score, with 5 per cent level of significance. This lucidly indicates that the more optimistic the subjects are, poor is their mental health. This finding alerts the human developmentalists and psychologists to understand the inability on the side of youth in discriminating between rational and false optimism. The difference between rational optimism and false optimism can be captured by two different statements.

1. *Realistic/rational optimism* - "We've got a real news on our hands, things don't look too good, but if we tackle it step by step, we can probably do something about it.
2. *False optimism* - "There is nothing to be concerned about, everything will be just grand".

As far as the distribution of mental health B score is concerned, the finding is contradictory to the mental health A. The association between the level of optimism and the level of mental health is positively correlated and found to be statistically significant at 1 per cent level. In other words the more optimistic the subject is, the more positive is their status of mental health B.

d) Ambitious nature

The term ambition means an eager or strong desire for success, achievement or distinction. "When ability exceeds ambition, or ambition exceeds ability, the likelihood of success is limited" is a popular quote. This quote sends a vital message for youth of how they should approach their forward movement. The key point to look in to is to match the level of ability with the level of ambition. When matched, the person gets a sense of success, achievement or distinction, thereby resulting in positive mental health

The correlation coefficient value calculated with the statistics of mental health A and mental health B score by the ambition score of the selected respondents as in the table 4 is found to be positive, though not statistically significant. This projects the fact that the more ambitious the girls are the better is their mental health (A & B). However, the dependent variable (ambitious nature) has only limited relationship with the independent variable (mental health). This finding of highly ambitious subjects not possessing sound mental health shall be better explained by the actuality that there is a mismatch between the respondents ability and their level of ambition.

e) Level of happiness

When it comes to measuring happiness, many researchers find the sense of engagement with others - whether love or friendships or social community involvement - as well as a sense of influence at work, a sense of meaning in life and living in a safe environment accounts than the experience of pleasure or income. Happiness is associated with although distinct from - feeling optimistic, purposeful, and resilient or having a sense of vigor.

The table 5 unveils a contradictory finding that both mental health A and mental health B score negatively corresponds to the level of happiness with the level of significance at 5 per cent for the score on mental health B alone. Put in other words, the higher the levels of happiness lower is the mental health status of the chosen subjects. While probing into the reason, it is found out that happiness is more than the difference between doing good and feeling good. To paraphrase Gandhi, happiness is when what you think, you say and what you do is consistent with each other and is consistent with your values. Therefore the selected subject's happiness did not reflect in their mental health, since those are not true happiness.

Laconically, from the above findings the risk factors debilitating the mental health of youth are identified as strong internal focus of control and extreme happiness. The

protective factors, on the other hand were low level of anxiety, optimistic temperament and highly ambitious nature. However the negatively correlated factors like focus of control and happiness could serve as protective factor when the level becomes moderate.

Correlation within the selected psychosocial factors and among the mental health A and mental health B

To find out whether there is a significant relationship within the selected five psychosocial factors and within the mental health A and mental health B status of the respondents. The scores of the selected sample on the five psychosocial factors and the mental health factors were computed and analyzed.

The correlations in the table 6 shows moderate to limited degree of relationship between the pairs of factors selected. The analysis has shown that the psychosocial factors - optimism could significantly determine the ambitious nature and the level of happiness among the selected sample. The score indicating negative correlation between the focus of control and anxious score depicts that the higher the level of anxiety the more external the respondent's focus becomes. The correlation between mental health A and mental health B shows a moderate degree of relationship between themselves.

CONCLUSION

To conclude, the psychosocial factors, of no doubt, exert an impact on mental health. They are closely linked to the well being of the adolescents. The important role they play in the onset, recurrence and severity of mental disorders cannot be ignored. The present study has shown a very interesting field to explore the etiology of mental disorders. It may give a more comprehensive, scientific and complete explanation for the mental health status of the people. Therefore, we can implement comprehensive multi channel control over the psychosocial factor influencing mental health from the psychological perspective to reduce the influence of mental health illness and improve the life quality of adolescents.

Limitations

The present study had a small sample size. There was also a selection bias as study was only carried out on students who expressed the willingness to take part in the study, hence limits the generalization of the findings.

Recommendations

The recommendations that emerged out the study are as follows

- Future research is needed to examine the relationship between other psychosocial factors and the mental health status.
- It is also strongly recommended that schools and colleges should consider adding practical courses that would help students function at a higher level of positive psychological factors and which would ultimately improve their mental health status.
- Both the home and the learning environment need to co-operate in making the adolescents to develop their resilience factors and decrease the risk factors as this could make or mar mental health.

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