

Asian Resonance

Comparative Study of Mental Health among Divyaangs

(With reference to Visually Challenged, Orthopedically Challenged
and Normal Pupils)



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Abstract

Health is wealth. This is not a major saying, rather reality of life. World Health Organisation (WHO) defines health as, "State of complete physical, mental and social well-being, and not merely the absence of disease or infirmity". Also the greatest assets of any nation are its residents. Thus the citizens must be endowed with the highest attainable standard of health which promotes creativeness, dynamism, determination, productivity and the self-confidence to move ahead. Health is basic requirement, not only for the fulfillment of the human aspirations but also for the enjoyment by all mankind of a better quality of life. India holds one of the highest numbers of divyaangs. But, there are very few studies conducted so far, on the mental health of divyaangs and non-divyaangs. Hence, present study is a humble attempt to compare the mental health of visually challenged, motor challenged and non-divyaang students. The sample size is N=90 and it is a descriptive survey research design. Results yielded that divyaangs possess better mental health than their visually challenged and motor challenged counterparts.

Keywords: Mental Health, Visually challenged, Motor challenged, Non-divyaangs (disabled)

Introduction

Health is wealth. This is not a major saying, rather reality of life. World Health Organisation (WHO) defines health as, "State of complete physical, mental and social well-being, and not merely the absence of disease or infirmity". Similarly, the greatest assets of any nation are its residents. Thus the citizens must be endowed with the highest attainable standard of health which promotes creativeness, dynamism, determination, productivity and the self-confidence to move ahead. Health is basic requirement, not only for the fulfillment of the human aspirations but also for the enjoyment by all mankind of a better quality of life. Mental, physical and social health, are vital strands of life that are closely inter-woven and are deeply interdependent. The development of mind and brain has prominent place in human development. The capacity to work while maintaining the health of mind is mental health. A mentally healthy person is able to understand every new situation, to adapt to it or, the person can make the situation adapt to her/him.

Mental health is crucial to the overall well-being of individuals, societies and countries. Mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, etc. As physical health refers to absence of disease and physical well being of the individual, mental health refers to freedom from psychological stress, absence of mental illness, and socio-psychological and emotional well being of the individual. It refers to perfect functioning of the individual at psychological, social and emotional levels. Mental health has been reported as an important factor influencing individual's various behaviours, activities, happiness and performance. It refers to the ability of person to balance one's desires and aspirations to cope-up with life stresses and alternatively to make psycho-social adjustment. Laddell has reported mental health as the ability to make adequate adjustments to the environment, on the plane of life. U.S. Surgeon General (2001) defined mental health as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity" (U.S. Department of

Health and Human Services).

Any person with positive mental health uses inter personal assets and skills to function successfully in his or her daily life. Mental health problems emerge when these assets and skills begin to deteriorate, resulting in a struggle to cope with life's challenges and responsibilities. The continued deterioration of these skills signals the onset of mental illness as significant distortions to thinking, coping and responding dominate personal functioning and impairs a person's ability to perform the activities of daily life (Skalski & Smith, 2006). Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one's daily living. It means the ability to face and accept the realities of life. Jahoda (1963) proposes six characteristics of the mentally healthy individual. They are-

Environmental Mastery

This includes the; ability to love, adequacy in interpersonal relationships, efficiency in meeting the requirements of the situation, capacity for adaptation and adjustment, efficiency in problem solving and adequacy in love and work and policy.

Perception of Reality

This includes; understanding the reality, empathy and social sensitiveness.

Integration: This means a balance of psychic forces in the individual, a unifying outlook on life and resistance to stress.

Autonomy

This refers to the capacity to make a decision independently.

Growth

This means self-development, self-actualization and self motivation.

Attitude Towards Self

This includes awareness about self, self-acceptance, self-correction and a sense of identity.

India happens to have one of the highest numbers of *divyaangs* in the world. According to the latest Census survey (2011), the population of persons with disabilities in India is 2.21% or 2.68 crores of its total population. Amongst this, the population of adolescents consist an important segment of the total population of *divyaangs*. This segment of people is school-goers. So it is very necessary for the school authorities and the society to ensure people equal rights and opportunities to *divyaangs*. Among all the problems, health problem of *divyaangs* is of paramount importance. And without becoming aware about the health problems, nobody may survive a stable and peaceful life. Mental health problem is also a part of health problem which obstructs the individuals to play a constructive role while dealing with day to day problems. Mental health problems in children are not as rare as they once were. Children with social and emotional disturbances struggle through schools, getting lower grades and test scores. They also are more likely to drop out of school (Ginicola, 2008). Advan (1965) studied the educational and psychological problems of the visually challenged falling in the age group of seven to twenty years. Results showed that 75% of

the individuals had poor mental health. Singh (1982) examined the personality adjustment of the visually challenged individuals and the extent to which they have been able to adjust themselves to emotional, social and educational levels. A sample of fifty male visually challenged students aged between seven to twenty-two years was taken. The result yielded that visually challenged students were poorly adjusted than the normal students. Alan (1991) studied psychological adjustment and academic achievement of visually challenged university students. Results indicated no significant difference between sighted and visually challenged students with respect to self-esteem or social provision. However, the influence of adjustment was more in visually challenged students. Dahiya (1997) conducted a study entitled "physical and psychological health problems of visually impaired children". The sample comprised of eighty visually challenged children of six to sixteen years. It was found that, visually challenged students had more psychological health problems than physical health problems. Also visually challenged students had greater feeling of inadequacy, tendency for depression, anxiety, tension and sensibility.

Aim of the Study

The review of related literature clearly indicates that not much comparative studies had been conducted so far, on the mental health of *divyaangs* and non-*divyaangs*, neither abroad nor in our nation. Hence, this vital phenomenon of personality needs research attention and present study is a humble attempt to compare the mental health of visually challenged, motor challenged and non-*divyaang* students.

Hypothesis

1. There is no significant difference in mental health of visually challenged and motor challenged students.
2. There is no significant difference in mental health of visually challenged and non-*divyaang* students.
3. There is no significant difference in mental health of motor challenged and non- *divyaang* students.

Variables

Independent Variable

Visual Challenge, Motor Challenge, Non-*divyaang* (disabled)

Dependent Variable – Mental Health

Tools

Mental health was measured by Mental Health Inventory (MHI) of *Srivastava* and *Jagadish* (1983). MHI had 56 items which were used for ascertaining the level of mental health. The inventory covers six dimensions of mental health, namely, positive self evaluation, realistic perception, and integration of personality, autonomy, group orientation attitudes, and environmental competence. Each statement had four alternatives (always, often, rarely and never). It had split half reliability of 0.73.

Sample

Ninety boys students (30 visually challenged, 30 motor challenged and 30 non-divyaang) purposively selected from grade VIII to X took part in the present study. Data obtained were analyzed by using descriptive statistics like Mean and Standard Deviation. Inferential statistics like t-test was employed to compare the mental health of visually challenged, motor challenged and non-divyaang students.

Results and Discussion

Table1: Showing findings related to mental health differentials of visually challenged and motor challenged pupils

SN	Group (s)	N	Mean	SD	df	t-value
1	Visually challenged	30	142	9.8	58	2.91**
2	Motor challenged	30	148	8.9		

*Significant at .05 level

**Significant at .01 level

Table-1 shows that t-value for the difference between the mean scores of visually challenged and motor challenged pupils is significant at .01 level of significance. It means that there exists a significant difference in mental health of visually challenged and motor challenged pupils. The mean scores of mental health clearly indicated that motor challenged students are more mentally healthy as compared to their visually challenged friends. Hence, the earlier stated hypothesis, there is no significant difference in mental health of visually challenged and motor challenged students is rejected.

Table2: Showing findings related to mental health differentials of visually challenged and non-divyaang pupils

SN	Group (s)	N	Mean	SD	df	t-value
1	Visually challenged	30	142	10	58	4.70**
2	Non-divyaang	30	158	14		

*Significant at .05 level

**Significant at .01 level

Table-2 shows that t-value for the difference between the mean scores of visually challenged and non-divyaang pupils are significant at .01 level of significance. It means that there exists a significant difference in mental health of visually challenged and non-divyaang pupils. The mean scores of mental health clearly indicated that non-divyaang students are more mentally healthy as compared to their visually challenged counterparts. Hence, the earlier stated hypothesis, there is no significant difference in mental health of visually challenged and non-divyaang students is rejected.

Table3: Showing findings related to mental health differentials of motor challenged and non-divyaang pupils

SN	Group (s)	N	Mean	SD	df	t-value
1	Motor challenged	30	149	9	58	2.74**
2	Non-divyaang	30	158	14		

*Significant at .05 level

**Significant at .01 level

Table-3 shows that t-value for the difference between the mean scores of motor challenged and non-divyaang pupils are significant at .01 level of significance. It means that there exists a significant difference in mental health of motor challenged and non-divyaang pupils. The mean scores of mental health clearly indicated that non-divyaang students are more mentally healthy as compared to their motor challenged counterparts. Hence, the earlier stated hypothesis, there is no significant difference in mental health of motor challenged and non-divyaang students is rejected.

Conclusion

The findings of the present study have wide implications for school administrators, teachers, parents, special educators and other professionals working in the field of divyaangs. Results have significant academic implications with special reference to visually challenged and motor challenged students. This may be concluded, as results indicate that these students have poor mental health in comparison to their non-divyaang counterparts. It implies that visual challenge and motor challenge adversely affect mental health of respondents

Suggestions

With respect to the above findings, school authorities, special educators, teachers and clinical psychologists, occupational therapists are required to take appropriate measures to improve the mental health of visually challenged and motor challenge students. The educational institutions and society have a major role to play in the improvement of mental health of visually and motor challenge students. Some times the expectations of the society, the attitude of the parents and peers play very significant role in creating mental health problems to these disabled students causing them to develop feelings of inadequacy, depression etc. The mental health problems can be eliminated through proper guidance and counseling to the parents of visually challenged and motor challenge students as-well-as peers. School authorities, teachers and parents need to provide a congenial environment for optimum psycho-social development of such students. School authorities should do the needful to bring them in the main stream of the society by providing them opportunities of full participation in socio-cultural and academic life. The head of the institutions and schools should see to it that visually disabled students are given vocational training and daily living skills in order to increase their self confidence and root out such feelings of inadequacy or depression. Special emphasis and assistance should be provided to the visually challenged students as they have slightly greater problems of psychological nature. It is a goal of education to ascertain that the children attain self-sufficiency and that they maximize their potential. The visually challenged students can be helped to attain this especially if their mental health is improved through skills that enhance their independence. Curriculums of special schools need to be reviewed. The teachers and the society in general should assist them by letting them take up challenges and activities

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that will help them to develop confidence in themselves. Many institutions and experts have designed mental health development programmes for the students. These programmes can be used with appropriate modifications to improve mental health of visually challenged and motor challenged students.

References

1. Adelman, H. & Taylor, L. (2006). *The current status of mental health in the schools: A policy and practice brief*. Los Angeles: ULCA School Mental Health Project.
2. Anand, S.P. (1989). *Mental health of high school students*. *Indian Educational Review*, Vol. 24 (2), pp 14-24.
3. Best, J.W. & Kahn, J.V. (1983). *Research in education*. New Delhi: Prentice Hall of India.
4. Bradley, G. (2000). *Responding effectiveness of students' mental health needs: Project report*. Hull University Hull.
5. Clendy, D. (2002). *Assessing the impact of social factor on mental health of Chinese at risk adolescents*. *British Journal of Social Work*, Vol.32, pp 699-719.
6. Ginicola M. (2008) *Mental health problems in children: What principals need to know*. National Association of Elementary Principals. All Rights Reserved, Yale University.
7. Guilford, J.P. (1970). *Fundamental statistics in psychology and education*. New Delhi: McGraw Hill.
8. Heward W.L. & Orlansky M.D. (1988). *Exceptional children*, Columbus: Ohio Publishing Company.
9. Jarana, S.L. (2002). *A model of mental health and adjustment among African, American with disabilities*. *Journal of Social and Clinical Psychology*, Vol.21, pp 323.
10. *Mental health research in India*, Technical Monograph on ICMR Mental Health Studies. New Delhi: Indian Council of Medical Research, 2005.
11. Monopolis, S. (1977). *Health as a human value: Transactional mental health*. *Research News Letter*, 19 (4), pp 5-9.
12. Pottick, K.J. (2005). *Youths living away from families in the US mental health system: Opportunities for targeted intervention*. *Journal of Behavioural Health Services and Research*, Vol.32 (3).
13. Skalski, A.K. & Smith M.J. (2006). *Responding to the mental health needs of students*, US Department of Education.
14. Van, E.T. (2005). *Mental problems of Dutch youth with hearing loss as shown on the youth self report*. *American Annals (Journals) of the Deaf*, Vol.150 (1), pp 11-16.
15. Wainright, N. & Pharoah, P. (2000). *Student Mental Health, Use of Services and Academic Attainment. Report to the Review Committee of the University*. Cambridge Counseling service.
16. Wallace, S.A. (1997). *Health care needs assessment: Child and adolescent mental health*. Oxford: Redcliff Medical Press.

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17. *World Health Organisation (2006). Constitution of the World Health Organisation- Basic Documents, XXXXV Edition, Supplement, October.*
18. Zerhan, H.A.S. (1965). *A study of personality difference between blind and sighted children*. *British Journal of Educational Psychology*, Vol.35 pp 329-337.