

Mental Health and Happiness in Adolescent Relation to Their Courses

Abstract

The present study aims at finding out the level of mental health and happiness among professional and non-professional adolescents. Mental health scale and oxford happiness questionnaire was used to collect data from a random sample of 60 professional and non-professional adolescents. Statistical technique such as mean, standard deviation, t-test and coefficient of correlation were adolescent for the analysis of data. The results revealed that significant differences were indicated regarding mental health and happiness among professional and non-professional adolescents. The correlation analysis revealed that mental health and happiness does have positive impact of professional and non-professional adolescents.

Keywords: Mental Health, Happiness, Adolescent.

Introduction

Mental health is not just the absence of mental illness. It is defined as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2007) Approximately 25% of people in the UK have a mental health problem during their lives. The USA is said to have the highest incidence of people diagnosed with mental health problems in the developed world. Your mental health can affect your daily life, relationships and even your physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience.

WHO explains that especially in low- and middle-income countries, mental health services are very underfunded - both human and financial. Most resources are channeled into treating and caring for mentally ill patients, rather than on any integrated mental health system. Countries should integrate mental health into primary health care (general practice), provide mental health care in general hospitals, and improve community-based mental health services, rather than just providing care in large psychiatric hospitals.

Mental health is vital for individuals, families and communities, and is more than simply the absence of a mental disorder. Mental health is defined by the World Health Organization as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.

However, the National Mental Health Association cites characteristics of people who are mentally healthy. They feel good about themselves. They do not become overwhelmed by emotions, such as fear, anger, love, jealousy, guilt, or anxiety. They have lasting and satisfying personal relationships. They feel comfortable with other people. They can laugh at themselves and with others. They have respect for themselves and for others even if there are differences. They are able to accept life's disappointments. They can meet life's demands and handle their problems when they arise. They make their own decisions. They shape their environment whenever possible and adjust to it when necessary.

Your mental health affects your overall health more than you may realize. When you are stressed out, angry, or sad, your body suffers, too whether it be in the form of digestive issues, headaches, back pain, or any number of other physical symptoms.

Most people I meet in my practice want to improve their well-being and increase their daily happiness, but they often feel powerless to make it happen. It can be easy to fall into the trap of thinking that our



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problems are entirely outside our control or caused by other people. Simply by changing our own actions and establishing new habits, many things may begin to improve. When you are happy and at peace, your body feels better and you're able to respond to challenging situations in more effective ways.

Unfortunately, many people turn to pills to achieve that outcome. According to the Centers for Disease Control and Prevention (2011), about 35 million adults in the United States take antidepressant medication. Medication alone generally won't make a person feel better, but there is a great deal of research to support the effectiveness of psychotherapy and lifestyle changes, and medication in combination with those things has been shown to be helpful for some people.

These researchers' work includes studying strengths, positive emotions, resilience, and happiness. Their argument is that only studying psychological disorders gives us just part of the picture of mental health. We will learn more about well-being by studying our strengths and what makes us happy. The hope is that by better understanding human strengths, we can learn new ways to recover from or prevent disorders, and may even learn to become happier.

So how do these researchers define happiness? Psychologist Ed Denier, author of *Happiness: Unlocking the Mysteries of Psychological Wealth*, describes what psychologists call "subjective well-being" as a combination of life satisfaction and having more positive emotions than negative emotions.

Feelings of happiness can be transferred by emotional contagion over a short time. For example, people's feelings of happiness can be evoked when they view facial expressions of happiness (Wild, Erb, & Bartels, 2001). However, little is known about how happiness can be influenced over longer periods of time. Happiness might be easily expressed in social interactions between friends, even in those friendships that are not close and intimate. Therefore, it can be expected that when adolescents repeatedly experience the same emotion or mood state as their friend, they will influence each other's happiness over time.

A study in the Nov. 19 issue of Proceedings of the National Academy of Sciences finds that adolescents who reported higher life satisfaction were more likely to earn significantly higher levels of income than teens that didn't have a happy childhood.

Type the word happiness into a Google search and 73.8 million references come up. An Amazon.com book search yields 418,933 results. There are happiness handbooks, histories on happiness, guides for idiots and dummies, four-, seven-, eight- and 12-step programs to happiness. Everyone from His Holiness the Dalai Lama to Her Holiness Oprah Winfrey has written about the topic, which Wikipedia defines as "a state of mind or feeling characterized by contentment, satisfaction, pleasure, or joy." Aristotle, the Gospel writers and John Hancock didn't make this Amazon.com search list, but

they've all written about happiness too. "The pursuit of happiness" is literally an American right.

And boy do we pursue it. Research shows that as human beings, we are biologically programmed to seek, expect and even demand contentment, joy, satisfaction and pleasure. But for myriad reasons, everything from our DNA to how we're raised, where we live, how we view the world, how we handle stress and responsibility, it eludes some of us. This leads us to relentlessly try to achieve it. The reason so many of us are seeking happiness may come right down to this: What we think will bring us happiness (fame, fortune, a new car, a bigger house, a side-by-side stainless steel fridge, well-behaved kids) actually has nothing to do with how happy we ultimately are. So what does kick up most people's happiness quotient? The answer, say most happiness experts, sounds deceptively simple: living a life with purpose and doing good in the world and to others. To explain, we delve into the science behind happiness, from how exercise affects happiness to how what you eat, and even how you eat, affects your ability to be happy.

Review of literature

Santosh meena & meena jain (2013) effect of high and low spiritual intelligence on mental health of young executives. In addition, result indicates that the study revealed the significant difference in mental health of high and low spiritually intelligent bank executives in public sector.

Sarita sood & arti bakshi(2013) relationship between resilience, spiritual intelligence and mental health of university students. The result indicates a positive relationship between resilience and all the dimensions of spiritual intelligence. Positive relationship also exists between resilience and mental health. Result of t-test show there is difference in resilience, overall mental health and the dimensions of spiritual intelligence between students from two different universities.

Martin kasmussen & Karin laumann (2013).The role of exercise during adolescence on adult happiness and mood. The result indicates Exercise during adolescence was a significant predictor for positive moods, even when controlling for current exercise. There is also a connection between exercise during adolescence and happiness, although it appears to be that exercise during adolescence predicts exercise in adult life, which in turn has a connection to happiness. Exercise was not a significant predictor of negative moods in adulthood.

Problem

Mental health and happiness in adolescent relation to their courses

Objectives

1. To measure difference mean of mental health in professional and non-professional adolescents.
2. To measure difference mean of happiness in professional and non-professional adolescents.
3. To check the co-relation between mental health and happiness.

Hypothesis

1. There is no significant mean difference of mental health between professional and non-professional adolescents.
2. There is no significant mean difference of happiness between professional and non-professional adolescents.
3. There is no significant co-relation between mental health and happiness in professional and non-professional adolescents.

Method

Participants

The participants of the present investigation consisted 60 adolescents. Out of the 60 adolescents, 30 are professional and 30 are non-professional. They are studying as students in different colleges of Rajkot city, their age ranges from 17 to 21 years. The subject was selected through random sampling technique.

Research Design

The present research aims to mental health and happiness in adolescent relation to their courses. For these total 60 adolescents were taken as a participant. To check difference's t-test method is used. To check the correlation between mental health karl person's methods is used.

Instruments

Following tool were used for data collection:

Mental Health Inventory

Dr. D. J. Bhatt and Miss. Gita R. Gida have standardized mental health inventory in 1992. We find reliability at 0.94(0.01) grade and validity at 0.71(0.01) of presently discussed test.

Oxford Happiness Questionnaire

This questionnaire was originally written by peter hills & Michael argyle and Gujarati translated by Dr. yogesh A. jogsan & kamlesh S. kharadi. There are 29 questions this is point are given here to scale the happiness.

Procedure

The testing was done on a group of adolescents. The whole procedure of fill the inventory was explained to them fully and clearly. The instruction given on the inventory was explained to them. It was also made clear to them that their scores would be kept secret. It was checked that none of the subjects left any questions unanswered or that no subject encircled both the answers given against a question.

Result & Discussion

The main objectives present study of mental health in adolescent's relation to their courses. A result discussion is under:

Table-1

Showing Means Score of Mental Health among Professional and Non-Professional Adolescents

Sr. No.	Variable	N	Mean	SD	T	Sig.
1	Professional adolescent	30	35.22	8.39	5.72	0.01
2.	Non-professional adolescent	30	42.31	10.02		

Sig. Level 0.05 = 2.00

0.01 = 2.66

According to table no-1 indicates the professional adolescents received low mean scores 35.22 as compared non-professional adolescents 42.31. The standard deviation score of professional adolescents received 8.39 and non-professional adolescents received 10.02.the t-value was 5.72 significant at 0.01 levels. Non-professional adolescents were feels more mental health compared

professional adolescents. So we can say that first hypothesis was not accepted. Evidences of research finding given by Santosh meena & meena jain (2013). Conducted study in the effect of high and low spiritual intelligence on mental health of young executives. In addition, result indicates that the study revealed the significant difference in mental health of high and low spiritually intelligent bank executives in public sector.

Table-2

Showing Means Score of Happiness among Professional and Non-Professional Adolescents

Sr. No.	Variable	N	Mean	SD	T	Sig.
1	Professional adolescent	30	90.85	18.09	7.70	0.01
2.	Non-professional adolescent	30	110.10	19.09		

Sig. Level 0.05 = 2.00

0.01 = 2.66

According to table no-2 indicates the non-professional adolescents received high mean score 110.10 as compared professional adolescents 90.85. The standard deviation score of non- professional adolescents received 19.09 and professional adolescents received 18.09. The t-value was 7.70 significant at 0.1 levels. Non-professional adolescents were feels more happiness compared professional adolescents. So we can say that second hypothesis

was not accepted. Evidences of research finding given by martin kasmussen & Karin laumann(2013) conducted study in the There is also a connection between exercise during adolescence and happiness, although it appears to be that exercise during adolescence predicts exercise in adult life, which in turn has a connection to happiness. Exercise was not a significant predictor of negative moods in adulthood.

Table-3

Showing The Correlation of The Mental Health and Happiness in Professional and Non-Professional Adolescents

Sr. No.	Variable	N	Mean	R
1	Mental health	60	38.76	0.39
2.	Happiness	60	100.48	

According to table no-3 indicates the result obtained positive correlation between mental health and happiness. 0.39 positive correlations were seen.

Conclusion

The statistical analysis as mentioned above warranted the following inferences:

Here the first and second hypothesis was not accepted because the significant differences were seen. Mental health and happiness we saw that significant difference in urban and rural women variables. Here 0.39 positive correlations between mental health and happiness.

Limitation and future research

This study had several limitations that can be addressed by future research. Firsts, the participants consist only of professional and non-professional adolescents of the saurashtra university Rajkot. So, it is not representative of all professional and non-professional adolescents. Hence, a more representative participant might yield different result; for example, a participant from different of universities of Gujarat might show significant interaction effects of universities.

Suggestions

The study can be replicated on a larger participant and on adolescents of other university as well as other states comparisons can be drawn with the adolescents educators studying in universities also taking into account other demographic variables such as, socio-economic status, age, teaching experience, residential background, education levels etc. to quote a few.

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