ISSN: 2349-6002

A Study of Mental Health Among SSC and HSC Students

Divyanki G. Hadiya
MA in clinical psychology, Institute of Language Studies and Applied Social Sciences, CVM university, Anand
doi.org/10.64643/IJIRTV12I8-190226-459

Abstract- This study was Conducted to investigate the difference of Mental health among SSC and HSC students. 2×2 factorial design was used. A total of 120 samples of SSC and HSC students were taken from Surat District. Their samples were taken along with the data collection with the help of "Mental Health Inventory". Mental Health Inventory by Dr. Ashwin Jansari was used for data collection. The questionnaire of Dr.Ashwin Jansari has Five options in this Scale. The collected data was statistically analyzed with the help of the 't' test. The results show that There is difference in Mental Health between 10th standard Boys and Girls was Not Significant.(t=0.81) There is difference in Mental Health between 12th standard Boys and Girls was Not Significant.(t=0.44) There is difference in Mental Health between 10th standard Boys and 12th standard Boys was Not Significant.(t=0.37) There is difference in Mental Health between 10th standard Girls and 12th standard Girls was Not Significant.(t=1.68) There is difference in Mental Health between 10th standard and 12th standard was Not Significant.(t=1.44) There is difference in Mental Health between Boys and Girls was Not Significant.(t=0.34) Findings shows that all the hypotheses are accepted.

Key words: Mental Health, SSC and HSC students, Boys and Girls.

I. INTRODUCTION

Mental health is a vital aspect of human well-being, encompassing emotional, psychological, and social welfare. It affects how individuals think, feel, and act, influencing their relationships, daily functioning, and overall quality of life. The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."

Mental health research is crucial for understanding the complexities of mental health, developing effective interventions, and promoting mental well-being. Research in this field has the potential to improve mental health care, reduce stigma, and enhance our understanding of the factors that contribute to mental health issues.

The importance of mental health research cannot be overstated, as mental health disorders affect millions of people worldwide, causing significant distress, impairment, and economic burden. By advancing our understanding of mental health, research can inform the development of effective interventions, improve mental health care, and promote mental well-being for individuals and communities worldwide.

The Guide, developed in partnership with the Canadian Mental Health Association, focuses on training teachers to be comfortable with their own knowledge of mental health and mental disorders. The Guide then empowers the teachers to share this knowledge with their students through a curriculum delivered in a multiple module format. The program uses a variety of interactive sessions that help to promote dialogue among students, as well as with their teachers. Discussing mental health and mental illness in a supportive, familiar environment enables youth to feel safe, ask questions, gain knowledge, combat stigma and develop their own opinions of the world around them.

The teachers training materials are provided for free, and many of the other materials are incorporated into our curriculum site, however, there is a small fee for the complete guide to be delivered to your door. These materials are produced by two not-for-profit organizations that are using these funds to continue to enhance and develop the curriculum. The curriculum guide can be ordered and delivered to your door. An older version of the Guide is also available in French.

More recently, the concept of mental health has received added significance because of changing societal complexity and global problems. Traditionally, the absence of negative mental states

such as depression and anxiety present a picture of mental health, with the emergence of health Psychology, Psychologists, have indicated presence of positive aspects like achievement, personal competence autonomy etc as more important criteria of mental health. Involvement is a central life interest. Show according to Cochin. "Positive Mental Health is the key of person's cohesive development."

“Mental health is the adjustment of human being to the world and to each other with a maximum of effectiveness and happiness"

-Menninger (1945)

"Mental health includes precautionary steps to prevent mental illness, and though growth can be seen in mental health’’

-Walter .J. Coville

"In individual view or societal view or in any kind of behavioural growth which requires a great strength to solve the problem is mental health"

- Hadley

II. REVIEW OF LITERATURE

Studies have consistently shown that SSC and HSC students experience significant mental health concerns. A study conducted in Bangladesh found that 61.4% of HSC students suffered from anxiety, while 45.5% experienced depression (Rahman et al., 2017). Similarly, a study in India reported that 55.6% of SSC students exhibited symptoms of stress, anxiety, and depression (Kumar et al., 2019). The literature review highlights the significant mental health concerns faced by SSC and HSC students. It is essential to address these issues through evidence-based interventions, including stress management techniques, counselling, and parental education. Schools, parents, and policymakers must work together to create a supportive environment that promotes mental health and well-being among adolescents.

III. METHODOLOGY

(1) Objective:

1.To study of Mental Health among 10th and 12th standard students.

2. To study of Mental Health among Boys and Girls Students.

(2) Hypothesis:

1.There will be no significant difference in Mental Health between 10th standard Boys and Girls.

2.There will be no significant difference between Mental Health between 12th standard Boys and Girls.

3.There will be no significant difference in Mental Health between 10th standard Boys and 12th standard Boys.

4.There will be no significant difference in Mental Health between 10th standard Girls and 12th standard Girls.

5.There will be no significant difference in Mental Health between standard 10th and 12th.

6.There will be no significant difference in Mental Health between Boys and Girls.

(3) participants:

Total participant of 120 girls and boys. Were selected from Surat district. Among them 60 from Boys students (10^{th} and 12^{th} standard boys) and 60 from Girls students (10^{th} and 12^{th} standard girls).

Table – 1 A table showing the number of participants

Independent variable	SSC students	HSC students	Total
Boys	30	30	60
Girls	30	30	60
Total	60	60	120

(4) Design:

The experiment design for this study was 2x2 factorial design.

(5) Variables:

A.Independent variable

A. Stream: A1 - 10^{th} /A2 - 12^{th}
B. Gender: B1 - Boys/B2 - Girls

B.Dependent variable

Mental health

(6) Measuring instruments:

For collecting the data, the following measuring instruments were used.

A. Personal information schedule

A personal data sheet developed by the Investigator was used to Collect information about Gender and students.

B. Mental Health Scale

A Mental Health questionnaire by Dr. Ashwin Jansari was used for data collection. The questionnaire of Dr.Ashwin Jansari has Five options in this Scale. In this scale minimum '50'Score and Maximum '250' Score Can be got. Mere for the total 50 questions in this questionnaire.

Reliability

The Reliability of Mental health scale was determined by the Test-retest method. (0.72) and also split half method. (0.63)

Validity

The Validity of the Mental Health Inventory was determined by the Content and Concurrent Validity method. Mental health checklist score was r=0.72 and Mental Health scale score was r=0.69.

(7) Analysis procedure:

A very Co-operative and healthy environment was created for collecting the data, the investigation all participants approached individually to Mental Health questionnaire was given to the students. When Students fill up the scale and questionnaire were collected. The Scoring was done according to the manual.

IV. RESULT

't' value of mental health among HSC and SSC students follows as shown below.

Table -1 't' value of mental health between 10th standard boys and girls.

Group	N	M	SD	SED	't ' value	Level of significant
Boys	30	144.67	21.29	5.24	0.81	N.S
Girls	30	140.4	19.25			

Table -2 't' value of mental health between 12th standard boys and girls.

Group	N	M	SD	SED	't ' value	Level of significant
Boys	30	146.47	16.47	4.41	0.44	N.S
Girls	30	148.4	17.63			

Table -3 't' value of mental health between 10th standard boys and 12th standard boys.

Group	N	M	SD	SED	't ' value	Level of significant
Boys	30	144.67	21.29	4.92	0.37	N.S
Boys	30	146.47	16.47			

Table -4 't' value of mental health between 10th standard girls and 12th standard girls.

Group	N	M	SD	SED	't ' value	Level of significant
Girls	30	140.4	19.25	4.76	1.68	N.S
Girls	30	148.4	17.63			

Table -5 't' value of mental health between 10th standard and 12th standard.

Group	N	M	SD	SED	't ' value	Level of significant

10th	60	142.53	20.24	3.41	1.44	N.S
12th	60	147.43	16.94			

Table -6 ‘t’ value of mental health between boys and girls.

Group	N	M	SD	SED	‘t ’ value	Level of significant
Boys	60	145.57	18.89	3.44	0.34	N.S
Girls	60	144.4	18.74			

V. DISCUSSION

The chief aim of the present research was to examine Mental Health among 10th and 12th standard students. The derived result shows that out of six hypotheses. All hypotheses are accepted.

The difference in Mental Health between 10th standard Boys and Girls was Not Significant. Therefore, the hypothesis is accepted.

The difference in Mental Health between 12th standard Boys and Girls was Not Significant. Therefore, the hypothesis is accepted.

The difference in Mental Health between 10th standard Boys and 12th standard Boys was not Significant. Therefore, the hypothesis is accepted.

The difference in Mental Health between 10th standard Girls and 12th standard Girls was Not Significant. Therefore, the hypothesis is accepted.

The difference in Mental Health between Standard 10th and 12th was not Significant. Therefore, the hypothesis is accepted.

The difference in Mental Health between Boys and Girls was Not Significant. Therefore, the hypothesis is accepted.

VI. CONCLUSIONS

Based on formulated hypothesis and the observed results following conclusions were down:

1.The difference in Mental Health between 10th standard Boys and Girls was Not Significant.

2.The difference in Mental Health between 12th standard Boys and Girls was Not Significant.

3.The difference in Mental Health between 10th standard Boys and 12th standard Boys was not Significant.

4.The difference in Mental Health between 10th standard Girls and 12th standard Girls was Not Significant.

5.The difference in Mental Health between Standard 10th and 12th was not Significant.

6.The difference in Mental Health between Boys and Girls was Not Significant.

VII. LIMITATIONS

In this present research only Surat district has been included. Any Other district has not been selected There may be limitations prevailing because of statistical analysis Cannot be clarified that participants give research. It is only a true or good response or not. The research Computer paper is given there to find touch their linguistic or other mistakes arising from its technical defect are Found.

VIII. IMPLICATIONS FOR FURTHER RESEARCH

The academic pressure on students in secondary (SSC) and higher secondary Student in (HSC) levels is immense, as these stages are Crucial in shaping their future career paths. The mental Health of students in these Categories often goes unnoticed, despite its critical role in academic personal development.

This study seeks to understand the mental Health challenges faced by SSC and HSC students, analyse the factors Contributing to stress, anxiety and depression and identify implications for future research and intervention.

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