



## A STUDY OF MENTAL HEALTH AMONG SENIOR SECONDARY SCHOOL STUDENTS IN THEIR LOCALITY

**Ms. Neelam Sharma**

Research Scholar

Department of Education

Chaudhary Devi Lal University, Sirsa

**Prof (Dr.) Meena Kumari**

Professor

Department of Education

Chaudhary Devi Lal University, Sirsa

### Abstract

*The research was meticulously crafted to investigate the mental health of senior secondary school students. A sample comprising 600 senior secondary school students was selected from a diverse array of government and private institutions, with a distribution of 353 rural and 247 urban students. All the chosen subjects underwent the administration of the Mental Health Battery (MHB) developed by Singh and Sengupta. The data acquired were analyzed through descriptive statistics, notably utilizing the t-test. Findings indicate that students' mental health in emotional stability, overall adjustment, and intelligence differs significantly based on location and autonomy, while security-insecurity and self-concept do not vary significantly. These findings suggest that while location influences emotional stability, overall adjustment, and intelligence, it does not substantially affect autonomy, security-insecurity, or self-concept in the mental health of senior secondary students.*

**Keywords:** *Mental Health, Emotional Stability, Overall Adjustment, Autonomy, Security Insecurity, Self-Concept, Intelligence.*

### Introduction

In recent years, mental health has emerged as an essential component of overall well-being, particularly during the adolescent years, a developmental period characterized by fast changes in physical, emotional, and cognitive aspects. Students in senior secondary school who are on the verge of entering adulthood face a variety of unique obstacles, such as academic expectations, peer influences, identity construction, and future uncertainty, all of which have a substantial impact on their mental health. Furthermore, the location of the students' homes whether urban, semi-urban, or rural plays a significant part in determining the results of their mental health. This is because the location is associated with access to resources, environmental stressors, and social dynamics. This study investigates the mental health of senior secondary school students in connection to their location. It explores how environmental, social, and cultural factors contribute to variances in the psychological well-being of these students.

According to Sawyer et al. (2012), who highlighted that about 20% of teenagers globally suffer from mental health illnesses, adolescents are more susceptible to mental health problems. One of the leading causes of impairment in this age range is mental health



issues, such as anxiety, depression, and behavioral disorders, according to the World Health Organization (WHO, 2021). Adolescence is a pivotal phase wherein the influence of protective or risk variables in the surrounding environment, such as familial support, peer dynamics, and community resources, shapes mental health outcomes (Bronfenbrenner, 1979).

A student's community significantly impacts how their mental health turns out. Patel et al. (2007) state that although urban adolescents experience difficulties like overcrowding, academic competitiveness, and exposure to a variety of stressors, rural adolescents frequently face obstacles like stigma, lack of understanding, and restricted access to mental health care. How teenagers view and deal with mental health concerns is also influenced by regional variations in cultural norms and societal expectations. For example, urban places might create competitive and isolating environments, but they can also offer better access to mental health support (Verma & Gupta, 2018).

Global and national frameworks further underscore the need to address adolescent mental health. While India's National Mental Health Programme emphasizes the need for easily accessible and reasonably priced mental health care in all regions, the United Nations Sustainable Development Goals (SDGs) emphasize the significance of promoting mental health and well-being (United Nations, 2015) (Ministry of Health and Family Welfare, 2014). Despite these efforts, there are still a lot of unanswered questions about the complex interaction between adolescent mental health and location, particularly in India. By investigating the mental health of senior secondary school students in various communities, this study aims to close these gaps. The study intends to offer practical insights for policymakers, educators, and mental health experts to create focused treatments that address the unique requirements of teenagers based on their location by analyzing the interaction of environmental, social, and cultural elements.

In conclusion, mental health is a complicated concept that is impacted by a variety of intricate interactions between social, familial, and individual factors. Adolescents' experiences with mental health are influenced by their community, which presents both unique opportunities and problems. By concentrating on the sometimes disregarded aspect of locality and providing a thorough grasp of its implications for policy and practice, this study adds to the expanding corpus of research on adolescent mental health.

### Review of Related Literature

A study by *Miller et al. (2021)* investigates differences in rural and urban children's social and emotional well-being. It was revealed that urban children demonstrated slightly more significant flourishing levels than their rural children.

**In an investigation, “Urban vs. Rural Differences in Psychiatric Diagnoses and Symptom Severity”, *Smith et al. (2023)* highlight minimal differences between urban**



and rural populations in psychiatric diagnoses when access to care is comparable. However, rural patients were found to have greater exposure to traumatic accidents.

*A study by Taylor et al. Urban-Rural Differences in Mental and Physical Health Among Primary Care Patients with Multiple Chronic Conditions(2023)* explored mental and physical health differences in patients with chronic conditions. The study found that urban residents had worse anxiety and depression scores, emphasizing the role of environmental and social factors in mental health.

The study “**Internet Use and Rural-Urban Mental Health Inequalities**” (2023) by *Wang et al.* focuses on the impact of internet access on mental health disparities. It revealed that rural areas had higher rates of depressive symptoms, partly due to limited online mental health resources and support networks.

### 3. Objectives

1. To study the emotional stability of rural and urban senior secondary school students.
2. To study the overall adjustment of rural and urban senior secondary school students.
3. To study the autonomy of rural and urban senior secondary school students.
4. To study the security-insecurity of rural and urban senior secondary school students.
5. To study the self-concept of rural and urban senior secondary school students.
6. To study the intelligence of rural and urban senior secondary school students.
7. To study the mental health of rural and urban senior secondary school students.

### 4. Hypotheses

1. Rural and urban senior secondary school students do not differ significantly on the measures of emotional stability.
2. Rural and urban senior secondary school students do not differ significantly on the measures of overall adjustment.
3. Rural and urban senior secondary school students do not differ significantly on the measures of autonomy.
4. Rural and urban senior secondary school students do not differ significantly on the measures of security-insecurity.
5. Rural and urban senior secondary school students do not differ significantly on the measures of self-concept.
6. Rural and urban senior secondary school students do not differ significantly on the measures of intelligence.
7. Rural and urban senior secondary school students do not differ significantly on the measures of mental health.



### Method

A sample of 600 (353 rural and 247 urban) senior secondary students from various schools in Haryana was randomly drawn from the population. The sample included all the senior secondary school students who volunteered to participate. The selected subjects belonged to the adolescence stage. To realize the study's main objectives, selected subjects were tested on Mental Health Battery (MHB). (done)

### Measure

The Mental Health Battery (MHB) developed by Singh and Sengupta (2000) [12] was used for data collection. The battery consisted of 130 items and covered six dimensions: Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-concept and Intelligence. MHB can be used for the individuals 13 to 22 years of age group for the assessment of mental health. Each item was given one mark for the right answer and zero for the wrong answer. The scores of each dimension were added separately to have the dimensional scores and the total of these scores gave the overall mental health score.

### RESULT AND DISCUSSION

#### Compare the senior secondary school students on the measure of Mental Health about types of schools and locations.

This section attempts to examine and compare the differences between Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-Concept, and Intelligence of Mental Health among Rural and urban senior secondary school students. For this purpose, a Mental Health test was administered to 353 rural and 247 urban senior secondary school students. Table 1 shows the Mean, SD, and t-test of the Mental Health of rural and urban senior secondary students.

**Table 1: Comparison of Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity, Self-Concept, and Intelligence of Mental Health between Rural and Urban Senior Secondary School Students**

	School Location	N	Mean	Std. Deviation	t-ratio	Level of significance
Emotional Stability	Rural	353	7.94	2.127	-3.093	.002
	Urban	247	8.50	2.274	-3.057	.002
Over-all Adjustment	Rural	353	16.55	3.665	2.299	.022
	Urban	247	15.87	3.351	2.336	.020
Autonomy	Rural	353	8.28	3.178	-1.616	.107
	Urban	247	8.67	2.570	-1.677	.094



<b>Security- Insecurity</b>	<b>Rural</b>	353	9.63	3.083	-.923	.356
	<b>Urban</b>	247	9.87	2.946	-.931	.352
<b>Self- Concept</b>	<b>Rural</b>	353	8.88	2.197	-1.067	.287
	<b>Urban</b>	247	9.07	2.204	-1.066	.287
<b>Intelligence</b>	<b>Rural</b>	353	18.55	3.665	2.299	.022
	<b>Urban</b>	247	17.87	3.351	2.336	.020
<b>Total Mental health</b>	<b>Rural</b>	353	69.83	10.735	-.037	.970
	<b>Urban</b>	247	69.86	9.946	-.038	.970

The findings to compare the significant difference in mental health between rural and urban senior secondary school students the t-test was calculated. Autonomy, security-insecurity, self-concept, and total score of mental health p-value ( $p= 0.10, 0.35, 0.28, \&0.97$  respectively) were higher than the significant value of 0.05. Therefore, the researcher accepts the null hypothesis “there is no significant difference among senior secondary school students on the measure of Autonomy, Security-Insecurity, Self-concept and Total score of mental health about location” and rejects the alternative hypothesis. The researcher also rejects the null hypothesis “there is no significant difference among senior secondary school students on the measure of Emotional Stability, Overall Adjustment and Intelligence score about location” because the p-value ( $p= 0.002, 0.02 \& 0.02$  respectively) is lower than the level of significance 0.05 and accept the alternative hypothesis.

The study reveals that location plays a significant role in certain aspects of mental health among senior secondary school students. The researcher rejected the null hypothesis for Emotional Stability, Overall Adjustment, and Intelligence scores, indicating that students' mental health in these areas differs significantly based on location, with p-values below the 0.05 significance level. However, the null hypothesis was accepted for Autonomy, Security-security, Self-concept, and the overall mental health score, as no significant differences existed between students from different locations in these areas. These findings suggest that while location influences emotional stability, overall adjustment, and intelligence, it does not significantly affect autonomy, security-insecurity, or self-concept in the mental health of senior secondary students.

## Recommendations

1. **Mental Health Workshops:** Regular workshops focusing on emotional stability, self-concept, and adjustment must be conducted.
2. **Counseling Services:** Establish dedicated mental health counselors who must be recruited in all educational institutes.
3. **Community Engagement:** collaboration between rural and urban schools through joint activities to exchange best practices.
4. **Teacher Training:** Provide educators with the necessary skills to recognize and respond to mental health issues in students.

## Conclusion

The findings of this study emphasize the different mental health characteristics of children attending senior secondary schools based on their location. Stakeholders can develop a comprehensive framework for promoting mental well-being among teenagers by addressing the gaps discovered and capitalizing on the strengths present in each school context. To gain a more thorough understanding of the dynamics of mental health, it is recommended that future research investigate longitudinal data and incorporate additional variables, such as the socio-economic position and the familial history of the participants.

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