

## International Journal of Innovative Research in Science, Engineering and Technology

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# Relation between Academic Progress and Mental Health: Adolescence and Mental Health

Bhavya Bhushan<sup>1</sup>, Dr. Rajkumar Sengar<sup>2</sup>

Research Scholar, Department of Education, Himalayan University, Arunachal Pradesh, India<sup>1</sup>

Associate Professor, Himalayan University, Arunachal Pradesh, India<sup>2</sup>

**ABSTRACT:** In modern times, it is commonly viewed that education begins at school level among students and parents with a great zeal but on reaching the middle or high school level, many students show comparative slower rate of academic progress and burnouts. There is a significance difference between students achieving, high, medium and low scores, leading themselves towards stress. Stress as a positive influence, results awareness and exciting new perspective. Stress as a negative influence creates a sense of helplessness and hopelessness among students.

Statistically mental awareness among school level students is an unexplored factor. The data revealed *significant relationship between academic progress and mental health* and vice versa in both genders existed. This has given rise to behavioural problems which calls for parents and school based intervention.

The idea of mental health is complex and comprehensive. The term is generally used to describe how well the individual adjusts to the demands and opportunities of life. In the words of Kuppaswami “**Mental Health means the ability to balance feelings, desires, ambitions, and accept the realities of life.**”

Important goals to be achieved by a mentally healthy person are:

- Realization of potentialities
- Harmonious existence
- Ability to cope with life stresses
- Work productively

### I. REVIEW OF RELATED LITERATURE

There may be a number of philosophies propounded by philosophers in regard to the aim of education but the most significant goal that is aimed to achieve is the overall development of the individual. The complex product of the forces of maturation and of behaviour is described as development.

In numerous factors are detrimental in the development of the individual (self -efficacy, school and family). The same factors are cited as antecedents to student's low academic achievement, burnout which include family, environment and which has deleterious consequences.

### II. CONSEQUENCES FOR THE STUDENT

An adolescent's school time is not merely academic; it is a period when he/ she is developing socially, physically, and emotionally. There is an obvious correlation between a student's poor academic performance and his/her need for emotional and mental health support.

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Mental health problems can affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance. Research suggests that depression is associated with lower grade point averages and that co-occurring depression and anxiety can increase this association. Depression has also been linked to burnout and dropping out of school.

## SAMPLING

Adolescence is a transitional stage in human development during which the individual undergoes marked physiological, psychological, and social change in the process of growing from child to an adult. Community-based studies show that up to 20% of children and adolescents suffer from a disabling mental illness. Indian prevalence is 12.8%. Kessler *et al.* (2005) reported that most people with a history of mental disorder had first onsets in childhood or adolescence. Presence of mental illness in children and adolescents, if not properly diagnosed and treated, increases the likelihood of significant health issues for them as adults and greatly limits their ability to become productive members of society. But worldwide child and adolescent mental health service availability is very rudimentary and many lack any policy. Situation in India is almost the same. It is well known that mental health issues such as anxiety, depression, and family problems are often the root causes of poor academic performance, disciplinary issues, and truancy. The first sign of adolescent mental illness or emotional distress can be felt in a school environment. WHO opined that schools are to be viewed as a potential resource for the recognition of children and adolescents in need of formal diagnosis and treatment. The school-based model is potentially more flexible and can be implemented more easily in resource poor areas. But the school-based consultation services model is not well developed across the world.

Considering this gap, the aim of the present study was to describe the working of a new model for adolescent school mental health programme, in Tatanagar over a period of 1 year from 2018 to 2019.

## DELIMITATIONS

Prevalence of mental disorders is greatest among younger people aged 14-24 years than at any other stage of the lifespan. Nearly 50% of adult psychiatric disorders begin before the age of 14 years. This high susceptibility in adolescents and young adults to develop mental disorder is coupled with a strong **reluctance to seek professional help**. Many reasons have been proposed to explain why adults in the general population do not seek professional help for common mental disorders. These include negative attitudes towards seeking help, as well as concerns about cost, transportation or inconvenience, confidentiality, other people finding out, feeling like they can handle the problem on their own, and the belief that the treatment will not help. Similar concerns have been found in a rural population, with the addition of worry that the care will be unavailable when needed, about being treated unkindly, and not knowing where to go. Likewise, research has sought to explain the reluctance of young people and adolescents to seek professional help when it is necessary. Friends and family are often the preferred sources of help over health professionals. It is a general practice that a high reliance on self to solve problems, a lack of emotional competence, and negative attitudes about seeking professional help are barriers to help-seeking. A number of possible problems have been identified by facilitators of help-seeking. These included emotional competence, knowledge, positive attitudes towards seeking professional help, social encouragement, and the availability of established and trusted relationships with professionals such as general practitioners. It is mainly a city based Out-patient service and a costly affair.

A multi-step process help-seeking attitude beginning with the individual's development of an awareness of the problem, followed by the expression of the problem and a need for help to others, the identification of appropriate sources of help for the individual to access, and finally, the willingness of the individual to actually seek out and disclose to potential sources of help can be conceptualized.

Structural and personal determinants of help-seeking are yet another factor which acts as a barrier. The individual factors, such as personal beliefs, internalized gender norms, coping skills, self-efficacy, and perceived stigma interact

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with structural factors including the national health system, accessibility and affordability of services, and social support.

The questionnaire as an assessment tool used in this study has a tendency to focus on individuality and the uniqueness of the individual. Resulting, some content could be interpreted differently, depending on self-efficacy, culture and social norms.

Further to overcome these difficulties, it would be useful to develop more individualised culturally sensitive assessment tools and indigenous scales suitable to be validated in social context. Moreover, currently negligible review has been systematically identified and synthesized the literature which asks young people themselves what they perceive are the barriers and facilitators to help-seeking. This systematic review seeks to address this gap. Young adults experiencing mental health problems may be reluctant to take help from others. Improving public awareness towards the services and resources that are available may be necessary to improve mental wellbeing among young adults.

## Analysis and Interpretation of Data

Addressing mental health needs in school is critically important because one in five children and youth have a diagnosable emotional, behavioural or mental health disorder and one in ten young people have a mental health challenge that is severe enough to impair how they function at home, school or in the community. Millions of people globally are affected by mental illness. In India, an estimated one in five adults' experiences mental illness in a given year, according to the National survey on Mental Health.

According to the code used by ICD 10 DCR students were found referred under the following codes: (Refer Table)

F00-09 Organic, including symptomatic, mental disorder F30-39 Mood (affective) disorders

F50-59 Behavioural syndromes associated with physiological disturbances and physical factors

F60-69 Disorders of adult personality and behaviour. Some students even seemed to need psychiatric diagnosis: F43 stressrelated/adjustment

F30-31 Manic episode, bipolar affective

**Fifty percent of mental illness begins by the age of 14**, according to the Indian Psychiatric Association.

All participants gave approval. I fielded the survey in the month of January because I wanted to minimize the influence high stress periods (e.g.; final examination) on **KNOW YOURSELF**.

A number of tables of the population studied provide the socio-demographic factors and prevalence rates. Currently, only aggregated data are available and not centre-specific data. It is interesting to see wide variation in the prevalence rates of different disorders.

## Need and scope of the study

The sensitivity of the school education system about developmental psychology of adolescents and the unique behaviour of adolescents were addressed in the research.

I. As this topic is explored, a theory will be developed regarding the need for and the benefit of mental health services in high schools. Inadequacy of the service delivery system in identification and intervention of developmental, behavioural, and emotional disorders of adolescents at school level itself can be replaced by a sustainable system, mainly with primary and secondary intervention.

II. To intervene and try to build a bridge between the gap between those in need and the measures that can be made available. The barriers to service utilization and social stigma can be minimized by involvement of teachers as the primary counsellor, managing them in the school itself with increased acceptability and ensured accessibility, availability, and privacy to the students and their parents.

III. Expert intervention should also be assured. Addressing the new emerging issues and initiating helpful resources at initial level of the problem is the core initiative of the research.

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**Expected outcomes of the study**

I. Aim to foster new knowledge that will enable education system to achieve better potential towards supporting mental health and well- being of young people „in light of research recently propounded“.

IV. To unravel the complex interactions that underlies the development of young people, (impact of self- efficacy and day to day interactions)

V. On -going study is needed to lay the groundwork for assessing whether multi-level and interactive strategies can be used in student’s academics improvement and mental health.

VI. To select effective methods for students to handle emotional stress, this is a deterring factor in academic delay and dropout.

### III. SCOPE AND SIGNIFICANCE OF THE WORK

Mental illness, particularly depression, is predicted to become one of the major health burdens in the future. The World Health Organization (WHO) states that depression is the leading cause of disability worldwide. Over 300 million people of all ages suffer from depression. As childhood and adolescent mental health disorders are so common, it’s perplexing that we are not equipping our children with an understanding of mental health. Undiagnosed, inadequately treated or untreated mental illness can seriously affect their ability to learn and grow. It can lead to negative coping mechanisms and at worst, may result in suicide. There are some areas of concern, arising from the survey.

Therefore, schools need to come up with health intervention strategies and provide healthy environments for students. School health services, which comprise components such as health services, health education, healthy environment, physical activity programs, counselling, psychology, social services, nutrition services, improving employee well-being and family-society involvement approaches, are said to contribute to the academic performance of students in various ways. There is a need to strengthen schools as the heart of health. Strong school- based health interventions are essential in offering better outcomes in both health and academic achievements.

A literature review described in the research about adolescent structural, psychological and sociological development, in relation to mental health issues faced by adolescents, schools responses to mental health needs, and the outcomes when those needs are addressed. Cognitive developmental theories were described as the theoretical orientation behind this research study. Finally, it was asserted that micro social work can be improved by the awareness of specific needs of this population, and macro social work practice can be improved by making systemic changes to address mental health needs, thus improving academic outcomes for students. To strengthen continuum, optimum child development, a reconstitution of education and mental health systems might be needed. Combination of integrative strategies at school-level and student-level interventions have much potential. Both ethical and evidence-based practices, can promote the healthy development of children.

### SCHEME OF WORK DONE

The proposed study will be divided into four chapters. This research must make a contribution to knowledge. The idea is contribute to understand and figure out, the relation between mental health and academic success. The thesis will begin by conceiving structural, psychological, sociological, the cognitive theory and conclude with understanding of different factors that affects the mental health and academic progress of adolescents.

**Chapter I: Three Happy Messengers**

**Chapter II: Theoretical Orientation to Albert Bandura’s theory Chapter III: Sociological Factors**

**Chapter IV: Conclusion**

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## Sources of Self-Efficacy

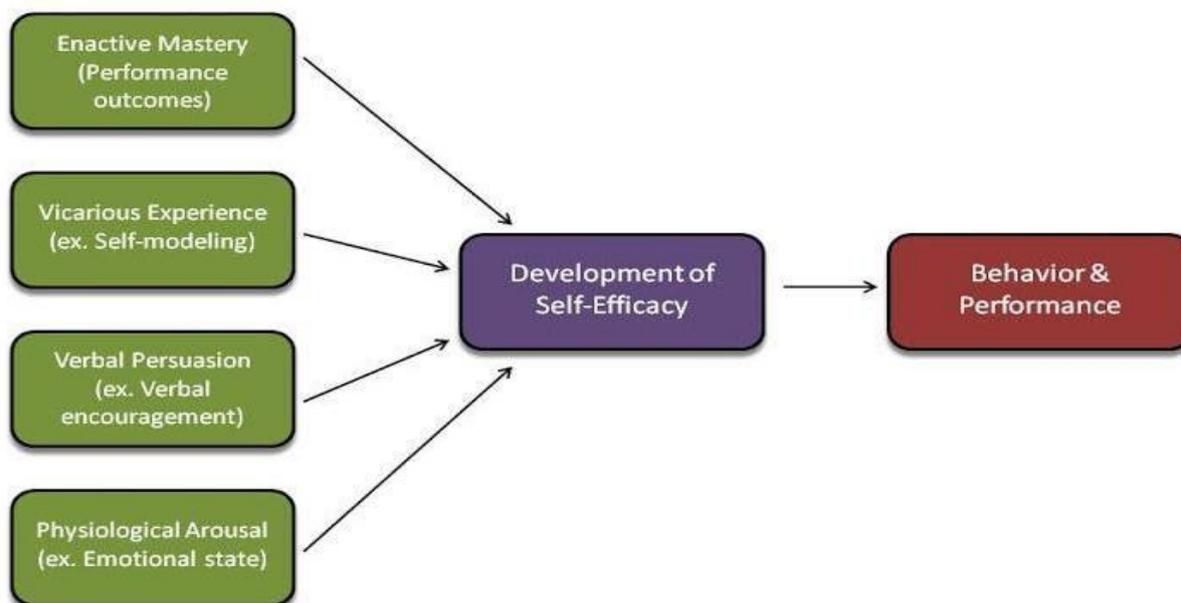


Figure1.

Britain, social media users, 14- to 24-years-old, reported impact on well-being, 2017

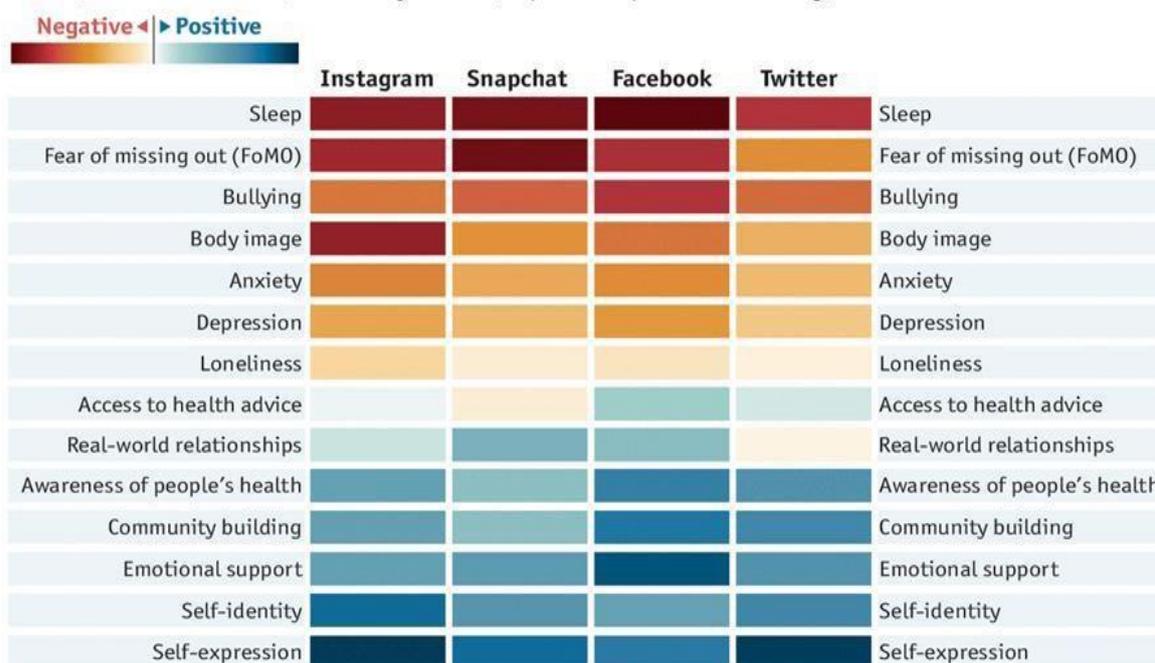


Figure: 5.

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### Questionnaire

Have you been diagnosed or treated with mental health care professionally for any of the following purpose:-		
Yes, any		
Anxiety disorder		
Stress		
Mood disorder		
Learning disabilities		
Self –injury		
Eating disorder		
Autism spectrum disorder		
Personality disorder (psychosis)		
None		

### KNOW YOURSELF

Name of the participant.....

Date.....

Gender      Male(    )    Female (    )    Age.....

To begin answer the following questions by using this scale.

- 0. Does not reply
- 1. Rarely
- 2. Occasionally
- 3. Frequently
- 4. Often
- 5. Always

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S. No.	QUESTIONS	SCALE				
A	Mood status, how often do you feel happy?					
B	How often do you feel sad?					
C	How often do you feel worried (Anxiety)?					
D	How often do you spend with parents?					
E	How often do you spend with friends?					
F	How often do you spend with siblings (brothers and sisters)?					
G	How often do you share your experiences with parents?					
H	How often do you share your experiences with teachers?					
I	How often do you share your experiences with your peers?					
J	How often do you physically exercise weekly?					
K	How often do you do you spend time on internet/surfing?					
L	How often do you perform well in academics?					
M	How often does class teaching hold your attention?					
N	How often do you think you have the potential of performing better?					
O	How often do you feel motivated to perform better in academics?					
P	How often are you counseled in school for your academic performance?					
Q	How often are you worried about your academic performance?					
R	How often do you experience mood swings?					
S	How often do you lie to your parents?					
T	How often do you have sound, 7-8 hour sleep?					
U	How often do you eat healthy food?					
V	How often do you eat junk food?					
W	How often have you missed classes in school?					
X	How often do you feel neglected and lonely?					

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**Staffing Characteristics Mental Health and Social Services School Questionnaire – (For Teachers)**

- 1. What is your job title at the school? (In which role do you spend moretime?)**
  - i. Principal
  - ii. Asst. Principal
  - iii. Psychologist
  - iv. Teacher
  - v. SchoolCounsellor
  
- 2. Is standard mental health and social services provided at thisschool?**  
Yes/No
  
- 3. Is there a part-time or full-time school counsellor who provides standard mental health or social services to students at thisschool?**  
Yes /No
  
- 4. Is there any crisis intervention, such as identification of emotional disorders, offered to all students at thisschool?**  
Yes /No
  
- 5. During the past 12 months, has this school provided families with information on standard health of thestudents?**  
Yes/No
  
- 6. Has the school met with parents and collected suggestions on mental health ofstudents?**  
Yes/No
  
- 7. What are the areas of life do you think impact the mental health ofstudents:**
  - i. Schoolstress
  - ii. Familyproblems
  - iii. Parent and familyhealth
  - iv. Self-efficacy
  
- 8. Is there a consultation-liaison work between teachers and counsellor in theschool?**  
Yes/No
  
- 9. If needed, who would the parents and students prefer to go for mental healthproblems?**
  - i. Professionalhelp
  - ii. Teachers
  - iii. Parents
  - iv. Peers
  
- 10. Is history of family psychopathology been taken in the past 12 months? Yes/No**

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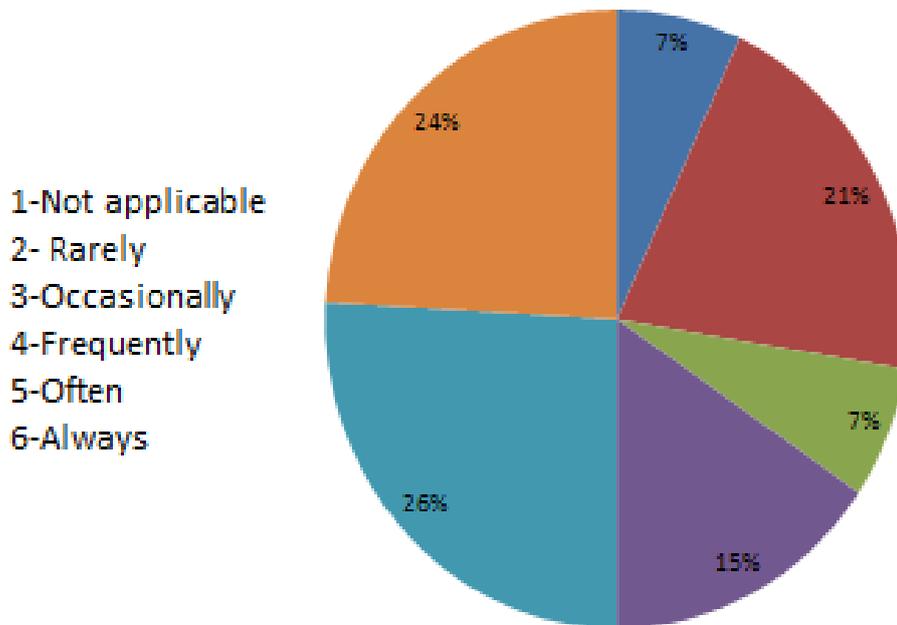
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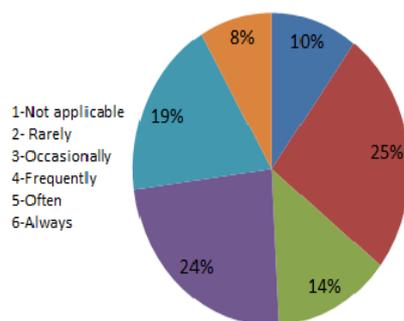
## How often do you spend time with your parents?

1 2 3 4 5 6



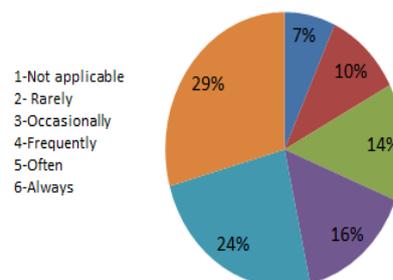
### How often do you feel sad?

1 2 3 4 5 6



### Mood status, how often do you feel happy?

1 2 3 4 5 6



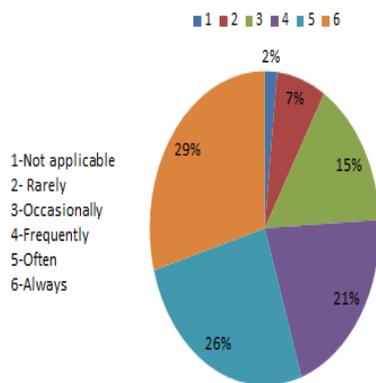
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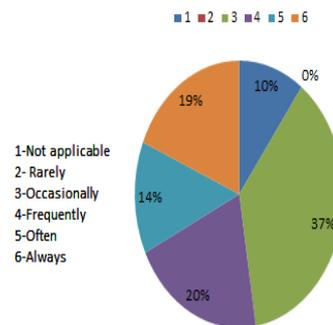
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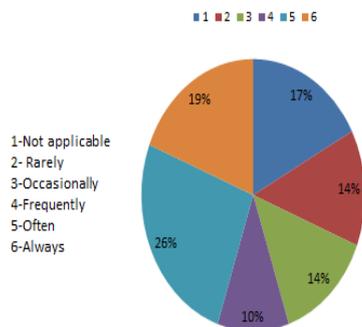
**How often do you spend time with your friends?**



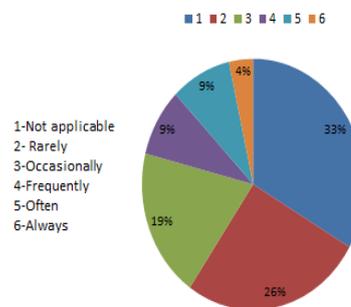
**How often do you spend time with siblings (brothers and sisters) ?**



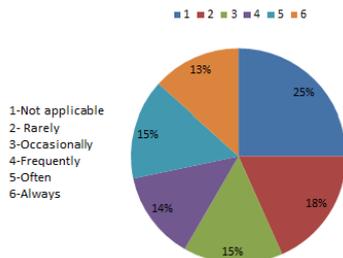
**How often do you share your experiences with parents ?**



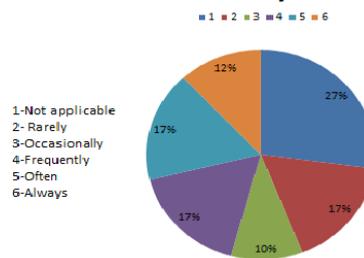
**How often do you share your experiences with teachers ?**



**How often do you share your experiences with your peers ?**



**How often do you physically exercise weekly ?**



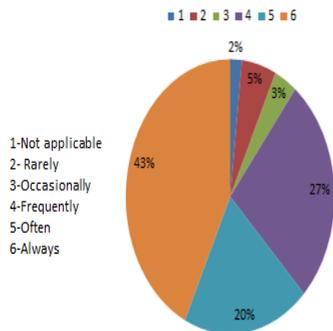
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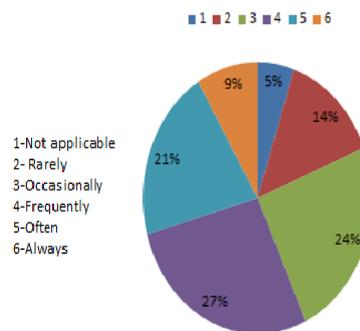
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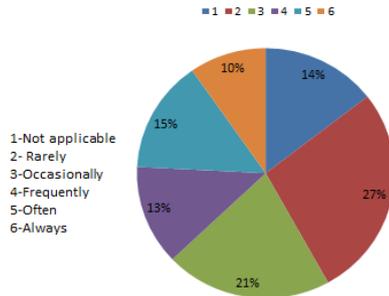
How often do you do you spend time on internet/surfing ?



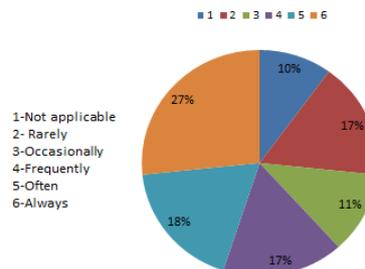
How often do you perform well in academics?



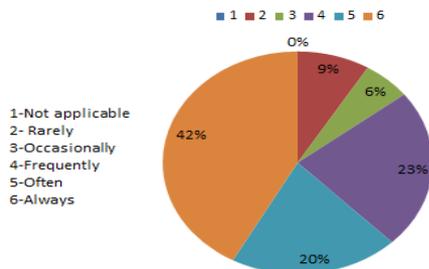
How often do you lie to your parents?



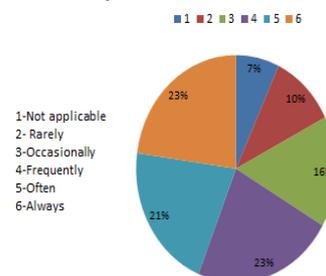
How often do you have sound, 7-8 hours sleep ?



How often do you think you have the potential of performing better ?



How often do you feel motivated to perform better in academics ?



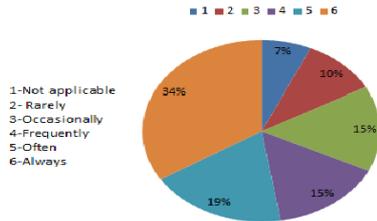
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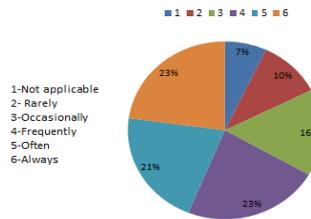
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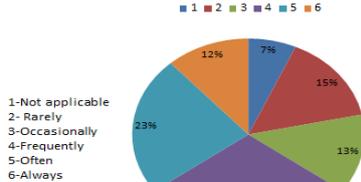
**How often are you worried about your academic performance?**



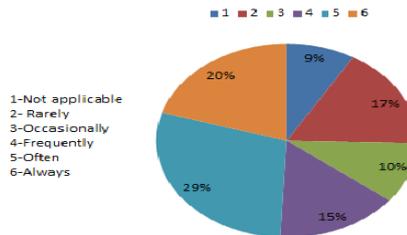
**How often do you feel motivated to perform better in academics ?**



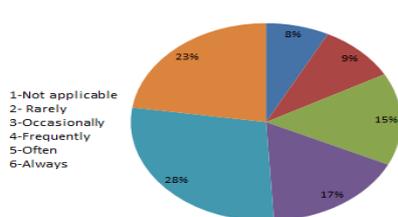
**How often are you counseled in school for your academic performance ?**



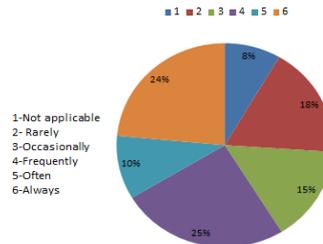
**How often do you find yourself aggressive ?**



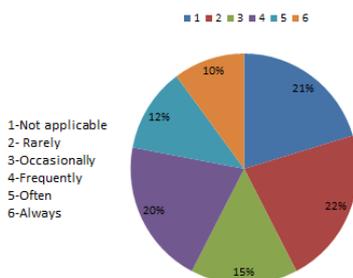
**How often do you eat healthy food ?**



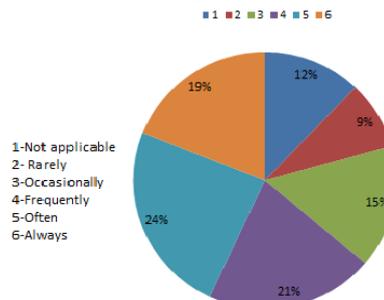
**How often do you eat junk food ?**



**How often have you missed classes in school ?**



**How often do you experience mood swings ?**

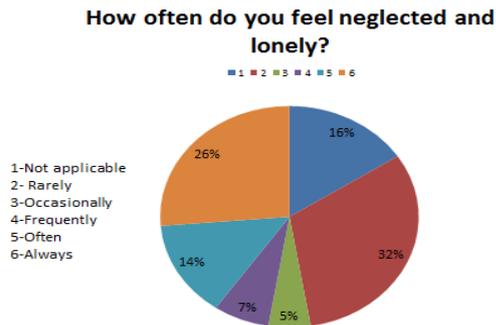


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