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STUDY OF MENTAL HEALTH AMONG PUPIL TEACHERS IN THE COLLEGES OF EDUCATION IN JAMMU REGION.

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Abstract:

The aim of the present investigation was to explore the Mental Health amongst the pupil teachers studying in various B. Ed colleges in Jammu Division of State of Jammu & Kashmir. The sample comprised of 800 pupil teachers drawn out of 16 different B. Ed colleges within the Jammu Division. . The results indicated that there was a significant difference in scores falling under the different areas of Mental Health i.e. (Depression, inferiority, anxiety) among the pupil teachers belonging to different levels of sex, locality and type of parental occupation.

KEYWORDS:

Mental Health, Pupil teachers, B.Ed Colleges.

INTRODUCTION:

Ill health of body or mind is defeat…..health alone is victory. Let all men, if they can manage it contrive to be healthy."- Scott. There is a popular saying in Sanskrit "Aarogyam Paramo Sanskrit" i.e. health is the greatest blessing of all. But it is a matter of regret that many of us do not know what it means. We know it only by its reverse as disease, ill-health and misery. The expression "Mental Health" consists of two words- 'Mental' and 'Health'. Here 'Health' generally means sound conditions or well being or freedom from diseases .Mental health, therefore, means a sound mental condition or a state of psychological well being of freedom from mental disease (Singh, 2004).Health has two factors physical & the mental. The physical state of health is one where an individual enjoys freedom from physical disease, has reasonable degree of physical strength and is capable of normal work without any undue fatigue. Today everyone feels that he is mentally maladjusted in the environment he encounters. Life itself has become a challenge. Economic disparities, atomic adventures, political rivalries are impinging upon the mental health of almost every man's mind and the same is subjected to severe stress and strains. The chief characteristic of mental health is adjustment. The greater the degree of successful adjustment, the greater will be the mental health of the individual. Lesser mental health will lead to lesser adjustment and greater conflict. Science has helped us to prevent, cure and control almost all the physical diseases but it has added to our mental disorders and disturbances. Ironically, research also indicates that there is now an increase in mental health problems such as depression among college and university students including all categories of trainee teachers (Benton et al., 2003; Shute, 2007). Previous research on students' mental health problems has focused mainly on depression (Gavin, 2004; Bouteyre et al., 2007); anxiety (Head & Lindsey, 1983; Eller et al., 2006); and stress (McKean & Misra, 2000; Burnard et al., 2007a; b). The amount and frequency of anxiety and stress were higher than those for depression (Vaidya & Mulgaonkar, 2007). In addition depression, anxiety and stress were more prevalent in female students than males (McKean & Misra, 2000; Eller et al., 2006; Dyrbye et al., 2006). Brunei, recent research by Mundia (2010) showed that a few trainee

teachers may have mild to moderate mental health difficulties. The student teachers attempt to resolve these issues using a wide range of coping strategies some of which, e.g. emotion-oriented coping style, are less effective (Mundia, 2010)

Good mental health is an index of psychological wellbeing desirable to all people including student teachers. To prevent and protect children from being exposed to teachers with poor mental health, trainee teachers might need to be screened for psychological wellbeing. A mentally healthy person takes correct decisions and acts intelligently. Whenever a sign of mental disease appears or depression sets in, the memory also suffers. Absence of the loss of memory denotes mental health. People suffer more from mental than physical disease. Therefore care of mind is of utmost importance. After all it is the mind which controls the body. If its controller is not healthy, how can the body be healthy?

"A State of complete physical mental and social well being and not merely the absence of diseases." It is related to the promotion of well being, the prevention of mental disorders and the treatment and rehabilitation of people affected by mental disorder. Ferguson et.al; (1965) stated that mental health is the ability to cope with ones environment in such a way that one's instinctual drives are gratified.

OBJECTIVES

1.To find out differences in mental health among pupil teachers under the main effects of sex, locality and occupation when studied separately and under the joint influence of sex x locality, sex x occupation, locality x occupation, sex x locality x occupation when studied separately.

METHODOLOGY

Sample

The total sample consisted of 800 pupil-teachers studying in 16 different B. Ed Colleges in Jammu Division of J & K State. A list of the students studying in each college was prepared and 50 students were selected by systematic random sampling from each college.

Tool

The Mental Health scale as constructed & standardized by Mental Health questionnaire was constructed by Dr.H.P.Mangotra. This questionnaire consists of seven areas and was selected & used by the investigator for collection of reliable data for the present study.

Data Collection

The investigator personally visited the colleges and administered the tool with clear   instructions on answering the questions.

1.Data regarding marked variables i.e. gender, locality, type of parental occupation were collected from pupil teachers of different B.Ed colleges.
2. Data regarding Mental Health among pupil teachers were collected.

Statistical techniques

The data obtained was treated statistically by using appropriate statistical measures like Three Way Anova and t-test suiting to the requirements of data and objectives of the study.

RESULTS AND DISCUSSION

Table 1: Summary of results based on mental health (security – insecurity) scores in relation to different levels of sex, locality and occupation in 2x2x3 factorial design

Sources of Variance	SS	Df	MS	F
Variable A	52.01	1.00	52.01	3.40**
Variable B	49.41	1.00	49.41	3.23**
Variable C	38.45	2.00	19.23	1.26 **
AxB	1.41	1.00	0.70	0.05 **
AxC	17.12	2.00	17.12	1.12 **
BxC	30.52	2.00	30.52	2.00 **
AxBxC	4.72	2.00	2.36	0.15 **
Within	1650.70	108.00	15.28	

**Not Significant

The F-ratio for table No.1 revealed that mental health (security –insecurity) scores of variables viz., A, B, C i.e. sex, locality and occupation were found to be insignificant.
The F-ratio for interaction between sex and locality (A x B), sex and occupation (A x C) locality and occupation (B x C) and sex, locality and occupation (A x B x C) were also found to be insignificant.

Table 2: Summary of results based on mental health (neurotic behaviour) scores in relation to different levels of sex, locality and occupation in 2x2x3 factorial design

Sources of Variance	SS	Df	MS	F
Variable A	64.53	1.00	64.53	2.99**
Variable B	16.13	1.00	16.13	0.75 **
Variable C	19.95	2.00	9.98	0.46 **
AxB	0.83	1.00	0.42	0.02 **
AxC	23.12	2.00	23.12	1.07 **
BxC	52.22	2.00	52.22	2.42 **
AxBxC	77.72	2.00	38.86	1.80 **
Within	2331.20	108.00	21.59	

**Not Significant

The F-ratio for table No.2 revealed that mental health (neurotic behaviour) scores of variables viz., A, B, C i.e. sex, locality and occupation were found to be insignificant.

The F-ratio for interaction between sex and locality (A x B), sex and occupation (A x C) locality and occupation (B x C) and sex, locality and occupation (A x B x C) were also found to be insignificant.

Table 3: Summary of results based on mental health (depression) scores in relation to different levels of sex, locality and occupation in 2x2x 3 factorial design

Sources of Variance	SS	Df	MS	F
Variable A	57.41	1.00	57.41	2.90**
Variable B	12.68	1.00	12.68	0.64**
Variable C	43.12	2.00	21.56	1.09 **
AxB	2.41	1.00	1.20	0.06 **
AxC	65.62	2.00	65.62	3.31 *
BxC	87.05	2.00	87.05	4.40 *
AxBxC	116.82	2.00	58.41	2.95 **
Within	2138.70	108.00	19.80	

*Significant   **Not Significant

The F-ratio for table No.3 revealed that mental health (depression) scores of variables viz., A, B, C i.e. sex, locality and occupation were found to be insignificant.

The F-ratio for table No.3 further revealed that mental health (depression) scores for interaction between sex and occupation (A x C) and locality and occupation (B x C) were found to be significant whereas sex and locality (A x B) was found to be insignificant. The second order interaction between sex, locality and occupation (A x B x C) was also found to be insignificant. The t- test was applied to the data obtained and the mean scores so obtained are given in the table no.3.1.

Table 3.1: Showing mean scores of mental health (depression) for different pairs

S. No	Pairs		Means		t-ratio
1	A1C1 A1C2	A2C1 A2C2	3.43 4.50	5.63 5.27	15.28
2	A1C1 A1C3	A2C1 A2C3	3.43 5.60	5.63 5.40	25.58
3	A1C2 A1C3	A2C2 A2C3	4.50 5.60	5.27 5.40	10.30
4	B1C1 B1C2	B2C1 B2C2	4.97 3.93	4.10 5.83	29.49
5	B1C1 B1C3	B2C1 B2C3	4.97 5.37	4.10 5.63	12.08
6	B1C2 B1C3	B2C2 B2C3	3.93 5.37	5.83 5.63	17.41

Table 4: Summary of results based on mental health (inferiority) scores in relation to different levels of sex, locality and occupation in 2x2x3 factorial design

Sources of Variance	SS	Df	MS	F
Variable A	60.21	1.00	60.21	3.71**
Variable B	21.68	1.00	21.68	1.34 **
Variable C	58.55	2.00	29.27	1.80 **
AxB	0.41	1.00	0.20	0.01 **
AxC	108.32	2.00	108.32	6.68 *
BxC	49.55	2.00	49.55	3.05 **
AxBxC	30.72	2.00	15.36	0.95 **
Within	1751.90	108.00	16.22	

*Significant   **Not Significant

       The F-ratio for table No.4 revealed that mental health (inferiority) scores of variables viz., A, B, C i.e. sex, locality and occupation were found to be insignificant. The F-ratio for table No.4 further revealed that mental health (inferiority) scores for interaction between sex and occupation (A x C) were found to be significant whereas the other F- ratios were found to be insignificant. The t- test was applied to the data obtained and the mean scores so obtained are given in the table no.4.1.

Table 4.1: Showing mean scores of mental health (inferiority) for different pairs

S. No	Pairs		Means		t-ratio
1	A1C1	A2C1	4.33	7.07	32.58
	A1C2	A2C2	5.90	5.87	
2	A1C1	A2C1	4.33	7.07	30.62
	A1C3	A2C3	6.70	6.83	
3	A1C2	A2C2	5.90	5.87	1.96
	A1C3	A2C3	6.70	6.83	

Table 5: Summary of results based on mental health (frustration) scores in relation to different levels of sex, locality and occupation in 2x2x3 factorial design

Sources of Variance	SS	Df	MS	F
Variable A	0.53	1.00	0.53	0.02**
Variable B	97.20	1.00	97.20	4.16 *
Variable C	147.22	2.00	73.61	3.15 **
AxB	0.83	1.00	0.42	0.02**
AxC	32.62	2.00	32.62	1.40 **
BxC	31.65	2.00	31.65	1.36 **
AxBxC	47.52	2.00	23.76	1.02 **
Within	2522.40	108.00	23.36	

*Significant   **Not Significant

The F-ratio for table no.5 revealed that mental health (frustration) scores for variable B i.e. locality were found to be significant whereas the other F-ratio were found to be insignificant.

The t- test was applied to the data obtained and the mean scores so obtained are given in the table no.5.1.

Table 5.1:Showing mean scores of mental health (frustration) for different pairs

S. No	Pairs	Means	t-ratio
1	B1	13.28	2.49
2	B2	15.08	

Table 6: Summary of results based on mental health (anxiety) scores in relation to different levels of sex, locality and occupation in 2x2x 3 factorial design.

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Sources of Variance	SS	Df	MS	F
Variable A	33.07	1.00	33.07	1.44**
Variable B	5.21	1.00	5.21	0.23 **
Variable C	4.65	2.00	2.32	0.10 **
AxB	3.01	1.00	1.50	0.07 **
AxC	99.05	2.00	99.05	4.31 *
BxC	22.82	2.00	22.82	0.99 **
AxBxC	4.62	2.00	2.31	0.10 **
Within	2480.70	108.00	22.97	

*Significant   **Not Significant

The F-ratio for table No.6 revealed that mental health scores (anxiety) for interaction between sex and occupation (A x C) were found to be significant whereas the other F –ratio were found to be insignificant.

The t- test was applied to the data obtained and the mean scores so obtained are given in the table no.6.1.

Table 6.1:   Showing mean scores of mental health (anxiety) for different pairs

S. No	Pairs		Means		t-ratio
1	A1C1	A2C1	3.57	5.73	29.36
	A1C2	A2C2	4.80	4.00	
2	A1C1	A2C1	3.57	5.73	14.19
	A1C3	A2C3	4.33	5.07	
3	A1C2	A2C2	4.80	4.00	15.18
	A1C3	A2C3	4.33	5.07	

Table 7: Summary of results based on mental health (adjustment) scores in relation to different levels of sex, locality and occupation in 2x2x3 factorial design.

Sources of Variance	SS	Df	MS	F
Variable A	163.33	1.00	163.33	11.32*
Variable B	12.03	1.00	12.03	0.83 **
Variable C	33.07	2.00	16.53	1.15 **
AxB	4.80	1.00	2.40	0.17 **
AxC	29.07	2.00	29.07	2.01 **
BxC	39.47	2.00	39.47	2.74 **
AxBxC	2.40	2.00	1.20	0.08 **
Within	1558.20	108.00	14.43	

*Significant **Not Significant

The F-ratio for table No.7 revealed that mental health (adjustment) scores for variable A i.e. sex were found to be significant. The F- ratios for all other variables were insignificant individually as well as under joint influence as per table no. 7. The t- test was applied to the data obtained and the mean scores so obtained are given in the table no.7.1.

Table 7.1:Showing mean scores of mental health (adjustment) for different pairs

S. No	Pairs	Means	t-ratio
1	A1	5.22	3.36
2	A2	7.55	

CONCLUSIONS

There was no difference in the mental health (security- insecurity, neurotic behavior, depression, inferiority and anxiety) of the pupil teachers belonging to different levels of sex (A), locality (B) and occupation (C).However there was difference in the mental health(frustration, adjustment) among pupil teachers belonging to different levels of sex (A), locality (B) and occupation (C).Even the joint influence of mental health (depression, inferiority, anxiety) of different levels of variables viz.sex x occupation and mental health (inferiority) of locality x occupation did report a difference in the attribution style of pupil teachers.

REFERENCES

Bouteyre, E., Maurel, M., & Bernand, J-L. (2007). Daily hassles and depressive symptoms among first year psychology students in France: The role of coping and social support. Stress and Health, 23, 93-99.March.
Burnard, P., Bennett, K., Edward, D., Rahim, T. A., Tothova, V., Baldacchino, D., Bara, P., & Mytevelli, J.(2007a). A comparative longitudinal study of stress in student nurses in five countries: Albania, Brunei, the Czech Republic, Malta and Wales. Nurse Education Today, 6 June 2007.
Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. (2006). Systematic review of depression, anxiety and other indicators of psychological distress among U.S. and Canadian medical students. Acad Med, 81(4), 354-373.

Eller, T., Aluoja, A., Vasar, V., & Veldi, M. (2006). Symptoms of anxiety and depression in Estonian medical students with sleep problems. Depression Anxiety. 23 (4), 250-256.

Ferguson, C. A. et. al. (1965): The Legacy of Neglect: "An appraisal of the Implications of Emotional Disturbances" in the Business Environment Taxas, Industrial Mental Health Associates.

Gavin, K. (2004). Public document released at the depression on college campuses conference organized by the University of Michigan Health System, 9-10

Head, L. G., & Lindsey, J. D. (1983). Anxiety and the university student: A brief review of the professional literature. College Student Journal, 17(2), 176-182.

McKean, M., & Misra, R. (2000). College students' academic stress and its relation to their anxiety, time management and leisure satisfaction. American Journal of Health Studies, Winter Issue, 1-14.

Mundia, L. (2010). Brunei trainee teachers' coping strategies for stressful situations. International Journal of Psychological Studies, 2 (1), 79-88.

Shute, N. (2007). Mental health problems common on college campuses. [Online] http://health.usnews.com/usnews/health/articles/070417/17vatech.mental health.htm (December 10, 2009).

Singh, A and Walia, G.S,(2004), 'Health and Physical Education', Vinod publications, Ludhiana

Vaidya, P. M., & Mulgaonkar, K. P. (2007). Prevalence of depression, anxiety and Stress in undergraduate medical students and its correlation with their academic performance. Indian Journal of Occupational Therapy,39 (1), 7-10.

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