A study of Mental Health among Professional and Non-professional in city of Dehradun

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Abstract:  
Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and providing the ability to adapt to change and cope with adversity. A comparative study of mental health was done on 100 respondents, both professional and non-professional in the city of Dehradun, to study their level of mental health, to compare their level of mental health and to observe the gender differences on the above dimension. The total sample was equally divided into two group professional and non-professional and further into two sub groups male and female. Stratified random sampling was used and all the subjects were matched on socio-economic status and age group.

Mental Health Inventory developed by Jagdish and A.K. Srivastava (2008) was used to assess the mental health of the subjects. Mean, S.D. and ANOVAs’ were used to infer findings and prove the proposed hypothesis. The groups professional / non-professional and gender showed varying results in their mental health and its dimensions.

Key words: Mental health, Professional, Non-professional, Gender, Dehradun

Introduction:  
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

According to the U.S. surgeon general (1999), “mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and providing the ability to adapt to change and cope with adversity”.

The positive dimension of mental health is stressed in WHO’s definition of health as contained in its constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations,
children and adolescents, abused women and the neglected elderly. For all individuals, mental, physical and social health is closely interwoven, vital strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries.

Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.

Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities.

Positive mental health can be achieved by getting professional help when needed, by staying positive, by getting physically active, by connecting with others, by helping others, by developing coping skills etc.

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values.

Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges.

Contrary to mental health the term mental illness refers collectively to all diagnosable mental disorders—health conditions characterized by alterations in thinking, mood, or behaviour associated with distress or impaired functioning. It is a health problem that significantly affects how a person thinks, behaves and interacts with other people. It is diagnosed according to standardised criteria.

According to U.K. Government (2011) mental health was everyone's business – individuals, families, employers, educators, and communities all needed to play their part. Good mental health and resilience were fundamental to one’s physical health, relationships, education, training, work and to achieve one’s potential.

Leonard and Nicholas G. (2009) concluded that mental health was an essential component of young people’s overall health and wellbeing. Most adolescents with mental health problems would not receive the support and service they need.

**Methodology:**

**Objectives of study:**
1. To study the mental health of professionals and non-professionals.
2. To compare the mental health of professionals and non-professionals.
3. To observe the gender differences on mental health.

**Hypothesis:**
1. Professionals and non-professionals significantly differ from each other on mental health and its dimensions.
2. Male and female significantly differ from each other on mental health and its dimensions.

**Sample:**
The total sample of 100 respondents, equally divided into two group professionals and non-professionals and then further divided into two sub-groups male and female, was taken from Dehradun in Uttarakhand.
Stratified random sampling was used. All the subjects were matched on socio-economic status and age group. Professionals were also matched on the length of work experience. Professionals were chosen from chartered accountants, advocates and engineers in Dehradun and non-professionals were chosen from class I executives from ONGC, private and public banks.

Tools used:
Mental Health Inventory (MHI) (2008) developed by Jagdish and A.K. Srivastava was used to assess the mental health of the subjects.

Mental Health Inventory (MHI) by Jagdish and A.K. Srivastava (2008):
The inventory consists of 56 items, consisting of 32 ‘false-keyed’ and 24 ‘true-keyed’ items, divided into six dimensions of mental health. In the present inventory, a four-point Likert scale was used to rate the items. Four alternative responses have been given to each statement i.e. Always, Often, Rarely and Never. Respondent has to choose one right option for each item. Different scoring is done for true keyed and false keyed items respectively, to obtain the final score of each respondent.

Procedure:
A sample of total 100 respondents were selected on the basis of stratified random sampling based on which two groups of professional and non-professional further divided into male and female were formed. The respondents were given the Mental Health Inventory (MHI) by Jagdish and A.K. Srivastava, to assess their mental health. They were clearly explained the purpose of research and a rapport was established with them. All the instructions were clearly given and they were further explained that each item consisted of four given options: always, often, rarely and never. They had to choose one correct option for each statement. They were then asked to complete the questionnaire.

The scoring of Mental Health Inventory was done on the basis of the instructions given in the manual. The data that was collected was then analyzed. The proposed hypothesis were tested by the use of statistical tools. Mean, S.D.’s and ANOVA’s were computed. Based on the results obtained, interpretations were made

Results and Interpretation:
To test the proposed hypothesis Mean, S.D.’s and ANOVA’s were computed.

To test the first hypothesis H1, the F value (Table 3) was calculated for total professional and non-professional.

The obtained F value for professional and non-professional was found to be non-significant, showing that there was no significant difference between them on overall mental health.

The calculated, Mean and SD (Table 1) showed that non-professional were high on total mental health, as compared to professional and it was concluded that any differences seen in mean values were due to chance.

However on comparing the various dimensions, F value was found to be significant at .05 level, (Table 3) for perception of reality, a dimension of mental health. Thus professional and non-professional were significantly different from each other on this dimension. Table 1 further showed that non-professional scored higher mean values than professional on this dimension.

Thus, it could be said that non-professional had a broad outlook towards the world. They were free from any excessive fantasy and were realistic individuals. They accepted life as it was and there
was complete satisfaction and harmony. There was no need distortion and a greater acceptance of circumstances.

Significant differences were also found between professional and non-professional (Table 3) on the dimension integration of personality; F value significant at .01 level. Mean scores (Table 1) showed that non-professional were high on integration of personality as compared to professional.

High scores indicated balance of psychic forces in the non-professional. It included the ability to understand and share other people’s emotions and feelings. It also showed that respondents had the ability to concentrate at work and they showed interest in several activities.

Therefore H1 stating that professional and non-professional were significantly different from each other on mental health and its dimensions was partially accepted. No significant difference was found between professional and non-professional on overall mental health. Significant differences between the two groups were found for two dimensions of mental health; perception of reality and integration of personality.

Similar findings were obtained in a cross-sectional survey in the study of Yan and Tin (2012) the mental health of US professional employees and non-professional employees in the city of Texas was assessed. The result of the study was that 18% of US professionals suffered from clinically significant alcohol-related problems and poor mental health. However no significant difference was found in the mental health of both the groups.

Contrary findings were obtained in a comparative study done by Saxena (2017) on stress among students of medicine, engineering and nursing was conducted in Kerala, India. A cross-sectional questionnaire based survey of 100 randomly selected students from Medical College, Engineering College and Nursing College was done. Significant differences were found in the mental health of both the groups. It was concluded that professional students who were soon to be working professionals were high on stress and non-professionals showed better mental health.

To test the second hypothesis H2, the F value (Table 3) was calculated for total male and female.

The obtained F value for male and female was found to be non-significant, showing that there was no significant difference between the two groups on total mental health.

The calculated, Mean and SD (Table 1) showed that male were high on total mental health, as compared to female and it was concluded that any differences in mean values were due to chance factor.

F value was found to be significant at .05 level, (Table 3) for positive self-evaluation, the first dimension of mental health. Thus male and female were significantly different from each other on this dimension. Table 2 further showed that male scored higher mean values than female on the above dimension.

Male showed more self-acceptance and positivity towards themselves as compared to female. They had a stronger self-identify and had a feeling of being more worthwhile. They were aware of their own potentialities and realized their importance in life.

Significant F value at .05 level (Table 3) was also found for the dimension integration of personality. This implies that male and female were significantly different from each other on this dimension. Mean values (Table 2) showed that male were higher on this dimension than female. Male showed a greater balance of psychic forces. They had an ability to understand and share the emotions
of others. Male concentrated better at their work and showed interest in several activities at the same time.

Therefore H2 claiming that male and female were significantly different from each other on mental health and its dimensions was partially accepted. No significant difference was found between male and female on overall mental health. Significant differences between the two groups were found for two dimensions of mental health; positive self-evaluation and integration of personality.

Contrary findings were found in the study of Lorrence and Sarbjit (2016) where a cross-sectional study was done on mental distress among working executives in Kolkata, to study the magnitude and explanatory variables of mental distress. Out of total population of 620, convenient sampling technique was adopted and sample was taken from 427. The study population comprised 72% males and 28% females. Results showed that prevalence of mental distress was more among the females than that of males.

Desai (2014) conducted the study to find the effect of gender, area of residency and type of family on mental health of male and female in Valsad district of Gujarat state. The sample consisted of 240 respondents with equal proportion of male and female. Male were reported to have good mental health as compared to the female.

**Discussions:**

From the above study it is found that non-professional group is high on overall mental health and all the dimensions of mental health except positive self evaluation. Similarly male are found to be high on total mental health and all its dimensions.

Therefore an individual should have positive mental health and well-being, in order to perform at one’s fullest. A mentally healthy person is in a well balanced state emotionally, physically and also socially. The individual feels himself/herself worthy in life and has a positive self-identity that reflects in his/her behaviour.

**Findings and Interpretation:**

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Table 3: F value for the total respondents of the study

References:
6. The guardian magazine, Thursday 16 October 2003 http://www.guardian.co.uk/education/2003/oct/16/studenthealth.students
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