A Study of Mental Health and Socio Economic Status among Youth

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Abstract

Mental Health delineates either emotional or cognitive well being of an individual. When it is absent it becomes a mental disorder. From the disciplinary viewpoint of positive psychology, mental health is all about the ability of an individual to enjoy life to the fullest and maintain a balance between the life efforts and life activities. Good mental health helps in successful adaptation in the surroundings. The major concern these days is the mental health among youth. It is an imperative concept. The major factor affecting their mental health is the socio economic status. There is a high level of inferiority amongst youth regarding this factor. It is believed that low socio economic status is a risk factor for mental illness. The current study has been designed to study the mental health and socio economic status of the youth. The sample consists of 100 college students; age ranging from 18-24 years was randomly selected from different colleges of Chandigarh. The participants were well informed about the purpose of the study and also assured about their confidentiality. The Mental Health Inventory (Jagdish and Srivastava, 1983) has been used to quantify the study and their socioeconomic status was measured with the help of family income. The statistically analyzed result corroborates that subjects of high income family possess good mental health as compared to the low income participants.

Key words: Mental Health, Socioeconomic status, Youth

INTRODUCTION:

We all know that the youth age is an imperative stage where major changes of one’s life take place. Either it will lead you towards success, happiness and stronger mental well being or vice versa. Situations vary from one youth to another and so the reasons. The modern era is well featured by the quickness in all life spheres like never before. On one side, technology and economic growth is at rise and on the other hand individual mental health is at stake. There are so many mental illnesses, dissatisfaction, and confusions around. So many young age, school going and college going students are at the risk of serious mental imbalance. Youth is an important time of life which is present between childhood and adulthood. The actual maturity of the young individuals may not always correspond to their chronological age. Youth holds a specific or a particular outlook attitude. They are young and they have new, fresh and budding thoughts, view points, ideas and beliefs. They want everything to be easy and also want to get every wish satisfied. There is one really famous definition of Youth by world popular name- Robert Kennedy-

"This world demands the qualities of youth: not a time of life but a state of mind, a temper of the will, a quality of imagination, a predominance of courage over timidity, of the appetite for adventure over the life of ease."

Youth and Mental Health

Mental health is not just the absence of the mental disorders and the mental illness, but it is also defined as the capability to tackle the life challenges with ease and positive approach. In order to live a
health, both physical and mental health has to be strong and perfect. Youth age individuals generally experiment with behaviors, appearances and attitudes. In order to look the best and have the best among college friends and their circle, youths can experience mental health problems like anxiety, stress, learning disability, depression, family issues, harassment, and so on. If the mental health is not well maintained it can result in suicide and self injurious acts.

One of the major factors affecting the youth mental health is the socio economic status. Low socio economic status mostly limits the wishes and wills of a youth. This can result in inferiority complex, life confusion, embarrassment, smaller friend circle, low confidence level and ultimately imbalance in the mental health. Thus, a good mental health is very important for a good life. Youth can not succeed in personal and academic life efficaciously if he or she is going through a rough mental phase. World Health Organization defines mental health as-"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Kerri Anne Brussen (2010) in the study focused on the process to maintain the mental health of the youth. It is a crucial life changing stage where the chances are high that the youth may get diagnosed with a mental illness. Even, Professor Patrick McGorry (2007) said that the most essential investment must be made in youth mental well being. He has actually driven the agenda for transforming the approach towards the youth mental well being. This investment is the best buy according to him. He did the research on Australian youth and found that the mental health disorders are quite common amongst the young age people of Australia.

As per Richards, Campania, & Muse-Burke (2010) “There is growing evidence that is showing emotional abilities are associated with prosocial behaviors such as stress management and physical health.” They also found that youths who have lesser emotional expression is responsible for misfit behaviors that are the direct reflection of the mental disturbances. Because of low family economic status, it may lead to lack of confidence in youth which further results in low emotional expression and then mental imbalance. A study conducted by Strine, Chapman, Balluz, and Mokdad (2008) stated “Inadequate social and emotional support is a major barrier to health relevant to the practice of psychiatry and medicine, because it is associated with adverse health behaviors, dissatisfaction with life, and disability”.

**Socio Economic Status (SES)**

There is a strong connection between youth and the socio economic status. How? These days, the young generation tries to make one’s impact over others through high economic status, more money and high standard of living. If anything out of these 3 things is lacking, most of them feel low in the surrounding crowd. High/low socio economic status can either make or break an individual, especially a young individual. There have been so many researches in this field which indicate that SES is the most imperative factor influencing the quality of life for not only the youth but for children and families too.

When we talk about the SES and youth, the mental health is most affected after the physical health. Incrementing evidences support the association present between lower SES and low or negative psychological /mental health outcomes. Moreover, several studies support the outcome of highly positive mental outcomes like higher confidence level, optimism, better control and self-esteem when linked with high SES among youth.

Newacheck, Hung, Park, Brindis, & Irwin, 2003 found that the low SES leads to higher level of suicide attempts, episodic heavy drinking and cigarette smoking in youth. On the other side, Weissman et al., 1984; Spencer et al., 2002; Goodman, 1999 stated that young generation of low income families
usually has higher levels of behavioral and emotional difficulties which also includes conduct disorders, anxiety, attention-deficit hyperactivity disorder, and depression.

**OBJECTIVES:**

On the basis of the aforesaid literature the following objectives have been derived:

1. To compare the mental health socio-economic status among youth.

**HYPOTHESIS:**

1. It is hypothesized that there will be a significant difference between socio economic status of youth and their mental health.

**METHOD:**

Sample-
The sample of the current study comprising of 100 college youth (50 males and 50 females) in the age group of 18-24 years were randomly selected from colleges of the City Beautiful, Chandigarh. All the participants heterogeneously related in term of their socio-economic status, some of the participants were selected from high and others were from low socioeconomic status and the family monthly income was the criteria adopted for the same. Every participant was assured that their results will be confidential and will never be used for any other purposes.

Tools-
Mental Health Inventory (MHI): Developed by Jagdish Prasad and Srivastava (1983) consisting of total 54 items distributed in six different dimensions i.e. Positive Self Evaluation (PSE-10 items), Perception of Reality (PR-8 items), Integration of Personality (IP-12 items), Autonomy (AUT-6 items), Group Oriented Attitudes (GOA-9 items) and Environmental Mastery (EM-9 items). Each dimension consists of some negative and some positive items. In total, there are 22 positive items (true keyed) and 32 negative items (false keyed). The socio-economic status has been assessed with the help of their monthly family income and they further divide in to low (less than Rs. 10000/-) and high group (Rs. 15000/- and above).

Statistical Analysis-
In order to attain the chief objectives, the retrieved data were analyzed for getting the mean, SD and t-values of all the six dimensions in a separate way.

Procedure-
First of all, the participants have been provided comforts and then, they were asked to submit the proof of their family monthly income to enable us for grouping you as desired. After that, the subjects were asked to seat comfortably and the related instructions as per the manual were conveyed to them through their easy language and confirmed the understanding level of each participant. There were 4 responses for each item/statement i.e. ‘Always’, ‘Often’, ‘Rarely’, and ‘Never’. They were told to read each item carefully and then tick the most appropriate response. There was no time limit. But, still they were asked to finish the questionnaire as soon as possible. Finally, Mental Health Inventory was administered on the respective sample. After the completion of test the questionnaires were collected from the students and the obtained data was analyzed through the respective statistical method.
RESULTS:

Table-I: Significance of difference between Mental Health Dimensions and Socio Economic Status (High & Low) among Youth

<table>
<thead>
<tr>
<th>DIMENSIONS OF MENTAL HEALTH</th>
<th>LOW SOCIO ECONOMIC STATUS</th>
<th>HIGH SOCIO ECONOMIC STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE (Positive self-evaluation)</td>
<td>M = 25.8, SD = 3.39</td>
<td>M = 26.28, SD = 2.78</td>
</tr>
<tr>
<td>PR (Perception of Reality)</td>
<td>M = 20.2, SD = 2.94</td>
<td>M = 20.58, SD = 2.63</td>
</tr>
<tr>
<td>IP (Integration of Personality)</td>
<td>M = 29.1, SD = 3.51</td>
<td>M = 30.14, SD = 3.64</td>
</tr>
<tr>
<td>AUT (Autonomy)</td>
<td>M = 14.96, SD = 2.12</td>
<td>M = 15.26, SD = 2.07</td>
</tr>
<tr>
<td>GOA (Group Oriented Attitudes)</td>
<td>M = 23.24, SD = 3.48</td>
<td>M = 25.32, SD = 3.30</td>
</tr>
<tr>
<td>EM (Environmental Mastery)</td>
<td>M = 22.5, SD = 3.17</td>
<td>M = 21.26, SD = 3.03</td>
</tr>
</tbody>
</table>

The above shown table portrays the means, standard deviations and the t-values of six different dimensions of MHI. The analysis of the t-value quantified that there are significant differences between the SES groups in two dimensions of mental health that are GOA and EM, the obtained t-value is 3.05 and 2 respectively. These values are significant at 0.01 levels. Furthermore, the two socio economic groups did not differ on PSE, PR, IP, and AUT dimensions. The t-values of these 4 dimensions are insignificant.

DISCUSSION:

The purpose of the study was to quantify the mental health of low and high socioeconomic status groups of youth by using Mental Health Inventory (MHI). The results shown in the table depict that there are significant differences on two dimensions of mental health that are Group Oriented Attitudes (GOA), and Environmental Mastery (EM).

The t-value obtained fo the first dimension (PSE) is 0.77 which is insignificant. This may be because these days every college going youth is quite confident of one’s self and they know about their identity and also realize their potentialities. The mean score of the low socio economic status group was found to be higher than the high socio economic group. Still, there is no level of significance. The level of self esteem and self evaluation differ in the socioeconomic status groups (Rosenberg, Morris; Schooler, Carmi; & Schoenbech, Carrie, 1989).

The obtained ‘t’ value (0.69) of the second dimension (PR) is also insignificant. There is hardly any difference between the mean and SD scores of the both the groups. This may be because the young generation is quite well aware of the reality surrounding them irrespective of their socio economic status. They very well know the difference between the fantasies and the reality. The high SES youth takes the reality along with stressful situations as challenging and also increment their efforts for coping with the issues with ease (Bandura, 1989; Padsakoff & Farh, 1989).

On the third mental health dimension (IP), High socio economic status group scored better than the lower economic group. This proves that the young generation of higher income family is quite bold, understand other’s emotions very well and can concentrate on their work with more efficacy. As
they have money, they take part in more activities without bothering about the financial status. Due to some reasons the t-value did not reach the significant level.

On the fourth dimension i.e. autonomy, low income group students were found to be little less autonomous than high income group students. On the t-test value, the difference found to be quite insignificant. It is due to the fact that mostly the youth is well aware of the truth that one should depend on one’s own potentialities and not others. In support of this, it has been said that the high economic and highly efficient youth are happy but have exaggerated beliefs about their abilities to control the world around them (Taylor, 1998).

Now, it is the time to discuss about the two dimensions of mental health where the differences are quite significant among two groups of youth regarding SES.

When it comes to the 5th dimension (GOA), it has been found that the differences in the low and high socio economic status groups are highly significant at 0.01 level. The t-value on this dimension is 3.05. Here the hypothesis is well approved. It is very much obvious that the students from higher economic groups are more confident than the lower economic groups and thus, they are more able to get along with others. They perform well in group oriented tasks.

The differences on the sixth dimension (EM) are also significant. The t-value came out to be 2, which is significant at 0.01 level. Here, the students from low socio economic status groups are high on this dimension. This may be because, low SES groups face more responsibilities and more day to day tasks and they have to make more adjustments. This way they obtain mastery over the environment better as compared to the high SES groups.

During the exploration of mental distress during global economic crisis, found SES still remains a predictor for mental health especially for younger ages; unemployment and housing being a key factor. Interestingly demographic groups (i.e. gender, race etc.) showed no significant difference for depression (Cokes & Kornblum 2010).

A Hong Kong study using adult individual-level factors depression was found to relate to the economic downturn, but unemployment in this case was not of prime importance (Lee et al. 2010).

In response to such problems, Kyriopoulos & Tsiantou (2010) warns that policies must reduce inequality along social determinants. Their conclusion says that the economic crisis will in some way affect the ability to finance the health care and unemployment and this will increase the risk of mental disorders and result in suicides.

Even one more study revealed that there is a strong association between SES and mental health of the youth. The odds of a youth from a family living in low income has mental health problem three times that of a youth from a family that is living in good socio economic status. This relationship is stable and consistent across several nations. (Lipman, E. L., & Boyle, M. H 2008). The various findings like, Robert and Hirschfeld (2000) corroborated that the people from low economic groups are more prone to mental illnesses especially depression as compared to the high economic groups. Thus, the youth from higher SES are more balanced on their mental health.

Further, Richard and Miech (1998) also proved that the adolescent mental disorders were more likely to be found in families of low socioeconomic status as compared to the high socioeconomic status families.

This US study indicated that the health status and risks for children are affected negatively due to a combination of social determinants (including economic crisis) as health benefits and support services are reduced (Miller & Coulter 1984). Supporting this finding on health status, Ludermir & Harpham (1998) explaining urbanization in Brazil and quality of life, concluded, economic displacement or unemployment emerges as a significant risk factor for mental health outcome and is more important than rural to urban migration due to economic difficulties. Family SES origins appear to play an influential role during this formative period, as the similar review of literature significantly proved the association between SES and mental disorders (Costello et al. 1997; Velez, Johnson, and Cohen 1989; and Rutter et al. 1974). The afflicted young adults are not trivially afflicted by the low socio economic status but are indeed functioning more poorly than their non-disordered peers (Newman et al. 1996).

On the other hand, adversities linked to low SES may damage the psychological functioning of individuals, especially youth and also play a role in the etiology of mental disorders, (Turner, Wheaton, and Lloyd 1995; Link, Lennon, and Dohrenwend 1993; Kohn 1981; Wheaton 1978). Mental health gets hampered and is over represented in the lower social strata (Kessler et al. 1994; Dohrenwend et al. 1992; Link and Dohrenwend 1989; Neugebauer, Dohrenwend, and Dohrenwend 1980; Wheaton 1978; Holzer et al. 1986).

REFERENCES:


