

A comparative study of mental health of juvenile delinquent and normal adolescent

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ABSTRACT

Mental health plays a very significant role to decide the quality of life. Mental health is an expression of emotions and signifies a successful adaptation to a range of demands. A growing body of evidence indicates that mental disorders and criminal events are becoming increasingly numerous and serious among college students in developing countries like India. In today's World of rapidly-rising crime in both rate of juvenile drug use and the rate of admission to residential treatment centers for emotionally disturbed children. The aim of the study is to find out the difference between juvenile delinquent and normal adolescent with six dimensions (emotional stability, over-all adjustment, autonomy, security-insecurity, self-concept and intelligence) of mental health battery developed by Arun Kumar Singh & Alpana Sen Gupta. Samples of this study were selected 20 for juvenile delinquent and 20 for normal adolescent of both (male and female). Result of t-value show that total mental health scores were found significant ($p < .01$) but mean scores of some dimensions like: emotional stability, over-all adjustment, autonomy, security-insecurity and self-concept were found more effective in normal adolescents and dimension of intelligence was better in juvenile delinquents.

Keywords: *Mental health, Adolescent, Emotional stability, Self-concept and Autonomy.*

Mental health is an expression of emotions and signifies a successful adaptation to a range of demands. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities to cope with the normal stresses of life and working productively so that he or she will be able to make a contribution to his or her community." WHO stresses that mental health "is not just the absence of mental disorder". Mental health refers to a person's health of the mindedness.

According to the U.S. Department of Health and Human Services, mental health includes a person's psychological, emotional, and social well-being and affects how a person feels, thinks, and acts. Mental disorders relate to issues or difficulties a person may experience with his or her psychological, emotional, and social well-being. As Stein and his colleagues explained, "each of the mental disorders is conceptualized as a clinically significant

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behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, family ignorance, disability, or an important loss of freedom” (2010).

Mental health is a central determinant to decide the quality of life. Mental health involves not only the freedom from mental disorder, such as depression, anxiety or personality problems but also the regular experience of positive emotions such as joy, happiness, stratification, wonder and hope. Good mental health can enhance one’s life, while poor mental health can prevent someone from living a normal life.

The consequences of these problems are likely to be significant and lasting, as mental disorders in early adulthood are associated with alcohol and substance abuse (Angst, 1996; Weitzman, 2004), academic success (Kessler, Foster, Saunders, & Stang, 1995), and future employment and relationships (Ettner, Frank, & Kessler, 1997; Kessler, Walters, & Forthofer, 1998). Also without emotional support, mental health is at risk.

Mental health of a person depends on many factors such as family, friends, relatives, religion, social support and socio-economic status. Children with mental disorder face major challenges with stigma, isolation, discrimination and depression. Many mental health problems emerge in late childhood and early adolescence it directed to hostile and violent behaviors. Without any healthy support, the child may continue on a path of delinquency and eventually adult crime.

Juvenile Delinquent and Mental Health

Juvenile delinquency has become an important challenge in terms of social, economic and individual aspects in our country as in the world. Juveniles in the justice system suffer an excessive rate of mental health problems. Accordingly, awareness of mental, physical, and social difficulties of delinquent juveniles by health care providers can make a significant contribution to prevention and rehabilitation efforts (Galzari, Hunt & Anoshiravani, 2006). The most common reasons for arrests are assault, theft, rape, selling and purchasing of substances, respectively. In Turkey, more than 100,000 children are arrested by the police every year. The juvenile justice system underlines rehabilitation and prevention measures for juveniles rather than punishing them.

Hawkins and colleagues (2000) found evidence that psychological factors such as aggression, restlessness, hyperactivity, concentration problems, and risk taking were consistently correlated with youth violence. However, they also found that internalizing disorders such as worrying, nervousness, and anxiety were either unrelated to later violence or reduced the likelihood of engaging in later violence. A recent Meta analysis by Wibbelink and colleagues (2017) also examined the relationship between mental disorders (including internalizing and externalizing disorders) and recidivism in juveniles.

Multiple studies confirm that a large proportion of youths in the juvenile justice system have a diagnosable mental health disorder. Studies have suggested that about two thirds of youth in detention or correctional settings have at least one diagnosable mental health problem, compared with an estimated 9 to 22 percent of the general youth population (Schubert and Mulvey 2014; Schubert, Mulvey, and Glasheen 2011).

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The 2014 National Survey on Drug Use and Health found that 11.4 percent of adolescents aged 11 to 17 had a major depressive episode in the past year, although the survey did not provide an overall measure of mental illness among adolescents (Center for Behavioral Health Statistics and Quality 2015). Similarly, a systematic review by Fazel and Langstrom (2008) found that youths in detention and correctional facilities were almost 10 times more likely to suffer from psychosis than youths in the general population. In addition, certain risk factors could increase the occurrence of both mental health and problem behaviors in youths. For example, exposure to violence can increase mental health issues, such as posttraumatic stress, in youth and increase the occurrence of delinquent behavior (Finkelhor et al. 2009). However, although the research can point to a relationship between mental health issues and juvenile justice involvement, it remains difficult to determine the exact correlation. Mental health disorders are more complicated and difficult to treat in young people than in adults. Because adolescence is a unique developmental period characterized by growth and change, disorders in teens are more subject to change and interruption.

According to the National Center for Mental Health and Juvenile Justice, youths who immediately receive a mental health screening are more likely to have their problems identified and treated. Research on individual risk factors often focuses on how certain mental health problems may be associated with delinquency, violence, and justice system involvement. Researchers have found that some externalizing disorders (e.g., conduct disorders, oppositional defiant disorder, and antisocial behaviors) and substance use disorders do increase the likelihood of delinquency, violence, and contact with the justice system (Barrett et al. 2014; Hawkins et al. 2000; Huizinga et al. 2000). Children with mental health needs sometimes enter a juvenile justice system ill-equipped to assist them. Between 65 percent and 70 percent of the 2 million children and adolescents arrested each year in the United States have a mental health disorder? Approximately one in four suffers from a mental illness so severe it impairs his or her ability to function as a young person and grow into a responsible adult.

Purpose of the Study

This study aimed to examine the comparison of mental health between juvenile delinquent and normal adolescent through mental health battery by A. K. Singh and Alpana Sen Gupta.

Hypothesis

1. Juvenile Delinquent and normal adolescent differ significantly in mental health and its dimensions.
2. There is no significant difference between juvenile delinquent and normal adolescent with mental health and its dimensions.

Sample

The sample consisted of this study twenty for juvenile delinquent from “Balsudhargarah” Darbhanga, Bihar and twenty for normal adolescents from millat college Darbhanga, Bihar with the age range 14.5 to 17.4 years old.

Material

Mental health Battery developed by Arun Kumar Singh and Alpana Sen Gupta to determine the mental health and its six dimensions.

RESULTS

Table 1: t-value of Juvenile delinquent and normal adolescent on total mental health scores

Groups	N	Mean	SD	t-value	Level of significant
Juvenile Delinquent	20	58.00	2.19	33.6	P<.01
Normal Adolescent	20	76.50	3.19		

The t-value scores indicate that total mental health scores (juvenile delinquent X=58.0/Normal adolescent X=76.50) were significant (t=33.60) p<.01. (Table-1)

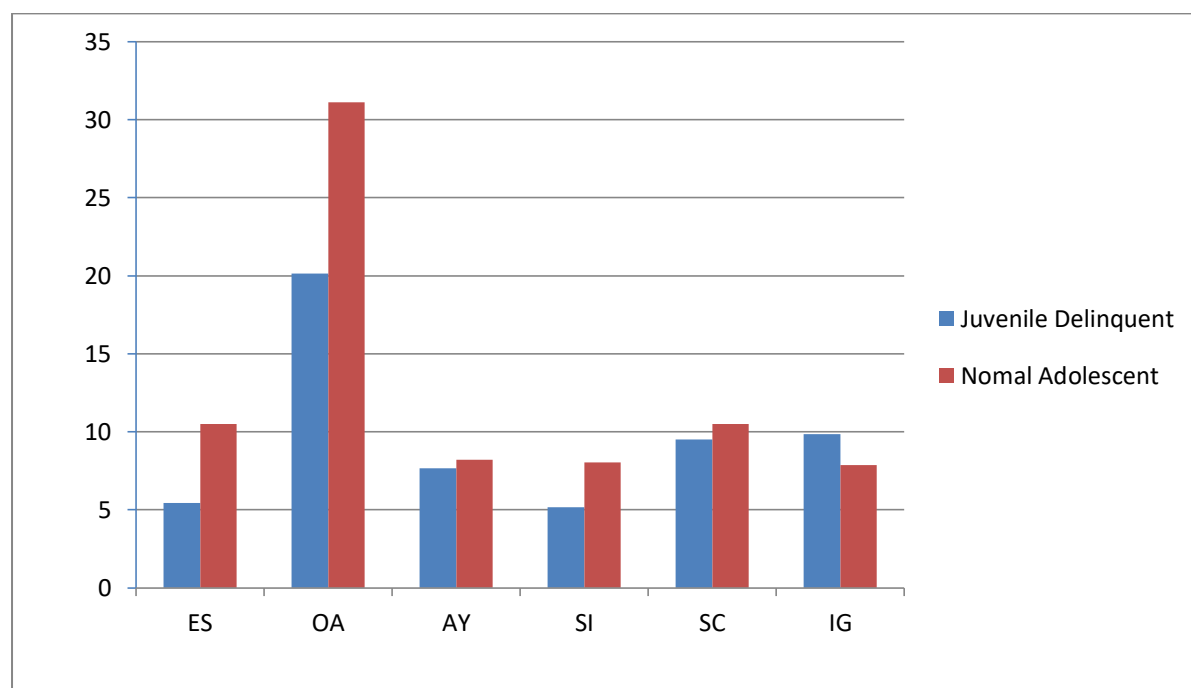
Table 2: t-value of Juvenile delinquent and normal adolescent on different dimensions of mental health battery

S.N.	Dimension of mental health battery	N	Juvenile Delinquent		Normal Adolescent		t-value	Sign.
			Mean	SD	Mean	SD		
1.	Emotional Stability	20	5.45	1.20	10.5	1.64	11.22	P<.01
2.	Over-all Adjustment	20	20.15	1.28	31.1	2.53	17.3	P<.01
3.	Autonomy	20	7.65	0.84	8.20	1.61	0.34	NS
4.	Security-Insecurity	20	5.15	1.67	8.05	0.80	8.50	P<.01
5.	Self-concept	20	9.50	1.26	10.5	1.11	2.50	P<.05
6	Intelligence	20	9.85	0.94	7.85	2.63	2.17	NS

The t-value scores of some dimensions show that there is significant difference between both groups like: emotional stable (t-11.2) p<.01, over-all adjustment (t-17.3) p<.01, security-insecurity (t-8.01) p<.01 and self-concept (t-2.50) p<.05 while autonomy (t-.34) and intelligence (t-2.17) are not significant on both groups. (Table-2)

Figure

Graphical representation of six dimensions of mental health (according to mean value) of juvenile delinquent and normal adolescents



DISCUSSION

The data is analyzed in the form of mean, combined mean, standard deviation and t-value is computed separately for full and selected dimensions of mental health battery. The present study is an exploratory one and it reveals several facts which may be beneficial to control the violent, hostile criminal behavior of adolescent. The total scores of mental health of normal adolescent are found better than juvenile delinquent and there is significant difference between both groups. It shows that juvenile delinquents are not mentally healthy and differ in managing their emotion, adjustment, stress and many behavioral problems and similar research by Wibbelink and colleagues (2017) also found that the relationship between mental disorders and recidivism in juveniles.

Mean value of juvenile delinquent in dimension of emotional stability shows below average compared to normal adolescent, it indicates that they have unstable feelings, emotions, attitude and they don't think about their criminal behavior what it affects our family and society? Dimension over-all adjustments mean scores also show that normal adolescent are better than juvenile delinquent and indicate significant difference between both groups. It shows that they don't achieve an over-all harmonious balance between the demands of various aspects of environment such as home, health, societal and emotional.

Result of autonomy dimension shows that there is no significant difference between both groups but mean scores indicate that normal adolescent are better than juvenile delinquent which reveals that normal adolescent have high independent and self-determination in thinking. Dimension security-insecurity scores show significant on both groups and mean scores are above average in normal adolescents. It indicates that they have high sense of safety, security, lightly fear or anxiety particularly with respect to fulfilling the person's present and future needs while juvenile delinquents have more confidence and no any fear, stress and anxiety about their hostile behavior.

Mean scores of self-concept are better in normal adolescent compared to juvenile delinquent and found significant which indicates that juvenile delinquents can't understand and assessment of self, positive feeling, attitudes towards self and others while normal adolescent can evaluate their achievement and understand self and others feeling. Dimension of intelligence's scores show that juvenile delinquents are found above average mean scores compared to normal adolescents which indicates that they have more mental ability and rational thinking that helps to do criminal behaviors against society and country. The t-value scores indicate that there is no significant difference between on both groups.

CONCLUSION

On the basis of present research findings it is concluded that there is no significant difference between both group on dimensions of Autonomy and Intelligence, but on some dimension like: emotional stability, over-all adjustment, security-insecurity and self-concept research finds clear significant difference which is quite obvious because of a mentally healthy person have values and righteous self-concept and scientific perception of the world as a whole.

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Conflict of Interest

The author declared no conflict of interests.

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