Research Paper

Understanding Mental Health and Well-being

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Mental health is perceived as a positive source contributing to asset development individually, socially, and economically (WHO, 2004). The World Health Organization conceptualized mental health separate from mental ill-health and defined the concept 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 own community. On the other hand better mental health outcomes in adolescents are characterized by greater adaptation in family, society, and school environment, improved quality of life (Hoagwood *et al.,* 1996).

Research has revealed an increasing incidence of depression and other mental health issues among youth (U.S. Department of Health and Human Services, 1999). Various studies have been carried out in different parts of the world to identify factors that impact on students' mental health since poor mental health has been recognized as the leading cause of suicidal behaviour, a sense of helplessness (Kay, Li, Xiao, Nokkaew and Park, 2009) and lower academic achievements (Puskar and Bernardo, 2007).

According to previous studies, factors that influence mental health are demographic backgrounds such as age and gender (Yen, Hsu, Liu, Huang, Ko, Yen and Cheng, 2006), academic field and academic year (Dahlin, Joneberg, and Runeson, 2005), personality traits (Goodwin and Friedman, 2006) and loneliness (Wang, Yuen and Slaney, 2009). (Turner, 1975) reported that human mental health has not been a focus of attention until the beginning of the 20th century with the formation of Mental Hygiene Movement by Clifford Beers in 19

Definitions on Mental Health:
Menninger (1945) writes; Let us define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness…… It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition.

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Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one's daily living. It means the ability to face and accept the realities of life. Kumar (1992) Stated that Mental health is an index which shows the extent to which the person has been able to meet his environmental demands – social, emotional or physical.

Concept of Mental Health:

The concept of mental health as well as 'mental illness' is not a new one, its roots are to be found in the early pre-history of man. On the basis of the primitive concept of animism', the concept of mental illness' grew out which based upon the ideas of animism' (Medical writing of the Hindus) or 'Evil spirits' (In the medicine of Ancient Egypt). The earliest belief in this connection was that man becomes mentally imbalance because 'angry gods took his mind away' (Kisker, 1964). This view was popular during the Homeric period, approximately three thousand years ago and a thousand years before the birth of Christ, Five hundred years later, at the time of Hippociates, some developments were brought to understand the problem of 'mental illness'.

Mental health is a term used to describe how well the individual is adjusted to the demand and opportunities of life. People differ in their adjustment to the problems of life; some people are able to adjust well and derive more satisfaction in socially approved manner. They are 'normal' or mentally healthy people.

Thus, Mental Health is the balanced development of the individual personality and emotional attitudes that enables him to live harmoniously with his fellow men. Mental Health is not exclusively a matter of the relation between persons; it is also a matter of the relation of the individual towards the community he lives in, towards the society of which the community is a part, and towards the social institutions which for a large part guides his life, determines his way of living, and the way he earns and spends his money, the way he sees happiness, stability and security.

Mental Health is a more complex concept than physical health. It is much more difficult to measure. Though we can usually recognize the extreme cases of mental ill health easily, it is difficult to categorize individuals who are normal in other ways but may have a problem in understanding another person's view point or being sensitive to the emotional needs of others. Such problems if they were sufficiently serious and persistent would definitely be indicative of poor mental health.

Characteristics of a Mental Health:

Certain characteristics that a mentally healthy individual or a well-adjusted person possesses or develops in his daily life can serve as criteria for optimum mental health. There are:

1. A well-adjusted person has some insight into and an understanding of his motives, desires, his weaknesses and strong points. He can evaluate his behaviour objectively and can accept his short-comings and weaknesses.

2. He has a sense of personal worth, feels worth-while and important. He has self-respect, and feels secure in the group.

3. Besides this security as a member of the group, he feels that he is wanted and loved. In other words, he has a sense of personal security.

4. He has faith in his ability to succeed; he believes that he will do reasonably well whatever he undertakes. He solves his problems largely by his own initiative and effort. He feels confident of himself in his every-day life, more or less effectively.

5. He has some understanding of his environment and of the forces with which he must deal. Equipped with this understanding, he plans ahead but does not fear the future. He has the capacity to face realities rationally and objectively.

6. He has developed a philosophy of life that gives meaning and purpose to his daily activities. This philosophy belongs to this world and discourages the tendency to withdraw or escape from the world. It makes him do something concrete about his problems as they arise. He does not evade responsibility or duty.

7. He lives in a world of reality rather than fantasy. Reality rather than wishes or imaginary fears governs his behaviour.

8. He develops a capacity to tolerate frustrations and disappointments in his daily life.

9. He shows emotional maturity in his behaviour. This means that he is able to regulate such emotions as fear, anger, and love, jealous and expresses them in a socially desirable manner.

10. He has a rational attitude towards problems of his physical health. He maintains a daily routine of health practices which promote healthy living. He practices good habits with regard to nutrition sleep, rest, relaxation, physical activity, personal cleanliness and protection from disease.

11. He is able to think for himself and can make his own decisions. He thinks clearly and constructively in solving problems.

12. He has a variety of interests and generally lives a well-balanced life of work, rest and recreation. He has the ability to get enjoyment and satisfaction out of his daily routine job. According to Fromm, a mentally healthy person has developed a zest of living that includes a desire for activity which is reflected in an attitude of utilizing whatever potentialities he possesses, in productive forms of behaviour.

Foundations of Mental Health:

By foundations of mental health we mean a few basic factors on which mental health of any individual depends. These factors are as follows.

(a) Hereditary Factors:

Heredity - It provides the raw material, or the potentialities of the individual. It sets the limits for his mental health. What the individual inherits is the potentialities in relation to growth, appearance, intelligence and the like. The development and utilization of these potentialities is determined to a large extent, by the environmental opportunities. Investigations have shown that heredity may predispose a person to the development of a particular type of mental illness when he is placed under excessive stress. Even in psychoneurosis and

psychopathic personality trends, hereditary factors are quite prominent. In the words of Wallin, ―defective heredity may furnish a fertile soil for the development of mental and nervous diseases but so far as minor personality maladjustments are concerned, heredity supplies only a predisposing condition.

(b) Physical Factors:

Physical Factors- physical health factors make a significant contribution to mental health. An erect posture, a winning smile, colour in the cheeks, a feeling of exhilaration promote a sense of personal security and have a marked influence on other people. People with greater strength, better looks and robust health enjoy a social advantage in the development of personality characteristics. An individual with a feeling of physical wellbeing ordinarily enjoys a good disposition and is enthusiastic and intellectually alert. He has a desire to live, to achieve and to be happy. Nobody can deny that physical health improves mental alertness as much as it increases motivation and drive. It has been observed that continuous hunger, overwork or sleeplessness produce fatigue, which may affect mental health adversely. Sick people find it more difficult to make adjustments to new situations than healthy people. Vitamin deficiencies have been found to be the causative factors in many personality difficulties. In pernicious anemia, for example, there occurs a deficiency of red corpuscles and this produces characteristic symptoms of apathy, irritability, depression and anxiety. Again persons suffering from serious physical defects may have problems of adjustment on account of inferiority feelings which they have not been able to deal with adequately. Positively speaking, the individual who follows a hygienic regimen, pertaining to food, drink, elimination, bathing, physical activity, work, sleep, rest, relaxation, prevention of disease and correction of defects, is more likely to have good mental health.

(c) Role of Home, School, Neighborhood and Community:

Social Factors - Social factors pertain to the society in which the individual lives, the interactional processes and his social functioning with other persons. It is the social environment which shapes the knowledge, the skills, interests, attitudes, habits, values and goals that he acquires. Every individual is born in the society which influences the content of his behaviour.

Of the social factors, the most important are home, school and community. A mother who gives affection and security to her children contributes to their mental health, whereas a mother who is nervous, tense, or self-centered, over-protective or rejecting, domineering or inconsistent in disciplinary practices or who is partial in dealing with her children is laying the foundations of mental inadequacy or ill health. On the other hand, a father who shares his life and time with his family and children, who shows interest in the development of his children, plays with them or works with them, helps them to develop mentally healthy attitudes.

Broken homes or unstable homes where parents are in constant conflict produce a large percentage of children with adjustment problems. A good home, on the other hand, where

there is a harmonious relationship between parents, where parents understand the needs and interests of their children and where there is an atmosphere of happiness and freedom, contributes greatly to the mental health of every member.

The community-McKinney remarks, the community furnishes the framework and climate within which the family lives and develops: it must, therefore provide a healthy atmosphere and a well-organized network of public and community services of the highest possible quality. These services will satisfy such needs as those of love and affection, give a feeling of belongingness, and provide opportunities for group participation and for emotional release.

(d) The Satisfaction of Basic Needs in the Period of Childhood:

Satisfaction of fundamental or basic needs-from the discussion of the physical and social factors it is clear that mental health in childhood and later, depends very much on the adequate satisfaction of our fundamental or basic needs. It has been brought out by mental hygiene specialists again and again that when these needs are adequately cared for, the individual functions in an effective manner.

Our basic needs are organic as well as emotional or psychological. The organic needs are to be satisfied for maintaining physical well-being. Hunger, thirst, fatigue, lack of sleep, physical pain, exercise, hear or cold and the like set up certain tensions in the individual which must be relieved.

Psychological or emotional needs are also called ego-needs which must be satisfied to maintain self. They are as important as the organic needs. There are two main ego-needs. Firstly, we have the need for a sense of security through love and affection of those who are important to us – our parents, our friends and our fellow men. We wish to have a warm and satisfying relationship with other people. This feeling of security mostly comes through love which consists of such elements as understanding, trust, co-operation and overt affection. The child feels secure when he is assured that his parents care for him, want him and accept him as he is. Accepted in this way the child can establish healthy relationship with the world outside. To the person with a feeling of security, the world is a friendly and safe place. Such a person likes people and feels comfortable with them. The second ego-need is for recognition or regard as a person of worth and importance. The adequate satisfaction of this need gives a sense of adequacy, a feeling of self-enhancement. In order that this need is satisfied in the child, parents and others have to demonstrate their affection and their approval and evince interest in what the child does. Once the child has a feeling of adequacy and importance, he will be able to cope with and solve the problem which confronts him. Other needs besides these two which should be satisfied are the need to grow independently, the need to play and the need to belong to a group. The need to grow independently is often not properly satisfied in our homes. Our parents are mostly over-protective or over-restrictive. They find satisfaction in the children remaining dependent on them forever. Generally, the youngsters are not allowed to think and decide for themselves.

Dimensions of Mental Health:

1)   *Close Personal Relationship:* Unsatisfactory scores in this component reflect a lack of the warmth and social sensitivity so necessary for healthy relationships with other people. Those who lack this warmth and sensitivity usually have few or no real friends, find difficulty working or playing harmoniously with others, and seldom have adult acquaintances in whom they can confide.

Oftentimes people learn by example. A warm, permissive, accepting manner on the part of the teacher will often "draw out" the individual who has problems with personal relationships. If, by a friendly manner, the teacher can gain the student's confidence, help in learning to appreciate the values of satisfying relationships can be given. Most young people have positive qualities that, if cultivated, will enable them to make friends and get along well with people.

2)   *Interpersonal Skills:* The desire to gain the recognition of one's peers is often impeded by a lack of skills in making satisfactory contacts. Some of the errors that students make which arc indicative of a lack of the usual and necessary skills arc; a) failure to aid other students who arc in need of help, b) Failure to evince an interest in another's achievement or conversation, c) Minimization of actual criticism of the performance of others, d) Failure to repay courtesies or acts of kindness, and e) evidence of poor sportsmanship.

Popularity is, to a considerable extent, a matter of skill in inter-personal relationships. As is the case with many skills, interpersonal skills can be taught if the learner is motivated. Most young persons can be helped in becoming conscious of the values of these skills through group discussions. Every alert teacher can find situations where a short discussion on this subject will be beneficial.

3)   *Social Participation:* Young people ordinarily enjoy being with others of their age group. Occasionally, however, teachers identify boys and girls who find participation with others very difficult. Examinees who give responses that place them in this situation are usually found a) to be extremely timid, b) to shun organized group activities such as scout groups, school societies, and school parties or dances, and c) to gain social satisfactions vicariously through over indulgence in reading, watching television, and daydreaming.

Confidence in oneself and the desire to participate in social activities can be built up by practices exemplified by the a) acceptance of student as he is, in a friendly, permissive manner, b) Bringing a small number of shy and reserved individuals together in natural activities, c) Encouragement of participation in relatively controlled group activities in which lack of social skills will not be obvious, and d) encouraging the shy individual to seek admittance into groups in which his known skills will be assets.

4)   ***Satisfying Work and Recreation:*** This refers to the psychological rewards that the individual obtains from time spent in school, at work, and in leisure-time activities. This component is exemplified by those a) who live school uninteresting and unprofitable, b) who have the hobbies and do not engage in recreational activities, and c) who spend a disproportionate amount of lime on tasks they must perform school work, chores, music lessons etc. These latter tasks are not performed for purposes of self-satisfaction but because of the demands of others.

5)   ***Adequate Outlook and Goals:*** The degree lo which the individual can accept and make his own the outlooks and goals, which arc accepted by society, will determine in large measure his adjustment to that society. Thus mental health includes assets and liabilities.

Assets are attitudes, beliefs, aspirations, skills, and achievements which contribute to a sense of well-being and which support progress towards realizing one's fullest potentialities, where liabilities are threats to emotional security, which impede the attainment of needed satisfaction and objectives. The assets of mental health need to be increased while liabilities are to be minimized in order to attain positive mental health status.

Well being:

Well-being, Well-being is a complex construct that concerns optimal psychological functioning and experience. In part, this reflects the increasing awareness that just as positive affect is not the opposite of negative affect (Cacioppo and Bernston, 1999), well-being too is not the absence of mental health illness.

For more than twenty years, the study of psychological well-being has been guided by two primary conceptions of positive functioning. One formulation, traceable to Bradburn's (1969) seminal work, has distinguished between positive and negative affect and defined happiness as the balance between the two. The second conception, which has gained prominence among sociologists, emphasizes life satisfaction as the key indicator of well-being.

Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

Psychological well-being or well-being (these two are often used interchangeably) consists of factors like self-esteem, positive effect, satisfaction, wellness, efficiency, Social support, somatic symptoms, personal control and the like. The well-being is a constituent of quality of life which a conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stock, 1987). Psychological well-being represents a proactive stance toward emotional health. Well-being refers to a person's ability to cope with events in daily life function, responsibility in society and experience personal satisfaction. Mental health has several dimensions, each of which contributes to people overall health and well-being (Kisku Kiran K., 2001).

According to Hettler (1980) wellness encompasses of six dimensions namely social, occupational, spiritual, physical, intellectual and emotional. A health individual needs a good physical and psychological well-being. Psychological well-being is directly or indirectly affected by many psychological factors among which self-esteem and emotional maturity are vital importance of the several problems facing the entire life span, the problems of the transition phase starting from late adolescent to early adulthood is a crucial one for the development of the individual. When coped up, it leads to successful achievement of the developmental tasks in the present and future.

Ryff (1989) explored the construct of well-being extensively in the light of various measures, i.e., autonomy environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, family bonding etc. He also suggested a multidimensional model of PWB that distilled six psychological dimensions of challenged thriving. In combination, these dimensions encompass a breadth of wellness that includes positive evaluations of oneself and one's past life (self-acceptance), a sense of continued growth and development as a person (personal growth), the belief that one's life is purposeful and meaningful (purpose in life), the possession of quality relations with others (positive relations with others), the capacity to manage effectively one's life and surrounding world (environmental mastery), and a sense of self-determination(autonomy).

Bhogale and Jayaprakash (1993) found satisfaction variables to be closely related to well-being while distress and meaningless represented a negative aspect or ill-being. Thus, PWS is a component both positive and negative. The factors like satisfaction, positive effect, social support and several others clearly reveal the multidimensionality of psychological well-being.

Components of Psychological Well-being:
There are three primary components of psychological well-being viz., satisfaction, pleasant affect and low levels of unpleasant affect. Psychological well-being is structured such that these three components form a global factor of interrelated variables. Global satisfaction can

be divided into satisfaction with the various domains of life such as recreation, love, marriage, friendship and so forth

Psychological well-being or subjective well-being is a new field of research that focuses on understanding the complete range of well-being from utter despair, to elation and total life satisfaction. Most people in surveys around the world report predominantly positive feelings (Diener and Diener, 1996) although this varies according to the wealth of the nation, because most people are not depressed most of the time, it makes sense to study positive forms of well-being, not just the absence of well-being.

Therefore, mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

REFERENCES:

Bhatia, B. D. (1982). Mental Health in Education. Advanced Educational Psychology, *Sterling Publishers Pvt. Ltd.*

Bhogale, S. and Jayprakash (1993). Indicators of Subjective Well-being in a non clinical adult sample, Psychological Studies, Vol. 38, pp. 135-141.

Bradburn's N.M (1969). The structure of psychological well-being. Chicago: Aldine.

Cacioppo, J.T. and Bernson, G.G. (1999). The affect system: Architecture and operating characteristics. *Current Directions in Psychological Science,* 8, 133-137.

Diener and Diener (1996-97). "Psychological well-being and happiness",   Vol. 5(1); 81-96, 200.

Goodwin, R. D. and Friedman, H. S. (2006). Health Status and the Five-Factor Personality Traits in a Nationally Representative Sample. *Journal of Health Psychology,* 11(5): 643-654.

Hettler, B. (1980). Wellness: Encouraging a life time pursuit of excellence, Health Values, 8(4).

Hoagwood, K., Jensen, P. S., Petti, T. and Burns, B. J. (1996). Outcomes of Mental Healthcare for Children and Adolescents: A Comprehensive Conceptual Model. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35 (8): 1055 - 1063.

Kay, N., Li, K., Xiou, X., Nokkaew, N. and Park, BH. (2009). Hopelessness and Suicidal Behaviour among Chinese, Thai and Korean College Students and Predictive effects on the World Health Organization's WHOQOL-BREF. *International Electronic Journal of Health Education*, 12: 16-32.

Kisku Kiran, K. (2011). Influence of Self Esteem and Emotional Maturity on Psychological Well-being of College Students, Journal of Psychological Research, pp. 14.

Kumar, P. (1992). Mental health checklist. National Psychological Corporation, Agra.

Menninger, K.A. (1945). Human mind. New York

Okum and Stock (1987). Correlates and Components of Subjective Well-being, Journal of Applied Gerontology, Vol. 6, pp. 95-112.

Puskar, K. R. and Bernardo, L. M. (2007). Mental Health and Academic Achievements: Role of School Nurses. *Journal for Specialists Pediatric Nursing,* 12(4): 215-223.

Ryff, Carol, D. (1989). Happiness is everything, or is it? Explorations on the meaning of Psychological well-being, *Journal of Personality and Social Psychology*, Vol. 57(6), pp. 1069-10810.

Turner (1975). Teacher level of questioning and problem solving in young children. Paper presented at the annual meeting of the American Educational Research Association, Washingon, D.C.

Wang, K. T., Yuen, M. and Slaney, R. B. (2009). Perfectionism, Depression, and Life Satisfaction: A Study of High School Students in Hong Kong. The Counseling Psychologist, 37: 249-274.

World Health Organization (2004). Promoting Mental Health: Concepts, Emerging, Practice Geneva: Department of Mental Health and Substance Abuse, from[Online]Availablehttp://www.aihi.unimelb.edu.au/pdf/publications/promotingmentalhealth.pdf.

Yen, C.F., Hsu, C.C., Liu, S.C., Huang, C.F., Ko, C.H., Yen, J.Y. and Cheng, C.P. (2006). Relationships among Mental Health Status, Social Context and Demographic Characteristics in Taiwanese Aboriginal Adolescents: A Structural Equation Model. *Psychiatry and Clinical Neurosciences*, 60: 575-583.