



# To Assess the Mental Health Status Among College Going Students District Bijnor, Uttar Pradesh

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## Abstract

Stress is a frustrating condition where it contains an excess of work and an overload which reduce the concentration, mentality and the normal working condition of any students. This study examines the impact of stress management among students. The present investigation was designed with the aim of studying mental health status of

college going students. The study was carried out on a sample of 100 college going students (50 girls and 50 boys). They were randomly selected from two different school of Bijnor. The tools used for the study were, socio-personal profile developed by the investigator and standardized tools to assess each variable. This was The Mental Health Inventory (MHI-38, Veit, C.T. & ware, and J.E. 2003). The result revealed students of their mental health; it showed depression as the highest and life satisfaction as the weakest aspect of their mental health. Significant gender differences showed in this, Girls' perceived depression high than the boys.

Key Word - Stress, Mental health, Adolescents.

## Introduction

Stress is defined as a person's psychological and physiological response to the perception of a demand or challenge. Students are most frequently affected by stress due to their academic and personal life. over time, stress can cause a psychological change in individuals. It can lead to dipression and enxiety. Students face various challenges, difficulties and a whole lot of pressure in today's competitive world. Students get to be trained in handling stress and should get out from it. Stress is the process by which an individual or a person reacts when opened to external or internal problem and challenges. "the organism process numerous system to coordinate such adapting responses both at at systematic and cellular levels "by this, stress has direct effect on the brain and the whole anatomy of the body as such failure to adapt to a stressful condition can result in brain malfunction, physiological problem and also many areas of psychological challenge's in the form of depression, anxiety, pain and exhaustion.

Mental health problem can affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance. Mental health is a key factor which promotes and strengthens the nature of experiences the adolescents have. Adolescents being at a crucial stage when they have one foot secured in childhood and other moving into the world of adulthood face a number of challenges which influence their interaction and perception of the relationship they share with their parents and significant others. Being in a unique period of life between the boundaries of puberty and maturity, most of the adolescents' biological,

cognitive, psychological and social characteristics are changing from what is typing childlike to what is considered adult like (Lerner & spanier, 1980). These changed characteristics also influences adolescents' perception of self, their new bodies, new roles and their new relationship (Perkins, 2001, Geldard and Geldard, 1999). experience

Besides, Adolescent involves a number of critically important development tasks namely adjustment to the physical changes of puberty and later adolescent growth to the flood of new subjective impulses brought in by sexual maturity, the development of independent from parents or other caretakers, the establishment of effective social and working relationship with same and opposite sex peers preparation of vocation the development of a system of values and a senses of identity (conger, 2000). These too make adolescents greater turmoil than the preceding and subsequent stages of life and influence their perception of parenting and family environment. (Garg,2002). Socialization shapes the adolescents and helps them to adjust and adapt to the society and accomplish the development tasks with ease. Table- 1 shows some of these changes.

Table-1

### Physiological and psychological changes during the adolescent period

#### Physiological changes (Perkins, 2001)

- Onset of maturation
- Gain in height
- Gain in weight
- Increase in muscular development
- Changes in body proportions
- Development of breast in girls
- Development of sweat gland and Oil glands

- Full expression of secondary physical Characteristics
- Development of public hair
- Development of facial hair in boys
- Hormonal development and changes
- Deepening of voice

#### Psychological changes (M C Candless, 1990)

- Struggle for autonomy
- Mood swings
- Obsession with self-image
- Closeness of friends than parents
- Increase insects in heterosexual relations and other sexual activities.
- Greater probability of addiction to drugs and alcohol
- More proneness to depression
- Identity crises
- Attraction towards opposite sex
- Fuss over food
- Ego-centric behavior
- proneness to risk taking behavior
- Intense effort to be the best and popular

## Influence the parents on adolescent development

Parenting is all about preparing children for adulthood. Ted Haggard, author of the book letters from home says, "it's about slowly releasing them through their adolescent years so that will be ready for independence. It's also about building a lasting legacy –one that will serve as an inspiration and guide from them, as they move through adulthood."

### Pressure on parents

According to a 2021 study , 86% of parents who participated said that they pressured their kids because they grew up with distant or negligent parents and wanted to pay more attention to their own children. Parents often believe that they are solely responsible for the way their children "turn out", and thus must do think right so as to raise them to become responsible adults. This puts tremendous pressure on them. As adolescents begin to encounter novel, exciting, anxiety, and increase. As a group, adolescents have certain tendencies, as show in table-2, which pose further problems for them and for their parents.

Table -2

Problem related adolescent tendencies

Common Adolescent Tendencies	Related Problems
Egocentric tendencies	Argumentativeness, self-consciousness, indecisiveness and finding faults with adults.
Tendencies to take risks	High rate of suicides, drug abuse, and high death rates due to accidents.
Neglect of health	Obesity, anorexia nervosa, bulimia, alcoholism and depression.
liberal sexual attitude	Teenage pregnancies, premarital sexual activity, STDs, HIV positivity & AIDS.
closer ties with peer group than parents	Parents-adolescent conflicts related to choice of clothes, hair styles, music, heterosexual relations, social customs and traditions.

These tendencies produce a change in parents-adolescents relations, with parents becoming increasingly anxious and distressed. This may be supplement by the midlife crisis of parents.

### **Mental health of adolescents**

Mental health has been defined as successful performance of mental function, resulting in productive activities, fulfilling relationship with other people, and the ability to change and to cope with adversity. It is a level of psychological and social wellbeing. Mental health is fundamental to physical health and quality of life, and thus need to be addressed as an important component for improving overall health and wellbeing of adolescents.

Mental health is a state of wellbeing in which the individual realize this own abilities, copes with the normal stressed of life, works productively and fruitfully, and makes a contributing to the community (WHO,2004) “there is no health without mental health” was the clear message of the European Conference on Promotion of Mental Health and Social Inclusion (Geber-Teir,1999). Merki, M.B. (1990) has highlighted that there are three important parts of good health for adolescents.

A meta-analysis reports that 6.5% of the community and 23.3%of school children disorders. India has the highest youth suicide is the leading causes of mortality in this population.

### **Effects of socio economic factors on adolescents’ perception of mental health**

The HBSC (Health Behavior in School Age Children study has found family affluence to be an important predictor of adolescents’ perception mental health. In general limited family income may restrict families’ opportunities to adopt healthy behaviors such as eating healthy and participation in fee-based physical activities which influence mental health.

Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems.

## **Peer relationship and adolescent' perception of mental health**

A study has identified areas across countries in which having high- quality peer relationship serves as a protective factor, with positive effects on adolescents well being including fewer psychological complaints. Research indicates that adolescents who participate in social networks are found to have better perceived health and of mental well being and slow healthy behaviors. Peers are valuable social contacts who contribute to adolescents' mental health and well being. However, at time they can also be negative influence in relation to risk behavior such as smoking and drinking.

### **School environment and adolescents' perception of mental health**

Research finding show that those who perceive their school as supportive are more likely to show positive well being and have better mental health outcomes, such as good self- rated health, high levels of life satisfaction, few health complaints and low smoking prevalence. These associations suggest that schools have an important role in enhancing young people's sense of wellbeing and in acting as buffers against negative behaviors and outcomes.

### **Family environment and adolescents' mental health**

It is important to communicate with family because parents are the key in establishing the family as a protective factor. Support help to the adolescence girl to deal with stressful situation, buffering them against consequences of several negatives influences, thus enhancing perception of mental health of adolescents. (Wyman Teen Outreach Program,2011).

The accumulation of support from parents, siblings and peers leads to an even stronger predictor of good mental health.

### **Methodology**

The present study was designed to investigate mental health status among college going students and to examine gender difference, if any in their mental health status. To achieve this objective the following method were adopted.

## I.Design of the study

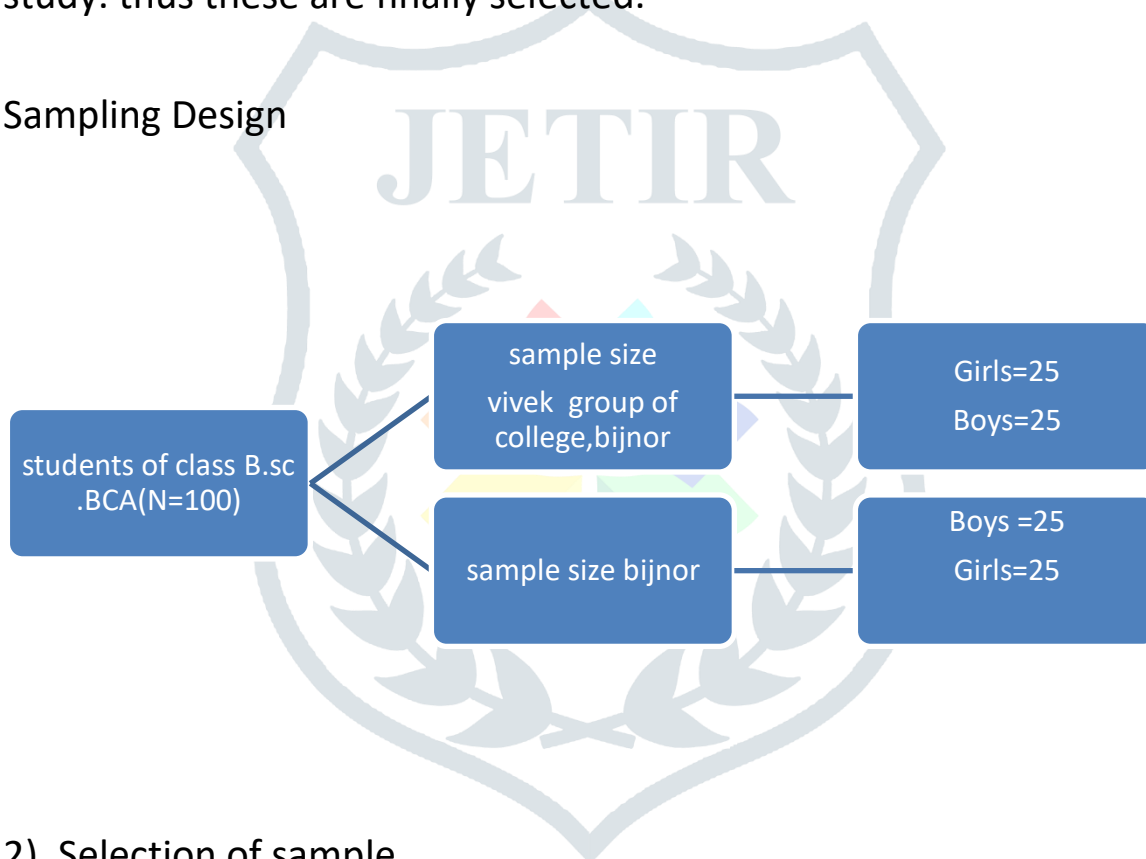
The present study was conducted on adolescents studying in different private school of Bijnor.

## II.Sampling procedure

### 1. Selection of college

A list of various co-education college of bijnor was prepared and these colleges were visited and explained the purpose and nature of the study. Two of these college extended full cooperation and showed interest in the study. thus these are finally selected.

### Sampling Design



### 2). Selection of sample

A list of students of class B.sc and BCA was obtained from the class teacher of each of the selected college.50 boys and 50 girls were selected randomly from this list from each of the colleges. The students and their parents also contacted us and explained the aims and nature of this study.

### III. Tools used in the study

Now, selection of tools was done and keeping in mind the objectives of study.

#### 1. Background information form

The background information of the sample was obtained by the investigator on the self prepared performa. It obtained various aspects such as name, age, class, sex, name of the school and contact information.

#### 2. The mental Health Inventory (MHI-38)(veit,C.T.&Ware,J.E.2003)(Appendix-II)

Mental Health Inventory (MHI) BY (Viet et al,2003) was used for evaluating perception of adolescents in their mental health. The inventory contained 38 items in total and had six subscales namely- anxiety,depression, loss of behavioural/ emotional control, general positive affect, emotional and life satisfaction.

#### Interpretation of Mental Health Scores

variables	low	Moderate	High
Anxiety	9-24	25-39	40-54
Depression	4-10	11-17	17-23
Loss of control	9-23	24-38	39-53
General Positive Affect 10-26		27-42	43-60
Emotional ties	2-5	5-8	8-12
life satisfaction	1-2	2-4	4-6

The table was show that the low range of anxiety is 9-24, moderate 25-39 and high is 40-54. Depression low range is 4-10, moderate is 11-17 and high is 17-23.loss of control low range is 9-23,moderate is 24-38, high is 39-53. General Positive Affects is low range is 10-26, moderate is 27-42 and high is 43-60. Emotional ties low range is 2-5, moderate is 5-8 and high is 8-12. Life satisfaction low range is 1-2, moderate is 2-4 and high is 4-6.

### **Validity and Reliability**

According to the National Multiple Sclerosis Society, Mental Health Inventory has a reported. 93 Cronbach alpha rating whereas its abbreviated



version have. 82 this test has been known to have been tasted on extensive populations.

## **Interpretation of Results**

All subscales were scored, so higher scored indicated more of construct named by the subscale label. Thus, higher scores on three subscales indicated positive states of mental health i.e. General Positive Affect, Emotional Ties, Life Satisfaction, Higher scores on the other three subscales indicated negative states of mental health i.e. anxiety , depression, and loss of Behavioral/ Emotional control. Mental and standard deviations were computed and interpretation of the score was done.

### **2 .Procedure of Data Collection**

#### **1. Pilot study**

A pilot study was conducted on 10 subjects (5 girls and 5 boys) to check the suitability of the tools and to find out the problems that could be encountered in data collection.

The Objectives of the pilot study:-

1. To access the mental health status among students
2. To access the effects of socio economics variable on mental health.
3. Collection of Data

After seeking permission from the principals of the selected colleges, rapport was formed with the subjects. A talk was given to the adolescents in college. They were explained the aim and relevance of the present study and reassured that the information given by them would be kept strictly confidential. The various tests were administered on the selected sample. The test items were read out and instructions were given. They were requested to respond truthfully and without discussing the responses among friends, so that data could be collected objectively. Great care was taken not to suggest or give direction or indicate investigator's own bias. The tests generated high interest in the adolescent who filled up the response sheets with enthusiasm.

### 3.Data Analysis

The data was analyzed by computing total score, means and standard deviation for the total sample as well as girls and boys. 't'- test was used to see if any significant gender differences emerged in girls and boys of about their mental health. Bar diagrams and pie chats were made wherever required data diagrammatically.

## Results and Discussion

The present study was undertaken to get an insight into mental health status among college going students and examine gender differences if any.

The data has been analysed and discussed under the following sub heads:

1. Mental health status of college going students
2. Gender difference in their mental health.

#### Mental health status of college going students

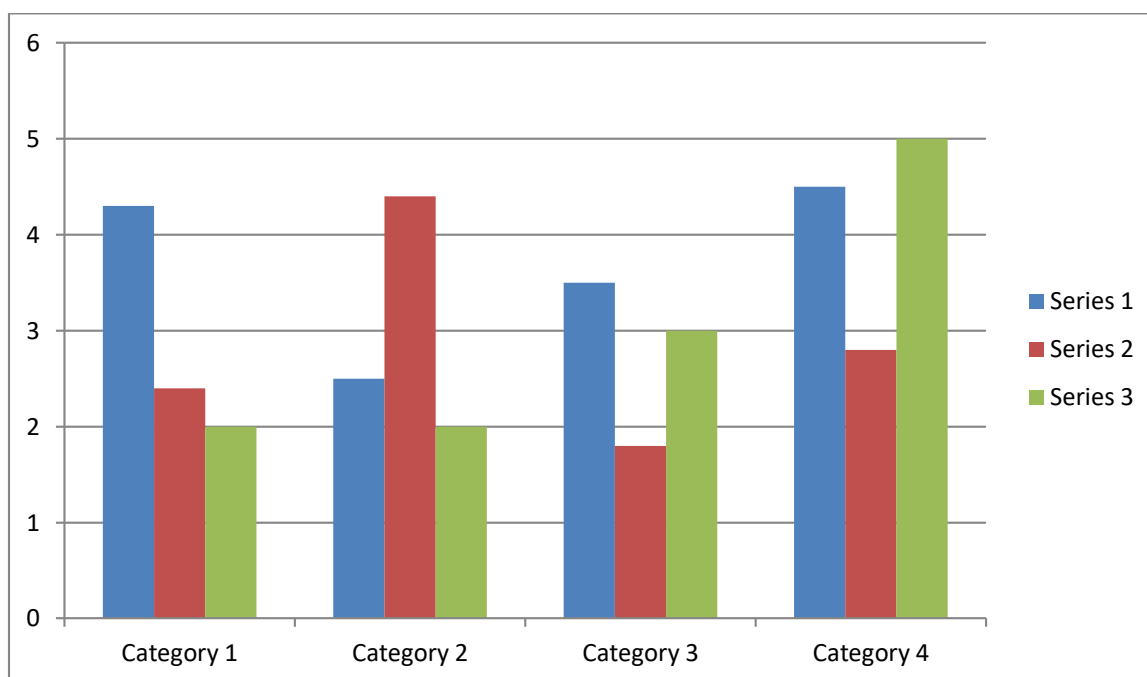
To get an insight into mental health status of college going students (N-100), mean scores and standard deviation were computed for the 6 subscales and the total of the mental health scale. The mean total scores of student's mental health status are presented in table 8 and figure 6 given below. The result of present study showed that depression was perceived as high by adolescents (Mean-17.54). While adolescents perceived anxiety as moderate (Mean-35.250). Even moderate perception of loss of emotional control (Mean-33.95), general positive affects (Mean-29.99), emotional ties (Mean 7.91) and life satisfaction (Mean- 3.10) was reported by the adolescents.

Table -8

#### Mental Health Status Of Students

Variable	Mean	Level	S.D
ANX	35.25	Moderate	6.85
DP	17.54	High	3.66
LOE	33.95	Moderate	4.47
GPA	29.99	Moderate	7.71
ET	7.91	Moderate	2.83
LS	3.10	Moderate	1.05
Total	127.73		11.11

Figure-6  
Mental Health Status of Students



Earlier studies too have reported that adolescents show high level of depression. According to the Department of Health and Human Services Schrobsdorff, 2016), more than three million adolescents aged 12-17 reported high level of depressive episode in one year, and more than two million reported severe depression that impeded their daily functioning. W.H.O. (2004) reported that one fifth of teenagers under the age of 18 years suffer from high level of depression, emotional and behavioural problems, while one in eight have a mental disorder. Adolescents who have high level of depression are at risk of abuse and neglect, (Tinnflat, 2008). Such adolescents also have tendency for self-inflicted injuries, delinquency, and eating disorder problems and even attempt suicide. They are shown to be generally pessimistic and have a negative outlook in life. (Hjerne earlier studies even relate depression between ages 14 and 16 to increased risk of later major depression, anxiety disorders, nicotine dependence, alcohol abuse or dependence, suicide attempt educational underachievement, unemployment, and early parenthood. ) These associations have been shown to be similar for girls and boys Fergusson et al, (2002) have explained perception of depression in adolescent years to social, familial, and individual factors. Thus, the finding of this study suggest need for counselling, parenting workshops and adolescent education as preventive measures for tackling feeling of

depression in adolescent which can otherwise have serious consequences for later years.

Results of the present study show that anxiety was perceived at a moderate level by adolescents (Mean-35.25). Earlier studies have related anxiety in adolescence to fear of negative outcomes in academics, body image and also negative evaluation by peers. According to the Department of Education, 30,000 pupils aged 14-15, suffer from anxiety. It is a rise of 10 per cent in the past decade and leading experts call it a "slow-growing epidemic." Anxiety problems in adolescents can affect mental health and lead to social phobias, generalised anxiety problems, panic attacks and obsessive compulsive disorders. (Barmola, 2016). The results thus point out to the importance of distressing activities for college going adolescents and enhancing their self-confidence and life skills to deal with adolescent issues.

Results of this study show moderate perception of loss of emotional control (Mean-33.95). Galambos (2004) has related loss of emotional control in adolescence to dissatisfaction with the way things move and frustration with social relationships.

Frustration leads to aggression. (Adolescents face several situations which may be frustrating or lead to conflicts with parents, siblings or peer group. Lack of self-confidence and doubts about self because of negative reactions parents, other family members and friends have shown to be responsible for loss of emotional control. )

Therefore moderate perception of loss of emotional control is in tune with earlier findings and can be prevented by strengthening family environment as reported by Hoagwood, et al. (1996) and USDHHS, (1999). Greater adaptation to family, society, and school environment and improved quality of life too can help in this direction.

Moderate perception of general positive affect (Mean-29,99), emotional ties (Mean-17.54) and life satisfaction (Mean-3.10) as reported by the adolescents in this study could also be improved by better perception of family environment and parenting in some of the week areas. Effective parenting workshops, life skills workshops and counselling could again be helpful in this direction. Neglect of mental health would only result in serious consequences the students in their later lives and they may feel ill-equipped to deal with demands of life and future career as opined by Nanda, (2012) and Barmola (2016).

Gender difference in perception of mental health Result were analysed as shown in table 9 and figure 7 to find out if difference existed in girl's and boy's perception of their mental health.

Table-9

Gender differences in mental health status

Variables	Gender	Mean	S.D	t-value
ANX	Male	35.09	7.12	.330
	Female	35.41	6.59	3.584**
DP	Male	16.64	3.50	
	Female	18.44	3.60	.568
LOB	Male	34.13	4.66	
	Female	33.77	4.28	
GPA	Male	30.14	8.27	.275
	Female	29.84	7.14	
ET	Male	7.86	2.75	.275
	Female	7.95	2.91	
LS	Male	3.11	1.13	.275
	Female	3.08	.96064	
Total	Male	126.97	10.95	.967
	Female	128.49	11.26	**p<0.01

The results of the present study did not show significant gender differences in majority of the aspects of mental health Both girls and boys perceived moderatemoderate levels of general positive affect (t-value.275), emotional ties (t-value-275) and lifelife satisfaction (t-value .202). However, significant difference emerged in girls' perception of depression (1-value-3.584\*\*). Girls perceived significantly higher (mean 18.44) than the boys (16.64), Similar findings have been reported by Ratter (2012)(2012) based on combined data from the 2008 to 2010 SAMHSA National Survey on DrugDrug Use and Health (NSDUH). It has been reported that each year, an average of 14 million adolescent girls aged between 12 to 17 years suffer from major depressivedepressive episode, which is three times higher, 12% than the risk of boys (4.%). Nanda (2001) has also reported greater mental health problems in girls as compared to boys (N-1579 students). Perhaps socialization and pampering of males in Indian culture culture is responsible for these findings. Depression in adolescence is common worldwide

but often unrecognised. The incidence, notably in girls, rises sharply after puberty by the end of adolescence because it represents the period of time during which which experience variety of biological changes and encounter a number of emotional issues In the absence of sex education, the situation becomes stressful and leads to depressive symptoms. There is enough literature which emphasises that exposure exposure psychosocial stress, inherited risks, developmental factors, sex hormones, and psychosocial adversity in adolescence increases risk of depression (Thapar et al, 2012) Recent Recent studies havereported that levels of "psychological distress" amongst 15 year old girlincreased from 19% in 1987 to 33% in 1999 while depression and anxiety in bo reported to have fallen since 2005. However, National survey,(2008) has revealed revealed that Male adolescents are slightly more likely to have mental health difficulties than females (12.3% vs. 10.9%) Sanghani, (2017) has related depression in Indian girls to stress at school, body image worries, early sexualisation, bullying on and offline and uncertainty about about the future after school. Dichotomy in modern upbringing and social expectations is another another cause depression in girls. HBSC (Health Behaviour in School-Aged Children) report provided clear evidence of gender differences in dealing with stress and frustration, which may be related to experience of depression. Boys in general engage more in externalizing of expressive forms of behaviours, such as drinking or fighting, while girls tend to dd problems in a more emotional or internalizing way, often manifesting as psychosomaticsymptoms or mental health problems such as depression. (Currie C (Currie C et al, 2010) Educating and counselling pertaining to adolescents' wellbeing from a gender perspective ha considerable potential to reduce mental health problems in girls. (Roberts C et al, al, 2011) The overall perception of mental health was similar for boys and girls, Even Damodaran et al, (2016) found no gender difference in perception of mental health. A. Priess et al, (20The 09) also reported that both girls and boys have similar mental health problems particularly at moderate levels of stress Tinnfalt, (2008) reported that girls and boys do not perceive major differences in their mental health . but think they are subject to different expectations. Like the results of this study, Tamini and

Mohammady Far (2009) too reported moderate perception of mental health aspects in Indian students who had better mental health and life satisfaction. Low prevalence of psychiatric disorders was reported by them among Indian adolescents' as compared to Western countries. Study by Srinath et al. (2005) also supports these findings.

In some earlier studies gender differences have been reported in mental health problems such as depression, anxiety and somatic problems. Girls, like in this study, have reported more depressive symptoms (Galambos 2004), although these vary across age groups (Scott, 1998; Parker & Roy, 2010; Kessler et al, 1994; Hawton et al, 2002; Linzer et al., 1996)

## SUMMARY

Adolescence is the transitional stage of development between childhood and adulthood, representing the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. It is often said that the teenage years are the "best years of one's life". As true as this assertion may be, it is ironic to note that this is only part of the picture. Life for many adolescents is a tug of war filled with the mixed messages and conflicting demands from parents, teachers, friends, family and oneself. G. Stanley Hall denoted this period as one of "storm and stress" and, according to him, conflict at this developmental stage is normal and not unusual. In earlier research studies, the nature of the family environment, level of cohesion, degree of conflict, and organization has been strongly associated with adolescent mental health. (Siddique and D'Arcy, 1984). Positive mental health has been considered essential for growth and development of adolescents and a prerequisite to their happy and fulfilled life and for effective functioning in family and society (Jane -Llopis & Braddick 2008). Parenting practices which refer to characteristic ways of handling or dealing with adolescents (Judy, 2000) have also been reported to be related to mental health of adolescents (Kail and Cavanaugh 2000).

Thus, research focussing on present day scenario in terms of adolescents' mental health is need of the hour so that inputs can be made available for

strengthening positive mental health of the adolescents. The present study was therefore undertaken with the following objectives.

Major objectives of the study:-

1. Mental health status of college going students
2. Gender differences in their mental health.

The sample for this study consisted of 100 college going students selected from vivek college of Bijnore. It was a purposive random selection of 50 girls and 50 boys .

The Mental Health Inventory (MHI-38) by Veit, C.T. & Ware, J.E. (2003) was used to study mental health of adolescents. The inventory contained 38 items in total and had six subscales namely-Anxiety, Depression, Loss of Behavioural/Emotional control, General Positive Affect, Emotional Ties and Life Satisfaction.

The data was analysed by computing total scores, means and standard deviation for the total sample as well as different groups i.e. girls/boys. 't' - test was used to see if any significant gender differences emerged in mental health of the adolescents.

## CONCLUSION

Students' mental health status Mean scores of adolescents' mental health showed that adolescents perceived anxiety as highest (Mean-35.25) and life satisfaction as the weakest(Mean-3.20) aspect of their mental health.

Gender differences in students' mental health There was significant gender difference in adolescents' mental health in the dimension of depression.

Girls perceived depression higher than the boys. (Mean girls =18.44 a

Recommendations for future research studies Comparative studies related to adolescents and their mental health as related to various contextual factors could be undertaken such as rural/urban, towns / metropolitan cities, different socio economic groups, family types and religions/communities.Intervention studies could be conducted after effective parenting workshops and adolescent counselling sessions to plan programmes for enhancing mental health of youth. nd Mean boys=16.64). (t-ratio-3.584\*\*)(\*\*P<0.01)



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