EXECUTIVE SUMMARY

ON

THE EFFECT OF LIFE STRESSORS ON MENTAL HEALTH OF ADOLESCENTS

Minor Research Project funded by University Grants Commission

By

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Adolescence is a period of intense and rapid development, accompanied by emotional upheavals and is characterized by numerous developmental tasks. Adolescent is also that stage of an individual's life where emotions and feelings are more volatile, their impact on the person is always in a flux and therefore any study is subject to an element of incompleteness.

When adolescent development is normal, the result is a biologically mature individual equipped with the capacity to form close relationships and the cognitive and psychological resources to face the challenges of adult life (Hazen, Schlozman & Beresin, 2008). For some adolescents this period is particularly difficult because of the presence of family and community risk factors and stressors like, parental mental illness, substance abuse, domestic violence, and child abuse or neglect that predispose them to poor developmental outcomes. This research therefore has focused on these stressors and their impact in an adolescents' development.

In order to arrive at viable and verifiable conclusions, this research was limited to a sample of 205 adolescents, 99 male and 106 females. The sample was stratified based of the age of the adolescent, there were 12 adolescents from the age range of 10-11 years, 38 from 12-13 years, 49 from 14-15 years, 52 from 16-17 years and 54 from 18-19 years.

In order to study the extent of stress experienced by adolescents the following psychological tests were used; Personal data questionnaire, the Life Stressors and Social Resources Inventory (LISRES- Youth) by Rudolf H. Moos and The Mental Health Inventory (MHI-38) by C. T. Veit and J. E. Ware, Jr.

A questionnaire survey was adopted for this research. Both descriptive and analytical approach was used. For the collection of data, a stratified sampling technique was used. In the first phase a list of all the talukas and the villages of each taluka was obtained. Based on the number of villages, from each taluka 50% of the villages were selected to obtain data. The researchers choose a representative sample of villages from each taluka. The next step involved contacting higher secondary schools and colleges in the area and after obtaining permission for the respective authorities, the questionnaires were administered. The third step involved asking the research participants to give the questionnaires to adolescents known to them, like adolescents

who were not employed, or not pursuing any academic course. The questionnaires were then given to these research participants who in turn gave it to adolescents known to them. The researchers then collected the questionnaires form the research participants.

After the data collection, the scores for all the scales were obtained for each of the subjects.

CONCLUSIONS DRAWN FROM THE RESEARCH

This research was conducted in a scientific manner by framing appropriate hypotheses, which could be verified based on the data collected from the sample used for the study. Therefore, the research was on the basis of five hypotheses, and the following conclusions were arrived at:

1. All the sub-scales of the LISRES-Y are negatively correlated with the total MHI, indicating that in terms of the present sample, the greater their psychological well-being, the less stress they experienced.
2. A physically healthy person is mentally stable and this is indicated with a correlation coefficient of -.210, statistically significant at the 0.01 level.
3. A negative correlation between mental health and home and money, with a correlation coefficient of -.225 statistically significant which indicates that the respondents were happy with the quality of their homes and the area in which they were living, so this did not cause them to experience any stress.
4. The correlation coefficient between mental health and stress due to parents was -.216, significant at 0.01 level of significance. This indicates that, the adolescents did not feel that their parents were a source of stress to them.
5. The correlation coefficient between mental health and stress due to extended family was -.280, significant at 0.01 level of significance.
6. The correlation coefficient between mental health and stress due to school as -.196, significant at 0.01 level of significance
7. Home and money issues caused adolescents to experience the greatest amount of stress with a T- score of 54, followed by extended family and Negative life events with a T- score of 51.

8. The T- score for friends or peers as a source of stress was 49. Physical health, Parents, siblings and school all caused the same amount of stress with a T-score of 46.
9. Having a boyfriend/girlfriend was the lowest cause of stress with a T- score of 42, because the sampled adolescents did not report having a girl/boyfriend.
10. There were differences in the MHI scores among adolescents with respect to their ages in six factors namely, anxiety, depression, loss of behavioural/emotional control, life satisfaction, psychological distress and overall mental health, significant results have been obtained, indicating a statistical difference between the scores in terms of age range. For the factors of general positive affect, emotional ties and psychological well-being, the results were not statistically significant.
11. Home and money caused adolescents the most amount of stress with an average and a somewhat average score for males and females. This was followed by negative life events, extended family, school, and friends with an average score. The remaining dimensions of physical health, parents, siblings, boyfriend and girlfriend obtained a somewhat below average score.
12. Overall males obtained a higher mental health score indicating that they had better mental health as compared to females with a mean score of 158.62 and 155.14 for males and females respectively.
13. Extended family was a cause of stress among those adolescents who did not live with their parents with a mean score of 1.75.
14. Those adolescents who were not living with their parents experienced stress because of a boy/girlfriend.
15. Amount of anxiety experienced was higher for those adolescents who lived without their parents. Mean score without parents was 31.63 and with parents were 25.68.
16. Loss of emotional/behavioural control was higher for those adolescents living without parents, mean score 28.56, with parents mean score was 23.21
17. General positive affect was lower for adolescents living without parents, mean score was 35.69; living with parents, positive affect was higher with a mean score of 4.39.

18. Life satisfaction was lower for adolescents living without parents, mean score was 3.6, living with parents, positive affect was higher with a mean score of 41.56.
19. Psychological distress was higher for those adolescents living without parents, mean score was 78.50, and those living with parents was lower with a mean score of 63.87.
20. Psychological well-being was lower for those adolescents living without parents with a mean score of 49.00, and for those adolescents living with parents was higher with a mean score of 57.99.
21. Overall mental health was lower for adolescents living without parents with a mean score of 135.44, and for adolescents living with parents overall mental health score was higher with a mean score of 158.63
22. 85 adolescents described their relationship with their parents as extremely close, 88 mentioned that they were close with their parents, 24 described their relationship as cordial and five mentioned that they were not on talking terms with their parents.
23. School as a source of stress, significant results were obtained between extremely close 11.14 and those adolescents who were not on talking terms with their parents.
24. Significant differences were obtained in terms of loss of emotional/behavioural control between the different types of relationship with their parents.
25. The type of relationship one shares with their parents makes a big difference in general positive affect, with adolescents with a cordial relationship and not on talking terms obtain significantly lower scores
26. Life satisfaction between extremely close and not on talking terms significant difference.
27. Significant difference between extremely close and cordial in terms of psychological distress.
28. Significant difference between extremely close and cordial in terms of psychological well-being.
29. Extremely close relationship with parents results in higher mental health.
30. Extended family, friends and boyfriend and girlfriend was a source of stress for those who contemplated suicide.

31. Negative life events were a significant source of stress for those who contemplated suicide.
32. Anxiety was a significant cause among those who contemplated suicide.
33. Those who contemplated suicide had significant amount of depression, loss of emotional/behavioral control, less life satisfaction, more psychological distress, lesser psychological wellbeing and lesser overall mental health score.
34. Among those who attempted suicide experienced more stress due to friends, girl/boyfriend also was a source of stress.
35. Depression was significantly higher among those who attempted suicide.
36. Adolescents who attempted suicide had significantly higher loss of behavioural/emotional control and significant lesser positive affect, significant lesser life satisfaction, lesser psychological wellbeing and significantly greater psychological distress.
37. The overall mental health score was lower for those adolescents who attempted suicide.

SUGGESTED INTERVENTION STRATEGIES

Child and adolescent mental health includes a sense of identity and self-worth; based on a sound family and peer relationship and the ability to be productive. The capacity to learn and to use developmental challenges and cultural resources to maximize development arte other attributes contributing to good mental health. Good mental health in childhood is a prerequisite for optimal psychological development, productive social relationships, effective learning, an ability to care for self, good physical health and effective economic participation on reaching adulthood.

Some children and adolescents are subjected to difficult circumstances; for example, they might experience physical, emotional and/or sexual abuse, experience or witness violence or warfare, suffer from intellectual disability, slavery or homelessness, migrate from rural to urban areas, live in poverty, engage in promiscuity and commercial sex work, be addicted to substances such as alcohol and drugs, or be infected or affected by HIV/AIDS. These difficult circumstances and mental health problems can be interrelated in a number of ways. They could, for example, serve as risk factors for mental health problems. Alternatively, mental health problems could

serve as risk factors in difficult circumstances; for example, when an adolescent uses alcohol or drugs to deal with depressive feelings. Whatever, the nature of the relationship between mental health problems and difficult circumstances, specific intervention strategies are necessary to address child's and adolescent's, needs. Tailoring interventions towards not only the individual adolescent but also the parents, family, school, peers, the local community and thru digital platforms may produce significant changes in the adolescent's mental health. These interventions could be the following:

1. **Parent focused interventions**

This could include different forms of parenting interventions, including parent education, parent training and parenting support. Parenting programs can be implemented as an early intervention to prevent the onset of problems and also to ameliorate the severity of existing problems especially in high risk children and youth. Parenting programs for parents of adolescents should largely aim to minimize the risk factors of coercive family interaction and poor parenting which have a role in causing and/or maintaining external behavior problems and delinquency. Parenting programs should also aim to enhance parent-child communication and connectedness and improve parental supervision and monitoring. Parental supervision, in particular, appears to be of crucial importance in preventing a range of adolescent risk behaviours. Parenting programs may also address additional family risk factors such as parental stress and depression and marital conflict.

2. **Family focused interventions**

Family based interventions are on the assumption that family functioning may cause, maintain or worsen adolescent disorder or risk behaviours such as substance misuse. If family relationships are appropriately modified, these approaches can be effective in reducing the problem behaviours. Family factors such as poor communication, parental criticism, ineffective discipline, emotional disengagement can negatively impact the adolescent and increase the risk of substance abuse. Consequently, family focused interventions that target negative patterns of interaction have been found to be the most effective approaches to adolescent substance abuse when compared with individual support interventions or skills training. Improving family functioning by

working with them within their own social context decreased anti-social behaviours. By involving family members in the intervention there is a shift in the focus of problem from within the adolescent to within the family; this may have particular therapeutic benefits for the adolescent. However, the inclusion of the family in the interventions for young people may not be appropriate for all families. It is important to consider factors such as the young person's age and level of maturity, as well as the current level of parental/familial involvement. In addition, and probably the most important factor, is the nature and supportiveness of the relationship between adolescent and their family.

3. School-based interventions

An approach focusing on mental health promotion rather than on mental illness prevention is effective in promoting adolescent and youth mental health. School-based mental health interventions specifically focusing on low and middle-income children suggest that the majority of the school-based life skills and resilience programs indicated positive effects on students' self-esteem, motivation, and self-efficacy. A range of procedures should be adopted in schools that will bring "*at risk*" students systematically to the attention of mental health staff.

Mental health and education policy makers might also need to consider new methods, such as virtual counselling, Internet programs and online clinics as mechanisms to allow high school students to reach mental health services. Given the shortage of counsellors, there is a need to think clearly about new models for individual health care of students in schools.

4. Community-based interventions

It is pertinent to note that the community in which the adolescent lives has a substantial impact on the adolescents mental frame. Therefore community-based interventions targeting adolescents and youth could result in positive effect on behavioral changes, self-confidence, self-esteem, levels of knowledge, and physical activity. To engage the community, there will be need to design such activities where the community would naturally consider itself as a part and participant of such activity. Therefore, such activities need to have a wider based and scope like,

competitions, exhibitions of local talents, community cleaning of common areas, environment protection activities, including cooking and so on would naturally involve a community.

5. **Digital platforms for mental health interventions**

In this cyber age it is but natural for every individual especially the adolescents to be constantly engaged in the use of digital platforms, be it the social media or work based activity or entertainment. These digital platforms have huge impact on adolescents therefore, proactively creating such applications aimed at developing positive mental attitude as an end result will impact adolescents.

IMPLICATIONS OF THE RESEARCH FOR POLICY AND PRACTICE

The quality of life and lifestyle of a population is now-a-days largely dictated by the state of governance of the State. The governance component should have definite policy objectives in not only ensuring the mental health of the majority of the population but should also have specific policy initiatives to upgrade and rectify those who might suffer from deviations of mental health especially the adults. The neighbouring State of India, Bhutan is a live illustration of such a dedicated and focused approach where the '*Gross Happiness Quotient'* is much more relevant and important than the financial prosperity of its citizens. It is also noticed that some of the western Nations have now realized the importance of mental health and have been legislating on various healthy work cultures, ensuring that employees do spend quality time with their families, thus enabling them to attend to the mental health needs of children and adolescents in their families. It is important for a vast country like India to use its rich culture and tradition to enrich and support family relationships, rather than the Government only focusing on material wealth and financial prosperity. The field of education is one important area where the government could undertake definite policy initiative towards preserving and enhancing the mental health of children and adolescents. These policy initiatives could be spelt out in specific areas as follows:

1. **Develop a national policy for mental disorder prevention and mental health promotion within the context of public health and public policy**

To further the development and implementation of evidence-based programmes and policies, the necessary steps and conditions need to be guided by comprehensive prevention policies at local, national and regional levels. The relationships between physical and mental health denote the crucial need to integrate prevention and mental health promotion within a broader comprehensive public health framework.

Governmental agencies should be urged to develop national and regional policies on prevention of mental disorders and mental health promotion as part of public health policy and in balance with treatment and maintenance practices for existing mental disorders.

Prevention policies, along with mental health promotion, should be population-oriented and embrace different settings. This includes actions such as promoting a healthy start of life through supportive services for young parents; offering early school-based interventions for healthy development; stimulating protective mental health and family-friendly policies at the workplace; providing increased personnel, resources and prevention training throughout the health services; and creating accessible childcare services and support systems in the community, especially for high-risk populations.

Mental disorder prevention and mental health promotion should be integrated within a public policy approach that encompasses horizontal action through different public sectors, such as the environment, housing, social welfare, labour and employment, education, criminal justice and human rights protection.

Prevention policies should address the conditions that are needed to make the development, dissemination and sustainable implementation of evidence-based prevention programmes possible.

2. **Invest in prevention within primary and secondary health care**

Primary health care and mental health care providers and hospitals are in a strategic position to integrate evidence-based programmes for the prevention of mental disorders and promotion of mental health in their services.

Supportive policies that include prevention of mental disorders and mental health promotion in primary and secondary health care are needed, along with increased resources and training.

High levels of co morbidity among psychiatric disorders, and the high interrelatedness between mental and physical health and social problems call for integrated prevention strategies within primary and secondary health care. Such strategies should focus on common risk and protective factors and prioritize mental health interventions that have been found to lead to outcomes for a number of different problems.

3. **Capacity building and training**

To develop a successful prevention practice in a country a combination of capacities is needed at national and local level. These include capacities for policy-making, programme development and adaptation, research, provision of preventive services, organizational restructuring, advocacy and recruitment of resources for prevention in mental health. New training opportunities must respond to the needs for expertise in all roles and tasks to be undertaken.

4. **Develop training programmes for prevention and promotion in mental health**

Each state should take initiatives to develop capacity and expertise at national and local levels for evidence-based prevention of mental disorders and promotion of mental health.

Training components for mental disorder prevention and mental health promotion should be embedded in existing training initiatives that target health promotion, public health, primary health care, mental health care and their related disciplines.

5. **Develop international collaborations to promote training initiatives**

Current opportunities for training in prevention of mental disorders and mental health promotion are unevenly distributed around the world. International initiatives are needed to support countries that still are lacking capacity and expertise in this field.

International training initiatives should be undertaken in collaboration with international organizations that already have the capacity for and experience of such initiatives, especially in middle and low income countries.

This research of mental health of adolescents and the role of life stressors in ensuring appropriate mental health has brought to light certain factors which affect adolescent mental health in a manner in which it was never thought of earlier, though there is abundant literature on adolescent mental health. This research being focused on very specific areas has brought out definitive results which are spelt out in this study. These results have also motivated the researchers to consider long term planning on the issue of mental health; therefore the researchers while concluding the research have consciously incorporate two important components. One of the important component or outcome of this study is a list of suggestions and recommendations which could very well be used by future researchers to throw more light and understanding into this intriguing area of adolescent mental health. Secondly, the researchers' felt unless there is governmental involvement no fundamental changes will be made in the societal fabric in which an adolescent lives, therefore the researchers have made certain specific suggestions for a new policy outlook and orientation towards adolescent mental health.