STUDY OF MENTAL HEALTH OF ADOLESCENTS IN RELATION TO THEIR SOCIAL INTELLIGENCE

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ABSTRACT

Present study was undertaken to find out the relationship of mental health and social intelligence of adolescents. The study was conducted on 160 adolescents fromRohtak district of Haryana state. From each of the four selected schools of rural and urban area of Rohtakboys and girls adolescents were included in final sample.The sample was administered throughSocial intelligence Scale developed and standardized by 'Chadda and Ganesan' and Mental Health Battery (MHB) developed and standardized by 'Singh and Gupta'. The results revealed that a) Social intelligence and mental health of adolescents are significantly notcorrelated. b) Social intelligence and Good mental health of adolescents are significantly not correlated. c) Social intelligence and Average mental health of adolescents are not correlated. d) Social intelligence and poor mental health of adolescents are negatively correlated.

KEY WORDS: Mental Health, Social Intelligence, Adolescents.

MENTAL HEALTH

A sound mental health status of a person means productive activities including forming and sustaining relationship with other people and ability to adapt to change and cop with adversity. Out of all thefactors influencing mental health, family plays an important role. If familygives the child good atmosphere, the mental health of the child will be developed speedily and positively. Excessive pressure or demands from parents also affects the mental health of a child.

There are six different approaches to mental health. First, mental health can be conceptualized as normal and mental state that is objectively desirable. Second, mental health can be conceptualized as a positive psychology. Third, from the view point of a healthy adult development, mental health can be conceptualized as subjectively experienced matter as happy and contented as desired. Fourth,

mental health can be conceptualized as socio-emotional intelligence as desired. Fifth, mental health can be conceptualized as resilience as the capacity forsuccessful intelligence. Sixth, mental health can be conceptualized as subjective well being.

Mental health includes coping, resilience and good judgment which enable adolescents to overall well being and set stage for Adulthood. Mental health disorders can disrupt school performance, harm relationships and lead to suicide. The role of mental health in human life is very important as it plays its role not only in the lives of individuals but also in the life of society. There is no area of human life which is beyond the range of mental health. The term 'Mental Health' does not refer to dimensions of personality only. It encompasses many aspects of an individual's life. In the emotional and philosophical orientations, the individual is deemed to have good mental health. Mental health indicated itself as good in those students who are happy, healthy and hopeful and have harmonious relationships, good health depends upon both body and mind; thus, each exerts adirect influence on the other. A healthy person is not only physically healthy but also mentally. Mental Health is anindexwhich showthe extent to which the person has been able to meet his environmental demands, i.e. social, emotional or physical. When a person finds himself trapped in a situation for which he does not have coping strategies to deal effectively, he gets himself mentally strained. Thus, mental health is global term which refers to that condition of an individual which results from the normal organization and functioning of his mind. It is combined outcome of five types ofhealth, i.e. physical, emotional,moral, spiritual and social health. Mental Health is an important component of the total health of a person because it is both cause and effect of the other types of health. Right thoughts, right attitudes and right actions are very useful and necessary to maintain good mental health.

DEFINITIONS OF MENTAL HEALTH

Had field (1952) ''Mental health is the full and harmonies functioning of the whole personality."

Hales (1992) "Mental health is the ability to perceive reality as it is to respond to develop rational strategies for living."

Kaplan (1971) ''Mental health involves continuous adaptation to changing circumstances, dynamic process where a living being strives to achieve a balance between internal demands and the requirements of changing environment."

Maslow (1971) "Mental health means freedom from disabling and symptoms that interfere with mental efficiency, emotional stability or peace of mind."

SOCIAL INTELLIGENCE

Social intelligence is the ability to get along well with others and to get them to cooperate with you. Intelligence is referred to "people skills". Social intelligence includean awareness of situations and the social dynamics that govern them and a knowledge of interaction styles and strategies that can help a person achieve his or her objectives in dealing with others. It also involves ascertain of self-insight and a consciousness of one's own perceptions and reaction patterns.

DEFINTIONS OF SOCIAL INTELLIGINCE

According to Thorndike (1920) "Social intelligence is the ability to understand and manage men and women, boys and girls – to act wisely in human relations."

According to Cater V. Good (1945)

"Social intelligence can be defined as the ability to understand and to act for its improvement. So, it is an individual's ability to deal effectively with social relationships and with novel social situations"

According to Cator and Kihlsorm (1987)

"Social intelligence as to refer to the individual's fund of knowledge about the social words"

According to Dautenhahn, K. (1999)

"Social intelligence as the individual's capacity to develop and manage relationships between individualized autobiographic agents which by means of communication build up which help to integrate and manage the individual's basic (selfish) invests relationship to the interests of social system the net higher level."

JUSTIFICATION OF THE STUDY

It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exaggerated as youngsters internalize the debilitating effects of performing at school and are punished for the misbehavior which is a common correlate of school failure. Due to these reasons, schools have come under enormous changes among students of different races, ethnic groups and income levels. Thus, the present study aimed at investigating the impact of mental health on the Social Intelligence of senior secondary school students.

STATEMENT OF THE PROBLEM

STUDY OF MENTAL HEALTH OF ADOLESCENTS IN RELATION TO THEIR SOCIAL INTELLIGENCE

OBJETVES OF THE STUDY

1. To find the relationship between social intelligence and mental health of adolescents.

2. Tofind the relationship between social intelligence and good mental health of adolescents.

3. To find the relationship between social intelligence and average mental health of

   adolescents.

4. To find the relationship between social intelligence and poor mental health of adolescents.

HYPOTHESES OF THE STUDY

1. There exists no significant relationship between social intelligence and mental health of adolescents.

2. There exists no significant relationship between social intelligence and good mental health of adolescents.

3. There exists no significant relationship between social intelligence and average mental health of adolescents.

4. There exists no significant relationship between social intelligence andpoor mental health of adolescents.

DELIMITATIONS OF THE STUDY

- The study is delimited only to the adolescent students of age group 13 to 19 years of Rohtak District.
- The study is delimited to 160 adolescents.
- The study is delimited to rural-urban and male-female adolescents.

REVIEW OF RELATED LITERATURE

Bartwal (2014) in his research 'To study the mental health of senior secondary students in relation to their social intelligence' revealed that there were no significant difference in mental health of rural and urban students. The study also explored that there was a positive relationship between mental health and social intelligence.

Hanafiah and Bortel (2015) was found that stigma of mental illness has been identified as a significant barrier to help seeking and care.Basic knowledge of mental illness-such as its nature, symptoms and impact are neglected, leaving room for misunderstandings on mental health and stigma. According to perspectives of the mental health professionals, implications of stigma include patients being trapped in a vicious cycle of discrimination leading to detrimental consequences for the individual and their families.

Levula (2016) The findings of this study showed that social networks measures do add considerable explanatory power to MH with social isolation having the highest influence followed by social connections and then social trust. The AIC best fit model included all the social network predictors however it excluded physical functioning which contributed very little.

Van Dorn and Grimm (2016) found that a host of factors that are associated with subsequent risk of adults with mental illness becoming victims of violence. The work highlights the importance of interventions to treat mental health problems in order to reduce community violence.

Bennett (2015) conducted study on "Social Intelligence of undergraduates enrolled in Traditional vs. Distance Higher Education Learning Programs." The sample of the study was 190 undergraduate persons. After interpreting the data the study found that there was no statistically significant difference in the level of social intelligence between distance and traditional undergraduates, there was a statically significantdifference in the level of socialintelligence among undergraduate class rank, and there was no significant difference between learning environments in social intelligence across levels of class rank.

Mahaboobvali &Vardhini (2016) worked on "Social Intelligence of Secondary school teachers with Respect to their Gender and Age." In this study 700 Secondary school teachers were selected from Kadapa district of Andhra Pradesh by employing simple random sampling technique. In this study the researchers analyzed that Social intelligence of Secondary school teachers in relation to their Gender and Age and found that, there is no significant difference between the male and female sample in their Social intelligence. On the other hand findings revealed that, there is significance among the age group of Secondary school teachers in their Social intelligence in general and Patience, Cooperativeness, Confidence, Sensitivity, Recognition of Social Environment, Tactfulness and Memory dimensions of Social intelligence in specific.

DESIGN AND METHOD OF THE STUDY

The investigator used the Descriptive Survey method in the present study.

SAMPLE SIZE

160 adolescents of Rohtak district were randomly taken.

VARIABLES

Mental Health, Social Intelligence and Male-female Adolescents.

TOOLS TO BE USED

- Social Intelligence Scale developed and standardized by Chadda and Ganesan.

- Mental Health Battery (MHB) developed and standardized by Singh and Gupta (1971).

STATISTICAL TECHNIQUES USED

Suitable statistical techniques like Mean, Standard Deviation and Coefficient of Correlation were used.

ANALYSIS AND INTERPRETATIONOFDATA

HYPOTHESIS 1

There exists no significant relationship between social intelligence and mental health of adolescents.

Table 1.Showing coefficient of correlation between social intelligence and mental health ofAdolescents.

Group	N	r	Level of significance
Social intelligence Mental health	160	-0.156	Null

Above table shows that obtained r-value (-0.156) is less than the table value at both levels of significance i.e. 0.05 (0.159) and 0.01 (0.208) at df 158. Hence the null hypothesis "there exists no significant relationship between social intelligence and mental health of adolescents is accepted. It may infer that social intelligence and mental health of adolescents are significantly not correlated.

HYPOTHESIS 2

There exists no significant relationship between social intelligence and good mental health of adolescents.

Table 2.Showing coefficient of correlation between social intelligence and good mental health of Adolescents.

Group	N	r	Level of significant
Social intelligence Good Mental health	**40**	-0.143	Null

Above table shows that obtained r-value (-0.143) is less than the table value at both levels i.e. 0.05 (0.304) and 0.01 (0.393) at df 38. Hence the null hypothesis "there exists no significant relationship between social intelligence and Good mental health of adolescents" has been accepted. It may be concluded that Social intelligence and Good mental health of adolescents are significantly not correlated.

HYPOTHESIS 3

There exists no significant relationship between social intelligence and Average mental health of adolescents.
Table 3
Showing coefficient of correlation between social intelligence and Average mental health of Adolescents.

Group	N	r	Level of significant
Social intelligence Average Mental health	96	-0.149	0.05

Above table shows that obtained r-value (-0.149) is less than the table value at both levels i.e. 0.05 (0.205) and 0.01 (0.267) at df 94. Hence the null hypothesis "there exists no significant relationship between social intelligence and Average mental health of adolescents " has been accepted. It may be concluded that Social intelligence and Average mental health of adolescents are not correlated.

HYPOTHESIS 4

There exists no significant relationship between social intelligence and Poor mental health of adolescents.

Table 4.Showing coefficient of correlation between social intelligence and Poor mental health of Adolescents.

Group	N	r	Level of significant
Social intelligence Poor Mental health	24	0.426	0.05

Above table shows that obtained r-value (0.426) is more than the table value at 0.05 (0.404) at df 22. Hence the null hypothesis "there exists no significant relationship between social intelligence and poor mental health of adolescents " has been rejected. It may be concluded that Social intelligence and poor mental health of adolescents are negative correlated.

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