

Mental Health issues in recent times

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Abstract:

The focus of this write-up is to find out some factors which influence students' mental habits at the undergraduate level & high school level. The research is based on information collected from various students irrespective of any course or college through assessment, questionnaire, and interviews. The study comes out with the result of some of the important factors that could be affecting people's mental health.

Keywords: Mental health, needs, tension.

Introduction:

According to the World Health Organisation (WHO), **Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. We can thus say that **mental health** is an integral and essential component of health i.e. mental health is more than just the absence of mental disorders or disabilities. It is a state of wellness wherein a person realizes his/her capacities can see off usual stresses of life and can work productively to contribute to society. It is important to note that mental health is different from mental illness because it is the absence of what we can call a perfect state of mind, or rather, awareness.

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Factors accounting for / affecting mental health:

There are innumerable factors that contribute to the perfect state of mind of a person - most of those factors are un-quantifiable i.e. they cannot be directly measured using the general tools of measurement. Some broad factors that could be identified are:

(a) Heredity - We have no control over this, having a stressful parent could automatically induce stressful behaviour into the offspring. In Wallin's words, "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 - We start to overthink our physical appearance when we start comparing it with the general standard of physical outlook. It takes over the mind of the people in a way that makes them feel inferior to others, and this could be a potential fuel for inducing us to slip into ungrateful and self-defaming frames of mind. There is no denial of the fact that physical health improves mental vitality as much as it increases motivation and drive. It has been observed that continued hunger, overwork, or sleeplessness produce fatigue, and that may affect our mental health adversely.

(c) Social factors - An individual is born into a society that impacts the content of his behaviour. Among the social factors, the most important are the home and the community. Considering the home first, parents who give affection and security to their children contribute to their mental health. Nervous, tense, or self-centred, overprotective parents, domineering or inconsistent in

disciplinary practices or parents who are partial in dealing with their children lay the basis of mental inadequacy or ill-health. On the other hand, parents who share their life and time with their family and children, who show interest in the development of their children, play with them or work with them, help them to develop mentally healthy attitudes. The community gives the framework and climate

in which the family resides and thrives. It ought to provide, therefore, a healthy atmosphere and a well-organized network of public and private community services of the highest possible quality. Also, in today's time, where, due to the huge presence of social media, we are living up to the definition of Vasudhaiva Kutumbakam; because of this, we are so much exposed to the multi-type social standards in the world that we are made to, in fact, induced into believing that there's something that we're always missing out on, thus, constantly bothering us and thereby affecting our peace of mind.

(d) Satisfaction of fundamental needs - A person can never be satisfied on any level if the most fundamental wants/needs of human existence aren't fulfilled. We can relate it to Maslow's Hierarchy of needs i.e. physiological needs, safety needs, love and belonging, self-esteem, and self-actualization - a good state of mental health is a result of satisfaction of these needs at some certain basic level.

In this time of the pandemic, when people are bogged down with negativity and news of death and despair all over the world- surely, to say the least, peace of mind has taken a hit to such an extent that most people are scared to tune into the television; having been locked in homes since almost a year, it gives a sense of security as well as a sense of bereavement- security of being safe in our homes and bereavement towards those who are not lucky enough to possess the basics to fight off this difficult time(at least in their capacity). The previous year or so has exposed us in the sense that no one can say that he or she hasn't been mentally disturbed by what is happening in and around the globe. People have been struck with tensions of being at the receiving end of the disease, loss of loved ones, fear of loss of income, etc.

Can mental health be measured?

Measurement of something as abstract as mental health is too difficult. There is no particular scale that can be said to measure mental wellness correctly even to a 50% extent. However, we, as humans, love to try out things that we know won't work out. Measurement has often been done using some arbitrary scale of points to indicate different states of mental well-being. One such scale that has done this, is the Global Assessment of Functioning (GAF) – it uses a scale of 0-100 (formed based on interviews, medical records, etc). It measures how much a person's symptoms affect their day-to-day life on a scale of 0 to 100. It's designed to help mental health providers understand how well the person can do everyday activities. The score can help figure out what level of care someone may need and how well certain treatments might work. The GAF is based on a scale that was first used in 1962. It's been updated over time. The different measurements of the scale are as follows:

The Global Assessment of Functioning (GAF)

Source: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*

- **100-91:** Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- **90-81:** Absent minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- **80-71:** If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- **70-61:** Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- **60-51:** Moderate symptoms (e.g., flat and circumstantial speech, occasional panic attacks) OR moderate difficulty in social occupational, or social functioning (e.g., few friends, conflicts with co-workers).

- **50-41:** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- **40-31:** Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work, child frequently beats up younger children, is defiant at home, and is failing at school).
- **30-21** Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).
- **20-11** Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- **10-1** Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- **0** Inadequate Information.

Methodology and data source:

For this write-up, a questionnaire of six questions was prepared and circulated through a Google form and 105 responses were collected to analyze how some parameters lead up to a particular mental health score from the above scale. The questions pertained to monthly family income, age, gender, presence of mental health issues in the pre (and current) covid times. The questions were as follows:

Q1) Name; Q2) Age (in yrs); Q3) Gender (male=1, female=0);

Q4) Monthly Family Income (in Rupees);

Q5) Did you face anxiety, over-thinking, self-doubt, depression, and similar issues in pre-covid times? (Yes=1, no=0);

Q6) Did the problems (if existent, in Q5) get amplified during the last

1 year? (Yes=1, no=0);

Q7) What would be your Mental Health score (on a scale of 0-100) based on your responses to the previous questions? (Scale of reference= GAF).

Analysis:

The recorded responses to the above questions were put into STATA/IC 14.0 for analysis. The response variables were:

- Age ≡ of the respondent
- Gender ≡ of the respondent
- MnthFamInc ≡ monthly family income of the respondent(Dummy)
- IssueFaced ≡ whether or not mental health issues were faced by the respondent earlier(Dummy)
- IssueAmplified ≡ whether or not the above-mentioned issue was amplified in the past year(Dummy)
- MentalHealthScore ≡ mental health score

Putting in the 'summarize' command, we obtained the following results:

Variable	Obs	Mean	Std. Dev.	Min	Max
Age	105	21.60952	5.041168	18	64
Gender	105	.4666667	.5012804	0	1
MnthFamInc	105	137371.4	215915	3000	1500000
IssueFaced	105	.6285714	.4855042	0	1
IssueAmplified	105	.5238095	.5018282	0	1
MentalHealthScore	105	73.1619	18.3838	12	100

In the above table, disregarding the values for the dummy variables

(since they assume values 0 & 1 and are for qualitative analysis), **we observe that the average age of the sample is approximately 21.6 years (with a minimum age of 18 years)** .i.e. we can infer that most of them are college students, either just begun or about to graduate, depending upon the circumstances. Also, the **average monthly family income (in rupees) being close to 1,37,371. The average mental health score of the sample is 73.1619**, implying not a very good score, that is, most of the respondents faced some mental health issues owing to social problems or some factors that may have been faced, like, self-doubt, anxiety owing to the amount of negativity in the environment over the past year, owing to the pandemic, more importantly, fear of losing some loved ones to this disease could have also added to the tensions and worsened their thought processes. The average mental health score being on the lower side can be justified by the responses to Q5 and Q6.

Table for Q3:

The table below shows that there were more female respondents as compared to male respondents.

Gender	Freq.	Percent	Cum.
0	56	53.33	53.33
1	49	46.67	100.00

Total	105	100.00	

Below, **the table obtained from Q5:**

IssueFaced	Freq.	Percent	Cum
0	39	37.14	37.14
1	66	62.86	100.00

Total	105	100.00	

This table shows us that most of the respondents, 62.86% to be precise, had already been in the grip of mental health issues like anxiety, depression etc.

Below, **the table obtained from Q6:**

IssueAmplified	Freq.	Percent	Cum.

0	50	47.62	47.62
1	55	52.38	100.00

Total	105	100.00	

This table presents us with the fact that more than half of the people who had already been facing mental health issues, saw their issue getting amplified during the past year and the reasons could be any of the aforementioned issues.

Thus, from the responses of the Q5 and Q6, we may be able to confirm the low average mental health score obtained for our sample of study i.e. **more than half the respondents from the sample have been affected with mental health issues increasingly- the increase in these issues could be characterized by an increase in anger episodes, increase in household tensions and excessive consumption of negative online content which could also lead to depression, hampering sleep patterns and deterioration of physical health.**

Correlating the quantitative variables MnthFamInc and MentalHealthScore, we obtained the following result:

	MentalHealthScore	MnthFamInc
MentalHealthScore	1.0000	
MnthFamInc	0.0776	1.0000

The correlation table beside shows a relatively high correlation between mental health score and monthly family income- it makes sense because if there exists a relatively stable and high income of the family, people in the family are devoid of the tensions regarding basic necessities of the family and thus enjoy a better time. An exception to this relationship will be mentioned in the limitations of this study.

On further analysis of the descriptive results of the variables, the following were the results:

- ❖ On the gender front, males were marginally better-off as compared to females when it came to mental health scores- the possible reasons could be that females go through a lot of things that go unaccounted for, a lesser amount of socialization as compared to males (under normal circumstances), more physical issues, etc.
- ❖ And a study of the variables **Issue Faced & Issue Amplified**, the results were as expected, .i.e. respondents with a yes to the questions regarding the above two variables showed a considerably low mental health score as compared to the average of the sample.

Conclusion:

It can be concluded that factors like income, family issues, peer pressure, and surroundings have a considerable impact on mental health in different magnitudes that are difficult to measure owing to their subjective nature. A considerable part of the population is always plagued by these issues, irrespective of the time of the year. We must start recognizing these issues on the large scale. However, no problem cannot be solved- mental health problems can be lessened with proper counselling, the distraction of mind towards something that people love, love, and care about by the society- this will form a completely different study.

Limitations of the study:

Small sample size - the sample size collected for the above study was only 105, which is not good enough to provide us with enough information for a more detailed analysis.

Skewed sample - the sample collected for the study is skewed in favour of the age group of 18-22 years of age which limits the scope of the study.

Some exceptions to the study to be mentioned: a high income does

not necessarily lead to peace of mind and thereby to a high mental health score, there is no particular pattern in which the genders are affected by mental health problems.

References:

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The world will not be destroyed by those who do evil, but by those who watch and do nothing.

- Albert Einstein

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