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RESEARCH ARTICLE

ASSESSMENT OF MENTAL HEALTH AMONG YOUNG MIDDLE AGED POPULATION

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ABSTRACT

Mental health is a level of psychological well-being, or an absence of a mental disorder. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. " A person struggling with his or her mental health may experience stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other mental illnesses of varying degrees. The aim of this study was to assess the level of mental health among young middle aged population and to associate the level of mental health among the middle aged population with their demographic variables. Non experimental research design was adopted to assess the level of mental health among the young middle aged population. The study was conducted at East Potheri, Kattankulathur, Kancheepuram dist. Standardized tool was used to assess the level of mental health among young middle aged population. The data was collected from 50 samples using purposive sampling technique. The data was analyzed and interpreted based on the objectives using descriptive and inferential statistics. The findings of the study revealed that, majority 32(64%) of the young middle aged people had moderate level of mental health, 18(36%) of them had good mental health and no one had poor mental health. There was no association found between the level of mental health among the middle aged population with their demographic variables.

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INTRODUCTION

Mental health is a broad concept, culturally determined, which can be complicated to interpret. It is also important to remember that meanings around mental health are culture bound and are subject to change. Universally it includes freedom from persistent problems with emotions, behaviour and social relationships (Kurtz, 1992, cited in *Together We Stand*, 1995). Mental Health referred as the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Youth is defined as the period between childhood and adulthood. It is an extended phase of the lifespan (Jones, 2013), from the early teens to the mid to late 20s and incorporates the developmental periods of adolescence and emerging adulthood (Arnett, 2000), It is considered one of the most heterogeneous stages of life involving complex biological, psychological and social changes for young people (Birchwood, 2013). During this period, individuals must negotiate a range of intrapersonal, relational, vocational and existential challenges before taking on the roles and responsibilities that await them in adulthood. There has been a perception that the health and well-being of young people have never been better. While this may be true for the physical health of young people, the reality is that young people's psychological and mental health has never been worse (Patel, 2007) and the evidence points to high rates of both clinical and sub-clinical rates of psychological distress and mental disorder among young people (World Health Organisation, 2008 and Merikangas Merikangas, 2009). From a lifespan perspective, youth is the peak period for the onset of mental ill-health and it is young people who carry the burden of mental ill-health (Eckersley, 2011; Collishaw, 2004), World Health Organisation figures on the global burden of disease point to neuropsychiatric disorders as the leading cause of disability for young people aged 10-24 years, accounting for 45% of years lost to disability (Gore, 2011). Using the disability-adjusted life year (DALY) measure, unipolar depressive disorders, schizophrenia, bipolar disorder, alcohol use and self-inflicted harm are ranked as 5 of the top ten causes of DALYs among young people in the 10-24 year age range.9 With adolescence and emerging adulthood considered to be the most productive years of life, these figures raise significant concerns about the impact of mental ill-health, not only on young people themselves, but also on their families, communities and wider society (Insel, 2008). Not only are there worryingly high rates of mental ill-health among young people but, for 75% of adults with a mental disorder, the onset of that disorder will have occurred by the age of 25 years (Kessler, 2005) suggesting high rates of continuity in

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psychopathology over time.1 Thus, the onset of mental ill-health in youth places individuals at high risk of developing enduring and potentially intractable mental health difficulties, which carry with them additional risks including social and vocational exclusion, stigma and discrimination, restricted access to health and social services and higher rates of disability and premature death (Funk, 2010). In recent years the term *youth mental health* has become part of the lexicon of psychiatry and reflects the emergence of a new youth mental paradigm within the field. This paradigm is gaining momentum as evidenced in the recent establishment of the International Association of Youth Mental Health (IAYMH) (https://twitter.com/iaymh). The stated aims of the IAYMH are to 'change the way the global community thinks about young people and their mental health by ensuring that services are developmentally and age appropriate, and that young people have an active voice in determining what is best for them'.

Objectives

- To assess the level of mental health among young middle aged population.
- To associate the level of mental health among the middle aged population with their demographic variables

MATERIALS AND METHODS

Non experimental descriptive research design was adopted to assess the level of mental health among the young middle aged population. The study was conducted at East Potheri, Kattankulathur, Kancheepuram dist. Standardized tool was used to assess the level of mental health among young middle aged population. The data was collected from 50 samples using Non probability purposive sampling technique, A brief explanation was given explaining the purpose of the study with their consent so as to gain their co operation during the process of data collection. Using the structured questionnaire, [section-A demographic data of the faculty were collected and using section-B the Mental health was assessed] respectively. A stipulated time of 15 minutes was provided to complete the questionnaire.

Ethical consideration: Formal approval was obtained from the Institutional review board and Institutional ethical committee of SRM College of Nursing, Kattankulathur, Chennai, Tamilnadu, India. In addition, the participants were informed of their right to withdraw anytime during the course of the study.

Instruments: Questionnaires comprises two sections. Section I includes demographic data,. Section II comprises structured questionnaire to assess the mental health which consists of 13 items and the Scoring interpretations were 0-3 -Poor Mental Health, 4-8 -Moderate mental health 9-13 Good mental health

RESULTS

Regarding the Demographic variables majority 13(26%) of them belongs to the age group of 26 to 30 years and 36 to 40 years, Male and Female samples were 25(50%) equal and majority of them13(26%) completed high school certificate Education, 22(44%) of them were private Sector Employee, 46(92%) of the were having mass media, 28(56%) of the were having 4 memebers in theirv family and majority40(80%) of them were belong to Nuclear family.

Table 1. Frequency and Percentage distribution of Demographic variables of young middle aged population

Demographivc Variables		Frequency	Percentage
Age	20 to 25 yrs	12	24
	26 -30 yrs	13	26
	31 -35 yrs	12	24
	36 -40	13	26
Sex	Male	25	50
	Female	25	50
Educational status	Non formal	5	10
	primary school certificate	9	18
	Middle school certificate	12	24
	High School certificate	13	26
	Higher secondary	6	12
	Graduate or postgraduate	5	10
Occupation of The Head of the Family	Public sector employee	13	26
	Private sector employee	22	44
	Self employed	10	20
	Unemployed	5	10
Availability of mass media	Yes	46	92
	No	4	8
No of Family Members	2	4	8
	3	8	16
	4	28	56
	More than 4	10	20
Type of family	Nuclear family	40	80
	Joint family	10	20
	Extended Family	-	

Table 2. Frequency and percentage distribution of Level of Mental health among young middle aged population

S.No.	Category	No	Percentage
1.	Good Mental Health	18	36%
2.	Moderate Mental Health	32	64%
3.	Poor Mental Health	-	-

The second objective was to associate the level of mental health among the middle aged population with their demographic variables. The analysis reveals that there is no significant association of level of mental health with their selected demographic variables.

DISCUSSION

Leahy D, Schaffalitzky E, Armstrong C 2013 conducted a study on Primary care and youth mental health in Ireland: qualitative study in deprived urban areas. . This study aims to describe healthcare professionals' experience and attitudes towards screening and early intervention for mental and substance use disorders among young people (16-25 years) in primary care in deprived urban settings in Ireland. The chosen method for this qualitative study was inductive thematic analysis which involved semi-structured interviews with 37 healthcare professionals from primary care, secondary care and community agencies at two deprived urban centers. They identified three themes in respect of interventions to increase screening and treatment: (1) Identification is optimized by a range of strategies, including raising awareness, training, more systematic and formalized assessment, and youth-friendly practices (e.g. communication skills, ensuring confidentiality); (2) Treatment is enhanced by closer inter-agency collaboration and training for all healthcare professionals working in primary care; (3) Ongoing engagement is enhanced by motivational work with young people, setting achievable treatment goals, supporting transition between child and adult mental health services and recognizing primary care's longitudinal nature as

a key asset in promoting treatment engagement. Especially in deprived areas, primary care is central to early intervention for youth mental health. Identification, treatment and continuing engagement are likely to be enhanced by a range of strategies with young people, healthcare professionals and systems. Further research on youth mental health and primary care, including qualitative accounts of young people's experience and developing complex interventions that promote early intervention are priorities (Leahy, 2013).

Conclusion

Mental disorders account for six of the 20 leading causes of disability worldwide with a very high prevalence of psychiatric morbidity in youth aged 15-24 years. However, healthcare professionals are faced with many challenges in the identification and treatment of mental and substance use disorders in young people (e.g. young people's unwillingness to seek help from healthcare professionals, lack of training, limited resources etc.) The challenge of youth mental health for primary care is especially evident in urban deprived areas, where rates of and risk factors for mental health problems are especially common. The Study revealed that 64% of the people were having Good Mental Health, hence there is a Continuous screening for Mental health is needed for this Population.

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Conflict of Interest

Dr. P. Abirami, M.Sc(N), Ph.D, Associate Professor, Ms. Bhuvaneswari and Ms. Jerin Prabha, M.Sc(N) II Year declares that no conflict of interest. In addition, this study was not funded.

Statement of Human and Animal Rights: All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008 (5).

Statement of Informed Consent: Informed consent was obtained from all patients for being included in the study.

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