

Mental health status and stress management behaviour amongst the youths of delhi/ncr

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Resumen

La enfermedad mental es un asunto de gran importancia en la Salud Pública, su etiología es múltiple y existen muchos factores que determinan el inicio de una enfermedad mental. La ansiedad y la depresión constituyen dos de los cuadros de mayor preocupación en nuestra sociedad y se expresan como un complejo conjunto de aspectos emocionales y funcionales. El presente estudio fue realizado entre 50 estudiantes de la región de Delhi/NCR, con el propósito de entender diferentes razones causantes de varias enfermedades mentales, con el fin de emprender acciones que aseguren diagnósticos y tratamientos apropiados. El estudio también buscaba examinar la salud mental de estos jóvenes, e identificar su manera de afrontar el manejo de situaciones de “stress”. Se aplicaron pruebas psicológicas para evaluar niveles de depresión y ansiedad y se condujeron entrevistas en profundidad. Los datos se analizaron mediante el coeficiente de correlación de Pearson. Se encontró que la ansiedad es una variable de gran importancia.

Palabras clave: Desorden Mental, Stress, Ansiedad, Depresión, Actividad Física.

Abstract

Mental disorders are of major public health significance. The aetiology behind mental disorders is multifold. There are many attributing factors responsible for the onset of mental illness. Anxiety and depression are two of the most common mental health concerns in our society. They are often experienced as a complex set of emotional and functional challenges. The present study was conducted among 50 students from the Delhi/NCR region with the objective of understanding the various reasons responsible for various kinds of mental illness, so that efforts can be made in the correct direction to ensure proper diagnosis and treatment of such disorders, The study also aimed at examining the stress and mental health of youth, and to identify their stress management behaviour. In-depth interviews along with psychological tests to assess depression and anxiety levels of the subjects were employed during the course of study. The Pearson coefficient of correlation was applied between age groups. Anxiety and was found to be statistically significant.

Keywords: Mental disorder, Stress, Anxiety, Depression, Physical Activity.

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Introduction

Good Mental health is the level of psychological well-being where the person enjoys the happy moments of life, feels sad at bad times and behaves accordingly as per normal standards. The Fluctuations in behaviour patterns should be limited. It is not just about being free from any mental disorder, it is about the approach and the attitude towards life which brings an adaptive value to our personality. A mentally healthy and stable individual can identify his or her abilities and cope with day to day life stress effectively, prove being productive at whatever he or she is doing, and actually make a healthy contribution for the development of a group. Mental disorders account for a large proportion of the disease burden in young people in all societies. Most mental disorders begin during youth (12-24 years of age), although they are often first detected later in life. Poor mental health is strongly related to other health and developmental concern in young people, notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health (Patel et al., 2007).

Epidemiological data indicate that 75% of people suffering from an adult type of psychiatric disorder have experienced its onset by 24 years of age. These disorders -notably mood, psychotic, personality, eating and substance use disorders-tend to emerge from the early teens to the mid-20s, and reach their peak in the early 20s. Another important age subgroup have disabling illnesses that develop in childhood. These are illnesses such as: autism, attention deficit hyperactivity disorder, conduct disorder, or behavioural complications of intellectual disability. These illnesses may persist into adolescence and adulthood, where their initial effects are compounded (McGorry et al., 2007). Taking into account the considerable degree of comorbidity, the most frequent disorders are anxiety disorders, depressive, somatoform and substance dependence disorders (Wittchen & Jacobi, 2005).

It is important to note that the nature and quality of stress may be similar in different individuals but the response to the stress may be quite varied as some sustain the underlying stresses and some succumb to it. Some individuals develop a mild mental disorder while others face an advanced version of mental disorder.

Cross-sectional, face to face household surveys of 61392 community adults in 11 countries in the Americas, Europe, and Asia assessed using the WHO World Mental Health Survey has provided insights into the bipolar spectrum

disorder. The aggregate lifetime prevalence were 0.6 % for bipolar type-I disorder (BP-I), 0.4% for BP-II, 1.4 for sub-threshold, and 2.4 % for bipolar spectrum (BPS). Despite cross-site variation in the prevalence rates of BPS, the severity impact, and patterns of comorbidity were remarkably similar internationally. However, treatment needs for BPS are often unmet, particularly in low-income countries (Merikangas et al, 2011). All mental disorders with the exception of mental retardation and dementia, have an increased risk of suicide, which is higher for functional disorders and lower for organic disorders where substance misuse is involved (Harris & Barraclough, 1997).

Subjects with high level of stress and anxiety also reported a history or presence of poor physical health. People living with serious mental illness (SMI), regularly experience significantly poor physical health compared to those without SMI. On an average, people living with SMI have a reduced life expectancy of 25 years, due to an increased risk of heart related conditions, diabetes and obesity. Behavioural factors commonly associated with SMI like unhealthy diet, physical inactivity, low motivation, high smoking rate and adverse effect of common medications substantially contribute to poor physical health outcomes (Douglas et al, 2013).

Anxiety and depression levels have increased considerably among youth while almost every individual possess some level of anxiety and depression. In today's age, life has become very fast with nuclear families and working parents not getting enough time to share their individual and collective feelings. This adds to disparities within the parent-child relationships. A feeling of being alone is developing among individuals. In families where there are no siblings, this condition has become more severe as there is absolutely no one in the family with whom one can share problems, and there is no one present who can prescribe adequate solutions. Girls separated from all their siblings were reported to have significantly poorer mental health and socialization skills than girls residing with at least one sibling (Tarren-Sweeney & Hazell, 2005).

There is a significant difference in mental health between differing sibling pairs, with brother pairs and brother/sister pairs having a positive effect on adolescent mental health, compared with those in sister pairs only. Sister(s)/brother(s) pairs had better self-reported mental health than those without a brother member in the pair (Liu et

al, 2015). Hence, the influence of siblings in shaping one's personality cannot be underestimated because they spend a considerable time shaping each other's perspective to see life from a different lens.

Sexual orientation often makes an individual susceptible to mental disorders as social interactions and disclosure often results in various kinds of stresses, due to acceptability issues which are very difficult to circumvent. Levels of stress experienced by lesbian, gay, and bisexual youth, particularly related to mental health and suicidality, are very high. Developmental research suggests that most adults recognize their non-heterosexual orientation in early adolescence, although many do not label themselves or act upon their feelings until later in life (D'Augelli & Hershberger, 1993). The disclosure of such orientation often leads to social marginalisation, stigma, peer bullying, and lack of acceptance and thus forms a platform for developing a mental disorder. Recent estimates of mental health morbidity among adults reporting same gender sexual partners suggest that lesbian, gay, and bisexual individuals may experience excess risk for some mental disorders as compared with heterosexual individuals. Gay-bisexual men evidenced higher prevalence of depression, panic attacks, and psychological distress than heterosexual men. Lesbian-bisexual women showed greater prevalence of generalized anxiety disorder than heterosexual women (Cochran et al, 2003).

Key challenges to addressing mental health needs include the shortage of mental health professionals, the fairly low capacity and motivation of non-specialists health workers to provide quality mental health services to young people, and the stigma associated with mental disorders (Patel et al., 2007). In low-income developing countries mental health treatment is seldom available because mental health is not considered as a very serious issue sometimes and this neglect results in high level of mental health related morbidities. However, it is assessed that economic analysis of mental health in low income countries is feasible and practicable. Cost effectiveness of integrating mental health into primary care has been confounded by the naturalistic study design and the low proportion of subjects using primary government health services (Chisholm et al., 2000). The use of complementary medicines and consultations with traditional healers is widely in use in low income countries such as India. Here too, the limited availability of health services motivates the use of a whole range of alternative systems of care for various ailments, including mental illness (Raguram et al., 2002).

Almost all approaches in psychiatry and clinical psychology view individual mental health as at least partly influenced by positive self-conceptions, high self-esteem, and the possession of valued social identities (Thoits, 2013). Conversely, psychological disorders have been attributed to unconscious conflicts within the individual's personality (Freud, 1933). Some theorists and researchers see injuries to identity and self-worth not only as precursors but as a key marker of mental disorder (Thoits, 2013). In our study, we aimed to understand the level of stress, anxiety and depression of the subjects and their stress management behaviour. This also included studying the awareness of respondents regarding mental health issues and the impact of counselling in highly deviant cases.

Method

The present study was conducted among 50 girl and boy students in the Delhi NCR region. The subjects were college going youths. The inclusion criterion to participate in the study was to be in the age range from 18 to 27 years old. The respondents who did not fall under this category were excluded. The duration of the study was from December 2014 to March 2015. The students were pursuing a wide range of courses in different domains. They had migrated from different ethnic and social backgrounds and from different parts of the country. On the other hand, the method employed for data collection was an in-depth interview, which included both qualitative and quantitative characteristics. The questions were formulated in such a way so that the core objectives of the research could be achieved. The interview consisted of questions related to basic information about the respondents and their family and origin, including a few detailed questions for the assessment of their mental state and their general behaviour. The interview was also supplemented by keen observation of the subjects. Psychological tests to understand depression and anxiety level of the subjects were also incorporated. This helped in assessing the mental state of subjects and provided direction to what could be done to improve the subject's mental health. These tests provided a view into the range of anxiety and depression held by the subjects and the degree of severity of the condition that range from zero or extremely low level of counselling required and the steps that should be taken in order for them to regain self-worth, self-confidence in order to become mentally stable once again.

In this study, analysis between two parameters -age group and anxiety- was done using the Pearson coefficient of correlation method.

Results

All the respondents were asked to undertake anxiety and depression tests during the course of study. It was observed that the degree of anxiety and depression levels varied according to the following levels: from none too low, moderate, very high and severe. In addition, suicidal thoughts were observed in one subject with a serious level of depression that was causing serious problems in her everyday life.

Based on these scores, the different levels of depression and anxiety held by subjects were determined, through which the subjects were counselled according to their diagnostic needs.

The present study concentrated on youths. The total number of youths (18-27 years of age) studied in Delhi/NCR was 50. Among these 50 youths, there were 28 males and 22 females.

All the participants in the study population were found to be literate. Out of 50 subjects, 50 % were undergraduates, 44 % were postgraduates and 6% had a Doctorate. The majority of the participants belonged to a nuclear family (58%). Forty-two were from a joint family and most of them were only children (46%).

Table 1 reveals that 60% of the youth slept 6-8 hrs, 32% slept more than 6hrs and only 8% slept less than 8hrs. The findings show that 54% of youths in Delhi/NCR were not involved with physical activity and 46% were. Only 44% of the participants were involved with extracurricular activity while 56% were not involved.

The study reveals the depression level of 38% youths was between 10-17, 26% were between 22-35, 20% were between 0-9, and 10% were between 18-21. Only 4% belonged to higher levels of depression (54+) and 2% were below the (36-53+) level.

The majority of the youths in the study population were suffering from anxiety. The anxiety and depression levels have increased considerably among the youth, and almost every individual possess some level of anxiety and depression. The anxiety level of 60% of the youths in the study was within the 41-60 range, 32% were within the 21-40 range and only 6% belonged to higher range level (61-80).

Table 1
frequency analysis of the variables.

Categories	Scales	Frequency	Percentage
Depression scores	0-9	10	20
	10-17	19	38
	18-21	5	10
	22-35	13	26
	36-53	1	2
Anxiety scores	54+	2	4
	1-20	0	0
	21-40	16	32
	41-60	30	60
	61-80	3	6
Sex	81-100	0	0
	Male	28	56
Qualification	Female	22	44
	Undergraduate	25	50
	Postgraduate	22	44
Family type	Doctorate	3	6
	Joint	21	42
Extracurricular activity	Nuclear	29	58
	Yes	22	44
Physical activity	No	28	56
	Yes	23	46
Sleeping hours	No	27	54
	>6 hrs.	16	32
	6-8 hrs.	30	60
No. of siblings	<8 hrs.	4	8
	One	23	46
	Two	20	40
Addiction	More	7	14
	Yes	23	46
Abuse	No	27	54
	Yes	18	36
	No	32	64

It was observed that any kind of addiction was more likely to have a higher level history of anxiety and depression. However, in the present study the addiction (46%) level found in many cases did not arise from the stress of life but from the sheer level of peer pressure. It is very possible that prolonged addiction may give rise to a fairly high degree of anxiety and depression.

Moreover, any kind of familial stress or family problem may also result in higher level of anxiety and depression. Again, one of the major reasons for developing a mental disorder has been discovered to be abuse. The mental health of abused children is at great risk. They likeliness to experience mental disorders or mental illness during childhood and their reminiscence into adulthood increases in individuals who have witnessed any type of abuse during their childhood. Abuse can be sexual, physical, psychological or even verbal. In the present study, it was reported that 36% youths were abused. Individuals who have witnessed any kind of abuse in their lifetime found it to contribute towards drastic level of anxiety and depression. However, some individuals were able to cope with the past abuse with the passing time, but some individuals do not find it that easy and remain susceptible to suffer higher levels of mental stress.

Potential determinants of depression/ anxiety

There are no gender differences in depression rates in prepubescent children, however, after the age of 15, girls and women are about twice as likely to be depressed as boys and men (Nolen-Hoeksema et al, 1994). Thus, the depression status of girls is much higher than boys of similar age group. Also, the only one suicidal tendency case was also observed in a girl subject.

In today's world, life has become very fast. Nuclear families and working parents do not get time to share their feelings with their families. This adds to disparity between the parent-child relationships. The feeling of being alone is developing among individuals, and in cases of only children, the condition has become more adverse as there is no parallel individual in the family with whom one can share problems and prescribe adequate solutions. The study revealed that individuals with nuclear families and single parents were more susceptible to raised level of depression than individuals living in a joint family. However, even in joint families if the environment is non-harmonious, in

presence of recurring quarrels, the mental state of individuals can be disturbed.

The sleeping hours of the young are reduced drastically due to lack of proper sleep time. Individuals face difficulty in doing trivial things and irritability has also increased to a greater extent. The major causes of sleeplessness are associated to the excessive use of social media and social networking websites. In addition, there is an increased workload due to increased competition and aspiring for excellence; this is taking a toll on sleeping hours. Late night studies are a common part of the daily routine

Subjects with high levels of stress and anxiety also reported a history or presence of poor physical health. Concurrently, research has shown that people living with serious mental illness (SMI), regularly experience significantly poor physical health compared to those without SMI. On average, people living with SMI have a reduced life expectancy of 25 years, due to an increased risk of heart related conditions, diabetes and obesity. Behavioural factors commonly associated with SMI, like unhealthy diet, physical inactivity, low motivation, high smoking rate and adverse effect of common medications, substantially contribute to poor physical health outcomes (Douglas et al, 2013).

Speaking about behavioural aspects, among few generalised responses during in-depth interviews, an aspect which is adversely affected by a hectic routine is food. Individuals are omitting important meals, such as breakfast. The quality of food has also reduced, as today's youth are now more inclined towards fast foods and snacking, that is more prominent and frequent than taking proper meals. Most of the individuals in the study have two or even less full meals in a day. That is affecting their nutritional requirements and also making them binge eaters and obese, and susceptible to metabolic syndromes.

Participation in physical activities is also decreasing due to lack of time. School age children are more inclined towards computer games and gadgets, thus no physical activity is present in their daily schedule. It has been proven that physical activity produces endorphins in the brain which act as stress busters. Those individuals who indulge in any kind of physical activity were found less susceptible to anxiety and depression.

In worst cases of severe depression, individuals develop suicidal and self-harm tendencies. When a small mental disorder goes untreated, in such a case, all the ongoing

problems compile together to form a much bigger mental health issue, that in turn will probably need professional help to be resolved.

Some of the very serious mental disorders are addiction, self-harm, obsessive-compulsive disorder, eating disorders, etc. All these mental disorders share an origin that explains its occurrence and the cause of its severity. Some of these disorders have their roots in family breakup or the loss of an individual in the family. These moments are very critical and they are never easy to cope.

According to the Pearson coefficient of correlation, there is a positive correlation between two variables (age group and anxiety scores), which is $r = (+) 0.39$ (Table 2).

Table 2
Coefficient of Correlation and Regression analysis between two variables:

Anxiety scores (X)	Age group (in years) (Y)					Total
	18-19	20-21	22-23	24-25	26-27	
1-20	0	0	0	0	0	0
21-40	3	7	6	0	0	16
41-60	4	12	8	5	2	31
61-80	0	0	0	2	1	3
81-100	0	0	0	0	0	0
Total	7	19	14	7	3	50

Discussion

Among the various behavioural aspects of mental disorders, the loss of self-worth and identity is found to be the most important determinant. Those subjects who have lost confidence in their own self and who cannot make trivial decisions in their lives, by themselves, attributed it to their lack of confidence and shaky personality. Such individuals evidenced higher levels of depression and anxiety scores as compared to other subjects with adequate self-identity and self-worth. It has been observed that it is virtually impossible to develop a theory of the aetiology of mental illness without thinking about self and identity issues. Almost all approaches in psychiatry and clinical psychology view an individual's good mental health as least partly influenced by positive self-conceptions, high self-esteem, and the possession of valued social identities (Thoits, 2013). Conversely,

psychological disorders have been attributed to unconscious conflicts within the individual's personality (Freud, 1933). Some theorists and researchers see injuries to identity and self-worth not only as precursors, but as a key markers of mental disorder (Thoits, 2013).

Mental health among the youth -especially college students- is showing a negative value. There are a number of reasons that are responsible for the cause. The maximum deflection from normal mental state is evident among the college going age group of 18 to 27 year olds, because of the problems and stresses, coming from: academic pressures, peer groups, substance abuse, romantic stress, financial stress, parental separation, and the influx of western thoughts and ideas in traditional settings, where it becomes hard to maintain a healthy equilibrium between them.

The competitiveness of the modern world forces individuals to make an extra effort to succeed. Sometimes when an individual fails to cope, he or she loses his self-confidence and self-belief. In severe cases and in recurrent failures, small disturbances in mental state turn into a much larger problem, such as: depression, anxiety, and many other serious mental disorders which need the attention of a psychiatrist to be cured. In this study, academic pressures resulted in late night study that in turn resulted in sleeplessness that would eventually lead to the development of depression and sometimes a more dangerous mental disorder.

Mental disorders lower the self-esteem and self-confidence of an individual to a drastic level, where they feel helpless and alone. In such cases, the sense of self image and self-worth is lost, and individuals feel as if they cannot do anything right. They exhibit difficult behaviour because they internalize their unhappiness and sometimes act out as if everything is fine. This leads to a decline in mental health where self-belief is lost, that in turn may lead to the use of abusive language. These individuals become aggressive and violent, damage property and display other inappropriate actions. In case of persistence in this kind of behaviour, professional help is always necessary.

Mental health is one of the serious issues in the modern world due to considerable increase in stress levels. The present study revealed the trend of declining mental health due to various reasons. The primary aim of the study was to assess the mental health condition of the youth in changing scenarios, where the pace of life is so fast that we do not even realize when we fall prey to depression and many other mental disorders.

Professional diagnosis is the most important aspect, as these kinds of disorders do not show any particular symptoms. If a diagnosis of an individual is made at the correct time, the proper treatment can be made possible. The diagnostic feature is important, and it must be followed by proper advisory and prescription that is mailed to the informants, while maintaining their confidentiality. This information about self will help to realize the actual condition of their anxiety and depression levels, so suitable steps for reducing it can be taken. Although it is not easy to entirely change the thought process of an individual within a short span of time, some of the actionable steps should be taken to bring the mind to its original stable state. This includes the involvement of physical activities in the daily schedule, as it releases the happy chemicals known as endorphins into the brain, relieving some stress, thus bringing one's self confidence back. Physical activities improve the body and mind reaction, towards negative stress and anxiety.

The current study has revealed a lot of facts and established certain trends regarding youth mental health assessment. However, there are certain inherent limitations in the approach, as the sample drawn is relatively small and belongs to nearly the same socio-economic strata, thus excluding many parameters which may account for raised level of stress, anxiety and depression.

Moreover, proper counselling and therapy to combat stress in life can be the best option, and it also makes a person perform better and explore their inner power and capability. It develops a high degree of tolerance for stress and anxiety among individuals, and increases and helps regain lost self-confidence.

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