



Correlates and predictors of positive mental health for school going children



Kamlesh Singh*, Mohita Junnarkar

Dept. of Humanities and Social Sciences, Indian Institute of Technology Delhi, India

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ABSTRACT

The relationship between positive mental health and well-being was examined in 604 North Indian high school and secondary high school going children aged 11–18 years. The study employed various scales such as Mental Health Continuum-Short Form (MHC-SF; Keyes, 2005), Scale of Positive and Negative Experiences (SPANE) and Flourishing Scale (FS; Diener et al., 2010), World Health Organization Quality of Life-BREF (WHOQOL-BREF, 1996) and Personal Well-being Index Scale-School Going Children (PWI-SC; Cummins & Lau, 2005). The MHC-SF predicted the positive mental health and the various predictors used in this study were SPANE, FS, WHOQOL-BREF and PWI-SC. Positive mental health was found positively correlated with SPANE P, life satisfaction, personal well-being, flourishing and all four domains of quality of life (physical health, psychological well-being, social relationships and environmental health) and negatively correlated with SPANE N. Well-being measures of flourishing, SPANE P, SPANE-N, all four domains of quality of life (physical health, psychological well-being, social relationships and environmental health) significantly predicted children's positive mental health (49% of variance) and its dimensions like emotional well-being (41% of variance), social well-being (24% of variance) and psychological well-being (47% of variance).

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1. Introduction

Children and adolescents constitute of almost one third (2.2 billion individuals) of the world's population however, mental health problems affect 10–20% of children and adolescents worldwide and account for a large portion of the global burden of disease (Kieling et al., 2011). In India, adolescents form 20.5% of the total population (UNICEF, 2011). There are 10% of 5–15 year old children with diagnosable mental health disorders and there are up to 20 million adolescents with a severe mental health disorder (Shastri, 2009).

Morrison and Kirby (2010) observed that it is not only the mere absence of risks and problems that influence children's psychological well-being but also the presence of positive factors in their lives that promote positive development. Protective factors such as positive relationship with peers and teachers, feelings of positive regards, participation in school and community activities, opportunities and skills for communication, recognition of contribution and achievements and sense of security are likely to promote positive mental health in children.

1.1. Positive mental health

The concept of positive mental health was developed by Jahoda (1958), who argued that positive mental health can be viewed as an enduring personality characteristic. She identified six concepts associated with positive mental health: attitudes toward the self, development of self-actualization, integration of psychological functions, autonomy, accurate perception of reality, and environmental mastery. The research on mental health refer to well-being or an individual's subjective evaluation of life via appraisal of their circumstances and affective states linked to psychological and social functioning (Hatch, Harvey, & Maughan, 2010).

A number of positive mental health approaches are used by researchers as protective factors in order to reduce the possible health-risk factors. The World Health Organization (1996) defined quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns". Quality of Life (QoL) is a useful framework for integrating internal and external influences from the perspective of the individual. Thus, QoL encompasses the person's physical health, psychological state, social relationships, and the person's relationships to salient features of the environment (The WHOQOL Group, 1996; Bonomi,

* Corresponding author. Tel.: +91 9968363625.

E-mail addresses: singhk.iitd@gmail.com, singhk@hss.iitd.ac.in (K. Singh).

Patrick, Bushnell, & Martin, 2000). Often the public health approaches are enveloped in subjective assessments that employ self-reports as primary indicators of QOL, including “life satisfaction” or Perceived Quality of Life (PQOL) (Green & Krueter, 1991).

1.2. Mental health constructs and their correlation

The hedonic perspective of subjective well-being (SWB) is reflected through life satisfaction, satisfaction with important domains (work satisfaction), positive affect (pleasurable experience with positive mood and emotions) and low level of negative mood and emotions (Diener, 2000). Conversely, the eudemonic perspective involving psychological well-being (PWB) is focused on psychological functioning and fulfillment (Ryan & Deci, 2001). The structure of mental health appears so far to be developed mostly upon the investigation of subjective well-being (Headey, Kelley, & Wearing, 1993). SWB takes into account the overall life satisfaction and happiness whereas PWB draws formulations of human development and existential challenges of life.

Keyes (2007) proposed that mental health consists three components; emotional well-being (EWB; positive affect and quality of life), positive psychological functioning or psychological well-being (PWB; self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations to others) and social well-being (SWB; social acceptance, social actualization, social contribution, social coherence and social integration). This model gave a holistic perspective to mental health by integrating the hedonic and eudemonic components. Positive function captures a wide conception of well-being, incorporating both hedonic (SWB) and eudemonic (PWB) aspects including positive affect, satisfying interpersonal relationships, and positive functioning (Tennant et al., 2007). However, it was observed that SWB and PWB are conceptually related but empirically distinct and each one of them retains its uniqueness as a distinct facet of overall well-being (Keyes, Shmotkin, & Ryff, 2002). PWB indicators are most distinctive from SWB indicators. Different studies have demonstrated that both these well-being factors are related but yet are distinct (Compton, Smith, Cornish, & Qualls, 1996; McGregor & Little, 1998). Ryff and Keyes (1995) investigated the association between PWB and SWB and found moderate associations between the PWB dimensions of self-acceptance and environmental mastery and SWB measures of happiness and life satisfaction, even though autonomy, personal growth, positive relations with others and purpose in life showed mixed or weak relationships to SWB. Waterman (1993) observed strong positive correlations between hedonic enjoyment and personal expressiveness in important activities. Personal expression was associated more strongly as compared to hedonic enjoyment with feeling challenged and fulfilling one's potential.

Mental health of an individual is indicated by comparison between social well-being, emotional well-being and psychological well-being (Keyes, 2002). Mental health problems account for a large proportion of the disease burden in adolescents in all societies (Patel, Flisher, Hetrick, & McGorry, 2007). Poverty and social disadvantage are strongly associated with mental health problems (Duarte, Berganza, Bordin, Bird, & Miranda, 2003; Earls, 2001; Patel & Kleinman, 2003). Cultural factors too influence mental health, for example, rates of mental disorder in young people of English origin in the UK are four times greater than those of Indian origin (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). A persistent and substantial deviation from normal functioning impairs execution of social roles (Keyes, 2002).

1.3. Well-being Measures

Silva and Caetano (2013) stated that the hedonistic and eudemonic conceptualizations of well-being led to a variety of mea-

asures to assess well-being such as satisfaction with life scale (Diener, Emmons, Larsen, & Griffin, 1985), the positive and negative affect schedule (Watson, Clark, & Tellegen, 1988), Basic Needs Satisfaction Scale (Ryan & Deci, 2001) and Ryff's scales of psychological well-being (Ryff & Keyes, 1995) to name a few. Apart from these scales, recently two more psychometric scales “the flourishing scale” and “scale of positive and negative experiences” (Diener et al., 2010) were developed to study the psychological well-being and extensive range of negative and positive experiences and feelings based on the amount of time, that is, the feelings have been experiencing during past 4 weeks. The scales measure emotions and affective well-being.

Flourishing is defined as the effort to pursuit for good life, happiness, meaningful life, subjective well-being, courage, and healthy relationships (Keyes, 2002). Flourishing or to flourish means to live with an optimal level of human functioning that indicates goodness, generativity, growth and resilience (Fredrickson & Losada, 2005). This definition measures mental health in positive terms rather than as absence of mental illness. It is assumed that individuals who are flourishing in life would possess high levels of well-being (Keyes, 2002). Smith, Segal, and Segal (2011) reported that mentally healthy people are well equipped for dealing with life's difficult situations, simultaneously maintaining a positive outlook, and remaining focused as well as flexible. A good mental health also acts as a tool for enduring and enriching healthy interpersonal relationships.

The current study aims to identify the correlates and predictors of positive mental health among school going children residing in north India.

2. Methodology

2.1. Participants

The sample consisted of a total of 604 adolescents. Out of the 604 participants, 321 (53.1%) were males and 283 (46.9%) were females. The age range was 11–18 years with mean as 14.92 years (SD = 1.48 years). The demographic profile of the participants is given in Table 1.

2.2. Measures

2.2.1. The Personal Wellbeing Index for School Children (PWI-SC)

The Personal Wellbeing Index for School Children (PWI-SC; Cummins & Lau, 2005) is a 7-item scale with an additional optional item measuring happiness with life as a whole. It is 11 point rating scale with ‘0’ indicating ‘very sad’ and ‘10’ indicating ‘very happy’. Each of the seven items corresponds to a quality of life domain as: standard of living, health, life achievement, personal relationships, personal safety, community-connectedness and future security. Rato and Davey (2012) and Tomy and Cummins (2011) reported Cronbach's $\alpha = 0.82$ for PWI-SC. The scale was validated in India and was found to be psychometrically sound with Cronbach's $\alpha = 0.74$ (Singh, Willibald, & Junnarkar, 2014). CFA results were also acceptable (RMSEA = 0.09; CFI = 0.92; GFI = 0.96) (Singh, 2014).

2.2.2. World Health Organization Quality of Life (WHOQOL)-BREF (WHOQOL-BREF)

World Health Organization Quality of Life (WHOQOL)-BREF (WHOQOL-BREF, 1996) is a 5 point Likert type rating scale with 26 items. The scale domains in the current study were QoL Domain 1: physical health, QoL Domain 2: psychological wellbeing, QoL Domain 3: social relationships and QoL Domain 4: environmental health. The test–retest reliability varied from 0.66 to 0.87 and internal consistency reliability varied from 0.66 to 0.84 for all 4

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