**RELATIONSHIP OF MENTAL HEALTH STATUS WITH DECISION MAKING AMONG HIGHER SECONDARY SCHOOL STUDENTS**

**SHIMNA. A**

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**of the requirement for the degree of**

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****

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**2015**

**DECLARATION**

**I, SHIMNA. A.,** do here by declare that this dissertation entitled, **RELATIONSHIP OF MENTAL HEALTH STATUS WITH DECISION MAKING AMONG HIGHER SECONDARY SCHOOL STUDENTS** has not been submitted by me for the award of any Degree, Diploma, Title or Recognition before.

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**CERTIFICATE**

**I, Dr.AFEEF THARAVATTATH.,** do hereby certify that this dissertation  **RELATIONSHIP OF MENTAL HEALTH STATUS WITH DECISION MAKING AMONG HIGHER SECONDARY SCHOOL STUDENTS** is a record of bonafide study and research carried out by **SHIMNA.A.,** under my supervision and guidance and has not been submitted by her for the award of a Degree, Diploma, Title or Recognition before.

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Date: Supervising Teacher

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**CHAPTER** **I**

**INTRODUCTION**

* **Need and significance of the study**
* **Statement of the problem**
* **Definition of the key terms**
* **Variables**
* **Objectives**
* **Hypothesis**
* **Methodology**
* **Statistical techniques**
* **Scope and limitations**
* **Organization of the report**

Human life is the most precious creation of God .It has two aspects, biological and sociological. The biological aspect of human life is maintained and transmitted by nutrition and reproduction. The social aspect of human life is maintained and transmitted by education. Education is considered a vital process in social science.

Education contributes significantly to national development. Education necessary for the survival of the society and therefore must also cater to the complete development of a man and to make him a very well adjusted person in the world. Education should aim at harmonious development of an individual. A harmonious balance should be kept between feeling knowing and doing.

Our aim in education is to produce an efficient, highly trained disciplined, hardworking humane person who performs well in the society and be successful and hopefull. Our educational institution strive to create such a human being. As proposed by Gandhiji “Education is an all-round drawing out of the best in the child and the man-body, mind and spirit”. Gandhi also uphold the value of physical labour and gave it the centre place in his scheme of education knowledge and experiences are inextricably bows together .experiences should always preceeds and not follow verbal knowledge.All-round development is possible only when it proceeds simultaneously with the education of the physical, mental and spiritual faculties of child.

Tagore said that highest education is that which does not merely give us information but makes our lives in harmony with all existence. Tagore held that creative self expression was the highest ideal of education. Crafts stood for development of imagination, creative self expression, a means of harmonious relationship and communication with nature. The aim of education was to develop in the children the freshness of feeling for nature, a sensitiveness of sole in the relationship with human surroundings.

According to the words of Vivekananda the aim of education is to manifest in our lives the perfection that is already in man. This perfection is the realization of the infinite power that is in everything and everywhere. Vivekananda’s educational ideal formed a part of his larger social agenda or the spiritual regeneration of the Indian society. His concept is; Reality is one wise men call it by different names. His religious ideal in education is to elevate one from the narrow confines of the logical belies. The aim of education must be to make our student’s rational, scientific and unorthodox in their approach to life.

Education was considered as a process of the physical, mental emotional and moral powers of child. Education has several aims and one of its primary aims is to assist pupil to attain optimum degree of Mental Health. In case of human being Mental Health is of supreme importance both for meaningful individual as well as social living. Mental health is a global term which refers to that condition of an individual from the normal organization and functioning of his mind. Mental Health is not merely the absence of infirmity or conflicts; it is a state of satisfying the complete physical, mental, emotional and social well being. The mentally healthy person able to see and gradually deal with the reality concerning himself and the world.

Mental Health problems are increasing in the age of competition, stress and anxiety of the developmental period most affected by the adolescents. The conflicts and challenges faced results in the emotional and psychological aspects and dimensions. They require skills and training to deal with the day to day situations of life.

The concept of mental health is as old as human beings. Our ancient scriptures are full of references to mental disorders and their treatment. The Atharva veda, the charka samhitha, the susrut samhitha and the Ashtangaha sangrah have described several diseases of the mind with specific methods of treatment. They also given the concept of mental health and how to maintain and promote it.

In modern India, especially in the beginning of twentieth century spiritual leaders emphasized a way of life free from greed , anger fear and pride. In the teaching of Sree Ramakrishna Paramahamsa and Swami Vivekananda emphasis has been laid on service and sacrifice. These are essential ingredients in good mental health. Like physical health mental health is also an important aspect of personality. A sound mind in sound body is recognized as a social ideal for many centuries.

The aim of mental health is both personal and social. The personal aim is a mentally healthy person can pursue reasonable and purposeful objectives and can make fruitful use of his talents and abilities. Mentally healthy individual has a sense of self respect, self reliance and knows that he is liked, loved or wanted. From the social angle the aim of mental health is to prepare the individual to be happy and productive and useful to his fellow human beings and enable him to contribute “to a changing and challenging society”. Mental health involves positive attitude towards the self and others.

Adolescence is a time when most young people have to make decisions (by choice, compulsion or default) that frequently have lasting consequences through the rest of their lives, to stay in school or not, to take college studies or some other training, to work according to plans that can be realized after a long period of professional preparation or to accept jobs that require less training and bring an immediate economic return.

According to Stainly Hall “adolescence is a period of stress and strain , storm and strife”. It is a period of identity crisis where the individual looks for an image. In this process independent decision making is crucial. The students are exposed to a number of situations where they have to make wise choice. The intensity is severe due to globalization. They are pulled by different stimuli. The shift from dependence to independence is of particular importance here.

The concept of decision making involves defining a problem, finding, comparing and choosing a course of action. Decision making is the process of selecting one course of action from a number of particular alternatives in solving a problem or in meeting a situation. Decision making is a basic process that underlies all functions of development. Decisions are universal to all human endeavors.

Decision making plays a definite role in the life. Decision making is used to achieve goals, to assess standards, and as an aid in attaining our desired quality of life. The decision made, reflects hierarchy (Swanson, 1981). He further stated that decision making serves much different purposes in management. The course of action is resulted from the decisions made. From the earlier decisions the habits and routines are followed on regular basis.

Every decision has an element of risk. By examining alternatives in a thoughtful, logical and reasonable manner one reducing the risk to point out where it can be recognized and assessed. There are certain times in our life when the decisions we make have a direct bearing upon both the present and future. These decisions may be so important that once made, they become difficult if not possible to reverse.

In the decision making process facts are very important. Collect as many as facts possible about the decision within the limits of time imposed and the decision makers ability to process them, but remember that virtually every decision must be made in partial ignorance. Lack of complete information must not be allowed to paralyze a decision. A decision based on partial knowledge is usually better than not making a decision when a decision is needed. The proverb that “any decision is better than no decision'', while perhaps extreme, shows the importance of choosing.

Some studies have shown that adolescents depends their peers when they have short term day to day , social decisions to make ,and their parents for long term , value based ethical decisions. They also often favour their own evidence over others when considering the likelihood of consequences. It is considered that they often have a hard time interpreting the meaning or credibility of information because they lack decision making ability. It is importance to realize that every decisions affect the decision stream and the collection of alternatives available both immediately and in the future. The other words decisions have far reaching consequences.

**Need and significance**

The concept of mental health has greater attention ever before. A student with a healthy personality normally stands a better chance of engaging in creative and productive activities. He approaches learning and problem solving tasks more constructively as against one who is lacking in the vital aspect of mental functioning. It is the right of every child to have a safe and healthy life and living. One feels happy when he or she gets an opportunity to realize his or her potential. In many ways home and school are responsible for a child’s negative attitude his or her own life leading to serious mental health problems. Children cannot learn effectively if they are struggling with a Mental Health problem such as depression or feel overwhelmed, academic, family or social pressure. Failure to support student’s Mental Health has serious negative consequences including increased risk for school failure. It also causes social isolation, unsafe sexual behavior, drug and alcohol; abuse and suicide. One in five children and adolescent will experience a significant Mental Health problem during their school years( U S Department of Health and Mental Services,1999).

Mental Health is as important as physical health to children’s quality of life and directly impacts their learning. It is important to recognize that Mental Health is not simply the absence of mental illness, it also means having the skills necessary to cope with life challenges. Students, families, schools and society will get large benefit when school meets the needs of the whole child by fastering social emotional skills and identifying and preventing Mental Health problems early.

Since the twentieth century adolescents mental and emotional health has become a great issue of concern of psychologists , personologists counselors and health professionals. In the present day changing scenario, adolescents are adopting adult social roles rapidly in their early twenties. They want to be independent and seek freedom. On the other hand they demand conformity and dependency also. So this conflicting demands of teenagers may doing them into problems of mental health adjustment. Like our physical health Mental Health is also important in every stage of life as it influances the daily life as well as future.

Psychologist , Mathew Kurein of Southern Medical centre Banglore says that “ in the modern age child are not bought up peacefully. They are under pressure to appear for competitive examinations. After reach puberty, no one in the family gives them an advice about managing life. In sum Mental Health is a state of an individual in which he or she feels comfortable in his or her daily life, able to meet the demands of his or her life, and feels reasonably secure and has the required level of tolerance to bear varied kinds of stress and strains (Singh and Misra 2000 ).

From the beginning time there have been dangers hopes and aspirations for people to deal with. Adolescence is the period of maximum growth with regard to cognitive mental functioning. Intellectual powers like long term memory, logical thinking, abstract reasoning , problem solving and decision making abilities are developed during this age.

The cognitive development takes a fast pace during the adolescence. Teenegers accumulate general knowledge and start applying the learned concepts to new tasks. A sense of ego and personal uniqueness also creep in the youngsters, who start thinking independently. Every person is called upon to make a decisions throughout the course of his or her everyday life. Some of these decisions are truly significant, they have far reaching consequences on one’s own, as well as on others.

Decisions may be important for many reasons. For instance, decisions are important when high costs are involved. (eg: Buying a car ) or when an outcome has far reaching consequences(eg: the choice of a carrier). The decision making process is considered to be the one that is extended in time. it involves a series of information , search judgment and evaluation process which are followed by further post decision process that serve to help people to adjust to the implication of their decisions and to understand their own goals and values. Today youth generation must have decision making ability and Mental Health to cope. When youth are unable to deal effectively with Mental Health problem ,their behavior can have an adverse effect not only on their own lives but also of their families and on the broader community.

The significance of Decision Making is more important in day to day life. The speedy and appropriate choice provides satisfactory results. On the other hand incorrect and inappropriate decisions lead to frustration. A person with mentally disturbed cannot take any decisions fruitfully. It may be negatively affect the future life. Good Mental Health helps to overcome the problems that come while taking an important decision. To become as a good citizen, good Mental Health and Decision Making abilities are essential. Hence the study of relationship of Mental Health Status with Decision Making would go long way in some of the questions raised.

**Statement of the problem**

The present study is entitled as **“RELATIONSHIP OF MENTAL HEALTH STATUS WITH DECISION MAKING AMONG HIGHER SECONDARY SCHOOL STUDENTS**”.

**Definition of key terms**

Mental Health is defined as a state of well-being in which every individual realized his or her on potential can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO)

According to Stephen P. Robbins, Decision Making is defines as a the selection of a preferred course of action from two or more alternatives.

**Operational definitions**

**Mental Health Status**

The term Mental Health Status means the mental health status of higher secondary school students. It is not merely the absence of infirmity or conflicts. It is a positive state of signifying complete physical , mental , emotional and social well being.

**Decision Making**

In this study the Decision Making means the ability of students to make effective decision to cope up with normal stresses of life.

**Higher Secondary School Students**

Higher secondary school students are those students studying for plus one and plus two of any of the school recognized by the Government of Kerala.

**Variables**

The variables selected for the study are

**Independent variable:** Mental Health Status is treated as the independent variable.

**Dependant variable:** Decision Making is treated as dependant variable.

**Objectives**

1. To find out the extent of Mental Health status among higher secondary school students in the total sample and the sub samples based on gender, locale and type of management of institution.
2. To find out the extent of Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.
3. To find out whether there is any significant difference between the mean score of Mental Health status among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
4. To find out whether there is any significant difference between the mean score of Decision Making among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
5. To find out whether there is any significant relationship between Mental Health status with Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.

**Hypotheses**

1. There exist significant difference between mean score of Mental Health status among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
2. There exist significant difference between the mean score of Decision Making among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
3. There exist significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample and subsamples based on gender, locale and type of management of institution.

**Methodology**

**Method of Study**

Survey method will be used for the proposed study

**Sample**

The study is proposed to be conducted on a representative sample of 600 higher secondary school students drawn by stratified sampling technique giving due representation to all strata viz. gender, locale and type of management of institution.

**Tool**

1. Mental Health Status Scale (By Afeef and Shimna, 2015).

2. Decision Making Scale (By Koya and Shahna, 2009)

**Statistical Techniques**

1. Descriptive analysis- means, median, mode, standard deviation.

2. Percentile.

3. Test of significance difference between mean scores.

4. Karl Pearson’s coefficient of correlation ‘r.’

**Scope and Limitations of the study**

The present study is intended to find out the Relationship of Mental Health Status and Decision Making among higher secondary school students and compare the students on the basis of gender, locale and type of management of institution. A person with good mental health is important for a fruitful Decision Making. So the educational programmes should consider making every individual a mentally healthy one. Also make him capable of good decisions in present life and future.

Even though the investigator tried her best to make the study a perfect one, certain limitations are there.

Plus one and plus two students of schools recognized by the government of Kerala were only considered for the study.

Sample for the study drawn from only higher secondary schools of Kannur, Kozhikod and Malapuram districts.

Students of aided and government school students were selected for the sample of the study.

**Organization of research report**

**Chapter 1** represents a brief introduction to the problem and its significance, statement of the problem, definition of key terms, objectives, hypothesis, methodology, scope and limitations of the study.

**Chapter 2** describes a framework for the study and a survey of the studies in relation to the present study.

**Chapter 3** gives an account of the methodology in detail used in the present study. It contains objectives, hypothesis, tools employed for the data collection, sample drawn, data collection procedures, scoring and statistical techniques.

**Chapter 4** describes the analysis part of the study as per the objectives of the study.

**Chapter 5** presents summary of the study, major findings, educational implications of the study and suggestions for further research in this area

**CHAPTER II**

**REVIEW OF RELATED LITERATURE**

* **Theoretical overview**
* **Review of related studies**
* **Conclusions**

Review of literature is one of the prominent steps in research process. The purpose of the literature review is to examine the literature pertinent to research question and to inform the reader of the rationale for the study. In addition, the literature review will provide the reader with a conceptual frame for the study. It helps in knowing the difficulties encountered by the scholar and also finding out remedial measures to escape from the pitfalls and it would necessary for the determination of significance of the proposed study.

A literature review is the process of locating, obtaining reading and evaluating the research literature in the investigators area of interest. There are several important reason for conducting a literature review, the prominent of them is to avoid needless duplication of effort. In order to get an insight to the theoretical background of the subject of study, related literature theoretically reviewed. For this purpose the investigator review the theoretical aspect of mental health and decision making process in the following section. The result of the review is summarized in this chapter. For convenience this has been attempted under two sections.

1. Theoretical overview.
2. Review of related studies.

**Theoretical Overview**

**Mental Health**

Health is multidimensional one. The WHO definition of health implies the notion of perfect functioning of the body. It conceptualizes health, biologically as a state in which every cell and every organ is functioning at maximum capacity and in perfect harmony with the rest of the body.

Mental health has been defined as a state of balance between the individual and surrounding world, a state of harmony between oneself and other people and that of the environment. According to WHO “Mental Health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively ,fruitfully and is able to make a contribution to his or her own community.” Like our physical health mental health is also important in every stage of life as it influences the daily life and future.

Positive mental health can be defined in terms of the fully aspects of the individual, that is attitude towards self growth, development and self actualization, integration autonomy, preparation of reality and environmental mastery. One’s attitude towards self contains self acceptance, self confidence, self reliance, initiative and quick decision making. Mental health is consequence of the kind of bridge a person between rational thinking and non rational thinking and its acceptability to traffic between emotional and rational modes of response and behavior within the individual. There are different factors, important in contributing to good mental health.

1. The individuals self image or his attitude towards himself.
2. The degree to which the individual realizes his innate potentials and acquires skills through action and not through fantasy alone.
3. The degree to which the individual has resolved his dependencies and can function independently of social influences.
4. The degree to which the individuals various functions and roles in life are integrated according to a self consistent pattern which is harmonious.
5. The degree of stress and tolerance he or she has.
6. How well balanced and matured are his capacities for loving and being loved.

In the theory of mental health propounded by man (1969), Mental Health is condition which permits the optimal development, physical intellectual, emotions of the individual. The basic tenets which suggests the consists of mental harmony are:- sense of security ,regularity of habits, positive attitude towards self, emotional maturity, perception of reality, freedom from negativism, freedom from worth drawing tendencies freedom from narrow symptoms. According to him, all these qualities are present to an equal degree in all mentally healthy people.

Maslow (1970) regarded mental health as a consequence of complete gratification of psycho biological demands. Mentally healthy person has a positive self concept and motivated to strive for self actualization. He is integrated, that is there is a balance of psychic forces in the individual. There is a lack of suspicion disregard to all internal defenses and unbounded confidence in loving relations, natural care and responsibilities. He has a unifying outlook on life and has a reasonable capacity to resist stress.

**Factors affecting mental health of adolescents**

Good Mental Health is just more than the absence of mental illness. It can be seen as a state of Mental Health that allows one to flourish and fully enjoy life. Some of factors that affect Mental Health of youth are as follows.

**Hereditary factors**

The general emotion pattern, temperament, ability to control emotions, ability to cope with stress etc. of an individual depends largely on the structural and physiological characteristics of brain which is genetically decided.

**Physical health**

Diseases injuries and other physical problems often contribute to poor Mental Health and sometimes mental illness. More commonly poor Mental Health can affect self esteem and people’s ability to meet their goals, which leads to unhappiness or even depression. Individuals with poor physical health, birth defects, chronic diseases, physical handicaps, malnutrition etc. are found to have poor Mental Health than with healthy and robust body.

**Socio cultural environment**

The socio cultural environment in which the learners are brought up has got tremendous influence on one’s social conformity, attitude towards self and attitude towards others. All these factors influence his personal and social adjustability and ultimately affect his Mental Health

**Intelligence**

General mental ability of the learner is an important factor contributing to social adjustability and success in social situations. A child with higher reasoning ability understands conflicting situations more legitimately and exercise control over them to succeed.

**Disorganized family environment**

Family atmosphere, parental attitude warmth of relationship in the family, parental conflicts, sibling rivalry, family size, type of family etc. influence children’s social adjustability and mental health. Families having discord among members, lack of supervision and intellectual stimulation, harsh discipline negatively influences Mental Health of children.

**Habit training in school**

Learning of good practices, customs conventions, etiquetts, manners etc from the family or school will help the children to reduce interpersonal conflicts or friction thereby fostering Mental Health. Getting involved in recreational pursuit, hobbies, social activities, sports, athletics etc.will help the child to lose himself meaningfully and maintain emotional equilibrium.

**Ethical and moral upbringing**

Moral behavior of the parents, ethical standard of the neighborhood, moral experiences received from school, community etc. will shape the social and moral outlook of children. This will affect the wholesome personal and social adjustability of the individual and influence his Mental Health.

**School related factors**

Frequent change in school, rejection from peers, bullying often leads to emotional, behavioral and academic problems and subsequent deterioration of Mental Health.

**Characteristics of a mentally healthy individual**

Here are certain characteristics that a mentally healthy individual or well adjusted person possesses or develops in his daily living. These characteristics can serve as criteria for optimum Mental Health.

1. A well adjusted person has an insight into an understanding of his motives , desires his weakness and strong points.
2. He has a sense of personal worth, feels worth-while and important. He has self respect and feels secure in the group.
3. A person feels that he is wanted or loved. In other words he has a sense of personal security.
4. He has faith in his ability to succeed; he believes that he will do reasonably well whatever he undertakes. He solves his problems largely by his own initiative and effort.
5. He has an understanding of other people’s motives and problems. He appreciates many differences that he finds in people.
6. He has the capacity to face realities rationally and objectively. Has some understanding of his environment and the forces with which he must deal.
7. He has developed a philosophy of life that gives meaning and purpose to his daily activities. This discourages the tendency to withdraw or escape from the world.
8. He has develops a capacity to tolerate frustrations and disappointment in his daily life.
9. He shows emotional maturity in his behavior. He is able to regulate emotions such as fear, anger, love, jealousy and express them in a socially desirable manner.
10. He has a rational attitude towards problems of his physical health. He practices good health habits with regard to nutrition, sleep, rest, relaxation, physical activity, personal cleanliness and protection from disease.
11. He is able to think for himself and can make his own decisions. He thinks clearly and constructively in solving problems.
12. He has a variety of interests and lives a well balanced life of work, rest and recreation. He has the ability to get enjoyment and satisfaction out of his daily routine job.

**Theoretical overview of Decision Making**

Decision making is an essential part of life. Right decision helps individual to identify and chose alternatives to shape the future for lifetimes to come. The concept of Decision Making involves defining the problem, finding, comparing and choosing a course of action.

The decision process is regarded as extended in time; one way to construct this is to consider that the process can be divided into a number of phases or stages. These phases can be generated by task analysis. Prospect theory assumes that a problem formulation stage involving framing and editing precedes an evaluation stage.

Montgomery’s (1983) dominance structuring theory proposed that decision making is a search for dominant structure, an attempt to find a representation of the decision problem. Such that one alternative is dominant. That is superior to all others on at least one attribute and is not inferior to any alternative on any of the other attributes. Search for dominance was hypothesized to go through four phases: pre-editing, establishing relevant decision alternatives and attributes; finding promising alternative; testing whether this promising alternative dominates the other alternatives; dominance structuring or transforming the psychological representation of alternatives. So that dominance can be achieved.

Swenson (1992, 1996) has developed differentiation and consolidation theory, which also proposed four stages in the decision process; detection of the decision problem; process of differentiation of an initially chosen alternative from the other alternatives; the decision stage; the post decision stage to consolidation stage to support the implementation of the decision and to protect the decision matter from regret at having made the wrong decision.

**Phases in Differentiation and Consolidation theory**

|  |  |  |
| --- | --- | --- |
| **Phase** | **Stage** | **process** |
| Recognition of decision problem | Identification of alternatives  Goals elicitation | Perceptual and cognitive identification  Involvement elicitation |
| Differentiation | Screening  Editing  Selection of reference and/ or preliminary alternative  Differentiation | Goal adaptation  Holistic differentials  Problem restructuring |
| Decision consolidation | Post decision consolidation  Implementation of decision  Post implementation consolidation  Outcome  Post outcome consolidation | Process and structural differentiation  Problem restructuring |

Every individual makes decision based on four aspects: thinking, feeling, sensation and intuition.

Thinking: - which is an ideational and intellectual function. Human try to comprehend the nature of the world and themselves.

Feeling: - which is an evaluative function. It is the value of things whether positive or negative with respect to the subject.

Sensation: - it is the perceptual or reality function. Which yields concrete facts or representation of the world?

Intuition: - it is perception by way of unconscious process and sublimal contents, the intuitive person goes beyond facts and ideas in his search for the essence of reality.

Jung also says that the above four functions; thinking, feeling, sensation and intuition produce a kind of totality. Sensation establishes which is actually present, thinking enables us to recogonise its meaning, and feeling tells us its value and intuition points to the possibilities as to when it came and whether it is going in a given situation.

**Thinking**

Thinking is an umbrella term used both in everyday and psychological contents to cover a diversity of phenomena. It refers to the process involved in reasoning, problem solving and creativity as well as the forms of symbolic mental representations.

Cognitive biases coming under thinking includes

1. Selective search for evidences we tend to be willing to gather facts that support different conclusions but disregard other facts that support different conclusions.
2. Inertia- unwillingness to change thought patterns that we have used in the past in the face of new circumstances.
3. Repetition bias- a willingness to believe what we have been told most often and by the greatest number of different sources.
4. Role fulfillment (self fulfilling prophecy) - we confirm to the decision making expectations that others have someone in our position.

**Feeling**

Feeling is emotion, a subjective personal experience. Things happen which make us feel happy or sad, angry or afraid, jelous or contemptuous and so on. Sometimes these feelings are powerful and intense, and last for a long time; sometimes they are week, momentary flashes. But, however strong they are, they are important to us, they color our general behavior and if they are abnormal, they interfere with our functioning in a deliberative maladaptive way.

The cognitive bias coming under feeling include

1. Source credibility bias- we reject something if we have a bias against the person, organization or group to which the person belongs; we are inclined to accept a statement by someone we like.
2. Incremental decision making and escalating commitment-we look at a decision as a small step in a process and tend to perpetuate a series of similar decisions.
3. Group think- peer pressure to confirm to the opinions held by the group.

**Sensation**

Since we cannot observe the sensation that exists in another individual’s world of experience, it would seem indeed that we cannot measure sensation. On the other hand, we can twist the meaning slightly and define sensation in terms of events that we can measure. When a man says “I see red”; we cannot measure the redness of his visual sensation, nor even be sure that he has one, but we can observe his verbal behavior “I see red”. The phenomena of hearing studied.

The measurement of any sensory process involves the establishments of relations between the responses of individuals and the stimuli that give rise to such responses.

The cognitive bias coming under sensation includes

1. Wishful thinking or optimism bias- we tend to want to see things in a positive light and this can distort our perception and thinking.
2. Regency- we tend to place more attention on more recent information and either ignore or forget more distant information.
3. Choice supportive bias occurs when we distort our memories of chosen and rejected options to make the chosen options seen relatively more attractive.

**Intuition**

Intuition means immediate insight. It is an opinion of certainty, comes upon as quite suddenly like a flash. Precaution to be taken while taking decision by intuition is: intuition sometimes conflict, here knowing how a question is. It tells is nothing about the validating procedure. It has to be admitted that behind this immediate insight contemplation upon a long period is there.

The cognitive bias coming under intuition includes

1. Attribution symmetry- we tend to attribute our success to our abilities and talents, but we attribute our success to our abilities and talents, but we attribute our failure to bad luck and external factors. We attribute others success to good luck and their failure to their mistakes.
2. Premature termination of search for evidence. We tend to accept the first alternative that looks like it might work.
3. Underestimating uncertainty and the illusion of control-we tend to underestimate future uncertainty because we tend to believe we have more control over events, than we really do. We believe we have control to minimize potential problems in our decisions.

In judging the quality of a decision, in addition to the concerns of logic, use of information and alternatives, three other considerations come into play.

1. The decision must meet the stated objectives most thoroughly and completely.
2. The decision must meet the stated objectives most efficiently with concern over cost, energy, side effects
3. The decision must take into account valuable by products or indirect advantages.

The inferior method in decision making may produce greater result. If the interior one has greater support. One of the most important considerations in decision making then is the people factor. Always consider a decision in light of the people implementation.

**Studies related with mental health**

Pandy and Pandy (1995) conducted a study on Mental Health of higher secondary school principals and observed that there is significant correlation between each of the dimensions of decision making and mental health.

Vani.E.Manju (1995) conducted a study on sex, type of school standard and Mental Health status of high school students. Major findings of the study were

1. Girls had better mental health status as compared to boys.
2. Mental Health status of boys of unisex schools was low as compared to that of the boys of co education schools.
3. There was no significant difference in the Mental Health status of girls of unisex and co education girls.
4. Mental Health status of class X students was low as compared to that of class IX students.

In a study, Nagarathnamma (1999) tested the level of Mental Health of clerical employees working in three different organizations as a factor of gender and length of experience. Result of the study indicated that sex had no significant effect on Mental Health of employees with varying length experiences differed significantly in the level of mental health except in the case of middle and highly experienced employees.

Usha and kuruvilla (2003) conducted a study to ascertain parent’s role in determining the Mental Health of their adolescent children. The sample consisted of 450 school students of class X. It was revealed that family acceptance is an effective factor contributing to Mental Health of adolescents.

Dr. Abdul Hameed Mukthar Mahal and Rasheed (2005) conducted a study on Mental Health and Achievement motivation of student teachers under University of Calicut. The study reveals that there exist low significant relationship between Mental Health and Achievement motivation of student teachers.

Dr. Mumthas and Nabeel Abdul Wahid (2006) studied the interaction effect of parent child relationship and parental employment on Mental Health of secondary school students. The study reveals that parent child relationship has significant main effect on the Mental Health of secondary school pupils.

Preethi, C. and Dr. Rose, M.C. (2010) conducted a study on influence of Mental Health status and study habits on academic achievement among higher secondary school students. The study shows that significant correlation exist between Mental Health status and academic achievement and the study habits reveals that there is a significant direct influence of Mental Health status and study habits on the academic achievement of higher secondary school students.

Archana.J.S. (2011) studied the Mental Health of adolescence in relation to moral judgment, intelligence and personality. The result indicated that there is positive significant relationship of moral judgment and intelligence and extroversion dimension of personality with Mental Health of adolescence for total sample. But Mental Health has no significant relationship with psychotics, neurotism dimension of personality.

Seema Menon and Ampili aravind2011) conducted a study on Mental Health status of higher secondary school students of Palakkad district. The study reveals that gender, locale, and type of management influence the Mental Health of higher secondary school students of Palakkad district.

Velayudham, Kemlit,P.D. and Gayathridevi,S.(2011).conducted a study on quality of life and Mental health among government hospital nurses. The result indicated that there was significant between groups in the quality of life and Mental Health. The results indicated that the nurses with high Mental Health and good quality of life were able to form and maintain good quality of life.

Shilpi Gupta and Sushil Kumar (2013) conducted a study of Mental Health with reference to gender and type of student professional and non professional. It gave the following results. The male students have significantly good Mental Health than females. The non professional students show good Mental Health than professional students.

Singh, S.,Poonam,N.and Vats,V.(2014).conducted a study on Healthiness, job satisfaction and Mental Health in school teachers. The result reveals that high healthiness and high job satisfaction in female teachers than male teachers. But at the same time , free floating and somatic anxiety was also move in case of female teachers. The level of depression was found more in case of male teachers.

Anto ,P.S.and Jayan, C.(2014) conducted a study on Mental Health of youth, self esteem and gender on potential determinants. The findings reveals that there is significant difference between high, moderate and low self esteem group on Mental Health. Mental Health of females was found to be better than males. No significant interaction of gender and self esteem on Mental Health identified.

Krishnamoorthi,A.,Subburaman,R.& Subbaiah,S.(2015).The article explains about the collection of statements, modification,,judgemental analysis, item analysis ,reliability,final tool and scoring procedure of Mental Health status scale.

Devi, S.A.and Ramachandran,R.(2015) conducted a study on attitude of women students towards women’s college in relation to Mental Health. The result shows that the attitude of women students towards women college is unfavourable and the Mental Health of women students is poor and therefore no significant correlation between attitude of women students towards women’s college and Mental Health.

Yadav and Manju (2015) conducted a study on effect of Mental Health, life style, neutrient intake on the health of adolescents. The study results that Mental Health, lifestyle, and nutrition affect not only the health of adolescents during early year of life but also affect the behavior and adjustment.

**Studies related to Decision Making**

Mears and sweency (2000) studies the factors that contribute to the process of Decision Making with a general practice, over and above evidence based information. Result suggested that five board categories practitioners; patient; practitioners’ patient relationship; verbal and nonverbal communication; evidence based on medicine and external factors influence clinical Decision Making

Ernst,et. al (2003) assessed the validity of the gambling task as a test of Decision Making ability in adolescents and examined whethther adolescents with behavior disorders, who are at risk for substance abuse, have deficits in Decision Making similar to those exhibited by adults with substance abuse. Sample included 65, 12-14 year old adolescents and 52 adults. Result shows similar performance of healthy adults and adolescents on the gambling task. Testing with the gambling task revealed a deficit in Decision Making in adolescents with behavior disorders, who are at risk for substance abuse.

Tanga pandian et, al (2004) conducted a study about Decision Making and satisfaction. The study was aimed at exploring the relationship between Decision Making styles like vigilance, back passing and procrastination in relation to independence o course choice and satisfaction. The result of the study indicates that positive relationship between vigilance Decision Making style and independence in course choice and satisfaction

Derma, et al. (2004) examined the influence of low, medium or high adolescent involvement in discipline. Decisions and parental versus adolescent focus of impact of behavior problem.

Thamizharasi K. E. and Sarah Manikaraj (2006) made an investigating to assess the psychological aspects such as interest , motivation and Decision Making skills among higher secondary girls. And to analyse wheather they are interrelated and whether the training programme would enhance these skills. The findings revealed that there is a significant correlation between interest and Decision Making, motivation and Decision Making. There is significant diference between the science and arts higher secondary school students in their interest but not in motivation and decision making skills. There is also significant increase in interest, motivation, Decision Making among higher secondary girls after the respective training programme.

Rekha K N and Nachimuthu P (2007) made an attempt to understand whether there exist any gender difference in Decision Making style between male and female managers. The sample consisting 100 managers (50 male and 50 female) . the investigator administered Decision Making style questionnaire . the result revealed that there is no significant difference in the Decision Making pattern/ styles o male and female managers.

Poonam R Das and Bharati Talrya (2008) examined risk taking and Decision Making of working and non working subjects. The study revealed that non working subjects take more risk than working subjects, maximum subjects of both the group have sensation and thinking. Decision Making style, though both the groups did not differ significantly regarding Decision Making style.

Hassan Koya and Shahna (2009) conducted a study on efect o Decision Making on social maturity of higher secondary school students. The result shows that main effect of Decision Making on social maturity was found to be significant for the total sample and all the subsamples based on gender , locale and type o management of institution.

Depping Miriam K and Frund Alexandera M(2011) conducted a study on normal aging and Decision Making : The role of motivation. The findings on Decision Making and aging remain inconsistent and are in need of a developmental framework with regard to application, a better understanding of the aging decision maker can provide insight into how to improve communication efforts about issues like advance care planning,medical treatment and housing plans.

Naseera K and Abdul Basheer U (2012) conducted a study on relationship between self regulation and Decision Making ability of post graduate students. The study ffffindings shoes that there exist significant difference in the Decision Making ability of post graduate students on the basis o type o management. There is no difference in gender wise locality, there is slighter difference subject wise.

Dr. Lalitha sarma (2012) conducted a study on personality o adolescents in relation to their adjustment and decision making. The study results that personality factors of adolescents influenced their adjustment behavior and Decision Making. There is a significant association between the adjustment and Decision Making of adolescents and vice versa. There is no significant association between the Decision Making academic achievement of adolescents and vice versa.

Ginerva Mria Cristina, Nota Lura,Soress Salvatore and Gati Hamar ( 2012) conducted a study on carrier Decision Making profiles of Italian adults. The study reveals that female adults were more likely to consult with and depend on others, invest greater effort and consequently take more time to make decision.

Barnard Brack Lucy, Stevens Tara,Robinson Eric and Holt Ann (2013) done a pilot study on school diagnostic Decision Making. The result reveals that the differentiation in diagnostic Decision Making was present as significantly associated with academic performance, school psychologists differed in their diagnostic decision making according to their perception about the particular disability.

Banjamin Stave (2014) studied about shift from data to evidence for decision making. He suggested that the use of evidence based Decision Making will increase the odds that education improvement efforts will be successful. Data can lead to knowledge ,knowledge to right action and action to improvement, the type that most concern teachers, principals and students; the type that can truly fuel their improvement efforts.

Joshua Weller (2014) conducted a study on Decision Making skills with later behavior. The findings suggests that less refined decision skills early in life would potentially be a harbinger for problem behavior in the future.

Patel and Anita Pundariklal (2015) conducted a comparitive study of Decision Making ability of male and female child in Anand district. The study reveals that there was no significant difference between Decision Making ability of male and female child regarding the health and nutritional aspect and recreational aspect. The male and female child had highly significant and significant difference respectively.

Temel Veysel, Birol Sefa Sahan , Nas Kazim, Akpinar Selabatin and Tekin Murat (2015) studied about self esteem in Decision Making and Decision Making styles of teachers. According to findings , buck passing, procrastination and hyper vigilance in Decision Making scores of male were higher than that of female .Significant difference was obtained in teachers, service year, lesson hours of teachers and the fathers occupation.

**Conclusion**

The investigator goes through various studies related to the variables of the problem. From these studies it is to be concluded that Mental Health status and Decision Making of adolescent students depends on many variables. Moreover there was only a few studies were conducted on relationship of Mental Health status and Decision Making. Various studies were conducted on Mental Health status and Decision Making separately. Therefore conducting studies revealing relationship of on Mental Health status with Decision making is relevant. The investigator considered only gender, locality and type of management to stratify

**CHAPTER III**

**METHODOLOGY**

* **Variables**
* **Objectives**
* **Hypothesis**
* **Tools**
* **Sample**
* **Mode of Data collection**
* **Scoring and consolidation**
* **Statistical techniques**

The selection of research methods to be used has great importance in the research procedure .the success of any research work depends on the suitability of the method and also on the technique used for the data collection.

The present study entitled “Relationship of Mental Health status with Decision Making among higher secondary school students” mainly attempts to find out the relationship of Mental Health status and Decision Making of students. The design of the study is described under the following major sections.

1. Variables
2. Objectives
3. Hypotheses
4. Sample
5. Tools
6. Mode of Data collection
7. Scoring and consolidation
8. Statistical techniques

The details of each of the above is given below

**Variables**

In this study the researcher check the significant relationship between Mental Health status and Decision Making

1. Independent variable : Mental Health status
2. Dependant variable : Decision Making
3. Classificatory variables : Gender , locale and type of management

**Objectives**

1. To find out the extent of Mental Health status among higher secondary school students in the total sample and the sub samples based on gender, locale and type of management of institution.
2. To find out the extent of Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.
3. To find out whether there is any significant difference between the mean score of Mental Health status among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
4. To find out whether there is any significant difference between the mean score of Decision Making among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
5. To find out whether there is any significant relationship between Mental Health status with Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.

**Hypotheses**

1. There exist significant difference between mean score of Mental Health status among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
2. There exist significant difference between the mean score of Decision Making among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
3. There exist significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample and subsamples based on gender, locale and type of management of institution

**Sample**

Selection of sample is an important part of any research. The sample of 600 higher secondary school students were taken as samples. The samples were selected under stratified sampling technique by giving due representation to the factors like gender (male, female) of the students, locale (rural and urban) of the school and type of management (government, aided ) of the school.

Table 1

*Break of the proposed sample*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | | Locality | | Type of Management | |
| Male | 300 | Rural | 400 | Government | 200 |
| Female | 300 | Urban | 200 | Aided | 400 |
| Total | 600 | Total | 600 | Total | 600 |

**Tools**

Collection of relevant data is an important work of any research work. The selection of suitable tool is of vital importance for successful research work. For the present study the investigator used the following tools.

1. Mental Health status scale (Afeef and Shimna 2015)
2. Decision Making scale( Hassan koya and Shahana 2009)

**Mental Health status scale**

In this study the investigator assessed the Mental Health status of higher secondary school students using the scale of Mental Health status, constructed by the investigator with the help of the supervising teacher.

**Planning of the tool**

Mental Health is defined as the state of balance between the individual and the surrounding world, a state of harmony between oneself and other people and that of the environment. Also it is not merely the absence of infirmity or conflicts. It is a positive state of signifying complete physical, mental, emotional and social well being. It was considered as the basis to develop the tool. The main factors which affect the Mental Health of students were identified as hereditary factors, physical health, socio-cultural environment, intelligence, family environment, habit training in childhood, ethical and moral upbringing, school related factors. The scale includes both positive and negative items. Each statement has five responses via always, often, sometimes, rarel , never. For the positive items the respective scores to five responses are 5, 4, 3, 2, 1 and for negative items the scoring was done in reverse order.

**Components of Mental Health**

Good mental health is more than just the absence of mental illness. It can be seen as state of Mental Health that allows one to flourish and a fully enjoy life. Some of the factors are

**Hereditary factors**

General emotional pattern, temperament, ability to control emotions, ability to cope with stress etc.

**Physical health**

Diseases injuries and other physical problems often contribute to poor Mental Health and sometimes mental illness.

**Socio-cultural environment**

The socio-cultural environment in which the learners are brought up has got tremendous influence on one’s social conformity, attitude towards self and attitude towards others.

**Intelligence**

General mental ability of the learner is an important factor contributing to social adjustability and success in social situations.

**Family environment**

Family atmosphere, parental attitude , warmth of relationship in the family, parental conflicts, sibling rivalry, family size, type o family etc. influence children’s social adjustability and mental health. Families having discord among members, lack of supervision and intellectual stimulation, harsh discipline negatively influences mental health o children.

**Habit training in school**

Learning of good practices, customs conventions, etiquettes, manners etc from the family or school will help the children to reduce interpersonal conflicts or friction thereby fostering Mental Health. Getting involved in recreational pursuit, hobbies, social activities, sports, athletics etc.will help the child to lose himself meaningfully and maintain emotional equilibrium.

**Ethical and moral upbringing**

Moral behavior of the parents, ethical standard o the neighborhood, moral experiences received from school, community etc. will shape the social and moral outlook of children.

**School related factors**

Frequent change in school, rejection from peers, bullying often leads to emotional, behavioral and academic problems and subsequent deterioration of Mental Health.

Based on the obtained components the constructor developed the scale of Mental Health status. This scale consists of 50 items there are 24 positive items and 26 negative items .50 items in the scale are prepared in five point scale. The questions 1, 2,5, 7 , 11, 13, 15, 18 ,20, 21, 23, 25,26, 27, 28,29 31, 37,3841, 42, 43, 48, 49 are positive items the negative items are 3, 4, 6, 8, 9, 10, 12 14, 16, 17 , 19, 22, 24 , 30, 32, 33, 34, 35, 36, 39 ,40, 44, 45, 46, 47, 50 respectively.

**Try out**

Try out of the draft scale was done in order to select valid items in the final scale by testing the discriminating power of each item in the draft. For this the scale was administered on a sample of 600 higher secondary school students, selected using stratified random sampling technique. Giving due representation to gender (male, female), locale (rural, urban) and type of management (government, aided). Response sheet were scored according to the scoring procedure.

**Item analysis**

The procedures of item analysis are discussed below.

The 600 response sheet obtained after preliminary testing were scored and the total scores of each sheet was calculated. From these , the first 370 sheets were arranged in descending order of the total score and the highest 27 percent ( 100 sheets) and lowest 27 percent (100 sheet) of the total( 370 ) sheets were separated.

The mean and standard deviation of the scores obtained for each item for the upper group and lower group were calculated separately. The critical ratio were calculated using the formula.

t

Where

Mean of upper group

Mean of lower group

Standard deviation of upper group

Standard deviation of lower group

Sample of the upper group

Sample of the lower group

Items in which critical ratio greater than 1.96 in the table of ‘t’ at 0.05 level of significance were selected for the final scale.

The critical ratio obtained for each item together with mean and standard deviations of the scores of the two groups are given in table .2.

Table 2

*‘t’ value of 50 items of Mental Health status scale*

| Item No. |  |  |  |  | t |
| --- | --- | --- | --- | --- | --- |
| 1 | 3.05 | 2.37 | 1.06 | 1.08 | 4.48 |
| 2 | 2.82 | 2.92 | 1.27 | 1.27 | -0.554\* |
| 3 | 4.07 | 3.03 | 1.02 | 1.25 | 6.45 |
| 4 | 3.99 | 3.14 | 1.02 | 1.29 | 5.13 |
| 5 | 3.76 | 2.51 | 1.11 | 1.29 | 5.13 |
| 6 | 3.29 | 2.81 | 1.10 | 1.34 | 2.75 |
| 7 | 3.61 | 3.00 | 1.38 | 1.47 | 3.01 |
| 8 | 3.08 | 2.49 | 1.92 | 1.65 | 2.32 |
| 9 | 4.35 | 3.40 | .957 | 1.48 | 5.37 |
| 10 | 4.59 | 3.78 | .817 | 1.36 | 5.10 |
| 11 | 3.19 | 2.07 | 1.20 | 1.15 | 5.10 |
| 12 | 4.64 | 3.69 | .822 | 1.34 | 6.70 |
| 13 | 3.48 | 2.76 | 1.48 | 1.39 | 3.54 |
| 14 | 3.83 | 2.92 | 1.13 | 1.19 | 3.54 |
| 15 | 4.18 | 3.35 | .892 | 1.17 | 5.62 |
| 16 | 3.47 | 3.05 | .937 | 1.12 | 2.87 |
| 17 | 2.68 | 2.50 | 1.60 | 1.37 | .855\* |
| 18 | 4.60 | 3.90 | .984 | 1.38 | 4.12 |
| 19 | 4.73 | 3.72 | .851 | 1.49 | 5.86 |
| 20 | 4.56 | 3.57 | .82 | 1.37 | 6.19 |
| 21 | 3.15 | 2.32 | 1.31 | 1.45 | 4.15 |
| 22 | 3.22 | 2.65 | 1.73 | 1.31 | 2.61 |
| 23 | 3.47 | 3.80 | 1.12 | 1.31 | -2.37 |
| 24 | 4.63 | 3.53 | 5.15 | 1.40 | 2.06 |
| 25 | 4.88 | 4.16 | .408 | .971 | 6.83 |
| 26 | 3.56 | 3.04 | 1.72 | 1.50 | 2.27 |
| 27 | 4.50 | 3.26 | .822 | 1.32 | 7.99 |
| 28 | 4.50 | 3.45 | .858 | 1.27 | 6.83 |
| 29 | 4.44 | 3.37 | .913 | 1.34 | 6.57 |
| 30 | 4.20 | 3.16 | 1.05 | 1.02 | 7.08 |
| 31 | 3.83 | 2.44 | 1.31 | 1.32 | 7.47 |
| 32 | 3.02 | 2.31 | 1.32 | 1.42 | 3.66 |
| 33 | 3.20 | 2.31 | 1.32 | 1.42 | 8.70 |
| 34 | 4.45 | 3.56 | .702 | 1.04 | 7.05 |
| 35 | 4.47 | 3.52 | .717 | 1.13 | 7.08 |
| 36 | 3.41 | 2.66 | 1.31 | 1.32 | 4.02 |
| 37 | 3.13 | 2.30 | .920 | 1.27 | 5.28 |
| 38 | 3.91 | 3.13 | 1.07 | 1.23 | 4.78 |
| 39 | 4.37 | 3.28 | .786 | 1.06 | 8.23 |
| 40 | 3.37 | 3.07 | 1.26 | 1.06 | 1.79\* |
| 41 | 4.57 | 3.09 | .830 | 1.36 | 9.26 |
| 42 | 3.45 | 2.25 | 1.12 | 1.24 | 7.16 |
| 43 | 4.08 | 2.63 | 1.10 | 1.30 | 8.67 |
| 44 | 4.69 | 3.29 | .830 | 1.38 | 8.67 |
| 45 | 4.24 | 3.25 | .954 | 1.04 | 6.98 |
| 46 | 4.32 | 3.34 | .897 | 1.23 | 6.42 |
| 47 | 2.39 | 2.39 | 1.16 | 1.24 | 0.00\* |
| 48 | 4.24 | 3.25 | .950 | 1.04 | 6.98 |
| 49 | 4.32 | 3.34 | .897 | 1.23 | 6.42 |
| 50 | 2.39 | 2.39 | 1.16 | 1.24 | 0.00\* |

\* denotes the rejected items

**Preparation of the final scale**

Out of 50 items have 45 items have‘t’ value greater than 1.96 for 0.05 level of significance and that of 5 items have less than 1.96, table value required for significant at 0.05 level of significance. Hence the investigator selected 45 items for final scale and rejected 5 items.

**Validity and Reliability**

Two important construct in the research are validity and reliability.

**Validity**

Validity is an indispensible characteristic of measuring devices. The validity of a test may be defined as the accuracy with which it measures what it is intended to measure.

A test is said to have face validity when it appears to measure whatever the author had in mind , namely what he was thought he was measuring ( Garret,2005)

The tool was prepared and finalized in consultation with the experts. Hence it has face validity

**Reliability**

Reliability refers to the extent to which the responses or behavior made by individuals are consisted across items , settings or time.

Reliability of items in Mental Health status scale was established using split half odd and even number method. For this purpose the 44 items in the test is divided into two equal halves for 30 students. The first set of scores represents the odd numbered items 1, 3, 7, 9, etc. and the second set of scores even numbered items 2, 4, 6,8 etc. The scores obtained by each half were counted and correlated using Karl Pearson’s Product Moment method. The reliability of the test obtained was 0.764. It suggests that the test was a reliable one.

**Decision Making scale**

Decision Making scale was constructed by Hassankoya and Shahna in 2009. The tool contains 44 items based on four components of Decision Making. The tool consists of both positive and negative items. Each item has 3 alternative responses such as always , sometimes , never. A score of 2, 1 , 0 respectively given for positive items and negative items are scored in the reverse order. The four components of Decision Making are thinking, feeling, sensation, intuition

1) **Thinking** is an ideational and intellectual function. Humans tried to comprehend the nature of the world and themselves.

2) **Feeling** is an evaluative function. It is the value of things whether positive or negative with reference to the subject. This function gives humans their subjective experience of pleasure, pain, anger, fear , sorrow, joy and love.

3) **Sensation** is the perceptual or reality function which yields concrete facts or representations of the world.

4) **Intuition** is perception by way of unconscious process and sublimal contents. The intuitive person goes beyond facts, feelings and ideas in his search for the essence of reality.

**Validity**

The validity of the items was determined by using face validity.

**Reliability**

The investigator used test –retest method to determine the reliability. For that the investigator selected 40 students who participate in the final test. The same test was conducted to those students in the gap of three weeks. Then the scores obtained in the first and second test are used for finding out reliability coefficient and it was found to be 0.72.

**Mode of Data collection**

**Data Collection Procedure**

The investigator sought permission from the head of the selected secondary schools for collecting data and made necessary arrangement for it.

The investigator addressed the secondary students at their respective class and explained the nature of the study and made them convinced. Investigator gives necessary information to the pupils. First Mental Health status scale were given to the pupils and were asked to write their name, gender, name of the school, type of management of school. After completing the scale tool was collected from each pupil and then scale of Decision Making was given to the pupil. After completing, the scale was collected from each pupil.

Table 3

*Break of the final sample*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | | Locality | | Type of Management | |
| Male | 272 | Rural | 372 | Government | 300 |
| Female | 328 | Urban | 228 | Aided | 300 |
| Total | 600 | Total | 600 | Total | 600 |

**Scoring and consolidation**

A respondent has to respond to 50 items for Mental Health status scale by choosing any one of the five responses given such as always, often, sometimes, rarely, never. For positive items the scores were calculated in the 5, 4,3,2,1 order and for negative items in the reverse order. The total scores were calculated for each item and further analysis was done by using statistical techniques.

A respondent has to respond to 44 item for Decision Making scale by choosing any one of the 3 responses given such as always , sometimes, never. For positive items the scores were calculated in the 3, 2, 1 order and for negative items in the reverse order. The total score were calculated for each item and further analysis was done by using statistical techniques.

**Statistical techniques**

**Preliminary analysis**

The important statistical constants such as mean, median, mode, standard deviation, skewness and kurtosis of the two variables were computed for the total sample.

**Major analysis**

**Percentiles**

Percentiles are points of a given distribution below which given percentage of cases lies. To find out norms for the total, percentiles are used. The formula to find out the percentile is

Pi

Where

L = Lower limit of class containing Pi

F= Frequency of the class containing Pi

h = Magnitude of the class containing Pi

C = Cumulative frequency of the class proceeding the class containing Pi

N = Total number of the sample

**Test of significance of difference between mean ( ‘t’ test)**

The statistical technique, test of significance between means for different categories is used to find out there is any significance difference in the Mental Health status and Decision Making between relevant subsamples gender , locale and type of management.

The test of significance of difference between two means is known as the‘t’ test. The formula to calculate ‘t’ is

t =

= Mean of the first group

= Mean of the second group

= Standard deviation of the first group

= Standard deviation of the second group

=Sample of the first group

= Sample of the second group

**Pearson’s Product Moment Coefficient of correlation**

The most often used and most precise coefficient of correlation is the Pearson’s Product Moment Coefficient of Correlation (r) . To estimate the extend relation of Mental Health status and Decision Making the technique of Pearson’s Product Moment Coefficient of correlation (r ) is given below

r

Where

sum of X scores

Sum of Y scores

=sum of squares of X scores

= sum of squares of Scores

Sum of the product of paired X and Y scores

= Number of pairs

**CHAPTER IV**

**ANALYSIS**

* **Objectives**
* **Hypotheses**
* **Preliminary analysis**
* **Major analysis**
* **Conclusion**

The present study is to find out the relationship between Mental Health status and Decision Making among higher secondary school students. This chapter deals with the analysis and interpretation of the data as per the following objectives

**Objectives**

1. To find out the extent of Mental Health status among higher secondary school students in the total sample and the sub samples based on gender, locale and type of management of institution.
2. To find out the extent of Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.
3. To find out whether there is any significant difference between the mean score of Mental Health status among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
4. To find out whether there is any significant difference between the mean score of Decision Making among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
5. To find out whether there is any significant relationship between Mental Health status with Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.

**Hypotheses**

1. There exist significant difference between mean score of Mental Health status among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
2. There exist significant difference between the mean score of Decision Making among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
3. There exist significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample and subsamples based on gender, locale and type of management of institution.

**Preliminary analysis**

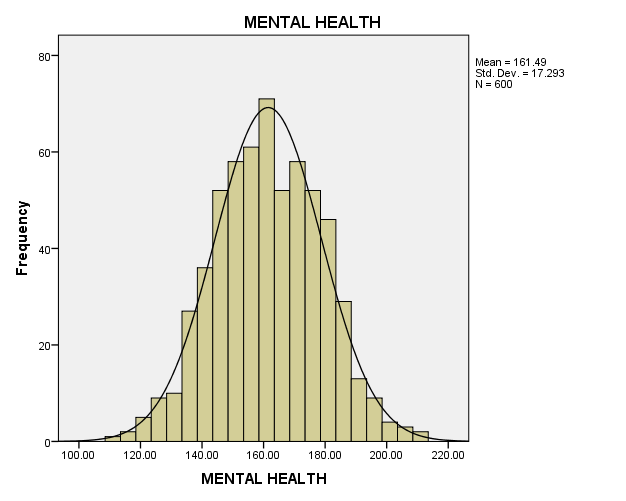
As a preliminary analysis the distribution of scores of the variables were examined. The mean, median, mode, standard deviation, skewness, kurtosis were computed for the total sample and the relevant subsamples. These values are presented in the Table 4.

Table 4

*Statistical characteristics of the variables for the total sample*

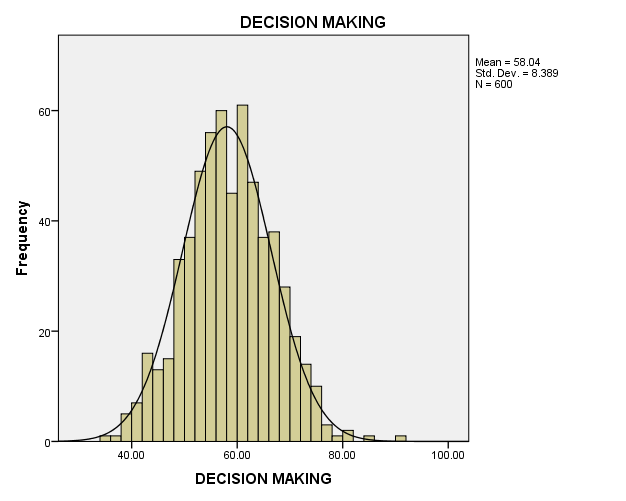
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample | Category | Variable | Mean | Median | Mode | S.D | Skewness | Kurtosis |
| Total N=600 |  | M.H | 161.44 | 161 | 159 | 17.29 | 0.013 | -0.267 |
| D.M | 58.04 | 58 | 61 | 8.39 | 0.084 | 0.166 |
| Gender | Male | M.H | 159.67 | 159 | 157 | 18.08 | 0.226 | -0.079 |
|  | D.M | 56.75 | 56.75 | 61 | 8.98 | 0.253 | 0.335 |
| Female | M.H | 163 | 163 | 156 | 16.48 | -0.163 | -0.370 |
|  | D.M | 59.11 | 59 | 67 | 7.71 | 0.018 | -0.148 |
| Locale | Rural | M.H | 162.72 | 162 | 161 | 16.35 | -0.046 | -0.278 |
|  | D.M | 58.33 | 58 | 62 | 8.26 | -0.059 | -0.019 |
| Urban | M.H | 159.49 | 158 | 152 | 18.59 | 0.153 | -0.261 |
|  | D.M | 57..58 | 57 | 57 | 8.59 | 0.306 | 0.403 |
| Type of Management | Aided | M.H | 158.53 | 158.5 | 159 | 17.35 | 0.131 | -0.155 |
|  | D.M | 56.92 | 56 | 54 | 8.24 | 0.348 | 0.459 |
| Govt. | M.H | 164.46 | 164 | 156 | 16.74 | -0.043 | 0.141 |
|  | D.M | 59.16 | 60 | 61 | 8.40 | -0.174 | 0.097 |

Table: 4 reveals that the values of mean , median , mode for the variable Mental Health status are 161.49, 161, 159 respectively. Mean and median are almost equal which shows the possibility of the variable to follow a normal distribution. The extent of skewnes is 0.013. That is the distribution is positively skewed. The measure of kurtosis is -0.267. That is the curve is leptokurtic. The above discussion shows that the distribution of the variable Mental Health status is approximately normal.



*Figure 1:* Graphical representation of the scores of the variable Mental   
 Health status among higher secondary school students is   
 presented below.

The values of the mean , median and mode for the variable Decision Making are 58.04, 58,61 respectively. Mean and median are almost equal which shows the possibility of the variable to follow a normal distribution. The obtained value of skewnes is 0.084 which indicates that the distribution is positively skewed. The measure of kurtosis is 0.166. That is the curve is platykurtic. The above discussion shows that the distribution of the variable Decision Making is approximately normal.



*Figure 2:* Graphical representation of the scores of the variable Decision   
 Making among higher secondary school students is presented   
 below.

**Major analysis**

**Percentile norm**

The extent of Mental Health status and Decision Making of higher secondary school students were established by calculating the mean scores and percentiles. The mean score of Mental Health status and Decision Making of higher secondary school students in the total sample and subsamples based on gender, locale and type of management were presented in Table 5.

The mean score of Mental Health status and Decision Making of higher secondary school students in the total sample and subsamples based on gender, locale and type of management

Table 5

*Mean score of Mental Health Status and Decision Making of higher secondary school students in the total sample and sub samples based on Gender, Locale and Type of Management*

|  |  |  |  |
| --- | --- | --- | --- |
| Sample |  | Variables | Mean scores |
| Total score |  | M.H | 161.49 |
| D.M | 58.04 |
| Gender | Male | M.H | 159.67 |
| D.M | 56.75 |
| Female | M.H | 163 |
| D.M | 59.11 |
| Locality | Rural | M.H | 162.72 |
| D.M | 58.33 |
| Urban | M.H | 162.72 |
| D.M | 57.58 |
| Type of Management | Aided | M.H | 158.53 |
| D.M | 56.92 |
| Government | M.H | 164.46 |
| D.M | 59.16 |

**Discussion of results**

From the table 5 show that the mean score of Mental Health status and Decision Making for the total sample are 161.49 and 58.04 respectively. In females it is 163 and 59.11, for male it is 159.67 and 56 respectively. For rural students it is 162.72 and 58.33 and for urban students it is 159.49 and 57. 58 respectively. Also the mean scores of Mental Health status and Decision Making of aided school students are 158.53 and 56.92. And for government school students it is 164.46 and 59. 16 respectively. Similarly the other categories also have been calculated.

Percentiles , were computed for the total samples and the subsamples based on gender, locale and type of management of institution. They are presented in Table 6.

Table 6

*Percentile norms of the mental health status and decision making of higher secondary school students for the total sample and sub sample based on gender, locale and type of management*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Percentile | | P90 | P80 | P70 | P60 | P50 | P40 | P30 | P20 | P10 |
| Mental Health status total sample | | 183 | 177 | 172 | 166 | 161 | 157 | 152 | 147 | 139 |
| Gender | Male | 154.7 | 174 | 169 | 163 | 159 | 154 | 150 | 145 | 136 |
|  | Female | 183.1 | 179 | 174 | 168.4 | 163 | 159 | 154 | 147 | 141 |
| Locality | Rural | 183 | 177 | 172 | 167 | 163 | 159 | 154 | 148 | 140.3 |
|  | Urban | 185.1 | 176 | 169.3 | 162 | 158 | 153 | 149 | 144 | 136 |
| Type of Management | Aided | 180 | 174.8 | 169 | 162 | 158 | 153 | 149 | 144 | 135 |
|  | Govt. | 187 | 180 | 174 | 169 | 164 | 159.4 | 156 | 150 | 143 |
| Decision Making Total Sample | | 69 | 65 | 62 | 60 | 58 | 56 | 54 | 51 | 48 |
| Gender | Male | 68 | 65 | 61 | 59 | 56 | 54 | 52 | 49 | 45 |
|  | Female | 69 | 66 | 63 | 61 | 59 | 57 | 55 | 53 | 49 |
| Locality | Rural | 69 | 65 | 63 | 61 | 58 | 56 | 54 | 51 | 48 |
|  | Urban | 69 | 66 | 61 | 59 | 57 | 55 | 53 | 50 | 47 |
| Type of Management | Aided | 68 | 64 | 61 | 59 | 56 | 54 | 52 | 50 | 47 |
|  | Govt. | 70 | 66 | 64 | 61 | 60 | 57 | 55 | 53 | 48 |

**Discussion of results**

The table shows the percentile of the Mental Health of higher secondary school students lie below the score 139. The percentile Mental Health status score of 161, an equal number of higher secondary school students lies. In a similar way all other percentiles also interpreted.

1. **Mean difference analysis**

In this section mean scores of the variables Mental Health status and Decision Making of higher secondary school students were tested. For this two tailed test of significance of difference of variables on the basis of gender, locale and standard deviation is subjected to ‘t’ test and results were examined. The data are presented in the Table 7.

Table 7

*Test of significance of difference between means of mental health status and its components between male and female, rural and urban and government and aided*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Subsample | Category | N | Mean | S.D | t-value | Level of Significance |
| Mental Health status | Gender | Male | 272 | 159.67 | 18.08 | 2.36 | 0.05 |
| Female | 328 | 163 | 16.47 |
| Locality | Rural | 372 | 162.72 | 16.35 | 2.23 | 0.05 |
| Urban | 228 | 159.49 | 18.58 |
| Type of Management | Aided | 300 | 158.53 | 17.35 | 4.257 | 0.01 |
| Govt. | 300 | 164.46 | 16.74 |

**Discussion of results**

The Table 7 indicates that the mean score of Mental Health status obtained for male and female higher secondary school students are 159.67 and 163 and the value obtained for standard deviation are 18.08 and 16.47 respectively. The obtained’ value is 2.36 which is greater than the table value of 1.96 at 0.05 level of significance. Thus the mean difference of Mental Health status between male and female were found statistically significant. The mean scores of Mental Health status of male and female students were analyzed . It can be concluded that Mental Health status of females are greater than that of males.

From the table the mean scores of Mental Health status of rural and urban higher secondary school students are 162.72 and 18.58 respectively. The calculated ‘t’ value between rural and urban students is 2.23 which is greater than the tabled value of 1.96 at 0.05 level of significance. Thus the mean differences in the Mental Health status for students of rural and urban schools were found to be significant. That is there exist significant difference between them. Also we can conclude that the Mental Health status of rural school students is greater when compared to unban.

The table shows that the mean scores of Mental Health status of aided and government higher secondary school students are 158.53 and 164.46. Also the standard deviations are17.35 and 16.74 respectively. The obtained’ value for comparison of mean scores of aided and government higher secondary school students is 4.26 which is greater than the table value 2.58 at 0.01 level of significance. This indicates that there is a significant difference in the mean score of Mental Health status between the aided and government higher secondary school students. By analyzing the mean scores, the government school students have better Mental Health status than aided higher secondary school students.

Table 8

*Test of significance of difference between means of decision making and its components between male and female, rural and urban, and government and aided*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Variable | Subsample | Category | N | Mean | S.D | t-value | Level of Significance |
| Decision Making | Gender | Male | 272 | 56.75 | 8.98 | 3.46 | 0.01 |
| Female | 328 | 59.11 | 7.71 |
| Locality | Rural | 372 | 177.61 | 16.8 | 3.43 | 0.01 |
| Urban | 228 | 172.58 | 18.8 |
| Type of Management | Aided | 300 | 56.92 | 8.23 | 3.29 | 0.01 |
| Govt. | 300 | 59.16 | 8.4 |

**Discussion of results**

Table 8 indicates that the mean score for male and female higher secondary school students on the basis of Decision Making are 56.75 and 59.11 respectively. Also the standard deviation for them is respectively 8.98 and 7.71. the obtained ‘t' value for the comparison of mean scores of Decision Making between male and female students is 3.46 which is greater than the tabled value 2.58 at 0.01 level of significance. This indicates that there is a high significance between the mean score of Decision Making between male and female higher secondary school students. By observing the mean scores the female students have better Decision Making than male higher secondary school students

The table shows that mean scores of Decision Making of rural and urban higher secondary school students are 177.67 and 172.58. The standard deviations of rural and urban students are respectively 16.8 and 18.8. the‘t’ value obtained for the comparison of mean scores of decision making of rural and urban higher secondary school students is 3.43 which is greater than the tabled value 2.58 at 0.01 level of significance. This shows that there is a significant difference in the mean scores of Decision Making between rural and urban higher secondary school students. By analyzing the mean scores, the rural students have better Decision Making than urban higher secondary school students.

From the table we can see that the mean scores of Decision Making of aided and government higher secondary school students are 56.92 and 59.16 respectively. The standard deviations of aided and government higher secondary school students are 8.23 and 8.4 respectively. The value obtained by comparing the mean scores of Decision Making is 3.29 which is greater than the tabled value 2.58 at 0.01 level of significance. This reveals that there is a significance difference in the mean score of Decision Making between aided and government higher secondary school students. Also by analyzing the mean scores, government students have better Decision Making than aided higher secondary school students

**Relationship between Mental Health status and Decision Making of higher secondary school students**

The collected data has been analyzed to find out the coefficient of correlation between Mental Health status and Decision Making of higher secondary school students. The relationships between the variables are estimated using Pearson’s Product Moment Coefficient of Correlation (r). The analysis and discussion of results with regard to correlation are as follows.

The correlation coefficient obtained for the variables Mental Health status and Decision Making are presented in the Table 9

Table 9

*Relationship between Mental Health status and Decision Making of higher secondary school students in the total sample and subsamples based on gender, locale and type of management*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Variables correlated | Sample | Category | N | r | Level of significance |
| Mental Health Status and Decision Making | Total |  | 600 | 0.601 | 0.01 |
| Gender | Male | 272 | 0.578 | 0.01 |
| Female | 328 | 0.616 |
| Locale | Rural | 372 | 0.571 | 0.01 |
| Urban | 228 | 0.640 |
| Type of Management | Aided | 300 | 0.603 |  |
| Government | 300 | 0.58. | 0.01 |

**Discussion of results**

From the table it can be seen that the coefficient of correlation between Mental Health status and Decision Making is 0.601, for the total sample. The value shows that the relationship is positive and the substantial relationship exist between the two variables. And it is significant at 0.01 level of significance.

The correlation coefficient obtained for male higher secondary school students is 0.578 which indicates that there exist moderate and positive relationships. For female higher secondary school students the correlation coefficient is 0.616.The value indicates that there is a substantial positive correlation exist, in between the variables Mental Health status and Decision Making of higher secondary school students.

The correlation coefficient between Mental Health status and Decision Making for rural and urban higher secondary school students is 0.571. This indicates that there exist moderate positive relationships between the two variables. The coefficient of correlation for the variables Mental Health status and Decision Making of urban higher secondary school students is 0.640. This suggests that there exist positive substantial relationship between the two variables for urban school students.

The correlation coefficient obtained for government higher secondary school students is 0.581. This shows that there exist moderate positive relationship between Mental Health status and Decision Making of government higher secondary school students. For aided higher secondary school students the correlation coefficient is 0.603. Which reveals that there is positive relationship between the two variables and the relationship is substantial.

**Conclusion**

From the analysis the investigator reached at a conclusion. There is significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample. Also significant correlation exist between male and female ,rural and urban and government and aided higher secondary school students. The investigator observed that there is significant difference between Mental Health status of higher secondary school students between male and female, rural and urban students and a high significance difference between government and aided higher secondary school students. There is high significance difference between Decision Making of higher secondary school students between male and female, rural and urban and government and aided categories.

**CHAPTER V**

**SUMMARY AND FINDINGS**

* **Restatement of the problem**
* **Objectives**
* **Hypothesis**
* **Methodology**
* **Major findings**
* **Tenability of hypotheses**
* **Conclusion**
* **Educational implication**
* **Suggestion for further research**

One of the important parts of a research study is to analyze the findings of the collected data based on the objectives of the study. This chapter mainly includes findings of the study, educational implications and suggestions for further research in the area.

**Restatement of the problem**

The present study is entitled as “Relationship of Mental Health status with Decision Making among higher secondary school students”.

**Objectives**

1. To find out the extent of Mental Health status among higher secondary school students in the total sample and the sub samples based on gender, locale and type of management of institution.
2. To find out the extent of Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.
3. To find out whether there is any significant difference between the mean score of Mental Health status among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
4. To find out whether there is any significant difference between the mean score of Decision Making among higher secondary school students for the sub samples based on gender, locale and type of management of institution.
5. To find out whether there is any significant relationship between Mental Health status with Decision Making among higher secondary school students for the total sample and sub samples based on gender, locale and type of management of institution.

**Hypotheses**

1. There exist significant difference between mean score of Mental Health status among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
2. There exist significant difference between the mean score of Decision Making among higher secondary school students for the subsamples based on gender, locale and type of management of institution.
3. There exist significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample and subsamples based on gender, locale and type of management of institution.

**Methodology**

The methodology of the present study is briefly described below

**Variables**

In this study the researcher check the significant relationship between Mental Health status and Decision Making

1. Independent variable : Mental Health status
2. Dependant variable : Decision Making
3. Classificatory variables : Gender , locale and type of management

**Samples**

The study was conducted on a representative sample of 600 higher secondary school students of Kannur, Kozhikode and Malapuram districts. The sample was selected using stratified random sampling technique giving due representation to factors like gender, locale and type of management of institution.

**Tools**

The following tools are used for data collection.

1. Mental Health status scale
2. Decision Making scale

**Statistical techniques**

For the present study following statistical techniques are used.

1. Preliminary analysis
2. Test of significance of difference between mean scores
3. Percentiles
4. Karl Pearson’s Product Moment Coefficient of Correlation

**Major findings**

1. The nature and extend of Mental Health status in the total sample and subsamples based on gender, locale and type of management of institution are approximately normally distributed.
2. The nature and extend of Decision Making in the total sample and subsamples based on gender locale and type of management are approximately normally distributed.
3. There exist significant difference in the Mental Health status of male and female students ( t=2.36) and Mental Health status of male students is better than females.
4. There exists significant difference in the Mental Health status of rural and urban students (t= 2.23). Mental Health status of rural students is more than that of urban students.
5. There exist significant difference in the Mental Health status of government and aided school students (t=4.257). The result shows that government school students have better Mental Health than aided school students.
6. There exist significant difference in the status of Decision Making of male and female students (t=3.46) and of female students is better in Decision Making than males.
7. There exists significant difference in the Decision Making of rural and urban students (t=3.43). Decision Making of rural students is better than that of urban students.
8. There exist significant difference in the Decision Making of government and aided school students (t=3.29). The result shows that government school students have better Decision Making than aided school students.
9. Relationship between Mental Health status and Decision Making of higher secondary school students for the total sample is significant, positive and substantial (r =0.601 , N=600).
10. There exist significant positive and substantial relationship between Mental Health status and Decision Making of higher secondary school students of male (r= 0.578 ,N=272) and female ( r=0.616 , N=328 ) students.
11. There exist significant positive and substantial relationship between Mental Health status and Decision Making of higher secondary school students of rural (r=0.571, N=372) and urban ( r=0.640 , N=228 ) schools.
12. There exist significant positive and substantial relationship between Mental Health status and Decision Making of higher secondary students of government (r= 0.581 ,N=300) and aided ( r=0.603 , N=300 ) schools.

**Tenability of the hypothesis**

The tenability of the hypotheses is examined on the basis of the findings of the study.

**Hypothesis 1:**

The first hypothesis states that there exist significant difference between mean score of Mental Health status among higher secondary school students for the subsamples based on gender, locale and type of management of institution. Analysis of data revealed that for the Mental Health status of higher secondary school students there exist significant difference in the subsamples based on gender, locale and type of management. Hence the first hypothesis is accepted.

**Hypothesis 2:**

The second hypothesis states that there exist significant difference between the mean score of Decision Making among higher secondary school students for the subsamples based on gender, locale and type of management of institution. Analysis of the data shows that there exist significant difference in the Decision Making of higher secondary school students in the subsamples based on gender, locale and type of management of institution. Hence the second hypothesis is accepted.

**Hypothesis 3:**

The third hypothesis states that there exist significant relationship between Mental Health status and Decision Making among higher secondary school students for the total sample and subsamples based on gender, locale and type of management of institution. Analysis of the data reveals that there exist significant correlation between the two variables for the total sample and subsamples based on gender, locale and type of management of institution. Hence the third hypothesis is accepted.

**Conclusion**

Based on the analysis the investigator reached at a conclusion. There is marked correlation between Mental Health status and Decision Making among higher secondary school students in the total sample. Moreover there exist positive and moderate correlation exist between male and female students, among rural and urban higher secondary school students, in between government and aided higher secondary school students.

**Educational implications**

The findings of the present study made the investigator to put forward the following suggestions to improve the educational system and thus to increase the chance of good Mental Health of students to make better decisions in the daily life and for future.

1. Measures should be taken by the educational institutions to develop the Mental Health status of students.
2. Curriculum should provide new opportunities for making positive Mental Health and good Decision Making.
3. Students should be helped to develop proper patience and power of tolerance to face failure and frustrations in life.
4. There should be some provision for regular physical training and medical care of the students in school.
5. Help the children to set proper level of aspiration.
6. Students should be given proper mental training to make sound Decision Making by appointing psychologists in school.
7. Programmes in yoga and meditation should be conducted to develop mental health of students.

**Suggestions for further research**

The experience of conducting this study made the investigator to suggest the following further research in this area.

1. The same study can be conducted for the secondary and college levels.
2. The present study is limited to three districts of Kerala. The same study can be enlarged to all students.
3. The study can be replicated on student teachers.
4. Relationship of Mental Health status and social commitment can be studied
5. The study can be extended to more categorical variables like socio-economic status, parents occupation etc.

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**APPENDICES**

**APPENDIX I**

**FAROOK TRAINING COLLEGE**

**DEPARTMENT OF EDUCATION**

**MENTAL HEALTH STATUS SCALE-2015 (DRAFT)**

Dr.Afeef Tharavattath Shimna.A

Lecturer in Natural Science M.Ed student

Farook Training College Farook Training College

Name : School :

Sex : M/F Locality : Rural/Urban

**Instructions:**

Following are some statements regarding your life related activities. Each statement has five responses viz. “always, "often", “sometimes”, " rarely", “never”. Kindly go through the statements and indicate your response with a tick (🗸) mark in the response sheet provided. Please ensure your response for each statement. The data collected will be kept confidentially and be used for research only.

1. Tried to study lessons up-to-date.
2. Tried to get ready so early when going to somewhere.
3. Over anxious during exam time.
4. Short tempered
5. Do not get tensed by deep thinking about any matter.
6. Sometimes I failed to control myself.
7. Patiently listens any matter.
8. Ashamed to ask doubt to teachers.
9. I can’t express my opinion immediately.
10. Tensed when I deal with strangers.
11. Ready to share study materials with others.
12. Wish luxurious items to be mine.
13. Asked needed money only from home.
14. I lost patience when I wait for long time.
15. Tried to understand each individual has his own unique nature.
16. Don’t like to spend much time in home.
17. Get tempered by listening advice of parents.
18. I keep honesty.
19. I think that perspective of mine is wrong.
20. Tried to satisfy from what I get.
21. Respects elders.
22. Friends do not like to keep friendship with me.
23. I changed my belief only when I get clear evidence.
24. I think I am so sensitive.
25. Do not talk in a way that hurts others.
26. I regret on mistakes done in past.
27. I think I will get what I deserve.
28. Tried to mingle with others happily.
29. Don’t like to be angry on others for a long time.
30. I feel that everybody hates me.
31. I think I will get job in future as my expectations.
32. Feels no one cares me.
33. Feels all my activities are criticized.
34. Feels anxiety about future life.
35. Feel tensed while talking on stage.
36. While talking to someone don’t look into face.
37. I precisely complete the work assigned to me.
38. I tried to solve my problems independently.
39. Feels fear on the occasion of facing with scholars.
40. I postponed many things for later.
41. I feel I have knowledge about my surroundings.
42. I confidently stand in my decision.
43. Feel others consider my words and opinions also.
44. I cannot take any decision alone.
45. I feel carelessness is a problem.
46. Feels sorrow on thinking unnecessary things.
47. Feels I am useless.
48. Others consider me also.
49. I think about my weakness also.
50. For every matter I seek opinion from others.

**APPENDIX II**

**FAROOK TRAINING COLLEGE**

**DEPARTMENT OF EDUCATION**

**MENTAL HEALTH STATUS SCALE-2015 (FINAL)**

Dr.Afeef Tharavattath Shimna.A

Lecturer in Natural Science M.Ed student

Farook Training College Farook Training College

Name : School :

Sex : M/F Locality : Rural/Urban

**Instructions:**

Following are some statements regarding your life related activities. Each statement has five responses viz. “always, "often", “sometimes”, " rarely", “never”. Kindly go through the statements and indicate your response with a tick (🗸) mark in the response sheet provided. Please ensure your response for each statement. The data collected will be kept confidentially and be used for research only.

1. Tried to study lessons up-to-date.
2. Over anxious during exam time.
3. Short tempered
4. Do not get tensed by deep thinking about any matter.
5. Sometimes I failed to control myself.
6. Patiently listens any matter.
7. Ashamed to ask doubt to teachers.
8. I can’t express my opinion immediately.
9. Tensed when I deal with strangers.
10. Ready to share study materials with others.
11. Wish luxurious items to be mine.
12. Asked needed money only from home.
13. I lost patience when I wait for long time.
14. Tried to understand each individual has his own unique nature.
15. Don’t like to spend much time in home.
16. I keep honesty.
17. I think that perspective of mine is wrong.
18. Tried to satisfy from what I get.
19. Respects elders.
20. Friends do not like to keep friendship with me.
21. I changed my belief only when I get clear evidence.
22. I think I am so sensitive.
23. Do not talk in a way that hurts others.
24. I regret on mistakes done in past.
25. I think I will get what I deserve.
26. Tried to mingle with others happily.
27. Don’t like to be angry on others for a long time.
28. I feel that everybody hates me.
29. I think I will get job in future as my expectations.
30. Feels no one cares me.
31. Feels all my activities are criticized.
32. Feels anxiety about future life.
33. Feel tensed while talking on stage.
34. While talking to someone don’t look into face.
35. I precisely complete the work assigned to me.
36. I tried to solve my problems independently.
37. Feels fear on the occasion of facing with scholars.
38. I confidently stand in my decision.
39. Feel others consider my words and opinions also.
40. I cannot take any decision alone.
41. I feel carelessness is a problem.
42. Feels sorrow on thinking unnecessary things.
43. Feels I am useless.
44. Others consider me also.
45. I think about my weakness also.

**APPENDIX III**

**FAROOK TRAINING COLLEGE, CALICUT**

**MENTAL HEALTH STATUS SCALE**

**(DRAFT)**

Dr. Afeef Tharavatath Shimna. A

Assistant Professor M.Ed Student

Farook Training College Farook Training College

**\nÀt±-i-§Ä**

Xmsg ]d-bp¶ Hmtcm {]kvXm-h-\bpw {i²m-]qÀÆw hmbn-¨-tijw Ah \n§-fpsS Pohn-X-hp-ambn F{X-am{Xw \_Ô-s¸-«n-cn-¡p¶p F¶v Xocp-am-\n-¡p-I. Hmtcm {]kvXm-h-\-bpsS t\scbpw FÃm-bvt¸m-gpw, an¡-t¸mgpw, Nne-t¸mÄ, A]qÀÆ-am-bn, Hcn-¡-ep-anÃ F¶o A©v {]Xn-I-c-W-§Ä X¶n-cn-¡p-¶p. X¶n-cn-¡p¶ sdkvt]m¬kvjo-änÂ \n§-fpsS {]Xn-I-c-W-¯n\p t\sc Sn¡v (✓) amÀ¡v tcJ-s¸-Sp-¯p-I. FÃm {]kvXm-h-\-IÄ¡pw {]Xn-I-cWw tcJ-s¸-Sp-¯p-hm³ {]tXyIw {i²n-¡p-I. CXn-eqsS e`n-¡p¶ hnh-c-§Ä ]T-\m-h-iy-¯n\v am{Xw D]-tbm-Kn-¡p-¶Xpw XnI¨pw cl-ky-ambn kq£n-¡p-¶-Xp-am-bn-cn-¡pw.

1. ]mT-`m-K-§-fÄ A¶¶p Xs¶ ]Tn¨p XoÀ¡m³ {ian-¡m-dp-­v.

2. Fhn-sS-sb-¦nepw t]mI-W-sa-¦nÂ t\cs¯ Xs¶ X¿m-dm-bn-cn-¡m³ {ian-¡m-dp-­v.

3. ]co-£m-k-a-b-§-fnÂ Aan-X-ambn DXvIWvT tXm¶m-dp-­v.

4. s]s«¶v tZjyw ]nSn-¡m-dp-­v.

5. Hcp Imcy-s¯-¸-änbpw Aan-X-ambn Nn´n¨v DXvI-WvT-s¸-Sm-dn-Ã.

6. Nne ka-b-§-fnÂ kzbw \nb-{´n-¡m³ ]äm-¯-Xp-t]mse tXm¶m-dp-­v.

7. GXp-Im-cyhpw £a-tbm-sS Ccp¶v tIÄ¡m-dp­v.

8. A²ym-]-I-tcmSv kwibw tNmZn-¡m³ aSn tXm¶m-dp-­v.

9. A`n-{]m-b-§Ä s]s«¶v {]I-Sn-¸n-¡m³ km[n-¡m-dn-Ã.

10. A]-cn-Nn-X-cp-ambn CS-s]-Sp-t¼mÄ ]cn-{`aw tXm¶m-dp-­v.

11. ]T-t\m-]-I-c-W-§Ä sjbÀ sN¿p-¶-Xn\v hnap-JX ImWn-¡m-dn-Ã.

12. hne-Iq-Snb km[-\-§Ä kz´-ambn thW-sa¶v Ft¸mgpw B{K-ln-¡m-dp-­v.

13. ho«nÂ\n¶v Bh-iy-¯n\p am{Xsa ]Ww Bh-iy-s¸-Sm-dp-Åq.

14. ZoÀL-t\cw Im¯n-cn-¡p-t¼mÄ Fsâ £a \in-¡m-dp-­v.

15. FÃm-hcpw hyXykvX kz`m-h-¯n-\p-S-a-I-fm-sW¶v a\-Ên-em-¡m³ Ign-bm-dp-­v.

16. IqSp-XÂ kabw ho«nÂ Nne-h-gn-¡p-¶-Xn-t\mSv XmXv]cyw tXm¶m-dn-Ã.

17. amXm-]n-Xm-¡-fpsS D]-tZiw tIÄ¡p-t¼mÄ tZjyw ]nSn-¡m-dp-­v.

18. Rm³ kXy-k-ÔX ]peÀ¯m-dp-­v.

19. Fsâ ImgvN-¸m-Sp-IÄ sXäm-sW¶v tXm¶m-dp-­v.

20. In«p-¶-Xp-sIm­v Xr]vXn-s¸-Sp-¯p-hm³ {ian-¡m-dp-­v.

21. apXnÀ¶-hsc \_lp-am-\n-¡m-dp-­v.

22. kl-]m-Tn-IÄ Ft¶mSv Iq«p-Iq-Sp-hm³ XmXv]-cy-s¸-Sm-dn-Ã.

23. hyà-ambn sXfn-hp-s­-¦nÂ am{Xta kz´w hnizmkw amäm-dp-Åq.

24. s]s«¶v k¦Sw hcp¶ {]Ir-X-am-sW-s¶-\n¡v tXm¶m-dp-­v.

25. aäp-Å-h-sc hnj-an-¸n-¡p¶ coXn-bnÂ kwkm-cn-¡m-dn-Ã.

26. Hcn-¡Â sNbvX sXän-s\-¡p-dnt¨mÀ¯v BIp-e-s¸-Sm-dp-­v.

27. F\n-¡p-ÅXv F\n¡p Xs¶ In«p-sa-s¶m-cp hnizm-k-ap-­v.

28. FÃm-h-tcmSpw kt´m-j-t¯m-Sp-IqSn s]cp-am-dm³ {ian-¡m-dp-­v.

29. BtcmSpw IqSp-XÂ t\cw tZjy-s¸-Sm-dn-Ã.

30. FÃm-hÀ¡pw Ft¶mSv shdp-¸m-sW¶v tXm¶m-dp-­v.

31. `mhn-bnÂ CjvS-s¸« tPmen e`n-¡p-sa¶v tXm¶m-dp-­v.

32. Fsâ Imcy-§Ä Bcpw {i²n-¡m-dnÃ F¶p tXm¶m-dp-­v.

33. Fsâ FÃm {]hÀ¯-\-§fpw hnaÀin-¡-s¸-Sp-¶-Xmbn tXm¶m-dp-­v.

34. `mhn-Po-hn-X-s¯-¡p-dn¨v Bi¦ tXm¶m-dp-­v.

35. tÌPnÂ kwkm-cn-¡p-t¼mÄ ]cn-{`aw tXm¶m-dp-­v.

36. aäp-Å-h-cp-ambn kwkm-cn-¡p-t¼mÄ apJ¯p t\m¡m-dn-Ã.

37. GÂ¸n-¡-s¸« Npa-X-e-IÄ IrXy-ambn \nÀÆ-ln-¡m-dp-­v.

38. Fsâ {]iv\-§Ä Rm³Xs¶ ]cn-l-cn-¡m³ {ian-¡m-dp-­v.

39. DbÀ¶ ]Z-hn-bn-ep-Å-hsc A`n-aq-Jo-I-cn-¡p-t¼mÄ `bw tXm¶m-dp-­v.

40. ]e Imcy-§fpw ]ns¶ sN¿m-sa¶p IcpXn amän shbv¡m-dp-­v.

41. F\n¡v Npäp-]m-Sn-s\-¸än AXym-hiyw hnh-c-sam-s¡-bp­v F¶p tXm¶m-dp-­v.

42. FSp¯ Xocp-am-\-¯nÂ Dd-¨p-\nÂ¡m³ Ign-bm-dp-­v.

43. Fsâ hm¡p-IÄ aäp-Å-hÀ apJ-hn-e-bvs¡-Sp-¡m-dps­¶v tXm¶m-dp-­v.

44. kzbw-Xo-cp-am-\-sa-Sp-¡m³ Ign-hn-Ãm-¯-h-\m-sW-¶v tXm¶m-dp-­v.

45. {i²-¡p-dhv Hcp {]iv\-ambn tXm¶m-dp-­v.

46. AIm-c-W-ambn kzbw Nn´n¨v k¦-S-s¸-Sm-dp-­v.

47. Rm³ Ign-hp-sI-«-h-\m-sW¶v tXm¶m-dp-­v.

48. aäp-Å-hÀ Fs¶bpw ]cn-K-Wn-¡m-dp­v F¶v tXm¶m-dp-­v.

49. Fsâ \yq\-X-IÄ Fs´m-s¡-bm-sW¶v kzbw Nn´n-¨p-t\m-¡m-dp-­v.

50. GXp-Im-cy-¯n\pw aäp-Å-h-tcmSv A`n-{]mbw tNmZn-¡m-dp-­v.

**APPENDIX IV**

**FAROOK TRAINING COLLEGE, CALICUT**

**MENTAL HEALTH STATUS SCALE   
(FINAL)**

Dr. Afeef Tharavatath Shimna. A

Assistant Professor M.Ed Student

Farook Training College Farook Training College

**\nÀt±-i-§Ä**

Xmsg ]d-bp¶ Hmtcm {]kvXm-h-\bpw {i²m-]qÀÆw hmbn-¨-tijw Ah \n§-fpsS Pohn-X-hp-ambn F{X-am{Xw \_Ô-s¸-«n-cn-¡p¶p F¶v Xocp-am-\n-¡p-I. Hmtcm {]kvXm-h-\-bpsS t\scbpw FÃm-bvt¸m-gpw, an¡-t¸mgpw, Nne-t¸mÄ, A]qÀÆ-am-bn, Hcn-¡-ep-anÃ F¶o A©v {]Xn-I-c-W-§Ä X¶n-cn-¡p-¶p. X¶n-cn-¡p¶ sdkvt]m¬kvjo-änÂ \n§-fpsS {]Xn-I-c-W-¯n\p t\sc Sn¡v (✓) amÀ¡v tcJ-s¸-Sp-¯p-I. FÃm {]kvXm-h-\-IÄ¡pw {]Xn-I-cWw tcJ-s¸-Sp-¯p-hm³ {]tXyIw {i²n-¡p-I. CXn-eqsS e`n-¡p¶ hnh-c-§Ä ]T-\m-h-iy-¯n\v am{Xw D]-tbm-Kn-¡p-¶Xpw XnI¨pw cl-ky-ambn kq£n-¡p-¶-Xp-am-bn-cn-¡pw.

1. ]mT-`m-K-§-fÄ A¶¶p Xs¶ ]Tn¨p XoÀ¡m³ {ian-¡m-dp-­v.

2. ]co-£m-k-a-b-§-fnÂ Aan-X-ambn DXvIWvT tXm¶m-dp-­v.

3. s]s«¶v tZjyw ]nSn-¡m-dp-­v.

. Hcp Imcy-s¯-¸-änbpw Aan-X-ambn Nn´n¨v DXvI-WvT-s¸-Sm-dn-Ã.

5. Nne ka-b-§-fnÂ kzbw \nb-{´n-¡m³ ]äm-¯-Xp-t]mse tXm¶m-dp-­v.

6. GXp-Im-cyhpw £a-tbm-sS Ccp¶v tIÄ¡m-dp­v.

7. A²ym-]-I-tcmSv kwibw tNmZn-¡m³ aSn tXm¶m-dp-­v.

8. A`n-{]m-b-§Ä s]s«¶v {]I-Sn-¸n-¡m³ km[n-¡m-dn-Ã.

9. A]-cn-Nn-X-cp-ambn CS-s]-Sp-t¼mÄ ]cn-{`aw tXm¶m-dp-­v.

10. ]T-t\m-]-I-c-W-§Ä sjbÀ sN¿p-¶-Xn\v hnap-JX ImWn-¡m-dn-Ã.

11. hne-Iq-Snb km[-\-§Ä kz´-ambn thW-sa¶v Ft¸mgpw B{K-ln-¡m-dp-­v.

12. ho«nÂ\n¶v Bh-iy-¯n\p am{Xsa ]Ww Bh-iy-s¸-Sm-dp-Åq.

13. ZoÀL-t\cw Im¯n-cn-¡p-t¼mÄ Fsâ £a \in-¡m-dp-­v.

14. FÃm-hcpw hyXykvX kz`m-h-¯n-\p-S-a-I-fm-sW¶v a\-Ên-em-¡m³ Ign-bm-dp-­v.

15. IqSp-XÂ kabw ho«nÂ Nne-h-gn-¡p-¶-Xn-t\mSv XmXv]cyw tXm¶m-dn-Ã.

16. Rm³ kXy-k-ÔX ]peÀ¯m-dp-­v.

17. Fsâ ImgvN-¸m-Sp-IÄ sXäm-sW¶v tXm¶m-dp-­v.

18. In«p-¶-Xp-sIm­v Xr]vXn-s¸-Sp-¯p-hm³ {ian-¡m-dp-­v.

19. apXnÀ¶-hsc \_lp-am-\n-¡m-dp-­v.

20. kl-]m-Tn-IÄ Ft¶mSv Iq«p-Iq-Sp-hm³ XmXv]-cy-s¸-Sm-dn-Ã.

21. hyà-ambn sXfn-hp-s­-¦nÂ am{Xta kz´w hnizmkw amäm-dp-Åq.

22. s]s«¶v k¦Sw hcp¶ {]Ir-X-am-sW-s¶-\n¡v tXm¶m-dp-­v.

23. aäp-Å-h-sc hnj-an-¸n-¡p¶ coXn-bnÂ kwkm-cn-¡m-dn-Ã.

24. Hcn-¡Â sNbvX sXän-s\-¡p-dnt¨mÀ¯v BIp-e-s¸-Sm-dp-­v.

25. F\n-¡p-ÅXv F\n¡p Xs¶ In«p-sa-s¶m-cp hnizm-k-ap-­v.

26. FÃm-h-tcmSpw kt´m-j-t¯m-Sp-IqSn s]cp-am-dm³ {ian-¡m-dp-­v.

27. BtcmSpw IqSp-XÂ t\cw tZjy-s¸-Sm-dn-Ã.

28. FÃm-hÀ¡pw Ft¶mSv shdp-¸m-sW¶v tXm¶m-dp-­v.

29. Fsâ Imcy-§Ä Bcpw {i²n-¡m-dnÃ F¶p tXm¶m-dp-­v.

30. Fsâ FÃm {]hÀ¯-\-§fpw hnaÀin-¡-s¸-Sp-¶-Xmbn tXm¶m-dp-­v.

31. `mhn-Po-hn-X-s¯-¡p-dn¨v Bi¦ tXm¶m-dp-­v.

32. tÌPnÂ kwkm-cn-¡p-t¼mÄ ]cn-{`aw tXm¶m-dp-­v.

33. aäp-Å-h-cp-ambn kwkm-cn-¡p-t¼mÄ apJ¯p t\m¡m-dn-Ã.

34. GÂ¸n-¡-s¸« Npa-X-e-IÄ IrXy-ambn \nÀÆ-ln-¡m-dp-­v.

35. Fsâ {]iv\-§Ä Rm³Xs¶ ]cn-l-cn-¡m³ {ian-¡m-dp-­v.

36. DbÀ¶ ]Z-hn-bn-ep-Å-hsc A`n-aq-Jo-I-cn-¡p-t¼mÄ `bw tXm¶m-dp-­v.

37. ]e Imcy-§fpw ]ns¶ sN¿m-sa¶p IcpXn amän shbv¡m-dp-­v.

38 F\n¡v Npäp-]m-Sn-s\-¸än AXym-hiyw hnh-c-sam-s¡-bp­v F¶p tXm¶m-dp-­v.

39. FSp¯ Xocp-am-\-¯nÂ Dd-¨p-\nÂ¡m³ Ign-bm-dp-­v.

40. Fsâ hm¡p-IÄ aäp-Å-hÀ apJ-hn-e-bvs¡-Sp-¡m-dps­¶v tXm¶m-dp-­v.

41. kzbw-Xo-cp-am-\-sa-Sp-¡m³ Ign-hn-Ãm-¯-h-\m-sW-¶v tXm¶m-dp-­v.

42. {i²-¡p-dhv Hcp {]iv\-ambn tXm¶m-dp-­v.

43. AIm-c-W-ambn kzbw Nn´n¨v k¦-S-s¸-Sm-dp-­v.

44. aäp-Å-hÀ Fs¶bpw ]cn-K-Wn-¡m-dp­v F¶v tXm¶m-dp-­v.

45. Fsâ \yq\-X-IÄ Fs´m-s¡-bm-sW¶v kzbw Nn´n-¨p-t\m-¡m-dp-­v.

**MENTAL HEALTH STATUS SCALE**

**RESPONSE SHEET**

Name : Name of school:

Sex: M/F Locality: Rural/Urban

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | Always | Often | Sometime | Rarely | Never |  | Sl.No. | Always | Often | Sometime | Rarely | Never |
| 1 |  |  |  |  |  | 26 |  |  |  |  |  |
| 2 |  |  |  |  |  | 27 |  |  |  |  |  |
| 3 |  |  |  |  |  | 28 |  |  |  |  |  |
| 4 |  |  |  |  |  | 29 |  |  |  |  |  |
| 5 |  |  |  |  |  | 30 |  |  |  |  |  |
| 6 |  |  |  |  |  | 31 |  |  |  |  |  |
| 7 |  |  |  |  |  | 32 |  |  |  |  |  |
| 8 |  |  |  |  |  | 33 |  |  |  |  |  |
| 9 |  |  |  |  |  | 34 |  |  |  |  |  |
| 10 |  |  |  |  |  | 35 |  |  |  |  |  |
| 11 |  |  |  |  |  | 36 |  |  |  |  |  |
| 12 |  |  |  |  |  | 37 |  |  |  |  |  |
| 13 |  |  |  |  |  | 38 |  |  |  |  |  |
| 14 |  |  |  |  |  | 39 |  |  |  |  |  |
| 15 |  |  |  |  |  | 40 |  |  |  |  |  |
| 16 |  |  |  |  |  | 41 |  |  |  |  |  |
| 17 |  |  |  |  |  | 42 |  |  |  |  |  |
| 18 |  |  |  |  |  | 43 |  |  |  |  |  |
| 19 |  |  |  |  |  | 44 |  |  |  |  |  |
| 20 |  |  |  |  |  | 45 |  |  |  |  |  |
| 21 |  |  |  |  |  | 46 |  |  |  |  |  |
| 22 |  |  |  |  |  | 47 |  |  |  |  |  |
| 23 |  |  |  |  |  |  | 48 |  |  |  |  |  |
| 24 |  |  |  |  |  |  | 49 |  |  |  |  |  |
| 25 |  |  |  |  |  |  | 50 |  |  |  |  |  |

**APPENDIX V**

**LIST OF SCHOOLS**

|  |  |
| --- | --- |
| NUMBER | NAME OF SCHOOLS |
| 1 | FAROOK H.S.S FAROOK COLLEGE, KOZHIKKODE |
| 2 | N.S.S.H.S.S. MEENCHANDA,KOZHIKKODE |
| 3 | S.N.TRUST H.S.S. THOTADA, SERIAL KANNUR |
| 4 | M.M.E.T.H.S.S. MELMURI , MALAPURAM |
| 5 | SIR SYED H.S.S. THALIPARAMBA ,KANNUR |
| 6 | K.P.C.H.S.S.PATTANOOR , KANNUR |
| 7 | G.V.H.S.S. KURUMATHOOR, KANNUR |
| 8 | G.H.S.S. SREEKANDAPURAM, KANNUR |
| 9 | G.H.S.S.IRIKKUR , KANNUR |
| 10 | G.H.S.S.EDAYANNUR, KANNUR |
| 11 | G.V.H.S.S. MAKKADAPARAMBA, MALAPPURAM |
| 12 | G.G.V.H.S.S.FAROOK, KOZHIKKODE |