CHAPTER - V

SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR EDUCATIONAL IMPLICATIONS AND FURTHER RESEARCH
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5.1 SUMMARY

Modern age is the age of adolescents. Adolescents face a wide chain of challenges before them and they want to remain an active member of the society. To face challenges and remain an active member of the society, they have to acquire the characteristics of the mentally and socially healthy person. But as soon as they enter in the adolescent’s age they start acting like a machine without understanding the social problems and mental development. These difficulties are giving rise to many psycho-somatic problems like anxiety, tensions, frustrations and emotional upsets in day-to-day life. No doubt the present era is materialistic which develops stress and strain on the mind of adolescents. The education should be so designed that balanced personality could be developed. For the development of the balanced personality of individuals, they must be mentally healthy which puts direct effect on intelligence and moral judgement.

From the perusal of literature pertaining to relationship between mental health, moral judgement, intelligence and personality of adolescents along with other population groups, certain conclusions may be drawn:

(I). Delinquents has lower developmental stages of moral reasoning than their non delinquent’s counterparts (Sigman et al., 1983; Veneziano, 1988; Tavecchio et al., 1999; Jan et al., 2006).

On the other hand some studies found that delinquents do not necessarily ignored moral values but rather become committed to or adopt the value of deviant subculture (McColgan et al., 1983; Stein et
al., 2006; Jurkovic, 2007). In some studies it has been found that there is no reliable difference between delinquents and nondelinquents youth in moral reasoning (Narayanan, 1978; Hammond and Emler, 2007). Religiosity has a significant effect on delinquent behaviour when individuals also have strong moral beliefs (Desmond et al., 2009) but moral judgement scores do not show a significant relationship with psychopathy scores (Mistry et al., 1999).

(II). IQ is regarded as a kind of cognitive reserve which appears to provide additional resilience and protection from mental health problems. People with higher IQs seem, in general, to be less vulnerable to a range of mental health problems. Mental health depends on certain interdependent factors like intelligence, sex gonads, nutrition, culture, position in family (Dutta, 1981) mental health status of science students with English medium was higher than those of Malayalam medium (Raveendranath, 1983) children with low IQ group being at the highest risk for poor self-concept (Buelow et al., 2003) intelligence was largely unrelated to crime, mental health, sexual behaviours (Fergusson et al., 2005).

IQ was inversely related to psychiatric illness, mental health and increased risk of schizophrenia, adult depression and anxiety (Mirchandani, 1970; Kawano et al., 2001; Stanley and Peter’s, 2004; Austin, 2004; Glaser et al., 2009; Batty and Mortensen, 2005; Mortensen et al., 2005; Knutson et al., 2008; Karestan and Terrie, 2009; Catharine et al., 2010).

In some studies it has been found that higher intelligence scores were associated with lower depression scores, better mental health (Dulewicz and Slashi, 2003; Geoff and David’s, 2006; Montes-Berges and Augusto, 2007; Kumar et al., 2007; Gale and Batty, 2009; Gupta and Kumar, 2010).

Mental health is significant related to intelligence (Perlmutter and Nyguist, 1990; Simonton and Song, 2009; Shabani and Hassan, 2010).

The high mental health status group and low mental health
status group differed significantly from one another (Abraham, 1985). (III). Extrovert teachers enjoy better mental health as compared to introvert teachers (Srivastava, 1983) extraversion were associated with decreased likelihood of use of mental health services (Goodwin et al., 2002; Kendler, 2006) extraversion had no direct effect on depression or anxiety (Suurmeijer et al., 2005) extroversion is a positive correlate of happiness and better mental health (Furnham and Cheng, 1999) extroversion tendencies enhance the mental health where as introversion tendencies deteriorate mental health (Sangeeta, 2006) a lower extraversion score was associated with worse perceived health (Benjamin, 2006) extroversion found to moderate the stress to health behaviour relationship (Korotkov, 2008).

In some studies it has been found that regular exercise is cross-sectionally associated with lower neuroticism, anxiety and depression (De Moor et al., 2006) Unhappy people scored higher in neurotic traits (Joseph et al. (1994) spirituality/religiousness were significantly linked to mental health (Löckenhoff et al., 2009; Unterrainer et al., 2007) neuroticism were significantly associated with increased likelihood of allergy (Goodwin et al., 2006) symptoms of depression and anxiety, an abnormal illness behaviour and unhealthy mental health (Jylhä and Isometsa, 2006; Savastano et al., 1996; Abbott et al., 2008; Nordin, 2009) low sensory threshold was positively related to neuroticism, physical problems, anxiety and mental health (Ahadi and Basharpoo, 2010) neuroticism have the symptoms of depressed disorder personality (Duggon, 2003) but there was no significant relationship between self-assessed mental health’s with neuroticism (Jegde, 1980).

In some studies it has been found that delinquents had significantly higher neuroticism and psychoticism scores and significantly lower lie score (Furnham and Barratt, 1988) psychotics scores were positively associated with mental illness, (Furnham and Cheng, 1999) psychoticism predicts antisocial behaviour more accurately than extroversion or low self-esteem (Heaven et al., 1996).
Christian had significantly poor mental health as compared to Hindu and Muslim (Sirohi, 2002).

Lower socio-economic status lowers the mental health of the adolescents (Ray and Yadav, 1993; Rahi et al., 2005).

Over-protection of parents facilitated emotional disturbance among adolescents (Dhoundiyal, 1984) the authoritarian parenting style is a crucial factor that influences the well-being of gifted children and may affect their psychological adjustment (Dwairy, 2004) type of school management, medium of instruction influences the mental health of adolescents (Srivastava et al., 1999; Reddy et al., 2002).

Mental health is positively and significantly related with sense of humor (Miller, 2003) self-esteem (Ho Cheung William Li et al., 2010) career and work satisfaction (Wiener and Vardi, 1981) Imbalance between work and family life (Wang et al., 2008) farm residence (Hillemeier et al., 2007) religion (Yeung and Chan, 2007; Masters, 2008) parental behaviour (Kaur, 1991); changes in employment status (Mari Kan, 2011).

The results also show that none of mental health services were significantly associated with female or male suicide mortality (Johannessen et al., 2011) shorter duration of breastfeeding may be a predictor of adverse mental health outcomes (Oddy et al., 2010) stressors increased the risk of poor maternal mental health (Mistry et al., 2007).

Gender is conceptualized as a structural determinant of mental health and mental illness that runs like a fault line, interconnecting with and deepening the disparities associated with other important socioeconomic determinants such as income, employment and social position. It is found that girls are better mental health than boys (Nanda, 2001).

On the other hand some studies found that girls are more ill-being than boys (Ojha, 2002; Schwinn et al., 2009; Maguen et al., 2010) limited education and experiencing high levels of violence (Harpham et al., 2005) marital roles (Gove, 1978). In contrast to study by (Goins, 1997) show that boys are more mental health disorders.
than girls.

Urban areas have poorer mental health status with increased substance use (Schwinn et al., 2009). Rural children faced more problems than urban children (Jha, 2005). This is in congruency with (Nanda, 2001) who reported that urban students had better mental health than the rural students.

In some studies, it has been found that there is no significant gender difference in mental health of unemployed men and unemployed women (Hagquist and Starrin, 1996).

In some studies, it has also been found that there is no significant gender difference in mental health (Hammen and Padesky, 1977; Taak, 1999; Garg, 2000; Chatterjee et al., 2009; Stinton et al., 2010).

Thus it may be stated in nutshell that mental health vis-à-vis other cognitive and non-cognitive variables across different population groups including adolescents has been extensively studied, though the empirical evidence does not provide a satisfactory answer to its occurrence and antecedents or consequences. The focus on mental health has emerged as a key area of researches in guidance and counseling, and the present study is a humble endeavour in this direction.

“**A STUDY OF MENTAL HEALTH OF ADOLESCENTS IN RELATION TO MORAL JUDGEMENT, INTELLIGENCE AND PERSONALITY**”

5.1.1 Objectives

1. To study the nature of distribution of mental health, moral judgement, intelligence and different dimensions of personality scores of adolescents.

2. To study the relationship of mental health of adolescents with moral judgement, intelligence and different dimensions of personality.

3. To study the relationship of mental health of adolescents with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having high and low
mental health.
4. To study the difference in correlation of mental health with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having high and low mental health.
5. To study the relationship of mental health with moral judgement, intelligence and different dimensions of personality in case of mental health of adolescent boys and girls.
6. To study the difference in correlation of mental health with moral judgement, intelligence and different dimensions of personality across the gender groups (Boys/girls).
7. To study the difference in the mental health of adolescents in terms of groups of moral judgement.
8. To study the difference in the mental health of adolescents in terms of groups of intelligence.
9. To study the difference in the mental health of adolescents in terms of psychoticism dimension of personality.
10. To study the difference in the mental health of adolescents in terms of neuroticism dimension of personality.
11. To study the difference in the mental health of adolescents in terms of extroversion dimension of personality.
12. To study the interactive effect of moral judgement and intelligence in relation to the combination of three dimensions of personality (psychoticism, neuroticism and extroversion) on mental health of adolescents.

5.1.2 Hypotheses

1. There will be significant relationship of mental health of adolescents with moral judgement, intelligence and different dimensions of personality.
2. There will be significant relationship of mental health of adolescents with moral judgement, intelligence and different
dimensions of personality for the groups of adolescents having high and low mental health.

3. There will be significant difference in correlation of mental health with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having high and low mental health.

4. There will be significant relationship of mental health with moral judgement, intelligence and different dimensions of personality in case of mental health of adolescent boys and girls.

5. There will be significant difference in correlation of mental health with moral judgement, intelligence and different dimensions of personality across the gender groups (Boys/girls).

6. The adolescents with high moral judgement will differ significantly in the mean mental health scores than the adolescents with low moral judgement.

7. The adolescents with high intelligence will differ significantly in mean mental health scores than the adolescents with low intelligence.

8. The adolescents with psychotic tendencies will differ significantly in mean mental health scores than their normal tendencies adolescents.

9. The adolescents with emotional unstable tendencies will differ significantly in mean mental health scores than their emotional stable tendencies adolescents.

10. The adolescents with extrovert tendencies will differ significantly in mean mental health scores than their introvert tendencies adolescents.

11. They will be significant interactive effect of moral judgement and intelligence in relation to the combination of three dimensions of personality (psychoticism, neuroticism and extroversion) on mental health of adolescents.

5.1.3 Operational Definitions of the Variables
The key terms used in the study were operationally defined as under:

1. **Mental Health**: Mental health is an attitudinal concept toward others and ourselves. It presents a humanistic approach towards the understanding and assessment of the self, positive feeling, attitudes towards self and others.

2. **Moral Judgement**: Moral Judgement is the ability to evaluate the situation and moral issues as right or wrong keeping in view the knowledge of moral standard.

3. **Intelligence**: Intelligence is defined operationally as the ability to deal with numbers, analogies, opposites and synonyms to make categories and to draw inferences. Its measurement (verbal) is the total scores on Group Test of General Mental Ability (Jalota, 1982).

4. **Personality**: The sum-total of the actual or potential behaviour-patterns of the organism, as determined by heredity and environment; it originates and develops through the functional interaction of the four main sectors into which these behaviour-patterns are organized: the cognitive sector (intelligence), the conative sector (character), the affective sector (temperament), and the somatic sector (constitution).

### 5.1.4 Methodology

Descriptive method of research was used in the conduct of present study.

**[I]. The Universe of the Study and Sampling**: The sample of the present study was drawn from senior secondary government managed punjabi medium schools of Punjab by selecting 10 schools each from three selected districts. One district each was selected from districts having high Human Development Index (HDI), Average HDI and Low HDI. The criteria for high, average and low HRI districts was based on the Punjab Human Development report, 2004. According to the Punjab Human Development report districts with high Human Development Index are Ludhiana, Roper, Fatehgarh Sahib and
Gurdaspur, Average HDI districts are Amristar, Hoshiarpur, Kapurthala, Ferozepore, Faridkot, Moga and Patiala and Low HDI districts are Muktsar, Bathinda, Sangrur and Mansa. Further a sample of 20-25 adolescents was taken up randomly from each school. Due representation was given to cover rural and urban areas in the selection of schools from each districts. A sample of 820 adolescents was selected.

**Table No. 3.6**

**District wise Distribution of Adolescents**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>District</th>
<th>Name of School</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ludhiana</td>
<td>G.S.S.S. Gobind Nagar</td>
<td>12</td>
<td>15</td>
<td>27</td>
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<tr>
<td></td>
<td></td>
<td>G.S.S.S. Jogroai Brij</td>
<td>15</td>
<td>16</td>
<td>31</td>
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<tr>
<td></td>
<td></td>
<td>G.S.S.S. Jogroai Nagar</td>
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<td>14</td>
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<tr>
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<td></td>
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<td>15</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G.S.S.S. Habowal Khurd</td>
<td>12</td>
<td>18</td>
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<tr>
<td></td>
<td></td>
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<td>14</td>
<td>16</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>G.S.S.S. Sidva Bat</td>
<td>10</td>
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<tr>
<td></td>
<td></td>
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<td>13</td>
<td>30</td>
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<tr>
<td></td>
<td></td>
<td>G.S.S.S. Hussanpura</td>
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<tr>
<td></td>
<td></td>
<td>G.S.S.S. Dhandra</td>
<td>15</td>
<td>11</td>
<td>26</td>
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### Table

<table>
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<tr>
<th>Sr. No.</th>
<th>District</th>
<th>Name of School</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
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<td>2.</td>
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<tr>
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<td></td>
<td>G.S.S.S.Badal</td>
<td>12</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td>410</td>
<td>410</td>
<td>820</td>
</tr>
</tbody>
</table>

(ii) **Research Tools**

Following tools were used for the collection of data:

**Mental health Battery (MHB):** Mental health Battery (MHB) by Singh and Gupta (1978) aims assessing mental health of adolescents. MHB has a total of 130 items under the six categories i.e. Emotional Stability, Over all Adjustment, Autonomy, Security-Insecurity, Self Concept and Intelligence. The items are so stated that if the answer is correct, score of 1 is to be awarded.

**Group Test of General Mental Ability:** General Mental Ability Test by Jalota (1982), measuring intelligence in terms of vocabulary, similar
and opposites, number series, classification, best answer inferences and analogies. It consists of 100 questions. The students had to put a tick mark on the correct option.

The test was scored with the help of hand scoring key provided for this purpose. A weightage of one point is given if the response is correct and no or zero weightage is given if the response is wrong. Total scores are found by adding all the correct responses.

**Moral Judgement Test:** Moral Judgement Test (in Punjabi) was constructed and standardized by the investigator herself. It consists of 48 questions under five parts namely; Analogies, Incomplete Sentence, Discrimination, Definition, and Moral Reasoning. A weightage of one point is given if the response is correct and no or zero weightage is given if the response is wrong.

**Eysenck’s Personality Questionnaire:** Eysenck’s Personality Questionnaire by H.J. Eysenck’s (1975). The Questionnaire measure of three important personality dimensions: Psychoticism, Neuroticism, and Extroversion. Each of these three dimensions is measured by means of 90 questions; a scoring key was used to check the answer. It was checked that each question had only one answer. The key was placed on the booklet so that the (*) mark on the booklet was visible through that circle of key. Scores of psychoticism, neuroticism, extroversion and lie score were obtained. On each page a table of all four scores was given. All these scores were entered and the scores of each variable were added at the end of the page.

**5.1.5 Data Collection: Administration of Tools:**

After finalization of research tools and selection of institutions the researcher personally visited the institutions and collected the desire data form adolescents on mental health, moral judgement, intelligence and personality. Prior to administration of test in an institution the investigated sought the co-operation of the Heads/Principals of the senior secondary schools and class teachers. For ensuring the co-operation of students, attempt was made to create a testing rapport. Subjects were told that the results of the test would
be kept confidential and would be use only for the research purposes. All tests were administrated in one session. Strict supervision was done in order to ensure that the subject did not take one another’s help in giving responses.

5.1.6 Analysis and Interpretation of Data

The description of variables under study namely mental health, moral judgement, intelligence and personality of adolescents was done in terms of frequency distribution. The analysis of data was carried out with correlational approach and 2*2*2 factorial design with the two groups each of moral judgement, intelligence and each of three dimensions of personality. The classification was done on the basis of Quartile. Top 25% cases were considered as falling into high moral judgement and high intelligence groups while the bottom 25% cases were considered as falling into low moral judgement and low intelligence groups. The rest of the adolescents were regarded as having average moral judgement and average intelligence.

In case of psychoticism, neuroticism and extroversion dimensions of personality, the adolescents having score of 6 or above were treated as psychotic, emotional unstable and extrovert whereas those score of 4 or below were treated as normal, emotional stable and introvert (According to Manual of Eysenck Personality Questionnaire).

The analysis of data was carried out with correlational approach and 2*2*2 factorial design with the two groups each of moral judgement, intelligence and each of three dimensions of personality. The cases lying in average group for moral judgement, intelligence and three dimensions of personality were not taken into account.

While selecting cases in each design, the number of cases was different in different cell. Since it is advisable to apply the analysis of variance with equal number in each cell, to have more valid results, it was decided to have 8 cases in each cell in cases of each of factorial designs.

In order to select 8 cases in each cell, having more than 8 cases,
random number table was used. Thus three way analysis of variance (ANOVA) was used with N=64 (8 cases in each cell).

5.1.7 Testing of Hypotheses

On the basis of results of the study, as reported in the proceeding section, testing of hypotheses was made reported under:

1. The relationship of mental health of adolescents with moral judgement, intelligence and extroversion dimension of personality turned out to be significant but there is no significant relationship of mental health of adolescents with psychoticism and neuroticism dimensions of personality. Thus our hypothesis “There will be significant relationship of mental health of adolescents with moral judgement, intelligence and different dimensions of personality” was partially accepted.

2. The relationship of mental health with moral judgement, intelligence and extroversion dimension of personality for the groups of adolescents having high mental health turned out to be significant but mental health has no significant relationship of psychoticism and neuroticism dimensions of personality for the groups of adolescents having high mental health. The relationship of mental health with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having low mental health came out to be insignificant Thus our hypothesis “There will be significant relationship of mental health of adolescents with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having high and low mental health” was partially accepted.

3. The relationship of mental health with moral judgement, intelligence and extroversion dimension of personality is stronger for the groups of adolescents having high mental health but there is no variation in the relationship of mental health with psychoticism and neuroticism dimensions of personality for the groups of adolescents having high and low mental health.
mental health. Thus our hypothesis, “There will be significant difference in correlation of mental health with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having high and low mental health” was partially accepted.

4. The relationship of mental health with moral judgement, intelligence and extroversion dimension of personality in case of mental health of adolescent boys and girls turned out to be significant but there is no significant relationship of mental health with psychoticism and neuroticism dimensions of personality in case of mental health of adolescent boys and girls. Thus our hypothesis “There will be significant relationship of mental health with moral judgement, intelligence and different dimensions of personality in case of mental health of adolescent boys and girls” was partially accepted.

5. There is no variation in the relationship of mental health with moral judgement, intelligence and different dimensions of personality across the mental health of boys and girls. Thus our hypothesis, “There will be significant difference in correlation of mental health of adolescents with moral judgement, intelligence and different dimensions of personality across the gender groups of adolescents (Boys/Girls)” was rejected.

6. The main effect of moral judgement turned out to be significant in all the analysis (in the combination of moral judgement* intelligence* psychoticism dimension of personality, moral judgement* intelligence* neuroticism dimension of personality, moral judgement* intelligence* extroversion dimension of personality). Thus the hypothesis “The adolescents with high moral judgement will differ significantly in the mean mental health scores than the adolescents with low moral judgement” was accepted.

7. The main effect of intelligence turned out to be significant in all the analysis (in the combination of moral judgement*
intelligence* psychoticism dimension of personality, moral judgement* intelligence* neuroticism dimension of personality, moral judgement* intelligence* extroversion dimension of personality). Thus the hypothesis “The adolescents with high intelligence will differ significantly in mean mental health scores than the adolescents with low intelligence” was accepted.

8. The main effect of psychoticism turned out to be insignificant in the analysis of moral judgement* intelligence* psychoticism dimension of personality. Thus the hypothesis that “The adolescents with psychotic tendencies will differ significantly in mean mental health scores than their normal tendencies adolescents” was rejected.

9. The main effect of neuroticism turned out to be insignificant in the analysis of moral judgement* intelligence* neuroticism dimension of personality. Thus the hypothesis that “The adolescents with emotional unstable tendencies will differ significantly in mean mental health scores than their emotional stable tendencies adolescents” was rejected.

10. The main effect of extroversion turned out to be insignificant in the analysis of moral judgement* intelligence* extroversion dimension of personality. Thus the hypothesis that “The adolescents with extrovert tendencies will differ significantly in mean mental health scores than their introvert tendencies adolescents” was rejected.

11. The interactive effect moral judgement *intelligence *psychoticism and moral judgement *intelligence*neuroticism does not significant however interactive effect moral judgement *intelligence*extroversion turned out to be significant in terms of intelligence*extroversion. Thus the hypothesis that “interactive effect of moral judgement and intelligence in relation to the combination of three dimensions of personality (psychoticism, neuroticism and extroversion) on mental health of adolescents” is partially accepted.
5.2 CONCLUSIONS

On the bases of the above finding; the following conclusions can be drawn which may be considered as the highlights of the study.

1. The mental health of adolescents is appreciably good (mean score being 74.76 on the scale of 0-130). There are nearly 29.15% adolescents have mental health score below mean interval, where 43.17% adolescents have mental health score above mean interval.

2. The moral judgement of adolescents is high (mean score being 37.76 on the scale of 0-48). There are 31.47% adolescents who score below the mean interval, where 45.97% adolescents have moral judgement score above 40.

3. The intelligence of adolescents is below average (mean score being 30.00 on the scale of 0-100). There are 2.8% adolescents have intelligence score below the mean interval, where 81.95% adolescents have intelligence score above 30.

4. There are 28.52% adolescents have psychoticism score below mean interval (12-14), where 31.21% adolescents have psychoticism score above mean interval (12-14). The mean score of psychoticism dimension of personality is 12.61 on the scale of 0-25. This shows that the adolescents on an average have psychotic tendencies.

5. There are 34.63% adolescents have neuroticism score below mean interval (12-14), where 30.96% adolescents have neuroticism score above mean interval (12-14). The mean score of neuroticism dimension of personality is 14.00 on the scale of 0-23. This shows that the adolescents on an average show sign of emotional unstability.

6. There are 27.8% adolescents have extroversion score below mean interval (12-14), where 47.31% adolescents have extroversion score above mean interval (12-14). The mean score of extroversion dimension of personality is 13.32 on the scale of 0-21. This shows that the adolescents are extrovert
tendencies.
7. There is positive and significant relationship of moral judgement, intelligence and extroversion dimension of personality with mental health of adolescents for total sample but mental health has no significant relationship with psychoticism and neuroticism dimensions of personality.
8. There is positive and significant relationship of mental health of adolescents with moral judgement, intelligence and extroversion dimension of personality for the groups of adolescents having high mental health but mental health has no significant relationship with psychoticism and neuroticism dimensions of personality for the groups of adolescents having high mental health.
9. There is no significant relationship of mental health with moral judgement, intelligence and different dimensions of personality for the groups of adolescents having low mental health.
10. The relationship of mental health with moral judgement, intelligence and extroversion dimension of personality is stronger for the groups of adolescents having high mental health but there is no variation in the relationship of mental health with psychoticism and neuroticism dimensions of personality for the groups of adolescents having high and low mental health.
11. There is a positive and significant relationship of mental health with moral judgement, intelligence and extroversion dimension of personality in case of mental health of adolescent boys but mental health has no significant relationship with psychoticism and neuroticism dimensions of personality in case of mental health of adolescent boys.
12. There is significant relationship of mental health with moral judgement, intelligence and extroversion dimension of personality in case of mental health of girls adolescent but mental health has no significant relationship with
psychoticism and neuroticism dimensions of personality in case of mental health of adolescent girls.

13. There is no variation in the relationship of mental health with moral judgement, intelligence and different dimensions of personality across the gender groups of adolescents.

14. The adolescents having high moral judgement have significantly higher mental health scores as compared to their low group of moral judgement counterparts in case of personality dimensions that is psychoticism (80.79 vs. 70.66); neuroticism (78.06 vs. 71.59) and extroversion (77.62 vs. 69.07).

15. The adolescents with high intelligence have significantly higher mental health scores as compared to their low group of intelligence counterparts in case of personality dimensions that is psychoticism (80.79 vs. 70.06); neuroticism (80.28 vs. 69.37) and extroversion (79.06 vs. 67.65).

16. The adolescents with psychotic tendencies do not have significantly higher mental health scores as compared to their normal tendencies counterparts (76.95 vs. 73.86).

17. The emotionally unstable adolescents do not have significantly higher mental health scores as compared to their emotional stable tendencies counterparts (76.40 vs. 73.24).

18. The extrovert adolescents do not have significantly higher mental health scores as compared to their introvert tendencies counterparts (75.90 vs. 70.18).

19. The significant main effect of moral judgement and intelligence are independent of each other in all the three dimensions of personality i.e. psychoticism, neuroticism and extroversion to explain the mental health of adolescents.

20. The Extrovert plays a significant role in enhancing the mental health of adolescents only in case of high intelligence group.

21. The significant main effect of moral judgement and intelligence interacts with extroversion dimension of personality to enhancing the mental health of adolescents.
22. The high intelligent adolescents have significantly high mental health scores than their low intelligent adolescent’s counterpart only at extrovert group of adolescents with high moral judgement (86.25 vs. 72.5; t=2.69).
23. There is the significant interaction of intelligence of adolescents with the extroversion dimension of personality to influence the mental health of adolescents differentially at high and low groups of moral judgement.

5.3 SUGGESTIONS FOR EDUCATIONAL IMPLICATIONS

Keeping in view the focus of the study along with its delimitations (both in terms of sampling and tools along with analytic approach to analysis); some suggestions may be laid down for educational implications.

1. Teachers should themselves exhibit and show a restrained and balanced health that can have a healthy impact on the all around development of the students. Therefore, Teachers must be trained in stress management strategies.
2. Yoga and meditation programmers can be included in the school curriculum to enhance the mental health of school going students.
3. Training programmers should be organized to guide the parents to promote the mental health of their children.
4. Students should be provided guidance oriented programmes. If possible school institution should have guidance corner/counselor to address to mentally unhealthy students.
5. No doubt, gender differences did not emerge in mental health among adolescents, still there is need to provide more support to female adolescents. Since they are more overloaded due to domestic responsibility, different social and physical conditions.
6. All educational settings should be contextual to strengthen the moral judgement, intelligence and personality of adolescents to improve the mental health.
7. The adolescents need a protective and guiding umbrella so as to enhance mental health.

8. It becomes the foremost duty of our school educational institutions/colleges to make every effort, so that in the colleges, the student can become mentally healthy. For this they should create conducive atmosphere in the colleges to train their emotions in the right direction.

9. It is universally accepted that a teacher is a hologram of whole system and the personality of the teacher is bound to have a great effect on his/her students. Therefore institutes should provide a better environment and should try to develop all the positive attributes among teachers. School programmes should ensure maximum utilization of teachers’ commitment and obligations attitudes for developing mental health of students.

10. It is suggested that technical and skill oriented educational programmes should be initiated by the public and private institutions. Vocational education should be given a priority at college level. The educational system needs radical changes with a view to make the students self dependent.

11. Inspirational subjects like art, literature, poetry and music help in developing in appreciation of the beautiful and sublime emotions in life should be included in the school curriculum which maintains the mental health.

12. Religious beliefs and an abiding faith in God help in maintain mental health. Hence such subjects with religious and spiritual fervour at the preliminary level need to introduce in said education.

13. Skill, confidence and involvement in work as well as a healthy sense of humour are basic to mental health. Therefore, work ethics and balance in work and healthy living must be stressed in the due course of study at school/college level.

14. The teacher should not show any discrimination. He must ensure a safe and healthy social environment in which the
children may imbibe desirable values of freedom, equality, integrity, honesty, patriotism etc.

15. There should be close cooperation between the teachers and parents on matters relating to proper maintain the mental health of the children.

16. Community activities like camps, common meals, social service etc. should be frequently organized. Adequate stress may be laid on group activities which promote mental health of children.

17. The school or college programme should be full of numerous co-curricular and curricular activities in which children meet, cooperate and learn from each other’s personalities.

18. School administration should pay attention to recruiting quality teachers to promote mental health.

19. Proper diet, physical exercises, sound sleep, recreational activities such as sports, games and exercises favour mental health, so school environment should provide these facilities for the students.

20. Parents and teachers should provide caring and stimulating environment that will minimize the problems of all the students and should encourage for attaining their potential.

21. It is observed that lower caste (SC/ST) students had poor mental health and facing more problems, it is suggested to avoid the identification as SC/ST students and maintain the confidentiality. Educate the general category students to avoid such prejudices. The introduction of common school dress, common lunch, etc., in the schools and colleges will prevent children of poor and lower middle classes from facing humiliation due to the inflated ego of the children of the well-to-do families who take pleasure in showing off their wealth and status through costly clothes.

5.4 SUGGESTIONS FOR FURTHER RESEARCH

Keeping in view to focus of the study along with its delimitations
(both in terms of sampling and tools along with analytic approach to analysis), some suggestions may be laid down for further research.

1. The present study was an attempt to study the mental health of adolescents belonging to senior secondary schools of Punjab, affiliated to PSEB. It may be replicated on school adolescents of other type of schools such as affiliated with CBSE and ICSE.
2. Similar kind of study can be undertaken on college students and university students.
3. Similar kind of study can be replicated on Kendriya Vidyalaya, Navodaya Vidyalaya and Army school.
4. Mental health in relation to moral judgement, intelligence and personality may be replicated on large sample of schools from other state as well.
5. Mental health may be studied in relation to other psychological variables viz. stress, self-esteem, emotional intelligence and achievement motivation of school going adolescents, college and university students.
6. Similar investigations may be carried out on professional and technical college teachers.
7. A comparative study of mental health of adolescents across different regions of country may also be undertaken.
8. Comparative research can be also done on mental health of the rural and urban students in relation to certain cognitive and non-cognitive variables.
9. Case studies need to be conducted on adolescence, from adolescence to adulthood, pre work to work situation and in different walker of life i.e. married, as parent/guardian to understand socio-psychological dynamics of process of mental health.
10. There is need to study the effect of certain behaviour therapies on mental health and pro-social behaviour among adolescents and early age, adults, in the process of education at college/university level, in order to evolve preventive strategies for better human development – both intellectual and emotional.
11. Since educational system is more or less governed by teachers, it would be worthwhile to undertake studies on mental health of teacher trainees and in-service teachers working at different stages of school education in relation to teaching related variables such as attitude, aptitude and effectiveness.