Self means one's opinion about oneself, self is expressing in terms of mine and it is a product of social interaction. It may be pointed out that the concept of self, is analogous to the concept of ego, in that both represent sub-systems which are concerned with evaluation, decision making, planning and coping. Roger's new point, however extends further to include self identity in an individual towards growth and self-confidence.

The extent to which an individual is confident of his abilities also seems to be an important factor in conformity to social pressures. Persons who have confidence in their own judgments are more resistant to pressures to conform than those who do not have this confidence. Intelligence and confidence in one's own abilities determine the extent of conformity.

According to Join, student confidence is process of becoming the best possible person one can become at achieving one's own goals in life. It is highest human motive. It is, need for 'Self-fulfillment' in the sense one becoming everything that he or she capable of being. Until one has achieved self-esteem, he will not full secure enough to
become a fully actualized person that is unless one has confidence in himself he will not dare to express in his own unique way and make his own contribution to society each person's self is different because genetic and socio-cultural heritage are different.

Any individual’s success or failure depends not upon his/her abilities, but upon his perception about himself. In other words while doing any work how he perceives himself “whether I do this work, whether the given problem is simple or complex, may I attain success or not” all such perceptible factors determine the output. Strictly speaking any kind of failure or success will be determined by the self-confidence. Self-confidence is an attribute of perceived self, it is not apart from the self or it is not independent from the self. Self-confidence refers to an individual’s perceived ability to act effectively in a situation to overcome obstacles and to attain successes.

More often the very choice of an individual’s type of education soon after the compulsion of secondary education depends upon the level of self-confidence, which he has. To take decision on his/her own, about any matters educational, vocational etc., is possible only for those individuals whose confidence to high in this context it is important to measure the self-confidence of students in general and to study its
effects on students academic performance particularly on their academic achievement. In general terms, self-confidence refers to an individual perceived ability to act effectively in a situation to overcome obstacles and to get things go all right.

Different researchers have measured self-confidence as a construct, variously in the past. Klein and Schoenfeld (1941) measured it by asking the subjects to state the degree of confidence they felt in the accuracy of their performance after they had taken some psychological tests. Immediately thereafter each subject was asked to rate his performance on the task just finished on a three paint rating scale and these ratings were used to infer self-confidence.

A country with a lower GNP may manage to achieve higher levels of well being in terms of health, education and nutrition than countries with a higher GNP. Due to over concern for economic and political development man himself as an individual was ignored although the development was oriented towards him. Since now man is accepted as the main concern, his health becomes the most important component of development.
It is well understood that economic development plays an important role in human progress, but economic development alone is not human progress. Social indicators show a true picture as they record fundamental human progress whereas a rising GNP, after a certain point, is directed to less and less fundamental improvements in the quality of life (UNICEF, 1989). The quality of life of the people can best be indicated by their health status, and life expectancy, etc.

The Alma Ata declaration of 1978 “Health for all by 2000 AD” was universal commitment to which India was a party. And India has agreed to formulate the policies and draw a plan of actions to attain the goal. Accordingly efforts were made to provide basic health infrastructure in the country. The models of health services adapted for the purpose were not suited properly. The strategy of health development was not successful. Now is the appropriate time to take a fresh look at the priorities and alternative approaches.

Attempts to change the priorities and search for alternative approaches have been necessitated because of the kind and seriousness of health problems. The incidence of deaths and disabilities, ordinarily preventable by vaccine is more in the third world. But India’s share in this incidence is the highest. Grant, in his annual report on the state of
the world’s children, has recorded “Whether issue is diarrhoeal death or vaccine preventable diseases, low birth weight or malnutrition, infant death or childhood disability nearly 30% and sometimes more of those live in India” (Grant, 1987).

The recent research in the area of preventive health care, knowledge and techniques which are simple, inexpensive, universal and free from cultural prejudices have been made available. The information and techniques are mostly related to respiratory infections, immunization, growth chart, breast feeding, supplementary food for pregnant mothers and children, birth control, oral dehydration and so on. These techniques are low cost, low risk and low resistance in action and easy to implement as they need not depend on economic and political changes. Ramalingaswami, confirms the same by saying that the new knowledge and techniques that we possess make us believe that the dream of health for all can be a reality soon.

The scientific know how and financial resources appear to be no longer problems in the improvement of health status. On the contrary, the main obstacles are wide spread ignorance and misconceptions about health and disease. A number of studies have reported, ignorance and misconceptions of these issues in the population (Singh, 1983, Halyal, 1990).
Health is the capacity of an individual to cure himself. When a person loses this capacity to restore himself or herself he or she is in a state of ill health. Health is an important internal resource, which assures a stable quality of life. This capacity is achieved when a person possesses a strong body capable of working, a controlled and balanced state of mind, a companionate health, a discriminative intellect and a purposeful life. Thus, total health is state where there is a balance in body and its functions, mind, social and spiritual well being. In health occurs in a gradual manner at any level and affects the individual. Understanding health and related behaviour include range of human activities, which have direct and indirect effect on individual’s health status. Many habits, pattern of thinking, emotional experience and attitude influence the overall quality of life. In addition socio-ecological and cultural background does influence many aspects of life styles (Joseph and Juliana, 2000).

Health is a continuous balancing of the physical, emotional, social, intellectual and spiritual components of an individual to produce happiness and higher quality of existence. Wellness means engaging in attitudes and behaviour that enhance quality of life and maximize personal potential. Health knowledge and attitude constitute an important dimension contributing to health and wellness. The aim of
life must be to remain healthy as the poet, philosopher Ralph Waldo Emerson in nineteenth century had said, the first wealth is health. People have always valued good health but in the modern time of stress and anxiety they are becoming more health conscious than ever before.

The word health means different things to different individuals. To many individuals it merely means freedom from any obvious disease, and to someone it is freedom from poor health. To a psychologist, health is the normal functioning of the mind, to a physician, it is principally the normal functioning of the body. People’s attitude to health, their ideas about the causes of illness, and the relationship between attitudes and behaviour portrays different meanings of health in their mind (Cartwright et al., 1973).

According to an old definition, health is the absence of disease. Another older definition of health is the ability to function effectively within one’s environment. In the Oxford English dictionary, health is defined as soundness of body and mind that condition in which its functions are duly and effectively discharged. A sound mind in sound body has been recognized as an ideal starter by the Indian sages and seers. They paid attention to the unconscious where in according to them unfulfilled desires and compositions lead people to go astray.
By mastering their mind people could attain the highest level of emotional equilibrium pertaining to mental health. In their views, mental health is the balanced development of the individual’s personality and emotional attitudes, which enable him to live harmoniously with his/her fellow men/women.

Health is a state of being that is subject to wide individual social and cultural interpretations and social influences. Recent studies of beliefs about health suggest that people’s perception of their own state of health influences how they define health (Cox et al., 1987). Older people are more likely to view health in terms of function and coping; young people frequently define it in terms of fitness, energy, vitality and strength, emphasizing positive attainment and a healthy lifestyle. A person’s age is only one of the many factors that may influence their definition of health. The health and lifestyle survey (Cox et al., 1987) documented differences in responses between men and women. Younger women tend to link energy and vitality to undertaking household tasks. Whereas younger men linked energy and fitness to participating in sports.

According to WHO (1974), “Health is not merely the absence of disease, but a state of complete physical, mental, spiritual and social
well being. This definition seems to equate health with all round well being. It highlights health as a positive goal rather than just a neutral state of ‘no disease’ and indicates that this is to be achieved by personal and social change as well as by medical advance. As a definition, it contains almost as many new problems as it tries to solve. Its idealistic, even utopian nature has been commented upon by critics (Seedhouse, 1986). In a similar way to the absence of disease’ approach, the apparent simplicity of the WHO definition conceals a range of assumptions about what health should be. Freedom from disease is not health; real health is viewed as the transformation of ‘no disease type health into all round well being. Heath becomes a personal struggle and a goal to be worked towards on a community national and global level. These sense of health as action and adoption is captured in the WHO Working Group Report (1984) on health promotion, which conceptualized health as the extent to which an individual or group is able on the one hand, to realize aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities WHO (1984).
This later and less frequently quoted world health organization comment emphasizes that health is embedded in the processes and actions of everyday life. It related health to one’s ability to cope and adopt within a particular environment. This deliberately avoids objectifying health; instead, health is viewed as a resource for living. It also identifies health as a multi dimensional and shifting which can’t be easily analyzed or measured.

The notion of health as an ‘absence of disease’ and as a ‘complete state of well being’ both have their origins in officials medical publications. ‘Absence of disease’ derives from a medical concept of disease as a pathological state which can be diagnosed and categories or as deviation from measurable biological variables which represent ‘normal’ parameters in the ‘healthy’ body.

The WHO definition connects to a social model of health, which emphasizes the environmental causes of health and disease in particular the dynamic interaction between individuals and their environment. Health is seen as being produced not just by individual biology and medical intervention, but by conditions in the wider natural, social, economic and political environment and by individual behaviour in response to that environment (Lalonde, 1974). A number of studies
have indicated that patterns of living and social relationships are seen by people as being important in maintaining health. Respondents in the health and lifestyle survey (Cox et al., 1987) endorsed this view, although there was a major influence. Smaller scale, more intensive contextual studies have provided stronger evidence of people’s belief that environmental factors influence their health (Cornwell, 1984).

The evolution of the concept of mental health is linked to the larger developments in the understanding of human behaviour. Starting from explanations of supernatural causation, we have arrived at understanding the states of mind and mental health from a holistic point of view. Rapid advances in the understanding of the human brain and individual and group behaviour open up new possibilities for non-medical and wider psychosocial actions towards promotion of mental health.
CONCLUSIONS:

1. There is a significant difference in self confidence between first and final year degree students – final year students have higher self confidence than first year.

2. There is a significant difference in mental health between two levels of education on all the dimensions of mental health – higher the education greater is mental health.

3. There are significant gender difference in both self confidence and mental health.

4. The urban students are found to have higher mental health than the rural.

5. The faculty of study has generated significant difference in self confidence and mental health.

6. The institution studied has produced significant differences in self-confidence and in the dimensions of mental health – IOP, GOA and EM of students. The students studying in private institutions displayed higher scores than their counter parts.

7. Respondents from nucleus family higher mental health in the dimensions of POR and AUT than those form joint family.

8. There is a significant effect of variables like education, faculty, domicile, religion, and gender on the dimension of PSE.
9. Perception of reality, a dimension of mental health is significantly influenced by education, faculty, gender, religion, college studied, and the type of family respondents belonged.

10. The variables like gender, religion, faculty and educational level have a significant effect on the development of integration of personality a dimension of mental health.

11. There is a significant influence of religion, college studied, education, faculty and family type on the autonomy dimension of mental health of students.

12. The mental health dimension like GOA is greatly influenced by education, family type, faculty, religion and gender of respondents.

13. The factors like gender, institution studied, education and faculty have significantly influenced the mental health dimension of environmental mastery.

14. The overall mental health of degree students is greatly influenced by the independent variables like educational level, faculty of study, type of family, religion and gender.

15. The self confidence of the students is significantly influenced by educational level, faculty and gender.
16. Educational level, faculty, institution studied, religion, domicile and gender have proved to be the strong correlates of self confidence of college students.

17. There is a significant correlation between all the dimensions of mental health and independent variables studied in the given students sample.
Suggestions and Limitations:

The following are considered as limitations and suggestions of the present study:

1. The study has included only two levels of education (class) for assessing the status of dependent variables chosen. There would have been other educational levels for better comparison.
2. The students from other professional courses were not selected for the study which would make effective comparison.
3. The other psychological variables would have made a remarkable difference in the variable being measured, in addition to the present selected factors.
4. The other advanced statistical methods like regression were not used.
5. The results of the study may highlight the correlates of mental health which would be used for preparing mental health packages.
6. The study throws light on how self confidence can be boosted amongst young pupils of this area.
7. The overall findings prove to be highly informative and educative.