CHAPTER SIX

Summary and Conclusions

Mental health is a fundamental indicator of quality of life. It is a positive sense of wellbeing that helps an individual realize his/her own capabilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his/her community (World Health Organization, 2004). The primary aim of mental health activity is to enhance people’s wellbeing and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors (WHO Europe Declaration, 2006).

An important variant of quality of life is an individual’s ability to cope with problems in life. This issue is of utmost importance to psychologists who work to promote both mental and physical health. Virtually all living beings routinely utilize coping skills in daily life. The nature of stress can be best understood by the way people perceive and ascribe meaning to stress producing situations, the values they attribute to actions and the way they interact with events. Individuals cannot remain in a continuous state of tension. They may adopt a deliberate and conscious strategy or an unconscious one to deal with the stress.

The present research focused on Mental Health in relation to Quality of Life and Coping Strategies of adolescents. The study was based on adolescents in the state of Goa. A dimension wise analysis was done. The dimensions of the scales are Mental health (Emotional Stability, Overall adjustment, Autonomy, Security-insecurity and Self-Concept); Quality of life (Physical Health, Psychological Health,
Social relationships and Environment); Coping Strategies (Problem-focused coping, Reference to others and Non-Productive coping).

The tools used for data collection were the Personal data sheet, Mental Health Battery by Arun Kumar Singh and Alpana Sen Gupta (2000), the World Health Organizations Quality of Life Scale – BREF and the Adolescent Coping Scale by Erica Frydenberg & Ramon Lewis (1993). The data was analysed using frequency analysis, Pearson’s product moment correlation co-efficient, t-test, One way ANOVA and Two way ANOVA analysis and Post hoc ANOVA analysis.

The results of study can be summarized in the following manner:

For the purpose of the study, a total of 23 hypotheses were formulated.

Five hypotheses were accepted.

Ha1. There exists a positive correlation between mental health and quality of life.

Ha2.3 There exist significant differences in coping strategies (General) with regard to the phases of adolescence.

Ha2.4 There exist significant differences in coping strategies (Specific) with regard to the phases of adolescence.

Ha7.2 There exist significant differences in quality of life with regard to Coping strategies used (General).

Ha8.2 There exist significant differences in quality of life with regard to Coping strategies used (Specific).

Eight hypotheses were partially accepted.

Ha2.1 There exist significant differences in mental health with regard to the phases of adolescence.
Ha2.2 There exist significant differences in quality of life with regard to the phases of adolescence.

Ha3.1 There exist significant differences in mental health with regard to gender.

Ha3.3 There exist significant differences in coping strategies (General) with regard to gender.

Ha3.4 There exist significant differences in coping strategies (Specific) with regard to gender.

Ha4.3 There exist significant differences in coping strategies (General) with regard to mother’s working status.

Ha7.1 There exist significant differences in mental health with regard to Coping strategies used (General).

Ha8.1. There exist significant differences in mental health with regard to Coping strategies used (Specific).

Twelve hypotheses were rejected

Ha3.2 There exist significant differences in quality of life with regard to gender.

Ha4.1 There exist significant differences in mental health with regard to mother’s working status.

Ha4.2 There exist significant differences in quality of life with regard to mother’s working status.

Ha4.4 There exist significant differences in coping strategies (Specific) with regard to mother’s working status.

Ha5.1 There exist significant differences in mental health with regard to the type of family.
Ha5.2 There exist significant differences in quality of life with regard to the type of family.

Ha5.3 There exist significant differences in coping strategies (General) with regard to the type of family.

Ha5.4 There exist significant differences in coping strategies (Specific) with regard to the type of family.

Ha6.1 There exist significant differences in mental health with regard to birth order.

Ha6.2 There exist significant differences in quality of life with regard to birth order.

Ha6.3 There exist significant differences in coping strategies (General) with regard to birth order.

Ha6.4 There exist significant differences in coping strategies (Specific) with regard to birth order.

It can thus be summarized that

✓ A higher percentage of middle adolescents experienced a high quality of life followed by late adolescents and finally the middle adolescents. A considerable number of adolescents who were part of the ‘high group’ in the Quality of Life patterning, perceived themselves as dynamic, positively oriented, active and relaxed. These adolescents attach adequate meaning to their lives. The ‘average group’ portrayed themselves like the highly satisfied ones by to a lesser degree. There were no adolescents who presented a poor or dismal picture about their Quality of Life.

✓ With regards to patterning of the Coping strategies (General Scale), a majority of females reflected they use Problem Focused coping while majority of the males reflected the use of Reference to others and Non Productive coping.
With regards to patterning of the Coping strategies (Specific Scale), the findings were in line with the General scale. A majority of females reflected they use Problem Focused coping while majority of the males reflected the use of Reference to others and Non Productive coping.

Results indicate positive and significant relationship between mental health and quality of life among adolescents.

Significant differences were found on

- Phases of adolescence:
  - Overall mental health and dimensions of Overall adjustment and Autonomy
  - Dimension of Environment (QOL)
  - All three coping styles of Problem focused coping, Reference to others and Non Productive coping in the Coping Scale – General
  - All three coping styles of Problem focused coping, Reference to others and Non Productive coping in the Coping Scale – Specific.

- Gender:
  - Overall Mental health and dimensions of Emotional Stability, Autonomy, Security-Insecurity and Self Concept
  - The coping strategy of Reference to others in the Coping scale – General.
  - The coping strategy of Reference to others in the Coping scale – Specific.
- Mothers working status:
  
  - The coping strategy of Reference to others in the Coping scale – General.

- Coping Strategies (General Scale):
  
  - Overall Mental health and dimensions of Overall Adjustment and Autonomy.
  
  - Overall Quality of Life and Dimensions of Physical Health, Psychological health, Social Relations and Environment.

- Coping Strategies (Specific Scale):
  
  - Overall Mental health and dimension of Autonomy.
  
  - Overall Quality of Life and Dimensions of Physical Health, Psychological health, Social Relations and Environment.

✓ No significant differences were found in

- Phases of adolescence:
  
  
  - Overall Quality of life and dimensions of Physical health, Psychological health and Social relationships

- Gender:
  
  - Dimensions of Overall adjustment.
  
  - Overall Quality of life and dimensions of Physical health, Psychological health, Social relationships and Environment.
  
  - The coping strategies of Problem focused coping and Non Productive coping in the Coping scale – General.
The coping strategies of Problem focused coping and Non Productive coping in the Coping scale – Specific.

- Mothers working status:
  - Overall Mental health and dimensions of Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity and Self-Concept.
  - Overall Quality of Life and Dimensions of Physical Health, Psychological health, Social Relations and Environment.
  - The coping strategies of Problem focused coping and Non Productive coping in the Coping scale – General.
  - The coping strategies of Problem focused coping, Reference to others and Non Productive coping in the Coping scale – Specific.

- Family Type
  - Overall Mental health and dimensions of Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity and Self-Concept.
  - Overall Quality of Life and Dimensions of Physical Health, Psychological health, Social Relations and Environment.
  - The coping strategies of Problem focused coping, Reference to others and Non Productive coping in the Coping scale – General.
  - The coping strategies of Problem focused coping, Reference to others and Non Productive coping in the Coping scale – Specific.

- Birth Order
  - Overall Mental health and dimensions of Emotional Stability, Overall Adjustment, Autonomy, Security-Insecurity and Self-Concept.
  - Overall Quality of Life and Dimensions of Physical Health, Psychological health, Social Relations and Environment.
- The coping strategies of Problem focused coping, Reference to others and Non Productive coping in the Coping scale – General.

- The coping strategies of Problem focused coping, Reference to others and Non Productive coping in the Coping scale – Specific.

- Coping Strategies (General Scale):

- Coping Strategies (Specific Scale):
  - Dimensions of Emotional stability, Overall Adjustment, Security – Insecurity and Self Concept (Mental Health).

The present study is based in the state of Goa. Goa’s experience of social and human development is a unique model. Goa has been able to achieve exceptionally high physical quality of life. Its achievements are commendable in areas like health, education, and even demographic transition. Contemporary Goa, draws a lot of attention from scribblers such as scholars and journalists in the field of politics, language, religion, tourism and environment (D’Souza, 2000).


Research in Goa, and elsewhere in India, now provides us with the evidence to demonstrate that, far from being a luxury or peripheral item, mental health is in fact a major public health concern. What is clear is that despite its apparently
privileged position in terms of its economy, environment and overall health infrastructure, mental health is at least as much of a problem (if not more so) in Goa as elsewhere. Mental health problems include a wide variety of much commoner conditions such as depression, suicidal behaviour, marital conflict, problem drinking, learning difficulties and child abuse. Suicide is perhaps the most dramatic and tragic consequence of psychological illness and social problems.

Goa has a handful of NGOs working in the field of mental health. Some NGOs have pioneered care in areas where government services have been inadequate.

It is important to note that the manner in which an individual meets challenges during a developmental transition which not only influences his/her adjustment during that particular transition but also determines, in part, the personal and social resources that will available to aid the individual in subsequent transitional periods. Some individuals can meet the challenges well and thus emerge from the transitional period with increased abilities and resources and with improved self image. On the other hand, those who do not cope with the challenges effectively are at a disadvantage and show accelerating problems with personal, social and vocational adjustment.