CHAPTER 1
INTRODUCTION

Introduction

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that, their lives are going on well. Good living conditions like food, housing, employment are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life i.e., their ‘well-being.’ Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy.

Relevance of Research in Social Work

Social work is a practice profession. As such, the major objective of social work research is to search for answers to questions raised regarding interventions or practice effectiveness. In other words, social work research attempts to provide knowledge about what interventions or treatments really help or hinder in the attaining social work goals. In addition, it also helps in searching for answers to problems or difficulties faced by social work practitioners in the practice of their profession. Ultimately it helps building knowledge base on social work theory and practice. Social work research also deals with problems faced by professional social workers, social work agencies and community in its concern with social work functions. It is obvious that in social work research, the study of a problem is from the point of view of social work and that of professional social work. The designing of research problems, data collection and its interpretation will have to be attempted in a manner that would be useful to professional social work which would add new knowledge to the social work theory and practice and improve the efficiency of professional social workers.

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also help to determine how we handle stress,
relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

WHO (2001) defines mental health as a state of well-being in which the individual realizes his or her own abilities, cope with normal stresses of life, can work productively and fruitful and is able to make a contribution to his or her community.

Komrad (2012) asserts that "mental health problems affect all segments of society, regardless of age, gender, education, or ethnicity". Indeed, everyone experiences problems, and those problems can make us feel awful. They can negatively affect our thoughts, our emotions, and our behaviors. However, no matter the nature of bad times, mental health can be improved. Everyone has a fluctuating state of mental health. It's possible for someone living with mental illness to achieve a high degree of mental health. Likewise, it's possible for someone who does not have a mental illness to experience poor mental health.

Shah (1982) has stated that mental health is the most essential and inseparable component of health.

Soddy (1961) defines mental health as the internal balance of the individual, quality of relationship between individuals and the groups and between groups themselves.

Sigmund Freud (1880) gave a minimum, but a significal definition that a person is said to be mentally healthy if he could love and work.

According to Schriber (1951) mental health means the ability of the individual to pursue reasonable, purposeful goals, use his capacities and talents fruitfully such an individual experiences a sense of security, belongingness, being respected and has the knowledge that he is liked or loved, has a sense of self-respect and self-reliance. In addition he has learnt to respect others, to accept others, to live fairly and in peace with others.

**Criterias of Mental Health**

Criteria of mental health are:-

- Adequate contact with reality
- Control of thought and imagination
• Efficiency in work and play
• Social acceptance
• Positive self-concept
• A healthy emotional life.

An example of wellness model includes one developed by Myers, Sweeney, and Witner. It includes life tasks:-

• Essence or spirituality
• Work and leisure
• Love
• Self-direction – and twelve

Sub tasks:

• Sense of worth
• Sense of control
• Realistic beliefs
• Emotional awareness and coping
• Problem solving and creativity
• Sense of humour
• Nutrition
• Exercise
• Self-care
• Stress management

Culture identity is identified as one of the characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning.
Theories on Mental Health

All the views on mental health is centered totally around the individual. It assumes that locus of functioning is situated within the individual and is independent of the environment.

Cognitive Revolution Theory

This theory assumes that the way in which people process information about environment is an important determinant of their mental health.

Dual Factor Theory

Verma (1988) postulates that there are different set of factors that contributes to negative and positive mental health. Similarly, some factors when present contribute only to positive mental health but their absence does not necessarily mean a negative mental health. Positive mental health could be manifested as general feeling of well-being, self-confidence, personal competence, security, adjustment, originality, satisfaction etc. Positive mental health is not a mere sum total of all these desirable characters, but how these factors are organized to depict a person as a distinct entity from others, yet part of the society. So, mental health can be summed up as how people think, feel and act as they face life situations. It shows how people handle them and relate to one another.

Mental Health Status

Mental health status refers to the degrees of mental health that a person possesses. In order to measure mental health status of a person the following 15 points have to be taken into consideration.

Optimism

It is a tendency to look on the bright side of things and to anticipate the most favorable result. This can be measured by assessing the expectation about future and attitude towards pleasurable experiences.

Adaptability

It is flexibility in meeting changed circumstances or demands. It can be measured by testing whether the individual could get adjusted to various situations.
**Sense of security**

It is a feeling of having maintenance of condition necessary to need gratification. It indicates how far the individual has the feeling of sense of security.

**Regularity of Habits**

This approximately indicates how far the individual is regular in habits.

**Perception of Reality**

This is the process of getting to know the object in the environment. This can be tested by checking the individual’s judgment about other’s criticism, whether he is day dreaming etc.

**Emotional Maturity**

It is the degree to which an individual manifests behaviour appropriate to his age and intelligence level. This is assessed in terms of individual’s behaviour in various situations (whether appropriate or not etc).

**Social conformity**

This is measured by assessing how far the individual is able to confirm or adjust to the norms and customs of the society

**Freedom from sociopathic tendencies**

Sociopathic tendencies are characterized by lack of social responsibility and inability to confirm to prevailing social norms even when such norms are adoptive.

**Recreational pursuits**

This indicates how far the individual engages in recreational activities.

**Environmental Mastery**

This variable approximately indicates the individual’s ability to master his environment.

**Positive attitude towards self**

It is the attitude of having a good outlook for everything not only in other people but also everything he does.
**Freedom from negativism**

It consists of individual’s ability to avoid the negative things related to one thing.

**Freedom from Nervousness**

This can be measured by assessing how for the individual is free from the state of emotional tension, restlessness and hypersensitivity.

**Freedom from withdrawing tendencies**

This is assessed by checking how far the individual is free from tendency for intellectual, emotional or physical deficits.

**Concept of degree of freedom**

This indicates approximately the individual concept of freedom.

**Early Warning Signs**

Experiencing one or more of the following feelings or behaviors can be an early warning sign of a mental health problem:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can’t get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to work or school

**Mental well-being**

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts, based upon anthropological, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality social, clinical, health and developmental psychology.

The tripartite model of mental well-being views mental well-being as encompassing three components of emotional well-being, social well-being, and psychological well-being. Emotional well-being is defined as having high levels of positive emotions, whereas social and psychological well-being are defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life. The model has received empirical support across cultures. The Mental Health Continuum-Short Form (MHC-SF) is the most widely used scale to measure the tripartite model of mental well-being.

**Mental Illness**

Mental illness is a health problem that significantly affects how a person thinks, behaves and interacts with other people. It is diagnosed according to standardized criteria.

A mental health problem also affects how a person thinks, feels, and behaves, but to a lesser extent than a mental illness.
Mental illnesses are of different types and degrees of severity. Some of the major types are:

- anxiety
- schizophrenia
- bipolar mood disorder
- personality disorders
- eating disorders
- depression

These illnesses may also be referred to as a mental disorder, mental impairment or psychiatric disability.

**Causes of Mental Illness**

Mental illness results from complex interactions between the mind, body and environment. Factors which can contribute to mental illness are:

- long-term and acute stress
- biological factors such as genetics, chemistry and hormones
- use of alcohol, drugs and other substances
- cognitive patterns such as constant negative thoughts and low self esteem
- social factors such as isolation, financial problems, family breakdown or violence

These factors can be minimized by a strong and supportive community environment.

**Prevention**

Mental health is conventionally defined as a hybrid of absence of a mental disorder and presence of well-being. Focus is increasing on preventing mental disorders. Prevention is beginning to appear in mental health strategies, including the 2004 WHO report "Prevention of Mental Disorders", the 2008 EU "Pact for Mental Health" and the 2011 US "National Prevention Strategy". Prevention of a disorder at a young age may significantly decrease the chances that a child will suffer from a disorder later in life, and
shall be the most efficient and effective measure from a public health perspective. Prevention may require the regular consultation of a physician for at least twice a year to detect any signs that reveal any mental health concerns.

**Children and young adults**

Mental health and stability is a very important factor in a person’s everyday life. Social skills, behavioural skills, and someone’s way of thinking are just some of the things that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are essential lessons to learn from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have difficulty with these kind of skills and behaving like an average person. This is a most likely the cause of having a mental illness. A mental illness is a wide range of conditions that affect a person’s mood, thinking, and behavior.

The most common mental illnesses in children include, but are not limited to, ADHD, autism and anxiety disorder, as well as depression in older children and teens. Having a mental illness at a younger age is much different from having one in your thirties. Children’s brains are still developing and will continue to develop until around the age of twenty-five. When a mental illness is thrown into the mix, it becomes significantly harder for a child to acquire the necessary skills and habits that people use throughout the day. For example, behavioral skills don’t develop as fast as motor or sensory skills do. So when a child has an anxiety disorder, they begin to lack proper social interaction and associate many ordinary things with intense fear. This can be scary for the child because they don’t necessarily understand why they act and think the way that they do. Many researchers say that parents should keep an eye on their child if they have any reason to believe that something is slightly off. If the children are evaluated earlier, they become more acquainted to their disorder and treating it becomes part of their daily routine. This is opposed to adults who might not recover as quickly because it is more difficult for them to adapt.

Mental illness affects not only the person themselves, but the people around them. Friends and family also play an important role in the child’s mental health stability and treatment. If the child is young, parents are the ones who evaluate their child and decide
whether or not they need some form of help. Friends are a support system for the child and family as a whole. Living with a mental disorder is never easy, so it’s always important to have people around to make the days a little easier. However, there are negative factors that come with the social aspect of mental illness as well. Parents are sometimes held responsible for their child’s own illness. People also say that the parents raised their children in a certain way or they acquired their behavior from them. Family and friends are sometimes so ashamed of the idea of being close to someone with a disorder that the child feels isolated and thinks that they have to hide their illness from others. When in reality, hiding it from people prevents the child from getting the right amount of social interaction and treatment in order to thrive in today’s society.

Stigma is also a well-known factor in mental illness. Stigma is defined as “a mark of disgrace associated with a particular circumstance, quality, or person.” Stigma is used especially when it comes to the mentally disabled. People have this assumption that everyone with a mental problem, no matter how mild or severe, is automatically considered destructive or a criminal person. Thanks to the media, this idea has been planted in our brains from a young age. Watching movies about teens with depression or children with Autism makes us think that all of the people that have a mental illness are like the ones on TV. In reality, the media displays an exaggerated version of most illnesses. Unfortunately, not many people know that, so they continue to belittle those with disorders. In a recent study, a majority of young people associate mental illness with extreme sadness or violence. Now that children are becoming more and more open to technology and the media itself, future generations will then continue to pair mental illness with negative thoughts. The media should be explaining that many people with disorders like ADHD and anxiety, with the right treatment, can live ordinary lives and should not be punished for something they cannot help.

**Mental Health and Wellness**

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
• Work productively
• Make meaningful contributions to their communities

Ways to maintain positive mental health include:
• Getting professional help if you need it
• Connecting with others
• Staying positive
• Getting physically active
• Helping others
• Getting enough sleep
• Developing coping skills

Adolescence

Adolescence is a developmental transition between childhood and adulthood. It is the period from puberty until full adult status has been attained. There are also varying views on the actual time line of adolescence—especially about when it ends. Typically, we view adolescence beginning at puberty and ending at 18 or 21 years. Others suggest that there is a period of late adolescence that extends well into what is now known as the period of young adulthood.

Theories on Adolescence

G. Stanley Hall's Biogenetic Psychology of Adolescence

G. Stanley Hall (1844-1924), was the first psychologist to advance a psychology of adolescence in its own right and to use scientific methods to study them. He defined this period to begin at puberty at about 12 or 13 years, and end late, between 22 years to 25 years of age. Hall also described adolescence as a period of Sturm und Drang, "Storm and Stress." In German literature, the period of Sturm und Drang includes the works of Schiller and the early writings of Goethe. It is a literary movement full of idealism, commitment to a goal, and revolution against the old, expression of personal feelings, passion and suffering. Hall saw an analogy between the objectives of this group of young
writers at the turn of the eighteenth century and the psychological characteristics of adolescence.

According to Hall's analogy and expansion of Darwin's concept of biological "evolution." into a psychological theory of recapitulation, adolescence corresponds to a time when the human race was in a turbulent transitional stage. (Muuss, 1975, pp.33-35) In this theory, Hall stated that the experiential history of the human species had become part of the genetic structure of each individual. The law of recapitulation claimed that the individual organism, during its development passes through states that correspond to those that occurred during the history of mankind. To sum up, the individual relives the development of the human race from early animal like primitivism, through a period of savagery, to the more recent civilized ways of life that characterize maturity (Muuss, 1975, p. 33). Therefore, Hall described adolescence as a new birth, "for the higher and more completely human traits are now born" (Hall, 1916, xiii). Hall describes this particular aspect of adolescent development (storm and stress) in detail in a chapter of his book on adolescence "Feelings and Psychic Evolution." He saw the emotional life of the adolescent.

**Sigmund Freud and the Psychoanalytic Theory of Adolescent Development**

Freud paid relatively little attention to adolescent development only to discuss it in terms of psychosexual development. He shared a common idea with that of Hall's evolutionary theory: that the period of adolescence could be seen as phylogenetic. Freud did maintain that the individual goes through the earlier experiences of mankind in his psychosexual development. According to Freud and psychoanalytic theory, the stages of psychosexual development are genetically determined and are relatively independent of environmental factors (Muuss, 1975, p.38). Freud believed that adolescence was a universal phenomenon and included behavioral, social and emotional changes; not to mention the relationships between the physiological and psychological changes, and the influences on the self-image. He also stated that the physiological changes are related to emotional changes, especially an increase in negative emotions, such as moodiness, anxiety, loathing, tension and other forms of adolescent behavior.
Anna Freud's Theory of Adolescent Defense Mechanism

Anna Freud assigns greater importance to puberty as a critical factor in character formation. She also places much emphasis on the relationship between the id, the ego and the superego. She believes that the physiological process of sexual maturation, beginning with the functioning of the sexual glands, plays a critical role in influencing the psychological realm. This interaction results in the instinctual reawakening of the libidinal forces, which, in turn, can bring about psychological disequilibrium. The painfully established balance between ego and id during the latency period is disturbed by puberty, and internal conflict results. Thus, one aspect of puberty, the puberty conflict, is the endeavor to regain equilibrium (Muuss, 1975, p.43).

Anna Freud dealt mainly with deviant or pathological development and paid very little attention to normal sexual adjustment. She described obstacles to normal development:

1) the id overriding the ego - in which she says no trace will be left of the previous character of the individual and entrance into adult life will be marked by a riot of uninhibited gratification of instincts (Freud, 1948, p. 163); and, 2) the ego may be victorious over the id and confine it to a limited area, constantly checked by numerous defense mechanisms.

Among the many defense mechanisms the ego can use, Freud considered two as typical of pubescence: asceticism and intellectualization. Asceticism is due to a generalized mistrust of all instinctual wishes. This mistrust goes far beyond sexuality and includes eating, sleeping, and dressing habits. The increase in intellectual interests and the change from concrete to abstract interests are accounted for in terms of a defense mechanism against the libido. This naturally brings about a crippling of the instinctual tendencies in adult life, and again the situation is "permanently injurious to the individual" (Freud, 1948, p.164).

Anna Freud believes that the factors involved in adolescent conflict are:

- The strength of the id impulse, which is determined by physiological and endocrinological processes during pubescence.
The ego’s ability to cope with or to yield to the instinctual forces. This in turn depends on the character training and superego development of the child during the latency period.

- The effectiveness and nature of the defense mechanism at the disposal of the ego.

Otto Rank's Emphasis on the Adolescent Need for Independence

Otto Rank (1884-1939), a follower of the psychoanalytic school had been completely under the influence of Freudian realism (Rank, 1945, p.209). He then later developed his own theory and began to challenge Freud's notions. Rank saw human nature not as repressed and neurotic, but as creative and productive. He criticized Freud's emphasis on the unconscious as a storehouse for past experiences and impulses. Rank pointed out that the past is of importance only to the degree that it acts in the present to influence behavior. He also places less emphasis on instinctual forces and instinctual behavior. He believed that Freud actually neglected the role of the ego and gave value to it only as a repressive force. Rank wanted to restore the balance of power in the psychic realm (Muuss, 1975, p.47). Rank stated that there must be an examination of the place that adolescent development has in this psychoanalytic theory based on consciousness and ‘will’. Sexuality is no longer the strongest determining factor in the developmental process. It has found its counterpart in ‘will’, which can to some degree, control sexuality. It is during the shift from childhood to adolescence that a crucial aspect of personality development occurs - the change from dependence to independence (Muuss, 1975, p.47). During the latency period, the ‘will’ grows stronger, more independent, and expands to the point where it turns against any authority not of its own choosing. The actual origin of the ‘will’ goes further back into the oedipal situation. It is here that the individual will encounter a social will, represented by parents and expressed in a moral code centuries old (Muuss, 1975, p.47).

Erik Erikson's Theory of Identity Development

The core concept of Erikson's theory is the acquisition of an ego-identity, and the identity crisis is the most essential characteristic of adolescence. Although a person's identity is established in ways that differ from culture to culture, the accomplishment of
this developmental task has a common element in all cultures. In order to acquire a strong and healthy ego-identity the child must receive consistent and meaningful recognition of his achievements and accomplishments (Muuss, 1975, p.55).

Adolescence is described by Erikson as the period during which the individual must establish a sense of personal identity and avoid the dangers of role diffusion and identity confusion (Erikson, 1950). The implication is that the individual has to make an assessment of his or her assets and liabilities and how they want to use them. Adolescents must answer questions for themselves about where they came from, who they are, and what they will become. Identity, or a sense of sameness and continuity, must be searched for. Identity is not given to the individual by society, nor does it appear as a maturational phenomenon; it must be acquired through sustained individual efforts. Unwillingness to work on one's own identity formation carries with it the danger of role diffusion, which may result in alienation and a lasting sense of isolation and confusion. The virtue to be developed is fidelity. Adhering to one's values contributes to a stable identity.

**Kurt Lewin’s Field Theory and Adolescence**

Kurt Lewin (1890-1947) was a pupil of the early Gestalt school of psychologists at the University of Berlin. He was influenced by Freud's psychoanalytic theory, specifically as it relates to motivation. But Lewin's theory on adolescence is conceptually different from other theories. His theory on adolescent development is explicitly stated in "Field Theory and Experiment in Social Psychology" (1939). His field theory explains and describes the dynamics of behavior of the individual adolescent without generalizing about adolescents as a group. His constructs help to describe and explain, and predict the behavior of a given individual in a specific situation. In a sense, the field theory of adolescence is expressed explicitly and stated more formally than other theories of adolescent development. Field theory has successfully integrated the biological and sociological factors, which are frequently considered contradictory (for example, the nature vs. nurture issue). Lewin makes explicit his position: "the psychological influence of environment on the behavior and development of the child is extremely important" (Lewin, 1935)"psychology in general [is regarded] as a field of biology" (Lewin, 1935).
Lewin's theory of development is of the view that adolescence is a period of transition in which the adolescent must change his group membership. While both the child and the adult have a fairly clear concept of how they fit into the group, the adolescent belongs partly to the child group, partly to the adult group, without belonging completely to either group. Parents, teachers, and society reflect this lack of clearly defined group status; and their ambiguous feelings toward the adolescent become obvious when they treat him at one time like a child and at another time like an adult. Difficulties arise because certain childish forms of behavior are no longer acceptable. At the same time some of the adult forms of behavior are not yet permitted either, or if they are permitted, they are new and strange to the adolescent.

The adolescent is in a state of "social locomotion," since he is moving into an unstructured social and psychological field. Goals are no longer clear, and the paths to them are ambiguous and full of uncertainties--the adolescent may no longer be certain that they even lead to his goals. Such ambiguities and uncertainties are illustrated will by the boy asking or hesitating to ask for his first date. Since the adolescent does not yet have a clear understanding of his social status, expectations, and obligations, his behavior reflects this uncertainty. For example, the adolescent is confronted with several attractive choices that at the same time have relatively impervious boundaries. Driving a car, smoking pot, dropping acid, having sexual relations are all possible goals with positive valence, and thus they become a part of the adolescent's life space. However, they are also inaccessible because of parental restrictions, legal limitations, or the individual's own internalized moral code. Since the adolescent is moving through a rapidly changing field, he does not know the directions to specific goals and is open to constructive guidance, but he is also vulnerable to persuasion and pressure.

The self-image of an individual depends upon his body. During the normal developmental process, body changes are so slow that the self-image remains relatively stable. The body image has time to adjust to these developmental changes so that the individual knows his own body. During adolescence changes in body structure, body experience, and new body sensations and urges are more drastic so that even the well-known life space of the body image becomes less familiar, unreliable, and unpredictable. The adolescent is preoccupied with the normality of his body and how his
body is perceived by others; he is concerned about and may actually be disturbed by his body image. He spends considerable time studying his own image in the mirror and is concerned about the development of primary and secondary sex characteristics in relationship to age-mates. This is understandable; obviously, the body is especially close to and vital to one's feelings of attractiveness, stability, security, and one's sex role. Negative feelings about one's own body are related to a negative self-concept and may lead to emotional instability that can change one's orientation toward life. Because of these various uncertainties adolescent behavior is characterized by an increased plasticity of personality that can lead to personality changes and even religious conversions (Muuss, 1975, p. 125).

Field theory defines adolescence as a period of transition from childhood to adulthood. This transition is characterized by deeper and far-reaching changes, a faster rate of growth, and differentiation of the life space as compared with the preceding stage of late childhood. The transition is also characterized by the fact that the individual enters a cognitively unstructured region that results in uncertainty of behavior. Transition from childhood to adulthood is obviously a universal phenomenon, since children become mature adults in all societies. However, the shift from childhood to adulthood can occur in different patterns. It can take the form of a sudden shift, such as has been observed in primitive societies in which the puberty rites end childhood and signify the beginning of adulthood

According to Lewin, there are also cultural differences in adolescent behavior. He attributes these differences to several factors: the ideologies, attitudes, and values that are recognized and emphasized; the way in which different activities are seen as related or unrelated (for example, religion and work are more closely related in Mennonite society than in American society as a whole); and, the varying length of the adolescent period from culture to culture and from social class to social class within a culture. Moreover, the degree to which the child group and the adult group are differentiated in a given culture has far-reaching consequences for adolescent behavior. The more clearly they are separated, the more difficult the transition (Lewin, 1942, as cited in Muuss, 1975, p.130).
Roger Barker's Somatopsychological Theory of Adolescence

Roger Barker and others expanded and elaborated Lewin's theory of adolescent development in "Somato Psychological Significance of Physical Growth in Adolescence" (1953, as cited in Muuss, 1975, p.130). He uses the field theory to illustrate the effects of physiological changes on behavior during adolescence. According to Barker body dimensions, physique, and endocrinological changes occur at an accelerated speed during adolescence as compared to the preadolescent years. As a result, some corresponding psychological situations occur.

First, "new psychological situations" arise during adolescence; and second, experiential psychological situations will take place in which "overlapping of the psychological field" occurs. According to Barker, in the US, the child group is clearly separated from the adult group, for whom different forms of behavior are accepted. Children have a social position equivalent to that of a minority group; this increases the difficulty of moving from one group to the other. The possibility of moving from one social group to the other is determined informally by one's physique: looking like an adult makes it easier to get adult privileges (Muuss, 1975, p.132).

Allison Davis: Adolescence and Socialized Anxiety

Allison Davis defines "socialization" as the process by which an individual learns and adapts the ways, ideas, beliefs, values, and norms of his culture and makes them part of his personality. He sees development as a continuous process of learning socially acceptable behavior by means of reinforcement and punishment. Acceptable and unacceptable behavior are defined by each society, or its socializing agents, the subgroups, social classes, or castes. Cultural behavior is acquired through social learning. Understanding the effects of social learning on adolescents is the crucial issue in Davis' theory (Muuss, 1975, p. 139). Socialized anxiety serves as a motivating and reinforcing agent in the socialization process: it brings about "anticipation of discomfort" and becomes a behavior-controlling mechanism. It is Davis' hypothesis that the effective socialization of adolescent behavior is dependent upon the amount of adaptive or socialized anxiety that has been implanted in an individual. If an individual's socialized
anxiety becomes strong enough, it will serve as an impetus toward mature, responsible, normal behavior. It is implied that if socialized anxiety is too weak or too strong, the attainment of mature behavior is less likely (Muuss, 1975, p. 140).

The goals of socialization differ from culture to culture and from social class to social class within a culture. Social anxiety becomes attached to various forms of behavior depending upon the expectations, values, and definition of what is normal in a given social class. As an example, the case is given that the middle class child acquires moral values, needs, and social goals different from those of the lower or upper class child. Furthermore, since the middle class is more concerned with normality, success, morality, and status, the amount of socially instilled anxiety is greater than in the other classes.

It is the characteristic of middle-class youth that his social anxiety increases with the onset of adolescence, since he faces new developmental and behavioral tasks, such as preparation for work and heterosexual adjustment. Furthermore, since the middle class is more concerned with normality, success, morality, and status, the amount of socially instilled anxiety is greater than in the other classes. It is characteristic of middle-class youth that his social anxiety increases with the onset of adolescence, since he faces new developmental and behavioral tasks, such as preparation for work and heterosexual adjustment. Furthermore, as he becomes increasingly aware of his own social needs - having prestige, friends, being accepted by the peer group, relating to the opposite sex - he becomes more sensitive to social cues and social pressures. Since he depends greatly upon social acceptance, prestige, and status, his social anxiety increases. This produces an increased striving for socially desirable goals. "Adolescents with a strongly developed social anxiety, therefore, usually strive for the approved social goals most eagerly and learn most successfully" (Davis, 1944, p. 208, as cited in Muuss, 1975, p. 140).

Robert Havighurst's Developmental Tasks of Adolescence

According to Robert Havighurst, developmental tasks are defined as skills, knowledge, functions, and attitudes an individual has to acquire at a certain point in his or her life; they are acquired through physical maturation, social expectations, and personal efforts. Successful mastery of these tasks will result in adjustment and will prepare the
individual for the harder tasks ahead. Failure in a given developmental task will result in a lack of adjustment, increased anxiety, social disapproval, and the inability to handle the more difficulty tasks to come (Muuss, 1975, p. 141).

Each task is the prerequisite for the next one. For some of these tasks, there is a biological basis and consequently, there is a definite time limit within which a specific task must be accomplished. The inability to master a task within its time limit may make later learning of that task more difficult, if not impossible. Therefore, Havighurst believes there is a "teachable moment" for many developmental tasks. Through its socializing agents and method of reinforcement and punishment, society attempts to help the individual learn those developmental tasks at their proper age levels (Muuss, 1975, p.142).

The developmental tasks for adolescence (from about 12 to 18 years) are:

- Accepting one's physique and accepting a masculine or feminine role.
- New relations with age-mates of both sexes.
- Emotional independence of parents and other adults.
- Achieving assurance of economic independence.
- Selecting and preparing for an occupation.
- Developing intellectual skills and concepts necessary for civic competence.
- Desiring and achieving socially responsible behavior.
- Preparing for marriage and family life.
- Building conscious values in harmony with an adequate scientific world-picture.

(Havighurst, 1951, pp.30-55, as cited in Muuss, 1975, p.142)

There seems to be little disagreement on the fact that adolescence is a transition period between childhood and adulthood. Two theorists, however, Bandura (1964) and Hollingsworth (1928) believed that human development is a continuous process not divided into stages. They believed that if adolescence has become a transition period for some individuals in our society, social conditions are responsible, not some intrinsic aspect of human development. Lewin describes the adolescent as the marginal man and...
some other theorists seems to support his view. Coleman (1961), in his book, "The Adolescent Society", speaks of a teen-ager subculture, the adolescent society, which includes a large segment of the population for a fairly long period of time. The transitional period is more noticeable if the child and adult groups are well defined, as they are in America today. This transition requires a re-evaluation of one's relationship to the external world, to the social world, and to one's own internal, psychic world. (Muuss, 1975). It is observed that theorists such as Sherif (1947), Erikson (1959), and Friedenberg (1959), consider adolescence as the crucial period for the formation of the mature ego. Mead's research seems to support this idea as she states: "In most societies adolescence is a period of reexamination, and possible reorientation" (Mead, 1949, p.361, as cited in Muuss, 1975, p.267).

Piaget (1947) sees adolescence as a "decisive turning point...at which the individual rejects, or at least revises his estimate of everything that has been inculcated in him, and acquires a personal point of view and a personal place in life." There also is agreement by theorists that, during adolescence, the time perspective expands, and past and future assume greater importance and become clearly differentiated. Piaget says that the adolescent can build theories and reflect beyond the present and, according to Muuss (1975, p.267), this corresponds to a more definite planning of vocational activities, preparation for marriage, and the establishment of more specific and lasting life goals, including the need for achieving emotional and economic independence. During adolescence, the unreality or fantasy level decreases in importance and is more clearly distinguished from reality. Childlike play also decreases as obligations, responsibility, and social expectations increase (Muuss, 1975, p.267).

According to Muuss (1975), most theories postulate an important transitional phase of early adolescence between ten and fourteen years for girls and eleven and fifteen or sixteen for boys. What theorists no longer agree on is that there is a universal period of storm and stress. There is new evidence that adolescence is not typically a time of storm and stress but that experience a relatively stress-free period (Bandura, 1964; Offer, 1969).
Cultural Anthropology and Adolescence: Margaret Mead

There are several studies by cultural anthropologists that shed light on adolescent development. The contributions of one great anthropologist, Margaret Mead, gave us much insight into perspectives on adolescent development in a cultural context. Mead wrote 2 books that relevant to a discussion of adolescence: Coming of Age in Samoa (1950) and Growing Up in New Guinea (1953). The first book is devoted entirely to the adolescent period.

Coming of Age in Samoa is an empirical field study; it uses anthropological methodology, but does not contain an explicitly stated theory of adolescent development. But, Ruth Benedict in "Continuities and Discontinuities in Cultural Conditioning" (1954), provides an explicit theory of development from a cultural anthropological point of view which she relates directly to Mead's study of adolescence in Samoa. It is from these theoretical writings that a systematic statement about the importance of cultural factors in the developmental process was summated. "Cultural relativism" - a term more appropriate to the earlier than later writings of Mead - contributes new and important ideas to the understanding of the phenomenon of adolescence. It emphasizes the importance of social institutions and cultural factors in human development and describes the rituals of pubescence as well as adolescent experiences in primitive societies.

In the past, there was a period which both Erikson and Mead called a "psychological moratorium," an "as if" period during which youth could tentatively experiment without being asked to show "success" and without final emotional, economic, or social consequences. The loss of such a period of uncommitted experimentation, during which youth can find itself makes it difficult to establish ego-identity. As a substitute, for psychological identity, youth utilizes peer group symbols to establish a semi-identity of deprived and/or semi criminal groups. According to Mead, even education has become functional and "success" oriented. Consequently, the goals and values of adolescents are directed toward success, security, immediate gratification of desires, conformity, and social acceptance with little room for experimentation, idealism, utopianism, and personal martyrdom. Mead states that "failure to adopt our
educational and social system...may be held responsible for some of the sense of self-alienation, search for negative identities, and so forth, characteristic of this present group of young people" (Mead, 1961, p.49, as cited in Muuss, 1975, p.111).

Mead does advocate greater freedom for the adolescent and less conformity to family, peer and community expectations to allow the adolescent to realize his creative potential. She states, "We can attempt to alter out whole culture, and especially our child-rearing patterns, so as to incorporate within them a greater freedom for and expectation of variations" (Mead, 1951, p.185 as cited in Muuss, 1975, p.112). Mead also criticizes the American family for its too intimate organization and its crippling effect on the emotional life of the growing youth. She believes that too strong family ties handicap the individual in his ability to live his own life and make his own choices. She suggests that "it would be desirable to mitigate, at least in some slight measure, the strong role which parents play in children's lives, and so eliminate one of the most powerful accidental factors in the choices of any individual life" (Mead, 1950, p.141 as cited in Muuss, 1975, p.112) and, Muuss (1975) points out that even though Mead objects to the pattern of the American family that produces conformity and dependency in its children, she considers the family a tough institution and demonstrates that it is nearly universal. Mead knows of no better way to produce wholesome individuals than through a tolerant family system in which "father says 'yes' and mother says 'no' about the same thing" (Mead, 1947, p.330 as cited in Muuss, 1975, p.112), and in which the adolescent can disagree with his parents without a resulting loss of love, self-respect, or increase of emotional tensions.

Ruth Benedict's theory of continuities and discontinuities in cultural conditioning has important educational implications according to Muuss (1975). Our educational practices at home as well as in school should emphasize continuity in the learning process so that the child becomes conditioned to the same set of values and behavior in childhood that will be expected from him in adulthood. The child should be taught nothing that he will have to unlearn in order to become a mature adult. Changes in behavior, often constituting a discontinuity, are expected as the individual moves from elementary to high school, from college into the labor market, and from denial of sexuality before to sexual responsiveness following the wedding.
Adolescence and Mental Health

Being a teenager is hard. Teenager would be under stress to be liked, do well in school, get along with family, and make big decisions. Most of these pressures, and worrying about them is normal. But feeling very sad, hopeless or worthless could be warning signs of a mental health problem. Mental health problems are real, painful, and sometimes severe.

- Often feel very angry or very worried
- Feel grief for a long time after a loss or death
- Think your mind is controlled or out of control
- Use alcohol or drugs
- Exercise, diet and/or binge-eat obsessively
- Hurt other people or destroy property
- Do reckless things that could harm you or others

Mental health problems can be treated. Help can be done by parents, school counselors, or health care providers.

Adolescent Mental Health Issues

Many mental health problems emerge in late childhood and early adolescence. Recent studies have identified mental health problems - in particular depression, as the largest cause of the burden of disease among young people.

Poor mental health can have import effect on the wider health and development of adolescents and is association with several health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout and delinquent behaviours. There is growing consensus that healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems.

Teenage is an important period which is inevitable in the life of every individual. If Mental Health Issues exist among Adolescents and they are not given much attention
and hence untreated they become worse in future, some problems can be turned into life long risks as well as other issues could get converted to age specific risks.

Over the course of life, if a person experience mental health problems, then his thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

Doctors have pondered the connection between our mental and physical health for centuries. Until the 1800s, most believed that emotions were linked to disease and advised patients to visit spas or seaside resorts when they were ill. Gradually emotions lost favor as other causes of illness, such as bacteria or toxins, emerged, and new treatments such as antibiotics cured illness after illness.

More recently, scientists have speculated that even behavioral disorders, such as autism, have a biological basis. At the same time, they have been rediscovering the links between stress and health. Today, we accept that there is a powerful mind-body connection through which emotional, mental, social, spiritual, and behavioral factors can directly affect our health.

Mind-body medicine focuses on treatments that may promote health, including relaxation, hypnosis, visual imagery, meditation, yoga, and bio-feedback.

Over the past 20 years, as per WHO 2014 reports mind-body medicine has provided evidence that psychological factors can play a major role in such illnesses as heart disease, and that mind-body techniques can aid in their treatment. Clinical trials have indicated mind-body therapies to be helpful in managing arthritis and other chronic pain conditions. There is also evidence that one can help to improve psychological functioning and quality of life, and may help to ease symptoms of disease.
Good mental health is a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment. When we are mentally healthy we can:

- form positive relationships
- use our abilities to reach our potential
- deal with life’s challenges

A few tips for positive mental health are:

- talk about or express your feelings
- exercise regularly
- eat healthy meals
- get enough sleep
- spend time with friends and loved ones
- develop new skills
- relax and enjoy your hobbies
- set realistic goals
- talk to your health professional
Figure 1

Figure on Aspects Affecting the Mental Health of Children and Adolescents
Need of the Study

Mental health problems in young people can lead to tragic consequences, including suicide, substance abuse, inability to live independently, involvement with the correctional system, failure to complete high school, lack of vocational success, and health problems.

There is a lack of mental health services for children and adolescents. Families that are poor, are people of color, or have children with other disabilities or health concerns have an especially difficult time getting services that would identify, prevent or treat mental health problems. Children and adolescents with mental health problems are usually involved with more than one agency or service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health. However, no agency or system usually takes responsibility for coordinating their care or prevents them from falling through the cracks and not getting needed services.

As adolescents are assets of every country, mental health problems of adolescents can make adverse and drastic damage for the development of every country. Mental health issues affect children, adolescents, and their families as well as schools, communities, employers, and the nation as a whole. The present study is meant to analyse the different aspects and the relation of personality traits and home environment in the mental health of adolescent girls. The results of the present study could be used to adopt ways to increase mental health of adolescent girls and to find out the problems from family and other home environment which affects the mental of girls.

Conclusion

Peace of mind is a natural condition, and is available to everyone, when one’s mindset become free of depression, anxiety, excessive stress and worry, addictions, and other psychological problems and will be more able to live life to the fullest. Mental health strengthens and supports individual’s ability to have healthy relationships and to make good life choices, to maintain physical health and well-being and also to handle the natural ups and downs of life.