CHAPTER ONE
INTRODUCTION
The mental health problem of students in higher education is a widely discussed topic in recent times. The counseling services and pastoral staff in college and university who toil to assist students in difficulty, and the staff of student health services have presented an authentic evidence of an apparent increase in mental health problems among the students on the basis of the data taken from the students and from the academic staff who teach them.

In the past few years, the problems of mental health among the students have attracted media attention. Some reporting about the description of suicide of students in highly emotive and critical terms has been irresponsibly sensationalized, but most of the media reports about the problems of mental health have been sensitive and balanced. These reports help students to acknowledge the problems among them such as depression and eating disorder.

Higher education plays important role to cope up with psychiatric problems, and to help students in developing their personal, social and intellectual potential, and thereby to make a productive contribution to society but in this case a caution is needed, otherwise it may create distress and develop illness, higher education demands on the individual.

Therefore, the pre-existing emotional and psychiatric problems in some students become prominent in higher education, and they can influence others. Study asserts that the financial restraints, growing competitiveness and excessive will to succeed and material security exacerbate the condition of psychiatric problems among the students in college and university in recent years. The weak or susceptible students who need counseling to succeed fail to get it because of the in commensurate ratio between students and academic staff, trends towards modular courses and the demand on academic staff for research and publications. The ratio between staff numbers in
counseling services and student numbers is most disproportionate. With few exceptions
with most of the universities fail to organize effective mental health needs of students.
Some students with pre-existing psychiatric disorders hide their illness for fear of
prejudicing their chances of getting selection for higher education, and when it is
disclosed to the authority of the institute or at the time of application or entry, it is that
institute that prefers to enshroud from the local General Practitioners (GP). Later the
matter becomes out of control, the students having psychiatric disorders might be sent
home for treatment, but it is not effective with the time scale of the academic calendar.

The lack of working relationship between college or student counseling service
and local mental health services might hamper the access of secondary mental health
services. The inability to perceive the psychiatric disorder of the students, the relatively
slow response of mental health services and untimely appointment of the students with
the local mental health services are some difficulties which students face often. To cope
up with the long waiting periods for access to specialized National Health Service
(NHS) psychological treatment services, the university and college counseling services
arrange to train a number of staff to provide with specialized psychological therapies.
But in reality, have adequate infrastructure to offer specialized treatments to all
students who need them. We must not lose sight, however, of the value of higher
education for positive mental health, or of the excellent work undertaken by many
universities in enabling vulnerable students to benefit from higher education. Learning
in a constructive and stimulating environment can enhance self-confidence and a sense
of achievement, particularly if it leads to tangible rewards such as fulfilling
employment. Higher education may also promote socialization, independence and self-
reliance. For many students, college life affords their first opportunities for selective
relationships. Although a potential source of anxiety, the exploration of sexuality and
Intimacy is important in defining the transition from adolescence to adulthood. Challenges are addressed and resolved. Identities are formed. These positive aspects of student experience are powerful factors in promoting the self-esteem, resilience and sound mental health that protects against psychiatric disorder, even in the face of later adversity.

It is recognized that mental health disorders affect different individuals regardless of culture, social status, sex and age. Generally, several mental health disorders can be traced back during the developmental stages at infancy, childhood and adolescent years (Pilowsky, Keyes, & Hasin, 2009). Like other individuals with mental disorders, mentally ill young people are also severely affected by discrimination in the community from the social stigma associated with mental illness, particularly amongst their peers (Moses, 2009).

Suicide is the second leading cause of death among 15-24 year olds where 14% of females and 10% of males have suicidal thoughts (Australian Bureau of Statistics, 2008). Furthermore, for every completed male suicide there are five attempts and for every completed female suicide, there are 35 attempts (Australian Bureau of Statistics, 2008). Depression and having suicidal thoughts has become so severe that it is one of the major concerns by mental health professionals and the whole community.

Young people who suffer from mental illness struggle to feel ‘belonged’ because the majority of them are ignored and/or discriminated against in the community (Hawkins, 2009; Norman, et al., 2008) where they should get support and equal rights. Hence, the understanding of the underlying mechanisms behind each mental disorder is essential to change and eradicate the social stigma and negative beliefs towards young people with mental disorders. Furthermore, understanding a disorder helps increase awareness, knowledge and empathy in the community. This in
turn could help the young mental health sufferers to live a quality and healthy lifestyle and prevent them from risk-taking behaviours or developing severe mental illness in the future.

A Youth Beyond Blue (2009) survey revealed that 38% of young people with depression prefer to manage their own depression while 17% said that nothing can help them therefore they do not seek for help. Knowing that the majority of the cause behind the increase in young people in depression comes from the lack of social support, the mental health professionals do encourage the family, friends and the community to provide quality social support to young people affected by depression (Burns, Andrews & Szabo, 2002; Cheng & Chan, 2007; Kelly & Jorm, 2007).

Personality characteristics only come in focus as reflecting innate productive characteristics, but do not have a role in predictive models. In the screening hypothesis on the other hand (Thurow, 1975). The personality characteristics are mainly defined in terms of the so called Big Five personality constructs. Factor analytic research revealed that these constructs (agreeableness, conscientiousness, emotional stability, extraversion and openness to experience) cover the broad domain of personality to a large extent (Barrick & Mount, 1991). Furham and Cheng (1999) stated that in Britain, Hong Kong and Japan, personality traits were associated with mental health. Mellor, Stokes, Firth, Hayashi and Cummins (2008) further indicated that loneliness was associated with mental health. Therefore, there are actually several personality factors that could influence mental health.

Goodwin and Friedman (2006) found that personality traits were associated with mental health. The researchers revealed that a higher level in conscientiousness would significantly decrease the probability of mental disorders as well as extraversion and agreeableness. Nonetheless, a higher level in neuroticism was found to
significantly contribute to mental disorders. In this study, the respondents were young adults in United States.

Some limited aspects of the all pervasive phenomenon of satisfaction in psychological literature may be found in such concept of homeostasis. Cognitive dissonance and so forth, but none of these is adequate to explain psychological situation contained in life satisfaction. Cantrill’s (1965) is perhaps is the most acceptable conceptualization, close to what satisfaction consist in. For him, it is a typical human-like to be capable of experiencing satisfaction coated with life of values. This enables him to explore experiment and extend the range of his behavior to expand and elevate his value satisfaction along with ensuring the recurrence of satisfaction state. Polyani’s (1959) observations on the subject seem to be quite relevant. Here as he speaks of “desire for tension” the craving for mental dissatisfaction and the essential restlessness are the byproducts of the inbuilt desire of human being to enrich the possibilities of satisfaction in life and giving vent to man’s innovative and creative potential.

General expectancy for success is the belief that one is able to obtain desired goals, with ability to solve problem, plan for long range career goals, and have an overall sense of general worth. This internal control for success (or internality) is the degree to which the individual sees their success or failure attributed to their own efforts and not external factors (Banks, 1984; Fibel & Hale, 1978). Attachment theorists assert that secure attachment relationships permit a maturing individual to develop self-efficacy, self-confidence and a strong sense of self when compared with maturing individuals who had insecure attachment relationships (Strage, 1998).

Maturing individuals with an internal focus are more likely to be success-oriented than individuals who are externally focused (Sheldon, et al., 2001; Banks, 1994). Researchers also purport that individuals who are internally focused are more
likely to have received higher grades in elementary school, and able to delay gratification at an early age (Bolognini, et al., 1996; Sheldon, et al., 2001). However, according to Banks (1984), persons tend to attribute their success and failures more to external factors and exhibit lower expectancy for success. Lower expectancy for success is associated with academic under-achievement (Banks, 1984; Ford, 1996). Maturing individuals, who feel they have less control over their achievement, attribute this inability to succeed to social injustices and other barriers to social mobility and academic success (Ford, 1996; Sheldon, et al., 2001). In contrast, high achieving and successful individuals who perceive themselves as being in command of their academic and social destiny will hold high aspirations and expectations for their success (Ford, 1996).

1-1- Statement of the problem

Mental ill health is on the rise in many countries in recent years, significantly so among our youth population. Among reasons offered to explain this are the changing circumstances, pressures and experiences young people undergo today. A report by the Association for University and College Counselling (AUCC, 1999), entitled Degrees of Disturbance: The New Agenda has been particularly influential in drawing attention to an apparent increase in levels of psychological disorder among higher education students. At now, there is a huge of evidence that suggests mental health problems are numerous and increasing among students in higher education which the majority of young adults attend (Gately, 2005; U.S. Department of Education, 2005). In a 2005 national survey of college counseling center directors, 86 percent reported an increase in severe psychological problems among students (Gallagher, 2005).

Mental health problems are an enormous burden on both society and individuals, with one in five Australian adults experiencing a mental disorder in a one-
year period, and 45 percent experiencing a mental disorder during their lifetime (Australian Bureau of Statistics [ABS], 2008). College students from the cream of student population, Studies have shown that about 50% students in India suffer from health problems. 15% of the students suffer from mental disorders like depression, anxiety, hysteria, somatoform disorders, adjustment reactions, and alcohol and drug abuse. In addition, many more students may have emotional problems related to their family and college life (Chandrashekar et al., 2007).

1-2- Significance of the Study

In the extensive literature on mental health, little has been written about the relationship between mental health, personality characteristics, life satisfaction and achievement expectancies. The importance of this study lies in its potential to add a key component to the past research on mental health and in particularly positive psychology. Insight gained from the proposed study will guide future research strategies.

Although many theoretical views have emphasized on mental health in adolescence and youth, sociologists and anthropologists in their researches on different societies, have found that the period of adolescence and youth depends on social-cultural conditions. Turner and Helms (1990) found out that adolescence and youth periods are stress less and conflict less. Some of psychologists and psychiatrists also found out that conflicts exist in adolescence and youth, while some of them believe that it is an exaggeration and there is no mental disorders in these times (Powers, Hauser & Kilner 1989). Psychologists such as powers 1989 have referred to current views about adolescence and youth. They have assisted these views should not depend on theories, but on experimental methods and adolescence and youth adjustment. According to these above mentioned theories, we almost find out that adolescence and youth is in the
middle psychology of way to present effective concepts and new definitions regarding to adolescence and youth mental health (Powers, Hauser & Kilner, 1989).

1-3- Purpose of the study

The purpose of this research is to examine the impact of personality characteristics, life satisfaction and achievement expectancies on mental health. The demographic variables such as residence (rural-urban), gender (male-female) and course (professional-nonprofessional) are some of the determining variables that makes complex outcome of researches and they might have effect on mental health.

1. To study the relationship between the dependent variable (mental health), and independent variable (personality characteristics, life satisfaction and achievement expectancies), and to find out the prediction equation among students (professional and non-professional).

2. To study the differences of dependent variable (mental health) and independent variables (personality characteristics, life satisfaction and achievement expectancies) in terms of demographic variables (gender, course and residence).

1-4- Research problem and questions

This study investigates mental health among students as related to personality characteristics, life satisfaction and achievement expectancies. The present research is designed to search possible responses to these questions as given below:

1. What is the equation of regression of mental health from personality characteristics, life satisfaction and achievement expectancies?

2. Is there significant correlation between mental health and personality characteristics and its sub scales?

3. Is there significant correlation between mental health and life satisfaction?
4. Is there significant correlation between mental health and achievement expectancies?

5. Is there significant difference between the mean scores of students’ mental health with consideration of residence?

6. Is there significant difference between the mean scores of students’ mental health with consideration of gender?

7. Is there significant difference between the mean scores of students’ mental health with consideration of course?

8. Is there significant difference between the mean scores of students’ personality characteristics with consideration of residence?

9. Is there significant difference between the mean scores of students’ personality characteristics with consideration of gender?

10. Is there significant difference between the mean scores of students’ personality characteristics with consideration of course?

11. Is there significant difference between the mean scores of students’ life satisfaction with consideration of residence?

12. Is there significant difference between the mean scores of students’ life satisfaction with consideration of gender?

13. Is there significant difference between the mean scores of students’ life satisfaction with consideration of course?

14. Is there significant difference between the mean scores of students’ achievement expectancies with consideration of residence?

15. Is there significant difference between the mean scores of students’ achievement expectancies with consideration of gender?
16. Is there significant difference between the mean scores of students’ achievement expectancies with consideration of course?

17. Is there significant difference between the mean scores of professional students’ mental health with consideration of residence?

18. Is there significant difference between the mean scores of professional students’ mental health with consideration of gender?

19. Is there significant difference between the mean scores of professional students’ personality characteristics with consideration of residence?

20. Is there significant difference between the mean scores of professional students’ personality characteristics with consideration of gender?

21. Is there significant difference between the mean scores of professional students’ life satisfaction with consideration of residence?

22. Is there significant difference between the mean scores of professional students’ life satisfaction with consideration of gender?

23. Is there significant difference between the mean scores of professional students’ achievement expectancies with consideration of residence?

24. Is there significant difference between the mean scores of professional students’ achievement expectancies with consideration of gender?

25. Is there significant difference between the mean scores of non-professional students’ mental health with consideration of residence?

26. Is there significant difference between the mean scores of non-professional students’ mental health with consideration of gender?

27. Is there significant difference between the mean scores of non-professional students’ personality characteristics with consideration of residence?
28. Is there significant difference between the mean scores of non-professional students’ personality characteristics with consideration of gender?

29. Is there significant difference between the mean scores of non-professional students’ life satisfaction with consideration of residence?

30. Is there significant difference between the mean scores of non-professional students’ life satisfaction with consideration of gender?

31. Is there significant difference between the mean scores of non-professional students’ achievement expectancies with consideration of residence?

32. Is there significant difference between the mean scores of non-professional students’ achievement expectancies with consideration of gender?

1-5- Hypothesis

The present study was planned to ascertain the relationship of mental health with personality characteristics, life satisfaction and achievement expectancy among students. To verify the objective and purpose of present research certain null hypothesis were formulated. These are as follows:

\( H_01 \) : There would not be significant correlation between mental health and personality characteristics and its sub scales.

\( H_02 \) : There would not be significant correlation between mental health and life satisfaction.

\( H_03 \) : There would not be significant correlation between mental health and achievement expectancy.

\( H_04 \) : There would not be significant difference between the mean scores of students’ mental health with consideration of residence.

\( H_05 \) : There would not be significant difference between the mean scores of students’ mental health with consideration of gender.
$H_{06}$: There would not be significant difference between the mean scores of students’ mental health with consideration of course.

$H_{07}$: There would not be significant difference between the mean scores of students’ personality characteristics with consideration of residence.

$H_{08}$: There would not be significant difference between the mean scores of students’ personality characteristics with consideration of gender.

$H_{09}$: There would not be significant difference between the mean scores of students’ personality characteristics with consideration of course.

$H_{010}$: There would not be significant difference between the mean scores of students’ life satisfaction with consideration of residence.

$H_{011}$: There would not be significant difference between the mean scores of students’ life satisfaction with consideration of gender.

$H_{012}$: There would not be significant difference between the mean scores of students’ life satisfaction with consideration of course.

$H_{013}$: There would not be significant difference between the mean scores of students’ achievement expectancies with consideration of residence.

$H_{014}$: There would not be significant difference between the mean scores of students’ achievement expectancies with consideration of gender.

$H_{015}$: There would not be significant difference between the mean scores of students’ achievement expectancies with consideration of course.

$H_{016}$: There would not be significant difference between the mean scores of professional students’ mental health with consideration of gender.

$H_{017}$: There would not be significant difference between the mean scores of professional students’ mental health with consideration of residence.
H_{018} : There would not be significant difference between the mean scores of professional students’ personality characteristics with consideration of gender.

H_{019} : There would not be significant difference between the mean scores of professional students’ personality characteristics with consideration of residence.

H_{020} : There would not be significant difference between the mean scores of professional students’ life satisfaction with consideration of gender.

H_{021} : There would not be significant difference between the mean scores of professional students’ life satisfaction with consideration of residence.

H_{022} : There would not be significant difference between the mean scores of professional students’ achievement expectancies with consideration of gender.

H_{023} : There would not be significant difference between the mean scores of professional students’ achievement expectancies with consideration of residence.

H_{024} : There would not be significant difference between the mean scores of nonprofessional students’ mental health with consideration of gender.

H_{025} : There would not be significant difference between the mean scores of nonprofessional students’ mental health with consideration of residence.

H_{026} : There would not be significant difference between the mean scores of nonprofessional students’ personality characteristics with consideration of gender.
Ho27 : There would not be significant difference between the mean scores of nonprofessional students’ personality characteristics with consideration of residence.

Ho28 : There would not be significant difference between the mean scores of nonprofessional students’ life satisfaction with consideration of gender.

Ho29 : There would not be significant difference between the mean scores of nonprofessional students’ life satisfaction with consideration of residence.

Ho30 : There would not be significant difference between the mean scores of nonprofessional students’ achievement expectancies with consideration of gender.

Ho31 : There would not be significant difference between the mean scores of nonprofessional students’ achievement expectancies with consideration of residence.

1-6- Definitions of variables

1-6-1- Mental Health

Mental health was defined as an individual’s state of well-being, when he or she realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community (World Health Organization, 2003a, 2005). According to the experts of World Health Organization health is a status of wellbeing of body, mind, and society not only for the lack of disease (Boldero & Fallon, 1995). Mental health may be conceptualized in negative or positive terms. A negative conceptualization of mental health is based on the understanding that the absence of symptoms indicates good mental health. A positive mental health concept focuses on the presence of health-promoting factors, such as meaningful work and good relationships. Kaplan and Sadock’s (1993)
definition of mental health states: “a condition of well-being and the feeling in person when can come to terms with society and personal situation and social features are satisfying for him/her”.

1-6-2- Personality Characteristics

Personality is defined as the totality of character attributes and behavioral traits of a person. Personality Analysis is a methodology for categorizing the character and behavior of a person. It is an interaction product, the resultant of heredity and environment. The study of personality is thus a constant intervening of organismic and environmental factors. A personality trait is a consistent and long-lasting tendency in behaviour. There are different personality traits that people normally exhibit. Personality characteristics only come in focus as reflecting innate productive characteristics, but do not have a role in predictive models. The personality characteristics are mainly defined in terms of the so called Big Five personality constructs. Factor analytic research revealed that these constructs (agreeableness, conscientiousness, emotional stability, extraversion and openness to experience) cover the broad domain of personality to a large extent (Barrick & Mount, 1991). According to Averill and More (1993), personality characteristics refer to “traits and abilities assessed without regard to function or inner workings” (p. 618).

1-6-3- Life Satisfaction

Life satisfaction is an overall assessment of feelings and attitudes about one’s life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect, and negative affect (Diener, 1984).

“Satisfaction in the human context is not merely a concept of need fulfillment, it is more complex, evolving a number of explicit and implicit parameters physical, social and psychological- while the important of drive reduction and need fulfillment can
hardly be over emphasized in satisfaction, which are ultimately connected with survival itself. Satisfaction, among human being, is a multiplicative function of numerous factors, the upper most being the felt psychological experience, which is unique with each human being, this idiosyncratic experience of inner well being and tranquility, aspirations, hopes, fears and apprehension.

1-6-4- Achievement Expectancies

General expectancy for success, according to Fibel and Hale (1978), is the belief that one is able to obtain desired goals, with ability to problem solve, plan for long range career goals, and have an overall sense of general worth. This internal control for success (or internality) is the degree to which the individual sees their success or failure attributed to their own efforts and not external factors (Banks, 1984; Fibel & Hale, 1978).

Expectancy for success is the belief that one is able to obtain desired goals, solve problems, and commit to long-term career goals. It reflects people’s optimistic predictions about their personal future. Such optimistic thinking in turn has a favorable impact on their physical and psychological well-being, as it boosts their self-esteem and self-worth (Nevid & Rathus, 2007; Rathus & Nevid, 1995).

1-7- Variables

1-7-1- Predictor Variables

1. Personality characteristics.
2. Life satisfaction.
3. Achievement expectancies

1-7-2- Criterion Variable

4. Mental health

1-7-3- Demographic Variables

5. Gender, residence & Course.