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## “A STUDY OF MENTAL HEALTH AMONG QUALIFIED SERVICE HOLDERS AND NON-QUALIFIED SERVICE HOLDERS”

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### Abstract:

*The present study is an attempt to find out the significant difference between service holders and non-service holder on mental health. For this purpose the sample of 80 service holders and 80 non-service holders from middle socio-economic status was selected. Mental health (C. G. Deshpande) was the tool of study. Besides a PDS was used to get other necessary information about the subjects. The result indicates the significant difference service holders and non-service holders in all dimension of mental health.*

### INTRODUCTION:

The importance of maintaining a good mental health is crucial to living a long and healthy life. Mental health when good can enhance, when poor prevent, someone from living a normal life. According to Richards, Campania, & Muse-Burke (2010) “There is growing evidence that is showing emotional abilities are associated with prosaically behaviors such as stress management and physical health” (2010). It was also concluded in their research that people who lack emotional expression lead to misfit behaviors. These behaviors are a direct reflection of their mental health. Self- destructive acts may take place to suppress emotions. Some of these acts include drugand alcohol abuse, physical fights or vandalism. Also without emotional support, mental health is at risk. According to a study done by Strine, Chapman, Balluz and Mokdad, “Inadequate social and emotional support is a major barrier to health relevant to the practice of psychiatry and medicine, because it is associated with adverse health behaviors, dissatisfaction with life, and disability” (2008, p. 154). By receiving emotional support your health can increase and prevent mental health disorders. Support systems are a valuable asset and those whom do not have social and emotional support are more likely to lead to disorders. This support can lead to “an increase personal competence, perceived control, sense of stability, and recognition of self- worth and can have a positive effect on quality of life” (Strine, Chapman, Balluz & Mokdad, 2008).

### DEFINITION OF A MENTAL HEALTH PROFESSIONAL

Mental health is defined differently in different cultures. Concepts of mental health include well-being, autonomy, competence, and self-actualization. From a cross-cultural perspective, it is nearly impossible to define mental health comprehensively. It is, however, generally agreed that mental health is broader than a lack of mental disorders. There are many types of mental health professionals varying in education, experience, certifications, and specialties. Some of the most widely known mental health professions are listed below.

Cynthia M Stuhlmiller, Barry Tolchard, Lyndall J Thomas, Charlotte F de Crespigny, Ross S Kalucy am, Diane King (2004) . This paper reports on one major finding of an educational initiative aimed at improving the care of persons presenting to emergency departments (EDs) with mental health issues. This goal, to improve care, was based on the premise that enhanced knowledge and skills of ED staff in mental health, including drug and alcohol issues, would result in increased confidence and competence of staff. The outcome of this would be that they could provide more effective and efficient service and thus better facilitate triage of persons with these problems. Objective to increase the confidence of staff in

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working with increasing numbers of mental health presentations in EDs. Methods Pre and post Emergency Mental Health Alcohol and Other Drugs (EMHAD) course questionnaires assessed self-ratings of clinical confidence in working with people with mental health issues. Follow-up interviews assessed if new found confidence in mental health had been integrated into daily ED practice. Results Self ratings of clinical confidence, including knowledge and skills, showed a significant improvement on all questions following the course. Responses to the follow-up interviews suggest that participants in the course had retained and integrated information into practice. This was especially evident in their ability to talk to people about mental health problems and to triage more appropriately. Conclusion Since attending the course staff feels more confident and competent to deal with mental health, including alcohol and other drug presentations, in the emergency department.

S. Saxena, P. Sharan (2008) Mental Health Resources and Services. Global mental health resources are grossly inadequate to meet the burden caused by mental disorders. Project Atlas of the World Health Organization shows that many countries do not provide any policy direction and allocate very little budget for mental health. Globally, two-thirds of psychiatric beds are located in mental hospitals, and community care facilities and treatment for severe mental disorders in primary care are not available in many countries. Inequities in distribution of financial, material and human resources between countries classified by geographical regions and income categories are marked. These data emphasize the urgent need to enhance mental health resources, especially in low- and middle-income countries.

#### **METHODOLOGY:**

Objectives and aim of the study:

The main objective of the present study is to see the mental health among qualified services holders and non-qualified service holders.

#### **Hypothesis:**

There would significant in between qualified service holders and non-qualified service holder's dimension of mental health.

#### **Sample:**

The effective sample consisted of 160 subjects, out of whom 80 subjects were qualified service holders (permanent) and 80 subjects were non-qualified service holders (CHB) of various College of Aurangabad (Maharashtra). The age range of subjects where 18-35 years.

#### **Tools:**

PDS:

Personal data information sheet was used for collecting necessary information about the service holders.

#### **C.G.Deshpande Mental Health test:**

C.G.Deshpande Mental Health test was used for measuring mental health. All the 50 items of the scale are presented in simple and brisk style. Each of the item has two answer (multiple Choice) 'YES' and 'NO' This is well known test having high reliability and validity coefficients.

#### **PROCEDURES OF DATA COLLECTION**

One instrument could be administered individuals as well as a small group. While collecting the data for the study the later approaches was adopted. The subjects were called in a small group of 20 to 25 subjects and there seating arrangements was made in a classroom. Prior to administration of test, through informal talk appropriate rapport form. Following the instructions and procedure suggested by the author of the test. The test was administered and a field copy of test was collected. Following the same procedure, the whole data were collected.

**VARIABLES:**

Independent variable: 1) Services a) Service Holders b) Non-Service Holders  
Dependant variable: 1) Mental Health

**RESULTS AND DISCUSSION :**

Dimension of Mental Health	Non-Service holders (N=80)		Service holders (N=80)		t- ratio	df	p
	Mean	SD	Mean	SD			
Social Activity	2.03	1.95	4.73	2.08	8.44	158	< .01
Under Emotionality	4.61	1.82	2.91	1.92	5.7	158	< .01
Confidence & Insight	2.21	2.12	4.88	2.79	6.6	158	< .01
Over Emotionality	4.71	2.79	2.01	2.41	6.92	158	< .01
Personal Rigidity	4.77	2.32	2.29	1.80	7.52	158	< .01
Tension Relievers	2.42	1.73	4.91	2.38	7.55	158	< .01
Social Skills	3.07	1.81	4.80	1.98	5.77	158	< .01
Self – Awareness	3.01	1.75	4.92	1.89	6.82	158	< .01
Body habits	4.31	3.49	8.11	4.63	5.85	158	< .01
Total Mental Health	28.67	19.26	42.04	22.4	4.05	158	< .01

The results related to the hypothesis have been recorded. Mean of Total Mental Health score of the service holders Mean is 28.67 and that of the non-service holders Mean is 42.04 The difference between the two mean is highly significant ( $t=4.05$ ,  $df=158$ ,  $P < 0.01$ ) and each and every dimension of mental health is significant of 0.01 level, It is clear that service holders and non-service holders Differ Significantly From each other from the mean scores and graph it was found that the service holders have significantly high mental health than the non-service holders. This Result Support the Hypothesis.

**RESULTS:**

Qualified service holders have significantly high mental health than the non-qualified service holders.

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