DECISION MAKING IN RELATION TO MENTAL HEALTH OF ADOLESCENTS

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ABSTRACT

The present study focuses on the relationship between decision making and mental health of adolescents. Pearson product moment correlation and t-test show that decision making of adolescents is significantly and positively correlated to their mental health and its dimensions. The adolescents having good mental health, positive self evaluations, perceptions of reality, autonomy of work and environmental mastery, make sound and rational decisions in their everyday life. Further, the results show that adolescent boys possess better mental health in comparison to girls, but this gender difference was not found to be significant for decision making. Additionally, adolescents from private and government schools differ in decision making ability and mental health. The results show that adolescents studying in private school posses better mental health and good decision making ability in comparison to adolescents from government schools.

Keywords: Adolescents, Decision Making and Mental Health

INTRODUCTION

Decision making is a cognitive ability to choose from various options. It is not a mere random choice-making but depends on an individual's ability to think, respond, react needs, knowledge, experiences, values and beliefs. It is a continuous interaction with the environment to achieve the desired goals. Decision making according to Minecemoyer and Perkins (2003), is a continuous process of recognizing and picking a choice among possible options and then assessing the outcomes of that choice.

World Health Organisation (WHO) defines mental health as a state of mind in which an individual is completely free from all sort of physical, intellectual and social disturbances. He/she is in a position of well-being. It doesn't mean nonexistence of diseases or weakness, also one's capacity to make adequate and proper adjustments and enables him/her to face the challenges and solve problems efficiently.

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Jagdish and Srivastava (1996) dentified six dimensions of mental health which are,
(a) positive self valuation (PSE), is self-appraisal that increases self confidence, and helps to understand own abilities and capacities; (b)perception of reality (PR), it is an ability to accept the actuality of life. a person is free from excessive fantasies and is ready to face the challenges of life; (c) integration of personality (IP) is the equilibrium of all psychological forces acting on a person; (d) autonomy (AUTNY): it is an ability to do one's works independently without influences of others; (e) group oriented attitude (GOA) is the ability to work in a group along with others, ability to adjust and do innovative creations; and (f) environmental mastery (EM) as one's ability to understand the surroundings and make an adjustment and compete with the changing needs of the environment.

According to Parto (2011), mental health, self efficacy and problem solving abilities of adolescents are significantly and positively correlated to each other. Good mental health enables a person to think clearly and self efficacy reduces their sense of loneliness, shame and low self-worthiness. It enhances the problem solving abilities of adolescents. Decision making is very closely linked to the problem solving ability because, whenever a person makes a decision, the decision is focused on solving some problem and run life smoothly.

Sankar, Wani and Indumathi (2017) defines mental health as a state in which people realizes their potentialities, can deal with general stresses. Work constructively, fruitfully and can contribute to society.

According to Singh and Verma (2018) mental health is a state of physical and psychological well being. It develops the understanding and assessment of the self, good interpersonal relations, higher physical well being and free from anxiety.

OBJECTIVES

1) To study the relationship between decision making ability and mental health of adolescents.
2) To compare decision making ability and mental health of adolescent girls and boys.
3) To compare decision making ability and mental health of adolescents studying in private and government schools.

HYPOTHESES

1) There exists no significant relationship between decision making ability and mental health of adolescents.

2) a) There exists no significant difference between decision making ability of adolescent girls and boys.

b) There exists no significant difference between mental health of adolescent girls and boys.

3) a) There exists no significant difference between decision making ability of adolescents studying in private and government schools.

b) There exists no significant difference between mental health of adolescents studying in private and government schools.

SAMPLE

A sample of 150 adolescents (75 male and 75 female) studying in class XIth in Private and government schools of Chandigarh, were randomly selected.

TOOLS

a) Making Decisions in Everyday Life by Mincemoyer, Perkins and Munyua (2001).

b) Mental Health Inventory (MHI) by Jagdish and Srivastava (1996).

RESULTS AND DISCUSSION

The values of coefficient of correlation obtained between the two variables are shown in table 1 and t-values are shown in table 2, followed by the interpretation and discussion of the results.

Table 1: Coefficient of correlation of decision making with mental health and its dimensions

Sr. No.	Variables	Coeff. of correlation
1.	**Decision making and total mental health**	**0.351****
2.	Decision making and positive self evaluation	0.167*
3.	Decision making and perception of reality	0.179*
4.	Decision making and integration of personality	0.105
5.	Decision making and autonomy	0.217**
6.	Decision making and group oriented attitude	0.099
7.	Decision making and environmental mastery	0.218**

* table value at 0.05 level of significance is 0.159,

** table value at 0.01 level of significance is 0.208.

Table 2: t-values for decision making and mental health.

Sr.No.	Variable	Gender	N	Mean	t-value	Remarks
1.	Decision Making	Girls	75	56.03	1.12	Not significant
		Boys	75	57.10		
2.	Mental Health	Girls	75	172.52	2.23*	Significant
		Boys	75	174.64		
3.	Decision making	Private	71	57.15	2.08*	Significant
		Government	79	55.39		
4.	Mental Health	Private	71	175.08	2.62**	Significant
		Government	79	172.17		

* table value at 0.05 level of significance is 1.97,

**table value at 0.01 level of significance is 2.60.

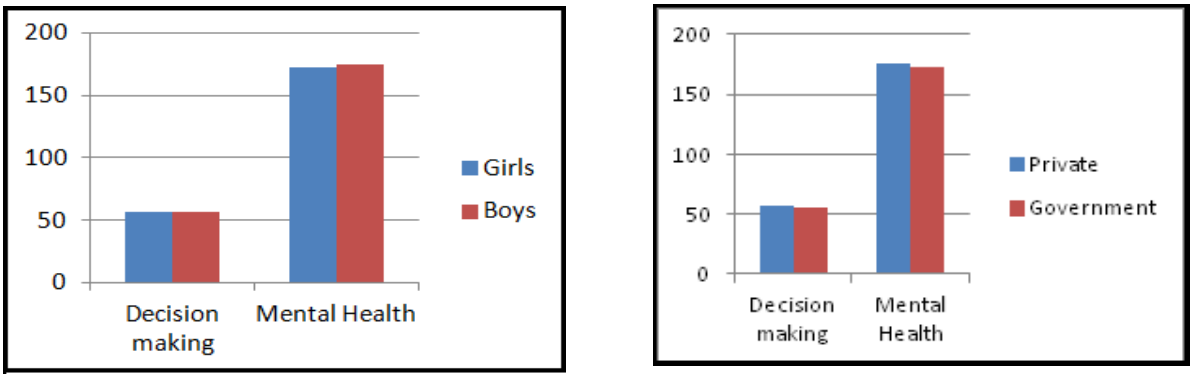

Fig 1: Graph showing the comparison of the mean scores of decision making and mental health on the basis of gender and type of institution.

Interpretation and Discussion of results:

The results obtained in table 1, 2 and 3; and figure 1 are discussed as under:

Testing hypothesis 1: (a) The coefficient of correlation between decision making and mental health was found to be significant at the 0.01 level. It signifies that the adolescents having a positive state of mind and free from all sort of intellectual, physical and emotive disturbances make sound decisions in their everyday life. The coefficient of correlation between decision making and positive self evaluation, i.e. the first dimension of mental health was found to be significant at the 0.05 level. It is explicit that the adolescents possessing positive self evaluations, i.e. have self confidence, self worth, and self

acceptance make more rational decisions in their lives. (b) The coefficient of correlation between decision making and perception of reality, the second dimension of mental health was found to be significant at the 0.05 level. Hence, adolescents free from fantasies and having practical thinking possess good decision making abilities. (c) The coefficient of correlation between decision making and integration of personality, the third dimension of mental health was also not found to be significant. No significant influence of integration of personality was seen on the decision making ability of adolescents. (d) The coefficient of correlation between decision making and autonomy, the fourth dimension of mental health was found to be significant at the 0.01 level. It shows that adolescents having a stable internal standard and independent thinking make good decisions at their own, without any influence of others. (e) The coefficient of correlation between decision making and group oriented attitude, the fifth dimension of mental health was not found to be significant. This shows that there is no significant effect of group oriented attitude variable on decision making ability of adolescents. (f) The coefficient of correlation between decision making and environmental mastery, the sixth dimension of mental health was found to be significant at the 0.01 level. It justifies that adolescents having the ability to adjust to the environment and meet the changing needs of society make sound decisions in their everyday life. Therefore, the first hypothesis, "There exists no significant relationship of decision making ability and mental health of adolescents" is not retained for overall mental health, and its dimensions, i.e. positive self evaluation, perception of reality, autonomy and environmental mastery.

Testing hypothesis 2: The t-values of decision making of adolescent girls and boys were not found to be significant at any level, while the t-values of mental health of adolescent girls and boys were found to be significant at 0.05 level. Therefore, the 2(a) hypothesis "There exists no significant difference in decision making ability of adolescent girls and boys" is retained, showing that the decision making of both girls and boys is the same; boys mean score of decision making is more than girls. The second (b) hypothesis "There exists no significant difference in the mental health of adolescent girls and boys" is not retained, showing that the adolescent boys' possess better mental health as compared to girls. The results conform to the results of Damodaran and Paul (2017).

Testing hypothesis 3: The t-values for decision making and mental health of adolescents studying in government and private schools were found to be significant at 0.05 and 0.01

levels of significance, respectively. Therefore the 3 (a) hypothesis, "There exists no significant difference between decision making ability of adolescents studying in government and private schools" and the 3(b) hypothesis, "There exists no significant difference between the mental health of adolescents studying in government and private schools" are not retained, showing that the adolescents studying in private schools possess better mental health and good decision making abilities in comparison to that of the government schools.

CONCLUSION

The study concluded that the decision making ability and mental health of adolescents are significantly and positively related to each other. Further, the adolescents having good mental health, self-confidence, feeling of worthiness, live in reality, do work at their own without any influence of others and have environmental mastery, possess good decision making ability. They often make sound decisions in their everyday life. The study also finds that adolescent boys endure better mental health then adolescent girls. On comparing decision making ability and mental health based on the type of institution, it concludes that the adolescents studying in private schools possess better mental health and possess good decision making abilities in comparison to the students studying in government schools. It can be justified as the students studying in private schools belong to families with sound socioeconomic backgrounds. Their parents are well educated and possess good jobs, they endeavour to fulfil all the requirements of their child, while the adolescents studying in public, i.e. government schools mainly belong to economically weaker sections of the society. Their parents are mostly illiterate and struggle hard for sustenance. They are sometimes unable to meet the basic needs and requirements of their children. All this, may influence mental health and eventually their decision making ability of adolescents.

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