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A STUDY ON THE STATUS OF MENTAL HEALTH AMONG ADULTS

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ABSTRACT: A study on the state of adults' mental health. Using a random sample technique, this study was conducted in the Hassan District of the Holenarsipura Taluk of the Karnataka state. 100 participants participated in the online study, which was done. Tools were converted into Kannada Google forms to aid comprehension. The adult well-being measure developed by Snaith et al. in 1978 was used as part of the study's methodology. The findings showed that the on-going study has yielded some noteworthy findings.Hence, there is a significant positive relationship between socioeconomic status and depressive symptoms such as sadness, worry, and anger that is either directed within or externally. When interns' levels of hopelessness and anxiety rise, so do adults' feelings of both internal and external irritability. Also, people who are less able to access social, financial, and other resources and are more susceptible to pressures. Anxiety and sadness are the two most prevalent mental diseases.

KEYWORDS: Depression, Anxiety, Internal and External irritability.

INTRODUCTION:

The world’s population is ageing rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected

increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders. These disorders in older people account for 17.4% of Years Lived with Disability (YLDs). The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above. Substance abuse problems among older people are often overlooked or misdiagnosed.

Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help.(WHO)

The life experiences and perspectives of young people in the 21 st century differ greatly. About 87 percent of young women and men .living in developing countries face challenges brought about by limited and unequal access to resources, healthcare, education, training, and employment as well as economic, social, and political opportunities. India accounted for a substantial share of world population. by 2010, India. accounted for 17.8% of the world population, recording an increase of 2.7% in its share, sines 1970. this growth is projected to continue and by 2030, Indians would account for 17.97 percent of the global population(T.AshaJyothi et. al 2017) .

the world Organisation (WHO) declares that health is "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity " . However , creating health-oriented rather than illness-oriented services has proved rather more difficult than he clarity of this declaration would suggest . efforts to generate a science of illness have been very successful , with shared taxonomies to identify types of illness , established, and validated interventions to treat and quality standards available to increase efficiency and equity. These successes have not been mirrored by equivalent advances in applying the science of well-being within health services .the typical health worker will know a lot about treating illness, and far less about promoting wellbeingMikeslade (2010) .

The US Institute of medicine (IoM) 2004 report first defined health literacy as: "the degree to which individual have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions this definition was subsequently enriched by the World health Organisation (WHO) in 2007 to the cognitive andsocial skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health , Applying the concept of health literacy to the metal health arena, Jorm et al. Have extended it and coined the term mental health literacy (MHL) with the definitionLawrence T Lam (2014).

Mental illness is common, but many people do not seek professional help for such problem .an improvement in metal health literacy of the public may result in more people belong encouraged to seek professional help and in increased support by family and friends when mental health problems are apparent . the metal health first aid training and research program has developed training courses to improve the metal health literacy of members of the public . adolescence is the peak metal health illness . the youth metal health first aid course is a specialty variant on the standard course and is designed to improve the metal health literacy of adults who assist adolescence Tom Hendriks (2017).

Adult's mental health disorders being by adolescence. This seems a simple enough statement that suggests we cannot understand mental illness affecting adults unless we appreciate what goes on during the preceding period of life .if true , childhood and adolescence, divided by the gateway of puberty causes and mechanisms of adult illness. This would frame attempts at early intervention and both primary and secondary prevention. Following the theme of this supplement , this paper focuses on the continuities between the adolescent and early adult stages of the life course, arguing that these are better seen as a single developmental approach. However , the seeds of

many conditions manifest in this period are sown in even earlier life, such that some reference is also made to childhood for most people with chronic psychotic disorders in a mental health service are middle aged, but our understanding of the onset distribution of these conditions means preventive and early intervention services must target s much earlier age group.

OBJECTIVES:

- To investigate adult well-being, including depression, anxiety, outward-directed irritation, and inward-directed irritability in Holenarsipurataluk adults.
- To be aware of adults' socioeconomic position.
- To understand the relationship between the socioeconomic position of Holenarsipurataluk adults and depression, anxiety, outward directed irritability, and interior directed irritability.

STUDY DESIGN:

During the lockdown, a study was undertaken. This study was carried out in the Karnataka state's HolenarsipuraTaluk, Hassan District. using a technique of random sampling.To accomplish the goals, the correlation design was adopted. This survey was carried out in Karnataka between June and August 18, 2021. The study was conducted online with 100 adults in total. In order to facilitate understanding, tools were translated into Kannada Google forms. The study's methodology made use of the adult well-being measure created by Snaith et al in 1978. Version 25 of IBM SPSS Statistics and Microsoft Excel 2019 were used for all statistical analyses.

Version 25 of IBM SPSS Statistics and Microsoft Excel 2019 were used for all statistical analyses. Calculating the frequency (N) and percentage (%) of demographic data involved doing a descriptive analysis. And to examine the connection between the variables, correlation analysis was used.

TABLES AND RESULTS

TABLE 1 . AGE WISE DEMOGRAPHIC PROFILE OF ADULTS (N=100)

	YOUNG ADULTS (20-40)	MIDDLE ADULTS (40-60)	LATE ADULTS (60+)	TOTAL
AGE	75(75.0)	24(24.0)	1(1.0)	100
GENDER				
FEMALE	53(84.1)	14(20.5)	1(1.4)	68(68.0)
MALE	22(68.7)	10(31.2)	-	32(32.0)
EDUCATION				
NO EDUCATION	18(52.9)	16(47.0)	-	34(34.0)
PRIMARY	1(100)	-	-	1(1.0)
SSLC	11(84.6)	2(15.3)	-	13(13.0)
PUC /DIPLOMA	12(75.0)	4(25.0)	-	16(16.0)
GRADUATION	27(90.0)	2(6.7)	1(3.4)	30(30.0)
POST-GRADUATION	6(100.0)	-	-	6(6.0)
OCCUPATION				
HOUSEWIFE	8(42.1)	10(52.6)	1(5.2)	19(19.0)
FARMER	26(76.4)	8(23.5)	-	34(34.0)
LABOUR	10(71.4)	4(28.5)	-	14(14.0)
GOVT /EMPLOYEE	14(93.4)	1(6.7)	-	15(15.0)
STUDENTS	17(94.5)	1(5.6)	-	18(18.0)
MEDICAL ISSUE				
MEDICAL ISSUE	53(83.4)	12(18.2)	1(1.6)	66(66.0)
NO ISSUE	22(64.7)	12(35.3)	-	34(34.0)
SCOIO-ECONOMIC STATUS				
UPPER CLASS	--	-	-	-
UPPER MIDDLE CLASS	1(50.0)	1(50.0)	0	2(2.0)
MIDDLE CLASS	8(66.7)	3(25.0)	1(8.4)	12(12.0)
LOWER MIDDLE CLASS	53(76.9)	16(23.2)	-	69(69.0)
LOWER CLASS	13(76.5)	4(23.6)	-	17(17.0)

Note; figures in the parentheses indicate frequency and percentile.

Table 1 shows the age-based demographics of adults; we can see that 75% of the population is made up of young adults, followed by 24% of middle-aged adults, and 1% of late-aged adults.

In terms of gender, 32% of adults were male and 68% of adults were female.

In terms of education, 30% of the population had completed high school, 16% had finished PUC or a diploma, 13% had finished SSLC, and 6% had finished post-graduation. Only 1% of the population had finished primary education. And 34% of people had no formal schooling.

In terms of occupation, farmers made up the majority (34%) and were followed by housewives (19%), students (18%), government and non-government workers (15%), and workers (14%)

Sixty-six percent of the population chosen had a medical problem, whereas only 34% were unaffected.

In terms of socioeconomic level, lower middle class status was reported by 69% of respondents, followed by lower class status (17%), middle class status (12%), and upper class status (2%), respectively.

TABLE 2 : AGE WISE CATEGORIZATION OF DEPRESSION LEVEL AMONG ADULTS

(N=100)

AGE	DEPRESSION		
	NO DEPRESSION	BORDER LINE	DEPRESSED
YOUNG ADULTS	18(24.0)	25(33.4)	32(42.7)
MIDDLE ADULTS	2(8.4)	15(62.5)	7(29.2)
LATE ADULTS	-	1(100)	-
Total	20(20.0)	41(41.0)	39(39.0)

Note; figures in the parentheses indicate frequency and percentile.

Table 2 displays the prevalence of depression in adults. As can be seen, the majority of adults (41%) displayed borderline depression, while 39% displayed signs of depression, and 20% of adults displayed no signs of depression at all.

Only 24 percent of young adults showed no signs of depression, with 42.7 percent reporting some level of despair and 33.4% borderline depression.

Only 8.4 percent of middle-aged adults did not exhibit any signs of depression, whereas 29.2 percent showed signs of depression and 62.5% showed signs of borderline depression.

There are just 1% of late adults who have borderline depression.

TABLE 3 : AGE WISE CATEGORIZATION OF ANXIETY LEVEL AMONG ADULTS

(N=100)

AGE	ANXIETY		
	NO ANXIETY	BORDER LINE	ANXIETY PROBLEM
YOUNG ADULTS	36(48.0)	21(28.0)	18(24.0)
MIDDLE ADULTS	10(41.7)	10(41.7)	4(16.7)
LATE ADULTS	1(100)	-	-
Total	47(47.0)	31(31.0)	22(22.0)

Note; figures in the parentheses indicate frequency and percentile.

Table 3 displays the anxiety levels of adults; from the whole population, we can see that 31% of adults displayed a borderline level of anxiety, 22% displayed an anxiety problem, and 47% displayed no anxiety at all.

Only 48 percent of young adults did not have any anxiety, with 24 percent reporting a problem and 28 percent reporting borderline anxiety.

Just 41.7% of middle-aged adults had no anxiety, compared to 16.7% who had a problem with it and 41.7% who had borderline anxiety.

Just 1% of older adults have never experienced anxiety.

TABLE 4 : AGE WISE CATEGORIZATION OF OUTWORD DIRECTED IRRITABILITY LEVEL AMONG ADULTS (N=100)

AGE	OUTWORD DIRECTED IRRITABILITY		
	NO OUTWORD DIRECTED IRRITABILITY	BORDER LINE	OUTWORD DIRECTED IRRITABILITY PROBLEM
YOUNG ADULTS	41(54.7)	25(33.4)	9(12.0)
MIDDLE ADULTS	8(33.4)	7(29.2)	9(37.5)
LATE ADULTS	1(100)	0	0
Total	50(50.0)	32(32.0)	18(18.0)

Note; figures in the parentheses indicate frequency and percentile.

The amount of outward-directed irritation in adults is shown in Table 4; we can see that 50% of adults exhibited no outward-directed irritability, 32% showed borderline outward-directed irritability, and 18% of people indicated outward-directed irritability problems.

The majority of young adults (54.7%) did not exhibit any outwardly directed irritation, whereas 33.4 percent displayed borderline outwardly directed irritability and 12 percent of adults displayed outwardly directed irritability issues.

37.5 percent of middle-aged individuals displayed an outward-directed irritability problem, while 33.4 percent exhibited no outward-directed irritability, and 29.2 percent of adults displayed a borderline outward-directed irritability problem.

Just 1% of late-adults had no outwardly directed irritation.

TABLE 5 : AGE WISE CATEGORIZATION OF INWARD DIRECTED IRRITABILITY LEVEL AMONG ADULTS (N=100)

AGE	INWARD DIRECTED IRRITABILITY LEVEL		
	NO INWARD DIRECTED IRRITABILITY	BORDER LINE	INWARD DIRECTED IRRITABILITY PROBLEM
YOUNG ADULTS	45(60.0)	21(28.0)	9(12.0)
MIDDLE ADULTS	10(41.7)	10(41.7)	4(16.7)
LATE ADULTS	1	-	-
Total	56(56.0)	31(31.0)	13(13.0)

Note; figures in the parentheses indicate frequency and percentile.

The inward-directed irritability level among adults is shown in Table 5; we can see that 56% of adults showed no inward-directed irritability, 31% showed borderline inward-directed irritability, and 13% of adults showed no inward-directed irritability problem at all.

Among young adults, 60% of adults did not exhibit any inwardly directed irritation, 28% displayed very marginal inwardly directed irritability, and 12% of people displayed a problem with inwardly directed irritability.

41.7 percent of middle-aged people and 41.7 percent of adults overall exhibited no inward directed irritation issues, respectively, while 16.7 percent of individuals showed such a problem.

Among late-adults, 1 per cent exhibited no inwardly focused irritation.

TABLE 6 : BIVARIATE PEARSON'S MOMENT CORRELATION (N=100)

	SOCIO ECONOMIC STATUS	DEPRESSION	ANXIETY	OUTWORD DIRECTED IRRITABILITY	INWARD DIRECTED IRRITABILITY
SOCIO ECONOMIC STATUS	1	-.288**	-.153	-.087	.011
DEPRESSION	-.288**	1	.328**	.205*	.165
ANXIETY	-.153	.328**	1	.275**	.278**
OUTWORD DIRECTED IRRITABILITY	-.087	.205*	.275**	1	.290**
INWARD DIRECTED IRRITABILITY	.011	.165	.278**	.290**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The association between socioeconomic status and depression is adversely significant at the 0.01 level as seen in Table 6's bivariate Pearson's moment correlation between the variables. However we can also see a positive association between sadness and anxiety at a level of 0.01 and with outward aggression at a level of 0.05.

At a significance level of 0.01, we can also see a positive link between anxiety and both inwardly and externally directed irritation.

A positive significant link between outwardly directed irritability and anxiety as well as inwardly directed irritability may be seen at the 0.01 level.

DISCUSSION :

During the lockdown, a study was undertaken. This study was carried out in the Karnataka state's HolenarsipuraTaluk, Hassan District. use a technique of random sampling. The objectives were accomplished using the correlation design. This survey was carried out in Karnataka between June and August 18, 2021. Google Forms was used to collect data, which was then sent to well-known Indian social media platforms like the WATS app, Telegram, and Facebook Messenger.

The study was conducted online with 100 adults in total. For easier understanding, tools were translated into Kannada-language Google forms. Microsoft Excel 2019 and IBM SPSS Statistics, version 25, were both used to conduct all statistical analyses. To determine the frequency (N) and percentage (%) of demographic data, a descriptive analysis was performed. To examine the relationship between the variables, a correlation analysis was performed.

Bailey et al., L. (2021)., to look at the health trajectories and healthcare use in a cohort of 70-year-old residents of the neighbourhood. 150 patients who received ambulatory medical care at a significant metropolitan university hospital were surveyed. The mean age was 80 years, and the mean Clinical Frailty Scale Score was 4.8. Almost 40% (63/150) experienced a loss in physical health, while nearly 40% (59/150) claimed that their mental health had been "worse" or "far worse" while they were cocooning. About 70% (104/150) of participants reported exercising less regularly or not at all. More over 57% (86/150) of individuals reported feeling lonely, with 1 in 8 (19/150) saying that feeling lonely was a "very often" occurrence. 75/150 people said their quality of life has declined.Around 40percent (61/150) said they disapproved of the term "cocooning," yet over 60percent (91/150) said they agreed with government guidance for those 70 years.

Table 1 shows the age-based demographics of adults; we can see that 75% of the population is made up of young adults, followed by 24% of middle-aged adults, and 1percent of late-aged adults.

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In terms of occupation, farmers made up the majority (34%) and were followed by housewives (19%), students (18%), government and non-government workers (15%), and workers (14%)

Sixty-six percent of the population chosen had a medical problem, whereas only 34percent were unaffected In terms of socioeconomic level, lower middle class class status was reported by 69 percentage points of respondents, followed by lower class status (17%), middle class status (12%), and upper class status (2%), respectively.

Depression and Quality of Life in Older People: A Review, Heidi Sivertsen (2015) Regardless of the QOL measurement tools used, this review demonstrated a strong relationship between the degree of depression and lower QOL in older people. The relationship was also found to be stable over time. It was typical for the multidimensional and multilevel idea of QOL to lack a definition, and the wide range of QOL instruments used in different studies makes direct comparisons between the studies challenging.Table 2 displays the prevalence of depression in adults. As can be seen, the majority of

adults (41%) displayed borderline depression, while 39percent displayed signs of depression, and 20percent of adults displayed no signs of depression at all.

Table 3 displays the anxiety levels of adults; from the whole population, we can see that 31% of adults displayed a borderline level of anxiety, 22percent displayed an anxiety problem, and 47percent displayed no anxiety at all.

In his 2010 study on mental illness and wellbeing, Mike Slade stressed the critical role of positive psychology and recovery strategies. The purpose of this paper is to support the reorientation of health services around promoting well-being for mental health services. This will require changes to some long-standing working practises as well as the incorporation of emerging knowledge from recovery and from positive psychology into education and training for all mental health professionals.Table 4 displays the amount of outward directed irritation among adults. As can be seen, the majority of adults (50%) exhibited no outward directed irritability, 32 percent displayed borderline outward directed irritability, and 18 percent displayed outward directed irritability problems among adults.

Adults' levels of inward-directed irritability are shown in Table 5; as can be seen, the majority of adults (56%) showed no inward-directed irritability, 31 percent displayed borderline inward-directed irritability, and 13 percent had no inward-directed irritability problem at all.Depression and Quality of Life in Older People: A Review, Heidi Sivertsen (2015) Regardless of the QOL measurement tools used, this review demonstrated a strong relationship between the degree of depression and lower QOL in older people. The relationship was also found to be stable over time. It was typical for the multidimensional and multilevel idea of QOL to lack a definition, and the wide range of QOL instruments used in different studies makes direct comparisons between the studies challenging.

We can see the adversely significant association between socioeconomic status and depression at the 0.01 level in Table 6's bivariate Pearson's moment correlation between the variables. However we can also see a positive association between sadness and anxiety at a level of 0.01 and with outward aggression at a level of 0.05.

At the 0.01 level, we can also see a positive significant association between anxiety and both inwardly and externally oriented irritation.

At the 0.01 level, however, we may see a positive significant association between outwardly directed irritability and anxiety as well as inwardly directed irritability.

CONCLUSION:

The current investigation has produced some significant results. Hence, there is a positive substantial correlation between socioeconomic position and sadness, anxiety, irritability when directed inward or outward, and irritation when directed inward. Adults' outward- and inward-directed irritation

increases with interns' levels of despair and anxiety. Also, those who are more vulnerable to pressures and have less access to social, financial, and other resources. The two most common mental illnesses are anxiety and depression. It is urged to care for and offer mental support as needed to vulnerable groups during this pandemic as these mental issues affect the psychological health of people from the entire community.

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