



A STUDY ON MENTAL HEALTH OF GOVERNMENT MIDDLE SCHOOL STUDENTS IN AIZAWL CITY

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Abstract:

In the present study, among 200 students of Government Middle Schools in Aizawl city, 13% are Extremely good mental health level, 17% were at Very good level and 32% obtained good mental health level. Among these students 22% were at moderate level of mental health. 11.5% of the students were at Poor level of mental health and 3.5% scored Very Poor at Mental health level and 0.5% scored Extremely Poor level of mental health. There is no significant difference on mental health of Government Middle School students in relation to their gender, parent's occupation and parent's educational qualification as well.

1.1 INTRODUCTION

In the present world of professional competence everyone is threatened by increasing competitions and degraded circumstances. Health is and has been always one of the most important areas where focus is necessary for all times. Resultantly the concept of health has been extended beyond the proper functioning of the body; it includes controlled emotions, a sound and efficient mind and body both are working efficiently and harmoniously (Kaur, 2007)

Mental health plays a crucial role in human life. It is not only important but essential for survival as a social being. It includes every aspects and dimension of human personality and the individual adjustment to own self, others and environment. The main characteristic of mental health is adjustment, magnitude of which decides the status of mental health. The greater the degree of adjustment, the greater will be the mental health and lesser degree will lead to lesser mental health. The mentally healthy individual can adapt him or herself to every best and worst condition of life and environment.

1.2 STATEMENT OF THE PROBLEM

The statement of the problem is entitled "A study on Mental Health of Government Middle School Students in Aizawl City".

1.3 OPERATIONAL DEFINITION OF THE TERM USED

Mental Health: Mental health is a state of well-being in which the individual realise his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Government Middle School: ‘Government Middle school’ refers to a school that is elementary in level between primary school and secondary school viz. class V to class VIII which is owned by the state government. It is also known as Upper Primary School.

Student: ‘student’ refers to a person studying classes V to VIII.

Aizawl city: ‘Aizawl city’ refers to the capital city of Mizoram state, India.

1.4 OBJECTIVES

- 1) To study the level of mental health of government middle school students in Aizawl city.
- 2) To compare the mental health of government middle school students in Aizawl city in relation to their gender.
- 3) To compare the mental health of government middle school students in Aizawl city in relation to their parent’s occupation.
- 4) To compare the mental health of government middle school students in Aizawl city in relation to their parent’s education.

1.5 HYPOTHESES

- 1) There is no significant difference on mental health of government middle school students in Aizawl city in relation to their sex/gender.
- 2) There is no significant difference on the mental health of government middle school in Aizawl city in relation to their parent’s occupation.
- 3) There is no significant difference on the mental health of government middle school students in Aizawl city in relation to their parent’s education.

CHAPTER – II

REVIEW OF RELATED LITERATURE

2.1. STUDIES CONDUCTED IN INDIA.

Manjuvani (1990) carried out a study on influence of home and school environment on the mental health status of children. The major findings of the study were:

1. The home environment was a major significant contributor to all the three components of mental health.
2. The school environment contributed to liabilities and the mental health index.

Nanda (2000) carried out a study on the mental health of adolescents. The dependent variable “mental health” was compared under the independent variable, i.e. community, sex and area of habitation and also under their interaction. The following conclusions were drawn-

1. The castes in descending order according to their mental health are general, SC and ST students. When these three groups were compared in Urban, Rural and Ashram schools separately, it was found that general category students have better mental health in comparison to SC and ST students in urban and rural schools. SC and general category of students in Ashram School has similar mental health. SC students are better in mental health than ST students in urban, rural and Ashram schools.
2. The areas in descending order according to mental health are urban, rural and ashram.
3. Between male and female students it was found that female students have better mental health than male students. While comparing male and female students in Urban, Rural and Ashram schools separately, it was found that male and female students in Urban and Ashram school have different mental health.

Tikkoo (2006) studied introversion and mental health among school students. The sample of the study comprised of 600 boys studying in tenth standard in high and higher secondary schools of Jammu city. The result of the study revealed that extroversion tendency enhances mental health whereas introversion tendency deteriorates mental health.

SatyanarayanaRao (2007) The evidence is clear that prevention and intervention must begin early, preferably during preschool years. Early intervention is especially critical for children growing up. Research strongly indicates that intervention becomes more difficult and encounters more intransigent behaviour pattern from teenagers who exhibit antisocial behaviour from an early age. Life course persistent offender who enters adolescence fully engaged in delinquent or antisocial behaviour is usually highly resistant to change.

Lakshmi, Vijaya and Narain (2008) carried out a study on mental health behaviour of psychologically androgynous persons. The sample covered students of Intermediate (+2) and Graduation level of Patna aged between 17 to 21 years of various faculties (Science, Arts, (Commerce). To measure the variable of study masculinity-femininity check list by Sinha (1986) and mental health Battery by Singh and Sengupta (2000) was used. The result revealed that psychologically androgynous persons were mentally healthier than gender typed individual.

Singh, Kumari and Kumari (2008) carried out a study on mental health behaviour as function of SES and residence. A total of 200 college students of both sexes participated in the study. 100 students were taken from colleges located in the rural areas of Patna District and 100 students were taken from colleges located in Urban areas of the same district. They were administered mental health battery and SES scale. The obtained results were analysed with the help of t-test. It was found that SES particularly lower SES had a negative impact upon sound development of mental health behaviour. However, urban rural region was not found to be a significant determiner of mental health behaviour.

Sravanthi and Devi (2009) carried out a study on personality development of adolescents. The sample comprised of 180 students (90 boys and 90 girls) MAP series (Teenage form) covering 20 dimensions was used for data collection. The mental health dimension revealed that majoring of boys and girls (44%) fell into average category followed by 39 percent in high category and 17 percent in low category. It also indicated that mental health of adolescent boys was better than those of girls.

Bartwal (2015) conducted a study to compare the mental health and social intelligence of senior secondary school students. A sample of 400 students was drawn adopting simple random sampling from government senior secondary schools of Chamoli district of Uttarakhand and Soharanpur district of Uttar Pradesh. Descriptive survey method was employed to collect the data. The t-test and correlation were used for finding the significance of means and significance of relationship between dependent and independent variables. The study revealed that there was no significant difference in mental health of rural and urban students. The study also explored that there was a positive relationship between mental health and social intelligence.

Kaur and Bashir (2015) explored both positive and negative effects of social media on mental health of adolescents, positive effect include socialization, enhanced communication, learning opportunities and access to health information. While negative aspects include depression, online harassment, cyber bullying, sexting, fatigue, stress, suppression of emotional and decline of intellectual ability.

2.2 STUDIES CONDUCTED ABROAD

Gove (1978) results revealed that women have higher rates of mental illness than men and this difference is due primarily to their sex and marital roles.

Sigman, Ungerer and Russel (1983) found the moral judgement shown by 20 emotionally disturbed, cognitively delayed adolescents and reported that shy and submissive adolescents were less capable of reasoning about moral issues than adolescents who were more assertive and socially engaged.

Bolger and Eckenrode (1991) studied the social relationship (social contracts and perceived support), personality (extroversion and neuroticism and anxiety). The results indicate that controlling for personality and prior anxiety, social contacts buffered against increase in anxiety, whereas perceived support did not.

Roeser (1999) examined patterns of academic functioning and mental health in 184, middle school children and relation of such patterns to their prior and subsequent functioning. Data were collected from children during their 2nd, 3rd, 4th, 8th and 9th grade school years. The results indicate that there was no significant change in mental health among the full sample, in emotional functioning, the multiple problems youth mental health improved significantly across the transition.

Woodcock (2003) reported that long periods of isolation with little mental stimulus contributed to poor mental health and led to intense feelings of anger, frustration, and anxiety.

Graetz (2008) A 'whole school approach' for promoting positive mental health, recognises the importance of working collaboratively with all parts of the school community; students, families and staff, whilst acknowledging the impact of local and government policies.

Schwinn (2009) studied the gender and mental health influences on alcohol, tobacco, and illicit drug use among late adolescent urban youths. The indices of mental health differed by gender, with girls reporting greater symptoms of depression and anxiety. The ratings of hostility were similar for boys and girls. The study findings provide evidence that among late adolescent youths living in urban areas, poorer mental health status is associated with increased substance use..

Dix, Slee, Lawson and Keeves (2011) carried out a study on implementation quality of whole-school mental health promotion and student's academic performance. It examines the impact of implementation quality of mental health academic performance in Australian mental health initiative. Hierarchical linear modelling was used to investigate change in standardized academic performance across the 2 year implementation of a mental health initiative in 96 Australian primary (or elementary) schools. The result was that after controlling for differences in socio-economic background, a significant positive relationship existed between quality of implementation and academic performance. The difference between students in high and low implementing schools was equivalent to a difference in academic performance up to months of schooling.

Hosokawa and Katsura (2018) examined the impact of socio-economic situation of children's family during their early childhood on the children's social adaptation in Japanese elementary school. They found out that lower family income consistently predicts all domains of behavioural problems, lower maternal education level predicted externalised problems and total behavioural problems, and paternal education level did not predict any clinically significant behavioural problems.

2.3 AN OVERVIEW OF RELATED LITERATURE

From the study of literature review on mental health, the investigator divided into two categories – studied carried out in India and studies carried out abroad. Certain conclusions may be drawn:

In a study related to mental health – Delinquents has lower developmental stages of moral reasoning than their non-delinquent's counterparts (Sigman et al., 1983; Veneziano, 1988; Tavecchio et al., 1999) these studies mainly deals with moral judgement

Intelligence Quotient is regarded as a kind of cognitive reserve which appears to provide additional resilience and protection from mental health problems. People with higher Intelligence Quotients seem, in general, to be less vulnerable to a range of mental health problems. Mental health depends on certain interdependent factors like intelligence, sex gonads, nutrition, culture, position in family (Dutta, 1981) on the other hand, psychological well-being in adolescent has high significant positive correlation with emotional intelligence quotient (EIQ) (Sehgal 1999)

Concerning to the study on mental health in relation to other variables, career and job satisfaction results as the strongest contribution to mental health. (Wiener and Vardi, 1981) in some study it has been found that children of working mother have greater feeling of rejection than children of non-working mother (Sharma 1988), some study also revealed that lower maternal education level predicted externalised problems and total behavioural problems in children (Hosokawa and Katsura 2018). Religion also played a significant role in shaping the form of mental health care (Yeung and Chan 2007) some study also revealed that over-protection of parents caused emotional disturbances among adolescents (Dhoundiyal, 1984). Gender determines the differential power and control men and women have over the socio-economic determinants of their mental health and lives, their social position and status and treatment in society and their susceptibility and exposure to specific mental health risk. It is found that girls are better mental health than boys (Nanda, 2001). On the other hand some studies found that women have more mental illness than men (Gove, 1978) it is also found that women had more anxiety and mood disorders than men (Seedat et al. 2009). Thus it may be stated that mental health vis-à-vis other cognitive and non-cognitive variables across different population groups including adolescents has been extensively studied, though the empirical evidence does not provide a satisfactory answer to its occurrence or consequences.

CHAPTER – III

METHODOLOGY AND PROCEDURE

The methodology and procedure for the present investigation were presented in the following:

3.1 Research Method

The investigator adopted descriptive research based on survey method. The objectives of the study requires Survey and fact finding inquiry relating to the level of mental health of Government Middle School students within Aizawl City.

3.2 Population

The population of the study includes all the students studying classes V to VIII of Government Middle Schools in Aizawl city.

3.3 Sample of the study

For the present study, 200 students of Government Middle School studying class VIII were selected for the sample which comprises of 100 male and 100 female students as a sample of the study. The sample was selected randomly from the population.

3.4 Tools and techniques

The investigator used Mental Health Scale (2005) developed by Dr. SushmaTelesara and Dr. AkhtarBano to collect information. The scale has 54 statements with 25 positive statements and 29 negative statements. Each item of the scale is proved with four alternative responses such as Always, Frequently, Occasionally, Rarely and Never.

The Mental Health Scale (MHS) has three areas which are as follows:

1. School related causes
2. Home related causes
3. Peer group related causes

3.5 Data analysis

The analysis of the data was carried out with the help of appropriate statistical techniques like percentage, mean, standard deviation and T-test.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF THE STUDY

4.1. LEVEL OF MENTAL HEALTH OF GOVERNMENT MIDDLE SCHOOLS IN AIZAWL CITY:

Table No. 1 : Number of students for each level of mental health

S/No	Level of Mental health	Grade	z-score Range	No. of Students	Percentage
1	Extremely good	A	+2.01 and above	27	13.5
2	Very good	B	+1.26 to 2.00	34	17
3	Good	C	+0.51 to +1.25	64	32
4	Moderate	D	-0.50 to +0.50	44	22
5	Poor	E	-1.25 to -0.51	23	11.5
6	Very poor	F	-2.0 to -1.26	7	3.5
7	Extremely poor	G	-2.01 and below	1	0.5

As depicted in table no. 1, there were 27 students i.e. 13.5 per cent having extremely high level of mental health status (Grade A). There were 34 (17%) students scoring Grade B having very good level of mental health. 64(32%) students' fall in the status of good level of mental health (Grade C). There were 44 (22%) students having moderate level of mental health (Grade D). Out of the total sample 7(3.5%) students were having very poor level of mental health and the rest 1 student i.e. 0.5 per cent is in extremely poor level of mental health status (Grade G).

4.2. ANALYSIS OF MENTAL HEALTH OF MALE AND FEMALE STUDENTS.

4.2.1. Mental Health Level of Male Students

Table No. 2 :Mental Health level of Male students

S/No	Level of Mental health	Grade	No. of Students	Percentage
1	Extremely good	A	18	18
2	Very good	B	10	10
3	Good	C	38	38
4	Moderate	D	21	21
5	Poor	E	12	12
6	Very poor	F	1	1
7	Extremely poor	G	-	-

As shown in table no. 2, there were 100 samples of male students of Government Middle School in Aizawl City, out of 100 students there were 18 students with 18% scoring extremely good level of mental health. 10 students scored Very good level of mental health and 38 students obtained Good level of mental health. There were 21 students with a percentage of 21% who are at Moderate level of mental health and 12 students scored Poor level of mental health and there was 1 student who scored Very Poor level of mental health. Out of the total samples of male students there were no students who scored Extremely poor level of mental health.

4.2.2. Mental Health Level of Female Students:

Table No. 3 : Mental health levels of female students

S/No	Level of Mental health	Grade	No. of Students	Percentage %
1	Extremely good	A	9	9
2	Very good	B	24	24
3	Good	C	26	26
4	Moderate	D	23	23
5	Poor	E	11	11
6	Very poor	F	6	6
7	Extremely poor	G	1	1

As depicted in table no. 3, there were 9 students (9%) at Extremely good level of mental health, 24 students scored Very good level of mental health, 26 students (26%) obtained Good mental health level and 23 students i.e. 23% scored Moderate level of mental health. 11 students secured Poor level of mental health and out of the total female students 1 student scored Extremely poor level of mental health.

4.2.3 Comparison of mental health of students in relation to gender:

Table No. 4 :Comparison of mental health in relation to gender

Gender	Number	Mean	SD	t-value	Level of significant
Male	100	147.45	21.36	1.80	Not significant
Female	100	141.86	22.49		

As shown in table 4, the significant difference was tested on mental health in relation to their sex/gender among the students. There were 100 male students and 100 female students. The calculated mean and standard deviation of scores for male students were 147.45 and 21.36 respectively and that of female students were 141.86 and 22.49 respectively. The value of t was then calculated. It was found that the calculated t-value i.e. 1.80 was less than the critical t-value (1.98 at 0.05 level and 2.61 at 0.01 level). So, it was determined that there was no significant difference between mental health of government middle school students in relation to their sex/gender. Hence, the hypothesis was accepted.

4.3. ANALYSIS OF MENTAL HEALTH OF STUDENTS BASED ON PARENTAL OCCUPATION:

4.3.1. Mental Health Levels of Students having Government Servant Parents:

Table No. 5 : Mental health level of students having Government Servant parents

S/No	Level of Mental health	Grade	No. of Students	Percentage
1	Extremely good	A	8	8.5
2	Very good	B	21	22.3
3	Good	C	30	31.9
4	Moderate	D	20	21.3
5	Poor	E	11	11.7
6	Very poor	F	3	3.2
7	Extremely poor	G	1	1.06

It can be observed from table 5, that the number of students whose parents were government servant were 94 and there were 8 students (8.5%) securing Extremely good level of mental health, 21 students (22.3%) secured Very good level of mental health, 30 students (31.9%) scored Good level and 20 students (21.3%) attained moderate level of mental health. 11 students i.e. 11.7% scored poor level of mental health and another 3 students (3.2%) secured Very poor level of mental health and 1 student (1.06%) attained Extremely poor mental health level.

4.3.2. Mental Health Levels of Students having Non-Government Servant Parents:

Table No. 6 : Mental health levels of students having non- government servant parents

S/No	Level of Mental health	Grade	No.of Students	Percentage
1	Extremely good	A	19	17.9
2	Very good	B	13	12.3
3	Good	C	34	32.07
4	Moderate	D	24	22.6
5	Poor	E	12	11.3
6	Very poor	F	4	3.8
7	Extremely poor	G	-	-

As depicted in table 6, that there were 106 students whose parents were not government servant. Among these students there were 19 students who scored Extremely good at mental health level i.e. 17.9%, 13 students (12.3%) scored Very good level of mental health and 34 students (32.07%) obtained Good level of mental health. There were 24 students with 22.6% possessed Moderate level, 12 students (11.3%) scored Poor mental health level and there were 4 students (3.8%) having Very poor mental health level, no students attained Extremely poor level of mental health.

4.3.3 Comparison of mental health of students based on their parents' occupation:

Table No. 7 : Mental health of students based on their parents' occupation

Occupation	Number	Mean	SD	t-value	Significant level
Govt servant	94	143.20	21.16	0.88	Not Significant
Non-Govt servant	106	145.94	22.84		

As per table 7, the significant difference was a tested on mental health of Government Middle school students in relation to their Parent's occupation. There were 94 students whose parents were Government servant and 106 students whose parents were not government servant. The calculated mean and standard deviation of scores for the students whose parents were government servant were 143.20 and 21.16 respectively, and the students whose parents were not government servant were 145.94 and 22.84 respectively. The value of t was then calculated and it was found that the calculated t-value i.e. 0.88 was less than the critical t-value (1.98 at 0.05 level and 2.61 at 0.01 level). So, the hypothesis was accepted and hence it was determined that there was no significant difference between mental health of government middle school students in relation to their parents occupation.

4.4. ANALYSIS OF MENTAL HEALTH OF STUDENTS BASED ON PARENT'S EDUCATIONAL QUALIFICATION

4.4.1. Mental Health Levels of Students having Graduate Parents:

Table No. 8 : Mental health levels of students having Graduate parents

S/No	Level of Mental health	Grade	No. of Students	Percentage
1	Extremely good	A	6	17.14
2	Very good	B	9	25.7
3	Good	C	9	25.7
4	Moderate	D	5	14.3
5	Poor	E	2	5.7
6	Very poor	F	4	11.4
7	Extremely poor	G	-	-

Table 8 reveals that from a total of 35 students whose parents were graduates, 6 students with 17.14% scored Extremely good level of mental health, 9 students (25.7%) obtained Very good mental health level and again 9 students i.e. 25.7% achieved good level of mental health. There were 5 students with Moderate level of mental health and 2 students (5.7%) scored Poor level of mental health and 4 students (11.4%) attained Very poor level of mental health. Out of the total students whose parents were graduated there were no students at Extremely poor level of mental health.

4.4.2. Mental Health Level of Students having Under Graduate Parents.

Table No.9 : Mental Health Levels of students having under graduate parents

S/No	Level of Mental health	Grade	No. of Students	Percentage
1	Extremely good	A	21	12.7
2	Very good	B	25	15.2
3	Good	C	55	33.3
4	Moderate	D	39	23.6
5	Poor	E	21	12.7
6	Very poor	F	3	1.8
7	Extremely poor	G	1	0.6

From table 9, the total number of students whose parents were not graduates are 165. Among these students 12.7% i.e. 21 students who achieved Extremely good level of mental health, 25 students (15.2%) scored Very Good mental health level, 55 students (33.3%) attained Good level of mental health and 39 students (23.6%) hold on to the moderate level of mental health. 21 students (12.7%) were at Poor level of mental health, 3 student (1.8%) scored Very poor level of mental health and there was 1 student (0.6%) who obtained Extremely poor level of mental health.

4.4.3. Comparison of mental health based on their parent's educational qualification:

Table No. 10: Comparison of mental health of Government Middle School students in relation to their parent's educational qualification

Qualification	Number	Mean	SD	t-value	Significance level
Graduate	35	147.2	25.75	0.66	Not Significant
Under graduate	165	144.12	21.24		

As per table 10, it was shown that there were 35 students whose parents were graduated and 165 students whose parents were not graduated. Mean and standard deviation were calculated to these students. The calculated mean and standard deviation of scores for the students whose parents were graduated were 147.2 and 25.75 respectively, and that of the students whose parents were not graduated were 144.12 and 21.24 respectively. The value of 't' was then calculated. It was found that the calculated t-value was 0.66 and it was less than the critical t-value (2.61 at 0.01 level and 1.98 at 0.05 level). So, it was determined that there was no significant difference between mental health of Government Middle school students in relation to their parents' qualification and hence the hypothesis was accepted.

CHAPTER – V

MAJOR FINDING, DISCUSSION AND SUGGESTION FOR FURTHER STUDIES

5.1 Major findings of the study:

The present study reveals the following findings:

1. Among 200 students of Government Middle Schools in Aizawl city, 13% are Extremely good mental health level, 17% were at Very good level and 32% obtained good mental health level. Among these students 22% were at moderate level of mental health. 11.5% of the students were at Poor level of mental health and 3.5% scored Very Poor at Mental health level and 0.5% scored Extremely Poor level of mental health.
2. The investigator identify that, there was no significant difference on mental health of Government Middle School students in relation to their gender.
3. Analysis of Mental Health based on parent's occupation, the mean value showed that students having non-government servant parents have higher level of mental health than students having government servant parents. However, it was found that there was no significant difference on mental health of Government Middle School students in relation to their parent's occupation.
4. The mean value of students having graduate parents scored more than students having under graduate parents. This shows that, students having graduate parents have better mental health than the students having under graduate parents. However, further analysis identified that, there was no significant difference on mental health of Government Middle School students in relation to their parent's educational qualification.

5.2 Suggestions for further studies :

The present study was conducted on a sample of 200 students of Government Middle schools studying in class VIII. It covers only Aizawl city. In the light of these limitations, the results of this study seem to suggest further investigations along the following points:

1. The present study cover only Aizawl city so researches may be carried out on broader perspectives covering the whole district of Aizawl and may be extended to other districts within the state.
2. Majority of the schools were from the Government sector run by Government of Mizoram, it may be extended to private sector schools.
3. Comparative study among rural and urban students may be taken up.
4. Project may be taken up to study the relationship between Mental Health and academic achievement of students.
5. The present study can be replicated on a large and varied sample for more stable results. Similar studies may be conducted on Primary school students, college students and various branches of professional disciplines.

CHAPTER – VI

SUMMARY AND CONCLUSION

6.1 SUMMARY

Good mental health is critical to children's success in school and life. Research demonstrates that students who receive social-emotional and mental health support achieve better academically. School climate, classroom behaviour, on-task learning and students' sense of connectedness and well-being all improve as well. Mental health is not simply the absence of mental illness but also encompasses social, emotional and behavioural health and the ability to cope with life's challenges. Mental health of the students is very important; the students should feel secured and comfortable in the school. Mental health problems can affect many areas of students' lives, reducing their quality of life, academic achievement, physical health and negatively impacting relationship with friends and family members. These issues can also have long-term consequences for students, affecting their future employment, earning potential and overall health.

With the prevalence of mental health issues in our society, it is astonishing that we still tend to denounce mental illness. Many mental health misconceptions still exist. Mental health issues often begin during the school-age years, children spend much of their time in the school and it is necessary to know and to test the mental health of school going children. This would help the students as well as the teacher to cope with that problem. Therefore it is necessary to study mental health of Middle school students in Aizawl city. For the purpose of the study, statement of the problem was given, objectives of the study and research questions were formulated, hypotheses were constructed and delimitation was done to set the boundaries of the study. After arrangement of the conceptual framework, the investigator performed methodology and procedure of the study and finally the findings according to data analysis and interpretation were presented.

6.2 CONCLUSION

Mental health is a specialized field of psychiatry and its objective is to safeguard mental health by preventive measures, controlling factors effective on the development of mental diseases, timely diagnosis of mental diseases, prevention from complications due to relapse of mental diseases and the providing a healthy environment as a contributory factor on sound human relationship (Milanifar, 1997). Present study investigates this issue and tries to provide answers for the following question with regard to mental health among the middle school going children in Aizawl city.

However the current study found out that there was no significant difference on mental health of government middle school students in Aizawl city in relation to gender. Similar result was found in the research done by Srividhya, Khadi, Pushpa. B (2007). Regarding the mean value of mental health male students scored higher than that of female students. The present study also found out that parent's occupation did not have great influence on the mental health of the students as there was no significant difference on mental health of the students in relation to their parent's occupation. Similar result was found among the students in relation to their parent's educational qualification.

Mental health is important to childhood to adolescents. Research demonstrates that mental health issues often begin during the school-age years, students who receive social-emotional and mental health support achieve better academically. School climate, classroom, behaviour, on-task learning and student's sense of connectedness and well-being all improve as well. School and teachers play an important role in promoting mental health in children.

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