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RESEARCH ARTICLE

TO EXPLORE THE MENTAL HEALTH OF OUR SCHOOL TEACHERS

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ABSTRACT

To understand the mental health status of the teachers, the present study was launched through descriptive survey method, and to collect the data a twenty eight item "General Health Questionnaire-28 (GHQ-28)" was administered on a stratified random sample comprising of 363 male and 234 female teachers selected from 30 schools of West Bengal, India. The teachers (considering male and female as a whole) exhibited very good mental health status case of severe depression, and overall general mental health; and good mental health status in case of somatic symptoms, anxiety/insomnia, and social dysfunction.

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INTRODUCTION

In true sense mental health is not just the absence of mental illness. One's feeling about himself/herself, the world and life are all parts of mental health. In reality, no one experiences perfect mental health or well-being all of the time. An individual do not wait until s/he is sick before begin to care about physical health. In the same way, it doesn't make sense to wait until one is suffering from mental health problems before begins to value mental health. *Thoughts* include the ideas, images and urges that are constantly going through the mind. Changes in negative and positive thoughts often go along with changes in our mental health. Some examples of positive thoughts are I know I can get through these rough times; I feel pumped up about life!; I know I have friends who really care about me; I feel good about the way my life is going these days; I have some really cool talents and interests; I want to do something that makes a positive difference; I'm a good person even though I have some flaws; and Good things are going to happen to me. Some examples of negative thoughts are I feel like I'm losing my mind; Life sucks!;

I'm never going to get through this; I'm ugly and stupid; They think I'm a loser; It feels like something really bad is going to happen; My flaws are too big to overcome; and Nothing good ever seems to happen to me. *Emotions* refer to how one feels and can be pleasant or unpleasant. Changes in emotions often go along with changes in mental health. Some examples of pleasant emotions are happiness or sense of joy, contentment, sense of calm, excitement, feeling love or affection, and feeling cheerful. Some examples of unpleasant emotions are irritability or anger, frustration, anxiety or fear, sadness or feeling down, feeling empty or numb, hopelessness. *Behaviours* include all of the helpful or harmful things one does. Other people can usually see one's behaviours. Changes in behaviour often go along with changes in mental health. Some examples of behaviours are working on a solution to a problem one step at a time; reaching out to a friend or family member for support and understanding; isolating ourselves and pulling away from friends and family; crying or tearfulness easily triggered; using alcohol or drugs to make the bad feelings go away; praying or other forms of meaningful spiritual practice; doing something relaxing like taking a bath, or doing yoga or meditation; avoiding the things that upset us; doing things that distract us from thinking about our problems (e.g., watching TV, working); exercise or active recreational activities; engaging in hobbies or leisure activities; overeating,

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not eating enough, or purging food (e.g., vomiting, over exercising); lashing out at other people (verbally or physically); and excessive dependency or clinging to loved ones. *Body reactions* refer to changes in body functions such as heart rate, breathing, digestion, brain chemicals, hormones and more. Changes in body reactions often go along with changes in mental health. Some examples of body reactions are muscle tension, muscle aches or headaches; upset stomach, nausea or urge to vomit; upset bowel or diarrhoea; lack of appetite or increased appetite; urge to urinate or frequent urination; sweating, hot flushes or cold chills; chest pain, shortness of breath or difficulty breathing; rapid heart-beat or heart palpitations; feeling dizzy or light-headed; sense of unreality or being detached; aggravation of an existing health problem (e.g., acne, digestive disorders, migraines, chronic pain, etc.); and difficulties with sexual arousal or fulfilment. Goldberg and Hillier (1979) have pointed out that the General Health Questionnaire (GHQ) is designed to identify two main classes of problem – (a) inability to carry out one's normal 'healthy' functions, and (b) the appearance of new phenomena of a distressing nature. This instrument focuses on breaks in normal functioning rather than on life-long traits; therefore it only covers personality disorders or patterns of adjustment where these are associated with distress. The GHQ is not intended to detect severe illness such as schizophrenia or psychotic depression, although subsequent experience with the scale suggests that these conditions are also detected (Goldberg, 1978). The GHQ has been designed to cover four elements of distress – (a) depression, (b) anxiety, (c) social impairment, and (d) hypochondriasis (chiefly indicated by organic symptoms) (Goldberg, 1972). In accordance with Goldberg (1978) an individual falling into any of these states might be said to be disturbed, emotionally stirred up, and altered in this respect from his normal self. Such individuals will be prone to minor somatic symptoms and may show outwardly observable changes in social behaviours.

Review of Allied Literature: In their study, Bera and Adhikari (2018) have found that on an average the mental health status of the university level students was good. The university level students reside in the higher stratum of the intellectual society; they possess much potentiality to perform excellence in academic activities. Their sound mental health may indicate the quality and efficacy of the higher education. In a study conducted by Ghosh, Adhikari and Das (2019) it was explored that on an average the teachers of our country did not experience much stress – but their stress was above the “mild strength rating”; so it was noticeable. In another study Ghosh, Adhikari and Bhattacharya (2019) have found that on an average the teachers were somewhat open, they might tend to be daydreamer and might not be down to earth; again they were somewhat conscientious, they might tend to follow rules and prefer clean homes, and might not be messy and cheat to others; the teachers were not so introvert or extrovert, they might tend neither to be very social nor might prefer to work on their own projects alone; they were somewhat agreeable, they might tend to typically polite and like people, and might not tend to “tell it like it is”; and they were emotionally much stable and might have good mental health. Ghosh and Adhikari (2018) in a multiple regression analysis have observed that neuroticism and openness are detrimental to good mental health; whereas extraversion, agreeableness and conscientiousness are the catalyst to good mental health.

Significance of the Study: The education system of a country in general and the school education system in particular are the tools to develop the human capital as economic assets for wealth generation of the country as well as also as social assets for improving the quality of living of the members of the society. Teachers are the key personalities in education. Teachers with strong mental health are the prime need of the society. The researcher of this study has made an attempt to explore the mental health status of the school teachers of West Bengal, India. After knowing the status of mental health in the school level teachers through the investigation a counselling programme may also be framed to take a preventive measure against poor mental health.

Objective of the Study: The main objective of the study was to explore the mental health status of the school teachers.

MATERIALS AND METHODS

The present study was carried out through descriptive survey method. The details regarding the sample, research instruments, procedure of data collection and statistical technique are reported herewith.

Sample: A stratified random sample comprising of 363 male and 234 female teachers selected from 30 Government / Government aided Secondary / Higher Secondary Schools of West Bengal, India, were participated in the study.

Tool of Research: The following research tools were used in the present study for data collection. The tools were selected by applying yardsticks of relevance, appropriateness, reliability, validity and suitability. Brief descriptions of the tools are given hereunder.

General Health Questionnaire-28 (GHQ-28) (Nagyova, et al., 2000): In the GHQ-28 the respondent is asked to compare his recent psychological state with his usual state. For each item four answer possibilities are available (1-not at all, 2-no more than usual, 3-rather more than usual, 4-much more than usual). In the study the Likert scoring procedure (1, 2, 3 and 4) is applied and the total scale score ranges from 28 to 112. The higher the score the poorer is the psychological well-being of the person.

Procedure for Data Collection: The heads of the institutions were contracted for his/her permission to allow collecting the data. The relevant data on different constructs were collected by administering the above-mentioned tools on the subjects under study in accordance with the directions provided in the manual of the tool.

Analysis of the Collected Data: To extract descriptive statistics were calculated with the help of SPSS 20.0 software.

RESULTS

Results of general mental health of the teachers are presented hereunder. Table-3.1 exhibits the descriptive statistics of general mental health of school teachers considering both genders (male and female) as a whole. In case of somatic symptoms the “minimum” of the scores was 7 and the “maximum” of those was 23 and the range was 16; the “mean” and “standard deviation” of the said distribution were 13.52

Table 3.1. Descriptive Statistics of General Mental Health of Teachers (Considering Male and Female as a Whole)

General Mental Health	N	Range	Minimum	Maximum	Mean	Std. Deviation
Somatic Symptoms	597	16	7	23	13.52	3.27
Anxiety/Insomnia	597	20	7	27	13.29	3.99
Social Dysfunction	597	17	7	24	15.46	2.86
Severe Depression	597	15	7	22	11.30	3.29
General Mental Health	597	63	28	91	53.58	10.82

and 3.27 respectively. Next, in case of anxiety/insomnia the “minimum” of the scores was 7 and the “maximum” of those was 27 and the range was 20; the “mean” and “standard deviation” of the said distribution were 13.29 and 3.99 respectively. Then, in case of social dysfunction the “minimum” of the scores was 7 and the “maximum” of those was 24 and the range was 17; the “mean” and “standard deviation” of the said distribution were 15.46 and 2.86 respectively. Then in case of severe depression the “minimum” of the scores was 7 and the “maximum” of those was 22 and the range was 15; the “mean” and “standard deviation” of the said distribution were 11.30 and 3.29 respectively. Finally, in case of general mental health the “minimum” of the scores was 28 and the “maximum” of those was 91 and the range was 63; the “mean” and “standard deviation” of the said distribution were 53.58 and 10.82 respectively.

DISCUSSION

From the manual for “*General Health Questionnaire-28 (GHQ-28)*” we get four facets of mental health. There are total 28 items in four facets of the scales, each facet contains 7 items; and to each item a four point Likert type scale is attached. So in each facet the minimum score is $7 \times 1 = 7$ and the maximum score is $7 \times 4 = 28$; and the midpoint is $(7+28)/2 = 17.5$. Hence, the total scale score ranges from $28 \times 1 = 28$ to $28 \times 4 = 112$; and the midpoint is $(28+112)/2 = 70$.

The higher the score the poorer is the psychological well-being of the individual.

The descriptive statistics of “*General Health Questionnaire-28*” scores of teachers (considering male and female as a whole) in different areas of mental health were presented in table-3.1. From the said table we get

- **Somatic Symptoms** – In this facet of mental health the mean of the scores was 13.52. This value is much less than 17.5 (Mid-Point). On an average the teachers (considering male and female as a whole) exhibited good mental health in this facet.
- **Anxiety/Insomnia** – In this area of mental health the mean of the scores was 13.29. This value is much less than 17.5 (Mid-Point). On an average the teachers (considering male and female as a whole) exhibited good mental health in this facet.
- **Social Dysfunction** – In this area of mental health the mean of the scores was 15.46. This value is less than 17.5 (Mid-Point). On an average the teachers (considering male and female as a whole) exhibited good mental health in this facet.
- **Severe Depression** – In this area of mental health the mean of the scores was 11.30. This value is much less than 17.5 (Mid-Point). On an average the teachers (considering male and female as a whole) exhibited very good mental health in this facet.
- **General Mental Health** – In this area of mental health the mean of the scores was 53.58. This value is much less than 70 (Mid-Point). On an average the teachers (considering male and female as a whole) exhibited very good mental health in this facet.

Conclusion

The teachers (considering male and female as a whole) exhibited good mental health in – (a) Somatic Symptoms, (b) Anxiety/Insomnia, (c) Social Dysfunction; and very good mental health in – (d) Severe Depression, and (e) overall General Mental Health.

REFERENCES

- Bera, A. N. and Adhikari, S. 2018. A descriptive survey of mental health status of the university level students. *PARIPEX - Indian Journal of Research*, 7(7): 131-133
- Ghosh, D. and Adhikari, S. 2018. A probe into the effect of personality Factors on maintaining general mental health of the university students. *PARIPEX - Indian Journal of Research*, 7(7): 542-544
- Ghosh, D., Adhikari, S. and Bhattacharya, S. 2019. To Explore the Personality Factors of School Teachers. *RESEARCH REVIEW International Journal of Multidisciplinary*, 4(12): 101-103
- Ghosh, D., Adhikari, S. and Das, R. 2019. To Explore Occupational Stress of School Teachers. *International Education and Research Journal*, 5(9): 9-10
- Goldberg D. 1978. *Manual of the General Health Questionnaire*. Windsor, UK: NFER Publishing.
- Goldberg DP, Hillier VF. 1979. A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9:139-145.
- Goldberg, D.P. 1972. *The detection of psychiatric illness by questionnaire*. London: Oxford University Press (Maudsley Monograph No. 21).
- Nagyova, I., Krol, Szilasiova, A., Roy, E., Jitse P. van Dijk & Wim J.A. van den Heuvel 2000. General Health Questionnaire-28: psychometric evaluation of the Slovak version. *Studia Psychologica*, 42(4): 351-61
